

**Report to
Health Policy and Performance Board
Halton Council**

**Annual Health Check Declaration
2006/07**

Introduction

North Cheshire Hospitals NHS Trust is a District General Hospital with services provided across two sites, at Halton and Warrington. The Trust employs approximately 3,500 staff and has recently undergone extensive changes both to its Executive and management structures and its services.

The Trust is currently undergoing a process of financial turnaround and building the future for Foundation Trust status in 2008. Its vision is 'to be the provider of choice for the health care need of the community.'

As part of that vision the Trust is working hard to ensure standards are enhanced and maintained including those targets and standards set by the Health Care Commission through the Annual Health Check.

This report provides a summary of the Trust's current position against the Annual Health Check 2006/07. It will include an overview of the self assessment process requested by the Health Care Commission and those standards to be included within this year's assessment in order for the Health Care Commission to define their final rating for the Trust.

The report will focus on those areas of partnership working across the health economy and those criteria identified as relevant to the Health Policy and Performance Board for Halton Council in order for the Board to provide comment on the Trust's performance against the standards should it wish to do so.

The comments, once submitted to the Health Care Commission will be made public and taken into account in relation to the Trust's final rating, along with other intelligence from numerous sources including the Patient and Public involvement forums, patient and staff surveys and national bodies.

Annual Health Check 2006/07

The annual rating is derived from an assessment of performance and focuses on ensuring that basic standards are being met. The assessment is based on two parts:

- ◆ use of resources
- ◆ quality of services including:
 - The core standards
 - Existing and New national targets.

For 2006/07 the assessment process and the declaration made by Trusts will continue to assess organisations against the current core standards to ensure Trusts are 'getting the basics' right and meeting the existing and new national targets.

In addition, the assessment for Acute Trusts in 2006/07 will include a review of selected developmental standards including:

- ◆ Safety

◆ Clinical and Cost Effectiveness

The developmental standards have been devised to drive up the quality of care patients receive. In 2006/07, the annual health check will assess performance in 'shadow' form. This means that assessment of performance against developmental standards will not feed into the overall annual rating for this year. However, the Commission will expect it to form part of the rating from 2007/08.

The Trust's performance against the developmental standards will be assessed on a four point scale from 'limited to excellent' developmental progress. The expectation is that Trusts will declare increasingly improved levels of performance to reflect continuous improvement in the services they provide.

In addition in 2006/07 there will also be a number of planned service reviews including:

- ◆ Maternity
- ◆ Diabetes
- ◆ Substance misuse
- ◆ Adult acute in patient mental health care
- ◆ Race equality
- ◆ Learning disabilities
- ◆ Complaints handling
- ◆ Healthcare acquired infection

As with the developmental standards, the results of the service reviews will not form part of the overall annual health check rating in 2006/07, but will be used as assurance of performance.

Core Standards

Domain 1: Safety

Core standard C1

The Trust continues to make progress against all of the core standards within the safety domain. There is a proactive risk management department who promotes the reporting of all patient safety incidents across the organisation and to the relevant committees responsible for patient safety and importantly to the Trust board.

The Trust was one of the first organisations in 2005 to link up to the National Reporting and Learning System (NRLS) developed by the National Patient Safety Agency (NPSA) to ensure national learning is taking place as a result of reported incidents.

All relevant safety information is distributed across the organisation to ensure staff are informed and actions taken as a result of alerts and other communications issued through the Safety Alert Broadcast System (SABs).

Core standard C2

Child protection is actively promoted throughout the organisation with a dedicated Child protection Doctor and Nurse/Midwife working across the health economy with relevant partners to promote safe working practices and ensuring effective communication systems are in place to address child protection issues.

Core standard 4

Medicines management and waste management core standards have been met within this domain

The Trust has identified deficiencies within the two following areas of the Safety domain:

- ◆ To reduce the incidence of MRSA to 14 cases in 2007/08 as set out in its plan with the Strategic Health Authority
- ◆ To ensure reusable medical devices are properly decontaminated in appropriate facilities in line with 93/42 EEC.

The above two criteria remain a challenge for the organisation and action plans have been put in place to address the issues identified.

Domain 2: Clinical and Cost Effectiveness

The Trust has met all of the core standards on clinical and cost effectiveness

Core standard C6

The Trust works in-conjunction with other agencies and health care providers across the health economy to ensure all aspects of patient care are met appropriately.

The Trust has worked collaboratively in the development of its admission and discharge policy with community, voluntary and social services ensuring a single safe system of care is in place to meet the patient's ongoing needs.

The Trust is proactive in its approach to joint working with other agencies and actively engages with stakeholders and the public to ensure health care needs are met. This includes through partnership working of the local implementation teams, national services framework and child health needs.

Domain 3: Governance

The Trust has met all of the core standards on Governance.

The Trust applies the principles of sound clinical and corporate governance and undertakes systematic risk assessment and risk management across the organisation. These principles have been supported year on year through internal and external audit process including assessment from the audit commission, Health and Safety Executive (HSE) and the NHS Litigation Authority (NHSLA).

In addition the Trust actively supports its staff through often demanding developments, challenging discrimination and promoting equality within the whole of the business cycle.

The Trust has actively supported initiatives and improvements throughout the year to ensure all existing and new targets are to be met within a quality based environment.

Domain 4: Patient Focus

The Trust has met all of the core standards on Patient Focus

Core standard C13

The Trust takes every step to ensure that patients, carers and relatives are treated with dignity and respect at all times. Consent is obtained by the person undertaking the procedure or by someone who is familiar with the risks and benefits of that procedure so that a full explanation can be provided to the patient in order that an informed decision can be made.

Core standard 14

The Trust has a comprehensive complaints procedure which meets the requirements set by the NHS complaints Regulations 2004. These have recently been up dated in September 2006 and the Trust has reviewed its procedures in line with these regulations.

As a result of complaints, the Trust works closely with individual departments and managers to ensure patients, relatives and carers are not discriminated against and all concerns are investigated, acted upon and lessons learnt to ensure service improvements are made.

The outcome of complaints are reported through the Trust's Clinical Governance arrangements and to the Trust Board so lessons can be learnt accordingly across the organisation and improvements made where necessary.

Core standard 15

Patient's preferences are considered where possible throughout the organisation's services. This includes the provision of food choices to ensure a balanced diet is provided. At each meal a number of options are provided based upon nutritional requirements as recommended within the *Better hospital food programme* (2001)

The Nutritional status of all patients and in-particular elderly patients is assessed on admission and where appropriate throughout the patient's stay. This includes identifying where help with feeding is required.

Access to food is available 24 hours and information regarding this service is provided within the menu folder supplied at each patient's bedside

Core standard 16

Patient information is available across all of the services the Trust provides. The Trust has a specific patient information group which includes a member of the patient public involvement forum to ensure the information provided is legible and understandable.

A number of information leaflets are reviewed on a six monthly basis to ensure the information is evidence based, up to date and appropriate to the services of the Trust. Information is accessible through clinics, specific departments such as endoscopy and X-ray and within inpatient areas.

Access to experienced health professionals is always available should the patient require further information regarding their treatment.

Domain 5: Accessible and responsive care

The Trust has met all of the core standards on Accessible and responsive care.

Core standard 17

The Trust actively seeks the views of patients, carers and the local community through a number of sources including:

- ◆ Patient Advice and Liaison service
- ◆ Complaints process
- ◆ Patient and public involvement forum
- ◆ Annual patient survey

The Trust maintains close working relations with the local patient and public involvement forum (PPI) seeking their views on a regular basis and supporting the forum's planned programme of visits to both hospital sites. The forum is well represented throughout the organisation with members encouraged to in put in to local and corporate committees.

Within 2006/07, the Trust has undergone a review of its local service provision with the development of the Halton site as a centre of Excellence for elective surgical procedures and the Warrington site providing acute care services to the population.

The reconfiguration included an extensive period of consultation across the local area seeking views of the population, health care agencies, councils and commissioners of care. As a result of the reconfiguration the Trust is able to provide more robust, accessible, safe and effective services for the population it serves.

Core standard 18

All the services provided by the organisation are offered and open to all diverse aspects of the population. Choices are available for patients, ensuring their needs are considered and met through this process.

Core standard 19

All patient information can be accessed in all relevant languages, interpreter services are provided when required and those with language or communication difficulties are supported through their episode of care.

Domain 6: Care Environment and Amenities

The Trust has met all of the core standards on Care Environment and Amenities

Core standard 20

The Trust endeavours to ensure the environment in which care for patients is provided is secure and safe at all times.

The Trust has a close working relationship with the HSE and has received a positive assessment of its environment by them this year.

The Trust will continue to work through the action plan developed in conjunction with the HSE inspector to ensure the safety and welfare of its patients, visitors, staff and contractors are met.

Where possible the Trust has taken steps to provide services in environments that are supportive to patient privacy and confidentiality. Single sex accommodation is provided in the majority of care areas of the Trust and is available should it be the patient's preferred choice.

Core standard 21

The Trust continues to take every step to ensure the care environment, it's supporting facilities and high standards of cleanliness are well maintained.

The Trust has developed a long term estates strategy which includes a risk based schedule of works, ensuring work is prioritised across the organisation.

The Trust continues to maintain high standards of cleanliness across the organisation with positive external assessments carried out across both sites through the Patient Environment and Action Team (PEAT).

The Trust monitors its cleanliness standards throughout the year with regular feedback obtained through audits, 'mystery shoppers' and the Patient and Public Involvement Forum visit reports which are discussed through the Trust's Environment Group and Governance arrangements.

Domain 7: Public Health

The Trust has met all of the core standards on Public Health

Core standard 22

The Trust has been developing closer links with its public health colleagues in the local PCTs. Meetings have been established with the Directors of Public Health to inform the Trust's Public Health strategy and to develop a partnership approach to local health needs.

Core standard 23

The Public Health strategy will endorse the national drivers and priorities in order to address the health needs of the local populations in Halton and Warrington.

Core standard 24

The Trust has a comprehensive 'Major Incident Policy' which has been developed in conjunction with other agencies, including neighbouring Acute Trusts, local Primary Care Trusts, councils and the emergency services.

This year the Trust carried out a successful 'Major Incident' exercise which tested the robustness of the policy in an extreme situation. In addition, a 'real life' incident did occur which was handled effectively and efficiently by all of the staff involved across both sites of the organisation.

As a result of both of these exercises the policy has been reviewed and updated in line with recommendations made as a result of its implementation. This ensures the organisation is fully prepared should an emergency situation arise at any time.

Developmental Standards

As previously stated, Acute Trusts will be assessed in 'Shadow' format against Domain 1: Safety and Domain 2: Clinical and Cost Effectiveness Developmental Standards for 2006/07. However, the results will not directly contribute to the overall Annual Health Check assessment result for this year.

The Trust will be assessed using a four-point scale ranging from 'limited' to 'excellent' developmental progress and is based on two aspects of performance:

1. the attainment of the relevant core standards to progress beyond 'limited' developmental progress
2. the extent to which they are assured of their performance in relation to a small set of criteria which was published by the Health Care Commission in December 2006.

In order to declare a level of developmental progress that is higher than 'limited' for a particular domain, the Trust must have declared 'Met' for those core standards that are mapped to the developmental standards in the domain being assessed or have implemented action plans with end dates prior to 31st March 2007. In addition, the Trust must achieve a final rating of either 'partly met', 'almost met' or 'fully met' within the core standard assessment for 2006/07.

Domain1: Safety

The Trust has declared 'Not Met' within two criteria of the following Core Standard and therefore will be required to declare 'limited' developmental progress for Domain 1: Safety.

C4: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure:

- a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).
- c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

Domain 2: Clinical and Cost Effectiveness

In assessing the above, the Health Care Commission are focussing on the Clinical aspects of this Developmental Standard for the assessment of the Domain.

In order for the Trust to declare higher than 'limited' developmental progress the Trust is required to provide further assurances.

To achieve 'Fair' developmental progress the Trust has to either:

- ◆ declare 'met' for core standards C5 and C6 or has implemented action plans with end dates prior to March 31st 2007.
- ◆ made progress by meeting at least one of the criteria described within the guidance document.

To achieve 'good' developmental progress the Trust is required to declare 'Met' in the core standards as above and all of the criteria within the 'fair' and 'good' assurance statements described within the guidance.

The Trust has met all of the requirements within the core standards for this Domain and at present can declare 'fair' developmental progress, as it meets at least one of the criteria described. However, work is continuing, to assess and address the remaining criteria and the Trust anticipates a declaration of 'good' developmental progress to be made.

The Trust has continued to further enhance its performance against the Annual Health Check Core Standards and New and Existing targets since the assessment in 2005/06. It is envisaged that the progress made within the current year will be recognised in the Trusts final rating.

Liz Craig
Director of Integrated Governance
&
Jayne Downey
Head of Risk Management and Corporate Governance
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