Dudley Metropolitan Borough Council

Agenda Item No. 9

Select Committee on Health and Adult Social Care (HASC) – 19th November 2009

Report of the Lead Officer to the Committee

Annual Performance Assessment of NHS Trusts for 2009/10

Purpose of Report

1. To consider the compliance of NHS Trusts against the applicable parts of core standards as set out in *'Standards for Better Health'* and other national indicators, as part of the Care Quality Commission's (CQC's) new annual performance assessment framework for 2009/10.

2. To consider the key findings to emerge from the CQC's annual performance assessment of NHS Trusts for 2008/09 announced in October 2009.

Background

2. The Committee examines the performance of local NHS providers against national standards and priorities as set out in the CQC's annual performance assessment each year. This ordinarily involves consideration of draft 'core standard' declarations from each Trust as part of the Annual Health Check element of the regulatory assessment.

3. The draft declarations were initially anticipated to go before the Committee in March 2009, as in previous years. However, in view of changes to regulatory systems and assessment timescales the November meeting is considered the best opportunity to be consulted on the draft declarations; these will in turn form part of the revised 2009/10 assessment framework.

4. Moreover, this meeting is a timely opportunity for Members to raise any queries in relation to the CQC's annual performance assessment rating results for 2008/09 announced last month **N.B these were considered in HASC's policy brief.**

How the annual performance ratings work

5. The NHS annual performance rating applies to all NHS trusts – acute, ambulance, mental health, and primary care trusts (PCTs).
Organisations are assessed on two main elements: **the annual health check** – trusts' public declarations on compliance with national core standards which is subsequently verified by the CQC and performance against **national priorities**.

6. Judgments are then made on two areas – quality and financial management – using a four-point rating scale: excellent, good, fair and weak. CQC provides an analysis of performance nationally, regionally and by type of trust. The annual performance rating results for 2008/09 were announced in the first half of October and were reported in the Committee's policy brief.

The core standards assessment for 2009/10

7. This is a transitional year for the NHS between regulatory systems and approaches.

8. For 2009/10 the core standards assessment will be primarily based on a **mid-year NHS provider declaration**. This is to avoid confusion with providers' applications for registration against new regulations regarded as essential standards of quality and safety that will replace the core standards set out in '*Standards for Better Health'*.

9. The CQC has requested boards of NHS trusts to make a public declaration of their assurance against the core standards. However, on this occasion only seven months are being measured i.e. 1 April 2009 to 31 October 2009 as opposed to a complete twelve months. Summaries of these declarations are attached at **appendix 1** for consideration; these also include an update progress against **national priorities/standards** which serve to provide Members with a more rounded view of performance.

HASC's involvement in the process

Identifying priorities

10. HASCs continued involvement with the Annual Health Check process has assisted in the development of shared understanding between Members and NHS colleagues and practitioners and has contributed to the effective development of the Committee's work plan. The Committee has identified a number of health issues from previous 'health check' declarations for further scrutiny including:

- Teenage conception rates
- Chlamydia screening rates
- Access to a Primary Care Professional within 24 hours awareness of hospital choice at a point of referral
- Maintaining the 13 week target for outpatient appointments

Third party commentary

11. In previous years, 'third parties' (representatives of people who use services and the public such as Scrutiny Committees and LINks), have had the opportunity to comment on the Trusts' performance as part of the core standards declaration; HASC submitted commentaries on the performance of NHS providers in March 2009 as part of the 2008/09 annual assessment in March 2009.

12. On this occasion, however, the CQC will be inviting those groups who submitted third party commentaries last year to send evidence about aspects of Trusts'

performance **separately** from the Trusts core standards declarations. The information will be used primarily to inform decisions about whether to register providers under the new Act from April 2010.

13. Guidance on submitting third party evidence is anticipated in December. However, it is envisaged that the Committee will be able to send its evidence early in the New Year.

Core standard declarations for 2009/10

14. The Committee requested each NHS Trust to provide HASC with a summary of its core standards declaration for 2009/10 highlighting key areas for improvement. Summaries of each Trusts core standards Declaration are attached at **appendix 1** as mentioned in paragraph 9. Members should note that given these are based on draft declarations some results will be subject to change- the final deadline for submission to the CQC is 7 December.

15. Comments arising from this report will be reflected in any evidence submitted to the Commission.

Results of the 2008/09 annual assessment

16. The CQC's performance rating results for 2008/09 for NHS Trusts were published mid October - the results were communicated in HASC's policy brief.

17. At HASC's agenda planning meeting the Chair and vice Chair were troubled to note CQC's 'weak' judgement on quality of services provided by the Dudley Group of Hospitals. Subsequently, it was agreed that a separate report should be provided detailing the main contributory factors for this judgement in order to support discussions around planned improvements for 2009/10. **N.B this report is attached at appendix 2 for consideration by the Committee.**

18. The results of the 2009/10 core standard assessment will be announced late 2010. This will contribute to the Commission's new Periodic Review framework which replaces the current annual assessment framework, including the Annual Heath Check process.

Equality Impact

19. The aims and principles of the Annual Health Check can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Finance

20. There are no direct financial implications arising from this report.

Law

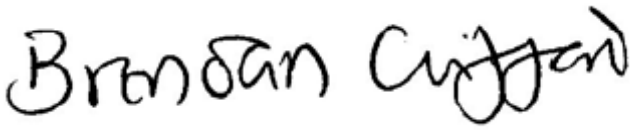
21. The Local Government and Public Involvement in Health Act 2007 places a legal duty on NHS trusts, Primary Care Trusts and Strategic Health Authorities to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes.

22. The relevant statutory provisions regarding the Council's Constitution are contained in Part 11 of the Local Government Act, 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.

Recommendations

It is recommended that :-

23. The Select Committee notes the contents of this report and the annual assessment summaries in appendix 1 and makes comments as appropriate.



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Brendan Clifford
Lead Officer to the Select Committee on Health and Adult Social Care

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Background Papers

The Select Committee on Health and Adult Social Care, work programme of the Committee, report of the Lead officer to the Committee, July 2008.

The Select Committee on Health and Adult Social Care, The Health Care Commission's Annual Health Check, Report of the Lead officer to the Committee, March 2008 and 2009.

The Annual Health Check in 2006/2007, Commission for Healthcare Audit and Inspection, 2006.

Appendix 1.1

Dudley and Walsall NHS
Mental Health Partnership NHS Trust

ANNUAL HEALTH CHECK

Report to: Select Committee on Health and Social Care

Date: 19 November 2009

1.0 Introduction

This paper is provided at the request of the Health Scrutiny Panel. Its purpose is to inform the Panel on the current position of the Dudley and Walsall Mental Health Partnership NHS Trust in relation to its compliance with the Standards for Better Health and performance against new and existing indicators for 2009/10

The Panel should note that the period of assessment is from 1st April 2009 to 31st October 2009. The Trust Board will sign off its part year declaration for Standards for Better Health on 25th November 2009 and the submission will be made early December.

2.0 Quality of Services

2.1 Core Standards

The Trust is required to look at the time period from 1st April 2009 until 31st October 2009. This 7 month declaration is required by the CQC to inform the new registration process that will come into effect in April 2010. This will replace Standards for Better Health.

The 24 core standards are split between the seven domains and each of the core standards is further sub divided into 44 outcomes. Core standard 19 (access to emergency health needs is not included in this declaration as the standard will be measured under the existing national targets and new national targets assessment.)

- Dudley and Walsall Mental Health Partnership NHS Trust's initial baseline assessment is: -
    - 36 compliant throughout reporting period
    - 8 lapses (relate to 2008/09 declaration)
    - 40/42 compliant at end of reporting period

  Early indications are that a good score is likely however this is based on 2008/09 scoring as 2009/10 has not yet been published. Where lapses have occurred remedial action plans have been initiated.

1st Domain - Safety

Standard Code	Standard Description	Proposed Compliance April- October 09	Proposed End of October compliance
C1a	Identifying and learning from Patient Safety Incidents	Compliant	Compliant
C1b	Systems for Patient Safety, Notices and alerts etc.	Compliant	Compliant
C2	Safeguarding Children	Lapse	Compliant/insufficient assurance TBC
C3	NICE interventional procedure guidance	Lapse	Compliant/insufficient assurance TBC
C4a	Healthcare Acquired Infection – year on year reduction in MRSA	Compliant	Compliant
C4b	Risks with acquisition and use of medical devices is minimised	Compliant	Compliant
C4c	Systems to ensure reusable medical devices are properly decontaminated	Compliant	Compliant
C4d	Systems to ensure medicines are handled safely and accurately	Compliant	Compliant
C4e	Waste management	Compliant	Compliant

2nd Domain – Clinical and Cost Effectiveness

Standard Code	Standard Description	Proposed Compliance April- October 09	Proposed End of October Compliance
C5a	Conform to NICE technology appraisal and take into account nationally agreed guidance	Lapse	Compliant/Insufficient Assurance TBC
C5b	Clinical care and treatment are carried out under supervision and leadership	Compliant	Compliant
C5c	Clinicians continuously update skills and techniques relevant to their clinical work	Compliant	Compliant
C5d	Clinicians participate in clinical audit and reviews of clinical services	Compliant	Compliant
C6	Co-operation with other healthcare organisations and social care organisations to ensure patient needs properly managed and met	Compliant	Compliant

3rd Domain – Governance

Standard Code	Standard Description	Proposed Compliance April- October 09	Proposed End of October Compliance
C7a/c	Sound clinical and corporate governance and systematic risk assessment and risk management	Compliant	Compliant
C7b	Support employees to promote openess, honesty, probity and accountability	Compliant	Compliant
C7e	Challenge discrimination, promote equality and respect human rights	Compliant	Compliant
C8a	Ability to raise in confidence without prejudice concerns which they consider to have a detrimental effect on patient care or services	Compliant	Compliant
C8b	Organisational and personal development programmes	Compliant	Compliant
C9	Records Management	Compliant	Compliant
C10a	Appropriate employment checks are undertaken and checks that employed or contracted staff are registered with appropriate bodies	Compliant	Compliant
C10b	All employed professionals abide by relevant published codes of professional practice	Compliant	Compliant
C11a	Staff are appropriately recruited trained and qualified for the work they undertake	Compliant	Compliant
C11b	Staff participate in mandatory training programmes	Lapse	Insufficient Assurance
C11c	Staff participate in further professional and occupational development	Compliant	Compliant
C12	Ensure the principles and requirement of the research governance framework are consistently applied	Complaint	Compliant

4th Domain – Patient Focus

Standard Code	Standard Description	Proposed Compliance April- October 09	Proposed End of October Compliance
C13a	Systems in place to treat patients, relatives and carers with dignity and respect	Compliant	Compliant
C13b	Appropriate consent is obtained for all contracts with patients and use of any patient confidential information	Compliant	Compliant
C13c	Systems in place to ensure staff treat patient information confidentially	Compliant	Compliant
C14a	Patients, relatives and carers have suitable information about and clear access to procedures to register formal complaints	Lapse	Compliant
C14b	Systems in place to ensure patients, their relatives and carers are not discriminated against when complaints are made	Compliant	Compliant
C14c	Systems to ensure concerns are acted on appropriately and changes are made as appropriate	Compliant	Compliant
C15a	Patients are provided with a choice of food, it is prepared safely and provides a balanced diet	Compliant	Compliant
C15b	Patients individual nutritional, personal and clinical dietary requirements are met including help feeding and access to food 24 hours a day	Compliant	Compliant
C16	Information is available on care and treatment and what to expect	Lapse	Compliant

5th Domain – Accessible and Responsive Care

Standard Code	Standard Description	Proposed Compliance	Proposed End of October Compliance
C17	Views of patients, carers and others are sought and taken into account in designing, planning, delivering and	Lapse	Compliant

	improving healthcare		
C18	Enable all members of the population to access services equally and offer choice	Compliant	Compliant

6th Domain – Care Environments and Amenities

Standard Code	Standard Description	Proposed Compliance	Proposed End of October Compliance
C20a	Services are provided in environments that are safe and secure and protects patients, staff, visitors, their physical property and physical assets of the organisation	Compliant	Compliant
C20b	Services are provided in environments which promote effective care by being supportive of patient privacy and confidentiality	Compliant	Compliant
C21	Well designed and maintained environments and well maintained cleanliness levels	Compliant	Compliant

7th Domain – Public Health

Standard Code	Standard Description	Proposed statement of compliance	Proposed End of October Compliance
C22a/c	Healthcare organisations promote, protect and improve the health of the community serviced by co-operating with each other and other organisations and making effective contributions to partnership arrangements and crime and disorder reduction partnership	Compliant	Compliant
C22b	The local Director of Public Health's Annual report informs policies and practices	Compliant	Compliant
C23	Systematic and managed disease prevention and health promotion plans which meet the requirements of NSFs and national plans	Compliant	Compliant
C24	Protect the public by having a planned, prepared and where possible practiced response to incidents and emergency situations	Lapse	Compliant

2.2 Indicators

The Trust is measured against 12 indicators for 2009/10 although the indicator 'Access to healthcare for people with a learning disability' will not form a part of the overall Annual Health Check. The indicators are as follows: -

- Access to crisis resolution home treatment (CR/HT)
- Access to healthcare for people with a learning disability
- Best practice in mental health services for people with a learning disability *
- Care programme approach (CPA) 7 day follow-up
- Child and adolescent mental health services (CAMHS)
- Completeness of the Mental Health Minimum Dataset (MHMDS) *
- Data quality on ethnic group
- Delayed transfers of care
- Drug users in effective treatment
- Experience of patients
- NHS staff satisfaction
- Patterns of care for Mental Health Minimum Dataset (MHMDS) *

* These three indicators are still under construction by the Care Quality Commission so the Trust does not know at the present time exactly what they will measure.

For the remaining indicators there is an action plan in place that is monitored on a monthly basis. It is easier to determine the Trust position against some indicators than others. Some indicators are measured by a special collection at year end, the details of which are not yet known and for others the field work has not yet been completed by the Care Quality Commission. Therefore whilst the Trust is confident of performance in at least 4 of the indicators, it is not possible to give a prediction of performance against others at this point in time due to the variable factors referred to. The Trust remains very proactive in this area and progress is monitored on a monthly basis by the Finance and Performance Committee with bi-monthly reports to Trust Board.

During the 2008/09 Annual Health Check the Trust achieved 7 out of 8 indicators and received a 'good' rating although the overall rating for quality of services was 'fair'.

3.0 Use of resources

The Trust is on target for all its financial targets this year. In terms of use of resources (ALE), having achieved a score of 2 in the last financial year, the Trust has an action plan in place aspiring to level 3, though further evidence needs to be collated to ensure achievement.

4.0 Summary

Overall, this report provides part year progress for the Standards for Better Health and performance against new and existing indicators for 2009/10. It is likely that the position will change for end of year reporting.

Jacky O'Sullivan
Director of Performance and Strategy

Rosie Musson
Head of Governance and Partnerships

Appendix 1.2

Dudley
Metropolitan Borough Council

Agenda Item No.

Select Committee on Health and Adult Social Care – 19th November 2009

Report of the Director of Community Engagement and Primary Care Commissioning NHS Dudley

Performance Ratings - Standards for Better Health assessment of core standards for providers 2009/10 and performance against other national indicators

Purpose of Report

1. Outline the method of assessment against core standards for provider organisations in 2009/10
2. Detail the internal process of assurance for Dudley Community Services
3. Outline proposed levels of compliance for Dudley Community Services
4. Detail any declaration of insufficient assurance

1.0 Background

On 1st April 2009 the Care Quality Commission (CQC) replaced the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission becoming the sole regulator for health and adult social care in England.

The Annual Health Check (AHC) is an assessment mechanism that has been in place since 2004. It assesses both standards and indicators allowing the Care Quality Commission (CQC) to review not only compliance but also planning processes. After an assessment of data available alongside the declarations made, overall performance scores are awarded – categorised as quality of services and quality of financial management.

For the reporting period 1st April 2008 to 31st March 2009 Primary Care Trusts (PCTs) were required to make three declarations:

- As a provider – two declarations of compliance required, one against Standards for Better Health (SfBH) and one against the Hygiene Code, and;
- As a commissioner

Formal registration and declaration of compliance against the Hygiene Code was submitted to the CQC on 4th February 2009 following Trust Board approval on 29th January 2009. It was announced in March that our application for registration as a service provider under the hygiene code was unconditionally granted and took effect from 1st April 2009.

Two declarations against SfBH were submitted to the CQC on 1st May 2009, one for the organisation as a provider and one as a commissioner of services. The Trust declared

compliance with all but one of the 24 core standards, declaring insufficient assurance with core standard C11b – mandatory training.

On 15th October 2009 the 2008/09 overall AHC scores were made publically available on the CQCs website. NHS Dudley scored good for quality of financial management, good for quality of services with Dudley Community Services (DCS) achieving a rating of fully met against core standards.

2.0 Introduction

2009/10 is a transitional year between the previous system of the AHC and the new system of registration and periodic review which begins January 2010. In June 2009 the CQC announced that all NHS providers would be required to make a mid year declaration. This assessment of PCTs as providers will have three elements:

- Compliance with SfBH core standards
- Performance against the Governments national priorities and existing commitments
- Quality of financial management

Definitive guidance titled the 'criteria for assessing core standards in 2009/10 Primary care Trusts ' was published by the CQC in July 2009. This document gives the criteria that are to be used by the Trust when determining if they have reasonable assurance of compliance against the core standards for the reporting period 1st April 2009 to 31st October 2009. The Trust must make a declaration for this period at the end of November 2009, however, Trusts are required to comply with the core standards for the entire assessment year between 1st April 2009 and 31st March 2010.

Standards C4a and C4c and C21 element 2 will not be included in the November declaration since they covered by the Trusts registration under the Hygiene Code.

Organisations will be asked to include a statement on the progress of any action plans drawn up to rectify identified lapses relating to the 2008/09 declaration.

Primary Care Trusts as commissioners have not been asked to make a mid year declaration.

The CQC will again be inviting groups and committees to submit third party commentaries which will be requested separately from the mid-year declaration.

Where appropriate, information received as part of the core standard declaration will be used by the CQC as part of the cross check of information to inform their final decision on Trusts' registration status in April 2010.

3.0 Declaration Timescales

Below are the timescales for completion of the mid-year declaration:

Date (W/C - week commencing)	Action
W/C 19/10/09	Chief Executives sent emails detailing webform access
W/C 26/10/09	Trust webforms are available to nominated individuals
03/11/09	Presentation of draft declaration to Dudley Community Services Integrated Governance Committee for approval

13/11/09	Presentation of draft declaration to Trust Patient Safety and Quality Committee for approval
20/11/09	Final declaration approval and sign off by Dudley Community Services Board
W/C 23/11/09	Declaration period commences
07/12/09	Deadline for submission of declaration – 12 noon
10/12/09	Final presentation of declared position to Trust Board

4.0 2009/10 Internal Process

The approach to making the 2009/10 mid-year declaration has built on the previous processes that were put into place for the 2008/09 declaration. DCS have, therefore, triangulated their responses using those red and amber risks identified on the corporate risk registers.

Between August and October 2009 meetings took place with Heads of Service within DCS to obtain assurances and to reach agreement concerning the anticipated levels of compliance to be declared.

On 6th October 2009 assurances against standards were received and reviewed by the DCS Integrated Governance Committee and agreement reached about the anticipated levels of compliance to be declared.

Section 5.0 of this report provides details of all core standards and the proposed declaration against each one for DCS.

5.0 Levels of Compliance

Safety Domain: Patient safety is enhanced by the use of healthcare processes, working practice and systematic activities that prevent or reduce the risk of harm to patients.		
Number	**Core Standard**	**DCS Level of Compliance**
C1a	Healthcare 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**
C1b	Healthcare organisations protect patients through systems that ensure patient safety notices, alerts and other communications concerning patient safety which require action are acted upon are acted upon within required timescales.	**COMPLIANT**
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in its dealings with other services and organisations.	**COMPLIANT**
C3	Healthcare organisations protect patients following NICE Interventional Procedures guidance.	**COMPLIANT**
C4a	Healthcare organizations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.	**NOT ASSESSED**
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	**COMPLIANT**
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	**NOT ASSESSED**
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	**COMPLIANT**
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	**INSUFFICIENT ASSURANCE**
Clinical and Cost Effectiveness Domain: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assess research evidence has shown provides effective clinical outcomes		

C5a	Healthcare organisations ensure that it conforms to National Institute for Health and Clinical Excellence (NIHCE) technology appraisals and, where it is available, takes into account nationally agreed guidance when planning and delivering treatment and care.	**COMPLIANT**
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership	**COMPLIANT**
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	**COMPLIANT**
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	**COMPLIANT**
C6	Healthcare organisations cooperate with other services, health care and social care organisations to ensure that patients' individual needs are properly managed and met.	**COMPLIANT**
Governance Domain: Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation		
C7a&c	Healthcare organisations: a - apply the principles of sound clinical and corporate governance; and c – undertake systematic risk assessment and risk management	**COMPLIANT**
C7b	Healthcare organisations actively support employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	**COMPLIANT**
C7d	Healthcare organizations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.	**NOT ASSESSED**
C7e	Healthcare organisations challenge discrimination, promotes equality and respects human rights.	**COMPLIANT**
C7f	Healthcare organisations meet the existing performance requirements.	**NOT ASSESSED**
C8a	Healthcare 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**
C8b	Healthcare organisations support its staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	**COMPLIANT**
C9	Healthcare organisations have a systematic and planned approach to the management of	**COMPLIANT**

	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.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	**COMPLIANT**
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	**COMPLIANT**
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	**COMPLIANT**
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	**COMPLIANT**
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**
Patient Focus Domain: Healthcare is provided in partnership with patients, their carers 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.		
C12	Healthcare 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**
C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	**COMPLIANT**
C13b	Healthcare organisations have systems in pace to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	**COMPLIANT**
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	**COMPLIANT**
C14a	Healthcare 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 and feedback on the quality of services.	**COMPLIANT**
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and	**COMPLIANT**

	carers are not discriminated against when complaints are made.	
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that they act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	**COMPLIANT**
C15a	Where food is provided, a Healthcare organisation 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**
C15b	Where food is provided, Healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day. *This is only applicable to services that provide food (e.g. where there are inpatient units)*	**COMPLIANT**
C16	Healthcare organisations make information available to patients and the public on their services, provides patients with suitable and accessible information on the care and treatment they receive and, where appropriate, informs patients on what to expect during treatment, care and after care	**COMPLIANT**
Accessible and Responsive Care Domain: 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.		
C17	The views of patients, their carers and others, are sought and taken into account in designing, planning, delivering and improving healthcare services.	**COMPLIANT**
C18	Healthcare organisations enables all members of the population to access services equally and offers choice in access to services and treatment equitably.	**COMPLIANT**
C19	Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.	**NOT ASSESSED**
Care Environment and Amenities Domain: 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.		
C20a	Healthcare organisations are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients,	**COMPLIANT**

	staff, visitors and their property, and the physical assets of Healthcare organisations.	
C20b	Healthcare organisations are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	**COMPLIANT**
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 (ELEMENT 2 NOT ASSESSED)**
Public Health Domain: Programmes and services 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.		
C22a&c	Healthcare organisations promote, protect and demonstrably improves the health of the community it serves, and narrow health inequalities by a - cooperating with other services, local authorities and other organizations; and c) - making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.	**COMPLIANT**
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**
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**
C24	Healthcare organisations protects the public by having planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	**COMPLIANT**

6.0 Declaration of Insufficient Assurance

The Trust is declaring insufficient assurance against C4e – waste management. The Trust does not have reasonable assurance to support a declaration of compliance but will be compliant by 31st March 2010.

The requirements of the new Waste Management Policy, currently in draft form, have highlighted concerns around current compliance with C4e. The issues centre around the segregation of waste and in particular the implementation of Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste and HTM 07-05 the treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment, which at this time is partial.

A comprehensive audit is currently underway and will be completed at the end of November, the findings of which will provide the basis for costing changes and ensuring compliance. The completion and formal ratification of the Waste Management Policy is being progressed as a matter of urgency.

7.0 Existing Commitments and National Priorities Performance Ratings

Throughout the year NHS organisations submit data to the Department of Health concerning their performance against the existing commitments and national priorities indicators.

The CQC's existing commitments assessment looks at performance against long standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS Trusts should be meeting these commitments which are mainly concerned with waiting times and access to services.

The CQC's national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

As part of the Annual Health Check data is reviewed and triangulated with the declared levels of compliance against the core standards. Overall performance ratings are then issued based on all of the collated data. It must be noted that the majority of indicators relate to commissioned services which are not covered in the 2009/10 mid-year core standards declaration for provider services.

Details of comparative performance ratings can be found in sections 8.0 and 9.0 for all indicators and include the recently published 2008/09 performance ratings.

For 2009/10 it is expected that current ratings will be maintained with a drive to demonstrate improvements against those indicators rated as failed or under achieved. The Trust's Management Team formally requests copies of action plans against performance indicators rated as failed or under achieved. Early indications suggest the organisation is on target to achieve the Chlamydia screening and 18 week referral to treatment indicators by the end of the 2009/10 reporting period.

Areas requiring attention will also be addressed in the organisational strategic plan covering the timeframe 2010 to 2015.

8.0 Existing commitments performance by indicator – commissioning

Performance against existing commitments indicators are detailed below:

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	FAILED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Category A calls (8 minute)	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Category A calls (19 minute)	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Category B calls (19 minute)	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Revascularisation waiting times	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Commissioning of CR/HT	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Time to reperfusion	DATA NOT AVAILABLE	DATA NOT AVAILABLE	UNDER ACHIEVED	NOT APPLICABLE
Delayed transfers of care	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Diabetic retinopathy screening	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Inpatient waiting times	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Outpatient waiting times	UNDER ACHIEVED	FAILED	ACHIEVED	NOT APPLICABLE
Access to GUM clinics	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Commissioning of EIP	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key: ACHIEVED / SATISFACTORY; UNDER ACHIEVED / BELOW AVERAGE; FAILED / POOR; DATA NOT RETURNED; DATA NOT AVAILABLE; NOT APPLICABLE

9.0 National priorities performance by indicator – commissioning

Performance against these indicators is detailed below:

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary care	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancer mortality rate	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Breast cancer screening	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Breastfeeding initiation	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Teenage conception rates	FAILED	FAILED	ACHIEVED	NOT APPLICABLE
Chlamydia screening	FAILED	FAILED	ACHIEVED	NOT APPLICABLE
Experience of patients	SATISFACTORY	SATISFACTORY	SATISFACTORY	NOT APPLICABLE
Drug users in effective treatment	ACHIEVED	ACHIEVED	UNDER ACHIEVED	NOT APPLICABLE
Incidence of C. difficile	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All age all cause mortality	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
CVD mortality rate	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Commissioning CAMHS	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Immunisation	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Childhood obesity	ACHIEVED	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Stroke care	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
18 week referral to treatment times	FAILED	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Four week smoking quitters	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE

National priorities performance by indicator – commissioning – continued:

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary dental services	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Pregnant women: 12 week appointment	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key: ACHIEVED, SATISFACTORY, UNDER ACHIEVED, BELOW AVERAGE, FAILED, POOR, DATA NOT RETURNED, DATA NOT AVAILABLE, NOT APPLICABLE

Appendix 1.3

The Dudley Group of Hospitals NHS
NHS Foundation Trust

Report to: **Select Committee on Health and Social Care - November 2009**

Report from: **Denise McMahon, Director of Nursing**

Subject: **Declaration of Compliance against Annual Health Check 09/10**

Introduction

This report provides a summary of the Trust's compliance against the NHS Standards for Better Health interim declaration for 2009-10. All Trust's have to make the declaration to the Care Quality commission (CQC) by December 2009, earlier in the financial year than normal due to the new forthcoming system of Registration. Whilst this is a self assessment the CQC may chose to inspect the Trust on its declaration during February 2010.

There are seven domains with a number of criteria attached to each domain. For each criterion the Trust has to declare whether it is 'Compliant', 'Non-Compliant' or has 'Insufficient Assurance'.

In 2008-9, the Committee will recall that the Trust declared compliance with all the criteria, except C2 Safeguarding Children, as the Trust decided that it had insufficient assurance to declare compliance: this was due to an internal review of the Trusts systems and processes following the Baby P report which had led the Trust to strengthen some of its systems in relation to safeguarding. This declaration was accepted by the CQC.

The Trust Board (including the non-executive directors) has been presented with a report detailing the evidence available for each standard. This has provided them with the assurance to make a declaration of compliance with all the standards. The non executive directors and members of the Council of Governors were also given the opportunity to challenge the process taken by the Trust. As part of its evidence, the Trust had independent auditors Deloittes, check its evidence for C2 and a number of the other standards and the audit agreed these as being complaint.

The Trust Board will formally sign off the declaration at the Trust Board meeting 5th November 2009. The declaration can be submitted between 23rd Nov – 7th Dec 2009.

<u>First Domain – Safety</u>

Criteria	Proposed statement of compliance
C1a Identifying and learning from Patient Safety Incidents	Compliant
C1b Systems for Patient Safety Notices and alerts etc	Compliant

C2 Safeguarding Children	Compliant
C3 NICE interventional Procedure guidance	Compliant
C4a HCAI – year on year reduction in MRSA	This is not being assessed in 09/10 due to the registration of HCAI in April 09
C4b Risks with acquisition and use of medical devices is minimized	Compliant
C4c Systems to ensure reusable medical devices are properly decontaminated	This is not being assessed in 09/10 due to the registration of HCAI in Apr 09
C4d Systems to ensure medicines are handled safely and securely	Compliant
C4e Waste Management	Compliant

Second Domain – Clinical and Cost Effectiveness

Criteria	Proposed statement of compliance
C5a Conform to NICE technology appraisal and take into account nationally agreed guidance	Compliant
C5b Clinical care and treatment are carried out under supervision and leadership	Compliant
C5c Clinicians continuously update skills and techniques relevant to their clinical work	Compliant
C5d Clinicans participate in clinical audit and reviews of clinical services	Compliant
C6 Co-operation with other healthcare organisations and social care organisations to ensure patient needs properly managed and met	Compliant

Third Domain – Governance

Criteria	Proposed statement of compliance
C7a/c Sound clinical and corporate governance and systematic risk assessment and risk management	Compliant
C7b Support employees to promote openness, honesty, probity and accountability	Compliant
C7d Ensure financial management achieves economy and effectiveness in the use of resources	This standard will be measured through the use of resources assessment
C7e Challenge discrimination, promote equality and respect human rights	Compliant
C7f Healthcare Organisations meet existing performance requirements	This standard will be assessed through the existing national targets assessment
C8a Ability to raise in confidence without prejudice concerns which they consider to have a detrimental effect on patient care or services	Compliant
C8b Organisational and personal development programmes	Compliant
C9 Records Management	Compliant
C10a Appropriate employment checks are undertaken and checks that employed or contracted staff are registered with appropriate bodies	Compliant
C10b All employed professionals abide by relevant published codes of professional practice	Compliant

C11a Staff are appropriately recruited trained and qualified for the work they undertake	Compliant
C11b Staff participate in mandatory training programmes	Compliant
C11c Staff participate in further professional and occupational development	Compliant
C12 Ensure the principles and requirement of the research governance framework are consistently applied	Compliant

Fourth Domain – Patient Focus

Criteria	Proposed statement of compliance
C13a Systems in place to treat patients, relatives and carers with dignity and respect	Compliant
C13b Appropriate consent is obtained for all contacts with patients and use of any pt confidential information	Compliant
C13c Systems in place to ensure staff treat patient information confidentially	Compliant
C14a Patients, relatives and carers have suitable information about and clear access to procedures to register formal complaints	Compliant
C14b Systems in place to ensure patients, their relatives and carers are not discriminated against when complaints are made	Compliant
C14c Systems to ensure concerns are acted on appropriately and changes are made as appropriate	Compliant
C15a Patients are provided with a choice of food, it is prepared safely and provides a balanced diet	Compliant
C15b Pts individual nutritional, personal and clinical dietary requirements are met including help feeding and access to food 24 hours a day	Compliant
C16 Information is available on care and treatment and what to expect	Compliant

Fifth Domain – Accessible and Responsive Care

Criteria	Proposed statement of compliance
C17 Views of patients, carers and others are sought and taken into account in designing, planning, delivering and improving healthcare	Compliant
C18 Enable all members of the population to access services equally and offer choice	Compliant
C19 Patients with emergency health needs	This standard is measured under the

are able to access care promptly and within nationally agreed timescales	existing national targets assessment

Sixth Domain – Care Environments and Amenities

Criteria	Proposed statement of compliance
C20a Services are provided in environments that are safe and secure and protects pts, staff, visitors, their physical property and physical assets of the organization	Compliant
C20b Services are provided in environments which promote effective care by being supportive of patient privacy and confidentiality	Compliant
C21 Well designed and maintained environments and well maintained cleanliness levels	Compliant

Seventh Domain – Public Health

Criteria	Proposed statement of compliance
C22a/c Healthcare organisations promote, protect and improve the health of the community served by co-operating with each other and other organisations and making effective contributions to partnership arrangements and crime and disorder reduction partnerships	Compliant
C22b The local Director of Public Healths Annual report informs policies and practices	Compliant
C23 Systematic and managed disease prevention and health promotion plans which meet the requirements if NSFs and national plans	Compliant
C24 Protect the public by having a planned, prepared and where possible practised response to incidents and emergency situations	Compliant

Appendix 2

The Dudley Group of Hospitals NHS
NHS Foundation Trust

Report to: **Select Committee on Health and Social Care - Nov 09**
Report from: **Denise McMahon, Director of Nursing**
Subject: **Results of Care Quality Commission (CQC) Rating 08-09**

Introduction

The CQC rated the Trust as "weak" for quality of services during 2008/09 and "excellent" for use of resources. The assessment of the quality of services is based on a wide range of indicators. This report identifies a) those areas of non compliance and b) the Trust's forecast with regards to its position on these indicators for 09/10.

In summary the assessment showed the following scores:

	Score
Safety and Cleanliness	12/14
Waiting to be seen	8/12
Standard of Care	7/7
Dignity and Respect	9/9
Keeping the Public Healthy	4/5
Good Management	16/18

It can be seen from the table above, that the Trust was fully compliant with the two sections on a) standard of care and b) dignity and respect, two of the prominent issues in the eyes of the public. The table also shows that of the total 65 indicators, the Trust was not compliant on 9 of them. The underperforming indicators are discussed individually below:

A. Safety and Cleanliness

1. Safeguarding of Children

As indicated, in the accompanying report the Trust declared 'Insufficient Assurance' in 08/09 on this measure, but following the implementation of improved systems and an independent audit will be declaring 'Compliant' this year.

2. Incidence of MRSA Bacteraemia

The Dudley health economy (and hence the Trust) did not achieve its target of having 15 or less MRSA cases. The total occurring were 16 of which 9 were pre-48 hours (i.e. deemed community acquired) and 7 were post 48 hour cases (i.e. deemed hospital acquired). It should be noted that the Trust itself was set a target by the local PCT of 12 cases in the year which was achieved and the CQC itself has stated 'the rates of the Trust have been below the average for a Trust of its type since July 2007'.

Every health economy in the country has a different target set for it, based on the figures it had in the year 2003/4. As Dudley had relatively few cases in the base year of 03/04, the target it has been set is lower than surrounding areas, and so despite the Trust's lower than average rate, it has not met its target. For 09/10, the target for the health economy has been reduced to 12 cases. Up to the end of October 09 (month 7), the health economy has had 7 cases, six of which are deemed community acquired. Whilst the whole health economy is on target so far this year, with the winter months approaching, the Trust itself cannot be fully confident that the health economy target will be achieved.

B. Waiting to be Seen

1. **Emergency Department – less than 4 hour waits**

The target to achieve is that 98% or more patients should not wait for 4 hours. The Trust's figure for the year was 95.88%. The Trust has made changes to the bed configuration and management structure to improve this figure. In addition, the Trust has commissioned an independent review of working practices across the emergency care and discharge processes. At present, this year's figure has improved and as at September 2009 is 97.96%. The Trust cannot be fully confident that this target will be achieved for the whole year.

2. **Out Patients waits – 13 weeks or less**

The target to achieve is that 0.03% or less patients wait for 13 weeks for an OPD appointment. The Trust figure for the year was 0.038%. For the first six months of this year, there have been no patients waiting more than 13 weeks and so the Trust expects to be compliant in 09/10.

3. **In-Patient Waits – 26 weeks or less**

The target to achieve is that 0.03% or less patients wait for 26 weeks to be admitted. The Trust figure for the year was 0.036%. For the first six months of this year, there have been two patients waiting more than 26 weeks (0.02%) and so the Trust is confident that it will be compliant with this indicator in 09/10.

4. **Cancer Patients – 2 weeks or less**

The target for the Trust to achieve is that at least 98% of patients should not wait over 2 weeks. The Trust figure for the year was 97.9%. The Trust is confident of achieving the new target set out this year in the Cancer Reform Strategy.

C. Keeping the Public Healthy

1. **Smoking During Pregnancy and Breastfeeding Initiation.**

Unfortunately, our underachievement on this indicator was due to late collection of data. Although the community midwives collect the data on smoking at first appointment, there have been delays in inputting the information into the computer system. As the committee will be aware the Trust maternity service was rated best performing in January 2008 by the Healthcare Commission and we pride ourselves on providing top class care for patients during pregnancy. We have also retained our baby friendly initiative accreditation from UNICEF for encouraging mothers to start breastfeeding, however we did not record this information in a satisfactory way for the Care Quality Commission. This data recording system is being corrected and the Trust expects to be compliant in 09/10.

D. Good Management

1. **Delayed Transfers of Care**

The target to achieve is having less than or equal to 3.5% of patients with delays transfer of care. The Trust figure for the year was 5.14%. The Trust works closely with our partners in primary and social care to try to ensure that patients can be discharged from hospital to a suitable environment once they are medically fit to do so. This joint approach has helped reduce duplication of assessment and enabled safe and timely discharges which have resulted in a reduction of delayed discharges. The Trust also continues to work with patients and their relatives to prevent any delay to discharge while they make decisions regarding ongoing care once the patient no longer needs acute hospital care, for example if the care home of preference is not immediately available. While the Trust fully supports the patient's right to chose, patients are asked to seek an interim care facility while they wait for their choice of care home to become available.

From April to September this year just 1.1 percent of patients (397) admitted to the hospital experienced a delayed transfer of care so compliance with this indicator this year is likely.

2. **Data Quality on Maternity Services**

This indicator is about the completeness of the maternity data that is sent to the Department of Health. The target is that less than 15% of the data fields should be incomplete. The Trust's figure for 08/09 was 36% incomplete. An investigation has revealed that the mandatory maternity data items were collected and were present in the Trust's database, however, a section of the data due to technical problems did not reach its destination. The Trust did not receive any indication that information in these mandatory fields had not been received and had no means to check during the year. The Trust's Information Department has now resolved the issue and so in 09/10 the Trust will be compliant.

Conclusion

Of all of the other CQC indicators where the Trust was reported to be compliant in 08/09, these have been reviewed for compliance in 09/10 and compliance is considered likely. Of the nine non-compliant items in 08/09**,** the summaries above indicate that compliance is likely in all areas in 09/10 with the possible exceptions of a) the A&E waiting target and b) the health economy target of MRSA. On this basis, the overall score for quality of services for 09/10 will be improved.