Does supervision work?

Reflections and learning from the English system of regulation of health and adult social care, 2001 - 2010

Neil Prime – Head of Analytics

Richard Hamblin – Director of Intelligence

Overview

Period covered:

From new Labour's establishment of a number of organisations to increase accountability while maintaining central Government control (late 1990s)

To The end of 2010 with the drive to reduce the number of ALBs

Period characterised by:

- Formation and dissolution of the Commission for Health Improvement (CHI) – regulator of the NHS
- Formation and dissolution of the Healthcare Commission (HC) – replacement for CHI (with the inclusion of independent healthcare)
- Amalgamation of the Mental Health Act Commission, the Commission for Social care Inspection and The Healthcare Commission into the Care Quality Commission (CQC) – a 'super regulator' for health and adult social care
- Movement from central measurement of performance e.g. targets and indicators to local accountability and performance management

So, does supervision work?

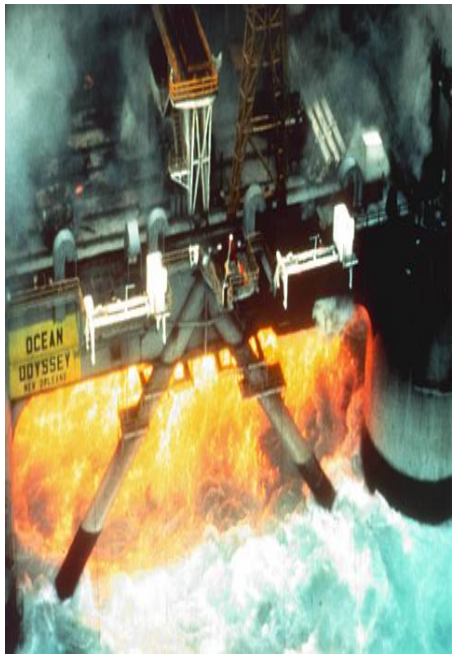
Clearly not in all cases

Or we would probably not be sitting here now…….

When supervision goes wrong

Fukushima 2011

Financial Services Authority 2010



Piper Alpha 1988

And when it goes right?

Off shore oil

‘safety case regulation’

But what about ...

Health and social care?

What factors make for successful supervision in these sectors?

Inherent factors

- Experience from regulation in England over the past ten years, witness statements from the Francis Inquiry and the literature on supervision show that certain ‘inherent factors’ influence the success of supervision, these include:
  - Changes to the supervisory model over time
  - Who performance manages in the supervisory relationship
  - What legal powers does the supervisor have?
  - Who sets the standards?
  - The size and complexity of services being supervised
  - The skills of those carrying out supervision such as the technical skills of inspectors
  - Who supervises professionals?

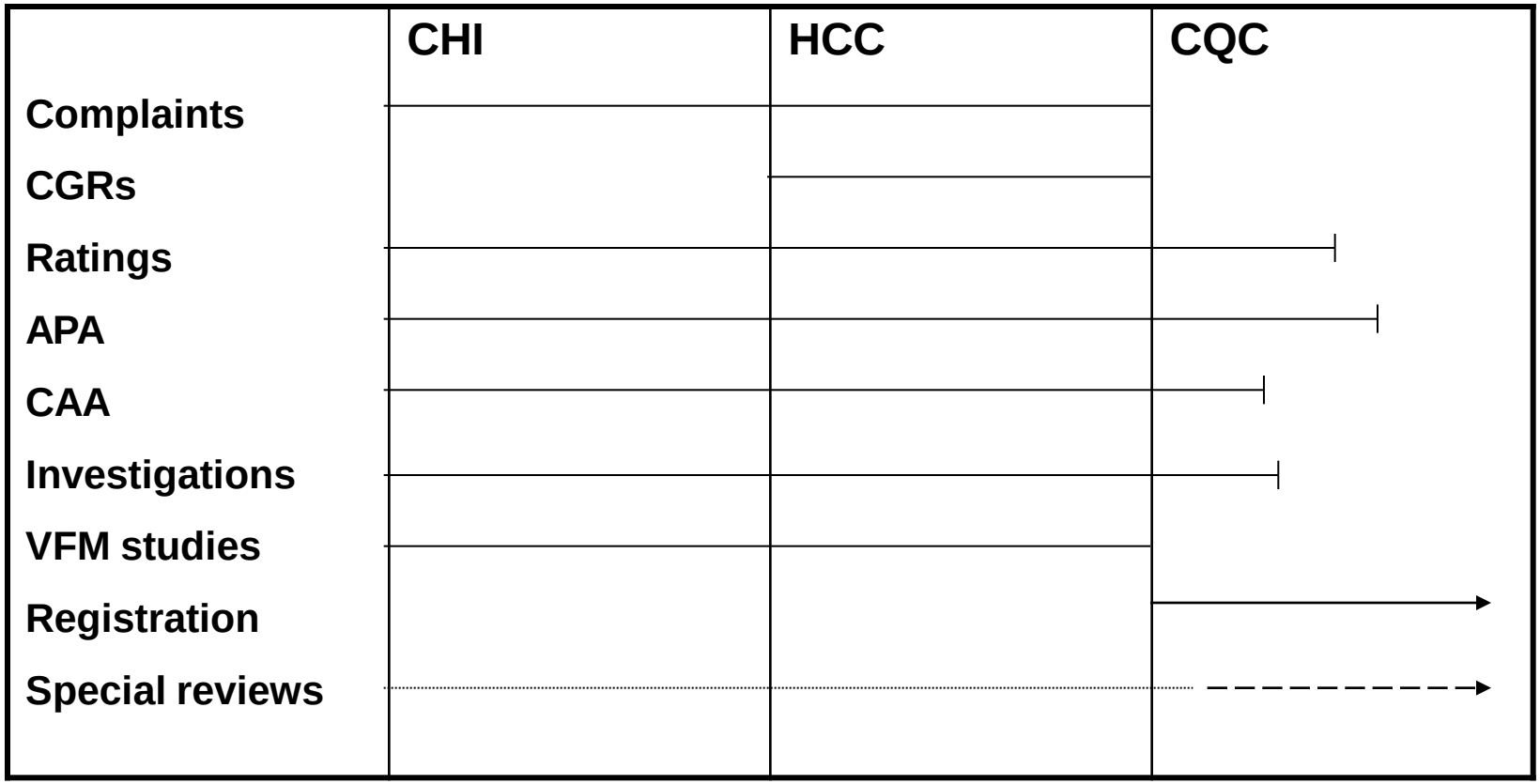
Changes to the regulatory model

Regulatory activities - CHI to CQC c. 2000 - 2010

	CHI	HCC	CQC
Inspection			
Risk based			
Self assessment			
Compliance			
Standards based			
Enforcement			
Economic measures			
Proportionate			
1 sector			
2 sectors or more			

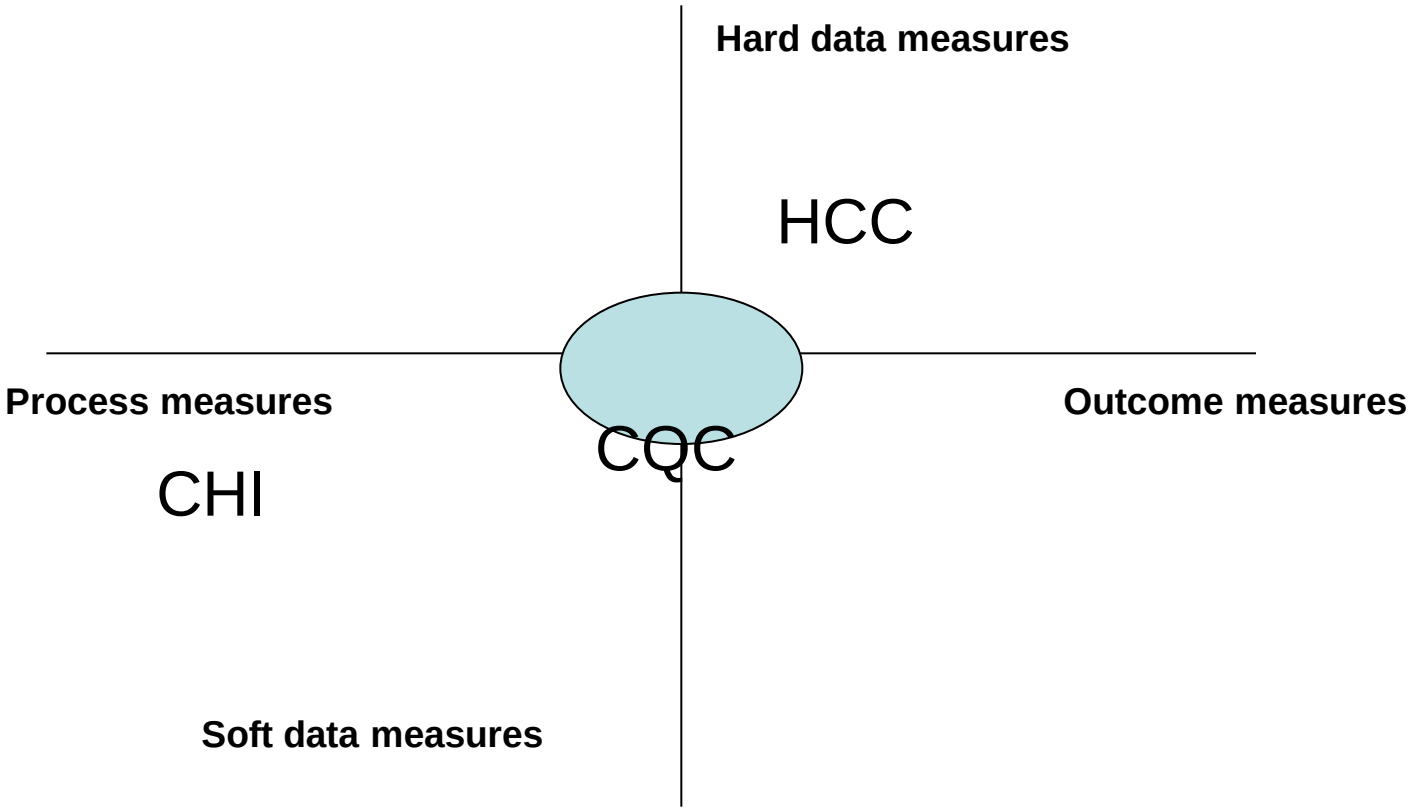
Changes to regulatory activity

Regulatory functions – CHI to CQC 2001 - 2010



Changes to the regulatory model

Regulatory activities - 2001 - 2010



Changes to the regulatory model

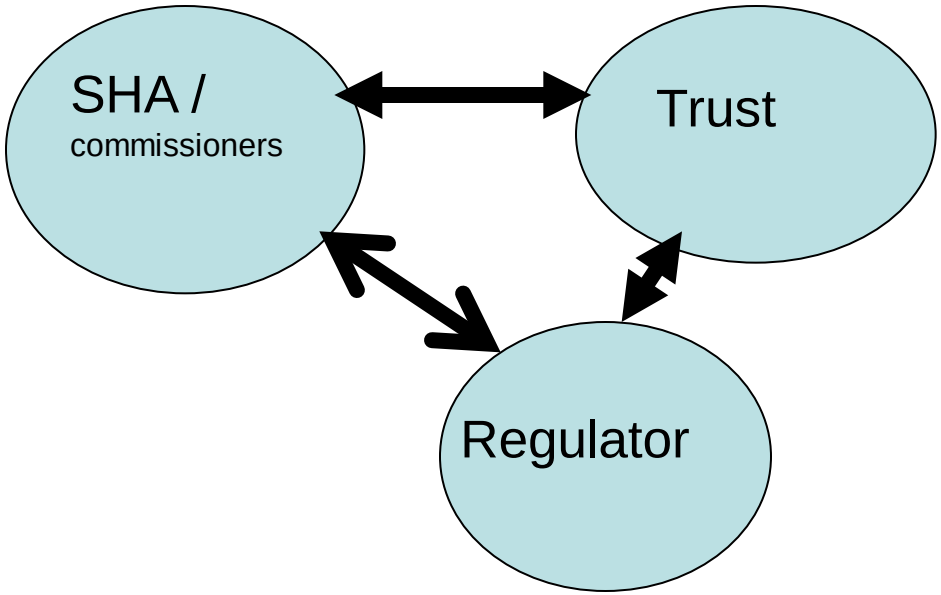
The Francis Inquiry 2010 – present (ongoing)

Expert witness Prof. Kieran Walshe speaking about the ‘mosaic’ of regulatory activities in England:

“I think there have been efforts to make it more coherent (*in recent years*). Possibly somewhat undermined by the relatively rapid and repeated changes in the regulatory architecture…”

Who performance manages?

Who in England drives improvement in those supervised?



Compliance ⟷ **Deterrence**

good hearted compliers — **amoral calculators**

What legal/ economic powers does the supervisor have?

Fees, fines, excellence schemes, foundation status

POLITI

Inspection and power of entry, conditions on registration escalation of concerns, enforcement activity leading to imprisonment or closure

CHI → CQC

What legal/ economic powers does the supervisor have?

"CHI existed to inspect, essentially, and to review performance, but the job of enforcement sat with the Secretary of State…"

"So the Care Quality Commission uses standards set by the Government as CHI did…but is responsible for enforcement.."

"A system of regulation more akin to that that you would see in – in private market settings."

> Prof. Kieran Walshe speaking about the change in enforcement powers within the CQC, Francis Inquiry, 2011

Who sets the standards?

- In England, the Department of Health sets the standards
- These are interpreted by the supervisor
- This can create a tension in the system

"..it can lead to a regulatory interaction

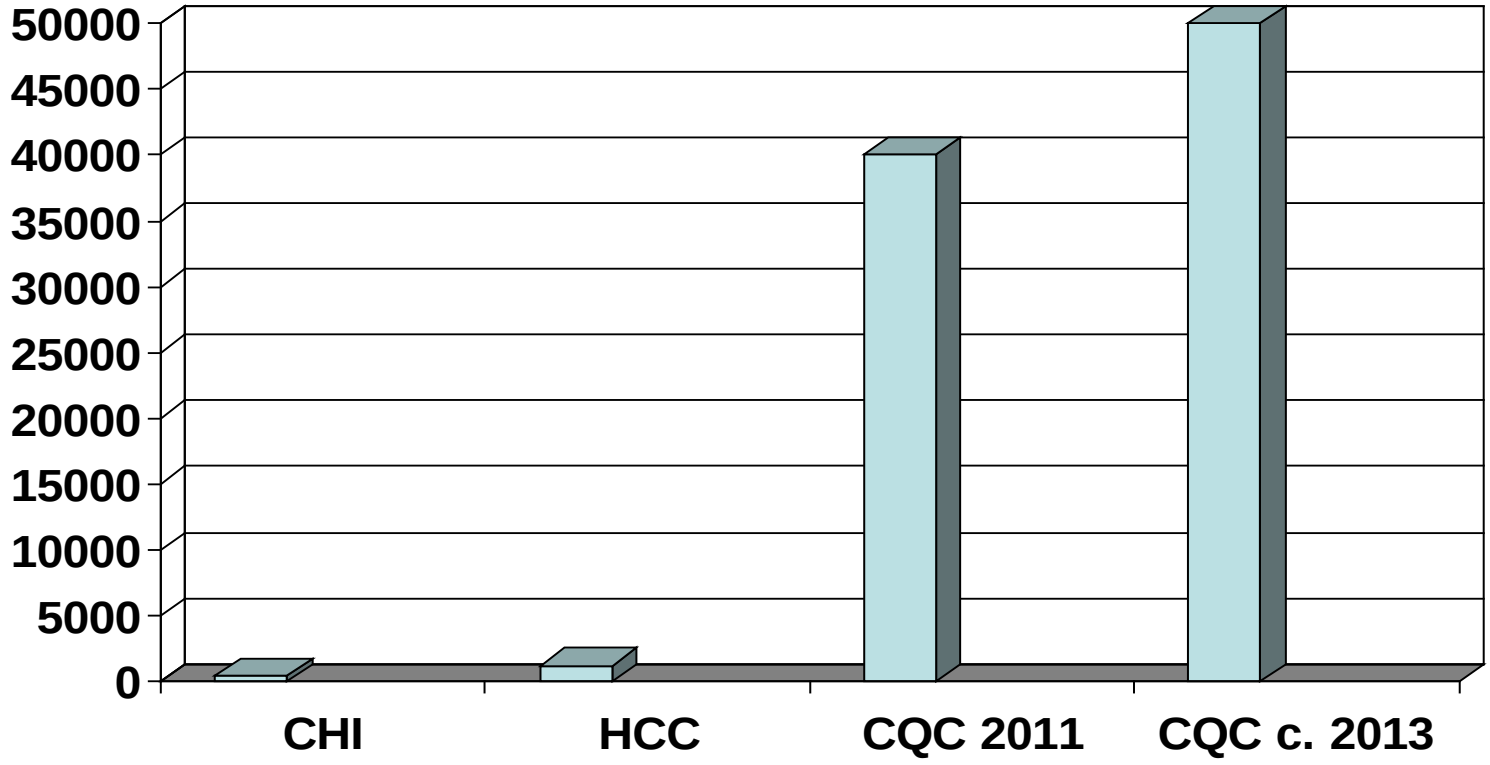
That is very much a tick box exercise rather than a real exercise in discussing and reviewing and understanding quality and performance"

Prof. Kieran Walshe speaking about the

Setting of standards, Francis Inquiry, 2011

The size and complexity of the market

The size of the market regulated has changed substantially over the past ten years



The skills of those carrying out supervision such as the technical skills of inspectors

- The outward facing relationship between front line staff and those supervised has a major impact on the success of supervision:

Specialist versus generalist

Regulatory capture

Experts by Experience

"Regulators do need regulatory staff who…have credibility with the organisations that they are regulating." (Walshe)

Professional supervision

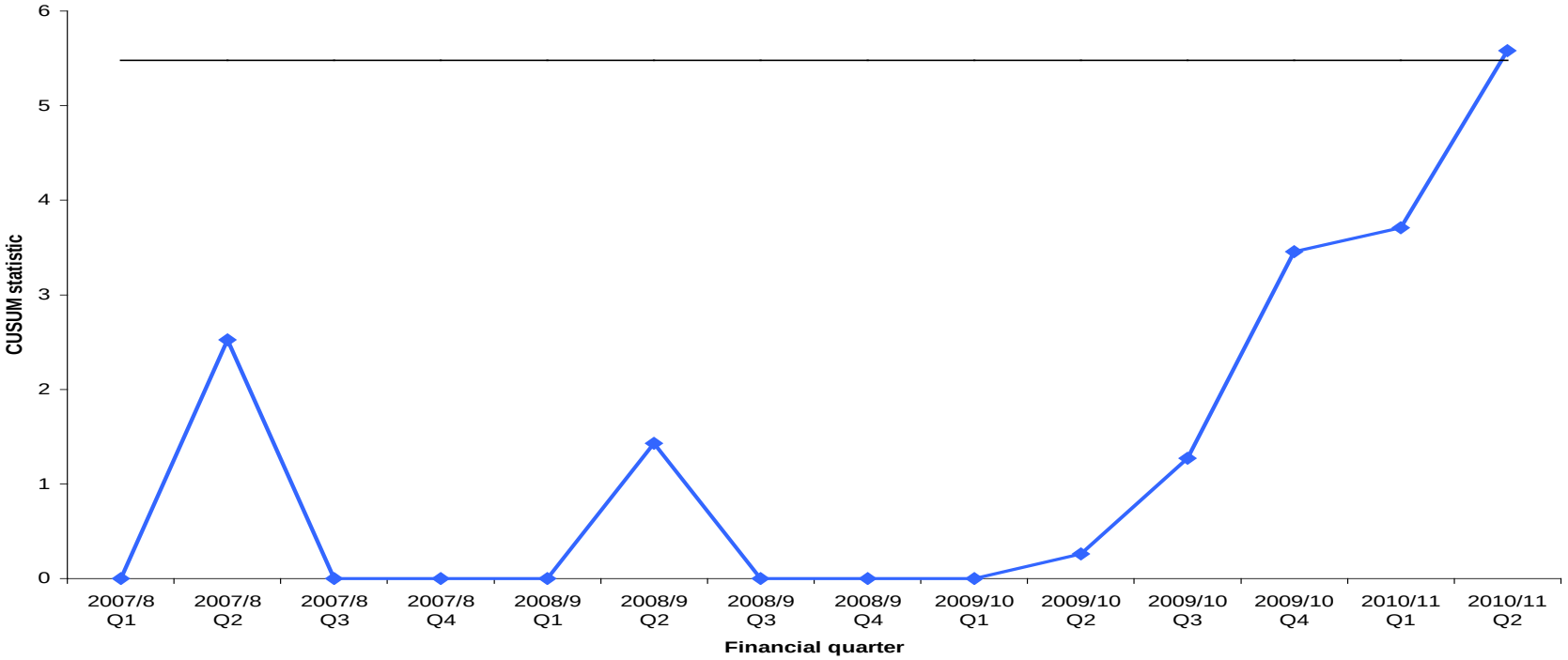
General Medical Council

When supervision works

- The surveillance programme at CQC as a case study

Case study: The surveillance programme at CQC

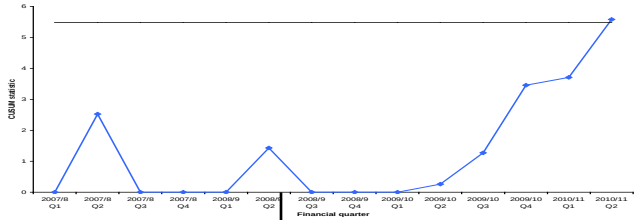
- CUSUM chart: standardised emergency readmission rate following emergency admission for HRG F82 (*Appendicectomy Procedures aged under 70 without complications or co-morbidities*) (Patients discharged from their index admission from April 2007 to September 2010)



Case study: The surveillance programme at CQC

- Surveillance schematic:

Analysis of existing data sets – Hospital Episode Statistics (HES)



output

Service improvement

Outliers panel

Multi-disciplinary

Regulatory activity with provider

External stakeholders

Case study: The surveillance programme at CQC

- Why does surveillance work?
  - Strong technical analysis
  - Well developed analytical approach
  - Targets required activity with providers
  - Drives quality improvements
  - Improved use of data
  - Improved data quality
  - Recognition of poor care by providers
  - Sits neatly into CQC's model of regulation

In summary supervision works when..

- Ten years of experience of the regulation of health and, latterly, social care reveal key ‘inherent factors’ that drive successful supervision when working well:
  - Stability and longevity of the regulatory model
  - Clear definitions of who is the performance manager in the relationship
  - Clear and cross sector powers of escalation
  - Joint development of standards and measures
  - Size of market supervised
  - Good training and skill mix
  - Relationships between professional and provider supervision
  - Regulatory approaches that drive measurable improvement