UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 OCTOBER 2018

Title:	**QUARTER 2 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 30 September 2018.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	For the purposes 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). • There were 28 queries raised by the CQC in Q2 across all hospital sites (4 for QEHB, 1 Solihull, 4, Good Hope, 3 Birmingham Heartlands, 13 for HGS and 3 for all sites) • The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations, in 85% of cases at QEHB and 36.3% at HGS • There were 11 external visits in Q2 across all hospital sites	
Recommendations:	The Board of Directors is asked to accept the report.	
Approved by:	David Burbridge	Date: 17 October 2018

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 OCTOBER 2018

QUARTER 2 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 01 October 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

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 17 December 2018. 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

a) There were 28 queries raised by the CQC during Q2 (4 for QEHB, 1 Solihull, 4, Good Hope, 3 Birmingham Heartlands, 13 for HGS and 3 for all sites). Of these, 25 have been responded to and the CQC have advised 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 the final report once complete. The other relates to the Trust being an outlier for National Paediatric Diabetes Audit. An initial response has been sent informing the CQC that the final response will be sent following approval of the information requested at CQMG on 02 November.

b) 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
- Maternity
- Surgery
- Community Children's and Young Persons Services

The CQC inspection will conclude with a well led review between 26 – 29 November 2018.

2.2 Regulation 28 – Prevention of Future Death Reports

In Q2 there the Trust received 1 Regulation 28 was received relating to a patient who attended ED at BHH. The actions associated with this have all been completed. The issue related to a lack of escalation following the deterioration of a patient's condition in the Emergency Department at Birmingham Heartlands Hospital.

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 specialities in all divisions meet the requirements of the compliance framework is.

3.2 This is now in its second year at QEHB and includes all specialities in all divisions. It was introduced earlier this year (July) to HGS. The framework has been shared with the HGS Divisional management teams and has been embedded in 38 specialties (one from each Division at HGS). The Clinical Governance and Patient Safety Team are continuing to assess and embed within the remaining specialities and aim to do this by end of Q3.

4. NICE

4.1. The graph below shows the current compliance levels for NICE guidance. The specialities based at QEHB either meet all recommendations, or are working towards meeting all recommendations, in 85% of cases (85% in the previous quarter) and 36.3% for the specialities at HGS (34.6% in the previous quarter).

4.2 For the specialities based at HGS, the Clinical Compliance Team are undertaking a wholesale review of NICE guidance in all areas. As a result of this, 63.3% of NICE guidelines are currently shown as under review. Where applicable, best practice from specialities based at QEHB is being shared.

Figure 1Trust compliance with NICE Guidance at QEHB

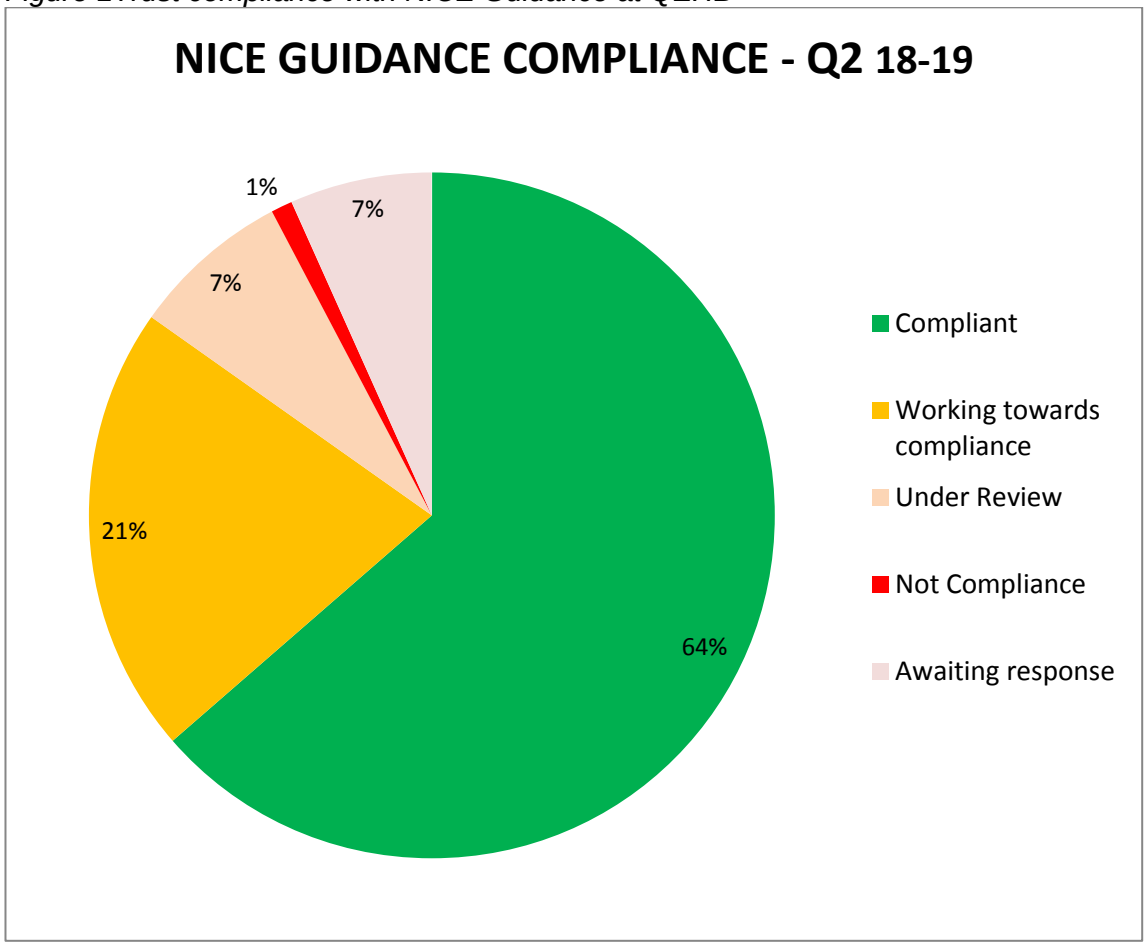
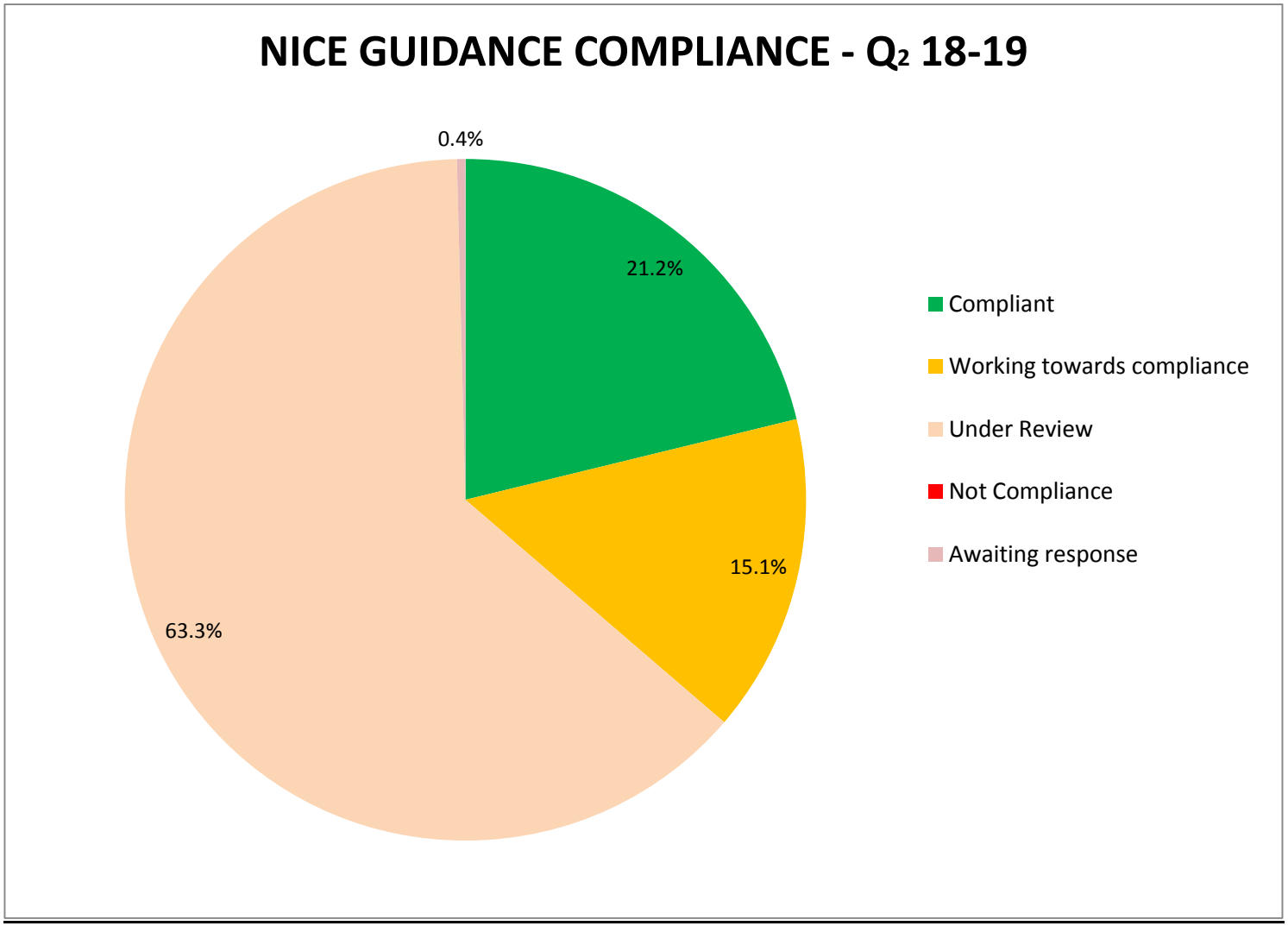


Figure 2Trust compliance with NICE Guidance at HGS


NICE GUIDANCE COMPLIANCE - Q2 18-19
0.4%
21.2%
15.1%
63.3%
Compliant
Working towards compliance
Under Review
Not Compliance
Awaiting response

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

5.1 Across UHB, there were **11** external visits during Q2. 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) – 0 visit

5.2.3 Negative assurance (Maintained accreditation) with significant areas for improvement - – Action plan required to address significant areas for improvement) – **1** visit

5.2.4 Risk to Service continuity/loss of accreditation – Accreditation has been removed – **0** visit

5.3 The Trust is awaiting the outcome of **5** external visits in Q2. The outcome of this will be provided in the Q3 report

Site	Division	Inspecting Organisation	Area being inspected	Date of Visit	Outcome of Visit	Assurance Level
QEHB	A	UKAS for ISO15189:2012	Haematology/ Blood Transfusion Labs	29/03/18 and 17/04/18	All actions undertaken by the lab have been cleared as closed out by UKAS. Letter of maintenance of accreditation received on 03/07/18, there will be another maintenance visit in 2019/20.	Positive
QEHB	A	UKAS for ISO15189:2012	Microbiology	24/07/18 and 25/07/18	Maintenance of accreditation granted, report received by Clinical Governance 1 August 2018	Positive

QEHB	A	UKAS for ISO15189:2012	Molecular Pathology	02/08/18	Maintenance of accreditation recommended following satisfactory completion of mandatory actions by UKAS. With UKAS Decision Maker for final sign off.	TBC
QEHB	B	National Institute for Cardiovascular Outcomes Research (NICOR)	Cardiology	31/07/18	An external audit of consent forms. The DQI (Data Quality Indictor) scoring for UHB is 94.5%), this is an increase in compliance of 2% from last year, and a total increase of 19.5% in the past two years. For context, the average DQI score for Adult Congenital Heart Disease centres is 96%.	Positive
QEHB	A	UKAS for NEQAS ISO17043	NEQAS	03/07/18 – 05/07/18	Four non-conformances received, two relating to QMS and two environmental. Non-conformances have been addressed and evidence is now submitted to UKAS. Currently with a UKAS decision maker for final approval.	TBC
QEHB	D	JACIE for CAR T-CELL Therapy	Clinical Haematology	26/09/18	A positive visit to assess the centre for suitability for CAR-T Cell Therapy. No decision/outcome has yet been provided to the Trust.	TBC
QEHB	D	Health Watch Sandwell	Oncology Chemotherapy Services	11/07/18	A positive visit followed by an affirmative report. Four recommendations made by Health Watch, related to services previously available at City.	Positive
QEHB	D	Ward West 1: Elderly Care	Ward West 1; Elderly Care	30/07/18	The NHSI carried out a follow up visit to ward West 1 after a C-Diff outbreak. Following this visit, the Trust was de-escalated to GREEN on the NHSI internal risk matrix and internal escalation level GREEN.	Positive

QEHB	B	IQIPS for UKAS	Cardiac Physiology	18/09/18 – 19/09/18	Successfully recommended for accreditation. 17 actions recommended by assessors.	Positive
HGS	5	Getting it Right First Time	T&O	August 2018	GIRFT (Get it Right First Time) team visited the GHH orthopaedic department as a follow-up to the previous visit in 2014. Outcome report received with serious* concerns raised. *'Serious concern' is defined as an issue that needs to be addressed immediately but does not provide any immediate risk to patients, staff or the service: 1) The performance in knee arthroplasty, specifically the outlier status of Good Hope in respect of revision rates. 2) The high proportion of knee arthroscopies in older patients with osteoarthritis. 3) High proportion of sub-acromial decompressions making us a national outlier, thus suggesting we might be performing a number of unnecessary operations. 4) High spread of surgeons performing very small numbers of highly specialised operations such as knee- and hip revision operations. 5) The department not achieving best practice tariff for fractured neck of femur operations Following this visit, the following immediate actions were implemented: 1) No surgeon is to submit to the waiting list a patient for a knee or hip revision if he has performed less than 5 revisions of the relevant category in the last year or at least ten in the last 3 years. Patients who require these operations are to be referred appropriately.	Negative

					2) The proportion of inappropriate arthroscopies and sub-acromial decompressions is to be radically reduced and this will be scrutinised by the department. 3) An audit meeting is to be called and on the basis of the latest data-set the individual National Joint Registry data will be discussed openly. The attendance at this meeting will be compulsory. 4) With immediate effect all patients over 70 will receive a cemented hip replacement both in elective and trauma surgery.	
HGS	2	Getting it Right First Time	Paediatrics	September 2018	Report not yet received	TBC
HGS	2	Deanery Visit	T&O	August 2018	Report not yet received After liaising and investigating with T&O the Clinical Compliance team has been advised this deanery visit did not take place.	TBC

6. Mental Health Compliance update

6.1 In April 2017 the Trust recruited a Clinical Compliance/Educator for Mental Health. Since joining the Trust they have assessed the Trust's compliance with the Mental Health Act which was also supported by a review by internal audit. A number of pieces of work have been put in place including the following:

6.1.1 The Policy & Procedure for the use of the Mental Health Act has been revised and re-drafted to apply to the whole of UHB and is due to go out for consultation by the end of October 2018.

6.1.2 The existing UHB Mental Health Group (which previously only included membership from QEH) has revised its Terms of Reference to reflect the merged organisation and now includes Divisional Representation from all divisions across the organisation. The

Group monitors the trusts compliance with the Mental Health Act.

6.1.3 Training tools have been created and training has been delivered to the Site Team & Matrons at QEHB. The training included what to do when receiving Mental Health Act Paperwork and includes materials for ongoing support/advice as required. Similar training has already been provided to HGS staff but the Clinical Compliance/Educator for Mental Health is reviewing this and planning to carry out any re-training required during 2018/19. There is also ongoing teaching on Nursing programmes, as well as ad-hoc/bespoke training being completed as and when required to various groups for example AHP's, Divisional specific training.

6.1.4 The Trust has successfully recruited two Mental Health Act Administrator posts that will be based across the UHB sites. The successful applicants are currently in the recruitment process. There main role is to review all mental health act paperwork to ensure it is completed appropriately and support and advise staff with any queries. They will also support with the delivery of the training programme.

6.1.5 Changes have been made in PICS (October/November PICS release) to collate more accurate data for compliance with the Mental Health Act and for annual statistics reporting to NHSI/NHS Digital.

7. Outcome of Audits - Stephen

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 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.

7.2 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
2	July	69	62	22
	August	51	51	13
	September	81	68	17

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

8. Recommendation

The Board of Directors is asked to accept this report.

David Burbridge **October 2018**
Director of Corporate Affairs