

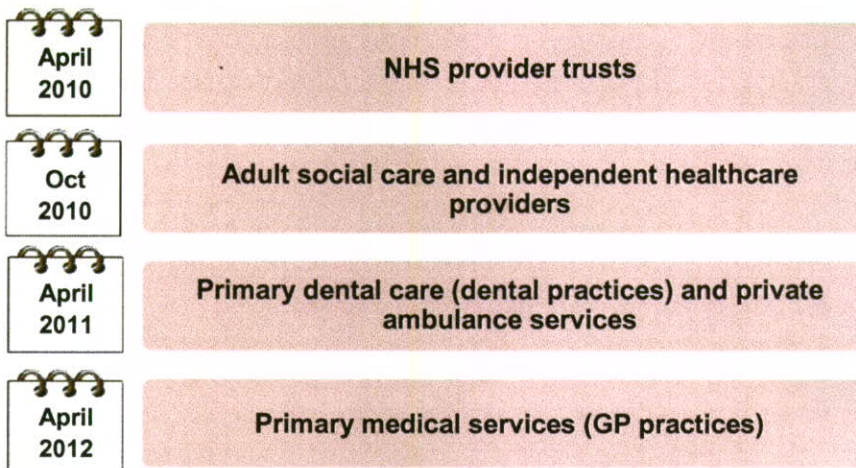


The Regulatory Model –

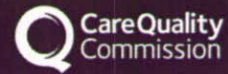
using information to promote better regulation

Sue Jordan
Compliance Manager
6th April 2011 - Birmingham

Registration timeline



The scale of regulated care



Primary medical services

9,000 providers

Independent healthcare

1,500 providers

Independent ambulances

200 providers

NHS hospitals

409 providers

Adult social care

12,500 providers

Primary dental care

8,000 providers

Combined outpatients and inpatients

77.4 million

People using adult social care services

1.75 million

Dental appointments

36.4 million

Plus additional c700 providers (bodies currently licensed HFEA and HTA)

Strategic Priorities

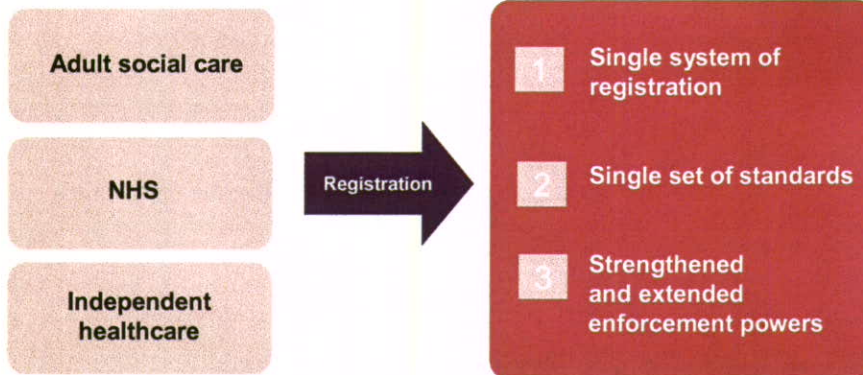


- Focus on quality and act swiftly to eliminate poor quality care
- Make sure is centred on people's needs and protect their rights

CQC Regulatory Framework



•People can expect services to meet essential standards of quality and safety and respect their dignity and rights.



Essential Standards of Quality and Safety



Health and Social Care Act 2008

- Regulated activities
- Regulations

Essential Standards of Quality and Safety

28 outcome

The regulations mapped to six outcome headings:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

CQC's guidance about compliance: example of an OUTCOME



Care and welfare of people who use services

OUTCOME 4

What should people who use services experience?

People using the service:

Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights

That is because providers who are compliant with the law will:

Take appropriate steps to ensure people are protected against risks of receiving care or treatment that is inappropriate or unsafe

Carry out assessment of all needs, including assessments of risk

Plan and deliver care and treatment which meets those needs, ensures safety and welfare

Delivers care and treatment that reflects published evidence/guidance of good practice

Registration: the cycle



Application made

Application assessed

Judgement made

Judgement published

Completing
registration

Ongoing
monitoring
of
compliance

Information capture

Information analysis

Judgement on risk

Regulatory response

Regulatory judgement

Reviews of compliance



Responsive

A responsive review of compliance:

- is triggered by specific information that raises concern about compliance
- is not a full check of compliance for all 16 outcomes (for the core 16 quality and safety standards)
- is **targeted** to the area (s) of concern

Depending on the concern, may focus on:

- the whole provider
- one or more locations
- one or more regulated activities
- a particular service
- one or more outcomes
- May include a site visit
- All findings will be published

Planned

A planned review of compliance:

- Looks across all regulated activities at a location to assess compliance with all 16 outcomes (for the core 16 quality and safety standards)
- Will take place at intervals of 3 months to no less frequent than 2 years
- Will be **proportionate**, with additional activities focused on gaps on information
- May include a site visit
- All findings will be published

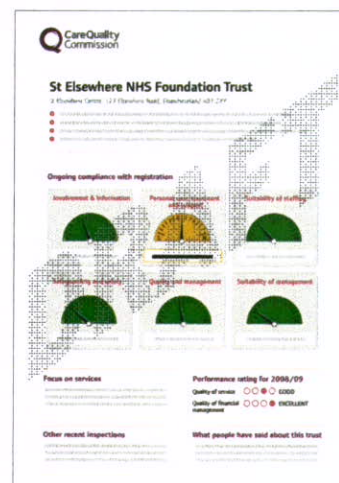
How we capture information



We will hold a **Quality and Risk Profile** on each provider summarising all relevant information.

The Quality and Risk Profile will enable us to **assess where risks lie** and **prompt front line regulatory activity**, such as inspection.

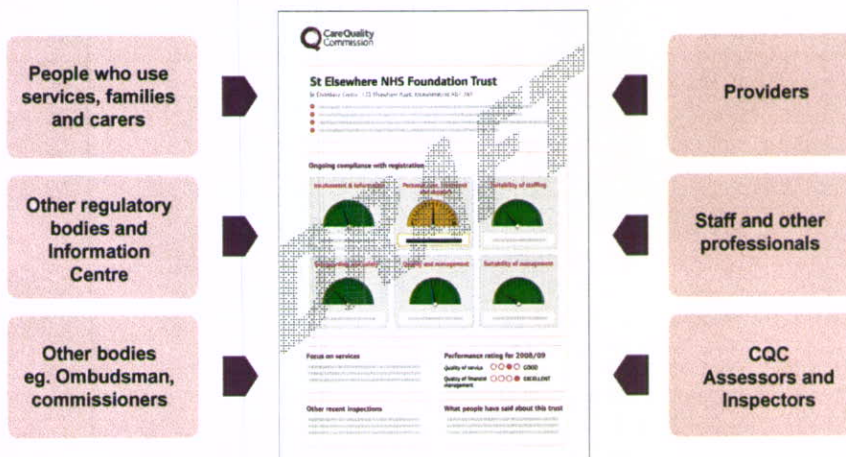
As **new information** arrives, it will be added to the profile and assessors and inspectors will be alerted and will **take action proportionate to the risk**.



Information capture



Information can come from a variety of sources:



Information analysis and judgement about risk



Quality and Risk Profile

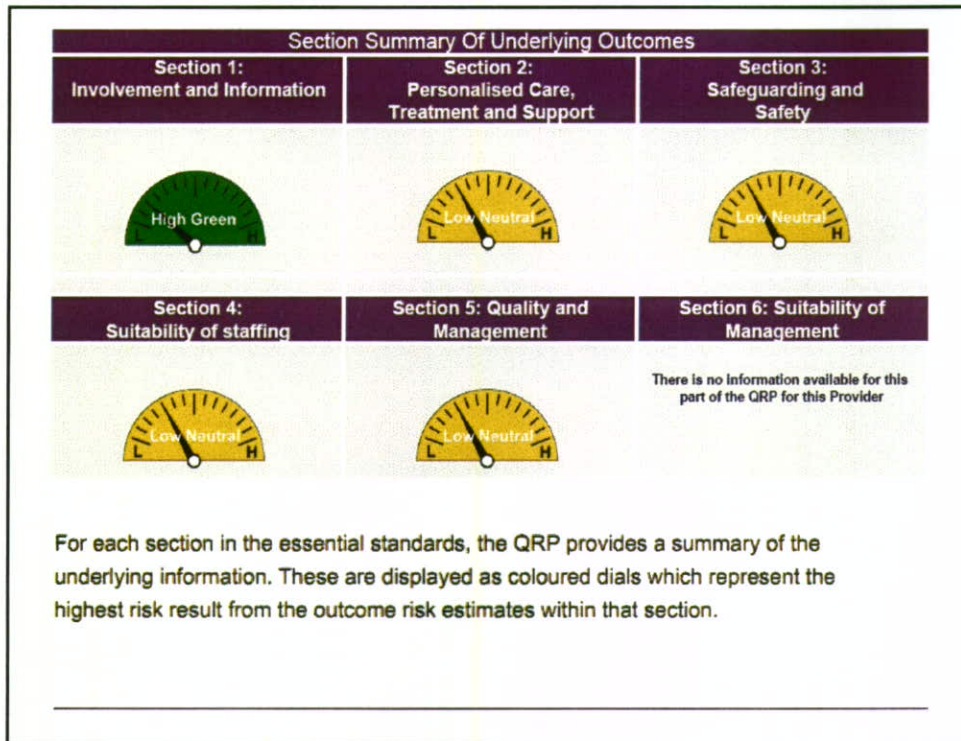
- The QRP is a prompt not a judgement.
- Gathers all we know about an organisation
 - Builds over time
 - Organises information into relevant classification system
 - Manages flows
 - Applies risk model to calculate risk and present findings in a way front line staff can use

Judgement about Risk


- Using the QRP:
- Inspectors will interpret the information and decide whether further action is needed

Additional Information Capture

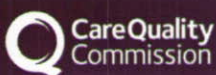
- Depending on the nature of the possible concern, the type of provider and the service, or if there are gaps in information, inspectors will seek further information from:
- People who use services, their families and carers
 - Other regulators, commissioners and others
 - The provider themselves
 - A site visit



Benefits of the Regulatory Model



- **Earlier identification and swifter action** to follow up concerns to remove poor practice
- **Reduction of unnecessary costs** associated with regulation, releasing resources for other priorities
- Services will be known to be providing **essential standards** of quality and safety; **provider's reputation** benefits from increased compliance
- A more **efficient, speedy and user-friendly process**, fewer appeals and tribunals
- Managers, care professionals and clinicians will be able to **compare their own performance**; public and people using services will have **clear, accessible and relevant information**
- Less regulation of process, more regulation of **outcomes**, will give providers and clinicians more scope for innovation for improvement and quality.



Thank you
