



Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: [REDACTED]
www.cqc.org.uk

Meg Hillier MP
House of Commons
London
SW1A 0AA

24 April 2019

Dear Ms Hillier,

Care Quality Commission response to the Public Accounts Committee report on the 'Care Quality Commission: regulating health and social care – Session 2017-19 (HC 465)'¹

The conclusions and recommendations from the Public Accounts Committee (PAC) report on the Care Quality Commission (CQC), published 9 March 2018, requested that we write to the Committee updating on our performance against PAC recommendations two and four.

Below I have set out how CQC has progressed in these areas.

PAC recommendation 2:

The Commission should make sure findings from hospital inspections are available to the public as soon as possible. It should write to the Committee in April 2019 with an update on its performance. This should include whether it has achieved the commitment it made on publishing at least 50% of hospital reports within its timeliness target by 2018–19 and how it has balanced this with maintaining the quality of reports.

The Commission should also work with NHS England and NHS Improvement to ensure that trusts routinely publish the post-inspection letter from the Commission, thus ensuring the public has access to this information.

CQC update on recommendation 2

I am pleased to say that we have made significant progress on timeliness of our reports since my predecessor appeared before your Committee in 2017.

At the point of the Committee hearing in December 2017, 29% of hospital inspection reports were published within the target timescales. For the current financial year to date, 57% of all hospital inspection reports² have been published within their respective timescales. In each of the last three quarters, we have seen sustained improvement across the indicators we use to track performance. We continue to work hard to improve further on our inspection report timeliness to meet our targets.

¹ [PAC CQC report](#)

² Inspections of two core services in 50 days, of three or more core services in 65 days.

There has been a consistent focus on clearing the backlog of reports and those outstanding for more than 75 days are now consistently below 10%, which is half the rate at the start of the year. Although some of the more complex reports will be outside of the target, these reports have been the focus of senior leaders in our Hospitals Directorate.

There are frequent cross-directorate 'Quality Improvement' reviews, which consider evidence-based best practice in each of the inspection directorates and share ideas to improve. Improvements have included more concise reports, evidence summary tables, reduced sign off and governance steps and better oversight of reports and their progress. The Executive Team have undertaken several 'deep dives' to consider progress and support colleagues to remove 'blockages' to improving the timeliness of reports.

Maintaining the quality of reports has been central to the work of our Quality Improvement group. There are frequent peer reviews and quality assurance reviews focusing on quality. We closely monitor the quality of our reports and have indicators covering the views of providers, inspection teams and stakeholders.

In addition, in January 2019 we reintroduced post-inspection letters for all NHS hospital inspections. These letters, sent from the CQC Head of Inspection to the Chief Executive of the provider in question, offer an immediate written record of the preliminary feedback given to trust representatives at the conclusion of an inspection.

Following a recent decision taken within our Executive Team (as of April 2019) we now explicitly encourage all trusts to discuss the findings of their inspection at their next public board meeting and to publish the post-inspection letters via public board meeting papers. Whilst we do not have the power to oblige trusts to publish these letters, we will expect and encourage them to do so. We reserve the right to publish these letters ourselves if the trust decides not to do so, to ensure the findings are shared publicly at the earliest possible opportunity.

We have also written to the CEOs of NHSE and NHSI (Simon Stevens and Ian Dalton) to inform them of this change in policy position and to ask for their support in encouraging trusts to hold open and transparent board discussions about the CQC's findings at the earliest opportunity.

PAC recommendation 4:

When the Commission writes to the Committee in April 2019, it should include an update on whether changes in the external environment are affecting its staffing assumptions and how it is managing these changes. The update should include the impact of any changes on its planned cost reductions and on its ability to meet its inspection programme.

CQC update on recommendation 4

Since my predecessor appeared before you in 2017, we have, as part of our planning, continued to review changes to the external environment (including quality of care by providers), how that impacts on our role and to strengthen our resourcing model to understand how we respond to risk.

Our staffing assumptions are holding and our vacancy rate for inspectors since our last appearance at your committee has remained consistent at 3.5% in March 2018 and 4.4% in March 2019.

The Board has agreed CQC's business plan for 2019-20 which sets out our public commitments, including our inspection programme, and how the plan will be delivered whilst meeting our planned cost reductions in line with the Spending Review.

That planning, and the underpinning assumptions, have been based on further developments to our resource planning. This includes a detailed capacity forecasting tool that uses actual activity data from across the CQC, including timesheets and an analysis of risks we face in the year ahead, stress-testing our assumptions (including staffing capacity). The tool considers each stage of our operating model, from registration through to inspection and the use of our independent voice, as well as time on indirect work activities such as learning and development and annual leave. The tool helps us model various scenarios and has also been used, for example, as part of our EU exit planning.

Whilst this is essentially an active management tool, this approach has additionally provided the Board with the assurance they required and is something we keep under active review across the year, to ensure we keep abreast of external challenges and changes in our regulatory risk profile.

More broadly we continue to pilot and test new ways of working and approaches to efficiency; continuing to become more intelligence driven; better technology for our users and quality improvement in processes. This is set out in our business plan and has the potential impact of increasing the amount of time frontline staff are able to focus on monitoring and responding to risk in services. This work is supported by our external pilot arrangements, working with, for example, Greater Manchester Health and Social Care Partnership and Frimley Health and Care to test our new approach to regulating across care systems.

As with the rest of the health and social care sector, 2019-20 will be a testing year with several unknowns such as the implications of exiting the EU. We are confident that we are well engaged with the DHSC and are working with the sectors we regulate to understand potential impacts of the external environment and will continue to review, evolve and reprioritise our plans as and when required.

I am copying this letter to the Treasury Officer of Accounts, the Permanent Secretary at the Department of Health and Social Care, and the Comptroller and Auditor General.

If you have any queries with the updates we have provided, please do not hesitate to contact our Parliamentary team via Matthew Hughes, Senior Parliamentary and Stakeholder Engagement Adviser ([REDACTED]).

Yours sincerely



Ian Trenholm
Chief Executive
Care Quality Commission (CQC)

Cc
Richard Brown, Treasury Officer of Accounts
Sir Chris Wormald KCB, Permanent Secretary, Department for Health and Social Care
Lee McDonough, Director General, Acute Care and Workforce
Sir Amyas Morse, Comptroller and Auditor General, National Audit Office