

Our next phase of regulation: a more targeted, responsive and collaborative approach

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Evolution, not a revolution



more integrated approach that enables us to be **flexible** and **responsive** to changes in care provision

more targeted approach that focuses on **areas of greatest concern**, and where there have been improvements in quality

greater emphasis on **leadership**, including at the level of overall accountability for quality of care

closer working and **alignment** with NHS Improvement and other partners so that providers experience **less duplication**

Consultations on our proposed changes to inspections



20 December 2016 –
14 February 2017

New care models and
complex providers

Cross sector
changes to
assessment
frameworks

Updated guidance for
registration of learning
disability services

Changes to **Hospitals**
inspection
methodology

12 June – 8 August 2017

Changes to **Adult Social
Care** inspection
methodology

Changes to **Primary
Medical Services**
inspection methodology

Clarifying how we define
registered providers and
improving the structure of
registration

Updating guidance on Fit
and Proper Person
Requirements

Early 2018

Changes to
Independent Acute
inspection
methodology

A joint consultation on Use of Resources with NHS
Improvement is expected in Winter 2017

Strengthen and simplify



Our changes to how we regulate providers represents an evolution of our assessment framework.

Strengthen

- Based on learning over the past three years and changes in the sectors
- Not 'raising the bar' for providers
- Providers to be able to demonstrate how they are developing and adapting

Simplify

- Aligning the questions we ask of different sectors
- Promote a single shared view of quality
- A simpler process to reduce regulatory burden on providers



NHS trust inspections – what we have changed



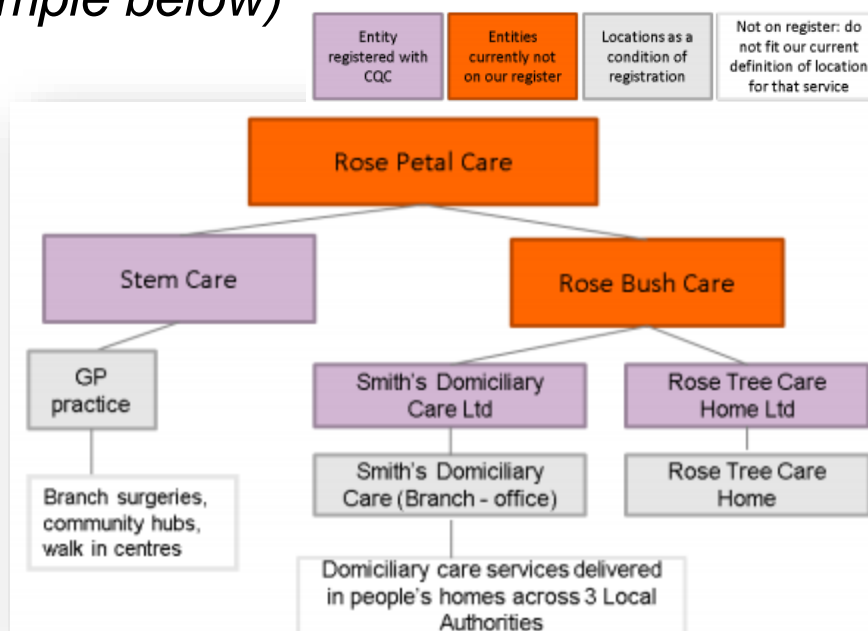
Changes to KLOEs and inspection methodology

- Focus our inspections where we have the greatest concerns or services that might have improved
- Develop our local relationships with providers, with Healthwatch and local and regional public organisations
- Accommodate new models of care
- Align our approach with NHS Improvement to avoid duplication



Changes to registration

- Any providers registered with us will remain registered
- We will also register related organisations who have accountability for quality and delivery of care
- We will develop our register so that it informs the public about ownership of providers, what services are provided, to whom and where to find these services (*example below*)
- We will introduce digitalised provisions to collect information and make this available to providers
- We will implement in a phased way across different types of providers from 2018/19



Example B: Our next phase of regulation: Consultation 2, CQC

How local councillors and scrutiny can share information with CQC

There are lots of ways councillors can share information with CQC about people's views and experiences of local services and to let us know what council scrutiny is doing and finding to improve healthcare and social care.

It will help if councils can keep us updated about scrutiny officers' and chairs' contact details. Our inspection teams would like to know about your scrutiny plans, scrutiny findings as well as final reports, and evidence gathered from providers and other stakeholders through scrutiny. Evidence from your communities about their experiences of care is particularly useful.

How CQC works with councillors and council scrutiny

As part of our new approach to inspections, we want to build on and strengthen our relationships with council scrutiny and regional scrutiny networks in the following ways:

A strong local relationship

- CQC's local relationships with council scrutiny are vital to make sure that information and insight about the quality of local services is not overlooked.
- CQC inspection teams will work together to coordinate their contact with councils and council scrutiny and this will be led by the local CQC hospital inspection manager. The hospital inspection manager, or one of their inspectors, will be in contact with their local scrutiny chair/officer at least every three months either by phone, email or a meeting. There may be more frequent contact if councillors or council scrutiny have shared information with CQC about local services and the information needs to be discussed.

Portsmouth Hospitals NHS Trust

Inspection earlier in the year covered Medicine, ED and Well Led. Inspection Report has been published and we continue to work closely with the Trust.

A small focussed inspection was undertaken in July 2017. Report is due to be published in November 2017.

Thank you



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