

## Appendix 2

### 2009-10 Care Quality Commission assessment and Quality and Risk Profile

#### 1.0 CQC ratings 2009/10

The Care Quality Commission (CQC) Annual Health Check assessment of 2009/2010 performance was halted in July 2010.

The CQC has released a benchmark tool with the 09/10 data for Trust to assess their performance and to review priorities for improvement. On the basis of the analysis described below it is highly probable that the Trust would have achieved “Excellent/Excellent” ratings for the two components of the Quality of Services and financial performance section of the Annual Health Check for 2009/2010.

In terms of our quality of service performance:

- The Whittington’s scores as compared to other Trusts within the sector and just beyond were the highest in relation to patient experience.
- Only three indicators had a negative score/worse than expected. Two were related to the 2 week wait to be seen from GP referral and for breast symptoms (known performance issue as reported in the dashboard) and the third is the recording of patient’s ethnic group. The Data Quality Steering Group is about to recommence its activities and will review the priority given to this data item.

#### 1.1 Data analysis

The breakdown of trust performance can be seen at appendix 1. The closer to a score of 0, the closer to the expected level of performance. The benchmark tool has only 11 of the 24 indicators in the Annual Health Check:

- 2 are now obsolete (13 week OP and 26 week IP targets);
- 2 do not apply to the Whittington (GUM waiting times & revascularisation – a third non applicable indicator on perfusion is included within the tool);
- 1 was developmental (learning difficulties); and
- Of the remaining 8 indicators there has been no explanation for their omission (ED 4 hour waits, RTT wait, MRSA, Clostridium difficile, rapid access chest pain, participation in audits (x2) and smoking/breast feeding in pregnancy).

Note that some indicators “Data Not Available” is shown – this means that the volume of patients is below a minimum level and the indicator does not count for assessment purposes. For the Whittington this applies to some of newer cancer targets – screening, consultant upgrade for example. A “Data Failure” notation does count for assessment and counts as Not Achieved. The Whittington had no data failures.

#### 2.0 Quality Risk Profile

To replace the Annual Health Check assessment of performance the CQC has developed the Quality and Risk Profile (QRP) as one of its tools for monitoring providers’ compliance with the essential standards of quality and safety (the clinical components of the registration regulations and outcomes). The QRP gathers all the information the CQC has on an organisation from a variety of external sources into the one profile. It then uses it to

assess where risks in the organisation may lie, and prompts regulatory activity such as request for further information or inspections.

A very basic QRP was first produced in January 2010 to help support the initial registration process, with the September 2010 version being the next, much fuller version. The CQC are now producing an updated version each month. This will also be made available to commissioners.

The QRP should help enable us to identify the outcomes that the CQC feel may be at risk of non-compliance, and allow us to either ensure that sufficient evidence is available to demonstrate compliance, or if we too find the area to be weak, to set in motion relevant improvements to ensure we become compliant.

The QRP, is, however, new and still evolving, and should be used with care. The three profiles so far have been very similar to each other, as they have based many of their ratings on the same data sources and dates each time, many of which are last year's, so there is obviously no change. Commonly used data sources are the CQC survey of NHS Staff, CQC survey of adult inpatients, CQC survey of outpatients and NHSLA Risk Management Standards. As, however, these are annual events, our ratings for these elements will only change annually, despite improvement work being undertaken.

This is not because the trust may not have changed, but because they have relied on the same data and time period. Each profile is slightly different, however, as a small number of new elements have been included, and/or new data sources used. It is not therefore, simply a matter of directly comparing them with each other.

### 3. Findings of QRP

The 16 quality and safety outcomes are rated using an extended traffic light system, including: much worse than expected, worse than expected, tending towards worse than expected, similar to expected, tending towards better than expected, better than expected and much better than expected. It should be noted that the colour amber is used to signify a rating of "similar to expected" rather than the usual meaning of not being totally compliant.

An overall rating is given for each section of outcomes, each overall outcome, and for each element of an individual outcome.

The Whittington Hospital's ratings for September, October and November are as follows: -

#### 3.1 Overall Section Ratings

Section	Area	Sept Rating	Oct Rating	Nov Rating
1	Involvement and information	Green	Green	Amber
2	Personalised care, treatment and support	Green	Green	Green
3	Safeguarding and safety	Green	Green	Amber
4	Suitability of staffing	Green	Green	Amber
5	Quality and management	Amber	Amber	Amber

Please note that the changes from green to amber in November are not as a result of new information that shows a deteriorating position in elements that had previously been green rated, but because additional elements have been included that were not used before, which were rated as "similar to expected".

### 3.2 Individual Outcome Ratings

Section	Area	Outcome Number	Outcome description	Sept Rating	Oct Rating	Nov Rating
1	Involvement and information	1	Respecting and involving people who use services	Green	Green	Green
		2	Consent to care and treatment	N/A as no info	N/A as no info	Amber
2	Personalised care, treatment and support	4	Care and welfare of people who use services	Green	Green	Green
		5	Meeting nutritional needs	Green	Green	Green
		6	Co-operating with other providers	Green	Green	Green
3	Safeguarding and safety	7	Safeguarding people who use services from abuse	Green	Green	Green
		8	Cleanliness and infection control	Green	Green	Amber
		9	Management of medicines	Green	Green	Green
		10	Safety and suitability of premises	Green	Green	Green
		11	Safety, availability and suitability of equipment	N/A as no info	N/A as no info	N/A as no info
4	Suitability of staffing	12	Requirements relating to workers	N/A as no info	N/A as no info	Amber
		13	Staffing	Green	Green	Green
		14	Supporting staff	Green	Green	Green
5	Quality and management	16	Assessing and monitoring the quality of service provision	Amber	Amber	Amber
		17	Complaints	Amber	Amber	Amber
		21	Records	Amber	Amber	Amber

### 3.3 Elements of Outcomes Ratings

Although there are no outcomes that are rated as red overall, there are a number of elements of outcomes with red ratings, meaning worse than expected. The main areas of concern highlighted in all three QRPs are the care and service provided in outpatients (many aspects) and issues around staffing from the last NHS Staff survey results. Neither of these are a surprise and work has already been set up to address them.

There are also three “much worse than expected” ratings for the reporting of errors and acknowledging and completing the actions required from safety alerts, in outcome 16. This rating highlights a genuine problem, but measures have now been put in place to try and ensure performance improves, and the rating should also improve once the current data period is used, rather than old data.

The ratings for Cleanliness and Infection Control, (outcome 13) include four reds, even though the trust is below its trajectory for both MRSA Bacteraemia and clostridium difficile. The data source used, however, was the national level in April 2010, not the trust’s agreed, or current trajectory.

### 3.4 Positive Findings

Whilst work will focus on the red areas where the trust needs to carry out improvement work, the QRP does, however, include many areas where our performance has been rated as “better” and “much better than expected”. These include: -

Outcome number and description	Number of “Better than expected element” ratings			Number of “Much better than expected element” ratings		
	Sept	Oct	Nov	Sept	Oct	10
1, Respecting and involving people who use services	6	6	6	10	10	10
4, Care and welfare of people who use services	4	7	7	12	12	12
5, Meeting nutritional needs	1	1	1	1	1	1
8, Cleanliness and infection control	0	0	0	3	3	2
9, Management of medicines	2	2	2	2	2	2
10, Safety and suitability of premises	0	0	0	2	2	2
13, Staffing	1	1	1	0	0	0
14, Supporting staff	0	0	0	9	9	9
16, Assessing and monitoring the quality of performance	0	0	0	2	3	3
21, Records	0	2	2	0	1	1

### 4. Next steps

The Information Team will be including the overall section and outcome ratings in the monthly Trust Performance Dashboard from now onwards, so any trends can be easily identified and appropriate action put in place. Quarterly reports will also be presented to the relevant committees, although it should be noted that the changes so far have been few and very minimal, and as stated earlier, no change can occur in many elements until the next annual survey results are published.

Work on the red rated elements of outcomes is also underway. As one of the key areas of concern highlighted is our outpatients service, a working group has been established,

chaired by the Director of Operations, to steer improvements in that area. The Director of HR is also focusing on ways to improve the results of the staff survey.

The relevant directors are being asked to consider the red ratings when assessing compliance with the CQC regulations and outcomes they are responsible for. It will help them to focus on the key areas where the CQC are likely to challenge us, and to identify any improvements that should be made.

## **5. Conclusion**

The QRP is a new tool that is evolving. Whilst it is a useful indicator of where the CQC feel our risks lie, it should be used cautiously, as many element ratings rely on data sources from last year, and as some new data sources have been included in each profile, it is not simply comparing like with like. For example, November's QRP included a rating for outcome two, Consent to Treatment, which for September and October had simply stated "no information available". In November's profile a rating of amber, i.e. "similar to expected" had been given. This, however, was simply based on the inclusion of only two new elements, both taken from a recent Endoscopy Accreditation result. This is obviously only a very small indication of how the trust carries out consent to treatment.

As each profile is around 190 pages long, copies have not been included. Should board members wish to see them, however, they are available via Bronagh Scott.