

Cover Sheet

Trust Board Meeting in Public: Wednesday 13 September 2023

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Title: New CQC Framework

Status: For Information

History: Monthly CQC update as part of Assurance Team paper to CGC.
This paper was presented to Trust Management Executive on
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Board Lead: Chief Assurance Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. The purpose of this paper provides the Board with an update on changes to CQC approaches to regulation and inspection and recent CQC related activities.
2. The report provides the background for the changes and links to OUH strategy. Since the launch of their 2021 strategy, CQC have been reviewing their approach to regulation with the aim of improving care. Following widespread consultation, a more flexible and risk-based approach to regulation has been proposed, with phased introduction of key elements into practice.
3. It explains what the new CQC approach to inspection comprises, when it will be implemented and local preparatory work. It introduces the committee to changes related to the Single Assessment Framework including key lines of enquiry, quality statements, categories of evidence, inspection methodology and methods associated with ratings.
4. It summarises recent CQC engagement activities, this includes information on meetings with inspectors and a position statement in relation to our current open enquiries.
5. Signposts to recent CQC survey and engagement activities aligned to Our Patients, including reference to the embargoed benchmark results for the CQC 2022 Inpatient survey, the status of 2023 Maternity survey and the 2022 Urgent and Emergency Care survey.
6. Finally it provides information on most recent CQC publications and reports including their 2022 annual report on the safer management of controlled drugs and pilot activities inspecting two ICBs.

Recommendations

7. The Trust Board is asked to:
 - Receive and note the paper.

New CQC Framework

1. Purpose

- 1.1. The purpose of this paper is to provide to the Board with an update on changes to CQC approaches to regulation and inspection and recent CQC related activities.

2. Background

- 2.1. At OUH our strategic framework is founded on our [Vision and Values](#) and is organised around three strategic objectives, Our People, Our Patients and Our Population. From its inception within [Our Strategy 2020-2025](#) we pledged that:

Over the next five years, we will:



make OUH a great place to work by delivering the best staff experience and wellbeing for all **Our People**, supported by a sustainable workforce model and a compassionate culture



improve the access, quality and experience of care for all **Our Patients**



work with partners to improve the health and wellbeing of **Our Populations**, working collaboratively to deliver integrated and sustainable services

- 2.2. This strategic framework is complemented by [Our Clinical Strategy 2023-2028](#), [Our People Plan 2022-2025](#), [Our Digital Strategy 2022-2025](#) and our [Quality Priorities 2023-24](#); and our regulators seek to consider the impact of our activities against our aspirations, [the fundamentals standards and regulatory requirements](#).
- 2.3. Since the launch of their 2021 [strategy](#), CQC have been reviewing their approach to regulation with the aim of improving care. Following widespread consultation, a more flexible and risk-based approach to regulation has been proposed, with phased introduction of key elements into practice. The OUH strategies are complementary to the CQC approach to regulatory compliance.

3. So, what is new?

- 3.1. The familiar quality ratings and the title of the five key questions (safe, effective, caring, responsive and well led) remain central to the CQC's approach. However, the substance of the Key Lines of Enquiry (KLOEs) and prompts have been replaced by **key questions, new quality statements**, within a new [Single Assessment Framework](#). These quality statements are known as 'we statements' and are written from the perspective of the provider. They are **commitments that providers, commissioners and system leaders should live up to**, and show what is needed to deliver high quality, person centered care.
- 3.2. Evidence to inform inspection judgements and ratings will be gathered by CQC under six categories:
 - People's experiences.
 - Feedback from staff and leaders
 - Observations of care.
 - Feedback from partners.
 - Processes.
 - Outcomes of care.
- 3.3. Each category sets out the types of evidence that will be used to understand the quality of care being delivered and performance against each quality statement.
- 3.4. Ratings will continue to describe the assessment of quality of care using the four ratings of Outstanding, Good, Requires Improvement or Inadequate. [Methods](#) will include the assignment of scores to key evidence categories for the quality statement being assessed. Rating will be based upon building up scores from quality statements to an overall rating.
- 3.5. Scores for evidence categories relate to the quality of care in a service or performance of a local authority or integrated care system and comprise:
 - 4 = Evidence shows an exceptional standard.
 - 3 = Evidence shows a good standard.
 - 2 = Evidence shows some shortfalls.
 - 1 = Evidence shows significant shortfalls.
- 3.6. The experience of Our People will continue to be sought by the inspectors in their regulation of our services. It is acknowledged that People's experiences are a diverse and complex source of evidence requiring analysis of a range of sources, such as data on demographics, inequalities, and frequency of use for care services. The new Single

Assessment Framework sets out what a good service should look like, and it places our people's experiences at the heart of the judgement made about our services. In addition it aims to ensure that at OUH we practice in accordance with our values and strategic vision, demonstrating the value we place upon gathering and responding to feedback from Our People, Our Patients and Our Population.

3.7. Differences from the current/outgoing model include:

- **Gathering evidence:** making more use of information, including people's experiences of services. Gathering evidence to support judgements in a variety of ways and at different times – not just through inspections. This means inspections will support this activity, rather than being the primary way to collect evidence.
- **Frequency of assessments:** regulators will no longer use the rating of a service as the main driver when deciding when they next need to assess. Evidence collected or information received by them at any time can trigger an assessment.
- **Assessing quality:** judgements will be made about quality more regularly, instead of only after an inspection as is currently the case. Evidence from a variety of sources will be used across any number of quality statements to do this. Assessments will be more structured and transparent, using evidence categories and giving a score for what is found. Their aspiration is that the way decisions are made about ratings will be clearer and easier to understand.

3.8. The regulatory intent is that by using the Single Assessment Framework as part of their regulatory approach, CQC will have the flexibility to:

- Update the ratings for key questions and overall ratings when things change, based on more frequent assessment of evidence.
- Collect and review evidence in some categories more often than others. For example, they may collect evidence of people's experiences more often than evidence about processes.
- Be selective in which quality statements they look at – this could be one, several or all.

3.9. With the aim of socialising and optimising communication and understanding, the Head of Accreditation and Regulation has undertaken a range of engagement activities with clinical services, directorates, and divisional teams to reinforce key messaging around regulatory changes disseminated from Clinical Governance Committee updates. These will continue through September 2023.

- 3.10. Further communication plans include discussions with the Director of Communication about optimal means of targeted staff messaging.

4. Most Recent CQC engagement activity

- 4.1. On 10 August 2023 the Director of Regulatory Compliance and Assurance had an online meeting with Victoria Bragg, our **CQC Operations Manager** for the **new Integrated Assessment Inspection Team** aligned with Integrated Care Boards. Victoria advised that the South Network will be commencing the new ways of working at the end of September 2023 with a [regional roll out to fully implement the Single Assessment Framework](#). This means that should we have an inspection the Single Assessment Framework will be used to inform ratings. CQC advise that plans for any assessment visit will be made by considering factors such as the level of risk, so not all providers will have an immediate assessment.
- 4.2. A date for the first face to face introductory engagement meeting with Executive Directors has been identified. At present the CQC **Relationship Officer** has remained unchanged and monthly keeping in touch calls are maintained with the Head of Accreditation and Regulation. These meetings review progress with assurance evidence aligned to open enquiries. The Integrated Performance Report as presented to Integrated Assurance Committee and the Trust Board continues to be shared with our CQC Relationship Officer.
- 4.3. The Assurance Team have received communication from our Inspectors confirming intent to include an inspection of our maternity services within the scope of their national programme of maternity inspections. There has been no date confirmed for this activity and the service and division are aware of this.
- 4.4. To place this engagement activity into context, from 1 April 2022 to 31 March 2023 there were 52 general enquiries from, or notifications to, CQC that were managed by the Assurance Team, Divisional colleagues and subject matter experts. Alongside these there were a number of IR(ME)R notifications and 625 DOLS related notifications.
- 4.5. Since April 2023 there have been 20 new enquiries from, or notifications to, CQC, additional IR(MER) notifications (all of which are now closed from a regulatory perspective) and 226 DOLS related notifications. Details are reported monthly to the Clinical Governance Committee.

5. CQC Engagement with Our Patients

- 5.1. CQC will continue to undertake a range of NHS patient experience surveys. The Patient Experience Team track the completion of all surveys and report on these once they are completed.

6. Recent CQC Publications and News

- 6.1. On the 13 July 2023 CQC published their [annual report on the safer management of controlled drugs](#), which highlights the key findings from their regulatory activity in 2022. Key concerns nationally in 2022 were around:
- Ineffective governance arrangements for controlled drugs in health and care services.
 - Diversion of controlled drugs, by both non-registered staff as well as health and care professionals.
 - The need for services to factor in the timescales required to obtain a controlled drugs licence from the Home Office.
- 6.2. The report also includes an analysis of prescribing data and highlights trends in primary care data compared to the preceding year. Key recommendations include the need for system wide collaboration with our population to drive improvements in the safer management of controlled drugs, the aim of which would be to improve how controlled drugs were prescribed, managed and monitored; noting that effective collaboration and partnership working can result in better outcomes for our people.
- 6.3. The findings of the annual report on the safer management of controlled drugs align to one of our current [OUH Patient Safety Quality Priorities](#), medication safety – opiates and insulin and two of our trust wide [Strategic Objectives](#), Getting the Basics Right and Close to Home. The findings also align to [CQC Single Assessment Framework](#) key questions and quality statements associated with the domain of [‘Safe’](#) and [‘Well Led’](#).
- 6.4. Our regulators are currently in the process of piloting the assessment of Integrated Care Boards (ICBs). Two ICBs are taking part in this exercise that builds upon 2022 testing in two Integrated Care Systems. The [interim guidance](#) on the CQC approach to assessing Integrated Care Systems, will be expanded and updated as the transition to the new model takes place. Any organisational implications will be shared by the CQC in due course.

7. Next Steps

- 7.1. In terms of next steps the Assurance Team has been undertaking a mapping exercise of the key Trust Strategies, performance metrics and other related information to the Single Assessment Framework, this will be used to inform the development of an overarching CQC Plan.

8. Recommendations

- 8.1. The Trust Board is asked to:
- Receive and note the report.