

# Inspecting hospitals to drive up standards in the NHS

December 2014



The Mid Stafford  
Foundation Trust

THE MID STAFFORD  
NHS FOUNDATION TRUST  
PUBLIC INQUIRY

Chaired by Robert Francis QC

**A promise to learn  
– a commitment to act**

**Improving the Safety of Patients  
in England**

National Advisory Group on the  
Safety of Patients in England

**Independent Inquiry into care provided  
Mid Staffordshire NHS Foundation Trust  
January 2005 – March 2009  
Volume I**

Chaired by Robert Francis QC

**Report of  
the Mid Staffordshire  
NHS Foundation Trust  
Public Inquiry**

**Volume 1:  
Analysis of evidence and  
lessons learned (part 1)**

HC 898-I

HC375-I

August 2013

# Our purpose and role



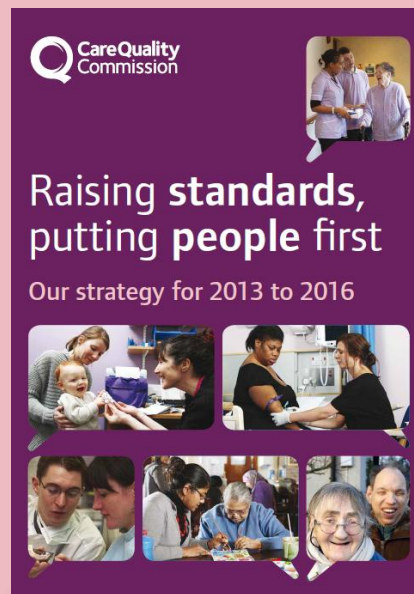
## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

## Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

**We will be a strong, independent, expert inspectorate that is always on the side of people who use services**



# The new CQC hospital inspection programme



Built on the **Keogh Reviews** process for hospitals with high mortality.

Brought together the **best of different approaches**.

Aim to be **robust, fair** and helpful.

Reports **do not apportion blame**.

Intend to promote transparency and honesty about standards in healthcare as a driver for **quality improvement**.

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# Our key questions



Our focus is on five key questions that ask whether a provider is:

- **Safe?** – people are protected from abuse and avoidable harm
  - **Effective?** – people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
  - **Caring?** – staff involve and treat people with compassion, kindness, dignity and respect.
  - **Responsive?** – services are organised so that they meet people’s needs
  - **Well-led?** – the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.
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# 8 Core Services

- In acute hospitals the following 8 core services are always inspected:
  1. Urgent and emergency services
  2. Medical care (including older people's care)
  3. Surgery
  4. Critical care
  5. Maternity and gynaecology
  6. Services for children and young people
  7. End of life care
  8. Outpatients and diagnostic imaging
- We will also assess other services if there are concerns (e.g. from complaints or from focus groups)
- The inspection team splits into subgroups to review individual areas, but whole team corroboration sessions are vital



# Inspection teams and visits



## **Visited:**

- 4 inpatient wards at 4 hospitals
- Paediatric inpatient ward
- 3 minor injury units
- 4 Dental clinics
- 11 other community locations
- Home visits with 4 nurses & 5 children's therapists

## **Spoke with:**

- 155 patients, relatives and carers
- 233 staff
- Senior managers and Board members
- 10 people at pre-inspection listening event
- Collected 94 comment cards

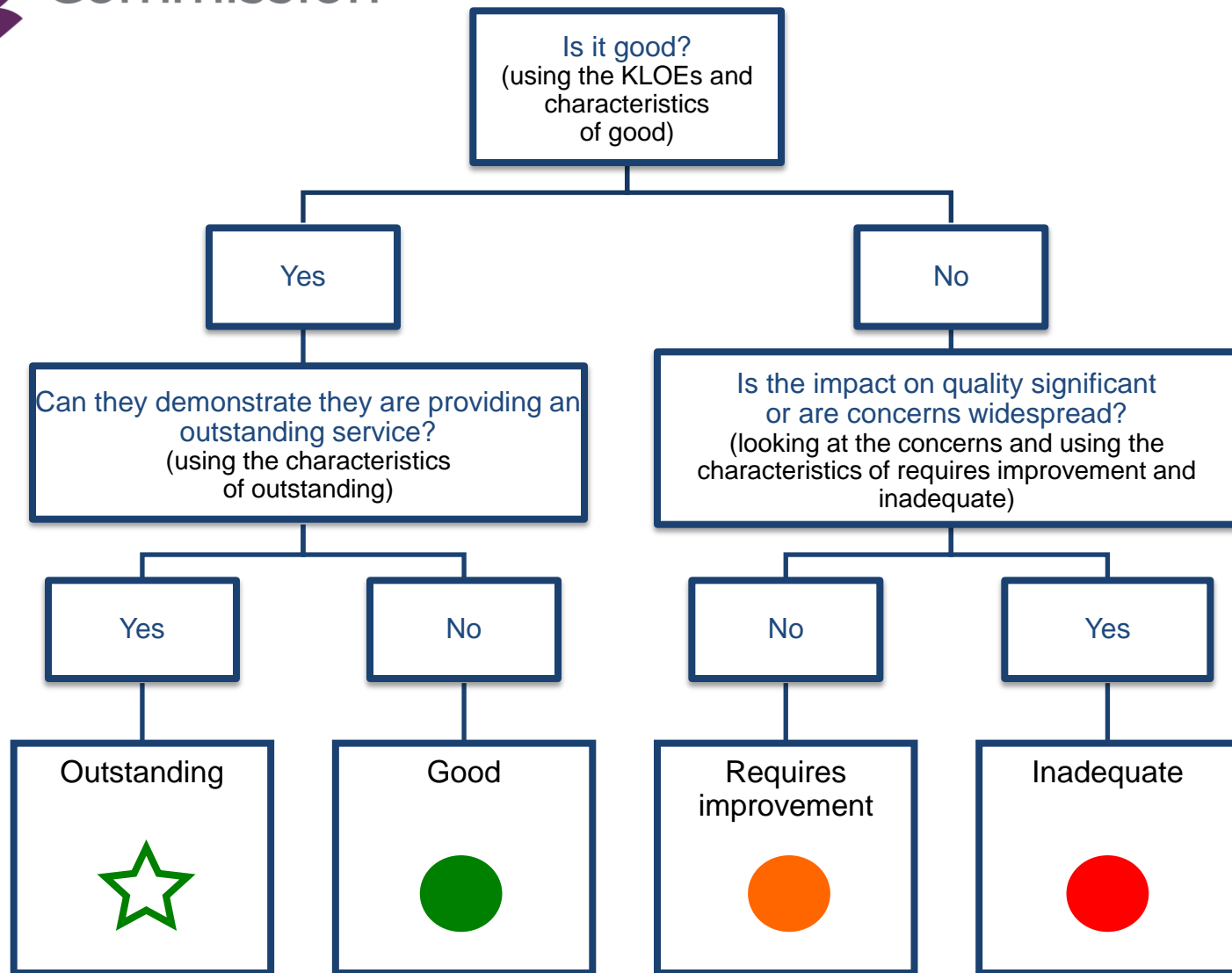
**Inspection Team**

**Lead and Chair**

**9 CQC inspectors**

**13 specialist advisers**

**4 experts by experience**





# How we rate



- Ratings take account of all sources of information:
    - ▶ Intelligent monitoring tool
    - ▶ Information provided by trust
    - ▶ Other data sources
    - ▶ Findings from site visits:
      - Direct observations
      - Staff focus groups
      - Patient and public listening events
      - Interviews with key people
  - Bottom up approach: each of the 8 core services is rated on each of the five key questions (safe, effective, caring, responsive, well led).
  - Where trusts provide services on different sites we rate these separately.
  - We then rate the trust as a whole on the five key questions, with an overall assessment of well-led at trust level.
  - We then derive a final overall rating.
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# Ratings example 1



	Safe	Effective	Caring	Responsive	Well-led		Overall
A&E	Good	Inspected but not rated	Good	Requires improvement	Good		Good
Medical care	Good	Good	Good	Requires improvement	Good		Good
Surgery	Good	Good	Good	Good	Requires improvement		Good
Critical care	Good	Good	Good	Good	Good		Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Good	Good		Requires improvement
Children & young people	Good	Good	Good	Good	Good		Good
End of life care	Good	Good	Outstanding	Good	Good		Good
Outpatients	Good	Inspected but not rated	Good	Requires improvement	Good		Good
Overall	Good	Good	Good	Requires improvement	Good		Overall Good

# Ratings example 4



	Safe	Effective	Caring	Responsive	Well-led		Overall
A&E	Inadequate	Inspected but not rated <sup>1</sup>	Requires improvement	Inadequate	Inadequate		Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement		Requires improvement
Surgery	Inadequate	Requires improvement	Good	Inadequate	Requires improvement		Inadequate
Critical care	Requires improvement	Good	Good	Good	Good		Good
Maternity & family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement		Requires improvement
Children & young people	Good	Good	Good	Good	Good		Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement		Requires improvement
Outpatients	Good	Inspected but not rated <sup>1</sup>	Good	Requires improvement	Requires improvement		Requires improvement
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate		Overall Inadequate

# Ratings example 5



	Safe	Effective	Caring	Responsive	Well-led		Overall
A&E	Outstanding	Inspected but not rated <sup>1</sup>	Good	Outstanding	Outstanding		Outstanding
Medical care	Good	Good	Outstanding	Outstanding	Outstanding		Outstanding
Surgery	Good	Good	Good	Outstanding	Outstanding		Outstanding
Critical care	Outstanding	Good	Outstanding	Good	Outstanding		Outstanding
Maternity & family planning	Good	Good	Good	Good	Good		Good
Children & young people	Requires improvement	Good	Outstanding	Good	Good		Good
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding		Outstanding
Outpatients	Good	Inspected but not rated <sup>1</sup>	Good	Outstanding	Good		Good
Overall	Good	Good	Outstanding	Outstanding	Outstanding		Overall Outstanding

How CQC regulates:

## NHS acute hospitals

Provider handbook  
September 2014

How CQC regulates:

## NHS acute hospitals

Appendices  
to the provider handbook  
September 2014

# Initial findings from acute inspections



We inspected 68 acute trusts in the first year (42%).

There are many positives for staff and the public to be proud of:

- Compassionate care
- Critical care services were high quality
- Maternity services were good
- Many trusts were improving care for patients with dementia



# Early lessons

- 13% of trusts were inadequate and 63% required improvement.
- Only 20% of hospitals were judged good for safety, none were outstanding.
- 60% of trusts needed to improve their leadership.
- Leadership at clinical team or directorate level was variable.
- Formal and informal leadership was often in denial.
- Services and hospitals that accepted their problems made swifter quality improvements.



# A Local Flavour

- Complaint Handling- timescales, communication, early resolution
- Staff are caring and passionate
- Staffing levels
- Discharging patients- waiting times, unsafe discharges for vulnerable patients
- Discharging patients- some positive work to improve process
- Attitude of staff and communication
- 'staff go the extra mile' 'excellent service' 'staff made me feel at ease'





- To continue to develop relationships with partners and making use of intelligence
- To increase cross directorate working
- To strengthen how we involve and engage with the public
- To reflect and develop our approach to inspection and monitoring standards

