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 (August 2011).
	It provides an analysis of the risk ratings and identifies for discussion and decisions any areas of concern.

Action:	Review, discussion and decision.

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Please continue notes on 2nd page if not enough room

Notes:

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

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CQC Quality and Risk Profile Report

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Date	September 2011
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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
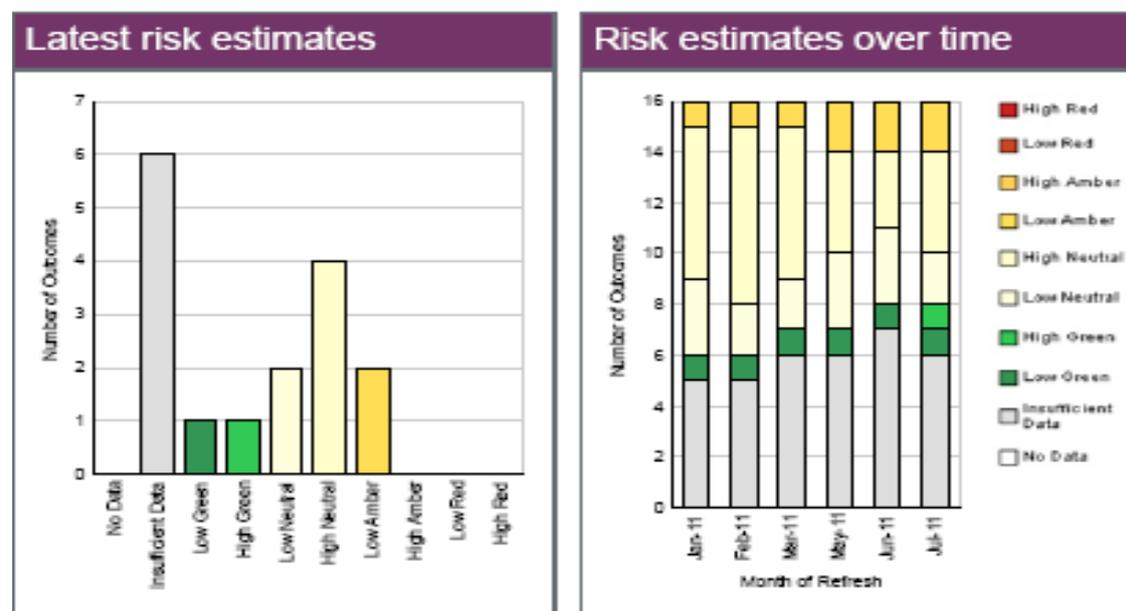
1.2 Risk Estimates over time

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 contains 518 data items across the outcomes which have been used to calculate the risk ratings.

Over the first six months of this year the overall profile of risk remains broadly unchanged when reviewing the number of outcomes in each risk band. However appendix 1 demonstrates that

- Meeting Nutritional needs has increased its risk rating recently
- Cleanliness and Infection control risk rating is consistently reducing since March 2011.
- Supporting staff risk rose in Q4 of 2010/2011 and has remained a low amber risk since
- Records outcome is beginning to improve reducing from low amber to high neutral.

Meeting Nutritional Needs

This outcome has worsened based on qualitative data from the Dignity and Nutrition Review (rated negative in the QRP) and 4 negative comments on NHS choices.
The CQC inspection for the dignity and nutrition review found that the Trust was complaint with the outcomes whilst suggesting improvements. An action plan has been submitted and 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.

Cleanliness and Infection Control

The Trust has made significant improvements since the condition placed on its registration in April 2010. The risk profile evidences that there is no negative qualitative data in relation to cleanliness and infection control. Quantative 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 then expected.

There has been significant focus on the cleaning standards and allocation of cleaning resources, roles and responsibilities. The Matrons environmental audits April 2011 onwards indicate that the outpatient areas are generally meeting the cleanliness standards. However the real time monitoring indicates that patients feel there is more work to be done.

Cleanliness standards across all inpatient and outpatient areas are audited weekly with compliance reviewed and actioned at the infection control meetings.

We are meeting the national reduction target for Clostridium *difficile* for 2011/12. April through June saw the lowest numbers of cases during a financial quarter that we have ever reported. There was an increased rate in July, but that has since settled and numbers for August and September mirror numbers from earlier in the year. Based on previous year's cases and the reduction in our numbers, between October 2010 and September 2011, it is very likely that we will be set an increasingly difficult target for 2012/13. Despite this the Trusts' Clostridium *difficile* rate is higher than the national average so will show as a concern on National data in particular data that focuses on number of beds rather than bed days.

Supporting Staff

There are 11 'much worse than expected', 1 'worse than expected' and 8 'tending towards worse than expected' quantative measures for this outcome. The key source of risk is the results of the 2010 staff survey with 12 'worse than expected' relating to the findings of the survey.

The Director of Workforce is the executive lead for actions addressing
- Appraisals – compliance with appraisal completion continues to rise month on month in 2011/2012 and is on track to deliver the 90% target.
- Training – there is a programme of works in place.

The Director of Informatics and Estates is the executive lead for actions addressing

- Violence and aggression arrangements in the Trust
- Security Management

In addition to the staff survey information from the Counter Fraud and Security Management Service compliance data has resulted in a 'much worse than expected' rating for

- The Trust having a fully accredited / nominated local security management specialist making adequate progress through the accreditation scheme

- The NHS body having a designated person to take responsibility for security management matters as a Security Management Director with voting board membership.
- Proportion of published violence against staff figures reported to the Physical Assault Reporting system for the most recent year.

The Trust has a fully accredited local security management specialist in place since May 2011 which is not showing in the CQC data. This will be confirmed with evidence to the CQC compliance inspector. The CEO is reviewing the arrangements for designated board member following the work undertaken by the Board of Directors during its Rules of Procedure work.

The data relating to violence against staff related to the year 2009/2010 which has not been refreshed with the 2010/2011 data. Internal metrics shows less reported incidents of violence against staff during 2010/2011. The external data has yet to be published. It will be reviewed at the Health and Safety Committee with onward reporting to the Safety and Quality Committee of the Trust Board.

Records

The QRP has 5 negative comments in relation to records mainly relating to the Audit Commission PbR coding audits and relating to November 2010. There are 3 'much worse than expected' and 1 'worse than expected' items of quantative data which relate to SUS data quality. This information is recent (March 2011) and reflects the progress made with SUS data as it is improving. The SUS data errors relate to

- Errors in post code
- Errors in site of treatment for admitted patients.
- Errors in primary procedure field for outpatients

There is continued working within the information team and coding teams to improve data quality.

2. Quality and Risk Profile and compliance monitoring

The internal auditors have reported on Care Quality Commission compliance monitoring. They found the systems were robust whilst suggesting some improvements. These are being actioned and will be monitored to completion by the Audit and Assurance Committee.

The Quality and Safety Committee monitors the QRP on a monthly basis through their dashboard with a verbal report. Any exceptions are being reported through the Management Board to the Safety and Quality committee by the executive.

Proposal:

The Trust Board receives its report on CQC compliance as indicated in the QRP through KPI in its scorecard. The Safety and Quality Committee receive a fuller report

and raise any concerns to the Audit and Assurance Committee and / or Trust Board through its authorised reporting.

Appendix 1 Risk estimates over time

Section 1 – Involvement and information
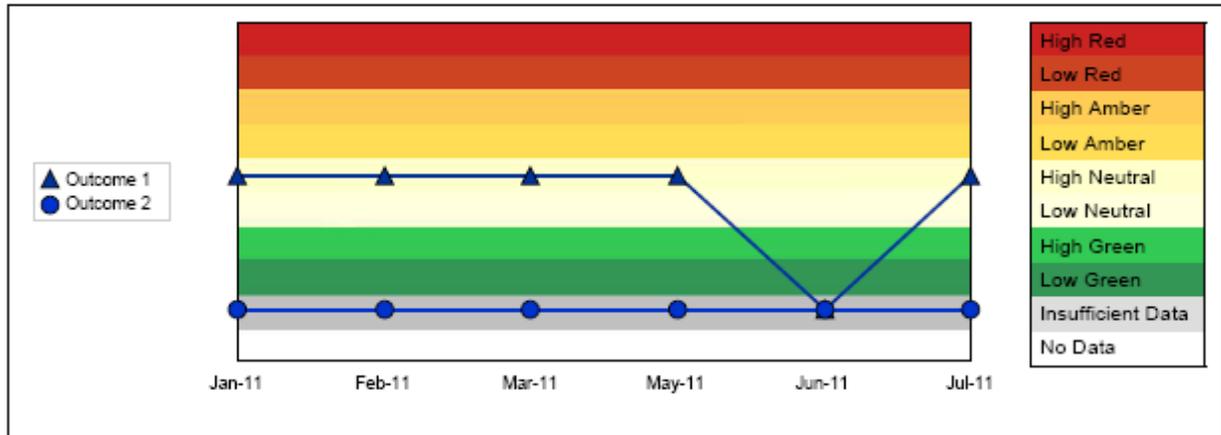
Outcome	Jan-11	Feb-11	Mar-11	May-11	Jun-11	Jul-11
Outcome 1	High Neutral	High Neutral	High Neutral	High Neutral	Insufficient Data	High Neutral
Outcome 2	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Section 2 - Personalised care
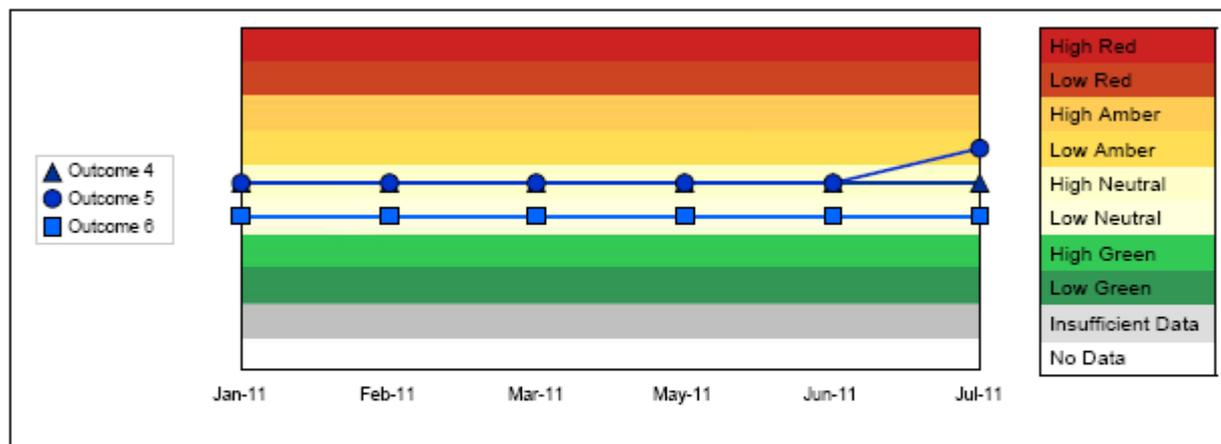
Outcome	Jan-11	Feb-11	Mar-11	May-11	Jun-11	Jul-11
Outcome 4	High Neutral	High Neutral	High Neutral	High Neutral	High Neutral	High Neutral
Outcome 5	High Neutral	High Neutral	High Neutral	High Neutral	High Neutral	Low Amber
Outcome 6	Low Neutral	Low Neutral	Low Neutral	Low Neutral	Low Neutral	Low Neutral

Section 3 - Safeguarding and safety
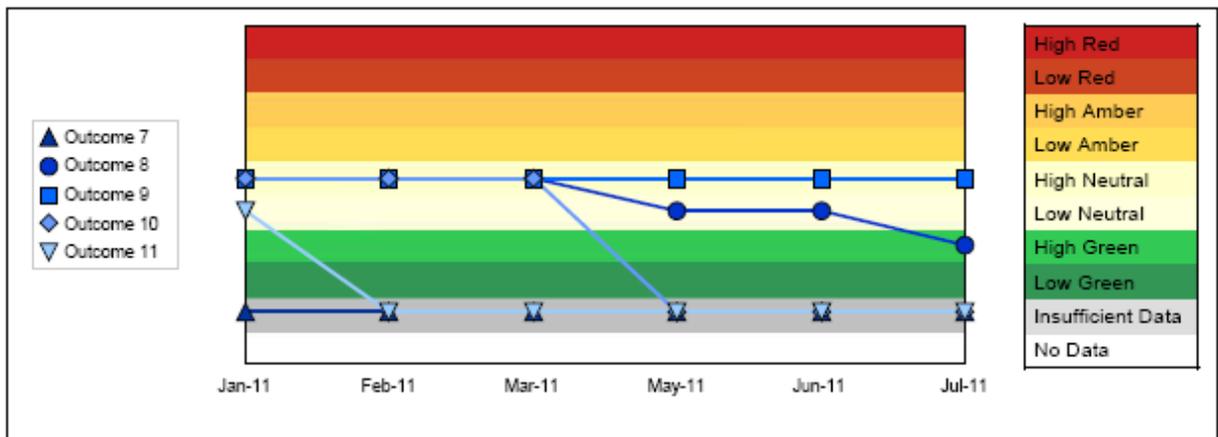
Outcome	Jan-11	Feb-11	Mar-11	May-11	Jun-11	Jul-11
Outcome 7	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data
Outcome 8	High Neutral	High Neutral	High Neutral	Low Neutral	Low Neutral	High Green
Outcome 9	High Neutral	High Neutral	High Neutral	High Neutral	High Neutral	High Neutral
Outcome 10	High Neutral	High Neutral	High Neutral	Insufficient Data	Insufficient Data	Insufficient Data
Outcome 11	Low Neutral	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data

Section 4 - Suitability of staffing
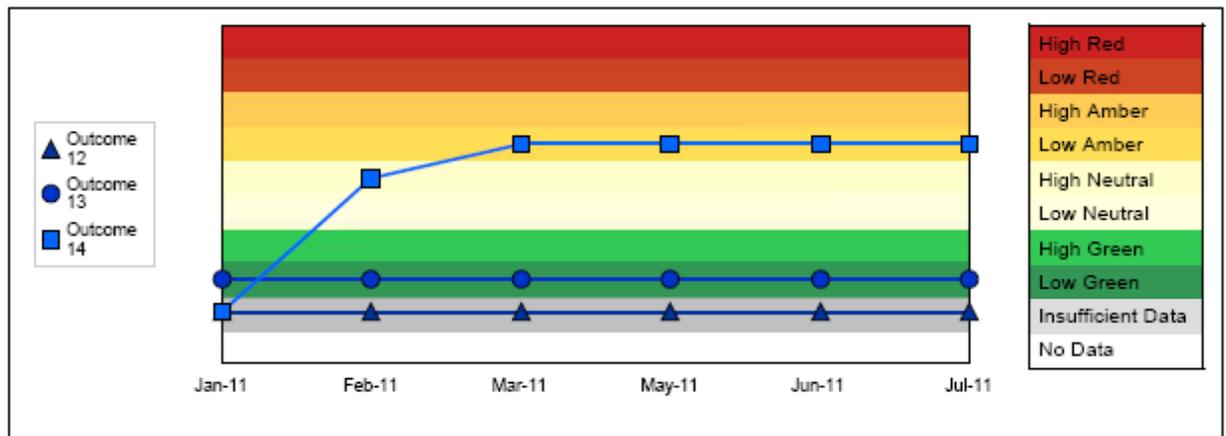
Outcome	Jan-11	Feb-11	Mar-11	May-11	Jun-11	Jul-11
Outcome 12	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data
Outcome 13	Low Green	Low Green	Low Green	Low Green	Low Green	Low Green
Outcome 14	Insufficient Data	High Neutral	Low Amber	Low Amber	Low Amber	Low Amber

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Section 5 - Quality and management
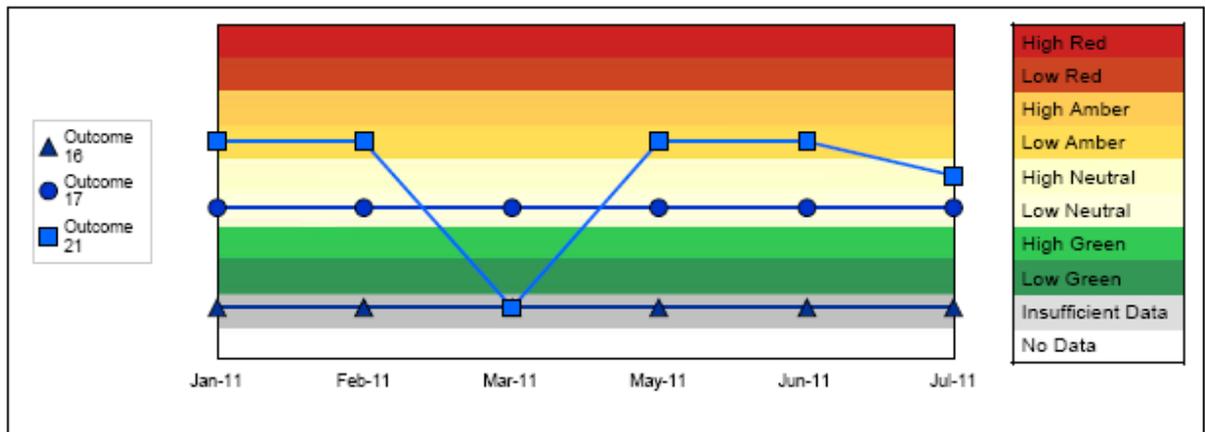
Outcome	Jan-11	Feb-11	Mar-11	May-11	Jun-11	Jul-11
Outcome 16	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data
Outcome 17	Low Neutral	Low Neutral	Low Neutral	Low Neutral	Low Neutral	Low Neutral
Outcome 21	Low Amber	Low Amber	Insufficient Data	Low Amber	Low Amber	High Neutral

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