

Regulatory Update

For: Review and discussion

Summary: This paper provides the Board of Directors with information on the Quality and Risk profile April 2011 produced by CQC. This evidences where they consider the risk level of non compliance with each regulation to be.

Action: The Board is asked to review

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Notes:	
Trust objective:	Please list number and statement this paper relates to:
	All objectives

Legal:	What are the legal considerations and implications linked to this item?
	Trust Board requirements to deliver financial balance and quality services.

Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission
	CQC

Date	26 May 2011
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Department	Integrated Governance and Quality
Audience	Board of Directors

Introduction

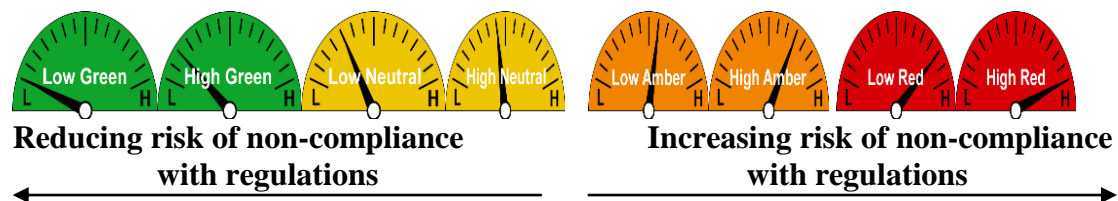
The Care Quality Commission (CQC) reviews and analyses a wide range of quantitative and qualitative data to identify any risk of compliance with its essential standards of quality and safety. This information is continuously reviewed and updated and every month they produce the Quality and Risk Profile (QRP).

This paper informs the Board of Directors about the CQC's assessment of risk with each of the essential quality and safety standards in April 2011. Commentary is provided on the internal analysis of the expected impact of external data.



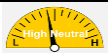






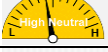






Interpreting the Quality & Risk Profile

Compliance with the regulatory outcomes is measured along the scale below. It is not a simple matter of being or not being compliant. The CQC makes judgements on compliance based on risks to service users.

Compliance risk rating



SASH Quality and Risk Profile April 2011

Outcomes	Dials		SASH Commentary
Respecting and involving people who use services		↔	Inpatient survey results are expected to increase the risk. Inspection in February 2011 identified issue with patients being involved in their care and discharge – may increase risk
Consent to care and treatment			Inspection Feb 2011 highlighted issue in relation to staff understanding of Mental Capacity Act. Consent audit 2011 evidenced variable practice.
Care and welfare of people who use services		↔	Inspection February 2011 identified that patients were not always being involved in their care. The inspection also identified an issue with end of life care training for staff.
Meeting nutritional needs		↔	Nutritional Policy is not finalised and approved. MUST nutritional screening is not robustly embedded. Inpatient survey 2011 results remain poor for food and are expected to negatively impact risk profile.
Cooperating with other providers		↔	N/A
Safeguarding people who use services from abuse			The Dispatches broadcast increased the risk associated with this outcome. CQC inspection in February 2011 highlighted some issue around mental capacity assessment at ward level.
Cleanliness and infection control		↔	There have been two outbreaks at SASH – one MRSA and one C Diff which could negatively impact the risk profile. There has been a period of increased incidence of C Diff at SASH. The Trust achieved both its stretch targets for MRSA and C Diff reduction in 2010/2011.
Management of Medicines		↔	CQC inspection in February 2011 highlighted the lack of a self administration policy
Safety and suitability of premises		↔	Trust has two improvement notices from the HSE in enforcement at present. The Trust action plan is in place and is being progressed.
Safety, availability and suitability of equipment			The Trust has recruited an experienced medical devices trainer.
Requirements relating to workers			Some data is available, but it is not sufficient to Calculate a risk estimate
Staffing		↔	Vacancy rate has reduced.
Supporting workers		↑	The risk has increased based on the Staff Survey 2010 results – the issues identified are known to the Trust – appraisal, training and induction.
Assessing and monitoring the quality of services provision			The Trust continues to report serious incidents. There are Safety Alert deadlines that have not been met – this has been a decision by the Trust to not close the alert until the outcomes have been fully evidenced. There are a number of performance targets not being met which are impacting negatively on this outcome.
Complaints		↔	Comments on NHS Choices and in the inpatient survey are affecting the risk to this outcome.
Records			The Trust did not achieve all Information Governance toolkit indicators at level 2. Data quality of SUS data sent external is negatively impacting.

Summary

The CQC have identified, from the Staff Survey 2010, that there is an increased risk in relation to supporting workers. Internally there are other concerns of note.