

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 24th JANUARY 2019

Title:	QUARTER 3 COMPLIANCE REPORT
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Louisa Sorrell, Head of Clinical Governance and Patient Safety Ian Shakespeare, Senior Manager Clinical Compliance

Purpose:	To provide the Board of Directors with information regarding internal and external compliance as of 31 st December 2018.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	<p>For the purpose of this report data relating to HGS refers to data from Heartlands, Good Hope and Solihull Hospitals. All other data is referred to as Queen Elizabeth Hospital Birmingham (QEHB).</p> <ul style="list-style-type: none"> • There were 24 queries raised by the CQC in Q3 across all hospital sites, 3 for QEHB, 0 for Solihull, 8 for Good Hope, 8 for Birmingham Heartlands, (16 overall for HGS), and 5 covering all sites • The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations, in 86% of cases at QEHB and 42.9% at HGS • There were 11 external visits in Q3 across all hospital sites 	
Recommendations:	The Board of Directors is asked to accept the report.	
Approved by:		Date:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 24th January 2019

QUARTER 3 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 31st December 2018.
- 1.2 The report includes data for University Hospitals Birmingham NHS Foundation Trust and data has 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

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. Construction of this room has now begun and is expected to be completed by the end of January 2019. Following completion of this the Mental Health Trust will be able to apply for accreditation with PLAN (Psychiatric Liaison Accreditation network) for the RAID Liaison Service at QEHB.
- b) HGS: 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 5 and the progress of this is being monitored by the Audit Committee.

2.1.3 CQC Correspondence

There were 24 queries raised by the CQC during Q3, 3 for QEHB, 0 for Solihull, 8 for Good Hope, 8 for Birmingham Heartlands, (16 overall for HGS), and 5 covering all sites. Of these, 21 have been responded to satisfactorily, with the CQC advising that they are satisfied with the responses and actions taken by the Trust. Of those that are still outstanding, 2 relate to incident investigations which are currently being investigated and the CQC has requested to see final reports once complete. There is additionally an ongoing query in relation to Safeguarding training levels on ward 26 at BHH.

- a) On Monday 08 October, the CQC commenced an unannounced inspection of the Trust, focusing on the following core services:
 - Medicine at QEHB and HGS
 - Outpatients at QEHB
 - Community End of Life Care at HGS
 - Urgent and Emergency Services at QEHB and HGS
 - Maternity at HGS
 - Surgery at QEHB and HGS
 - Community Children's and Young Persons Services at HGS

The CQC inspection concluded with a well led review between 26th and 29th November 2018.

The Trust has since received a draft report from the CQC and is in the process of reviewing for factual accuracy before

publication. It is anticipated that once this is complete and the report is published there will be actions required of the Trust. These will be monitored via the Director of Corporate Affairs' Governance Group.

2.2 Regulation 28 – Prevention of Future Death Reports

In Q3 there the Trust received 0 Regulation 28 reports.

3. **Compliance Framework**

3.1 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 is.

3.2 This is now in its second year at QEHB and is embedded across all applicable specialties in all divisions. It was introduced earlier this year (July) to HGS, and the framework has been shared with the HGS Divisional management teams. The Clinical Compliance Team is continuing to work with the specialties at HGS to embed the process and assess compliance by the end of Q4 18/19.

4. **NICE**

4.1. The graph below shows the current compliance levels for NICE guidance. The specialties based at QEHB either meet all recommendations, or are working towards meeting all recommendations, in 86% of cases (85% in the previous quarter) and 42.9% for the specialties at HGS (36.3% in the previous quarter).

4.2 For the specialties based at HGS, the Clinical Compliance Team are undertaking a wholesale review of NICE guidance in all areas. As a result of this, 55.4% of NICE guidelines are currently shown as under review. Where applicable, best practice from specialties across sites is being shared.

Figure 1: Trust compliance with NICE Guidance at QEHB

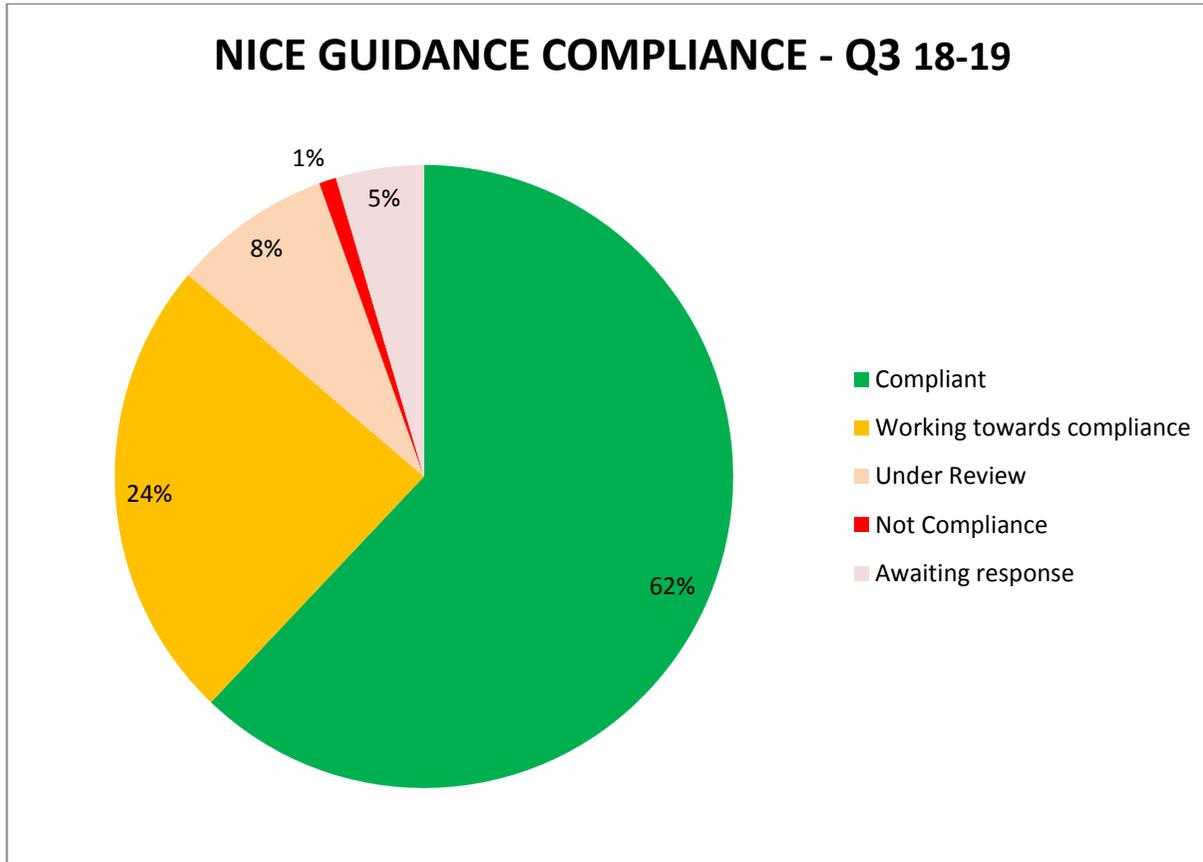
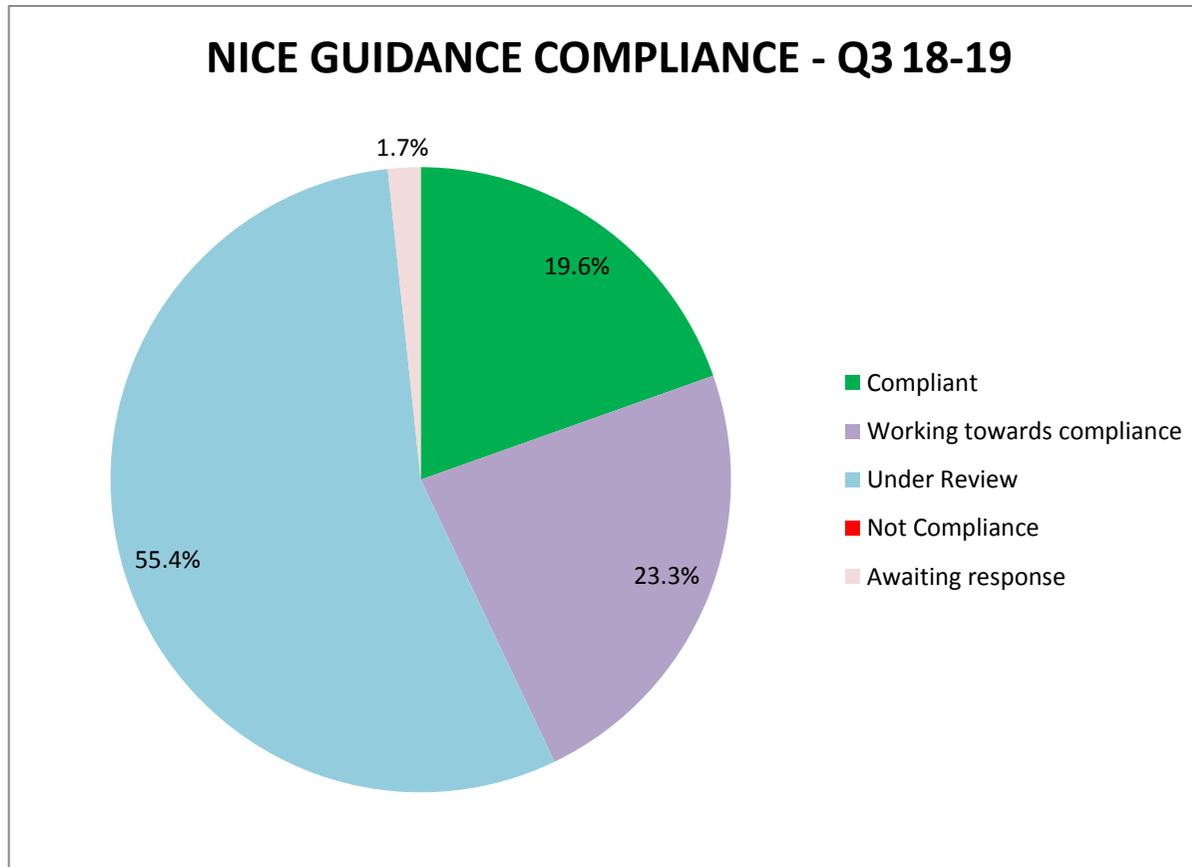


Figure 2: Trust compliance with NICE Guidance at HGS



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

- 5.1 Across UHB, there were **11** external visits during Q3 18/19. The table below also included updates from **1** visit in a previous quarter where the report had not yet been received at the time of reporting.
- 5.2 The assurance criteria, which external visits are graded against is below:

- 5.2.1 Positive assurance (Maintained accreditation (where applicable) with only minor areas for improvement required or all identified issues addressed and accreditation (where applicable) achieved) – **6** visits
- 5.2.2 Neutral assurance (Maintained accreditation (where applicable) with areas for improvement – Action plan required to address significant areas for improvement) – **2** visits
- 5.2.3 Negative assurance (Maintained accreditation) with significant areas for improvement – Action plan required to address significant areas for improvement) – **0** visits
- 5.2.4 Risk to Service continuity/loss of accreditation – Accreditation has been removed – **0** visits

5.3 The Trust is awaiting the outcome of **4** external visits in Q3. The outcome of this will be provided in the Q4 report

Site	Division	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
QEHB	D	IQIPS (Improving Quality in Physiological Services) for UKAS	Neurophysiology	22/10/18 – 24/10/18	Successfully recommended for accreditation following the correction of minor actions.	Positive
QEHB	D	IQIPS (Improving Quality in Physiological Services) for UKAS	Urodynamics	22/10/18 – 24/10/18	Successfully recommended for accreditation following the correction of minor actions.	Positive
QEHB	A	ISAS (Imaging Services Accreditation Scheme)	Imaging	Week commencing 19/11/18	Very positive visit where the service was praised by the inspectors for excellent practices. Successfully recommended for accreditation following the correction of minor actions.	Positive

QEHB	C	Getting it Right First Time (GIRFT)	Ophthalmology	01/10/18	No serious concerns raised by the GIRFT team. Specialty currently awaiting receipt of report from GIRFT.	TBC
QEHB	B	Getting it Right First Time (GIRFT)	Breast Surgery	22/10/18	No serious concerns raised by the GIRFT team. Specialty currently awaiting receipt of report from GIRFT.	TBC
QEHB HGS (BHH)	D 3	Health Watch Birmingham	Haematology OPD / Cancer Centre	18/12/18	A visit to assess OPD & ED areas following patient feedback received by the organisation.	TBC
Corporate	Education	Health Education England	Education Surgery /	04/10/18	An assurance tool is used by HEE to provide red/green assurance to the Local Education Providers (LEP's), in relation to surgery trainees' experiences. 27 'red flags' were raised following review with the Trust's trainees, action plan in place to address all issues raised by trainees. 17 'green flags' identified, in which areas have been addressed and resolved since initial actions raised	Neutral
Corporate	Corporate	Health and Safety Executive	Various	19/12/18	A new occurrence of occupational dermatitis was reviewed by the HSE during a visit on 19/12/18. HSE are happy with Trust actions, and will hopefully be closing out	TBC

					these instances in the new year. Currently awaiting update from HSE (due mid-January).	
HGS	1	UKAS (United Kingdom Accreditation Services)	Laboratory Medicine	18/10/18 – 02/11/18	Successfully recommended for accreditation following assessment visit in October / November 2018. Recommended for accreditation on the proviso that 32 mandatory recommendations are closed. Currently 20 have been closed, and 12 are awaiting confirmation of closure with the UKAS Decision Maker. The UKAS assessors do not foresee any issue with these being closed out.	Positive
HGS	1	QPIDS (Quality in Primary Immunodeficiency Services)	Allergy and Immunodeficiency Centre	09/10/18	Successfully recommended for re-accreditation following assessment visit in October, grant of accreditation given on 29/11/18.	Positive
HGS	4	JACIE (Joint Accreditation Committee for ISCT & EMBT (Haematopoietic Stem Cell Transplant & Cellular Therapy)	Clinical Haematology (Ward 19 BHH)	14/05/18 – 15/05/18	JACIE have granted continued accreditation to the service, with ongoing consideration / action planning in relation to the following; <ul style="list-style-type: none"> • 8 recommendations in relation to HPC, Apheresis collection were made; • 4 recommendations in relation to Cellular Therapy Product Administration & Clinical Facilities 	Positive

					<p>were made;</p> <ul style="list-style-type: none"> • 6 recommendations in relation to Quality Management were made. <p>The specialty has six months to submit evidence of these corrections (28/05/18), and is on track to meet this.</p>	
HGS	1	Human Tissue Authority (HTA)	Tissue Services	10/10/18 – 11/10/18	<p>The onsite visit went very well and only 8 minor shortfalls were found. No major or serious concerns were found by the HTA during this visit. All 8 minor shortfalls have been addressed by a CAPA and returned to the HTA - service currently waiting feedback from the HTA following this (submitted January 2019).</p>	Neutral

6. Mental Health Compliance update

6.1 Following the review of the Terms of Reference of the Trust-wide Mental Health Group, the contents of a Mental Health Compliance Report has been agreed. This will include the following:

- 6.1.1 The number and type of detention;
- 6.1.2 The number of patients who absconded whilst detained;
- 6.1.3 Details of the delays in transfers of medically stable patients to mental health inpatient areas, and the associated agency staff costs;
- 6.1.4 Information about the number of appeals made against sections, and the number of Tribunals heard in the Trust;

- 6.1.5 The number of staff trained in the correct application of the Mental Health Act in relation to section paperwork;
- 6.1.6 The accuracy of detention papers;
- 6.1.7 Whether patients have been given details about their rights whilst under a section.

Relevant information from the report will be provided in the next Compliance Report to Board.

- 6.2 Work is continuing to complete the actions highlighted by the internal audit into the Trust's compliance with the Mental Health Act. In particular, work is continuing on the Policy and Procedure for the use of the Mental Health Act to ensure effective alignment across all sites.
- 6.3 A Task & Finish Group is being formed to ensure Trust compliance with the relevant Mental Health NICE Guidance and will report to the Mental Health Group.

7. Outcome of Audits

7.1 National Audits:

- 7.1.1 UHB is currently either participating in or scheduled to participate in 45/47 National Audits listed on the HQIP Quality Accounts during 2018/19.
- 7.1.2 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 aspects of the audit programme for 2018/19.

7.2 Local Audits:

QEHB

Quarter	Month	Total Audits Registered	Total Audits Started	Total Audits Completed
1	April	48	55	18
	May	61	46	22
	June	71	65	20
2	July	56	46	15
	August	54	45	26
	September	81	72	15
3	October	91	81	22
	November	90	81	19
	December	52	49	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
2	July	56	46	15
	August	54	45	26
	September	81	72	15
3	October	27	16	1
	November	46	33	18
	December	52	38	38

8. **Recommendation**

The Board of Directors is asked to accept this report.

David Burbridge
Director of Corporate Affairs

January 2019