

REPORT TO: Health Policy and Performance Board

DATE: 10 September 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Care Quality Commission (CQC) – Inspection of Acute Trusts

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 This report provides Board members with details of how CQC will lead and undertake their new approach to inspecting NHS hospitals.

2.0 **RECOMMENDATION: That Board Members note the contents of the report and associated Appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 As Board Members will be aware Professor Sir Mike Richards has now taken up his post of the new chief inspector of hospitals at the CQC.

3.2 Professor Richards has stated that his first priority will be to oversee a radical change to how CQC inspects acute hospitals and has published early plans as to how the CQC will do this in addition to a list of the first wave of Trusts CQC will be inspecting using the new approach.

3.3 The changes build on CQC's Strategy for 2013 – 2016 and will help shape their approach to the proposals in their consultation document (consultation closed 12th August 2013):

- Professor Richards will lead new hospital inspection teams, headed by a senior clinician or executive working alongside senior CQC inspectors. The teams will include professional and clinical staff and other experts, including trained members of the public who they call 'experts by experience';
- CQC teams will be significantly bigger than at present and will spend longer inspecting hospitals, covering every site that delivers acute services and eight key services areas:
 - A&E;
 - maternity;
 - paediatrics;
 - acute medical and surgical pathways;
 - frail elderly;
 - end of life care;

- outpatients; and
 - additional specialities, where necessary;
- The inspections will be a mixture of unannounced and announced and they will include inspections in the evenings and weekends when CQC know people can experience poor care;
 - The CQC will make better use of information and evidence, using new surveillance indicators to guide their teams on when, where and what to inspect. Before CQC inspect, they will assess a wide range of information from their partners in the system and from the public;
 - CQC will work closely with each local Healthwatch and Overview and Scrutiny Committee to share information about the trusts as they plan and conduct their inspections; and
 - Each inspection will provide the public with a clear picture of the quality of care in their hospitals, exposing poor and mediocre care and highlighting good care. Professor Richards will decide whether hospitals are rated as outstanding; good; require improvement; or inadequate. If a hospital requires improvement or is inadequate they will expect it to improve. Where there are failures in care Professor Richards will work with Monitor, NHS England and the Trust Development Authority to make sure that a clear programme is put in place to deal with the failure and to hold people to account.

3.4 By the end of 2015, CQC teams will have inspected all acute hospitals in this way.

3.5 Using CQC's new surveillance model they have identified the first wave of 18 NHS Trusts to be inspected in this new way (see attached **Appendix 1**). CQC will complete those inspections by the end of 2013 and publish their findings in a clear, timely and accessible way.

The 18 Trusts on the list represent the variation in NHS hospital care. CQC have identified six Trusts that are a priority for inspection because they have high risk scores. There are a further six that their model indicates as low risk, and six others between these extremes, one of which is the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

3.6 For at least three of the Trusts, CQC will also provide a 'shadow' rating as part of the inspection. The ratings will be in shadow form as they will be piloting their approach and because the underpinning legislation will not be in place until April 2014.

3.7 The variety of Trusts included in this first wave of inspections will help to test CQC's selection model, which will be developed and refined this year. CQC have already committed to follow-up inspections at the 14 Trusts covered by the Keogh Review, so those have been deliberately excluded from this activity.

3.8 CQC have written to the 18 Trusts that are on the list explaining their new approach. CQC have also written to the Chief Executives of Monitor, the Trust Development Authority and NHS England requesting discussions to inform the selection of further Trusts to be included in the next wave from January 2014.

3.9 For all other hospitals not covered by the new approach, CQC will complete their inspection programme for 2013-14, focusing on one or a small number of specific services within the hospitals that they think are most in need of inspection.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

6.0 **Implications for the Council's Priorities**

6.1 **Children & Young People in Halton**

Improving the health and wellbeing of Children and Young People is a key priority in Halton. Maternity and paediatric services within hospitals are two of the eight service areas where the new inspection regime will focus.

6.2 **Employment, Learning & Skills in Halton**

None identified

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

It is intended that the new CQC inspection regime will help protect people from experiencing poor quality care within NHS acute trusts.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY & DIVERSITY ISSUES**

8.1 An Equality Impact Assessment is not required for this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.

First Wave of NHS Trusts to be Inspected

The 18 trusts are:-

A	High risk rating [All by alphabetical order]
1	Barking, Havering and Redbridge University Hospitals NHS Trust
2	Barts Health NHS Trust
3	Croydon Health Services NHS Trust
4	Nottingham University Hospitals NHS Trust
5	South London Healthcare NHS Trust
6	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
B	Low risk rating
7	Airedale NHS Foundation Trust
8	Frimley Park Hospital NHS Foundation Trust
9	Harrogate and District NHS Foundation Trust
10	Salford Royal NHS Foundation Trust
11	Taunton and Somerset NHS Foundation Trust
12	University College London Hospitals NHS Foundation Trust
C	Variety of risk points in between
13	Dartford and Gravesham NHS Trust
14	Heart of England NHS Foundation Trust
15	<i>Royal Liverpool and Broadgreen University Hospitals NHS Trust</i>
16	Royal Surrey County Hospital NHS Foundation Trust
17	Royal United Hospital Bath NHS Trust
18	The Royal Wolverhampton NHS Trust