Herefordshire Primary Care Trust

Standards for Better Health Process for 2007/08

Introduction

The purpose of this report is to provide details on the process and a current assessment of the Standards for Better Health for the 2007/08 final declaration. Please note that the current assessment status against the core standards is the position considered to be at as of 31st January when the assessment was carried out. It is unlikely that the position as at 31st March will alter this assessment.

Requirements for the 2007/08 Declaration

Core Standards

This year has seen a review of the elements within the core standards with some being merged or omitted as no longer appropriate. The Healthcare Commission were waiting on the Department of Health sign-off before the final version could be released, in mid-December, which has held up the process.

PCTs will no longer be assessed against Core Standard 3 - *Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance.*

Commentaries & Statements

As in previous declarations we have to submit a general statement of compliance. This is usually completed by the Accountable officer – Chief Executive.

As part of our declaration for 2007/08 we must provide a statement of the measures that our trust has in place to observe the provisions of the Code of Practice on Healthcare Associated Infections (the Hygiene Code).

Also new for this year, we have been asked that we invite a commentary from the Local Safeguarding Children Board. This has proved to be somewhat problematical with NHS organisations as this requirement was only released very recently and has not been well published. Nor are the LSC boards aware that they we will be approached to make a comment.

Developmental Standards

This year healthcare organisations will not be assessed on their position/progress against the developmental standards for 2007/08, nor will it form part of the overall assessment for the Annual Health Check. However organisations will be asked to submit a progress of achievement.

Assessment Process

Initial Assessment
As part of Standards for Better Health process, Herefordshire PCT has chosen to adopt a similar assessment process from the one used for the 2006/07 declaration with some slight alterations to evidence assessment process.

For 2007/08 the PCT Directorial Leads have been asked to assess the status of each element within their relevant standards using the following criteria;

> *Compliant – we are currently meeting all aspects of the standard*
> *Insufficient assurance - There may/may not have been lapses in compliance*
> *Non-compliant - There have been lapses against the standard*

Action plans will be developed for any line of enquiry that is not scored as compliant with the action required to move towards compliance and the expected date of completion.

The Healthcare Commission say that when using the lines of enquiry as an assessment tool, where the majority of the lines of enquiry are compliant then organisations should score the standard as compliant.

Evidence to Support Assessment
This year we have had to adopt a new approach to the way we collect, and types of evidence, that supports our assessment. This has been as a result of the new way the Healthcare Commission will conduct inspections of NHS organisations based on their 2007/08 declarations. Previously the Healthcare Commission would trawl through files of evidence, selecting documentation that demonstrates compliance and assess if it is appropriate. This year their inspections will look at documented evidence but will mainly involve meeting with individuals to assess compliance is inherent throughout the organisations.

This year PCT Leads will not be able to compare evidence from previous years and assess whether it is still valid. There will be a complete refresh of evidence that supports compliance and PCT Leads will be asked to provide the following;

- Evidence that supports compliance
- How does the evidence ensure compliance & minimise risk to the organisation
- Frequency that assurance is given to the Board or a delegated Sub-Committee
- Systems to identify non-compliance

Timetable

The timetable for our final declaration process is as follows

Date	Action	Status
25th January	Distribute standards to PCT Lead Directors for initial self assessment	Completed
Week Commencing 11th Feb	Healthcare Commission to contact Chief Execs. Asking them to identify a nominated lead who will complete the declaration.	Completed
15th February	PCT Lead Directors to return initial assessment to Performance Management	Completed
Week Commencing 18th Feb	Send out proposed declarations to 3rd parties for commentary with request to return to us by 1st April. (SHA, OSC & PPIF)	Completed
Week Commencing 18th Feb	Nominated Leads to complete registration form on line	Completed
Week Commencing 25th Feb	Distribute developmental standards to PCT Lead Directors (Public & Mental Health) for a progress assessment. To be returned to Performance Management by 31st March.	Incomplete – revised deadline 18th April
28th Feb	Possible delegation of authority to sub-committee? Request at Informal Board to have a formal session of approximately 15-30 minutes to note the final declaration at the April meeting.	Completed
Week Commencing 3rd Mar	Declaration forms available on line.	Completed
Week Commencing 3rd Mar	Distribute standards to PCT Lead Directors for more detailed assessment and evidence mapping process.	Incomplete – revised deadline 12th May
31st March	Assessment against Developmental Standards to be returned to Performance Management. *While we are being asked to declare current progress against the Developmental Standards it will not form part of our rating for 2007/8.*	Incomplete – revised deadline 18th April

Date	Action	Status
1st April	SHA & PPIF chairs to return comments	
3rd April	Presentation to Overview Scrutiny Comm. on declaration and any issues	
11th April	LSC Executive to return commentary	
14th April	OSC to return commentary	
14th April	On line declaration forms open for submission	
24th April	PCT Board notes final declaration on Standards for Better Health – Formal session	
28th April	Submit final declaration to Healthcare Commission	
30th April	National Deadline for Final Declaration to Health Commission – by 12:00 noon.	
12th May	Deadline for all evidence and forms, supporting compliance, to be return to Performance Management	
16th May	Trusts must make their final declarations publicly available e.g. on their public website. If a trust does not make its declaration publicly available, we will indicate that it has not been shared with the local community and publish it on the Healthcare Commission website.	

Self Assessment of the Core Standards – 2007/08

First Domain – Safety
Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core Standard	Compliance
Core Standard :- C1a - Health care organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	Compliant
Core Standard C1b :- Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted on within required timescales.	Compliant
Core Standard :- C2 - Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	Compliant
Core Standard C3:- *PCTs will not be measured against this core standard*	Not Applicable
Core Standard :- C4a - Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis of high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;	Compliant
Core Standard :- C4b - All risks associated with the acquisition and use of medical devices are minimised	Compliant
Core Standard :- C4c - All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
Core Standard :- C4d - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	Compliant
Core Standard :- C4e - The prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risk to the health and safety of staff patients, the public and the safety of the environment.	Compliant

Second Domain – Clinical & Cost Effectiveness

Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.

Core Standard	Compliance
Core Standard :- C5a - Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	Compliant
Core Standard :- C5b - Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership;	Compliant
Core Standard :- C5c - Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
Core Standard :- C5d - Health care organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
Core Standard :- C6 - Health care organisations cooperate with each other and social care organisations to ensure that the patients' individual needs are properly managed and met.	Compliant

Third Domain – Governance

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality improvement and patient safety are central components of all the activities of the health care organisation.

Core Standard	Compliance
Core Standard :- C7a & c - Health care organisations apply the principles of sound clinical and corporate governance and undertake systematic risk assessment and risk management (including compliance with the controls assurance standards);	Compliant
Core Standard :- C7b - Health care organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;	Compliant
Core Standard :- C7e - Health care organisations challenge discrimination, promote equality and respect human rights *Reason for Insufficient Assurance* • Disability Policy does not meet criteria • No Gender policy in place *Actions to Completed by 31st March 2008* • Gender and revised Disability policy to be reviewed/signed off by March Board	Insufficient Assurance
Core Standard :- C8a - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	Compliant
Core Standard :- C8b - Health care organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	Compliant
Core Standard :- C9 - Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	Compliant

Third Domain – Governance - Continued

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality improvement and patient safety are central components of all the activities of the health care organisation.

Core Standard	Compliance
Core Standard :- C10a - Health care organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Compliant
Core Standard :- C10b - Health care organisations require that all employed professionals abide by relevant published codes of professional practice	Compliant
Core Standard :- C11a - Health care organisation ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake	Compliant
Core Standard :- C11b - Health care organisations participate in mandatory training programmes	Compliant
Core Standard :- C11c - Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
Core Standard :- C12 - Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Fourth Domain – Patient Focus

Health care is provided in partnership with patients, their cares and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.

Core Standard	Compliance
Core Standard :- C13a - Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
Core Standard :- C13b - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Compliant
Core Standard :- C13c - Health care organisations have staff treat patient information confidentially, except where authorised by legislation to the contrary	Compliant
Core Standard :- C14a - Health care organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal Complaints Procedure (G002) and feedback on the quality of services	Compliant
Core Standard :- C14b - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when Complaints Procedure (G002) are made	Compliant
Core Standard :- C14c - Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
Core Standard :- C15a - Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet	Compliant
Core Standard :- C15b - Where food is provided, healthcare organisations have patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day	Compliant
Core Standard :- C16 - Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and aftercare	Compliant

Fifth Domain – Accessible and Responsive Care

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

Core Standard	Compliance
Core Standard :- C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	Compliant
Core Standard :- C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably	Compliant

Sixth Domain – Care Environment and Amenities

Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core Standard	Compliance
Core Standard :- C20a - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
Core Standard :- C20b - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	Compliant
Core Standard :- C21 - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	Compliant

Seventh Domain – Public Health

Programmes and service are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core Standard	Compliance
Core Standard :- C22a & c - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by: a) Cooperating with each other and with local authorities and other organisations c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	Compliant
Core Standard :- C22b - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
Core Standard :- C23 - Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
Core Standard :- C24 - Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services	Compliant