West Hertfordshire Hospitals NHS
NHS Trust

Trust Board – 28 November 2013

Title of the Paper:	Care Quality Commission (CQC) New Surveillance Model and Intelligence Monitoring report /CQC future inspections
Agenda item:	**TB Item 89/13**
Lead Executive **Author:**	Mike Van Der Watt, Medical Director Kate Wilkins, Interim Associate Director, Risk and Governance
Trust Objective:	Achieving continuous improvement in the quality of patient care that we provide and t he delivery of service performance across all areas

Purpose
To provide a briefing on the new surveillance system and report on the Trust's rating

Previously Discussed And Date For Further Review (list relevant committees)

Benefits To Patients And Patient Safety Implications
Safe and effective patient care

Risk Implications for the Trust (*including any clinical and financial consequences):*	**Mitigating Actions** *(Controls):*
Failure to achieve the required CQC standards will result in adverse ratings, loss of confidence from patients and external bodies and affect the quality of care provided	Actions need to be identified against those areas where the Trust has an elevated risk

Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements
This is the primary reporting system of the CQC and has links to all elements of the Trust's activities

Legal Implications: (if applicable)

Financial Implications:**(if applicable)**

Communications Plan (if applicable)

Recommendations
The Board is asked to
i. Note that a revised internal process is being drawn up to comply with the new CQC inspection process.
ii. Note that the revised process will be brought to a future meeting of the Board for information
iii. Note the details of the CQC's first surveillance report on the Trust.

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West Hertfordshire Hospitals NHS
NHS Trust

Agenda Item: 87/13

Trust Leadership Executive Committee - 7 November 2013

Care Quality Commission (CQC) New Surveillance Model and Intelligence Monitoring report /CQC future inspections

Presented by: Dr Michael Van der Watt, Medical Director

1. Purpose

1.1 The Care Quality Commission (CQC) has recently changed both the way it surveys trusts as well as its assessment methodology. Given this, the Board is provided with summary information on both these elements of CQC inspection and monitoring.

2. Background

2.1 The CQC have stated that they will no longer use Quality and Risk Profiles (QRPs) in monitoring of NHS acute and specialist hospitals and will not be updating the datasets in the QRP at the beginning of October 2013. They have said that QRPs will be replaced by *Intelligent Monitoring* reports.

2.2 The Board is therefore provided with information about the CQC's first *Intelligence Monitoring Report* and their associated assessment of the Trust. Their report and methodology is attached in full as appendix A.

2.3 The new surveillance model aims to identify quality and safety risks to services in order to anticipate, identify and respond more quickly to hospitals that are failing, or are at risk of failing. The CQC will be using particular local indicators and other supporting information to give the inspectors a clear picture of the areas of care that may need to be followed up and help the CQC decide when, where and what to inspect.

2.3 The new model is built on a suite of indicators which relate to the **five key questions** the CQC will ask of all services are they safe, effective, caring, responsive, and well led**.** The indicators will be used to raise questions about the quality of care but will not be used on their own to make final judgements. These judgements will always be based on a combination of what the CQC find at inspection, national surveillance data and local information from the trust and other organisations.

2.4 More detailed information on the indicators the CQC uses to monitor quality in acute and specialist NHS trusts can be found within the following document. http://www.cqc.org.uk/sites/default/files/media/documents/20131022_intelligent_monitoring_indicators_and_methodology_v11_for_publication.pdf

2.5 At a meeting with the Chief Nurse and other members of the Risk and Governance team the CQC also provided further information in respect of the new assessment process.

The CQC confirmed that as the Trust was neither in *wave/band 1 or 2* that the next inspection (i.e. the one that would take place prior to April 2014) would not be using the new inspection process in its entirety. However they said that it was likely that the next inspection would include most of the elements of the new process. (A summary of the elements of the new process can be found at appendix B).

2.6 In the light of the information provided by the CQC in respect of their revised inspection methodology, the Risk and Governance Team will be reviewing and revising the process for compliance with the requirements of the CQC. A report on this will be brought to a future meeting of the Board.

3. Analysis

3.1 As can be seen from the CQC's report at Appendix A, the CQC's first surveillance report has determined that the Trust has 4 ***elevated risks*** in respect of the following:

- Dr. Foster: Hospital Standardised Mortality Ratio
- Composite indicator: In-hospital mortality - Trauma and orthopaedic conditions and procedures
- Whistleblowing alerts
- Serious Education Concerns

Also that the Trust has one ***risk*** in relation to the Trust Development Authority (TDA) escalation score.

Other than this, for all other areas the Trust has been described as having ***no evidence of risk.***

3.2 The CQC has used the information in the surveillance report to categorise trusts into one of six summary risk bands, with band 1 representing highest risk and band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk'. If there are known serious concerns (e.g. trusts in special measures), trusts are categorised as band 1.

3.3 Based on this analysis, the CQC has allocated the Trust a risk band of 3.

3.4 Bandings for other local trusts are as follows.

- Barnet and Chase – 3
- East and North – 3
- Hillingdon – 6
- Luton and Dunstable – 3
- Milton Keynes – 3

4. Risks

4.1 There are potential reputational risks in respect of the CQC's surveillance report as the report is published to their website. An increased number of elevated risks is likely to attract press interest.

4.2 It is difficult to quantify the risks in respect of the new style inspection process. However a finding of requirement improvement or inadequate would jeopardize the Trust's application for foundation trust status as a finding of good or outstanding is required to proceed with this.

5. Recommendations

5.1 The Board is asked to

i. Note that a revised internal process is being drawn up to comply with the new CQC inspection process.

ii. Note that the revised process will be brought to a future meeting of the Board

iii. Note the details of the CQC's first surveillance report on the Trust.

Michael Van der Watt, Medical Director
28th October 2013

APPENDIX A

Intelligent Monitoring Report

Report on

West Hertfordshire Hospitals NHS Trust

21 October 2013

APPENDIX B

CQC – SUMMARY OF REVISED INSPECTION METHODLOGY

- That there would will be 28 days notice and that it would be therefore be announced.

- That the inspection would be a 28 day process and that it within this there would be an *unannounced element* of inspection.

- That prior to the inspection there would be pre meetings with patients, carers, other key stakeholders

- That the inspection would be across the five domains namely safety, effectiveness, caring, responsive and well led * Further information attached below.

- That the site visits were likely to last 3 to 4 days

- That the existing regulations would remain in place and would be mapped against the five domains

- That evidence would be required against the regulations and that outcomes would no longer be used.

- That the draft report would be provided within the 28 days and that it would relate to the five domains

- That following the inspection, a quality summit would take place and that this would be an opportunity to comment on the report.

- That the report would give the trust **rating** and that this would be one of outstanding, good, requiring improvement or inadequate. (However for WHHT the rating would be a shadow rating until we are assessed entirely under the new regime)

- That the rating was likely to impact on when the next inspection was due to take place.

- that prior to any inspection the CQC would expect to be provided with information around governance structures, the BAF and risk registers in particular the risks relating to the quality of care, how the trust monitors mortality data and a summary of the trust's biggest challenges.

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***The five domains replacing outcomes**

- ***Is this service safe?*** *In adult social care, safety has to be balanced with people's right to make choices and take risks. Our standards and the information we use will need to be clear that this balance is important. We also need to recognise the important role of safeguarding as a key aspect of safety in this sector.*

- ***Is this service effective?*** *In adult social care being effective is about how services help people to live their lives in the way they choose and be as independent as possible – a key aspect of personalisation. Personalised care may look different for a 28-year old disabled person and a 90-year old person with dementia. We recognise that defining effective outcomes is one of the more challenging questions for adult social care, for example recovery in mental health and re-abetment for some people. We want to work with*

all of our stakeholders to develop shared understanding of effectiveness and how this can be assessed.

- ***Is this service caring?*** *This could include the importance of staff being kind, empowering and treating people with dignity, respect and compassion, and how carers and family members are treated.*

- ***Is this service responsive to people's needs?*** *In social care, as well as meeting people's needs this is also about responding to people's preferences, aspirations and choices. We will want to know if care is personalised and puts the person at the centre in identifying their needs, choices and supporting them in the way they want to live their life. How the service responds to the needs of people living with more than one condition with complex care arrangements will be key, as will how the service recognises and understands the needs of people who lack capacity and responds to them appropriately.*

- ***Is this service well-led?*** *In adult social care, this may look different depending on the size of the provider, but we know leadership is a key factor* whatever the size of the service. We will also want to focus on the registered manager, as we know that the way they carry out their role has an important impact on setting the right culture, approach and leading good practice by example.

Appendix C – CQC Methodologies

Safety			
Section	**Indicators**	**Data source**	**Time period**
1. Avoidable infections	MSSA infections (Trust apportioned)	Health Protection Agency (HPA)	May 2012 - April 2013
	MRSA infections (Trust apportioned)	Health Protection Agency (HPA)	May 2012 - April 2013
	C. Diff infections (Trust apportioned) - May 2012 - April 2013	Health Protection Agency (HPA)	May 2012 - April 2013
	E-coli infections* - May 2012 - April 2013	Health Protection Agency (HPA)	May 2012 - April 2013
2.Under-reporting	NRLS under-reporting across all notifications (Death, Severe Harm, Moderate Harm, Abuse)	National Reporting and Learning System (NRLS)	April 2012 - March 2013
	NRLS under-reporting of Death and Severe Harm notifications	National Reporting and Learning System (NRLS)	April 2012 - March 2013
3. Never events	Never Events reported to STEIS	Strategic Executive Information System (STEIS)	June 2012 - May 2013
4. Deaths in low risk conditions/ procedures	Deaths in low risk conditions	Dr Foster Hospital Guide 2012	April 2011 - March 2012
Effectiveness			
Section	**Indicators**	**Data source**	**Time period**
1.Trust level	SHMI April 2013	HSCIC quarterly public release	October 2011 - September 2012
	HSMR 2011/12	Dr Foster Hospital Guide 2012	April 2011 - March 2012

	HSMR weekday 2011/12	Dr Foster Hospital Guide 2012	April 2011 - March 2012
	HSMR weekend 2011/12	Dr Foster Hospital Guide 2012	April 2011 - March 2012
	Number of mortality outlier alerts received since April 2012	CQC trawl of HES data and alerts received by Imperial College Dr Foster Unit	Since April 2012
2.Urogenitary care and conditions/ Renal failure	Mortality outlier alert: Acute and unspecified renal failure	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Chronic renal failure	HES/SUS CCS group	Since April 2012
3.Respiratory conditions and care	Mortality outlier alert: Acute bronchitis	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Other upper respiratory disease	HES/SUS CCS group	Since April 2012
	Respiratory medicine	HES combination of CCS groups	Feb 2012 - Jan 2013
	Emergency readmissions following elective cases - Respiratory medicine	HES combination of CCS groups	January 2012- December 2012
	Emergency readmissions following emergency cases - Respiratory medicine	HES combination of CCS groups	January 2012- December 2012
4.Stroke	Mortality outlier alert: Acute cerebrovascular disease	HES/SUS CCS group	Since April 2012
	Cerebrovascular	HES combination of CCS groups	Feb 2012 - Jan 2013
5. Cardiac conditions and care/ Acute myocardial infarction	Mortality outlier alert: Acute myocardial infarction	HES/SUS CCS group	Since April 2012
6.Cardiac conditions and care/ Cardiac surgery	Mortality outlier alert: Adult cardiac surgery	SCTS cardiothoracic audit	April 2008 to March 2011
	Mortality outlier alert: CABG (other)	SUS procedure group defined by Dr Foster	Since April 2012
7.Vascular conditions and care/ Aneurysms	Mortality outlier alert: Aortic, peripheral, and visceral artery aneurysms	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Clip and coil aneurysms	SUS procedure group defined by Dr Foster	Since April 2012

	Mortality outlier alert: Repair of abdominal aortic aneurysm (AAA)	SUS procedure group defined by Dr Foster	Since April 2012
8.Cardiac conditions and care/ Cardiac arrhythmia	Mortality outlier alert: Cardiac dysrhythmias	HES/SUS CCS group	Since April 2012
9.Respiratory conditions and care/ Chronic obstructive pulmonary disease	Mortality outlier alert: Chronic obstructive pulmonary disease and bronchiectasis	HES/SUS CCS group	Since April 2012
10.Skin conditions and care/ Skin diseases	Mortality outlier alert: Chronic ulcer of skin	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Skin and subcutaneous tissue infections	HES/SUS CCS group	Since April 2012
11.Cardiac conditions and care/ Heart failure	Mortality outlier alert: Congestive heart failure; nonhypertensive	HES/SUS CCS group	Since April 2012
12.Cardiac conditions and care	Mortality outlier alert: Coronary atherosclerosis and other heart disease	HES/SUS CCS group	Since April 2012
	Cardiology	HES combination of CCS groups	Feb 2012 - Jan 2013
13.Nervous system conditions and care/ Craniotomy	Mortality outlier alert: Craniotomy for trauma	SUS procedure group defined by Dr Foster	Since April 2012
14. Endocrine, metabolic and nutritional disorders/ Diabetes	Mortality outlier alert: Diabetes mellitus with complications	HES/SUS CCS group	Since April 2012
15.Endocrine, metabolic and nutritional disorders/Malnutrition and dehydration	Mortality outlier alert: Fluid and electrolyte disorders	HES/SUS CCS group	Since April 2012
16.Musculoskeletal conditions and interventions/ Fracture of neck of femur	Mortality outlier alert: Fracture of neck of femur (hip)	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Reduction of fracture of neck of femur	SUS procedure group defined by Dr Foster	Since April 2012
17.Musculoskeletal conditions and interventions	Mortality outlier alert: Head of femur replacement	SUS procedure group defined by Dr Foster	Since April 2012

	Mortality outlier alert: Pathological fracture	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Reduction of fracture of bone (upper/lower limb)	SUS procedure group defined by Dr Foster	Since April 2012
	Musculoskeletal	HES combination of CCS groups	Feb 2012 - Jan 2013
18.Gastro-intestinal tract conditions and care	Mortality outlier alert: Intestinal obstruction without hernia	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Therapeutic endoscopic procedures on biliary tract	SUS procedure group defined by Dr Foster	Since April 2012
19. A&E and trauma care	Mortality outlier alert: Intracranial injury	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Open wounds of extremities	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Shunting for hydrocephalus	SUS procedure group defined by Dr Foster	Since April 2012
	Mortality outlier alert: Superficial injury; contusion	HES/SUS CCS group	Since April 2012
	Other injuries & conditions due to external causes	HES combination of CCS groups	Feb 2012 - Jan 2013
	Trauma and orthopaedics	HES combination of CCS groups	Feb 2012 - Jan 2013
20.Urogenitary care and conditions	Mortality outlier alert: Liver disease, alcohol-related	HES/SUS CCS group	Since April 2012
	Gastroenterology and hepatology	HES combination of CCS groups	Feb 2012 - Jan 2013
	Genito-urinary medicine	HES combination of CCS groups	Feb 2012 - Jan 2013
	Nephrology	HES combination of CCS groups	Feb 2012 - Jan 2013
21.Musculoskeletal conditions and care	Mortality outlier alert: Other connective tissue disease	HES/SUS CCS group	Since April 2012
22.Vascular conditions and care	Mortality outlier alert: Peripheral and visceral atherosclerosis	HES/SUS CCS group	Since April 2012
	Vascular	HES combination of CCS groups	Feb 2012 - Jan 2013
23.Respiratory conditions and care/ Pneumonia	Mortality outlier alert: Pneumonia	HES grouping defined by CQC	Since April 2012

24. Elderly care pathway	Mortality outlier alert: Senility and organic mental disorders	HES/SUS CCS group	Since April 2012
	Mortality outlier alert: Urinary tract infections	HES/SUS CCS group	Since April 2012
25.Sepsis	Mortality outlier alert: Septicaemia (except in labour)	HES/SUS CCS group	Since April 2012
	Infectious diseases	HES combination of CCS groups	Feb 2012 - Jan 2013
26.Musculoskeletal conditions and interventions/ Spine and back	Mortality outlier alert: Spondylosis, intervertebral disc disorders, other back problems	HES/SUS CCS group	Since April 2012
27. Gastro-intestinal tract conditions and care/ Conditions of the upper GI tract	Mortality outlier alert: Therapeutic operations on jejunum and ileum	SUS procedure group defined by Dr Foster	Since April 2012
28. Skin conditions and care	Dermatology	HES combination of CCS groups	Feb 2012 - Jan 2013
29.Endocrine, metabolic and nutritional disorders	Endocrinology	HES combination of CCS groups	Feb 2012 - Jan 2013
	Emergency readmissions following elective cases - Endocrinology	HES combination of CCS groups	January 2012- December 2012
	Emergency readmissions following emergency cases - Endocrinology	HES combination of CCS groups	January 2012- December 2012
30. Haematology	Haematology	HES combination of CCS groups	Feb 2012 - Jan 2013
31.Mental Health	Mental illness	HES combination of CCS groups	Feb 2012 - Jan 2013
32. Miscellaneous	Miscellaneous	HES combination of CCS groups	Feb 2012 - Jan 2013
33.Nervous system conditions and care	Neurology	HES combination of CCS groups	Feb 2012 - Jan 2013
	Emergency readmissions following elective cases - Neurology	HES combination of CCS groups	January 2012- December 2012
	Emergency readmissions following emergency cases - Neurology	HES combination of CCS groups	January 2012- December 2012
34.Paediatric pathway	Paediatrics and congenital disorders	HES combination of CCS groups	Feb 2012 - Jan 2013
35.Maternity and women's health	Maternity outlier alert: Elective Caesarean section	HES	Since April 2012
	Maternity outlier alert: Emergency Caesarean section	HES	Since April 2012

	Maternity outlier alert: Maternal readmissions	HES	Since April 2012
	Maternity outlier alert: Neonatal readmissions	HES	Since April 2012
	Maternity outlier alert: Perinatal mortality	HES	Since April 2012
	Maternity outlier alert: Puerperal sepsis	HES	Since April 2012
Caring			
1.Overall experience	How was your overall experience?	Inpatients Survey 2012	September 2012 to January 2013
2. Trusting relationships	Did you have confidence and trust in the doctors treating you?	Inpatients Survey 2012	September 2012 to January 2013
	Did you have confidence and trust in the nurses treating you?	Inpatients Survey 2012	September 2012 to January 2013
3.Compassionate care	Did you find someone on the hospital staff to talk to about your worries and fears?	Inpatients Survey 2012	September 2012 to January 2013
4.Treatment with dignity and respect	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Inpatients Survey 2012	September 2012 to January 2013
5.Meeting physical needs	Did you get enough help from staff to eat your meals?	Inpatients Survey 2012	September 2012 to January 2013
	Do you think the hospital staff did everything they could to help control your pain?	Inpatients Survey 2012	September 2012 to January 2013
6.Involvement in decision making	Were you involved as much as you wanted to be in decisions about your care and treatment?	Inpatients Survey 2012	September 2012 to January 2013
Responsive			
1. Access measures	A&E waiting times more than 4 hours	Department of Health: A&E Performance and Activity	01/01/2013 - 31/03/2013
	Referral to treatment times under 18 weeks: admitted pathway	Department of Health: Referral to Treatment Waiting	01/04/2013 - 30/04/2013

		Times	
	Referral to treatment times under 18 weeks: non-admitted pathway	Department of Health: Referral to Treatment Waiting Times	01/04/2013 - 30/04/2013
	Diagnostics waiting times: patients waiting over 6 weeks for a diagnostic test	Department of Health: Referral to Treatment Waiting Times	01/04/2013 - 30/04/2013
	All cancers: 62 day wait for first treatment from urgent GP referral	Department of Health: Cancer Waits Database	01/01/2013 - 31/03/2013
	All cancers: 62 day wait for first treatment from NHS cancer screening referral	Department of Health: Cancer Waits Database	01/01/2013 - 31/03/2013
	All cancers: 31 day wait from diagnosis	Department of Health: Cancer Waits Database	01/01/2013 - 31/03/2013
	The proportion of patients whose operation was cancelled	of Health: Cancelled Operations (QMCO)	01/01/2013 - 31/03/2013
	The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason	Department of Health: Cancelled Operations (QMCO)	01/01/2013 - 31/03/2013
2.Discharge and Integration	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds	Department of Health: Delayed Transfers of Care	01/01/2013 - 31/03/2013
Well-led			
1.Staff surveys	Staff recommendation of the trust as a place to work	Department of Health	24/09/2012-07/12/2012 (survey run), March 2013(refresh)
	Junior Doctors overall satisfaction	General Medical Council	26/03/2013 - 08/05/2013
2.Staffing	Staff sickness absence rate	Health & Social Care Information Centre	01/12/2012 - 31/12/2012
3.Utilisation	Percentage of occupied consultant led beds)	Department of Health	January to March 2013
	Percentage of occupied critical care beds	Department of Health	Apr-13
	Percentage of occupied neonatal/ paediatric beds	Department of Health	Apr-13

	Percentage of occupied non-consultant led beds	Department of Health	Dec-12
Qualitative			
1.Patient organisations and other bodies	Evidence of a General Medical Council Concern	General Medical Council	01 January 2013 to 20 June 2013
2. Comments from the public	Negative comments reported via CQC's Share Your Experience web form	CQC	18 June 2012 to 17 June 2013
	Negative comments reported on NHS Choices feedback pages	NHS Choices	15 May 2012 to 14 April 2013
	Negative stories reported on Patient Opinion	Patient Opinion	17 August 2012 to 16 August 2013
3. Outputs from Inspections	Intelligence from CQC compliance teams	CQC	19 June 2012 to 18 June 2013
4. Safeguarding	Number of safeguarding enquiries reported to CQC	CQC	July 2012 to June 2013
5.Complaints and Whistleblowing	Number of whistleblowing enquiries reported to CQC	CQC	June 2012 to June 2013
	Number of complaints sent directly to CQC	CQC	June 2012 to May 2013
	Number of written complaints made to the NHS Trust	The Health and Social Care Information Centre (HSCIC)	June 2012 to May 2013