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Dear CQC Colleagues

Thank you for the opportunity to comment on your draft strategy.

Firstly we do agree with your overall rationale and direction of travel, but would like to make the following suggestions:

**People and communities:**

We would like the CQC to be more responsive to what the public, service users and patients have to say, and to demonstrate that clearly. Our research on the Duty of Candour which we have shared with CQC has identified that when people raise concerns about potential breaches of the regulations, they do not necessarily hear anything back and it is unclear what happens with the information they have provided. When we last asked, CQC was unable even to tell us how many such allegations have been filed with them. There is an assumption that local/regional CQC managers take these allegations seriously and may make enquiries proactively or follow up on concerns raised when they next inspect an organisation, but there is no data to corroborate this. When AvMA was involved in the 'Tell us about your care' project, people often complained that they heard nothing back about what had happened about their concerns.

**Smarter regulation:**

We strongly support the proposed move towards more targeted inspections and ratings being more frequently updated. We think there needs to be a sharper focus however on how the "core standards" monitored and regulated as opposed to all regulations. It is not apparent to us that they are. For example the Duty of Candour does not appear to be given any priority by virtue of it being a core standard. One way that this could be demonstrated is by carting out thematic reviews of core standards, or at least some of them each year.

Safety is also a clear priority for the CQC. However, the way that the current rating system works undermines this. As we and others have said in previous consultation responses, it should not be possible to be rated 'good' overall if the organisation 'requires improvement' on patient safety.

**Safety through learning:**

We support the emphasis on a just culture / just and learning culture. However, as your document says this concept has no clear nationally agreed definition. Often when it is discussed or there is work done around it, it is discussed almost entirely as if 'just culture' only means being fair to staff. Whilst this is one essential part of a just culture, we believe that a just culture in health and social care must embrace the needs of service users, patients and their families. It should also apply across the whole system from policy setting and regulation through to service delivery. See our discussion document on this here: https://www.avma.org.uk/policy-campaigns/patient-safety/just-culture/.

Without an inclusive definition of just culture nationally that can be ‘owned’ by everyone, it is hard to see how this important plank of your strategy can be successful. Whilst it is not in CQCs gift to dictate or deliver this itself, we believe that as the regulator it can and should play a leadership role in facilitating this. We would very much like to be part of that discussion on behalf of patients, bringing our experience of patient safety from the patient / family perspective.

**Accelerating improvement:**

We agree with the aspiration for CQC to do more to support improvement in principle. However, we do question whether it is appropriate or achievable without significant extra resources and clarity about the role of other stakeholders. Isn’t this primarily the role of NHS England/Improvement? We think CQC’s first priority must be to carry out all of its regulatory duties and always be seen act quickly to uphold safety and other standards to the level required before it ventures too far into the ‘improvement’ world.

I hope this helps and would be happy to discuss any of the above.

Best wishes

**Peter Walsh**
**Chief Executive**