UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JULY 2013

Title:	**COMPLIANCE AND ASSURANCE REPORT**
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Bob Hibberd, Head of Clinical Risk and Compliance Lynda Steele, Head of Corporate Risk and Compliance

Purpose:	To present an update to the Board of Directors of the Governance and assurance processes and outcomes regarding compliance with the 16 Care Quality Commission Essential Standards of Quality and Safety, 50 NHSLA Risk Management Standards and NICE guidance status.	
Confidentiality Level & Reason:	N/A	
Annual Plan Ref:	Affects all strategic aims.	
Key Issues Summary:	• A robust quarterly assurance process is in place for the core CQC essential standards and NHSLA Risk Management Standards compliance monitoring. • Progress of compliance against CQC and NHSLA Risk Management Standards has been judged to be satisfactory except where stated otherwise. • Evidence for Essential Standards has been judged to be compliant • An action plan is being monitored against identified gaps. • Status of other key indicators •	
Recommendations:	The Board of Directors is asked to receive the report on compliance with CQC Essential Standards, NHSLA Risk Management Standards, NICE guidance and other key indicators.	
Approved by:	D Burbridge	Date: 16 July 2013

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COMPLIANCE AND ASSURANCE REPORT

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1. Purpose

This paper presents an overview of compliance against key indicators within the Trust's overall governance arrangements.

2. External Compliance Developments

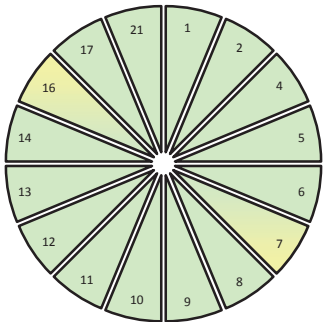
2.1 The CQC has begun a consultation on proposed changes to the way it regulates, inspects and monitors care. This includes a proposed approach for monitoring and judging acute NHS trusts as to whether they are safe, effective, caring, responsive and well-led. The CQC will be routinely monitoring each trust's performance against a suite of indicators in these areas. There will be three tiers of what the CQC describes as a potentially unlimited list of indicators and a proposal has been published for the list of indicators included in Tier 1 (i.e. the most important for monitoring risk). A full internal consultation process is progress and will respond by August as required.

2.2 Increasing numbers of trusts are being found non-compliant with the CQC's Essential Standards following inspections. Recent reports published over the last month identify non-compliance with a variety of standards. Risk and Compliance have established a process of surveillance that will provide additional intelligence to the assurance process to ensure that challenge to the declaration of compliance is reporting of assurance to the Board is robust.

2.3 Monitor published 'Quality governance: How does a board know that its organisation is working effectively to improve patient care?' in April 2013. Review of the document by Risk and Compliance and Strategy and Performance has determined that the Governance and assurance processes that the Trust has in place provide the Board of Directors with assurance that patient safety is monitored and improvements made where appropriate. See Annex 1.

3. Compliance status

3.1 CQC Registration Outcomes



3.1.1 Executive Director Compliance

Executive Directors have confirmed compliance status with all standards. For two Outcomes the responsible Directors have taken into account work programmes that require further development to ensure full compliance.

a) Outcome 7 ‘Safeguarding’

The draft report from the mental health visit from the CQC has been received. The Chief Nurse, chair of the Mental Health Group, has reviewed the findings and has developed an action plan to address the issues raised. These will not affect the status of current compliance whilst work is ongoing. A Named Nurse Child Protection has been appointed, to commence in post in July 2013. The post holder will review all policies, procedures and action plans in place to provide assurance of compliance status.

b) Outcome 16 WHO checklist

Compliance rates with both implementation and completion have been monitored by Risk and Compliance following the CQC inspection in 2010. The Trust has consistently achieved compliance against targets set by the Clinical Commissioning Group, of 100% implementation and 98% completion of the checklist. Risk and Compliance has submitted evidence to the CQC based on current compliance rates and requested that the CQC reported compliance be adjusted to reflect the current status; the CQC are considering the proposal and have not informed the Trust of the outcome.

4. NHSLA Risk Management Standards

4.1 NHSLA Assessors undertook an interim visit to the Trust on April 24th and 25th 2013 to assess compliance against the standards. The assessors gave advice and suggestions for improvement in some areas.

4.1.1 Patient Records

Eight of the standards will be assessed on the day from thirty sets of patient records (people who are present on the wards on that day) – 75% of them must comply with each standard. Owing to the high patient numbers on the wards daily there remains a possibility that the Clinical Dashboard may show over 75% compliance across the Trust but the random sample chosen by the assessors could be thirty patients who all fall into the non compliant group; this is a risk factor to the achievement of level 2.

4.1.2 Actions

Where policy was not reflective of practice, adjustments have been made. To support compliance and improve the confidence of ward managers with regards to future visits a series of spot checks is being undertaken monthly. Risk and Compliance are supporting the compliance of the standards in conjunction with matrons, ADN's and appropriate medical staff, through the systems and process already in place.

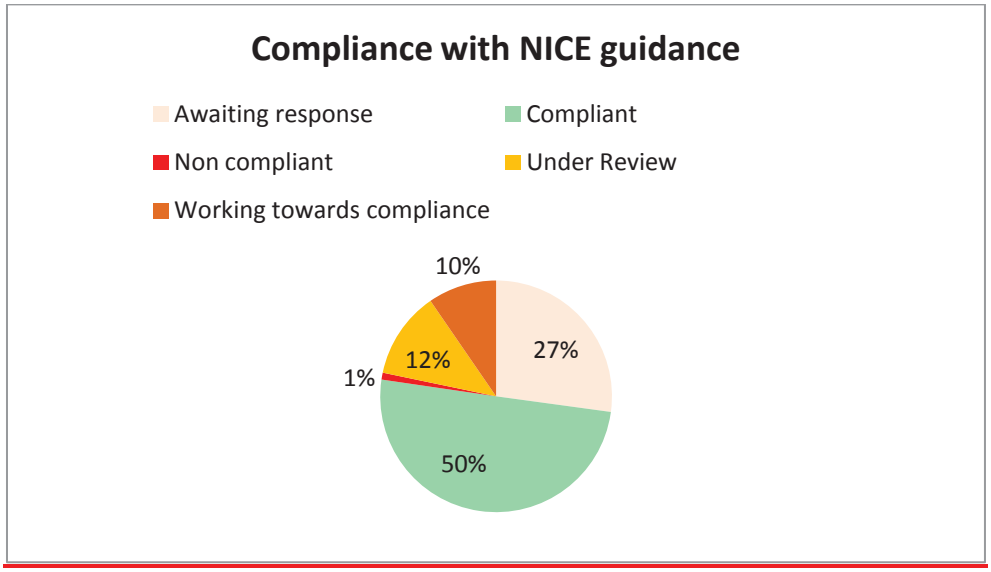
4.2 Since the interim assessment, the Trust has received a letter from the NHSLA, stating that the NHSLA Risk Management Standards will be moving away from risk management standards and assessments from 2014/15 and that a successful assessment will only qualify for a discount for the remainder of the current year, i.e. until 31 March 2014. The implications of this are being considered.

5. Risk Register Audit

For the period audited (Quarter 1, 2013/14) there were 64 risk registers on Health Assure and of those 56 (88%) were fully compliant with the risk register process. This shows an increase in compliance compared to Quarter 4 2012-13, where out of 65 registers 55 (85%) were fully compliant. The percentage of risk registers that were either compliant or partially compliant, when combined, was 98%. In comparison, during Quarter 4 2012-13, 90% were fully or partially compliant. Therefore the Trust was compliant with the criterion for achievement (95%).

6. NICE Guidance

The following chart displays compliance against NICE Guidance relevant to the Trust, published since 2000.



Compliance is calculated by area, acknowledging that NICE recommendations can be applicable to more than one area. The Trust either meets all recommendations, or is working towards meeting all recommendations in 60% of cases (Q4 69%). In 27% (Q4, 30%) of cases the guidance is under review by a senior clinician or the Risk and Compliance Unit are awaiting a response on compliance status. In 1% (Q4, 1%) of cases there is a divergence against NICE recommendations. Compliance is expected to rise from 50% in Q2 as the number of pieces of guidance categorised as 'under review' are due for completion following successful clinical audit outcomes.

7. Technical Appraisals and National Audits

7.1 Technical Appraisals

A new process for Technical Appraisals is being introduced for reporting in Q2. Pharmacists will record whether medicines are available and will liaise with the clinical teams regarding issues of prescribing. Exceptions will continue to be raised at the Medicine Management Advisory Group and issues regarding availability of medicines and any prescribing issues will be reported to the Clinical Quality Monitoring Group.

7.2 Audit Compliance

7.2.1 NCAPOP audits

UHB is currently **not fully** participating in National Vascular

Database audits. The Division continue to concentrate on fully participating in the Aneurysm and Carotid audit. A phased plan for participation in all audits (including the two other mandatory audits lower limb bypass and amputation) is being planned.

7.2.2 Quality Account audits

UHB is **not** participating in National Cardiac Arrest Audit. There is no planned update to the national system to allow data to be imported from the Trust database which is more comprehensive than the national audit database. This was reviewed again by the Associate Medical Director for Clinical Standards and Governance and agreed by the Clinical Quality Monitoring Group in May 2013.

7.2.2 NCEPOD

Tracheostomy - Deadline extended by 4 weeks. The study requested all cases between 25th February to 12th May 2013. During this period there were a total of 68 eligible patients. There are 1-3 questionnaires per patient and a total of 68 questionnaires for 28 patients have been completed so far. The study lead is working towards completing the remaining estimated 120 questionnaires and the deadline has been extended from 30th June 2013 to 26th July 2013.

8. CAS/NPSA Alert Compliance

Central Alert System (CAS) alerts are monitored through the Trust Datix system, reporting on compliance against the timescales as set out in the individual alerts. There have been no breaches; all alerts were completed within timescale. National Patient Safety Agency NPSA /2011/PSA004, safer spinal (intrathecal), epidural and regional devices remains non compliant. Trials of devices are still being undertaken as a result of difficulties in obtaining enough products. The issues have been discussed with the Executive Medical Director and an update paper on the status of working towards compliance was detailed in the update paper for the Chief Executive Advisory Group in February 2013.

9. Recommendation

The Board of Directors is asked to receive this report regarding compliance with key indicators.

David Burbridge
Director of Corporate Affairs