

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 6 FEBRUARY 2014

Title:	COMPLIANCE AND ASSURANCE REPORT	
Responsible Director:	David Burbridge, Director of Corporate Affairs	
Contact:	Bob Hibberd, Head of Clinical Risk and Compliance Sue Morgan, Interim Head of Corporate Risk and Compliance	
Purpose:	To present an update to the Board of Directors of the internal and external assurance processes.	
Confidentiality Level & Reason:	Confidential	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	<ul style="list-style-type: none"> • The Trust is compliant with 15 of the 16 Essential Standards. • The Trust is risk rated at Band 3 with 1 being the worst and 6 being the best. • The percentage of risk registers that were either compliant or partially compliant, when combined, was 97%. • Substantial assurance received from three internal audits. • New CQC inspection process. • Changes to the NHSLA Risk Management Standards. 	
Recommendations:	The Board of Directors is asked to accept the report.	
Approved by:	D Burbridge	Date: January 2014

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 6 FEBRUARY 2014

COMPLIANCE AND ASSURANCE REPORT

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1. Purpose

This paper presents internal and external compliance.

2. Internal Assurance

2.1 Care Quality Commission (CQC) Essential Standards of Quality and Safety

The Trust has a process in place to ensure assurance against the Essential Standards. Table 1 below is an overview of the Trust position on Outcome 16. External assessment is the rating given to the Trust by the CQC and the internal assessment is the rating against the outcomes based on internal assurance provided as part of the Governance Framework. 15 of the 16 outcomes are compliant.

Outcome	Internal Assessment	CQC External Assessment	Explanation	Assurance
CQC Essential Standards Outcome 16: Assessing and Monitoring the Quality of Service Provision	Amber-Green	Non compliant – minor improvements	Date of inspection: 22-24 July 2013 Review of Outcomes: 16(Assessing and Monitoring the Quality of Service Provision) 4 (Care and Welfare of People Who Use Services) 7 (Safeguarding People Who Use Services from Abuse) 13 (Staffing). Compliance: Not compliant with Outcome 16. An issue was identified in relation to the documentation of patient's food intake. Impact: Minor	Actions in place reviewed and agreed by Chief Nurse, monitored at Care Quality Group.

2.2 Risk Register Audit

The Trust has a process in place to ensure that risk registers are reviewed and compliance (risk registers compliant or partially compliant) reported on a quarterly basis.

Target	Q2	Q3
95%	97%	97%

2.3 National Institute for Health and Care Excellence (NICE) Guidance

The Trust has a process in place to implement, review and record decisions where recommendations are not being met. The Trust is compliant, or working towards meeting all recommendations, in 65% of cases. In 1% of cases there is a divergence against NICE recommendations. The remaining guidance is under review or awaiting a response from the guidance lead.

2.4 National Audit

The Trust is fully or partially participating in 91% of applicable mandated national audits. Participation in national audit is monitored by the Clinical Quality Monitoring Group.

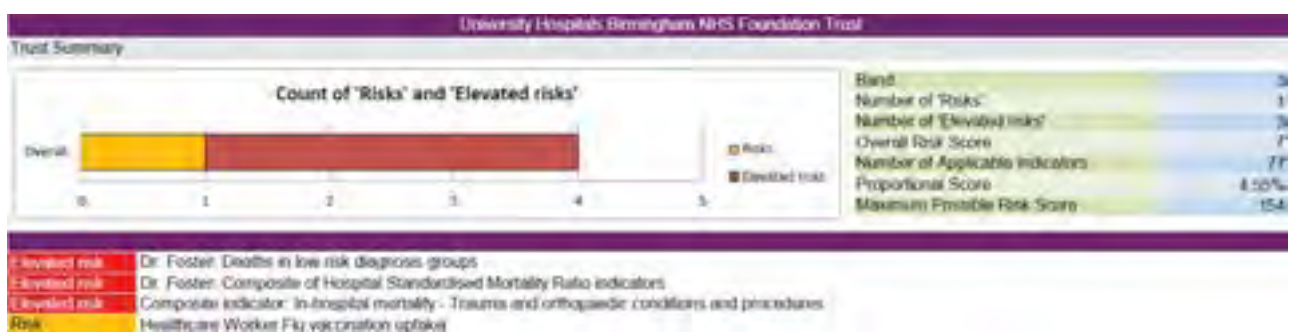
2.5 Internal Audit

Deloitte undertook an internal audit of the processes for clinical audit and standards, CQC and Serious Incidents Requiring Investigation (SIRI) all internal audits reported an assurance level of substantial.

3. External Assurance

3.1 CQC Intelligence Monitoring Data

The Trust has a process in place to ensure that intelligence monitoring data published by the CQC is reviewed and reported to the Director of Corporate Affairs, Medical Director and Executive Chief Nurse. The Trust is currently placed in Band 3 of 6, with 1 being the worst and 6 being the best.



The methodology continues to be adapted by the CQC.

3.2 External Visits

The Trust has a process in place to ensure the appropriate co-ordination and evaluations of external recommendations arising from external agency visits, inspections, accreditations and peer review/assessment. In Quarter 3, the Risk and Compliance Unit were notified of 2 visits by external organisations with 1 action plan outstanding. Actions are monitored by the Director of Corporate Affairs' Governance Group.

4. Changes to the way the Trust is inspected

4.1 The CQC are introducing a new way of inspecting services. The Trust will be inspected by December 2015. The CQC will base their inspection process on five new Expected Standards:

4.1.1 Is it safe?

4.1.2 Is it effective?

4.1.3 Is it responsive?

4.1.4 Is it well-led? and

4.1.5 Is it caring?

4.2 Eight “core services” will always be inspected, they are:

4.2.1 Accident & Emergency;

4.2.2 Emergency medical services including frail elderly;

4.2.3 Emergency surgical services including theatres;

4.2.4 Critical Care;

4.2.5 Paediatrics;

4.2.6 End of Life Care;

4.2.7 Outpatients (selected); and

4.2.8 Maternity (Not applicable to the Trust).

4.3 The CQC will give each core service and the Trust a rating of poor to outstanding.

4.4 The Department of Health are currently consulting on the new regulations to replace the Essential Standards with Fundamental Standards, as recommended by Francis.

5. Safe and Learning Service (NHSLA)

The NHSLA Risk Management Standards ceased to exist in March 2013. They will be replaced by a Safety and Learning Service focussing on improving outcomes, learning from claims, reducing harm and improving patient and staff safety.

6. Recommendation

The Board is asked to accept this report regarding compliance.

David Burbridge
Director of Corporate Affairs

January 2014