

Trust Board Report

Meeting Date:	26 September 2011
Title:	Care Quality Commission (CQC) Action Plan update
Executive Summary:	A report detailing the two unannounced inspections carried out by the CQC to RWHNT in March 2011. The first in relation to dignity and nutrition for older people and the second, a responsive review to specifically look at concerns raised around 5 CQC outcomes
Report of:	Cheryl Etches, Director of Nursing & Midwifery
Author: Contact Details:	Charlotte Hall, Deputy Director of Nursing & Midwifery – Quality & Safety Tel: xt 5960 Email: charlotte.hall6@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	Action Plans approved by the RWHT Compliance Committee; Quality & Safety Committee; Action plans submitted to CQC July 2011
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the committee should have regard to the core principles contained in the constitution of: <ul style="list-style-type: none"> ✚ 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

The CQC have undertaken a series of unannounced visits to all acute providers of care in the last 12 months. The purpose of this has been to seek assurance on how organisations manage the standards of care delivered to older patients relating to dignity, respect and nutrition as cited in Outcomes 1 and 5. These visits have generated reports on all Trusts for Dignity and Nutrition and are available to view on the CQC website http://www.cqc.org.uk/publications.cfm?fde_id=18498

The second visit from CQC formed a ‘responsive review’ where they undertook an

unannounced visit in response to issues or concerns that have been raised with them.
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Background

In February 2011, the CQC launched a series of unannounced visits of all NHS care providers. The purpose of this was to review the level of care provided around dignity and nutrition older people. This took place at New Cross Hospital on March 23, 2011 as an unannounced visit and the overall findings, which were favourable, found the organisation to be compliant. The report is publicly available on the CQC website http://www.cqc.org.uk/publications.cfm?fde_id=18498.

A further unannounced inspection to New Cross took place one week later on March 31 to look at issues that had been raised with the CQC around 5 other outcomes. The Trust received reports from the CQC on both visits and has developed two actions plans. Both are detailed in the report.

CQC Assessment: Dignity and Nutrition for older people

The Trust was found to be meeting both of the essential standards of quality and safety but in order to maintain this they suggested some improvements and these have been monitored through an action plan which is now complete. However the actions continue to be monitored by dieticians and senior nurses and reported through the Quality and Safety group.

Action Plan

The main area the Trust has concentrated on is the process of undertaking a nutritional assessment on every patient (MUST score) and each patient to have a care plan that supports appropriate intervention. This continues to improve and is monitored through the monthly ward key performance indicators.

The real time patient experience trackers also provide evidence of what our patients tell us and this supports what we see as an improvement in helping patients to eat and drink. Work is continuing on protecting mealtimes to enable patients to eat their meals without interruption and to ensure this is successful a review of mealtimes is now taking place through the nutritional steering group.

CQC Assessment ‘A Responsive Review’

The CQC returned unannounced on 31 March to undertake a further visit to review standards around a number of outcomes. This was in response to issues raised from information they received elsewhere including problems with movement of patients across provider services on transfer from New Cross. The outcomes the CQC specifically looked at were:

- Care and welfare of people who use our services *Moderate concern*

- Cooperating with others *Minor concern*
- Staffing *Minor concern*
- Assessing and monitoring quality of service provision *Minor concern*
- Complaints *Minor concern*

The CQC gave examples of why they assessed each outcome and these examples have formed the basis of a comprehensive action plan with timescales and leads clearly indicated. For the purposes of updating the Board, gaps in assurance that require action and currently remain moderate to mild level of risk include:

Patient not involved in decisions around resuscitation

A further audit of DNAR is taking place in October and the policy around consent has been reviewed.

Mortality outliers identified

This is monitored very closely by the Mortality Assurance Group (MorAG) and is subject to scrutiny at executive level. The % of patient observations completed on time and escalated is improving continually with further focus now on wards that have non compliance with the target of 90%.

Cooperating with others: Mechanisms are in place to facilitate safe discharge and have seen a reduction in safeguarding alerts following discharge. This continues to be closely monitored

Staffing: NHS Choices had submissions about staff shortages, inexperience and poorly trained staff. Feedback from staff suggest further analysis of staffing is required

The trust has a system in place to flag any comments made on NHS Choices and to date there have been no further concerns raised through this medium. The previous planned workforce review is in progress and due to be complete by December 2011. The local staff survey has concluded and actions taken on issues raised.

Assessing & monitoring the quality of service provision(which relates to feedback mechanisms for patients) The positive feedback received from patients through the trackers is increasing with 709 patients surveyed last month demonstrating that 97% of patients rated their care as good to excellent. This outcome also includes assessment of safe care and there is considerable work underway on this through MoRAG and the patient safety work streams.

*Complaints.,*The CQC suggested more notices that state how to raise a concern which have been reprinted in red and distributed by PALs. In addition there has been a review of how PALs work with a planned approach to outreaching to the wards to support and seek patients concerns. A review of the complaints process and focus on how we manage complaints has also been undertaken with a review of the complaints policy.

Summary

In summary, the CQC action plans continue to be reviewed through the governance framework and additional evidence to support compliance is continually sought. The action plans are on track to be completed and residual risks following planned actions will ensure the Trust achieves compliance. Performance Accelerator is used to record and report our compliance with CQC and the use of real time patient experience trackers supports the triangulation of patient experience with clinical process and outcomes.