

Board of Directors Meeting: Thursday 21 May 2009

BD2009.45

Subject	Annual Health Check - declaration of compliance and process for 2009/10			
Purpose of paper	To present the Declaration of Compliance for 2008/09 and to inform the Board of the process to be followed for monitoring compliance with core standards for the period 1 April 2009 to 30 September 2009			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Care Quality Commission consultation document on Periodic and special reviews for 2009/10			
Action/decision required	To receive the Declaration of Compliance and to agree the process for the monitoring of compliance during the first half of the year			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goal(s)	All			
Strategic Objective(s)	<p>All and specifically:</p> <p>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.</p> <p>SO7 - To provide demonstrably excellent clinical outcomes and indicators of patient safety</p> <p>SO8 - To improve the overall patient experience by offering excellent customer care.</p>			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	The Board Assurance Framework is mapped across to all core standards; in addition the Trust Risk Register is mapped to the BAF			
Also considered by	Not applicable			
Resource and financial impact	Not applicable			
Consideration of legal/equality/diversity/engagement /risk issues	Considered as part of the compliance with core standards and included in relation to specific standards			

Acronyms and abbreviations used	BAF - Board Assurance Framework; CQC - Care Quality Commission
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Annual Health Check – Ratings for 2008/09

1. The ORH submitted its Declaration of Compliance with core standards on 30 April 2009 to the Care Quality Commission (CQC), the successor body to the Healthcare Commission. The Declaration, which includes comments from the Strategic Health Authority and the Oxfordshire Local Children Safeguarding Board, is a public document and will be published on the ORH external website in advance of the Board meeting. The Declaration is attached at Appendix A.
2. The outcome of the Annual Health Check which covers the core standards, existing and new national targets (for the quality rating) and the Auditor’s Local evaluation (for the quality of financial management rating) will be published in October 2009.

Procedure for 2009/10

3. The CQC has indicated that it expects all organisations to make a declaration of compliance with core standards for the period 1 April 2009 to 30 September 2009. The arrangements to ensure compliance, building on the process developed last year, will include the following:
 - 3.1. clarification of the Executive Director responsible for each area and identification of the Board lead;
 - 3.2. identification of the sub-Board lead for each standards;
 - 3.3. collation of updates on compliance for regular Board reports (May, July and September 2009) based on more detailed discussions to be held at the monthly Care Quality Board meetings;
 - 3.4. identification of areas requiring development throughout the period through discussion at the Care Quality Board; and
 - 3.5. the collection of evidence to assure statements on compliance throughout the period.
4. The following table outlines each standard and include both the Board and sub-Board leads for each standard. The table also provides the Board with the current position for compliance with each standard. The position will be updated each month by the Associate Director of Governance, working with Board and sub-Board leads. The Associate Director will also be responsible for the collation and collection of evidence in support of the statements of compliance.

Conclusion

5. The Board is asked to:
 - 5.1. note the declaration for 2009/10 and to note its publication on the ORH website; and
 - 5.2. to agree the process for the current year and to receive regular reports on compliance up to the end of September 2009.

Megan Turmezei
Associate Director of Governance

Oxford Radcliffe Hospitals

Core Standard	Key focus of standard	Board of Directors Lead	Sub-Board lead	Non compliant	Work required & in progress	Compliant
C1a	Patient safety & incidents; learning & analysis	Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant		
C1b	Acting on patient safety notices etc - SABs	Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant		
C2	Child protection & safeguarding	Director of Nursing & Clinical Leadership	Director of Operations C	Compliant		
C3	NICE interventional procedures	Medical Director & Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant		
C4a	Infection control systems and processes (link to Hygiene Code)	Medical Director (DIPC) to lead across all areas	Infection Control Doctor and Manager	Compliant		
C4b	Medical Devices acquisition & use	Medical Director	Director of Medical Physics and Clinical Engineering	Compliant		
C4c	Decontamination (link to Hygiene Code)	Medical Director	Director of Estates & Facilities Director of Operation B	Compliant		
C4d	Medicines management	Medical Director/Director of Nursing & Clinical Leadership	Chief Pharmacist	Compliant		
C4e	Waste management	Director of Finance	Director of Estates & Facilities	Compliant		
C5a	NICE technology	Medical Director/Director of	Directors of Operations	Compliant		

Oxford Radcliffe Hospitals

Core Standard	Key focus of standard	Board of Directors Lead	Sub-Board lead	Non compliant	Work required & in progress	Compliant
	appraisals	Nursing & Clinical Leadership	Associate Director of Safety, Quality and Risk			
C5b	Supervision & leadership of clinical care & treatment	Medical Director/Director of Nursing & Clinical Leadership	Directors of Operations Divisional Chairs	Compliant		
C5c	Continuous updating of skills for clinicians	Medical Director/Director of Nursing & Clinical Leadership	Directors of Operations Divisional Chairs	Compliant		
C5d	Clinical audit & clinical reviews	Medical Director	Directors of Operations Divisional Chairs Associate Director of Safety, Quality and Risk	Compliant		
C6	Whole system working for individual patient needs	Chief Operating Officer	Director of Operations A	Compliant		
C7a & 7c	Governance & risk	Director of Nursing & Clinical Leadership	Associate Director of Governance Associate Director of Safety, Quality and Risk	Compliant		
C7b	Probity & Honesty	Director of Nursing & Clinical Leadership	Deputy Director of HR Associate Director of Governance	Compliant		
C7e	Human rights, diversity, equality	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		
C8a	Whistle blowing	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		

Oxford Radcliffe Hospitals

Core Standard	Key focus of standard	Board of Directors Lead	Sub-Board lead	Non compliant	Work required & in progress	Compliant
C8b	Organisational development & minority groups	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		
C9	Records management (& training)	Director of Nursing & Clinical Leadership Director of Finance	Head of Health Records Information Governance Manager	Compliant		
C10a & b	Employment checks & professional codes of practice	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		
C11 a	Appropriate recruitment, training & qualifications	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		
C11b	Mandatory training	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		
C11c	Professional & occupational development	Director of Human Resources & Organisational Development	Deputy Director of HR	Compliant		
C12	Research governance	Medical Director	Head of Research	Compliant		
C13 a	Privacy & Dignity	Director of Nursing & Clinical Leadership	Deputy Director of Nursing	Compliant		
C13b	Consent & use of information	Director of Nursing & Clinical Leadership	Information Governance Manager	Compliant		
C13c	Confidentiality of	Director of Nursing & Clinical	Information Governance Manager	Compliant		

Oxford Radcliffe Hospitals

Core Standard	Key focus of standard	Board of Directors Lead	Sub-Board lead	Non compliant	Work required & in progress	Compliant
	Information	Leadership				
C14a, b, c	Information re complaints & proper processes No discrimination, Learning & service improvement	Director of Nursing & Clinical Leadership	Deputy Director of Nursing	Compliant		
C15 a, b	Food choice & 24 hours	Director of Nursing and Clinical Leadership Director of Finance	Director of Estates & Facilities Associate Directors of Nursing	Compliant		
C16	Patient & corporate information	Director of Nursing and Clinical Leadership	Director of Communications	Compliant		
C17	View of patients & carers, designing, delivering, planning & improving healthcare	Director of Nursing & Clinical Leadership	Patient and Public Engagement lead	Compliant		
C18	Equality of Access	Chief Operating Officer	Directors of Operations	Compliant		
C20a	Safe & secure environment	Director of Finance	Director of Estates & Facilities	Compliant		
C20b	Care environment privacy & confidentiality	Director of Nursing & Clinical Leadership	Director of Estates & Facilities Associate Directors of Nursing	Compliant		
C21	Environment,	Director of Finance	Director of Estates & Facilities	Compliant		

Oxford Radcliffe Hospitals

Core Standard	Key focus of standard	Board of Directors Lead	Sub-Board lead	Non compliant	Work required & in progress	Compliant
	maintenance & cleaning					
C22 a & c	Health promotion in local community	Medical Director	Patient and Public Engagement lead	Compliant		
C23	Health promotion to meet NSFs etc on obesity, smoking, substance misuse etc	Medical Director	Patient and Public Engagement lead	Compliant		
C24	Emergency planning	Chief Operating Officer	Director of Operations (A)	Compliant		