

<b>Subject:</b>	<b>Care Quality Commission (CQC) Inspection of Brighton &amp; Sussex University Hospitals Trust (BSUH)</b>		
<b>Date of Meeting:</b>	<b>05 October 2016</b>		
<b>Report of:</b>	<b>Executive Lead for Strategy, Governance &amp; Law</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-5514</b>
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The Care Quality Commission (CQC) is the statutory inspector of health and social care services. The CQC is responsible for a rolling programme of inspections of NHS providers.
- 1.2 Brighton & Sussex University Hospitals Trust (BSUH) is an NHS trust providing general hospital services for the populations of Brighton & Hove and Mid Sussex, and more specialist services on a sub-regional and a regional basis. BSUH operates from two major sites: the Royal Sussex County Hospital (RSCH) in Brighton, and the Princess Royal Hospital (PRH) in Hayward's Heath.
- 1.3 The CQC conducted a full inspection of BSUH services in April 2016 and published its inspection reports in August 2016. The CQC's summary report is included as **Appendix 1** to this report. The full inspection reports are on the BSUH website: <https://www.bsuh.nhs.uk/about-us/our-performance/our-cqc-ratings/>

**2. RECOMMENDATIONS:**

- 2.1 That HOSC members note the general information on the CQC inspection process and specific information relating to the BSUH inspection included in this report and its appendix;
- 2.2 That HOSC members agree to appoint three members to an informal joint HOSC working group to monitor the implementation of quality improvement planning in response to the CQC's recommendations.

**3. CONTEXT/ BACKGROUND INFORMATION**

**3.1 The CQC Inspection Process**

- 3.1.1 The CQC undertakes a rolling programme of inspection of NHS provider trusts. Every NHS trust is inspected at least every three years, although

underperforming trusts may be inspected more frequently. When it inspects an NHS trust, the CQC examines key service-areas against five quality domains: ***caring, well-led, safe, effective, and responsive***. The CQC scores performance under each domain as either: ***outstanding, good, requires improvement*** or ***inadequate***. Where an organisation operates across more than one major site, each site is typically inspected and scored separately. The CQC also gives each trust an overall organisational score.

- 3.1.2 CQC inspection reports highlight areas where trusts either *must* make improvements (e.g. where there are clear legal breaches occurring) or *should* make improvements. Following an inspection every Trust is required to develop and publish a Quality Improvement Plan (QIP). NHS Improvement (NHSi), the NHS trust regulator, monitors the implementation of QIPs.

### 3.2 Special Measures

- 3.2.1 Should the CQC judge that a trust is inadequate across a significant number of domains, it may recommend to NHSi that the trust be placed in Special Measures. Trusts in Special Measures are able to access additional support for improvement.

### 3.3 BSUH

- 3.3.1 BSUH is a large NHS trust which provides acute (i.e. general hospital) services for the populations of Brighton & Hove and Mid Sussex. BSUH operates two major hospital sites: at the Royal Sussex County Hospital, Brighton (RSCH) and the Princess Royal Hospital, Hayward's Heath (PRH). BSUH also operates the Royal Alex Children's Hospital (RACH), the Sussex Eye Hospital, and the Queen Victoria Hospital, Lewes. Significant numbers of people from other areas also choose to use the RSCH and PRH as their local hospital (particularly people living on the western edge of East Sussex and the eastern edge of West Sussex).

- 3.3.2 BSUH increasingly also provides specialist hospital services for the whole of Sussex, and some very specialised services (e.g. trauma) on a regional footprint.

- 3.3.3 BSUH employs just over 7000 people and has an annual turnover of C £500M. Standard hospital services are commissioned for their populations by Clinical Commissioning Groups (CCGs), and specialised services are commissioned by NHS England (NHSE). BSUH receives significant funding from NHSE for its specialist provision; and from Brighton & Hove CCG, Horsham & Mid Sussex CCG, West Sussex Coastal CCG, and High Weald Lewes Havens CCG for general hospital care.

### 3.4 BSUH CQC Inspections

- 3.4.1 BSUH underwent a full CQC inspection in 2014, resulting in an overall score of ***Requires Improvement***. There was a follow-up inspection of emergency services in 2015 which resulted in a score of ***Inadequate***. There was a further full inspection of the Trust in April 2016, the results of which were published in August 2016. The Trust was rated as ***Inadequate*** and was subsequently placed in Special Measures by NHSi. The overall summary CQC report is included for

information in **Appendix 1** to this report. The full inspection reports are available on-line: <https://www.bsuh.nhs.uk/about-us/our-performance/our-cqc-ratings/>

- 3.4.2 BSUH has agreed a Quality Improvement Plan (QIP) with the CQC and with its commissioners. Once published, the QIP will be regularly updated, showing how the trust is progressing in implementing its quality improvement plans.

### **3.5 The Role of HOSCs in the CQC Inspection Process**

- 3.5.1 HOSCs have a defined statutory role as stakeholders in CQC inspections of NHS trusts. The CQC contacts local HOSCs in advance of an inspection to ask them for comments and invites the relevant HOSCs to take part in the Quality Summit preceding the publication of an inspection report. However, there is no prescribed role for HOSCs following the publication of an inspection report: it is up to each committee how it scrutinises the implementation of CQC inspection report recommendations.
- 3.5.2 It is important to stress that it is not necessarily the HOSC's role here to itself suggest ways in which an NHS trust might improve its performance or to highlight the need for improvement. Whilst these might be appropriate actions in a different context, the fact of there being a CQC inspection report (and particularly a critical report) means that there is invariably a focus on a trust's shortcomings and a good deal of quality improvement work taking place. Neither is it necessarily the role of the HOSC to act as a conduit for public views on trust performance. Healthwatch is also a statutory stakeholder for CQC inspections, and it holds the brief for direct public engagement.
- 3.5.3 Rather, the obvious role for a HOSC is to seek assurance that the improvement planning in response to the CQC's inspection report recommendations is robust enough to lever significant improvement; and then to monitor implementation of the required changes. This is by no means a given, particularly in situations where there are longstanding quality problems that have resisted various attempts to resolve them. Should a HOSC not be assured that sufficient quality improvement measures are being taken, it could choose to escalate the issue to NHS commissioners and/or regulators.
- 3.5.4 Since BSUH provides services across Sussex, it is scrutinised by West and East Sussex HOSCs as well as by Brighton & Hove HOSC. Whilst each HOSC could choose to act separately, there are obvious advantages in coordinating scrutiny of this issue. These include reducing the burden of duplication on NHS colleagues and most effectively managing the administrative resources of each of the HOSCs.
- 3.5.5 Sussex HOSC Chairs have consequently suggested that an informal joint HOSC working group be established, consisting of three members from each of the HOSCs. The working group would be tasked with monitoring the implementation of BSUH's Quality Improvement Plan (QIP). The working group would have no delegated decision-making powers, acting wholly in an advisory capacity, and reporting back periodically to the HOSCs. Each individual HOSC would retain its statutory powers in relation to this issue, and any significant decisions (e.g. that a HOSC was satisfied with quality improvement measures and should cease

scrutinising them; or that it was dissatisfied and should seek to escalate its concerns) would be a matter for the determination of each HOSC individually.

### **3.6 Partnership with Healthwatch**

3.6.1 Brighton & Hove Healthwatch plans to undertake a series of activities in response to the CQC inspection report – for instance, Healthwatch has already begun investigating the kinds of problems local people are experiencing with booking and attending Outpatient appointments, a services area that was highlighted as problematic by the CQC. B&H Healthwatch has kindly agreed to update HOSC members regularly on these work-streams, and this information could also be shared with the informal working group should a group be established.

## **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.1 The proposal above is for informal joint scrutiny of the BSUH CQC inspection report. Alternative approaches would be either (1) to conduct all scrutiny separately; or (2) to create a formal Joint HOSC (JHOSC).

4.2 Option (1) is possible, but it would potentially require NHS officers to provide essentially the same information to three separate HOSCs. This level of duplication cannot be easily justified. Option (2) is also possible, but it would require HOSCs to delegate their statutory scrutiny powers (in respect of this issue) to a joint body. Members involved in previous JHOSCs have been uneasy about such a transfer of responsibility. Historically, Sussex JHOSCs have also proved cumbersome and expensive to run.

## **5. COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 None directly for this report. Future scrutiny of this issue is very likely to seek to engage community opinions, most obviously via the local consumer champion, Healthwatch.

## **6. CONCLUSION**

6.1 Members are asked to agree to the establishment of an informal joint Sussex HOSC working group as the most efficient way to monitor BSUH quality improvement.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

7.1 None for the council. Any additional HOSC activity will be managed within existing budgets.

Legal Implications:

- 7.2 The proposals relate to establishing an informal advisory working group. The working group will not have decision making powers and any decisions required by HOSC will continue to be required to be made by HOSC. The Working Group will therefore need to report back to the BHCC HOSC in order for the BHCC HOSC to take informed decisions on actions it may wish to take/recommend.

*Lawyer Consulted: Elizabeth Culbert  
2016*

*Date: 6<sup>th</sup> September*

Equalities Implications:

- 7.3 None directly. Future scrutiny of this issue is likely to include assessing the impact of BSUH quality improvement plans on protected groups, and may also focus on specific problems identified by the CQC in terms of protected groups (e.g. BME workforce).

Sustainability Implications:

- 7.4 The establishment of an informal joint HOSC working group would avoid duplication of work across all three Sussex HOSCs and should lead to a reduced demand for travel to and from meetings etc.

Any Other Significant Implications:

- 7.5 None identified.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. CQC Summary Report on BSUH

**Documents in Members' Rooms**

None

**Background Documents**

None

