Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161
Email: enquiries@cqc.org.uk
www.cqc.org.uk

Layla Moran MP
Chair, Health and Social Care Select Committee

25 February 2026

Dear Layla,

Quarterly update: rebuilding a trusted approach to regulation

Across the last year, we have made significant progress on tackling the most critical issues that affect the way we carry out assessments and how we regulate services. This work is vital to refocussing CQC on our purpose of providing effective regulation of health and adult social care services, to protect people and encourage improvement.

Our assessment framework consultation Better regulation, better care received 1,703 submissions, one of the highest response rates we have ever received. We saw strong support for our overall direction and proposals, and the wealth of constructive, solution-focused feedback will shape what we do next.

We have increased the pace and volume of our assessments, remaining on track to deliver 9,000 by September 2026, and are actively prioritising outstanding 'stuck' assessments. More challenging performance targets for managing Information of Concern cases have contributed to improvements across our priority levels and we are continuing to address registration delays, completing over 64,000 applications this year.

To make our regulation more effective in both the short and long term and to boost productivity and data quality, we are rebuilding our regulatory digital systems. As part of this work, we are acting on staff feedback by introducing some immediate technology fixes, collaborating with partners, and exploring the use of AI.

Equality and human rights are central to everything we do and shape our vision for safe, effective and compassionate care. Our 4 new equality objectives for 2025–2029 set a clear direction for how we will strengthen equity and human rights across our regulatory work and within our own workforce.

To ensure our regulation is driven by what matters to people, we are working with organisations that represent people and our established stakeholder groups to better understand and use people's experience. We are continuing our ongoing commitment to including local community groups, people who use services and their family carers in our regulation. Following a formal procurement process in 2025, we are pleased that Choice Support were re-awarded our Experts by Experience contract, and National Voices were awarded our Public Engagement Network contract.

In January we introduced essential improvements to our Give feedback on care service, an important tool which helps understand the quality of care people get from services.

What we have achieved so far is testament to the hard work of our colleagues, and the continued support, collaboration and constructive feedback from people who use services and organisations that represent them, providers, and our wider stakeholders. While our progress takes us a step closer toward the shared goal of being the effective, modern, person-centred regulator we want to be, we know there is still much more work to do.

You will be aware that a new CQC Chair is to be appointed by the Secretary of State for Health and Social Care. We remain committed to progressing improvements while a new Chair is appointed, so that we deliver for patients and people who use services. Importantly, this will allow the urgent appointment of a new, permanent Chief Executive to be led by a new Chair who can commit to providing long-term continuity.

We outline below further information on the work we continue to progress at CQC.

Immediate actions

Carrying out more assessments

Increasing our assessment numbers continues to be a top priority to ensure we protect the public and drive up the quality of care. We remain on course for our target of 9,000 assessments by the end of September 2026. Previously, we shared we had published 3,785 assessments between 1 April 2025 and 14 November 2025. As of 15 February 2026, this figure is now 5,401 assessments.

You are aware that in November we introduced a new timeliness metric, intended to reduce the time taken between commencing an assessment and completion. We set out a 50-working day Key Performance Indicator (KPI) for Adult Social Care and Primary Care and Community services and an 85-working day KPI for Hospitals and Secondary and Specialist Care and Mental Health services. Since the introduction of this metric, we have seen sustained improvements in completion times.

For Adult Social Care and Primary Care and Community services, performance has remained within the 50-working day KPI. For Hospitals, Secondary and Specialist Care, and Mental Health services, the average time over the past three months has improved from 118 working days in August 2025 to 83 working days in January 2026. This is now close to consistently meeting the 85-day target.

Progressing ongoing assessments

In our November update we said that 4 assessments remained ‘stuck’ from the 500 initially reported to the Committee. We shared that we would undertake a subsequent assessment of these organisations and publish the report together with the original assessment. We said that those reports would be released in the coming weeks after writing to the Committee.

We have completed this process for 2 of the 4 assessments, as of 25 February. The remaining 2 assessments relate to exceptional and complex circumstances. We continue to prioritise their resolution.

Cases and notifications backlog

In our last update, we explained that we had introduced more challenging performance targets to make sure we take action on Information of Concern cases and notifications more quickly.

Since bringing in these KPIs earlier this year, performance has improved across all priority levels. Both Priority 2 (P2) safeguarding cases and Priority 3 (P3) concerns about a service are now meeting their targets, which is a clear improvement compared with previous months.

Our target is for 95% of Priority 1 (P1) safeguarding cases that have not yet been referred to local safeguarding teams to have a referral sent by the National Customer Service Centre (NCSC) within 2 working days. Performance has increased against this measure—from 89.7% in November 2025 to 90.3% in January 2026.

In addition, our target is for 95% of P1 cases to have an action and risk review recorded within one working day of being allocated by the National Customer Service Centre (NCSC). In January 2026, performance reached 90.2%, up from 82.1% in November 2025. Although this is still below the 95% target, performance is improving each month.

For Priority 2 (P2) safeguarding cases and Priority 3 (P3) concerns about a service, the target is for 95% of cases to have an action or risk review recorded within ten working days. Current performance is:

- P2: 96.2%
- P3: 94.5%

Reducing registration delays

Registration is an important first step for providers. It ensures that only those who are ready and capable can begin to offer services that deliver CQC regulated health care and adult social care activity. Since the beginning of this financial year, we have completed a total of 64,172 registration applications as of 16 February.

We also continue to make progress on reducing the backlog of applications over 10 weeks old, which has decreased from a peak of 35% to 24.1% as of 16 February. The overall volume of applications over 10 weeks old has reduced from a high of 4,289 in May 2025 to 1,492 as of 16 February.

Further, the total number of applications in progress has reduced from 12,613 in May 2025 to 7,968 as of 16 February.

These figures reflect the impact of the initiatives introduced to improve operational efficiency throughout the year, such as increasing the number of registration inspectors to address the backlog of applications. We also delivered a pilot to improve homecare registration, focusing on speed, clearer guidance and better decision-making. This improved applications process has now been rolled out to learning disability and autism services, care homes and supported living services, and will be rolled out across online services, oral health and ambulance services in the coming months.

We have also fixed technical issues in our systems that prevented providers from cancelling registration applications online. By resolving these issues and restoring an online cancellation process, we have removed the need for manual handling, helping to reduce the backlog and improving provider experience.

Building on this work, we will continue to strengthen our registration activity by making further improvements to the workflow processes that handle applications to register as a new service provider. Our longer-term aim is to implement an improved application process for services across all health and care sectors. These improvements are also

important in the context of our increasing regulatory remit and wider government policy changes which could impact demand for CQC registration.

Rebuilding CQC in the longer-term

The improvements we are making are now organised into three main programmes of work, which are supported by clear governance and accountabilities. They are focused on:

1. Rebuilding our Regulatory Services,
2. Rebuilding our Organisation, and
3. Building our digital future

We are in the process of setting out our sequenced improvement plans which highlights our direction across these programmes for 2026 to 2028. We continue to update providers, the public and wider stakeholders as we progress through the roadmap we have set out.

Rebuilding our Regulatory Services

Our recent assessment framework consultation saw significant, high levels of engagement from providers, partners, colleagues and the public. Alongside this, our Chief Inspectors have been holding positive discussions specific to each health and adult social care sector to consider the characteristics of our ratings and what good quality care should look like.

We are currently considering all feedback from the consultation and engagement, before publishing our response, alongside draft assessment frameworks for each sector, in due course. We will ensure the Committee receives a copy on publication.

We have planned further engagement to help refine the frameworks and develop definitions of what good health and care looks like to develop the characteristics that underpin each of our 4 ratings – called rating characteristics. We will do this through both online and face-to-face engagement activity with providers, colleagues and the public, starting from April.

Rebuilding our Organisation

We continue to embed our newly formed sector-specific inspectorates, led by our 4 Chief Inspectors. Our new structure puts sector expertise back at the heart of regulation, better reflects the needs of the public and providers, and creates strong, consistent leadership to support sustained improvement.

As you know the process to appoint a new Chair following Sir Mike's resignation is led by the Secretary of State for Health and Social Care, and their preferred candidate can be subject to pre-appointment scrutiny by the Committee. We look forward to this appointment, alongside the appointment of a new permanent Chief Executive, to support the specialist leadership already in place at CQC.

Building our digital future

We are carrying out a range of both immediate and longer-term improvements to our technology and use of data. This includes making our data more accurate, accessible and useful across CQC. This work ensures better decisions, stronger regulatory targeting and greater transparency – ultimately helping to keep people safe.

We have listened to feedback from colleagues and made some immediate technology fixes to improve their day-to-day work while we continue rebuilding our systems for the long term. We have an agreed plan for delivering our new digital systems, starting with the most complex areas first. We are making good progress on the first stage, which includes delivery of a proof of concept for a new, improved end to end regulatory system.

We are also testing how AI can support our regulatory work. This includes using automation to replace manual tasks and testing ambient voice technology (AVT), which records and transcribes conversations to speed up assessments and improve productivity. In February, we held a workshop on AVT with external partners, and we'll soon begin a pilot, funded by Regulator's Pioneer Fund, where 30 inspectors across different sectors will use AI based notetaking tools during a small number of inspections.

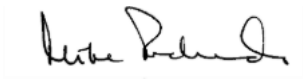
For our partners, stakeholders, providers and people who use services, there will be opportunities this year for us to work together to ensure we collectively make the best use of data to drive improvement in health and social care. We will be co-designing new digital and technology systems to support our whole regulatory process, including improving the provider portal and digitising our registration process.

Conclusion

We hope this update provides further assurance to Parliament, providers and the public as we continue to move forward with improvements in the way we work, becoming the professionally led regulator that people deserve, and importantly continuing to support the vision set out in the Government's 10-Year Health Plan for England. We look forward to continuing to engage further with the Committee as we progress the improvements being made at CQC.

Yours sincerely,

Dr Arun Chopra
Interim Chief Executive



Professor Sir Mike Richards
Chair

CC Professor Meghana Pandit, Medical Director, Department of Health and Social Care