

Item 5: CQC Inspection Report: East Kent Hospitals University NHS Foundation Trust

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 5 September 2014

Subject: CQC Inspection Report: CQC Inspection Report: East Kent Hospitals University NHS Foundation Trust

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust

It is a written update only and no guests will be present to speak on this item.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) The Care Quality Commission (CQC) is the national regulator for health and adult social care. Its responsibilities include:
- maintaining a register and inspecting and reporting on all hospitals, care homes, dental and GP surgeries and all other care services in England against standards of quality and safety, which it sets;
 - protecting the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act;
 - taking enforcement action where appropriate (Local Government Association 2014).
- (b) In April 2013, the CQC published their strategy for 2013-16, *Raising Standards, Putting People First*. The strategy proposed changes to the way the CQC regulates health and social care services, and followed extensive consultation with the public, staff, providers and key organisations. The changes acted on the recommendations of Robert Francis' report into the failings of Mid Staffordshire NHS Foundation Trust including the establishment of a Chief Inspector of Hospitals post. Two further Chief Inspector posts, for Adult Social Care and for General Practice, have been introduced (CQC 2014).
- (c) The Chief Inspector of Hospitals, Professor Sir Mike Richards, has introduced a new approach to inspection in acute hospitals. The new inspections involve larger inspection teams and take longer. The teams involve Experts by Experience (people who have experience of using care services) as well as clinical and other experts (CQC 2014).
- (d) Eight key service areas are inspected, along with others where necessary. The service areas are (CQC 2014):

Item 5: CQC Inspection Report: East Kent Hospitals University NHS Foundation Trust

1. A&E
 2. Acute medical pathway (including frail elderly)
 3. Acute surgical pathway (including frail elderly)
 4. Critical care
 5. Maternity
 6. Paediatrics
 7. End of life care
 8. Outpatients.
- (e) Public listening events are held on the first day of each inspection and after the inspections, Quality Summits will be held. HOSCs have the opportunity to play a role in these summits (CQC 2014).
- (f) An enhanced Intelligent Monitoring tool has been developed that identifies risk to service quality, and directs inspection. The tool is based on 150 indicators, which supports the five key questions all inspections will seek to answer. These questions are asked of every service (CQC 2014):
- Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive to people's needs?
 - Is it well-led?
- (g) Under the new inspection model, acute trusts are awarded a new 'Ofsted style' ranking (CQC 2014):
- Outstanding
 - Good
 - Requiring improvement
 - Inadequate
- (h) The CQC, through the Chief Inspector of Hospitals, will normally recommend that a trust is placed in special measures when an NHS trust or foundation trust is rated 'inadequate' in the well led domain (where there are concerns that the organisation's leadership is unable to make sufficient improvements in a reasonable timeframe without extra support) and 'inadequate' in one or more of the other domains (safe, caring, responsive and effective) (Monitor 2014).
- (i) When NHS Trust Development Authority (TDA) or Monitor receives a recommendation from the Chief Inspector to place an NHS trust or foundation trust in special measures, NHS TDA or Monitor will consider the evidence that CQC provides to them alongside other relevant evidence. On the basis of the full range of information, NHS TDA or Monitor will make a decision whether the trust or foundation trust will be placed in special measures. An NHS trust or foundation trust will not

Item 5: CQC Inspection Report: East Kent Hospitals University NHS Foundation Trust

enter special measures until NHS TDA or Monitor formally makes that decision (Monitor 2014).

- (j) NHS TDA or Monitor may also place a trust or foundation trust into special measures without receiving a recommendation from the Chief Inspector, based on its own evidence. In these circumstances, NHS TDA or Monitor will seek advice from CQC (Monitor 2014).

2. Recommendation

RECOMMENDED that the report be noted, the Trust take note of the comments made by Members during the meeting and be invited to attend the October meeting of the Committee.

Background Documents

CQC (2014) '*Business Plan: 2014/15 to 2015:16 (22/05/2014)*',
http://www.cqc.org.uk/sites/default/files/cqc_business_plan.pdf

Local Government Association (2014) '*A councillor's guide to the health system in England (01/05/2014)*',
<http://www.local.gov.uk/documents/10180/5854661/A+councillor's+guide+to+the+health+system+in+England/430cde9f-567f-4e29-a48b-1c449961e31f>

Monitor (2014) '*A guide to special measures (06/05/2014)*',
http://www.cqc.org.uk/sites/default/files/special_measures_guide.pdf

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