

**The world of health  
and social care is  
changing.**

**So are we.**

**CQC'S DRAFT STRATEGY  
FOR DISCUSSION**

**30/9/20**

# Changing regulation to improve care for all: our new strategy for 2021 and beyond

**The Care Quality Commission was established as an independent commission with a clear purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve.**

Our purpose is as vital as ever – we'll always be committed to ensuring safe, effective, compassionate, high-quality care, and encouraging improvement. But the world in which we regulate has changed significantly since we were created. The COVID-19 pandemic has accelerated that change: new and innovative types of service started up using new digital channels, and new restrictions have changed how services can deliver care.

In this new world, we must also transform. We need to make changes to offer regulation that's even more relevant and that benefits everyone, while managing risk and uncertainty. The learning from our response to COVID-19 is feeding into new ways of working to put us in a better place for the future to support services to keep people safe.

**As an influential regulator, we have a responsibility to use our new strategy to change people's lives for the better.**

Even before the pandemic, the organisation of health and social care was evolving rapidly, and we've already seen new ways of working in partnership across different sectors. The crisis has further underlined just how important this is. It's now even more important for health and care services to work together as a system to deliver care – to meet the needs of both the local population and of each individual person. People are living longer, often with multiple, long-term conditions, which means delivering care is increasingly complex.

But the approach of delivering care as a 'system' is very different to the traditional 'single provider service model' that CQC was originally set up to oversee in 2009.



**It's now not enough to look just at how one service operates in isolation.**

For a system, it's essential that people who use services, those who work in them, and health and care organisations work closely together to design and deliver care. For us as a regulator, we know we need to adapt to this and work in new ways. This means our assessment of people's care must look at every touch point of their journey through the health and care system, looking at both individual services and across different providers and organisations.

But it's **how** health and care services work together that really has an impact on people's outcomes.

As well as changes from local health and care systems, the way people receive care has changed – powered and supported through new technology. The growth of artificial intelligence, the advances in data analytics and the proliferation of mobile communication all point to a future of care that lies in the dynamic working partnership between health and care services, those who work in them and the people who use them. We need to understand where digital services can meet people’s needs and improve their outcomes, and change the way we regulate these services.



**The pandemic also renewed the focus on inequalities in health and care across different areas of the country and different groups of people.**

Reducing inequalities in people’s outcomes is a fundamental part of our new strategy. We want everybody to have access to safer and better-quality care and we will champion this in everything we do. We want to understand why there’s such variation in people’s access to services across the country so we can help drive change.

**Our strategy is built on four central and interdependent themes that determine the changes we want to make to our regulation. Running throughout each theme is our ambition to improve people’s care by looking at health and care systems and how they’re working together to reduce inequalities.**

**PEOPLE:** We want to be an advocate for change, ensuring our regulation is driven by what people expect and need from services, rather than how providers want to deliver them. We want to regulate to improve people’s experience so they move easily between different services. The more active people are in their own care, the better the care – and we think the same about regulation. We want people and communities to always feel listened to and understood, and to know how we’ve acted on what they’re telling us. People need to clearly understand how their voice can make a real difference to the safety and quality of the health and social care services they use. We want our information to help people make decisions about care and to enable and empower them to drive change. We have an opportunity to drive care that’s built around the person: we want to regulate to make that happen.

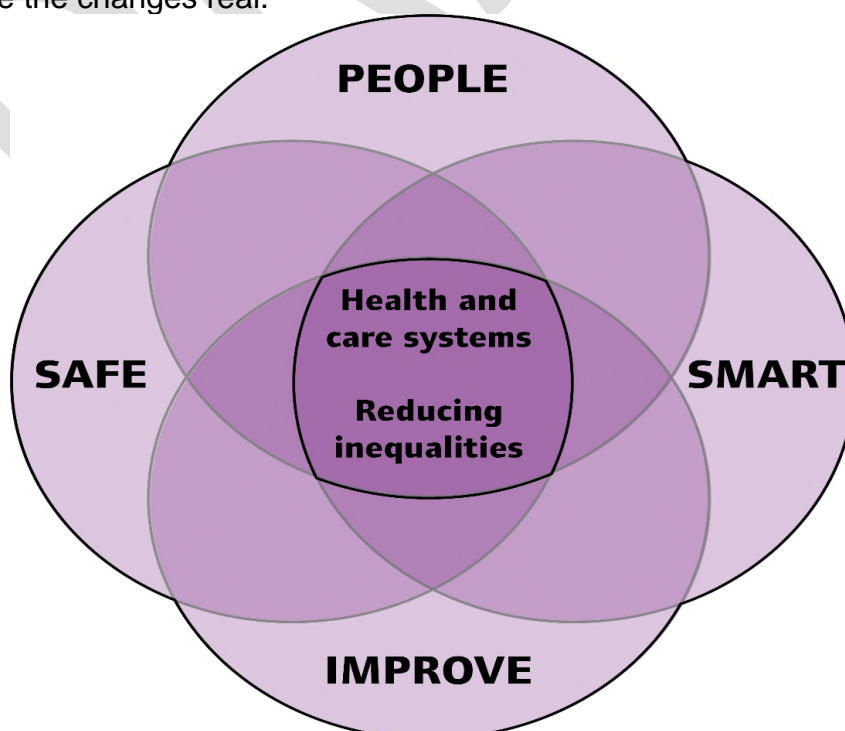
**SMART:** We want to be smarter in how we regulate, with an ambition to provide an up-to-date, consistent, and accurate picture of the quality of care in a service and in a local area. We want this to help people make choices about care, guide services and commissioners to drive improvement, and enable us to be a more flexible and proportionate regulator.

This means a more dynamic approach to regulating: moving away from relying on periodic inspections of services, and harnessing information from all sources to continually assess quality and update ratings. Data will underpin all our activity, allowing us to understand risk and how people are experiencing care, target our resources for the greatest impact, and be more proactive than reactive.

We want to make it easier for services to work with us through open, ongoing, and constructive relationships, based on trust and our common drive to improve people’s care. We want to coordinate the flow of data – both in and out of CQC. Making better use and sharing information with others will reduce the duplication and burden for services: collect it once and use it many times. We want to use what we know to enhance how services target the changes and improvements they need to make.

**SAFE: We want all services to promote strong safety cultures. This includes transparency and openness that takes learning seriously – both when things go right and when things go wrong, with an overall vision and philosophy of achieving zero avoidable harm.** People’s safety simply won’t improve unless everyone working across health and care sees this as a top priority, where they are consistently reporting with confidence, learning, and working to improve. We want to have a consistent definition and language to talk about safety across all sectors and settings that’s agreed by our national, regional, and local partners. Our approach will reflect this, and we’ll commit to enforcing standards of safety much more proactively so that services focus on protecting people, including their human rights. Where quality and safety are compromised, we’ll be quicker to intervene to prevent unnecessary harm to people caused by unsafe and toxic cultures.

**IMPROVE: We want to play a much more active role to ensure services improve.** Improving the quality of care will mean people get easier access to the most appropriate services at the right time, with better experiences and outcomes, and fewer avoidable mistakes. But health and social care services across the country need equal and consistent access to support to improve. So, we want to explore establishing an improvement alliance with key partners from all sectors to support this. By enabling access to shared learning, information, advice, and support, we can empower services to help themselves, while retaining our core regulatory role. We want to provide benchmarking information so they can measure their performance against similar services, and then make sure they have access to the support they need to make the changes real.



# 1. PEOPLE

**We want our regulation to be driven by people's experiences of health and care services. This means focusing on what matters to the public, and to local communities, when they access, use, and move between services.**

## Listening and acting

We want to transform how we encourage and enable people to share their experiences of care with us in a way that meets their needs, and how we capture, use, and analyse their feedback. We want to build trust with the public and motivate people to share their experiences by being transparent about how we've acted on it.

- ▶ We'll enable people to give feedback in different ways that work for them – whether that's by speaking to our national contact centre, our Experts by Experience, our inspectors, Local Healthwatch or our local voluntary and advocacy group partners. By using the power of technology, we'll also make it easier for people to give feedback.
- ▶ We'll develop the skills that we need to make sure we enable all people to share their experiences. But we'll have a specific focus on people who are most disadvantaged in our society, who have had distressing or traumatic experiences, and are more likely to experience poor outcomes. This includes people with a learning disability, people with communication needs, those living in poverty, those whose voices are seldom heard, those who experience inequalities, and who are at risk of abuse or other human rights breaches.
- ▶ Improving our capacity and capability to get the most out of feedback will be a priority. This means identifying the best additional sources of experiences, and capturing and analysing people's feedback in a way that makes it easier for us to quickly identify changes in the quality of care. It also means building systems that enable us to track and prioritise people's experiences throughout our regulatory processes. We'll be clear about the value and weight we give to quantitative and qualitative information from people when using with other evidence, This includes the stories that people tell us about their experiences of services and pathways of care.

People and communities want us to act on their feedback and know how we've acted on it. We want people to know how valuable their feedback is to us.

- ▶ We'll be clearer in our published information about quality about people's experiences of care, and how we and others have acted on it, ensuring our information is relevant to people.

- ▶ When people take the time to share their experiences with us we want to close the loop on their feedback. We'll provide a response that clearly tells them how we've acted on what they tell us and how it has informed our view of how a service is performing. We'll provide our response tailored to the way people need it.
- ▶ We'll improve the way we assess how services are encouraging and enabling people who use their services to speak up, and how they act on their feedback. It will not be possible to achieve a rating of good or outstanding without evidence of best practice in this area. We'll also focus on this when we look at how local systems are listening to their local communities to improve access to services that meet their needs.
- ▶ We know that people are often afraid to speak up. We want to help build a new culture among the public, health and care providers, and our partners, that welcomes, values and acts on feedback to improve care for all.
- ▶ We'll always use what we know to speak on behalf of people who use services – calling out poor care, supporting innovation and driving improvement in both individual services and local systems.

## People are empowered

To help empower people to drive change, it's important for them to know who we are and understand what we do. We want people to give feedback and to use our services in ways that are relevant to their lives.

- ▶ We'll proactively raise public awareness of CQC and be clear about our role as a regulator. We'll invest in the most effective ways of raising public awareness for different population groups, and in 'nudge' campaigns to help people to understand the standards they can expect, encourage them to use our information, and feed back to us.
- ▶ We will be clear what standards people can expect from their health and care services, and how their feedback can empower them to drive change.
- ▶ Our up-to-date view of the quality of care in a service will help people and their families make informed decisions about where they choose to go for their care, confident in the knowledge that our assessment reflects the care that can expect to receive on the day they experience it.

We want to put people at the centre of all conversations on quality. Having an agreed and shared view of quality will enable a joined-up approach that's applied to individual services, corporate providers, and across system boundaries in both health and social care. It will empower people to have more control in their care and enable services to strive to improve.

- ▶ We'll provide a clearer definition of what good and outstanding care looks like, based on what people tell us matters to them, which everybody can easily access, understand, and use to improve people's experiences and outcomes of care. This will underpin our assessments of services and the information that we collect.

Providing independent, trusted, high-quality information about the quality of care is a fundamental part of our work. People need information about the services they recognise to help make the right choices for them and those close to them.

- ▶ We'll change what we produce and how we provide information so that it's more relevant, up to date, and meaningful for people who use services and reflects their experiences
- ▶ We'll ensure people have access to information in the way they need it, through improved communication channels, and using clear and accessible language.

### **Prioritising people and communities**

We know care is better when it's developed through the eyes of people who use services and delivered in partnership with them: we think the same of regulation. We want to regulate to drive more personalised and coordinated care.

- ▶ We'll work closely with people who use services and those that represent them to understand their needs and to co-design and develop how we work, and the services we provide to the public. Any changes we make will start with understanding what people expect and need from care services, pathways, and from CQC. We want to involve people in a meaningful way, so will encourage and enable people to do this in ways that work for them.

Local health and care services need to understand the diverse needs of their populations and work together as a system to meet these needs and improve health and wellbeing. We need to ensure that services in local areas are working with other parts of the local community to enable better outcomes.

- ▶ As well as assessing individual services, we'll assess how the systems in local areas work. We'll focus on how they perform against the evidence of what matters to people and communities in their area and the outcomes for people in that community.
- ▶ It will be unacceptable for providers not to be working in this way. We'll hold local care systems to account for the quality of care in their area and clearly call out issues in services and systems when we see them – as well as highlighting good practice.
- ▶ When we assess services, we'll look at how they work with each other, and in partnership with people and communities, to make improvements. We'll also assess how effectively they involve people in designing and improving services, and how they embed equality,

diversity and inclusion, and corporate social responsibility in everything they do to benefit local health and wellbeing, society, the economy, and the environment.

We will identify and call out unwarranted variation and inequalities in health and care. We know that a person's health and wellbeing is significantly affected by factors outside health and care services.

- ▶ We'll support local systems to understand the needs of their local populations, especially those that face the most barriers to accessing good care or those with the poorest outcomes, enabling them to respond positively to inequalities.
- ▶ We'll work with other agencies, voluntary and community organisations, system partners and other regulators to develop a shared understanding of the factors that contribute to inequalities and the levers that we and they can use to help tackle them.

## 2. SMART

**Our regulation will keep pace with how health and care is changing, providing up-to-date, high-quality information and ratings for the public, providers and all our partners. We'll regulate in a simpler, more flexible way to reflect the future changes that we can anticipate – as well as those we can't. Being smart means targeting our resources where we can have the greatest impact, focusing on risk and where care is poor, to ensure we're an effective, proportionate, and efficient regulator.**

We now have a baseline understanding of quality across health and social care. But we want to provide a more consistent, up-to-date, and accurate picture of quality, and we know that the quality of care can vary from day to day. Using the best information will help us to keep people safe and to protect, respect and fulfil people's human rights.

- ▶ We'll have a more dynamic approach to regulation. Inspections are not the only way to assess quality: we want to move away from relying on a set schedule of inspections to a more flexible approach. This means using all our regulatory methods, tools, and techniques to assess quality continuously, rather than relying only on scheduled all-inclusive on-site inspection visits. We want our local teams to have a regular view of the services they manage based on their knowledge – not a calendar date.



- Traditional inspection site visits will become just one of our tools in our toolkit. But we'll still use our powers to inspect when appropriate – in response to risk, when we need specific information, and when sampling to check the reliability of our view of quality.

We want everyone we work with to benefit from our regulation. The way we regulate will become more relevant – using what we know to help services to tackle problems early and providing up-to-date, high-quality information and ratings to give a positive advantage to all.

- We'll use the best information we can about quality in a service to keep ratings and information up-to-date, rather than relying on the outcome of periodic all-inclusive inspections to change them. By making our ratings more dynamic, and updating them more often, they will give everybody an up-to-date view on quality.
- We'll do this through a better understanding of people's feedback and experiences of care, and using a combination of targeted inspections, national and local data from other organisations and partners, insight from our relationships with providers and partners, and providers' own self-assurance, and accreditation.

We now have IT systems that can handle large amounts of data, which will enable us to use artificial intelligence and innovative analysis methods. This replaces more manual handling of data to support intelligence-based activity and will ensure we interpret data in a more consistent way.

- We'll use our regulatory powers in a smarter, more proportionate way so we take the right action at the right time. Based on the best information available, and enabled by technology, we'll be alert and ready to act quickly in a more targeted way, and tailor our regulatory activities to individual services and circumstances.
- We'll be transparent with the data and information we hold on services and use innovative analysis proactively, including data science techniques, to support robust and proportionate decision-making.

### **Making it easier to work with us**

We want to make it easier for providers to work with us and other partners in the system, through digital channels. We want to gather information differently and develop how we work with others by reducing the duplication of requests. This will help staff to focus on providing care safely and finding opportunities to improve.

- From the point of registration, we want to develop ongoing, collaborative relationships with providers, built on openness and trust. We want this to enable effective and proportionate regulation and to focus our regulatory work on those providers and services where quality needs to improve.

- ▶ We'll work with providers and other regulators and partners to coordinate data collections. We'll reduce the duplication and workload for providers in collecting and submitting data to us, and to other organisations, by only asking for the information we need and that we can't get elsewhere. We'll use information from other sources and share the information we gather ourselves through data-sharing agreements. We'll collect data once and use it many times.
- ▶ We want to explore how we can improve our digital interfaces with services. Where we do need to collect information directly from services, this will make it easier for them to give us the information we need and simpler to update what they've already told us. We'll also make it easier for services to access more of the information we hold about them in one place,
- ▶ Our regulatory activity will be more proportionate and consistent. To have a better understanding of quality and performance in each service, we'll have regular contact with them through our ongoing relationships, and spend more time monitoring and analysing data using technology, rather than through inspection activity.

### **Future proof and focused on what matters most**

Like the services we regulate, we're evolving to adapt to all changing models of care, such as integrated systems and digitally-enabled care. The move to looking at how health and care services work together in a local system is a change in our approach. We'll work with providers and other partners to understand how care is changing, ensuring that our regulatory model keeps pace with changes.

- ▶ We'll build capability and capacity in our people, our systems, and our processes to adapt to our evolving approach to regulation. We want to learn and improve ourselves to be a flexible and responsive regulator, while staying true to our purpose of keeping more people safe.
- ▶ Where services are innovative, we'll look at how they benefit people as well as how they support the sustainability of the local community and how they meet their social and ethical responsibilities. We'll recognise and capture where quality has improved and will share this learning.
- ▶ Our assessments will always focus on what matters to people as they access, experience, and move between services. We'll also look more closely at aspects that we know have a positive effect on quality such as the culture of a service, how it works with other local services in a local system, and how it drives improvement.
- ▶ We'll focus our assessments on how providers are working together to ensure fair access to health and social care services for everyone.

The information we gather will enable us to better understand risk relating to inequalities in people's health outcomes and we'll take action where there's a need for improvement.

## Relevant for all

We want our ratings and inspection reports to help people to make informed choices about their care and give services an assessment of performance to encourage them to improve.

- ▶ We'll evolve our ratings. As well as ensuring they provide an up-to-date view on quality, we want to make ratings reflect how people experience care so they're more meaningful and focus on what matters most to them.
- ▶ We'll move away from long reports written after inspections, and instead provide information and data products targeted to an audience. Information for the public will be easier to understand and more accessible. We want people to be able to access information to suit their personal circumstances, either online or through an app.
- ▶ We'll also provide a clear definition of quality, which everybody can understand and use as a reference for what good and poor care looks like. We'll be transparent about how we apply this to assess the quality of services. This definition will be at the heart of our regulatory processes to help us improve consistency in our regulatory activity, so people can be confident that good means good wherever they are in the country and whatever service they are using.

## 3. SAFE

**There's a great deal of commitment and work happening to improve the safety of services. But safety is still a key concern as it's consistently the poorest area of performance in our assessments, and avoidable harm remains a factor in services across the country. From our work over the past few years, we know safety starts with a culture of learning and improving, where risks aren't overlooked, ignored or hidden. We want to promote open cultures where the voice of health and care staff and people who use services drives learning and improvement.**

We know that we need to work as one system across health and social care to improve safety and protect people's rights consistently, and our strategy provides an opportunity to do this.

## Culture

Our assessments show us that in a good safety culture, staff are expected to report concerns openly and honestly, confident that they won't be blamed. There's an acceptance that all incidents – positive, negative, and wholly avoidable – provide an opportunity to learn and improve. We want this type of culture to be universal and it should be developed and supported not only by leaders and staff, but by everyone in health and care settings, including people who use services, carers, and families.

▶ To help develop strong safety cultures, we'll collaborate with others to develop a definition and language for safety that works across all health and care settings and reflects what is important to people. We want this to create absolute clarity on what we mean when we talk about safety so that providers know what we expect when we regulate.

▶ In developing this definition and language we'll expect everyone in all services to have people's safety as a top priority. We'll expect honest, open, and blame-free reporting, with learning and improving a fundamental part of everyone's role. We'll also develop opportunities to share learning. This may be by sharing exemplary practices that we've observed or by publishing the changes and improvement that services have made as a direct result of our regulatory action.

▶ With stronger safety cultures, we'll also expect services to have a vision of achieving zero avoidable harm. This is not a target: it's a change in attitude and approach to drive the right behaviour and the right culture. Any level of avoidable harm to people who use health and care services is an opportunity to learn, to do better, to become safer. So we're challenging everyone to change and drive our systems to be the safest in the world.

## Oversight

NHS trusts have access to guidance and support, and alerts on safety from a national patient safety team. But this type of national support and oversight doesn't exist in other sectors. Although there are bodies who might provide support or receive incident data, this oversight or champion role is fragmented, meaning these sectors risk being left behind. It's crucial that all health and care services have access to the right support and insight to help them on their journey to build strong safety cultures, learn from safety incidents and improve their practice.

▶ We want to understand where there is and isn't support and expertise for safety across all sectors that we regulate. We want to work with others to develop solutions to ensure that all services have support and leadership during difficult times, and that they have the right tools to provide safe care as a standard. We'll need to understand where this oversight is best placed and develop the right frameworks as required.

## Regulation

We know that some of the greatest safety risks happen when people struggle to access the right care, when they're transferred between services or after they're discharged. We also know that some services are more at risk of these than others and that sometimes the system works against health and care staff, making it hard to take the right and safest action.

Safety incidents include breaches of human rights, which can lead not only to poor care but to psychological harm. Poor and closed cultures are more likely to develop in services where people are far from their communities, where there is weak leadership and staff don't have the right skills or training, where people are often not able to speak up for themselves, and where there is a lack of external oversight. These are some of the hardest places to regulate safety: where it's difficult to identify where and why an error has happened, and to see where in the system the culture has failed people.

With new ways of delivering care and working as a system, we need to change how we regulate safety in all services, particularly those that present the greatest challenge. We want to be firmer in our approach and be more proactive to protect people from harm before it happens.

- ▶ We'll focus on safety from the start – before we make a decision to register a service – and keep safety at the forefront of our relationships with services.
- ▶ While supporting services to improve safety, we'll be looking at how they do it, ensuring they focus on the right things. This includes the culture as well as processes. We'll expect learning to be the primary response to all safety concerns – whatever the setting. We'll also look at how they collaborate with others to ensure a safe journey of care for people moving between services.
- ▶ We'll use what we know about a service to intervene much earlier than we have before to assure ourselves that services are focusing on protecting people before they experience poor care and avoidable harm.
- ▶ We'll use our powers and act quickly where improvement takes too long, or where change isn't sustainable. Services that are not open to learning are not safe. We'll take action where services are unable to identify systemic issues in their own organisational culture or fail to learn lessons from widely publicised failures happening across the wider health and care landscape.
- ▶ Where we see systemic safety issues in a sector or local area, we'll use the combined power of what we know and our independent voice to speak out and to encourage meaningful change. We'll also support services to improve by sharing what we know to help reduce system safety issues. We will share the learning from our insight on themes, trends, and best practice.

## Expertise

We know that shifts in safety culture won't happen without the right expertise at all levels across health and social care – including at CQC. We all need to understand why safety is important at a practical level, how we can each individually improve it in our area of work, and create an excitement and movement around it that motivates people every day to improve.

- ▶ We'll expect all services and parts of the system to use the safety expertise that's available, including training, support, and insight. This includes staff being familiar with the most up-to-date safety concepts, including human factors, and how system design can influence safety practice in any setting or department. Staff at all levels will then feel motivated to drive change and improvement as they'll have the tools and knowledge to make it happen.
- ▶ We'll improve and increase our own safety expertise. We need to do this to ensure our own frameworks are in line with the latest safety thinking and that our regulatory approach enables us to properly assess the right safety culture. We'll need to be able to challenge and highlight both provider and system failures, while also having the expertise to properly support services to learn and improve using our unique data and insight.

## Involving everybody

People have a right to expect safe care when they use health and care services and making sure they experience the safest care is everyone's job. To provide the safest care, leaders, their staff, and the people using their services all need to be involved. People should influence the planning and prioritisation of safety and be truly involved as equal partners in their care at all levels.

- ▶ We'll promote and emphasise the need for those who work in services to be committed to involving people in their own safety at all points in their health and care journey. This collaborative approach has the potential to transform safety and to ensure that people's human rights are upheld.
- ▶ We'll expect services to give people the right information they need to help them be equal partners in their care and play a part in their own safety. We will also expect them to listen to people's unique perspectives and their challenges to assumptions about safety and rights. We'll expect to see proper processes and frameworks to show how people are being involved, and evidence to prove this is happening.

## 4. IMPROVE

**We can do more with what we know to drive improvements across individual services and systems of care by emphasising a culture of learning. We want to use our unique position to spotlight the priority areas that need to improve and provide support where it's needed.**

We want improvement within individual services, and between services. Services and local areas that want to improve should get the support they need to make this happen.

Where individual services or a local health and care system need to improve, it's essential to get this right for the people who use and rely on them. This is important so that improvement happens in ways that people can recognise: easier movement between services and pathways of care, access to the most appropriate services at the right time, fewer avoidable mistakes, and better experiences and outcomes – all delivered by a diverse workforce that is thriving.

### **Making improvement happen**

The support that's available to help services improve the quality of their care varies between and within health and care sectors and across England. Some services have limited access to the support they need. We want to play a much more active leadership role in driving improvement. We want all sectors to have equal and consistent access to support and take a more proactive role in priority areas.

- ▶ We want to explore the option of establishing an improvement alliance across a broad spectrum of health and care partners. The aim would be to make support available throughout the country that's given consistently to services that need it, including those in special measures. We want this to ensure that all providers have access to direct, tailored, hands-on support as and when needed.
- ▶ We'll develop collaborative relationships with services, helping them to find their own route to improvement by pointing them to sources of guidance, best practice, and other organisations. We want an approach that supports services to find the best way forward rather than 'telling them what to do'. This will enable us to support and help services who want to improve while retaining our core regulatory role, which means using our powers to act where we see poor care.
- ▶ Through our assessments, and across our work, we'll identify and investigate the things that are most important to ensuring good quality of care. We'll use the evidence we collect to support improvement and speak up on priorities where improvement is needed most. To do this, we'll focus our effort and collaborate with partners to achieve change in an agile and responsive way.

## Empowering services and local areas

As health and care evolves, what was considered good a few years ago isn't good enough today, and what is good today won't be good enough in the near future. People have higher expectations about safe, high-quality care – and so do we.

We encourage improvement through our unique insight and independent voice, but there's so much more that we can do to really drive this.

- ▶ We want to encourage sustained improvement in quality. To achieve this, we'll be clearer on the standards that we, and those who use health and care services, expect. We'll set a higher bar for what we expect of good services that matches public expectations. We'll expect services to continually improve so they remain good and to drive improvement in their local health and care system.
- ▶ To support ongoing improvement in services and local systems we'll use our independent voice to share good practice and the conditions that drive improvement. This can be through events, workshops, and by publishing reports, guidance, resources, and frameworks.
- ▶ We'll play a role in coordinating improvement activity, and support services to work together to target and accelerate change, including how best to address health inequalities where these arise.
- ▶ We'll empower providers and local systems to improve themselves by offering analysis and benchmarking data. This will enable them to self-assess how they're performing against similar services and areas, so they can use this to target improvements themselves.

## Encouraging innovation

Innovative practice and technological change present an opportunity for rapid improvement in health and care, but services don't always understand it or implement it well.

- ▶ We'll be proactive in understanding changes on the horizon in how care is being delivered. We'll then work with health and care services to develop how we can regulate new innovations and technology effectively and understand how they can improve the quality of people's care. In doing this, we'll consider where the use of new technology might disadvantage some people and what is needed to mitigate this, so that nobody is left behind.
- ▶ We encourage and champion innovation and technology-enabled services where they benefit people and where the innovation results in more effective and efficient services. We know the path to innovation is difficult; we want to use what we know as a regulator to create an environment where services can try new ways to deliver safe, high-quality care. We'll support their efforts to improve care through clear advice and guidance and, with our partners, by taking a coordinated approach to regulating innovation in a proportionate way.



## An approach based on evidence

We want to use our knowledge and insight about improvement to inform our regulatory approach. Through all our regulatory activity, we want to promote an improvement culture across both health and social care.

We want this activity to be based on evidence about what really works.

- ▶ We'll invest in research and make better use of existing evidence to have a better understanding of the conditions that drive quality improvement, including evidence and best practice from other industries. Our benchmarking data will also inform where we focus our efforts to drive improvement.
- ▶ We'll use the best available evidence to inform our approach to regulation and embed a culture of learning in our workforce to maximise our impact on the quality of care and people's outcomes.

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