North Cumbria University Hospitals NHS
NHS Trust

CARE QUALITY COMMISSION REGULATION MONITORING – QUARTER 1 PERIOD 2011/12

Appendix 1

The following RAG rating criteria relates to NCUHT assessment of the overall evidence status against the regulation.

G = All evidence in place to support compliance with regulation

A = some evidence still outstanding

R = Significant gaps in evidence to support compliance with regulation

Regulations in overall Red status (2)	Regulations in overall Amber status (10)	Regulations in overall Green status (4)
16 - Safety, availability and suitability of equipment (action plan in place to ensure evidence is submitted)	09 - Care and welfare of service users	12 -Cleanliness and infection control
23 - Supporting workers (action plan in place to ensure evidence is submitted)	10 - Assessing and monitoring the quality of service provision	14 -Meeting nutritional needs
	11 - Safeguarding service users from abuse	17 - Respecting and involving service users
	13 - Management of medicines	19 - Complaints
	15 - Safety and suitability of premises	
	18 - Consent to care and treatment	
	20 - Records	
	21 - Requirements relating to workers	
	22 - Staffing	
	24 - Cooperating with other providers	

Key Improvement Areas	Formal Sanctions or non compliance	CQC Involvement in key areas during 2011/12
▪ Medical Devices policy and practice being reviewed with the aim of improving and implementing appropriate practice (Reg 16) ▪ HR department have consulted with staff to develop an action plan in relation to the issues raised in the staff survey 2010 (Reg 23) ▪ CQC recommendations from the Dignity and Nutrition review have been addressed and will continue to be monitored (Regs 17 & 14). ▪ Main issue with regulations in amber is lack of appropriate evidence, which is being progressed with the Management Leads.	Nil	▪ Dignity and Nutrition for Older People Inspections (final reports have now been issued for the two inspections carried out at CIC and WCH). ▪ Safeguarding & pressure sores across the health economy.

The following RAG rating criteria relates to NCUHT assessment of the overall evidence status against the regulation.

G = All evidence in place to support compliance with regulation

A = some evidence still outstanding

R = Significant gaps in evidence to support compliance with regulation

Where CQC Assessment of QRP = [ ] it is the CQC's criteria for insufficient data available to calculate risk. .

Regulation No & Overall Status	Regulation / Outcome Title	Out-come No	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Completed	Mock Assessment	Evidence Outstanding
09	Care and welfare of service users	04	G	6	A	1. Information on mortality rates (**x4**) 2. Number of cases of acute respiratory failure to the expected number per elective surgical discharges with an operating room procedure. 3. Proportion of stroke patients receiving thrombolysis treatment	N	N	QRP action criteria to be detailed from Information Management Team. Mike Walker then to agree appropriate actions. Overall regulation evidence still required: ▪ Assessments forms, care plans, risk assessments, discharge plans. ▪ Lengths of stay are as short as possible. ▪ Diagnostic tests done by qualified staff. ▪ Information that children are informed of care, able to take part in decision making, agree parents to be involved. ▪ ToPs referral procedures are followed, 24hr telephone advice available after they leave, able to express preferences for foetal tissue disposal, counsellor training, ▪ End of Life pathways showing patient involvement and choices. ▪ MDT assessments and plans for patients at risk of suicide or harm. ▪ Appropriate procedures used and monitored in line with Mental Health Action 1983 Code of Practice for seclusion of patients. ▪ Care programme approach used where patients meet criteria set out in *Refocusing the Care Programme Approach: Policy and positive practice guidance 2008.*

Regulation No & Overall Status	Regulation / Outcome Title	Out-come No	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Completed	Mock Assessment	Evidence Outstanding
10	Assessing and monitoring the quality of service provision	16	**A**	3	**A**	1. Fairness and effectiveness of procedures for reporting errors, near misses or incidents. 2. Staff able to contribute towards improvements at work. 3. Rate of reporting per 100 admissions to the NRLS for Acute Trusts.	N	N	▪ Action plans and lessons learnt on risk issues ▪ Anonymised completed assessment forms and falls care plan ▪ Show monitoring of action plans and lessons learnt. (16B3). ▪ Anon SUIs and action plans (eg Outbreak Rpts Novovirus RCA / action plans).. ▪ Fall, Pressure Ulcers & Tissue Viability anon care plans which show involvement of patients in discussions. ▪ Patient and staff surveys, clinical indicators and essence of care action plans, complaints in relation to issues about quality of experience and risks they are exposed to. ▪ Anon Assessment forms, Anon Care Plans that show discussion and decisions of patients.
11	Safeguarding service users from abuse	07	**n/a**	0	**n/a**	Insufficient QRP data available to calculate risk estimate.	N	N	QRP no actions required. Overall regulation evidence still required: ▪ Evidence that staff training and/or understanding of restraint issues and responding to behaviour that presents risk to patients or others. ▪ Evidence that rapid tranquilisation will only be used if it is undertaken in line with evidence based guidelines.
12	Cleanliness and infection control	08	**G**	2	**G**	1. Availability of cleaning services 24 hours a day. 2. Clostridium difficile relative to national levels.	N	N	QRP actions complete. Overall regulation evidence complete.
13	Management of medicines	09	**A**	1	**A**	From in-patient survey 2009, patients stated they were not given clear written information about their medicines.	N	N	QRP action still ongoing. Overall regulation evidence shows an action plan is required to address the issue of lack of evidence to show records of competency assessment and training needs. Lynn Anderson is working with Kathryn Ball and Shona Murphy to address these issues.

Regulation No & Overall Status	Regulation / Outcome Title	Out-come No	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Completed	Mock Assessment	Evidence Outstanding
14	Meeting nutritional needs	05	**G**	0	**G**	No actions identified	Y	Y	All evidence available. However, following CQC unannounced visit the Trust decided that there would be a review of the pre-op fasting guidelines, to support nursing staff to ensure patients are fasted for the minimum time required and offered nutrition within agreed timescales.
15	Safety and suitability of premises	10	**G**	0	**G**		N	N	QRP no actions required. Overall regulation evidence still required: ▪ CIC Buildings certificate. ▪ Latest waste licence. ▪ Follow up report showing implementation of recommendations to Penrith Hospital regarding security arrangements. ▪ Evidence of staff training on what do in an emergency. ▪ Evidence of fire practice for WCH wards / departments. ▪ Contingency plans / procedures for utilities, fire, flooding or other emergencies. ▪ Legionella Control Policy needs updating.
16	Safety, availability and suitability of equipment	11	**A**	0	**n/a**		N	N	QRP no actions required. Overall regulation evidence shows there is insufficient evidence in most areas. A working group lead by Lynn Anderson has been set up to review the policy with realistic expectations of what can be achieved at ward level. Grahame Pinches is involved from the Medical Engineering Department to incorporate their commitments to achieve the regulation outcome and evidence.
17	Respecting and involving service users	01	**G**	4	**G**	1. Patient privacy when discussing their condition or treatment. 2. Privacy when being examined 3. Patient having writing information on discharge. 4. Patients not being asked to give their views on quality of care.	Y	Y	QRP actions complete. Evidence for regulation complete. Following the CQC review, the recommendations for improvement have been addressed and will continue to be monitored. Next review is scheduled for July 2011.

Regulation No & Overall Status	Regulation / Outcome Title	Out-come No	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Completed	Mock Assessment	Evidence Outstanding
18	Consent to care and treatment	02	**n/a**	0	**n/a**	Insufficient QRP data available to calculate risk.	N	N	▪ Consent training ▪ Information given to patients to enable informed decision. ▪ Information to patients regarding risks and benefits in relation to imaging services.
19	Complaints	17	**A**	0	**n/a**	No actions identified from QRP.	N	N	Most of the evidence is available, however, need to strengthening the documentary evidence for communication with complainants and lessons learnt.
20	Records	21	**n/a**	4	**A**	Insufficient QRP data available to calculate risk 1. Maternity Data quality 2. Proportion of SUS records for outpatient care with errors in the operation status field. 3. Proportion of SUS records with errors in NHS number field. 4. Average number of secondary diagnosis codes, lower than average coder.	N	N	Insufficient evidence in several areas, for example medical records audits and action plans required, records continuity plan required. There is a lack of evidence of corporate records retention and disposals being implemented for the following specific documents required by the regulation: ▪ purchasing excluding medical devices and medical equipment ▪ maintenance of the premises; 3 years ▪ maintenance of equipment; 3 years ▪ electrical testing; 3 years ▪ fire safety; 3 years ▪ water safety; 3 years ▪ medical gas safety, storage and transport; 3 years ▪ money or valuables deposited for safe keeping; 3 years ▪ staff employment; 3 years following date of last entry ▪ duty rosters; four years after the year to which they relate ▪ purchasing of medical devices and medical equipment; 11 years ▪ final annual accounts; 30 years.
21	Requirements relating to workers	12	**n/a**	1	**A**	Insufficient QRP data available to calculate risk 1. Staff believing trust provides equal opportunities for career progression or promotion -	N	N	QRP action needs to be established as the 2010 staff survey shows that staff still perceive this to be a continuing issue. Overall regulation evidence still required: ▪ Staff that commence work without confirmation of CRB must have documented arrangements for supervision / chaperoning ▪ Divisional TNAs to be completed.

Regulation No & Overall Status	Regulation / Outcome Title	Out-come No	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Completed	Mock Assessment	Evidence Outstanding
22	Staffing	13	**A**	0	**n/a**		N	N	QRP no actions required. Overall regulation evidence still required: ▪ Robust evidence to show sufficient staff levels and continuity of care. ▪ Analysis and risk assessment used as the basis for deciding sufficient staffing levels.
23	Supporting workers	14	**A**	13	**A**	1. Staff involvement in job design 2. Trust commitment to work-life balance 3. Opportunities for development. 4. Receiving job related training 5. Having well structured appraisals 6. Support from immediate manager 7. Employer actions against violence and aggression (V&A) 8. Staff experiencing V&A from staff. 9. Staff experiencing V&A from patients / others. 10. Proportion of published V&A reported to PARS. 11. Work pressure 12. Work related stress 13. Communication between senior managers and staff.	N	N	QRP actions are being addressed with a revised action plan from the HR department who have involved staff in compiling the action plan. The action plan is monitored at the Compliance Steering Group.

Regulation No & Overall Status	Regulation / Outcome Title	Out-come No	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Completed	Mock Assessment	Evidence Outstanding
24	Cooperating with other providers	06	**G**	0	**G**	QRP overall rate is assessed as low green with no actions to address.	N	N	▪ Anonymised, transfer documents, care plans, medicine summaries, MDT care planning meeting notes. ▪ Emergency planning and exercise documentation. ▪ Patient consent to share information with appropriate team / agency. ▪ Formal referral for patients requiring another health and social care service. ▪ Involvement and support for children who are moving to access adult services.