

JOINT LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH
SCRUTINY COMMITTEE: 27th April 2018

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

CQC INSPECTION

Purpose of report

1. The purpose of this report is to provide the Joint LLR Health Scrutiny Committee with an overview of the outcome of the Care Quality Commission (CQC) inspection of University Hospitals of Leicester NHS Trust in November and December 2017 and their well-led review in January 2018.

Policy Framework and Previous Decisions

2. The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.
3. Where they find poor care, they will use their powers to take action.
4. The CQC reports from their inspection of UHL's services in 2017 and 2018 were published in March 2018 and can be found here:

<http://www.leicestershospitals.nhs.uk/aboutus/performance/care-quality-commission/>

Background

5. On the 28th – 30th November 2017, the CQC carried out a three day unannounced inspection of Urgent and Emergency Care, medicine and maternity services across all three hospital sites.
6. On the 4th – 7th December 2017, the CQC carried out a four day unannounced inspection of outpatient services, diagnostic services and maternity Services at St Mary's Birthing Centre.
7. The aim of these inspection is to check whether the services that we are providing are safe, caring, effective, responsive to people's needs and well-led.
8. Not all core services were inspected during these visits e.g. Critical Care, End of Life Care, Surgery, Children & Young People.
9. The maximum intervals for re-inspection are:

- one year for core services rated as inadequate
 - two years for core services rated as requires improvement
 - three and a half years for core services rated as good
 - five years for core services rated as outstanding
10. Prior to the inspection, the CQC were provided with over 100+ 'data sets' plus additional documentation such as policies, strategies, and Board and Committee papers
11. The CQC:
- Interviewed members of the board, both executive and non-executive directors
 - Interviewed a range of senior staff across the hospital - this included a wide group of clinical and non-clinical service and specialty directors
 - Met and talked with a wide range of staff to ask their views on the leadership and governance of the trust
 - Looked at a range of performance and quality reports, audits and action plans; board meeting minutes and papers to the board, investigations
 - Sought feedback from patients, local people and stakeholders

Resource Implications

12. Actions to address CQC Compliance Actions which require additional resources, have been identified within UHL's comprehensive action plan. Where additional resource requirements have been identified, these will be subject to the Trust's normal financial and business planning/prioritisation process.

Conclusions

13. UHL remains committed to achieving a 'Good' rating across all services.

Background papers

See Appendix A.

Circulation under the Local Issues Alert Procedure

None.

Officer to Contact

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List of Appendices

Appendix A – presentation by the Director of Clinical Quality, UHL.

Relevant Impact Assessments

Equality and Human Rights Implications

14. Covered under the CQC inspection criteria.