

Subject:	Governance Compliance Report
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Sponsored by: Presented by:	Julie Dawes, Director of Nursing and Midwifery Julie Dawes, Director of Nursing and Midwifery
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Discussion requested by Trust Board Regular Reporting For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • Outcome of responsive review: <ul style="list-style-type: none"> – 7 outcomes inspected: 4, 6, 7, 8, 9, 13, 16 – Compliant with 5 out of the 7 outcomes inspected. – Compliant with improvement actions for outcomes 6, 7 and 13. – Moderate concerns raised with 2 outcomes (4 and 9). • Quarter 1 self assessment of compliance against CQC standards undertaken. • August CQC Quality and Risk Profile. <ul style="list-style-type: none"> – No highlighted increased risk of non-compliance for any of the 16 outcomes. • Compliance with 2011/2012 Quality Contract Indicators. Note indicators not achieved. • MHRA Pathology/blood bank inspection - compliant.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	<ul style="list-style-type: none"> • Nil decisions required.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	<ul style="list-style-type: none"> • On-going monitoring of action plans associated with CQC inspections and overall Trust-wide compliance. • Monitoring of compliance against Quality Contract.
Consideration of legal issues (including Equality Impact Assessment)?	<ul style="list-style-type: none"> • Compliance with Health and Social Care Act 2008
Consideration of Public and Patient Involvement and Communications Implications?	<ul style="list-style-type: none"> •

1. CQC review of compliance

The Trust underwent a responsive review of compliance in May 2011; the final report has now been received and was published on Friday 14th October 2011.

The table below shows the outcomes reviewed and the compliance status awarded:

Outcome	CQC Assessed compliance
Care and welfare of people who use services (outcome 4)	Moderate concern
Co-operating with other providers (outcome 6)	Compliant *
Safeguarding people who use services from abuse (outcome 7)	Compliant *
Cleanliness and infection control (outcome 8)	Compliant
Management of medicines (outcome 9)	Moderate concern
Staffing (outcome 13)	Compliant *
Assessing and monitoring the quality of service provision (outcome 16)	Compliant

* Compliant with improvement actions to ensure on-going compliance

The review found the following:

- **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

Although some care plans and assessments are available, these do not always include all of the identified risks and these are not always fully implemented. There are some areas of concern and further work is needed to ensure that the patients' needs are effectively met.

Overall, there were areas of non-compliance with this outcome.

- **Outcome 6: People should get safe and coordinated care when they move between different services**

There is a process in place that shows that the Trust works well with partners involved in the care, treatment and support of people who use services. However, there are concerns about the long wait and delays in the discharge of patients, particularly in the discharge lounge. Patients are left for hours waiting for their medicines and transport.

Overall, the Trust was meeting this essential standard but improvements are needed to ensure the provider maintains compliance with this essential standard.

- **Outcome 7: People should be protected from abuse and staff should respect their human rights**

There are guidance and processes in place to safeguard patients against the risk of poor care and abuse. However, staff practices do not always reflect these and people may not be protected from risks to their health and welfare as staff knowledge and awareness around safeguarding is lacking.

Overall, the Trust was meeting this essential standard but improvements are needed to ensure the provider maintains compliance with this essential standard.

- **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

There are adequate systems and processes in place for infection control. The premises are clean and maintained in good physical repair and condition.

Overall, the Trust was meeting this essential standard.

- **Outcome 9: People should be given the medicines they need when they need them, in a safe way**

Although some processes are in place, further developments are needed to ensure that the patients receive their medicines in a planned, timely and safe manner to meet their needs at all times.

Overall, therefore, there were areas of non-compliance with this outcome.

- **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The trust has a system in place to identify and manage staffing requirements. However, at times there are shortages of staff and there is a concern that the staffing ratio does not always meet the needs of the patients.

Overall, the Trust was meeting this essential standard but improvements are needed to ensure the provider maintains compliance with this essential standard.

- **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

There is a system in place to monitor the service provision that includes regular auditing, and continuously identifying, analysing and reviewing risks, adverse events, incidents, errors and near misses.

Overall, the Trust was meeting this essential standard.

An action plan has been developed to address the concerns.

2. CQC Assessment of compliance

The Trust undertakes quarterly self assessments against compliance with the CQC 16 Core Essential Standards of Quality and Safety. These are completed by all Clinical Service Centre's (CSC's) and the nominated outcome leads. Compliance is expected to change per quarter as this reflects on-going changes and demonstrates that the Trust is monitoring compliance throughout the year and addressing issues as they arise. Please note, a CSC could have consecutive amber ratings for an outcome; however, the rating could reflect different identified issues. The Board will be made aware of any ongoing areas of concerns or where actions are not resolving issues.

The quarter 1 self assessment has recently been completed and although a full assessment was provided by each CSC and outcome lead this report highlights the areas rated 'amber' and 'red' which are the identified areas of main concern.

The table below provides a summary of the compliance status for each outcome by CSC and outcome lead.

Trust-wide assessment – Quarter 1 2011/2012																	
Clinical Service Centre	Outcome number																
	1	2	4	5	6	7		8	9	10	11	12	13	14	16	17	21
						Adults	Children										
Outcome lead	g	g	g	g	g	y	y	g	a	y	y	g	y	g	g	g	y
Emergency medicine	g	g	y	a	y	y	g	y	y	y	y	y	g	y	y	y	y
Medicine	y	g	y	g	y	g	g	g	y	g	y	g	g	g	g	g	y
Renal	g	g	g	g	y	g	a	y	g	y	y	g	y	g	g	g	y
Surgery	y	y	y	y	y	y	y	y	y	y	y	y	g	y	y	y	y
Cancer	y	g	y	y	y	y	g	y	y	g	y	g	r	y	y	g	y
MOPRS	y	g	y	y	y	y	g	g	y	a	g	y	a	y	g	g	y
Critical care	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g
Theatres, HSDU and Anaesthetics	y	g	g	g	g	g	g	g	g	y	y	g	y	g	y	g	g
Head and Neck	g	g	g	g	g	y	g	g	y	g	g	g	g	g	g	g	g
MSK	g	g	g	g	g	y	y	g	y	g	y	g	g	g	g	g	g
Women and Children	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g
Clinical Support	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	y

Key: Compliant **g** Minor concern **y** Moderate concern **a** Major concern **r**

In comparison with the CQC assessment of moderate concerns for outcomes 4 and 9, at Quarter 1, only the outcome lead declared a moderate concern for outcome 9, overall outcome 4 was assessed as compliant.

Weekly meetings are currently taking place with the Director of Pharmacy, Director of Nursing and Head of Governance and Patient safety to monitor the action plan associated with outcome 9. Following these meetings the level of compliance has been down-graded from a moderate to minor concern.

Although Cancer CSC has declared a major concern with outcome 13, the position has now improved and this is no longer a major concern.

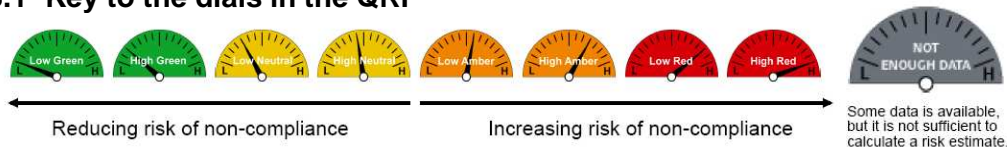
A quarter 2 assessment is currently underway and this will be reported in subsequent reports.

3. CQC Quality and Risk Profile (QRP)

The most recent QRP was published by the CQC in August. This now shows a comparison with the previous risk estimate.



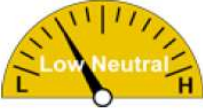





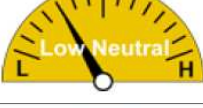






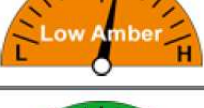










As can be seen in 4.2 below, the current QRP does not highlight an increased risk of non-compliance for any of the 16 outcomes, however, outcome 9 (management of medicines) does have the highest risk rating. This correlates with our previous internal assessment which has been noted on the Assurance Framework on the moderate concern raised by the CQC.

3.1 Key to the dials in the QRP



3.2 QRP latest (August 2011) risk estimates

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Outcome	Previous Risk Estimate	Latest Risk Estimate	Latest Data Summary
Outcome 1 (R17) Respecting and involving people who use services			Total number of data items: 85 Number of qualitative data items: 10 Number of quantitative data items: 75
Outcome 2 (R18) Consent to care and treatment			Total number of data items: 3 Number of qualitative data items: 0 Number of quantitative data items: 3
Outcome 4 (R9) Care and welfare of people who use services			Total number of data items: 121 Number of qualitative data items: 21 Number of quantitative data items: 100
Outcome 5 (R14) Meeting nutritional needs			Total number of data items: 13 Number of qualitative data items: 5 Number of quantitative data items: 8
Outcome 6 (R24) Cooperating with other providers			Total number of data items: 9 Number of qualitative data items: 0 Number of quantitative data items: 9
Outcome 7 (R11) Safeguarding people who use services from abuse			Total number of data items: 1 Number of qualitative data items: 0 Number of quantitative data items: 1
Outcome 8 (R12) Cleanliness and infection control			Total number of data items: 42 Number of qualitative data items: 3 Number of quantitative data items: 39
Outcome 9 (R13) Management of medicines			Total number of data items: 16 Number of qualitative data items: 2 Number of quantitative data items: 14
Outcome 10 (R15) Safety and suitability of premises			Total number of data items: 39 Number of qualitative data items: 4 Number of quantitative data items: 35
Outcome 11 (R16) Safety, availability and suitability of equipment			Total number of data items: 8 Number of qualitative data items: 0 Number of quantitative data items: 8
Outcome 12 (R21) Requirements relating to workers			Total number of data items: 4 Number of qualitative data items: 0 Number of quantitative data items: 4
Outcome 13 (R22) Staffing			Total number of data items: 21 Number of qualitative data items: 1 Number of quantitative data items: 20
Outcome 14 (R23) Supporting staff			Total number of data items: 55 Number of qualitative data items: 0 Number of quantitative data items: 55

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Outcome	Previous Risk Estimate	Latest Risk Estimate	Latest Data Summary
Outcome 16 (R10) Assessing and monitoring the quality of service provision			Total number of data items: 34 Number of qualitative data items: 0 Number of quantitative data items: 34
Outcome 17 (R19) Complaints			Total number of data items: 8 Number of qualitative data items: 0 Number of quantitative data items: 8
Outcome 21 (R20) Records			Total number of data items: 66 Number of qualitative data items: 0 Number of quantitative data items: 66

The QRP will continue to be analysed on a regular basis.

4. 2011/2012 Quality Contract quarter 1 compliance

The Trust continues to monitor compliance with the requirements of the quality contract and produces a rag rated report each quarter. The table below highlights the areas not on target at quarter 1.

Quality requirement	Threshold	Quarter 1 comments
VTE prevention - VTE risk assessment	90% of all adult In-patients have had a VTE risk assessment on admission to hospital using the clinical criteria of the national too.	Target missed. Quarterly total: 86.43%
PHT End of Life Register Deliver a functioning PHT end of life care register within 12-months to embed a cross sector collaboration and communication to improve choice and quality of care for this vulnerable patient group. The Register and relevant milestones below will be aligned and shared with the Health Economy locality register when made available.	Q1: <ul style="list-style-type: none"> Set up working group. Establish baseline from 2010/11 on proportion of deaths in different setting in this locality. Agree interface with other systems such as PAS, establish register templates and links. Engage pilot group of staff using 10 initial patients. 	Target partially met - baseline from 2010/11 on proportion of deaths in different setting required.
End of Life Care: LCP	50% patients that were identified as dying were placed on the LCP.	Quarter 1 = 617 adult deaths, 556 on wards, 246 on LCP - therefore, 44% ward deaths on LCP (target 50%).
Medication errors To reduce the number of medication errors and the severity of harm caused to patients (using the NPSA definition of harm). Specific areas: <ul style="list-style-type: none"> Recorded allergy status. Medicines reconciliation INR monitoring. (Patient Safety Federation Workstream of Reducing Needless Medication Errors)	To reduce the number of medication errors and the severity of harm caused to patients (using the NPSA definition of harm).	Quarter 1 total: Medication errors: 2010/11 = 4 amber 0 red. 2011/12 = 5 amber 0 red. Controlled drug incidents: 2010/11 = 18 2011/12 = 21
	98% adult patients with level 2 medicines reconciliation has been completed within 24 hours by appropriate pharmacy staff (current baseline 70%, minimum increase of 10% per annum whilst minimum threshold achieved).	Quarter 1 not on target. Baseline: 70% Quarter 1 compliance: 63% Minimum target 2011/2012: 77%

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Hip and knee replacement	40% percentile LOS <= 4 nights. 75% percentile LOS <= 7 nights. 90% percentile LOS <= 10 nights. Rate of readmission as a consequence of surgery <10%	Partially achieved indicator as target for knee <4 nights = 36.8%, however, June data was outstanding at the time of reporting.
Midwives - sharing information	Ensure pregnant women's details are passed to the health visitor between 26-28 weeks of pregnancy. (This enables the health visitor to make contact with the parents and complete an antenatal visit.)	Discussion required with Commissioners on how best to present this information.
PROMS (Patient Reported Outcome Measures) Provider to implement routine collection of PROMs using the national standards for PROMs instruments for elective NHS patients (aged 16 or over) undergoing: <ul style="list-style-type: none"> • Primary unilateral hip or knee replacements. • Groin hernia surgery. • Varicose vein procedures (low procedures only). 	Provider to achieve a PROMs participation rate of 80% of all eligible patients per procedure (for the first questionnaire only).	Partially achieved - Q1 totals: Hip: 60.3% Knee: 76.8% Hernia: 70.4 Varicose veins: 83.3%
Discharge summaries	By Q1 commissioners and providers will need to agree action plans for implementation of chosen system, which must also include an interim solution. The action plan will include clear objectives, milestones, timescales, identified leads and performance management structure. This action plan will be regularly reviewed with commissioners through the contract. It is envisaged financial penalties will be applied to delivery of agreed milestones.	This was fully discussed at the July Clinical Quality Review Meeting (CQRM). The project plan has since been distributed to the Commissioners and is being monitored through the review meetings.
Improving Quality Programme	By Qtr 1PHT and commissioners will agree future of this programme i.e. suspension or continued implementation and action plans if relevant.	The decision to not participate in the programme was not agreed in quarter 1. The decision has subsequently been taken not to participate in this programme. The Commissioners are now aware.
Healthy weight management Increased number of people being referred to weight management services.	95% of patients being assessed for healthy weight resulting in 100% appropriate referral to weight management services and provision of lifestyle information. Another option is 95% of appropriate patients being weight assessed and BMI recorded on discharge. Final indicator and implementation plan will be agreed by Q1	The final indicator was not agreed in quarter 1.
Excess bed days and A&E conversion rates	Agree June 2011	Discussion regarding these indicators took place at CQRM on 26.07.11. This is not an issue for the Trust, and has been escalated to the Executive Contract review meeting, whereby it was agreed that these will be removed as indicators.

The above compliance was discussed at the Governance and Quality Committee.

Quarter 2 data is currently being collated and will be reported to the Board in due course.

- 5. Medicines and Healthcare Regulatory Authority (MHRA) Pathology/Blood Bank inspection**
Following the MHRA Blood Bank inspection, the Trust has now received confirmation that Blood Bank operations are in general compliance with the requirements of the Blood Safety and Quality Regulations, 2005/50.