

STOCKPORT PCT ANNUAL DECLARATION TO THE HEALTHCARE COMMISSION

1. Background

1.1 Stockport PCT with all other NHS organisations across the country has to submit a declaration on their compliance with the core standards as set out within Standards for Better Health. This year we also have to submit a declaration on our progress against one of the developmental standards – public health.

1.2 The declaration is a Board decision, a decision they will make at the PCT Board meeting on the 26th April following a detailed review of the evidence at the PCT Audit Committee on the 24th April. Therefore it should be noted that this paper does not set out the final declaration rather it notes areas of compliance and areas where there are some concerns.

1.3 The paper describes the governance arrangements within the PCT surrounding the maintenance of core standards and the declaration, then follows with an update on areas of non-compliance last year, before finally setting out areas of concern for this year.

2. Governance

2.1 Each standard and detailed element has both an accountable executive and a senior responsible manager allocated. It is their responsibility to maintain an up to date assessment of compliance and collate evidence of such compliance. Where the organisation is not compliant this should be reported immediately and remedial action set in motion. All standards have had an assessment completed since January and evidence collation is currently underway.

2.2 It is the Boards responsibility to assure itself that the organisation is compliant with all core standards and making progress against developmental standards. The Board should have in place a definition of what constitutes a “significant lapse” and what it requires as “reasonable assurance”. Stockport PCT Board agreed these definitions in November 2006 and these are attached in Appendix 1.

2.3 The PCT Clinical Governance Committee reviews existing data as appropriate against each standard as an additional assurance. In addition Internal Audit has reviewed three domains this year: Governance; Clinical Cost Effectiveness and Safety, as well as the management of the process as a whole. At the time of writing the PCT has received significant assurance for its processes and governance domain and is awaiting the last two reports.

2.4 The PCT is also required to have in place systems that will identify and look to address non-compliance among all contractor groups (GPs, dentists, pharmacists, and opticians) and with all providers of commissioned services. In light of this a contractor governance committee has been established and all contractors are visited using templates that reflect "*Standards for Better Health*" at least every three years. In addition the PCT has put in place a quality schedule and a quality monitoring committee for its major providers.

2.5 These governance arrangements are a strengthening of the governance process over the last year in order to provide a higher level of assurance of quality to the Board than that given in 2005-6.

3. Follow-up of 2005-6

3.1 The PCT declared compliance on all areas in May 2006 with the exception of two. The PCT declared non-compliance on decontamination of equipment. An internal infection control audit identified that a number of our autoclaves did not meet the latest standards. Once this came to light the PCT immediately set about correcting the situation and new autoclaves were purchased and in use early in 2006-7. The PCT also declared non-compliance with the requirement for staff to attend mandatory training: the numbers were lower than was felt provided reasonable assurance. This was primarily due to the major roll-out of IM&T during 2005-6 and the need for extra training in this area. The attendance in 2006-7 is making it likely that compliance will be declared this year.

4. Declaration for 2006-7

4.1 This declaration will be made at the end of April by the PCT Board and therefore the comments below are only a latest position statement. They also reflect the tougher assurance process that the PCT has adopted over the last 12 months.

4.2 The PCT has reviewed its progress against the public health developmental standard and is likely to declare that "*excellent*" progress has been made in the way data is used to support the commissioning process and to support efforts being made partnership wide to reduce health inequalities. The PCT Public Health team have carried out a detailed review of each criterion and element of the standard identifying a range of supporting evidence.

4.3 There are four areas where there is some concern with compliance against the core standards.

- **4c** Decontamination: having addressed one area of concern last year with autoclaves, the publication in October of the Hygiene Code has highlighted problems with traceability of equipment. The PCT faces a

challenge with provision of podiatry services in particular across many sites and clinics. Considerable work has been done and the PCT is confident that it is now compliant, but it may not have been for the whole year.

- **21** Maintenance and Cleanliness of Buildings: The PCT inherited a very old and unsuitable stock of buildings which it is in the process of replacing with for example services now provided out of Kingsgate House, work has started at Heald Green, and also starting this year at Woodley. However, the previously mentioned infection control audit and hygiene code highlighted some concerns about cleanliness. Again a significant amount of work has been done replacing flooring and curtains and removing accumulated items to allow improved cleaning of surfaces across remaining clinic sites.
- **9** Records Management: Internal Audit carried out a review of records management in autumn 2006 and provided only limited assurance to the PCT that standards were being met. A number of actions have taken place since including the publication of a new records management strategy. The PCT is now confident that we comply with this standard.
- **5a** National Clinical Guidance: Due to the significant changes organisationally that the PCT is going through currently and a number of people leaving the evidence that National Service Framework local implementation teams are working and that guidance is being implemented is limited. The PCT is not of the view that we are not compliant with this standard but rather that we lack reasonable assurance at Board level of such compliance. Clinical leads for each area have now been identified and work will be done in early 2007-8 to reinvigorate the LIT process and reporting where this is needed.

5. Summary

5.1 The PCT has effectively tackled the areas of concern identified last year. It has also strengthened the assurance processes promoting quality further up the agenda, with all directors and senior managers now having responsibilities for specific standards. The work has been recognised by Internal Audit reports.

5.2 The PCT is making strong progress against the Public Health developmental standard and this will be reflected in the year end declaration.

5.3 The PCT Board will be making the declaration at the end of April and will be in particular weighing carefully compliance against 4 standards; decontamination, cleanliness, national clinical guidance and records management.

5.4 The PCT invite and welcome the comments of members on this paper or on any other standards particularly pertinent to the overview and scrutiny function.

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21st March 2007