The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals	**Decision**	✓	**High**	**Med**	**Low**
CONSULTATION:	**Information**			✓	
CQC standards compliance self-assessment group	**REPORT TYPE:**		**RELATED WORK:**		
	Strategic		CQC standards compliance self-assessment group meeting – 15 03 13 Q&R Committee – 20 03 13		
	Operational	✓			
	Governance	✓			
BAF ref:	1.1				
Monitor Compliance Framework:	Quality, risk and performance management				
CQC Essential Standard Reference:	all				

Meeting Date: **25th March 2013**
Report Title: **Care Quality Commission – Provider Compliance Self-Assessment 2013**

Purpose: To report the findings of the CQC Provider Compliance Self-Assessment Group and the Quality and Risk Committee.

Summary:

1.1 In 2008/09 The Queen Elizabeth Hospital NHS Trust published a declaration showing compliance for each of the 16 Essential Standards – this declaration supported the Trust's Registration with the Care Quality Commission.

1.2 Whilst the Trust is not required to resubmit a declaration to the CQC – it is good practice to undertake a self-assessment in relation to each standard and the Trust has published its self-assessed CQC compliance position on its website each year since registration.

1.3 Each of the essential standards has been assigned to a Lead Director (based on their areas of responsibility). Each Director is responsible for overseeing the collation of evidence of compliance during the course of the year. Directors are also responsible for identifying areas where there is a risk of non-compliance and for action planning to mitigate the risks identified. Assurance is provided on a cycle basis through the work of the Trust's relevant various committees and sub-committees.

1.4 In Quarter 1, 2013, the CQC Compliance Policy and procedure for undertaking the self-assessment of compliance have been reviewed by the Performance and Standards and Quality and Risk Committees respectively.

1.5 On 15th March 2013, a CQC standards compliance self-assessment group met to undertake a comprehensive review of the evidence realting to the 16 Essential CQC Standards and the Trust's self-assessed complaince poition, fo recommendation to the Board.

1.6 The group completed its work, subject to one issue on Outcome 8. requiring clarification at the Quality and Risk Committee, held on 20th March 2013.

1.7 The work of the CQC standards compliance self-assessment group, confirmed by the Quality and Risk Committee, is set out below.

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓		✓	✓	✓

Recommendations:

The Board is invited to declare the compliance position indicated in the following report and at Table 2.

CQC STANDARDS COMPLIANCE SELF-ASSESSMENT GROUP

15TH MARCH 2013 – CONFERENCE ROOM

Present:

K Gordon (KG)	**Chair / NED**
P Wright (PW)	**CEO**
G Wilson (GW)	**Director of Patient Experience**
B Cummings (BC)	**Director of Planning and Performance**
D Stonehouse (DS)	**Director of Resources**
M Blunt (MB)	**Interim MD**
S Haney (SH)	**NED**
I Pinches (IP)	**NED**

In attendance:

C Roberts (CR)	**Deputy Director of Patient Safety**
V Scott (VS)	**Deputy Director of Communications**
G Morris (GM)	**Risk Management IT Coordinator**
Gill Rejzl (GR)	**Company Secretary**

Outcome and Overall assessment	Self-Assessment
Outcome 1 Respecting and involving people who use services **OVERALL Outcome 1 assessed as Compliant**	Currently a minor concern recorded. The committee noted that a DANI follow-up visit had taken place in the week. The committee queried whether the Trust would be found to be compliant this time, following work undertaken to address the 'minor concern' reported by the CQC in December 2012. **Criterion 1A – Green** **Criterion 1B – Green** **Criterion 1C – Green** **Criterion 1D – Green** **Criterion 1E – Green** **Criterion 1F – Green** **Criterion 1G – Green** **Criterion 1H – Green** **Criterion 1I – Green** **Criterion 1J – Green** **Criterion 1K – Green** The group explored the evidence base and was satisfied that the evidence for a self- assessment position of 'compliant' was rigorous.
Outcome 2 Consent to Treatment **OVERALL Outcome 2 assessed as Compliant**	**Criterion 2A – Green** - Issues considered by the group included: • QRP evidence – endoscopy consent • Process being changed and can be evidenced The Group was satisfied with mitigations in place and confirmed compliance (green) with criterion 2a. The group moved the RAG rating of this criterion from 'yellow' to 'green' accordingly.

	Criterion 2B – Green **Criterion 2C – Green** **Criterion 2D – Green** **Criterion 2E – Green –** Issues considered by the group included: • The Trust is moving towards procedure specific consent • Never Events related to Consent • Consent in Mandatory Training for Doctors • New leaflets The Group was satisfied that adequate mitigations are in place and can be evidenced. The group confirmed compliance (green) with criterion 2e. The group moved the RAG rating of this criterion from 'yellow' to 'green' accordingly. **Criterion 2F – Not Applicable** **Criterion 2G – Green** **Criterion 2H – Green**
Outcome 4 Care and Welfare of the Service user **OVERALL – Outcome 4 assessed as Compliant**	**Criterion 4A – Green** **Criterion 4B – Green** **Criterion 4C – Green** **Criterion 4D – Green** **Criterion 4E – Green** **Criterion 4F – Green** **Criterion 4G – Green –** Issues considered by the group included: • Generally low DToCs at the Trust • Patients' needs are being met – safe environment while there is no alternative provision • The Trust is not preventing anyone from going home if there is suitable move-on care available The Group was satisfied that the Trust is meeting patient needs and that where the environment is not optimum, this is for as short a period as possible. The group moved the RAG rating of this criterion from 'amber' to 'green' accordingly. **Criterion 4H – Green** **Criterion 4I – Yellow –** Issues considered by the group included: • The Trust still has areas where there is no separate area for children. Issues reflected on Risk Register • Mitigations – 'Children only' lists and physical separation The group was satisfied that mitigation and plans are in place – However, criterion 4i compliance position to remain at 'yellow' **Criterion 4J – Green** **Criterion 4K – Green** **Criterion 4L – Green –** Issues considered by the group included: • Mental health liaison – action plan in place to deal with on-going work • The Trust is actively working on delays in sections for appropriate patients

	The group was satisfied that the provision currently meets the requirements, notwithstanding some risk that may need to be addressed in the future as a result of the NSFT Strategy Review. The group moved the RAG rating of this criterion from 'amber' to 'green' accordingly. **Criterion 4M – Green** **Criterion 4R – Not Applicable** **Criterion 4W – Green**
Outcome 5 Meeting Nutritional Needs **OVERALL – Outcome 5 assessed as Compliant**	**Criterion 5A – Green** **Criterion 5B – Green** **Criterion 5C – Green** **Criterion 5D – Green** **Criterion 5E – Green** The group was satisfied that there is evidence of processes in place to ensure that we meet the standard and that where isolated incidences of poor practice are identified, they are addressed. The current 'minor' issues identified in the CQC report of Dec 2012 were explored. The group was satisfied that there is good evidence of processes in place, which look at systems on-going basis rather than a 'spot check'. It was noted that the CQC re-visit in March 2013 may identify a 'spot check' issues in respect of record keeping of nutrition – link with Outcome 21.
Outcome 6 Cooperating with Other Providers **OVERALL – Outcome 6 assessed as Compliant**	**Criterion 6A – Green** **Criterion 6B – Green** **Criterion 6C – Green** **Criterion 6D – Green** **Criterion 6E – Green** **Criterion 6F – Green** **Criterion 6G – Green** **Criterion 6H – Green** **Criterion 6I – Green** **Criterion 6M – Green** Issues considered by the group included: • Audit evidence available • Action Plan in place to address any areas for further improvement. • Internal Audits to consider adherence to policy • Internal audit plan to Audit Committee in April 2013 The group was satisfied that the compliance status for each of the criteria relating to Outcome 6 was 'green'.
Outcome 7 Safe-guarding people who use services from abuse **OVERALL – Outcome 7 assessed as Compliant**	**Criterion 7A – Green** **Criterion 7B – Green** **Criterion 7C – Green** **Criterion 7D – Green** **Criterion 7E – Green** **Criterion 7F – Green** **Criterion 7G – Green** **Criterion 7H – Green** **Criterion 7I – Green** **Criterion 7J – Green** **Criterion 7K – Green**

	Criterion 7L – Green **Criterion 7P – Green** The group was satisfied that the Trust has in place, comprehensive evidence of compliance across all criteria.
Outcome 8 Cleanliness and Infection Control **OVERALL – Outcome 8 assessed as Compliant**	**Criterion 1 - Green** **Criterion 2 – Yellow** – Issues considered by the group included: • Decontamination • External facilities - implications in respect of external providers • Infection control audits at external facilities to ensure on-going compliance. **Criterion 3 – Green** **Criterion 4 – Green** **Criterion 5 – Green** **Criterion 6 – Green** **Criterion 7 – Green** **Criterion 8 – Yellow** **Criterion 9 – Yellow** **Criterion 10 - Green** The group noted that in respect of Outcome 8, the Trust is subject to ongoing assessment against a rigorous scorecard and that these assessment outcomes have been used to determine the Trust's position against individual criteria. The Q&R Committee was satisfied that the Trust has evidence in place of overall compliance with Outcome 8.
Outcome 9 Management of medicines **OVERALL – Outcome 9 assessed as Compliant**	**Criterion 9A – Green** **Criterion 9B – Green** **Criterion 9C – Green** **Criterion 9D – Green** **Criterion 9F – Green** **Criterion 9G – Green** **Criterion 9H – Green** **Criterion 9J – Green** The group was satisfied that there is comprehensive evidence in place to support a declaration of compliance across all criteria.
Outcome 10 Safety and Suitability of Premises **OVERALL – Outcome 10 assessed as Compliant**	**Criterion 10A – Green** **Criterion 10B – Green** **Criterion 10C – Green** **Criterion 10D – Green** **Criterion 10E – Yellow** Major Incident exercise planned for vertical evacuation (criteria to remain at 'yellow') **Criterion 10F – Yellow** – DDA issues and plans discussed by the group (criteria to remain at 'yellow') **Criterion 10G – Green** **Criterion 10H – Green** **Criterion 10I – Yellow** **Criterion 10J – Green** **Criterion 10K – Green**

	The group was satisfied that there are mitigations in place to address the environmental issues raised and that overall the trust is complaint with outcome 10.
Outcome 11 Safety, availability and suitability of equipment **OVERALL – Outcome 11 assessed as Compliant**	**Criterion 11A – Green** **Criterion 11B – Green** **Criterion 11C – Green** **Criterion 11D – Green** **Criterion 11E – Green** **Criterion 11F – Green** **Criterion 11H – Green** The group considered issues relating to training in the use of equipment, noting that staff are not permitted to use equipment without training. Action Plan in place to address issues identified. The group was satisfied that there is comprehensive evidence of compliance across all criteria.
Outcome 12 Requirements relating to workers **OVERALL – Outcome 12 assessed as Compliant**	**Criterion 12A – Green** **Criterion 12B – Green** **Criterion 12C – Green** The group was satisfied that there is comprehensive evidence of compliance across all criteria.
Outcome 13 Staffing **OVERALL – Outcome 13 assessed as Compliant**	**Criterion 13A – Green** Line of Enquiry relating to current nurse capacity – marked as 'yellow'. The group considered staffing levels and recent issues related to peak demand and the mitigations in place e.g. cancelled elective work etc. Notwithstanding, the Group was satisfied that there is adequate evidence of compliance with standard 13 in place.
Outcome 14 Supporting Workers **OVERALL – Outcome 14 assessed as Compliant**	**Criterion 14A – Green** **Criterion 14B – Green** **Criterion 14C – Green** **Criterion 14D – Green** **Criterion 14F – Green** **Criterion 14G – Green** **Criterion 14H – Green** **Criterion 14J – Green** The group was satisfied that there is comprehensive evidence of compliance across all criteria.
Outcome 16 Assessing and monitoring the quality of service provision **OVERALL – Outcome 16 assessed as**	**Criterion 16A – Green** **Criterion 16B – Green** **Criterion 16C – Green** **Criterion 16E – Green** The group was satisfied that there is comprehensive evidence of compliance across all criteria.

Compliant	
Outcome 17 Complaints **OVERALL – Outcome 17 assessed as Compliant**	**Criterion 17A – Green** **Criterion 17B – Green** **Criterion 17C – Green** **Criterion 17D – Green** **Criterion 17E – Green** The group was satisfied that there is comprehensive evidence of compliance across all criteria.
Outcome 21 Records **OVERALL – Outcome 21 assessed as Moderate Concern**	**Criterion 21A – Amber** **Criterion 21B – Green** Issues considered by the group included: • an outstanding 'moderate' concern on Outcome 21 and a 'minor' concern related to the recent DANI review • At the recent review – the CQC found no records unattended, although other issues may be identified • Additional work required on filing/ storage of records following introduction of new patient record • Action Plan in place The group agreed the recommended compliance status on Outcome 21 as 'amber', overall.

TABLE 2 – OVERALL CQC COMPLIANCE POSITION				
Outcome		**Lead Director**	**Committee**	**Compliant**
1	Respecting and involving people who use services	Director of Resources/Director of Patient Experience	NCG	Yes
2	Consent to treatment	Medical Director	CG	Yes
4	Care and welfare of the service user	Medical Director	CG	Yes
5	Meeting nutritional needs	Director of Patient Experience	NSG	Yes
6	Co-operating with other providers	Director of Clinical Services / Director of Strategy and Transformation	TEC	Yes
7	Safeguarding service users from abuse	Director of Patient Experience	Q&R	Yes
8	Cleanliness and infection control	Director of Patient Experience	Q&R	Yes
9	Management of medicines	Director of Clinical Services	MMC	Yes
10	Safety and suitability of premises	Director of Resources	NCG	Yes
11	Safety, availability and suitability of equipment	Director of Resources	MDC	Yes
12	Requirements relating to workers	Director of Resources	HREC	Yes
13	Staffing	Director of Resources	HREC	Yes
14	Supporting workers	Director of Resources	HREC	Yes
16	Assessing and monitoring the quality of services	Director of Patient Experience	CG	Yes
17	Complaints	Director of Patient Experience	PEC	Yes
21	Records	Director of Planning and Performance / Medical Director	HRMC	Moderate Concern