Foreword from Ian Dilks OBE, Chair

This is the beginning of my tenure at CQC and I want to first pay tribute to the outgoing Chair, Peter Wyman CBE, who led the organisation for 7 years. Peter has handed over the reins of an organisation that overall is in good shape and with an exciting but essential strategy.

Our task now is to drive this strategy forward, and tackle the challenges ahead. Health and social care are changing fast, and CQC must not only keep pace but also look to the future. So, while we have been dealing with the impact of the pandemic and its legacy, we have also been busy getting on with the changes to our organisation.

The worst of the pandemic is hopefully behind us, but it has had a profound effect on the services that people rely on and shone a light on issues such as health inequalities. The quality of care is under greater pressure than ever before. It is clear that safety for people using services is a growing concern – from maternity to ambulances to emergency departments.

Some of the issues have existed for many years – certainly pre-dating COVID-19 – and progress has been slow. We focused in detail on these longstanding issues in our State of Care report to Parliament.

We have a clear focus on people who are at risk of receiving poor care – for example, our work on identifying closed cultures and our drive to make sure services for people with a learning disability are properly designed for their specific needs. We are determined to make sure that poor care is identified, and to play a key role in supporting improvement.

Understanding people's experiences of care lies at the heart of our strategy – with its focus on citizens and communities, tackling clear inequalities, and being progressively much smarter in how we get and use the information we need.

We are pushing forward fast. We are making it easier for people to tell us about the care they're receiving so we can respond quickly – and where appropriate give them feedback on how we've used their information. We will be embracing technology in new ways, and using data and insight much more effectively to spot emerging problems before they escalate.

Among the challenges are our new, and vital, roles in assessing integrated care systems (ICSs) and assessing how local authorities meet their social care duties – powers given to us under the new Health and Social Care Act 2022. ICSs will vary in their approach, so it is essential that we work with other parties to design and gain support for our approach to their assessment.

We will need to build trust with local systems and their leaders, across all sectors, to determine how we can best provide meaningful assessments of systems that both support local leaders to drive improvement and give local citizens a clear sense of what it means for them.

We have a unique role that spans both health and social care and both public and private provision. We understand the huge importance of maintaining people's trust in our ability to highlight where care is good and where it needs to improve. We need to do this at provider level and at system level – essential if we are to support the development of local care systems and their better integration.

The country is going through tough times, with the health and care systems – especially the people working within them – subject to huge stresses. We remain firmly focused on providing accurate, evidence-based and independent assessments of the quality of care – mindful of the pressured environment that providers are working in, but always with people's safety and the right to receive high-quality care at the heart of what we do.

I want to record my thanks to the contribution made by CQC colleagues over the past year. This is been a period of major change for everyone. I have been here only a short while, but everyone I meet is dedicated to the vital role this organisation plays in supporting the improvements needed to ensure high-quality health and social care services for the people who need them.

Ian Dilks OBE
Chair