

# **Assessing Quality of Hospital Services - the importance of national clinical audits**

Professor Sir Mike Richards  
Chief Inspector of Hospitals

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- CQC's role and purpose
- Our approach to inspecting quality of care in hospitals
- What we have found so far
- The importance of NCAs in assessing the effectiveness of services

## Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

## Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



# The five key questions



We ask these questions of all services

- |                   |  |
|-------------------|--|
| Is it safe?       | Are people protected from abuse and avoidable harm?  |
| Is it effective?  | Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?                        |
| Is it caring?     | Do staff involve and treat people with compassion, kindness, dignity and respect?  |
| Is it responsive? | Are services organised so that they meet people's needs?   |
| Is it well-led?   | Leadership? Vision and strategy? Governance? Staff culture? Patient and public engagement? Awareness and handling of problems? Board to ward connectivity? |

# A new approach: Why?



- Previous CQC inspections
  - Missed important problems
  - Focused on compliance vs non-compliance
  - Did not give a picture of overall quality of care
  - Were undertaken largely by ‘generic’ inspectors without expert clinical input
  - Did not command confidence (e.g. from providers)
- But ... had good elements (e.g. evidence gathering)

# How do we make judgments?



By combining

- Data (e.g. mortality data; surveys; performance)
- Listening to patients and staff
- Observing the delivery of care and environments
- Reviewing systems and processes
- Interviews with senior managers

- Helps CQC to identify hospitals / trusts which are at high / low risk of delivering poor quality care
- Assists CQC in prioritising inspections
- is NOT used alone to form judgements

CQC monitors multiple national data sources including

- Safety: Infection rates (MRSA; c diff); incident reporting; “never events”
- Effectiveness: Mortality and national clinical audits
- Caring: Patient surveys – Inpatients; A+E; maternity; children & young people; cancer)
- Responsive: Performance targets (e.g. waiting times); Patient complaints
- Well-led: NHS staff survey; GMC national trainee survey; concerns raised by staff



## 3 Phases

1. Pre-inspection:
  - Selection of trusts
  - Planning
  - Datapack
  - Recruitment of teams
2. Inspection:
  - Large team (30+ people)
  - 8 core services
  - 5 key questions
  - Public listening event
  - Visits to clinical areas
  - Staff focus groups
  - Interviews with senior managers
  - Announced and unannounced visits
3. Post-inspection:
  - Report writing
  - Confirmation of ratings
  - Quality Summit

# 8 Core Services



- The following 8 core services will always be inspected:
  1. Urgent and emergency services
  2. Medical care, including frail elderly
  3. Surgical care, including theatres
  4. Critical care
  5. Maternity and gynaecology
  6. Children and young people
  7. End of Life Care
  8. Outpatients and diagnostic imaging
- We will also assess other services if there are concerns (e.g. from complaints or from focus groups)

# Why do we need intelligence and inspection to form a judgement? (2)

## Effective

	Contribution of	
	Intelligence	Inspection
• Evidence based care (NICE Guidance)	-	✓
• Pain relief	-	✓
• Nutrition and hydration	✓	✓
• Patient outcomes (mortality + national clinical audits)	✓	-
• Trained staff	-	✓
• Multidisciplinary team working	-	✓
• 7 day services [NB could be requested prior to inspection]	-	✓

- How would you assess whether a hospital is achieving 'good' outcomes?
- Mortality data (HSMR and SHMI) are useful but not sufficient
  - High mortality almost always indicates significant problems (Keogh reviews 2013)
  - Low/normal mortality can give false assurance: CQC has recommended special measures for several trusts with normal/low mortality
- National Clinical Audits provide a vital additional source of comparative information
- CQC/HQIP are working closely together to maximise the usefulness of NCA data

- We need your help!
- We cannot assimilate all the information from every audit
- Can you help us to identify the 5 or 6 items in each audit which are most closely linked to outcomes?
- Can you give us an overall score for each trust on a particular audit (similar to stroke A-E)

# Examples of audits currently used by CQC to assess “effectiveness”



- A+E: Royal College of Emergency Medicine Audit
- Medicine: Stroke (SSNAP); Myocardial infarct (MINAP); Heart failure; Diabetes (NADIA)
- Surgery: Emergency laparotomy; Bowel Cancer (NBOCAP); Fractured neck of femur; PROMs
- Intensive Care: ICNARC

- We rate each service on each of the five key questions (Safe? Effective? Caring? Responsive? Well led?)
- 4 point scale:



# Trust X ratings grid



## Hospital location A

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Good	Good	Good	Requires Improvement	Good	Good
Medical care (including older people's care)	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Surgery	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Intensive / critical care	Requires Improvement	Good	Outstanding	Requires Improvement	Requires Improvement	Requires Improvement
Maternity and family planning	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Outstanding	Good	Good
Outpatients	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

## Overall provider rating

	Safe	Effective	Caring	Responsive	Well-led	Overall trust rating
Trust by key question	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement



# What have we done so far?



We have inspected:

- Over 70% of acute trusts
- Nearly 70% of mental health trusts
- Over 80% of standalone Community Health services
- 4 out of 10 large ambulance trusts

Inspections of independent sector hospitals have been piloted

- The degree of variation between the best and the worst is large and unacceptable
- There is variation
  - Between trusts
  - Between services within a trust
  - Within individual services (e.g. one ward may be inadequate, while others are functioning well)

# Variation between Acute trusts/locations



## Frimley Park NHS Foundation Trust

## Wexham Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Outstanding	Inspected but not rated	Good	Outstanding	Outstanding	Outstanding
Medical care (including older people's care)	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Surgery	Good	Good	Good	Outstanding	Outstanding	Outstanding
Intensive / critical care	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
Maternity and family planning	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires Improvement	Good	Outstanding	Good	Good	Good
End of life care	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Outpatients	Good	Inspected but not rated	Good	Outstanding	Good	Good
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Requires Improvement	Inspected but not rated	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate
Surgery	Inadequate	Good	Requires Improvement	Inadequate	Inadequate	Inadequate
Intensive / critical care	Good	Good	Good	Requires Improvement	Good	Good
Maternity and family planning	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Outpatients	Requires Improvement	Inspected but not rated	Good	Inadequate	Requires Improvement	Requires Improvement
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate	Inadequate

# Variation between Mental Health Trusts



## Nottinghamshire Healthcare NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental Health Inpatient Services	Good	Good	Good	Good	Good	Good
Services for adults	Good	Good	Good	Requires Improvement	Good	Good
Services for Children & Young People and Families	Requires Improvement	Good	Good	Good	Good	Good
End of Life Care	Good	Good	Good	Good	Good	Good
PICU & Health Based Places of Safety	Good	Good	Requires Improvement	Good	Good	Good
Rapid Response Liaison Psychiatry	Good	Good	Good	Good	Good	Good
Services for Older People	Good	Good	Outstanding	Good	Good	Good
Services for people with LD or Autism	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Specialist eating disorder service	Good	Good	Good	Good	Good	Good
Crisis Resolution & Community-based crisis services	Good	Good	Good	Good	Good	Good
Perinatal services	Good	Good	Good	Good	Good	Good
Long Stay Services	Requires Improvement	Good	Good	Good	Good	Good
Forensic Services	Good	Good	Good	Good	Good	Good
CAMHS	Requires Improvement	Good	Good	Good	Good	Good
Adult Community based services	Requires Improvement	Good	Good	Good	Good	Good
Acute admission wards	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Outstanding	Good	Good	Good

## Norfolk & Suffolk NHS FT

	Safe	Effective	Caring	Responsive	Well-led	Overall
Adult acute wards & PICU's	Inadequate	Requires Improvement	Good	Inadequate	Inadequate	Inadequate
Adult long stay / rehabilitation wards	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Forensic inpatient / secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
CAMHS	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement	Requires Improvement
Wards for people with a learning disability or autism	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Adult community-based services	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Community-based crisis services & HBPOs	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Specialist community-based services for children & young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based services for older people	Requires Improvement	Good	Good	Inadequate	Requires Improvement	Requires Improvement
Community-based services for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Overall	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

# Overall ratings at trust level



	<b>% (approx)</b>
<b>Outstanding</b>	<b>2%</b>
<b>Good</b>	<b>18%</b>
<b>Requires Improvement</b>	<b>70%</b>
<b>Inadequate</b>	<b>10%</b>

# United Lincolnshire Hospital Trust (1)



July 2014

March 2015

## Our ratings for Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Outstanding	Good	Good
Maternity & Family planning	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children & young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Inadequate	Not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Outstanding	Good	Good
Maternity & Family planning	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

- The CQC's new approach is more robust and credible than that previously used
- Providers tell us so
  - An independent evaluation (Prof K. Walshe) has confirmed this
- We are still on a learning curve. Our recent inspections are much better than those in the first 6 months.
- Consistency is the greatest challenge, particularly as judgement is required to synthesise all the evidence

# How do we ensure consistency?



- Recruiting good teams (clinicians, managers, inspectors, experts by experience)
- Training
- Consistent methodology: KLOEs and subheadings
- Robust evidence
- National quality assurance group
- Factual accuracy checks



- The new inspection programme has come a long way in the past 2 years
- It is undoubtedly better than the model it has replaced
- We can and must continue to improve
- We will now extend our role to include use of resources
- We are also considering other improvements to our assessment methodology and will consult on this over the next few months

# Join our team



To join CQC and help to drive quality improvement through our inspection programme

**Become an Inspector:**  
(Permanent or on Secondment)

[recruitment@cqc.org.uk](mailto:recruitment@cqc.org.uk)

**Become a Specialist Advisor:**  
(Clinician)

[acuterecruitment@cqc.org.uk](mailto:acuterecruitment@cqc.org.uk)

**Become an Expert by Experience:**  
(Patient or Carer)

[Expertsbyexperience@cqc.org.uk](mailto:Expertsbyexperience@cqc.org.uk)