

# **Care Quality Commission Quality Improvement Programme Capability Building**

Market Engagement Event  
(Leeds / London)

4 / 5 December 2017

# Housekeeping



# Purpose of Market Engagement and Our Objectives



- To explain the nature of CQC Quality Improvement requirements
- Seeking the views of the market
- Ensure participants all have the same level of understanding about CQC, our vision and values
- To outline the procurement and indicative timelines
- To enable participants to ask questions at the outset of the process

# Agenda



<b>Time</b>	<b>Agenda item</b>
<b>10.30 – 10.40</b>	<b>Registration &amp; Introductions and purpose of day (JC)</b>
<b>10.40 – 10.50</b>	<b>Introduction to CQC (Sector lead)</b>
<b>10.50 – 11.15</b>	<b>Quality Improvement Programme Strategic Intent (RB / ME) Current Plans &amp; Future Requirements (JC)</b>
<b>11.15 – 11.20</b>	<b>Commercial approach (SM)</b>
<b>11.20 – 12.20</b>	<b>Questions &amp; Answers (All)</b>
<b>12.20 – 12:30</b>	<b>Next Steps &amp; Close (JC)</b>

# Introduction to CQC

# Introduction to CQC: About CQC



## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and we encourage care services to improve

## Our role

CQC is the independent regulator of health and adult social care in England

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



# Introduction to CQC: Our Purpose and Role



## **As a Government regulator:**

- We are sponsored by, but independent of, the Government
- We are a statutory body
- We cannot step outside our prescribed functions and powers
- We are a public body
- We exercise our powers on behalf of the public

# Introduction to CQC: Our Workforce



- How we are organised:
  - 3 Inspection Directorates: Hospitals, Adult Social Care, Primary Medical Services
  - 2 Enabling Directorates: Customer & Corporate Services (including National Customer Service Centre), Strategy & Intelligence
- CQC inspectors specialise in particular areas of care, supported by multi disciplinary staff from the enabling directorates
- Inspection teams are built from employees and associates of CQC who are clinicians, specialists and people with experience of care called experts by experience
- Resources:
  - Ca. 3,200 Substantive & 6,000 Bank Inspectors & Specialist Advisors
  - Ca. 800 Experts by Experience
- **Logistics are complex: the workforce is spread across the country, a large percentage of staff are home based, much of the work happens on providers' sites**

# Introduction to CQC: Services Regulated by CQC



**Hospitals**  
(1,642 providers)

- Acute NHS trusts
- Independent hospitals
- Ambulance service
- Community Health
- Mental Health
- Residential Substance misuse
- Non-hospital acute providers
- Hospice services

**27% of our inspection  
workforce**

**Adult Social Care**  
(27,690 providers)

- Residential Social Care
- Domiciliary Social Care
- Residential Nursing Care
- Specialist college services
- Community LD services
- Extra Care housing services
- Shared lives services
- Supported living services

**47% of our inspection  
workforce**

**Primary Medical Services  
and Integrated Care**  
(19,546 providers)

- Dentists
- GP Practices
- Out of hours and mobile DRs
- Prison Healthcare Services
- Specialist teams and  
Thematics

**15% of our inspection  
workforce**

# Introduction to CQC: The Landscape of Care



## General public

**53 million** (35 million adults)

## Private hospital

**1.4 million** people receive treatment in a private hospital / year

## Dentists

- **22 million** on a dentist list
- 15 million NHS
- 7 million private

## Health & social care staff

- 1.7m NHS staff
- 1.5m in adult social care

## Care homes

- **565,000** residents
- 165,000 going into care per year
- 39,000 people with learning disabilities in residential care
- 18,000 in a care home or care in their own home with no kith or kin

## GP practices

- **52 million** registered with a GP
- 150m appointments / year

## Home-care

**700,000** people receiving home-care support per year

## NHS hospitals

- 90 million outpatient appointments / year
- 11 million inpatients / year
- 18 million A&E attendances
- 5 million emergency admissions / year
- 600k maternity users
- 42,000 detained and treated against their will

**Stroke 1m**    **Diabetes 3m**    **Arthritis 8.5m**    **Cancer 2m**    **Dementia 0.7m**  
**↑25% by 2020**    **↑67% by 2025**    **↑100% by 2030**    **↑100% by 2032**    **↑100% by 2040**

*NB There is overlap between our different audiences – none are wholly distinct from the others*

# **QI Programme Strategic Intent**

## Shaping our Future

- Our focus over the last four years has been to establish our credibility externally as an organisation that contributes to improvements in care
- CQC are now looking to invest in the next stage of our organisational development
- We have looked externally at organisations, including some of those we regulate, who have found ways to continually build on improvements in both the way they work and the quality of services they provide
- CQC has senior leadership commitment to a culture where we continually improve how we work and the impact we have, a laser sharp focus on improvement priorities, a can do attitude, a clear framework and methodology for making improvements internally
- Most significantly we need to make an investment in our staff's improvement skills

## QI is about building an organisation-wide culture of learning & improvement

- Staff have the freedom to innovate & make improvement happen in a systematic, sustainable way - 'freedom to innovate within a structured framework'
- Improvement is anchored in purpose, strategic objectives & organisational improvement goals
- Leaders drive, enable and support improvement across the organisation, building an engaged workforce - improvement is designed into everyone's work
- Training, tools & expert support ensure that improvement is embedded over time
- CQC aspires to lead the sectors it regulates in its thinking & practice around improvement

# **QI Programme Current Plans**

# Quality Improvement Programme: Four fundamental **PRINCIPLES**



QI will embed a culture of learning and improvement throughout the organisation

This starts with a foundation of governing **PRINCIPLES**

## We design for **PURPOSE & VALUE**

*We understand, design & improve what we do to deliver value for providers & people who use health & care services*

### Improvement is **SYSTEMATIC**

*Based on tried-and tested methodologies, anchored in measures, & driven by test-and-learn cycles*

*Designed to challenge assumptions*

### **LEADERS** enable their staff to do good work & improve their work

*The people who experience a problem must be core to researching, acting & learning to resolve it.*

*Decision-making is located as close to the action as possible*

### Our organisational **SYSTEMS** and structures are aligned

*Policies, governance, measures & other structures must be adjusted over time to 'hardwire' a QI culture into the fabric of the organisation*

# Quality Improvement Programme: Programme Outcomes



	Sept – Dec 2017	By Apr 2018	By Dec 2018
<b>Find</b>	Agree initial interventions & engage key leaders	<ul style="list-style-type: none"> <li>Wave 2 interventions &amp; pull from leaders</li> <li>Align to improvement aims</li> </ul>	Full alignment of improvement activity with strategic improvement aims
<b>Fix</b>	<ul style="list-style-type: none"> <li>Early Adopters running</li> <li>Mobilise QI Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>EA results in</li> <li>Second wave interventions running</li> </ul>	<ul style="list-style-type: none"> <li>Structured QI programme running</li> </ul>
<b>Frame</b>	<ul style="list-style-type: none"> <li>Core QI Framework running</li> <li>Staff engagement running</li> <li>Procurement for partnership to build QI capability initiated</li> <li>Existing QI / CI capacity engaged</li> </ul>	<ul style="list-style-type: none"> <li>QI Framework tested &amp; refined</li> <li>Capability-building procurement out to market</li> </ul>	<ul style="list-style-type: none"> <li>QI Framework agreed</li> <li>External partners in place</li> <li>Capability-building results evaluated &amp; plan adjusted</li> </ul>
<b>Lead</b>	<ul style="list-style-type: none"> <li>Role for key leaders in EAs framed</li> <li>Mobilise QI Working Group</li> <li>Links established to Leadership Development Strategy, Agile</li> <li>Leadership Conference</li> </ul>	First cohort of 'QI leaders' operating	Leadership Development & QI fully integrated
<b>Align</b>	<ul style="list-style-type: none"> <li>QI governance in place</li> <li>Links established to Governance KPI reviews</li> <li>Finance built into EAs</li> </ul>	<ul style="list-style-type: none"> <li>Economics for QI operational</li> <li>Org alignment plan defined</li> </ul>	<ul style="list-style-type: none"> <li>First phase Org alignment actions complete</li> </ul>

# **QI Programme - Future Requirements**

# Quality Improvement Programme: Future Requirements



1. Development of CQC's bespoke QI Framework:
  - Choice & development of tools & methods
  - Integration with CQC's Operating Model
  - Alignment of organisational systems & governance
  - 'Planning for QI' & integration with strategic planning
  
2. Transfer of expertise in QI via:
  - 'subject matter' Interventions
    - Early adopters: ground-up & strategic
    - Structured future 'waves' following Early Adopters
  - By team / unit through structured process/system 'waves'
  - People: 'the shift in my role'
    - Exec / Director Programme
    - Operational Leadership cohorts
    - Front-line staff & management mixed cohorts
  - Experts in Method:
    - Permanent compliment & development placements in specialist improvement teams
    - Experts in operational & support functions
  
3. Curiosity / Awareness / Fundamentals programmes

# Quality Improvement Programme: Future Requirements



- Capability development and transfer of expertise happens with you working alongside our 'experts in method', leaders at all levels and operational teams
- We expect people to develop through phases from novice to expert (including ability to teach others)
- We frame learning as 70% experiential / 20% supported / 10% formal
- We expect the balance of support across the range of activity (previous slide) to shift over time, we are aware that we may need to flex actions / spend over time
- We expect this initial programme will run over three to five years
  - Every member of staff has had something in the first year
  - We are anticipating an approximate spend up to the value of £400k per annum

# **Commercial Approach**

# Commercial Approach: Supplier Engagement



## Market Engagement from a Procurement perspective - Why?

- Help CQC to identify potential solutions
- Develop an understanding of capacity in the external market - ability of the market (whether through a single supplier or a consortium).
- Identify whether the market can achieve what is required quickly enough, or on a large enough scale.
- Inform the final design of the requirement and the procurement strategy (e.g. Routes to Market)



# Commercial Approach: Indicative Timetable



Key Events/Activities	Estimated Timescales*
Pre-Procurement – Market Engagement to inform requirement (Optional Further Engagements)	November – January 2018
Pre-Procurement – Finalise Requirements	January – March 2018
Invitation to Tender and Evaluation	April - August 2018
Contract Award / Mobilisation	Sept - Dec 2018

\*Indicative dates for information purposes only

## Useful Links

<b>Bravo Solutions</b> <b>CQC's E-Tendering Portal</b>	<a href="https://www.cqc-commercial.bravosolution.co.uk">https:// www.cqc- commercial.bravosolution.co.uk</a>
<b>Contracts Finder</b> Cabinet Office version of the supplement to the Official Journal of the European Union (OJEU)	<a href="https://www.gov.uk/contracts-finder">https:// www.gov.uk/contracts-finder</a>

# Quality Improvement Programme – Your Questions?



- **Please state your name and organisation when asking questions**
- **All Questions and Answers will be noted and published**

# Next Steps

