Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

www.cqc.org.uk

Dr Mark Newbold
Chief Executive
Heart of England NHS Foundation Trust
via email

17 July 2013

Dear Dr Newbold

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 it having a level of risk in between the high and low risk Trusts.

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: Andrea Gordon
Regional Director, Care Quality Commission