

Board of Directors Meeting: Thursday 29 January 2009

BD2009.14

Subject/title	Annual Health Check			
Purpose of paper	<p>The Board is required to declare compliance on core standards each year and to meet a number of national indicators. In order to assure itself on its compliance and performance regular reports are prepared for its consideration.</p> <p>To give the current compliance/performance with all elements of the Annual Health Check - core standards, indicators (formerly existing and new national targets) and quality of financial management (formerly Use of Resources - ALE).</p>			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers	HCC Criteria for assessing core standards in 2008/09 ALE Key lines of enquiry for 2008/09			
Action/decision required	The Board to review and note the current position and the actions underway to ensure the ORH receives a score of excellent for quality for the second year running and improves its position on the quality of financial management from fair to good			
Key purpose (please mark)	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goal(s)	To be Hospitals of Choice (SG1) To be world-leading teaching hospitals and an AHSC (SG2) To achieve financial sustainability and long-term growth (SG3) To be an excellent employer (SG4)			
Strategic Objective(s)	All but specifically: SO2 - To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community. SO6 - To provide demonstrably excellent clinical outcomes and indicators of patient safety SO7 - To improve the overall patient experience by			

	<p>offering excellent customer care.</p> <p>SO10 - To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes.</p>
<p>Link to: Board Assurance Framework/ Trust Key Risks/Annual health check element(s)</p>	<p>Yes - core standards and ALE items are mapped to BAF and failure to sustain and/or improve current performance is included in Trust Key Risks</p>
<p>Also considered by</p>	<p>Executive Board members</p>

<p>Resource and financial impact</p>	<p>Not applicable</p>
<p>Consideration of legal/equality/diversity/engagement issues</p>	<p>Compliance with core standards covers all these areas; in addition, ALE domain value for money highlights engagement and equality and diversity issues</p>
<p>Acronyms and abbreviations</p>	<p>BAF - Board Assurance Framework ALE - Audit Local Evaluation</p>
<p>Author</p>	<p>Mrs Megan Turmezei, Assistant Director of Governance</p>

Annual Health Check (AHC)

Annex A Compliance report at January 2009 on core standards

Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
C1a	Patient safety & incidents; learning & analysis	Director of Nursing & Clinical Leadership Directors of Operations	Compliant - Awaiting CEAC report on Incident management Cancer centre wash hand basin taps are being replaced to ensure patient safety (ref HSE prosecution)		
C1b	Acting on patient safety notices etc - SABs	Director of Nursing & Clinical Leadership Directors of Operations	Compliant - new process put in place by DH for reporting		
C2	Child protection & safeguarding	Director of Nursing & Clinical Leadership & Director of Operations (C)	Compliant - update report considered at Governance Committee in September 2008. Full report on safeguarding (Baby P) to January TB and F&PC. Full report to March 2009 Committee		
C3	NICE interventional procedures	Medical Director & Director of Nursing & Clinical Leadership	Compliant - detailed assurance report to December Governance Committee		
C4a	Infection control systems and processes (link to Hygiene Code)	Medical Director (DIPC) to lead across all areas	Compliant - work in hand to address outcome of Hygiene Code inspection 07/08 and to prepare for 08/09 visit due between 1.1.09 and 31.3.09. Action plan from 08 visit updated Visit 11.11.08 from DH and PM's delivery unit Continued work being done as follow up to action plan from 2007 patient and staff surveys (reported on in 2008) - staff survey 2008 includes questions on training issues (see below). Preparation work for registration with CQC underway and close working with SHA and DH		
C4b	Medical Devices acquisition & use	Medical Director	Compliant - key policies undergone annual review		

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
C4c	Decontamination (link to Hygiene Code)	Director of Estates & Facilities Directors of Operation B			Compliant - Decontamination policy under review for agreement through Hospital Infection Control Committee Jan 2009 Action plan from 08 visit updated Preparation work for registration with CQC underway
C4d	Medicines management	Medical Director/Director of Nursing & Clinical Leadership			Compliant Annual report to Governance Committee March 2009
C4e	Waste management	Director of Estates & Facilities			Compliant
C5a	NICE technology appraisals	Medical Director/Director of Nursing & Clinical Leadership			Compliant - detailed assurance report to December Governance Committee
C5b	Supervision & leadership of clinical care & treatment	Medical Director/Director of Nursing & Clinical Leadership			Compliant
C5c	Continuous updating of skills for clinicians	Medical Director/Director of Nursing & Clinical Leadership			Compliant
C5d	Clinical audit & clinical reviews	Medical Director			Compliant Clinical audit and effectiveness team in place and supporting the existing work done within directorates and across the Trust as a whole
C6	Whole system working for individual patient needs	Director of Operations A			Compliant
C7a & 7c	Governance & risk	Director of Nursing & Clinical Leadership			Compliant - updated BAF considered by Governance Committee in September and Trust Board to consider in January 2009 Updated Trust Key Risks to Trust Board in January 2009 January 2009 Leaders' Briefings covered governance and assurance and outlined programme of work for 2009

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
C7b	Probity & Honesty	Director of Nursing & Clinical Leadership	Compliant - Whistle Blowing leaflet to be reviewed and re-circulated.		
C7e	Human rights, diversity, equality	Director of Human Resources & Organisational Development	Compliant - Analysis to be undertaken on BME appraisal uptake and access to training.		
C8a	Whistle blowing	Director of Human Resources & Organisational Development	Compliant - Whistle blowing included in induction Fraud awareness (including how to raise concerns) events held during year and risk-based study underway on all aspects of fraud Fraud awareness included in January 2009 Leaders' Briefings		
C8b	Organisational development & minority groups	Director of Human Resources & Organisational Development	Compliant - with the introduction of the Oracle Learning Module (OLM) linked to the Electronic Staff Record (ESR), further analysis to be undertaken on BME appraisal uptake and access to training.		
C9	Records management (& training)	Director of Nursing & Clinical Leadership Director of Finance	Compliant		
C10a & b	Employment checks & professional codes of practice	Director of Human Resources & Organisational Development	Compliant - Meet NHS Employment Standards. Registered with the UK Border Agency in order to comply with new immigration requirements.		
C11 a	Appropriate recruitment, training & qualifications	Director of Human Resources & Organisational Development	Compliant - Reviewing monitoring process for junior doctors in particular. Induction and Welcome Day sessions to be reviewed with a view to better integration between medical and general induction programmes.		
C11b	Mandatory training	Director of Human Resources & Organisational Development	Compliant - Focused resources to improve e-learning modules availability to all staff. Assurance Report considered by Governance Committee December 2008		
C11c	Professional & occupational development	Director of Human Resources & Organisational Development	Compliant - further update of e-learning platform for staff to access learning and development modules at their desktop. Greater number of appraisals during 2007/8, monitored monthly. Detailed report to		

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
			December 2008 Governance Committee		
C12	Research governance	Medical Director	Compliant - report considered by December 2008 Governance Committee In addition, full reports from BRC to Strategic Partnership Board		
C13 a	Privacy & Dignity	Director of Nursing & Clinical Leadership	Compliant - CEAC report provided significant assurance in relation to privacy and dignity and work continues to improve quality of patient experience in all areas Continued work being done as follow up to action plan from 2007 patient survey (reported on in 2008) Matrons' monthly reports cover privacy and dignity - included within Divisions' Quality and Risk Reports to Governance Committee		
C13b	Consent & use of information	Director of Nursing & Clinical Leadership	Compliant - leaflet on patient and personal data confidentiality to be included with February 2009 payslips SIRO in place		
C13c	Confidentiality of Information	Director of Nursing & Clinical Leadership	Working to ensure that compliance is maintained in line with national guidance on confidentiality. Work continuing through Information governance group (includes corporate and divisional members) SIRO in place		
C14a, b, c	Information re complaints & proper processes No discrimination, Learning & service improvement	Director of Nursing & Clinical Leadership	Compliant - Annual report on complaints to Trust Board in July 2008. Report is also submitted to HCC and SHA Continued work being done as follow up to action plan from 2007 patient survey (reported on in 2008)		
C15 a, b	Food choice & 24 hours	Director of Estates & Facilities	Compliant Continued work being done as follow up to action plan from 2007 patient survey (reported on in 2008)		

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
C16	Patient & corporate information	Director of Communications			Compliant - to be developed as part of AFT work and through continued work of the Patient Information Group - significant number of patient leaflets amended to date Work continuing through year
C17	View of patients & carers, designing, delivering, planning & improving healthcare	Director of Nursing & Clinical Leadership FT Board Secretary			Compliant - to be developed as part of AFT work - membership recruitment and engagement - workshops held in October and more to be held in December and January. Membership target for November exceeded Full engagement in PCT-led process for services in the north of the county Continued work being done as follow up to action plan from 2007 patient survey (reported on in 2008)
C18	Equality of Access	Directors of Operations			Compliant
C20a	Safe & secure environment	Director of Estates & Facilities			Compliant - security policy updated in year
C20b	Care environment privacy & confidentiality	Director of Estates & Facilities Director of Nursing & Clinical Leadership			Compliant - see also C13a above Continued work being done as follow up to action plan from 2007 patient survey (reported on in 2008)
C21	Environment, maintenance & cleaning link to Hygiene Code	Director of Estates & Facilities			Compliant - work in hand to address outcome of Hygiene Code inspection 07/08 and to prepare for 08/09 visit due between 1.1.09 and 31.3.09. Updated action plan from 2008 HCC inspection Preparation work for registration with CQC underway
C22 a & c	Health promotion in local community	Medical Director			Compliant
C23	Health promotion to meet NSFs etc on obesity, smoking,	Medical Director			Compliant - ORH completed web-based survey on public health in November 2008

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
	substance misuse etc				
C24	Emergency planning	Director of Operations (A)	Compliant - key procedures and policies updated throughout 2008/09		

Annex B Compliance report at January 2009 on acute indicators

2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant against 07/08 measures
Health and wellbeing						
Infant health and inequalities: smoking during pregnancy and breastfeeding initiation		√	Director of Operations, Div C	Compliant (data reviewed monthly by Directorate) Smoking -2nd quarter 2008/9 = 7.75 % Breast Feeding initiation - 2nd quarter = 76.8%		
Access to genitourinary medicine (GUM)	√		Director of Operations, Div C	Q2 Numerator (% appointments offered within 48 hours)= 100% Denominator (% patients seen within 48 hours) = 82.6% Work continuing to achieve denominator		
Data quality in ethnic group	√		Director of Planning & Information	Compliant		
Experience of patients - from health and wellbeing domain(s)		√	Director of Nursing & Clinical Leadership	Work continuing to ensure good and positive engagement with patients and their families. Customer care and patient engagement strategies approved by the Board		
Clinical Quality						
Participation in heart disease audits		√	Director of Operations, Div A	Compliant		
Time to reperfusion for patients following a heart attack	√		Director of Operations, Div A	new structure to indicator and low numbers rule applies part 1 still 60 mins call to needle.		

¹ EC - Existing commitment

² NP - national priority

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2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant against 07/08 measures
				part 2 data completeness @80%		
Engagement in clinical audits		✓	Medical Director	Compliant		
Stroke care		✓	Director of Operations, Div A	Organisational part received this week and being reviewed by service; clinical return due autumn - issues re % of patients who get onto unit		
Experience of patients - clinical quality domain(s)		✓	Director of Nursing & Clinical Leadership	Customer care and patient engagement strategies approved by the Board		
Maternity Hospital Episode Statistics - data quality indicator		✓	Director of Operations, Div C	Compliant		
Safety						
Incidence of MRSA		✓	Medical Director	Compliant (see also core standard C4a) Performance in line with trajectory		
Experience of patients - safety domain(s)		✓	Director of Nursing & Clinical Leadership	Patient safety framework approved and Safety Action Groups in place Customer care, patient engagement and patient safety strategies approved by the Board		
Incidence of <i>Clostridium difficile</i>		✓	Medical Director	Compliant (see also core standard C4a) Performance below trajectory		
Patient focus and access						
Delayed transfers of care	✓		Director of Operations, Div A	Metric for assessment not declared for 2007/08 position not yet clear for 2008/09 Oxon Chief Execs programme in place - meeting November		

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2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant against 07/08 measures
				2008		
18 week referral to treatment times		√	Director of Performance Improvement	Compliant - but possible risk of not achieving in each speciality highlighted to both Oxon PCT and SHA (Oxon instruction to extend waiting times)		
All cancers: two-week wait		√	Director of Operations, Div B	Compliant - Work progressing to implement revised tracking tools (published September'08) required for new targets		
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)		√	Director of Operations, Div B	Compliant - Work in progress to implement revised tracking tools (published September'08) required for new targets		
All cancers: two-month GP urgent referral to treatment (including new cancer strategy commitment)		√	Director of Operations, Div B	Compliant		
Total time in A&E	√		Director of Performance Improvement	Compliant		
Experience of patients - patient focus and access domains		√	Director of Nursing & Clinical Leadership	Work continuing to ensure good and positive engagement with patients and their families - opportunities taken through FT membership recruitment and the Members' Council training events Customer care and patient engagement strategies approved by the Board		
Outpatients waiting longer than the 13-week standards	√		Director of Performance Improvement	Compliant		
Inpatients waiting longer than the 26-week standards	√		Director of Performance Improvement	Compliant		

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2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant against 07/08 measures
Patients waiting longer than three months for revascularisation	√		Director of Operations, Div A	Compliant		
Waiting times for rapid access chest pain clinic	√		Director of Operations, Div A	Compliant		
Cancelled operations and those not admitted within 28 days	√		Director of Performance Improvement	Compliant		
NHS Staff satisfaction		√	Director of Human Resources & Organisational Development	Continued focus on staff survey undertaken annually - 2008 survey underway with additional focus on areas highlight in 2007 survey		
Total	10	16				

Annex C Quality of Financial Management ALE Action Plan 2008/09

Domain	KLOE	Score 07/08	Actions required	Lead	Date of next review
Financial Reporting (3 overall)	1.1 The trust produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers	3	Potential for 4 is under evaluation but may not be achievable given shortened NHS timetable for closure and submission of accounts End December deadline for restatement of March 08 balance achieved (for IRFS)	Philip Bonnier	Feb 09
	1.2 The trust promotes external accountability	3	Potential for 4 is under evaluation – plans in place for preparation of Annual Report and enhanced stakeholder engagement	Helen Peggs Jerry Park	Feb 09
Financial Management (3 overall)	2.1 The trust's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities	2 (fell in 07/08)	2009/10 capital budget to be considered and approved by Trust Board in March 2009. Agreed timetable for completion of revenue and capital budget 09/10 and for these to be aligned to SLA and capacity plans	Ian Humphries Chris Hurst	Feb 28 for Mar 09
	2.2 The trust manages performance against budgets	3	Sustain at 3	Chris Hurst	Ongoing
	2.3 The trust manages its asset base	3	Sustain at 3 Updated Estates Strategy to be considered and approved at Feb 09 Trust Board following consideration by Commercial Group	Ian Humphries	Jan 30 for Feb TB
Financial Standing (2 overall)	3.1 The trust manages its spending within the available resources	2	Improve to 3 – to be achieved by: The trust to break-even in 2008/09 – on target to deliver planned surplus £2.3m The trust has met its capital resource limit in each of the last two years – ensure CRL is achieved in 2008/09 The going concern confirmation is supported by a strong audit trail to show the basis of considerations – to be demonstrated by achievement of surplus for second consecutive year (third year with underlying surplus) and year-end analytical review	Chris Hurst Chris Hurst Nuala Donnelly	Mar 31 Mar 31 Apr 30 for May 09 TB
Internal Control (3 overall)	4.1 The trust manages its significant business risks	3	Potential for 4 under evaluation – Board workshop on risk to be timetabled before end February 2009 January Leaders' briefing included presentation on governance, assurance and risk Regular review and updating of Trust Key Risk Comprehensive review of Trust Risk Register in February 09 for	Megan Turmezei	Mid Feb 09

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Domain	KLOE	Score 07/08	Actions required	Lead	Date of next review
			consideration at March 09 Trust Board		
	4.2 The trust has arrangements in place to maintain a sound system of internal control	3	Sustain at 3 Standing Orders and SFIs reviewed for consideration of TB Jan 09 Audit Committee has sponsored comprehensive review of all outstanding audit report recommendations	Richard Sonley	Ongoing
	4.3 The trust has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business	3	Sustain at 3 Counter fraud included in January Leaders' Briefings Annual counter fraud programme in place monitored by Audit Committee	Jerry Park	Ongoing
Value for Money (2 overall)	5.1 The trust has put in place proper arrangements for securing strategic and operational objectives	2	Improve to 3 – to be achieved by: Board and committee papers make explicit reference to strategic goals, strategic objectives and highlight linkages . AHSC/AFT programme combined and in place Combined action plan (HDD, Governance Review and others) and FT plan to be reviewed monthly by Exec Board. Regular updates to Trust Board on AFT. IBP and LTFM to be revised Stakeholder analysis to be prepared and mapped to Trust objectives and plans Trust objectives reviewed and agreed with Board with traffic light assessment of progress to date Twice yearly accountability reviews now embedded	Megan Turmezei	In place
				Andrew Stevens	In place
				Helen Peggs	In place
	5.2 The trust has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community	3	Potential for 4 – to be achieved by: Regular patient feedback to Trust Board from Jan 09 Demonstrating that the feedback from FT consultation has impacted on the Board's plans/proposals – summary feedback to October Board with detailed consideration in March 09 Membership database provides evidence that Trust is communicating with hard to reach groups November 08 membership target exceed with c 4800 members Successful Members' workshops in October, December and Jan 09	Elaine Strachan Hall Jerry Park Jerry Park	Jan 09 TB Dec 31
	5.3 The trust has put in place proper arrangements for monitoring and reviewing performance,	3	Sustain at 3 Regular updates to Boards (TB, EB and F&PC) on performance and	Matthew Covill	ongoing

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Domain	KLOE	Score 07/08	Actions required	Lead	Date of next review
	including arrangements to ensure data quality		<p>compliance</p> <p>HCC Report on cardiothoracic surgery to be signed-off by TB and SHA by end March following detailed review through Governance Committee and Trust Board. Supported by submission of detailed evidence for assurance</p> <p>CAP in place to bring together key action plans (e.g. HDD, governance review by Audit Commission, SHA review,) to ensure actions delivered in timely fashion. Regular reports and monitoring through AFT Steering Group, Executive Board, F&PC and Trust Board</p>	Megan Turmezei	
	5.4 The trust has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved	2 (fell in 07/08)	<p>Improve to 3 – to be achieved by:</p> <p>PICRP to be mapped to the NHS Operating Framework 2008/09 and improvements being delivered in this year mapped back to Reference Costs 2007 to demonstrate links to areas targeted</p> <p>Analysis of outcome of Reference Costs 2008 to be reported to Executive Board and Finance & Performance Committee with action plan</p> <p>Compile plans to improve efficiency of back office functions (drawing on IBP Chapter 8 and PICRP plans) – report to Finance & Performance Committee for review</p>	<p>Don West/ Fiona Barnes</p> <p>Chris Hurst Sue Donaldson/ Andrew Murphy</p>	<p>Nov 30</p> <p>By Jan 09</p>