

TRUST BOARD

Date of Meeting: 10/07/2012	Agenda Item No: 6.4	Enclosure: 5
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Trust's Registration with the Care Quality Commissioner and Associated Quality Improvement Plans		
Aims: This report provides the Trust Board with key information on the Trust's Registration with the Care Quality Commission as associated Quality Improvement Plans		
Executive Summary: The report summarises: <ul style="list-style-type: none"> • Care Quality Commission (CQC) unannounced visit to the Cumberland Infirmary Carlisle on 12 June 2012 • Care Quality Commission Market Report on Cumberland Infirmary Carlisle and West Cumberland Hospitals Whitehaven • Results of the internal unannounced reviews for CQC compliance • Quality Improvement Priorities for 2012/13 • CQC Registration 		
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: The Trust Board is asked to note the information provided in this report and seek any further assurance on any of the items reported in relation to patient safety and quality of service.		
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**PART 1 TRUST BOARD
COMPLIANCE AND GOVERNANCE OF QUALITY AND
SAFETY REPORT
JULY 2012**

1. INTRODUCTION

This paper informs the Board of key compliance and governance developments since last reporting to the June Board.

2. CARE QUALITY COMMISSION (CQC) UNANNOUNCED REVIEW OF EMERGENCY CARE AT THE CUMBERLAND INFIRMARY CARLISLE

An inspection team from the CQC arrived at the Cumberland Infirmary, Carlisle at 06.00 hours on 12 June to undertake an unannounced review of the Accident and Emergency Department. There were five CQC inspectors; four covered the core aspects of the department whilst one focused specifically on pharmacy.

The review was undertaken in line with the process for CQC reviews which are undertaken nationally.

The review team assessed the following essential standards;

- Outcome 4 Care and Welfare of people who use services
- Outcome 7 Safeguarding people who use services from abuse
- Outcome 8 Cleanliness and Infection Control
- Outcome 9 Management of Medicines
- Outcome 11 Safety, Availability and Suitability of Equipment
- Outcome 13 Staffing
- Outcome 14 Supporting Workers

Initial verbal feedback was provided at the end of the visit and the Trust has submitted further evidence along with a report as requested. It is expected that the CQC will issue their draft report to the Trust in the near future.

It is important to note that the Care Quality Commission has committed to inspect most provider establishments at least once each year and we must expect a visit to the WCH in the near future.

3. CARE QUALITY COMMISSION MARKET REPORT ON THE CUMBERLAND INFIRMARY CARLISLE AND WEST CUMBERLAND HOSPITAL WHITEHAVEN

The CQC published the first issue of its new quarterly Market Report on 28 June which shows trends in England's health and social care services.

As well as reporting how well each of the sectors regulated by the CQC are meeting each of the standards, the report also focuses on a particular area and this first report looks at maternity services.


The online version of the report, which contains interactive graphs and maps, allows the general public to see how the different sectors regulated by the CQC are performing and which areas are causing concern.

The overall findings of the report - based on the results of inspections of more than 14,000 services - show:

- Almost three quarters of services were meeting all the government standards
- Just over a quarter of services were not meeting at least one standard and action plans for improvement were required
- In just one per cent of services, there were serious concerns which led to the CQC taking urgent action

The report contains information on our services at both hospitals which were found to meet the essential standards reviewed.


- **Standards of treating people with respect and involving them in their care**

Overall rating 

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run (outcome 1)

Before people are given any examination, care, treatment or support, they should be asked if they agree to it (outcome 2)

- **Standards of providing care, treatment and support that meets people's needs**


Overall rating 

People should get safe and appropriate care that meets their needs and supports their rights (outcome 4)

Food and drink should meet people's individual dietary needs (outcome 5)

People should get safe and coordinated care when they move between different services (outcome 6)

- **Standards of caring for people safely and protecting them from harm**

Overall rating 

People should be protected from abuse and staff should respect their human rights (outcome 7)


People should be cared for in a clean environment and protected from the risk of infection (outcome 8)

People should be given the medicines they need when they need them, and in a safe way (outcome 9)

People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)

People should be safe from harm from unsafe or unsuitable equipment (outcome 11)

- **Standards of staffing**


Overall rating 

People should be cared for by staff who are properly qualified and able to do their job (outcome 12)

There should be enough members of staff to keep people safe and meet their health and welfare needs (outcome 13)

Staff should be properly trained and supervised, and have the chance to develop and improve their skills (outcome 14)

- **Standards of quality and suitability of management**

Overall rating 

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16)

People should have their complaints listened to and acted on properly (outcome 17)

People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)

This performance was the best amongst NHS providers of services in Cumbria. The results of the first market report are very positive reflecting the hard work of its staff. The Trust however is not complacent and recognises the need to ensure there is a continuous focus on delivering standards and robust assurance processes for compliance.

4. RESULTS OF THE INTERNAL UNANNOUNCED REVIEWS FOR CQC COMPLIANCE

The CQC registration and compliance system is based on Provider Compliance Assessments (PCAs) for 21 Outcomes which reflect patient safety and quality. In common with all providers the Trust's performance against these outcomes is assessed by the CQC based on a combination of self assessment, performance monitoring and reporting and the CQC review process.

Last month the Trust Board discussed the annual programme of PCA reviews which were planned across the organisation (both hospital sites) including internal unannounced reviews conducted by the governance department. The first phase of these reviews was conducted in a two week period up to 8 June 2012. It is interesting to note that four of the outcomes included within this first phase of spot checks were subsequently assessed during the unannounced visit by the CQC inspection team as described above.

The brief for these assessments was to gain an overview of the level of compliance along with a judgement regarding the level of understanding within the clinical areas of the role of the CQC.

The following standards were assessed at departmental level by the Head of Patient Safety supported by a Quality Matron;

- Outcome 4 - Care and Welfare of Service Users
- Outcome 9 - Management of Medicines
- Outcome 11 - Safety, Availability and Suitability of Equipment
- Outcome 14 - Supporting Workers
- Outcome 16 - Assessing and Monitoring the quality of service provision

19 departments were reviewed in the first phase across the two hospital sites;

Cumberland Infirmary Carlisle	West Cumberland Hospital Whitehaven
A&E	A&E
Larch AB	Pillar/Patterdale
Elm A	Honister
Elm B	Overwater 1
Elm C	Overwater 2
Willow A	Skiddaw
Willow B	Kirkstone
Willow C	Gable
Larch CD	Jenkin
Beech A	

Of the departments reviewed 12 provided assurance of compliance against all standards, five provided assurance for at least three standards, one provided assurance for one standard and one was not able to provide assurance for any of the standards reviewed. It must be noted that this is not indicative of the standard of care as there are other quality measures in place that indicate the care provided to these patients is of a satisfactory standard. It does however indicate that these departments need to place greater emphasis on the assurance process and requirements.

Immediate feedback on improvement was provided to all areas and a follow-up action plan will be implemented to cover the following priorities;

- Improve communication across the wards on the plans in place for medical equipment as well as mandatory training (including new protected learning time policy).

- Communication with staff on core aspects of medicines management policy and practice.

Further feedback will be provided to ward staff on the outcomes which have been assessed and their evidence. The Head of Patient Safety spoke to staff and patients within the ward areas and the feedback from the patients was very positive regarding the standard of care received.

Similarly the staff on duty during the visit had an awareness of the role of the Care Quality Commission and demonstrated real enthusiasm for the assessments. The staff took the opportunity to share ideas for possible improvements in some aspects such as communication and transfer documentation and these have been shared with the relevant staff and Quality Matrons. It was particularly useful having the Quality Matrons in attendance as they noted other issues including adherence to the Uniform Policy.

General feedback on the internal spot checks has been positive and has increased awareness of the assurance process amongst staff. A second programme of internal unannounced reviews is scheduled for this month and will include a wider range of CQC standards.

5. QUALITY IMPROVEMENT PRIORITIES FOR 2012/13

The Trust is committed to monitoring the quality of care provided including the priorities set out in the Quality Account which was presented to the Board in June. The Trust uses a framework for quality, safety and risk which is based on six key themes shown below;

- Compliance and regulation
- Standards, safety and Experience
- Risk Management
- Workforce Governance
- Information Governance
- Financial Governance

Following consultation with our staff and stakeholders we have set the following quality priorities for 2012/13.

Priority	Rationale	Measure
SAFETY We will review the management and escalation of acutely-ill patients	To ensure patients who are acutely ill get the right care, in the right place at the right time and in accordance with best practice	We will undertake a base-line assessment of patient observations taken at bed-sides with the Modified Early Warning Score Chart (MEWS) to ensure the timeliness, completeness and escalation is appropriate to patient needs

EFFECTIVENESS All our wards will continue the implementation of the Productive Ward series	To continue to ensure all our wards are well organised and staff have more time at patient bedsides	All wards will have achieved the 3 core modules and will have identified their priority modules
EXPERIENCE	We will improve the information given to patients when they are discharged from our care Feedback from patients (NHS Inpatient and Outpatient Surveys) has highlighted this as an area for improvement	Base-line assessment of current information; patient focus group review and in quarter 4, a survey of patients to test improvement

These priorities for improvement will be combined with local/regional and national priorities within our Commissioning for Quality and Innovation Payment Framework (CQUIN) and the Department of Health's 5 domains for improvement which are:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The quality dashboard in the monthly Performance Report to the Trust Board will incorporate the measures described above as well as the national, regional and local quality targets for our services. Progress reports will also be incorporated in the governance reports to provide the Trust Board with further assurance.

6. CQC REGISTRATION

Three specific pieces of information are used to provide the organisation with assurance that the Trust has a sound system in place to monitor compliance with CQC standards and registration on an ongoing basis.

The three areas include:

- Quality Risk Profile (QRP) which was reported to the Trust Board in June
- Internal unannounced reviews as described above (section 3)
- Provider Compliance Assessment (PCA)

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 PCA should be an assessment that has been made by the provider to identify any areas of improvement. The CQC can request copies of a provider's PCA at any time.

The end of Q1 position for 2012/13 remains the same as that reported to the Trust Board in May 2012. However progress has been made with the action plans in place for outcomes 11 and 14. The Compliance Manager continues to

meet with the management leads and advises regarding the ongoing collection of evidence to ensure the Trust remains compliant. The Compliance Steering Group continues to meet monthly and there is a schedule of attendance for the management leads in order to ensure there is a greater understanding of the requirements of each outcome along with gaining support for the strengthening of the evidence collection.

7. RECOMMENDATION

The Trust Board is asked to note the information provided in this report and seek further assurance on any of the items reported in relation to patient safety and quality of service.

Caroline Griffiths

DIRECTOR OF ACQUISITION AND STRATEGY, ACTING DIRECTOR OF GOVERNANCE