

<b>Subject:</b>	<b>Governance Compliance Report</b>
<b>Prepared by:</b>	Fiona McNeight, Head of Governance and Patient Safety Tracey Stenning, Governance Compliance Manager
<b>Sponsored by:</b> <b>Presented by:</b>	Julie Dawes, Director of Nursing and Midwifery Julie Dawes, Director of Nursing and Midwifery
<b>Purpose of paper</b> <i>Why is this paper going to the Trust Board?</i>	Discussion requested by Trust Board Regular Reporting For Information / Awareness
<b>Key points for Trust Board members</b> <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"> <li>• Outcome of follow-up CQC inspection in January 2012. <ul style="list-style-type: none"> <li>– Outcome 1: Compliant (previous minor concern).</li> <li>– Outcome 4: Minor concern (previous moderate concern).</li> <li>– Outcome 5: Minor concern (previous minor concern).</li> <li>– Outcome 9: Compliant (previous moderate concern).</li> <li>– Outcome 21: Moderate concern (not previously assessed).</li> </ul> </li> <li>• Quarter 3 self assessment of compliance against CQC standards. Minor concerns noted with outcomes 4, 13 and 21.</li> <li>• March CQC Quality and Risk Profile. <ul style="list-style-type: none"> <li>– No highlighted increased risk of non-compliance for any of the 16 outcomes.</li> </ul> </li> <li>• NHSLA Level 1 assessment being undertaken 13<sup>th</sup> and 14<sup>th</sup> March 2012.</li> <li>• To note 2012/13 Quality Contract proposed indicators.</li> <li>• To note 2012/13 National CQUIN proposed indicators.</li> <li>• Successful HSDU BSI accreditation.</li> </ul>
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	<ul style="list-style-type: none"> <li>• Nil decisions required.</li> </ul>
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	<ul style="list-style-type: none"> <li>• On-going monitoring of action plans associated with CQC inspections and overall Trust-wide compliance.</li> </ul>
<b>Consideration of legal issues</b> (including Equality Impact Assessment)?	<ul style="list-style-type: none"> <li>• Compliance with Health and Social Care Act 2008</li> </ul>
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	<ul style="list-style-type: none"> <li>• CQC review of compliance report yet to be made public by the CQC.</li> </ul>

### 1. Care Quality Commission (CQC) review of compliance

Following the Trust's previous CQC inspections a follow-up inspection was undertaken by the CQC on the 3<sup>rd</sup> and 4<sup>th</sup> January 2012. These inspections focused on outcomes 1 (respecting and involving people who use services), 4 (care and welfare of people who use services), 5 (meeting nutritional needs) and 9 (medication). For convenience a full list of all the outcomes can be found in Appendix 1.

The Trust received the final review of compliance report on 8<sup>th</sup> March 2012. This was published on the CQC's website on 14th March 2012:

Outcome	Comment	Compliance		
		Initial visit 2011	Follow-up visit 2012	
1	People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run	People have their dignity and privacy respected and are kept informed about their care and treatment.	Minor concerns	Compliant
4	People should get safe and appropriate care that meets their needs and supports their rights	People generally experience safe and appropriate care, treatment and support that meet their needs and protect their rights. People's needs are assessed and care implemented however the outcomes from risk assessments are not always used to inform care needs	Moderate concerns	Minor concerns
5	Food and drink should meet people's individual dietary needs	People are generally supported to receive adequate nutrition and hydration. There is a planned menu and the patients are able to make choices. However, dietary assessments are not consistently completed and used to inform plans of care to ensure that people's needs are met.	Minor concerns	Minor concerns
9	People should be given the medicines they need when they need them, and in a safe way	On the basis of the evidence provided and the views of people using the services we found the Queen Alexandra Hospital to be compliant with this outcome; however the improvements currently being implemented must continue.	Moderate concerns	Compliant
21	People's personal records, including medical records, should be accurate and kept safe and confidential	People's records are maintained securely and are available when required. Records do not always contain adequate information on assessments and care provided that may put people at risk of their identified needs not being fully met.	Not previously assessed	Moderate concerns

The Trust action plan has been submitted to the CQC and will be monitored monthly through the Governance and Quality Committee.

## 2. CQC Assessment of compliance

Following the quarter 3 CQC self assessment of compliance, the table below provides the declared level of compliance with all the essential standards. Where a minor concern is identified by the Outcome Lead, details are provided of concerns identified.

Trust-wide assessment – Quarter 3 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										
<b>Outcome Lead</b>	g	g	y	g	g	g	g	g	g	g	g	g	y	g	g	g	y
Emergency medicine	g	g	y	g	g	g	g	g	g	g	g	g	g	g	g	g	g
Medicine	g	g	y	g	g	g	g	g	y	g	g	g	g	g	g	g	y
Renal and transplantation	g	g	g	g	g	g	g	g	g	y	y	g	g	g	g	g	y
Cancer	g	g	g	g	g	g	g	g	y	g	g	g	y	y	g	g	y
MOPRs	g	g	a	y	g	g	g	g	y	y	g	g	a	g	g	g	y
CHAT	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g
Surgery	g	g	y	g	g	g	g	g	y	g	g	g	g	g	g	g	y
Head and neck	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g
MSK	g	g	g	g	g	y	y	g	g	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
Gynae						y											
Clinical Support	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g

Key:

g	Compliant	y	Minor concern	a	Moderate concern	r	Major concern
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### Outcome 4 (Care and welfare of people who use services): Overall minor concern

The CQC inspection in May 2011 outlined areas for improvement and assessed the Trust for this as having a moderate concern. The concern focused upon nursing documentation of care plans, including risk assessments on admission, care plans and discharge planning specifically relating to consistency in completion. A number of actions have been completed to improve compliance since the inspection in May and documentation audits are on-going. The CQC revisit in January 2012 showed issues remained around consistency in nursing care assessments and care planning documentation, although it was considered that care was good overall, there was a risk of aspects of care being missed due to documentation. This outcome has been assessed by the CQC as having a minor concern, which reflects the Trust's internal assessment for quarter 3.

MOPRs have expressed a moderate concern with this outcome due to Nursing Documentation, including planning, assessment and evaluation. The inconsistencies within the documentation are currently being addressed.

### Outcome 9 (Management of medicines): Compliant

Evidence used to make this assessment was based on the annual medicines management program and CSC self-assessment. The robustness of the audit program has been significantly improved with the introduction of more rigorous unannounced visits. The audit program has to date reviewed 25 wards out of a total of 75 across the Trust in 2010/11 and has completed a further 16 in 2011/12. With the completion of the CQC action plan compliance was achieved.

### Outcome 10 (Safety and suitability of premises): Compliant

Although overall compliant with this outcome, there are some areas of concern being addressed. A moderate concern has been identified relating to the Regulatory Reform (Fire Safety) Order. The Trust has been working with the local Fire & Rescue Service, The Hospital Company (THC) and Carillion (CSL), carrying out departmental risk assessments (Generic risk assessments have been carried out) and technical fire risk assessments. All inspections passed to date. The

moderate concern relates to the time that the programme will take (24 months). Additional resource (Healthfire) has been engaged and work has started compiling training packages and programming occupation risk assessments which have started. CSL have submitted a programme of technical risk assessments for the retained estate which runs until July 2013. Regular meetings are being held with Hampshire Fire and Rescue.

A minor concern has been identified regarding the Nurse call system. Nurse call systems on F and G levels on East Ward Block are obsolete. CSL/THC plan to replace the system over 2011/2013, one floor at a time. Work on F level completed on the 30<sup>th</sup> September 2011. The nurse call system on G level is programmed to be replaced in the financial year 2012/13.

The Trust has 100% electrical power back up for main failure with a spread start time with all three generators coming on line inside 54 seconds, full black out tests are regularly carried out. A minor concern has been identified regarding the overall capacity of the emergency power system. Discussions are ongoing with THC and CSL but contingency plans are in place.

**Outcome 11 (Safety, availability and suitability of equipment): Compliant**

There are a number of minor concerns predominantly at CSC level, relating to availability and maintenance of equipment. These are being addressed within individual CSCs.

**Outcome 13 (Staffing): Overall minor concern**

A minor concern has been identified due to staff perception of staffing levels as reflected in the results of the National Staff Survey 2010. There has been a need to open additional capacity over the winter period which has increased the staffing demand; this is being managed through additional recruitment, temporary workforce and relocation of staff. There are issues with regard to recruiting particular staff groups including radiotherapists, medical registrars and Emergency Department Consultants. A minor concern has been identified relating to Obstetric Consultant cover in labour ward (this is on the CSC risk register and actions to mitigate are in place including a job plan review to deliver the service). A paper has been presented to EMT for developing supervisory capacity and additional administrative support for Band 7 Ward Managers. Workforce planning for 2012/13 continues where all CSCs are identifying 5% savings against budget. CSC and Corporate functions are providing information to inform the Trust Strategy and form part of the Foundation Trust Integrated Business Plan.

MOPRs have expressed a moderate concern due to the CSC having a high level of agency staff as a result of an overall 15% vacancy factor. Nursing sickness is high at 5% and a plan is in place for HR to work with ward sisters to ensure robust sickness management is in place.

**Outcome 21 (Records): Overall minor concern**

The Trust has clear procedures and a new audit tool for monitoring many of the requirements of the outcome.

Early analysis of the Health Records Quality Audit has identified three main relevant indicators. Two have areas for improvement:

- Records filed in date order behind the appropriate divider (77.6%).
- Records are securely fastened within the folder (68.8%).

And one indicates good practice:

- All entries are made contemporaneously and consecutively (97.1%).

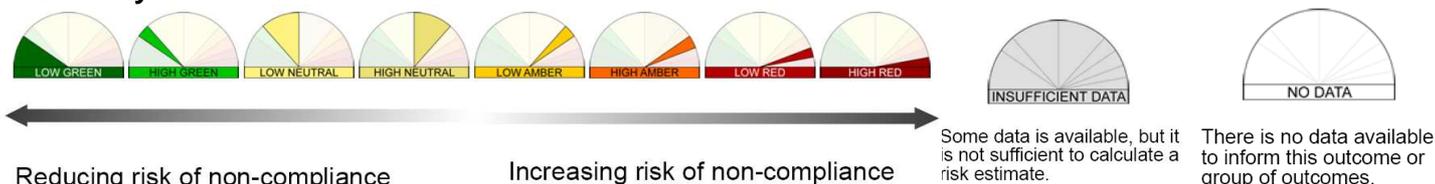
Nursing documentation issues as highlighted in outcome 4 affect compliance with this outcome.

### 3. CQC Quality and Risk Profile (QRP)

As can be seen in 3.2 below, the March 2012 QRP highlights a slight increase in the risk of non-compliance for outcomes 1 (high neutral) and 7 (low neutral), and decrease for outcomes 6 (high green), 9 (low amber) and 14 (insufficient data).

The results of the recent inspection have not yet been included in the QRP and it is not possible to predict how the results will impact on the risk estimates.

#### 3.1 Key to the dials in the QRP



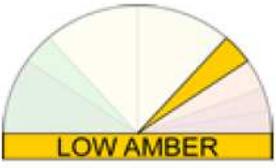
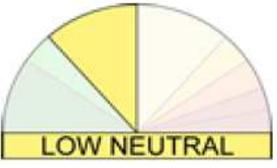
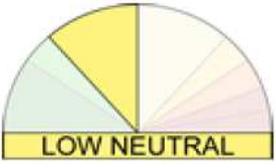
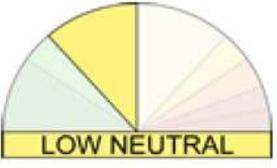
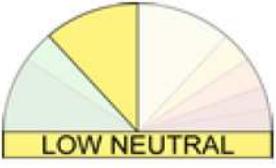
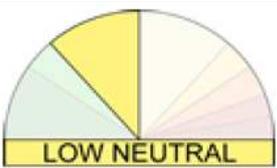
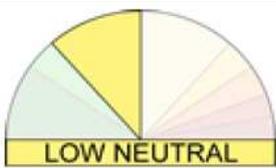
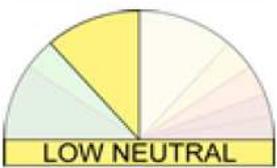
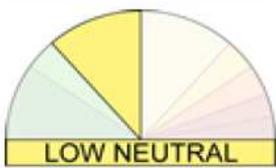
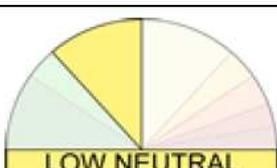
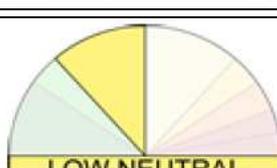
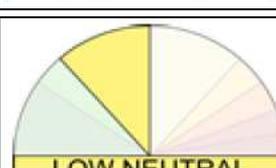
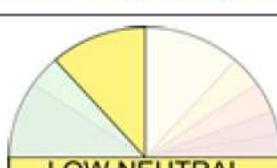
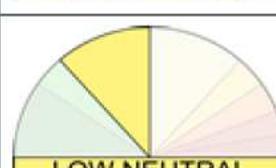
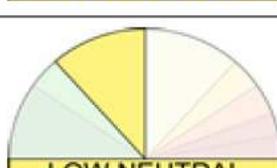
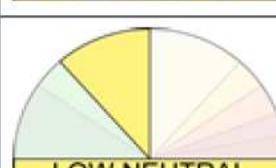
Some data is available, but it is not sufficient to calculate a risk estimate.

There is no data available to inform this outcome or group of outcomes.

#### 3.2 QRP latest (March 2012) risk estimates

Outcome	Previous Risk Estimate	Latest Risk Estimate
Outcome 1 (R17) Respecting and involving people who use services	INSUFFICIENT DATA	HIGH NEUTRAL
Outcome 2 (R18) Consent to care and treatment	LOW NEUTRAL	LOW NEUTRAL
Outcome 4 (R9) Care and welfare of people who use services	LOW NEUTRAL	LOW NEUTRAL
Outcome 5 (R14) Meeting nutritional needs	HIGH NEUTRAL	HIGH NEUTRAL
Outcome 6 (R24) Cooperating with other providers	LOW NEUTRAL	HIGH GREEN
Outcome 7 (R11) Safeguarding people who use services from abuse	HIGH GREEN	LOW NEUTRAL
Outcome 8 (R12) Cleanliness and infection control	LOW NEUTRAL	LOW NEUTRAL

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Outcome	Previous Risk Estimate	Latest Risk Estimate
Outcome 9 (R13) Management of medicines	 HIGH AMBER	 LOW AMBER
Outcome 10 (R15) Safety and suitability of premises	 LOW NEUTRAL	 LOW NEUTRAL
Outcome 11 (R16) Safety, availability and suitability of equipment	 LOW NEUTRAL	 LOW NEUTRAL
Outcome 12 (R21) Requirements relating to workers	 LOW NEUTRAL	 LOW NEUTRAL
Outcome 13 (R22) Staffing	 LOW NEUTRAL	 LOW NEUTRAL
Outcome 14 (R23) Supporting staff	 LOW NEUTRAL	 INSUFFICIENT DATA
Outcome 16 (R10) Assessing and monitoring the quality of service provision	 LOW NEUTRAL	 LOW NEUTRAL
Outcome 17 (R19) Complaints	 LOW NEUTRAL	 LOW NEUTRAL
Outcome 21 (R20) Records	 LOW NEUTRAL	 LOW NEUTRAL

#### 4. NHSLA Assessment

The Trust re-assessment for Level 1 compliance with the NHSLA requirements is taking place on 13<sup>th</sup> and 14<sup>th</sup> March 2012. The outcome of this will be reported to the Board once the report has been received.

#### 5. 2012/2013 Quality Contract

The Trust is currently in the process of negotiating the Quality Indicators to be included within the 2012/13 Quality Contract. Although the details have yet to be agreed the indicators include:

##### Quality requirements

- Mortality (monitoring the Standardised Hospital Mortality Indicator).
- NCEPOD report monitoring.
- Fragility fractures.
- Management of long term conditions (likely to be included in a CQUIN scheme).
- Depression / Dementia / Delirium.
- Improving essential standards of care for vulnerable patients.
- Enhanced Recovery Programmes.
- Re-admissions
- Reducing clinical variations (including formal consultant feedback to Primary Care).
- Improving services from patient feedback (in particular complaints associated with staff attitude and associated with discharge).
- Improving experience of carers of vulnerable groups.
- Improving End of Life Care.
- Military and veterans health (prioritization of and access to appropriate services).
- Strengthening the safeguarding of vulnerable adults.
- Strengthening the safeguarding of children.
- Deprivation of Liberty.
- Discharge summaries.
- Learning from and preventing patient incidents.
- Harm free care. Monitoring and reducing:
  - Grade 3 and 4 avoidable hospital acquired pressure ulcers.
  - Falls that result in moderate/severe harm/death.
  - Avoidable hospital acquired Venous Thromboembolism (VTE).
  - Medication incidents that result in moderate/severe harm/death.
  - Catheter acquired urinary tract infections.
- Improving medicines management:
  - Warfarin.
  - Medicine reconciliations.
  - Non-steroidal anti-inflammatory drugs.
  - Insulin.
  - Dementia and antipsychotic medication.
- Healthcare Associated Infections.
- Smoking.
- Healthy weight management.
- Alcohol management.

##### Service user, carer and staff survey

- Patient experience 'real time monitoring'.
- CQC In-patient survey.
- National Outpatient survey.
- Children and young people.
- National Cancer experience/survey.
- Stroke monitoring of patient experience/care.
- Maternity services.
- National Inpatient Diabetes audit/experience survey.
- Discharge survey.
- Local patients and carers experience monitoring.
- Bereaved relatives survey.
- CQC staff survey.
- Reported experience of safety culture (Manchester Patient Safety Framework, MaPSaF).

Once agreed the requirements will be monitored locally at the appropriate Clinical Service Centre, and centrally through the Governance and Quality Committee. Compliance will be reported to the Board through the quarterly Quality Board report.

#### 6. 2012/2013 Commissioning for Quality and Innovation (CQUIN)

There are 5 National CQUIN schemes with which the Trust is required to participate:

- **National Venous Thromboembolism (VTE):**

- 90% of all adult inpatients having had a VTE risk assessment on admission.

- 98% initiation of thromboprophylaxis for all patients identified as at risk of thrombosis. Compliance monitored through spot-audits.

- **National Patient Experience:** calculated from the 5 key questions (increase to be agreed):

1. Involvement in decisions about treatment/care.
2. Hospital staff being available to talk about worries/concerns.
3. Privacy when discussing condition/treatment.
4. Being informed about side effects of medication.
5. Being informed who to contact if worried about condition after leaving hospital.

- **National Dementia:**

- 90% Screening to be achieved in quarter 4..
- 90% Risk Assessment to be achieved in quarter 4.
- 90% Diagnosis to be achieved in quarter 4.

- **National Safety Thermometer:** Requires monthly surveying of all appropriate patients to collect data on four outcomes:

- Pressure ulcers
- Falls
- Urinary tract infections in patients with catheters
- VTE

- **National High Impact Innovations:** Supporting the adoption of High Impact Innovations in:

- Assistive Technologies.
- Oesophageal Doppler Monitoring.
- Child in a chair in a day (if applicable).
- Digital by default.
- Carers for people with Dementia.

In quarter 1 the Trust is required to have Commissioner agreed action plans, followed by quarterly reporting against the action plan.

## 7. HSDU BSI Accreditation

The HSDU passed its Medical Device Directive and ISO accreditation following assessment visits from BSI. The service passed the assessment process with no non-conformities raised against their performance, demonstrating the safe and effective decontamination processes that is established within the unit.

## **Appendix 1: Guide to CQC Essential Standards of Quality and Safety**

### **Section 1: Involvement and information**

This section looks at what providers should do to make sure that people who use services, or those acting on their behalf, are involved in making decisions about their care, treatment and support. It identifies what providers should do to ensure that the views and experiences of people who use services are taken into account when making decisions about how services are delivered and improved in order to meet the registration regulations.

It also looks at the information that providers should make available to people so that they are able to make informed choices, including information about any charges they are expected to pay for their care, treatment and support.

**Outcome 1: Respecting and involving people who use services**

**Outcome 2: Consent to care and treatment**

### **Section 2: Personalised care, treatment and support**

This section looks at what providers should do to make sure that people who use services get effective, safe and appropriate care, treatment and support that meets their individual needs.

**Outcome 4: Care and welfare of people who use services**

**Outcome 5: Meeting nutritional needs**

**Outcome 6: Co-operating with other providers**

### **Section 3: Safeguarding and safety**

This section looks at what providers should do to make sure that people who use the service, workers and others who visit are as safe as they can be and that risks are managed. It looks at what the provider needs to do to ensure that the human rights and dignity of people who use services are respected and how they should identify and respond when people are in vulnerable situations.

It also looks at the things providers should do to make sure that the premises and equipment they use to provide care, treatment and support are safe and suitable.

**Outcome 7: Safeguarding people who use services from abuse**

**Outcome 8: Cleanliness and infection control**

**Outcome 9: Management of medicines**

**Outcome 10: Safety and suitability of premises**

**Outcome 11: Safety, availability and suitability of equipment**

### **Section 4: Suitability of staffing**

This section looks at what providers should do to make sure that they have the right staff with the right skills, qualifications, experience and knowledge to support people. It looks at training needs for staff and how they should be supported to carry out their role, including the time they will need away from work in order to take part in learning and development opportunities.

**Outcome 12: Requirements relating to workers**

**Outcome 13: Staffing**

**Outcome 14: Supporting workers**

### **Section 5: Quality and management**

This section looks at what providers should do to manage risk in order to ensure that essential standards of quality and safety are maintained, and what information they must give to the Care Quality Commission about certain important events.

**Outcome 16: Assessing and monitoring the quality of service provision**

**Outcome 17: Complaints**

**Outcome 21: Records**

### **Section 6: Suitability of management**

This section looks at what providers and managers must do to show that they are suitable to run the service and that they keep the Care Quality Commission informed about relevant changes.

*There are no core outcomes contained within this section*