

Board of Directors (In Public)

Item 2.1

Subject: Care Quality Commission Insight: November 2018
Date of Meeting: 8th January 2019
Prepared by: Dr Mark Jackson, Director of Research & Innovation
Presented by: Dr Mark Jackson, Director of Research & Innovation
Purpose of Report: To Note

BAF Ref	1.3
Impact on BAF	The paper provides assurance on areas of exception highlighted in the CQC Insight report and where appropriate actions.

1. Executive Summary

The November 2018 Insight report was published on 22nd November 2018, and discussed at the Executive Team meeting on 19th December 2018.

All areas of exception are or have been addressed.

2. Background

The Care Quality Commission regularly publishes Insight, their intelligence product. The latest publication is November 2018 (attached).

Insight draws together data from many different sources and timeframes, some of which can be quite historical.

The Executive Team have developed a simple tracker (also attached) which complements a review of each report as it is published. Areas of exceptional performance are identified, reviewed and any necessary corrective actions planned and communicated to the relevant teams.

3. Insight Report Action Plan

The table below details each area of suboptimal performance. The responsible Executive has provided a short explanation of the issue together with what corrective action is underway. Each issue may be cross referenced with the full Insight report from the page number. Issues reported previously and addressed that remain identified as sub-optimal have been excluded (e.g. National Emergency Laparotomy Audit, patient survey results)

Page Number	Description of Issue	Remedial Actions	By Whom	By When
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4 - 12	Differences in activity – previous to latest. Caused by incomplete HES submissions.	<p>Identification and correction of submissions was for inpatient data resolved as part of Informatics action plan. Monthly reconciliation processes are now in place. Gap stable; expected to close.</p> <p>However, a widening gap has emerged very recently in our outpatient data. This occurred as a consequence of some Consultant clinic remapping in PAS. A temporary solution has been implemented pending a permanent fix from Silverlink.</p>	Chief Finance Officer	<p>IP: May 2018- Complete.</p> <p>OP: March 2019</p>
15 & 27	Critical care rating reducing.	<p>Driven by rising (although not statistically significantly different from the national benchmark) ICNARC mortality. See page 27.</p> <p>Critical care mortality improvement plan underway as part of the Trust's overall mortality improvement strategy.</p>	Medical Director	March 2019
17 (& 25)	Cancelled operations much worse than national comparison.	Benchmarking, cross organisational learning and action plan in place led by clinical lead for surgery and the theatre management team.	Chief Operating Officer	March 2019
20	Trust remains on GMC enhanced monitoring.	<p>Review of surgical training program undertaken by HEENW and improvements noted. Period of enhanced monitoring has ceased. Routine reviews for sustainability arranged.</p> <p>Despite this Insight reports Trust remains on enhanced monitoring.</p>	Medical Director	July 2018 - Complete

23	RTT Medicine	Insight reports compliance with admitted pathways whilst Trusts use incomplete pathways.	Chief Operating Officer	No action
23	Mortality outlier: Acute myocardial infarction x 2 (2017, 2018)	Shift in casemix towards increased number of cardiac arrests. Paper that went to Board (March 2018) shared with CQC. Insight reports follow up for 2017 and closure of 2018 enquiry.	Medical Director	April 2018 - Complete
25	Mortality outlier: CABG (Other) x 2 (2017, 2018) and Coronary atherosclerosis. (2018)	2017: Letter from CQC indicated a problem that was not substantiated by Insight dashboard. No further action. 2018: Case being pursued by CQC. Board paper shared. Awaiting further enquiry.	Medical Director	Analysis - September 2018 Complete Pending CQC
31	Six weeks diagnostic tests	Problem principally with CT & MR. Board approved business case being implemented which will improve capacity from May 2019. Additional capacity being bought in in the meantime.	Chief Operating Officer	May 2019
32	Incident reporting in bottom tercile compared to peers.	Last feedback from NRLS demonstrated an improvement to the middle tercile. However, this presentation of the data has now ceased. Timeliness has improved. Incident report training on-going. Pan Trust awareness campaign being developed.	Director of Research & Innovation	March 2019

4. Conclusion

The Executive are aware of each issue identified in Insight. All have corrective action either planned or already delivered.

5. Recommendations

The Board of Directors are asked to receive this report as assurance that there are no issues raised that are not receiving improvement effort.