

House of Commons Health Committee
Annual accountability hearing with the Care Quality Commission (2013)
Written note from The King's Fund

- 1) The King's Fund is an independent charity working to improve health and health care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

Introduction

- 2) We welcome the opportunity to inform the Health Committee's annual accountability hearing with the Care Quality Commission (CQC). Since last year's hearing, the CQC has undergone a period of significant change and continued to come under intense scrutiny. During this period, the Francis, Keogh and Berwick reports have all been published, with significant implications for its work. With the government's full response to the Francis report due shortly, this year's hearing provides a timely opportunity to consider the progress made by the CQC and the challenges it still faces.

Management and governance

- 3) In its report following last year's hearing, the Committee called for an urgent overhaul of the CQC's governance and strategy. Since then, a new chair and board members have been appointed; a three-year strategy has been published; changes to the way it regulates, inspects and monitors care have been consulted on; and various independent reviews of its work have been carried out. The Secretary of State has also recently announced that the Care Bill will be amended to strengthen the CQC's independence from government.
- 4) Although the new board and management team have experienced a difficult year, this is a significant programme of change and shows that good progress is being made in overhauling the organisation's management and governance. We support the strategic direction it has set out as providing a strong foundation for its future work. This is the fourth major reform of regulation in 14 years – it is imperative now to allow the changes to bed down.
- 5) With this in mind, it is important that the CQC is able to operate independently of government. We welcome the provisions in the Care Bill to limit the Secretary of State's power to appoint, suspend and terminate the appointment of CQC board members, and the move to use the Bill to strengthen its independence. Whether it is able to act autonomously in practice depends as much on ministers upholding the spirit of independence as on the detailed drafting of the legislation.

Purpose of the CQC and regulatory approach

- 6) It is important to be realistic about the role of regulation in preventing quality failures. The first line of defence is frontline professionals, who are responsible for their own professional conduct and the quality of care they provide. The second line of defence is the senior leaders and boards, who are responsible for assuring the quality of care in their organisations and are accountable when problems occur. Regulation can only be the third line of defence.
- 7) As the Committee pointed out in its previous report, the CQC's primary role is to ensure that minimum standards of safety and quality are met. In response to the challenge it was set in the previous report, our view is that the consultation paper

A new start provides clarity about the CQC's role in theory, although whether this is the case in practice remains to be seen.

- 8) Financial and quality failures are closely linked, so we welcome the provisions in the Care Bill to introduce a single failure regime, and the wider commitment in *A new start* to ensure that the CQC's activities are effectively aligned with those of Monitor and other national bodies. Fostering effective relationships and information-sharing are crucial steps to ensure better joint working between the regulators so we welcome the Memorandum of Understanding signed by the CQC and Monitor as a sign of progress. However, further work is needed – as the Berwick report identified – to reduce complexity and overlap between the different health regulators.
- 9) We also welcome the fresh approach to inspecting and regulating social care, including the re-introduction of ratings for individual services (aggregate ratings for social care providers do not raise the same difficulties as for hospitals – see below). The inclusion in inspection teams of people with experience of using services will improve the openness and transparency of inspection and make it easier for people to make informed decisions about their care arrangements.

Registration and inspection

- 10) The introduction of a new regulatory model, alongside the publication of the Francis, Keogh and Berwick reports, provides a real opportunity to renew the NHS's focus on quality and safety. The emphasis on making greater use of clinical expertise and involving patients in inspection teams is welcome, as is the intention to conduct thematic work and investigations across local health and care systems.
- 11) In designing the new approach to inspections, it will be important to learn from the experience of previous regulators. For example, the Chief Inspector of Hospitals' plan for an 'army' of clinicians to join inspection teams is reminiscent of the clinical governance reviews undertaken by the Commission for Health Improvement. The CQC should be clear how providers will be supported to release staff of sufficient calibre to support the inspection system. We are also concerned that it may be difficult for the CQC to resource the intensity of inspections proposed.
- 12) In its previous report, the Committee recommended that the CQC should develop a consistent methodology and monitor the impact of the deployment of clinical experts to support inspection. The CQC has commissioned a team from Manchester Business School and The King's Fund to evaluate their new acute hospital regulatory model by monitoring the first two waves of inspections as they are rolled out over the next six months. The results of this evaluation will be used to inform the future development and implementation of the regulatory model for acute care and other sectors.
- 13) The Committee also recommended that, as part of a general consultation about its regulatory method, the CQC should consult in particular on how to assess the culture of care providers. Since then, the government's initial response to the Francis report has confirmed that one of the five key areas inspections will focus on is whether an organisation is 'well led', which it defined in terms of 'visible leadership, organisational culture, helpful staff, openness and transparency'. Research shows significant variation in the extent to which organisational cultures currently promote quality and safety. We therefore firmly endorse the Committee's recommendation and the focus on this under the new inspection regime.

- 14) Following a competitive tender process, The King's Fund has been commissioned to support the CQC in developing its approach to assessing leadership, culture and governance. We are developing a conceptual model and supporting tools for assessing culture and leadership that will be used in inspections from April 2014. In designing the model, we will consult widely with stakeholders, including patients and staff. We are delighted to have the opportunity to use our experience of working with NHS leaders to support the CQC's work in this way.

Communicating with patients and the public

- 15) As the Committee's previous report pointed out, effective communication with patients, service users and carers is essential. Ratings and information from inspections must be well written, clearly presented and accessible – although there is much learning to draw on, for example, from the development of quality accounts and NHS Choices, the expertise and resources needed to do this well should not be underestimated.
- 16) While we welcome the government's commitment to make more information available to the public about the quality of services and support the use of comparative data as a driver of performance, we remain concerned that the proposed single aggregate performance rating for hospitals is too blunt an instrument to provide useful information for patients or professionals. Given the complexity of the services provided by hospitals, aggregate scores risk misleading patients by masking variation in the quality of different services. Rather than diverting resources on producing aggregate ratings, it would be far better to concentrate on making more information available at a service and specialty level.

Whistleblowing

- 17) It is important that whistleblowers are given support and protection. Boards need to understand how to create an open culture where staff are empowered to speak up about failings in care and to take action to improve it. The NHS could perhaps learn from other sectors, such as the nuclear industry, where the senior person responsible for safety is able to report issues 'outside the line' by taking them outside the line management chain and reporting them directly to the chair of the board or equivalent.