Dudley PCT - Highlight Report for Dudley Select Committee on Adult Health and Social Care

Summary of Assessment for Healthcare Commission, Annual Health Check 2007/2008

Report prepared March 2008

Introduction

The Primary Care Trust has continued to embed Standards for Better Health at a local level. This year each team has completed and individual self assessment against all the standards and this has resulted in local action plans for further development. All the assessments and the action plans have been monitored initially by the provider arms in Community and Mental Health as well as scrutiny and challenge from the Primary Care Trust Governance Committee, audit Committee and Trust Board.

The following tables demonstrate the compliance towards the core standards and provide examples of compliance.

The Primary Care Trust will be declared met for 23 out of 24 of the core standards for 2008/09.

Safety

Standard	Level of Compliance	Position
C1a	**Compliant**	- Trust-wide Risk Management Strategy and Incident Reporting Policy. - System in place for all patient related incidents. Risk officer utilises the NPSA download every 2 to 3 months - All incidents are analysed and lessons learnt. Reports are taken to all key Governance committees - Serious Untoward Incident training includes a number of RCA tools
C1b	**Compliant**	- The service is aware of whom the SABS manager is and ensures all alerts are sent out to teams requesting a response form be completed and sent back to the SABS lead. - Service all respond to SABS alerts but in different formats
C2	**Compliant**	- Specialist Safeguarding Children Team - Multi professional/multi agency training in place - Board has representative from children's services and Mental Health directorate - General practitioners, dentist and pharmacists follow Dudley safeguarding children's protection procedures - Designated Board lead
C4a	**Compliant**	- Continued assessment against the Hygiene code - Infection Control Team in place - Infection control Committee meets quarterly and has multi-agency membership with Chief Executive as Chair - Staff in community trained in RCA for MRSA Bacteraemia
C4b	**Compliant**	- Purchase of all equipment is through central PCT procedures (EPOS) but consider the suppliers list is an historical - New building all equipment will go through the LIFT Process
C4c	Not Met	The PCT is currently non compliant as dental services are not currently meeting the decontamination standards. However a contract has been set up for CSSD at Walsall Manor Hospital, which will come into force from 1st June 2008. Until then staff will be trained in the new ways of working. In the meantime dental services will continue with local autoclaving. A risk assessment has been completed and the transfer of prions is not considered to be a major risk. The PCT feels it will be compliant with this standard as fro 1st June 2008.

Standard	Level of Compliance	Position
C4d	**Compliant**	• Joint Medicines Management Policy Prescribing lead for Community nursing who is undertaking annual reviews with all prescribes • Self assessment statement from each GP practice on policies and procedures concerning us of controlled drugs. GPs are unlikely to hold controlled drugs but do prescribe them. • Advice is given to carers and relatives on safe disposal of medication • Clinical Governance annual visits to Community Pharmacies – report to clinical governance committee • GPs – Report from prescribing and QOF visits
C4e	**Compliant**	Service liaises with Estates dept to ensure compliance with Trust policies

Clinical and Cost Effectiveness

Standard	Level of Compliance	Position
C5a	**Compliant**	• NICE Implementation Group now formed • Appraisals via Health Economy NICE Implementation Group. • All NICE guidance and appraisals reviewed when commissioning services and also specifically in relation to Individual Funding requests.
C5b	**Compliant**	• Ongoing work continues with Professional Development & Training regarding clinical supervision
C5c	**Compliant**	• Through portfolios, PDR process, close links with Training and Development. • Close working and interface with the professional division. • Training – update of skills and practices PDP and appraisal papers Professional development • Full training records within the Service Training Dept
C5d	**Compliant**	• Clinical audit and effectiveness group in place with identified audit leads • Clinical audit and effectiveness training, proformas and Trust wide Audit plan in place
C6	**Compliant**	• Evidence from all services in respect of interagency working • There is significant evidence of partnership working, in particular linked to Joint Commissioning portfolios.

Governance

Standard	Level of Compliance	Position
C7a	**Compliant**	• Visions and Values for PCT • Governance Structures on place • The assurance framework is reviewed every 6 months • Risk management strategy supported by incident reporting system • Risk Management process adhered to
C7b	**Compliant**	• Codes of conduct covered by contracts of employment • Code of openness adopted at first board meeting • Declaration of interest register in place • Hospitality/gifts policy and register in place • Annual accounts are published
C7c	**Compliant**	• Risk management strategy supported by incident reporting system • Adequately resourced Clinical Governance Department • Trustwide risk assessment process in place • Risk register an reports to committees and Board on risks and progress
C7d	**Compliant**	• Assessed through ALE
C7f	**Compliant**	• Assessed separately
C8a	**Compliant**	• Whistle blowing • Local induction • Meeting minutes regarding developing new policies • Discussion by HR managers meetings – access for all staff, line managers available
C8b	**Compliant**	• Appraisal system in place with individual personal development plans

C9	**Compliant**	Records management
		    New trust employee contracts now contain a section on Records Management and employees responsibilities
		    Records Management on Trust Induction every month

C10a	**Compliant**	• All professional registration checked and monitored • Criminal Record Bureau checks on employment
C10b	**Compliant**	• Statement in contract • Registration

Standard	Level of Compliance	Position
C11a	**Compliant**	• Equal opportunities policy • Single equality scheme • Recruitment in accordance with race relations act – kept for scheduled period of time • Workforce plans – 5 years, submitted to SHA, matched with 5 year business plan
C11b	**Compliant**	• Mandatory and statutory training matrix completed • Facility to identify training needs by staff groups • Education and training development policy • Training directory • Database in place and monitoring of attendance takes place
C11c	**Compliant**	• Equal opportunities policy • Single equality scheme • Training available to all
C12	**Compliant**	• Research governance processes in place

Patient Focus

Standard	Level of Compliance	Position
C13a	**Compliant**	• Staff treat patients, carers and relatives with respect
C13b	**Compliant**	• Consent policy followed
C13c	**Compliant**	• Confidentiality Training available • Confidentiality and Security Manager in place • Policies and procedures to support confidentiality available on trust website
C14a	**Compliant**	• Complaints policy in place and up to date • Complaints received in different formats • Reports on complaints are provided to the provider board/committee and the Trust Board • Training in complaints handling • Internal audit have undertaken a review of complaints handling within the PCT • Complaints procedure is made available to service users and carers. Posters and information leaflets in place. Information about complaints available from PALs directly

Standard	Level of Compliance	Position
C14b	**Compliant**	• All complaints are dealt with the same • Complaints policy has a full impact assessment
C14c	**Compliant**	• Outcomes forms are completed with every complaint response • All lessons for complaints are reported to the PCT board ensuring lessons are learnt
C15a	**Compliant**	• Choice offered, patients can have menu changed if requested, • Choice of meals offered including faith / cultural preferences.
C15b	**Compliant**	• Staff trained food hygiene and nutritional standards. Full records retained in Service Training Dept data base.
C16	**Compliant**	• Trust Web site and shortly to be using the Partnership Boards accessible information Website • Service uses Accessible format for documentation and picture where appropriate as many clients have no or low level literacy skills

Accessible and Responsive

Standard	Level of Compliance	Position
C17	**Compliant**	• Patient and Public Involvement Forums • Expert patients • Patient membership of key committees
C18	**Compliant**	• Treatment options on ward for medication, ongoing referral would be discussed with patient and carers. E.g. physiotherapy • Choices given in service including extended appointment times to facilitate meaningful interventions leading to patient choice • Commissioning intentions consider range of issue including access linked to patient preference, location • Appointment times offered to meet clients needs – clinics available I other parts of the borough
C19	**Compliant**	• Measured under existing and new national target assessments

Care Environment and Amenities

Standard	Level of Compliance	Position
C20a	**Compliant**	- Training for aggression and violence in place - Local Security Manager in place - Fire risk assessments and Manual handling assessments - Health and Safety Committee
C20b	**Compliant**	- Privacy and dignity agenda progressed and championed locally - Opportunities for female only sitting area - All wards have single sex corridors or are single wards. There are separate bed and bathrooms. If there is a mixed day room the quiet room may be available for women to avoid male company
C21	**Compliant**	- Environmental Assessments take place - Purpose built buildings - Disability Discrimination Act Audit undertaken

Public Health

Standard	Level of Compliance	Position
C22a	**Compliant**	- Health Inequalities strategy in place - Healthy Schools Programme - Drug and alcohol services - Working strategies with children's services for children's trust
C22b	**Compliant**	- Health Inequalities strategy in place - Healthy Schools Programme - Drug and alcohol services - Working strategies with children's services for children's trust
C22c	**Compliant**	- Joint strategic needs assessment in place - Commissioning strategy joint with Local Authority

Standard	Level of Compliance	Position
C23	**Compliant**	• Quit smoking • Weight loss • Nutrition • Immunisation and Vaccination programme • Cervical Cytology
C24	**Compliant**	• Major incident plan updated and distributed • Contingency plans • Major Incident plan tested Feb 08