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## Policy Briefing 05/2009

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# Looking Back to Look Forward

Key lessons from system regulation of health and social care in England

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- A renewed *focus on quality* as part of the Next Stage Review;<sup>2</sup> and
- A new *NHS constitution*.



The HC reported in March 2009 on lessons it learnt from its regulatory activities from 2004-2009.<sup>3</sup> The HC rightly points out that their risk based approach to system regulation was brand new and has evolved over time. The HC has been open to learning and has commissioned independent external reviews of its approach. On the whole these have been supportive of the approach taken by the HC. The HC does however note several key lessons and priority areas for the future of system regulation, including:

1. More action to ensure people are involved in decision making including in relation to their own care [p.27];
2. Stronger standards relating to handling of complaints in the light of CQC no longer having the function to review complaints [p.27];
3. Need for simplification and alignment of the standards and metrics used to measure performance [p.28];
4. Shifting regulatory focus away from 'Trusts' (which may actually deliver care in different buildings) towards services and pathways of care to ensure particular groups in society are not '*drop[ped] through the net*' [p.29]
5. Improve the available information on what is important to patients, as part of the risk based and information driven approach to system regulation [p.31];
6. Exploring the potential for real time monitoring of performance, particularly to act as an early warning system (for example if there was an unexpected jump in mortality rates this could be investigated rapidly and in a collaborative approach between the regulator and local managers and clinical staff) [p.31];
7. Improve the available information on 'safe' care; both in terms of reporting of serious untoward incidents and so called near misses [p.32];
8. Improve information on outcomes rather than processes or activities [p.32];
9. Improve information on independent providers as part of moving to a level playing field [p.33];
10. Refocusing attention on mental health, learning disabilities, equality, and integration of health and social care [p.33];
11. Benchmarking of performance of services and pathways and local units; not just the 'Trust' level [p.34];

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<sup>2</sup> More detail is available in RCN Policy Briefing 12/2008 NHS Next Stage Review  
[http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0004/174739/12-2008\\_Darzi\\_Policy\\_Brief\\_July\\_08.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0004/174739/12-2008_Darzi_Policy_Brief_July_08.pdf)

<sup>3</sup> Healthcare Commission (March 2009) The Healthcare Commission 2004-2009  
[http://www.healthcarecommission.org.uk/\\_db/\\_documents/Healthcare\\_Commission\\_legacy\\_report.pdf](http://www.healthcarecommission.org.uk/_db/_documents/Healthcare_Commission_legacy_report.pdf)



12. Ensuring that things that are easy to measure do not overshadow those that are not, including recognising the greater emphasis on financial turnaround than quality of care [p.38];
13. Reviewing controls over information that is collected from various regulatory agencies in a busy regulatory landscape [p.38];
14. The importance of a 'local presence' to ensure local intelligence sharing [p.39].







The RCN therefore continues to work with all stakeholders on ways to ensure safe, high quality care.

The RCN also notes that this absolutely requires investment in leadership; not just at CQC, but within every organisation in the NHS and social care (from commissioners to providers). The HC has repeatedly documented the importance of leadership and culture and appropriate staffing and training when it has investigated serious incidents. This is also backed up by various other evidence on the link between staffing levels, the role of nurses and patient outcomes.<sup>8</sup> It is now well known that there need to be sufficient nurses, able to perform their role, to avoid negative impacts upon patients. This evidence of the link between these must not be ignored and the new integrated regulator has a real opportunity to champion long term sustainable safe and high quality care.

On the 30<sup>th</sup> March 2009 the Department of Health has opened a new consultation, *A consultation on the framework for the registration of health and adult social care providers*. This further sets out details on the registration requirements of CQC. More details will be provided on the final arrangements as this becomes clear.



This briefing is intended as an backgrounder to role of the CQC and the Policy Unit would like to receive comments/feedback from as many members as possible on this important issue - [policycontacts@rcn.org.uk](mailto:policycontacts@rcn.org.uk).

Further information will be issued as the work of the CQC develops.

1<sup>st</sup> April 2009

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<sup>8</sup> Not least the latest report of the Healthcare Commission on Mid Staffordshire Trust, [http://www.healthcarecommission.org.uk/newsandevents/mediacentre/pressreleases.cfm?cit\\_id=1640&FAArea1=customWidgets.content\\_view\\_1&usecache=false](http://www.healthcarecommission.org.uk/newsandevents/mediacentre/pressreleases.cfm?cit_id=1640&FAArea1=customWidgets.content_view_1&usecache=false).

Other examples include: research by Dr Veena Rayleigh of the Healthcare Commission examined the Patient experience survey and staff survey and found a correlation between positive patient experiences and good HR and health and safety practice.

<http://www.nhsemployers.org/EmploymentPolicyAndPractice/staff-engagement/Pages/Healthcare-Commission-research.aspx> See Healthcare Commission Investms0 TD-e-s0 t