

Care Quality Commission (CQC) board meeting summary – 26 March 2025

For more detail on any of the items outlines in this summary, please find the full agenda and papers [here](#).

Priorities programme update

- CQC has taken action to reduce the number of assessments that are 'stuck' in the regulatory platform (RP). As of 10 March 2025, 135 out of 500 assessments remain stuck.
- Workstreams are in place to increase the number of assessments CQC is able to complete, including a hybrid approach to the RP.
- As of 10 March 2025, the information of concern cases backlog stood at 285, a reduction from its peak of 1,984 in January 2025.
- As of 10 March 2025, 29.6% of registration applications were over 10 weeks old, a reduction from its peak of 61.6% in May 2024.
- The inspector/assessor role change work has entered the consultation phase with a plan and timeline agreed upon with trade unions and communicated to all colleagues.
- CQCs assessment policy and methodology will be revised. Planned changes will be consulted upon and interim measures will be implemented in the coming months.

Anti-racism approach

- In September 2024, CQC committed to becoming an anti-racist organisation. To achieve this, CQC is considering how it regulates for equity and health inequalities reductions, and how it can be anti-racist in internal work.
- CQC has been working with the Race and Health Observatory (RHO) and created five phases of work that align with RHO's [seven principles](#).
- The five phases of CQC's work are:
 - Phase one: naming racism and signalling intent to be an anti-racist organisation
 - Phase two: auditing
 - Phase three: strategic planning
 - Phase four: implementation

- Phase five: evaluation
- CQC is currently in phase one with progress including:
 - Using research to publish an anti-racism position statement (however, there have been some contractual delays).
 - To improve psychological safety in the organisation, CQC is providing anti-racism training to freedom to speak up guardians and improving data collection on racial inequity by ethnicity.
 - CQC is engaging with partners and its anti-racism steering group and race equality network to ensure anti-racism is embedded in its culture and values.
 - In April 2025, CQC will publish externally commissioned research on workforce equality in the health and care service. The research will signal the extent and impact of racism and discrimination on people working across health and care, their views on effective interventions, and what regulators should do.
- The board has agreed specific roles in relation to its function within this work:
 - Strategic role: to ensure CQC's public commitment is upheld.
 - Culture role: individual and collective commitments to public modelling and embedding antiracism within CQCs culture.
 - Performance role: responsibility for ensuring organisational plans have specific, quantifiable, anti-racist performance measures.
 - Accountability role: underscoring the accountability for driving progress and reporting progress transparently.

Executive team report

Chief inspector update

- CQC's system pathway pressure work continues across urgent and emergency care (UEC). The programme aims to inspect a selection of services within a geographical area to establish a deeper understanding of the pressures impacting services and identify areas of good practice. CQC aims to use the programme to enhance its future approach to UEC inspections.

Policy

- CQC is working to ensure it regulates workforce equality, diversity and inclusion in a robust way. This includes having regular meetings with senior leaders in health and social care and equality leads in NHS trusts, as well as delivering learning and support for inspection teams and recruiting specialist advisors.

- CQC is working with the office of the National Preventive Mechanism to prevent the ill-treatment of people detained or deprived of liberty. There is a focus on children in unregistered settings and identifying any concerns in the Mental Health Bill.
- The King's Fund is scoping the evaluation of CQC's new regulatory model and assessment approach.

Consultations

- CQC responded to the health and social care committees call for written evidence into community mental health services. The response set out CQC's role in regulating community mental health services and spoke about access, inequalities and people's experience.
- CQC submitted a response to the Department of Health and Social Care's (DHSC) consultation seeking views on regulating NHS managers and leaders in all NHS organisations in England.

Update on public inquiries

Lampard inquiry

- This is an independent statutory inquiry into the deaths of mental health inpatients in Essex from 2000-2003.
- CQC has been granted core participant status in the inquiry and the organisation is assisting with requests for information and disclosures.
- CQC is engaging with stakeholders to support their preparation and focusing on upcoming disclosure work and future responses to rule nine requests.

Thirlwall inquiry

- This inquiry has been set up to examine the events at the Countess of Chester Hospital and the implications following the trial, and subsequent convictions of former neonatal nurse Lucy Letby.
- Two CQC inspectors and three specialist advisors gave oral evidence to the inquiry in November.
- The inquiry asked questions about the completeness and timeliness of CQC's disclosure to the inquiry.
- The inquiry was interested in how CQC uses data to inform inspections and identify concerns, asking questions around how CQC used data for the 2016 inspection of the hospital.
- The inquiry also asked questions about CQC's monitoring of the trust and whether CQC could have asked more questions when the organisation was made aware of concerns about rises in neonatal mortality throughout 2016/2017. CQC accepted that it could have been more probing.

- The inquiry also asked questions about how CQC enforce the duty of candour, and for CQC's view on the use of CCTV in neonatal units and the regulation of managers.
- The hearing ended on 24 February 2025.

Covid-19 inquiry

- CQC has submitted witness statements in modules one, two and three of the inquiry. These can be found on the inquiry website.
- CQC is a core participant of module six which is investigating the impact of the pandemic on the care sector. Hearings are due to take place between 30 June 2025 and 31 July 2025.

Future inquiries

- CQC is awaiting further clarification on the level of involvement CQC will have in the upcoming inquiries into Valdo Calocane and the Southport attack.

Key developments across health and social care and implications for CQC

The role of physician associates and anaesthesia associates

- The introduction of physician associates (PAs) and anaesthesia associates (AAs), healthcare professionals who are trained to the medical model but are not registered doctors, has been controversial. There are concerns around the safety of the role, and whether the scope of practice is clear enough, and sufficient transparency is given to patients.
- An independent review of PAs and AAs was established in Autumn 2024. This will explore the roles and agree recommendations for the future, reporting in Spring 2025.
- CQC is working to clarify [guidance](#).
- CQC has provided some specific concerns but overall supports the consultation that would give the general medical council (GMC) powers to regulate PAs and AAs, including to register, set standards, approve education and training and operate fitness to practice. Following the consultation PAs and AAs are now regulated by GMC.
- CQC's role is to ensure registered providers confirm that PAs and AAs are complying with regulatory requirements.

Reforming elective care

- In January 2025, NHS England releases its plan to **reform elective care**. As CQC regulates the services and providers in the scope of the plan, there will be implications for its regulatory model.
- The plan relies on new services, some may require registration including surgical hubs, and changes the way existing services operate, for example community diagnostic centres.
- The guidance and support CQC provide to its workforce to assess these services will need to evolve, and there will need to be the right metrics and guidance to measure the responsiveness of services.
- As CQC develops its approach to assessments in integrated care systems, CQC will need to consider how systems are working together to deliver best practice in elective care.

AI opportunities action plan

- The government commissioned an **AI opportunities action plan** which was published in January 2025. The plan sets out an agenda to accelerate the application of AI.
- CQC is in the process of developing an AI position statement which will clarify their role in the safe adoption of AI across health and adult social care.

National insurance and national living wage increase

- The government's October 2024 budget announcement included an increase in the national living wage from £11.44 to £12.21 per hour as well as an increase in national insurance contributions from 13.8% to 15%.
- CQC recognises the concerns of the sector and has undertaken work to assess the impact of these changes.
- In January 2025, CQC's chief executive, Julian Hartley, wrote to Stephen Kinnock MP, minister of state for care to share the concerns identified through CQC's engagement with providers.
- CQC will continue to engage with providers and work with DHSC and the treasury to ensure the impact of these costs increases is fully understood.

Dash two

- The second report by Dr Penny Dash is an independent review of patient safety across the health and care landscape. It will map the broad range of organisations that impact on quality and focus on six organisations which have an impact on safety, including CQC.
- CQC has submitted to the review to ensure the full scope of CQC's role across safety, and how the organisation works in collaboration with partners in the system, was considered.
- CQC has received and commented on two drafts of the report to date. However, there has been a delay in the publication of the final report.

- Once ministers are content, the six organisations in scope will receive an updated version of the recommendations. Publication is anticipated for spring 2025.