1. INTRODUCTION

To safeguard the quality and safety of health and care services in the wake of recent high profile failures, the CQC is dramatically transforming the way in which it monitors, inspects and regulates health and care providers. The new inspection regime represents a major change from the current tick box approach, to a system focused on proactive identification of potential risk and rigorous inspection by teams of experts. The new expert inspectorate will use their judgement and evidence to produce an authoritative assessment of quality for every health and care provider.

The new inspection regime started in earnest this Autumn in acute hospitals and the first wave of inspections is now underway. The new system will also be rolled out across primary and community care, mental health and social care over coming years.

The CQC published the first four reports from their pilot inspections on 29th November 2013. The hospitals inspected to date include Croydon, Airedale, The Royal Wolverhampton and Taunton and Somerset. The first published reports provide detail of the CQC’s findings from their new way of inspecting hospitals in England. This paper provides a summary of this new approach.

2. REVIEW OF THE NEW APPROACH

The new inspections are split into three stages and include the following:

1. Preparation - this includes public listening events and the production of data packs
2. Inspection - this occurs over 2 - 4 days with mixed teams split into eight areas
3. Reporting - this is published on the CQC Quality Summit internet site as a written report six weeks after the inspection.

STAGE 1: PREPARATION

The data packs bring together the latest information about the Trust and give inspection teams a clear picture of services the Trust provides, what it does well and possible areas for improvement.

Public listening events are held on the first evening of the inspection and offer the public the opportunity to hear people’s experiences.

STAGE 2: INSPECTION

Stage 2 consists of a 2 - 4 day inspection (depending on the Trust) which include a team of doctors, nurses, managers and patient/public representatives, supported by the CQC inspectors and analytics. During the inspection the teams will observe
care and speak to patients. They will also visit wards and undertake small group interviews and hold staff focus groups. The first day will be a structured day, while the remaining are flexible. However, the teams will be expected to attend twice-daily briefing and corroboration sessions to update the inspection team of their findings.

Eight core services will be inspected and include:

- A&E (Emergency Department)
- Critical Care (ICU)
- Maternity
- Paediatrics
- Acute medical including frail elderly
- Acute surgery
- End of life care
- Outpatients (+Diagnostics where appropriate).

Additional specialties may be included depending on what is reported in the data packs.

STAGE 3: REPORTING
The findings will be presented to the Trust in a Quality Summit. Any actions required will be provided then and a compliance action may be issued if the quality of care found is unacceptable. The written report will be available four to six weeks after the on-site inspection.

The new inspection regime will focus on answering five key questions, asking if the care is safe, effective, caring, responsive to people’s needs and well-led.

1. ARE SERVICES SAFE?
This will review the following dimensions:

- Never events
- Deaths from low risk conditions that generally do not lead to death
- Avoidable infections, including C. difficile, MRSA and MSSA incidence and E Coli incidence
- Under-reporting of safety incidents for which reporting is legally required
- Patient safety thermometer harms.

2. ARE THEY EFFECTIVE?
This will review the following dimensions:

- Recognised clinical guidelines and standards (such as those produced by NICE and Royal Colleges), and current recognised best practice; are they followed to produce positive outcomes?
- Services delivered by suitably qualified staff
- Multidisciplinary working that includes cooperation with other partners where appropriate
- Performance measures are used to monitor quality.
3. ARE SERVICES CARING?
This will review the following dimensions:

- Overall experience, including Friends and Family Test
- Trusting relationships- confidence in doctors and nurses
- Involvement
- Compassionate care, including experience of problems with quality of care-resolved by staff or worries shared
- Meeting physical needs, including help from staff to eat meals and control pain
- Treated with respect and dignity.

4. ARE SERVICES RESPONSIVE?
This will review the following dimensions:

- Access, including A&E (ED) waiting times, referral to treatment times, cancer waits and cancelled operations
- Integrated care, including delayed discharge.

5. ARE SERVICES WELL-LED?
This will review the following dimensions:

- Staff surveys, including NHS staff survey, trainee nurse survey and junior doctor survey
- Operations, including staff sickness rates, locum ratio to total clinical staff, bank and agency ratio to total nursing staff, bed occupancy and cultural barometer
- Monitor ratings.

Other qualitative intelligence indicators that may be reviewed include:

- Complaints
- Whistleblowing
- Negative comments on social media
- Output of regular inspections
- Media
- Disruption to management
- Other bodies.

3. INFORMAL INTELLIGENCE FROM OTHER NHS ORGANISATIONS

The Trust has received informal feedback from Barts Health NHS Trust and Medway NHS Foundation Trust, which were inspected in November 2013. 87 inspectors were involved in the inspection, where unannounced visits were conducted over a weekend and late at night. There was a specific focus on MEWS charts where the team of inspectors conducted their own audit of compliance with MEWS recording. A question posed to senior managers was “How do you know what care is like on the ward?”. The Trust was asked for over 300 extra pieces of information during the week-long visit.
4. **SUMMARY**

This report provides an overall summary of the CQC new inspection regime. Work will now commence to ensure that staff are made aware of the new inspection process and the aspects of service delivery most likely to be scrutinised. The Trust is currently undertaking a scoping exercise to review quality and safety data flows, to determine the availability and accessibility of the data and the potential to provide quality and safety data which is specific to wards and departments. This will be incorporated into a Quality Assurance Framework (QAF) which will help identify areas of concern and allow intervention to be targeted to areas of specific risk.

The CQC has released their inspection schedule up to June 2014 (which does not include Newcastle Hospitals) and all Trusts will be subject to a ‘new style’ inspection before December 2015.

5. **RECOMMENDATION**

To receive the report and note the new inspection approach.

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11<sup>th</sup> December 2013