



FIRST PRACTICE MANAGEMENT

GUIDE TO THE DASH CQC REPORT 2024

FPM'S GUIDE TO UNDERSTANDING THE KEY
FINDINGS AND RECOMMENDATIONS

THE DASH REPORT : A REVIEW OF THE CQC



The Dash Report, a comprehensive review of the CQC, was commissioned in response to growing concerns about the organisation's effectiveness and credibility. This followed a series of criticisms and concerns raised by providers, patients, and stakeholders about the CQC's operations, regulatory practices, and impact on healthcare quality.

This guide from [First Practice Management](#) reviews the Report's findings into the CQC, and what impact their recommendations could potentially have on primary care.

WHY IS IT IMPORTANT ?

The Dash Report, commissioned in May 2024, is a comprehensive review of the Care Quality Commission (CQC), the independent regulator of healthcare and adult social care in England. The review was prompted by growing concerns about the CQC's effectiveness and credibility, and it involved extensive consultations with stakeholders across the health and care sectors.

WILL IT AFFECT CURRENT INSPECTIONS?

While the report does not explicitly state whether current inspection processes are being carried out or not, it does provide insights into potential changes that may occur in the future:

- **Data-driven decision-making:** The CQC may place greater emphasis on using data to inform their inspections and identify areas for improvement.
- **Focus on outcomes:** Assessing the outcomes of care rather than relying on process-based inspections.
- **Innovation and improvement:** They may assess organisations based on their ability to adapt and adopt new ways of working
- **Transparency and communication:** The CQC may improve its communication and transparency with providers, ensuring that they are clear about expectations and provide timely feedback.



CONCLUSIONS FROM THE DASH REPORT

THE DASH REPORT HIGHLIGHTS SIGNIFICANT OPERATIONAL CHALLENGES, CREDIBILITY ISSUES, AND CONCERNS WITHIN THE CARE QUALITY COMMISSION.

CONCLUSION 1: POOR OPERATIONAL PERFORMANCE

The CQC has experienced operational inefficiencies and a decline in inspection activity, impacting its ability to ensure high-quality care.

CONCLUSION 2: SIGNIFICANT CHALLENGES WITH THE PROVIDER PORTAL AND REGULATORY PLATFORM

New IT systems have caused significant problems for providers and staff, hindering the rollout of the SAF (Single Assessment Framework).

CONCLUSION 3: DELAYS IN PRODUCING REPORTS AND POOR-QUALITY REPORTS

Providers and the public have reported delays and poor-quality reports from the CQC, limiting the credibility and impact of assessments.

CONCLUSION 4: LOSS OF CREDIBILITY WITHIN THE HEALTH AND CARE SECTORS DUE TO THE LOSS OF SECTOR EXPERTISE AND WIDER RESTRUCTURING, RESULTING IN LOST OPPORTUNITIES FOR IMPROVEMENT

The CQC has lost credibility due to a decline in sector expertise and restructuring, impacting its ability to support improvement.

CONCLUSION 5: CONCERNS AROUND THE SINGLE ASSESSMENT FRAMEWORK (SAF) AND ITS APPLICATION

The SAF has been criticised for its complexity, lack of clarity, and limited focus on outcomes.



CONCLUSIONS FROM THE DASH REPORT

CONCLUSION 6: LACK OF CLARITY REGARDING HOW RATINGS ARE CALCULATED AND CONCERNING USE OF THE OUTCOME OF PREVIOUS INSPECTIONS (THAT OFTEN TOOK PLACE SEVERAL YEARS AGO) TO CALCULATE A CURRENT RATING

The CQC's method of calculating ratings is unclear, and the use of historical data has raised concerns.

CONCLUSION 7: THERE ARE OPPORTUNITIES TO IMPROVE CQC'S ASSESSMENT OF LOCAL AUTHORITY CARE ACT DUTIES

The CQC's approach to assessing local authorities has received mixed feedback, with opportunities for improvement.

CONCLUSION 8: ICS ASSESSMENTS ARE IN EARLY STAGES OF DEVELOPMENT WITH A NUMBER OF CONCERNS SHARED

ICS assessments are in their early stages and face challenges in defining objectives, collecting data, and ensuring alignment.

CONCLUSION 9: CQC COULD DO MORE TO SUPPORT IMPROVEMENTS IN QUALITY ACROSS THE HEALTH AND CARE SECTOR

The CQC can play a more active role in supporting improvements in quality by sharing best practices and providing guidance.

CONCLUSION 10: THERE ARE OPPORTUNITIES TO IMPROVE THE SPONSORSHIP RELATIONSHIP BETWEEN CQC AND THE DEPARTMENT OF HEALTH AND SOCIAL CARE (DHSC)

The DHSC should strengthen its sponsorship of the CQC to ensure effective oversight and accountability.



1. POOR OPERATIONAL PERFORMANCE

THE CQC'S POOR OPERATIONAL PERFORMANCE HAS SIGNIFICANT IMPLICATIONS FOR THE QUALITY AND SAFETY OF HEALTHCARE AND SOCIAL CARE SERVICES.

SIGNIFICANT REDUCTION IN INSPECTION ACTIVITY

The CQC has significantly reduced its inspection activity, resulting in delays in re-inspecting providers with "requires improvement" or "inadequate" ratings. This has left many providers "stuck" in these ratings, despite potential improvements.

BACKLOG OF NEW REGISTRATIONS

The CQC has a backlog of new registrations, which can delay the start of operations for new providers and limit the availability of services.

INCREASED AGE OF RATINGS

Due to the reduced inspection activity, some providers have not been inspected for several years, leading to outdated ratings and potential risks to quality of care.

IMPACT ON PROVIDERS

The reduced inspection activity and delays in ratings can have negative consequences for providers, including difficulties in securing funding, attracting staff, and maintaining patient confidence.

IMPACT ON USERS AND PATIENTS

The lack of up-to-date information about providers can limit users and patients' ability to make informed choices about their care and identify high-quality services.



2. TECHNOLOGICAL CHALLENGES

POORLY PERFORMING IT SYSTEMS HAVE HAMPERED THE CQC'S ABILITY TO ROLL OUT THE SINGLE ASSESSMENT FRAMEWORK (SAF), AND APPROPRIATELY MANAGE CONCERNS RAISED, CAUSING SIGNIFICANT FRUSTRATION

PROVIDER PORTAL ISSUES

The provider portal, introduced in July 2023, has been difficult for providers to use, with issues such as uploading documents, password resets, and accessing information.

REGULATORY PLATFORM ISSUES

The regulatory platform, introduced in November 2023, has also faced challenges, particularly in managing safeguarding concerns and reports of serious untoward incidents.

IMPACT ON SAF ROLLOUT

The problems with the IT systems have made it difficult for the CQC to effectively implement the SAF, which is intended to streamline assessments and improve efficiency.

FRUSTRATION AND TIME LOSS

The challenges with the IT systems have caused significant frustration and time loss for both providers and CQC staff, impacting their ability to focus on their core tasks.

SAFEGUARDING CONCERNS

The new system has led to unintended consequences in managing safeguarding concerns, potentially delaying referrals to local authorities.



3. DELAYS AND QUALITY OF REPORTS

THE DELAYS AND POOR QUALITY OF REPORTS HAVE NEGATIVELY IMPACTED THE CREDIBILITY AND EFFECTIVENESS OF THE CQC'S ASSESSMENTS.

SIGNIFICANT DELAYS IN RECEIVING REPORTS

The CQC has experienced delays in producing reports, which can negatively impact providers' ability to identify areas for improvement and make necessary changes.

POOR QUALITY OF REPORTS

The reports have been criticised for their:

- Unclear structure and difficult-to-follow format
- Inconsistent messages between summaries and main reports
- Use of copied sections from other providers
- Disparity between the tone and evidence used in a report and the subsequent rating awarded
- Difficulty for users to understand assessment reports, lacking explanation of types of residents and limited information on the number of beds
- Lack of clarity in dates of assessments
- Lengthy and complicated scoring systems that are not easy to understand

IMPACT ON USERS AND PROVIDERS

Poor-quality reports can limit users' ability to access information and make informed choices about their care. They can also hinder providers' ability to improve their services and demonstrate compliance with regulations.



4. LOSS OF CREDIBILITY

THE LOSS OF SECTOR EXPERTISE AND RESTRUCTURING HAS SIGNIFICANTLY IMPACTED THE CQC'S CREDIBILITY AND ITS ABILITY TO EFFECTIVELY REGULATE AND SUPPORT IMPROVEMENT.

LOSS OF SECTOR EXPERTISE

The CQC's restructuring in 2023 led to a loss of sector expertise within the organisation.

The CQC now has fewer staff with deep expertise in specific sectors, such as mental health or primary care. This can make it difficult for the CQC to understand the unique challenges and needs of different sectors.

RESTRUCTURING

The CQC's restructuring moved operational staff from sector-based directorates to integrated teams, leading to a loss of specialised knowledge and experience in specific sectors.

IMPACT ON CREDIBILITY

The loss of sector expertise has eroded the CQC's credibility among providers and stakeholders, as they may question the CQC's ability to provide accurate and relevant assessments.

LOST OPPORTUNITIES FOR IMPROVEMENT

The lack of expertise can also limit the CQC's ability to identify and support improvement initiatives that are tailored to the specific needs of different sectors.



5. SAF CONCERNS

THE SINGLE ASSESSMENT FRAMEWORK INTRODUCED IN 2023 HAS FACED CRITICISM FOR ITS DESIGN, IMPLEMENTATION, AND FOCUS ON OUTCOMES.

LACK OF CLARITY AND INFORMATION

The SAF documentation is poorly laid out and uses vague language, making it difficult for providers and users to understand. There is limited information available on what care looks like under each of the ratings categories, resulting in a lack of consistency in how care is assessed.

DATA COLLECTION AND USE

The SAF relies on data from various sources, including surveys, interviews, and observations. However, there are concerns about the representativeness of the data and the methods used to collect it.

FOCUS ON OUTCOMES

The SAF has been criticised for insufficient attention to the effectiveness of care and a lack of focus on outcomes, including inequalities in outcomes.

INNOVATION AND IMPROVEMENT

While the SAF does include some references to innovation, there is a need for more emphasis on encouraging and supporting innovation in care delivery.

OTHER CONCERNS

Additional concerns about the SAF include its complexity, the use of priority quality statements, and the lack of clarity regarding how ratings are calculated.



6. RATINGS CALCULATIONS

UNCLEAR CALCULATIONS

Providers have expressed confusion about the specific criteria and algorithms used by the CQC to calculate ratings. This lack of transparency can make it difficult for providers to understand how their ratings are determined and what they need to do to improve them.

RELIANCE ON HISTORICAL DATA

The CQC was criticised for using historical data to calculate ratings, which can make it difficult for providers to understand how recent improvements are being reflected in their ratings.

IMPACT ON PROVIDERS

The lack of clarity regarding rating calculations can negatively impact providers' motivation to improve, as they may feel that their efforts are not being recognised or rewarded. It can also lead to frustration and a sense of unfairness among providers.



7. LOCAL AUTHORITY ASSESSMENTS

WHILE THE CQC'S APPROACH TO ASSESSING LOCAL AUTHORITIES HAS RECEIVED POSITIVE FEEDBACK, THERE ARE AREAS WHERE IMPROVEMENTS CAN BE MADE TO ENHANCE THE EFFECTIVENESS AND CREDIBILITY OF THE ASSESSMENTS.

POSITIVE FEEDBACK

The CQC's assessment framework has been generally well-received by local authorities, who appreciate the focus on key areas of adult social care.

ENGAGEMENT

The CQC can improve engagement with local authorities by conducting more in-depth discussions, providing more opportunities for feedback, and building stronger relationships.

EXPERTISE

The CQC should ensure that its assessment teams have the necessary expertise and insight into how local authorities work in adult social care.

DATA COLLECTION

The CQC could improve its data collection methods to ensure that the data used in assessments is accurate and up-to-date.

COMMISSIONING ASSESSMENT

The CQC should consider adding commissioning as a key area of assessment for local authorities, as it plays a crucial role in ensuring high-quality care.



8. ICS ASSESSMENTS

THE CQC'S ICS ASSESSMENTS ARE STILL IN THEIR EARLY STAGES, AND THERE IS A NEED TO REFINE THE METHODOLOGY AND APPROACH.

FOCUS ON OBJECTIVES AND CLEAR DESCRIPTORS

The CQC should ensure that its assessments are aligned with the ICS's four objectives, which include improving outcomes, reducing inequalities, enhancing productivity, and supporting broader social and economic impact. There should also be clear descriptors for "good" performance in each of the assessment areas, providing guidance for ICSs on how to improve.

DATA COLLECTION AND ANALYSIS

There is a need to identify appropriate data metrics to assess leadership, integration, and quality of care across ICSs, to ensure assessments are evidence-based and relevant.

DUPLICATION OF ASSESSMENTS AND COST IMPLICATIONS

The CQC should avoid duplicating data collection efforts with provider assessments and reduce the associated costs for Integrated Care Systems.

CLINICAL RISK MANAGEMENT

The CQC should recognise the challenges of clinical risk management in working across multiple providers and adjust its assessments accordingly.

RESIDENT FEEDBACK

The CQC should ensure that it hears from residents about their views on quality of care across the ICS. This will help to ensure that the assessments are patient-centred.

ALIGNMENT WITH NHS ENGLAND

ICS assessments should align with the **NHS England Oversight Framework** to avoid duplication and ensure consistency.



9. SUPPORTING IMPROVEMENT

THE CQC CAN PLAY A VALUABLE ROLE IN SUPPORTING IMPROVEMENTS IN QUALITY BY GOING BEYOND ITS TRADITIONAL REGULATORY FUNCTIONS AND ACTIVELY PROMOTING INNOVATION AND BEST PRACTICES.

CQC'S ROLE IN IMPROVEMENT BEYOND REGULATION

The CQC can play a more active role in supporting improvements in quality, beyond its regulatory functions to actively support organisations in improving their quality of care. This includes providing guidance, sharing best practices, and fostering a culture of improvement.

SHARING BEST PRACTICES

The CQC can identify and share examples of best practices from high-performing organisations, inspiring others to adopt similar approaches.

GUIDANCE AND SUPPORT

The CQC can provide guidance and support to organisations on how to implement improvements, address challenges, and overcome barriers.

INNOVATION

The CQC can promote innovation by encouraging organisations to explore new technologies and approaches to care delivery. This can help to improve efficiency, effectiveness, and patient outcomes.



10. RELATIONSHIP WITH DHSC

RELATIONSHIP BETWEEN THE DEPARTMENT OF HEALTH & SOCIAL CARE (DHSC) AND THE CQC CAN HELP TO ENSURE THAT THE CQC IS EFFECTIVE, ACCOUNTABLE, AND ABLE TO DELIVER HIGH-QUALITY SERVICES TO THE PUBLIC.

STRENGTHENED SPONSORSHIP

The DHSC can strengthen its sponsorship of the CQC by providing clear guidance, support, and accountability. This includes ensuring that the CQC has the necessary resources and authority to carry out its functions effectively.

PERFORMANCE REVIEWS

Regular performance reviews between the DHSC and the CQC can help to identify areas for improvement, address challenges, and ensure that the CQC is meeting its objectives.

CLEAR PERFORMANCE TARGETS

The CQC should set clear performance targets and KPIs to measure its progress and accountability. These targets should be aligned with the DHSC's priorities and expectations for the CQC.

RESPONSE TIME

The DHSC should improve its response time to requests from the CQC to ensure that the CQC has the necessary support and resources to carry out its functions effectively.

THE NATIONAL QUALITY BOARD (NQB) ROLE

The NQB can play a more active role in overseeing the CQC and ensuring that it is meeting its objectives and delivering high-quality services. They can provide guidance, advice, and oversight, and can help to hold the CQC accountable for its performance.



DASH REPORT RECOMMENDATIONS



RECOMMENDATION 1: RAPIDLY IMPROVE OPERATIONAL PERFORMANCE, FIX THE PROVIDER PORTAL AND REGULATORY PLATFORM, IMPROVE USE OF PERFORMANCE DATA WITHIN CQC, AND IMPROVE THE QUALITY AND TIMELINESS OF REPORTS.

- **Reduced administrative burden:** Improved operational performance and a more user-friendly platform can reduce the administrative burden on providers, allowing them to focus on delivering care.
- **Enhanced data access:** Improved use of performance data within the CQC can provide providers with valuable insights into their performance and identify areas for improvement.
- **Improved communication:** Clearer and more timely reports can enhance communication between the CQC and providers, leading to a more collaborative relationship.



RECOMMENDATION 2: REBUILD EXPERTISE WITHIN THE ORGANISATION AND RELATIONSHIPS WITH PROVIDERS IN ORDER TO RESURRECT CREDIBILITY.

- **Improved credibility:** A CQC with stronger sector expertise and better relationships with providers can enhance its credibility and effectiveness as a regulator.
- **Tailored guidance:** Sector-specific expertise can lead to more tailored guidance and support for providers.
- **Collaboration:** Stronger relationships can foster collaboration and trust between the CQC and providers, leading to more effective regulation and improvement.




DASH REPORT RECOMMENDATIONS



RECOMMENDATION 3: REVIEW THE SINGLE ASSESSMENT FRAMEWORK (SAF) AND HOW IT IS IMPLEMENTED TO MAKE IT FIT FOR PURPOSE

- **Clarity and understanding:** A revised SAF with clearer descriptors and a greater focus on outcomes can improve providers' understanding of the expectations and requirements.
- **Improved assessment:** A more effective SAF can lead to more accurate and relevant assessments, reducing the burden on providers and improving the quality of care.
- **Innovation and resource use:** Increased focus on innovation and resource use can support providers in adopting new approaches and improving efficiency.



RECOMMENDATION 4: CLARIFY HOW RATINGS ARE CALCULATED AND MAKE THE RESULTS MORE TRANSPARENT

- **Improved understanding:** Clearer information on rating calculations can help providers understand how their ratings are determined and how to improve them.
- **Increased motivation:** Transparency can increase providers' motivation to improve, as they can see the direct impact of their efforts on their ratings.



RECOMMENDATION 5: CONTINUE TO EVOLVE AND IMPROVE LOCAL AUTHORITY ASSESSMENTS

- **Improved collaboration:** Enhanced local authority assessments can improve collaboration between primary care providers and local authorities, leading to better coordination of care and services.
- **Improved quality of care:** Effective local authority assessments can help to ensure that adult social care services are meeting high standards of quality.

RECOMMENDATION 6: A PAUSE ON ALL ICS ASSESSMENTS

- **Reduced burden:** Pausing ICS assessments can reduce the administrative burden on providers, particularly during a time of significant change and uncertainty.
- **Focus on local priorities:** Providers can focus on addressing local challenges and priorities without the additional pressure of ICS assessments.

RECOMMENDATION 7: STRENGTHEN SPONSORSHIP ARRANGEMENTS TO FACILITATE CQC'S PROVISION OF ACCOUNTABLE, EFFICIENT AND EFFECTIVE SERVICES TO THE PUBLIC

- **Improved accountability:** Stronger sponsorship arrangements can ensure that the CQC is accountable for its actions and is delivering effective services to the public.
- **Increased efficiency:** Improved sponsorship can lead to more efficient operations within the CQC, reducing the burden on providers.
- **Better communication and collaboration:** Stronger sponsorship can facilitate better communication and collaboration between the CQC and the Department of Health and Social Care, benefiting providers and the wider healthcare system.

PREPARING FOR A SUCCESSFUL CQC INSPECTION: GUIDE & CHECKLIST

CQC INSPECTION PREPARATION CHECKLIST

Review notes from previous CQC visit and track improvements.

Gather evidence of patient feedback-driven improvements.

Administer patient surveys and collect responses.

Address recurrent issues raised in previous visits.

Organise immunisation, cervical screening, and prescribing data.

Compile GP patient surveys and relevant prescribing data.

Collaborate on high-risk drug monitoring policies.

Develop protocol for managing non-attenders.

Ensure appropriate staffing levels and HR compliance.

Prepare complaints protocol and patient access plan.

Address historical HR information gaps.

Verify building electrical checks within 5 years.

Organise patient care plans and DNACPR forms.

Download CQC clinical searches for comprehensive preparation.



WHAT NEXT? ACTIONS & LINKS



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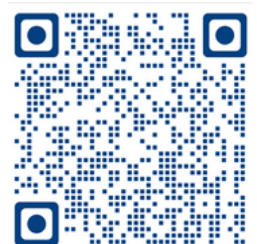
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- ✓ Tailored and personalised training for your Practice, PCN or ICB groups



Some of our CQC-related courses available to support you

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
Bitesize – Mandatory Awareness	Clinical Coding	Chaperone Training	Continuous Improvement	Leading People in Primary Care
Health & Safety	Medical Terminology	Customer Service	Social Prescribing	Staff – Self Care and Wellbeing
How to Handle Violent & Aggressive Patients	Total Teamworking	Improving the Patient Experience	Bitesize – Care Navigation	Managing Change

To book your place on one of our CQC courses (or to discuss your specific organisation requirements), **Scan the QR code** or **[click here](#)** to find out more



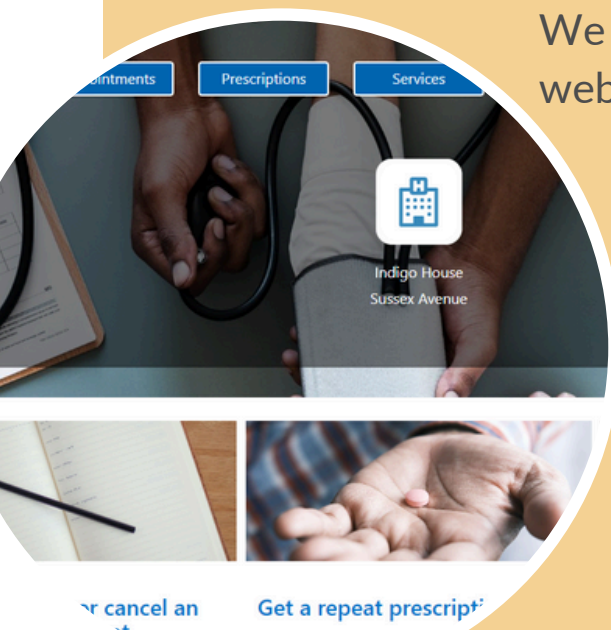


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