

Board of Directors (in Private)

Item 4.9*

Subject: CQC Insight Report: September 2020
Date of Meeting: Tuesday 24th November 2020
Prepared by: Dr Margarita Perez-Casal, Director of Research & Innovation
Presented by: Dr Margarita Perez-Casal, Director of Research & Innovation
Purpose of Report: To Note

BAF Ref	Impact on BAF
WC1, WC2, AQ6, IF4, DP5	Providing assurance

1. Executive Summary

During the COVID19 pandemic, the CQC has delayed the publication of its Insight reports; this was in acknowledgement of the increase in demands on services for providers. The report for the month of July has been shared with the Trust.

There is no expectation on organisations to respond in any way during this period. The identification and publication of new outliers for mortality and audit data has been suspended due to COVID19. The CQC will only review urgent priority cases and responses, and each will be assessed in a case by case basis.

As it is our process, a comparison of the latest report is carried out to the previous one (July 2020). Only areas that have been identified as significantly different are highlighted, either positive or negative.

This paper intends to focus on the areas of exception with the appropriate plan for addressing any issue.

2. Background

Each month, the Care Quality Commission publishes 'Insight', its intelligence product.

Insight draws together data from many different sources and timeframes, some of which involve a time lag between data gathering and reporting.

The Executive Team reviews the report regularly, and identifies any areas flagged as exceptions (amber or red rated data or trends) together with any necessary corrective actions.

3. Insight Report Action Plan

The table below represents areas in the Insight report from September 2020 where differences were found with the previous report from July 2020. If any actions are required, the corresponding Executive member provides a short summary of those with a timeline for any corrective action. For ease of identification, each issue is cross-referenced with the full report by the respective page number where it is found.

Page number	Description of issue	Remedial actions	Responsible Executive	By when
16, 18	Trust and core services analysis. Of the 64 trust wide indicators, there has been an improvement in "Ratio of occupied beds to nursing staff" compared with last month (1.07 v 0.92, better than national comparison 1.83), "ratio of consultant to non-consultant doctors" (1.10 v 0.70 national average) and a decline on "ward staff who are registered nurses (%)" (75.5 v 72.1 identified as red), however this is still better than the national average (67.9%).	No concerns and no actions required.	Director of Nursing and Quality	n/a
22	Inpatient response rate (%). Decrease to 53.6%; a drop from 54.1%. Highlighted as red.	There is no target to the FFT response rate anymore.	Director of Nursing and Quality	n/a
24,25	Mortality outlier alert. One for AMI, one for Coronary atherosclerosis and other heart disease, and one for CABG. These all relate to 2018 and 2019. Action plans being followed by CQC.	No change; we continue to monitor mortality through Dr Foster.	Medical Director / Director of R&I	n/a
24	18 weeks RTT in Medicine. June performance is at 58.9% worse than the previous month (May) at 66.7%, and worse than the national average at 76.8%. Highlighted as red.	Due to the ceasing of elective activity during the pandemic there is a significant backlog of elective patients. The Trust currently has a backlog reduction plan forecast to the end of the financial year but due to the size of the backlog the Trust will not be in a position to forecast compliance	Chief Operating Officer	n.a

Page number	Description of issue	Remedial actions	Responsible Executive	By when
		with the waiting time targets.		
30	<p>Patients waiting over 6 weeks for diagnostic test. At 59.6% in June compared to 66.6% in April; worse than the national average at 48.3%. Highlighted at red.</p> <p>RTT on incomplete pathways within 18 weeks 61.2% in June v 69.7% in May.</p> <p>RTT on non-admitted pathways within 18 weeks 69.3% in June v 81.2% in May.</p>	Recovery plan is in place to reduce the number of patients waiting longer than 6 weeks. The recovery plan assumes no second surge.	Chief Operating Officer	April 2021

Changes in the report in comparison to the last month have been identified with the respective Executive lead. Where appropriate actions have been identified for improvement.

Each named Director is expected to ensure progress of the relevant actions.

4. Conclusion

The latest CQC Insight report has highlighted a small number of quality indicators which require improvement.

Remedial actions have been implemented and are being monitored.

5. Recommendation

The Board of Directors are asked to note the content of this report.