UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 APRIL 2019

Title:	**QUARTER 4 COMPLIANCE AND ASSURANCE REPORT**
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Sylvie Bidonde, Interim Head of Clinical Governance and Patient Safety

Purpose:	To provide the Board of Directors with information regarding internal and external compliance as of 31st March 2019.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	• There were 16 queries raised by the CQC in Q4. • The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations in 86% of cases (Divs A to D) and 44.7% (Divs 1 to 5). • There were 8 external visits in Q4.	
Recommendations:	The Board of Directors is asked to accept the report.	
Approved by:	David Burbridge	Date: 25/04/2019

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25TH APRIL 2019

QUARTER 4 COMPLIANCE AND ASSURANCE REPORT

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1. Purpose

1.1 The purpose of this paper is to provide the Board of Directors with information regarding internal and external compliance as of 31st March 2019.

1.2 The report includes data for University Hospitals Birmingham NHS Foundation Trust and data has been broken down as follows:

1.2.1 Trust-wide

1.2.2 Data across Divisions A to D

1.2.3 Data across Divisions 1 to 5

2. Trust Compliance with Regulatory Requirements

2.1 Care Quality Commission (CQC)

2.1.1 The Trust is governed by several regulatory requirements and the Corporate Affairs Directorate currently has specific oversight of the CQC requirements.

2.1.2 Following the CQC site inspections in October 2018 and the Well-Led inspection in November 2018, a draft report and an evidence log was received by the Trust on 4 January 2019, for 'Factual Accuracy' checking.

2.1.3 The Trust's Factual Accuracy schedule was returned to the CQC on 22 January 2019, with an accompanying letter seeking a review of elements of the report and providing additional evidence where it was felt that the CQC's draft report did not present a fair view of a service or an aspect of the Well- Led framework.

2.1.4 As a result of the Trust's submissions, the draft report was amended and some of the ratings were changed to an improved position.

2.1.5 The Report was published on the CQC website, on 13 February 2019. A full copy can be found using this link: https://www.cqc.org.uk/sites/default/files/new_reports/AAAH7530.pdf

2.1.6 Ratings for the Trust overall were as follows:

- Overall Trust rating - GOOD
- SAFE – GOOD
- CARING – GOOD
- EFFECTIVE – GOOD
- RESPONSIVE – GOOD
- WELL LED – OUTSTANDING

2.1.7 On a site/service level, there were no ratings of Inadequate and all sites inspected had a rating of Good for Caring. Almost all sites and services were rated Good for Effectiveness and Surgery was rated as consistently Good for Well Led across the whole Trust.

2.1.8 The report identifies a number of actions for the Trust to take and ensure compliance with the CQC standards. On a Trust-wide basis, areas for improvement were identified as follows:

- Safe: Workforce – Staffing levels and skills, engagement;
- Safeguarding – MCA/Dols, staff training;
- Surgery – consistent use of WHO checklist;
- Medicine – Care for older people on some wards;
- Responsive: Performance – Waiting times and A&E performance; and
- Well Led: Governance – Assurance on storage of medicines, risk management, incident reporting, complaints handling.

2.1.9 An action plan has been developed by the relevant leads. This action plan also identifies the Groups responsible for monitoring implementation of these actions. The final action plan has been shared with the CQC on the 12 April 2019.

2.2 Outstanding actions that relate to previous CQC inspections or correspondence

Prior to the CQC inspection that took place in October 2018, action plans from UHB and HEFT from pre-merger inspections were re-reviewed and the following 'must do' actions remain outstanding:

2.2.1 QEHB: There remains one outstanding action from CQC's inspection in January 2015 regarding the lack of a Mental Health assessment room. The building works for the room have been completed and was handed over from estates in February 2019. Division C have ordered furniture following advice from the Liaison Psychiatry Service on suitable furniture. When the furniture is in place, the room will be functional and the Mental Health Trust will be able to start the application process for Accreditation with the Psychiatric Liaison Accreditation Network (PLAN); this will take approximately 6 months.

2.2.2 Solihull: From the inspection in September/October 2016, all but one of the actions has been completed. The only outstanding action is that the hospital did not collect data to determine rates of surgical site infection at Solihull Hospital. This work is being led by the Divisional Director for Division 5 and the progress of this is being monitored by the Clinical Quality Monitoring Group (CQMG).

2.3 CQC Queries

There were 16 queries raised by the CQC in Q4. 10 of these queries have been closed by the CQC as they have advised that they are satisfied with the responses and actions taken by the Trust. 6 of the queries are still open with ongoing communication with the CQC.

2.4 Regulation 28 – Prevention of Future Death Reports

In Q4 the Trust received 1 Regulation 28 report following the inquest into the death of a patient who underwent an endoscopic oesophageal dilatation procedure for the management of oesophageal cancer. The trust provided a response on the 14 March 2019, highlighting the steps taken to review current practice at GHH which include a single MDT to support decision making in oesophago-gastric cancer care; implementation of a gastroenterology ward round at the week end on the GHH site and full integration of service delivery in line with the new Trust operational division structure.

2.5 Compliance Framework

2.5.1 There is a framework in place to ensure the Trust is compliant with external regulation. The measures that are included in the framework have been put together following a review of various external standards; this includes the CQC Fundamental Standards, existing peer review standards e.g. NHS England Peer Review Programme and accreditation requirements e.g. JAG, IQIPS, ISAS. Assurance is sought by Clinical Governance and Patient Safety Team to ensure that specialties in all divisions meet the requirements of the compliance framework.

2.5.2 This is now in its second year for Divisions A to D and is embedded across all applicable specialties in all divisions. It was introduced in July 2018 to Divisions 1 to 5 and the framework has been shared with those Divisional management teams. The Clinical Compliance Team is continuing to work with the specialties in Divisions 1 to 5 to embed the process and assess compliance.

2.5.3 The Corporate affairs department are also reviewing their compliance framework and the monitoring of policies as part of the ongoing preparation for well-led inspections.

2.5.4 Outcome reports and action plans are updated every quarter by the corporate affairs directorate and monitored via specialty meetings, Divisional meetings and Director of Corporate Affairs Governance Group meetings.

2.5.5 During Q1 19/20, the compliance framework will be reviewed to incorporate findings from the recently published CQC report and any newly published regulation standards. The data source used to complete the evaluation of the specialties self-assessment will also be reviewed to reflect the new operational divisional structure. In view of the changes to the divisions' structure and the role changes of clinical and operational staff, specialities will not be asked to complete a self-assessment. Therefore the Q1 19/20 assessment will solely be based on review of evidence gathered by the Clinical Compliance team.

3. NICE Guidance

3.1 The graph below shows the current compliance levels for NICE guidance. The specialties within Divisions A to D either meet all recommendations, or are working towards meeting all recommendations in 86% of cases (no change since previous quarter). The corresponding figure for specialities within Divisions 1 to 5 is 44.7% (42.9% in the previous quarter).

3.2 For the specialties within Divisions 1 to 5, the Clinical Compliance Team is undertaking a wholesale review of NICE guidance in all areas. As a result of this, 53.5% of NICE guidelines are currently shown as under review. Where applicable, best practice from specialties across sites is being shared.

Figure 1: Trust compliance with NICE Guidance – Divisions A to D

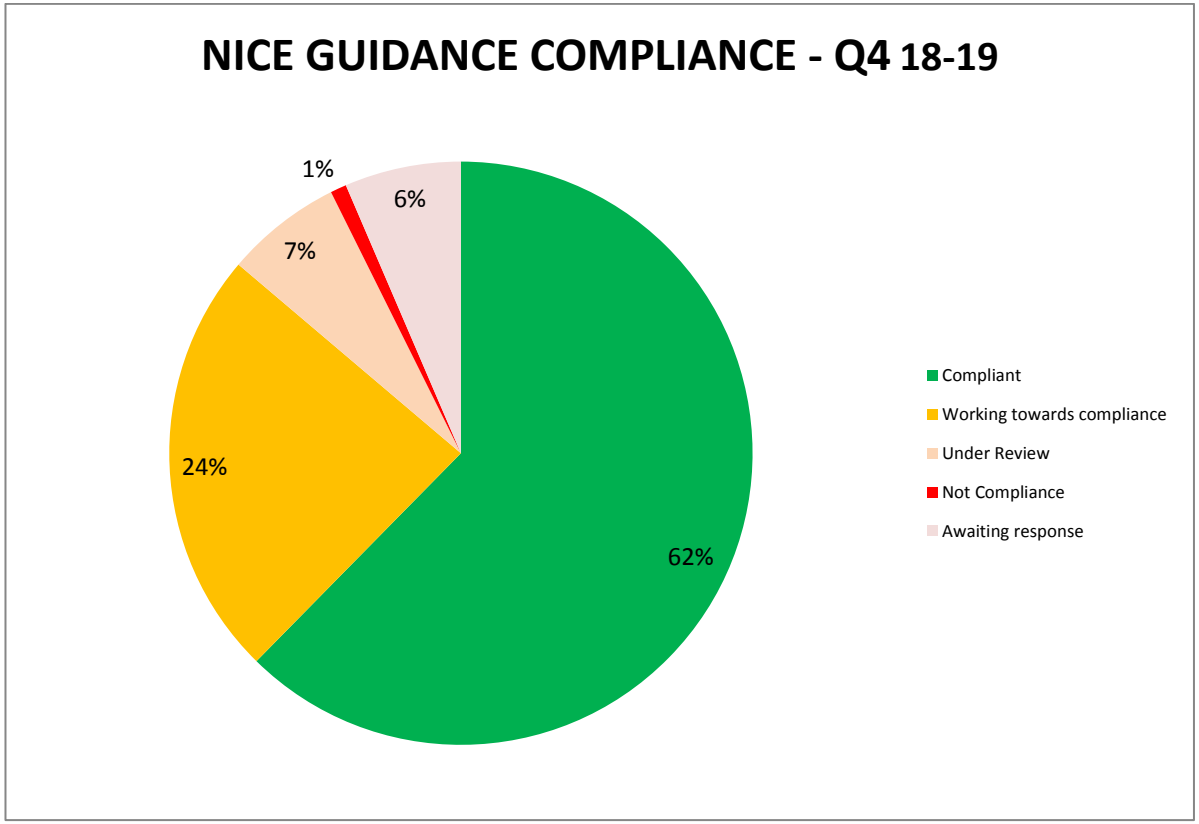
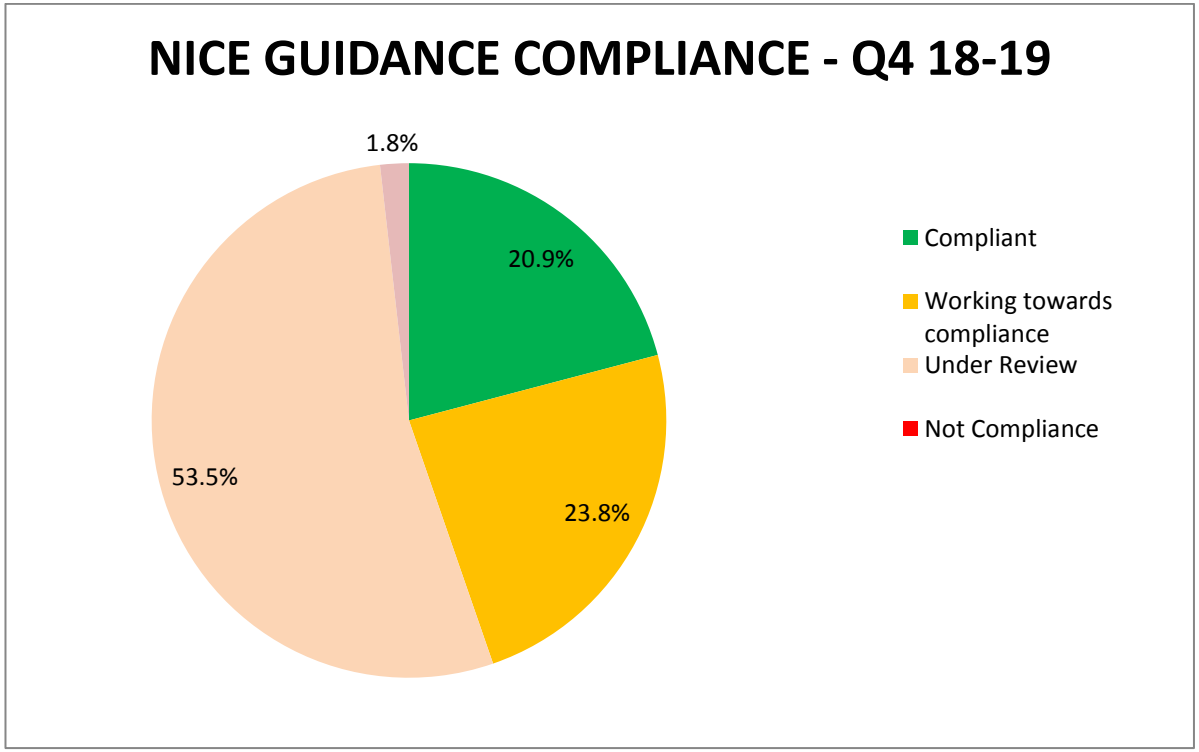


Figure 2: Trust compliance with NICE Guidance – Divisions 1 to 5



4. Trust Compliance with External Visits/Peer Reviews

4.1 Across UHB, there were **8** external visits during Q4 18/19. The table below also included updates from **6** visits in previous quarters where the report had not yet been received or where updates have been received since the time of reporting.

4.2 The assurance criteria, which external visits are graded against is detailed below:

4.2.1 Positive assurance (Maintained accreditation (where applicable) with only minor areas for improvement required or all identified issues addressed and accreditation (where applicable) achieved) – **9** visits

4.2.2 Neutral assurance (Maintained accreditation (where applicable) with areas for improvement – Action plan required to address significant areas for improvement) – **2** visits

4.2.3 Negative assurance (Maintained accreditation) with significant areas for improvement - – Action plan required to address significant areas for improvement) – **0** visits

4.2.4 Risk to Service continuity/loss of accreditation – Accreditation has been removed – **0** visits

4.3 The Trust is awaiting the outcome of **3** external visits. The outcome of these will be provided / updated in the Q1 2019/20 report.

4.4 The table below summarises the assurance level for these external visits

Site	Division	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
BHH	4	PHE (Public Health England) SQAS (Screening Quality Assurance Service)	Oncology / Bowel Screening	08/03/19	Objectives set by PHE have now been met. Ongoing monitoring by the SQAS team will continue.	Positive
GHH & BHH	3	Newton Europe	Discharge Hub, GHH & BHH	22/02/19 (GHH) 13/03/19 (BHH)	Visit to see what office space looks like and how referrals are processed from the ward to social services. No risks to staff or patients identified during the visit, no report to be received.	Positive
QEH	Corporate	Education and Skills Funding Agency	Education	22/01/19	A positive visit - no action identified by the visiting team. All appropriate controls in place and visiting inspectors satisfied.	Positive

QEH	B	GIRFT (Getting It Right First Time)	General Surgery	21/01/19	No QE specific recommendations have been made. Report has been received and filed no further action required at this point. A final report will be compiled that will recommend national recommendations for all General Surgery units in the country.	Positive
QEH	B	NHS England	Cardiac Surgery/Lung Transplant Programme	07/02/19 & 08/02/19	Review of lung transplantation programme by NHS England following publication of recent outcomes. Awaiting report.	TBC Q1 2019/20
QEH	A	HTA (Human Tissue Authority)	Tissue Services	08/01/19	Bi-yearly audit, a positive visit by the HTA audit team. Four issues raised by the visiting team – a CAPA is in place to address these.	Positive
QEH	A	HTA (Human Tissue Authority)	Tissue Services	05/02/19 to 07/02/19	No serious concerns were raised, only minor shortfalls. The feedback at the closing meeting was very positive and praised many areas of good practice. Awaiting final report.	TBC Q1 2019/20
QEH	A	UKAS (United Kingdom Accreditation Services) for ISO15189	Cellular Pathology	09/01/19	Successfully recommended for maintenance of accreditation. This will be confirmed following close out of the 14 mandatory actions. Awaiting decision from UKAS Decision Maker.	Positive

BHH	1	Human Tissue Authority (HTA)	Tissue Services	10/10/18 – 11/10/18	All 8 minor shortfalls have been addressed by a CAPA and returned to the HTA (January 2019). Awaiting feedback and confirmation of renewal of license.	Neutral
QEHB	C	Getting it Right First Time (GIRFT)	Ophthalmology	01/10/18	No serious concerns raised by the GIRFT team. Specialty currently awaiting receipt of report from GIRFT that will recommend national recommendations for all units in the country.	Positive
QEHB	B	Getting it Right First Time (GIRFT)	Breast Surgery	22/10/18	No QE specific recommendations have been made. Report has been received and filed no further action required at this point. A final report will be compiled that will recommend national recommendations for all Breast Surgery units in the country.	Positive
QEHB BHH	D 3	Health Watch Birmingham	Haematology OPD / Cancer Centre	18/12/18	Awaiting report.	TBC Q1 2019/20
Corporate	Education	Health Education England	Education / Surgery	04/10/18	An action place is in place to address issues raised by HEE.	Neutral
Corporate	Corporate	Health and Safety Executive	Various	19/12/18	A new occurrence of occupational dermatitis was reviewed by the HSE during a visit on 19/12/18. HSE were happy with Trust actions.	Positive

5. Outcome of Audits

5.1 National Audits:

5.1.1 UHB is currently either participating in or scheduled to participate in 45/47 National Audits listed on the HQIP Quality Accounts during 2018/19.

5.1.2 There are two audits currently not participated in by the Trust:

- The National Cardiac Arrest Audit – long standing agreement to not participate from Medical Director due to concerns over the methodology of the audit.

- National Diabetes Audit – There has been agreement amongst the Diabetes team to improve participation in aspects of the audit programme for 2018/19.

5.2 Local Audits:

Divisions A to D

Quarter	Month	Total Audits Registered	Total Audits Started	Total Audits Completed
1	April	48	55	18
	May	61	46	22
	June	71	65	20
2	July	56	46	15
	August	54	45	26
	September	81	72	15
3	October	91	81	22
	November	90	81	19
	December	52	49	22
4	January	104	89	24
	February	75	68	122
	March	66	62	37

Divisions 1 to 5

Quarter	Month	Total Audits Registered	Total Audits Started	Total Audits Completed
1	April	15	22	7
	May	27	30	20
	June	29	11	10
2	July	56	46	15
	August	54	45	26
	September	81	72	15
3	October	27	16	1
	November	46	33	18
	December	52	38	38
4	January	27	27	18
	February	29	29	4
	March	35	35	10

3. Recommendation

The Board of Directors is asked to accept this report.

David Burbridge **April 2019**
Director of Corporate Affairs