

Trust Board - Public
24th November 2011
Agenda item: 6.2

CQC Quality and Risk Profile Report

For: Information and decision on assurance / action

Summary: This paper provides an update for the Board of Directors on the CQC's view of the Trust's compliance with the Essential Standards of Quality and Safety (October 2011).
It provides an analysis of the risk ratings and identifies for discussion and decisions any areas of concern.

Action: Review, discussion and decision.

Presented by: Jo Thomas, Chief Nurse
Author: Jonathan Parr, Quality and Standards Lead

Trust objective: Please list number and statement this paper relates to.
All objectives

Legal: What are the legal considerations and implications linked to this item? Please name relevant act
Trust Board requirements to deliver financial balance and quality services.

Regulation: What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission

CQC, ALE

CQC Quality and Risk Profile Report

Date	October 2011
Author	Jonathan Parr, Quality and Standards Lead
Department	Integrated Governance and Quality
Audience	Board of Directors

Background

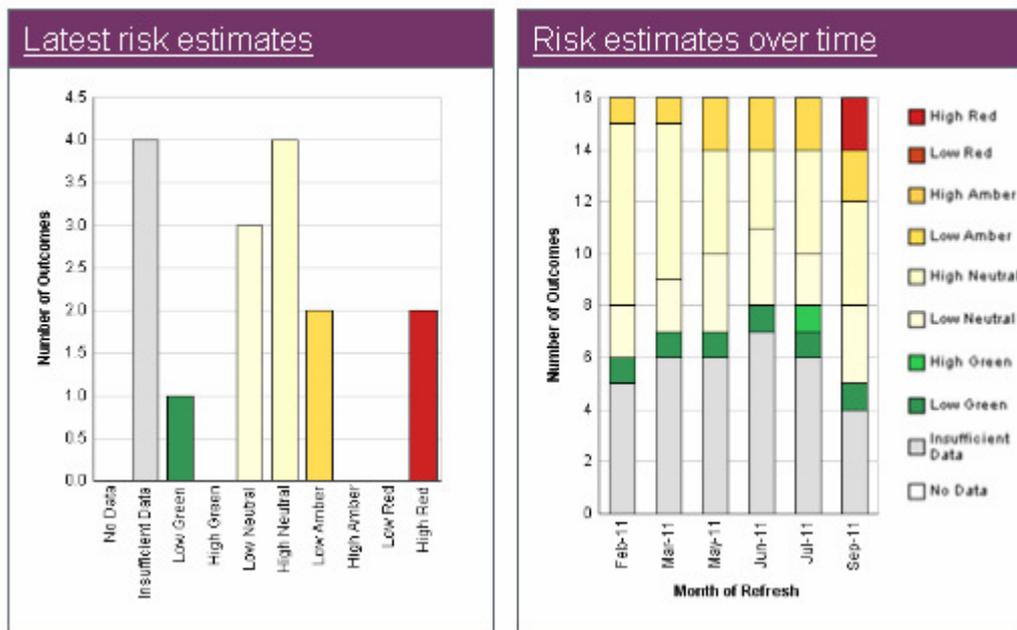
The Care Quality Commission as the regulators of NHS and Social Care in England has a duty to monitor NHS provider's compliance with the essential standards of quality and safety. They achieve this by gathering all the information they know about a provider in one place. This is known as the Quality and Risk Profile (QRP).

The QRP enables the CQC to assess where risks may lie and therefore prompt any front line regulatory activity including inspections.

In reading this report it is important that the Board of Directors note that the data contained in the QRP do not constitute a new set of requirements and that a low risk estimate does not guarantee compliance.

1. Risk Estimates

1.1 Summary Information



1.2 Risk Estimates over time

The tables above provide an overview of the current risk estimates for the 16 essential standards in month (left) and over time (right). There is further detail by outcome on risk estimates over time at appendix 1.

1.3 Risk estimate analysis

Risk estimates are calculated based on quantitative and qualitative information that the CQC collects and weights to calculate the overall risk estimate. The QRP now contains 546 data items across the outcomes which have been used to calculate the risk ratings.

Following the last report to the board, the following changes have been made to our profile by the CQC.

- Outcome 1: Respecting and involving people who use services and Outcome 5: Meeting Nutritional needs have further increased to the maximum level of risk.
- Supporting staff risk rose in Q4 of 2010/2011 remains a low amber risk.
- Records outcome since reducing from low amber to high neutral and remains at this level.
- Outcome 10: Safety and suitability of premises is a new risk, rated at Low Amber having previously not been reported by the CQC due to insufficient data.
- Cleanliness and Infection Control risk has slightly increased to 'Low Neutral' (from 'High Green')

Meeting Nutritional Needs

This outcome has worsened again and is still based on qualitative data from the Dignity and Nutrition Review (rated negative in the QRP) and 4 negative comments on NHS choices (as reported in August) but has now been updated with scores from the PEAT inspections from Spring 2011. These 5 indicators had the Trust showing 'Much worse than expected' for *menu, choice, availability, quality, quantity (portions), temperature, presentation, service and beverages* and 'tending towards worse than expected' for *proportion of wards that operate a protected mealtime policy*.

As previously reported, the CQC inspection for the dignity and nutrition review found that the Trust was complaint with the outcomes whilst suggesting improvements. An action plan is being monitored through MBQR with reporting on compliance with implementation of the actions to Safety and Quality Committee.

The Chief Nurse is leading on the improvement work in relation to nutrition and hydration. This work encompasses the findings of the CQC inspection, the

recent SI report and all other patient feedback. The Chief Nurse is chairing the newly formed Nutritional Steering Group to oversee delivery of the actions and embedding in all divisions. This action plan does include specific actions around food provision and protected mealtimes as raised by the PEAT scores which have increased the risk, with the hot supper option was implemented on 10th October. All the menus are also being changed. As part of this project menus will be provided in different formats.

Respecting and involving people who use services

Once again, it is the addition of the PEAT scores from earlier this year which have significantly impacted on this risk. However, these scores are self-assessed and it is planned to have an external validator supporting the inspection next year as review of the process has concluded we were quite tough on ourselves this year.

The Trust performed much worse than expected in all three categories which fall into this outcome namely:

- **Access and external areas – information.** The PALs Manager has reviewed some of the patient information which will soon be relaunched. The access related to easy car parking to various departments and the Trust scored us low on this. However the 2012 PEAT suggests that drop off zones are sufficient if parking is not adjacent to the building. This would have improved our score. There is a requirement to plan parking with patients and visitors in mind. The Director of Information and Facilities will be looking at the reconfiguration of parking to meet this requirement.
- **Privacy and Dignity – confidentiality & Privacy and Dignity - modesty, dignity and respect.** These scored low and are about having the ability to have private conversations with patients on wards without other patients being able to hear i.e. a separate room and somewhere for patients to practice their faith on the ward. However since our PEAT inspection the Head of Patient Environment has discussed the faith issue with colleagues in other trusts who have all agreed that it is entirely acceptable for all faiths to practice their religion at the bedside with the curtain drawn. If this had been taken into account at the inspection, this would have improved our scoring. There is no progress or solution been offered for private conversations to take place on the ward.

Cleanliness and Infection Control

As reported in August, the only flags on quantitative data shows that

- The Clostridium Difficile level relative to the current national level (ages 2+) is worse than expected.

- The proportion of respondents to the Outpatient Survey who stated that the outpatients department was not very clean or not at all clean (2009) is tending towards worse than expected.

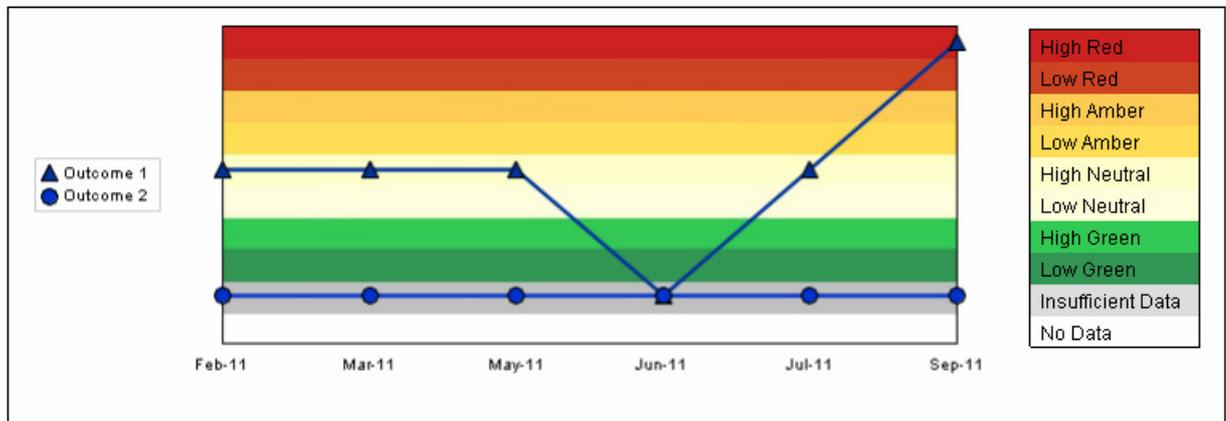
Despite positive comments being added as a result of the PEAT surveys, their scoring has of these scores has pushed our risk up slightly even though we did not flag 'worse' in any category.

Supporting Staff and Records

These remain the same as per the August report to board and are expected to continue until the CQC updates its information.

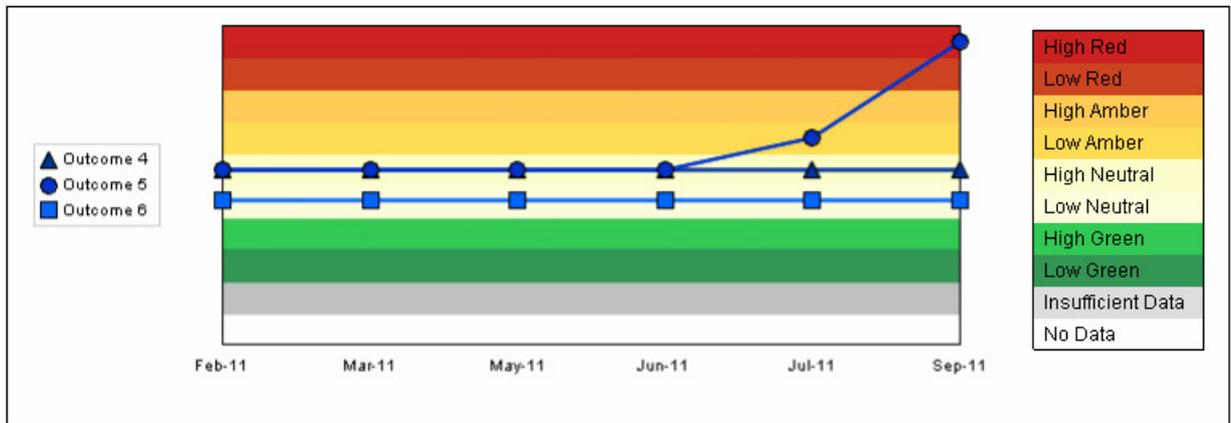
Appendix 1 Risk estimates over time

Section 1 – Involvement and information



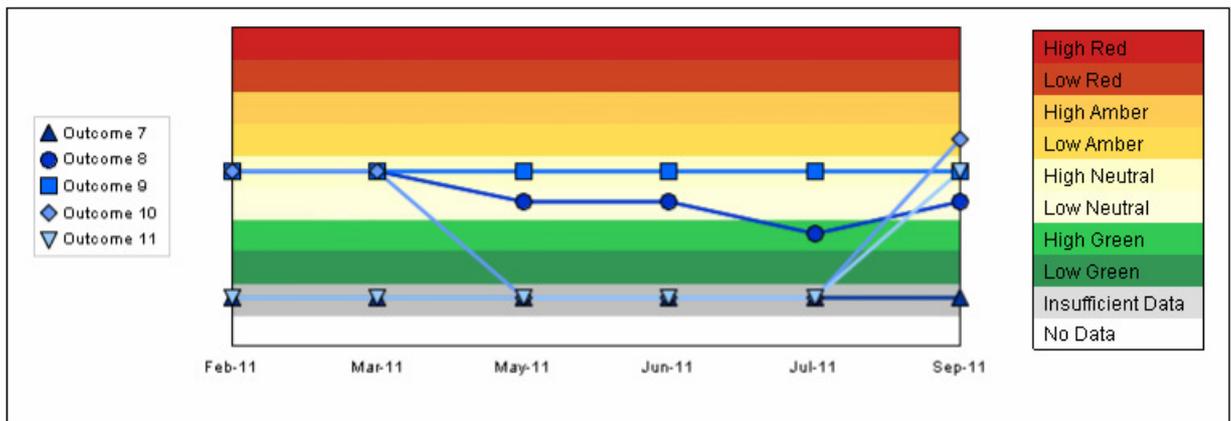
Outcome	Feb-11	Mar-11	May-11	Jun-11	Jul-11	Sep-11
Outcome 1	High Neutral	High Neutral	High Neutral	Insufficient Data	High Neutral	High Red
Outcome 2	Insufficient Data					

Section 2 - Personalised care



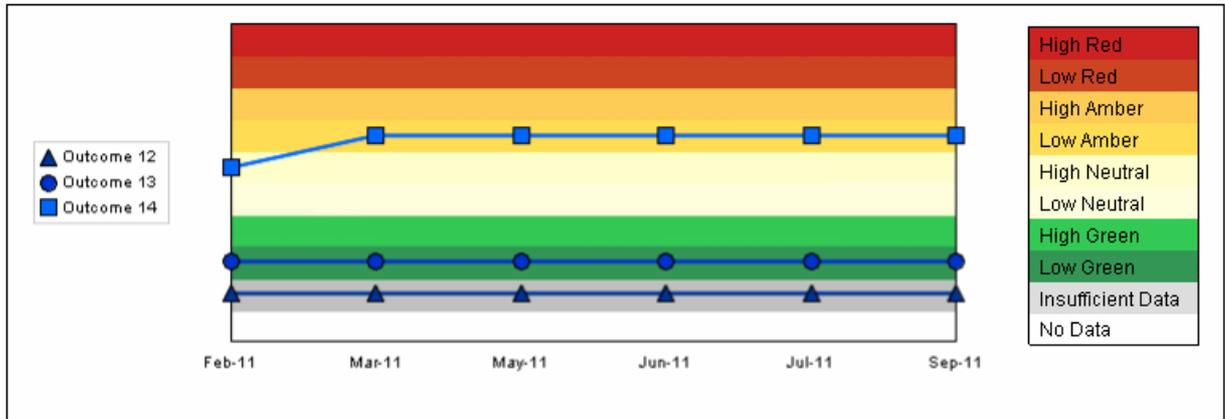
Outcome	Feb-11	Mar-11	May-11	Jun-11	Jul-11	Sep-11
Outcome 4	High Neutral					
Outcome 5	High Neutral	High Neutral	High Neutral	High Neutral	Low Amber	High Red
Outcome 6	Low Neutral					

Section 3 - Safeguarding and safety



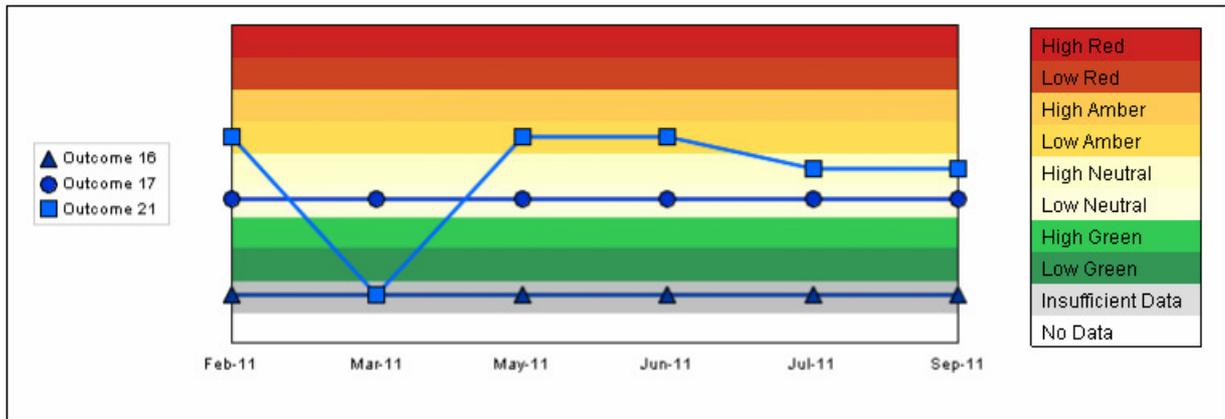
Outcome	Feb-11	Mar-11	May-11	Jun-11	Jul-11	Sep-11
Outcome 7	Insufficient Data					
Outcome 8	High Neutral	High Neutral	Low Neutral	Low Neutral	High Green	Low Neutral
Outcome 9	High Neutral					
Outcome 10	High Neutral	High Neutral	Insufficient Data	Insufficient Data	Insufficient Data	Low Amber
Outcome 11	Insufficient Data	High Neutral				

Section 4 - Suitability of staffing



Outcome	Feb-11	Mar-11	May-11	Jun-11	Jul-11	Sep-11
Outcome 12	Insufficient Data					
Outcome 13	Low Green					
Outcome 14	High Neutral	Low Amber				

Section 5 - Quality and management



Outcome	Feb-11	Mar-11	May-11	Jun-11	Jul-11	Sep-11
Outcome 16	Insufficient Data					
Outcome 17	Low Neutral					
Outcome 21	Low Amber	Insufficient Data	Low Amber	Low Amber	Low Amber	High Neutral