

TRUST BOARD

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| Date of Meeting: 19/06/2012 | Agenda Item No: 8.4 | Enclosure: 8 |
| Intended Outcome: | | |
| For noting ✓ | For information | For decision |
| Title of Report: Compliance and Governance Quality and Safety Report | | |
| Aims: This report provides the Trust Board with key information on compliance and governance of quality and safety during May 2012. | | |
| Executive Summary: The report summarises the key governance developments in relation to quality and safety as follows: <ul style="list-style-type: none">• Care Quality Commission (CQC) review of Outcome 21 in March and the Trust compliance for this standard• Developments in the Trust's approach to Board assurance for CQC compliance• Care Quality Commission (CQC) Quality and Risk Profile (31 May 2012) | | |
| 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. | | |
| Prepared by: Caroline Griffiths Director of Acquisition and Strategy and Acting Director of Governance | Presented by: Caroline Griffiths Director of Acquisition and Strategy and Acting Director of Governance | |

**PART 1 TRUST BOARD
COMPLIANCE AND GOVERNANCE OF QUALITY AND
SAFETY REPORT
JUNE 2012**

1. INTRODUCTION

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

**2. CARE QUALITY COMMISSION (CQC) COMPLIANCE REVIEW OF
OUTCOME 21**

Outcome 21 – Both hospital sites met the essential Standards of Quality and Safety

The Care Quality Commission (CQC) undertook an unplanned review of compliance of **Outcome 21**: People's personal records, including medical records, should be accurate and kept safe and confidential at the West Cumberland Hospitals and Cumberland Infirmary on 21 March 2012.

This was a national programme of compliance reviews undertaken for all providers (private and NHS) which provide services for the termination of pregnancy.

The review found that both Hospital sites met the essential standards of quality and safety in relation to outcome 21 and as such provides the Board and our patients with significant assurance on the Trust's quality and safety.

A sample of randomly selected patient records was requested of which 20 were for people who had undergone a termination of pregnancy at the Cumberland Infirmary and 5 at the West Cumberland Hospital. The records were viewed to assess whether the requirements of Section 1 (1) of the Abortion Act 1967 (as amended) and Abortion Regulations 1991 is met. This requires two doctors to provide a certificated opinion in relation to the grounds for a termination of pregnancy.

Positive comments were made by the CQC about the timeliness of the Trust's response, record tracking, and approach to confidentiality and management of the overall audit process.

Some minor deletions were found in three of the WCH records which the departmental consultant agreed to address in the future.

The complete reports are attached in Appendix A.

3. DEVELOPMENTS IN THE TRUST ASSURANCE PROCESS 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.

Through the development of the Governance framework and action plan the Trust has implemented a wide range of approaches which support the internal and external monitoring and reporting systems for patient safety and quality linked to the PCAs. These include key systems such as audits, patient experience tools, incident reporting systems, complaints processes, safety walkabouts and benchmarking clinical indicators which are underpinned by comprehensive internal and external monitoring and reporting systems against local and national requirements.

The Board's role in this process spans developing the appropriate safety and quality culture through its leadership to ensuring there is robust assurance in relation to the Trusts compliance with the CQC PCAs. In this context a significant focus of the Public and Private Board agendas is dedicated to safety and quality assurance.

The Divisional and Corporate approaches to gathering the information and evidence to support this assurance are being continually developed at all levels from Divisional Boards to the Governance Committee and Trust Board. It is important that these approaches are also continuously developed and improved. One such aspect of this continuous improvement is to undertake an annual programme of CPA reviews across the organisation (both hospital sites) using the following approaches for selected/specific outcomes:

- Internal unannounced reviews conducted by the governance department
- Targeted compliance assessments undertaken by Internal Audit team
- Externally commissioned assessment and assurance by a nationally recognised adviser in CQC regulation and
- Desktop reviews of local quality and safety priorities linked to Trust objectives outlined in the Quality Account and CQUIN targets

These approaches will be used to supplement the current system for providing evidence and assurance of compliance and will be reported to the Governance Committee and Board in future months. The process of internal reviews has already begun and the externally commissioned assessment by a nationally recognised expert is scheduled to start later in June. The Trust Board has supported these developments and will be in a position to review the value this will add to assurance over the coming months.

4. CQC QUALITY AND RISK PROFILE

The CQC produces a Quarterly Risk Profile (QRP) which is used by CQC to assess where risks lie and prompt regulatory activity such as site visits. This profile is also used by the Trust to support continuous monitoring of compliance and it also supports our monitoring of quality. The latest QRP was published on 31 May 2012 based on a variety of information sources and timescales up to Q4 2011/12. The QRP identifies the following latest risk estimates for the 16 essential standards:

| Risk Rating | No of Outcomes |
|--------------------|-----------------------|
| Low Green | 1 |
| High Green | None |
| Low Neutral | 4 |
| High Neutral | 2 |
| Low Amber | None |
| High Amber | 1 |
| Low Red | None |
| High Red | None |

Insufficient Data collated by the CQC at this stage (i.e. some available but not sufficient to calculate risk) = 8

No data available to inform this outcome = none

This risk profiles are based on a range data sources which are compared against expected levels, data quality and patient experience. The latest profile for the Trust indicates that to date one standard has been estimated as high amber. This is for Outcome 6 Cooperating with other providers and predominately relates to the Trust's performance for Delayed Transfers of Care (reported to the Trust Board on a monthly basis). The majority of other outcomes have been assessed as Low neutral.

The Trust Board should be aware that provider QRPs includes a variety of outcomes for which there is insufficient data and this largely reflects where the CQC data sources are too few to enable the CQC to determine a risk rating. This QRP is therefore used to inform the Trust's assessment of compliance focusing on areas requiring improvement such as delayed transfers of care and where additional evidence can be collated internally to provide Board assurance of quality and safety.

5. RECOMMENDATION

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.

Caroline Griffiths

DIRECTOR OF ACQUISITION AND STRATEGY, ACTING DIRECTOR OF GOVERNANCE