

Business plan 2010/11

An overview





The year ahead

Our business plan for 2010/11 describes how we will be putting the first year of our five-year strategy into action.

We have a number of important priorities for delivery in the coming year:

- Effectively managing the re-registering of around 13,000 adult social care and independent healthcare providers, covering some 27,000 services, by October 2010.
- Building on the registration of NHS providers, by delivering an effective programme to monitor their compliance with essential standards.
- Carrying out a significant programme of organisational development, including implementing a new Operations delivery model (and a revised approach to risk and escalation), affecting a significant proportion of our workforce and ensuring that all our support functions are efficient and focused on frontline delivery.
- Reinforcing the local delivery focus of our activities, and effectively supporting local staff to have an impact on the quality of care.
- Building our reputation through engaging effectively with our wide range of stakeholders so that our regulatory approach is understood and valued, people using services and other bodies consider that we are involving them appropriately, and providers consider our regulation is efficient and proportionate.

The achievement of these delivery priorities in 2010/11 will provide a firm foundation to achieve our strategic priorities over the year and beyond.

In 2010/11 we will be delivering a substantially new way of working, with a largely re-designed workforce. We are clear that supporting and equipping our staff is an important objective, so that they are able to carry out their roles of ensuring, through regulation, that people receive better care.

The recent NHS White Paper, *Equity and excellence: Liberating the NHS*, sets out the Government's long-term vision for the future of the NHS. It makes it clear that CQC will have a strengthened role as an effective quality inspectorate, with a clearer focus on the essential levels of safety and quality of providers; includes plans for the establishment of 'HealthWatch' as a new independent consumer champion within CQC; and sets out plans for joint licensing of providers between CQC and Monitor, which will become the economic regulator. We will reflect the continued development of the Government's proposals in our plans going forward.

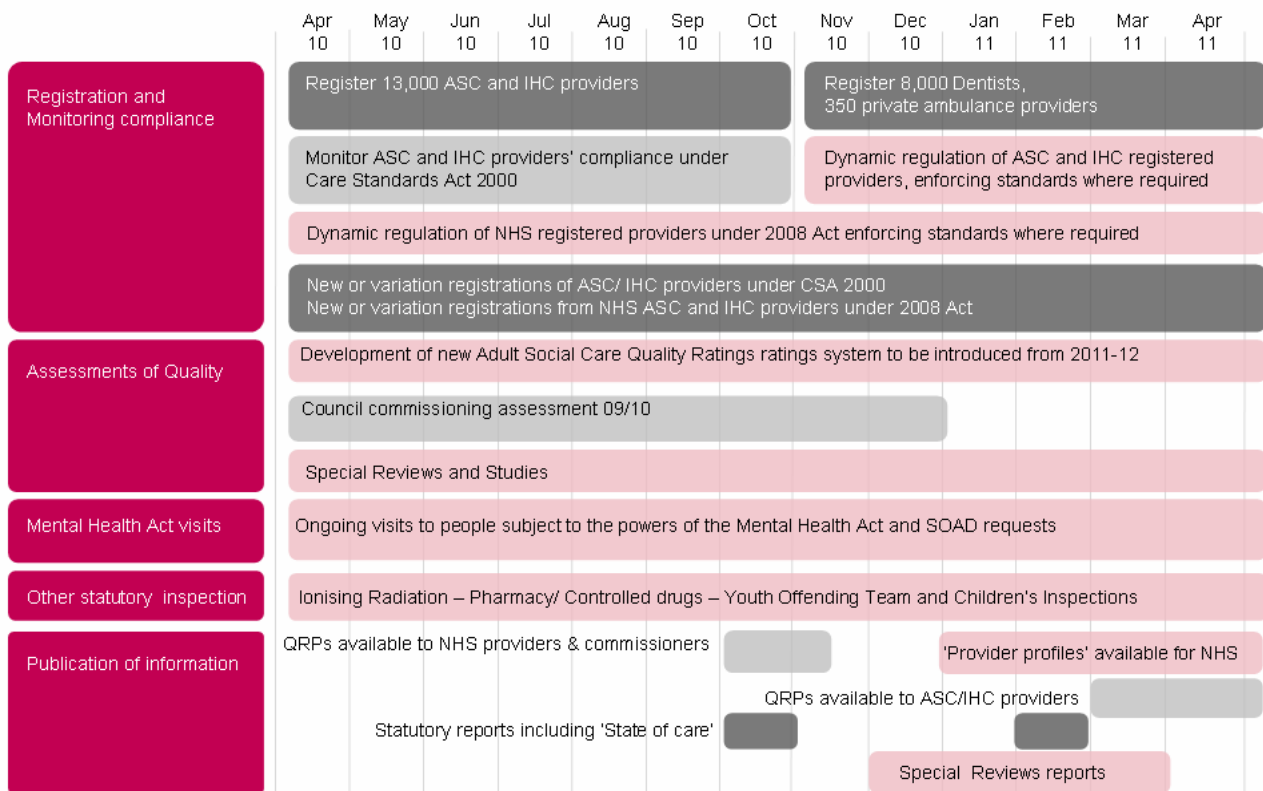
The overall state of the economy and public finances is likely to place significant pressure on the quality of health and adult social care (including access to that care) over the next few years. We will need to demonstrate that we are conscious of the financial context in our work and of the financial consequences of our regulatory activity. As an organisation, our formation produced significant savings by bringing together three previous bodies. We continue to work to become more efficient, at the same time as we are regulating an increased number of provider organisations.

Overall, the business plan will help us meet the five priorities where we want to make a significant impact, and the outcomes we are seeking to influence:

Strategic priority	
Making sure that care is centred on people's needs and protects their rights	People are able to shape their own care around their needs, and to have a voice.
Championing joined-up care	Better coordination and integration of health and social care means that people receive joined up services and their experience of them is good.
Acting swiftly to help eliminate poor quality care	If a service does not meet the essential standards of quality and safety for registration, this is identified and swift action is taken.
Promoting high quality care	People access and experience registered services of high and improving quality that put them first and champion their rights.
Regulating effectively, in partnership	The benefits that we bring to those who use services significantly outweigh our costs, and this is recognised by commissioners and providers.

A snapshot view

Our work in 2010/11 will focus on the following activities. Of these, the main focus will be on registration and monitoring of compliance.



1

Registration and monitoring compliance

The new registration system for health and adult social care is the cornerstone of our work as a regulator. It is focused on outcomes for people more than the necessary systems and processes in place, with the views and experiences of people who use services at the heart of the system. The Government has reiterated in its White Paper for the NHS that CQC's role as the quality inspectorate, ensuring essential standards of quality and safety across the NHS and social care sectors.

Registering providers will involve:

- Validating and cross-checking each declaration against other available information and making additional enquiries of providers where needed.
- Notifying each provider about our registration decision and issuing a registration certificate.
- Creating a new public register of providers.
- Considering representations and appeals from providers who do not agree with our decisions.

We completed the registration of all 378 NHS providers in April 2010. In 2010/11, we will also:

- Register approximately 13,000 adult social care and independent health care providers, covering some 27,000 services, by October 2010, and around 8,000 dentists and 350 private ambulance services by March 2011. We will test processes for GP registration from 2012.
- Make high-quality decisions on registration – so that for services we register, those registered without conditions that subsequently have conditions imposed within 12 months of initial registration are kept to a minimum.
- Deal with applications for new registered services, notifications of changes and variations to registration swiftly and efficiently.
- Undertake reviews of compliance under the Health and Social Care Act 2008 of health and social care providers across all essential standards of quality and safety.
- Undertake risk-based monitoring of compliance of NHS providers.
- Continue monitoring compliance of adult social care services under the Care Standards Act 2000 until October, ensuring we meet our current legal duties of inspecting every service at least once every three years.

Our registration teams will continually review all available information and intelligence on what we know about a provider as part of a new, and dynamic system of monitoring compliance. This information will be reliable and timely, and will be brought together in 'quality and risk profiles' (QRPs). QRPs will be continuously updated with information from a number of external sources.

Our documents set out what staff should do if there are concerns about compliance. We can either ask them to make improvements or use our more formal powers. We will carry out a planned review of compliance for all providers across all essential standards of quality and safety at least every two years.

2

Assessments of quality above essential standards

As well as assuring people who use services and their families about providers' compliance with essential standards of quality and safety, we have an important role in encouraging improvement in services. We do this by providing independent, reliable and timely information about the quality of care that is above the essential levels, to help people make better informed decisions about where to go for their care.

Our objective is to develop an approach to assessing quality that has a stronger focus on the views of people using services and on outcomes for people. We want to do this by using comparative information, and making sure that those who provide and commission services are held accountable. We have consulted on our approach and subject to Ministerial agreement we will be developing and piloting these approaches in 2010/11.

We will be delivering assessments of the quality of commissioning by local councils for the 2009/10 year during 2010/11.

The current quality ratings system for adult social care will cease ahead of the new registration system and new standards coming into force on 1 October (although we will continue to make existing quality ratings available on our website). We have begun talks with Government and stakeholders to discuss how a new quality ratings system might work, and we will share our plans more widely shortly.

We will also carry out a number of special reviews and studies – assessments of providers and/or commissioners that result in judgements that are made available to the public. The topics for these will reflect areas of concern that people or organisations have told us about, or where our regulatory activities have provided evidence about areas we should review.

Ministers have advised that further work should halt on periodic review of NHS organisations for 2009/10, and do not require CQC to publish performance against indicators that have been taken out for 2010/11. As a result, we will publish data for 2009/10 for the indicators in the NHS Operating Framework as Existing Commitments, and Vital Signs tiers 1 and 2.

We will:

- Carry out inspections of adult social care providers to monitor compliance. During 2010, we will develop a new rating system that will be introduced from April 2011.
- Deliver a scored assessment of the performance of councils' overall adult social care commissioning for 2009/10.

- Set out our proposed approach to future assessments of quality for agreement with Ministers.

We have consulted on a list of topics to consider for special reviews and studies in 2010/11 and beyond and, subject to Ministerial agreement, we will set out which studies and reviews we will undertake from the following topics:

- The pathway of care for people with dementia
- The pathway of care for people with long-term neurological conditions
- Nutrition and hydration
- Carers and discharge from hospital
- Review of the care programme approach in mental health
- Quality of nursing care
- Use of restraint
- Health and social care needs of offenders
- Safe and effective surgery
- Domiciliary care
- Preventing avoidable mortality in hospital
- Unmet need in social care
- Maternity services.

3

Mental Health Act monitoring

As part of our work in mental health care, we carry out statutory duties under the Mental Health Act. Our Mental Health Act Commissioners make visits to monitor the care of people whose rights are restricted under the Act, monitor the use of legal powers of compulsory care and treatment, investigate complaints made by detained people, and ensure that people's interests are protected.

We also have a statutory responsibility to appoint Second Opinion Appointed Doctors (SOADs) to determine whether it is appropriate for medication and electro-convulsive therapy to be given to patients subject to the Mental Health Act 1983. The requirement for a second opinion has been extended to those people who are subject to a Community Treatment Order (CTO).

In 2009/10, there was an unexpected 25% increase in the number of SOAD requests as a result of CTOs. Also, it takes longer to complete a CTO review than a conventional hospital review, due to the practical arrangements of seeing a person and meeting the statutory consultees in the community as opposed to a hospital. We have increased the panel of SOADs, working with the sector and the Department of Health to improve the referral process and coordination of CTO SOAD reviews and ensuring that our 2010/11 resources are adequate to cope with demand.

We are in ongoing dialogue with the Department of Health, and other key stakeholders regarding the best way forward, and the most appropriate way for a regulator to carry out its functions under the Mental Health Act. To inform our thinking we are consulting with people who use services, people who provide services, other key stakeholders and the professionals that deliver CQC's work programme.

Going forward, we will expect providers of specialist mental health services to use the experiences of people who use services and the public to learn about how they would like to see services designed to meet their diverse needs. When assuring the performance of mental health services, we will expect to see that they can show how they have used this information to improve the outcomes and experiences of people who use services and their carers.

We will:

- Visit approximately 6,000 people subject to the powers of the Mental Health Act, in order to ensure that their welfare is being safeguarded, and report on findings.
- Provide a second opinion appointed doctor for an expected 15,000 requests, coordinating visits and reports for treatment orders.
- Continue to investigate complaints made by people who are subject to the powers of the Mental Health Act.

- Review the deaths of people who have been detained.
- Adjudicate on decisions to withhold patients' mail in high secure hospitals.
- Produce an annual Mental Health Act report.

4

Statutory inspections and work with other inspectorates

We will continue to meet our other specialist or specific statutory regulatory responsibilities.

We enforce the Ionising Radiation (Medical Exposure) Regulations 2000. We have a statutory responsibility to provide external scrutiny of the controlled drug arrangements that were introduced following the Shipman Inquiry. We also have national joint inspection programmes with Ofsted, examining safeguarding and healthcare for looked after children, and with HMI Probation looking at youth offending services.

We will:

- Investigate all notifications of ionising radiation exposures 'much greater than intended'.
- Inspect specialist healthcare organisations for compliance with the ionising radiation regulations
- Lead the national group of regulators and agencies with responsibilities for controlled drugs. This looks at national trends, maintains a register of accountable officers, ensures that care providers have satisfactory arrangements for the safe management of controlled drugs and that intelligence networks are working, and monitors national trends. We will publish an annual report of our findings. We will undertake a number of pharmacy and controlled drugs inspections.
- Complete inspections of children's services with Ofsted, as part of a three-year programme covering the whole of England.
- Inspect youth offending services with HMI Probation.

5

Publishing information

Publishing information is a key activity for CQC. The emphasis will be on outcomes and the views of people who use services. Our information will be clear, concise and timely. We want to create a culture of 'if we know it, you will know it'.

We will create a quality and risk profile (QRP) for all those who provide services. This will build up over time to offer a dynamic view of the quality and safety of providers' services and will include our ongoing judgements about compliance with registration. We will begin to create and publish 'provider profiles' using the information in the QRP – setting out information on a provider and the quality of the services they provide; how we act on feedback from the public and from people who use services; how stakeholder groups can influence the provider profile; and how we will provide feedback on how those views have influenced regulatory judgements.

For providers of adult social care, we will continue in the early part of 2010/11 to publish the 'quality ratings', of services, providing an assessment of the overall quality of the service. As the ratings system under the Health and Social Care Act ceases from 1 October, we will show the dates ratings were awarded on our website, while we develop the new system of ratings. For NHS trusts and NHS foundation trusts, we will report on progress against the national priorities set by Government.

For councils, we will assess and publish our judgements about how well they are achieving better outcomes for their local communities and how effectively they are using public money.

We will publish information on the performance of NHS organisations in 2009/10.

We will present our annual report to Parliament on the state of health and adult social care in 2010, in early 2011.



How we will go about our work

How we involve people in our work

We are committed to a rights-based approach, and to *Voices into Action*, our statement of how we will involve people in our work and encourage health and social care organisations to involve people in the services they provide. The proposals in the NHS White Paper to establish HealthWatch will give CQC the opportunity to formalise and strengthen our collaboration with local people and get them even more involved, sharing information and being involved in our inspections and assessments.

We will:

- Make use of 'Experts by Experience': they will work as part of our inspection teams, take part in visits to mental health wards where patients are detained under the Mental Health Act, and contribute to reviews of services. Experts by Experience will include carers, as well as people who use services.
- Establish the Voices for Equality Forum: a diverse group of people who use services and carers who are 'Experts by Experience', to advise on our equality and rights strategy and other priorities.
- Embed a culture that focuses on peoples' voices.
- Involve people who use services when training and developing staff.
- Consult and work with other external stakeholders, public authorities, regulators and voluntary sector organisations, and we will involve providers and commissioners in developing what we do.

Equality, diversity and human rights

Our values place fairness and equality firmly at the centre of all we do. This means understanding the impact for people who are made more vulnerable by their circumstances, and knowing that particular groups may experience inequalities in outcomes. Discrimination and inequality are often linked with poor quality care. Challenging poor quality care is key to challenging discriminatory behaviour and therefore addressing inequalities of outcome.

Our Equality and Human Rights Scheme sets out how we will meet our responsibilities in our regulatory work, and as an employer. We will promote a rights-based approach in everything we do, with a focus on outcomes for people – not on the processes used. This is more than just ensuring compliance – it is about changing attitudes and behaviours, organisational cultures and practices. This is not something we can do on our own. We will work with other regulators, government departments and people with an interest in health and social care to promote equality and rights.

Ensuring our regulation is proportionate, targeted, consistent, evidence-based, transparent and accountable

We are developing CQC as an organisation to meet the challenges we set out in the strategy for 2010-15. Our effectiveness depends on continuing to implement an agenda for better regulation, exploiting established information sources in carrying out our work and reducing to a minimum the volume of information that we ask from those we regulate.

The relationship we have developed with the independent regulator of NHS foundation trusts, Monitor, will be crucial in ensuring effective and clear regulation. We intend jointly to judge the effectiveness of the relationship between CQC and Monitor, and in doing this we will seek input from those bodies we regulate.

How we will organise ourselves in 2010/11

In 2010/11, we will implement a significant programme of organisational development. We have developed a new model for the Operations directorate which involves:

- Regions delivering all our main regulatory activities: registration, compliance and assessing performance, but with specialist nationally-based advice for registration, enforcement and provider relationships.
- National operations delivering our specialist statutory functions and joint inspections with other regulators.

The registration assessment function will be established from late March 2010 and the model will be fully implemented by October 2010. The changes will be significant and the roles of the majority of staff will change to support the new ways of regulating.

We are strengthening the management and capacity of our National Processing Centre (NPC) and National Customer Contact Centre (NCC). Both of these operations will come under a single 'Shared Services' management structure, and a development programme has been commenced to enhance the organisation design for the service and provide the best customer experience.

We will also review our Head Office functions and structure to ensure they support our frontline delivery effectively and are demonstrably efficient.

We are working across the whole organisation to create a strong, unified culture in which our staff:

- Understand where they fit into the organisation.
- Are given clear feedback on their performance.
- Have scope for personal and professional development.
- Are part of a truly diverse workforce.
- Have leaders and managers who embrace commitment to real engagement with others.
- Are helped to achieve their potential.