

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25 JULY 2019**

<b>Title:</b>	<b>COMPLIANCE AND ASSURANCE REPORT – Q1</b>
<b>Responsible Director:</b>	David Burbridge, Director of Corporate Affairs
<b>Contact:</b>	Sylvie Bidonde, Interim Head of Clinical Governance and Patient Safety, 16111

<b>Purpose:</b>	To present an update to the Board of Directors with information regarding internal and external compliance as of 30 <sup>th</sup> June 2019.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Strategy Implementation Plan Ref:</b>	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• There were 10 queries raised by the CQC in Q1.</li> <li>• The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations, in 28% of cases; 72% are currently under review post divisional restructure.</li> <li>• There were 9 external visits in Q1.</li> </ul>
<b>Recommendations:</b>	The Board of Directors is asked to accept the report.

<b>Signed:</b> David Burbridge	<b>Date:</b> 16 JULY 2019
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 25 JULY 2019

### COMPLIANCE AND ASSURANCE REPORT – Q1

#### PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

#### 1. Purpose

The purpose of this paper is to present an update to the Board of Directors on the internal and external assurance processes as of 30<sup>th</sup> June 2019.

#### 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. The report from the latest CQC inspection was published on the CQC website, together with the evidence log, on 13 February 2019. The report identifies a number of actions the Trust must take to ensure compliance with the CQC standards. These actions have been shared with the responsible leads and an action plan has been agreed. This was returned to the CQC on 12<sup>th</sup> April 2019.

2.1.3. There is an agreed process in place to monitor progress with the action plan for all “must do” actions, with the Director of Corporate Affairs’ Governance Group responsible for overall monitoring, with specific actions being monitored at the appropriate Trust group.

2.1.4. Actions the CQC designated as “should do” have predominantly been incorporated into the compliance framework (detailed in 2.4.) for ongoing monitoring.

##### 2.2 Outstanding actions that relate to previous CQC inspections or correspondence

2.2.1. Prior to the CQC inspection that took place in October 2018, both QEHB and HGS action plans were re-reviewed and the following 'must do' actions remain outstanding:

- a) 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 PLAN; this will take approximately 6 months.

- b) BHH, GHH, SH: 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 4 (previously Division 5).

### 2.3 CQC Queries

- 2.3.1. There were 10 queries raised by the CQC in Q1. 4 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. Compliance Framework

- 2.4.1. 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.
- 2.4.2. The Corporate affairs department has reviewed their compliance framework and the monitoring of policies as part of the ongoing preparation for well-led inspections.
- 2.4.3. 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.
- 2.4.4. During Q1 19/20, the compliance framework has been reviewed to incorporate findings, and specifically the 'should do' actions, from the recently published CQC report and any newly published regulatory standards. During Q2 the new compliance framework will be introduced Trust wide to all specialties.

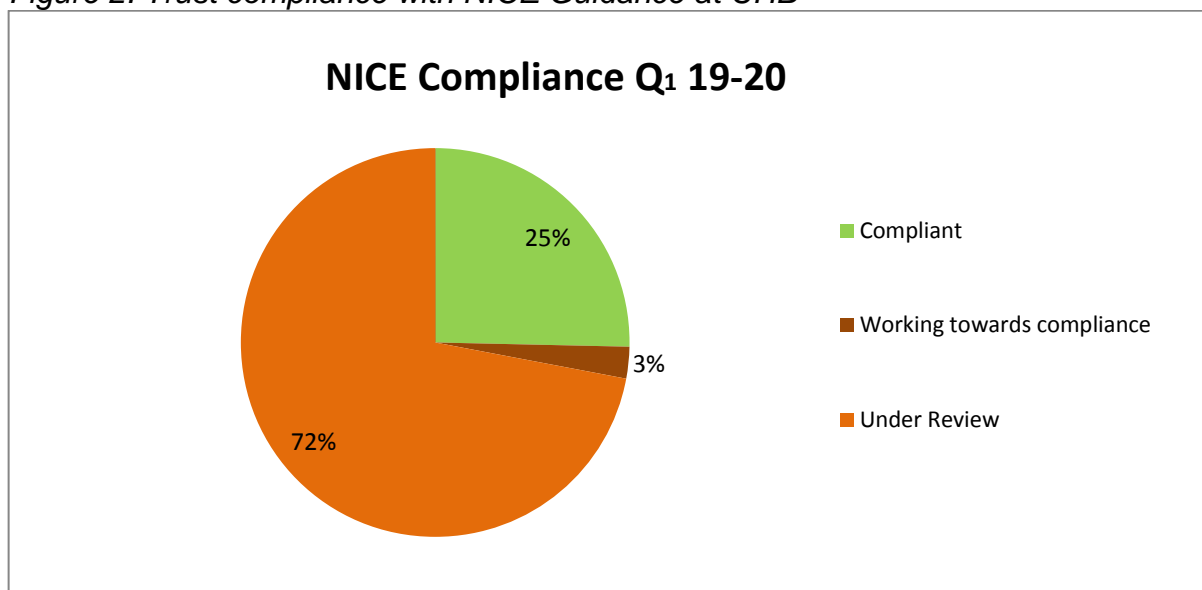
## 2.5. Regulation 28 – Prevention of Future Death Reports

2.5.1. In Q1 the Trust received 1 Regulation 28 report following the inquest into the death of a patient who died from a cardiac arrest in October 2018. The patient had reported increased shortness of breath ever since a knee replacement 4 months prior. A CT pulmonary angiogram was undertaken and although a pulmonary embolus was identifiable from the CT scan, anticoagulation was not started as there was a five week delay in reporting it; this was down to a combination of individual and systemic omissions. The Trust provided a response to the coroner on 29<sup>th</sup> May 2019, highlighting the steps taken to prevent similar occurrences taking place in the future.

## 3. **NICE**

- 3.1. Figure 2 (overleaf) shows the current compliance levels for NICE guidance. This was previously reported separately for QEHB and HGS and is now reported at Trust wide level to reflect the new operational structure for specialties and divisions.
- 3.2. The reporting at Trust level has led to a decrease in reported compliance as a specialty must now be compliant across all 4 sites to be considered compliant.
- 3.3. Compliance with guidance will be monitored on a quarterly basis and it is envisaged that the compliance rate will increase significantly each quarter as the services and processes align and as more NICE guidelines are reviewed.
- 3.4. The Trust currently either meets all recommendations, or is working towards meeting all recommendations, in 28% of cases. In 72% of case the guidance is under review by a senior clinician.

Figure 2: Trust compliance with NICE Guidance at UHB



#### 4. Trust Compliance with External Visits/Peer Reviews

4.1 Across UHB, there were **9** external visits during Q1 19/20. The table below also included updates from **2** visits in previous quarters where the report had not yet been received or where updates have been received since the time of reporting. These are detailed below:

- a) Positive assurance (Maintained accreditation (where applicable) with only minor areas for improvement required or all identified issues addressed and accreditation (where applicable) achieved) – **7** visits
- b) Neutral assurance (Maintained accreditation (where applicable) with areas for improvement – Action plan required to address significant areas for improvement) – **1** visits
- c) Negative assurance (Maintained accreditation) with significant areas for improvement – Action plan required to address significant areas for improvement) – **0** visits
- d) Risk to Service continuity/loss of accreditation – Accreditation has been removed – **0** visits

4.2 The Trust is awaiting the outcome of **3** external visits. The outcome of these will be provided / updated in the Q2 19/20 report.

Div	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
2	NHS England	Cardiac Surgery / Lung Transplant Programme: QEHB	07/02/19 & 08/02/19	13 minor areas of improvement found from visiting team. Action plan in place and on track for completion.	Positive
1	HTA (Human Tissue Authority)	Tissue Services: QEHB	05/02/19 & 07/02/19	All areas of concern and corresponding CAPA's have now been closed off	Positive
1	UKAS (United Kingdom Accreditation Services) for ISO15189	Biochemistry: QEHB	13/03/19	All IAR's have been actioned and accreditation maintenance has been received.	Positive
1	UKAS (United Kingdom Accreditation Services) for ISO15189	Haematology / Blood Laboratories : QEHB	29/03/19 & 17/04/19	All IAR's have been actioned and accreditation maintenance has been received.	Positive
1	BSI (British Standards Institute) for ISO9001:2015	RRPPS (Radiation Protection Services): QEHB	07/05/19	Two minor non-conformances found: actions are in place to address these and are on track for completion by deadline.	Positive
2	NHS QST (Quality Surveillance Team)	Congenital Heart Defects: QEHB	16/05/19	One serious concern in relation to delays in treatment. Several other recommendations made to the service. An action plan is in place and agreed with the NHSQST. Action plan in place and on track to address concerns. Serious concern addressed but not yet signed off by the QST.	Neutral

Div	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
5	BSI (British Standards Institute) for ISO9001:2015	Oncology: QEHB	03/04/19	One minor non-conformity found related to training/SOP management. An action plan is in place to address this and on track for completion by deadline.	Positive
3	School of Dental Hygiene and Therapy from Birmingham Dental School	Solihull Special Care Dental Service (Hurst Lane Clinic)	08/05/19	No report received following visit, to be updated in Q2 report.	TBC Q2 2019/20
6	UNICEF UK Baby Friendly Initiative	Maternity Services: All HGS Sites	10/04/19 & 11/04/19	No reports received following a positive visit, to be updated in Q2 report.	TBC Q2 2019/20
All	Tissue Viability	Birmingham Clinical Commissioning Group	29/04/19	A visit by the CCG to the Tissue Viability Team to QEHB to discuss the rise in grade 2 hospital acquired pressure ulcers. No report yet received from the CCG	TBC Q2 2019/20
1	Nuclear Medicine: QEHB	Environmental Agency	09/05/19	One minor non-conformance found and addressed. A CAPA has been submitted to the Environmental Agency, awaiting final sign off of report.	Positive

## 5. Recommendation

The Board of Directors is asked to accept this report.

**David Burbridge**  
**Director of Corporate Affairs**

**July 2019**

