

Our strategy for 2010–2015



We make sure people get better care

Our five priorities

1. Making sure that care is centred on people's needs and protects their rights

2. Championing joined-up care

3. Acting swiftly to help eliminate poor quality care

4. Promoting high quality care



5. Regulating effectively, in partnership

What we do to achieve our priorities

Registration, ongoing monitoring and enforcement

Assessments of quality

Mental Health Act visits



Publish information to help people make decisions

The way we work

- We involve people who use services, to focus our assessments on what is important to them
- We are expert and independent
- We promote equality, diversity and human rights
- We engage with those providing and commissioning care

Foreword

Our strategic plan sets out what we want to achieve for people who use health care and social care, and how we will go about our work over the next five years to realise these aims.

Since the Care Quality Commission (CQC) began operating in April 2009, we have consulted widely with people who have an interest in our work. We consulted formally on our proposed strategy for the next five years in late 2009 and are grateful to the many people whose views have helped to develop and shape our final strategy.*

We received widespread support for our plans, which are organised around our five priorities for improving quality of care and outcomes for people who use services. The consultation feedback showed that they are considered to be clear, appropriately ambitious and, if successful, will bring about substantial changes to health care and social care in England.

Equally importantly, some of the feedback raised helpful challenges, which we have addressed in our final strategy. These called for CQC to:

- Be sensitive to the pressures that the changing economic and funding environment is putting on providers and commissioners, and for our assessments to take 'value for money' into account.
- Place more emphasis on safeguarding and on the role we play in protecting the rights of people in vulnerable circumstances.
- Make sure that our regulatory practices are of a high quality and result in consistent judgements.
- Give more recognition to the role that other organisations in the health care and social care system play in achieving the outcomes for people that we want to see.
- Be clearer about how we go about our work, including our methods of inspection and assessment of outcomes for people, and about our immediate and subsequent priorities so that our stakeholders understand our year-by-year focus.

* A detailed report of the responses to the consultation is available on our website.

Over the next two years, we will be focusing on making sure that providers are meeting new essential standards of quality and safety, as we introduce our new registration system throughout health care and social care. Alongside our registration activities, we will be promoting improvement over time through our published assessments of the quality of services. These will also place more onus on primary care trusts and councils when they purchase care for local people, by making them accountable for its quality.

People who use services are at the centre of all we do and we will make our assessments from their perspective. We will make sure that people's rights are protected, that they have power to make informed choices about their care, and that the services they use work in an increasingly 'joined-up' way to give a seamless experience of care.

CQC is the first regulator in England to work across both NHS and independent health care, and social care. This gives us a unique opportunity to make a real difference for people, by working with a range of organisations in these sectors to drive improvement in local care services and in how well they work together.

As Chair and Chief Executive, we very often meet with people who use services and organisations that represent them, as well as with those who provide or purchase care for local communities. Their views and suggestions are of great value to us and have helped to shape CQC's thinking so far. We will ensure that they continue to do so, in all of our work to deliver the commitment to better care that we have made in this strategic plan.

Dame Jo Williams

Chair

Cynthia Bower

Chief Executive

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1

Our starting point

Health care and social care touches everyone's lives. The quality of care services* can have a profound impact on people, and on their families and carers.

We are an important part of England's care system. As the independent regulator of health and adult social care, we are here to make sure that people's care meets essential standards of quality and safety. We encourage improvement in services, by providing information on the quality of care and how it is provided and commissioned. We promote the rights of people who use services and we recognise the importance of people and communities being empowered to shape their own care services. We have a wide range of powers to take action on their behalf.

Local councils and primary care trusts make a range of services available, and local providers and their staff deliver the services. The regulator does not. And we cannot observe or inspect every interaction of care.

What we can do is set expectations. Providers and commissioners are accountable for the quality and safety of care. Our role, as the regulator, is to reinforce that accountability to the people who use the services and to the public, and to act if organisations are not meeting their legal responsibilities.

Regulation, and hence our work, enables organisations to build their capability. When services are performing well, we will take a lighter touch. But when people are not getting an acceptable standard of care or their rights are not being respected, we will be firm in taking whatever action is needed.

Our powers and duties

We have been given a range of legal powers and duties. These include:

- Registering providers of health care and social care to ensure they are meeting the essential standards of quality and safety.
- Monitoring how providers comply with the standards – gathering information and visiting them when we think it is needed.
- Using our enforcement powers, such as fines and public warnings, if services drop below the essential standards. If we think that people's rights or safety are at risk, we will act quickly – including closing a service down if necessary.
- Acting to protect patients whose rights are restricted under the Mental Health Act.

* We use the word "care" in our strategy generally to describe health care (including mental health care) and social care together. In some instances, we are more specific about the type of care we mean.

- Promoting improvement in services by conducting regular reviews of how well those who arrange and provide services locally are performing.
- Carrying out special reviews of particular types of services and pathways of care, or undertaking investigations on areas where we have concerns about quality.
- Supporting public accountability by assessing performance and by contributing to ‘Oneplace’ – the joint assessment of how well people are being served by their local public services.
- Seeking the views of people who use services, involving them in our work and publishing a statement on how we do this.
- Telling people about the quality of their local care services. This will help providers and commissioners of services to learn from each other about what works best and see where improvement is needed, and help to shape national policy.

Our role in the wider care system

To carry out our role, we collaborate with a range of other organisations in the health and adult social care system in England.

Primary care trusts and councils commission services and ensure that there is enough quality care to meet the needs of their local people. We will regularly review their performance as commissioners of care, including checking how well they involve local communities in their planning, and work with them to tackle any concerns about local services.

Strategic health authorities (SHAs) oversee the commissioning arrangements of primary care trusts. We help SHAs to ensure that the NHS is meeting the needs of local people by giving them our

information on the performance of primary care trusts. Where NHS provider trusts (other than foundation trusts) are not meeting essential standards, we work closely with the SHA to make sure that improvements are made.

The independent regulator, Monitor, determines whether NHS trusts are ready to become foundation trusts and checks that existing foundation trusts comply with the conditions they signed up to. It can intervene when there are failings in a foundation trust’s standards of health care or in other aspects of its leadership. Monitor and CQC work closely together to agree which of us is best placed to address concerns about the quality of care at a foundation trust.

The Government Offices of the Regions make sure that the highest quality and value public services are delivered in a region, on behalf of government. The information we produce, particularly about council performance, is used by the Government Offices to improve outcomes for local people.

The Audit Commission appoints auditors to local authorities, SHAs, primary care trusts and non-foundation NHS trusts. It checks that these bodies have proper arrangements for getting value for money in the conduct of their business. For local authorities, primary care trusts and non-foundation NHS trusts, this includes making an annual assessment about their use of resources. It works in partnership with five other inspectorates, including CQC, to deliver the local area assessments of ‘Oneplace’.

There are other professional regulatory and review bodies in the health care sector. Each has its own legal requirements that organisations have to meet. We work closely with these bodies, mostly at a local level. Our aim is to share our understanding of the risks in the local health economy and agree which body is best placed to take any action needed.

2

The challenges we see

Our *State of health care and adult social care in England* for 2009 highlights what is working well and where services need to improve, focusing on the needs of the millions of people who use them. It looks, in particular, at the extent to which services are putting people at the centre of their care and joining up around people's needs.

With this perspective, and bearing in mind the real issues that everyone in health and social care faces day-to-day, we see two broad challenges ahead: improving the quality of outcomes for people, and doing so in the context of the weaker financial climate over the next few years.

Improving outcomes for people

People should be able to shape their own lives as they wish and be confident that the services they receive are of high quality, are safe and promote their own independence, wellbeing and dignity.

Everyone's life is touched by health and social care services in some way – a visit to their GP, a stay in hospital, a family member who needs residential care. As people's need for support changes over time, so do their priorities and expectations. Quality and safety have always been a priority but equally important is having a choice and people's care being personal.

Our *State of health care and adult social care* shows that standards are improving and that most people have a positive experience of care. However, people are still not getting good outcomes in some areas of care. In particular, there are a minority of services or organisations that still do not come up to basic standards of quality and safety.

There are 10 key issues that shape our priorities:

- 1. People securing fair access to care.** Across the country, people get different levels of social care because of the different ways that the eligibility criteria are applied (with elements of a 'postcode lottery'). This inconsistency, and a lack of care for people who need less intensive support, can be distressing for people and their families and can often result in an extra burden being put on the NHS. People who fund their own social care also face disadvantages, and risk having few options other than residential care before other opportunities have been properly explored. The Government recently published a green paper, *Shaping the Future of Care Together*, in response to these challenges. Within health care, the setting of priorities, access to particular treatments, and decisions on the availability and opening arrangements for services are made by local organisations. It is important to be supportive of local decision-making on priorities; equally, these need to be fair, and meet the needs of local people.

2. **Ensuring person-centred care that supports independence and choice.** People should be in the driving seat when it comes to their own care, with input from their carers and families. The evidence shows that this is not happening consistently. There needs to be a cultural shift – to give people better quality information, a stronger voice and the support they need to understand their options and make decisions.
3. **Investing in early intervention, support and prevention.** Successive policies have supported greater investment in early intervention, to help people become more independent, to prevent ill-health in later life, and to deliver better value for money in the medium term. But implementation has been slow.
4. **Reducing health inequalities.** There are still wide inequalities in health in England. For example, there is a 23-year difference in life expectancy between the most affluent and most deprived areas. They can be seen between people from different occupational groups, different ethnic backgrounds and different regions. People who live in areas with the worst health outcomes are less likely to have their need for preventive treatment identified by their GP.
5. **Tackling poor performance.** There are also significant differences in the quality and safety of care. Services need to put a greater emphasis on providing safe care and learning from incidents and complaints. There is not enough information on the outcomes of care, and services need to get better at acting on the views of people who use services and their carers.
6. **Bringing openness to the quality and safety of care.** A lot of work has gone into developing and collecting information that measures the outcomes of care, but there is not a full, agreed set of such measures. This includes outcome measures that reflect the views of people who use services and carers. Providers often use different measures, which makes it difficult for people who use services to compare their performance. Sometimes, when these outcomes are published, it leads to accusations of poor quality care, which the responsible organisation feels it must defend to reassure local people about the quality of its services and to protect its reputation. Working with others, we want to create a climate in which variation in outcomes is explored to inform efforts at improvement.
7. **Making sure that staff are properly trained and supported to do their jobs.** This issue comes up often when we report on areas of poor care, with support, supervision and direction sometimes lacking.
8. **Providing the right leadership.** Care that puts people first, takes into account their views and protects their rights, needs effective managerial and professional leadership and accountability at all levels.



9. Working together across health and social care.

People who need both health care and social care still experience gaps and long waits when they transfer between services. There is a lack of coordination between services – sometimes the care is duplicated, it is not tailored to their individual needs and people are not given enough information about the options open to them. Our *State of care* report explores how better joined-up care will help meet future demand and deliver greater value for money, by reducing reliance on high-cost hospital and residential care. Better links between health care, social care and other local public services such as housing and employment are also needed to support independence and social inclusion.

10. Supporting people who are made vulnerable by their circumstances and protecting their rights.

We know from some high-profile instances, and in the assessments we make, that the performance of care services in safeguarding adults and children is not consistently high. Furthermore, compared to the general population, people in more vulnerable circumstances – including older people and those with mental health needs, learning disabilities, physical disabilities or long-term conditions – experience worse outcomes. These include inequalities in physical health, employment, education, housing, social networks and community participation. Improving outcomes for particular groups is crucially important within each of the issues above.

The financial climate

Health and social care is a major expense for Government and local councils. Real spending on the health service in England more than doubled from £46 billion in 1999/2000 to the £106 billion planned for 2010/11. In 2008/09, the amount spent on private health care was about £7 billion. Local councils spent £16.1 billion on adult social care, and private expenditure on social care for older people was over £6 billion. Staffing costs account for 80% of social care expenditure. In health care, the figure is around 70%.

But future spending in the NHS is more uncertain. The growth in its budget will be severely constrained. In December 2009, the Chancellor announced that, from 2011/12 to 2012/13, NHS frontline spending will rise in line with inflation. And the Department of Health has stated that the NHS will need to identify £15-20 billion of efficiency savings over the next five years so that it can fund improvements in quality.

There are similar pressures in adult social care. In his 2009 Pre-Budget Report, the Chancellor proposed more preventive approaches to care for older people, to allow them to stay in their homes and so reduce expenditure on residential care by £250 million. The reform of funding and organisation of social care is the subject of much national debate currently – substantial change is likely, but possibly not before 2014.



Over the period of this strategy, the economic environment will inevitably have an impact on health and social care:

- The demand for care and support will increase significantly. Life expectancy for both men and women has increased by 11 years since 1948. By 2026 there are likely to be 1.65 million more disabled adults in England; 1.3 million of these will be over 65.
- There will be potential pressures in the social care market on the quality and availability of care, tough choices on where to spend money in health and social care, and debates over how to invest to produce quality services.
- Individuals and families may have to contribute more towards the cost of social care, and there may be an increasing reliance on self-care.
- Delivering better quality and meeting growing demand for health care at a time of unprecedented financial constraints will present significant leadership challenges for the NHS.
- The health and wellbeing of people and communities may be affected by rising unemployment.

These pressures are real and we need to be sensitive to them as we assess both providers and commissioners of care. At the same time, we are committed to putting people at the centre of our work. We cannot stand by, for example, where essential standards of care are not being provided. Our perspective means that:

- We can identify where services are being innovative, or working well in partnership. For example, an organisation that thinks carefully about the ideal journey for a person through the health and care system can align its resources and deliver services more efficiently.
- Our assessments can take into account the prospects for local health economies weathering the financial climate.
- We will be sensitive to the impact of registration fees on the sustainability of services.
- We will report on the extent to which financial pressures are affecting the availability and quality of care. We will do this in conjunction with other bodies such as Monitor and the Audit Commission.

We are not immune from these financial challenges. In establishing CQC, we have reduced our recurring costs by over £40 million in comparison with the predecessor organisations, as part of the Government's commitment to efficiencies. Furthermore, the Government has recently published *Smarter Government*, which aims to maximise the operational efficiency of arms' length bodies like us and reduce overall costs.

In our planning for future years, we will be positive about the opportunities this presents – for example, thinking creatively about collaborating and partnering with others.

3

Our priorities for change and our activities to support them

In the previous sections, we have set out the key challenges. We need to help improve outcomes for people, by reinforcing the accountability of organisations in meeting their responsibilities. We need to drive improvement in services and act when providers of care do not meet essential standards of quality and safety. And we should make sure that people are at the centre of their care and they have the tools they need to make informed choices and decisions.

Our resources are limited, so we must put in place an effective system of regulation that enables us to meet these challenges. We must be driven by the outcomes that people who use services say are important to them, and focus our activities so that we make a real difference to people. At the same time, we need to be flexible and sensitive to the challenging financial environment, and work collaboratively with others to maximise the impact we have.

We have, therefore, identified five priorities where we believe our unique role as regulator will enable us to bring about visible change and significantly enhance outcomes for people. We will deliver these priorities by carrying out our regulatory activities well.

This section explains our priorities, what we will do to achieve them, and how we will measure the progress we are making.

Our priorities

1. **Making sure that care is centred on people's needs and protects their rights**

We want people to be able to shape their own care around their needs, and to have a voice. To do this, they need up-to-date, relevant and accurate information so that they can make informed choices about their care.

2. **Championing joined-up care**

We want to see better coordinated and integrated health and social care, so that the services people receive are joined up and their experience is a good one. We also want better integration within sectors, for example across primary and acute services, and when young people move up into adult care. We want commissioners and providers of care to work together, and with people who use services, so that outcomes for people are improved.

3. **Acting swiftly to help eliminate poor quality care**

People have a right to expect that, if a service falls below the essential standards expected, this is identified and acted on quickly. We want to have a major impact on these poorer services and we will focus particularly on those that fail to improve.

4. Promoting high quality care

People should be able to access and experience high quality services that put them first and respect their rights. Where we identify care that is improving, we will promote this so that other commissioners and providers can learn from what is working well.

5. Regulating effectively, in partnership

We will be sensitive to the requirements that we put on those we regulate. We work to the principles of better regulation and we will frequently show our progress in doing so. We will work with other organisations to improve the quality of life for communities and local people, and make sure that the benefits we bring to people significantly outweigh our costs, and those incurred by others in meeting our expectations.

In everything we do, we will consistently focus on equalities and human rights. We have published our draft Equality and Human Rights Scheme, which sets out how we propose to do this, and we have asked a wide range of people for their comments on the scheme.*



We will pay particular attention to the needs of people in more vulnerable circumstances, including those with mental health needs; learning disabilities; physical disabilities or long-term conditions; older people; and children and young people.

Better outcomes for people will depend on all parts of the health and adult social care sectors working effectively together with people who use services and their carers. Effective regulation is just one part of that, and we will use our influence to ensure that others play their part too. We will wish to keep the outcomes under review, to make sure that they remain focused on outcomes that people say are important to them.

Our regulatory activities

1. Registration, ongoing monitoring of compliance and enforcement

From 2010, the cornerstone of our regulatory activity is the new system of registration. The system means that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights. It is focused on outcomes for people rather than the systems, processes and policies that providers follow, and puts the views and experiences of people who use services at its heart. We will continually review all the information we have about a provider as part of a new, more responsive and dynamic system of monitoring compliance and, where necessary, enforcement.

* See www.cqc.org.uk/getinvolved/consultations/equalityandhumanrightsscheme.cfm

2. Assessments of quality

Alongside registration and ongoing compliance, we encourage and promote improvement. We do this by providing independent, reliable and up-to-date information about the quality of providers' care over and above that needed for registration, and about the quality of care secured by commissioners for their local communities. We also carry out special reviews and studies across providers and commissioners, looking at pathways of care, specific themes, or value for money. We describe these as "assessments of quality". We have published our plans for our assessments of quality in 2010/11 for consultation.*

The information will be used by people, so that they are better informed about the quality of care and are able to make choices, and are able to hold providers and commissioners to account locally; by commissioners of care to inform their understanding about the quality of care they commission on behalf of local people; by providers in comparing, or benchmarking, their own performance and learning from each other; and by policy makers.

3. Mental Health Act visits[†]

As part of our work in mental health care, our Mental Health Act Commissioners monitor the care of people whose rights are restricted under the Act, check how legal powers of compulsory care and treatment are being used, and make sure that people's interests are protected. Our approach to improving mental health services covers both providers and commissioners across health and social care services.

4. Publishing information

In all of our work, we publish information on the quality of care to help people make decisions about their care. We will make the information we provide as up to date and relevant to people as possible.

Bringing it together

In the following table, we set out in detail what we will do to achieve our priorities, and how we will measure the progress that we, and others in the system of health and social care, are making. In consultation with people who use services, commissioners and providers, we will continually seek to improve these measures. We will report on and publish our progress every year.

* See www.cqc.org.uk/getinvolved/consultations/assessmentsofquality.cfm

[†] We undertake other statutory activities, for example reviewing arrangements for the management of controlled drugs and the use of ionising radiation.

Priority	What we will do	Outcome measures
<p>1. Making sure that care is centred on people's needs and protects their rights</p>	<ul style="list-style-type: none"> ■ Registration, ongoing monitoring and enforcement ■ Assessments of quality ■ Mental Health Act visits ■ Publishing information ■ Set clear expectations for commissioners and providers that care will be centred on people's needs through guidance on essential standards that is outcome-focused and people-centred. ■ Improve the information and intelligence that we hold on the views and experience of people using services, and give more weight to people's views in identifying risks that essential standards are not met and in assessing the quality and safety of care. ■ Have a particular focus in reviewing compliance on how well providers are making sure that people who use services: <ul style="list-style-type: none"> – Are able to understand the choices available to them; involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; and have their views and experiences taken into account in the way the service is provided and delivered (outcome 1 of the guidance about compliance with the essential standards of quality and safety). – Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights (outcome 4). – Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld (outcome 7). ■ Visit annually all locations where there are people who are compulsorily detained and, where appropriate, meet with people subject to compulsory treatment in the community, to ensure that they are asked about their experience and their human rights are protected. 	<ul style="list-style-type: none"> ■ An increasing percentage of people using services report that they were able to understand the choices available to them; had their privacy, dignity and independence respected; were involved in the design and delivery of services by providers and commissioners; experienced safe and appropriate care that met their needs and protected their rights; and that safeguarded them from abuse. ■ People have equal access to personal budgets and direct payments and the take-up increases annually. ■ The experiences of people whose rights are restricted under the Mental Health Act are systematically incorporated within assessments of ongoing compliance with registration requirements, and we can demonstrate the impact that this has on our judgements. ■ An efficient second opinion service safeguards the rights of people who need this service. ■ People who use services have growing confidence that our assessments fairly reflect their experiences. ■ Providers and commissioners can demonstrate how they are involving people who use services and the public in the design and delivery of services.

Priority	What we will do	Outcome measures
<p>1. (continued)</p>	<ul style="list-style-type: none"> ■ Registration, ongoing monitoring and enforcement ■ Assessments of quality ■ Mental Health Act visits ■ Publishing information ■ Ensure that people who require a ‘second opinion’ as part of a community treatment order have access to a prompt second opinion service. ■ Provide the public, providers and commissioners with up-to-date, relevant and accurate information to support the delivery of care centred on people’s needs. ■ Engage people who use services and their carers in our work to promote person-centred care to providers and policy makers. ■ Embed equality and human rights into our registration activities and ensure our staff are supported by methodology and training that makes them competent and confident in relation to equality and human rights. 	<ul style="list-style-type: none"> ■ Comparative information on the performance of areas in providing person-centred care helps promote improvement in key measures. ■ People who use services and their carers, and groups representing their interests, consider that CQC has a strong focus on their views and experiences and is successfully championing person-centred care. ■ Registered services meet the needs of diverse communities, and respect and maintain the rights of people receiving their services.

Priority	What we will do	Outcome measures
<p>2. Championing joined-up care</p>	<ul style="list-style-type: none"> ■ Registration, ongoing monitoring and enforcement ■ Assessments of quality ■ Mental Health Act visits ■ Publishing information ■ Have a particular focus on reviewing compliance on how well providers are making sure that people who use services receive safe and coordinated care, treatment and support where more than one provider is involved, or where they are moved between services (outcome 6 of the guidance). ■ Work towards aggregating the findings of Mental Health Act visits to inform the quality of care provided by registered services; and use this to inform our assessment of councils and primary care trusts. ■ Provide information on how well councils and primary care trusts commission care where people experience care that is 'joined up', supporting them to live independently. Work with the Department of Health to further develop common outcome measures for holding councils and primary care trusts to account for better joined-up care. ■ Assess the performance of commissioners and providers in delivering high quality pathways of care, for example through special reviews and studies. ■ Provide information on lessons learned to support improvement in the provision and commissioning of services, and in policy-making. 	<ul style="list-style-type: none"> ■ There is a reduction over time in the number of actions we need to take against providers on the registration requirements that contribute to joined-up care. ■ People experience better care and public money is used more efficiently and effectively through more joined-up care – with improvement in the performance of key indicators of joined-up care (for example, % re-admission rates; % delayed discharge; proportion of older people in hospital). ■ There is an increase in the number of people who consider that the services they use are effectively integrated. ■ Special reviews and studies promote greater focus on the pathways of care, which will achieve higher quality outcomes.

Priority	What we will do	Outcome measures
<p>3. Acting swiftly to help eliminate poor quality care</p>	<ul style="list-style-type: none"> ■ Registration, ongoing monitoring and enforcement ■ Assessments of quality ■ Mental Health Act visits ■ Publishing information ■ Identify serious issues by responsive and vigilant assessment of risks to the quality and safety of care, and act swiftly using targeted, proportionate and meaningful action to bring about change that improves people's care. ■ Generally undertake unannounced inspections of services. ■ Publish information on our assessment of risk, registration judgements and enforcement action. ■ Create a quality and risk profile for each care provider and commissioner, containing all the information we hold about the quality of care they provide or purchase for people. ■ Provide information on lessons learned from instances of poor care to support improvement in the provision and commissioning of services, and in policy-making. ■ Hold councils to account for the quality of regulated social care they purchase; and pilot a similar approach for primary care trusts. 	<ul style="list-style-type: none"> ■ There is an increase in compliance with registration requirements over time. ■ No serious issues emerge that CQC had the capability and capacity to spot and did not. ■ The enforcement action we take has a lasting impact, eliminating poor quality care. ■ Lessons learned from service failures are acted on in other organisations. ■ We reduce the time that providers take to undertake necessary improvements with regard to registration requirements. ■ Commissioners are held to account for their performance through our review process, and this leads to improvements over time in the quality of services.

Priority	What we will do	Outcome measures
<p>4. Promoting high quality care</p>	<ul style="list-style-type: none"> ■ Registration, ongoing monitoring and enforcement ■ Assessments of quality ■ Mental Health Act visits ■ Publishing information ■ Provide independent information (including from our annual <i>State of health care and adult social care</i> and annual report on the use of the Mental Health Act) about providers' quality of care above the registration level, and about the quality of care secured by commissioners for their local communities for public accountability and to promote improvement. ■ Undertake special reviews where we focus on particular outcomes within the registration requirements, to spot trends and nip emerging problems in the bud. ■ Use evidence from our activities to promote examples of good practice. ■ Work with other organisations operating within health and social care systems as local improvement partners. ■ Work with national bodies involved in quality improvement, in order to share knowledge from our regulatory activities, ensuring policy and national improvement programmes have a rigorous evidence base. 	<ul style="list-style-type: none"> ■ The performance of commissioners and providers in our assessments of quality improves over time. ■ An increasing proportion of commissioners and providers are able to demonstrate an improvement in the value for money their services offer. ■ An increasing proportion of commissioners and providers make use of our information, have confidence in it, and consider that it helps to improve the quality of care. ■ Local voluntary and representative bodies, including LINKs and council overview and scrutiny committees, make use of our information and consider that it helps to improve the quality of care.

Priority	What we will do	Outcome measures
<p>5. Regulating effectively, in partnership</p>	<ul style="list-style-type: none"> ■ Registration, ongoing monitoring and enforcement ■ Assessments of quality ■ Mental Health Act visits ■ Publishing information ■ We will exemplify the five principles of better regulation – being transparent, accountable, proportionate, consistent and targeted. ■ We will work with strategic health authorities, Monitor, Government Offices for the Regions and other audit and review bodies to share information about the quality and safety of care, including through planned collaborative reviews, and on the coordination of regulatory activities. ■ We will equip and support our staff to deliver effective regulation. 	<ul style="list-style-type: none"> ■ Our collaboration with other organisations reduces duplication in information requests and inspections. ■ Providers have increasing confidence in the consistency of our decision-making. ■ We work with our partners to ensure that early warning systems are effective in identifying and managing signs of service failure. ■ We make year-on-year improvements in the efficiency and effectiveness of our activities, for example in dealing more quickly with new applications for registration and in minimising our costs. ■ The costs of our regulatory activities are proportionate to the expected benefits for people who use services, their carers, the taxpaying public, and health and adult social care organisations and their staff. ■ The costs of our regulatory activities are transparent and based on ‘cost recovery’, which will incentivise good performance by registered organisations. ■ Staff at a range of levels in organisations we interact with perceive that we are customer-focused, professional and efficient.

4

How we work

This section sets out how we work and how we will phase our work over the coming years.

Our principal task is to operate the new registration system for providers of care, as well as assessing the quality of care and carrying out our duties under the Mental Health Act. Under the new registration system, providers must be able to comply with six main outcome areas:

- Information and involvement – the information that providers make available to people so that they can make informed decisions about their care and support.
- Personalised care, treatment and support – the way in which providers make sure that people get effective and safe care and treatment that supports their individual needs and respects their views.
- Safeguarding and safety – the way in which providers assure people that their equipment and premises are safe and suitable, that they manage risks and that they protect people’s human rights and dignity.
- Suitability of staffing – what providers do to make sure that they have suitably qualified, skilled and knowledgeable staff who can competently support people.
- Quality and management – what providers do to manage risk and ensure that they maintain essential standards.

- Suitability of management – what providers and managers must do to show that they are suitable to run the service and to notify us of any relevant changes.

In addition to checking that people can expect services that meet essential standards of quality and safety, we also have an important function in promoting improvement. We do this by providing independent, reliable and timely information about the quality of care above essential standards, to help people make better informed decisions about where to go for their care.

All our activities are inter-related and build on common issues.

1. Bringing together information about the quality and safety of care

We will collect information about all the services that we register, as well as councils and primary care trusts that purchase care for their communities. This information will be wide-ranging. We will seek the views of people who use services, carers and families for every service that we assess, working closely with Local Involvement Networks (LINKs). We will look through websites more to capture those views.

Other information will come from our own inspections and service reviews, from providers' declarations of compliance that are part of registration, and from government departments and other regulators.

We will also collect information direct from those who purchase and provide care services – information that they already gather and use in their own work. We expect them to be able to show how they have listened to the views of people who use services and how they have acted on them.

2. Analysing risks to people using services

We can identify risks to the quality and safety of care by analysing information. As part of a dynamic and responsive system, we will continuously monitor compliance with essential standards so that when we get new information, we can make decisions about whether we or other organisations need to take any action.

Analysing information on death rates, and other measures that identify services that appear to be performing less well, enables us to follow up and check if there are problems in the quality and safety of care.

We will also look at the risks to people's wellbeing because they cannot access services.

3. Responding to risks and making judgements about compliance

If, after looking at all the information we hold about a service, we have concerns, we may decide to take further action. This could include:

- Asking them for more information.
- Inspecting the service and, if needed, using outside experts for their advice.
- Asking another organisation to act, for example a strategic health authority, other regulators such as Monitor (for NHS foundation trusts), or the local authority organising care on behalf of its community.

If we decide to carry out an inspection, it will generally be short, focused and unannounced. Inspections will centre on assessing outcomes for people and their experiences of care.

We will be most active in areas where we think the risks of harm are greater, where people are less able to assert their rights, where information on the quality of care is poor, or where providers are failing to improve. We will be less active where services are performing well.

If we decide that a provider is not meeting registration requirements, we will act to ensure that improvements are made. These include issuing improvement letters, statutory warning notices or fines, attaching conditions to registration, or suspending or cancelling registration. Our biggest concern is to protect the safety of people using services.

We will work with others – including those who purchase care for their communities and other organisations – to make sure that improvements happen and are maintained.

4. Assessing and publishing information on the quality of care

We want our information to be as up to date and relevant as possible.

We are creating a 'quality and risk profile' for each organisation that purchases or provides services.

These will bring together all the information we hold and will build up over time to provide a detailed and dynamic view of the quality and safety of care. They will also include our judgements about compliance with registration, which will be continually updated. We will be as transparent as possible in letting people know what information we hold in developing these profiles, in consultation with all our stakeholders.

We will have an ongoing programme of 'quality ratings' for providers of adult social care, where we publish an assessment of the overall quality of the service. Making a judgement about the quality and safety of these services will always involve a site visit. For NHS trusts, we will report on their progress against the national priorities set by Government.

For those that purchase care for their local communities, we will assess how well they are achieving better outcomes for people and how effectively they are using public money, and we will publish the results. We will also hold them to account for the quality and safety of the care they buy from those services we register.

5. Defining 'high quality' care

We believe that 'quality of care' should be broadly defined and should reflect the outcomes of care for people and their experiences of it. Across health and social care there are different sets of criteria, outcomes or competences related to each sector. We have looked carefully at these, including the Department of Health's draft registration requirements, the definitions of quality in the NHS described in *High Quality Care for All*, at the *World Class Commissioning* competences, at the outcomes used in *Our Health, Our Care, Our Say* and those in *Putting People First* and the expectations of care set out in *Shaping the Future of Care Together*.

From these, we have developed six dimensions for informing our work in addressing quality in health care and adult social care – using a common language across different settings in a consistent way:

- **Safe:** People using a service are not put at unnecessary risk of harm, and people in vulnerable circumstances are safeguarded.
- **Improving outcomes for people:** The outcome for people using the service – including the clinical outcome – is the right one. And the care provided is integrated in meeting individual needs.



- **A good experience for people:** People using the service feel empowered to exercise choice and control. They are treated with dignity and respect. They, their families and carers are involved in shaping the service around what is important to them.
- **Independence and wellbeing:** The service is focused on helping people to achieve the best possible health and quality of life, and optimum independence.
- **Access to services:** The service is available to those who need it when they need it, both on an individual and community level.
- **Value:** The service delivers value for money by using resources effectively.

This will help us to work towards our vision of high quality care that enables people to live healthy, independent lives and make informed choices about care, and that responds to each person's individual needs.

We will work in cooperation with people who use services, carers and families and the health and social care sectors to check and improve these dimensions over time.

5

Taking the strategy forward

Our task is to make sure that essential standards of quality and safety are met wherever health care, mental health care and adult social care is provided, and that people experience a better quality of care.

As the first regulator in England to work across both NHS and independent health care, and social care, we have a unique opportunity to take a new approach. Not only will we assess individual services throughout the country, but we are also able to look at how well the sectors work together to ensure that people get better joined-up care.

We want to have an impact – and we know that people who use services, carers and families also want to see improved outcomes and experiences. However, we must be careful not to create uncertainty and unnecessary upheaval to those providing the services.

This is a strategy for five years. Each year, we will publish a business plan that sets out our plans for the year in detail, taking into account the changing environment in which we work. In the period of the strategy, there will be a general election and the economic climate over the next few years will remain uncertain. We recognise that there will be further pressure on the resources available for regulation, and we will need to demonstrate our ‘added value’ in improving people’s outcomes and experiences.

We can signal our intentions clearly over the next two years. However, we must follow a more flexible approach to setting out our activities for the later period of this plan, from 2013 to 2015.

2010/11 and 2011/12

The cornerstone of our activities over the period of this strategy will be ensuring that all providers of health care and adult social care meet essential standards of quality and safety, with the phased introduction of the new system of registration.

In these first two years, we expect to strongly focus on tackling poor performance and giving greater assurance that the essential standards are in place. We will also be particularly aware of the effects that tighter finances may have on quality and safety.

Subject to legislation, we expect that providers will be registered as follows:

Sector	Date registered and subject to ongoing compliance
NHS trusts	April 2010
Adult social care and independent health care providers	October 2010
Primary dental care (dental practices) and private ambulance services	April 2011
Primary medical services (GP practices)	April 2012

We will also carry out other activities to take the strategy forward:

- Building up quality and risk profiles for each provider and commissioner (see page 21). We will add information about the views and experiences of people who use services, and will give more weight to these views in targeting our visits to providers. We will be open and transparent about the information we hold.
- Building stronger working relationships with commissioning and other regulatory bodies, including the Government Offices, strategic health authorities, Monitor and the Audit Commission. This will show that our activities are aligned, that we are effective in working together to improve outcomes for people, and that we are reducing the costs of regulation.
- Consulting on our approach to assessments of quality in 2010/11. We are clear that most of our resources in 2010/11 will be allocated to the new registration system. We are therefore consulting on what we see as a realistic set of changes, which also seek to reduce the costs of assessment for providers, commissioners and ourselves.
- Piloting new approaches for 2011/12 onwards to help promote better joined-up care. For example, we will develop and pilot common outcome measures for joined-up care and joint service inspections of councils and primary care trusts relating to safeguarding.
- Building on and reviewing our mental health activities to ensure that we have the best possible safeguarding arrangements and opportunities for sharing information within CQC.
- Reviewing and updating our statement of involvement (Voices into Action) to enhance the way we use feedback from people about services and involve people in our work, and to make sure that services properly involve people in their work.
- Ensuring that the knowledge from our regulatory activities is analysed systematically, to identify key issues that should inform our future priorities and to provide an evidence base for policy and for national and regional improvement programmes.
- Reorganising and training our operational teams. This will be completed during the early part of 2010/11, to ensure that our regulatory teams are prepared for the requirements placed on them by the new system of regulation, and properly supported.

2012/13 onwards

Monitoring compliance with essential standards will be an ongoing and dynamic task. But, by 2012/13, we expect registration to be more embedded in the operational activities of providers and for other 'levers' in the system – such as commissioning, performance management and local public accountabilities – to be reinforcing the importance of meeting standards.

As we get more assurance that essential standards are being met, we expect to be able to focus more on providing information on the quality of care, increasingly at the level of individual services and pathways of care. This will help to empower people who use services and provide accountability for commissioners and providers in improving outcomes. As the regulator, we will have a stronger focus on those areas where health and social care services are not producing good information on quality.

During this period, we will also:

- Look at refreshing the requirements of the essential standards and some of our working methods, to ensure that 'the bar' is set at the appropriate level and that the incentives in the system relating to compliance are working well.
- Continuously improve the content of quality and risk profiles, to reflect the outcomes of care that people experience and say are important to them.
- Work with a range of local and national organisations, as part of local improvement networks, highlighting best practice and enabling other organisations to improve by learning from those that perform well.
- Have developed our approach to assessing councils and primary care trusts as commissioners of care, so that the assessments provide effective and proportionate accountability, locally and nationally, for the quality and value for money



of services, and help to promote improvement through independent comparative information.

- Increasingly provide information to hold councils and primary care trusts to account jointly for improved outcomes relating to person-centred care and joined-up care.
- Gather evidence to support our commitment that the benefits of our regulatory activities significantly outweigh the costs, and that the costs are reduced over time.

Developing our own organisation

We are developing as an organisation to meet the challenges set out in this strategy. Our effectiveness as a regulator depends on the skills and values of all our staff. To work well, they must not only have the right tools and skills, but also a culture in which they can flourish.

We are working to create a strong, unified organisation in which our staff:

- Understand their role, what is expected of them and where they fit into the organisation.
- Are given clear and frequent feedback on their performance.

- Are able to develop personally and professionally and continually improve their performance through different ways of working.
- Are part of a truly diverse workforce, in which diversity is promoted at all levels.
- Have leaders and managers who are committed to real engagement with others and have the tools they need to develop staff at all levels.

We have already made significant changes within the organisation to improve our efficiency and effectiveness, so that we can deliver the ambitious programme of work within this strategy. More work is underway to make sure that we have the right expertise and capability to match our task, to develop our organisational strategy, to invest appropriately in information technology, and to ensure that we operate efficiently.

We do so in a period where we will face substantial financial and other challenges. We are determined to be alive to all opportunities that will enable us to achieve our priorities. We will deliver year-on-year improvements in the efficiency and effectiveness of our activities, including by working in partnership with other bodies.

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Published February 2010

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ISBN: 978-1-84562-263-3

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