The Royal Wolverhampton Hospitals NHS Trust	

Trust Board Report

Meeting Date:	25th February 2013
Title:	Care Quality Commission (CQC) Compliance report
Executive Summary:	Following registration with the CQC (in April 2010) each registered organisation is required to establish systems of on-going monitoring of compliance with the Essential Standards of Quality and Safety. The Trust has purchased a compliance management tool (Allocate software) to enable trust wide review and assessment against the standards. Background and detail is provided below. This report provides: • The overall Trust compliance (corporate and operational analysis) against each of the 16 standards. The report shows internally assessed compliance against the quality and risk profile (QRP) score held by CQC **(Appendix 1)** **NB.** The report counts 17 standards as standard 7 Safeguarding has been split into a and b to denote children and adult safeguarding. • Corporate Highlight report showing amber graded standards and improvement actions **(Appendix 2)** • Self-assessed compliance by directorates against each the 16 standards **(Appendix 3)**
Action Requested:	That the board notes the current compliance and actions identified to address gaps.
Report of:	Head of Governance and Legal Services
Author: **Contact Details:**	Maria Arthur Tel 01902 698121 Email maria.arthur @nhs.net
Resource Implications:	Within existing resource
Public or Private: **(with reasons if private)**	Public Session
References: **(eg from/to other committees)**	Risk 1717 Trust Risk Register – Re Failure to maintain registration by CQC
Appendices/ **References/** **Background Reading**	

NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details

1

In line with the Health and Social Care Act 2008 (the act) the Trust registered with the CQC in April 2010 with no conditions on its registration. The Trust is registered to deliver the following regulated activity defined by the act:

- Treatment of disease, disorder or injury
- Surgical Procedures
- Diagnostic and screening procedures
- Nursing Care
- Maternity and Midwifery Services
- Termination of Pregnancy
- Family Planning Services
- Management of supply of blood and blood derived products

Of the 28 regulations within the act 16 relate to the quality and safety of care and is the focus of the CQC registration standards (Essential Standards of Quality and Safety ESQS). To maintain registration the Trust is required to establish systems to monitor and review compliance with the ESQS.

The approach taken by the Trust involves 2 stages of review:

1. Corporate oversight - Each standard has a Director lead and a Corporate lead for the particular subject area. The Corporate lead provides an overall compliance score for the standard having regard to Trust intelligence (i.e. Training reports, audit results, KPI's etc) and local self-assessment undertaken by directorates.
2. Directorate review - Each directorate carries out a guided self-assessment (i.e. using prompts to compliance) to score their level of compliance using Allocate software (i.e. compliance management tool formerly called performance accelerator).

The above process is used to derive the scores provided in the **appendix 1 and 3**. The scores of red/amber/yellow/green is in line with the CQC scoring system as follows:

Red – Major concern

Amber – Moderate concern

Yellow - Minor concern

Green - Compliant

In **appendix 1** there are 6 standards (also known as outcomes) where Corporate leads have graded amber compliance. An exception report giving rationale for the 6 amber standards is seen in **appendix 2.** This compliance is reported/monitored at the Compliance Committee 4 monthly.

Appendix 3 shows Directorate self-assessment, 'not assessed' denotes that the area has not updated the system and 'not applicable' indicates the standard does not apply to the service. All amber scores within directorates are followed up at Directorate Governance meetings and reviewed by the Division.

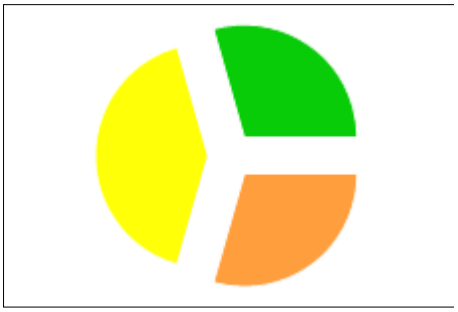
	Future Development The Trust is moving towards an intelligence directed as opposed to self-assessed approach to monitoring compliance. This involves the use of internal performance data (i.e. Performance KPI's, Quality metrics, audit results, local observational audits, peer review outcomes and other inspection visits) to detect non-compliance with the ESQS. Some of these data sources are in place (eg. Performance KPI's, audits), others need to be developed (eg. Internal peer review, observational audits). To date the ESQS have been mapped to NHS Litigation Authority standards, Information Governance Toolkit, quality dashboard and Trust performance indicators. Work is on-going to finalise the nursing quality metrics in order to complete the mapping.
2	**CQC risk profile for the Trust** To support on-going monitoring of compliance with the regulations the CQC have developed a 'quality and risk profile' (QRP) for each registered provider. This report holds information gathered from existing assurance sources (e.g. National audits/data submissions, Patient/staff survey, central alerts system) as well as intelligence gathered from third parties eg NHSLA, NPSA, HSE, CFSMS. The profile enables the CQC to assess where risks lie and prompt regulatory action such as local enquiry by the Compliance manager/inspector, request for the provider compliance assessment tool/evidence or a responsive/random site visit. The Trust uses the QRP to support internal monitoring and inform necessary redress action but acknowledges limitation around the currency of the data. **Appendix 1** provides the Trust assess compliance scores alongside the risk profile held by CQC. As at January 13 QRP report, there are no overall red scores against any of the standards. One amber score exists against outcome 4 (Care and Welfare of people who use services) and an update is expected following the issue of the CQC report from the unplanned visit in January 13. **Conclusion** The Trust has a level of assurance around the capture of information (part self-assessed and part result driven) for corporate and operational compliance and that the standards (and prompts to compliance) have been widely shared across Divisions and Directorates to enable standardised self-assessment. Where appropriate, the requirements from Trust policy have been fed into the prompts to guide directorate self-assessment eg Consent, Medicines management, Medical equipment policies etc. There remains further development work to strengthen consistency and the indicative nature of the compliance results reviewed. Further reports will be made to the board as this work evolves.

Appendix 1

CQC Essential Standards

Overall Trust Self Assessment Results

Amber



Total Number of Outcomes Assessed	17
Amber	5
Yellow	7
Green	5

1. Involvement and information

A = Overall Corp. compliance B= Dir. Self-assessment C = Quality Risk Profile

A	B	C	
G	G	Y	Outcome 01: Respecting and involving people who use services *
A	A	Y	Outcome 02: Consent to care and treatment *

2. Personalised care, treatment and support

A	A	A	Outcome 04: Care and welfare of people who use services *
A	Y	G	Outcome 05: Meeting nutritional needs *
G	A	Y	Outcome 06: Cooperating with other providers *

3. Safeguarding and safety

G	A	Y	Outcome 07a: Safeguarding people who use services from abuse (ADULTS) *
G	G	Y	Outcome 07b: Safeguarding people who use services from abuse (CHILDREN) *
G	Y	G	Outcome 08: Cleanliness and infection control *
G	G	Y	Outcome 09: Management of medicines *
G	Y	G	Outcome 10: Safety and suitability of premises *
A	A	G	Outcome 11: Safety, availability and suitability of equipment *

4. Suitability of staffing

G	G	Y	Outcome 12: Requirements relating to workers *
G	G	Y	Outcome 13: Staffing *
G	Y	G	Outcome 14: Supporting workers *

5. Quality and management

A	Y	Y	Outcome 16: Assessing and monitoring the quality of service provision *
G	Y	Y	Outcome 17: Complaints *
A	Y	G	Outcome 21: Records *

Appendix 2

The Royal Wolverhampton Hospitals NHS
NHS Trusts

CQC Essential Standards Highlight Report

CQC Essential Standards (Corporate)				
Outcome 02: Consent to care and treatment *		**RAG: Status - Amber**	**Self Assessment Rating: Amber**	**QRP Rating: Low Yellow**
Achievements	The Trust achieved level 2 for Standard 5 Criterion 2 - Patient information and consent and also Standard 5 Criterion 3 - Consent training. A new clinical lead has been appointed for consent			
Concerns	Although the Trust Achieved level 2 for 5.2 patient information and consent and 5.3 consent training, the live health record checks demonstrated non compliance related to general standards of record keeping including appropriate signature, date, time and printing of names within the health record.			
Variances and Actions Taken	Directorate Health record checks continue monthly and are reported via the NHSLA steering group. Actions for improvement have been identified including: - review of current policy - sending an executive summary of the delegated consent / consent audit results to directorates - review of audit criteria.			
Outcome 04: Care and welfare of people who use services *		**RAG: Status - Amber**	**Self Assessment Rating: Amber**	**QRP Rating: High Yellow**
Achievements	CQC Responsive Review action plan completed. Must screening tool is now on VitralPac. Monitoring of Matron KPI's show improved compliance of the MUST Screening tool Process now in place to review NHS Choices Comments and address as appropriate at local level. Information regarding how to raise a concern/ complaint now available in all clinical areas - posters and information within bedside folders / information leaflets. Posters in all ward entrances and throughout the hospital to give information about how to raise a complaint or concern.			
Concerns	Following Inspection in July this outcome was found to be non compliant with moderate concerns due to important safety checks not always being effectively completed in some of the operating theatres.			

Variances and Actions Taken	Effective completion of the WHO checklist is currently being monitored. A letter has been addressed to all consultants and the Healthcare Governance Manager (Q&S) is working with directorate to support modification of the checklist for their own use. Links and Members set to support with audit of non clinical audits. Weekly review in place from Sept of wards less than 75% compliance with late observations. Targeting wards in this category to improve with additional support from VitalPAC trainer. Current trend appears to be improving however need to target areas of poor performance			
Outcome 05: Meeting nutritional needs *		**RAG: Status - Amber**	**Self Assessment Rating: Yellow**	**QRP Rating: High Green**
Achievements	The Nutrition care plan monitoring will form part of the new nursing metrics to be agreed . The trust has achieved the 2011/2012 Nutrition CQUIN around nutrition screening and care planning. PEG Guidelines are now on the Intranet Protected mealtime policy has been approved and ratified by policy committee and TMT. all national guidance recommendations and action plans are a standing agenda item of the NSCC CP 45 - audit findings and recommendation completed - will be disseminated via divisional Heads of Nursing			
Concerns	1. Accuracy of MUST screening 2. Concerns around patients having the opportunity to make informed choice of meals from the menu - patients not being issued with menu on all wards			
Variances and Actions Taken	1. Rolling audit programme with nurses and dieticians to assess practice on each ward reported at QSC in QS report. 2. Menus handed out and displayed in ward areas following walk round between DDN and hotel services 3 Recipes all been nutritionally assessed now			
Outcome 11: Safety, availability and suitability of equipment *		**RAG: Status - Amber**	**Self Assessment Rating: Amber**	**QRP Rating: Low Green**

Achievements	To date the following device types have been SafeHands tagged; pressure relieving mattresses, Colleague infusion pumps, defibs, T34 ambulatory syringe drivers, Hospital Plum infusion pumps and an on-going programme for hospital beds. Audit packs have been collected and data analysis report has been presented to Trust. Phases 2 and 3 is completed and awaiting analysis and report. In excess of 12,000 devices have not been found, following further data cleansing an electronic spread sheet of unaccounted and missing devices will be presented.			
Concerns	Lack of resources for Medical Device Training is a concern as a result of rejection of funding for additional Medical Device Trainer. Potential issue relating to 'Failure of Device/Equipment' being reported to MPCE via Datix system. Continued lack of Divisional representation at Medical Devices Group meetings. Based on Divisional responses there appears to be concerns over storage facilities and security of medical devices and access to Pressure Relieving Mattresses. Continued degree of uncertainty with regards to compliance at Directorate level due to quantity and quality of information provided within PA at Directorate level within self assessment reports. It would appear that Directorates are not updating the reports potentially resulting in information gaps within the Directorate Compliance Reports. There is a discrepancy between the Divisions with regards to scoring, however issues were similar for both Divisions. Continued non-compliance and non-engagement from various areas has been noted with regards to the Medical Devices Audit. Non-compliances will be reported to Medical Devices Group, NHSLA Project Group and Health and Safety Steering Group. There is continuing concern with regards to wards/departments not using the online Medical Devices Helpdesk to report devices issues, this is a breach of HS11.			
Variances and Actions Taken	Lack of Medical Device Training resource is to be monitored in line with Risk Management policies. Lack of Divisional attendance has been raised as an issue through Trust Governance Dept. Directorates to ensure that the following actions are taken without further delay: - Divisions to review suggested evidence and ensure that this is met at local level. - Explore differences in Divisional scores. - Directorate areas need to escalate storage issues through local governance risk assessment process. On-going SafeHands tagging of medical devices. Further device audit work to be undertaken by wards/departments following meeting between Head of Clinical Engineering and Divisional Managers. Concern with regards to lack of Helpdesk usage has been communicated to Governance. Trust wide bulletin and attendance at future Senior Nurse meeting to be used to reinforce need to use Helpdesk.			
Outcome 16: Assessing and monitoring the quality of service provision *		**RAG: Status - Amber**	**Self Assessment Rating: Yellow**	**QRP Rating: Low Yellow**
Achievements	PET Feedback continues to be monitored across the Trust. nursing metrics have now been agreed.			

Concerns	CQC Inspection July 2012 judged the trust as non complaint with minor concerns for this outcome and concerns are linked to those for outcome 4 - around effective completion of the WHO checklist in theatres. Gaps in assurance around monitoring systems / regular audits of process and learning lessons from incidents had not been fully embedded across all theatres
Variances and Actions Taken	- CQC Action plan developed in response to the unannounced inspection in July. - Directorate to complete the list of procedures that require a modified safer surgical checklist (across all specialities including outpatients) - compliance with modified checklists in ambulatory settings to be reported. All wards and departments have a regular formalised patient feedback mechanism and that results are discussed and documented at ward/departmental meetings.

Outcome 21: Records *	**RAG: Status - Amber**	**Self Assessment Rating: Yellow**	**QRP Rating: High Green**

Achievements	A paper has recently been approved at TMT which indicates the destruction of all health records, including microfilm files, for patients deceased above 8 years destruction of records has already commenced and is planned to be completed by the end of March. Iron Mountain storage has been replaced by a process for safe storage of Health Records, accommodated at New Cross. Achieved NHSLA assessment for Standard 1 Criterion 7 - Health Records Management.
Concerns	Did not demonstrate compliance with NHSLA Standards 1 Criterion 8 - Health record- keeping standards Non- compliance of NHSLA were due to failures with the live health records check.
Variances and Actions Taken	Live health record checks continue at directorate level - a minimum of 30 sets of records a month are being audited by directorate staff - This is being monitored via divisional management and NHSLA Project Board.

Appendix 3

CQC Compliance Matrix

AREA	OUTCOME 01 Respecting and Involving people who use services	OUTCOME 02 Consent to Care and Treatment	OUTCOME 04 Care and Welfare of People Who Use Services	OUTCOME 05 Meeting Nutritional Needs	OUTCOME 06 Co-operating With Other Providers	OUTCOME 07 Safeguarding People Who Use Services From Abuse	OUTCOME 08 Cleanliness and Infection Control	OUTCOME 09 Management of Medicines	OUTCOME 10 Safety and Suitability of Premises	OUTCOME 11 Safety, Availability and Suitability of Equipment	OUTCOME 12 Requirements Relating to Workers	OUTCOME 13 Staffing	OUTCOME 14 Supporting Workers	OUTCOME 16 Assessing and Monitoring the Quality of Service Provision	OUTCOME 17 Complaints	OUTCOME 21 Records
CQC JF (A&E)	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Yellow	Green	Green	Green	Yellow
CQC JF (Audiology)	Green	Green	Green	Not Applicable	Green	Green	Green	Not Applicable	Amber	Green	Yellow	Green	Green	Green	Green	Green
CQC JF (Cancer Services)	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Yellow	Amber	Green	Yellow	Yellow	Green	Green	Yellow
CQC JF (Cardiothoracic)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CQC JF (Care of the Elderly)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green
CQC JF (Childrens Services)	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Green	Yellow	Amber	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow
CQC JF (Community Children's Services)	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Yellow	Green	Amber	Yellow	Yellow	Green	Yellow
CQC JF (Community Therapy Services)	Green	Green	Green	Green	Green	Yellow	Green	Not Applicable	Green	Green	Green	Green	Green	Green	Green	Green
CQC JF (Critical Care)	Green	Green	Yellow	Yellow	Green	Green	Green	Yellow	Yellow	Amber	Green	Amber	Green	Yellow	Green	Green
CQC JF (Dental)	Green	Green	Green		Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow	Green
CQC JF (Dermatology)	Green	Green	Green	Not Applicable	Green	Green	Green	Green	Green	Yellow	Green	Not Assessed	Green	Green	Green	Yellow
CQC JF (Diabetes)	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	Green	Yellow
CQC JF (EAU)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Yellow
CQC JF (Gastroenterology)	Yellow	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
CQC JF (General Surgery/Vascular)	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Yellow
CQC JF (Gynaecology)	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green
CQC JF (Head & Neck)	Yellow	Yellow	Yellow	Green	Green	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Amber	Yellow	Green	Green	Yellow
CQC JF (Long Term Conditions)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
CQC JF (Maltings)	Yellow	Green	Amber	Not Applicable	Yellow	Yellow	Yellow	Not Applicable	Yellow	Yellow	Yellow	Green	Green	Green	Yellow	Not Assessed
CQC JF (Neurology)	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Yellow	Green	Yellow	Green	Amber	Green	Yellow
CQC JF (Obstetrics)	Green	Green	Green	Green	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Green	Green	Green	Green
CQC JF (Ophthalmology)	Green	Yellow	Green	Green	Yellow	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Amber
CQC JF (Pathology)	Green	Green	Green	Green	Green	Green	Green	Not Applicable	Yellow	Green	Green	Green	Green	Green	Green	Green
CQC JF (Patient Services)	Yellow	Green	Green	Green	Yellow	Yellow	Yellow	Green	Yellow	Green	Green	Yellow	Green	Yellow	Green	Green
CQC JF (Pharmacy)	Yellow	Green	Green	Green	Yellow	Green	Green	Green	Amber	Green	Green	Yellow	Green	Green	Green	Green
CQC JF (Radiology)	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
CQC JF (Renal)	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
CQC JF (Respiratory)	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Yellow
CQC JF (Rheumatology)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

CQC JF (SALT)	Green	Green	Green	Green	Green	Green	Green	Not Applicable	Green	Green	Green	Green	Green	Green	Green	Green
CQC JF (Sexual Health & Contraception Services)	Green	Green	Yellow	Not Applicable	Yellow	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green	Green	Green
CQC JF (Stroke)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Green
CQC JF (Therapy Services – Acute)	Green	Green	Green	Not Applicable	Green	Green	Green	Not Applicable	Green	Green	Green	Green	Green	Green	Green	Green
CQC JF (Trauma & Orthopaedics)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Yellow
CQC JF (Urology)	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Yellow
CQC JF (Virtual Wards)	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow