

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 APRIL 2014

Title:	COMPLIANCE AND ASSURANCE REPORT	
Responsible Director:	David Burbridge, Director of Corporate Affairs	
Contact:	Sarah Favell, Associate Director of Corporate Affairs, Legal and Risk Bob Hibberd, Head of Clinical Risk and Compliance	
Purpose:	To present an update to the Board of Directors of the internal and external assurance processes.	
Confidentiality Level & Reason:	None	
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 CQC Essential Standards. • The Trust is CQC risk rated at Band 4 of 6, with 1 being worst and 6 being the best (Q4, Band 3). • The percentage of risk registers that were either compliant or partially compliant, when combined, was 99%. <p>Substantial assurance received from the Board Assurance Framework internal audit.</p>	
Recommendations:	The Board of Directors is asked to accept the report.	
Approved by:	D Burbridge	Date: 16 April 2014

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BOARD OF DIRECTORS
THURSDAY 24 APRIL 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 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, this remains the same as Quarter 3 13-14. 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	Q3	Q4
95%	97%	99%

2.3 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 67% (65%, Q3) 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

During 2013/14 UHB participated in 90% of the national clinical it was eligible to participate in.

2.5 Internal Audit

KPMG undertook an internal audit of the processes for the Board Assurance Framework (BAF) and reported an assurance level of significant.

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 placed in Band 4 of 6 with 1 being the worst and 6 being the best (Q3, Band 3).



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 4 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. **Department of Health (DH) consultation to replace the Essential Standards with Fundamental Standards**

4.1 The Trust responded to the consultation by the DH on the new regulations to replace the Essential Standards with Fundamental Standards, as recommended by Francis. In particular the Trust advised that offences subject to prosecution are still broad enough for different interpretation and judgement. If there are to be criminal sanctions, it is essential that the requirements for compliance are clear and not subject to subjective interpretation. There must be consideration of the importance of clinical opinion in choosing to diverge from 'generally accepted professional standards' depending on the circumstances and in partnership with the patient, also consideration of the patient right of refusal to treatment if they are deemed to have capacity or their best interests in the absence of capacity.

5. **Response to Francis recommendations**

The Trust has linked on going work to the Trust Quality Account priorities and to the on going assurance gathering as part of the Governance Framework.

6. **Recommendation**

The Board of Directors are asked to accept this report.

David Burbridge
Director of Corporate Affairs