



**RCN Policy and International Department**  
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# Developing Aggregate Ratings for the Acute Sector in England

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## Introduction

This briefing provides an overview of issues discussed by RCN members who took part in a teleconference with the Care Quality Commission (CQC) on their development of aggregate ratings for the acute sector in England. The CQC's work is building on earlier work to explore aggregate ratings including work by the [Nuffield Trust](#). The Nuffield Trust concluded "the balance of cost and benefits may be more favourable for providers of social care and for general practices (given the potential for choice and nature of care). However, the benefits are less certain for hospitals, given the way that ratings were designed and used in the past". In an RCN hosted [seminar](#) to help the Nuffield Trust in their work many of our members presented this view. However CQC are developing aggregate ratings for the acute sector because this is the preference of the Secretary of State for Health, Jeremy Hunt.

The teleconference we have hosted for CQC was a way to continue to bring in the nursing voice to work on aggregate ratings.

## The CQC's proposals

The CQC set out their early thoughts on their approach to ratings in their consultation, [A New Start](#). CQC said that "Our ratings will develop to become the single, authoritative assessment of the quality and safety provided by an organisation. They will be primarily based on the judgements of our inspectors about whether services are safe, effective, caring, responsive to people's needs and well-led, and will take into account all the information we hold about a service and the findings of others."

CQC also highlight that ratings will be informed by indicators and findings from others (for example, peer review and clinical audit). They are proposing that there will be a rating against each of their five key questions (Is it safe? Is it effective? Is it caring? Is it responsive to people's needs? Is it well-led?) and for eight areas of activity which provides the grid on the next page.

The RCN believes that these domains are all relevant to nursing, with safety and caring of particular resonance. Staffing is clearly relevant across the piece but again staffing (both numbers and skill mix) are crucial for both safety and caring domains.

	A&E	Maternity	Acute Medical	Acute Surgical	Critical Care	Paediatrics	End of Life Care	Out-patients
Safe								
Caring								
Effective								
Responsive								
Well-led								
Overall								

Source: CQC presentation, 15 October 2013

The rating will have four levels as set out below (although this reflects CQC's thoughts at the time they consulted, in June 2013).

Rating	Description of trust and hospital rating	Description of a service level rating
<b>Inadequate*</b>	<p>Serious and systemic failings in relation to quality, and fundamentals of care are not met on an ongoing basis across multiple domains.</p> <p>Urgent intervention is required.</p>	<p>Serious and systemic failings in relation to quality, and fundamentals of care are not met on an ongoing basis across multiple domains.</p> <p>Urgent intervention is required.</p>
<b>Requires improvement</b>	<p>Fundamentals of care are breached and/or Services across the provider may not be meeting expected standards in one or more domain.</p> <p>Significant action by the provider is required to address the problem.</p>	<p>Fundamentals of care are breached and/or expected standards are not being met in one or more domain. Significant action by the provider is required to address the problem.</p>
<b>Good</b>	<p>No fundamentals of care breaches <b>or</b> rare occurrence of breaches are acted on quickly and effectively by the provider.</p> <p>Care is generally judged as good and the majority of services are meeting expected standards and high-quality standards.</p> <p>No inadequate services.</p>	<p>No fundamentals of care breaches.</p> <p>Any breaches in expected standards in any domain (not fundamental) are acted on quickly and effectively by the provider.</p> <p>Care is generally judged as good.</p> <p>There is evidence that the service is meeting high-quality standards.</p>
<b>Outstanding</b>	<p>No fundamentals of care breaches.</p> <p>No inadequate services with most services rated as 'Good' or 'Outstanding'.</p> <p>Any breaches in expected standards (not fundamental) are acted on quickly and effectively by the provider.</p> <p>There is a range of evidence that the service is sustaining high-quality care** over time across most services in the organisation. There is evidence of innovation.</p> <p>No governance or finance issues from Monitor or NHS TDA.</p>	<p>No fundamentals of care breaches.</p> <p>All expected standards across all domains are met.</p> <p>There is a range of evidence the service is sustaining high-quality care** over time across most specialities.</p> <p>There is evidence of innovation.</p>

Source: CQC, [A New Start](#), 2013

The ratings are intended to be for patients. The ratings will also link to frequency of inspection (for example, outstanding rated Trusts will be inspected less often).

## Engagement with RCN members

The CQC was keen to speak to RCN members as they are at the front line of both providing care to patients and service users, and many play key roles in terms of quality including being responsible for quality of care at the Board level, and dealing with inspectors from CQC.

The RCN hosted a teleconference on 15 October 2013 where RCN members joined under Chatham House Rules to discuss CQC's proposals.

The discussion covered many issues and key themes emerged.

- Ratings need to sit in the wider context of an organisation: for example, whether the Trust is on a trajectory of improvement or not is a key issue not only for setting the rating, but also in how to respond when a rating is below good or outstanding. Trusts are also likely to have significant variation within their organisations and ratings will need to reflect this.
- Organisations should be assessed on their ability to respond to changing circumstances (even those outside their direct control) as it is the ability to continue to provide safe, high quality, compassionate care that patients and their carers are likely to be concerned about.
- The underpinnings of ratings need to be carefully considered so that ratings are consistent and fair, and don't rely on individual views of inspectors.
- Ratings need to clearly link to the new fundamental standards that are being developed by the Department of Health and will be used by CQC from April 2014. If a provider fails to meet a fundamental standard then it should not be rated as good or outstanding irrespective of how well it may perform in other areas.
- Staffing levels and skill mix (for nursing but also for other staff groups) are vitally important for safe care<sup>1</sup>, and these need to feature strongly in the approach to ratings if they are to be meaningful to patients and not erode credibility of CQC.
- Indicators that underpin the ratings should reflect a mix of indicators under headings of structure, process and outcome to provide a rich source to inform ratings.

Our members recommended that CQC set up an External Reference Group to provide practitioner insight, challenge and independent review to CQC on this work. The RCN would be happy to sit on such an External Reference Group.

The CQC could also consider phasing in their ratings work: starting first with ratings of service levels and making sure that they are credible before producing aggregate ratings which pose the threat of being misleading and discrediting ratings altogether. The CQC should also draw on work of others, such as NICE's work on safe staffing as appropriate in the future and consider working with organisations such as the Safer Staffing Alliance.

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<sup>1</sup> These also relate to how the workforce is supported, education and training etc.

## What's next?

The CQC will continue their development work and are currently piloting aggregate ratings with three Trusts. These pilot ratings should be published very soon, in December 2013. CQC will also be sharing their progress and continuing their engagement on ratings, and are planning to publish further details in December 2013 and April 2014.<sup>2</sup> Ratings for other sectors including social care and primary care are planned for the future.

You can contact the CQC with your thoughts on their approach at [ratings@cqc.org.uk](mailto:ratings@cqc.org.uk)

The RCN hopes it is a true pilot and that findings will inform future decisions about how to measure and present performance of the acute sector in England.

## Tell us what you think

This briefing is intended to provide a policy perspective on the role of overarching ratings and the Policy and International Department would like to receive comments/feedback from as many members as possible on this important issue - [policycontacts@rcn.org.uk](mailto:policycontacts@rcn.org.uk)

## Further reading

RCN Policy and International Department Policy Briefing 11/13, [Ratings in health and social care: A short briefing on the Nuffield Trust Review](#), March 2013

[CQC, Support for our inspection changes, October 2013](#)

[CQC, A New Start, June 2013](#)

<http://www.nuffieldtrust.org.uk/ratings-review/about>

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<sup>2</sup> CQC, [A new start: Responses to our consultation on changes to the way CQC regulates, inspects and monitors care services](#), October 2013