

Improving Care – the CQC perspective



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An overview

- Learning from first comprehensive inspection programme – 2013-2017
- Characteristics of services that improve
- Features of outstanding and improving services
- Our role in improvement



Completed round one inspections

136 NHS acute (non-specialist) trusts [1,649 core services]

18 NHS acute (specialist) trusts [155 core services]

56 Mental Health Trusts

18 Community Health Trusts

10 Ambulance Trusts

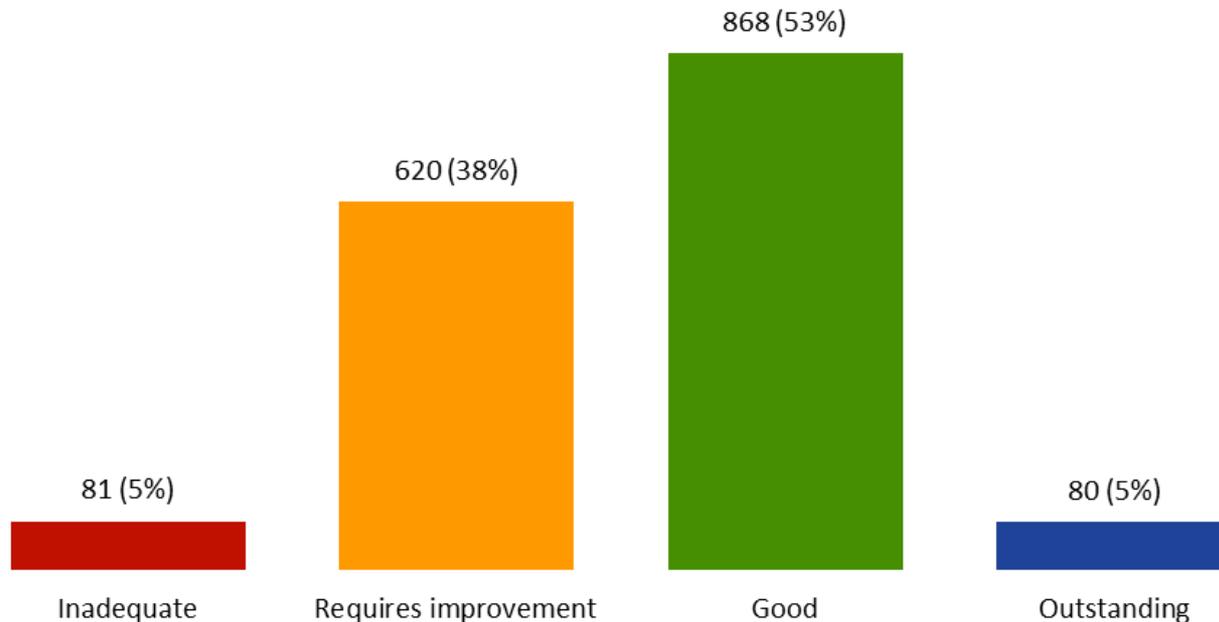
= 238 NHS trusts

+ **220** Acute independent hospitals

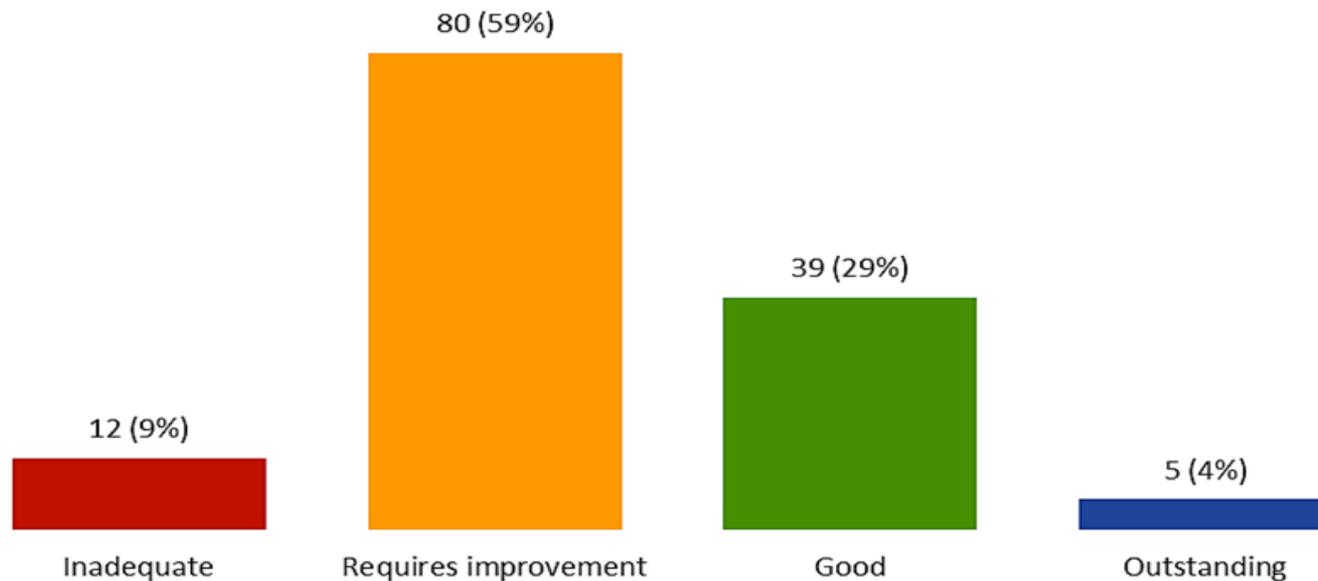
+ **50** termination pregnancy services

- Over 8,400 GP surgeries
- Over 2,000 Dental practices (20%)
- All 111 services
- All OOH and UCC services (primary care led)

NHS acute trust overall core service ratings (1,649 core services)



NHS acute trusts overall ratings (136 trusts)



What does the overall picture look like? - GP

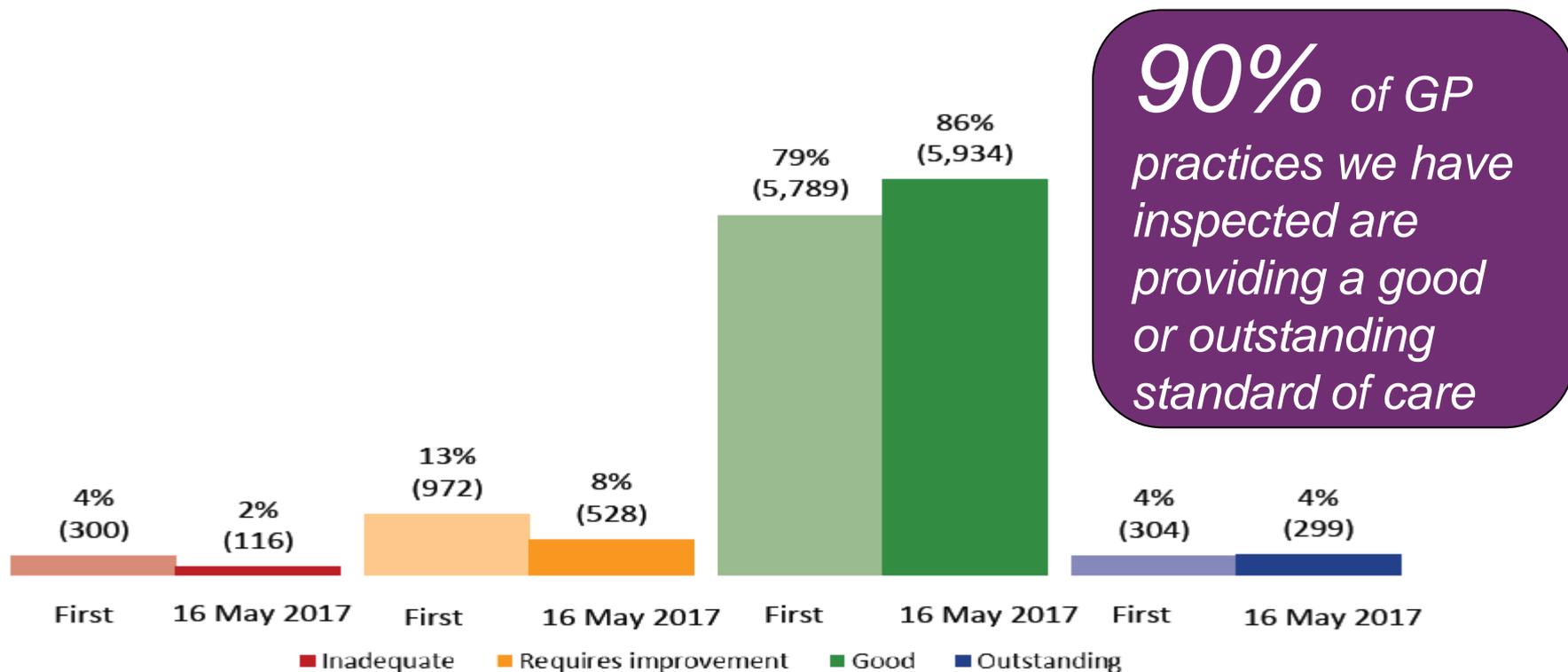


Figure 2: Overall ratings of GP practices (at first inspection and at 16 May 2017)

...and by key question

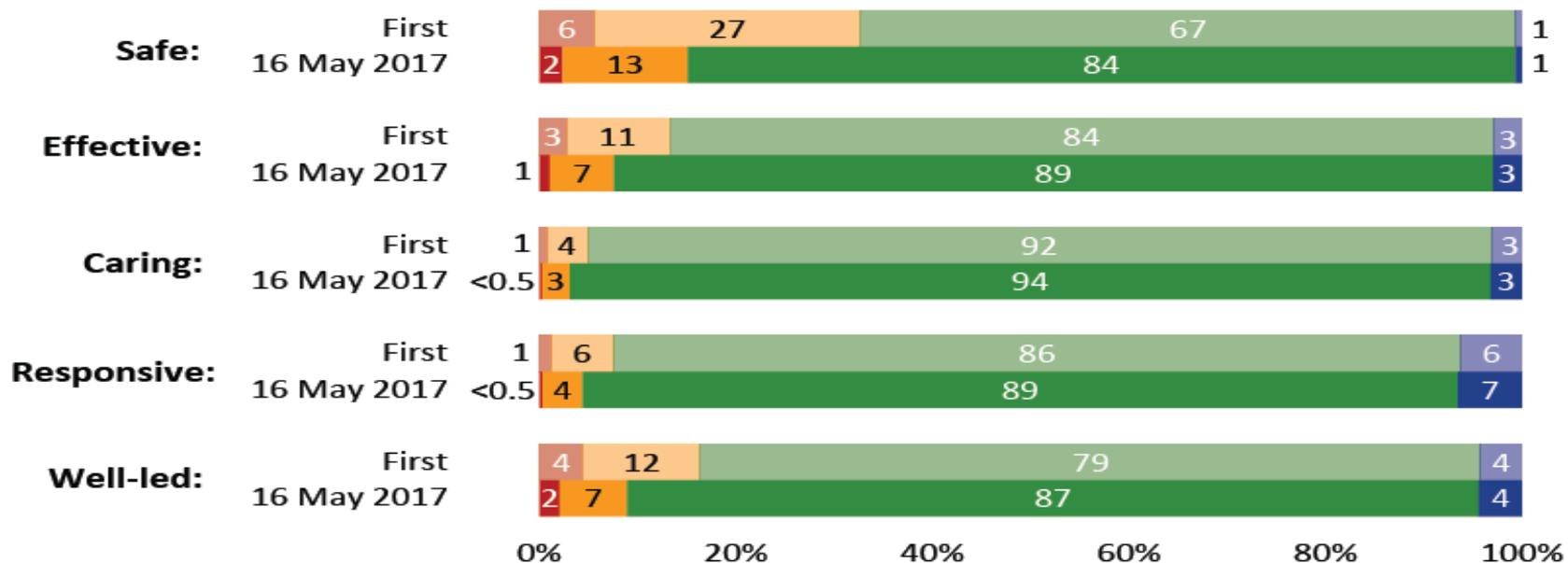
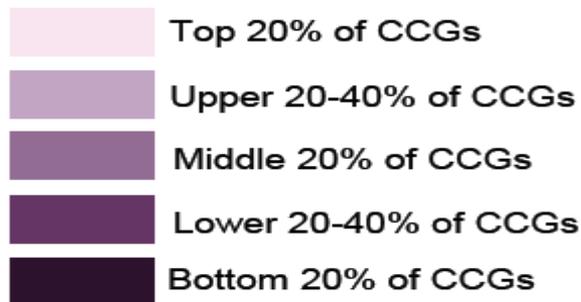


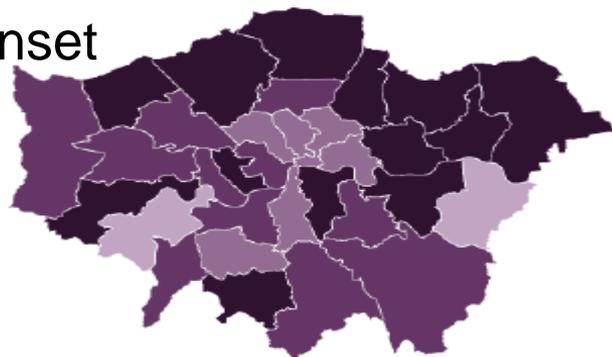
Figure 3: GP practice ratings by key question (at first inspection and at 16 May 2017)

- Of the practices rated as requires improvement or inadequate on first inspection and re-inspected, 82% had improved their rating by 16 May 2017.
- Over half (53%) of the practices that were rated as inadequate on first inspection and re-inspected were rated as good on the latest inspection.
- At the end of May 2017, 138 practices had come out of special measures because they improved (71% of practices re-inspected).

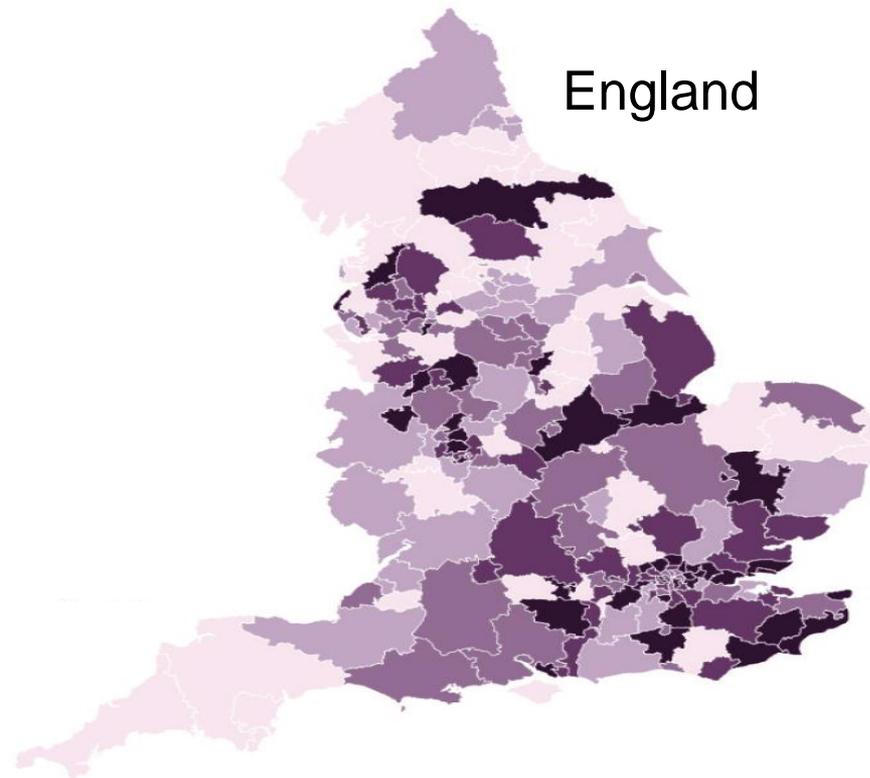
A complete picture



London inset



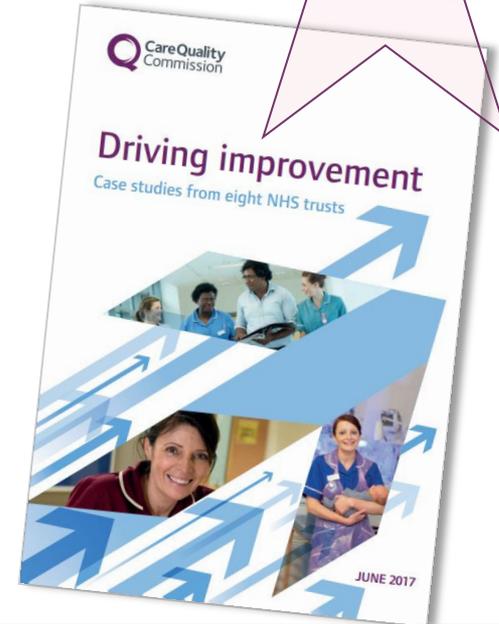
England



Driving improvement: themes

- **Leadership**
- **Governance**
- **Cultural change** – engaging and empowering staff
- **CQC engagement**
- Openness to learning
- Improving safety
- Patient and public involvement
- Looking outwards
- Next steps on improvement journey

Available
online



Engaging and empowering staff is the main key to driving improvement



Compassionate leadership means paying close attention to all staff; really understanding the situations they face; responding empathetically; and taking thoughtful and appropriate action to help. ...evidence from high performing health systems show that compassionate, inclusive leadership behaviours ...create cultures where people deliver fast and lasting improvement in quality and efficiency.

Developing People – Improving Care

- It's not enough to create an improvement plan – staff need to be engaged and motivated to drive it
- Help staff understand they have the answers and means to improvement
- Focus on equality and diversity so *all* staff are engaged
- Engage staff in developing (and owning) a vision for the trust
- Empower staff to lead quality initiatives
- No-blame culture; celebrate success

Strong governance from ward to board

In services that improve, the leadership team have good oversight of what is going on and understand how services are delivered – improving quality assurance and audit processes to help monitor the quality of care.

State of Care 2015/16

- Ensure consistent oversight of the organisation
- Improve governance around clinical incidents and promote and share learning from incidents
- Importance of front line governance – e.g. ward management
- Put clinical leadership front and centre
- Be clear on roles and responsibilities

Visible leaders and good comms assure and inspire staff

Good leadership is an important part of improvement – services that improve tend to have leaders who are visible and accountable to staff, promote an open and positive organisational culture, and engage effectively with partners.

State of Care 2015/16

- Visible and approachable leaders give staff confidence
- Good leadership builds strong teams and fosters teamwork throughout the organisation
- Good leaders stay in touch with front line services
- Regular communications from leaders is important
- Meetings with staff promote accountability
- Leadership is important at all levels

CQC inspections support improvement



Improvement is also more likely to happen when providers are open to receiving constructive feedback, and engage with CQC and collaborate with partners to improve care... Good leadership is supported by strong systems and processes that drive improvement.

State of Care 2015/16

- CQC reports can help give structure to improvement work
- Reports can give a rigour and discipline to improvement work
- Reports give clinicians and managers ammunition to effect change and ask for support
- Reports provide examples of good practice for others
- Regular engagement with CQC inspectors promotes understanding

Not all changes are organisational

- The local area reviews will **consider system performance** along a number of '**pressure points**' on a typical pathway of care
- The local area reviews will **focus on older people aged over 65**
- We also focus on the interface between **social care and general primary care and acute and community health services**
- We are **not rating the system** and our local system reviews will not impact on current rating in provider organisations across the area
- The findings of the reviews will be compiled into a **national report** to give overall advice to the Secretaries of State

CQC has a statutory duty to encourage improvement



The Health and Social Care Act 2008 makes clear that the role of CQC's regulation is to encourage improvement:

The [Care Quality] Commission is to perform its functions for the general purpose of encouraging the improvement of health and social care services

And it is part of our core purpose that guides everything we do:

“We make sure that services provide care that is safe, effective, compassionate and high quality and **we encourage services to improve**”

Some of what we already do helps to encourage improvement

72%
ASC

70%
NHS
Trusts

64%
Ind.
Hosps.

39%
GPs

45%
Dentists

Providers which agree/strongly agree that a **CQC inspection** helped to identify areas for improvement

Providers which agree/strongly agree that a **CQC inspection report** provided info helped to improve their service

47%
GPs

44%
Dentists

60%
NHS
Trusts

64%
Ind.
Hosps

68%
ASC

Some of what we do doesn't help to encourage improvement



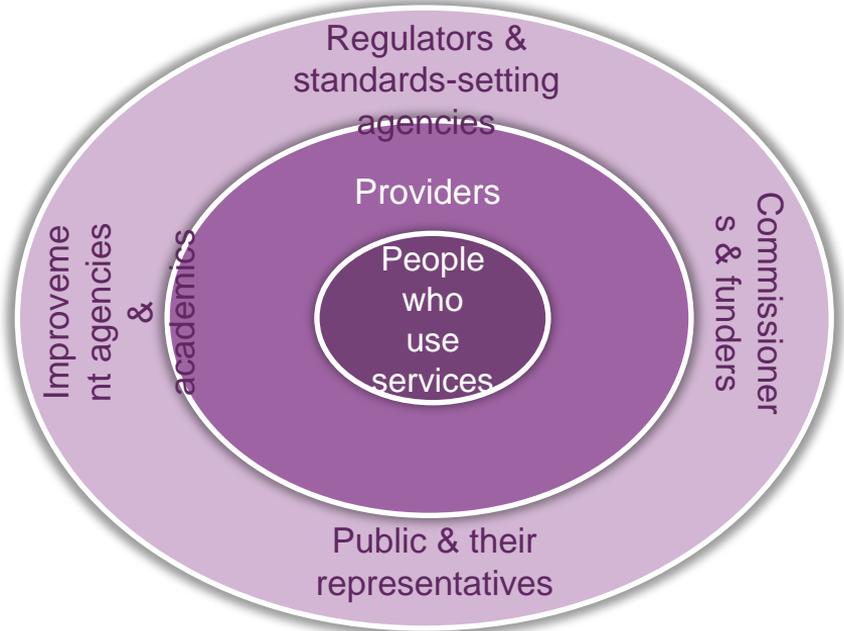
- **Regulation can have unintended adverse consequences, eg:**
 - Fear generated by a forthcoming inspection
 - Administrative burden of reporting and inspection
 - Impact of an 'Inadequate' rating on morale, reputation, recruitment etc.
- **Providers tell us we could do some things better to help them improve** – eg produce inspection reports faster
- **Lack of alignment across the health and social care system is seen as a barrier to improvement** – eg CQC, other regulators and commissioners asking for the same information at different times or in different formats

We must work with others to help services improve

Providers are ultimately accountable for the quality of care they deliver, so our approach must focus primarily on encouraging providers to improve.

Many other organisations and factors influence quality – from commissioning and funding arrangements, to local demography, to workforce availability and skills.

CQC is only one influence on quality.



We must continually review and develop our approach to encouraging improvement



We can't 'solve' our duty to encourage improvement through a one-off change.

Encouraging improvement is a way of working that needs to be embedded in everything we do.

We must keep evaluating, learning and adapting what we do to make sure we increase our effectiveness at encouraging improvement.



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What's next?

We propose to update our approach and our assessment framework to reflect the changing provider landscape..

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**

..starting in November 2017 with the introduction of the new assessment framework, with aligned Key Lines of Enquiry

The updated well-led framework: Key Lines of Enquiry



<p>Does the leadership have capacity and capability to deliver high quality, sustainable care?</p>	<p>Is there a culture of high quality, sustainable care?</p>	<p>Is there a clear vision and credible strategy to deliver high quality sustainable care to people, and robust plans to deliver?</p>
<p>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services well-led?</p>	<p>Are there clear and effective processes for managing risks, issues and performance?</p>
<p>Is robust and appropriate information being analysed and challenged?</p>	<p>Are the people who use services, the public, staff and external partners engaged and involved to ensure high quality sustainable services?</p>	<p>Are there robust systems, processes for learning, continuous improvement and innovation?</p>

Thank you



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