

Board of Directors (in Public)

Item 2.2

Subject: CQC Insight Report: October 2019
Date of Meeting: Tuesday 26th November 2019
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
All	There is currently no impact on the Trust's CQC rating or risk to compliance with the provider licence as a result of CQC Insight report

1. Executive Summary

The October CQC Insight report (attached) was recently published. This paper intends to highlight the areas of exception; they have been reviewed and when appropriate an action has been progressed.

2. Background

Each month, the Care Quality Commission publishes 'Insight', its new 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 October where differences were found with the previous report from September 2019. 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
8	No issue. Trust level inpatient admissions. Top three specialties data finally corrected after data refreshed last month.	In July report, activity attributed to miscellaneous code rather than specific specialties. This was corrected in w/c 15 th July. October report shows correct data.		
10	No issue. Data for critical care. Number of Discharges from critical care at 206 (2,919 previous report) and deaths in critical care 12 (80 in previous report). October's report data has been corrected and shows 2,703 discharges and 84 deaths.			
18	Never events (STEIS data to Oct 2019). The Trust has had a new never event, which makes the position worse than last month.	RCA in process and learning identified.	Director of Research and Innovation	Completed
31	Patients waiting over 6 weeks for diagnostic test at 26.3% compared to 3.6% nationally. This indicator is much worse than the national comparison, and is worse than the previous month at 24.9%.	Additional capacity in CT and MR being implemented in Quarter 3 and performance will improve.	Chief Operating Officer	Quarter 1 2020/21
31	No issue. RTT on non-admitted pathways, within 18 weeks (data to September 2019) from 78.9% last month to 89%. Improved position.			
32	Median time taken to report incidents at 28 days compared to 29 for all other Trusts within same time period (previous period LHCH median was 21 versus 30 for all other Trusts). Slight increase in time.	Risk lead and risk team working with divisions to ensure incidents are reported timely. Divisions discuss incidents and timeframes at their monthly meetings.	Director of Research & Innovation	On-going
33	Number of pressure ulcers (including levels 2, 3 and 4) up by 1. Issues with the way rate of falls and pressure ulcers are		Director of Nursing and Quality	

	calculated, as the information given for falls is non-sensical.			
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Changes in the report, either positive or negative have been highlighted as seen in the above table. Only those requiring improvement or explanation have been assigned the respective Exec member. Additionally, we have contacted the CQC Insight team to request they remove Laparoscopy and Upper GI from our report

4. Conclusion

The latest CQC Insight report has shown a certain degree of improvement across all areas of the core services inspected by CQC.

Those issues highlighted include a narrative as explanation or remedial actions.

5. Recommendation

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