CQC: The journey to excellence and
The new approach to inspection of ambulance services

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Chief Inspector of Hospitals

April 2014
• CQC: Our journey

• The approach we have already started with acute hospitals, mental health services and community services

• Early thinking on ambulance services - please help us to shape this
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.
Our New Approach

We ask these questions of all services:

• Is it safe?
• Is it effective?
• Is it responsive?
• Is it caring?
• Is it well led?
Our New Approach

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<tr>
<th>April 2014</th>
<th>October 2013</th>
<th>January 2014</th>
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|            | • First new inspections of NHS acute trusts  
|            | • Surveillance data published for all NHS acute trusts  
|            | • Our plans for adult social care published  | • First new inspections of mental health and community services  
|            | • First new inspections of GP practices and adult social care  
|            | • Our plans for all providers now set out  | • First ratings published for NHS acute trusts  |

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| • First new inspections of ambulance services and dentists  
| • Surveillance data published for all adult social care, GP practices, community and mental health providers  | • All regulation of adult social care, mental health, community, and GP practices now using new approach  
|          | • Surveillance data now published for all health and care providers, and continues to be updated |

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| • All regulation of ambulances now using new approach  
| • Surveillance data for all health and care providers continues to be updated regularly  | • All regulation of health and care providers now using new model  
|          | • Surveillance data for all health and care providers continues to be updated regularly |
For people using services:

- CQC is always on their side and acts in their best interests
- CQC engages with people using services and acts on what they tell us
- CQC acts swiftly on safety and quality concerns to ensure action is taken
- People have confidence in CQC and trust in our independence, expertise and judgement
- CQC provides clear, relevant and authoritative reports that focus on the needs and experiences of people
For organisations providing care:

• Respecting CQC as open, professional, expert and independent that provides value for money

• CQC listens, respects honesty and communicates clearly

• CQC is proportionate, consistent and uses fair processes

• CQC shares their commitment to improving the services they deliver and providers see CQC’s ratings to drive improvement

• CQC listens to staff working in services
The Chief Inspector of Hospitals’ remit

• To develop and implement a new approach to inspection, covering
  • Acute hospital services
  • Specialist mental health services
  • Community health services
  • Ambulance services
• Covers NHS and independent providers
• All providers will be rated on a four point scale (outstanding; good; requires improvement or inadequate)
• The new inspection programme is being phased in, starting with NHS acute hospitals

• September – December 2013: 18 acute hospitals inspected using the new approach. 3 were given shadow ratings.

• January – March 2014:
  • 19 acute hospitals (all being rated)
  • 8 Mental Health, Community Health or combined MH/CHS services – pilot inspections
Looking forwards

- April 2014
  - Provider handbooks for acute, MH and CHS sectors
  - Signposting documents for ambulance services and independent sector services: “A fresh start for the regulation of ambulance services”
- April – June 2014
  - Further acute, MH and CHS inspections, including some specialist trusts
- July – September 2014
  - First ambulance service pilot inspections – probably 2 NHS (1 large, 1 small) and 1 independent
- October – December 2014
  - Second wave of ambulance inspections
  - Formal consultation on ambulance inspections
  - Shadow ratings
- January 2015
  - Full roll out
The CQC’s new approach to hospital inspection (1)

3 phases

- **Preinspection:** Planning inspection
  Development of a datapack
  Recruitment of inspection team

- **Inspection:** Typically 3-4 days
  30-40 team members
  Listening event, focus groups, interviews

- **Post inspection:** Report writing
  Quality control
  Factual accuracy check
  Quality Summit
  Publication
The CQC’s new approach to hospital inspection (2)

• 5 key questions
  (Safe? Effective? Caring? Responsive? Well led?)

• 8 core services
  (A+E, medical care, surgical care, critical care, maternity, children’s care, end of life care, outpatients)

• 4 ratings for each service/domain
  (Outstanding, Good, Requires Improvement, Inadequate)
<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
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<tbody>
<tr>
<td>Accident &amp; Emergency</td>
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<td>NSE</td>
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<td>Overall</td>
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Developing CQC’s approach to inspection of ambulance services

Services provided include

- Receiving and triaging 999 calls
- Receiving and triaging non-life threatening 999 calls and providing appropriate responses, advice and treatment
- Undertaking high dependency and intensive care transfers between hospitals
- Patient transport services
- Response to major incidents
- Provision of 111 services

- Assessment, treatment and care at home, where appropriate
- Air ambulance services
Ambulance services - Overview

- Wide variation in size and scope
- NHS and independent sector provision
- 10 large (and one small) NHS Trusts

- Over 50% of NHS hospital transfers handled by private companies

- 50 IAA member companies, with 2800 trained ambulance personnel and 2600 ambulances, operating from 140 locations

- £880m: Value of UK private ambulance market (£520m combined turnover of IAA member companies)
Applying CQC’s five questions to ambulance services (1)

Safe?
• Clean?
• Safe equipment?
• Well maintained fleet?
• Safe medicines management?
• Safeguarding?
• Learning from incidents?
• Staff training in safe practices?
• Clinicians maintaining essential skills?
Applying CQC’s five questions to ambulance services (2)

Effective?

• Appropriate assessment?
• Correct diagnosis?
• Evidence-based care pathways?
• Audits of services, treatment and destination?
• National comparisons of quality standards (where feasible)?
Caring?

- Are patients treated with dignity, respect and compassion?
- Are families and friends treated with dignity, respect and compassion?
- How is feedback from patients and carers gathered?
Responsive to patients’ needs?

• Timely responses
• Appropriate information sharing
• Management of specific groups of patients (e.g. vulnerable; patients with dementia; patients with mental health problems)
• Gathering and responding to complaints
Well-led?

- Vision and strategy?
- Culture?
- Governance arrangements?
- Leadership?

- Learning from good practice
- Integration with other providers
Approach to inspection of ambulance services (1)

Principles

• Consistency – a level playing field
• Involvement of patients and the public
• Expert inspection teams
• Observing delivery of care

Defining core services

• Responding to life threatening conditions or incidents
• Responding to non-life threatening conditions
• Clinically required services requested by care professionals
• Patient transport services
Defining groups with specific needs

- People with mental health needs
- Children and young people
- People with a long term condition
- Bariatric users of services
- End of life care
- Patients who have fallen
- Stroke
- Cardiac arrest
Approach to inspection of ambulance services (3)

- Developing our information to monitor providers
- Focusing on local partnerships and arrangements for integration
- Sampling – we cannot inspect every location for all services
Summary

• CQC is on a journey to excellence

• We are keen to work with you to develop a robust, fair and effective approach to inspection and rating for ambulance services