Dear Ms Hillier

Treasury Minute response to the Committee’s report on the Care Quality Commission

Thank you for your letter about the Treasury Minute response to the Committee’s report on the Care Quality Commission. You have asked for updates in two areas, which I have set out below.

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.

Firstly, I would like to update you on the timeliness of publication of our hospitals inspection reports. This has been improving since we gave evidence to the Committee last December. At that point, Sir David Behan committed to CQC publishing 50% of its hospitals inspection reports within the KPI\(^1\) ‘at some point in 2018/19. I am pleased to be able to report that since August we have been publishing more than 60% of our hospital inspection reports within our KPIs. For our larger inspections, i.e. those looking at three or more core services, we have been publishing more than 60% of the reports within the KPI since May, and in September we achieved 75% of these inspection reports within the KPI. We anticipate further improvement between now and the end of the year.

The public commitment to achieve 90% of hospital inspection reports within the KPI, as set out in the 2018/19 business plan, still stands. We are reviewing our measures and targets for the 2019/20 business plan, which we would expect to reflect the good progress we are making.

We are also looking more broadly at how we can share information about what we have found in our inspections more quickly, within the legal constraints around when we are able to publish information. For example, we have started publishing our findings, where we have taken enforcement action, at the earliest possible time, once the representation period has concluded.

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1 50-day KPI applies to NHS inspection of 1 or 2 core services and independent health locations; 65-day KPI applies to NHS inspections of 3+ core services
From October, we reintroduced post-inspection letters for all hospital inspections. This was supported by updated guidance for inspectors, including additional guidance to support consistent drafting of letters. These letters reflect the verbal feedback given at the end of an inspection, primarily focusing on our Trust level well led inspection.

These letters are intended to reinforce the immediate feedback and are our observations of what we have found. They do not include any judgements or decisions about ratings. They may include areas we feel are of sufficient concern that they need to be addressed immediately. These post inspection letters are shared with regional NHS improvement colleagues.

We encourage and expect trust Boards to discuss the findings of our inspection at their next public board meeting. While we cannot force trusts to publish our post-inspection letters, in cases where our final report is not available, we would expect trusts to use the post inspection feedback letter to facilitate these discussions at their next public board meeting.

The Commission should ensure that its digital and information collection infrastructure is in place and working as expected before fully extending the inspection periods in its frequency-based inspection regime planned for 2019-20.

Our strategy for 2016 to 2021 sets out how we ‘deliver an intelligence-driven approach to regulation’ as one of our four priorities. Improving digital resources and expertise is also embedded across all four priorities. We have been developing a range of digital tools and products to help us collect, process, analyse and use information more efficiently.

As we refine the data and information we have available to us, we continue to refine our risk model. How and when we inspect needs to be in response to the risks that we see. It is likely that we will go back to organisations more frequently than the fixed intervals we have confirmed in our strategy; however, the fixed intervals do act as a maximum time between inspections. From our experience we believe this is appropriate. In NHS trusts, for example, we carry out an annual review of ‘well led’ and ‘use of resources’.

As we develop and refine our assessment of risk, we are building our technological capabilities to ensure we are able to make best use of the data and information we have available to us. We have recently reviewed our programme for digital development following the concerns you have highlighted in your letter to ensure that we are focusing in the following areas:

- Making improvements to existing systems and investing in new equipment and software.
- Supporting infrastructure – putting in place the infrastructure on which our new digital services will sit.

By focusing on these areas, we will ensure that not only our inspectors, but also our supporting staff have the right equipment to do their jobs. Our inspectors now have improved, lighter, more flexible laptops, that allow inspectors to better gather real time information and therefore help speed up inspection reporting.

Our analysts have also received upgraded computers with greater processing capacity. We are developing software so that we will have the right tools to do the job we need it to do.

In getting our supporting infrastructure right, we are better able to support people working away from the office in the short term, whilst allowing us to develop more stable tools for providers in the longer term. To reflect the importance of digital to the development of CQC, we will be making the new Chief Digital Officer post an Executive Team role.

Information and information collection infrastructure

Our ambition is to create ways of collecting and sharing information with providers and the public more effectively. Whilst we have examples of progress on digital transformation, some of our digital solutions for providers are taking longer than we had originally predicted. However, we feel it is important to work with each sector and get the solutions right first time, rather than rush out something unsuitable.

Throughout September, we undertook a thorough review of the ASC Provider Information Return (PIR) project. The review revealed that there is more work to do to ensure the system delivers the benefits desired.

We have hired a Programme Director to take this work forward at pace. We believe the results will help deliver better, more constant dialogue with providers, a better understanding of emerging risk and a better view for the public. We remain committed to delivering services that meet the needs of providers, the public and CQC employees.

We will be writing further to the Committee in the Spring of 2019 to provide a comprehensive response to the findings set out in the Committee’s report.

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.

Yours sincerely

Ian Trenholm
Chief Executive