

Stockport NHS Foundation Trust
BRIEFING PAPER
2008-9 ANNUAL HEALTH CHECK
Standards for Better Health Self Declaration

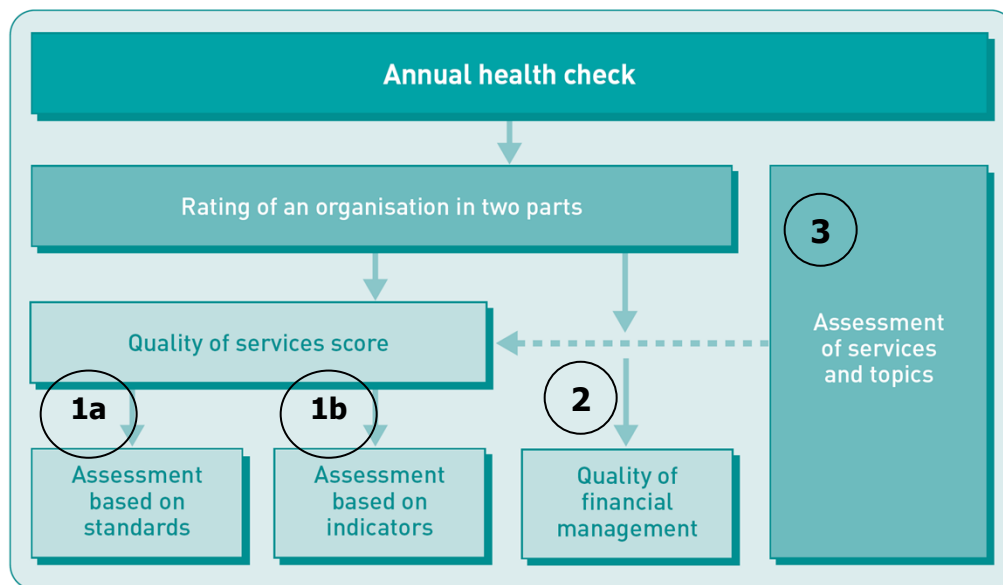
March 2009

INTRODUCTION

The Annual Health Check is the system used by the Healthcare Commission (HCC) to assess the performance of all NHS trusts in England.

The HCC have a statutory duty to publish an annual rating of performance for each organisation. They do this in two parts, the first is a rating for quality of services and the second for financial management. A summary of this process can be seen in Diagram 1.

Diagram 1. ANNUAL HEALTH CHECK 2008-9



1. QUALITY OF SERVICE

The quality of service score (as can be seen in Diagram 1) is assessed in two parts:

1a. Assessment based on standards

1b. Assessment based on indicators

1a. ASSESSMENT BASED ON STANDARDS (Standards for Better Health)

A self assessment of compliance with the core standards set by the Department of Health. These standards set out the basic standards of healthcare that patients can expect to receive and cover areas of real importance to patients such as the safety and quality of care and the accessibility of services.

1b. ASSESSMENT BASED ON INDICATORS (Acute Indicators National Priorities & Existing Commitments)

The second part of the assessment of the quality of service section of the Annual Health Check is the assessment based on the Acute Indicators National Priorities & Existing Commitments. These are assessed using national performance data or by special data collection exercises.

The indicators are based on a set of 'vital signs' that are published by the Department of Health to provide a national framework of priority issues within which local services are to be planned and provided. The Indicator-based assessments are focused on outcomes in key national priority areas where improvement can be measured over time.

2. QUALITY OF FINANCIAL MANAGEMENT

In 2008/09, a score on the quality of financial management, derived from work done by the Audit Commission for non-foundation trusts and Monitor for foundation trusts, will form the second part of the rating. This replaces the "use of resources" score in previous years. It is designed to assess whether services commissioned and provided by trusts have sound financial management in place.

3. ASSESSMENT OF SERVICES & TOPICS

The Healthcare Commission (HCC) sees the Annual Health Check as wider than just the rating of organisations as it includes an assessment of services and topics.

The approach the HCC uses varies according to the nature of the service or topics and includes:

- Using data that is already available about the performance of different trusts in a specific service area to identify a sample of trusts where there may be cause for concern and follow up with an assessment visit.
- Providing a structured set of benchmark indicators in a particular service area. These indicators will have been selected, in consultation with clinicians and service providers, as those that are important to focus on key areas of performance.
- Using carefully researched performance frameworks that may require special data collection. This type of assessment results in a specific score for each relevant trust. Carrying out a more general assessment of a service area to identify actions needed for improvement at a national level. This will result in a published national report.

These assessments or reviews do not directly feed into the ratings for organisations but do so indirectly. If they find evidence of performance in a trust that casts doubt on its declaration of compliance with the standards, we may use this to qualify a trust's overall assessment. These assessments are coordinated through an Executive Lead within the Trust.

The elements discussed above outline the component parts of the Annual Health Check; the next part of the paper focuses on what is included in the Standards for Better Health Trust self declaration.

THE STANDARDS FOR BETTER HEALTH

The Standards for Better Health are divided into 7 domains covering 24 standards, these are outlined below:

1. Safety
 - C1-Incident monitoring / Patient safety notices
 - C2 – Child protection guidelines
 - C3- NICE Interventional procedures implementation
 - C4 – Patients staff & visitors are safe (MRSA, Medical Devices, decontamination , storage of medicines, waste disposal)
2. Clinical and Cost effectiveness
 - C5- Conform to NICE technology appraisals care is supervised, skills updated, participation in Audit
 - C6-Pts individual needs managed
3. Governance
 - C7a&c- Principles of sound corporate & clinical governance / risk are applied.
 - C7b-probity,
 - C7d- financial management,

- C7e – respect human rights challenges discrimination
- C7f –meet existing national targets
- C8-Staff raising concerns
- C9-Health records management
- C10- Employment checks , Codes of prof. Practice
- C11- appropriate training, mandatory training, professional development
- C12-research participation

4. Patient Focus

- C13- dignity & respect, confidentiality, patient info
- C14- Complaints management process
- C15-Food provision
- C16- Info re. Services and care

5. Accessible and responsive care

- C17- Views sought when designing , planning, delivering & improving services
- C18- Access to services & choice
- C19-emergency health needs access promptly / national expectations met

6. Care Environment & Amenities

- C20- Safe & secure environment re property & physical assets
- C21- quality, cleanliness & design of built environment

7. Public Health

- C22- Demonstrate promote health of the community served (local partnerships, local authorities, strategic partnerships crime)
- C23- disease prevention, NSFs , health promotion.
- C24- Emergency preparedness

As can be seen these standards are very comprehensive covering all areas of the trust work and responsibilities and as such is our every day business. The self declaration is an affirmation as to whether we are adhering to these standards or not.

The Board of Directors is expected to complete this self declaration of compliance against the “healthcare” standards and this is, as discussed earlier, a component of the Annual Health Check.

The Trust currently examines these standards through the appropriate executive leads and committees. Each of the standards is allocated a lead executive director and a lead committee who monitor the compliance status, management controls and assurances against these standards throughout the year. The assurance template is drafted as a summary of this evidence and is presented to the Board of Directors to help in the declaration and ultimately sign off the Trust’s compliance status prior to it being sent to the Healthcare Commission.

At the time of writing this report Stockport NHS Foundation Trust has not agreed its final declaration; it is hoped that a verbal update will be provided at the Overview and Scrutiny Committee meeting.

Seeking comments from third parties

The Healthcare Commission seeks to use information provided by people who use services and the public and as such the declaration form has space to include the commentaries received from particular third parties. The trust must give specified third party organisations the opportunity to comment on its performance during the assessment year, 1 April 2008 to 31 March 2009. Third parties include:

- local involvement networks (LINKs),
- overview and scrutiny committees,
- foundation trusts’ board of governors,
- local safeguarding children boards and
- learning disability partnership boards.

Their comments must be included word-for-word within the declaration and will be taken into account when the declaration is cross-checked. If a third party declines to comment, then this must be indicated on the declaration but neither the Trust nor the third party will be criticised. The Healthcare Commission has produced guidance for these organisations on how to comment.

In the previous year a paper was presented to the Overview and Scrutiny committee and due consideration was given as to firstly whether a commentary was going to be provided and secondly what the content would be.

Extract from Healthcare Commission Guidance on providing commentaries

Tips to help ensure your comments make a difference

- Think about what matters most to you and the people in your community – what are the most important points you want to get across?
- Think about examples of good practice as well as problems and areas for improvement.
- Familiarise yourself with the core standards and guidance relating to them. Aim to match the standards with the points you want to make.
- Ensure that your examples are relevant to the 2008/09 annual health check, ie, they happened between 1 April 2008 and 31 March 2009.
- Try to find facts and examples to back up your comments. These may include notes of a meeting or visit to a trust, the results of a local survey, or personal stories from individuals with dates and supporting documents.
- Please note your comments must not include confidential or personal information, for example, names of individual patients or staff, or contact details.
- Do not submit the supporting documents with your comments, but be prepared in case we need to clarify some aspect of your comment.

SUMMARY

This paper provides an overview of the Annual Health Check process and some details of the Standards for Better Health Self Declaration.

The Overview and Scrutiny Committee need to be aware of the ways that the Trust is assuring itself of its compliance with these standards. However it is ultimately the role of the Board of Directors to assure themselves that the Trust is achieving these standards so that, by the beginning of May 2009, the Trust self-assessment for the year 2008-9 can be signed off and sent to the Healthcare Commission.