

Name of Board/Committee (In Public)

Item 2.1

Subject: CQC Insight: June 2018
Date of Meeting: 4th September 2018
Prepared by: Mark Jackson, Director of Research & Innovation
Presented by: Mark Jackson, Director of Research & Innovation
Purpose of Report: For note

BAF Ref	Impact on BAF
1.3; 3.7	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 June Insight report (attached) was recently published.

All areas of exception have been reviewed and where appropriate, 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 details each area of exception. The responsible Executive has provided a short explanation of the issue together with any corrective action is underway. Each issue may be cross referenced with the full Insight report from the page number (see attached).

Page Number	Description of Issue	Remedial Actions	By Whom	By When
4 - 14	Differences in activity – previous to latest. Caused by incomplete HES submissions.	Identification and correction of submissions was resolved as part of Informatics action plan. Monthly reconciliation processes are now in place.	Chief Finance Officer	May 2018-Complete.

15	Critical care rating reducing.	Driven by rising (although not statistically significantly different from the national benchmark) ICNARC mortality. See page 28.	Medical Director	
17 (& 26)	Cancelled operations 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
21	Turnover for other clinical staff worse than last monitoring period.	Recent improvements and turnover now below national average. Ongoing staff engagement efforts include staff survey, LiA, first impressions and Grass Greener.	Director of Workforce Development	August 2018 - Complete
21	Trust remains on GMC enhanced monitoring.	Review of surgical training program undertaken by HEENW and improvements noted. Period of enhanced monitoring has ceased. Routine reviews for sustainability arranged.	Medical Director	July 2018 - Complete
24	Mortality outlier: Acute myocardial infarction.	Shift in casemix towards increased number of cardiac arrests. Paper that went to BoD (March 2018) shared with CQC. No response to date.	Medical Director	April 2018 - Complete
25	Mortality outlier: Coronary atherosclerosis.	Letter from CQC indicated a problem that was not substantiated by Insight dashboard. No further action.	Medical Director	May 2018 - Complete
26 (& 37, 44)	Pre-operative documentation of risk of death and Consultant presence in theatre worse than national comparison: National Elective Laparotomy Audit.	Specialist Trusts no longer meet inclusion criteria. In discussion with CQC regarding removal or no further action.	Medical Director	September 2018

28	Risk adjusted mortality ratio (normal & low risk) worse than last monitoring period: Intensive Care National Audit.	Latest data (up to Q3 17/18) shows reduced mortality ratio for overall mortality and static for low risk mortality. Deep dive into mortality planned with reassessment of mortality targets in mortality reduction strategy. Age and co-morbidity likely factors along with increasing aortic surgery numbers.	Medical Director	February 2019
33	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. Incident report training on-going.	Director of Research & Innovation	December 2018
38	Patients seen by a Cancer Nurse Specialist.	Trust has appointed two band 4 cancer support Nurses as part of a national drive from MacMillan.	Director of Nursing	September 2018 - Complete
55 (& 57 – 59)	Patient experience declined in emotional support, help from social care and changes to admission date: 2016 survey.	Results improved as evidenced in 2017 survey.	Director of Nursing	July 2018 – Complete

4. Conclusion

The Executive Team has reviewed each exception identified in Insight and where required has responded with appropriate action.

5. Recommendations

The Board of Directors is asked to receive this report and confirm that there are no further gaps in assurance to be addressed.