Independent IT Review February 2025

Conducted for the Care Quality Commission

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1. Introduction

1.1. Overview

This Independent IT Review (IIR) was commissioned in the light of the Penny Dash report[i] which, amongst other findings, reported:

"*poorly performing IT systems are hampering CQC's ability to roll out the Single Assessment Framework (SAF), and cause considerable frustration and time loss for providers and CQC staff*".

The report made 7 recommendations, the first of which stated that there is a need to

"*rapidly improve operational performance, fix the provider portal and regulatory platform, and improve the quality of reports*"

As such, the scope of this independent IT review is bounded by the Provider Portal (PP) and Regulatory Platform (RP) IT systems, which have (for the last 2 years) been governed by the Regulatory Transformation programme which in turn fits within an organisational Transformation Portfolio which has been running over 5 years (2019 to 2024).

It has been subsequently understood that the PP is a module of the RP, along with five other major modules and as such hereafter this report will refer to the platform as the RP and its component modules.

This IIR responds to the following questions:

Where are we now, with respect to the functionality of the RP:

1. How and why did the CQC get to the point where the IT solutions (RP) generated under the auspices of the Regulatory Transformation Business Case has caused/is causing such a significant level of organisational disruption?
2. Is the IT solution (RP) salvageable based on the current contractual relationship with supplier and subcontractors?
    a. If so, what needs to be done to make the IT solutions (RP), the overall operating model, the programme management and contractual controls, fit for purpose.
    b. If not, how should the CQC proceed to build or buy and then implement an IT solution that is fit for purpose in the shortest possible time.

There have been several reviews, audits, lessons learned reports already undertaken and the intention of this report is to be additive rather than duplicative but will draw on some of the findings of these analyses for expediency. This review is fully independent of the CQC or any of its delivery or funding partners.

1.2. Notes about the report format and language

This report contains many appendices which enable to reader to easily explore further detail about various points and engage in some of the associated contents. The first reference to each appendix will act as a hyperlink to that appendix. The appendix title at the end of the document is also a hyperlink which returns the reader back to the document at the point they left it.

Due to the short nature of this investigation (4 weeks) and the volume and complexity of the subject material, this report surfaces many opinions that are stated as fact – e.g. “the CQC doesn’t consider data as a strategic asset”. These statements are included because they were heard by more than one source and there is corroboration to be found in the situation that the CQC finds itself. Recognising the complex and nuanced environment, for each of these type statements the reader is invited to consider “it is alleged that...” as a pre-modifier.

1.3. Method for this IIR

Detailed conversations took place with over 100 people from the CQC and its design/delivery partners. The meetings were recorded on Teams with permission from the participants and the transcript was then considered and, in many cases, summarised using the AI tool, Microsoft Copilot. Many documents were reviewed and cross referenced with the content from the interviews. Best practice documents, legal requirements (e.g. the Data Protection Act 2018) and other industry standards were used as a guiding framework to analyse the history of the programme and make recommendations for the way forward. Extensive web research, supported by Microsoft Copilot, also assisted in benchmarking the CQCs position with similar organizations to avoid a simple dogmatic adherence to best practice guidance. The appendices have been created in part by Copilot to provide the reader with an easy access summary of external advisory documents (e.g. standards, best practice guides etc). As the readership for this document may be wide no prior knowledge of best practice is assumed and no insult intended if some of the material is below the readers current experience. All AI generated content has been carefully checked.

A factual accuracy process has run since mid-December 2024 with a small number of staff providing continuous feedback on the emerging drafts of the document. One aspect of the overall report (Data and Reporting) was pulled out as an excerpt and 10 experts in that area collaborated specifically with the author to shape that aspect of the report.

This report has only been possible because of the many people who contributed their time and expertise positively and generously to this investigation. It is very clear that the

staff at CQC having been working diligently to fulfil their duties and keep members of the public safe in very difficult circumstances and it is a testament to their characters that they are determined to move forward positively and find a way to bring the CQC back to a fully effective and efficient organisation. They should be praised and thanked for their contributions to this report and their ongoing efforts.

2. Where are we now?

2.1. Headline statement

The headline statement taken from the initial findings of a lessons learned review carried out by the CQC Portfolio Management Office (PMO) report[ii] states: "*The Transformation Portfolio has resulted in an incomplete implementation of a new organisation and business process which is ineffectively supported by the IT systems*". This concept, and in particular the order of these statements will be explored in the paragraphs that follow.

2.2. Costs

An excerpt (Figure 1) from the Audit Risk and Assurance Committee (ARAC) presentation in Sep 2024 shows the financial profile of the Regulatory Transformation (RT) Programme from the inception (Strategic Outline Case (SOC) Nov 2019) to July 2024. The actual spend to date (Dec 2024) is £99M.

This shows the programme Whole Life Costs (WLC) rising from £28.4M, over 5 years, to £145.5M, over 10 years in line with the expansion of scope. The Net Present Value (NPV) has remained negative throughout the various resets over the last 5 years.

The following table shows the transition of the programme over time:

Programme (£m)	November 2019	April 2020	April 2023	October 2023**	June 2024	July 2024
Title	Regulatory Platform Strategic Outline Case	Regulatory Platform Outline Business Case	Regulatory Transformation Programme Business Case	Regulatory Transformation Change Request	Regulatory Transformation Update	Regulatory Transformation Update
Benefits Period	5 Years	5 years	10 years	10 years	10 years	10 years
Implementation Costs	28.4	16.0	84.1	91.7	97.3	99.0
Post Implementation Costs	-	28.2	47.7	47.7	47.7	46.5
Whole Life Cost (WLC)	28.4	44.2	131.8	139.4	145.0	145.5
Decommissioning Benefits	4.1	17.8	46.1	40.0	40.0	40.0
Staff Efficiency Benefits	28.4*	23.4	76.8	77.1	77.1	74.3
Total Benefits	32.5	41.2	122.9	117.1	117.1	114.3
NCF	-24.3	-3.0	-8.9	-22.3	-27.9	-31.1
NPV	-27.9	-20.0	-9.8	-20.4	-24.7	-28.2
Scope	Replacement of core business systems	Replacement of core business systems	Technical change, new regulatory model, SAF, process change***	Technical change, new regulatory model, SAF, process change, ICS/LAA, Other Services***	Technical change, new regulatory model, SAF, process change, ICS/LAA, Other Services***/****	Technical change, new regulatory model, SAF, process change, ICS/LAA, Other Services***/****

*Non-Cash Releasing
** The change request with NCF and NPV was presented in March 2024
***See following slide for services in scope
****Includes costs of 2024/2025 investment relating to decommissioning CRM and data archiving, delivered Registration and Enforcement functionality, website publications, and integration software

Figure 1: excerpt from ARAC presentation re RT spend profile overtime

2.3. Functional analysis

Drawing on another PMO internal review[iii], Figure 2 shows a simple summary of the status of the RP deliverables that were established in 2023 following the signoff of the Full Business Case (FBC). The review was undertaken in Oct 2024 by the PMO. It reflects the original scope of the programme (as at 2023) following which various deliverables were descoped with the agreement of the Programme Board. This provides a simplistic

analysis as each requirement may be very different in terms of scale, but it does provide a useful summary of the overall status.

Delivery area	2023 Deliverables - Service / Data	Number delivered/descoped / not delivered
Registration	23 items	**7 delivered (30%)** **16 Not delivered (70%)**
Assessment	13 items	**2 delivered (15%)** **11 Not delivered (85%)**
Enforcement	22 Items	**8 delivered (36%)** **14 Not delivered (64%)**
Reg Leadership	14 items	0 delivered (0%) **14 Not Delivered (100%)**
Lees Calculator	4 items	**1 delivered (25%)** **3 Not Delivered (75%)**
Reg Governance		
Outreach	11 items	**0 delivered (0%)** **11 Not Delivered (100%)**
Oversight	23 items	**4 delivered (31%)** **19 No delivered (43%)**
Notifications & Contact	20 items	**14 delivered** (70%) **6 Not delivered (30%)**
Overall items reviewed	130	**36 delivered (28%)** **94 Not delivered (72%)**

Figure 2: Summary of deliverables of the RT programme as of Oct 2024.

As the table shows, less than 30% of the deliverables that were established in the April 2023 FBC have been signed off by the organisation. There is a significant variation between the achievement of deliverables within each area ranging from 0% (Outreach) to 70% (Notifications and Contact). A couple of areas are worth considering in more depth:

Assessment: Interviewees for this IIR surfaced dozens of functionality issues with the RP Assessment app - one colleague took the time to document 47 concerns (appendix 15). Having seen the Assessment App in use, it is clear that it is overcomplicated and a significant proportion of the functionality adds no value, for example the App requires users to upload every piece of evidence and tag it to an Evidence Category (EC), then to add a validation remark against each copy and paste every piece of commentary that already exists in a templated Word document to a different screen of the App. This takes the user hours (even after a fix to increase the Apps speed) and adds no additional value beyond that contained in the Word document.

Notifications: the intention of the RT programme was to achieve 80% of Notifications via the Provider Portal. Currently, 35% come through this route, with the remaining using the “off platform” method of downloaded Word templates and emails. Providers are using out of date versions of these templates and also printed, handwritten and scanned forms (which are then emailed). It is currently permissible for providers to aggregate more than one Notification into one email attachment.

Across the whole RP there are process and technical “gaps” that have to be filled by non-intuitive manual workarounds, with the risk that these are forgotten with unintended consequences as this quote illustrates:

“For sectors other than ASC, you must manually update the view every time a new service is registered and added to Reg Platform. This relies on individuals remembering to do this”.

The internal IT department has recognised that Registration, Assessment and Notifications are in urgent need of reworking from a Functional, Technical and Data point of view.

2.4. Benefits achieved

The PMO review has also considered the detailed benefits (that form the benefits register (n=62)) which were aligned with the Strategic Benefits signalled in the 2023 FBC, shown in Figure 3 below.

Strategic Benefit (Here)	Benefits Aligned	# Validated & Closed	#In Review – May	#Still in Work to Realise	Descope d / Withdraw
B1. People experience reduced health inequalities – related to a) access; b) experiences; c) health and care outcomes.	4	0	2	2	
B2. People have better information about the quality of health and social care services leading to more informed choices.	5	1	1	2	1
B3. More people experience health and care provision that is driven by what matters to them.	1	0	0	1	
B4. Improvement in the quality of care for people.	7	0	0	5	1
B5. Increased productivity and efficiency of CQC.	34	2	9	23	
B6. Providers and systems experience reduced regulatory burden.	4	0	3	0	1
B7. Improvement in the safety of care for people.	5	0	2	1	2
B8. Services and systems can provide more efficient, effective, and sustainable care.	0	0	0	0	
B9. People providers and stakeholders have an improved experience of CQC services.	2	0	0	2	
	62	3 5%	17 27%	36 58%	5 8%

Figure 3: Benefits analysis of the RT Programme, Oct 2024

As the table shows only 5% of the benefits have been achieved. A further 27% of the aspired benefits are in some type of Work in Progress status - i.e. there may be planned activity as part of a future phase or a fix has been delivered but not yet implemented, at the time of writing. At the time of writing there was no planned timeline to achieve 58% of the planned benefits and 8% have been descoped from the programme.

2.5. End user experience

2.5.1. The Ergonomics Review

The implementation of the RP has created a significantly negative response from users. Many awful stories were shared by individual users including descriptions of its impact on their physical and mental health, inability to perform their functions effectively and the frustration of raising concerns that they do not believe were listened to.

An independent review of the users' experience has been undertaken, known as the Ergonomics Review (ER), which reported in Aug 2024. The ER summarizes the findings following a meeting with a selection of CQC users of the newly implemented RP. The users included Inspectors, Assessors, Regulatory Coordinators, and Operations Managers. The feedback and observation of the users undertaking activities on the system highlighted some significant concerns related to the functionality, usability, and impact of the new systems and the subsequent effect on the users' mental and physical health.

It is recommended that this report is read in full (Appendix 5) as it would be unfair to summarise the detail and lose the essence of the messages it contains.

2.5.2. Health and Safety Survey

955 responses were gathered from a RP Health and Safety survey that managers were asked to conduct with each of the RP users in their teams during 2024. The headline news is shown in Figure 4:

Finding from H&S checklist	Number of colleagues	Percentage
No issues apparent at the moment	362 out of 955	37.9% reported no issues
Experiencing physical issues - See tab below for examples.	80 out of 955	8%
Reported their mental wellbeing is being affected - See tab below for examples	199 out of 955	21%
Reported that **both** their physical and mental wellbeing is affected	314 out of 955	33%
Number of colleagues not taking breaks	231 out of 955	24% not taking breaks

Figure 4: summary of the RP Health and Safety audit

The table shows that 62% of people surveyed reported that their physical health or their mental health or both were being affected by RP. There are examples of people having to take time off sick due to these physical and mental health concerns.

2.5.3. View of the trade unions

As part of this IIR, a meeting with the trade union representatives was held. They discussed RP's painful implementation, lack of risk assessment, and failure to meet accessibility standards. Staff experienced stress and uncertainty due to poor communication and governance. The platform was not user-friendly, and frontline staff were not adequately involved in its development. These issues negatively impacted staff health and well-being.

A more detailed summary of the meeting with the unions can be found at Appendix 1.

2.5.4. IT Service Desk impact

There are some other summary statistics which provide a sense of the scale of the impact of RP on the end users:

Figure 5 shows the volume of calls to the IT Service Desk during the period of RP implementation phases.

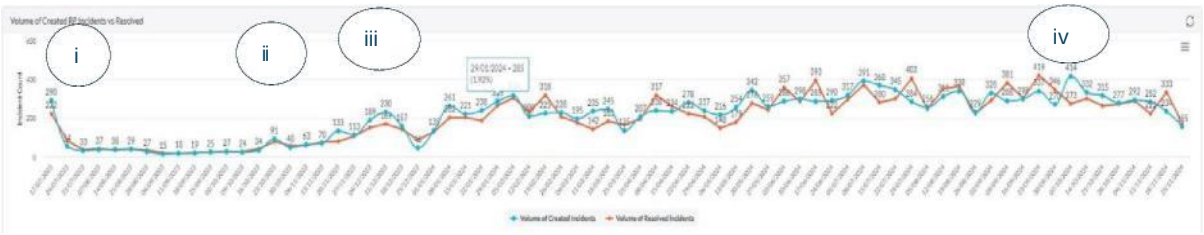

Figure 5: IT service desk call volumes during RP implementation phases

Various points along the timeline are highlighted:

i. The graph starts when the first module of RP was made live (Contact) in July 2023, showing a spike of 290 incidents for that week. This was largely due to users not having the correct permissions to access the system.
ii. 23 Oct 2023 shows another small peak as Notifications (second module) went live.
iii. 20 Nov 2023 to 11 Dec 2023 shows when the Assessment module went live, and call volumes have remained high since then.
iv. Go live 7 was governed by the RT Service Improvement Project and took place on 1 Oct 24. The service desk calls showed a spike of 414 incidents within one week with a significant number (n=41) that couldn't be resolved within the week.

In total over 15,000 incidents have been reported to the IT Service Desk in relation to RP since July 2023. The vast majority (c 14,500) have been resolved.

Prior to the RP introduction the IT Service Desk would consider themselves to be busy with 20 incidents in the queue. There are currently (at the time of writing), 588 active RP incidents.

2.6. Some aspects of RP are working well

Positive comments were raised by members of the CQC's National Customer Service Centre (NCSC) in relation to the Contact and Notification App, although, for balance the earlier point (section 2.3) should be noted about the low volume of Notifications coming through the PP.

- I**mproved data capture**: The new platform allows for richer data capture, particularly in Notifications, which enhances the organization's ability to collect and utilize information effectively.
- **Automation and efficiency**: The new system has automated several manual processes, reducing the workload for staff and improving efficiency in handling customer service tasks.
- **Enhanced visibility**: There is better visibility of information and processes, which helps in tracking and managing tasks more effectively.
- **Improved connections between data**: The new system allows for better connections between different sets of data, which can lead to more informed decision-making and improved overall functionality.
- **Managing Cases**: Managing cases on RP works well - once the NCSC staff have added the initial information, the case is automatically saved under their location, and emails can be managed from within the platform and all such conversations are captured. This has saved a lot of time compared to the previous method.

An Operational lead referred to successes in the Assessment App for some simpler use cases:

- **Transactional Tasks**: The system works relatively well for small, frequent, and transactional tasks. For example, in the Nottingham Mental Health team, the system was used effectively for conducting small assessments frequently, which allowed for straightforward processing and reporting.
- **Simple Processes**: When the processes are simple and straightforward, the system can handle them efficiently. This includes tasks that do not require complex data analysis or extensive qualitative input.

- **Integrated Teams**: In some integrated teams, the use of the system has been more successful. These teams have managed to adapt their workflows to fit within the system's capabilities, leading to better outcomes.

It was also stated that the Enforcement aspect of RP works well, acknowledging that in comparison to other modules it is relatively straightforward.

2.7. Managing Data and Reporting

2.7.1. Intended architecture

Over the last 5 years CQC has been pursuing a data/reporting architecture for data to be collected in RP and then uploaded to the Enterprise Data Platform (EDP) from which reports could be run to meet corporate reporting and insight requirements, using Power BI. The legacy customer relationship management (CRM) system would be retired as would the historical data warehouses and data requiring a single version of the truth for insight or external reporting and higher level of scrutiny would be either pushed from RP to EDP or ingested directly into EDP from external sources e.g. national datasets (like Hospital Episode Statistics (HES) and national indicator sets (e.g. national clinical audits).

The creation of the EDP predated the RP programme as it was the output of the Transforming Data and Insight Programme (TDI). Although the programme was closed (end of 2022/23) it was not fully completed, as legacy systems had not been retired, but improvements to them renamed as deliverables of the programme. It was reported that some funding for the TDI programme was removed and the programme closed before it achieved all of its investment objectives as some deliverables (connecting RP to EDP) could not be completed at that time due to delays in the RT programme.

2.7.2. Practical difficulties for the analytical teams

The Insight teams, Performance Team and the Hub Team (hereafter analytical teams), responsible for providing analyst expertise, enabling Operations and other internal and external stakeholders to make best use of trusted data, are still having to rely legacy systems which is suboptimal, making the ingestion and manipulation of external data harder than it should be. Legacy systems are dislocated from EDP which necessitates lots of moving and shifting data from one place to another, and no implemented alternative solution for the ingestion of new external datasets and delivery of indicators at scale. EDP is not mature in terms of having all the pipelines it needs to the dataverse of

RP, which necessitates some querying of the data lake copy of RP (accessing the raw data which is time consuming and prone to error).

The work to build pipelines that export and transform the data from RP to EDP has been successful (although incomplete), but slow and challenging due to the changing source data model, competing priorities and reliance on contingent labour and legacy proprietary frameworks. Also, it is not being seen as part of the responsibility of the programme/RP teams to ensure the data is safely delivered to EDP for onward use/reporting. Currently 13 RP modules of the 23 have completed pipelines (56%). Funding has not been made available to complete the remaining 10 modules and governance is very siloed and difficult. These concerns have been partially documented as part of the Silver recovery work.

The CQC has been without a clean end to end vision to guide the delivery of changing services which has affected the data it uses to make regulatory decisions and data it publishes externally.

The Registration service has gone back to the legacy CRM system so that is another data source to query. Taking data from multiple sources increases the chances of error and can reduce its reliability. Data must be synchronised between the legacy CRM and RP, but data models and processes differ between the two systems, so this is difficult, and more gaps and errors and their practical consequences are being identified on an ongoing basis.

The analyst teams need to manually verify the data extracted from the system to ensure their accuracy. This involves cross-checking data against other sources and validating their reliability which is very time-consuming. Analyst teams have to work around the misaligned data models, which are not fully aligned with the emerging business processes. This requires additional effort to interpret and adjust the data for reporting purposes.

There is a large backlog of required changes to RP to resolve data quality and data extraction problems and these changes are competing with other higher priority items. The team have to rely on manual processes to access external data sources (e.g. downloading data from the Model Hospital) to supplement the lack of data in the EDP and some key data sources (e.g. mental health outcomes) are now over 2 years out of date as there have been problems trying to refresh them. In addition, it is challenging to access qualitative data (such as via Notifications etc).

The patient data sources are still coming through the legacy database which is slow and antiquated and can’t be meaningfully changed. These pipelines need to be rebuilt on EDP, or alternative methods found (these are under investigation).

In addition to reporting requirements the data quality in some areas requires improvement. The user journeys through RP are overly complicated and the system doesn't allow users to go back and forth to correct things, which also affects data quality.

Data validation (at the point of entry) is insufficient, and business processes are unclear which causes a large number of blank or duplicate records e.g. operational staff can create a new contact rather than finding an existing record because it takes too long or the process is not clear, leading to duplicates and a fragmentation of the client's history.

The many workarounds and off platform alternatives that have emerged to obviate the poor user experience of RP exacerbate data quality problems and increase operational risk. There are basic risks of sending the wrong information to the wrong customer/client. It is understood anecdotally that colleagues are sending emails to addresses that aren't from the central RP system as they hold different information personally (e.g. in off platform address books). This risks an Information Governance breach.

2.7.3. Practical implications for operations

These data quality, extraction and reporting problems coupled with hybrid working arrangements and other workarounds (e.g. using legacy MS Word forms) inhibits the management of the CQC Operations teams in being able to oversee regulatory risk and achieve the transformational ambition to be data led and responsive to risk rather than inspect on a timeline basis. Performance management difficulties raised by the operations leads include being unable to have analytical reports that provide oversight of the integrity of the following types of functions:

Information of Concern: The organization needs to capture and process information of concern, such as safeguarding issues or abuse reports, and ensure timely referrals to local authorities.

Statutory Notifications: These include various mandatory reports that need to be processed and tracked, often in large volumes.

Inspection Activity: The organization must track and report on the amount and nature of inspection activities to ensure compliance and accountability.

Regulatory judgements: The organization needs to integrate various data sources, including metrics about the quality of care, to build a comprehensive picture of risk and quality for regulatory judgments.

2.8. Formally approved workarounds

Due to the difficulties with RP two formally approved workarounds have been launched.

The Hybrid Approach (HA) has been deployed for assessments for Adult Social Care (ASC) and Primary Medical Services (PMS) in which some functions are performed off platform, using MS Office files -e.g. One Note documents, MS Excel spreadsheets and MS Word, some functions are carried out in RP (e.g. Contact, Notifications, Second Opinion Appointed Doctor).

For hospital services another approach has been in deployment (partly built but in operational use) from 2 Dec 2024, referred to as the Off Platform Location Assessment Plan (LAP) process. This is a simplified approach to handling hospital inspections, which starts with one system to organise resources, then a shell is created in RP to indicate the hospital and the Quality Statements (QS) to be inspected. The actual inspection is conducted, and evidence is gathered, following which the report is written in a Word document template, rather than directly in the RP. All documents, plans, and drafts are saved into a case in the RP, linked to the assessment plan. Quality assurance (QA) is done in Word, through peer review and QA processes. The final report is then copied and pasted into a simple publishing tool, to create a PDF that is sent to the provider via email. Providers are given a factual accuracy form, which could be web-based or a Word document, to provide feedback. The feedback is processed, and the final report is checked again and sent back to the provider. The final report is published by linking the publishing tool with the RP, allowing the report to be lifted and published as a PDF onto the website. The technical work to enable this final step of the process is planned for completion by end Jan 2025.

The extent to which these workarounds have been documented and staff made aware/trained so that they represent “standard work” is not clear.

2.9. Reverting to the legacy CRM

As a result of the poor user experience, the Registration function has now reverted to using its legacy CRM solution. Leaving aside the risk that this poses relating to the age/stability of this system there are other major challenges of using the legacy CRM system for part of the CQCs core process.

3. Why are we here?

3.1. Cultural context

The RP/RT programmes existed within a cultural context at the CQC which defined "how we do things round here". Some of this context may have influenced the chances of success. Particular cultural concerns are described in the paragraphs that follow.

3.1.1. Lack of a data-first culture

Culturally data is not seen as a strategic asset, but the CQC is a "data business", handling (and being reliant upon) large volumes of data at every step of the Service Value Chain (SVC) from contact, notification, registration through assessment, inspection and finally enforcement. Accurate and timely data is also critical for reporting externally, such as the legal register and ratings, and statutory reports like State of Care. RP has been built without a Data-First approach – i.e. sufficient upfront consideration of the downstream reporting requirements. This has had unintended consequences as the data is used and surfaced differently and fundamental data changes were made as part of the move to the SAF (for example rating at Assessment Service Group (ASG) level rather than location level.

It is felt that the lessons of not giving enough time or funding/resources to consider the underlying data model and the downstream reporting requirements of any project/change have not yet been learnt and are not baked into the culture at CQC. Technology changes are not seen as fundamentally an exercise to modify the flow of data in the business. Data personnel are engaged only as a secondary activity rather than seen as fundamental to the initial scope and design.

3.1.2. Lack of adherence to standards

There are many technical, business case, project/programme management and service management standards that should underpin large scale organisational and technical change programmes. Organisations are expected (as compliance to best practice) or mandated (by a stronger control – e.g. legal enforcement, making funding contingent on compliance etc) by central government to adopt these standards. Some of these will be referred to throughout this IIR.

For example, the RT programme negotiated to be exempt from the Government Functional Standard for Digital (GDS), which among other things expects digital services to be accessible and inclusive "*ensuring that any potential user is able to use the service regardless of their personal characteristics, situation, capabilities or access needs, and is given equal access and opportunity to do so*"[iv]

3.1.3. Lack of clear accountability and controlled governance

It was reported to this IIR that the “voice of the business” was eroded during the timeline of this programme:

- **Dilution of clinical leadership**: There was a significant reduction in clinical leadership at the senior level. Key figures such as the Chief Inspectors for primary care and health left, and their roles were either not filled or were combined with other responsibilities, leading to a dilution of clinical expertise and challenge at the senior leadership level.
- **Impact on decision-making**: The reduction in clinical leadership led to a lack of practical and clinical input in decision-making processes.
- **Disconnect between intentions and practicality**: There was a disconnect between the intentions of the new IT system and the practical needs of the organization. The system was designed to be highly intelligent and automated, but it did not adequately capture the qualitative and subjective information necessary for effective regulation.
- **Churn of senior leaders**: There was a high turnover of senior leaders, which further exacerbated the lack of continuity and stability in leadership. This churn affected the organization's ability to maintain a clear and consistent direction.

Internally, this was referred to as "toxic positivity" as leaders maintained an overly optimistic narrative that conflicted with the realities on the ground.

3.1.4. Reliance on contract staff

The programme consisted of layers of contract resources (also referred to as contingent labour), with the CDO as the overseeing permanent CQC resource. This resulted in significant costs and a lack of continuity in knowledge and information transfer. It is inevitable that contractors would lack a deep understanding of the organisation's operations and needs. The organisation spent a lot of internal resources and time bringing contractors up to speed, which was time consuming for the permanent staff who had to manage this alongside their regular duties.

With the reliance on external staff, there was not enough internal expertise and investment in understanding the long-term implications of decisions made during the programme. This lack of internal ownership made it harder to achieve successful implementation and buy-in from the staff as the change management was effectively outsourced which is not an effective strategy.

3.1.5. Siloed working, lack of collaboration and social capital

It was reported that the original programme was well set up in terms of understanding the interdependencies between the different functions of the CQC but after the 2022 reset the timelines drove a new approach that created silos. The following quote from a very experienced CQC staff member gives voice to this concern:

"The whole RP programme was split into discrete units of work, e.g. Enforcement, Assessment, Registration (2 parts) and Contact.... There did not seem to be a functioning programme board that coordinated this. Registration and Enforcement built their systems on the old ways of assessing providers, yet Assessment had to build their system on the new SAF. This was never going to work in practice"

Studies (Appendix 6) have shown that remote working can make collaboration and communication much harder and hinder the building of Social Capital which is crucial for effective teamwork. It is understood that the programme did make efforts to meet face to face but the default way of working at CQC is homebased.

3.2. Framework to answer the question

The 5 stage IT Infrastructure Library (ITIL – internationally recognised best practice in IT Service Management) service lifecycle is a simple and powerful framework to analyse the history of the RP Programme and answer the question "What went wrong":

1. **Service Strategy**: This stage focuses on defining the market, developing the service portfolio, and setting strategic objectives. It involves understanding customer needs, market spaces, and how to create value through services. This is the stage where investment is justified through the use of Business Cases.
2. **Service Design**: This stage involves designing new IT services or modifying existing ones. It includes the design of service solutions, processes, policies, and documentation to meet current and future business requirements.
3. **Service Transition**: This is the "Build or Buy" stage with procurement or recruitment taking place respectively. This stage ensures that new or changed services are effectively transitioned into operation. It includes planning and managing changes, release and deployment management, and ensuring that service knowledge is available and accurate.
4. **Service Operation**: This stage focuses on the effective and efficient delivery and support of services. It includes incident management, problem management, request fulfilment, and operational monitoring.
5. **Continual Service Improvement (CSI)**: This stage aims to continually improve the effectiveness and efficiency of services and processes. It involves identifying

and implementing improvements to services, processes, and overall service management practices.

3.3. The order of events in the Service Lifecycle

The first point to make reflects the headline statement from the initial findings from a lessons learned review which was carried out by the CQC PMO: "*The Transformation Portfolio has resulted in an incomplete implementation of a new organisation and business process which is ineffectively supported by the IT systems*".

This is a critical framing of the issue and correctly orientates the thinking necessary to understand where we are and indeed what went wrong. IT systems must be designed to support existing or desired future business processes. Often, with the advances in digital technologies and thinking, IT systems can provide new opportunities for an organisation to transform their business processes beyond what was considered previously possible. However, the order must always be maintained that the business process (current or desired future) must be clearly and fully articulated in order that detailed designs can be drawn up (analogous to architects drawings of a house) which lead to technical specifications (analogous to structural engineering plans) which can in turn be provided to software engineers (analogous to house builders) to undertake the configuration and programming of software assets (in this case D365 and associated tools).

More simply put, this is an example where form must follow function - if you don't know the *function(s)* that the IT system must serve (or if the articulation of this function is unstable, changing, emergent etc) then it is impossible to design, build and test it to be in the correct *form*.

3.4. Immature business processes

The statement above of there being "an incomplete implementation of a new organisation and business process" means that it was very challenging to complete the design of the required underpinning IT support system which of course in turn made it impossible to build and test the same effectively.

Of the 5 levels of Business Process Maturity Model (BPMM)(further details at Appendix 2) , arguably, since the move to the Single Assessment Framework, the revised assessment process (which is at the heart of the end to end business process of the CQC) remains at the first, "Initial", level where processes are ad hoc and chaotic - success depends on individual effort, and there is little to no process discipline, although there are notable exceptions, e.g. Oral Health.

3.5. Service Strategy and the Business cases

3.5.1. Introduction

The business case is the most critical instrument in any programme. It justifies the investment, linked to the organisational requirements (business needs, investment objectives) and establishes the appropriate controls and boundaries to give the programme the best possible chance of success. Given the importance of starting a programme well, this report gives greater weight to the Service Strategy phase of the Service Lifecycle than the other phases.

From around 2008 public sector business cases have been governed by the HMT treasury guide [v]establishing the 3 stage (Strategic Outline Case (SOC), Outline Business Case (OBC), Full Business Case (FBC)) and 5 case (Strategic, Economic, Commercial, Financial and Management) approach. In 2013 a programme of training, referred to as Better Business Cases (BBC) was established to ensure that public sector business cases were written and managed to the correct level to avoid the failures of the past. In the NHS it is not possible to gain approval for a business case that is part or fully funded from treasury funds without the author being accredited as a BBC practitioner.

A review of the RP/RT business cases against the BBC best practice shows a number of significant problems as shown below. Smaller, inconsistencies have been ignored and the focus is just on major concerns which would have had the effect of making the programme less likely to succeed.

3.5.1. Unclear Spending Objectives

The strategic outcomes and strategic benefits documented in the FBC (Economic case) are very high level and arguably very difficult to measure:

"Our ways of working meet people's needs because they are developed in partnership with them"

"We are an effective, proportionate, targeted, and dynamic regulator"

"There is improvement in safety cultures across health and care services and local systems that benefit people because of our contribution"

One can argue that these strategy statements are intended to be high level and set the context for more detailed objectives to be established, which in turn will be subject to the SMART requirements for an objective.

Unfortunately, in the example of the FBC, whilst a clear effort was made to document spending objectives (2.5 Economic case, Spending Objectives) none of them were Time bound or Specific enough and no Measures were established for any of them. They are

clearly all Relevant to the business needs but without being Time bound, Specific or Measured there is no way of knowing whether they are Achievable. Moreover, loosely defined objectives, as these are, make it impossible to hold the programme board to account for delivery as there is no clear guidance as to "what good looks like".

Examples of spending objectives from the FBC are shown in Figure 6 below:

Programme Spending objective	Strategic Benefit	Benefit criteria
To improve our **effectiveness**, focus on reducing inequalities during design, implementation and ongoing operation in all our spending To improve our **effectiveness**, encourage others to reduce inequalities in access, experiences and outcomes for people who use, or need to use care services, through all our work	B1. People experience reduced health inequalities – related to a) access; b) experiences; c) health and care outcomes	Peoples human rights are upheld when using health and social care services, noting this is one important aspect of this benefit

Figure 6: spending objectives excerpt from the FBC

3.5.2. Options appraisal

Best practice expects a long list of options to be considered within the Economic Case of the OBC (typically around 12) and a clear description of the options appraisal method.

The OBC only contains 3 options that were carried forward:

- Option 1: Do nothing
- Option 2: Technology replacement only
- Option 3: Business change programme (business process re-engineering and technology replacement)

and 3 that were discounted:

Cloud Hosting – this is not really a discrete option to address the business need, it is simply a method of hosting any solution. Although this option was discounted, the option selected is cloud hosted so it is difficult to make any sense of this statement.

Develop a new ECM system alongside the legacy CRM system– this is a fair option to appraise

Develop a bespoke CQC system - Although this option was discounted, the option selected is a development of a bespoke CQC system so it is difficult to make any sense of this statement.

Given the magnitude of this case, a wider range of options should have been generated using benchmarking with other organisations that are providing a similar service.

Within business case guidance[ii] an Options Framework is used to identify the long list, shown in figure 7:

Key dimensions	Description
Scope	The "what", in terms of the potential coverage of the project. Potential scopes are driven by business needs, service requirements and the scale of organisational change required to improve service capabilities. Examples include coverage in terms of: business functions, levels of service, geography, population, user base and other parts of the business.
Service solution	The "how" in terms of delivering the "preferred" scope for the project. Potential service solutions are driven by available technologies, recognised best practice and what the market place can deliver. These solutions provide the potential "**products"** (inputs and outputs) and as such the enabling work streams and key activities required.
Service delivery	The "who" in terms of delivering the "preferred" scope and service solution for the project. Potential options for service delivery are driven by available resources, competencies and capabilities – both internal and external to the organisation Examples include: in-house provision, outsourcing, alliances and strategic partners.
Service implementation	The "when" in terms of delivering the "preferred" scope, solution and service delivery arrangements for the project. Potential implementation options are driven by deadlines, milestones, dependencies (between outputs), economies of scale, benefit realisation and risk management. The optimal option provides the critical path for delivery of the agreed products and activities and the basis for the project plan. Options for implementation include: piloting, modular delivery, big bang and phasing (tranches).
Funding	The "funding" required for delivering the "preferred" scope, solution, service delivery and implementation path for the project. Potential funding options are driven by the availability and opportunity cost of public funding, value for money and the characteristics of the project. Potential funding options include the public or private capital, the generation of alternative revenue streams, operating and financial leases, and mixed market arrangements.

Figure 7: The Options Framework from the International Guide to Business Case Development

This framework is a useful prompt to ensure the full range of possible options is considered. For example, if this had been used then it would have generated the following type of thinking:

- Service Scope – should the whole of the CQC business process (Registration through to Enforcement and Cancellation) be in scope or just subsets of it.
- Service Solution - when the decision was made to replace some legacy systems why was this decision made and what further options were considered and discounted and why. E.g. should the solution include the external facing website provision? Should the solution be restricted to just the replacement of the legacy CRM solution.

And so on across all the dimensions of the Options Framework.

3.5.3. Cost drift

As can be seen from the following table in the FBC (figure 8), the Whole Life Costs (WLC) between the OBC and the FBC grew from £57.5M over 5 years to £131.8M over 10 years in line with a significant increase in the programme scope.

	Item	Outline Business Case June 2020	Full Business Case March 2023
1.	Recommended Option	Option 3	Unchanged from OBC
2.	WLC (Whole Life Cost) period	8 years to FY 27/28 (From FY 19/20)	14 years to FY 2033/2034 (From FY 19/20)
3.	Business Benefits (Monetised)	Monetised benefits over 8 years: Total: £41.6m	Business Benefits (Monetised) Total: £122m.
4.	Programme Spend (Inc. VAT) In line with HMT Green Book, total includes VAT and risk, and excludes Optimism Bias	£57.53m including VAT comprising: • Capital £9.97m • Revenue £47.56m	£131.8m including VAT comprising: • Capital £38m • Revenue £93.8m
	Optimism Bias (Inc. VAT)	£5.10m Optimism Bias at 10%: • Capital £1.02m Revenue £4.08m	No Optimism bias applied
6.	Risk Contingency	£1.74m (Inc. VAT) comprising: • Capital £0.52m Revenue £1.22m	No risk contingency applied.
7.	NPV (Net Present Value) return	- £21.70 (best case, negative) - £30.68m (worst case, negative)	-£9.8m (NPV – Discounted) -£8.9m (Cashflow – undiscounted)

Figure 8: Excerpt from the FBC showing financial headlines

There is a statement in the FBC that the recommended option is unchanged from the OBC. One of the options, that was rejected at the OBC stage was to upgrade the existing CRM technology and there is no evidence in the FBC that this or any other option (retained or rejected) was re-appraised in the context of the new business requirements (a full-scale organisational change and a fundamental change to its core processes).

The FBC states

"Since 2020, the programme has been in the process of delivering the Option 3 approach"

By the time of the FBC the CQC was already heavily financially committed to option 3 (replace the existing CRM with MS Dynamics 365 (D365)), the costs had increased significantly. The board considered the options and decided that moving forward was the right thing to do as the alternatives would present a greater cost.

3.5.4. Risk allocation process

The principle of risk allocation, as per best practice, involves several key elements (Appendix 17).

There is no mention of risk allocation within the OBC. The FBC contains a paragraph (4.2.2 "Commercial risks") that identifies some risk without any explanation of how they are allocated, e.g.

"*We are aware that there is a potential risk for programme scope-creep which in turn could potentially result in the MS Dynamics 365 system not going-live in March 2024 as expected. This type of delay would result in the services currently delivered by the incumbent BAU suppliers being required longer than the anticipated decommissioning date*".

It is reasonable that the customer would own the scope creep risk but there are no counterbalancing risks on the supplier side e.g. substandard delivery of products that fail user acceptance testing.

As there is no statement as to whom risks are allocated the default would be that the CQC would own all the commercial risks fully

3.5.5. Overestimated and missing benefits.

The RT business case was established in the context of the organisation wide transformation of its Operating Model. Arguably the CQC was naïve about the extent and complexity of the technological changes required. This led to a lack of recognition of the need for continuous investment and improvement after the initial release of the product.

This is evidenced by the way in which the cashable benefits were stated in the FBC:

"*Decommissioning of existing systems (£46.1M) and staff efficiencies (£76.8M) over 10 years from 1 April 2024*"

Decommissioning savings

All of the decommissioning cost savings are profiled at 100% from 1 April 2024. This is too ambitious and is not usual practice, noting that this was just 1 year from when the

FBC was signed off. It is more typical to have a tapered savings profile for decommissioned systems for a number of reasons:

- It is usual that there are underpinning contracts that end at different times, rather than all conveniently ending the date at which the organisation expects to make the savings.
- There are typically good reasons why some of the legacy technical services need to run in parallel for a period of time – e.g. incomplete data migration, deliberate partial delivery of future technical services (based on a Minimum Viable Product (MVP) approach to delivery), providing a business continuity solution during the early life of the new system in case roll back is required, etc.

Staff efficiency savings

Again, the full cost savings are profiled at 100% from 1 April 2024 and 50% of the Inspectors Staff Efficiencies are expected during FY 2023/24 with the FBC stating that these savings were already being made "*We are achieving £1.3m staff efficiencies through the move to the new operating model and the deployment of the new ways of working throughout 23/24*". Again, these staff savings are so highly ambitious as to appear not credible.

It is worth noting that as of Dec 2024 the actual quantum of cost saving for the programme to date is £0.3M against a plan of over £10M.

3.5.6. The investment was not Value for Money.

The purpose of the Economic Case within the five case model is to ask the question: "is the investment VfM" this is typically expressed in summary by a positive Net Present Value (NPV) indicating that there will be a return on the upfront investment (ROI) at least commensurate in cash releasing or non-cash releasing terms with the spend, discounted for changes in the value of money over time.

The NPV of the OBC was between £21.7M (best case) and £30.7M (worst case) negative against an spend of £57.5M. There is a risk contingency described but in the high-level summary (in the FBC) there is no statement about how the existing risks (of failing technology, out of date business processes) are estimated in monetary terms and how these would be changed by the investment.

So, the OBC indicates an extreme loss and in the author's experience would not have been approved in this status – i.e. the answer to the Economic case question – is this investment VFM is No.

3.5.7. Project Plan in the FBC far too ambitious.

Given that the programme effectively started in the summer of 2020 and (as of Dec 2024) has only delivered a small proportion of the products and benefits that it aspired to, it would suggest that the lessons learned during 2020 – 2023 (the project plan was written in Feb 2023) had not been applied and there was an inaccurate understanding of the number of projects that could be successfully completed within any given time period. The UK government best practice guidance[vi] for managing programmes (Managing Successful Programmes (MSP)) expects a lessons learnt report at the end of every major milestone.

3.5.8. Risks not fully exposed and hence managed.

The programme risk log embedded into the FBC is very limited (15 risks) for a programme this complex costly with very limited articulation of the typical technical or change management risks. Without consideration of these risks, there would be no proactive attempt to mitigate or build strategies to avoid (e.g. by using commercial levers within contracts for third parties, or adjustments to governance models). Appendix 3 shows a best practice set of risk headings for a large-scale digital transformation programme colour coded to show which risk headings were considered in the FBC (n=8) from the total possible number of headings (n=24).

3.5.9. Lack of a Data and Reporting Strategy

The FBC makes no reference to a data strategy within the CQC. As a result, data validation, standards, access control, interoperability, the need for routine management merging/deletion etc have not been effectively defined.

The lack of agreed strategy has led to the following impacts:

- All delivery support was stripped out of the Data and Insight unit with a view that this would be handled centrally. The central team is not large enough to support this activity, meaning data projects are often left without support or having to rely on costly contingent labour.
- Many change projects moving/changing data at the same time without recognition of interdependency and sequencing, e.g. changing the unit of analysis for the CQC assessment and inspections from location (e.g. a physical site) to service (e.g. Surgery, Maternity etc). Whilst this may have been a laudable and desirable policy shift the impact on the underlying data model was enormous and insufficiently thought through in advance. This affected how the ratings were calculated and can be compared over time, the

risk assessment processes etc. There was little understanding of the impacts on data and reporting of this change and the impact on internal and external users of CQC data (e.g. DHSC) and hence no funding stream established to resource the redevelopments required.

- There is a lack of ownership of data taxonomies across the organisation – e.g. who 'owns' the new ASGs? - who controls the list? who decides if new ones are needed and how they are operationally defined?
- There is confusion about the architecture and the role of different systems, such as whether the dataverse (within RP) or Enterprise Data Platform (EDP) should serve as the primary data warehouse and some data (e.g. externally sourced) remains on the legacy data warehouse. This lack of clarity complicates data management and affects data quality.

3.6. Service Design

3.6.1. Trying to hit a moving target

As has been studied in other lessons learned reports the CQC was undergoing change at many levels organisation as it recreated its operating model from sector specific assessments to the SAF with the aim of following a patient through their entire journey as they navigate different sectors of health and social care. The SAF methodology was emergent during the years 2020 to 2023 and consequently attempting to build the support platform to the business process that was not mature would have been similar to trying to hit a moving target. Inevitably technical designs would have had to be revised as decisions were made in relation to the business processes. This may have even led to wasted effort and rework. This confirmed by the statement in the FBC (3.1 Economic case).

"the Regulatory Transformation Programme has undergone a series of scope changes in order to respond to changing circumstances and requirements since of the previous business case. This has resulted in increases in programme spend, and changes to quantitative and qualitative benefits"

3.6.2. Design Decisions

Naturally, the design of the new system was influenced by policy requirements created by the Executive Team (ET). The goal was to create a system that supported a proactive, data-led regulatory approach. The business processes to support the policy intentions were still emerging during the design phase, which made it challenging to create a

system that fully aligned with both the ET's required policy and the actual workflows of the users.

There was a disconnect between the policy-driven design and the actual user experience. The ET's policy dictated certain design choices that did not always align with the users' needs and workflows as per these 3 examples below:

3.6.2.1. Individual accounts in the Notification App:

The programme decided that Notifications should be submitted, via the Provider Portal (PP) through individual accounts rather than shared accounts. This decision was driven by the desire to know exactly who was completing the forms inside the portal.

User research indicated that the process of completing forms was often collaborative, with multiple people involved, that necessitated shared accounts.

There was an attempt to create different types of user roles within the portal to accommodate the collaborative nature of form completion. This included roles for administrative users who could complete forms and more senior users who could review and send them. But the efforts to achieve this ran out of time and the application was deployed without that functionality.

3.6.2.2. Design choice: Drive for Streamlined Reports:

The ET's position was that the reports should be more streamlined and concise. At some point in the design process this was translated into a technical requirement of a character count (2000) restriction on the fields within the reports, which some users found unnecessary and restrictive.

Reports were compartmentalized into different sections, and there was a screen where all parts could be seen together. However, this did not come across as a single document, which some users found problematic.

Supervisors had checkpoints where they could see what had been written and suggest pre-writes to the authors. However, the authors themselves did not see the compiled report before it was sent for factual accuracy testing.

Overall, the push for shorter, more streamlined reports was intended to improve efficiency and reduce the time spent on rewriting, but it also introduced some challenges and resistance from users who found the new restrictions and processes difficult to work with.

3.6.2.3. Algorithm versus professional judgement

The new system moved from relying on professional judgement to using an algorithm or calculation-based scoring. This shift was driven by the ET's policy decisions.

Many users expressed concerns about this change, feeling that it undermined their professional judgement. They reported having to manually adjust scores to reflect reality better, which caused frustration and rejection of the Assessment app.

The design of the scoring system dictated that certain breaches would automatically result in an "inadequate" rating for a quality statement, which some users found problematic.

The issue of scoring was described as "fraught," indicating significant tension and disagreement among stakeholders. The ET's intention to adhere strictly to algorithm-based scoring in spite of the Policy team pushing hard for a more balanced approach, clashed with the users' preference for professional judgement.

3.7. Service Transition

Figure 9 below is another excerpt from the PMO report into RP/RT relating to the way in which the programme was governed.

Decision Point	Status of Business readiness	Decision date
Go Live 2 - Go Decision	**Business Readiness:** Overall: **Silver** Adoption: **Bronze** DPIA: **Approved**	13/07/2023
Go Live 2.1 - Go Decision (4 attempts at Go / No-Go)	**Business Readiness:** Overall: **Silver** Adoption: **Silver** (NCSC adoption: Bronze) (Training: Bronze) System Support: **Gold** DPIA: **Not required**	19/10/2023
Go Live 3.1 - Go Decision	**Business Readiness:** Overall: **Not rated** Adoption: **Not rated** (Training:NCSC 88% / **SOAD - 20%**) System Support: **UAT Testing not complete / OAT - not complete** DPIA: **Not required**	01/02/2024

Figure 9: PMO analysis of the RP Go live decisions

This table provides evidence that “Go decisions” were taken in full knowledge that the status of readiness of the programme was poor or not effectively assessed. For example, Go Live 3.1 shows there was no documented assessment of the status of readiness (Overall and Adoption – not rated) and the User Acceptance Testing (UAT), Organisational Acceptance Testing (OAT) was not complete.

3.7.1. Build scope

Many people interviewed for this IIR described regular “descoping” of functional deliverables as the programme struggled to meet its deadlines from the programme reset in 2022 to April 2024

3.7.2. Commercial control of the building work

The CQC entered into contractual relationships with its main delivery partners based on a capped Time and Materials (T&M) approach rather than a Fixed Cost (FC) approach. The contracts were established as zero value with the costs being agreed relating to individual Statements of Work (SOW). There is nothing in the contract Terms and Conditions that would have prevented individual SOWs being based on FC, but they were mainly based on T&M.

In discussion with the main supplier, they were clear that they would never enter into a FC based contract. The NHS would rarely enter into a T&M contract as it moves all the risk of nondelivery to the customer (as per section 3.5.4).

3.7.3. Build quality

At least 5 major concerns with the quality of the build and quality assurance process have been noted, the first 3 have been independently studied by Microsoft[vii] and Littlefish[viii]:

- For part of the technical build a tool was selected (Canvas App) to build front end screens for user data input. There is a known limit to the number of controls that can be added to a Canvas App and performance (e.g. speed of page refresh) is known to degrade as this limit is reached. The app has been over-customized to the point where it reaches the limits of its capabilities.
- In the current implementation using Canvas apps, the file upload process involves caching the entire file before uploading it to the server. This approach leads to significant performance issues, especially with large files. This can

cause delays and slow down the system. This is a known problem in using Canvas apps and has been documented by Microsoft[ix].

- The Canvas App's approach to integrating with SharePoint document libraries is not scalable, leading to known performance issues. This is a known problem in using Canvas apps and has been documented by Microsoft[xiii]
- Architectural choices – monolithic versus microservices. The RP design is monolithic, which complicates maintenance and updates. This design choice has led to significant technical debt and performance bottlenecks.
- A demographic matching process was programmed into RP based on a match of only the first name and surname of the identity. This led to a flawed matching of entities with RP with the creation of mismatched records.

3.7.4. User Acceptance Testing

UAT is a critical aspect of any deployment. This must be commensurate with the level of tailoring a Commercial Off the Shelf (COTS) system has been through -i.e. nobody would be expected to UAT Microsoft Office out of the box but if, for example, you built a complex spreadsheet with many worksheets, formulae and macros to semi-automate the decision making process for a bidding process against a national fund (as DHSC is known for doing so) it would be foolish to cut corners on the UAT phase as the effort needed to repair the mess created from hundreds of erroneous responses would be enormous compared to getting it right first time. The UAT phase is effectively the final safeguard (before deployment) against catastrophe.

Whilst the RP was built on a COTS product (i.e. D365) it was fully configured to the CQCs requirements and the out of the box functionality was not used. As such, by best practice, the UAT phase should have been fully resourced with the appropriate experts, provided enough time with an expectation that “the build” would not pass UAT on first pass.

Some testing was undertaken e.g. day long walkthroughs of the assessment app with assessors and inspectors at which improvements were made and a backlog of required changes recorded but even these events were insufficient to get to the point that UAT was satisfactory, given the scale and complexity of the solution. Throughout the RP programme the pressure on time and budget meant that it was impossible to undertake testing at a sufficiently detailed level and that that was done did not adequately address the issues.

Essentially the UAT processes was also where change management was happening in practice – i.e. the system was built to execute a policy position that changed the ways in which staff would be expected to work (e.g. automatic scoring of evidence). The change had not been effectively managed with the staff (as represented by their SMEs) and as

such a conflict arose where SMEs were indicating that the new system (as a practical manifestation of a new policy/way of working) would not work in practice but they were expected to get on board with the new approach.

3.7.5. Deployment

3.7.5.1.Training

Training is a critical aspect of deployment planning and execution. System training was fragmented and inconsistent as a result of issues with trainer engagement and the absence of a cohesive training strategy.

There was insufficient distinction between the roles of the technical training team and the super users. The super user community was set up by the programme without knowledge of the training team's existence. This community was intended to assist people having problems with RP which overlaps with the responsibilities of the technical training team, with super users sometimes getting access to information and pilot systems before the technical trainers.

Trainers were not sufficiently involved in the initial stages of the training development process, their organisational knowledge and deep expertise (e.g. in supporting people from an accessibility point of view) was ignored. This lack of engagement led to challenges in ensuring that the training content was accurate and effectively communicated to the users.

When undertaking IT training it is critical to have a training environment that accurately mimics the live production environment. This was not the case for RP which caused confusion and waste for learners.

The reliance on external learning consultants further complicated the situation, as it created a disconnect between the trainers and the training material.

3.7.5.2. Release and Deployment

Continuous Integration, Continuous Deployment

The RP Release and Deployment method utilised a fairly new concept in the IT industry called Continuous Integration, Continuous Deployment (CI/CD), which only became part of best practice in 2019 (ITILv4). This is a very powerful tool that automates the integration of code changes and deployment processes, allowing for quicker releases and updates. It automates some of the technical testing with various types of tests such as unit tests, integration tests, and end-to-end tests and its goal is to ensure that code changes do not introduce new bugs or break existing functionality. However, it cannot

replace the need for UAT - while some aspects of UAT can be automated, such as predefined test cases and scenarios, it still requires manual intervention to validate the user experience and gather feedback.

To support CI/CD the CQC is using Azure DevOps, which is a comprehensive suite of development tools and services designed to support the entire software development lifecycle.

The CQCs instance of Azure DevOps is however incomplete (e.g. descriptions of live services only available for Assessment) and out of date in some areas (e.g. responsible personnel that have left).

It hasn't been possible in this review to make any assessment of the integrity of the technical data within the tool or whether the controls (i.e. who can change, delete data and who can execute the "pipelines" (the way in which new developments are integrated into the live environment)) are appropriately assigned to trained staff working with an accountability framework but the history or RP releases has not always been positive as this quote illustrates:

"*Each time we were assured problems were to be fixed with an upgrade, we ended up with spectacular problems – version 7 upgrade being the worst*."

Insufficient learning from pilots

The following quote illustrates a point that was mentioned many times over about a lack of sharing of lessons from deployment pilots to inform the rollout process:

"The south was put forwards to pilot the system after it had been delayed repeatedly due to issues. When they did go live absolutely nothing of what was happening at the ground floor was ever shared, just happy messages about all the work they were doing to make things get better at tech level. It later turns out colleagues made it so abundantly clear that the workarounds and system was not fit for rolling out, but this feedback from staff was just ignored"

Bypassing controls

Concerns were expressed that the delivery of key pieces of functionality were rushed through at the end of the programme to meet the deadline and normal checks and controls were bypassed for expediency

3.8. Service Operation

By this stage of the lifecycle all of the problems from the early phases manifested and the organisation just had to troubleshoot to the best extent possible. The SO phase of the life cycle followed the typical, expected arrangements with effective support from first line (Technical Support Officers), second line support (Apps Support) and escalation back to the external support partner as third line support. As the data in section 2.5.4 shows there

were high volumes of support calls commensurate with the poor quality of the user experience and aspects of RP that didn't work as planned.

The difficulties experience by the PP, necessitated the establishment of a separate team (Provider Portal Queries) who have responded to nearly 36,000 emails and escalated around 2,800 tickets for further investigation.

3.9. Continual Service Improvement

Following the closure of the RT programme in April 2024, a Service Improvement Programme was established. This was beyond the typical scope of CSI (which is to identify and implement improvements to services, processes, and overall service management practices) as its scope was to implement functionality that had been descoped in the RP programme. Implementing new functionality requires a full project or programme (depending on size) governance rather than the CSI model which is proposed in ITIL.

During this time there was an improvement programme team which was tasked with implementing functionality that had been descoped and a live services team that was fixing issues with the deployed software. Both teams were working on the same code base in different ways resulting in misalignment and functionality issues at the point of go live. This was costly to resolve impacting operational colleagues in using the system, technology colleagues trying to support and fix the system, and damaged the reputation of RP. This has been likened to "*two surgeons working on one body at the same time without talking to each other"*

Excellent work already in progress

CQC colleagues and partners have, of course, already spent countless hours engaging with end users to understand concerns and repairing technical issues with RP. The documents entitled Raised, Resolved, Reported and communication methods, like "Whilst I've Got You" video casts, along with the over 14500 incidents raised to the Service Desk which have been resolved provide evidence that many people have been working very hard to improve the experience for staff.

4. The way forward

4.1. The first order question

The terms of reference of this review are focused on answering this question:

> *Is the IT solution (RP) salvageable based on the current contractual relationship with supplier and subcontractors.*
>
> a. *If so, what needs to be done to make the IT solutions (RP), the overall operating model, the programme management and contractual controls, fit for purpose.*
> b. *If not, how should the CQC proceed to build or buy and then implement an IT solution that is fit for purpose in the shortest possible time*

It has subsequently been understood that the design and build contracts with the suppliers have elapsed.

So, the answer to the question is that yes RP is salvageable but not based on the current contractual relationships (as they have elapsed). The CQC should not be seeking to procure a completely different platform. The following paragraphs will explain the reasoning behind this assertion.

4.2. Platform choice

As a reminder, the technology industry would view the type of system that the CQC requires, as an ERP with embedded CRM. It is salvageable based on the technical platform (D365) because the platform itself provides a fit for purpose ERP/CRM solution. All reviewed independent sources (appendix 13) conclude that it is robust, flexible, scalable and capable of integration with other products. One considered it to be one of the "*top ERP systems for 2024.*" However, they also all agree that it requires careful implementation and management to avoid the pitfalls of over customisation and complexity.

This point has not been worked up as a fully costed options appraisal and that would be a sensible thing to do (in line with best practice) however one can be confident that migrating to a similar platform will incur significant additional costs in comparison to mending the configuration with the D365 platform.

Of course, the CQC has many other software platforms in use but none of these are a recognised ERP system and do not have the basic building blocks that the CQC needs to manage its full end to end workflow.

Questions have been raised about whether the CQC could revert all its services to its legacy CRM This is not recommended due to the age and stability of the solution.

As such, in line with the ITIL Principle “Start where you are” (appendix 7) the recommendation is:

Recommendation 1.The CQC retains D365 as a strategic asset and continues to mend RP on this platform.

The manner in which it is proposed that the CQC continues to mend and develop RP (within D365) is further explored in the paragraphs that follow.

4.2.1. Platform architecture

RP has been configured by as a monolithic structure rather than one based on microservices. (Appendix 11 shows the difference between monolithic and microservices architecture). This means that changes to any part of the system affect the whole system necessitating downtime of the whole when fixing a part.

While monolithic systems can be suitable in some cases, this architecture does not seem ideal for the platform’s requirements. A microservices or distributed architecture could provide better scalability, resilience, and maintainability. It would enable decoupled logical components, making it easier to isolate and resolve issues without affecting the overall system.

The downside of this approach is that it may, if managed without a holistic approach reinforce a siloed approach.

As such it is recommended that

Recommendation 2.The RP programme gradually, as apps are redeveloped, adopts a microservices architecture for the platform being careful to maintain a holistic view of the CQCs SVCs and Data/Reporting architecture.

4.3. Setting up for success

The purpose of this section (4.3) is to establish core principles and ways of working that enable the CQC to learn all the lessons of what went wrong (section 3) and ensure that it has the best chance of success in the implementation of the short-term and medium-term actions describe in sections 4.4 and 4.5. As such this section represents to “how” and sections 4.4 and 4.5 represent the “what”.

4.3.1. Governance

Whatever work is to take place to move the CQC forward it needs to be appropriately governed. Two aspects of governance are considered: Programme governance and Design/Change governance.

4.3.1.1. Programme governance

The CQC needs a well-coordinated programme of work to mend RP. The programme and the ultimate label given to RP need some consideration. Concerns have been expressed that RP is a toxic brand and requires rebranding to help people move forward. Other comments have been raised about the use of the terms Recovery and Service Improvement as they may be associated with historic behaviour. This report doesn't provide any advice on these matters but suggests they are considered. As such this report will just use the simple term "mend(ing) RP" pending the organisation considering branding choices.

Other concerns have been expressed that the concept of a formal programme is also tainted by suggestions of bureaucracy and overburdening control. This report argues that whatever the CQC does next it will aim, over a fixed time period, to achieve a significant organisational benefit, spend millions of pounds (of public money), engage effectively multiple stakeholders across and beyond its organisation through cycles of specification, design, build, test, release and operation of new IT products. This requires the temporary organisation of key people to represent the organisation and take decisions in its best interest within a best practice framework with all the necessary checks and balances. This is the definition of a programme, and this report argues that it is critical for the success of the CQC that a programme to mend the RP is established with key staff appropriately trained.

As such the recommendation is

> Recommendation 3.The CQC formally stands up a programme to mend the RP is established using MSP best practice and that anyone assigned to serve on the programme board is trained to MSP practitioner level

A programme is typically structured with multiple sub projects (the interdependencies between which are carefully managed by the programme governance). Each of these projects should be governed in an appropriate way, from the more informal approach of a Tiger Team, through the semi-formal Task and Finish Groups or where necessary using formal project management methodologies like PRINCE2 and AgilePM)**.** These are described in Appendix 4.

4.3.1.2. Design/Change governance

In ITIL, the process that controls the design and authorisation of a new or changed service is call **Change Control,** which exists to ensure that changes to technical services, infrastructure, and processes are managed in a controlled and systematic manner. This helps to minimize the risk of disruption to services and ensures that changes are implemented efficiently and effectively.

Given the experience of the organisation during the SIP programme (section 3.9) there is a need to review the effectiveness of the change control mechanisms against best practice – in particular that the design of any change is considered from the point of view of this ITIL checklist:

- **Strategic Alignment:** Ensures the change is consistent with organisational policies and strategies (e.g. Data and Reporting Strategy (section 4.3.3), the new Target Operating Model (section 4.5.1).
- **Service Level Management:** Ensure the change does not cause a reduction in the performance of the existing service.
- **Availability Management:** Ensures that IT services meet agreed availability targets to support business needs.
- **Capacity Management:** Ensures that IT infrastructure and services can meet current and future demand efficiently.
- **IT Service Continuity Management:** Ensures that IT services can be recovered and continued in the event of a major incident or disaster.
- **Information Security Management:** Protects the confidentiality, privacy, integrity, and availability of information within the organization.
- **Technical and legal standards:** Ensures the change is compliant with externally imposed standards and regulations e.g. equality and accessibility by design (GDS). Data Privacy by design (DPA) etc.

There are currently 3 levels of change authorities governing Technology, Data and Insight: The Architectural Governance Group (AGG), the Technical Design Authority (TDA) and the Change Advisory Board (CAB).

Change Control must operate within the ITIL principle of **Think and Work Holistically**. For the RP programme this must work at 2 levels:

The interconnectedness of the core aspects of the CQCs business process (i.e. Registration, Contact, Notifications, Assessment etc) must be recognised given the reported siloed working (section 3.1.5) with damaging consequences.

The other aspect of holistic thinking relates to the lifecycle of data which encompasses the stages of data creation or collection, storage, usage, sharing or distribution, maintenance, archiving, and disposal. It begins with data generation from various sources, followed by its storage in databases or data warehouses. The data is then used for analysis, reporting, and decision-making. It may be shared with other systems or users and is regularly updated and validated to maintain accuracy. Data that is no longer actively used is archived for historical or compliance reasons, and eventually, data that is no longer needed is securely disposed of to prevent recovery.

With both of these perspectives the consequences of a change within one part of the ecosystem on its other parts needs to be understood and governed effectively, throughout design, development, testing and operations.

Two recommendations are made with respect to change governance:

Recommendation 4.The Terms of Reference of the 3 levels of change control be reviewed against the best practice requirements (as listed in section 4.3.1.1), in particular to ensure strategic alignment is executed, which will necessitate broadening the membership beyond TDI staff.

Recommendation 5.The change control mechanisms should operate within the principle of **Think and Work Holistically** (Appendix 7) to ensure an enterprise wide, end to end service approach (recognising the interconnectedness of data throughout the CQCs SVCs) is taken.

4.3.2. Involving users – a new culture

A regular concern raised in almost all interviews is that stakeholder engagement was poor, exemplified by this quote from an interviewee to this IIR:

"CQC's ways of working, processes, policies, regulations etc were not understood by the designers or builders of RP".

Coupled with the behaviours described above this has led to a severe erosion of trust. There is an immediate need to rebuild trust and involve end users (and their representatives) effectively.

The method for this will be dependent on the emergent *'the CQC Way – building a positive culture through collective responsibility and engagement'*. However, making certain assumptions about how the culture will develop and cross referencing with best practice (ITILv4 principles Appendix 7) the following principles, in particular, should guide the engagement philosophy:

Focus on Value: Understand and prioritize what the customer values. Every action should contribute to delivering value to customers.

Progress Iteratively with Feedback: Implement changes in small, manageable steps with feedback at each stage to ensure alignment with goals.

Collaborate and Promote Visibility: Encourage collaboration across departments and promote transparency to improve decision-making and outcomes.

Think and Work Holistically: Consider the complete picture rather than isolated components. Systems thinking helps in understanding interdependencies and impacts.

It is recommended that:

> Recommendation 6.A staff reference group is established with representatives from all the recognised staff networks (e.g. Carers Equality Network, Disability Equality Network, Gender Equality Network, Race Equality Network, LBGT+ Equality Network, Staff Forum, etc) and a cross section of the organisations tasked with creating Stakeholder Engagement and Communications Plans (SECP) relating to each aspect of the RP programme. The whole organisation is consulted on the SECPs and once agreed active participation should be nurtured.

The SECPs (MSP provides guidance on the purpose and contents of such plans (appendix 8)) must include, as a minimum being transparent about challenges and involving people in priority setting (section 4.3.4), application design, testing and decision-making (e.g. about release and deployment).

As per the learning summary of the Ratings and Register workstream[x] (subgroup of the recovery Programme) the tendency is for users to be defined only as the "*people who collect the data with providers and are the users of the 'apps' in regulatory platform*". Effort must be made to broaden the definition of user to include the "downstream users of the data".

It is recommended that:

> Recommendation 7.When engaging end users, the definition of user is broadened to include the "downstream users" of the data.

4.3.3. A Data First Culture

The CQC should develop a policy position that recognises itself as a Data Business and lead a cultural change to promote the vital role that data plays in the execution of its

purpose. This policy position then naturally leads on to the creation of a Data Strategy for the organisation in line with GDS[1] (section 4.5.2).

It is recommended that

> Recommendation 8.As part of the CQC Way, the CQC develops a culture that views data with the same importance as public money, i.e. as a critical currency to govern effectively with appropriate training for all staff and an accountability framework for the quality and control of data commensurate with the financial scheme of delegation.

4.3.4. Prioritisation method

With hundreds of items of fixes, changes, descoped requirements etc., in the workload backlog from the full range of the user community (noting the new definition above), and the inevitable frustration that this causes, an overt prioritisation method needs to be established in line with the ITIL principle **Collaborate and Promote Visibility.**

The aforementioned SECP should define which stakeholders are consulted in the creation of this method, and once drafted, this method needs to be signed off by the RP Programme Board and then communicated widely with the entire staff base at the CQC.

Decisions made using this prioritisation method should be made public likewise progress against agreed priorities. Kanban Boards can be a simple way to display workloads of different teams, these are in use within the technical teams (hosted in the Azure Devops environment), but they are not currently visible to staff outside of TDI (or written in a way that would be helpful for that audience).

In the short-term there will be many “moving parts” to the RP which will influence the priorities:

- Some fixes and issues will go into the design of the two main Apps (Registration and Assessment) that are to be re-written.
- Some will be put on hold because they will be obviated by a planned change to the CQC operating model.
- Some may be promoted as a result of priority setting by stakeholder engagement groups (emerging from the SECPs)

The medium-term work requires a more strategic approach to priority setting as a new operating model (TOM) is established and SVCs are mapped (section 4.5.1). The Theory of Constraints (TOC) (appendix 16) is a valuable concept here to help priority setting. Using a TOC approach, it is counterproductive (in terms of increasing value to your customers) to improve any aspect of the SVC except the constraint.

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[1] Functional Standard 5 (Digital), S4.2 - Government Functional Standard - GovS 005: Digital

In simple terms every SVC will have a constraint (step in the process, certain resource etc) that sets the pace for the entire chain. The idea is to ensure that the constraint is always working at its maximum capacity, as it determines the overall throughput of the chain. If work is undertaken to improve the efficiency of a step *before* the constraint it will just increase Work in Progress (WIP) queued up at the constraint which is referred to as the "silent killer" (increases costs, complexity and confusion); efficiency improves after the constraint merely lead to that step being "starved" of work. No matter how efficient the downstream processes are, the overall throughput cannot exceed the capacity of the constraint.

It is recommended that:

Recommendation 9.An overt prioritisation method is developed in line with the SECPs. In the short term this will focus on reducing the worst of the pain points that are experienced by the staff of the CQC and enable it to fulfil its purpose.

Recommendation 10.In the medium term, once the SVCs are mapped the prioritisation method should be guided by the TOC concepts to maximise value delivered to CQCs customers.

4.3.5. Internal staff skills and capacity

The in-house skills to build and test D365 developments have been growing over the last two years, as evidenced by the in-house creation of the Assessment-lite app using D365 in the Technology Teams and the various data engineering successes between RP and EDP within the Data and Insights Teams.

It is viable, in the author's experience to take on the redevelopment of RP and its associated data flows in house and hence avoid the aforementioned difficulties encountered with contingent labour and externally supplied expertise.

This is recommended with the following conditions/safeguards:

- Staff salaries must be competitive/attractive, and it is recommended that a benchmarking exercise be undertaken for the key roles associated with IT specification, development and testing. The current Recruitment and Retention Allowance for staff appears not to be effective in enabling the necessary move from contractor to substantive labour.
- Continuous professional development be funded and managed so that all aforementioned roles are skilled and knowledgeable to work at the top of their license.

- The services of an external D365 Expert organisation be procured to provide guidance, assurance, expert escalation services, regular health checks and audits. It is recommended that this is an open procurement rather than an extension of any existing relationship.
- The capacity of the internal teams be increased and the existing relationship with fixed term/contingent labour be phased out.

Naturally these recommendations should be worked up as a formal case for the ET to consider. It has not been possible within the constraints of this IIR to work up any further details on this proposal and hence it is recommended that:

Recommendation 11.A business case is developed to augment the internal staff capacity and skills to enable an inhouse development the CQC's data and reporting requirements and RP application.

Recommendation 12.The services of an external D365 expert be engaged to provide assurance activities.

4.3.6. Role clarity

Throughout this investigation, comments were made about a variety of situations where staff roles have been unclear (particularly between contingent and substantive staff), leading to duplication of effort or omission of duties and general poorly job satisfaction. An example of this was described above (section 3.7.5.1) relating to the relationship between the Technical Training Team and the Super Users.

The best practice method to achieve role clarity within programmes and services is the RACI matrix (Responsible, Accountable, Consulted, Informed). Appendix 14 provides detailed guidance on the creation of a RACI matrix.

It is recommended that

Recommendation 13.The RACI matrix approach is used extensively to clarify roles with the programme, project and ongoing service management of RP.

4.3.7. Safe handover

Given that the programme has been severely affected by contingent labour and the comings and goings of various external suppliers, there is an immediate need to safeguard the knowledge of how the RP was built.

It is recommended that

Recommendation 14.The CQC assign or employ a dedicated IT Librarian to find all the relevant RP documentation, organise it, reference it, make it available to appropriate stakeholders as necessary in accordance with the ITIL Knowledge Management process (appendix 9). This will involve working closely with external partners.

4.3.8. Standard methodologies based on best practice

In discussions with the PMO, it was reported that there is work underway to standardise the CQC's Project and Programme Management (PPM) and Business Case disciplines in line with the central government recommendations, which are Prince2, AgilePM, MSP, ITILv4, and the three-stage, five-case business case model (as described above).

It is recommended that

Recommendation 15.Executive sponsorship is provided to support a cultural change to ensure the CQC adopts of best practice standards and methods. As a minimum the scope should include project (Prince 2, AgilePM), programme (MSP), IT service management (ITIL), business case (BBC) and technical standards (e.g. Examination and Assessment (EXA), GDS).

4.3.9. Keeping it simple

The applications within the RP are immensely complicated. This has, in part has been caused by the policy positions taken during the organisational transformation programme (e.g. the establishment of over 90 Assessment Service Groups and the creation of Evidence Categories). Maintaining such a complicated suite of processes and hence application configuration and training staff in their use brings a heavy cost and management overhead. Using two of the ITIL principles (**Keep it Simple and Practical; Focus on Value)**, as the CQC moves forward with policy refresh, process redesign and application reconfiguration it must seek every opportunity to keep processes as simple as possible and focus on the value the activities bring to stakeholders being prepared to sacrifice some fringe value if it drives complexity which is not practicably implementable.

It is recommended that

Recommendation 16.All policy and process redesign attempts aim to reduce complexity as much as possible by using the principles of **Keep it Simple and Practical; Focus on Value.**

4.4. Short term immediate action

A consensus is emerging about the immediate fixes that need to be implemented to ensure that the CQC's basic operational processes are "Safe and Stable". The recommendations below reflect the recently presented (All colleague call (9,10 Jan 2024)) immediate actions, proposing technical and governance approaches.

4.4.1. Assessment Application

Workshops were held during Autumn 2024 with operational staff, legal, equality networks, trade unions, tech colleagues, and data and insights teams to identify core business requirements for a new version of the Assessment App branded as **Assessment Lite**.

The new app has been developed with inhouse D365 skills based on these requirements and is currently in the UAT phase. It is recognised as a simple version of Assessment process and acts as an MVP. It has received positive feedback from end users. It needs some technical tweaks but is generally stable. It addresses the known issues in the RP Assessment App (e.g., character count limitations, scoring at the evidence category level, uploading of documents, etc.) and resolves the vast majority of the 47 issues that have been documented (Appendix 15).

As it is a separate App (with its own database) that will be connected to RP it has (if it is adopted) started the movement to a microservices based architecture (section 4.2.1).

In line with the MVP concept, it will need considerable ongoing development to enable it to support the entire assessment process end-to-end for all sectors, including more complex ones like acute trusts and mental health trusts.

This work would be best governed by a formal project using the Agile PM management methodology, within the programme to mend RP. This must be managed in line with the ITIL principle of **Progress iteratively with feedback.**

It is recommended that

> Recommendation 17.Assessment Lite (a microservice built using D365 by an inhouse capability) is recognised as a formal project within the RP mend programme. This project is managed using AgilePM methodology.

4.4.2. Publishing Reports

There is an urgent need to resolve the assessments and hence reports which are "stuck" in the RP system. The root causes of why assessments get stuck are a combination of poor programming of the system, where there are 'dead ends,' and a lack of

understanding of how to use the system optimally as a result of its complexity. The CQC has a very effective Apps Support team, within the Service Delivery function who are able to investigate where the assessments are stuck and resolve the issues. The recommendation that this report would make for the existing “stuck” assessments is already being enacted – i.e. assign a senior leader to manage a Task and Finish group to investigate each assessment in this position and resolve it.

The two workarounds described earlier (section 2.8) are being implemented (Hybrid approach already live, Off Platform LAPS due to go live within the next few weeks) to prevent more assessments and reports becoming stuck.

It is recommended that:

Recommendation 18.The CQC should recognise that the two approved workarounds (Hybrid, Off Platform LAPS) may have unintended consequences (as they introduce more system complexity) and will make the management oversight difficult (as they were designed without a Data-First approach). They should be documented carefully and managed as standard work for the short term until the assessment App is rebuilt.

4.4.3. Notifications processes

Given the serious incident where 20,000 Notifications went unprocessed for up to a year, there is an urgent need for effective management oversight of the Notification process to provide assurance that the status of each Notification is understood, and escalations managed as necessary. Given the multi-channel and uncontrolled way (e.g. old versions of document templates, multiple notifications bundled into one email attachment, etc.) in which providers are currently (section 2.3) able to submit legal Notifications it is impractical to write data collection and reporting tools to provide oversight of such complexity and as such the CQC is living with considerable risk in this area.

There are many public sector precedents of compelling customers to use the correct templated form/a web portal – e.g. Self-Assessment Tax returns, renewing car road tax, applying for a passport renewal etc.

Using the principle of **Keep it Simple and Practical** it is recommended that

Recommendation 19.the CQC mandates a single method (via the PP) for providers to submit Notifications.

This will require a management of change exercise with providers who will need to be given sufficient notice and support to make this change. This should be preceded with an engagement exercise with Providers to test the feasibility of this recommendation

and to flush out edge cases for which it is impossible for providers to comply against which a small number of exceptions may need to be granted. During the engagement exercise the CQC should test the feasibility of simplifying the ownership of the Notification -i.e. making it clear, via messaging on the PP (at the point of form submission) that whoever submits the form, whether a single account or group account, they are doing so under the authority of the accounting officer of the provider.

It is further recommended that

> Recommendation 20.the CQC tests the feasibility of simplifying the provider ownership of Notifications.

4.4.4. Registration Application

A view has been expressed that Registration should remain on the legacy CRM solution for the medium term (perhaps for the next year), rejecting the process automation that was built into RP for Registration and ensuring the team is right sized to manage this process effectively while attention is focused on fixing the other aspects of the CQC's core process that reside on RP. A counter view has been put forward that due to its interdependency with the other aspects of the process and the errors that have occurred (section 2.9) it should be reintegrated onto RP as soon as possible. This report recommends that a Registration project is established as part of the mending RP programme with the aim of creating a Registration App within D365 as a microservice.

It is recommended that:

> Recommendation 21.The registration app is rewritten in house as a microservice built using D365. This is recognised as a formal project within the RP mend programme and managed using AgilePM methodology.

4.5. Medium Term/Foundation Improvements

The recommendations in the category are not intended to signal that they should be started in a later phase of the RP mend programme but that they will inevitably take longer to implement. It is recommended that work in the Medium Term/Foundation Improvements starts immediately.

4.5.1.The Target Operating Model and business process maturity

As described above (section 3.4), it is impossible to build an effective enabling technical solution to support a suite of business processes if the latter are immature (as defined by BPMM (appendix 2). These processes form part of the TOM along with other

considerations (e.g., organisation, information, people, and governance). (Appendix 10) shows more details on a TOM). This has been referred to internally at the CQC as the "regulatory approach".

Whilst certain urgent fixes can and must be made to the RP it will be impossible to run the CQC business processes on RP (and hence retire legacy systems) until the TOM and crucially its business processes mature to a level where they are effective, fully documented agreed by all stakeholders and capable of being managed (i.e. all staff are coached to achieve them as "standard work").

As such, it is recommended that the organisation urgently embarks on a programme to develop, confirm, reinvigorate, and manage user adoption to its TOM, starting with the re-examination of the viability of the SAF methodologies and the policies which underpin it (e.g., algorithm-based scoring versus professional judgement, the use, or not, of Evidence Categories). Once agreement is reached about the policy positions, business processes need to be developed to BPPM maturity level 4. It is acknowledged that some of these processes will be capable of being operationalised now given the existing combination of CRM, off line working and RP functionality. Others will have to be in a theoretical "To Be" status until the technology "catches up" but as much testing of these as possible should be undertaken to provide assurance that they are practicable.

The principle of **Focus on Value** should be adopted as the TOM is redeveloped. Whilst this may sound obvious, it can be very challenging to do in practice as the first question is "Value for whom?", given the large number of stakeholders that the CQC serves. A couple of examples are shown below to illustrate value in the perspective of different stakeholders:

New provider: It has been stated that the value for a new entrant to the care market is not just a registration certificate but also the outcome of their first inspection that provides them a rating. This perspective may alter the current structure where Registrations are managed separately from Assessments and the technology is built in separate applications.

Existing Provider: In the author's experience, when a provider receives a down rating of Inadequate or Requires Improvement, potentially following a CQC risk assessment as a result of Contacts with the public or statutory Notifications, they may feel that they have let the public down. They are required (quite correctly) to publicise (website, posters, banners) the rating and will do everything in their power to implement the necessary changes as quickly as possible and ensure that they are sustainable. They then need the re-inspection to take place urgently to validate the improvement work and reinstate their position with the public (to Good or Outstanding).

As such, the time between the completion of the remedial work and the re-inspection is a critical success factor from the perspective of a provider in this position. Arguably this

is also true of the members of the public that the provider serves who may be taking decisions (i.e. whether to access care or not) based on an out-of-date rating. Examples can be found where the remedial work was completed more than 2 years ago, and the rating has not yet changed.

Once value propositions are known, then the chain of events that creates that value can be described (the Service Value Chain). It is likely that the CQC has a number of SVCs but relatively small in comparison to, say, an acute hospital.

In relation to the two examples above, a very simplistic view of the SVCs follows:

New provider SVC: Registration >> Assessment/Inspection

Existing Provider SVC: Contact/Notifications >>Assessment/Inspection>> (possible)Enforcement>> Assessment/Inspection.

Detailed SVC mapping and analysis then enable prioritisation of work by using the concept of TOC (Appendix 16), as described in section 4.3.4.

Effective business process design should involve co-production with key stakeholders, including internal colleagues and external partners such as providers, NHS England, and DHSC. This collaborative approach ensures that the processes are well-informed and widely accepted.

This is a large undertaking and is likely to take months. However, the CQC is not starting from scratch – Process Libraries and Knowledge Banks exist on the CQC intranet with dozens of process and sub process diagrams. The organization has capable people who can lead and facilitate the necessary changes in business process design and has successfully undertaken similar initiatives in the past, such as the development of the five key questions methodology. These individuals have the skills and experience needed to undertake this work effectively. While the capability exists, there is a need for strong leadership and facilitation to guide and support these efforts. This includes providing direction, resources, and support to ensure successful outcomes.

It is recommended that:

Recommendation 22.The CQC urgently embarks on a programme to develop/confirm/reinvigorate and manage user adoption to, its TOM. This work is guided by the principle Focus on Value. SVCs that run through this TOM are developed and a TOC approach is taken to understand and then manage the constraints within the SVCs. Staff training in TOM, SVCs and TOC is provided as necessary.

4.5.2. A Data and Reporting Strategy

To support a Data First culture, it is recommended that:

> Recommendation 23.The CQC develops a Data and Reporting Strategy line with the recognised Government Functional Standard[i]. External support should be engaged to help the CQC create this strategy.

This strategy will, at a minimum:

Review and then confirm the target reporting **architecture** and develop a fully funded **roadmap** to progress to this status. This is expected to restate the retirement of a legacy data warehouse recognizing this covers over 100 external datasets a developing/procuring a more robust method of integrating qualitative data.

Develop a **governance** model (similar to a scheme of delegation for financial control) that assigns ownership of data domains and their component subject areas to appropriate senior staff throughout the CQC who will then be expected to implement the appropriate controls to ensure the full data lifecycle (section 4.3.1.2) is managed. This governance model should create/reinforce cross functional teams that include technology, data and business areas that have ownership of a particular aspect for the system/service. For example, a Registration team/teams made up of users, engineers who can develop the tech, data experts who can understand the data implications, testers etc- who own the end-to-end Registration flow and continue to develop it over time.

Define the approach to data quality reporting which provides an accountability framework to underpin the data governance model.

Restate the way data changes are governed in an integrated approach (as per change control, section 4.3.1.2).

State the strategic intent to change the resourcing model from a heavy reliance on external or contingent labour to appropriately skilled inhouse substantive workforce, right sized for the agreed pace of the strategy.

Analyse the nature of Technology Data and Insight workforce constraints (e.g. reliance on single “points of brilliance”) and supplement them where possible using the TOC approach (appendix 16).

Recognize that the self-build and self-run approach taken for RP necessitates a significant ongoing financial investment which requires an uplift in internal digital capabilities to ensure the Service Operation and Continual Service Improvement phases of the Service Lifecycle are properly established and skilled. This is reinforced

by the UK Gov Functional Standard for Digital which mandates the CQC to adhere to the service standard: “through all phases of the service life cycle”.

Define how a skills audit will be undertaken, and staff be supported to upskill in concepts like data science and AI, cloud computing and tools like R, Python, Power BI etc. This skills audit should extend beyond the TDI teams and consider the educational requirements of senior managers (again similar to financial controls – senior manager are not accountants, but they are expected to understand capital/revenue accounting, budget statements and NPV etc).

Signal the development of policies and processes to enable effective use of AI tools. Given the high-volume, repeatable processes that the workforce of the CQC is compelled to undertake that add no value (section 2.3) there is an urgent need for some tactical deployment of Robotic Process Automation. This could be at the “traditional” approach of scheduled macros which just unintelligently automate keyboard/mouse input to save human effort or a more sophisticated use of AI agents which can infer logic from natural language.

5. Summary

From 2019 to 2024, the CQC undertook a transformation of its core IT system from a legacy Customer Relationship Management (CRM) system, to an enhanced bespoke cloud-based application based on the Microsoft Dynamics 365 (D365) platform that aimed to replace the legacy CRM functionality and enhance it with Enterprise Resource Planning (ERP) functionality. The industry definitions of these two terms are in Appendix 12. This was undertaken alongside an organisational transformation that aimed to move the CQC to a fundamentally new operating model to support a transformed regulatory approach.

The root cause of the IT failure is a failed organisational transformation. Some interviewees have proposed that the transformation was too ambitious, in attempting to change too many things at once (core processes, organisational structures, roles and underpinning technology) but there are many examples of successful such changes in other organisations and industries (University of Bath, 2015)[xi]. Indeed, an argument can be made that, when embarking on a fundamental change to its core processes, an organisation doesn't have a choice but to change all the other aspects (structures, roles, technology) in concert given that all work takes place as a combination of people, processes and technology (PPT)[2]. This is recognised in best practice as the creation of a TOM (Appendix 10). Seemingly, the CQC's attempts to create a TOM to articulate how the new Regulatory approach would work in practice, have not been accepted by the organisation.

The SAF has become a convenient simplistic label for what went wrong in the organisational change programme. It is more accurate to say that the organisational decisions taken around the methodology of delivering the SAF and executing this with a technical solution are where the problems occurred (e.g. scoring methods, evidence categorisation). This point is reinforced by the fact that staff are undertaking assessments using the SAF off-platform and it is working quite well.

3 years after the launch of the SAF, elements of it are variably applied in practise (e.g. automatic assessment scoring requiring manual moderation), some policies (e.g. evidence category scoring) have been reverted to a transformation approach and other policies (e.g. restricting the volume of provider-supplied documentation) have proved to be unworkable.

When an organization transformation fails the IT will also fail, as it exists to enable/underpin the core processes being transformed. If the core processes are unclear or unstable, designing the technology will be like trying to hit a moving target. The IT is a very visible, tangible artifact of this failure and is causing daily harm to the

[2] **"People-Process-Technology"** (PPT) model is frequently referenced in various fields, including IT service management, business transformation, and organizational development

organisation’s mission and its people, but this report argues it is not the underlying root cause.

The technology-based change programme (RP and then RT) also had major failings along the whole Service Lifecycle. There were many flaws in the OBC and FBC that created a difficult context for the programme to be effective. The Design and Transition phases of the lifecycle were hampered by unrealistic timescales (established in the business cases) and a dominance of contingent labour that could not fully understand the CQC’s existing or intended operating model. Some technical mistakes were made in the software build process, and UAT was constrained to the point that poor software was released into the live environment on a number of occasions.

This strategic IT solution can be built using the existing platform, D365, which is independently recognised as a robust, flexible and scalable solution capable of achieving CRM/ERP functionality and used by hundreds of thousands of organizations worldwide for this purpose. It is recommended that the emerging in-house capabilities to build and support D365 applications be strengthened to enable this strategy to be executed without reliance on external and contingent staff. This core recommendation is underpinned by several other supporting proposals.

Many short-term IT changes need to take place urgently to address the immediate pain that staff are feeling, and these will be recommended. However, the most fundamental recommendation is that the CQC re-establish an effective TOM, which is acceptable to its staff, embraces their collective deep expertise, and leads its implementation appropriately. In parallel with this the CQC should develop a Data-First culture and enabling strategy to promote data as a strategic asset.

This report makes 23 recommendations to help the CQC move forward. These are repeated below:

- Recommendation 1. The CQC retains D365 as a strategic asset and continues to mend RP on this platform.
- Recommendation 2. The RP programme gradually, as apps are redeveloped, adopts a microservices architecture for the platform being careful to maintain a holistic view of the CQCs SVCs and Data/Reporting architecture.
- Recommendation 3. The CQC formally stands up a programme to mend the RP is established using MSP best practice and that anyone assigned to serve on the programme board is trained to MSP practitioner level
- Recommendation 4. The Terms of Reference of the 3 levels of change control be reviewed against the best practice requirements (as listed in section 4.3.1.1), in particular to ensure strategic alignment is executed, which will necessitate broadening the membership beyond TDI staff.
- Recommendation 5. The change control mechanisms should operate within the principle of **Think and Work Holistically** (Appendix 7) to ensure an enterprise wide, end to end service approach (recognising the interconnectedness of data throughout the CQCs SVCs) is taken.
- Recommendation 6. A staff reference group is established with representatives from all the recognised staff networks (e.g. Carers Equality Network, Disability Equality Network, Gender Equality Network, Race Equality Network, LBGT+ Equality Network, Staff Forum, etc) and a cross section of the organisations tasked with creating Stakeholder Engagement and Communications Plans (SECP) relating to each aspect of the RP programme. The whole organisation is consulted on the SECPs and once agreed active participation should be nurtured.
- Recommendation 7. When engaging end users the definition of user is broadened to include the “downstream users” of the data.
- Recommendation 8.As part of the CQC Way, the CQC develops a culture that views data with the same importance as public money, i.e. as a critical currency to govern effectively with appropriate training for all staff and an accountability framework for the quality and control of data commensurate with the financial scheme of delegation.
- Recommendation 9. An overt prioritisation method is developed in line with the SECPs. In the short term this will focus on reducing the worst of the pain points that are experienced by the staff of the CQC and enable it to fulfil its purpose.
- Recommendation 10. In the medium term, once the SVCs are mapped the prioritisation method should be guided by the TOC concepts to maximise value delivered to CQCs customers.

- Recommendation 11. A business case is developed to augment the internal staff capacity and skills to enable an inhouse development the CQC's data and reporting requirements and RP application.
- Recommendation 12. The services of an external D365 expert be engaged to provide assurance activities.
- Recommendation 13. The RACI matrix approach is used extensively to clarify roles with the programme, project and ongoing service management of RP.
- Recommendation 14. The CQC assign or employ a dedicated IT Librarian to find all the relevant RP documentation, organise it, reference it, make it available to an appropriate stakeholders as necessary in accordance with the ITIL Knowledge Management process (appendix 9). This will involve working closely with external suppliers.
- Recommendation 15. Executive sponsorship is provided to support a cultural change to ensure the CQC adopts of best practice standards and methods. As a minimum the scope should include project (Prince 2, AgilePM), programme (MSP), IT service management (ITIL), business case (BBC) and technical standards (e.g. Examination and Assessment (EXA), GDS).
- Recommendation 16. All policy and process redesign attempts aim to reduce complexity as much as possible by using the principles of **Keep it Simple and Practical; Focus on Value.**
- Recommendation 17. Assessment Lite (a microservice built using D365 by an inhouse capability) is recognised as a formal project within the RP mend programme. This project is managed using AgilePM methodology.
- Recommendation 18. The CQC should recognise that the two approved workarounds (Hybrid, Off Platform LAPS) may have unintended consequences (as they introduce more system complexity) and will make the management oversight difficult (as they were designed without a Data-First approach). They should be documented carefully and managed as standard work for the short term until the assessment App is rebuilt.
- Recommendation 19. The CQC mandates a single method (via the PP) for providers to submit Notifications.
- Recommendation 20. The CQC tests the feasibility of simplifying the provider ownership of Notifications.
- Recommendation 21. The registration app is rewritten in house as a microservice built using D365. This is recognised as a formal project within the RP mend programme and managed using AgilePM methodology.
- Recommendation 22. The CQC urgently embarks on a programme to develop/confirm/reinvigorate and manage user adoption to, its TOM. This work is guided by the principle Focus on Value. SVCs that run through this TOM are developed and a TOC approach is taken to understand and then manage the

constraints within the SVCs. Staff training in TOM, SVCs and TOC is provided as necessary.

- Recommendation 23. The CQC develops a Data and Reporting Strategy line with the recognised Government Functional Standard[i]. External support should be engaged to help the CQC create this strategy

6. Appendices

6.1. Appendix 1: Summary of the meeting with the trade unions

A detailed summary of the meeting with the trade unions, Dec 2024.

1. **Painful Implementation**:
    - The regulatory platform's implementation has been described as painful for staff, particularly due to unmet expectations and misleading information from senior leadership.
2. **Lack of Risk Assessment**:
    - There was no risk assessment conducted for the regulatory platform, leading to uncertainty and stress among staff about its impact on their work.
3. **Accessibility and Usability Issues**:
    - The platform did not meet accessibility standards, causing difficulties for staff, especially those requiring assistive technology.
    - The system was not user-friendly, contradicting initial promises.
4. **Health and Well-being Concerns**:
    - The stress and uncertainty caused by the platform's implementation have negatively affected staff health and well-being.
5. **Governance and Communication Failures**:
    - Promised governance processes and communication with trade unions about the platform's introduction and its implications were not followed through.
6. **Staff Involvement**:
    - Frontline staff were not adequately involved in the development and rollout of the platform, leading to a disconnect between the system's design and its practical use.

6.2. Appendix 2: Business Process Maturity Model (BPMM) levels

The Business Process Maturity Model (BPMM) includes five maturity levels that signify the transformation of an organization based on improvements in its processes and capabilities:

1. **Initial**:
    - Processes are ad hoc and chaotic. Success depends on individual effort, and there is little to no process discipline.
2. **Managed**:
    - Basic project management processes are established. Processes are planned and executed in accordance with policy, but they may still be reactive.
3. **Standardized**:
    - Processes are standardized, documented, and communicated across the organization. There is a focus on process definition and institutionalization.
4. **Predictable**:
    - Processes are measured and controlled. The organization uses metrics to manage processes and ensure they are stable and predictable.
5. **Innovating**:
    - Continuous process improvement is enabled by quantitative feedback and innovative ideas. The organization focuses on optimizing processes and adapting to changes proactively

These levels help organizations assess their current process maturity and identify areas for improvement to achieve higher efficiency and effectiveness.

6.3. Appendix 3: Best practice set of risk headings for a large-scale digital transformation programme

Green highlights show where the risk register embedded into the FBC maps to one of the headings

Strategic Risks:

- Misalignment with business objectives
- Lack of executive sponsorship
- Inadequate change management

Operational Risks:

- Process disruptions
- Integration challenges with existing systems
- Insufficient training and user adoption

Technical Risks:

- Technology selection and compatibility issues
- Data migration and integrity problems
- Cybersecurity vulnerabilities

Financial Risks:

- Budget overruns
- Unclear ROI and benefits realization
- Funding and resource allocation issues

Compliance and Regulatory Risks:

- Non-compliance with industry standards and regulations
- Data privacy and protection concerns
- Legal and contractual obligations

Project Management Risks:

- Scope creep
- Missed deadlines and milestones
- Inadequate risk management planning

Human Resources Risks:

- Skill gaps and talent shortages
- Resistance to change
- High turnover rates

Stakeholder Risks:

- Miscommunication and lack of stakeholder engagement
- Conflicting stakeholder interests
- Unrealistic expectations

6.4. Appendix 4: Tiger Team, Task and Finish Group, Project and Programme

Tiger Teams - is a specialized, cross-functional group of experts assembled to solve critical, high-impact problems or achieve specific, urgent goals. They operate with a high degree of autonomy and flexibility, disbanding once the issue is resolved or the goal is achieved

Task and finish groups are temporary, cross-functional teams established to accomplish a specific objective, such as a review or policy development, within a set timeframe. They operate under the governance of a parent body, which defines their remit and oversees their progress until the task is completed and the final report or recommendations are delivered

A **formal project** is a structured initiative with defined objectives, scope, timeline, and resources, managed through a systematic process to achieve specific goals. It involves detailed planning, execution, monitoring, and completion, governed by established methodologies such as PRINCE2 or Agile.

A **formal programme** is a coordinated set of related projects and activities managed together to achieve strategic objectives and deliver long-term benefits. It involves ongoing governance, resource management, and alignment with organizational goals, using established methodologies such as MSP (Managing Successful Programmes)

6.5. Appendix 5: Ergonomic review

Summary of meeting with users of the new Regulatory Platform (RP) 19th August 2024

Introduction

This report summarizes the findings following a meeting with a selection of CQC users of the newly implemented Regulatory Platform (RP). The users included Inspectors, Assessors, Regulatory Coordinators, and Operations Managers. The feedback and observation of the users undertaking activities on the system highlighted some significant concerns related to the functionality, usability, and impact of the new systems and the subsequent effect on the users mental and physical health.

This review was composed of about two hours discussion away from the system and two hours discussion with access to the system to demonstrate issues raised by users who had expressed concerns. It was not an in-depth structured review.

The following sections outline the key issues raised.

Summary of Feedback

System Usability and Efficiency

- Complex and Cumbersome Processes: The RP was reported by users as being overly complex, requiring numerous input clicks and steps to complete tasks that were considered straightforward with the previous CRM system. It was stated that this has led to inefficiencies and a significant increase in the time required to complete assessments. Although it was not possible to compare tasks with the CRM system, it was possible to observe the required number of actions/clicks to undertake some selected tasks. It was observed that a significant number of clicks were required due to the way the tasks had been broken down. This repetitive clicking could in my opinion could lead to both frustration and overuse conditions in the upper limb especially if the lag time (discussed later in the report) is reduced.
- Navigation and Workflow Issues: Users expressed frustration with the platform's inefficiency, citing that prolonged periods are required to navigate between documents and evidence. Some tasks were demonstrated, and it was observed that the demonstrated process required many actions, and, in some instances, it appeared difficult to ensure the right documents were selected for inclusion within the report. The need for repetitive actions was also reported and observed in the demonstrated activity, which was stated to slow down the workflow and contributing to musculoskeletal discomfort.

Training and Support

- Inadequate Training: The feedback received indicated that the users felt that there had been a lack of training on the system before implementation and poor ongoing support. The training provided, in the sandbox environment, was

specifically criticized for being ineffective; it was requested to view this training, but it appeared to be unavailable during the time of the review.

- Insufficient Guidance: Insufficient guidance was stated as a concern, with users saying that due to lack of centralised support they relied heavily on peer support and word-of-mouth to navigate the platform. This with the pressure to reduce the backlog of work was reported to have led to 'work arounds', inconsistent practices and increased stress among staff.

Impact on Health and Wellbeing

- Physical Strain: The use of the new RP with the increased number of actions to complete tasks has coincided with increased reports of physical strain, including upper limb disorders, eye strain, and headaches. These issues are reported to have been exacerbated by the platform's design, which does not appear to adequately accommodate some of the reasonable adjustments put in place to support physical concerns. It was observed that one of the users was using a mouse to complete activities rather than using digital dictation and on discussion they stated that this was due to time pressures and needing to get the tasks completed, they stated that this was causing physical pain. It was reported that during the testing of digital dictation useability with the new system as long as the action could be completed this was deemed as acceptable rather than could the tasks be completed efficiently. During the review repetitive actions to select options were observed as well as the complex time-consuming processes digital dictation users needed to use to complete some tasks e.g. the use of mouse grid to navigate to some screen areas. Using the mouse grid was observed to require many more steps thus slowing the user's progress. Having observed this process, it was not surprising to be told and see that due to the time pressures users will revert to using a physical input device rather than using digital dictation and the mouse grid undermining the controls put in place to reduce the musculoskeletal risks.
- Psychological Impact: The platform and the situation created by the concerns appears to have had a significant emotional and psychological impact on employees, with users reporting increased stress, anxiety, and a diminished sense of competence. This appears to have negatively affected job satisfaction and the wellbeing of users. During the interviews, the frustration and concern over the delays the system created was causing was raised frequently and some users stated that they and their colleagues no longer enjoyed their work, had lost confidence and questioned their competence as a result.

Operational Challenges

- Unreliability and Incomplete Assessments: The users stated that they felt they could not rely on the system due to issues with unsaved work, overwriting (a particular problem reported when more than one colleague was working on a case as instead of inserting additional information the system appeared to overwrite the existing information from the other assessor) and difficulties in managing

assessments, has posed significant operational challenges. This has reportedly led to delays in completing assessments.

- Implementation Concerns: There were concerns raised regarding the rollout of the system, with feedback suggesting that the users feeling that the system was not adequately tested for their needs or that feedback was not acted on before implementation. One user reported that when feedback was provided that they were told that they were ‘Change resistant’.

Specific Application and User Concerns

- Assessment Application: The assessment application was identified as the part of the system causing the greatest concern, with users highlighting that they found it inefficient and required a large number of actions/clicks to complete tasks. Examples of this were demonstrated during the review and it was observed that to enter information about an issue on the system required on average about five clicks with a lengthy wait before the action from the selection was displayed, this would be frustrating for the user and would be inefficient, increasing time to complete the task. Employees reported that due to the time delays they would try to do several tasks at the same time, this would likely make things more inefficient as usually multitasking is an inefficient strategy and likely to create errors. The reported inability to view cases in overview and the fragmented process were stated as particularly problematic. Delays in parts of the system responding were raised and demonstrated. One identified delay was timed as part of this review and found to be 45 seconds from click to the action being completed, this action was repeated, and the delay demonstrated each time it was tested. This delay (indicated by four dots moving across the screen) was reported to be ‘usual’ and when combined with the number of clicks required to complete the tasks in my opinion would be frustrating and time consuming.
- Digital Dictation Software: Users of the digital doctation software reported significant frustrations when using parts of the system, noting that while it can achieve tasks, for some tasks it is excessively time-consuming and inefficient compared to using a physically controlled pointing device. I observed that to access parts of the screen required the use of the ‘mouse grid’ so requiring several steps to achieve the required action. The user who demonstrated this reported that due to the increased time using digital dictation takes ‘to get the job done’ they have regularly reverted to using a mouse which has inflamed their musculoskeletal problems.
- Operations Management: Managers reported that the systems’ current setup complicates the assurance process, requiring time-consuming and ineffective communication with assessors. The inability to review complete documents, and not to be able to use ‘tracked changes’ to provide feedback combined with the lack of a copy-and-paste facility were noted as major frustrations and time-consuming issues. An example of this review process was demonstrated and from experience in reviewing documents it was observed that this process would take longer than reviewing the whole document and using tracked changes. Having to

feedback and needing to describe the areas you are commenting on so the feedback makes sense would require more physical and time-consuming inputting for the assessor and would be more difficult for the recipient to understand without the context of the rest of the document to refer to.

Additional Operational Concerns

- NCSC: There were reports of frustration with the NCSC application, particularly regarding the inability to be made aware of situations where multiple complaints about the same client had been received and the lack of visibility into cases. It was not possible to observe this in action.
- Factual Accuracy: Concerns were raised about the lack of visibility where changes have been made, leading to challenges in ensuring accuracy and reliability in assessments. Additionally, issues with the integration between the RP and CRM were reported. It was not possible to review this due to the nature of the situation.

Time Requirements and Productivity

- Increased Time Requirements: It was reported that the time required to complete a typical assessment report has nearly doubled, leading to concerns about increasing backlogs. It was stated that Managers feel that much of their time is now spent managing the wellbeing of their teams rather than focusing on their primary responsibilities.
- Workarounds and Reduced Productivity: The need for workarounds was reported as commonplace, users were concerned that this could lead to errors or omissions. Use of the platform was reported to have led to reduced productivity, with employees reporting experiencing significant physical and mental strain.

Recommendations and Conclusion

The feedback from the users and the observations made during the brief review indicates the need for a swift comprehensive review and improvement of usability and accessibility of the Regulatory Platform to address the significant issues identified. The following recommendations are suggested:

1. System Review and Usability Improvements: A thorough review of the RP appears to be needed to help improve its usability and efficiency particularly for those who use voice activated software. The users appear keen to be involved and user focus groups may be helpful in this review to ensure the highest priority actions are completed first, this should also have a positive impact in the user's confidence in the system, however frustration was expressed that previous

feedback did not appear to have been listened to. Areas of focus should include reducing the number of clicks required for tasks, and enhancing navigation, accessibility options being able to be used effectively, reducing data retrieval lag times and improving workflows.

2.Targeted Training and Support: A more robust training program appears to be important, with targeted and effective training tailored to different user roles. Support mechanisms should also be enhanced to provide ongoing assistance to users before systems go live.

3.Health and Wellbeing Initiatives: Immediate action appears to be needed to address the physical and psychological impact of the new RP on employees. A road map to improvement and effective snagging and feedback systems would help the users to feel that they were being listened to and involved in improvements, this is likely to be a significant help in improving their mental health. Consideration should be given to the possibility of returning to the old system while changes are made to ensure the back log does not increase and accessibility solutions are able to be used whilst adjustments and improvements are made.

4.Review of digital dictation software Integration: The use of this software with the RP must be ensured, the ability to use it effectively must be checked for all tasks, with a focus on optimizing its performance and reducing users feeling that they need to revert to physical input methods that may exacerbate their musculoskeletal conditions.

5.Streamlining Processes for Managers: The platform should be adjusted to allow for more efficient management of assurance processes, including the ability to review documents holistically and make annotations directly on the documents.

Addressing these issues appears crucial for restoring confidence among staff, improving efficiency, and safeguarding the health and wellbeing of the workforce. The current situation appears to have had a significant negative impact on the effectiveness of the process and its employees.

29.08.2024

6.6. Appendix 6: Studies into Home Working, collaboration and communication

1. **Increased Siloing**: A study involving over 61,000 Microsoft employees found that remote work led to more siloed communication. Employees engaged in fewer real-time conversations and spent less time in meetings, which could hinder collaboration and the sharing of new information[1][2].
2. **Less Dynamic Networks**: Research from MIT indicated that remote work made workers' collaboration networks less dynamic over time. This ossification of networks can reduce the flow of information and innovation[3].
3. **Challenges in Communication**: The same studies highlighted that while remote work offers flexibility, it can also create challenges in maintaining effective communication and collaboration, especially for complex tasks that benefit from spontaneous interactions[1][2].

Overall, while remote work provides many benefits, it can also pose challenges for collaboration.

References

[1] When everyone works remotely, communication and collaboration suffer ...

[2] How Remote Work Affects Our Communication and Collaboration - Greater Good

[3] THE EFFECTS OF REMOTE WORK ON COLLABORATION AMONG INFORMATION WORKERS

There have been studies examining the impact of remote work on building social capital. Here are some key findings:

1. **Shrinking Networks**: Research from Microsoft found that remote work led to a significant reduction in employees' internal networks. Connections with colleagues outside of immediate teams decreased, which can hinder the development of social capital[1].
2. **Challenges in Visibility**: A study highlighted in the Harvard Business Review noted that remote workers often become less visible within their organizations. This invisibility can make it harder to build and maintain social capital, which is crucial for career advancement and effective collaboration[2].
3. **Intentional Efforts Needed**: To counteract these challenges, experts recommend that remote workers be proactive in building relationships. Strategies include being generous with time, communicating strategically, and making intentional efforts to connect with colleagues[2].

Overall, while remote work offers many benefits, it can pose challenges for building social capital.

References

[1] What a Year of WFH Has Done to Our Relationships at Work

[2] Building Social Capital When You Work Remotely - Harvard Business Review

6.7. Appendix 7: ITIL V4 Principles

ITIL (Information Technology Infrastructure Library) v4 focuses on aligning IT services with the needs of businesses. It introduces key principles that help organizations deliver value through effective and efficient IT services. Here are the core ITIL v4 principles:

1. **Focus on Value**: Understand and prioritize what the customer values. Every action should contribute to delivering value to customers.
2. **Start Where You Are**: Assess the current situation to make use of existing resources and avoid reinventing the wheel.
3. **Progress Iteratively with Feedback**: Implement changes in small, manageable steps with feedback at each stage to ensure alignment with goals.
4. **Collaborate and Promote Visibility**: Encourage collaboration across departments and promote transparency to improve decision-making and outcomes.
5. **Think and Work Holistically**: Consider the complete picture rather than isolated components. Systems thinking helps in understanding interdependencies and impacts.
6. **Keep it Simple and Practical**: Simplify processes to focus on what adds value. Avoid over-complication to enhance efficiency and clarity.
7. **Optimize and Automate**: Optimize processes before automating them to ensure efficiency. Leverage technology to reduce manual work and increase consistency.

6.8. Appendix 8: Stakeholder Engagement and Communications Plan

According to the Managing Successful Programmes (MSP) framework, the purpose of the Stakeholder Engagement and Communications Plan is to ensure that stakeholders are effectively engaged and informed throughout the program. This involves:

1. **Identifying and Analysing Stakeholders**: Understanding who the stakeholders are, their interests, and how they might impact or be impacted by the program.
2. **Engaging Stakeholders**: Developing strategies to involve stakeholders in the decision-making process, ensuring their needs and expectations are considered.
3. **Communicating Effectively**: Establishing clear and consistent communication channels to keep stakeholders informed about the program's progress, goals, and any changes.
4. **Managing Expectations**: Helping stakeholders understand the program's objectives, timelines, and potential challenges to align their expectations with the program's outcomes.
5. **Facilitating Feedback**: Creating opportunities for stakeholders to provide feedback and suggestions, which can be used to improve the program.
6. **Building Trust and Support**: Fostering a collaborative environment where stakeholders feel valued and supported, leading to better cooperation and program success.

6.9. Appendix 9: ITIL knowledge management process

ITIL Knowledge Management is a process within the ITIL framework that focuses on **capturing, sharing, and utilizing knowledge** within an organization to improve IT service management. Here's a breakdown of its key components:

1. **Definition**: ITIL Knowledge Management involves creating, sharing, using, and managing knowledge and information to achieve organizational goals.
2. **Objective**: The primary goal is to collect, analyse, store, and share knowledge and information to improve service efficiency and reduce the need for rediscovering knowledge.
3. **Core Activities**:
    - **Knowledge Creation**: Gathering knowledge from various sources, including incidents, problems, and solutions.
    - **Knowledge Sharing**: Distributing knowledge to relevant stakeholders through appropriate channels.
    - **Knowledge Utilization**: Applying knowledge to resolve issues and improve processes.
    - **Knowledge Maintenance**: Keeping knowledge up-to-date and relevant.
4. **Service Knowledge Management System (SKMS)**: This is a suite of tools and databases that support the knowledge management process by storing and managing knowledge.
5. **DIKW Hierarchy**: This hierarchy stands for Data, Information, Knowledge, and Wisdom, and it helps in converting raw data into actionable insights.

By implementing effective knowledge management practices, organizations can enhance decision-making, improve service delivery, and foster continuous improvement

6.10. Appendix 10: Contents of a Target Operating Model

According to Managing Successful Programmes (MSP), the elements of a Target Operating Model (TOM) include:

1. **Processes**:
    - Defines the key business processes required to deliver the organization's services and achieve its strategic objectives.
2. **Technology**:
    - Outlines the technological infrastructure and systems needed to support the business processes and operations.
3. **Organization**:
    - Describes the organizational structure, roles, and responsibilities necessary to operate effectively.
4. **Information**:
    - Specifies the data and information requirements, including how information is managed and utilized.
5. **People**:
    - Focuses on the skills, competencies, and culture needed within the organization to support the TOM.
6. **Governance**:
    - Establishes the governance framework, including decision-making processes, policies, and controls.

These elements collectively define how an organization will operate to achieve its strategic goals and deliver value

6.11. Appendix 11: Monolithic vs. Microservices Architecture

Monolithic Architecture:

- **Structure**: Built as a single, unified unit with one code base.
- **Deployment**: Entire application is deployed at once.
- **Development**: Easier to start with, as it requires less upfront planning.
- **Scalability**: Scaling requires duplicating the entire application.
- **Maintenance**: Can become complex and challenging to update over time.
- **Examples**: Traditional enterprise applications.

Microservices Architecture:

- **Structure**: Composed of smaller, independently deployable services.
- **Deployment**: Each service can be deployed independently.
- **Development**: Requires more planning and design initially.
- **Scalability**: Individual services can be scaled independently.
- **Maintenance**: Easier to maintain, update, and debug.
- **Examples**: Modern cloud-based applications like Netflix

Key Differences:

1. **Modularity**:
    - Monolithic: Single code base.
    - Microservices: Multiple independent services.
2. **Flexibility**:
    - Monolithic: Less flexible, changes affect the entire application.
    - Microservices: More flexible, changes can be made to individual services.
3. **Deployment**:
    - Monolithic: Single deployment unit.
    - Microservices: Multiple deployment units.
4. **Scalability**:
    - Monolithic: Scale the entire application.
    - Microservices: Scale individual services.

5. **Fault Isolation**:
    - Monolithic: Failure in one part can affect the whole system.
    - Microservices: Failures are isolated to individual services.

These differences highlight the advantages and trade-offs of each architecture, helping organizations choose the best approach based on their specific needs and goals.

6.12. Appendix 12: definition of CRM and ERP

Customer Relationship Management (CRM) System: A CRM system is a platform designed to help businesses manage and improve relationships with customers and potential customers. It collects and stores customer information, activities, and communications in a centralized and accessible database, facilitating better customer service, sales management, and marketing efforts.

Enterprise Resource Planning (ERP) System: An ERP system is a business management software that integrates and automates core business processes, such as finance, HR, manufacturing, supply chain, sales, and procurement, or in the CQC's case Contact, Notifications, Registration, Assessment, Inspection and Enforcement. It provides a unified view of business operations and a single source of truth, helping organizations streamline workflows and improve efficiency.

6.13. Appendix 13: Independent Reviews of MS Dynamics 365

Insights from independent reviews of Microsoft Dynamics 365:

1. **Third Stage Consulting:**
    - **Strengths:** Microsoft Dynamics 365 is praised for its flexibility, scalability, and integration with other Microsoft products like Office 365, SharePoint, and Power BI. It is suitable for both large enterprises and mid-sized organizations[1].
    - **Challenges:** The flexibility of Dynamics 365 can also be a drawback, as it may lead to over-customization and complexity. The reseller network is noted as a potential weak point[1].
2. **ElevatIQ:**
    - **Strengths:** Dynamics 365 Finance & Operations (F&O) is highlighted for its comprehensive features and ability to handle complex business processes. It is considered one of the top ERP systems for 2024[2].
    - **Challenges:** Implementation can be challenging, and there may be a steep learning curve for users[2].
3. **Forbes Advisor:**
    - **Strengths:** Dynamics 365 is recognized as a comprehensive platform that meets various business management needs. It is noted for its range of functionalities and integration capabilities[3].
    - **Challenges:** The review mentions that while it is a powerful tool, it requires careful planning and execution to fully leverage its capabilities[3].

Overall, Microsoft Dynamics 365 is seen as a robust and versatile platform, but it requires careful implementation and management to avoid potential pitfalls.

References

[1] Independent Review of Microsoft Dynamics 365 - Third Stage Consulting

[2] Microsoft Dynamics 365 F&O ERP Independent Review 2024 - ElevatIQ

[3] Microsoft Dynamics 365 ERP Review (2024) – Forbes Advisor

Gartner provides detailed reviews and ratings for various modules of Microsoft Dynamics 365. Here are some key insights:

1. **Microsoft Dynamics 365 Sales:**
    - **Overall Rating:** 4.3 out of 5 based on 529 ratings[1].
    - **Strengths:** Streamlines and automates sales processes, providing a centralized view of leads from prospects to closures.
    - **Challenges:** Some users face configuration challenges to meet specific business needs.
2. **Microsoft Dynamics 365 Customer Service:**
    - **Overall Rating:** 4.2 out of 5 based on 113 ratings[2].
    - **Strengths:** Effective for ticket management and integration with data warehouses.
    - **Challenges:** Over-customization can lead to performance issues and user frustration.
3. **Microsoft Dynamics 365 Business Central:**
    - **Overall Rating:** 4.2 out of 5 based on 125 ratings[3].
    - **Strengths:** Suitable for small to medium-sized enterprises, offering robust ERP capabilities.
    - **Challenges:** Some users report difficulties with customization and integration.

Overall, Gartner's reviews highlight Microsoft Dynamics 365 as a powerful and versatile platform, though customization and configuration can present challenges for some users.

References

[1] Microsoft Dynamics 365 Sales Reviews - Gartner

[2] Microsoft Dynamics 365 Customer Service Reviews - Gartner

[3] Microsoft Dynamics 365 Business Central Reviews - Gartner

6.14. Appendix 14: the RACI matrix

The **RACI matrix** is a project management tool used to clarify roles and responsibilities in a project or process. The acronym RACI stands for:

- **Responsible**: The person or people who are responsible for doing the work to complete the task. They are the ones who actually perform the task or activity.
- **Accountable**: The person who is ultimately accountable for the task's completion and the outcome. This person delegates the work and ensures it is done correctly. There should be only one accountable person per task.
- **Consulted**: The people who provide input, advice, or expertise necessary for completing the task. They are typically subject matter experts or stakeholders whose opinions are sought.
- **Informed**: The people who need to be kept informed about the progress and outcomes of the task. They are not directly involved in the task but need to be aware of its status.

How to Create a RACI Matrix

1. **List Tasks**: Identify all the tasks or activities involved in the project or process.
2. **Identify Roles**: Determine all the roles or individuals involved in the project.
3. **Assign RACI**: For each task, assign the appropriate RACI roles to the individuals or groups involved.
4. **Review and Validate**: Ensure that each task has one and only one accountable person, and that the roles are clearly understood and agreed upon by all stakeholders.

Benefits of Using a RACI Matrix

- **Clarifies Roles and Responsibilities**: Helps avoid confusion by clearly defining who is responsible, accountable, consulted, and informed for each task.
- **Improves Communication**: Ensures that all stakeholders are aware of their roles and the roles of others, facilitating better communication and collaboration.
- **Enhances Accountability**: By assigning accountability, it ensures that there is a clear point of ownership for each task.
- **Streamlines Decision-Making**: Helps identify who needs to be consulted and

The RACI matrix is a simple yet powerful tool to ensure that everyone involved in a project understands their roles and responsibilities, leading to more effective project management and successful outcomes.

6.15. Appendix 15: Issues with the regulatory platform and specifically the assessment app

1. It is extremely slow. It can take up to 3 days to score a fully comprehensive report in order to move it on to the part where you can start inputting, he actual report.
2. They have sped up the uploading of evidence but now want us to create and link a case to upload the evidence into the case. This seems an unnecessary step when we will still have to upload a word doc to all areas of assessment and make a comment in order to the process on to the scoring and assessment.
3. Assessments are getting 'stuck' at various points in the process. So, either you can't move it on to the next step or it jumps to publishing when not ready and there is no way to just go back one step, you have to roll back to draft report stage.
4. When rolling back to draft report stage, often you have to copy paste the entire report back into the system and re-send to the provider in order generate the next stage again.
5. Because there are now so many quality statements to cover which are very specific in what they want us to report on, the list of questions/points to raise when speaking with people, relatives, staff and professionals to ensure we have something to report on in these sections is extremely difficult. It ends up making what should be a conversation that leads into covering many areas naturally, into an interview like scenario that people back away from instead of opening up to us.
6. When setting up an assessment, we have to click 'yes' to have we set up all resources in another system, before we are actually able to do that.
7. If you forget to go into the location and change the provider check date before the operations manager clicks the approve button of a draft report, it can just sit in the system for up to 1 month before it is able to be sent to the provider to start the factual accuracy process.
8. Links sent to the provider for factual accuracy process etc often do not work for them.
9. We also need to consider staffs physical health. I have developed a muscle injury that is probably not connected but I can really feel it when I am in the reg platform doing the repetitive clicking and scrolling as it requires so much of this. I fear that in time we will start to develop repetitive strain injury or carpal tunnel syndrome. The constant running dots across the screen also causes my eyes to blur sometimes and I have to keep looking away and refocusing. The risk assessment/HR solution to this is to look away as much as possible. However, when in the system uploading/scoring/inputting the report etc you actually cannot look away for long as you have to keep checking back to see if the system is now ready to move onto the next step (this can sometimes take up to 3 mins per step). Also, the dots rarely actually stop so

it’s not that you can look away until they stop and then move on otherwise it would take hours per step to wait for the dots to stop moving. I fear this will in time cause actual damage to people’s sight.

10. The system asks us to choose a review date when setting up a plan, but the function is actually not currently working.
11. It loses our work on a regular basis, and we have to re-do everything.
12. We are unable to see what it sends to the provider at draft report stage. For some, this has meant it has sent to the incorrect registered person, breaching GDPR but we have no idea that has happened.
13. There are far too many quality statements, they are long drawn out, overlap in multi areas causing unnecessary repetition. They could easily be reduced to just 2-3 per key question, with the right wording and then just do a good summary of each key question rather than at quality statement level.
14. There is no way to see the whole factual accuracy comments and the whole draft report in one go.
15. Why do we need to have overall, people and key question summaries as well as the actual evidence in the quality statements? Can we not just have one or the other?
16. I haven’t yet used the new hybrid approach but am concerned that the time we save by dropping the evidence categories will be replaced with the decision review records, risk calculator spreadsheet and peer review reports so end up not really saving much time at all.
17. You can’t have evidence open and comments at the same time.
18. You are constantly having to click back and forth and each time it takes sometimes up to 3 minutes to get back to where you were. When having to repeatedly do this for (currently up to 113 sections) it can take days.
19. You often cannot just go back a stage or undo an error when someone has pressed the wrong button, you either have to go back a long way or just cancel and start again.
20. Things in the timeline disappear and you have to keep refreshing to see older emails, they are not always in chronological order either, another aspect of time wasting.
21. We still cannot find things like provider certificates of registration or statement of purpose; we have to use CRM.
22. There is so much clicking that has to be done for the simplest of tasks.
23. You can’t just drag and drop documents.
24. We have no helpful training on the systems. They ran some eLearning modules, but we have never been able to actually follow those instructions as the functionality in the RP doesn’t work. So, we have just been having to constantly try to search in the handbook or FAQs or ask others if they have come across it. Superusers have been great for this but that is not a solution to skills development. I spend a portion of almost every workday, helping colleagues figure out something in the RP.

25. It no longer automatically generates action plan request like CRM used to. We have to remember to generate them by creating a decision review record and then remember to email them to the provider once the final report has gone out.
26. When trying to add additional quality statements, it is impossible to find the right wording to search for a specific area of assessment, so we have to just put everything under ‘additional evidence’ in order for it to come up to choose.
27. With cases, you can’t just search the list of them for key words or phrases, you have to individually open each one up to see what it is.
28. Now that providers submit most of their notifications via the provider portal, when it comes through to us in the RP, you sometimes still do not get sufficient information or even contact details.
29. In SSC is these LAPs (Location assessment plans). We get the theory, but (a) they've been blanketed over all SSC providers, even if they're not appropriate (1 location, or 1 ASG for example). And (b) we have been told today (2 December 2024), that until they've worked out the specific hybrid method for these LAPs, we still have to report all the way down to EC level. This could take a few months. I understand that this may be already on their list, but I think Julian needs to bear this extra workload per assessment in mind, when he's considering what we can and can't deliver in this interim period.
30. Boxes appear greyed out for no reason so you cannot choose the right thing to progress reports.
31. The writing in the report and scoring stage sometimes overlaps, when it does this you cannot get to the button underneath the overlap to press it and progress the report.
32. When setting up an assessment you can’t just allocate all to yourself, you have to do them one at a time, this too is time consuming when you have a fully comp and around 100 evidence categories (or it will now be up to 34) to do.
33. The word limit is too small for our responses and reports in places.
34. The scoring allows for a service with one or more breaches of regulation even with warning notices to come out as good.
35. Standard statements in the new reports produced int eh reg platform are unclear such as the only difference between and RI or good stamen being the word ‘generally’. The layers are just unnecessarily complex now and I feel we just need to get back to basics and have systems and reports that very clearly, simply and briefly state the outcomes of our findings against the regulations.
36. We feel that there should either be just scoring or just rating but either way using judgement and common sense and based against clear characteristics of the regs but not both.
37. When trying to set up an assessment, we have been told not to click the comprehensive as it doesn’t work so we have to set up individually by key question.
38. The assessment plans are now accessed via the reg platform linked through to power BI. The data though is often incorrect in terms of the correct

RM/NI/Conditions etc. It is missing prompts to check the legal status in Companies House.

39. The way we now set up providers factual accuracy comments with no limit and to each EC/QS makes the process so much longer. It is also really difficult sometimes depending on how they have uploaded evidence to see what document refers to which point. Sometimes it has come through as a big pdf where they refer to appendix 1, 1a etc but the assessment app does not allow does appendices in that way. This risk us missing something and opening up the risk for ratings review.
40. There is a huge risk in terms of judicial reviews and rating reviews due to not being able to follow clear and consistent methodology as each region seems to be doing different things, guidance changes constantly, new workarounds are being used constantly that contradict the guidance we have, legacy guidance is still available so leads to confusion.
41. From another inspector colleague:
    - The scoring of just QS is going to help somewhat, but it is still going to take longer than it did before. I am currently writing a full comp report, and there is so much crossover it is unbelievable, and adds on to inspectors thinking time as to where the evidence is best placed. If they dropped/or we were able to combine QS evidence as we did in our old ways of working it will be ideal, but the system is so rigid I cannot see us being able to do that. Getting feedback on 30+ quality statements is a mean task, I read some reports yesterday that literally said, 'we did not gain any feedback from people for this QS as part of this assessment, which probably means we didn't have the time to do it. From an external point of view, probably doesn't look great, why didn't we gather feedback, would be interesting for someone above to literally have a go at what we do. Each time I open up my assessment an error message is appearing, I raised a ticket and was asked to do a speed test, which I have sent to the IT team, waiting to hear. But I spent absolutely ages, adding 2 documents to this assessment, some of the records had my internal comments, others didn't, I spend ages making it look tickety boo, all fine and dandy, and then this week I go in and it has all been jumbled up again. Its demoralising to say the least. Waiting to hear back.... The problem is the system was most probably designed by someone who hasn't the experience of completing and assessment and knowing all the stages that we have to go through, including the inspector judgement processes.
42. The ‘training’ for the reg platform is often really confusing as it is not clear training it is various internal colleagues just talking about their experiences and demonstrating the change. It is often long winded, too much chat and too many workarounds, it makes it so hard to follow and understand. It would be so much better (even if slower) to arrange proper trainers (or give internal colleagues these skills if needed) in face-to-face sessions at a venue where we can use our laptops and actually have a go at it in practice ourselves. A lot of people learn much better this way.
43. Often by the time we go to do the new ways or working, the ‘training’ we got has changed due to updates and learning. Nothing ever feels complete and finished and definitive. We all feel like we are constantly floating in a world of change where no

one is clear about what we should do. We often get conflicting advice from colleagues and managers and just adds to the already high levels of frustration and stress.

44. When working in notifications, in order to make a simple referral request for a safeguarding, we have to create a case and complete a lot of information already in the notification in order to move the process along to make the safeguarding request. This can sometimes take around 20 mins every time.
45. When we are wanting to send an email to the registered manager or nominated individual in a notification, we cannot trust the RP to give the correct information of the current registered person, so we have to click into the location, copy the location ID< open up CRM and go into CRM to search the registered manager and their contact details then go back into the RP to send the email. Again, all very time consuming.
46. From an assessor perspective shared by a colleague:
    - Whilst the priority is to improve the assessment process on the reg platform, there are frustrations and inefficiencies with how the platform works when dealing with cases etc. There is a lot of clicking, a lot of screens / multiple views, which creates a risk of us missing cases / notifications etc, and repetition e.g. when we receive LA safeguarding feedback it is often saved in a case and recorded as information of concern. However, this opens up further buttons / processes that are not required - such as do we need to raise a safeguarding? No, we don't because the information has come from the LA safeguarding team. There needs to be a way of recording information of concern that does not require this level of follow up activity so we can log the information and close it down more easily.
    - Building a full picture of risk in a service is impossible. The current reg platform data & insight risk ratings do not always reflect what we know on the ground e.g. services with high levels of concerns from recent cases or services may be rated medium, whilst services that have recently been assessed and their rating improved can be rated high / very high. We are still reliant upon maintaining manual spreadsheets at team level to record our combined local information & reg platform case info; to try to work out the priority order for assessing services. Despite our best attempts to ensure information is up to date on the team spreadsheets, there is a risk that as the information is not live, that risk could be missed.
    - In order to get a full picture of services we need to include all information - such as registration applications and enforcement activity. This information is stored in different places – some on CRM and some in a different App on the reg platform. There is no way to pull everything together in one place at the current time. The reg platform risk indicators only pull through information that has been dealt with and stored on the reg platform, so information from CRM is not included. As we cannot currently pull everything together in the one place, we could miss risk.

- It is also very difficult to access information about enforcement activity that has been carried out by other inspectors, as it is buried in the reg platform. We need to be able to find / monitor enforcement and breach content to work out when we should carry out follow up assessment activity.
- The information we have access to still cannot be relied on, such as the risk ratings (see above) and registered manager / nominated individual contact details.
- We also cannot be assured those functions, such as emails being sent on the reg platform, is happening as planned. We are constantly discovering new or ongoing issues. And, when registered managers / providers do respond to emails we do not always know they have replied – so their responses may sit in a view / queue for a while without acknowledgement.

47. The biggest problems with the reg platform are that it has clearly been designed by people who do not understand the role of an inspector/registration colleague or what and how we regulate. Those not using the system on a daily basis for assessments, registration and NCSC calls etc are the ones who are designing and making tweaks and changes. This has just made it worse. Even when we were 'included' it was just tokenistic and they never listened and clearly had already decided exactly what would happen and what it would look like, all of our thoughts were simply dismissed and then we were accused of being against change. This was not at all the case; we simply want change that works. The next change and long-term plans need to come from those who actually use it to do their jobs. Myself and a number of colleagues all feel completely overwhelmed by the sheer amount of information we have to keep digesting and learning what the current guidance and processes are in order to work in-line with the latest changes and workarounds. It is exhausting and before long will simply be untenable. Everything is such a blur, we struggle to be clear on what the latest processes are, meaning things take at least twice as long as they should while we have to keep looking up where to find the guidance (often this will be a dead link or the incorrect guidance or templates posted) and then reading through again to understand what we need to now do. This causes a huge amount of unnecessary stress and frustration on us.

6.16. Appendix 16: The Theory of Constraints (TOC)

The **Theory of Constraints (TOC)** is a management philosophy developed by Dr. Eliyahu M. Goldratt, which focuses on identifying and addressing the most significant limiting factor (constraint) that hinders an organization's ability to achieve its goals. Here's a brief summary:

Key Concepts

1. **Constraint**:
    - A constraint is any factor that limits the performance of a system and prevents it from achieving higher levels of output or efficiency.
    - Constraints can be physical (e.g., equipment, materials, person) or non-physical (e.g., policies, procedures, mindsets).
2. **Five Focusing Steps**:
    - **Identify the Constraint**: Determine the single most critical constraint that limits the system's performance.
    - **Exploit the Constraint**: Make the most of the constraint's capacity by ensuring it is not wasted. This may involve optimizing processes or reallocating resources.
    - **Subordinate Everything Else**: Align all other processes and resources to support the constraint, ensuring that the entire system works to maximize the constraint's efficiency.
    - **Elevate the Constraint**: Take actions to increase the capacity of the constraint, such as investing in new equipment, hiring additional staff, or changing policies.
    - **Repeat the Process**: Once the constraint is resolved, identify the next constraint and repeat the process to achieve continuous improvement.
3. **Throughput, Inventory, and Operating Expense**:
    - **Throughput**: The rate at which the system generates money through sales.
    - **Inventory**: All the money invested in purchasing things the system intends to sell.
    - **Operating Expense**: All the money the system spends to turn inventory into throughput.

4. Applications

- **Manufacturing**: TOC is often applied in manufacturing to identify bottlenecks in production processes and improve overall efficiency.
- **Project Management**: The Critical Chain Project Management (CCPM) methodology, derived from TOC, focuses on managing project constraints to ensure timely completion.
- **Supply Chain Management**: TOC helps optimize supply chain processes by addressing constraints that affect the flow of goods and materials.

5. Benefits

- **Improved Efficiency**: By focusing on the most critical constraint, organizations can achieve significant improvements in efficiency and productivity.
- **Continuous Improvement**: The iterative nature of TOC encourages ongoing identification and resolution of constraints, leading to continuous improvement.
- **Holistic Approach**: TOC emphasizes the interdependence of different parts of a system, promoting a holistic approach to problem-solving and decision-making.

6. Example

In a manufacturing plant, if a particular machine is the bottleneck that limits production capacity, TOC would focus on optimizing the use of that machine (exploiting the constraint), ensuring other processes support it (subordinating everything else), and eventually increasing its capacity (elevating the constraint).

Overall, the Theory of Constraints provides a structured approach to identifying and addressing the most significant limiting factors in any system, leading to improved performance and efficiency.

6.17. Appendix 17: The best practice principles of Risk Allocation

1. **Optimal Allocation**: Risks should be allocated to the party best able to manage them. This means that risks are assigned to the party that can handle them most efficiently and cost-effectively
2. **Value for Money (VfM)**: Proper risk allocation is crucial for achieving value for money in public projects. By transferring risks to the private sector where appropriate, public agencies can ensure that projects are delivered on time and within budget
3. **Risk Transfer**: Not all risks should be transferred to the private sector. Some risks, such as those related to policy changes or force majeure events, are better managed by the public sector
4. **Clear Documentation**: All risk allocation decisions should be clearly documented in the business case. This includes the rationale for the allocation and the expected impact on project outcomes
5. **Continuous Monitoring**: Risks should be continuously monitored and managed throughout the project lifecycle. This ensures that any changes in risk profiles are promptly addressed

[i] Review into the operational effectiveness of the Care Quality Commission: full report - GOV.UK
[ii] Transformation Portfolio Lessons-Learned_V0.1 (DS)
[iii] Excerpt of RT delivery analysis (DS)
[iv] Government Functional Standard - GovS 005: Digital
[v] Guide to developing the Programme Business Case
[vi] Project and programme management - GOV.UK
[vii] Microsoft Root Cause Analysis CQC 1 (DS)
[viii] Care Quality Commission (CQC) Assessment Canvas App Review Report (1)
[ix] Common canvas apps performance issues and resolutions - Power Apps | Microsoft Learn
[x] 21102024 RatingsandRegister Silver Paper Learning Summary (DS)
[xi] landing-transformation-change_2015-gap-theory-practice_tcm18-9050.pdf