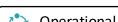
Review of CQC's single assessment framework and its implementation



Sir Mike Richards' review ¹, commissioned by the Care Quality Commission (CQC) to complement Dr Penny Dash's findings on the CQC's operational effectiveness ², evaluates the impact of changes introduced following the CQC's 2021 strategy. It focuses on concerns related to the implementation of the Single Assessment Framework (SAF) and examines how these changes have affected the CQC's ability to fulfil its regulatory role. The review also provides recommendations to address the organisation's current challenges.

Key findings include:



Operational performance is poor, with significantly fewer inspections conducted compared to earlier years



A serious backlog in processing registrations is negatively affecting adult social care and independent health providers



Many providers have not been re-inspected for years, especially those with a "requires improvement" rating, inspection reports are often delayed by months, even for smaller-scale inspections



The new regulatory platform and provider portal are causing major delays and frustration for both providers and CQC staff



The recent restructuring has disrupted key functions, hampering CQC's ability to fulfil its role



Senior healthcare professionals are underrepresented at the executive level of the CQC, the separation of regulatory leadership from operations has led to coordination issues



Quality statements under the SAF are overly complex, the SAF's evidence categories and scoring system were poorly piloted and are contributing to IT system failures



The commitment to SAF across different sectors should be reassessed, as it may not be suitable for all services, SAF is not effectively supporting hospital and adult social care inspections



Current inspection processes focus on **limited quality statements** rather than comprehensive, full-service assessments, reducing reliability



The allocation of staffing and resources for inspections is insufficient, with no clear model for balancing comprehensive and limited inspections

Kev recommendations include:

- Revert to the previous organisational structure by re-establishing sector-based inspection directorates led by Chief Inspectors and integrating the Regulatory Leadership with inspection teams for better coordination
- Streamline cross-directorate working by maintaining collaboration across sectors through designated roles for integration and thematic work at local and regional levels
- Refine the assessment process by abandoning the concept of a SAF across all sectors, retaining the five key questions, and simplifying quality statements and evidence gathering and scoring
- **Prioritise and model resource allocation** for inspections by assessing and modelling the staffing and resources required to conduct comprehensive and limited inspections at appropriate intervals
- Prioritise high-risk inspections by focusing on areas such as A&E, maternity, and medical inpatients in hospitals, and prioritizing re-inspections of adult social care services rated as "requires improvement"
- Improve the use of data through collaboration with NHS England, GIRFT, and other partners to develop shared data frameworks and standardize patient experience measures across sectors.
- Enhance peer review and feedback by encouraging peer review in hospital inspections and providing immediate feedback after inspections, with flexibility to adjust based on further evidence
- Review staffing and expertise by conducting an urgent assessment of staffing within regulatory and inspection teams to ensure the right expertise is available at all levels

¹ Review of COC's single assessment framework and its implementation

² Review into the operational effectiveness of the Care Quality Commission: full report (October 2024)