

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 JULY 2018

Title:	QUARTER 1 COMPLIANCE REPORT
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Louisa Sorrell, Head of Clinical Risk and Compliance Ian Shakespeare, Senior Manager Clinical Compliance

Purpose:	To provide the Board of Directors with information regarding internal and external compliance as of 30 June 2018.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	<p>For the purposes of this report data relating to HEFT is referred to as Heartlands, Good Hope and Solihull (HGS). All other data is referred to as Queen Elizabeth Hospital Birmingham (QEHB).</p> <ul style="list-style-type: none">• There were 16 queries raised by the CQC in Q1 across all hospital sites (3 for QEHB and 13 for HGS)• The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations, in 85% of cases at QEHB and 34.6% at HGS• There were 6 external visits in Q1 across all hospital sites• Compliance for quarterly review of risk registers is 94%	
Recommendations:	The Board of Directors is asked to accept the report.	
Approved by:	David Burbridge	Date: 17/07/2018

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 26 JULY 2018

QUARTER 1 COMPLIANCE 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 30 June 2018.
- 1.2 The report includes data prior to University Hospitals Birmingham NHS Foundation Trust acquiring Heart of England Foundation Trust. The data has therefore been broken down as follows:
 - 1.2.1 Queen Elizabeth Hospital Birmingham (QEHB);
 - 1.2.2 Heartland, Good Hope and Solihull hospitals (HGS) (previously part of Heart of England NHS Foundation Trust); or
 - 1.2.3 Reference to 'the Trust' includes data for both QEHB and HGS.

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 Outstanding actions that relate to previous CQC inspections or correspondence

For QEHB, there remains one outstanding action from CQC's inspection in January 2015 regarding the lack of a Mental Health assessment room. Construction of this room has now been approved as part of other building works taking place within ED, due to be completed in November 2018.

For HGS, from the inspection in September/October 2016, there remains one outstanding action. 5 of the 6 outstanding in Q4 have been completed within Q1. An update on the progress of the 1 remaining open actions is reviewed at the Audit Committee.

2.1.3 CQC Correspondence

There were 16 complaints/queries raised by the CQC during Q1 (3 for QEHB and 13 for HGS). Of these, responses have been sent back for 15 and CQC have advised that they are satisfied with the responses and actions taken by the Trust

and have closed the queries. There is currently 1 CQC enquiry for HGS, that is in progress and responses will be sent back in due course.

One of the CQC enquires from Q1 relating to a safeguarding concern at QEHB has been responded to by the Trust, however as of 16 July 2018, the CQC have requested some further information from the Trust, therefore this is currently outstanding.

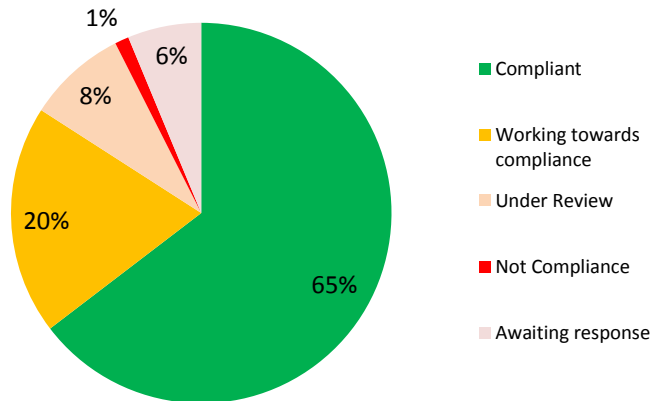
On Monday 9 April 2018, the Trust received notification that the CQC would be undertaking an investigation following receipt of a notification of a Regulation 28 Prevent Future Deaths Report following an HM Coroner Inquest relating to a HGS patient. The CQC attended Heartlands Hospital to review the patient's notes along with other documentation and met with the DCA and Director of Nursing. Further request for information have been complied with. The Trust is awaiting a further update from the CQC on this investigation.

3. NICE

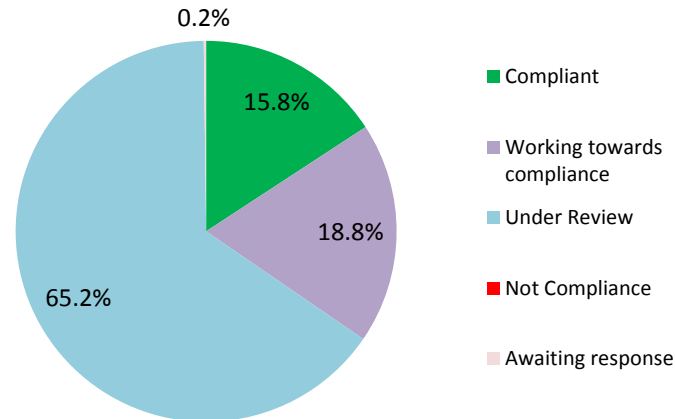
- 3.1. The graph below shows the current compliance levels for NICE guidance. The Trust either meets all recommendations, or is working towards meeting all recommendations, in 85% of cases at QEHB (85% in the previous quarter) and 34.6% at HGS.

Figure 1 & 2: Trust compliance with NICE Guidance at QE and HGS

NICE GUIDANCE COMPLIANCE - Q1 18-19



NICE GUIDANCE COMPLIANCE - Q1 18-19



4. Trust Compliance with External Visits/Peer Reviews – UHB

- 4.1. Across UHB, there were **6** external visits during Q1. The table below also included updates from **4** visits in previous quarters where the report had not yet been received at the time of Q1 reporting.
- 4.2. The assurance criteria, which external visits are graded against is 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). – **5** visits
 - 4.2.2. Neutral assurance (Maintained accreditation (where applicable) with some significant areas for improvement – Action plan required to address significant areas for improvement) – **1** visit
 - 4.2.3. Negative assurance (Major failings identified impacting on accreditation (where applicable) or function of service) – **0** visit

Division/Site	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
A (QEHB)	UKAS for ISO15189:2012	Haematology/ Blood Transfusion Labs	29/03/18 and 17/04/18	The initial recommendation of suspension from accreditation was reversed by the UKAS decision maker, who has given the lab an opportunity to provide evidence to close out the inspector's findings. All evidence has now been submitted to UKAS and a final decision is expected in August/September 2018.	Neutral
A (QEHB)	MHRA (Medicines & Healthcare products Regulatory Agency)	Radio-pharmacy	09/03/18	A positive visit which found one major* and four minor non-conformances. The major related to validation of a piece of equipment, with the minors related to environmental factors and QMS. A rectification plan has been put together and submitted to the MHRA.	Positive
A (QEHB)	BSI (British Standards Institution)	RRPPS Radiation Protection Services	17/05/18	Positive visit – all non-conformances from previous visit now closed – no new issues or non-conformances found. Accreditation maintained.	Positive
Division/Site	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level

C (QEHB)	NHSE Quality Surveillance Team (QST)	Hepatitis C (Liver Medicine)	09/04/18	A positive visit. Feedback on the day did not raise any risk or serious concerns, though there were recommended areas for improvement and good practice. No report received from the QST yet.	TBC
D (QEHB)	Getting It Right First Time (GIRFT)	ENT	21/05/18	This was a very positive meeting by the GIRFT team. No report received from the GIRFT yet.	TBC
B (QEHB)	British Society of Echocardiography	Echocardiography	21/03/18	All requirements were found to be adequate by the assessors. The service has been granted full re-accreditation for the next five years.	Positive
D (QEHB)	BSI for ISO9001:2015	Radiotherapy	05&06/03/18	Positive visit - no minor or major non-conformances found. There were three opportunities for improvement found. Recommendation for maintenance once the actions from the previous visit are closed.	Positive
Division/Site	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level

Corporate (QEHB)	HSE Health & Safety Executive	Health and Safety	17/04/18	The HSE had received 4 occurrences of occupational dermatitis. Investigations resulted in no further actions/implications for the Trust.	Positive
3 (HGS)	Emergency Access Performance Review – Ernest and Young	Emergency Care	Jan-18	Report not yet received	TBC
3 (HGS)	NHS West Midlands-Stroke Expert Advisory Group (EAG)	Stroke	Jan-18	Report not yet received	TBC

**Major concern' is defined as an issue that needs to be addressed but does not provide any immediate risk to patients, staff or the service.*

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:

- a) The National Cardiac Arrest Audit – long standing agreement to not participate from Medical Director due to concerns over the methodology of the audit.
- b) National Diabetes Audit – There has been agreement amongst the Diabetes team to improve participation in the audit for 2018/19.

5.2. Local Audits:

QEHB

Quarter	Month	Total Audits Registered	Total Audits Started	Total Audits Completed
1	April	65	64	7
	May	86	72	26
	June	61	48	22

HGS

Quarter	Month	Total Audits Registered	Total Audits Started	Total Audits Completed
1	April	15	22	7
	May	27	30	20
	June	29	11	10

6. Risk Register Audit

6.1. Internal Audit carried out an audit on the Trusts Board Assurance Framework and Risk Management process and provided 'significant assurance with minor improvement opportunities'.

6.2. Compliance for quarterly review of risk registers is as follows:

	Target	Q1	Q2	Q3	Q4
QE	95%	94%			

- 6.3. To date, this has not been routinely recorded for HGS sites, the Corporate Affairs Directorate are currently reviewing the process for monitoring and reporting compliance for the Trust.

7. Recommendation

The Board of Directors is asked to accept this report.

David Burbridge
July 2018
Director of Corporate Affairs