
Select Committee on Health and Adult Social Care (HASC) – 27th March 2008

Report of the Lead Officer to the Committee

The Annual Health Check (AHC)– A Guide for HASC Scrutiny Members

Purpose of Report

- 1.1 To provide the committee with an overview of the arrangements for the Health Care Commission (HCC) 2007/2008 Annual Health Check of NHS Trusts and the role that the HASC can play in this process.
- 1.2 To provide members with a highlight report of each Trust's Annual Health Check Declaration against compliance of the Commission's standards as selected by the Committee in July and invite comments in order to formulate, in part, the HASCs commentaries on the performance of each trust to be submitted to the HCC in April.

Background

- 1.3 The purpose of this report is to explain the role of the Health Care Commission in the scrutiny of NHS Trusts and to inform members of the Healthcare Commission's annual health check process, which is designed to provide a commentary of the performance of NHS bodies.
- 1.4 The Healthcare Commission keeps a check on local healthcare organisations and provides information that answers questions that patients and members of the public ask about their local health services, such as;
 - How safe and clean are the premises?
 - How long will I wait to be seen?
 - How good is the care that I will receive?
 - Will I be treated with dignity and with respect?
 - Does the organisation help me to stay healthy?
 - How well is the organisation managed?

1.5 The commissions' duties are to:

- Assess the management, provision and quality of NHS healthcare (including public health);
- Review the performance of each NHS Trust and Primary Care Trust;
- Publish information about the state of healthcare;
- Consider complaints about NHS organisations that have not been resolved locally;
- Promote the co-ordination of reviews and assessment carried out by others;
- Regulate the independent healthcare sector through registration, annual inspection and enforcement;
- Carry out investigations of serious failures in the provision of healthcare.

1.5 Each NHS Trust has to make an annual health check declaration and Overview and Scrutiny Committees (OSCs) are invited to comment on these declarations before they are submitted to the Commission. Patient and Public Involvement Forums (PPIs) are also asked to submit comments, which will determine how each trust is assessed.

The Annual Health Check

1.6 In 2005, the Healthcare Commission launched the annual health check as part of a new approach to assessment. The system is based on the consideration of performance of local NHS organisations within the framework of national standards and targets set by government. The annual health check replaces the previous 'star ratings' assessment system. This new system looks to make better use of data judgements and the experience of others to focus on measuring what matters to people who use and provide services.

1.7 Within the annual health check there are core Standards – These standards represent the minimum standards for services that must be met in the delivery of services to all patients, by all NHS bodies. The 24 core standards were agreed by the Department of Health in July 2004. The core standards apply to all NHS services, whether they are provided by PCTs, Ambulance Trusts, Care Trusts, Mental Health Trusts, Learning Disability Trusts, specialist or Acute Trusts (including Foundation Trusts).

- 1.8 The 24 core standards are divided into 7 domains each addressing a specific area of expertise

Domain 1: Safety Domain outcomes: patient safety is enhanced by the use of healthcare processes, working practices and system activities that prevent or reduce the risk of harm to patients
Domain 2: Clinical and cost effectiveness Domain outcomes: 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
Domain 3: Governance Domain outcomes: managerial and clinical leadership and accountability, as well as the organisations' culture, systems and working practices, ensure that probity, quality assurance, quality improvements and patients safety are central components of all activities of the healthcare organisation
Domain 4: Patient focus Domain outcomes: healthcare is provided in partnership with patients, their carers and relatives, respecting their choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well being
Domain 5: Accessible and responsive care Domain outcomes: 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 the care pathway
Domain 6: Care environments and amenities Domain outcomes: 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
Domain 7: Public health Domain outcomes: 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 and reduce health inequalities between different population groups and areas

A full list of the standards is available on the Healthcare Commission website www.healthcarecommission.org.uk

The Role of HASC

- 1.9 The establishment of the Annual Health Check provides scrutiny committees with a further opportunity to scrutinise the performance of local NHS services. However there is no requirement on Health Overview and Scrutiny Committee's (HOSCs) to comment as part of the annual health check. Although it is envisaged that scrutiny involvement will assist in the development of shared understanding between members and local NHS colleagues.
- 2.0 There is no standard template for HOSCs giving comments to Trusts. However the Chair of the OSC is encouraged to 'sign-off' any comments generated by the OSC before they are submitted to the Trust in response to their declaration
- 2.1 Each NHS trust should send a copy of their full declaration to relevant HOSCs for comment before they have submitted it to the Healthcare Commission. The Healthcare Commission will use all 3rd party comments to assist in checking the trusts declaration. The Commission will also carry out follow up inspections with approximately 20% of trusts including those identified as being most at risk of not meeting core standards. If a Trust is followed up the HOSC will be contacted to discuss its comments.

Submitting Comments

- 2.1 At the beginning of the municipal year, the HASC agreed, through the passing of it's work plan, to comment only on those domains deemed significantly congruent to it's work schedule. These were : Safety ; Patient Focus; Accessible and responsive care and Public Health

Highlight Reports

- 2.2 In order to start this process Dudley Primary Care Trust, Dudley Group of Hospitals Trust and West Midlands Ambulance Service submitted highlight reports for initial consideration by the HASC. These reports are not the full declarations of each respective trust but they do highlight the initial findings of the self-assessment process that each trust has carried out. These reports are attached as appendix 1, 2, 3 of this report.

Recommendations

It is recommended that :-

- 2.3 The Select Committee note the covering report together with the attached highlight reports from each Trust and make comments as appropriate
- 2.4 The Scrutiny Officer to prepare commentaries on each Trust on behalf of the Committee, based on the Trust's highlight report and evidence of its interaction with the scrutiny activity of the HASC over 2007/8.

Finance

- 2.5 There are no direct financial implications arising from this report at this stage.

Law

- 2.6 Section 242 of the NHS act 2006 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.
- 2.7 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.

Equality Impact

- 2.8 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.

Background Papers

- 2.9 The Select Committee on Health and Adult Social Care, Work Programme of the Committee, Report of the Lead officer to the Committee, July 2007.
- 3.0 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 2007.
- 3.1 The annual health check in 2006/2007, Commission for Healthcare Audit and Inspection, 2006.

Brendan Clifford

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Appendix 1

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
The Healthcare Commission
Annual Health Check 2007/08 - Briefing Paper

Creating a Sustainable Organisation

- Top performing Ambulance Trust (All targets currently being achieved).
- Ambulance Service of the Year award (Ambulance Service Institute).
- Regular engagement with Patient and Public Involvement Forum, members take an active part in various trust committees.
- Health Overview & Scrutiny Committee presentations / visits by Officers of the Trust.
- Staff Side Engagement.

Key Targets

- Financial Duties On Target
- A8 Target On Target
- A19 Target On Target
- B19 Target On Target
- Thrombolysis On Target

Standards for Better Health Domains

The 24 core standards set within the seven domains define a level of service which is 'acceptable & universal'. Further details of the Trusts assessment against the standards are set out at ANNEX A at the end of this document.

External Assessment

- External Audit reports.
- Health & Safety Executive inspection 2006 – No major concerns noted.
- Improving Working Lives Practice Plus.
- NHSLA Risk Management Standard Level 1- Pilot assessment at level 2 undertaken during 2007. No ambulance service achieved level 2, WMAS achieved the highest score overall.
- Security Management Service – 99% positive return.

Recruitment & Development

- Career progression opportunities.
- Flexible working arrangements.
- Flexible retirements for staff.
- Education, development and learning opportunities.
- Appraisals and Personal Development Plans for all staff.
- Recognition agreement with union representatives.
- Emergency Care Practitioners (ECPs) established.
- 150 Emergency Care Assistants (ECA) posts currently being recruited.

Vehicles commissioned during 2007

- 34 Rapid response 4x4 cars
- 10 Rapid response cars
- 5 A&E ambulances (4x4)
- 60 A&E ambulances
- 6 Major incident vehicles
- 2 A&E Motorbikes

ANNEX A

How We Meet the Standards - What our Assurance Clearly Shows:

Domain 1: Safety

- ✓ Risk Management Strategy, Incident Reporting Policy and related policies are monitored closely throughout the committees' structure.
- ✓ NHSLA criteria for Risk Management Strategy achieved level 2 in August 2007.
- ✓ Patient Safety Incidents are reported, investigated and followed up to ensure all actions required have taken place.
- ✓ 'Root Cause Analysis' of all serious untoward incidents takes place. (Shared with relevant PCT).
- ✓ Incident reporting key performance indicators monitored at local and Board level.
- ✓ Incident reporting training mandatory for all staff.
- ✓ Child Protection / Vulnerable Adults lead director and lead manager in place; reporting procedures working well.
- ✓ Nominated staff attend Safeguarding Children Boards.
- ✓ Medicines Management Policy in place and audited.
- ✓ Medicines Management Working Group established and processes harmonised across the Trust.
- ✓ Nominated Director Lead for Infection Prevention and Control.
- ✓ Infection Prevention and Control policies and procedures in place.
- ✓ 'Clean your Hands' campaign running across the Trust.
- ✓ Auditors Local Evaluation 4.1 'Risk Management' scored at level 3.
- ✓ Trust 'Weekly Briefing' and 'Clinical Times' identify changes in practice or further advice following incident investigations.
- ✓ Vehicles and Clinical Equipment Working Group established and monitoring of MHRA guidance and safety alert bulletins continues.

Domain 4: Patient Focus

- ✓ Complaints and Patient Advice and Liaison Service managers and policies in place.
- ✓ Patient and Public Involvement Strategy implemented.
- ✓ Complaints, concerns and incidents are monitored for actions.
- ✓ Complaints key performance indicators monitored at local and Board level.
- ✓ Code of Conduct and Consent policies implemented.
- ✓ Consent and confidentiality.
 - > Taught in basic training.
 - > Reinforced by Information Governance updates.
- ✓ Customer Care Training in place for all staff.

Domain 5: Accessible & Responsive Care

- ✓ Patient and Public Involvement Forum members' participation in:
 - Trust Board and Governance agenda
 - Policy reviews
 - Infection Prevention and Control monitoring of vehicles
 - Patient Transport Service patient satisfaction survey
- ✓ Communications Strategy and team in place.
- ✓ Trust attendance at Health Overview and Scrutiny meetings throughout the year.
- ✓ Language line available for communication issues.
- ✓ Emergency text contact available for hearing impaired.
- ✓ Category C triage in place.
- ✓ Emergency Care Practitioners (ECP) treat at home where possible.

Domain 7: Public Health

- ✓ Partnership working through Emergency Care network.
- ✓ Local managers involved in partnership work to improve care pathways.
- ✓ Attending Public Health workshops.
- ✓ Involvement in local Substance Misuse Action Teams.
- ✓ Data shared daily with commissioners to improve strategic planning.
- ✓ Healthy working Improving Working Lives Practice Plus.
- ✓ Occupational Health and clinical debriefing services.
- ✓ Health Surveillance for staff.
- ✓ No Smoking policy.
- ✓ Regular healthy living advice for staff in weekly briefings.
- ✓ Major Incident Strategy and cross agency working.

ANNUAL HEALTHCHECK

DECLARATION OF CORE STANDARDS

Report to: The Dudley Overview & Scrutiny Committee

Date: 17 March 2008

INTRODUCTION

This paper is provided at the request of the OSC. Its purpose is to inform the committee on the current position of The Dudley Group of Hospitals NHS Trust in relation to its compliance with the Standards for Better Health and the New & Existing Targets.

The committee should note that the period of self assessment is from 1 April 2007 to 31 March 2008. The Trust Board plans to make its final declaration at its Board meeting on 24 April 2008 and submit the declaration on 25 April.

This paper has been written prior to the end of the assessment period. Although it is not expected there will be changes there is the possibility. The following describes key aspects of the Trusts situation that will assist it in making its declaration.

Core Standards

Safety

- The Trust reports all incidents locally to the National Patient Safety Agency via The National Reporting & Learning System.
- Incidents are graded accordingly to severity and all “Red” incidents have root cause analysis investigations. Trends are analysed and actions taken to make improvements.
- Safety Alerts are implemented within defined timescales.
- The Trust has systems in place for identifying, reporting and taking action on child protection issues and works with partners across the health and social care economies to protect children.
- The Trust complies with CRB check requirements for all staff and students with access to children.
- The Trust follows NICE Interventional Procedures guidance and has a policy and committee that reviews requests for new interventions.
- The Trust has systems to ensure the risk of health care associated infection is reduced.
- There are no significant lapses in the Trust’s compliance with the Hygiene Code.
- There are systems in place to minimise the risks associated with the acquisition and use of medical devices.
- There are systems in place to meet the requirements of the Ionising Radiation Regulations 2000.
- Decontamination services are provided by PFI partners Interserve and this is accredited by the MHRA.

- There are policies and procedures for storing, prescribing, dispensing preparation and administering medicines and these are monitored to ensure they are handed safely and securely. This includes the special requirement for controlled drugs.
- The Trust has policies and processes for the segregation handling, transport and disposal of waste and these are audited to ensure they are properly managed. Duty of care visits are undertaken by the Trust to waste collection sites and relevant licenses are checked.

Clinical & Cost Effectiveness

- The Trust is a partner in The Dudley Health Economy Implementation Group HENIG. This group ensures that there is compliance with NICE technology appraisals where relevant.
- There are systems in place to ensure the Trust takes into account NSF and NICE clinical guidelines – this is monitored by the Clinical Guidelines Group and Integrated Governance.
- There are systems for clinical supervision for all clinical staff, nursing, midwifery, AHPs, HCSs and medical. The clinical units are all led by Matrons and Medical Service Heads.
- There is a broad range of opportunities for clinical staff to update skills relevant to their clinical work.
- Clinical staff are involved in conducting, reporting and acting on audits and this involves reviewing the effectiveness of clinical services.
- Staff work in partnership with colleagues in other health and social care organisations at clinical and managerial levels.

Governance

- The Trust has a comprehensive integrated governance structure which incorporates effective arrangements for clinical governance. These together with policies and procedures for managing risk and the Assurance Framework are incorporated into the Trust Governance Strategy.
- Risks are identified and managed in each directorate in addition to the Trust's strategic risks. These risks are captured in the Trust's Risk Register.
- The Trust actively promotes openness, honesty, probity and accountability to its staff through the Code of Conduct and ensures that resources are protected from fraud and corruption by the counter fraud work undertaken.
- There is a range of policies in place to support staff in challenging discrimination and respect for human rights. Staff also have training in equality and diversity. There is a Racial Equality Scheme.
- The Trust is compliant with regard to adjustments for disabled people.
- The Trust has a Whistleblowing Policy to raise concerns about services confidentiality and without prejudicing their position. There is also an incident reporting system for doing this.
- Staff development requirements are reviewed as part of the appraisal process. Staff from minority groups are provided with development opportunities in line with the Trust Equal Opportunities Policy.
- The Trust has complied with Level 2 Risk Management Standards for NHSLA which includes systems for managing clinical records and mandatory training.
- The Trust undertakes employment checks and takes up references for all staff.
- The contract of employment requires individuals to follow Trust policies and abide by Code of Conduct.

- There are policies and procedures in place to ensure that staff recruited to the Trust are qualified for the work they undertake.
- The Trust provides a broad range of opportunities for staff to have professional and occupational development. This may be through work based learning opportunities, the Trust Learning & Development programmes, or external programmes offered by the Universities, locally or other national and international events.
- There is an effective research governance framework in place that is externally reviewed.

Patient Focus

- The Trust has Vision & Values which guide staff and promote respect and dignity to patients. Training and monitoring is undertaken through Clinical Champions, audit and surveys. Action is taken with individuals as necessary.
- Policies and procedures are in place to ensure patients give valid consent. Training is given to staff and the process is audited.
- The Trust has complied with Level 2 NHSLA Risk Management Standards which includes systems and processes for complaints and feedback on quality of services with demonstrable improvements made as a result of concerns raised.
- The Trust offers choice of food to meet different needs and is available 24 hours a day – patients' views on the food are mixed. The Trust complies with food safety legislation.
- The Trust has implemented "Protected mealtimes" and the red tray system to ensure patient's requiring assistance with eating and drinking are provided with appropriate support.
- Information is made available in written format, audio tape, video, large print and on the website. Interpreters, British Sign Language and Language Line are available to support patients who need it.

Accessible & Responsive Care

- Views are sought from patients and the public through surveys, comments, compliments and complaints and may be made in writing, email and on the web and annual reports, response on the website indicate how this information has been used.
- The Trust complies with the Disability Discrimination Act and has a Race Equality and & Equal Opportunities policies and procedures.

Care Environment & Amenities

- The Trust effectively manages health, safety and environmental risks and has been assessed as achieving these in NHSLA Risk Management Standards Level 2.
- The Trust provides single sex facilities and inpatient accommodation in wards and departments with the exception of intensive, high dependency and emergency areas.
- The hospital building complies with the required Building Notes & Technical Memorandum and DDA.
- The Trust has recently been assessed for compliance with the Health Act 2006 Code of Practice for the Prevention & Control of Healthcare Associated Infections by the Healthcare Commission. The report is awaited.

Public Health

- The Trust works with partners in the Health & Social care economy through Health Improvement Network, Dudley Partnership Community & Health & Wellbeing Partnership to improve the health community served.
- The Trust includes health promotion activities as part of the patient's pathway. In addition specific events are held throughout the year to promote health

Breast Awareness

Colorectal Cancer Awareness

Sun Awareness

Get fit after Christmas

Smoking Cessation

Drugs & Alcohol Liaison Team

- The Trust has a Major Incident Plan and works with health care and emergency services to manage incidents and emergency situations.

Existing and new targets

The Trust is on target to meet all of the targets with the exception of target for MRSA bacteraemia. The target set for the Trust was very low at 12 for the year i.e. 1 or < 1 per month. Of the 19 cases 10 are classed as 'pre48 hour' cases i.e. they were admitted to the Trust with the infection. Since October 2007 the trust has been on trajectory of 1 or < 1 per month.

Ann Close

Nursing Director

12 March 2008

Appendix 3