Summary of Care Quality Commission board meeting – 5 February 2025

For more detail on the items outlined in this summary, please find the full agenda and papers here.

Opening matters and chief executive update

- The chair welcomed Sir Julian Hartley to his first board meeting as chief executive of the Care Quality Commission (CQC).
- Sir Julian acknowledged the scale of challenge faced by CQC in delivering against its core purpose to protect and promote the health and safety of people using regulated services.
- CQC needs to address the fundamental issues that are impacting on its ability to deliver against this core purpose.

Strategic discussion

Organisational priorities

Responding to reports and feedback

- CQC has acknowledged the problems it is facing in implementing the new assessment approach and using new technology. This has had an impact on its ability to be an effective and credible regulator for providers and the public.
- The organisation will look to make changes based on feedback from multiple sources, including the public, providers and staff. CQC will also make changes based on recommendations made by Professor Sir Mike Richards and Dr Penny Dash in their recent reviews, particularly with regards to operational effectiveness and the new assessment framework.
- An internal survey of 1,500 staff at CQC provides a view of what is needed to deliver with purpose and protect people from poor quality care. The top priorities highlighted by staff were technology (tools and regulatory approach) and workforce (staffing, resource, recruitment retention and structure).
- The executive team at CQC has set four immediate actions to deliver effective regulation:
  - Assessments stuck in the regulatory platform
    - A substantial number of assessments remain stuck in the platform and cannot be progressed or published. This has implications for quality of care.

- o CQC will look into the number of assessments this impacts, and the potential solutions. Assessments facing the longest delays will be prioritised.
  - o Enabling new assessments
    - o CQC will need to increase the number of assessments undertaken each month for a better picture of the quality of care.
    - o A hybrid approach to assessment is helping to increase the number of assessments.
    - o CQC will also be developing an alternative technical solution to help publish location assessment plans.
  - o Information of concern cases and notifications backlog:
    - o CQC has a backlog of information of concern cases with no recorded action or risk review, which are over 10 days old. The organisation also has a backlog of notifications with no recorded decision that are over 10 days old. This is recognised as a concern and provides a challenge to identifying risk and keeping people safe.
    - o CQC will review the end-to-end process to ensure that it is operating effectively. The work is being supported by expert clinical resource from the NHS.
  - o Registration of applications
    - o There is a backlog of registration applications due to problems with the regulatory platform.
    - o There has been an increase in the number of applications, but no corresponding increase in recruitment to registration teams.
    - o CQC teams are working hard to meet the target of processing applications within 10 weeks and have made progress in addressing the backlog.
- CQC has also set out a series of foundational improvements it needs to be made.
  - o The CQC way
    - o This work will seek to improve and develop the culture at CQC. The CQC way will be co-created with CQC staff, providers, the public and wider stakeholders.
  - o Integration of operations and regulatory leadership:
    - o There will be a review of the operational structure, reflecting recommendations made by Professor Sir Mike Richards.
    - o The operations manager pilot and provider oversight lead pilot will inform this priority, as will changes to the inspector and assessor role.
  - o Assessment approach:
    - o In reviewing the single assessment framework and methodology, CQC will consider recommendations made by Dr Penny Dash and Professor Sir Mike Richards, alongside feedback from internal and external engagement. The forthcoming

review by Professor Vic Rayner on behalf of the Care Provider Alliance will also be considered.

- o Technology and IT systems:
  - o CQC acknowledges its regulatory platform and provider portal are not currently fit for purpose. It has commissioned an independent review of the regulatory platform.
- o Data, ratings and the register:
  - o There are longstanding issues around data quality and consistency.
  - o This is impacting on the accuracy of ratings provided and the registration of providers. CQC's review of technology will set the next steps for this work.

Reporting updates and organisational activity

Chief executive's reflections

Since being appointed in December 2024, Sir Julian has been meeting CQC staff and stakeholders to support organisational improvement.

Chief inspectors update

Adult community mental health programme

CQC has publicly committed to look in depth at the standard of care in adult community mental health and crisis services across the country. There are ongoing issues with quality of care, and patient and public safety.

CQC intends to achieve this by carrying out an inspection programme and thematic review of all mental health trusts across England. This will begin with a six-month pilot in Q4 2024/2025. Inspections will provide an updated rating of quality in those trusts at assessment service group level. The programme will inspect both high-performing and struggling services, with a view to highlighting innovative practices that can be shared.

Clinical fellows

Earlier this year, CQC recruited two nurses as clinical fellows to work on two strategic programmes; the adult community mental health programme and the experience of black men in mental health programme.

Primary and community care

The last few months have seen unprecedented demand driven by seasonal conditions such as influenza and other respiratory conditions. GP services continue to experience high demand, and inspections continue to focus on risk.

Community care is an area of risk for the CQC as the number of inspections are critically low. Work is underway to explore whether a dedicated team of inspectors can be deployed to target community care.

Urgent and emergency care

CQC has started system pathway pressure work across urgent and emergency care (UEC). This is an inspection of selected services within a geographic area along the UEC pathway. This aims to establish a deeper understanding of the pressures impacting services, explore key challenges and identifying areas of good practice to support future UEC inspection programmes.

Local authority assessments

Although the local authority assessments (LAA) continue to be delivered as planned, recruitment and under-resourcing challenges remain. Active plans are underway to address backlogs in assessments. To date, CQC has published 20 LAA reports, 26 visits in progress, 13 site visits scheduled and with a further 29 assessments gathering information, including from members of the public.

Policy

CQC has commissioned research to evaluate its new regulatory model. This will include work with academic partners like the King's Fund and the University of Manchester.

In other areas of policy work:
- CQC continues to work with the NHS Race and Health Observatory to develop and implement anti-racism policies.
- CQC is looking at opportunities to embed artificial intelligence (AI) to improve capabilities and demonstrate efficiency in light of the government's plan announced in January 2025. CQC will be expected to publish annually how it intends to regulate and support AI innovation in the sector.
- The government has appointed Baroness Louise Casey to head an independent commission to recommend long-term reforms for adult social care. CQC plans to contribute to the work of the commission.

Healthwatch England developments since July 2024

The 10-year Plan for Health

A working group of around 20 experts from health and has been convened. This includes staff from Healthwatch England (HE). The working group developed a report for the Secretary of State for Health and Social Care, Wes Streeting, on how the 10-year Plan for Health should improve access to services.

The Dash review

Dr Penny Dash started a review of the patient safety landscape in autumn 2024. HE has been inputting regularly to inform this work.

Corridor care

HE co-signed a letter coordinated by the Royal College of Nursing to the secretary of state. This called for an end to the unsafe and undignified practice of keeping patients in chairs and trolleys in unsuitable spaces in A&E and wards during winter pressures. NHS England (NHSE) has agreed to start collecting data on patients held in these spaces.

NHS administration

HE has been closely involved in the ongoing NHS Red Tape Challenge, aiming to reduce bureaucracy across services.

Elective waiting times

The prime minister announced a *Plan for change* in December with six key milestones including a pledge to fully meet the 18-week referral-to-treatment target by the end of the government's first term. This was followed by a *Reforming elective care for patients* in early January.

Attention deficit hyperactivity disorder taskforce

Louise Ansari, chief executive, HE, has been asked to be a member of NHSE and Department of Health and Social Care's ADHD taskforce.