

TRUST BOARD

Date of Meeting: 05/07/2011	Agenda Item No: 7.3	Enclosure: 7
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Update on registration with the Care Quality Commission (CQC)		
Aims: To update the Board on the Trust's position with compliance with the CQC Regulations and associated Outcomes.		
<p>Executive Summary:</p> <p>As part of the review of clinical governance, it was recommended that the Trust's system for reporting compliance with CQC regulations could be further strengthened. The key drivers for this was to bring together three specific pieces of information in order for the organisation to have assurance that the Trust has a sound system in place to monitor compliance on an ongoing basis. The three areas include:</p> <p><u>Quality Risk Profile (QRP)</u></p> <p>The CQC issues providers with a regularly updated Quality Risk Profile (QRP). The QRP is a tool that gathers data from a range of national systems and sources, for example mortality rates and collates this into one place. The purpose of the QRP is to outline where risks lie including identifying any areas of potential non compliance with the regulations. The QRPs are issued to trusts to highlight any areas of concern for the provider to review.</p> <p>The Trust also undertakes a self assessment following the outcomes of the QRP to provide further assurance on the evidence the Trust has in place regarding compliance.</p> <p><u>Provider Compliance Assessments (PCA)</u></p> <p>The CQC requires providers to complete PCAs for each of the regulations. The PCAs are assessments which are made against the requirements of the regulations and specific outcomes. The CQC can request copies of a PCA at any time. The PCA should be an assessment that has been made by the provider to identify any areas of improvement.</p> <p><u>Internal spot checks</u></p> <p>In addition to the key systems for gathering evidence, it is recognised as good practice for organisations to carry out formal spot checks on specific regulations to ensure the documentation we have in place to support compliance can be evidenced in the care we give to patients.</p> <p>This has resulted in the above items being brought together into one system of reporting. The report on the current status is attached at Appendix 1 of this report.</p>		

Overview of key areas for consideration or noting:

- The system of reporting on CQC regulations has been strengthened and now includes the key issues from the QRPs, PCAs and also determines an overall 'Red Amber Green' rating.
- The internal spot checks are a key area for development and plans are in place to phase in the spot checks across the ward areas during the forthcoming months.
- The report highlights two red areas regarding the regulations below:
 - 16 - Safety, availability and suitability of equipment (action plan in place to ensure evidence is submitted)
 - 23 - Supporting workers (action plan in place to ensure evidence is submitted)

The rationale for these regulations being rated as red is due to the evidence we have in place to confirm compliance. Action plans for both regulations are in place and will be reported to the Governance and Quality Committee in July for review. The action plan focuses on the gaps in evidence that we require from the individual management leads.

- The Board will receive a quarterly update on the trusts position with compliance against the regulations on a quarterly basis in accordance with the Board Cycle of Business.

The CQC have published their reports on the unannounced inspections which were carried out at the Cumberland Infirmary and West Cumberland Hospital in looking at the regulations regarding 'respecting and involving people who use services' and 'meeting nutritional needs'. The CQC has confirmed that both hospitals are compliant with these two important regulations but said that in order for West Cumberland Hospital to maintain compliance, a number of minor improvements would need to be considered. These are being addressed and an action plan has been developed to ensure we monitor the actions we have put in place. The full reports will be reported to the Governance and Quality Committee in July 2011.

Specific implications and links to the Trust's Strategic Aims:

Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	

Recommendations:
That the Board notes the report.

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