

ITEM: 08/172

DOC: 11

Meeting: Trust Board
Date: 19 November 2008

Title: **Preparation for Healthcare Commission core standards assessment 2008 - 2009**

Executive Summary: Following discussion at Audit Committee, the proposed process for enabling the Trust Board to assure itself of compliance with the Healthcare Commission core standards for the current year is attached.

The proposal establishes an internal review panel chaired by the Chief Executive, supported by another director who is not involved in the standard being reviewed. Following this, a report will be produced for Audit Committee and Trust Board, outlining the level of assurance against each standard. This can then be signed off by Trust Board in readiness for the declaration to the Care Quality Commission in April 2009.

Trust Board are asked to ratify this process.

Action: For agreement of the process

Report from: Veronica Shaw, Assistant Director of Nursing

Sponsor: Deborah Wheeler, Director of Nursing & Clinical Development

Financial Validation Lead: Director of Finance	Not applicable
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Compliance with statute, directions, policy, guidance Lead: All directors	Reference: HCC Core Standards
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Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	Reference: All
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Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference:
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Evidence for self-certification under the Monitor compliance regime Lead: All directors	Compliance framework reference:
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1. Introduction

At the March 2009 meeting the Trust Board will be required to consider and approve the Trust's annual declaration of compliance with the Healthcare Commission's Core Standards for 2008/9.

The declaration needs to set out to what extent the Board has reasonable assurance that the trust has complied with all the core standards without any significant lapse throughout 2008/9.

2. Assurance Process

In previous years the Board has relied to a great extent on the findings of the former Assurance Committee, which in turn relied upon a listing of each domain and standard with the types of evidence available against them. An electronic database with copies of all the named evidence supported this document.

The Director of Nursing and Clinical Development has had sole responsibility for the process.

3. Proposed Assurance Process

The above process, whilst providing a useful stage in the assurance process, is not as robust or complete as it could be, and could be challenged in terms of how the Board, particularly non-executive directors, actually assured themselves of compliance.

In order to improve assurance the following changes are proposed.

3.1. Executive Director Involvement

It is proposed that the Director of Nursing and Clinical Development retains overall responsibility for the process, and keeps an overview on progress and work required, but that other directors take the responsibility for the assurance of compliance for standards that relate directly to their areas.

Each of the core standards will be allocated an executive director lead, in line with their role. The director may delegate specific standards to appropriate staff with expertise in the particular area, but will be responsible for ensuring that evidence to support compliance is identified, available and meets the requirements of the Healthcare Commission's inspection guides. Any gaps or possible lapses would be flagged up to the Director of Nursing and Clinical Development as a matter of urgency, and action plans put in place to remedy the gap.

The proposed allocation of standards to each director is attached to this paper.

3.2. Core Standards Panel

It is also proposed that a review panel is set up to test and scrutinise the process and the evidence available, to then form a view as to whether the trust is compliant with each standard. Each director will be asked to present the process they have

undertaken and the evidence they have identified to assure their standards' compliance.

The panel would have an opportunity to ask questions and ask for further information or evidence, as they felt necessary. Minutes of the panel meeting would be taken and therefore available as documented evidence of the assurance process undertaken. This would be available for the Audit Committee and Trust Board, as well as any potential Care Quality Commission inspection.

It is proposed that the panel members should consist of the Chief Executive and another executive director, plus any other staff member considered relevant. The panel would meet towards the end of the financial year, but in time for any remedial actions to be undertaken if needs be.