

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS  
THURSDAY 26 APRIL 2018**

<b>Title:</b>	<b>QUARTER 4 COMPLIANCE REPORT (QEHB and HGS combined)</b>
<b>Responsible Director:</b>	David Burbridge, Director of Corporate Affairs
<b>Contact:</b>	Louisa Sorrell, Head of Clinical Risk and Compliance Ian Shakespeare, Senior Manager Clinical Compliance

<b>Purpose:</b>	To provide the Board of Directors with information regarding internal and external compliance as of 31 March 2018.	
<b>Confidentiality Level &amp; Reason:</b>	None	
<b>Annual Plan Ref:</b>	Affects all strategic aims.	
<b>Key Issues Summary:</b>	<p>During quarter 4 2017/18 Heart of England NHS Foundation Trust (HEFT) was a separate legal entity. Therefore, 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"> <li>• There were 19 queries raised by the CQC in Q4 across all hospital sites (10 for QEHB and 9 for HGS)</li> <li>• The Trust either meets all NICE recommendations, or is working towards meeting all the recommendations, in 85% of cases at QE and 40% at HGS</li> <li>• There were 12 external visits in Q4 across all hospital sites</li> <li>• Compliance for quarterly review of risk registers is 98%</li> </ul>	
<b>Recommendations:</b>	The Board of Directors is asked to accept the report.	
<b>Approved by:</b>	D Burbridge	Date: 18 April 2018

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 26 APRIL 2018

### QUARTER 4 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 31 March 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

- (a) For QEHB, there remains one outstanding action from CQC's inspection in January 2015 regarding the lack of a Mental Health assessment room. Discussions have now taken place to utilise one of the existing rooms within ED which would mean that the ambulance entrance doors would not need to be moved as was the case in the previous plan. Once this has the appropriate approval the room needs to be accredited to meet the standards set down by PLAN (Psychiatric Liaison Accreditation Network) before it can be deemed appropriate for use as a Mental Health assessment room. This action is a regular agenda item at the quarterly Mental Health Group meeting.
- (b) For HGS, from the inspection in September/October 2016, 11 out of the 17 "must do" actions are now complete. An update on the progress of the 6 remaining open actions is reviewed at the Audit Committee.

### 2.1.3 CQC Correspondence

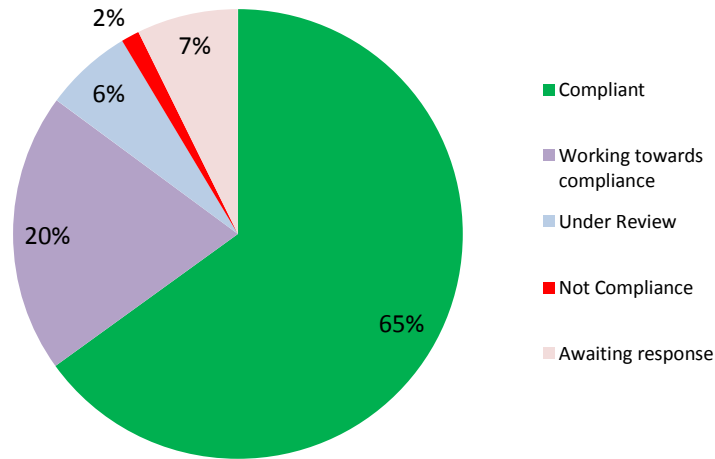
There were 19 complaints/queries raised by the CQC during Q4 (10 for QEHB and 9 for HGS). Of these, responses have been sent back for 12 and CQC have advised that they are satisfied with the responses and actions taken by the Trust and have closed the queries. There are currently 7 CQC enquiries, all relating to HGS, one of which is from Q3, that are in progress and responses will be sent back in due course.

## 3. NICE

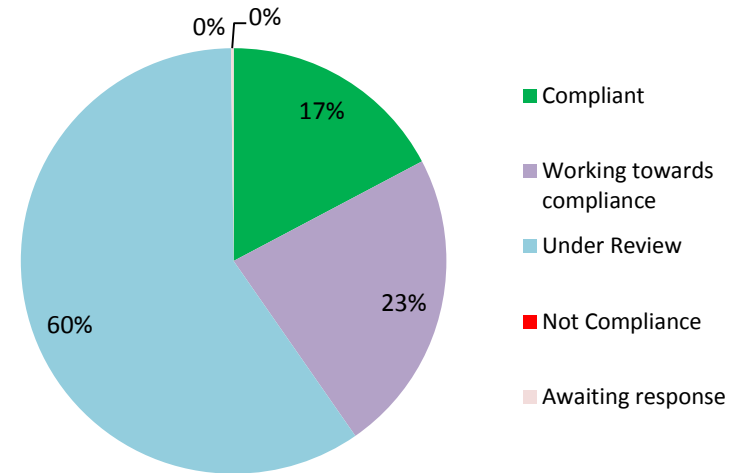
- 3.1. The graph below shows the current compliance levels for NICE guidance. The Trust either meets all recommendations, or is working towards meeting all recommendations, in 85% of cases at QEHB (85% in the previous quarter) and 40% at HGS.

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

### QEHB NICE GUIDANCE COMPLIANCE - Q4 2017-2018



### HGS NICE COMPLIANCE - Q4 2016-2017



#### 4. Trust Compliance with External Visits/Peer Reviews – QEHB/HGS reported separately

4.1. For QEHB, there were **10** external visits during Q4 and updates from **3** visits in previous quarters where the report had not yet been received at the time of Q3 reporting.

4.2. The assurance criteria which external visits are graded against is below, and those that are currently working towards positive assurance are as follows:

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). – **7** 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) – 1 visit

4.3. Reports have not been received for **4 (3 from Q4)** visits and details of these visits will be included in the quarter 1 2018/19 report.

Inspecting Organisation	Site (QE/HGS)	Area being inspected	Division	Date of Visit	Outcome of Visit	Assurance Level
NHSE QST (Quality Surveillance Team)	QEHB	Pulmonary Hypertension	B	16 <sup>th</sup> November 2017	A positive report was received which highlighted the cohesive and patient centred team, the high quality right heart catheter service available, good clinical outcomes, staff support, OPD service and good available patient information and support. Five recommendations made in draft report.	Positive
GIRFT (Getting it Right First Time)	QEHB	Maxillofacial	D	5 <sup>th</sup> October 2017	The initial feedback from the visit was positive – Final report yet to be received	TBC
National Institute for Cardiovascular Research (NICOR)	QEHB	Cardiovascular	B	5 <sup>th</sup> December 2017	Audit of consent forms from 20 patient files.  Patients are continuous service users (child to adult), from Cardiac Surgery at BCH. The data is from continuous user information from UHB (not the Children's)  The report was positive with the DQI score given to UHB is 92.5%, which is an increase of 17.5% from last year's score (which was 75%).	Positive

Inspecting Organisation	Site (QE/HGS)	Area being inspected	Division	Date of Visit	Outcome of Visit	Assurance Level
NHS England CVD Clinical Network	QEHB	Stroke	C	20 <sup>th</sup> February 2018	No formal feedback received from NHSE. To be reported in Q1. The purpose of the visit was to provide feedback on the Acute Stroke 7 Day Service, and to provide support to Service Leads.	TBC
NHSE QST	QEHB	Skull Base / Cancer Services	D	16 <sup>th</sup> February 2018	A positive visit from the QST, who acknowledged the hard work undertaken by the team.  One 'serious concern' (though not an immediate risk to patient or staff safety), was raised by the team; no CNS is formally designated to a high volume Skull Base Service.	Neutral
IQIPS for UKAS	QEHB	Lung Function and Sleep	C	12 <sup>th</sup> – 13 <sup>th</sup> March 2018	Successfully recommended for accreditation by UKAS.  Currently with the UKAS Decision Maker, confirmation will be made in Q1 (likely June).  Five mandatory recommendations made and an action plan has been completed and is monitored by the corporate affairs directorate	Positive
IQIPS for UKAS	QEHB	GI Physiology	B	13 <sup>th</sup> -14 <sup>th</sup> March 2018	Successfully recommended for accreditation by UKAS.  Currently with the UKAS Decision Maker, confirmation will be made in Q1 (likely June).	Positive

Inspecting Organisation	Site (QE/HGS)	Area being inspected	Division	Date of Visit	Outcome of Visit	Assurance Level
					Two mandatory recommendations made, an action plan has been completed and is monitored by the corporate affairs directorate.	
IQIPS for UKAS	QEHB	Vascular	B	13 <sup>th</sup> – 16 <sup>th</sup> March 2018	<p>Successfully recommended for accreditation by UKAS.</p> <p>Currently with the UKAS Decision Maker, confirmation will be made in Q1 (likely June).</p> <p>Eleven mandatory recommendations made, an action plan has been completed and is monitored by the corporate affairs directorate.</p>	Positive
IQIPS for UKAS	QEHB	Audiology	A	13 <sup>th</sup> -15 <sup>th</sup> March 2018	<p>Successfully recommended for re-accreditation by UKAS.</p> <p>Currently with the UKAS Decision Maker, confirmation will be made in Q1 (likely June).</p> <p>Ten mandatory recommendations made, an action plan has been completed and is monitored by the corporate affairs directorate</p>	Positive
GIRFT (Getting it Right First Time)	QEHB	Endocrinology	C	29 <sup>th</sup> March 2018	Visited by GIRFT as part of a 'deep dive' data collection exercise. No feedback provided as yet.	TBC

Inspecting Organisation	Site (QE/HGS)	Area being inspected	Division	Date of Visit	Outcome of Visit	Assurance Level
UKAS: ISO 15189: 2012	QEHB	Cellular Pathology	A	14 <sup>th</sup> -15 <sup>th</sup> March 2018	<p>An initial interim report has been received from UKAS, detailing 35 mandatory recommendations.</p> <p>These were issues around QMS, SOPs, competencies and equipment.</p> <p>The laboratory are working to an action plan to rectify this by the next UKAS visit in April 2018. The action plan is being monitored at the Executive Laboratory Oversight Group.</p> <p>A recommendation for accreditation will follow the final visit.</p>	TBC
UKAS: ISO 15189: 2012	QEHB	Biochemistry	A	28 <sup>th</sup> March 2018	<p>A positive visit with good feedback from all assessors.</p> <p>Biochemistry were given 18 mandatory recommendations, and have been recommended for accreditation maintenance following this visit.</p> <p>The deadline for completion is 28<sup>th</sup> April, and will be passed to the UKAS Decision Maker for review and confirmation following this.</p>	Positive
UKAS: ISO 15189: 2012	QE	Haematology	A	29 <sup>th</sup> March 2018	<p>UKAS accreditation for Haematology was suspended, due to a critical finding that the laboratory have no evidence to demonstrate that they have adequate quality controls in place.</p> <p>The suspension will last between 3 to 6</p>	Negative



Inspecting Organisation	Site (QE/HGS)	Area being inspected	Division	Date of Visit	Outcome of Visit	Assurance Level
					months whilst this and any other non-conformances are corrected.  Currently monitored locally, by the corporate affairs directorate and through the Executive Laboratory Oversight Group.	

\* a “serious concern” is defined as an issue that, whilst not presenting an immediate risk to patient or staff safety, is likely to seriously compromise the quality of patient care, and therefore requires urgent action to resolve.

- 4.4. For HGS, there were **2** external visits during Q4. The reports for the 2 visits have not been completed and details of these will be included in the quarter 1 2018/19 report.
- 4.5. The table below provides details of all Q4 visits, there were no visits from previous quarters where the outcome of the visit has not previously been reported.

Inspecting Organisation	Site	Area being inspected	Division	Date of Visit	Outcome of Visit	Assurance Level
<b>Emergency Access Performance Review</b>	HGS	Emergency Care	3	Jan-18	Report not yet received to be reported in Q1.	TBC
<b>NHS West Midlands-Stroke Expert Advisory Group (EAG)</b>	HGS	Stroke	3	Jan-18	Report not yet received to be reported in Q1.	TBC

## 5. Outcome of Audits

### 5.1. National Audits:

5.1.1. The Trust is currently either participating in or scheduled to participate in 33/35 National Audits listed on the HQIP Quality Accounts during 2017/18.

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 – Currently not possible to fully participate due to extensive resource requirement to do so. This is under review as part of ongoing work on national audit.

5.1.3. Of these 35 mandatory National Audits listed on the Quality Accounts, 1 is new for 2017/18: National Audit of Breast Cancer in Older Patients, which collects data as part of the pre-existing Cancer Outcomes and Services Dataset (COSD).

### 5.2. Local Audits:

The table below provides an overview of the number of local audits registered on the Trust's Clinical Audit Registration & Management System (CARMS) within the last 12 months.

#### **QEHB**

<b>Quarter</b>	<b>Month</b>	<b>Total Audits Registered</b>	<b>Total Audits Started</b>	<b>Total Audits Completed</b>
4 – 2017/18	January	79	78	12
	February	61	56	10
	March	71	62	8
3 – 2017/18	October	99	90	19
	November	81	75	11
	December	72	50	10
2 – 2017/18	July	56	46	15

	August	54	45	26
	September	81	72	15
1 – 2017/18	April	48	55	18
	May	61	46	22
	June	71	65	20

### HGS

Quarter	Month	Total Audits Registered	Total Audits Started	Total Audits Completed
4 – 2017/18	March	19	9	3
	February	21	9	1
	January	12	5	1
3 – 2017/18	December	41	15	0
	November	65	38	1
	October	33	24	1
2 - 2017/18	September	26	18	0
	August	15	11	1
	July	42	24	3
1 – 2017/18	June	43	13	1
	May	31	21	2
	April	31	22	3

## 6. Risk Register Audit

- 6.1. Internal Audit carried out an audit on the Trust's 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%	98%	97%	98%	98%

- 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**  
**Director of Corporate Affairs**

**April 2018**