

**Royal College of Nursing**  
**Response to 7 UfYEi U]mi7 ca a ]gg]cb@'Wcbgi `hU]cb**  
**ÖOur Next Phase of Regulation**

**General**

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*1b What are your views on our proposed criteria for identifying organisations that have accountability for care?*

We agree with the criteria given, that registration should:

include any entity that manages, delivers or processes systems that provide assurance, auditing or quality improvement for the quality and safety of delivered regulated activity;

require providers of regulated activity to submit consolidated annual budgets in advance for approval;

have the right of veto over financial plans such that any organisation providing regulated activities is unable to carry on its business until it has agreed them;

develop and directly enforce policies such as staffing levels, clinical policy, governance, health and safety, pay levels, and procuring supplies that must be adhered to by an organisation providing regulated activity;

have the right to make employment decisions about:

- those working or seeking work for the organisation
- those running or seeking to run the settings providing the regulated activities
- board membership, where the board is responsible for holding to account either services or organisations delivering regulated activity.

We see these proposals as being the most practical method to achieve absolute clarity about who is ultimately accountable for an organisation providing services.

However, we contest the assertion that organisations such as 'Hedge Funds and other types of investors' do not as a matter of course exert influence over operational matters. We believe that as investors they may well seek to influence key decisions around expenditure, and on that basis want to see them included on the register, if only to ensure those people choosing services (for instance, independently owned residential care or domiciliary services)

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identify a single CQC relationship-holder for each complex provider, working alongside a named lead for each service;  
align information collection and create a single regulatory plan;  
coordinate inspection activity within defined periods, excepting for focused inspections undertaken in response to concerns;  
assess leadership and governance across all services when assessing under 'well-led' questions, for NHS Trusts, and at provider-level in other sectors;  
trial this approach with some Accountable Care Organisations and Systems.

*3b Please explain the reasons for your response.*

We believe these proposals to be the most practicable way to ensure accurate and effective regulation of complex providers.

However, we would like more detail on how the approach will aim to address care structures which encompass a variety of differently funded organisations, i.e. direct public, indirect public and self-pay, that are increasingly likely to provide care across a patient's care pathway.

### 1.3 Provider-level assessment and rating

*4a Do you agree that a provider-level assessment in all sectors will encourage improvement and accountability in the quality and safety of care?*

We neither agree nor disagree with this proposition.

*4b What factors should we consider when developing and testing an assessment at this level?*

We believe that any assessment must be sufficiently nuanced to reflect the specificities of the organisation, while also being robust enough to prevent inspectors from interpreting in a way that could undermine its veracity. We support the inclusion of a well-led inspection framework, since this is one of the key methods for determining how well a service is providing safe, high-quality care.

### 1.4 Encouraging improvements in the quality of care in a place

*5a Do you think our proposals will help to encourage improvement in the quality of care across a local area?*

We agree with the proposals to:

- use monitoring and inspection of individual providers to assess how well services are working together and the impact on patient experience;
- use insight about quality at a place-level to understand individ





We strongly agree with these proposals to:

- strengthen relationships with the providers;
- align information requests with those of other agencies;
- align the CQC insight model with NHS England's Integrated Urgent Care Key Performance Indicators;
- continue with comprehensive inspections, but with increased focus on any issues that emerge through monitoring;
- inspect NHS111, GP out-of-hours and Urgent Care services across an area at the same time, where possible.

We believe this will make for a more consistent approach and make it more understandable to the general public.

### *iii. Primary care delivered online*

We strongly agree with the proposals to make judgements about these services based on the five key questions and to take action where care is not considered to be safe. We believe this is the best way, under current regulatory arrangements, to provide the level of assurance that the general public would expect.

### *iv. Primary care at scale*

We strongly agree with the proposal to take a flexible and responsive approach, basing it on the current GP inspection regime as and until there are firmer structures in place.

#### *10b Please give reasons for your responses.*

This is a developing area of care provision, and on that basis we welcome the CQC's proposals to align where possible with existing similar arrangements, on the basis that most users will expect, and deserve, equity of approach in their regulation.

## 2.2 Adult social care services

*11a Do you agree with our proposed approach to monitoring quality in adult social care services, including our proposal to develop and share the new provider information collection as a single shared view of quality?*

We agree with the proposals to:

- take a more consistent approach to working with providers and other
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- extend the time for gathering views about the quality of services providing domiciliary care;
- increase the focus given to services rated as requires improvement.

*11b Please give reasons for your response.*

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- ask for an action plan that is agreed with both the provider and its commissioner;
- hold a formal management review meeting to consider and plan next steps, including enforcement, in the event of a third occurrence.

*14b Please give reasons for your response.*

We are pleased to see greater focus given to provider-level accountability and governance for the quality of care. This is particularly important at group level, as operators need to support and invest in improvements and developments in care and service provision.

### **PART 3: FIT AND PROPER PERSONS REQUIREMENT**

*15a Do you agree with the proposal to share all information with providers?*

We agree with this proposal.

*15b Do you think this change is likely to incur further costs for providers?*

It may incur further costs, but this may well be proportionate to the additional safety offered to those receiving services. On this basis we recommend a trial is undertaken of this new process, supported by a review and evaluation of its impact and benefits.

*16 Do you agree with the proposed guidance for providers on interpreting what is meant*

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