

**AGENDA ITEM NO:**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS**

**WEDNESDAY 9 DECEMBER 2009**

<b>Title:</b>	<b>GOVERNORS' ENGAGEMENT WITH MEMBERS AND THE CARE QUALITY COMMISSION</b>
<b>Responsible Director:</b>	Director of Corporate Affairs
<b>Contact:</b>	David Burbridge, Director of Corporate Affairs, Ext 2881

<b>Purpose:</b>	To propose arrangements aimed at facilitating engagement between the Board of Governors, the members they represent and the Care Quality Commission, with regard to the latter's new system of registration.
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Medium Term Plan Ref:</b>	
<b>Key Issues Summary:</b>	<p>Core Standards are being replaced by new registration standards. Therefore, 2009/10 is a transitional year for regulation between the previous Annual Health Check system and the new system of registration and Periodic Review.</p> <p>As part of the information used for cross-checking, the CQC are inviting Boards of Governors to submit their views on the services provided by the Trust directly to the CQC.</p> <p>It is important that the Board of Governors takes its role in the CQC registration process seriously. The Board of Governors will want to ensure that its views of the performance of the Trust are properly communicated.</p>
<b>Recommendations:</b>	The Board of Governors is asked to discuss the proposals and agree the framework for engagement between the Board and the CQC.

<b>Signed:</b>	<b>Date:</b> December 2009
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF GOVERNORS

WEDNESDAY 09 DECEMBER 2009

### GOVERNORS' ENGAGEMENT WITH MEMBERS AND THE CARE QUALITY COMMISSION

#### DIRECTOR OF CORPORATE AFFAIRS

#### 1 Background

- 1.1 In 2009, the Care Quality Commission was formed, replacing the Healthcare Commission, CSCI and the Mental Health
- 1.2 Core Standards, the regulatory framework previously used by the Healthcare Commission, are being replaced by new registration standards. Therefore, 2009/10 is a transitional year for regulation in the NHS, between the previous Annual Health Check system and the new system of registration and Periodic Review. The timetable for transition is as follows:
  - 1.2.1 The CQC have required trusts to make a declaration at the end of November 2009 of their performance against Core Standards in the first 7 months of the year from 1 April 2009 to 31 October 2009. The Board of Directors have approved a declaration of full compliance for this period. In common with other bodies that were previously asked to comment on the Trust's declaration, the Board of Governors have not been asked to do so with regard to this mid-year declaration;
  - 1.2.2 In early December 2009, the CQC will publish key registration documents, including final registration standards and outcomes, and final guidance about what providers must do to meet the new standards;
  - 1.2.3 NHS organisations must submit applications for registration between 4th - 29th January 2010 and should have self-assessed their level of compliance;
  - 1.2.4 During February 2010, the CQC will cross check applications to other data and the Core Standards declarations and then complete "risk" inspections.
- 1.3 As part of the information used by the CQC for cross-checking, the CQC are inviting Boards of Governors and other organisations, such as LINKs and Overview and Scrutiny Committees, to submit their views on the services provided by the Trust directly to the CQC. The CQC have prepared some information aimed at Governors, explaining how Governors can contribute to this process. This information will be made available to Governors at the meeting.

## 2 Engagement Proposals

- 2.1 The Trust considers that it is important that the Board of Governors takes its role in the CQC registration process seriously. The Board of Governors will want to ensure that its views of the performance of the Trust are properly communicated to the CQC. However, it would be improper for individual Governors, acting in that role, to contact the CQC with “evidence” about the quality of NHS services, as this would conflict with the role of a unified board. Additionally, it has implications for patient confidentiality.
- 2.2 Therefore, whilst individual Governors should not be precluded from contacting the CQC as any other member of the public might do, any views expressed as being those of the Board of Governors will need to be discussed and approved by, or on behalf of, the Board prior to submission. Accordingly, it is considered that feedback to the CQC from the Board of Governors should be discussed by the Board of Governors and agreed, before it is passed to the CQC. Governors should by all means discuss the experiences of their members as a Board, but any evidence/views forwarded on to the CQC should be the views of the Board of Governors as a whole.
- 2.3 The Trust would seek to establish a framework whereby Governors are able to raise such matters for discussion with the Board of Directors, through the channels and mechanisms we have already put in place, and, whilst using such “evidence” to contribute to their agreed feedback to the CQC, only contact the CQC about a specific case in the event that the Governors as a Board do not consider that the Trust has dealt with the matter appropriately.
- 2.4 Therefore, in addition to the Governors’ pre-meet session where Governors can raise specific matters of concern, it is proposed that:
- 2.4.1 Governors should continue to raise and discuss specific examples of care, both good and bad, at the Governors’ pre-meetings;
  - 2.4.2 The Vice-Chair of the Board of Governors should continue to provide details of these issues to the Chairman, for discussion and response from the Directors;
  - 2.4.3 Care Quality becomes a standing item on the agenda for meetings of the Board of Governors, where trends arising out of the issues raised by members and feedback on those issues can be discussed;
  - 2.4.4 The Board of Governors forms a standing committee to consider and approve any comments that it wishes to make as a Board in relation to the Trust’s registration against the new standards or otherwise.

2.5 With regard to the impending initial registration, the CQC is asking Boards of Governors to file their comments by 31 January. Therefore, it is proposed that the standing committee meets before this date in order to consider and agree the text of any statement.

### **3 Trust's process for determining compliance with Core Standards and the new registration standards**

3.1 The Trust has had a process in place for assessing compliance with Core Standards for several years. The process can be summarised as follows:

3.1.1 Each standard consists of one or more elements. Each element is assigned to a lead, who is responsible for commenting on how the Trust meets the requirements of the element and providing evidence of that;

3.1.2 Each standard is assigned to one or more Executive Directors, who, on a quarterly basis, review the requirements of the standard and the evidence of compliance with the element against the requirements of the Core Standards and the latest Healthcare Commission Inspection Guides;

3.1.3 The Executive Leads were asked, each quarter, to confirm whether any areas of non compliance constituted a 'significant lapse' in compliance, in line with the scoring rules;

3.1.4 The "Star Chamber", a meeting of Trust Managers, meets twice yearly to review and challenge the updated evidence for Core Standards. Specific standards are selected for review based on internal and external assurance;

3.1.5 The Board of Directors is asked to confirm the declaration of compliance; and

3.1.6 Annually, the Audit Committee receives a report regarding the process of evaluating compliance, supported by a report from Internal Audit.

3.2 This process will be adjusted to take account of the requirements for registration.

### **4 CQC Sounding Board**

In addition to the above, the CQC is also actively seeking individual Governors to join their sounding board for representative groups. Additional information regarding this sounding board is set out in the CQC documentation. Any Governors who would like to volunteer to participate in this aspect are encouraged to put their names forward.

## **5 Engagement between Governors and members**

5.1 Public and Patient Governors will wish to avail themselves of opportunities to engage with the members they represent, partly to inform the Board of Governors' debate and feedback regarding the CQC registration standards.

5.2 Several Governors already partake in engagement opportunities, such health talks, drop-in sessions and Patient & Carer Councils. It is intended to extend the drop-in session programme to external venues and the DCA would like to agree individual engagement plans with each Public & Patient Governor. If Governors are agreeable to that approach, the DCA will contact them individually to discuss this.

## **6 Recommendations**

The Board of Governors is asked to consider the proposals outlined at 2.4 above and agree the framework for communications between the Board of Governors and the CQC.

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

**December 2009**