

## ANNUAL HEALTH CARE DECLARATION

### 1. Purpose:

The paper informs committee members on the proposed declaration of Stockport PCT Board to the HealthCare Commission with regard to its performance across the year as described within Standards for Better Health.

### 2. Introduction:

All NHS trusts including the PCT have to make an annual self-assessment of compliance with a number of standards set out within “*Standards for Better Health*”. This declaration is made by the PCT Board and then submitted to the HealthCare Commission by the 30<sup>th</sup> April. The declaration is a judgement based on the evidence available to the Board and the PCT officers. The HealthCare Commission will then review this assessment against a wide range of national indicators and reports available to them to assess the likely robustness of the declaration. Based on this test they will then visit approximately 20% of organisations and further test their declaration at key points.

### 3. Stockport PCT Assessment:

The PCT will declare fully compliant all year on 33 of the 40 standards for which a declaration is required. It will declare end of year compliance on a further 6 standards and non-compliance on one standard. The full details of the proposed declaration can be found at Appendix 1.

### 4. Action since Last Year:

#### 4.1 Infection Control and the Estate (Standard 4a and 21)

The PCT has continued to improve its existing estate to satisfactorily meet the requirements of Standard 21. In the light of the legacy of outdated 1960's and 1970's stock this has been a significant challenge. Major work has focussed on Heald Green and Woodley Health Centres with further major estates investment planned over the next couple of years in Shaw Heath, Romiley, Cheadle Hulme and Hazel Grove. In addition during 2007-8 a number of deep cleans of existing premises and an additional £100,000 investment in new flooring, curtains, sinks and work surfaces has been put in to ensure that existing stock meet satisfactory infection control standards. The condition of the estate was the major concern for infection control standard 4a. We believe the significant concerns for both standards have thus now been resolved.

#### 4.2 Child Protection (Standard 2)

Since 2004 all new staff appointed to the PCT working directly with the public have received a CRB check, as have staff transferring between posts. Therefore the majority of staff in the PCT have had CRB checks completed. There was a legacy group of staff working with children who had been in post prior to 2004.

During 2007-8 all these staff also received their CRB checks. The delay in completing this work was felt to constitute a lapse which has now been rectified.

#### **4.3 Medical Devices (Standard 4c)**

The PCT declared last year that we lacked assurance on the effectiveness of our tracking of medical devices. An internal audit review earlier in the year highlighted concerns and an action plan was put in place. The PCT invested in some project management time and a new database and set of processes were established, all the information verified and a more robust training programme established.

#### **4.4 Data Management and Confidentiality (Standard 9 and 13c)**

The PCT suffered a significant loss of patient information at the end of November which as well as being a significant lapse in itself revealed some weaknesses in the existing handling and in particular transfer of information. Working across numerous sites in Stockport presents a number of challenges in this respect. Since then a number of steps have been put in place including a high profile campaign for all staff, an audit of existing pieces of work, the banning of the use of non-encrypted memory sticks, additional training, and extra guidance and protection on the emailing of sensitive data.

### **Issues for Ongoing Improvement in 2008-9**

The PCT continually seeks to improve standards in all areas and in part this is the basis of the tough self-assessment proposed. The one area where will not declare full compliance by the end of the year is Standard 7e "Equality and Diversity". We believe our existing policies and strategies are satisfactory, but we have not yet fully met the requirement to review our existing policies and strategies in light of the equality and diversity agenda and publish the results. The PCT has recruited an individual, starting on the 28<sup>th</sup> April with the necessary skills to enable us to correct this as a matter of urgency. The failure to recruit at the first attempt in December has meant the delay in declaring ourselves compliant. It is anticipated that we will comply by July 08.

### **Summary**

The PCT takes a tough approach to the assessment process in order to ensure that it genuinely delivers high quality services. The four issues improved this year; child protection, infection control and data management covered six standards in all. With the completion of the work in the year 2007-8 and the imminent addressing of concerns on Equality and Diversity the PCT anticipates that it will be in a position to declare full compliance with all standards next year with the exception of equity and diversity where will declare compliance from July 2008.

## APPENDIX 1

### DOMAIN 1: SAFETY

Standard		Accountable Director	Declaration
1a	Identify and learn from all patient safety incidents and make improvements	Director Provider Services	Fully Met
1b	Systems in place that ensure patient safety notices and alerts are acted upon with timeframe	Director Provider Services	Fully Met
2	Healthcare Organisations protect children by following child protection guidance	Director Provider Services	Compliant by year end
3	Implementation of NICE Interventional Procedures	Not applicable to PCT	
4a	Systems in place to reduce infection control with high standards of hygiene and cleanliness; and implementation of the Hygiene Code	Director Provider Services	Compliant by year end
4b	All risks associated with the acquisition and use of medical devices minimised	Director Provider Services	Compliant by year end
4c	Safety is ensured by having systems in place for decontamination of medical devices	Director Provider Services	Fully Met
4d	Systems are in place to ensure that medicines are handled safely and securely	Director Primary Care & Partnership	Fully Met
4e	The segregation, handling transport and disposal of waste is managed to minimise risk to the PCT	Director of Finance & Estates	Fully Met

### DOMAIN 2: CLINICAL COST EFFECTIVENESS

Standard		Accountable Director	Declaration
5a	Conform to NICE technology appraisals and take account of nationally agreed guidance when planning and delivering treatment and care	Director Primary Care & Partnership	Fully Met
5b	Clinical Care carried out under clinical supervision and Leadership	Director Provider Services	Fully Met
5c	Clinicians from all professions have access to and participate in activity to update skills	Director Provider Services	Fully Met
5d	Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits and service reviews	Director Provider Services	Fully Met
6	Healthcare Organisations cooperate with each other and social care organisations to ensure patients' needs are properly managed and met	Director Primary Care & Partnership	Fully Met

### DOMAIN 3: GOVERNANCE

Standard		Accountable Director	Declaration
7ac	The principles of sound clinical and corporate governance in place with systematic risk assessment and risk management	Director of Finance & Estates	Fully Met
7b	Actively support employees to promote openness honesty and efficient use of resource	Director of Finance & Estates	Fully Met
7d	Financial Management	Measured by Auditors Local Evaluation	
7e	Challenge discrimination promote equality and respect human rights	Director of Public Health	Not Met

8a`	Staff are supported to raise concerns in confidence over any aspect of service delivery, treatment or management detrimental to patient care	Director of Human Resources	Fully Met
8b	Organisational and personal development plans which recognise the contribution and value of all staff	Director of Human Resources	Fully Met
9	Have a systematic and planned approach to Record Management that ensure from the moment of completion	Director Provider Services	Compliant by year end
10a	All appropriate employment checks are undertaken and ensure all staff are registered with appropriate bodies	Director of Human Resources	Fully Met
10b	All employed professionals abide by relevant published code of professional practice	Director of Human Resources	Fully Met
11a	Appropriately recruited, trained and qualified staff in post	Director of Human Resources	Fully Met
11b	All staff participate in mandatory training	Director of Human Resources	Fully Met
11c	All Healthcare professionals participate in further professional development commensurate with their working lives	Director of Human Resources	Fully Met
12	Research systems are in place to ensure that the principles and requirements of the research governance framework are consistently applied	Director of Public Health	Fully Met

#### DOMAIN 4: PATIENT FOCUS

Standard		Accountable Director	Declaration
13a	Relatives and carers are treated with dignity and respect	Director Provider Services	Fully Met
13b	Appropriate Consent obtained	Director of Public Health	Fully Met
13c	Staff treat patient information confidentially	Director of Public Health	Compliant by year end
14a	Patients and carers have access to complaints process	Chief Executive	Fully Met
14b	Patients and carers not discriminated against when complaints are made	Chief Executive	Fully Met
14c	Act appropriately to any concerns and make changes	Director of Public Health	Fully Met
15a	Patients are provided with choice of safe food and well balanced diet	Director of Finance & Estates	Fully Met
15b	Patient's nutritional and dietary requirements are considered with access 24 hours per day	Director of Finance & Estates	Fully Met
16	Information is available to patients and the public on treatment and after care, and services	Director of Public Health	Fully Met

## DOMAIN 5: ACCESSIBLE and RESPONSIVE CARE

Standard		Accountable Director	QA Advice
17	The views of patients and carers are taken into consideration	Director of Public Health	Fully Met
18	Equal access to services and offer of choice	Director of Public Health	Fully Met
19	Access to Emergency Care	Director of Primary Care & Partnerships	Fully Met

## DOMAIN 6: CARE ENVIRONMENT and AMENITIES

Standard		Accountable Director	QA Advice
20a	Environments are safe and secure and protect people and property	Director of Finance & Estates	Fully Met
20b	Environments are supportive of patient privacy and confidentiality	Director of Finance & Estates	Fully Met
21	Healthcare is provided in environments which optimise health outcomes by being well designed and maintained with acceptable levels of cleanliness	Director of Finance & Estates	Compliant by year end

## DOMAIN 7: PUBLIC HEALTH

Standard		Accountable Director	QA Advice
22a-c	Demonstrably improve the health of the community served and narrow health inequalities through cooperation, public health reports and partnership	Director of Public Health	Fully Met
23	Have systematic and managed disease prevention and health promotion programmes that meet requirements of NSF and national plans	Director of Public Health	Fully Met
24	Health protection and emergency planning	Director of Public Health	Fully Met