

Meeting: Trust Board
Date: 22 February 2012

Title: CQC review of compliance with the essential standards for quality and safety February 2012

Executive Summary: As a CQC licensed service, the Whittington hospital is required to ensure it meets the essential standards of quality and safety. During 20th and 21st October 2011 the hospital site was inspected as part of the routine schedule of formal CQC reviews.

The review was conducted by a team of ten CQC inspectors, including a pharmacy inspector and visits were made to 18 wards and departments. 70 patients or relatives, 45 staff members and the records for 20 patients /service users were examined.

On 3 February 2012 the Trust received the Review of Compliance report (attached) which confirmed that the hospital was meeting all the essential standards of quality and safety. To maintain compliance the CQC has suggested that some improvements are made.

The Board is asked to note that the inspection team found that most people they spoke to had received a good level of care, treatment and support, and some were very proud of their local hospital. People were generally very complimentary about the staff and said that they explained and answered questions about their care and treatment. Very few people had complaints about the service. The CQC saw examples of excellent practice throughout the hospital with patients receiving a high standard of care and staff taking time to speak to them about their treatment

The six outcomes which have been identified as requiring improvement are as follows:

Outcome 2 : Consent to care and treatment

The CQC found the hospital to have robust arrangements to seek consent with doctors primarily undertaking assessments. It considers that there is a need for more training for nursing and healthcare assistants to ensure that they support people in line with best interests.

Outcome 4 : Care and welfare of people who use services

Whilst the CQC saw examples of excellence practice throughout the hospital it considers that further improvement in managing waiting times in the emergency department and outpatients is required.

Outcome 10: Safety and premises

The CQC considers that suitable premises are generally provided but advises that some improvements are made to the facilities on the maternity wards, and outpatient clinics, and in the provision of television/radio across all wards



Outcome 13 : Staffing

The CQC considers that the hospital generally has sufficient staff but suggests room for review of the deployment of staff in particular areas.

Outcome 14 : Supporting staff

Whilst the CQC considers the hospital has suitable arrangements to ensure staff are competent and that their welfare needs are met they identified room for improvement in staff appraisals and mandatory training.

Outcome 17 : Complaints

The CQC found that the hospital has an appropriate system for the management of complaints and comments but suggests improvements to publicising the PALs service across the Trust and improving the response time to complaints received.

To ensure that the hospital services maintain compliance with the essential standards the CQC requires the Trust to provide a report within 28 days setting out the actions and timescales to ensure these improvements are made.

The Assistant Director of Nursing and Patient Experience will support the divisions to develop a robust action plan which addresses the concerns for each of the six outcomes. Approval will be sought from the divisions prior to submission to the CQC. The agreed action plan will be presented to the Quality Committee and Trust Board in March 2012.

The Review of compliance report is available to the public via the CQC website.

The Chief Executive and Director of Nursing and Patient Experience will ensure that staff are thanked for their contribution and have an opportunity to celebrate the positive messages in this report.

Action: The Board is asked to receive the report and note the recommendations and actions required.

Report From: Jennie Williams Assistant Director of Nursing and Patient Experience.

Sponsor: Bronagh Scott Director of Nursing and Patient Experience.

Financial Validation Lead: Director of Finance	Richard Martin
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<p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p>	<p>Reference: NHSLA acute standards for trusts, standard 2</p>
<p>Compliance with Care Quality Commission Regulations / Outcomes</p> <p>Lead: Executive Director of Nursing & Patient Experience</p>	<p>Reference: Regulation 10(3) of the Health and Social Care Act (2003) Essential standards of quality and safety.</p>
<p>Compliance with Auditors' Local Evaluation standards (ALE)</p> <p>Lead: Director of Finance</p>	<p>Reference:</p>