

Item 4: CQC Inspection Report: Maidstone and Tunbridge Wells NHS Trust

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 6 March 2015

Subject: CQC Inspection Report: Maidstone and Tunbridge Wells NHS Trust

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone and Tunbridge Wells NHS Trust.

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

The CQC Inspection Summary Report was circulated to Members on 18 February 2015.

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):

1. A&E
2. Acute medical pathway (including frail elderly)
3. Acute surgical pathway (including frail elderly)

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4. Critical care
 5. Maternity
 6. Paediatrics
 7. End of life care
 8. Outpatients.
- (e) Public listening events are held before 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

2. Recommendation

RECOMMENDED that the report be noted and the Trust be invited to attend a meeting of the Committee in six months.

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+t+he+health+system+in+England/430cde9f-567f-4e29-a48b-1c449961e31f>

Contact Details

Lizzy Adam
Scrutiny Research Officer
lizzy.adam@kent.gov.uk
Internal: 7200 412775
External: 03000 412775