



*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. CQC Inspections and Monitoring Quality Improvements**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on 20<sup>th</sup> September 2016.
- 1.3 Author of the Paper and contact details:  
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## **2. Summary**

- 2.1 This paper gives an overview of the role of the CQC, the inspection criteria and the process for monitoring action plans occurring from inspections, where providers are found to have not met all requirements. The paper also refers to the CQC inspection of Brighton & Sussex Universities Hospital Trust (BSUH) which took place in April 2016.

## **3. Decisions, recommendations and any options**



- 3.1 That the Board note for information

## 4. Relevant information

- 4.1 The Care Quality Commission (CQC) is the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high quality care and encourage care services to improve.

They 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 make choices about care they receive.

- 4.2 A CQC inspection involves collation of information and data from a range of sources including from commissioners, the public, patients and carers and via complaints and performance data. There is then a visit by an inspection team - the numbers of people in the team and the skills of the inspectors are commensurate with the size and services delivered by the provider. Inspection teams will include CQC employees (i.e. full-time inspectors) as well as members from other sectors, such as specialist advisors employed in other areas with specific clinical knowledge of a particular area, social care colleagues and lay individuals.

- 4.3 CQC inspections focus on quality standards within five domains or 'key lines of enquiry', i.e. they look to see if services are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

A full list of what comes under these headings can be accessed at <http://www.cqc.org.uk/content/brief-guides-inspection-teams#safe> (accessed Aug 2016).

Following an inspection, the initial draft of the CQC report is shared with the provider, after which there is a period of time allowed for clarifying factual accuracy, prior to a report being made public.



The outcome of inspections is for service providers to be given an overall rating, which will be one of the following:

- Outstanding
- Good
- Requires improvement
- Inadequate

4.4 CQC has legal powers to:

- Register organisation to enable them to provide health and social care
- Powers of entry to inspect services
- Make requirements for improvement
- Issue notices which have to be adhered
- Remove the registration of providers and close services

The CQC has the power to issue a Section 29 'Warning Notice' to a registered person where the quality of the care they are responsible for falls below what is legally required. Legal requirements can include the Health and Social Care Act 2008 ('the Act') and the regulations made under it, but also other legislation that registered persons are legally obliged to comply with in delivering the service. The discretionary power to issue a Warning Notice is conferred by section 29 of the Health and Social Care Act 2008 Act. A section 29 Warning Notice will be used for all sectors apart from NHS trusts (including foundation trusts). There is, however, additional provision in section 29A of the Act for a Warning Notice that is addressed to NHS trusts or foundation trusts. CQC may issue such a notice where it appears that significant improvement is required. Significant improvement is not necessarily restricted to breaches of legislation but could be broader.

4.5 A comprehensive inspection of Royal Sussex County Hospital (RSCH), Royal Alexandra Children's Hospital (RACH) and Princess Royal Hospital (PRH) was undertaken from April 5<sup>th</sup> to April 8<sup>th</sup> 2016. Following this inspection, the Chief Executive Officer of BSUH was issued with a Warning Notice under Section 29A of the Health and Social Care Act, which was made public on 20<sup>th</sup> June 2016.

The notice identified three main areas for improvement:

- (i) Systems to assess, monitor, and mitigate risks to people receiving care and treatment as inpatients and outpatients



were not operating effectively. Patients were being put at unnecessary risk because they were not being dealt with properly or in appropriate areas.

- (ii) Ineffective systems were in place to ensure privacy, dignity and confidentiality was met for people attending both RSCH and PRH hospitals as inpatients and outpatients.
- (iii) Failures to ensure patients were seen in line with national timescales for diagnosis and treatment. In many services, too many patients were on waiting lists which failed to meet national standards.

The Trust was given until 30<sup>th</sup> August to address the immediate concerns outlined in the warning notice.

The full response to this by BSUH Chief Executive can be found on the following link:

<https://www.bsuh.nhs.uk/about-us/news-and-media/latest-news/brighton-and-sussex-university-hospitals-nhs-trust-has-been-issued-with-a-warning-notice-by-the-care-quality-commission/>

(Accessed Aug 2016)

- 4.6 The full report of all the findings from the April inspection was published on 17<sup>th</sup> August 2016. It provided an overall rating of the Trust as ‘inadequate’ and recommended the Trust to be placed in ‘special measures’.

The inspection rated urgent and emergency services, critical care and outpatients/diagnostic imaging as ‘inadequate’; medical care, surgery and maternity/gynaecology services were rated as ‘requires improvement’ and end of life care was rated as ‘good’. Services for children and young people were rated as ‘outstanding’.

The report praised staff at the hospitals for their care and commitment, with the ‘Caring’ domain of the inspection being rated as ‘good’ in almost all areas.

The full reports can be found on the following link:

<http://www.cqc.org.uk/provider/RXH>

- 4.7 Following publication of a final inspection report, the organisation concerned is required to submit an improvement plan against the areas identified as needing improvements. The plan is required to



be outcome focussed, to be clear about the actions to be completed, who is responsible for the actions, and with timescales for achievement.

Although the action plan is for the CQC, service providers are expected to share any improvement plans with their commissioners. BSUH had shared their initial improvement plan, based on the Section 29A warning notice, with the CCG, NHS England and NHS Improvement.

- 4.8 The first stage in the process for review and monitoring improvement is a Quality Summit, convened by the CQC, which also involves the Trust, Clinical Commissioners (CCGs), NHS England (NHSE), NHS Improvement (NHSI) and Health Watch. For BSUH, this took place on 15<sup>th</sup> August, prior to the full report being made public on 17<sup>th</sup> August.

There is already in place a weekly monitoring and review group including representatives of the above organisations monitoring the BSUH action plan which was immediately drawn up following receipt of the section 29A warning notice. This level of monitoring will continue until all parties are in agreement that improvements are being made and sustained.

This is over and above the business as usual system performance and quality monitoring meetings which commissioners manage with providers, and the system-wide resilience groups in place.

## **5. Important considerations and implications**

Legal:

- 5.1 The body of the report refers to the scope of the inspection and the powers of the CQC. The CQC report describes their judgement of the quality of care at the trust.
- 5.2 Brighton and Sussex University Hospitals NHS Trust have been issued with a Warning Notice by the Care Quality Commission (CQC) under Section 29A of the Health and Social Care Act. This identifies fundamental standards that were not being met. As a result the provider must send CQC a report that says what action they are going to take to meet these standards.



5.3 The body of this report sets out the resulting action and review arising from the Warning Notice.

Lawyer consulted: Natasha Watson; Date: 09.09.16

Finance:

5.4 There are no financial implications for the Board arising from this report for information.

Equalities:

5.5 There are no implications for the Board arising from this report for information.

Sustainability:

5.6 There are no implications for the Board arising from this report for information.

Health, social care, children's services and public health:

5.7 There are no implications for the Board arising from this report for information.

## 6. Supporting documents and information

<http://www.cqc.org.uk/content/brief-guides-inspection-teams#safe>

(Accessed Aug 2016)

<https://www.bsuh.nhs.uk/about-us/news-and-media/latest-news/brighton-and-sussex-university-hospitals-nhs-trust-has-been-issued-with-a-warning-notice-by-the-care-quality-commission/>

(Accessed Aug 2016)

