

Witness Name: Joyce Frederick

Statement No.: 1

Dated: 24 October 2024

THIRWALL INQUIRY

WITNESS STATEMENT OF JOYCE FREDERICK

I, Joyce Frederick, Director of Policy and Strategy, Care Quality Commission, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA, will say as follows:

1. I am employed by the Care Quality Commission (**CQC**) as, Director of Policy and Strategy a post I have held since October 2021.
2. I have a background in science and public sector management. I started my career in the NHS and have worked for various regulatory commissions in health and social care. I have worked at the CQC since its inception and also worked at the Department of Health and Social Care (**DHSC**), on secondment during this time.
3. This statement is intended to provide the Inquiry with an update on recent changes in our leadership, the review by Dr Penny Dash and CQC's response, and the review by Professor Sir Mike Richards. Much of the detail of this statement relates to publicly available information, including public announcements and reports. It is not the intention of this statement to summarise the detail of these reports and announcements, but rather to provide the Inquiry with some context to circumstances relevant to CQC's role as a regulator today.
4. Save where it is stated otherwise, the contents of this statement are within my own knowledge. This statement is to the best of my knowledge and belief accurate and complete at the time of signing.
5. This statement has been prepared following consultation with current CQC colleagues in order to provide as accurate an account as possible on behalf of CQC.

Contextual background

6. CQC is the independent regulator of health and social care in England. Information about the role and functions of CQC has been described in some detail in previous statements to the Inquiry¹.
7. In May 2021 CQC published a new strategy setting out our ambition to regulate in a smarter way. Prior to this a transformation programme had started in 2019. Following this a transformation programme was initiated with three key components². These were, the development of a Single Assessment Framework (**SAF**), changes to the organisational structure and changes to IT systems, with a new regulatory platform and provider portal replacing existing systems.
8. The SAF was a redesign of our approach to regulating services which was introduced in November 2023. It was intended to have more planning and testing prior to roll out. However, the transformation programme was delayed, and the roll out continued. At first it was rolled out to a small number of 'early adopter' providers across sectors. Planned assessments and subsequent feedback from these providers helped shape the phased introduction of the new approach³.
9. Despite the well-intended strategic intent of the transformation programme, its implementation resulted in significant problems for CQC and caused concern amongst staff, providers, and stakeholders about our ability to fulfil our role as a regulator. The reviews of Dr Penny Dash and Professor Sir Mike Richards outlined later in this statement cover these matters in detail. CQC is now working to recover from this period, provide stability and re-build trust in our regulation.

CQC leadership arrangements

CQC's Board

10. The CQC Board is the senior decision-making body, comprised of the chair, chief executive, chief inspectors and executive and non-executive directors. The Board sets the strategy, purpose and values of CQC, provides leadership and ensures CQC is successful and sustainable.

¹ See the First Statement of Ian Trenholm [INQ0012634], in particular paragraphs 6-17, 28-32, and CQC's opening statement to the Thirwall Inquiry [INQ0197953_001].

² [A new strategy for the changing world of health and social care - CQC's strategy from 2021 - Care Quality Commission](#)

³ For more detail about the SAF, including the approach to ratings see the First Statement of Ian Trenholm [INQ00012634], in particular paragraphs 73-81.

11. Further background about the Board's role in the governance of CQC has been provided to the Inquiry in our previous statement dated 12 February 2024.⁴ Since this statement, membership of the Board has changed. Of particular note, changes to the role of Chief Executive, Chief Digital and Data Officer and Interim Deputy Chief Executive which are outlined further below.
12. The composition of the Board as at 31 October 2024 is the Chair, eight non-executive directors, the Interim Chief Executive, the Interim Chief Inspector of Adult Social Care and Integrated Care, the Chief Inspector of Health Care, the Executive Director of Operations and the Chief Digital and Data Officer.

CQC's Executive Team

13. CQC's executive team is responsible for the day to day running of the organisation which includes oversight of the delivery of business plan objectives and ensuring resources are used properly and that performance is managed well.
14. Membership of the executive team currently comprises the Interim Chief Executive, Interim Chief Inspector of Adult Social Care and Integrated Care who is now also the Interim Chief Executive, Interim Chief Inspector of Healthcare, Chief Inspector of Healthcare, Director of Engagement, Director of Policy and Strategy, Executive Director of Operations, Director for People and Culture and the Director for Finance, Commercial and Workplace. The Director of Legal Services is advisor to the executive team.

Chief Executive

15. Ian Trenholm was Chief Executive of CQC from August 2018. On 25 June 2024, CQC announced he was to step down at the end of June 2024⁵. Since 1 July 2024 Kate Terroni has been CQC's interim Chief Executive. Kate Terroni formally resigned from this role and the CQC on 22 October 2024.
16. On 7 October 2024 CQC announced Sir Julian Hartley will be appointed as our new permanent Chief Executive⁶. Sir Julian has been the Chief Executive of NHS Providers since February 2023, prior to which he was Chief Executive of Leeds Teaching Hospitals from 2013 onwards.

⁴ See the First Statement of Ian Trenholm [INQ0012634], in particular paragraphs 21-24.

⁵ [Ian Trenholm to step down as CQC's Chief Executive - Care Quality Commission](#)

⁶ [Sir Julian Hartley will be appointed as CQC's new Chief Executive - Care Quality Commission](#)

17. In the announcement, Ian Dilks, Chair of CQC, expressed confidence in Sir Julian Hartley's qualities and experience to lead CQC through the period of organisational change.⁷ We are working to confirm Sir Julian's start date as soon as possible and very much look forward to him joining CQC.

The Dash Review

18. In May 2024 Dr Penny Dash was asked by the DHSC to conduct a review into the operational effectiveness of CQC (**the Dash Review**). This was a pre-planned assessment which is part of the Cabinet Office Public Bodies Review Programme (**COPBRP**), which aims to periodically review the governance, accountability, efficacy, and efficiency of existing arm's-length bodies, including in response to significant changes in approach.
19. The purpose of the review was to examine the suitability of CQC's new SAF methodology for inspections and rating of health and care providers. Additionally, COPBRP reviews are intended to identify areas in need of improvement and provide tangible recommendations for addressing them.
20. On 26 July 2024 an interim report providing a high-level summary of the emerging findings from the Dash Review was published⁸. The report identified "*significant failings in the internal workings of CQC which have led to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improved quality - and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much needed improvements in care.*"⁹
21. On 15 October 2024 the final report of the Dash Review was published¹⁰. The conclusions of the final report were summarised around ten topics, with seven key recommendations. These recommendations focus on operational performance, rebuilding expertise, reviewing the SAF to ensure it is fit for purpose, clarifying ratings, local authority assessments, Integrated Care Systems (**ICS**) assessments and the sponsorship relationship with DHSC.

⁷ [Sir Julian Hartley will be appointed as CQC's new Chief Executive - Care Quality Commission](#)

⁸ [Review into the operational effectiveness of the Care Quality Commission: interim report - GOV.UK \(www.gov.uk\)](#)

⁹ [Review into the operational effectiveness of the Care Quality Commission: interim report - GOV.UK \(www.gov.uk\)](#) – see "Emerging Findings" section.

¹⁰ [Review into the operational effectiveness of the Care Quality Commission: full report - GOV.UK \(www.gov.uk\)](#)

22. The Dash Review final report also announced a series of “next steps”, which CQC should progress with DHSC’s support. These include the need for rapid improvements to the operational performance of CQC, significant steps to rebuild expertise within CQC and significant steps to be taken to foster stronger relationships with providers and wider sectors in order to resurrect credibility.
23. Additionally, it was announced a second review will take place which will report on proposed improvements to the wider landscape for quality of care, with a focus on patient safety across the health and care sectors¹¹. The results of this review are expected to be published in early 2025.

Review of Single Assessment Framework

24. The CQC board commissioned Professor Sir Mike Richards (former Chief Inspector of Hospitals at CQC between 2013 to 2017) to undertake a review of the SAF to address concerns identified in the interim report of the Dash Review¹². The review was initially proposed by CQC leadership before release of the interim Dash report¹³, and was announced by DHSC to coincide with publication of the interim report of the Dash Review¹⁴.
25. Findings from the first part of the review were published on 15 October 2024¹⁵. The report makes 35 recommendations based on Sir Mike’s informed opinion following engagement with relevant parties including current and former staff, and representatives of NHS and adult social care providers. These recommendations are organised in relation to five key areas being organisational structure, the inspection assessment framework, data and insight, staffing, and prioritisation of future inspections¹⁶. When making his conclusions, Sir Mike noted the report is intended to complement the work of the Dash Review and that his overall findings are in line with those of Dr Penny Dash¹⁷.
26. For the next phase of this review CQC are also working with Professor Vic Rayner (Chair of the Care Provider Alliance and Chief Executive Officer of the National Care

¹¹ [Review of patient safety across the health and care landscape: terms of reference - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/review-of-patient-safety-across-the-health-and-care-landscape-terms-of-reference)

¹² [Richards review into CQC single assessment framework and its implementation: terms of reference - Care Quality Commission](https://www.cqc.org.uk/publications/reports/review-into-cqc-single-assessment-framework-and-its-implementation-terms-of-reference)

¹³ [3. Introduction and context - Care Quality Commission](https://www.cqc.org.uk/publications/reports/3-introduction-and-context)

¹⁴ [Government acts after report highlights failings at regulator - GOV.UK](https://www.gov.uk/government/news/government-acts-after-report-highlights-failings-at-regulator)

¹⁵ [Review of CQC's single assessment framework and its implementation - Care Quality Commission](https://www.cqc.org.uk/publications/reports/review-of-cqc-single-assessment-framework-and-its-implementation)

¹⁶ [14. Recommendations - Care Quality Commission](https://www.cqc.org.uk/publications/reports/14-recommendations)

¹⁷ [13. Conclusions - Care Quality Commission](https://www.cqc.org.uk/publications/reports/13-conclusions)

Forum). Professor Rayner will work to gather further feedback from adult social care providers on their use of the assessment framework, to build on Sir Mike's findings to date. Additionally, Sir Mike and Professor Rayner will support CQC in determining what good regulatory assessment looks like in different sectors and services, an understanding of what providers want from an inspection and the inspection reporting process and reports. Further reporting on these aspects will be published in December 2024.

CQC's Response

27. CQC published a response to the interim findings of the Dash Review on 26 July 2024, accepting the findings and recommendations in full¹⁸. Many of the areas identified in the report as requiring urgent improvement aligned with current CQC plans and priorities.
28. On 3 October 2024 CQC published a detailed announcement on our website titled "Re-building a trusted approach to our regulation" which outlined the immediate changes being made in response to the interim report of the Dash Review¹⁹.
29. CQC also published a response to the final report of the Dash Review and the review of the SAF by Professor Sir Mike Richards on 15 October 2024²⁰ accepting all high-level recommendations.

Ongoing Recovery Plan

30. This section outlines key parts of CQC's recovery plan and our future strategy in response to recommendations of the Dash Review and the review of the assessment framework.
31. For each recommendation of the Dash Review, we have developed a set of actions in our recovery plan, and where possible have taken steps to make changes with immediate effect. With respect to Professor Sir Mike Richard's review, as noted above we have accepted all high-level recommendations and at present are working through our management response to each individual recommendation.

¹⁸ [Response to the interim findings of the Dash review into CQC's operational effectiveness - Care Quality Commission](#)

¹⁹ [Re-building a trusted approach to our regulation - Care Quality Commission \(cqc.org.uk\)](#)

²⁰ [CQC responds to reviews by Dr Penny Dash and Professor Sir Mike Richards - Care Quality Commission](#)

32. It should be noted this work is ongoing and will continue to evolve as further phases of these reviews are completed, and once Sir Julian Hartley commences his role as Chief Executive.

Organisational Structure and Leadership

33. CQC is working towards realigning our organisational structure around sector expertise. We have announced we will appoint at least three Chief Inspectors to lead on regulation and improvements of hospitals, primary care and adult social care services. Further consideration will also be given to whether a fourth chief inspector is needed to lead on mental health services.
34. As noted above, Sir Julian Hartley has been appointed as the new Chief Executive.

Assessment Framework

35. In addition to the ongoing work with Professor Sir Mike Richards and Professor Vic Rayner, we are taking internal actions to improve the assessment framework, drawing directly on the recommendations from Sir Mike's review.
36. A part of this is taking steps to enable our inspections to be carried out and reported more quickly, and to ensure the current assessment framework is simpler and made relevant to each sector. For example, we have committed to retain the 5 key questions in inspections across all sectors but will amend the 34 quality statements to ensure clarity and relevance to each sector and remove duplication. We have also stated we will stop scoring individual evidence categories. This will also help our reports to be clearer about our judgments and ratings.

Provider engagement

37. Provider engagement is another key aspect of CQC's recovery plan. We are keen to implement changes that will rapidly improve how we work with providers and support a clearer view of the quality of care.
38. Our initial focus is working with providers to co-design our approach to what a rating of good looks like and to develop a clear and accessible regulatory handbook. At present we are finalising the details of this engagement, which we intend to be both face-to-face and online.
39. Provider roadshows are another aspect of this engagement. We are planning a series of roadshows which will enable providers to connect with their local CQC team, learn

more about the assessment approach and take part in activities to co-design the improvements we are making.

40. CQC's engagement also extends to our work assessing local authorities. We continue to engage with health and care providers, as well as the local government sector for feedback on this aspect of our work.

Technology and Systems

41. CQC is also taking steps to change how we use technology. This will improve how we carry out assessments and the processes for factual accuracy checks, producing reports and registration.
42. We are taking steps to improve the provider portal and regulatory platform in the immediate term. This includes an urgent review of specific changes needed to the provider portal to improve the experience for providers registering with CQC. At the same time, we are exploring options for delivering assessment activity away from current systems so we can rapidly assess, rate and publish reports.

Pilot Projects

43. Several pilot projects have also been instigated by CQC in response to the Dash Review. One pilot project is looking at how operations managers can manage teams in specific sectors.
44. Another pilot project is focused on how we manage relationships with our providers. This pilot has started with NHS trusts, with the intention to expand to provider groups from each sector. We intend for these pilots to run until early 2025, at which point we will draw on findings from the projects and decide how to apply the most effective approach to relationship management.

Local Authority and ICS Assessments

45. Local Authority assessments will continue with ongoing improvements and continued engagement with the health and care sector. Our approach to these assessments will change in line with the assessment framework.
46. CQC has paused our assessments of integrated care systems (**ICS**) for six months in agreement with DHSC. This allows us to free up capacity to carry out more provider assessments while modifications are made to the current assessment framework.

Reflections

47. CQC is fully committed to rebuilding a trusted approach to our regulation so that we can be the strong, credible and effective regulator of health and care services that the public and providers need and deserve. Aspects of CQC's recovery plan go beyond the organisation and will require wider system consideration. This is acknowledged in the Dash Review²¹.
48. People within our organisation have been self-aware of the issues we face. Many people had expressed concerns and been working hard to try and fix problems within their area of the organisation in the years before the Dash Review. The reality is a lot of these problems required major decisions to be made and a system level fix.
49. It is worth noting that both the Dash Review and Professor Sir Mike Richard's review were, and continue to be, informed to a large extent by staff and leaders within CQC. As was noted by Ian Dilks, Chair of CQC in our response to the final report of the Dash Review and Professor Sir Mike Richard's review, the dedication and experience of CQC staff and leaders was recognised in each review²².

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

²¹ [Review into the operational effectiveness of the Care Quality Commission: full report - GOV.UK](#) – for further detail see Recommendation 7.

²² [CQC responds to reviews by Dr Penny Dash and Professor Sir Mike Richards - Care Quality Commission](#)