

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 29 JANUARY 2015

Title:	QUARTER 3 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 Louisa Sorrell – Senior Manager Clinical 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 all CQC Essential Standards – based on CQC Assessment • The Trust is CQC risk rated at Band 5 of 6, with 1 being worst and 6 being the best (Q4, Band 4). • The percentage of risk registers that were either compliant or partially compliant, when combined, was 100%. • There were 4 external inspections during Quarter 3.
Recommendations:	The Board of Directors is asked to accept the report.
Approved by:	D Burbridge
	Date: 22 January 2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 29 JANUARY 2015

QUARTER 3 COMPLIANCE AND ASSURANCE REPORT

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1. Purpose

This paper provides the Board with information regarding internal and external compliance as of 31 December 2014.

2. Internal Assurance

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

2.1.1 The Trust has a process in place to ensure assurance against the Essential Standards. Table 1 below is a review of the Trust position, internal and external assessment of compliance against Essential Standards.

Outcome	Internal Assessment	CQC External Assessment at last assessment	Explanation	Assurance
CQC Essential Standards Outcome 16: Assessing and Monitoring the Quality of Service Provision	Compliant	Compliant	<p>Date of inspection: Unannounced inspection on 28 November 2014 to follow up on previous inspection 22-24 July 2013</p> <p>Outcomes: CQC report deemed the Trust fully compliant: People were safe and benefited from appropriate arrangements to assess their needs and plan, provide and regularly review care and treatment that met their needs and protected their rights</p> <p>The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service.</p>	<p>Latest CQC inspection report. Internal processes to give BoD assurance on progress against standards and reduction of pressure ulcers. Internal pressure ulcer campaign.</p> <p>An audit of patients who require assistance whilst feeding is being undertaken monthly and reviewed at Care Quality Group.</p>

Outcome	Internal Assessment	CQC External Assessment at last assessment	Explanation	Assurance
CQC Essential Standards Outcome 9: Medicines Management	Amber-Green	Compliant	<p>Following annual audit for safe and secure medicine, actions to improve some aspects of management of medicines were identified. The issues were discussed at Safe Medicines Practice and the action plan presented at Clinical Quality Monitoring Group. The risks have been added to the Medical Director & Chief Nurse Executive risk registers.</p> <p>Further audit shows considerable improvement (see assurance column).</p> <p>However, as there remains insufficient assurance of overall compliance in a small number of specific areas, this Outcome 9 remains at partial compliance.</p>	<p>Further audits of compliance undertaken and ongoing audit to provide further assurance of improvements.</p> <p>ADNs providing specific focus on areas below standard.</p> <p>An outline business case to implement a medicines security system is being progressed.</p> <p>Internal audit has undertaken a review and identified where further improvements are required – underpinning Trust audit processes.</p>

2.1.2 The UHB CQC Project Board has overseen preparation for the CQC inspection in January 2015. An assessment of the Outcomes against the CQC 5 Domains has been undertaken.

2.1.3 The CQC data pack has been received, completed, submitted and all further data queries have been validated and resubmitted. Briefing for staff groups has been undertaken with a Communications strategy implemented to ensure that Frequently Asked Questions are addressed. Logistics for the inspection have been arranged including a schedule for the inspection duration. An internal panel to manage the flow of requests for data and information during the inspection has been established.

2.2 Risk Register Audit

2.2.1 Compliance for quarterly review of risk registers is as follows:

Target	Q1	Q2	Q3
95%	99%	87%	100%

2.2.2 Where there is no evidence that high and significant risks have been reviewed the Risk and Compliance Unit will liaise with the relevant management teams to ensure a quarterly review.

2.2.3 The audit will be repeated for Quarter 4, 2014-15 to ensure continued

monitoring of compliance with the risk register process. The Risk and Compliance Unit will continue to liaise with the owners of any risk registers that are non-compliant.

2.3 NICE Guidance

- 2.3.1 The Trust has a process in place to implement, review and record decisions where recommendations are not being met.
- 2.3.2 The Trust either meets all recommendations, or is working towards meeting all recommendations, in 73% of cases (previous quarter was 67%). In 14% of cases, the guidance is under review by a senior clinician. In 11% of cases the Risk and Compliance Unit are awaiting a response from the Guidance Lead. In 1% of cases there is a divergence against NICE recommendations. Overdue responses are highlighted at Specialty meetings and are escalated to the Divisional Clinical Quality Group and / or the Clinical Standards Audit Group.

2.4 National Audit

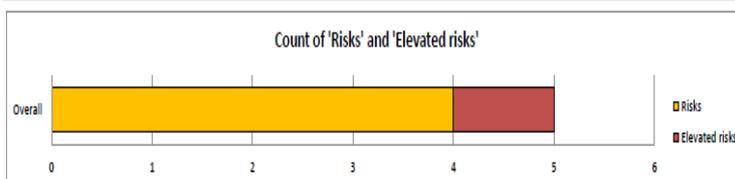
During 2013/14 UHB participated in 90% of the national clinical it was eligible to participate in. Non participation has been approved by the Medical Director via the Clinical Quality Monitoring Group. Two exceptions are as follows:

- 2.4.1 National Audit of Emergency Laparotomy (NELA)
Comparative cumulative figures detail UHB as having entered less than 50% of estimated cases for the 1st year of the audit. These figures have been reviewed and challenged by UHB as this number appears significantly higher than what is coded by the Informatics team. NELA have confirmed that the numbers are determined by using a 6 year average and that these are a very rough estimate which should not cause any concern. UHB are confident all applicable cases are included in the audit and this data is currently being verified. Plans are underway to allow access to the NELA website on the PCs in Theatres to allow immediate data entry.
- 2.4.2 ICNARC
There is currently a significant backlog of cases that require data entry. The Division are currently reviewing the resources allocated and have commenced a dialogue with IT with regard to building an in-house database to populate electronically. An update paper will be provided to the Clinical Quality Monitoring Group in February.

3. **External Assurance**

- 3.1 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 5 of 6 with 1 being the worst and 6 being the best (Q2, Band 2).

Trust Summary



Priority banding for inspection	5
Number of 'Risks'	4
Number of 'Elevated risks'	1
Overall Risk Score	6
Number of Applicable Indicators	88
Percentage Score	3.41%
Maximum Possible Risk Score	176

Elevated risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (01-Apr-14 to 30-Jun-14)
Risk	Composite indicator: In-hospital mortality - Neurological conditions
Risk	Composite indicator: Emergency readmissions with an overnight stay following an elective admission (01-Apr-13 to 31-Mar-14)
Risk	All cancers: 62 day wait for first treatment from urgent GP referral (01-Apr-14 to 30-Jun-14)
Risk	The proportion of patients whose operation was cancelled (01-Apr-14 to 30-Jun-14)

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 4 visits by external organisations with one action plan outstanding. Full details of the outcome of the visits are below:

Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
Human Tissue Authority (HTA)	Human Tissue Licence for our Tissue Services	17 December 2014	<p>The HTA were satisfied that the previous inspection recommendations had been addressed by all relevant departments. They were particularly pleased with the improved practices and processes that had been implemented in the Male Theatre Changing Room and recognised a huge effort had gone into this from all staff to make the changes.</p> <p>UHB is compliant within our HTA licence for Human Application but need to complete the recruitment required for the team to support future compliance. The next visit is planned in August 2015.</p>	Positive
CCG - Clinical Commissioning Group	Radiology Services	20 October 2014	<p>Background - In 2013 following a cluster of UHB radiology reported Serious Incidents (SIs) regarding delayed imaging/diagnosis a retrospective 'look back' took place with the CCG. Various actions were implemented by the radiology department as a consequence.</p> <p>Outcome – CCG visited the Trust to review the actions that were implemented and our current processes. They advised that there have not been any recent serious incidents in relation to delayed imaging/diagnosis indicating the new process is working well. The CCG identified no further actions and were identified.</p>	Positive

Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
Health & Safety Executive	Microbiology Cat 3 area	10 December 2014	Awaiting Report - verbal feedback did not raise any concerns – to update in Quarter 4 Compliance Report	TBC
CCG - Clinical Commissioning Group	Duty of Candour and WHO checklist processes	12 November 2014	Reviewed our processes for both Duty of Candour and WHO checklist and considered that the Trust is compliant	Positive

4. **Recommendation**

The Board of Directors is asked to accept this report.

David Burbridge
Director of Corporate Affairs

January 2015