







# Review into the operational effectiveness of the CQC



The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England, established in April 2009. In 2021 the CQC published a strategy confirming its purpose “to ensure health and care services provide safe, effective, compassionate, high-quality care, and to encourage services to improve”. This triggered a transformation programme involving major organisational restructure, new IT systems, and a new single assessment framework (SAF) to make assessments simpler and more insight-driven.

Following an interim review in July, Dr Penny Dash published a report in October 2024<sup>1</sup> highlighting the transformation programme was not delivering the intended benefits, with ten key challenges identified:

-  **Operational performance is poor**, with 6,700 inspections were carried out in 2023, compared to 15,800 in 2019, leading to backlogs and outdated ratings, despite FTEs rising to 5% above 2019 levels by March 2024
-  **The deployment of new IT systems in 2021 has hindered the CQC’s ability to roll out the SAF and causing considerable frustration** and time loss for providers and CQC staff
-  All sectors reported **months-long waits for reports and ratings**, and **frequent poor-quality reports**, which limits access to information for all and lowers credibility
-  The CQC underwent an internal restructuring in 2023, resulting in a **loss of expertise, greater reliance on generalists, lost opportunities for improvement and reduced credibility**
-  The **methodologies for calculating ratings seem obscure**, and overall ratings for a provider may be calculated by aggregating the outcomes from inspections over several years
-  There are **opportunities to improve in the assessment and subsequent reporting of local authority Care Act duties**
-  **ICS assessments are in early stages of development** (looking at leadership, integration and quality of care), with rollout paused due to concerns with methodology
-  The **CQC could do more to support improvements in quality**, such as through the description of best practice and sharing of examples of high-quality, innovative care
-  **There are opportunities to improve the sponsorship relationship between the CQC and the DHSC** for high-quality, accountable, efficient and effective services
-  There are **concerns with the SAF and its application**; the way in which it is described has been poorly communicated, and the 117-page document it is set out in is widely perceived as woolly and unwieldy

Review recommendations	CQC response and commitments
Rapidly improve operational performance, fix the provider portal, and improve the quality of reports	Ensure the right systems and tools are in place to support activities and improve experience for providers
Rebuild expertise, moving away from the reliance on generalists	Establish expert chief inspectors for hospitals, primary and adult social care, and possibly mental health
Ensure the SAF is fit for purpose, with clear descriptors and focused on effectiveness, outcomes and resourcing	Modify the current assessment framework to make it simpler and ensure it is relevant to each sector
Clarify the ratings process, focused on improving local authority assessments	Make scoring of local authority assessments more transparent and focus on nationally agreed priorities
Formally pause ICS assessments	Pause assessments of ICSs for 6 months to free up capacity for other priorities
Strengthens sponsorship arrangements, and relationships with providers	Work with provider representatives to improve processes for peer/expert reviews

The review cites CF’s research with NHS Confederation showing that “the health and care sector accounts for around 12% of the economy and 21% of public expenditure, and is one of the most significant drivers of health, public satisfaction and economic growth”<sup>2</sup>. It therefore needs - and deserves - a high-performing regulator. The CQC is working to develop a more detailed plan on how it will implement these changes and by when.

<sup>1</sup> [Review into the operational effectiveness of the Care Quality Commission: full report \(October 2024\)](#)

<sup>2</sup> CF report with NHS Confederation on [‘The influence of NHS spending on economic growth’](#)