

Board of Directors Meeting: Thursday 5 November 2009

BD2009.93

Subject	Compliance with Core Standards 2009/10			
Purpose of paper	<p>The Trust has to declare its position on compliance with core standards for the period 1 April to 31 October 2009 by no later than 7 December 2009. The position on compliance has been reviewed regularly by the Board and the Care Quality Board. The declaration form is now available on the Care Quality Board's website and can be completed for submission from 23 November 2009.</p> <p>This paper gives an update on the work in hand to make the declaration.</p>			
Board Lead	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	None			
Action/decision required	To note the current position on compliance, and areas of further review to achieve compliance by 31 October; and to note that the outcome of detailed Care Quality Board consideration of the compliance position on 11 November 2009 will be reported to Board members before the declaration.			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goals	All			
Strategic Objectives	SO10: To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes			
Links to Board Assurance Framework/ Trust Risk Register/Annual Health Check element(s)/CQC Registration	<p>S4BH: C7ac: good corporate and clinical governance in place</p> <p>ALE: internal control domain</p> <p>NHSLA: risk management standards</p>			
Also considered by	Care Quality Board and Individual directors and Directors of Operations			
Resource and financial impact	Not applicable			

Oxford Radcliffe Hospitals

Consideration of legal/equality/diversity/engagement/risk issues	Not applicable
Acronyms and abbreviations used	CEAC: Central England Audit Consortium CQC: Care Quality Commission
Author	Mrs Megan Turmezei, Associate Director of Governance

Key

NC	Non compliant
WR	Work underway to achieve compliance
C-R	Further evidence review to address specific issues/concerns and assurances being sought to assure compliance without significant lapse(s)
C	Compliant - good evidence to support and assure declaration

Compliance with Core Standards and 2009/10 Declaration

Introduction

1. The ORH has to declare its position on compliance with core standards for the period 1 April to 31 October 2009 by no later than 7 December 2009. The position on compliance has been reviewed regularly by the Board and the Care Quality Board. The declaration form is now available on the Care Quality Board's website and can be completed for submission from 23 November 2009.
2. A detailed review of evidence to provide assurances on compliance for this period is nearing completion across all areas with particular input from individual standard leads and the Directors of Operations, supported by the clinical governance, safety and risk team and the associate directors of nursing.
3. The intention is that as detailed a picture is built up across all areas of the trust and its activities. Sources of counter-intelligence are being used; these include Picker Patient Survey, outcome from hand helds, analysis of SUIs and complaints, and the analysis of the ORH's profile for 2007/08 made available on their website which highlights the data sources used in cross-checking. CEAC (internal audit) are currently completing their audit of the compliance process with a focus on four standards.

Risks to compliance

4. The current position against the total 42 standards shows current compliance with 33 and expected compliance with a further four. With respect to the remaining five standards:
 - 4.1. C5b - supervision and leadership of clinical care,
 - 4.2. C11b - mandatory training,
 - 4.3. C11c - professional and occupational development,
 - 4.4. C13b - consent and use of information, and
 - 4.5. C15b - provision of support for patients for feeding;additional work is being done to determine if there is a risk of any significant lapses occurring during the year.
5. The Executive Team will be reviewing any necessary actions to ensure compliance by the year end should this be deemed necessary. (Standards on infection control, contamination and cleaning are not included as these are part of the current registration with CQC in relation to healthcare associated infections).

Conclusion

6. A further discussion on the position will take place at the November Care Quality Board so that a final recommendation on compliance can be made to the Trust Board in December before the submission deadline of midday on 7 December 2009.

Oxford Radcliffe Hospitals

CS	Key focus of standard	Board of Directors Lead	Sub-Board lead	NC	WR	C-R	C
C1a	Patient safety & incidents; learning & analysis	Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant - good evidence to support and assure declaration - included in CEAC Audit			
C1b	Acting on patient safety notices etc - SABs	Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant - good evidence to support and assure declaration			
C2	Child protection & safeguarding	Director of Nursing & Clinical Leadership	Director of Operations C Lead Nurse, Child Protection	Compliant - good evidence to support and assure declaration			
C3	NICE interventional procedures	Medical Director & Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant - good evidence to support and assure declaration			
C4b	Medical Devices acquisition & use	Medical Director	Director of Medical Physics and Clinical Engineering	WR - Overall strong assurance but minor issues re training uptake and needs analysis - concerns reflected in C11b assessment - compliance expected Included in CEAC audit			
C4d	Medicines management	Medical Director/Director of Nursing & Clinical Leadership	Clinical Director, Medicines Management	Compliant - good evidence to support and assure declaration			
C4e	Waste management	Director of Estates & Facilities		Compliant - good evidence to support and assure declaration			

Oxford Radcliffe Hospitals

CS	Key focus of standard	Board of Directors Lead	Sub-Board lead	NC	WR	C-R	C
C5a	NICE technology appraisals	Medical Director/Director of Nursing & Clinical Leadership	Directors of Operations Associate Director of Safety, Quality and Risk	Compliant - good evidence to support and assure declaration			
C5b	Supervision & leadership of clinical care & treatment	Medical Director/Director of Nursing & Clinical Leadership	Directors of Operations Divisional Chairs	C-R Work in progress (ref clinical supervision in clinical oncology, and trauma and gynaecology at the Horton - issues re documentation in notes and supervision of care now being addressed) Horton audit being carried out early November			
C5c	Continuous updating of skills for clinicians	Medical Director/Director of Nursing & Clinical Leadership	Directors of Operations Divisional Chairs	Compliant - good evidence to support and assure declaration			
C5d	Clinical audit & clinical reviews	Medical Director	Directors of Operations and Divisional Chairs Associate Director of Safety, Quality and Risk	Compliant - good evidence to support and assure declaration			
C6	Whole system working for individual patient needs	Chief Operating Officer	Director of Operations A	Compliant - good evidence to support and assure declaration			
C7ac	Governance & risk	Director of Nursing & Clinical Leadership	Associate Director of Governance Associate Director of Safety, Quality and Risk	Compliant - good evidence to support and assure declaration			
C7b	Probity & Honesty	Director of Nursing & Clinical Leadership	HR Business Manager Board Secretary	Compliant - good evidence to support and assure declaration			

Oxford Radcliffe Hospitals

CS	Key focus of standard	Board of Directors Lead	Sub-Board lead	NC	WR	C-R	C
C7e	Human rights, diversity, equality	Director of Nursing and Clinical Leadership Director of Human Resources & Organisational Development	HR Business Manager	Compliant - good evidence to support and assure declaration			
C8a	Whistle blowing	Director of Human Resources & Organisational Development	HR Business Manager	Compliant - good evidence to support and assure declaration			
C8b	Organisational development & minority groups	Director of Human Resources & Organisational Development	HR Business Managers	Compliant - good evidence to support and assure declaration			
C9	Records management (& training)	Director of Nursing & Clinical Leadership Director of Finance	Head of Health Records Information Governance Manager	WR - good evidence to support and assure declaration of compliance (actions underway to deliver on NHS Number issues by end December) -			
C10a & b	Employment checks & professional codes of practice	Director of Human Resources & Organisational Development	HR Business Managers	Compliant - good evidence to support and assure declaration			
				WR - good evidence to support and assure declaration of compliance although NHSLA highlighted concern re assurances on third party agencies checking professional registration for locum/temporary staff - actions underway to address			
C11 a	Appropriate recruitment, training & qualifications	Director of Human Resources &	HR Business Managers	Compliant - good evidence to support and assure declaration			

Oxford Radcliffe Hospitals

CS	Key focus of standard	Board of Directors Lead	Sub-Board lead	NC	WR	C-R	C
		Organisational Development					
C11b	Mandatory training	Director of Nursing and Clinical Leadership	Training and Development Manager	C-R - evidence and data being collected to review overall compliance and potential for lapses, particularly in relation to recording and releasing of staff for training sessions			
C11c	Professional & occupational development	Director of Nursing and Clinical Leadership	Training and Development Manager	C-R - further review of supporting evidence e.g. on training needs analysis (due to be completed by end October) and access to training			
C12	Research governance	Medical Director	Head of Research	Compliant - good evidence to support and assure declaration			
C13 a	Privacy & Dignity	Director of Nursing & Clinical Leadership	Deputy Director of Nursing	Compliant - good evidence to support and assure declaration - to be included in CEAC audit			
C13b	Consent & use of information	Director of Nursing & Clinical Leadership	Information Governance Manager	C-R - issues raised on training re consent during NHSLA assessment so further review through directorates/divisions			
C13c	Confidentiality of Information	Director of Nursing & Clinical Leadership	Information Governance Manager	WR - good evidence to support declaration of compliance but further work being done on isolated events re access to confidential data			
C14a, b, c	Information re complaints & proper processes & learning	Director of Nursing & Clinical Leadership	Deputy Director of Nursing	Compliant - good evidence to support and assure declaration			
C15 a, b	Food choice & 24 hours	Director of Nursing and Clinical Leadership	Associate Directors of Nursing	Compliance - good evidence to support and assure declaration			
		Director of Estates and Facilities		C-R - review in relation to MUST assessment and provision of support for patients in feeding - monthly audits and follow up actions			
C16	Patient & corporate	Director of Nursing &	Director of	Compliant - good evidence to support and assure declaration			

Oxford Radcliffe Hospitals

CS	Key focus of standard	Board of Directors Lead	Sub-Board lead	NC	WR	C-R	C
	information	Clinical Leadership	Communications				
C17	View of patients & carers, designing, delivering, planning & improving healthcare	Director of Nursing & Clinical Leadership	Patient and Public Engagement lead Directors of Operations	Compliant - good evidence to support and assure declaration			
C18	Equality of Access	Chief Operating Officer	Directors of Operations	Compliant - good evidence to support and assure declaration			
C20a	Safe & secure environment	Director of Estates & Facilities		Compliant - good evidence to support and assure declaration			
C20b	Care environment privacy & confidentiality	Director of Nursing & Clinical Leadership Director of Estates & Facilities	Associate Directors of Nursing	Compliant - good evidence to support and assure declaration - to be included in CEAC Audit			
C21	Environment, maintenance & cleaning	Director of Finance	Director of Estates & Facilities	Compliant - good evidence to support and assure declaration - environment and maintenance			
C22ab & c	Health promotion in local community	Medical Director	Patient and Public Engagement lead	Compliant - good evidence to support and assure declaration			
C23	Health promotion to meet NSFs etc on obesity, smoking, substance misuse etc	Medical Director	Patient and Public Engagement lead	Compliant - good evidence to support and assure declaration			
C24	Emergency planning	Chief Operating Officer	Director of Operations (A)	Compliant - good evidence to support and assure declaration			