

Care Quality Commission Quality and Risk Profile Report (QRP) : Quarter Four

1. Introduction

The QRP is comprised by the CQC from information from a number of external sources. It uses it to assess where risks in an organisation may lie, and prompts regulatory activity such as requests for further information on a particular area, or inspection visits.

It is normally produced monthly, although January 2011 was missed, It should, however, be used carefully, as many of the data sources used are over a year old, and our performance may now be different. Some sources, like national patient and staff surveys, are only published annually, and so ratings based on these will not change until the next year's results are published.

It should also be noted that although each QRP includes the same high level section rating, and 16 outcome ratings, the elements within the outcomes are not identical in each version. This is because the CQC base it on the evidence they have gathered for those areas, and in some cases, they have insufficient evidence to make a judgement, while in other months they have.

2. QRP Ratings

There are five overall sections and 16 outcomes, all of which are rated using an extended traffic light system. This includes: 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 amber rating is used to mean "similar to expected" rather than the more usual meaning of not being fully compliant.

The ratings for quarter four are described below, but please note that the CQC did not produce a QRP in January 2011.

2.1 Overall Section Ratings

Section	Area	Dec 2010	Feb 2011	March 2011
1	Involvement and information	Amber	Amber	Amber
2	Personalised care, treatment and support	Green	Green	Green
3	Safeguarding and safety	Amber	Amber	Amber
4	Suitability of staffing	Amber	Green	Green
5	Quality and management	Amber	Amber	Amber

December 2010's section ratings are identical to those of November 2010.

The change from amber to green in section four, suitability of staffing, is due to the removal of the outcome 12 rating, "requirements relating to workers", as the CQC did not have enough evidence available to rate that area in February or March 2011.

2.2 Individual Outcome Ratings

Section	Area	Outcome Number	Outcome description	Dec 2010	Feb 2011	Mar 2011
1	Involvement and information	1	Respecting and involving people who use services	Green	Green	Green
		2	Consent to care and treatment	Amber	Amber	Amber
2	Personalised care, treatment and support	4	Care and well being 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	Amber	Amber	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 no data	N/A no data	N/A no data
4	Suitability of staffing	12	Requirements relating to workers	Amber	N/A no data	N/A no data
		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	N/A no data	N/A no data	N/A no data

There are no changes in any of the outcome ratings from November 2010.

2.3 Elements of outcomes ratings

Each of the 16 outcomes are broken down into several elements. These are too numerous to include in this report, (190 pages) but are available should anyone wish to see the detail.

Although there are no outcomes that are rated red overall, there are a number of elements that are rated red, that is worse, or much worse than expected.

As with the previous quarter, the main area of concern continues to be with the quality of care and patient experience in outpatients. It should be noted that the QRP is still basing its ratings on the 2009 Patient Survey Findings, however, the Trust's own patient feedback, including complaints and results from patient experience trackers, confirms that this is still an area of concern. Improvement work has commenced to address this, but it will take time for the necessary changes to be implemented and embedded, and then for patients perceptions are changed, and results reflected in new survey results.

There also continues to be a small number of red elements around staffing and supporting staff, based on the 2009 national staff survey findings, again as in the previous quarter.

2.4 Positive Findings

Whilst improvement work needs to focus on the red areas, it should be noted that this quarter's QRPs continue to include many areas where we have been rated as better, or much better than expected. These include: Respecting and involving people who use services, Care and welfare of people who use services and Medicines management.

It is also noteworthy that Cleanliness and infection control had received a red rating in quarter three, despite the trust having met all targets, because old data sources were used. In quarter four this has been updated, and the overall outcome is "similar to expected" but with no red elements at all, and two elements of much better than expected.

3. Action Required

The Information Team is now including the overall section ratings in the Trust's monthly Performance dashboard. As, however, this is a very high level, overall rating, it does not provide any real information about the areas where attention is needed.

The relevant senior managers and clinicians therefore need to become familiar with the outcomes relevant to their areas, and to focus on any red ratings.

4. Conclusion

The QRP is still relatively new and still evolving. It is a useful indicator of where the CQC believe our risks lie, and may therefore be used by them to flag areas of concern, and could be used as a focus for their inspection visits. It should, however,

be used with caution, as many elements rely on data sources from over a year ago, so it is important to ensure that the current position is known when planning actions.

As each QRP is over 190 pages long, profiles have not been included. All executive directors and the information team have copies, which they will share with relevant staff. It is suggested that the divisions develop a process for using this information in their areas.