A pro-patient performance

The Care Quality Commission – super regulator or another super quango? MRSA Action UK Chair Derek Butler shares his thoughts on the drive to improve quality in healthcare...

With so many reports of unsafe practice, misguided decisions on priorities and questions over governance, it is increasingly difficult to maintain confidence in our great institution, the NHS, or in the people we entrust to regulate. Strong leadership demonstrated by everyone would make the regulator's job easier; however, recent headlines show that staff at the front line risk losing their jobs and careers in the NHS if they speak out when things aren't right, yet we count on those very people to ensure that they are resourced and able to give the care and dignity to patients when they are at their most vulnerable.

On 1st April 2009, with the inception of the Care Quality Commission, William Moyes, Executive Chair of Monitor, said: "The CQC will play a crucial part in driving quality improvement in healthcare. Monitor and the CQC are already working together to test quality reporting for NHS foundation trusts – and going forward, we'll be collaborating to ensure that foundation trusts meet the requirements of the new registration system, and that any failings are identified and addressed. Where intervention is necessary, Monitor and the CQC will jointly determine which of our complementary regulatory powers will be most effective in ensuring the best and safest care possible for patients." There are 121 foundation trusts under the auspices of Monitor and prior to the recent report on Mid Staffordshire NHS Trust, all appeared well in Monitor's view; patients were dying in the most distressing circumstances, yet Monitor saw fit to grant Foundation Status during this time.

MRSA Action UK has been campaigning for better regulation since the charity was founded in 2005, and welcomed the Health Act 2006 and the introduction of the Code of Practice for the Prevention and Control of Healthcare Associated Infections, known as the Hygiene Code. We were heartened with the news that the Health Act 2008 would strengthen regulation and enable enforcement of the Hygiene Code with a new super regulator, the Care Quality Commission. This will mean joined-up support and guidance for health and social care providers.

Our charity helps people who have been affected by healthcare associated infections, often in tragic circumstances when things have gone wrong, and now more frequently with people's concerns over treatment, and how best to go about finding out where the safest hospitals are, and what support will be available for patients and their carers and families throughout the patient journey. We provide an online resource of information on healthcare associated infections, which has been designed in response to concerns that are raised by patients and the public. Training and education with healthcare providers in primary and acute care lend opportunities for talks on leadership and patient empowerment, and we provide materials to help with practical approaches to tackling healthcare associated infections for carers, and play our part in influencing policy on the provision of better information for both practitioners and the public on healthcare associated infections.

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Patient care has become more complex with the advancement of medicine, and a focus on screening, prevention and early intervention. Patient choice opens up new challenges for healthcare; if trusts underperform, then patients can vote with their feet, so how can the regulators help?

Making use of data to drive performance and inform policy

The CQC and Monitor need to be proactive in the use of data, and focus their energy on ensuring quality and patient safety. The UK boasts some of the best data capture systems on safety, and should use it to home in when alarming numbers of people contract infections or mortality rates appear higher than expected.

Examples such as the increasing numbers of infections in 22 hospital trust areas, taken from the latest Health Protection Agency data, should be used to question and flag up areas that need intervention. This should include looking across the whole health economy and beyond the Acute hospital setting. The Health Protection Agency

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must work closely with Monitor and the CQC, drawing attention to anomalies and using data as an early warning system when outbreaks and increases in incidence of infection occur.

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In looking at trusts who are failing to reduce infections, regulators must look at the criteria set out in the Hygiene Code and assess which areas they are failing on. It is essential that trusts put adequate investment into infection prevention and control, and recognise their responsibility to provide a clean, safe environment to include sufficient provision to isolate patients, particularly in the event of outbreaks. It should be recognised that it is important not to cut corners in a bid to reduce waiting lists; if this is happening due to high occupancy levels, systems need to be put in place to ensure that beds and the areas around patients are decontaminated. Government must continue to invest and put resources into providing furniture that is easy to keep clean, and to provide adequate isolation facilities, particularly important in reducing *Clostridium difficile*.

The CQC and Monitor need to spend more time on promoting good practice and improving the quality of care, not just exposing poor performance. It will be a mark of the regulators' failure if improvement isn't achieved across the whole system. It would be immoral not to use the intelligence gained to help or challenge policy setting to ensure the highest quality of care possible for everyone.

Mediocrity should not be accepted

There are islands of excellence in a sea of mediocrity, with some NHS trusts performing excellently and others willing to accept mediocre or even substandard care. My own family has been significantly affected by MRSA, but we have recently experienced excellent care from the NHS. Royal Preston Hospital gave exemplary care to my father aged 87. He was suffering from an *E-coli* infection contracted in the community. We saw first-hand a hospital that was clean, well staffed, with a top focus on hand hygiene with good displays of posters encouraging the public to clean their hands and not to sit on the beds. The elderly were helped or fed if they can't manage themselves. Clinical and non-clinical staff comply with hand hygiene and lead by example. Staff have a good knowledge and skill set in applying aseptic technique; invasive devices are monitored daily and recorded to say they have been checked. Devices are used that reduce the risk of infection, such as alternative external non-invasive solutions to catheters. I felt very strongly that my father was in safe hands. The patient safety culture was firmly embedded in this hospital, which automatically impacted on the quality of care.

Many hospitals are able to provide a safe environment ensuring high quality patient care and they are to be applauded. The role now for the regulators is to see that all NHS trusts meet their obligation within the Hygiene Code. Some trusts are quite clearly not up to the mark in this area; it is time that this situation was remedied and that those managers that cannot raise their performance on patient safety should be dismissed and replaced with those that can. Imposing fines and closing facilities will only hurt the patients; what is needed is to make those who run our hospitals accountable for their inaction and not to reward failure. The Hygiene Code has been a statutory requirement since 2006; we have had long enough to show demonstrable improvement.

In April, former Health Secretary Alan Johnson said: "Better quality, safe healthcare goes hand-in-hand with better value for money. Getting it right first time for patients means better care, but also better value for money as it avoids costly follow-ups to put mistakes right. Our drive to reduce healthcare associated infections has improved the experience of thousands of patients, and has saved the NHS £75m in the last year." These comments were made in the context of the NHS contributing to £2.3bn in savings; we would hope that the NHS would be able to re-invest these savings in high quality patient care and be given the resources with which to deliver it.

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