

4. Approach to this review

To undertake this review, I have:

- Taken full account of the findings in the interim report by Dr Penny Dash.
- Reviewed multiple documents available on CQC's website or provided to me by CQC staff.
- Reviewed recent reports of providers published using the single assessment framework.
- Interviewed over 50 current or former members of CQC staff individually. These involved people working across different sectors/directorates, including hospitals, mental health, primary care, adult social care, registration, policy and strategy, data and insight and finance.
- Participated in 15 group meetings or internal workshops with CQC staff. These ranged in size from 6 to over 200 people.
- Corresponded with over 40 members of CQC staff at all levels and across sectors.
- Held meetings with the leaders of representative bodies of NHS and adult social care providers, including NHS Providers, the NHS Confederation, the National Care Forum, Care England and the Homecare Association, and with the Chairs of the Royal College of General Practitioners and the British Medical Association.
- Participated in workshops arranged by these representative bodies. These were attended by senior personnel (CEOs or their representatives) of well over 100 provider organisations across health and social care.

- Interviewed a further 12 individuals external to CQC, but with a major interest in regulation.
- Spoken with senior representatives of NHS England.
- Attended 2 meetings of the advisory group established by Dr Penny Dash.
- Participated in 2 'all colleague' calls with CQC staff, where I presented my findings and initial thoughts on the way forward. The first of these meetings involved over 1,500 people. The second involved just under 800 people.

I have considered all this information in the light of my previous involvement with CQC as Chief Inspector of Hospitals between 2013 and 2017. During that time, CQC introduced its 5 key questions (safe, effective, caring, responsive and well-led) and new approaches to assessment, inspection and rating across all health and care sectors it regulated.

While I was responsible for hospitals (including mental health services, community health services and ambulance services, and covering both NHS and independent sector organisations), 2 chief inspector colleagues were responsible for adult social care and primary care services. As Chief Inspectors, we were responsible for developing and overseeing the delivery of inspections and ratings in our respective sectors, under the overall leadership of Sir David Behan as Chief Executive and with the support of colleagues in CQC's other directorates. Over a period of a little more than 3 years, almost all regulated services were inspected and rated.

Given this background, I was clearly very interested to assess changes in the past 7 years and to what extent these might be related to the current challenges faced by CQC.