

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

8 November 2013

Care Quality Commission Inspection of Harrogate and District NHS Foundation

Trust and Update on Developments in the Trust

Purpose of Report

1. The purpose of this report is to alert the Committee to the Care Quality Commission's planned inspection of the Harrogate and District NHS Foundation Trust (HDFT) and to bring the Committee's attention to developments taking place in the trust.

Introduction

2. The Care Quality Commission (CQC) is the independent regulator of health and social care in England. Its role is to make sure health and social care services provide people with safe, effective, caring, well-led and responsive care. As well as encouraging care services to improve, it monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. It publishes what it finds to help people choose their care.
3. In May 2013 the CQC appointed Professor Sir Mike Richards as its Chief Inspector of Hospitals. In July Sir Mike announced he would be introducing a new system for inspecting hospitals in England and that a first tranche of inspections would include 18 hospitals. This included 6 hospitals assessed as high risk, 6 as low risk and 6 where there was a variety of risk points between high and low. HDFT and Airedale Hospital are included in this first tranche. Both are assessed as low risk.
4. The inspection of HDFT will take place between 14 and 15 November 2013. This includes a listening event for members of the public on 14 November between 6.30pm and 8.00pm at the Best Western Cedar Court, Park Parade, Harrogate, and North Yorkshire, HG1 5AH.
5. The CQC's letter to HDFT informing the Trust of the inspection is attached. It provides more information on the overall process of inspection.
6. Richard Ord (Chief Executive, HDFT) will be attending the Committee to describe how the Trust is preparing for the inspection. This will include Richard identifying areas of strength in the Trust, areas where there are risks and the actions in place to address them.
7. It should be noted that in its Quality Account for 2012/13 the Trust highlighted that it had carried out a review of its complaints management and that specific measures would be put in place during this year.

8. This Committee, in its comments on the Quality Account invited Mrs Angela Monaghan, Chief Nurse to update the Committee on how this work was progressing.

Recommendations

9. That Members:
 - a) note the CQC inspection of HDFT will take place on 14 to 15 November 2013;
 - b) provide comment/advice to the Chief Executive and Chief Nurse on developments taking place in the Trust.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

29 October 2013

Background Documents: None



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www.cqc.org.uk

Richard Ord
Chief Executive
Harrogate and District NHS Foundation Trust
via email

17 July 2013

Dear Mr Ord

HOSPITAL INSPECTION PROGRAMME

As you may know, I have formally taken up my role as Chief Inspector of Hospitals at CQC this week. My first priority is to oversee a radical change to how CQC inspects acute hospitals. On Thursday I will be publishing my early plans for how we will do this, and a list of the first wave of Trusts we will inspect using the new approach.

We will be inspecting your Trust using our new model as part of this first wave, with this inspection taking place at a point between August and December 2013. My colleagues will be in touch regarding what this will mean in practical terms. At this juncture, I thought it would be of use to provide an overview of what the new model will entail.

Essentially, I will lead national hospital inspection teams headed by a senior NHS clinician or executive working alongside senior CQC inspectors. The teams will include professional and clinical staff and other experts, including trained members of the public who we call experts by experience.

Our teams will be significantly bigger than at present, and spend longer inspecting hospitals, covering every site that delivers acute services and eight key services areas: A&E; maternity; paediatrics; acute medical and surgical

pathways; care for the frail elderly; end of life care; and outpatients (including discharge arrangements and links with other sectors). They will look at additional specialties where necessary.

The inspections will be a mixture of unannounced and announced and they will include inspections in the evenings and weekends when we know people can experience poor care.

The inspection teams will make better use of information and evidence to direct their resources where they're most needed. Our analysts have developed new triggers - surveillance indicators - to guide the teams on when, where and what to inspect. Before they inspect, the teams will 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 the many hospitals providing good and excellent good care. I will decide whether hospitals are rated as outstanding; good; requires improvement; and 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. By the end of 2015 my teams will have inspected all acute hospitals in this way.

We have identified the first wave of eighteen NHS Trusts to be inspected in this new way using our new surveillance model. Collectively they represent the variation in NHS hospital care. We have identified six Trusts that are a priority for inspection because they have high risk scores. There are a further six that our model indicates as low risk, and six others between these extremes.

We will be inspecting your Trust due to its low risk scores.

Further information as to our new inspection model, and the indicators behind our surveillance model are available at our website, www.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
Care Quality Commission

CC: Malcolm Bowers-Brown
Regional Director, Care Quality Commission