

Trust Board - Public  
21 July 2011  
Agenda item: 6.2

## Regulatory Update

**For:** Review and discussion

**Summary:** This paper provides the Board of Directors with information on the Quality and Risk profile June 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

**Presented by:** Jo Thomas, Chief Nurse

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Sharon Gardner-Blatch, Head of Integrated Governance and Quality

<b>Notes:</b>	
<b>Trust objective:</b>	Please list number and statement this paper relates to:
	All objectives

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

<b>Regulation:</b>	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

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<b>Date</b>	June 2011
<b>Author</b>	Jonathan Parr, Quality and Standards Lead and Sharon Gardner-Blatch, Head of Integrated Governance and Quality
<b>Department</b>	Integrated Governance and Quality
<b>Audience</b>	Board of Directors

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## 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).

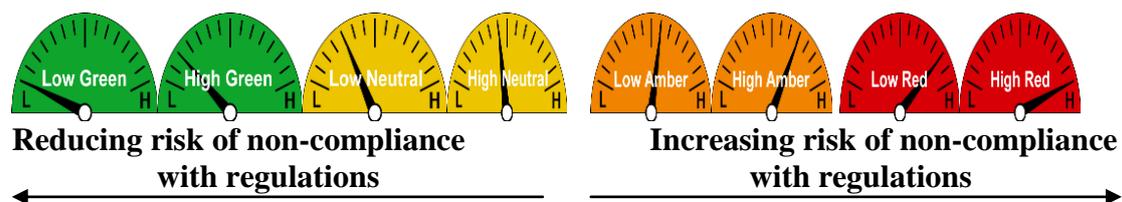
This paper informs the Board of Directors about the CQC's assessment of risk with each of the essential quality and safety standards in June 2011 and updates the profile which was presented in May covering April's profile (no profile was published in May). Commentary is provided on the internal analysis of the expected impact of external data.

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## 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 June 2011			
Outcomes	Dials		SASH Commentary
<b>Respecting and involving people who use services</b>		↔	Inpatient survey results are expected to increase the risk. Inspection in February 2011 identified issue with patients being involved in their care and discharge. March Inspection (Dignity & Nutrition Review) confirmed compliance
<b>Consent to care and treatment</b>			Inspection Feb 2011 highlighted issue in relation to staff understanding of Mental Capacity Act. Consent audit 2011 evidenced variable practice.
<b>Care and welfare of people who use services</b>		↔	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.
<b>Meeting nutritional needs</b>		↔	Nutritional Policy approved. MUST nutritional screening is not robustly embedded. Inpatient survey 2011 results remain poor for food and are expected to negatively impact risk profile. March Inspection (Dignity & Nutrition Review) confirmed compliance
<b>Cooperating with other providers</b>		↔	Negative comments on NHS Choices have impacted this outcome minimally.
<b>Safeguarding people who use services from abuse</b>			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.
<b>Cleanliness and infection control</b>		↓	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.
<b>Management of Medicines</b>		↔	CQC inspection in February 2011 highlighted the lack of a self administration policy
<b>Safety and suitability of premises</b>		↔	Trust has two improvement notices from the HSE in enforcement at present. The Trust action plan is in place and is being progressed.
<b>Safety, availability and suitability of equipment</b>			The Trust has recruited an experienced medical devices trainer.
<b>Requirements relating to workers</b>			Some data is available, but it is not sufficient to Calculate a risk estimate
<b>Staffing</b>		↔	Vacancy rate has reduced.
<b>Supporting workers</b>		↑	The risk has increased based on the Staff Survey 2010 results – the issues identified are known to the Trust – appraisal, training and induction.
<b>Assessing and monitoring the quality of services provision</b>			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.
<b>Complaints</b>		↔	Comments on NHS Choices and in the inpatient survey are affecting the risk to this outcome.
<b>Records</b>			The Trust did not achieve all Information Governance toolkit indicators at level 2. Data quality of SUS data sent external is continuing to negatively impact this outcome.

### Overall Contextual risk estimate

Inherent Risk	
Situational Risk	
Population Risk	

The CQC also give an overall risk rating on the Trust based on its population, its situation (organisational context) and its inherent risk based on case mix. Whilst the population risk is something the Trust can not affect, the other two can be. For Situational Risk, the Trust remains at low risk, however the inherent risk in June's QRP hit the highest possible rating of **High Red** based on the addition of new information being added to the profile.

Trusts with greater than a certain number of elective surgical cases per annum for certain procedures are less risky than those with less than this number. For SaSH, we are considered are risk because of insufficient numbers in the following:

- OPCS procedure codes K49-50, K75 (Transluminal Balloon Angioplasty) – Less than 400/annum
- ICD-10 = I71.3, I71.4 OPCS = L18.3, L18.4, L18.5, L18.6, L18.8, L18.9, L19.3, L19.4, L19.5, L19.6, L19.8, L19.9 (Other/Emergency replacement of aneurismal segment of aorta) – Less than 50/annum
- OPCS procedure codes K43-46 (Prosthetic replacement of coronary artery) – Less than 200/annum

Other case mix/inherent risk indicators where the Trust is considered as a risk are:

- The number of admissions for trauma to head, thorax and abdomen as a proportion of total admissions.
- A target occupancy level of 85% has been suggested as the recommended balance between unused bed capacity and efficient inpatient flow.
- An organisation's ratio of elective to nonelective admissions.
- The number of children's (0-17) admissions as a proportion of total admissions. (Hospitals without dedicated paediatric facilities should only admit children as day cases or one night surgical care.)
- The number of caesarean births
- The number of birth to mothers aged 35+ as a proportion of all births.
- The number of multiple births

### Summary

The CQC have identified, concerns wit our inherent risks and we are at the maximum level in terms of their indicators. Internally there are other concerns of note. The profile has not yet been updated with the inspection results from their visit in March for the Dignity & Nutrition Review where the Trust was confirmed as compliant.