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22nd February 2012

Dear *Una*

### **Performance and Capability Review of the Care Quality Commission**

Many thanks for your letter and for sending me a copy of this report. I would like to give a broad welcome to the findings of the review.

We have particularly valued the time senior DH Panel members and the DH Review Team have devoted to understanding CQC and the important work that its staff do. Also I would like to give credit to the way Gareth Arthur and Mary Mulvey-Oates of the DH Review Team have worked closely with CQC, involving CQC staff in the process of the review and discussing the emerging findings, so as to help shape our understanding of how to take the recommendations forwards.

This process has recognised the context and complexity of CQC's work, progress made, where more work is needed to further develop our regulatory approach, the work-in-progress on some of the most important issues, as well as how DH can act as a more effective sponsor for our work in the future.

We will respond in full to all the recommendations but my initial response is as follows:

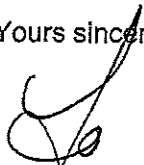
- **Strategy** We have already begun to develop a revised five year strategy with a view to public consultation in late summer. As part of this revision we will be working closely with stakeholders and the Department. We have a programme of work that aims to identify measures of success for CQC as part of our work on evaluating our impact. Martin Marshall will guide and lead us through this work. We are in the process of communicating with the Department to engage a partner organisation to build independence and expertise into developing this approach.
- **Resources and prioritisation** We are continuing to build up the strength of CQC's resource planning and management information capability, through the work on our capacity model and further development of our business performance framework based around the Corporate Scorecard. We have taken stock of this work and identified, in a systematic way, the areas where we need to improve information and to initiate improvements. Also we recognise the need to strengthen the leadership of the management of intelligence and the way we use information as a resource to identify and act on risk. We are currently assessing the resource implications of these actions.

**Chair**  
Jo Williams  
**Chief Executive**  
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- **Accountability** I am appreciative of the work that has begun to strengthen the board and we have already taken steps to reinstate the development programme for board members. The board will consider how to address the important points made on the capabilities of the Executive Team.
- **Engagement and communications** CQC has introduced a new stakeholder management structure which includes a Stakeholder Committee, advisory groups including people who use services and sector specific stakeholder forums. I believe that the restructured stakeholder committees are the correct mechanism to understand the needs of stakeholders. John Harwood will provide board level leadership and ownership for this work. We have on-going work in terms of working with other regulators but clearly need to develop a programme of activity to better meet the Hampton Principles of Regulation, particularly in a changing landscape of regulation caused by the NHS Bill and other legislative changes. In terms of the coherence and consistency of local regulation, we have a programme of work that aims to produce a more planned approach to this issue, which you acknowledge is a problem common to other regulators. I agree with the point about strengthening the links between the Mental Health Act functions and the rest of CQC. This issue has been recently considered by the Board and we would be happy to update the Department's sponsor branch on the latest programme of work planned.
- **Development of the CQC Regulatory Model** I have already mentioned above the progress made on developing a programme of evaluation work and would be happy to consider the opportunities for joint evaluation work under the Department's Policy Research Programme. I accept the point about the importance of the use of qualitative information as a way of capturing the voice of people about their recent experiences of using services. We already have programmes of work that seek to address this issue, including working with voluntary organisations and other community groups to include peoples comments in our inspection work, but I would agree that there is always more that we can do. The point about flexing CQC's approach for different sectors is a consideration that we need to include in our evaluation work. Also we have recently taken a series of initiatives to improve the access that front-line staff have to sector experts but it is also an intrinsic part of our thematic inspections which will be a standard approach that our front-line inspectors will use from April. Professor Deirdre Kelly has lead and supported this work. We are also developing approaches that aim to better plan and match the number of inspectors to workload. In terms of safeguarding we are taking a number of initiatives to ensure that staff are better supported to understand their roles and work with local government including a training plan that covers all staff on safeguarding training and operational plans for working with Oversight and Scrutiny Committees and Local HealthWatch.

I hope the above comments give some assurance that we take seriously the recommendations of the review and have a desire to make further progress on all areas of the review. Over the next month I will reflect further on the findings and recommendations and provide you with more details in a draft action plan.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Jo Williams', written over the words 'Yours sincerely'.

Dame Jo Williams  
Chair  
Care Quality Commission

Copy : David Behan