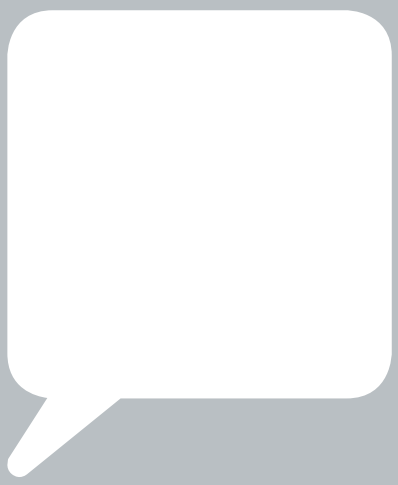
Care Quality Commission

The next phase

Our consultation on our strategy for 2013 to 2016



Contents

Foreword

This consultation document sets out our strategic direction over the next three years. We hope that as many people as possible will take the time to consider our proposals and give us their views.

It is three and a half years since the Care Quality Commission (CQC) came into existence as England's first regulator of health care and adult social care. During that time we have brought in a new system of regulation for 40,000 organisations that provide care. We have introduced a new, common set of standards that focus on people's experiences and put their rights and interests at the centre of our work. With commissioners and providers of care, other regulators, and the public, we play a vital role in improving standards of care for millions of people in England who use hospitals, care homes, care at home, dentists and, from next year, GPs.

Since 2009 there have been significant and rapid changes in government policy and the economy. The 2012 Health and Social Care Act sets out a profoundly new vision for the way the health and care system will work from 2013, and introduces a new consumer champion, Healthwatch. There are changes ahead for social care in the 2012 White Paper, *Caring for our Future*, the government's response to the Dilnot Commission, and the Care and Support Bill. And, with public finances under extreme pressure, maintaining the quality of care will be a key challenge for organisations that commission and provide care.

We recognise that there are five main influences on the quality of care: providers of care, frontline professionals and staff, commissioners of care quality, economic and professional regulators, and the voices of people who use services. All five have a role to play in promoting the quality of care.

It is also clear that we will be working in a new and unpredictable environment, in which power and leadership is devolved among a number of organisations. We will need to work collaboratively with a wide group of partners – those who commission care, those who provide care, professional regulators, Healthwatch and other key organisations – to achieve our common purpose of improving care.

It is in this context that we enter a new phase of our development and set out what the public can expect from their regulator over the next three years.

Our purpose will be to drive improvements in the quality of health and adult social care through regulating and monitoring services; through putting people's views and experiences at the centre of our work; through drawing on our intelligence and unique insight to provide an authoritative voice on the state of care; and through working with strategic partners across the system.

Over the next three years, we are determined to:

- Improve how we use information and develop a model of regulation based on what drives the greatest improvements in the quality of care.
- Strengthen our work with strategic partners to achieve our common purpose of improving the quality of health and social care.
- Continue to build better relationships with the public, making the most of the opportunity Healthwatch offers to make sure people's voices are heard and using their views more systematically in our work.
- Build further respect and credibility with providers and make sure we are 'good to do business with'.
- Make sure we are more fully equipped and able to deliver our unique legislative responsibilities in mental health and mental capacity.
- Continue our drive to become a high-performing organisation.

In developing our proposals for our strategy, we have listened to, reflected, and learned from the comments made over the past year during the Public Inquiry into Mid Staffordshire Hospital, and by the Health Select Committee and others who have reviewed us. We have also listened to hundreds of people who informed the development of this document earlier this year. They included our staff, members of the public, organisations that provide care, other regulators, voluntary organisations, government, and our strategic partners in the health and care system.

We thank all those who have taken part and contributed to this process. The debate has been challenging and instructive. Although there was general agreement on what our priorities should be, there are inevitably conflicting demands and pressures and, in some areas, we have made some hard choices about what we will do and where we will focus our efforts.

A clearer strategy for CQC will make a vital contribution to improving the care that people have a right to expect. It will enable us to focus our action where there is greatest risk, become an authority on the state of care, tackle poor standards, and work with others to drive improvements in the quality of health and adult social care more decisively than ever. It gives us a real opportunity to make a difference and we are determined to do so.

Dame Jo Williams
Chair

David Behan
Chief Executive

1. Introduction

The Care Quality Commission (CQC) began in April 2009, following the passing of the Health and Social Care Act 2008. The Act created a single regulator across health and adult social care, a single system of regulation and a common set of standards that organisations providing care have a legal duty to meet. In addition, in bringing the Mental Health Act Commission into CQC, duties to protect detained and compulsory patients were combined with powers to enforce standards across health and adult social care. These are the standards people should be able to expect whenever or wherever they receive care from the services we regulate.

In implementing those changes over the past three years, we have brought more than 40,000 hospitals, care homes, providers of care at home, and dentists into the new regulatory system by registering them against the new standards, and around 10,000 GP practices and other primary medical services will join them from April 2013.

As this process of registration nears completion, the next phase of our development will see a renewed focus on monitoring and inspecting these organisations. In the last year alone we have carried out more than 18,000 inspections and reviews, undertaken 1,500 Mental Health Act visits, and launched a new website which enables more than 2,000 people a month to tell us about their experiences of care. This renewed focus, together with the developments set out in this strategy, will help us to drive improvements in the quality of health and social care.

We will do so within a transforming wider health and social care system which is seeing significant changes in the way care is provided. Reduced economic growth will have implications for the funding of public services. We are also seeing significant increases in life expectancy. While this is something to be celebrated, it also brings with it increased demands on services.

In rising to these challenges we will continue to play a key role in improving care by regulating and monitoring services. We will continue to make sure that only providers who have made a legal declaration that they meet the standards and satisfy our registration process are allowed to enter the market and provide care. Once registered, we will continue to monitor and inspect services, to act quickly in response to any concerns and to take swift action where services are failing people.

However, we must use evidence and intelligence to make sure we use our resources so they have the most impact on driving improvements in the quality of health and social care. And while we are independent, we must also improve how we work with our strategic partners to make sure we share information and insights, identify emerging issues, be clear about our respective roles, and coordinate our activities where appropriate. This will make sure we best achieve our common purpose of driving improvements in the quality of health and social care.

We are consulting on this strategy over the next three months. During this time, we expect the publication of the report of the Public Inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire NHS Foundation Trust from 2005 to 2009. These recommendations will need careful and detailed consideration by all the organisations working to improve and safeguard the quality of care. We will work with our partners in developing a full response and review our strategy in the light of the Inquiry's conclusions.

Having set out a clear strategy we are determined to make urgent and rapid progress to deliver the changes following consultation. We will do this over a three-year period through our annual business plans.

2. Our purpose, role and priorities

Since we were created in 2009 there have been significant developments in both health and adult social care, as well as in the wider society. These changes, outlined later in this document, have shaped the context in which we operate and what we consider to be our purpose from 2013.

Our purpose

We work as part of health and adult social care system with a common purpose of driving improvements to the quality and safety of care services.[1] Uniquely CQC provides assurance that services meet national standards of quality and safety.

Our purpose is to drive improvement in the quality of care, by:

- Regulating and monitoring services.
- Listening to people and putting them at the centre of our work.
- Acting quickly when standards aren't being met.
- Drawing on our information and unique insight to provide an authoritative voice on the state of care.
- Working with strategic partners across the system.

Our role

Our role is to regulate health and adult social care providers to "protect and promote the health, safety and welfare of people who use health and social care services".[2] We undertake this role for the "general purpose of encouraging" three things:

- The improvement of health and social care services.
- Ensuring services focus on people who use services.
- And that resources are used effectively and efficiently.

In order to do these things we:

- Register providers against a common set of standards. These are the standards providers have a legal responsibility to meet and that people have a right to expect whenever or wherever they receive care.
- Monitor and inspect providers against those standards, carrying out inspections regularly, at any time in response to concerns. Undertaking themed inspections, themed reviews and specialist investigations based on particular aspects of care.

1. This strategy uses a definition of quality set out by Lord Darzi, who defined quality as safety, effectiveness, and people's experiences of services.

2. Health and Social Care Act 2008, Part 1, Chapter 1, Section 3.

- Take action if we find that a service isn't meeting the standards, using a range of powers. These include issuing a warning notice; restricting the services a provider can offer; restricting admissions; fining a provider or manager, and, if necessary, cancelling a provider's or manager's registration or prosecuting them.
- Involve people in our work, working with local groups, national organisations and the public to make sure that the views and experiences of people are at the centre of what we do.
- Publish information about whether or not services are meeting the standards; national reports on key themes, for example dignity; and reports on the state of care.

Our vision of success will be fewer providers dropping below the national standards of quality and safety, and where they do they are picked up quickly and improve. We will develop clear quantifiable success measures.

Our six strategic priorities that support our purpose and role, and will drive improvement in the quality of care

1. Making greater use of information and evidence to achieve the greatest impact

While we will continue to regulate all health and social care services that provide regulated activities, we will move towards a model of differentiated regulation – regulating different sectors in different ways. To do this we will make greater use of information and evidence, including an evaluation of the impact of our regulatory activities. This will determine how we use our resources to achieve the greatest impact on improvements to the quality of care. We will also apply this approach to our responsibilities under the Mental Health Act and the Mental Capacity Act.

We will also draw on our unique sources of data, intelligence, evidence and knowledge, and that of others, to become a more authoritative voice on the state of care, and we will use this voice to drive improvement in how services are provided and commissioned, and to influence the sector.

Underpinning this approach, we will continue to advance people's human rights and their rights to equality throughout our regulatory work.

2. Strengthening how we work with strategic partners

We will remain independent in our ability to decide when and how we regulate, and in the regulatory judgements we make. We cannot meet our objectives alone. CQC will need to work closely with a range of strategic partners, both to pick up cases where care falls below the standards required, and to promote the ongoing improvement in care. In the context of a changing health and adult social care system, we will develop interdependent relationships with national strategic partners, including Monitor, the NHS Commissioning Board, the Association of Directors of Adult Social Services (ADASS), Healthwatch England, the Health and Social Care Information Centre, the Local Government Association (LGA), the National Institute for Health and Clinical Excellence (NICE); the National Trust Development Authority, the National Quality Board, the Office for Standards in Education, Children's Services and Skills (Ofsted), the professional regulators, and Public Health England. We will build constructive relationships with a range of other organisations regionally and locally.

3. Continuing to build better relationships with the public

We will make the most of the opportunity Healthwatch offers, and support its development to make sure people's views, experiences and concerns about their local health and social care services are heard. We will improve the information we provide to the public, do more to raise awareness and understanding of our work and empower people to demand better care. We will make sure people's views, experiences and concerns more systematically inform who, when and what we inspect. We will do more to involve people in what we do to make sure their experiences are the centre of our work, including extending the use of Experts by Experience – people who have personal experience of care.

4. Building our relationships with organisations providing care

We will continue to build respect and credibility with organisations that provide care and will be 'good to do business with'. We will continue to deliver a professional standard of registration services that swiftly and effectively enable organisations to enter the sector when they meet the required standards of care; we will be consistent and proportionate in our application of the regulations; we will build confidence in the expertise of our inspectors; constantly tackle unnecessary regulatory burden and support innovations that improve the quality of services; and we will provide insight and commentary on what works well across the sector.

5. Strengthening the delivery of our unique responsibilities on mental health and mental capacity

Our statutory responsibilities under the Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards were established to protect the human rights of some of the people who are the most vulnerable due to their circumstances in the health and social care system. We will focus on how we can use the full range of our powers to conduct these responsibilities as effectively as possible. We will develop our approach and methods in partnership with key stakeholders, not least those who use services and those who speak on their behalf.

6. Continuing our drive to become a high-performing organisation

We will build on the foundation laid in the last three years and become a higher-performing organisation. We will do this by being flexible and adaptable; by being a dynamic organisation; by building a motivated, skilled and effective workforce; and by measuring our impact as a regulator.

3. The environment we work in

Since our role was conceived and set out in the 2008 Health and Social Care Act there have been a number of important developments that will affect what we do in the future. These include significant and rapid changes in the economy, government policy, society and technology. These wider changes define the environment in which we work and underpin our new strategy.

Social changes

Life expectancy continues to rise and as a nation we can celebrate this fact. However, healthy life expectancy – the number of years we live without a long-term illness or disability – has not risen at the same rate. This means that the health and adult social care system will be under ever-increasing pressure to provide high quality services to increasing numbers of people, within constrained resources. This will mean a greater focus on intervening early to keep people well, and to promote their wellbeing and independence.

At the same time, people rightly have rising expectations of the services which they receive. People want safe, effective services. They also want to be treated well, and to have a positive experience when they use their health services or social care services. They want their rights to be upheld, such as rights to equality, dignity, respect, choice and independence. In short, people and patients want high quality services.

The economy

In the June 2010 Budget the government set itself a target of balancing the budget deficit within five years (this target date has now moved back to 2016/17). With public sector borrowing standing at £127 billion in 2011/12, this implies reductions of 10-15% in public spending up to 2016/17. For the NHS alone, approximately £20 billion of productivity gains must be found by 2015, and these pressures could extend beyond that. The adult social care sector is facing equally challenging spending pressures. Maintaining the quality of care in the context of increasingly tight spending plans will be a key challenge for those who commission and provide services and for those who fund their own care.

Government policy

The NHS

The 2010 White Paper, *Liberating the NHS* and the 2012 Health and Social Care Act set out a profoundly new vision for the way the NHS will work from April 2013 onwards.

The purpose of *Liberating the NHS* is to deliver an NHS that: promotes health and wellbeing; is centred on patients and carers; is evidence-based and innovative; and achieves quality and outcomes that are among the best in the world. The reforms will introduce the following changes:

- A more devolved NHS, in which leadership and power is distributed throughout the system.
- An NHS which is clinically-led, with responsibility for commissioning health services given to local health professionals, working with their local partners.
- Patients will be empowered to participate in decision-making, so that "there will be no decision about me without me".
- The creation of a coherent system of regulation for providers, to drive quality and efficiency.

The Secretary of State and Department of Health will no longer be able to intervene in the day-to-day running of the NHS. GPs and clinicians will be responsible for commissioning services for patients and the public, and will be accountable to the newly created NHS Commissioning Board. Hospitals and other providers will be increasingly independent, as all hospitals move towards NHS foundation trust status. There will be greater scope for new providers to enter the system under the 'Any Qualified Provider' policy. Monitor will take on added responsibilities to promote competition, regulate prices and safeguard the continuity of services. CQC must change the way it works with strategic partners. This will include hosting Healthwatch England and developing joint registration of providers with Monitor.

Adult social care

There are changes ahead for adult social care too. These were set out in the 2012 Social Care White Paper, *Caring for our Future*; the government's response to the Dilnot Commission, outlining its proposal in relation to funding reform of care and support; and the Care and Support Bill.

Caring for our Future sets out a number of changes to the current system intended to make it fairer and more equitable. It includes provisions for national eligibility criteria and portability of care assessments, sets out how the government will work to establish a new national information website that provides a clear and reliable source of information on care and support, and says the government will work with a range of organisations to develop websites that make it easy for people to give feedback and compare the quality of care on offer. This White Paper defines quality in adult social care as safety, effectiveness, and people's experiences of services. This is the definition of quality used in CQC's strategy, so they are aligned.

The Care and Support Bill seeks to address the fact that systems to improve quality in adult social care are currently less developed than in acute health care, by including an overarching duty of responsibility to promote quality in the provision of social care services.

These changes will all have implications for care services and for CQC, for other regulators, for our key stakeholders, for organisations that commission and provide care, and for the public.

Mental health and mental capacity

The cross-government national mental health outcomes strategy, *No Health Without Mental Health*, was published in 2011. It sets out six shared objectives to improve the mental health and wellbeing of the nation, and to improve outcomes for people with mental health problems through high quality services. The strategy has now been followed with publication of the Mental Health Implementation Framework, which sets out what local and national organisations, including CQC, can do to make the six objectives a reality.

The introduction of community treatment orders has extended the use of the Mental Health Act's powers in the community. These, together with changes in the monitoring requirements of guardianship, have placed new demands on the way we will fulfil our related statutory responsibilities.

The Mental Capacity Act's Deprivation of Liberty Safeguards (DoLS) came into force in 2009. The legislation provides detailed requirements about when and how deprivation of liberty may be authorised in health and social care settings. We are responsible for monitoring the operation of DoLS. This is an evolving area of law and we must make sure that we focus our monitoring activity to greatest effect in safeguarding the rights of people who lack the capacity to consent to the treatment or care that may be in their best interests.

In discharging our responsibilities under the Mental Health Act and Mental Capacity Act, CQC plays a role in the national preventative mechanism under the government's obligation to the Optional Protocol to the Convention against Torture (OPCAT). OPCAT is an international human rights treaty designed to strengthen the protection of people deprived of their liberty.

Localism

The Localism Act 2011 sets out a series of measures aimed at moving power away from central government and towards local people. They include: new freedoms and flexibilities for local government; new rights and powers for communities and individuals; reforms to make the planning system more democratic and more effective; and reforms to make sure that decisions about housing are taken locally. These changes will encourage different and innovative ways of commissioning and providing services. From this we can expect to regulate a wider range of diverse services.

In summary, the newly devolved and autonomous NHS, the continuously evolving adult social care and mental health systems, and the move towards localism will provide both opportunities and challenges around how we will operate over the next few years. CQC will need to adapt to these changes and any further developments.

Regulatory policy

Changes in the government's approach to regulation have meant a reduction in the number of supervisory and regulatory bodies in the health and adult social care sector. The government is currently consulting on whether our role should be expanded to take on additional functions of those currently provided by the Human Fertilisation & Embryology Authority and the Human Tissue Authority. We will be responding to the consultation separately, the outcome of which will inform this strategy in 2013.

Technological changes and innovation

Technology is changing and progressing at a rapid pace. Such changes enable the development of new medicines, as well as new types of equipment that make it possible for more people to live more independent and more fulfilling lives.

The internet has radically changed the way that information and services can be provided. The government has set out a "digital by default" vision for public services and doing things digitally is now the norm for many things – whether it is renewing your car tax, buying music or researching where to get care.

The digital revolution has given organisations the opportunity to provide more personalised services more efficiently than they could before. Technology can support more care in the home empowering people to have greater independence, for instance through smart homes and telecare schemes where technology can monitor people's activities to ensure they are well.

The explosion in social media over the past five years has changed the way we interact with friends, family and the organisations we deal with. This can empower some groups, such as people with a disability to network, raise understanding and communicate and reduce social exclusion.

These digital developments have led to higher expectations as people demand a better customer experience online – having the services, help and advice they need at the click of a button whenever they need it.

We must make sure that we fully exploit and use new forms of information and communications technology, such as social media, to improve our customer services and to allow people to get the information they need so that they can make informed decisions. Such a proactive approach to information will empower the public, patients, and users of services.

Doing more with less

Due to the changes set out above, the environment in which we will operate over the next few years presents opportunities and challenges and we will constantly need to adapt to them. We do not expect the extra demands placed upon us by the economic situation, policy changes, and social changes to be met through significant extra resources. Consequently, we have tough choices to make on what we will do, and what we will not do. Most importantly, we will have to work in even smarter and more intelligent ways, making the most of how we work with our new partners in the system. And we will need to drive improvements in our own levels of efficiency, effectiveness and productivity.

In summary

Our purpose, role and responsibilities will be delivered in the context of the social, economic, demographic, policy and technological changes described above. We will continue to focus on driving improvement in the quality of health and adult social care services.

4. How we have developed our proposals for our new strategy

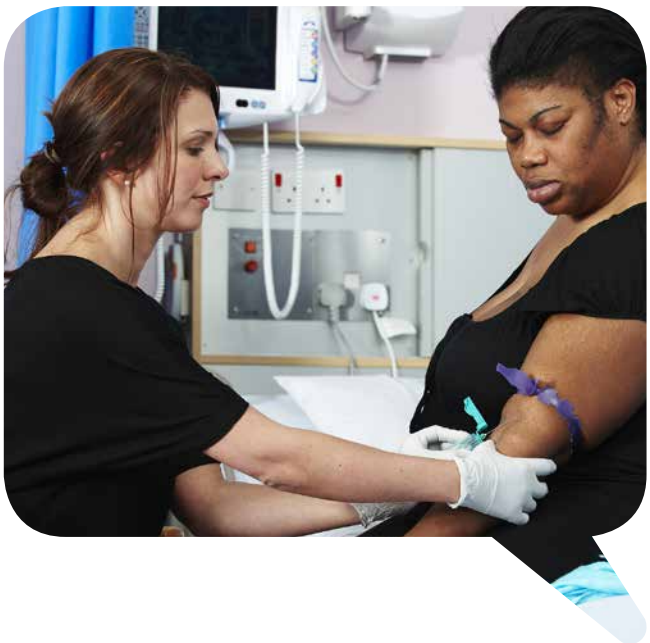
In preparing our proposals for our new strategy we carried out extensive engagement both internally and externally, as well as a rigorous process of internal analysis, discussion and decision-making.

We have engaged widely with over 700 people at over 40 events, which have included members of the public, representatives of organisations that provide care, commissioners, other supervisory or regulatory bodies, and our staff. We also received online comments from providers and from the public. Our engagement has included meetings with 40 senior leaders in the fields of health, social care and regulation (see appendix A) and specific events that have focused on our role in mental health and mental capacity.

In parallel with our external engagement, we carried out a comprehensive analysis of the wider political, economic and social environment, looking at trends and future changes in the health and adult social care system and the provider market. We looked at current practices in regulation, in health, social care and other sectors, both in the UK and internationally. We also looked at our own capabilities, to identify our strengths and our areas that need improvement, and took time to look at external best practice in regulation. We developed and used a set of principles to guide our work (see appendix B). Throughout, we have followed a rigorous process of internal governance.

In addition, we have listened to and learned from what has been said by the Health Select Committee, the National Audit Office, the Public Accounts Committee, the Department of Health's Capability Review and during the Public Inquiry into Mid Staffordshire Hospital.

Building upon this engagement, analysis and feedback, we have clarified our purpose, our role and our priorities for the coming three years.



5. Our strategy for 2013 to 2016

In support of the purpose and priorities we set out in Section 2, the rest of this document sets out our thinking and the questions that we would like the public and our other stakeholders to help us answer.

Our six strategic priorities

To recap, our six strategic priorities to drive improvement in the quality of health and social care are:

1. Making greater use of information and evidence to achieve the greatest impact.
2. Strengthening how we work with strategic partners.
3. Continuing to build better relationships with the public.
4. Building our relationships with organisations providing care.
5. Strengthening the delivery of our unique responsibilities on mental health and mental capacity.
6. Continuing our drive to become a high-performing organisation.

Some of these strategic priorities are significant changes: in particular, how we use information; strengthening and changing how we work with strategic partners; and continuing to build better relationships with the public. The other changes, which are equally important, represent more incremental developments.

While all of our strategic priorities apply to our responsibilities under mental health and mental capacity, one priority is dedicated to mental health alone. This is due to the unique changes in the environment in which we operate and the vulnerability of people due to their circumstances who use those services.

Delivering the strategy

Having set out a clear strategy we are determined to make urgent and rapid progress to deliver the changes following consultation. We will do this through our annual business plan.

5.1 Making greater use of information and evidence to achieve the greatest impact

While we will continue to regulate all health and adult social care services that provide regulated activities, we will move towards a model of differentiated regulation. This means we will regulate different sectors in different ways. To do this we will make greater use of information, including an evaluation of the impact of our regulatory activities. This will determine how we use our resources to achieve the greatest impact on improvements to the quality of care. We will also apply this approach to our responsibilities under the Mental Health Act and the Mental Capacity Act.

We will draw on our unique sources of data, intelligence and knowledge, and that of others, to become a more authoritative voice on the state of care. We will use this voice to drive improvement in how services are provided and commissioned, and to influence the sector.

Underpinning this approach, we will continue to advance people's human rights and their rights to equality throughout our regulatory work.

Current approach

We currently inspect health and social care providers every year or every two years. We also carry out themed inspections based on particular aspects of care. All our inspections are unannounced, unless there is a good reason to let the provider know we are coming.

In addition, we use our understanding of the risk of services not meeting the standards to inform our approach. This helps us to make sure we focus on the right things during an inspection, and can trigger additional inspections at any time. We have developed a 'quality and risk profile' of each service we regulate and a system of risk registers to support our approach. They consider a wide range of information and risk factors including:

- **Local and national data –** both publicly available information and information provided to us and collected by us. These include safeguarding concerns – where people's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect; mortality outliers – our analysis of the number of people who have died in NHS hospitals after being admitted for a particular condition or procedure; and other information about the experiences of people receiving care.
- **The service's track record –** for example its previous record on meeting the standards.
- **The type of care being provided and the characteristics of the people receiving care –** for example the vulnerability of people due to their circumstances receiving mental health or learning disability care.
- **Population factors –** for example the local levels of deprivation and how many people in a local area have dementia or a learning disability.
- **Other risks –** for example whether or not there are other regulators who assess the service.

The right approach for each sector, based on evidence

The economic, policy, legal and social changes outlined in this strategy make it very clear that we need to cope with a dynamic and unpredictable environment without a significant increase in resource. This means we must be as effective and efficient in our regulatory methods as possible. We must develop a model of regulation that achieves the very best impact on driving improvement in the quality of services across a differentiated sector with constrained resources.

In our discussions with the public and stakeholders earlier this year, most people felt that to use our resources to the best effect we should make better use of our data, intelligence and knowledge, and that the frequency and intensity of our inspections should be guided by a risk assessment specific to each sector. They said that we should be flexible in the methodology we use in each sector. We agree with this analysis.

We will move towards a more 'evidence-based' model of regulation. We will therefore strengthen our data, intelligence and knowledge, and how we use them. This will enable us to deploy our resources to where the risk to the safety and quality of services is the greatest. In the longer term, we expect that this evidence may allow us to anticipate where risk is the greatest and take action more swiftly than ever.

As a result we may need to regulate different services in different ways and at different times to make sure we achieve the greatest improvement in quality. In terms of the frequency and intensity of inspections, this may mean revisiting our regulatory approach, including adapting our current yearly and two-yearly inspection regime.

Building the evidence base

We recognise the need to develop our evidence base and improve our understanding of the impact we have on different services and different settings. As part of this, we have commissioned an in-depth and wide-ranging programme of evaluation of our regulatory activity. This will provide us with detailed analysis of how we operate, and the impact we have. The evaluation programme will be guided by a framework set out by an external senior academic specialist in health regulation. We will also review evidence about what works in regulation in other industries and in other countries.

We are also currently evaluating the impact of our regulation on equality and human rights for people who use health and social care services. We will continue to develop our approach to make sure that people's rights to equality, dignity, respect, choice and independence are embedded in the way we regulate services.

An authoritative voice

Looking forward over the next three years, we will be more ambitious with our unique sources of information, and the information held by others, to become a more authoritative voice on the state of care. We believe that we can use this voice to drive improvement in how services are provided and commissioned and influence the sector. Our discussions with the public and stakeholders strongly indicated that they would welcome us using our voice in this way.

We will do this by:

- Being clear about good care (what works well) and poor care.
- Reporting on the state of the health and care sector, identifying problems and challenges in how services are provided and commissioned and recommending action.

Value for money

The evaluation of our activity will also enhance our understanding of how we deliver value for money. Due to the economic context it is even more important than ever that we get the most value for people using health and social care services, and for providers, for the money we get from the taxpayer.

Understanding cultures and behaviours

We will further develop methods to detect the impact of factors such as cultures and behaviours on the performance of providers. These methods will include assessing how providers listen to the views and experiences of people who use services and their families, and those of leaders and frontline staff. The evaluation will provide us with valuable information about the impact we have on the cultures of organisations and the behaviour of their staff. These lessons and insights will enable us to learn, develop and refine our approach so as to maximise our impact.

Highlighting what works well

In our discussions with the public and stakeholders earlier this year, most people expected us to comment on what works well as well as poor care. They said this would provide an additional incentive for providers to improve; enable us to comment on the state of each sector; and make the best use of the information we collect in our inspections. We agree with these comments and we will identify and highlight what works well in the services we inspect. This will enable us to share useful information about what works well, support people making choices about health and social care services, and motivate providers to continuously improve.

Consultation question 1

What are your views on us making greater use of information and evidence to guide us in regulating services, which may mean we regulate different services in different ways?

5.2 Strengthening how we work with strategic partners

We will remain independent in our ability to decide when and how we regulate, and in the regulatory judgements we make. However, in the context of a changing health and adult social care system, we will develop interdependent relationships with national strategic partners, including Monitor, the NHS Commissioning Board, the Association of Directors of Adult Social Services (ADASS), Healthwatch England, the Health and Social Care Information Centre, the Local Government Association (LGA), the National Institute for Health and Clinical Excellence (NICE), the National Trust Development Authority, the National Quality Board, the Office for Standards in Education, Children's Services and Skills (Ofsted), the professional regulators, and Public Health England. We will build constructive relationships with a range of other organisations nationally and locally.

Key interdependencies with our strategic partners

From April 2013, the way the NHS works will radically change. This will herald the beginning of a new, highly interdependent system and introduce both new ways of working as well as a number of new bodies. Our independence in our decisions about where and when we inspect, and in the regulatory judgements we make and the overall statements we make on the state of care, will remain as important as it is at present, and our duty to report on the state of care will remain as fundamental as ever.

However, within an autonomous and devolved system, in which the Department of Health has a different and more strategic role, it will become increasingly important for us to share our insight with other bodies, particularly with the NHS Commissioning Board and with Monitor (in preparation for joint licensing). To do this, we need to be a more intelligent and strategic regulator, recognising our key interdependencies throughout the system. We cannot act alone. In our discussions with the public and stakeholders earlier this year, most said that they wanted to

see us working more closely with other regulators, improvement agencies and commissioners in sharing information, monitoring risk and in coordinating the timings of inspections. We will develop with Monitor an approach to joint licensing.

Similarly, we will work with the Department of Health in aligning the national standards of quality and safety we regulate against, with the Public Health, Health and Adult Social Care Outcomes Frameworks.

We will work closely with our strategic partners and other key stakeholders to:

- Achieve the common purpose held by all partners and stakeholders of protecting people's safety and driving improvements to the quality of care services.
- Challenge each other's performance and collectively leverage each other's powers to improve the quality and safety of services.
- Make sure intelligence is pooled and shared consistently to identify emerging issues.
- Align our efforts by being clear about our respective roles and coordinating our activities.

By working together with other bodies and regulators we can create a coherent system of regulation which may include:

- Sharing more of the data we have collected with providers to help them improve their understanding of their performance, to help them improve.
- Feeding back directly to staff the findings of inspections.
- Working more closely with strategic partners to avoid duplication and lighten the regulatory burden on providers. For example, understanding where we can share data collection processes or share data sources.

Our key interdependencies include the following organisations with whom we will form national strategic partnerships:

- Monitor, whose main duty in exercising its functions is to protect and promote the interests of people who use health care services by promoting provision of healthcare services which are economic, efficient and effective; and maintains or improves the quality of the services.
- The NHS Commissioning Board, which will fund local clinical commissioning groups to commission local NHS services and commission some specialist services centrally.
- The Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), which represents those who commission publicly-funded adult social care.
- Healthwatch England, the new consumer champion which will make sure the voices of people who use health and social care services are heard at a national level.
- Health and Social Care Information Centre, the central, authoritative source of health and adult social care information for frontline decision makers.
- The National Institute for Health and Clinical Excellence, which provides national guidance and standards on the promotion of good health and social care and the prevention and treatment of ill health.
- The National Trust Development Authority (NTDA) which will provide governance and accountability for NHS trusts and support them to become NHS foundation trusts. It will have the core objective of supporting NHS trusts and ensuring that services to patients are of the highest possible quality. It will performance manage NHS trusts, and provide assurance of clinical quality, governance and risk in NHS trusts.

- The National Quality Board as a forum to bring together the leaders of national statutory organisations tasked with safeguarding and improving quality across the health and care system, through providing leadership with the aim of aligning the system around quality.
- Ofsted, which inspects and regulates services which care for children and young people, and those providing education and skills for learners of all ages.
- The professional regulators such as the General Medical Council, the Nursing and Midwifery Council, the General Dental Council, the Health and Care Professionals Council and other professional regulators, which register and licence individual clinicians and workers.
- Public Health England, which will provide national leadership and expert services to support public health and work with local government and the NHS to respond to emergencies.

We will also build constructive relationships with a range of other organisations regionally and locally. They include:

- Local authorities, which commission adult social care services on behalf of local people who are entitled to state-funded care and have a new responsibility to protect and improve health and wellbeing.
- Clinical commissioning groups, which will commission health services locally.
- Local Healthwatch, which makes sure the voices of people who use health and social care services are heard locally.
- Health and Wellbeing Boards, which make sure that local services work together and respond to people's needs and priorities.

We will also explore how we can work with organisations that provide accreditation, to determine if we can draw on their information and evidence to drive improvements in the quality of health and social care.

Working with our other stakeholders

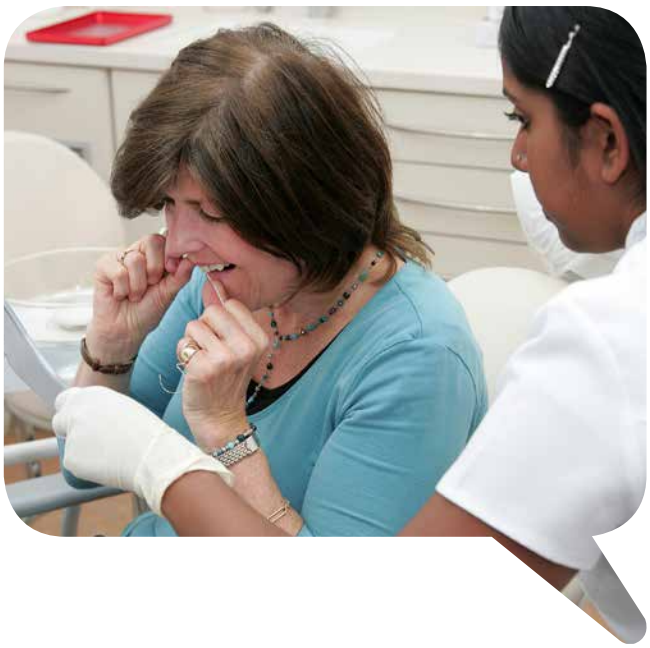
In the following section we set out in more detail how we will develop our relationships with the public, people who use services, carers and other stakeholders. We will seek to collaborate in positive and constructive ways, recognising our interdependence.

With the public and other stakeholders we will:

- Seek to be good to do business with.
- Consider complaints against CQC as helpful feedback so we can learn, improve and develop.
- Draw on stakeholders and the public to identify what works well.
- Develop new approaches to engaging with our stakeholders.

Consultation question 2

What are your views on our approach to managing our independence and working with our national strategic partners and other organisations? Does it strike the right balance?



5.3 Continuing to build better relationships with the public

We will make the most of the opportunity Healthwatch offers, and support its development to make sure people's views, experiences and concerns about their local health and social care services are heard. We will improve the information we provide to the public, do more to raise awareness and understanding of our work and empower people to demand better care. We will make sure people's views, experiences and concerns more systematically inform who, when and what we inspect. We will do more to involve people in our work to make sure their experiences are at the centre of our inspections, including extending the use of Experts by Experience – people who have personal experience of care.

Listening to people's views and experiences

We will continue to encourage people who use services, and their carers, to report poor or good care to us. We will use people's views, experiences and concerns more systematically when we decide when and where to inspect. We will increase the numbers of people who inform our regulatory work by telling us about their care through:

- Increasing people's awareness of CQC, using different methods of communication, to reach them at the point at which they most need us.
- Working with other organisations that provide relevant information to guide CQC's monitoring and inspection activity.
- Focusing our efforts to gather and use the experiences of people detained under the Mental Health Act, and people experiencing deprivation of their liberties.
- Working with local Healthwatch and Healthwatch England.
- Drawing on information from local councils' activity such as the activity of overview and scrutiny committees and information about safeguarding incidents.
- Drawing on emerging and new sources of local information, for example reports from NHS Patient Led inspection teams.

In our discussions with the public and stakeholders, a consistent theme was that we should feedback on the action we have taken. We agree with this and will report back on the main issues raised and the regulatory action taken.

Raising public awareness and understanding of our role

In our discussions with the public and other stakeholders earlier this year, most people felt that we should do more to raise our profile with the public and explain our role better. They felt people should understand that the primary responsibility for the quality of care lies with the organisations that provide it, and that the public should be empowered to demand better care.

We agree that we need to do more to raise public awareness and understanding of what we do; why we do it; when we do it; where we do it; and how we do it. We will make sure that people know where to find us when they need us. We will offer advice about how to use our information and how to choose a provider. We will make sure that people are informed about the standards of care they should expect, encouraging them to feel empowered to demand those standards and who to tell when standards aren't being met.

Handling complaints

In England, health and social care providers are legally responsible for investigating complaints about their service. If the complainant is not satisfied with the response they get, they are able to go to the Parliamentary and Health Service Ombudsman or the Local Government

Ombudsman. In the case of a safeguarding incident, the complainant should go to the Police or the Local Authority. These organisations are the relevant authorities with the legal responsibility for investigating and resolving complaints. We do not have this responsibility to resolve complaints.

In our discussions with the public and stakeholders it has emerged that there is some frustration at the current system of complaints handling, and they have requested a clear explanation of our role. We agree. It is important the public understand that while we do not investigate complaints for the purpose of resolving them (except for those regarding the Mental Health Act), we do need to know about them as they can provide important information about the quality of care, and may lead to action needing to be taken by CQC.

Looking forward over the next three years, we will continue to do two important things when we are made aware of complaints. When we receive complaints about a particular service we will first ensure that the complainant is fully briefed on the appropriate procedure for pursuing their individual complaint against that provider, and secondly, that we obtain as much information as we can from the complainant to help us judge the quality of care being provided, and whether the Commission should consider the need to take action against the provider concerned.

In addition, we will undertake work with the Department of Health to explore how to resolve the wider confusion about the overall system of managing complaints.

Involving people in our work

We will continue to develop how we involve a diverse range of people in our activities. We will continue to involve people in developing our strategy and work plans, in helping us decide how we regulate services, and in our day-to-day inspection work.

In our discussions with the public and other stakeholders, people said we should involve the public more in our work. We agree with this and we will publish a new statement about how we involve people. We will involve people in more of our inspections and work with other regulators and partners to coordinate our approach to involvement.

Improving our information to support people's judgements and choices

The public and stakeholders agreed that we should improve our inspection reports and improve the quality, breadth and depth of our information. We will support people's judgement and choice of health and social care services by improving the information we provide. We will also publish information about sector performance so the public can compare how their local services are performing in relation to the rest of their region, and so that services can benchmark themselves and drive improvements.

To do this we will:

- Improve our inspection reports, ensuring they are clear, transparent and written in plain English so that the public and providers can understand what we have found and the action we have taken.
- Offer national insight on an annual and periodic basis on issues, trends and specific topics through our State of Care report, our Mental Health Act Annual report, our Deprivation of Liberty Safeguards report, through national themed inspection programmes and our market report, with enhanced commentary on what works well.
- Inform the public about the recent performance of providers in their area, warning them about providers not meeting the standards and identifying those who are, as well as showcasing what works well.
- Offer the public help, including online and hard copies of guides to support their judgement and choice of services.

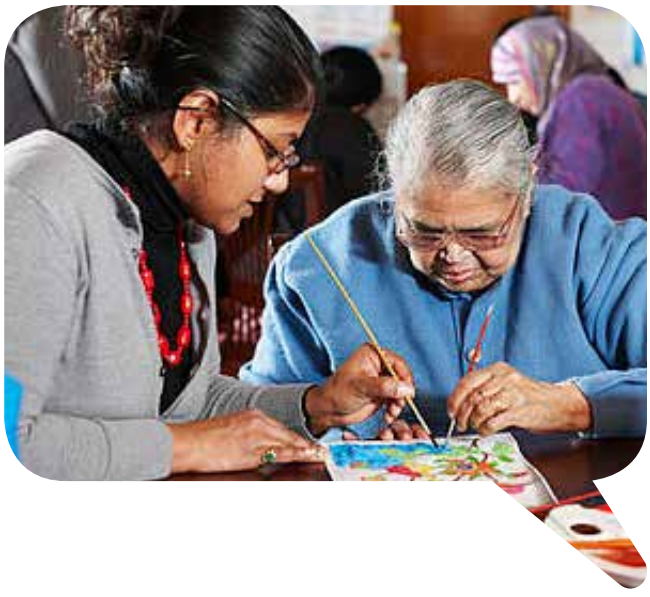
- Increase syndication of our information to other websites and continue to respond to requests for our raw data, allowing others to use us for academic work, and to compare and benchmark.
- Publish factual updates about providers.

Making the most of the opportunity offered by Healthwatch, the new consumer champion

We will make the most of the opportunity offered by Healthwatch, the new independent consumer champion for people using health and social care services in England. Healthwatch will be an additional, valuable source of people's views and experiences about the quality and safety of services that we will listen to, and act on, where appropriate and it will strengthen their voices in our work.

Healthwatch will be a statutory subcommittee of CQC and we will support its development as an organisation that:

- Provides national leadership, guidance and support to local Healthwatch organisations.
- Escalates to us concerns raised by local Healthwatch or the public relating to the quality and safety of services.
- Provides advice and information to the Secretary of State, NHS Commissioning Board, Monitor and English local authorities.



How we will work with Healthwatch

Information received by CQC from the public about their views, experiences and concerns may be shared nationally with Healthwatch England and locally by CQC inspectors with local Healthwatch.

Local Healthwatch will share information received from the public with local partners, including local CQC inspectors, and nationally with Healthwatch England and this will inform who, what and when we inspect.

Consultation question 3

What are your views on our approach to building better relationships with the public?

Consultation question 4

What are your views on our proposed approach to tackle complaints?

5.4 Building our relationships with organisations providing care

We will continue to build respect and credibility with organisations that provide care and will be 'good to do business with'. We will continue to deliver a professional standard of registration services that swiftly and effectively enable organisations to enter the sector when they meet the required standards of care; we will be consistent in our application of the regulations; we will build confidence in the expertise of our inspectors; constantly tackle unnecessary regulatory burden and support innovations that improve the quality of services; and we will provide insight on what works well across the sector.

Providers have a "duty of care" to people who use services. In addition they have a legal duty to meet the standards of care set out in legislation. CQC's role is to regulate providers against these standards. This is the foundation of our relationship, and we will make this clear in all our interactions at all times.

However, in the style of relationship it is important to find the right balance between working with providers, and being able to regulate and take action against those providers where services do not meet standards.

How we work with provider organisations and how we regulate them provoked the most divergent views in our discussions with the public and stakeholders earlier this year. It is clear that we need an agreed and consistent approach to the relationship so that they know what to expect when they have contact with us.

Continuing to deliver a professional standard of registration services

We will continue to deliver a professional standard of registration services that swiftly and effectively make sure that only organisations that meet the standards are allowed to operate. We will also produce clear guidance on how to register, understand and meet those standards.

Consistency in applying the regulations

An important way to make sure that organisations that provide care have confidence in us is to be consistent in our application of the regulations in making our regulatory judgements. We will make sure that the regulations are applied consistently, and that we make fair judgements on whether providers are meeting the standards at all times. These judgements will be supported by clear, timely and balanced reporting on what we have found, including what has worked well, as well as where care is not meeting the standards.

Confidence in the judgements of our inspectors

Organisations that provide health and social care have a right to be confident about the expertise and capability of those inspecting their services. Our inspectors are our 'frontline' and our main contact with providers. We will continue to invest in the training of our inspectors to make sure that they have the right skills and capabilities to undertake their role.

Tackling unnecessary regulation, supporting innovations

We will aim to remove any unnecessary regulatory burden that distracts the provider from its focus on providing quality services. We will develop our evidence base to support this objective. We will

also support innovations that improve the quality of services.

Providing insights

We recognise that organisations and their staff have different expectations of how much we will do to help them meet the standards. It is important that we define a clear position on how far we will go in helping providers. We will continue to offer:

- Guidance on how to apply for registration.
- Guidance about meeting the standards, using the outcomes and prompts in our Guidance about Compliance.
- Signposts to other authoritative sources of guidance.
- Feedback sessions and inspection reports that clearly explain to providers what we have found during inspections, both when they are and are not meeting the standards and what is working well.
- Judgement on their action plans to meet standards.
- Reports that highlight what works well to motivate providers to improve the quality of services.

In addition, through our State of Care reports, we will comment on the commissioning of services where this impacts on the quality of services provided.

Consultation question 5

What are your views on whether our proposals will build respect and credibility among providers?

5.5 Strengthening the delivery of our unique responsibilities on mental health and mental capacity

Our statutory responsibilities under the Mental Health Act and Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) were established to protect the human rights of some of the people who are the most vulnerable due to their circumstances in the health and social care system. We will focus on how we can use the full range of our powers to conduct these responsibilities as effectively as possible. We will develop our approach and methods in partnership with key stakeholders, not least those who use services and those who speak on their behalf.

Our core mental health and mental capacity responsibilities are described in legislation and related codes of practice. They are summarised in the Health and Social Care Act in this way:

> "To protect and promote the rights of people who use health and social care services, in particular people detained under the Mental Health Act 1983 and people who are deprived of their liberty in accordance with the Mental Capacity Act 2005 (S. 52(2) of the Health and Social Care Act 2008)".

Our unique role

There is unique value in CQC, as the health and social care regulator, having specific duties to protect individual patients detained, or being treated without their consent.

Firstly, we can share intelligence between our compliance inspection activity (under the Health

and Social Care Act) and our Mental Health Act and DoLS monitoring, to more effectively assess the quality and safety of services.

Secondly, we have powers to enforce providers to comply under the Health and Social Care Act. These can be used, where appropriate, to make sure Mental Health Act and DoLS requirements are being met.

Thirdly, as the regulator with an insight across the whole sector, we are strengthened in our ability to reflect on the environment, report to the Department of Health and advise on mental health and mental capacity legislation and policy.

The next stage

CQC has made good progress to ensure that Mental Health Act monitoring work and DoLs monitoring are a mainstream priority for us. There is more to do and we will continue to strengthen our work in this area.

As with other elements of CQC's work, this is against a context of evolving health and social care services. Services have moved away from a system that relates purely to hospitals. The range of care environments and options available is extending to include, for example, the use of community treatment orders, greater support for independent living and the principles of personalisation. Raised awareness across health and social care of the Mental Capacity Act and DoLS is leading to changes in the way legislative frameworks are applied in practice.

Our role in this is to monitor, report, comment and ensure that the appropriate legal frameworks operate effectively to safeguard the rights and welfare of people who use services.

What we will do

Over the next three years, while we continue to protect and promote the rights of people subject to the provisions of the Mental Health Act and those subject to the deprivation of liberty in health and social care settings, we will ensure that we are using our resources as effectively and efficiently as possible in our Mental Health Act work and DoLS monitoring.

We will maximise our effectiveness in carrying out these responsibilities by evaluating our core activities under the Mental Health Act and DoLS and reviewing the way we exercise our responsibilities to provide the optimum protection for people who use services.

Our discussions with the public and other stakeholders earlier this year provoked constructive debate. They positively endorsed our role in this area and made constructive suggestions for our future direction.

In particular we will consider:

- What the best methods are for improving the monitoring of DoLS as part of our mainstream work and core priorities.
- How we improve the sharing of intelligence, decision making and enforcement powers between our compliance activity and our mental health and mental capacity monitoring, to get the maximum regulatory effect.
- How we can use the range of our statutory responsibilities under the Mental Health Act to best effect to safeguard the rights of people who are detained or who are subject to community treatment orders or Guardianship.
- How the development of strategic partnerships might support this area of our work.

Consultation question 6

What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?

5.6 Continuing our drive to become a high-performing organisation

We will build on the foundation laid in the last three years and become a higher-performing organisation. We will do this by being flexible and adaptable; by being a dynamic organisation; by building a motivated, skilled and effective, workforce; and by measuring success.

The rest of this strategy has described the challenging and complex environment within which we will be operating over the next three years, as well as the significant ambitions we have set ourselves. These can only be achieved if we continue our drive to become a high-performing organisation.

CQC was formed in 2009 through the merger of three previous regulators – the Healthcare Commission, the Commission for Social Care Inspection, and the Mental Health Act Commission. Our first three years have been dedicated to forming and consolidating a new organisation, which brought together three distinct cultures. This early phase has seen us concentrate on registering organisations that provide care and developing a baseline of information about them.

Now we are maturing, we need to focus on regulating the health and social care sector as effectively as possible, and in a more evidence-based way. Given the unpredictability and uncertainty of the environment in which we operate we will need to make sure that our organisational culture and our own personal behaviours enable us to learn, adapt, and be as effective as possible.

Flexible and adaptable

Organisations and individuals that are aware of their changing environment and understand the implications of those changes are able to adapt. We will reflect on our own actions and understand what effect these have. This will be initiated through our evaluation programme referred to in Section 5.1. But this will be the beginning of the process. The evaluation will offer us new ideas to better understand how we operate, and the impact we have. On the basis of this continued evidence we will adapt how we operate to make sure that we are as effective as possible.

A dynamic organisation

As part of the dynamic learning process, we must be aware of what we do well and where we have areas for development. We will scrutinise ourselves to make sure we have the right skills and ways of working needed to regulate the health and social care sector effectively.

If we are to learn and improve, we must foster an open culture which encourages dialogue and constructive conversation, so as to advance understanding. This is between staff within CQC, but also with staff who are working as our strategic partners, as well as the public and other stakeholders. We will listen and be open to the ideas and comments of others, and draw on these to understand the sector as well as others' positions.

One aspect of having a more open and learning culture is the ability to receive feedback and act upon it. We will seek feedback on our performance, including complaints. We will treat such complaints as helpful feedback, and seek to use such information to help us understand where and how we can improve.

We also need to constantly review the tools that we use to do our job: most importantly the regulations and our Guidance about Compliance. Both need to be under constant consideration to make sure they continue to address adequately the quality and safety of services. As an effective regulator we will strive to ensure that today's high

quality standards become tomorrow's national standards of quality and safety. We should also be using our authoritative voice to influence legislation.

Building a motivated, skilled and effective workforce

Building a motivated, skilled and effective workforce with a positive culture and consistent values and behaviours is critical to achieving success over the next three years. Key aims for our workforce include:

- Achieving a common understanding of the purpose and direction of the organisation so that everyone understands the role they individually play.
- People are in roles that suit their capabilities and have clearly defined role expectations and targets.
- People are supported, empowered and encouraged to be the best that they can be.

Measuring our impact

CQC is already in the process of establishing a new set of measures to assess our overall impact as a regulator.

Measuring our impact is complex, as our regulatory role is one part of a broader system of organisations that are seeking to improve the quality and safety of health and adult social care services – including other professional regulators, providers of services and commissioners. The fact that we act with others means that it is more difficult to separate out the impact of our work from the actions of others.

As a result of this complexity, we are developing a range of measures.

Consultation question 7

What are your views on how we might most effectively measure our impact?

Consultation question 8

What are your views on our proposal to become a high-performing organisation? Are there other factors that we need to take into account?

6. How the consultation works and the questions we would like you to consider

Our consultation on our new strategy runs until Thursday 6 December. We hope you will send us your comments and responses to the questions we have asked throughout this document which are set out again below. You can send your responses to us in the following ways:

Online at: **www.cqc.org.uk/thenextphase**

By email to: **cqcthenextphase@cqc.org.uk**

By post to: **CQC The Next Phase, CQC National Customer Service Centre, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA**

Consultation questions

1. **What are your views on us making greater use of information and evidence to guide us in regulating services, which may mean we regulate different services in different ways?**
2. **What are your views on our approach to managing our independence and working with our national strategic partners and other organisations? Does it strike the right balance?**
3. **What are your views on our approach to building better relationships with the public?**
4. **What are your views on our proposed approach to tackle complaints?**
5. **What are your views on whether our proposals will build respect and credibility among providers?**
6. **What are your views on our approach to strengthening how we meet our responsibilities on mental health and mental capacity?**
7. **What are your views on how we might most effectively measure our impact?**

8 **What are your views on our proposal to become a high-performing organisation? Are there other factors that we need to take into account?**

Protecting your rights

Following the Code of Practice

This consultation follows the Cabinet Office Code of Practice on consultation. In particular, we aim to:

- Consult widely throughout the process, allowing at least 12 weeks for written consultation at least once during the development of the policy.
- Be clear about what our proposals are, who may be affected, what questions we want to ask and the timescale for responses.
- Ensure that our consultation is clear, concise and widely accessible.
- Ensure that we provide feedback regarding the responses received and how the consultation process influenced the development of the policy.
- Monitor our effectiveness at consultation, including through the use of a designated consultation coordinator.
- Ensure our consultation follows better regulation best practice, including carrying out a regulatory impact assessment if appropriate.

Confidentiality of information

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, in itself, be regarded as binding.

We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Further information

If you have any comments or concerns relating to the consultation process that you would like to put to us, please write to:

CQC The Next Phase
CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Appendix A

Summary of engagement programme

	Number of events	Number of participants
Events		
National and regional stakeholder events	20	168
Staff events	16	296
Events with representative groups of people who use services	8	88
Other engagement		
Meetings with senior leaders	4	47
CQC Stakeholder Committee		15
Provider Reference Group online responses		21
Public Reference Group online responses		51
LINks Advisory Group		40
DH Standing Commission on Carers		9
CQC National Professional Advisors		4
Bristol University – Confidential Inquiry into deaths of people with learning disabilities		1
Total	**48**	**740**

Breakdown of engagement events

1. National and regional engagement events with commissioners, supervisory or regulatory bodies, providers, and people who use services

Date	Venue	Number of participants
10 May	London, Smithfield	5
18 May	London, Finsbury Tower	15
21 May am	London, Finsbury Tower	9
21 May pm	London, Finsbury Tower	11
23 May am	London, Finsbury Tower	11
24 May pm	London, Finsbury Tower	5
25 May am	Cambridge	8
25 May pm	Leeds	6
25 May pm	Preston	9
28 May am	Preston	7
28 May am	Birmingham	10
29 May am	Newcastle	5
29 May pm	Newcastle	10
06 June am	Bristol	12
06 June pm	Bristol	10
27 June am	London	9
02 July am	London Mental Health	5
04 July pm	London Mental Health	5
05 July am/pm	London Mental Health	16

2. List of participating organisations

- Royal College of Nursing
- Equality and Human Rights Commission
- British Medical Association
- Social Care Institute for Excellence
- Human Tissue Authority
- Independent Ambulance Association
- British Dental Association
- Marie Curie Cancer Care
- Royal College of Nursing
- Centre for Mental Health
- Academy of Medical Royal Colleges
- Age UK
- People First
- Mental Health Foundation
- UK Homecare Association
- NICE
- Department of Health
- National Care Association
- Skills for Care
- Skills for Health
- Royal College of Midwives
- Learning Disability Coalition
- National Association of LINks Members
- BUPA
- Shared Lives Plus
- Family Doctor Association
- Binoh Manchester
- Four Seasons Health Care
- Independent Healthcare Advisory Services
- NHS Confederation
- Equalities National Council
- Registered Nursing Homes Association
- General Social Care Council
- Scope
- General Dental Council
- ADASS
- Action on Mental Accidents
- Standing Commission on Carers
- British Institute of Learning Disabilities
- Health and Safety Executive
- Relatives and Residents Association
- Turning Point
- Community Options
- Alzheimers Society
- Nursing and Midwifery Council
- Neurological Alliance
- Action for Advocacy
- Royal College of Psychiatrists
- Oxleas NHS Foundation Trust
- St Andrews Healthcare
- Health and Social Care Information Centre
- Leeds and York Partnership NHS Trust
- South West London & St George's Mental Health Trust
- Human Fertilisation & Embryology Authority

3. Staff engagement events

Date	Venue	Number of participants
18 May	London	12
18 May	Newcastle	15
18 May	Newcastle	13
23 May	Cambridge	10
23 May	Cambridge	14
24 May	Bristol	7
25 May	Birmingham	25
25 May	Birmingham	20
25 May	Leeds	12
25 May	Preston	25
28 May	Preston	12
28 May	Leeds	33
01 June	London	33
01 June	London	23
09 July	London	27
13 July	Birmingham	15

4. Events with people who use services

Date	Venue	Number of participants
24 May	London	7
25 May	Halifax	10
26 May	Derby	11
26 May	Derby	9
28 May	London	18
30 May	Darlington	7
30 May	Birmingham	14
31 May	Southampton	12

Appendix B

Some principles that guide us in developing our strategy

Some fundamental principles have underpinned and guided this work. In developing them, we have looked at what other regulators do and the Hampton Principles of Better Regulation.

The principles are:

Focusing on people

- We put the safety, welfare and rights of people who use health and social care services first in everything we do, particularly those who are the most vulnerable due to their circumstances.
- We listen to people's views and experiences, and those of staff providing services, and put them at the centre of our work.
- We empower people through information, involvement, and awareness of the standards of care they should expect.

Focusing on the wider system

- We are a statutory body and will do everything we are legally required to do.
- We aim to set realistic expectations with the public and organisations we work with about what we can achieve given the resources we have at our disposal.
- We work as part of a broader system that has a common purpose of protecting people's safety and improving the quality of care services.
- We are independent in when and where we inspect, and our regulatory judgements.
- We use information and expert knowledge to inform policy, including on the appropriate role of regulation, with the aim of improving the experiences people have of care.

Focusing on our organisation

- We listen to the views of our staff and support them in their job.
- We aim to be a consistent, effective, economic and efficient regulator.
- We continue to advance people's human rights and their rights to equality throughout our regulatory work.

Focusing on how we do our job

- We use evidence to focus on the greatest risks to people's safety and the quality of care they receive.
- We register, monitor and inspect providers efficiently, but minimise unnecessary burden on providers.
- We take robust, proportionate action when necessary, including enforcement action, when standards are not being met.
- We continuously improve the way we regulate to reflect changes in the sectors we regulate.

Care Quality Commission

How to respond to this consultation:

Online

Use our online form at: **www.cqc.org.uk/thenextphase**

By email

Email your response to: **cqcthenextphase@cqc.org.uk**

By post

Write to us at:
CQC The Next Phase
CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Please contact us if you would like a summary of this document in another language or format.

General enquiries

Phone us on: 03000 616161

Email us at: enquiries@cqc.org.uk

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