

# Care Quality Commission announces next phase of hospital inspections

24 October 2013

**CQC's new hospital inspection programme enters its second phase in January, with 19 acute trusts named today as the next trusts to be inspected using larger, expert teams that include professional and clinical staff and trained members of the public. These will be the first trusts to be given ratings by CQC.**

The first phase of inspections started in September. By December 2015, CQC will have inspected every NHS Trust. Each inspection seeks to answer five questions about services: are they safe, caring, effective, well-led and responsive to people's needs? Inspectors will then make a judgement about the quality and safety of the care people receive there. Care will be rated as outstanding, good, requiring improvement or inadequate.

The acute trusts to be included in the second phase have been selected for a number of reasons: they may receive an inspection because they are showing as higher risk in our new intelligent monitoring system. They may show as having an intermediate risk that allows us to test the intelligent monitoring tool or they may be aspirant foundation trusts that Monitor have asked us to look at. We will, as we promised, also be following up on trusts inspected by Sir Bruce Keogh.

## **The next wave of inspections will cover University Hospitals of Leicester NHS Trust (Central)**

Our new way of inspecting makes better use of intelligent monitoring and expert inspection to assess performance. The selection of acute trusts for inspection has been informed by CQC's new intelligent monitoring tool developed by the regulator's analysts. Together with local information from partners and the public, intelligent monitoring helps us to decide when, where and what to inspect.

CQC's Chief Inspector of Hospitals, Professor Sir Mike Richards said: "As a doctor, I liken intelligent monitoring to a screening test; our inspection combined with intelligent monitoring provides the diagnosis, following which we make a judgement, which will in turn lead to action.

"Our intelligent monitoring helps to give us a good picture of risk within trusts, showing us where we need to focus our inspections. We aim to publish the results at regular intervals. They will provide the basis for constant contact with NHS hospitals and other NHS organisations, and may lead to inspections in response to particular issues."

As well as providing us with guidance on who we should inspect first, this helps us identify and respond more quickly to hospitals where there is a risk that people might not be receiving safe, effective, high quality care.

The intelligent monitoring is based on 150 indicators that look at a range of information including patient experience, staff experience and statistical measures of performance. The indicators relate to the five key questions CQC will ask of all services. The indicators are used to raise questions, not to make judgements about the quality of care. CQC's own considered judgements take the results of our intelligent monitoring and reports from other organisations into account and, importantly, what our inspectors find during inspections.

We have used the intelligent monitoring for acute trusts to help select the next acute trusts to be inspected. For mental health and community services, we have chosen a range of organisations to help us test and develop our models for integrated mental health services regulation and assessment of services delivered in the community. This will also advance our approach to how best to use intelligent monitoring for these services.

We are also today publishing the results of our intelligent monitoring for each acute trust. We will update and refine this information as we gain greater insight and receive more feedback about the quality and safety of care in trusts. We want trusts to use the information to help them improve their performance.

The intelligent monitoring tool has been welcomed by Professor the Lord Darzi of Denham, who said: There is a huge amount of data available about our health services, but to be useful it needs to be focused on those indicators that give the clearest picture of the quality of care. The intelligent monitoring tool helps CQC make best use of the data so it can look more deeply at issues of concern. It is an important development.”

Dr Jennifer Dixon, Chief Executive of the Health Foundation and CQC Board member said: “It makes sense to use the wealth of routinely available data in the NHS to try to spot patterns which might identify or predict poor quality care for patients. The intelligent monitoring tool can never by itself be a crystal ball, but it is a great start and will surely develop over time.”

**The next wave of inspections will cover the following trusts (listed in alphabetical order).**

### Acute trusts

#### From the Band 1 of our intelligent monitoring

- Aintree University Hospital NHS FT (North)
- Heatherwood and Wexham Park Hospitals NHS FT (South)
- Homerton University Hospital NHS FT (London)
- Leeds Teaching Hospital NHS Trust (North)
- Northampton General Hospital NHS Trust (Central)
- Royal Berkshire NHS FT (South)

## • **University Hospitals of Leicester NHS Trust (Central)**

### **Foundation Trust aspirants**

- Hull and East Yorkshire Hospitals NHS Trust (Band 2) (North)
- Oxford University Hospitals NHS Trust (Band 3) (South)
- Royal Cornwall Hospitals NHS Trust (Band 5) (South)
- St George's Healthcare NHS Trust (Band 6) (London)

### **Keogh inspection follow ups**

- Basildon and Thurrock University Hospitals NHS FT (Band 1) (Central)
- Blackpool Teaching Hospitals NHS FT (Band 2) (North)
- Buckinghamshire Healthcare NHS Trust (Band 1) (South)
- Dudley Group NHS FT (Band 4) (Central)

### **Intermediate trusts**

- East Kent Hospitals University NHS FT (Band 3) (South)
- Lewisham and Greenwich NHS Trust (Band 2) (London)
- Peterborough and Stamford Hospitals NHS FT (Band 6) (Central)
- University Hospitals of Morecambe Bay NHS FT (Band 5) (North)

### **Mental health trusts/community health services**

- Bridgewater Community Healthcare NHS Trust – FT applicant (Community - North)
- Central Essex Community Services (Provider) – Social Enterprise (Community – Central)
- Coventry and Warwickshire Partnership NHS Trust – FT applicant (Mental Health - Central)
- Derbyshire Community Health Services NHS Trust – FT applicant (Community - Central)
- Devon Partnership NHS Trust – FT applicant (Mental Health - South)
- Dudley and Walsall Mental Health Partnership NHS Trust, MH – FT applicant (Mental Health - Central)
- Solent NHS Trust – FT applicant (Combined - South)
- SW London and St George's Mental Health NHS Trust – FT applicant (Mental Health – London)