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Dear Mr Adler

Wave 2 acute hospital inspection programme: January-March 2014

I have now been the Chief Inspector of Hospitals at CQC for three months and we have carried out six acute trust inspections using the new approach that I outlined when I was appointed, with a further 12 scheduled to be inspected by Christmas.

On Thursday (24 October) I will be publishing a list of 19 acute trusts that we will inspect between January and March 2014. This will be the second wave of inspections using this new model and will let us build on the learning and improvements we have made during the 18 inspections in 'wave 1'.

We will be inspecting your trust using the new CQC model as part of this second wave. My colleagues will be in touch within the next fortnight regarding what this means in practical terms and with dates for our planned inspection. I wanted to let you know about your inclusion in 'wave 2' and thought it would be helpful if I gave you an overview of what this new model entails.

The new inspection teams will be large (over 20 people) and will be headed by a senior NHS clinician or executive, working alongside senior CQC inspectors. The teams include professional and clinical staff and other experts, including trained members of the public ('experts by experience'). Many of these are volunteers who came forward when I launched my new approach in July.

The teams will spend at least two full days at the trust inspecting every site that delivers acute services, and eight key service areas: A&E; acute medical pathways including the frail elderly; acute surgical pathways; critical care; maternity; paediatrics; end of life care and outpatients. The teams will look at other services where necessary, and for some trusts in 'wave 2' we will be testing methodology to look at community services provided by acute trusts.

The inspections are a mixture of announced and unannounced and may include inspections in the evenings and weekends, when we know people can experience poor care. Our inspection teams make better use of information and evidence to direct resources where they're most needed. Our analysts have developed new triggers to guide the teams on when, where and what to inspect. Before they inspect, the teams assess a wide range of

quantitative data, including information from our partners in the system, and information from the public.

Each inspection will provide the public with a clear picture of the quality of care in their local hospital, exposing poor and mediocre care and highlighting good and excellent care. We will look at whether the trust and each of the core services are safe; effective; caring; responsive to people's needs and well-led.

I will decide whether hospitals are rated as outstanding; good; requires improvement; or inadequate. If a hospital requires improvement or is inadequate, I will expect it to improve. Where there are failures in care, I will work with my colleagues at Monitor and the NHS Trust Development Authority to make sure that a clear programme is put in place to deal with the failure and hold people to account.

In the first wave of inspections we are piloting ratings at three of 18 trusts. For the second wave every trust will get a rating. Your inclusion in this wave means my inspection of care services at your trust will include ratings of each of the eight core services, and of the trust overall. By the end of 2015 my teams will have inspected and rated all acute hospitals in this way. You can find out more details on our website – visit www.cqc.org.uk and search for 'new acute hospital inspection model'.

I have made my choices for this second wave of inspections based on our assessment of risk; as follow-ups to the Keogh reviews carried out earlier this year; or depending on where trusts are in the Foundation Trust pipeline (we have considered the views of Monitor and the NHS Trust Development Authority). CQC is publishing details of its 'intelligent monitoring' of NHS trusts tomorrow alongside details of our second wave of acute inspections. You will have received our analysis for your trust and this will be made public on your page on our website tomorrow.

You will receive a follow up from CQC explaining in more detail what this will mean for you and your trust, including the dates on which we intend to inspect. Your CQC regional director should be able to answer general questions about the new model in the meantime, or you can contact Matthew Trainer (London regional director, who is overseeing the national delivery of this programme) at matthew.trainer@cqc.org.uk.

Thank you in advance for your co-operation, and I look forward to working with you in the near future.

Yours sincerely,



Professor Sir Mike Richards
Chief Inspector of Hospitals