

Report to:	Public Board of Directors				
Date of Meeting:	30 th April 2014				
Report Title:	Monitor Quarter 4 Governance Statement				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X		X	X	X
Prepared by:	Stuart Shaw, Head of Planning and Performance				
Executive Sponsor (presenting):	Andrew Copley, Director of Finance				
Appendices (list if applicable):					

Purpose of the Report

1. Introduction

The draft Governance Statement to accompany the Monitor Quarter 4 return is set out below.

In Year Governance Statement from the Board of Airedale

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)

For finance, that:

Board Response

- | | | |
|---|---|---|
| 4 | The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. | <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Confirmed</div> |
|---|---|---|

For governance, that:

- | | | |
|----|--|---|
| 11 | The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards. | <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Not Confirmed</div> |
|----|--|---|

Otherwise

- | | | |
|--|---|---|
| | The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 21, Diagram 6) which have not already been reported. | <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Confirmed</div> |
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Key points for discussion

2. Monitor Risk Assessment Framework

The Exception Report to be included regarding the Governance declaration is;

The indicative Quarter 4 Governance rating from the targets and indicators section of the submitted template is Green. All of the standards are being met.

Going forward, a declaration of 'Not Confirmed' for Governance has however been applied due to the risks highlighted in the Annual Plan around Clostridium Difficile and A&E 4 Hour Waits that could occur in 2014/2015.

Annual Plan Statement on Clostridium Difficile

The Trust Board of Directors consider the Clostridium Difficile target to be at risk in 2014/2015. Over the past few years, Airedale NHS Foundation Trust has placed a significant and priority emphasis on Infection Prevention resulting in a reduction of Clostridium Difficile infections from 235 to 7 over a seven year period. The central allocation for 2014/2015 is 9 (Monitor Risk Assessment Framework de minimis of 12) and whilst this continues to be a top priority for the Foundation Trust, it is felt that maintaining the number of infections to be 12 or less is at risk, given the prevalence of Clostridium Difficile which exists in the local community. All existing prevention actions are being reinforced with senior clinical leads, in particular a focus on antibiotic prescribing, hand washing, toileting and ward cleaning. The position is monitored daily across the Foundation Trust. Escalation to senior leaders occurs for each case, all cases are subjected to full Root Cause Analysis (RCA) review and the Trust Board of Directors monitors performance each month. The Foundation Trust has raised and discussed this issue with its Relationship Managers at Monitor and is raising the same matter through the 2014/2015 Annual Planning process.

Annual Plan Statement on A&E 4 Hour Wait Standard

The Trust Board of Directors consider the A&E 4 hour wait target to be at risk in 2014/2015. As reported and discussed during 2013/2014, emergency services have been significantly affected by increases in demand, acuity and delays in first assessments. As highlighted in our Operational Plan, following the substantial pressures across the whole health system, one of the key elements of our Clinical Strategy is the priority to deliver a different whole health system model of urgent care. The changes being taken forward include to the way emergency care is provided at Airedale, to the process and flow of non-elective patients through the whole hospital and, supported by our key partners, to significantly develop the infrastructure and management of urgent care across the whole health economy. The approach is being managed through the Urgent Care Board across the district, led by Directors, focussing on the management of emergency work.

Recommendation

The Trust Board of Directors are asked to review and approve the Governance Statement for submission to Monitor with the Quarter 4 return.

Report to:	Board of Directors				
Date of Meeting:	April 30th 2014				
Report Title:	Compliance against the essential Care Quality Commission (CQC) Outcomes and Regulations.				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	x		x		
Prepared by:	Alison Fuller Assistant Director Healthcare Governance				
Executive Sponsor (presenting):	Dr Harold Hosker				
Appendices (list if applicable):	Appendix 1 – CQC compliance register.				

Purpose of the Report

The attached report provides the Board of Directors with the assurance that the Trust is compliant with all essential Care Quality Commission outcomes / regulation. This is part of the annual assurance programme and closes 2013/14 compliance. Each assurance director has confirmed compliance against the outcome registered to their area of responsibility.

It must be noted that this assurance process will be reviewed once the CQC have formally adopted their new system of inspection and reporting. The CQC are seeking provider engagement to shape the new regulatory model. The Trust is currently reviewing the recently released CQC consultation document- Sector Specific Provider Handbooks (April 2014).

Key points for discussion

To note the compliance against each core outcome.

Recommendation

The Trust Board of Directors is asked to receive and note.

Outcome	Lead Manager	Lead Director	Q3 2013-14	Comments at 30/03/2014 [Good practice, further evidence required, areas of concern, significant lapses, agreed actions, assurance meeting dates]	Annual Declaration
1 * Respecting and involving people who use services	Elaine Andrews Jane McSharry	Rob Dearden		Assurance meeting 5/07/2013: Sign off sheet and PCA tool submitted. 10/01/2014 Outcome met 11/04/2014 Outcome met	Yes
2 * Consent to care and treatment	Alison Fuller & Linda Wilson	Harold Hosker		Assurance meeting 29/08/13. Awaiting confirmation chasing weekly – PCA received, lead assurance compliant. 08/04/2014 Outcome met	Yes
3 Fees etc	Mark Walsh	Andrew Copley		Assurance meeting 21/08/12. Policy tool needs reviewing. Not expecting any issues. Met. 30/12/2013 Outcome met 08/04/2014 Outcome met	Yes
4 * Care and Welfare of people who use services	Linda Beckett (J Livesey/D Todd)	Stacey Hunter		Assurance meeting 13/09/2013. Good practice – good compliance against current process. There is a review of a number of aspects of discharge in line with transform that will be adopted into practice over the next few months. To review Feb 2014. 09/04/2014 Outcome met.	Yes
5 * Meeting nutritional needs	Katherine Jones Wendy Firth	Rob Dearden		Assurance meeting 05/07/13. Good breadth of evidence. Outcome is met. Sign off sheet completed; PCA tool submitted. 30/12/2013 Outcome met 11/04/2014 Outcome met	Yes
6 * Co-operating with other providers	Shaun Milburn Karen Walker	Stacey Hunter		Assurance meeting 05/07/13. Fully met. Some areas have multi-professional documentation, which demonstrates co-operating with others. Some transfers out of hours do occur and this is reported via the incident system and discussed at local quality and safety meetings .PCA tool submitted. 08/04/2014 Outcome met. No changes	Yes
7 * Safeguarding people who use services from abuse	Elaine Andrews Joanne Newman	Rob Dearden		Assurance meeting 05/07/2013. Outcome fully met for children and adult safeguarding. Documentation submitted. 10/01/2014 Outcome met 11/04/2014 Outcome met	Yes

Outcome	Lead Manager	Lead Director	Q3 2013-14	Comments at 30/03/2014 [Good practice, further evidence required, areas of concern, significant lapses, agreed actions, assurance meeting dates]	Annual Declaration
8 * Cleanliness and Infection Control	Allison Charlesworth Wendy Firth	Rob Dearden		Assurance meeting 05/08/13. Outcome is met. Good practice noted Review of the Mattress Audit process & logistical challenges have led to the Audit - slightly delayed this year – Sept 2013 10/01/2014 Outcome met. Mattress audit completed and new mattresses in circulation 11/04/2014 Outcome met	Yes
9 * Management of Medicines	Nick Chilton	Harold Hosker		Assurance meeting 05/09/2013. Outcome is met. Sign off sheet submitted. Selected for further scrutiny by Internal Audit January 2013. – High assurance 08/04/2014 Outcome met	Yes
10 * Safety and suitability of premises	David Moss	Stacey Hunter		30/09/2013 Ownership of standard moved to David Moss, evidence collection underway. Evidence submission and sign-off received in October. 09/04/2014 Outcome met, further disabled spaces will be made available in the Summer.	Yes
11 * Safety, availability and suitability of equipment	John Logue	Harold Hosker		Assurance meeting 04/09/12. Evidence has been collated 08/04/2014 Outcome met	Yes
12 * Requirements relating to workers	Nick Parker	Nick Parker		Assurance meeting 04/09/12. Outcome is fully met; paperwork submitted Reviewed 09/01/14. Since last assurance meeting further improvement in relation to compliance checking of new starters. Outcome is fully met; Review 8/4/14 evidence suggests outcome met. Full review of recruitment processes planned during 2014-15 to ensure continued compliance.	Yes
13 * Staffing	Nick Parker	Nick Parker		Assurance meeting 04/09/12. Outcome is fully met; paperwork submitted. Reviewed 09/01/14. Outcome is fully met. Reviewed 8/4/14. Evidence suggests outcome being met.	Yes

Outcome	Lead Manager	Lead Director	Q3 2013-14	Comments at 30/03/2014 [Good practice, further evidence required, areas of concern, significant lapses, agreed actions, assurance meeting dates]	Annual Declaration
14 * Supporting workers	Matthew Smales-Cresswell	Nick Parker		Assurance meeting 04/09/12. Outcome is fully met; paperwork submitted Reviewed 09/01/14 Outcome is fully met. Reviewed 8/4/14. Evidence supports outcome met. Mandatory training action plan in place to improve compliance levels. Majority of actions completed by April 2014. Two outstanding to be completed by July 2014. 2013 Staff Survey received and action plans being developed to address any areas below expected. Outcome met.	Yes
15 Statement of purpose	Jane Downes	Ann Wagner		Assurance meeting held 19/08/13 and 25/03/14. Statement of purpose revised in line with Annual plan 2013/14 – 2015/16 and notified to the CQC. No further changes required.	Yes
16 * Assessing and monitoring the quality of service provision	Alison Fuller	Harold Hosker		Evidence has been refreshed. 2013/14 Assurance meeting 22/08/2013. Outcome is met. Paper work submitted. 08/04/2014 Outcome met	Yes
17 * Complaints	Helen Barrow	Harold Hosker		Assurance meeting 19/07/2013.. Outcome is fully met; paperwork submitted. 08/04/2014 Outcome met	Yes
18 Notification of death of a service person who uses services	Alison Fuller	Harold Hosker		Assurance meeting 22/08/2013. Outcome is met. Paper work submitted. 08/04/2014 Outcome met	Yes
19 Notification of other death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983	Shaun Milburn Jane Lang	Stacey Hunter		Assurance meeting 12/08/12. Sign off sheet submitted. 08/04/2014 Outcome met. No changes	Yes
20 Notification of other incidents	Alison Fuller	Harold Hosker		Evidence has been refreshed. 2013/14 Assurance meeting 22/08/2013. Outcome is met. Paper work submitted. 08/04/2014 Outcome met	Yes

Outcome	Lead Manager	Lead Director	Q3 2013-14	Comments at 30/03/2014 [Good practice, further evidence required, areas of concern, significant lapses, agreed actions, assurance meeting dates]	Annual Declaration
21 * Records	Sue Hardeman Mark Walsh	Harold Hosker Andrew Copley		Assurance meeting 21/08 awaiting sign-off sheet. Issue identified by NHSLA assessment has been superseded due to restructure of NHSLA assessment methodology. 08/04/2014 Outcome met	Yes
22 Requirement where the service provider is an individual or partnership	NA	NA			
23 Requirement where the service provider is body other than a partnership	Jane Downes	Ann Wagner		Assurance meeting 19/08/2013 and 25/03/2014. Notification required when registered person (i.e. Chief Executive) changes. No changes required for 2013/14	Yes
24 Requirements relating to Registered Manager	NA	NA			
25 Registered person: training	M. Smales-Cresswell	Nick Parker		Assurance meeting 04/09/12. PCA equivalent submitted. Reviewed 09/01/14 Outcome is fully met. Reviewed 09/01/14 Outcome is fully met.	Yes
26 Financial position	NA	NA			
27 Notifications - Notice of absence	Jane Downes	Ann Wagner		Assurance meeting 19/08/13 and 25/03/14. Use of standard form published by the CQC to cover planned absence of CEO submitted to CQC to cover period of absence following planned surgery. Period covers 29/07/2013 to date.	Yes
28 Notifications - Notice of changes	Jane Downes	Ann Wagner		Assurance meeting 19/08/13 and 25/03/14. Use of standard form published by CQC. CQC notified as soon as changes known. All notices including acknowledgement of receipt saved electronically by Company secretary. Changes notified to CQC during 13/14 are: appointment / resignation of Director of Operations July 2013, resignation of Medical Director February 2014, appointment of Medical Director (effective date TBC) and resignation and appointment of Chairman (for information notice).	Yes

Compliance Ratings:

<p>Provisional confirmation; awaiting hardcopy sign off sheet.</p>	<p>Evidence available at time of assessment shows the outcome is met</p>	<p>Evidence available at time of assessment shows that the outcome is mostly met or there is not sufficient evidence to demonstrate outcome is met. Impact on people who use services, visitors or staff is low. Action required is minimal.</p>	<p>Evidence available at the time of assessment shows that the outcome is mostly met or there is sufficient evidence to demonstrate the outcome is met. Impact on people who use services, visitors or staff is medium (no long term effects). Action required is moderate.</p>	<p>Evidence available at the time of assessment shows that the outcome is at risk of not being met or there is no available evidence that the outcome is met. Impact on people who use services, visitors or staff is high/significant. Action required is high/significant. Action is required quickly.</p>
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