RCN Response to the CQC: Better regulation, better care: Consultation on improving how we assess and rate providers

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the United Kingdom and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital, mental health and community settings in the NHS and the independent sector. The RCN promotes priorities for nursing and patient safety, works closely with wider professional bodies and trade unions, and lobbies governments and other bodies across the UK to develop, influence and implement policy that improves the quality of patient care.

About this consultation response:

The CQC, following several independent reports of reviews into the CQC effectiveness and assessment framework are addressing the issues and focussing on two areas in this consultation:

- Development of frameworks and guidance for assessing providers
- Changes to methods of inspecting, assessing and awarding ratings to health and care services

Given the NHS Standard Contract's key role in improving the quality of care and services, the RCN sees this consultation as an opportunity to ensure that the NHS can meet population health needs and provide care at a high standard. The response was submitted through the CQCs Consultation Portal and the questions and the RCN responses are presented below.

Consultation question 1: To what extent do you agree that we should publish clear rating characteristics of what care looks like for each rating as part of our new assessment frameworks?

Strongly agree/ Agree/ Disagree/ Strongly disagree/ I don't know

Consultation question 2: To what extent do you agree with our proposed approach to developing assessment frameworks that are specific to each sector?

Strongly agree/ Agree/ Disagree/ Strongly disagree/ I don't know

Consultation question 2a: Do you have any comments or suggestions on how we should develop the sector-specific assessment frameworks?

(free text response)

It is useful to have sector specific assessments of care delivery to reflect the variation in context . However, there are quality and safety principles that should be fundamental across all health and social care. Sector specific frameworks should therefore be used

alongside an overarching framework, such as the framework presented in the consultation document.

Within its sector specific assessment frameworks, CQC must include assessments of safe staffing levels, tailored to the setting. The RCN is committed to the call to set mandatory nurse to patient ratios , to radically improve patient outcomes - this is grounded in evidence, which consistently concludes that lower nurse staffing levels are associated with worse outcomes (e.g. Shin et al 2018, Aiken et al 2014).

Stakeholders, including frontline staff from every sector, must be meaningfully engaged in shaping the sector-specific frameworks, for example in defining what safe looks like in practice for each sector, including considerations such as appropriate staffing levels. CQC should also draw on the experience of stakeholders and the public to understand how health inequalities present differently across settings and develop sector specific assessment criteria that reflect these variations.

As the Government commits to the establishment of a neighbourhood health service, CQC should explore whether healthcare staff are supported to achieve against shifting priorities. This includes examining how well organisations support their workforce adapt to new models of care, shifting expectations, and the increased emphasis on prevention, community-based support, and integrated working. This must include safe and effective staffing numbers for delivery. In a recent survey conducted by the RCN (not yet published), 8 in 10 community and primary care nurses that responded said they did not feel confident that the community nursing workforce is currently equipped to support the shift from hospital to community.

Consultation question 3: To what extent do you agree with our proposed approach to making our assessment frameworks clearer and removing areas of potential duplication?

Strongly agree/ Agree/ Disagree/ Strongly disagree/ I don't know

Consultation question 3a: Do you have any comments on the content of our current single assessment framework, or suggestions for how we should make our assessment frameworks simpler and clearer?

(free text response)

It is vital that CQC retains and strengthens its focus on staffing and skill mix in its regulatory approach, in recognition of the link between safe and effective staffing and the quality of services.

CQC have an important role to play in holding providers to account for delivering care in inappropriate settings and it is vital that the assessment framework includes robust measurements relating to corridor care.

CQC must also continue to monitor and scrutinise corridor care in its inspections, while mindful that the term "corridor care" should encompass all and any inappropriate places where patients are treated, across all settings and services. It is positive that CQC does monitor corridor care across its various metrics, but this should be an explicit indicator

or key line of enquiry and happen routinely and consistently as a core part of every inspection. Government have committed to publishing data on corridor care, and CQC should use this data as part of their inspections.

CQC should capture increased specific detail about corridor care, including what the system is doing to mitigate corridor care. Regular usage of non-clinical areas to provide care should be noted within inspection reports and factored into decisions about ratings. CQC should work with partners and Government to ensure that any guidance issued does not normalise the problem, or shift blame onto particular service areas, and to report systemic issues.

Our members report that delays to patient care and prevalence of corridor care are real issues of concern, as patients can be waiting up to ten hours for an assessment. Nursing staff feel responsible for poor care, leading to increased stress related illness. Being asked to care for patients in inappropriate clinical locations can lead to 'moral injury' whereby nursing staff are negatively impacted by being repeatedly asked to undertake activity that goes against their moral code. Moral injury is detrimental to retention and morale amongst staff groups. [1]

There should be greater support and protection for nursing staff to raise concerns about patient safety, and greater accountability for healthcare leaders in responding to concerns and CQC assessments have an important role in ensuring this is in place. We have created resources to support nursing staff to raise concerns, but we believe that staff raising concerns should be extended some form of protection from liability when factors outside their control (such as unsafe staffing levels, delays to care or being forced to provide clinical care in unsafe spaces) result in patient safety incidents.

Consultation question 4: To what extent do you agree that we should award ratings directly at key question level with reference to rating characteristics?

Strongly agree/ Agree/ Disagree/ Strongly disagree/ I don't know

Consultation question 4a: Do you have any comments or suggestions on our proposed approach to awarding ratings?

(free text response)

It is important for assessments and ratings to identify how different parts of the service are working as well as overall, this provides transparency and detail for patients, staff and the organisation.

Consultation question 5: Do you have any comments or suggestions for how we should support our inspection teams to deliver expert inspections, impactful reports and strong relationships with providers?

[1] See Houle S A et al. (2024) Measuring moral distress and moral injury: A systematic review and content analysis of existing scales, Clinical Psychology Review, 108, p. 102377.

Variation in professional judgement can be experienced between inspections, and there needs to be confidence that CQC inspectors are credible and have the expertise and background in the service they are inspecting, to ensure the right questions are asked.

This includes ensuring that inspection teams reflect a diversity of backgrounds. Health and care services operate within diverse communities and with a representative inspection workforce, the CQC will be better equipped to understand the realities of people's experience of, and access to, care.

Consultation question 6: To what extent do you agree with the approach to following up assessments and the principles for updating rating judgements?

Strongly agree/ Agree/ Disagree/ Strongly disagree/ I don't know

Consultation question 6a: Do you have any comments on our proposed approach?

(free text response)

Services should be inspected on a regular and standardised basis, such as annually with increased frequency if the service is assessed as requires improvement. The Inspections should always look at the whole organisation. By introducing a more frequent and standardised approach, this will ensure that services are not left with historical ratings that they have worked hard to overcome.

Consultation question 7a: To what extent would you support CQC in reintroducing an overall quality rating for NHS trusts and trust-level ratings of all 5 key questions?

Fully support/ Mostly support/ Partly support/ Not support at all/ I don't know

Consultation question 7b: To what extent would you support CQC in no longer aggregating key question ratings to produce an overall rating for an individual hospital location?

Fully support/ Mostly support/ Partly support/ Not support at all/ I don't know

Consultation question 7c: Do you have any comments to support your views, or suggestions for how we should award ratings for NHS trusts and independent hospitals?

(free text response)

In NHS Trusts, Inspections should look at the whole organisation within an identified frequency, this should help to promote accountability across larger trusts for appropriate investment across all sites. This will not apply to independent care homes where multiple homes are owned by large companies, the CQC should maintain its approach of independently awarding ratings to each site.

Consultation question 8: We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our proposals. Do you think our proposals will affect some groups of people more than others (for example, those with a protected equality characteristic such as disabled people, older people, or people from different

ethnic backgrounds)? Please tell us if the impact on people would be positive or negative, and how we could reduce any negative effects.

(free text response)

While the CQC must ensure that its assessment framework is based on fundamental and clearly defined standards of quality and safety, it must also be contextualised within the wider socio-economic environment and the prevalence of health inequalities in the area. A negative rating can have significant consequences for services and the communities they serve, so it is essential that assessments recognise the structural factors that shape providers' ability to deliver care, particularly in areas facing high levels of deprivation.

Across England, stark and widening inequalities in health outcomes and access to care mean that providers in different parts of the country are operating under very different pressures. People in lower socioeconomic groups are more likely to live with long term health conditions, and these conditions tend to be more severe than those experienced by people in higher socioeconomic groups. Deprivation also increases the likelihood of multiple long-term conditions, with people in the most deprived fifth of the population developing multimorbidity around ten years earlier than those in the least deprived fifth (The Kings Fund 2021).

Research from the King's Fund shows a clear relationship between deprivation and NHS waiting times: people living in the most deprived areas are nearly twice as likely to wait more than a year for treatment compared with those in the least deprived areas. Healthwatch has also highlighted that the experience of waiting for care is not equal — women, people on low incomes, and people from ethnic minority backgrounds are more likely to report poorer experiences.

Given this landscape, the CQC's regulatory judgments must reflect the reality that providers serving more disadvantaged populations face greater and more complex demand. Contextualising ratings in this way is essential to ensuring fairness, supporting improvement, and avoiding unintended consequences that could further disadvantage communities already experiencing poorer health outcomes.

Changes to the CQCs regulatory framework must embed standards for ethical international recruitment practices, this must include robust mechanisms to identify and address practices that exploit internationally educated staff or perpetuate inequities. All international recruitment should be completed in accordance with the Code of practice for the international recruitment of health and social care personnel in England, and any recruitment agencies used should be listed on the ethical recruiters list maintained by NHS Employers. Concerns regarding exploitation or cases of modern slavery must be shared with the Gangmasters Labour Abuse Authority or first responder organisations authorised to make referrals under the National Referral Mechanism (e.g., Unseen UK).

The framework must also incorporate measures to assess where systemic racism and other forms of discrimination are impacting staff. According to the latest NHS staff survey (2025) 14% of nursing and midwifery staff have faced discrimination at work from

patients, their relatives or other members of the public in the last 12 months, with 66% citing discrimination on the grounds of their ethnic background.[2] These issues require ongoing scrutiny from the CQC to support improvements in workplace experience and culture that is central to wellbeing for both staff and patients.

The CQC must be prepared to support providers and staff through the implementation of the Equality and Human Rights Commission's updated Code of Practice regarding single-sex spaces and services. In our submission to the EHRC, we asked that NHS staff implementing the guidance be supported to ensure they remain in line with regulators, including the NMC Code. The CQC should also ensure that its ratings take into account the fact that the requirements for providers regarding the care and placement of transgender patients are in a state of significant uncertainty.

[2]RCN (March 2025) NHS Staff Survey: results should 'send shockwaves through government' available at: https://www.rcn.org.uk/news-and-events/news/uk-nhs-staff-survey-send-shockwaves-through-government-140325