
Select Committee on Health and Adult Social Care (HASC) – 26th March 2009

Report of the Lead Officer to the Committee

The Annual Health Check (AHC) 2008/09

Purpose of Report

- 1.1 To provide the committee with an overview of the Government's 2008/09 Annual 'Health Check' of NHS Trusts and the role HASC can play in the process.
- 1.2 To consider the draft commentary on the 'Health Check' performance standards for each Trust proposed for submission to the Quality Care Commission to facilitate its assessment process.
- 1.3 To invite comments on the summaries of the Trusts' self assessment detailing its compliance against the 'Standards for Better Health' and other targets.

Background

What is the Health Check?

- 1.4 The Healthcare Commission's 2008/09 assessment cycle will be the fourth year in which it has carried out the annual health check of the NHS. The significance of the annual health check is that it has established general standards across the NHS in areas of real importance to patients and the public. These include safety, cleanliness, the quality of the clinical care that patients receive, and whether they are treated with dignity and respect. When assessing NHS organisations, The Healthcare Commission systematically seeks the views of patients and the public, including health scrutiny committees, and uses all available information in reaching their judgements. If what patients tell them, or other information, suggests cause for concern, they visit the Trusts in question.
- 1.5 The overall structure of the health check, which has been in place for three years, is largely unchanged for 2008/09. This will allow this Committee to compare performance over time and identify where

improvement has been made. Each NHS trust will again receive an overall performance rating in two parts – one rating for the quality of services and one for quality of financial management. The annual health check measures basic standards across the NHS as well as performance on indicators that matter to patients, including safety, clinical effectiveness and waiting times.

Role of Health Scrutiny

- 1.6 Health Overview and Scrutiny Committees have the opportunity to comment on the Trusts' performance as part of the Health Check. Each NHS Trust should send a copy of their full declaration to relevant Health Overview and Scrutiny Committees (HOSCs) for comment before they have submitted it to the Commission.
- 1.7 The Healthcare Commission will use HOSCs and other third party commentaries to assist in checking the Trust's declaration. Moreover, the Committee has the opportunity to review the Health check declarations for all NHS Trusts in Dudley which may result in the identification of gaps or weaknesses in service provision.
- 1.8 There is **no** requirement on Health Overview and Scrutiny Committee's to participate in the process, however it is envisaged that health scrutiny involvement will assist in the development of shared understanding between members and local NHS colleagues.
- 1.9 Whilst there is no standard template for HOSCs giving comments it is recommended comments should be based on demonstrable evidence and clearly related to the core performance standards. The Chair is encouraged to 'sign-off' any comments of the Committee before they are submitted to the Trust in response to their declaration.
- 2.0 The Commission will 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 relevant HOSC will be contacted to discuss its comments.

HASC commentary

- 2.1 In July 2008 HASC agreed to comment on the 2008/09 Health Check drawing on its activities during the year. As the local NHS boards will be finalising their AHC Declarations in March/April, HASC is likely to be asked for comments and today's meeting is the best opportunity for the Committee to agree its responses.
- 2.2 The Commission advises that commentary should be relevant to the year in question i.e. April 2008 to March 2009 based on demonstrable evidence and clearly related to the core performance standards. A draft commentary has been compiled in this context and is attached at **appendix 1** for consideration.
- 2.6 The Committee should be advised that no commentary has been prepared for the Dudley Walsall Mental Trust given that the Trust only came into existence half way through the current municipal year. However, any comments made on its summary declaration attached at **appendix 2** can be sent to the Commission for consideration, subject to agreement.
- 2.6 It should be emphasised that the comments in **appendix 1** are **not** intended to be an overall assessment of the Trusts performance in relation to the standards, they are observations that relate only to specific topics HASC has examined during the year.

Trust Declarations

- 2.7 Each of the Trusts i.e. West Midlands Ambulance Service, Dudley Primary Care Trust, Dudley Group of Hospitals and the Dudley Walsall MH Trust were requested to provide and present a summary of their Declarations presenting key findings against the performance standards, to this Committee in February. It should be noted that a number of informed projections are contained in the summaries as the majority of Trusts' self assessment processes were incomplete during the assembly of the summaries for the Committee.
- 2.8 The summary declarations from each Trust are attached at **appendix 2** for comments; any comments raised in relation to these reports will be reflected in the respective commentaries attached at **appendix 1**, subject to approval.

Health check results

- 2.9 Results of the Health Check will be published by the Care Quality Commission (CQC) in Autumn 2009 (the CQC will be the new body to succeed the Commission for Social Care, Health Care Commission and the Mental Health Act Commission as of April 2009)

3.0 The Committee considered the results of the previous years Health Check in November 2008 (no results were available for the Dudley Walsall MH Trust as it was not formed until after the 2007/08 self assessment cycle). It was noted at this meeting that the PCT had identified a number of areas for improvement as follows :

- Access to a primary care professional within 24hrs
- Ensuring people are aware that they have a choice of hospital at point of referral.
- Maintain a maximum wait of 13 weeks for an outpatient appointment
- Reduce the under-18 conception rate by 2010, as part of a broader strategy to improve sexual health

Equality Impact

3.1 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.

Finance

3.2 There are no direct financial implications arising from this report.

Law

3.3 The Local Government and Public Involvement in Health Act 2007 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.

3.4 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.

Recommendations

It is recommended that :-

- 3.5 The Select Committee notes the contents of this report and makes comments as appropriate.
- 3.6 The Select Committee approve the draft commentary in **appendix 1** along with other comments noted in light of this report, to be sent to the relevant Trust and ultimately the Care Quality Commission.

Brendan Clifford

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Background Papers

The Select Committee on Health and Adult Social Care, work programme of the Committee, report of the Lead officer to the Committee, July 2008.

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 2008.

The annual health check in 2006/2007, Commission for Healthcare Audit and Inspection, 2006.

APPENDIX 1

Draft Committee commentary on performance standards for each Trust

(3 Parts)

Appendix 1

Appendix 1.1



Select Committee on Health and Adult Social care (HASC) Annual Health Check statement 2008/09 Dudley Primary Care Trust (PCT)

Overview

The HASC has a good working relationship with Dudley Primary Care Trust. HASC representatives are regularly invited to PCT board meetings. HASC consults the PCT about the development of its work programme and the PCT consults at an early stage about service developments. The PCT is very supportive and co-operative during in-depth reviews and Member workshops and is responsive to information requests.

Commentary on PCT summary declaration

In March 2009 the Committee considered two summary reports presenting its performance against the standards for better health and other targets for both provider services and its commissioning arm. The Committee noted...

Any comments arising on March 26th to be inserted here >>>>>>

HASC commentary on core performance standards¹ - Dudley PCT

'Dignity in Care' in Care programme

Core standard C18 – Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

And

¹ N.B It should be emphasised that the comments are **not** intended to be an overall assessment of the Trusts performance in relation to the standards, they are observations that relate only to specific topics HASC has examined during the year.

Core standard C6 – Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.

And

Core standard C22(c) – Health care organisations promote, protect and demonstrably improve health in the community served, and narrow health inequalities by ... making an appropriate contribution to local partnership arrangements

HASC has received evidence to suggest these standards are being met.

HASC considered a report on Dudley Dignity in Care Programme which was based on a report to the Health Improvement and Modernisation Management Team (HIMMT) (established to carry forward operational needs of the statutory Dudley Health and Well-Being Partnership (DHWP)). It was noted that the programme had been developed by a multi-agency group comprising colleagues from the PCT, DGOH and Dudley MBC.

Members were advised that the initiative aims to raise awareness and inspire people to take action to keep dignity at the heart of service provision. The programme comprises a monthly rolling programme, Dignity Champions, the National Dignity Challenge and the Dudley Value Base for Older People's Services developed by the Older People's Board which reports to the Health and Well-being partnership.

Arising from the presentation further information was requested on Dudley's pain management services and it was queried whether the service could be provided as an outreach facility to the community. In response, the PCTs Director of Governance PCT agreed, in conjunction with DGOH, to provide a report on the pain management service and discuss the proposal at a future meeting of the Committee. Furthermore, the Assistant Director Older People and Physical Disability (Dudley MBC) undertook to make available at the next meeting of the Committee, a sample of a resource pack that was provided to Dignity Champions.

Stroke Services

Core standard C6 – Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.

HASC has received evidence to suggest this standard is being met.

The Committee is aware, through tracking its recommendations contained in its Review of Integrated Stroke Service in March that the PCT works as part of a multidisciplinary team to review and develop key aspects of the patient pathway and how the provision of care could be improved. HASC will be

reviewing progress against the Stroke Services Action plan devised in 2007/08 to identify gaps and weaknesses within the Integrated Service.

Proposed change to GP service provision

Core standard C17 – The views of patients, their carers and others are sought and taken into account in designing, planning and delivering and improving health care services

HASC has received evidence to suggest that this standard is being met.

The PCT provided a report on a consultation with service users regarding a proposed change to a GP service at the 3 Villages GP practice in Wollaston. HASC was invited to give its views, specifying whether it was satisfied with the consultation process underway.

Proposals included the transfer of patients from Wollaston to the new surgery within the Stourbridge Health and Social Care Centre. The Committee noted that new site had better facilities, along with a Pharmacy and other healthcare teams.

The Committee acknowledged that the Practice is required to make a formal request to the PCT to change the service in accordance with their contract and are expected to do this following full consultation. The Committee noted that the PCT will consider the proposal in light of evidence provided by the consultation results.

Developing GP and Primary Care Services in Dudley - New GPs and walk in centre

Core standard C17 – The views of patients, their carers and others are sought and taken into account in designing, planning and delivering and improving health care services

HASC has received evidence to suggest the standard is being met.

In November the PCT reported that it was planning to open two new GP practices and a GP led walk in centre for Dudley, by Spring 2009, as part of a national scheme designed to increase access to GP services where it is most needed.

Members were pleased to learn that the new arrangements opening hours would be extended, particularly in the most deprived areas of Borough.

The PCT has established a project team to plan and implement this scheme locally, including the tender process.

Locations of the new GPs were determined by several factors including: the needs of the communities; Demographic and deprivation factors; and the Numbers and age profiles of GPs.

The Committee was advised that findings from community engagement activity, including its review of patient and public views carried out for the Primary Care Strategy had been embedded in the planning and design of the scheme.

The PCT signalled that it will carrying further engagement with the local communities to determine how best to meet the needs in the areas concerned, including opening hours, development of services and facilities. The Committee was informed that the PCT viewed the initiative as an opportunity to build long term neighbourhood and community links, and to an ongoing local reference group which will be an extension of the usual Practice – based patient group model.

Treatment of Age Related Muscular Degeneration (AMD)

Core standard C18 – Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Core standard C3 – Health care organisations protect patients by following NICE Interventional Procedures guidance

HASC has received evidence to suggest these standards are being met.

In September 2008 the PCT Pharmaceutical Advisor advised the Committee on local provision of AMD and linkages with NICE Guidance.

The Committee noted that in view of the absence of guidance from NICE the PCT was using clinical criteria as it became available to update the interim criteria already in-place.

It was advised that Patients meeting the clinical criteria will be able to access the treatment by means of a referral from their GP, with immediate effect. The Committee was advised that patients were being encouraged to contact their GP if they had any specific issues around their eyesight to enable the condition to be assessed.

The Committee was surprised to learn that GPs were not able to obtain the current data necessary for an appropriate diagnosis from historic patient records therefore it is necessary for patients to visit to explain their individual symptoms in order for a diagnosis and relevant treatment plan to be made.

The Committee noted that the PCT worked closely with the Dudley Group of Hospitals who are also fully committed to reviewing patients that have recently been seen to assess their condition.

The Committee was assured that the interim criteria will be reviewed against the anticipated NICE guidelines and updated as necessary.

Improving Health and Wellbeing in Dudley – PCT Strategic Framework

Core standard C6 – Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.

Core standard C22(c) – Health care organisations promote, protect and demonstrably improve health in the community served, and narrow health inequalities by ... making an appropriate contribution to local partnership arrangements

Core standard C17 – The views of patients, their carers and others are sought and taken into account in designing, planning and delivering and improving health care services

HASC has received evidence to suggest these standards are being met.

In November the Committee considered a report from the PCT providing information about the Strategic Framework of Dudley PCT and an update on World Class Commissioning.

The report built on the report given to the Committee in June 2008 on World Class Commissioning and provided an update of how this is being taken forward in Dudley.

The Committee noted the PCT three high level strategic objectives within the plan:

- To minimise a reliance on health and social care services by improving the well being of the population
- To become a World Class Commissioner of healthcare by integrating health needs assessment and people engagement (clinicians, service users, relatives and carers and the public).
- To raise the quality of service provision:

It was noted that the goals were identified from intelligence gathered from consultation and needs assessments – including the engagement activity carried out jointly with Dudley MBC for the Commissioning Strategy and the Joint Strategic Needs assessment. The Committee were also advised that the goals are reflected in the Next Generation LAA agreed by the Dudley Community Partnership in May 2008.

Healthcare for people with Learning Disabilities

Core standard C6 – Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.

HASC has received evidence to suggest the standards is being met.

In November on HASC noted that the PCT and Council's LD services were working collaboratively to implement recommendations contained in Sir Jonathan Michael's report 'Health Care for All' reviewing access to health care for people with learning disabilities.

Appendix 1.2



Select Committee on Health and Adult Social care (HASC) Annual Health Check statement 2007/8 Dudley Group of Hospitals

Overview

The HASC and Dudley Group of Hospitals (DGOH) have a good working relationship. The Committee consults DGOH about the development of its work programme. DGOH is supportive throughout HASC reviews and is responsive to the Committee's information requests.

Comments on the summary Declaration

Any comments arising on the 26 March to be inserted here....

Commentary on Core Standards

N.B It should be emphasised that the comments are **not** intended to be an overall assessment of the Trusts performance in relation to the standards, they are observations that relate only to specific topics HASC has examined during the year.

Stroke Services

Core standard C6 – Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.

The HASC has received evidence to suggest this standard is being met.

The HASC is aware through its work on tracking its recommendations contained in its Review of Integrated Stroke Service that DGOH work collaboratively with partners to review key aspects of the patient pathway and how the provision of care could be improved.

Infection Prevention and Control

Core standard C20a - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

Core standard 21 - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

The Committee has received evidence to indicate these standards are being met.

A report of the Dudley Group of Hospitals NHS Trust was submitted in November setting out the latest information in relation to infection prevention and control, the position of the Trust with regard to Department of Health targets, the work the Trust was undertaking to reduce the risk of infection and the future plans of the Trust in that regard.

Particular reference was made in the report to the infections of Clostridium Difficile (C.DIFF), MRSA Bacteraemia and Norovirus and prompted Members to raise a number of concerns were in relation to hygiene at the Russells Hall Hospital.

The Committee queried the manner in which the nursing staff were allowed to leave and enter the premises and the configuration of the hospital, which, some members considered, made it difficult for the Matron or Sisters easily to effectively monitor activity in their wards. In response, the Chief Executive of the Dudley Group of Hospitals NHS Trust drew attention to the improvement evidenced by statistical information in the report and explained in detail the procedures in place in relation to nurses coming to and leaving work. The Chief Executive also highlighted that nursing staff were not allowed to leave for home in uniform; neither were they permitted to arrive in uniform but were required to change from their civilian clothes on arrival; a breach of this procedure constituted a disciplinary offence.

Members also queried the location of the cafe at the Hospital and its usage by staff as well as visitors. In acknowledging that this had been the subject of some concern to regulatory bodies, the Chief Executive indicated that, whilst staff were allowed to use the facility they were required to change into their civilian clothes before doing so and then change back again before entering the hospital

Appendix 1.3



Select Committee on Health and Adult Social care (HASC) Annual Health Check statement 2008/09 West Midlands Ambulance Service (WMAS)

Introduction

The HASC and West Midlands Ambulance Service (WMAS) have a good working relationship. The Regional Head of Risk and Governance and Director of Corporate Services are in regular contact with the Chair and Vice-Chair and respond to the Committee's queries promptly. The HASC is updated on progress of services via newsletters and the Committee receives regular invites to its board meetings. The HASC consults the WMAS about the development of its work programme. WMAS consults HASC and the Regional Health Scrutiny Chairs' Group at an early stage about service developments.

Commentary WMAS summary declaration

Any comments arising from the summary declaration to be inserted here....

Commentary on standards

HASC did not deal with any issues directly relating to the planning, operation or development of ambulance service provision during 2008/09, and is therefore unable to provide commentary on any performance standards on this occasion.

It should be emphasised that limited commentary is **not** intended to be a reflection of the overall assessment of the Trust's performance in relation to the standards, they are observations that relate only to specific topics HASC has examined during the year.

APPENDIX 2

**Summary of each Trust's Declaration of compliance
against the performance standards**

(4 Parts)

APPENDIX 2 – PART 1

Summary Declaration of Dudley Primary Care Trust

Appendix 2.1

DUDLEY PRIMARY CARE TRUST

Draft Annual Health Check

Introduction

The Annual Health Check (AHC) is an assessment mechanism that has been in place since 2004. It assesses both standards and indicators allowing the Healthcare Commission (HCC) to review not only compliance but also planning processes. The self assessment will inform part of the overall PCT ratings published in October.

Declaration process for 2008/09

Primary Care Trusts (PCTs) have to make three declarations for the period 1st April 2008 to 31st March 2009:

- As a provider – two declarations of compliance required, one against Standards for Better Health (SfBH) and one against the Hygiene Code
- As a commissioner.

Formal registration and declaration of compliance against the hygiene code was submitted to the Care Quality Commission (CQC) on 4th February 2009 following Trust Board approval on 29th January 2009.

As a commissioning organisation, the PCT will be required to provide a declaration of its assurance of compliance against each standard in two ways:

1. as a corporate body and commissioning activities and
2. in relation to its commissioned services and independent contractors

Some evidence will be used by the organisation in its declaration as a commissioning and a provider body. The criteria do not introduce new requirements but make commissioners obligations more explicit.

There have been minor changes to declaration requirements for PCTs as provider organisations. In order to provide greater focus on standard outcomes, rationales have been expanded and criteria clarified.

Options for declaring

There are three options that the PCT can declare against each standard. They are

- Fully compliant
- Insufficient assurance
- Not met.

A declaration of 'compliant' should be used where the Board determines that it has had 'reasonable assurance' that it has been meeting a standard, **without significant lapses**, during the reporting period. When deciding whether lapses are significant Boards need to consider

- any potential risks to patients, staff and the public, and
- the duration and

- impact of the lapse.

A **declaration of 'not met'** should be used where the assurances received by the Trust's Board make it clear that there has been **one or more significant lapses** in relation to a standard during the year.

A **declaration of 'insufficient assurance'** should be used where a lack of assurance leaves the Trust's Board unclear as to whether there have been any significant lapses during the reporting period².

Reasonable assurance must be based on documentary evidence that can withstand internal and external challenges.

Third Party Commentaries

In line with guidance from the Healthcare Commission, the PCT has written to the following organisations inviting them to make comments on the PCT's performance between 1st April 2008 and 31st March 2009.

- Dudley Safeguarding Children Board
- Learning Disability Partnership Board
- LINKs (Local Involvement Network)
- Select Committee Health & Adult Social Care
- West Midlands Strategic Health Authority

Governance Committee

At the meeting of the Governance Committee on 16 February, a detailed paper was scrutinised which detailed the process and evidence that the PCT has gathered in respect of the annual health check declaration.

The Governance Committee were satisfied that the process as described and the rationale which had been applied to the status of each indicator were robust. The Committee was further satisfied that the declaration of 'fully compliant' was backed up by extensive documentary evidence that would be able to withstand internal and external scrutiny. The Committee in particular looked the standard C4c, decontamination, which the PCT declared as 'not met' in 2007/08. The Committee are assured that this standard is now fully compliant.

Evidence had not only been obtained from Dudley Community Services but also from independent contractors through the contract monitoring process and through the commissioning process. Dudley Mental Health services provided assurance whilst they were part of the PCT to the Governance Committee in September 2008 relating to the period April to September 2008.

² Where a trust is unclear about compliance for a whole year but has good evidence that a significant lapse has occurred during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

Proposed declaration

The Governance Committee recommends to the PCT Board to declare 'fully compliant' to all the standards except C11b, Mandatory Training. The Committee recommends a declaration of 'insufficient assurance' based upon the extensive work that has been undertaken by the Director of Community Engagement and Primary Care and the Director of Human Resources. The Committee were satisfied that the PCT will be fully compliant in this standard by 1 April 2009 and is seeking further assurance to this effect at the next meeting of the Governance Committee.

Attached (below) is a summary of all the standards and how they apply to the PCT as a commissioner and provider of services.

DUDLEY PRIMARY CARE TRUST

Level of Compliance

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|--|--|-------------------------|--|
| Safety Domain: Patient safety is enhanced by the use of healthcare processes, working practice and systematic activities that prevent or reduce the risk of harm to patients. | | | |
| C1a | Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents. | COMPLIANT | COMPLIANT |
| C1b | Healthcare organisations protect patients through systems that ensure patient safety notices, alerts and other communications concerning patient safety which require action are acted upon are acted upon within required timescales. | COMPLIANT | COMPLIANT |
| C2 | Healthcare organisations protect children by following national child protection guidelines within their own activities and in its dealings with other services and organisations. | COMPLIANT | COMPLIANT |
| C3 | Healthcare organisations protect patients following NICE Interventional Procedures guidance. | COMPLIANT | NOT APPLICABLE |
| C4a | Healthcare organizations keep patients, staff and visitors safe by having systems to ensure that 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 MRSA. | COMPLIANT | CONSIDER FOR CONTRACTORS AND COMMISSIONED SERVICES ONLY COMPLIANT |
| C4b | Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised. | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C4c | Healthcare organisations keep | COMPLIANT | CONSIDER FOR |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|---|--|-------------------------|--|
| | patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed | | CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C4d | Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely. | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C4e | Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment. | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| Clinical & Cost Effectiveness Domain: 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. | | | |
| C5a | Healthcare organisations ensure that it conforms to National Institute for Health and Clinical Excellence (NIHCE) technology appraisals and, where it is available, takes into account nationally agreed guidance when planning and delivering treatment and care. | COMPLIANT | COMPLIANT |
| C5b | Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C5c | Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work. | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C5d | Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services. | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C6 | Healthcare organisations | COMPLIANT | COMPLIANT |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|---|--|---|-----------------------------|
| | cooperate with other services, health care and social care organisations to ensure that patients' individual needs are properly managed and met. | | |
| Governance Domain: Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation. | | | |
| C7a&c | Healthcare organisations: a - apply the principles of sound clinical and corporate governance; and c – undertake systematic risk assessment and risk management | COMPLIANT | COMPLIANT |
| C7b | Healthcare organisations actively support employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources | COMPLIANT | COMPLIANT |
| C7d | Healthcare organizations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources. | NOT APPLICABLE STANDARD TO BE MEASURED UNDER USE OF RESOURCES ASSESSMENT | |
| C7e | Healthcare organisations challenge discrimination, promotes equality and respects human rights. | COMPLIANT | COMPLIANT |
| C7f | Healthcare organisations meet the existing performance requirements. | NOT APPLICABLE STANDARD TO BE MEASURED UNDER INDICATORS-BASED ASSESSMENT | |
| C8a | Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services | COMPLIANT | COMPLIANT |
| C8b | Healthcare organisations support its staff through organisational and personal development programmes which recognise the contribution and value of staff, | COMPLIANT | COMPLIANT |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|---------------|--|--------------------------------|------------------------------------|
| | and address, where appropriate, under-representation of minority groups | | |
| C9 | Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required. | COMPLIANT | COMPLIANT |
| C10a | Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies. | COMPLIANT | COMPLIANT |
| C10b | Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice. | COMPLIANT | COMPLIANT |
| C11a | Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake. | COMPLIANT | COMPLIANT |
| C11b | Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes. | INSUFFICIENT ASSURANCE | INSUFFICIENT ASSURANCE |
| C11c | Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives. | COMPLIANT | COMPLIANT |
| C12 | Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the Research Governance Framework are | COMPLIANT | COMPLIANT |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|--|---|-------------------------|--|
| | consistently applied. | | |
| Patient Focus Domain: Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being. | | | |
| C13a | Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect. | COMPLIANT | COMPLIANT |
| C13b | Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information. | COMPLIANT | ELEMENT 1 - CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C13c | Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary. | COMPLIANT | COMPLIANT |
| C14a | Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services. | COMPLIANT | COMPLIANT |
| C14b | Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made. | COMPLIANT | COMPLIANT |
| C14c | Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that they act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery. | COMPLIANT | COMPLIANT |
| C15a | Where food is provided, a Healthcare organisation have systems in place to ensure that patients are provided with a | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|---|--|---|--|
| | choice and that it is prepared safely and provides a balanced diet. | | COMPLIANT |
| C15b | Where food is provided, Healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day. <i>This is only applicable to services that provide food (e.g. where there are inpatient units)</i> | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| C16 | Healthcare organisations make information available to patients and the public on their services, provides patients with suitable and accessible information on the care and treatment they receive and, where appropriate, informs patients on what to expect during treatment, care and after care | COMPLIANT | COMPLIANT |
| Accessible and Responsive Care Domain: 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 of the care pathway. | | | |
| C17 | The views of patients, their carers and others, are sought and taken into account in designing, planning, delivering and improving healthcare services. | COMPLIANT | COMPLIANT |
| C18 | Healthcare organisations enables all members of the population to access services equally and offers choice in access to services and treatment equitably. | COMPLIANT | COMPLIANT |
| C19 | Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of | NOT APPLICABLE STANDARD TO BE MEASURED UNDER INDICATORS-BASED ASSESSMENT | |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|--|--|-------------------------|---|
| | resources. | | |
| <p>Care Environments and Amenities Domain: 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, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.</p> | | | |
| C20a | Healthcare organisations are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of Healthcare organisations. | COMPLIANT | COMPLIANT |
| C20b | Healthcare organisations are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality. | COMPLIANT | COMPLIANT |
| C21 | Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises. | COMPLIANT | CONSIDER FOR CONTRACTORS & COMMISSIONED SERVICES ONLY COMPLIANT |
| <p>Public Health Domain: 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 served and reduce health inequalities between different population groups and areas.</p> | | | |
| C22a&c | Healthcare organisations promote, protect and demonstrably improves the health of the community it serves, and narrow health inequalities by a - cooperating with other services, local authorities and other organizations; and c) - making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships. | COMPLIANT | COMPLIANT |

| Number | Core Standard | Provider Recommendation | Commissioner Recommendation |
|--------|--|-------------------------|-----------------------------|
| C22b | Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local director of public health's annual report informs their policies and practices. | COMPLIANT | COMPLIANT |
| C23 | Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections. | COMPLIANT | COMPLIANT |
| C24 | Healthcare organisations protects the public by having planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services. | COMPLIANT | COMPLIANT |

APPENDIX 2 – PART 2

Summary Declaration of Dudley Group of Hospitals

Appendix 2.2

DGOH Summary of Declarance of Compliance Against Annual Health Check 08/09

Presented to Select Committee on Health and Social Care

This report provides a summary of the Trusts compliance against standards for better health 2008/09.

There are seven domains with a number of criteria attached to each domain. This summary assesses compliance against the criteria for assessing core standards in 08/09. The more detailed 'lines of enquiry' have not yet been published so this is subject to change.

First Domain – Safety

| Criteria | Proposed statement of compliance |
|--|--|
| C1a Identifying and learning from Patient Safety Incidents | Compliant |
| C1b Systems for Patient Safety Notices and alerts etc | Compliant |
| C2 Safeguarding Children | Seeking additional assurance from internal audit |
| C3 NICE interventional Procedure guidance | Compliant |
| C4a HCAI – year on year reduction in MRSA | Compliant |
| C4b Risks with acquisition and use of medical devices is minimised | Compliant |
| C4c Systems to ensure reusable medical devices are properly decontaminated | Compliant |
| C4d Systems to ensure medicines are handled safely and securely | Compliant |
| C4e Waste Management | Compliant |

Second Domain – Clinical and Cost Effectiveness

| Criteria | Proposed statement of compliance |
|--|---|
| C5a Conform to NICE technology appraisal and take into account nationally agreed guidance | Compliant |
| C5b Clinical care and treatment are carried out under supervision and leadership | Compliant |
| C5c Clinicians continuously update skills and techniques relevant to their clinical work | Compliant |
| C5d Clinicians participate in clinical audit and reviews of clinical services | Compliant |
| C6 Co-operation with other healthcare organisations and social care organisations to ensure patient needs properly managed and met | Compliant |

Third Domain – Governance

| Criteria | Proposed statement of compliance |
|--|---|
| C7a/c Sound clinical and coproate governance and systematic risk assessment and risk management | Compliant |
| C7b Support employees to promote openness, honesty, probity and accountability | Compliant |
| C7d Ensure financial management acheives economy and effectiveness in the use of resources | This standard will be measured through the use of resources assessment |
| C7e Challenge discrimination, promote equality and respect human rights | Compliant |
| C7f Healthcare Organisations meet existing performance requirements | This standard will be assessed through the existing national targets assessment |
| C8a Ability to raise in confidence without prejudice concerns which they consider to have a detrimental effect on patient care or services | Compliant |
| C8b Organisational and personal development programmes | Compliant |
| C9 Records Management | Compliant (action plan for NHS number being developed as required in standard) |
| C10a Appropriate employment checks are undertaken and checks that employed or contracted staff are registered with appropriate bodies | Compliant |
| C10b All employed professionals abide by relevant published codes of professional practice | Compliant |
| C11a Staff are appropriately recruited trained and qualified for the work they undertake | Compliant |
| C11b Staff participate in mandatory training programmes | Compliant |
| C11c Staff participate in further profesisonal and occupational development | Compliant |
| C12 Ensure the principles and requirement of the research governance framewrok are consistently applied | Compliant |

Fourth Domain – Patient Focus

| Criteria | Proposed statement of compliance |
|--|---|
| C13a Systems in place to treat patients, relatives and carers with dignity and respect | Seeking additional assurance |
| C13b Appropriate consent is obtained for all contacts with patients and use of any pt confidential information | Compliant |
| C13c Systems in place to ensure staff treat patient information confidentially | Compliant |
| C14a Patients, relatives and carers have suitable information about and clear access to procedures to register formal complaints | Compliant |
| C14b Systems in place to ensure patients, their relatives and carers are not discriminated against when complaints are made | Compliant |
| C14c Systems to ensure concerns are acted on appropriately and changes are made as appropriate | Compliant |
| C15a Patients are provided with a choice of food, it is prepared safely and provides a balanced diet | Compliant |
| C15b Pts individual nutritional, personal and clinical dietary requirements are met including help feeding and access to food 24 hours a day | Compliant |
| C16 Information is available on care and treatment and what to expect | Compliant |

Fifth Domain – Accessible and Responsive Care

| Criteria | Proposed statement of compliance |
|--|--|
| C17 Views of patients, carers and others are sought and taken into account in designing, planning, delivering and improving healthcare | Compliant |
| C18 Enable all members of the population to access services equally and offer choice | Compliant |
| C19 Patients with emergency health needs are able to access care promptly and within nationally agreed timescales | This standard is measured under the existing national targets assessment |

Sixth Domain – Care Environments and Amenities

| Criteria | Proposed statement of compliance |
|--|---|
| C20a Services are provided in environments that are safe and secure and protects pts, staff, visitors, their physical property and physical assets of the organisation | Compliant |
| C20b Services are provided in environments which promote effective care by being supportive of patient privacy and confidentiality | Compliant |
| C21 Well designed and maintained environments and well maintained cleanliness levels | Compliant |

Seventh Domain – Public Health

| Criteria | Proposed statement of compliance |
|--|---|
| C22a/c Healthcare organisations promote, protect and improve the health of the community served by co-operating with each other and other organisations and making effective contributions to partnership arrangements and crime and disorder reduction partnerships | Compliant |
| C22b The local Director of Public Healths Annual report informs policies and practices | Compliant |
| C23 Systematic and managed disease prevention and health promotion plans which meet the requirements of NSFs and national plans | Compliant |
| C24 Protect the public by having a planned, prepared and where possible practised response to incidents and emergency situations | Compliant |

APPENDIX 2 – PART 3

Summary Declaration of West Midlands Ambulance Service

Appendix 2.3

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST Annual Health Check 2008-09

Information for Health Overview & Scrutiny Committees

One of the Top performing Ambulance Trusts in the UK
Currently on target to meet all national standards for 2008-09

95.5% of West Midlands Ambulance Service 999 calls are answered within 5 seconds

Ambulance Service Institute (ASI) 2008 awards
Ambulance Service of the year (second year in succession)
Air Ambulance Team of the year
Special incident of the year
Paramedic of the year
Technician of the year
First Responder of the year

Health Service Journal Award 2008
Improving Care with Technology

Health Service Journal/Nursing Times Top 100
The Trust has been informed that it is included in the top 100 Healthcare organisations to work for.

Health Business Awards Ambulance Service of the Year Award 2008
Commended (runner up)

National Priorities

| | |
|------------------|-----------|
| Financial Duties | on Target |
| A8 Target | on Target |
| A19 Target | on Target |
| B19 Target | on Target |

Ambulances are dispatched in response to 999 emergency calls based on the clinical need of the patient. The calls are prioritised according to the seriousness of the patient's condition:

Category A: Immediately life threatening

- Category A (8 minute): The patient should receive an initial response within 8 minutes in 75% of all cases
- Category A (19 minute): An ambulance must arrive within 19 minutes of the request for transport being made in 95% of cases.

Category B: Serious but not life threatening

- Patients should receive a response within 19 minutes in 95% of cases.

Category C: Not life threatening or serious.

For these calls the response time standards are not set nationally, but are locally determined. This type of call may be dealt with over the telephone with a clinical advisor. Others may receive care through an alternative pathway arranged by clinicians at the scene. Examples could be a referral to a falls coordinator / social services care team.

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.**

The Trust expects to be able to declare full compliance at end of year 2008-09 with all core standards.

External Assessment

HealthCare Commission Selective Inspection

The Trust was subject to an in depth scrutiny of 5 core standards C1a, C5d, C7b, C8a and C10b. All of which were upheld as compliant

Auditors Local Evaluation – Level 2

The Auditors' Local Evaluation (ALE) assesses how well NHS organisations manage and use their financial resources.

ALE examines five key areas: financial reporting, financial management, financial standing, internal control, and value for money.

Each theme consists of a number of key lines of enquiry (KLoE), criteria and assurances. There are also descriptions of performance against each KLoE

| Score/level | Description |
|-------------|---|
| 1 | Below minimum requirements – inadequate performance. |
| 2 | Only at minimum requirements – adequate performance. |
| 3 | Consistently above minimum requirements – performing well. |
| 4 | Well above minimum requirements – performing strongly. |

Auditors make assessments based on these descriptions for each of the 13 KLoE's and conclude an overall assessment for each of the five themes.

The five theme scores are then converted into one overall score.

National Health Service Litigation Authority (NHSLA) Risk Management Standards for Pre Hospital Care – Achieved Level 1

The progression of organisations through the standards is logical and follows the development, implementation, monitoring and review of policies and procedures.

Level 1 – Documenting (Policy)

This demonstrates that the process for managing risks has been described and documented.

Level 2 – Implementing (Practice)

This demonstrates that the process for managing risks, as described in the approved documentation, is in use

Level 3 – Monitoring (Performance)

This demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation.

Security Management Service – 99.3% compliance in definition comparison

Recruitment

In May 2008 the Trust were pleased to announce the appointment of a Director of Nursing and Primary Care. In addition the following have been recruited during 2008-09

101 Emergency Communications Centre staff

45 Patient Transport Service staff

153 Emergency Care Assistants (ECA)

23 Technicians

40 Paramedics

4 Nurses recruited

Vehicles commissioned during 2008-09

32 Honda CRVs (4x4)

8 Major Incident vehicles

64 Frontline ambulances

2 Training vehicles

1 Bariatric Ambulance

1 Command vehicle

Domain 1: Safety ANNEX A

| | | |
|-----|--|---|
| C1a | Identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents | The Trust has policies and procedures for the reporting and investigation of all adverse incidents. It has in place processes to ensure analysis and learning takes place appropriately. This element has been subject to scrutiny by both the Healthcare Commission and NHSLA during 2008 and has achieved positive results. |
| C1b | 'Ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales | The Trust has introduced an updated procedure for the dissemination and management of Patient Safety alerts. Alerts are responded to within agreed timescales as evidenced by the national Central Alerting System (CAS) database. |
| C2 | The Trusts protects children by following national child protection guidelines within their own activities and in their dealings with other organisations | The Trust has a policy in place that includes provision of training and advice to assist staff with recognition of child protection issues. WMAS has reporting of safeguarding concerns procedures in place to enable prompt reporting. |
| C3 | 'Healthcare organisations protect patients by following NICE Interventional Procedures guidance | The Clinical team monitor NICE updates and ensure that all relevant guidelines are adhered to. The Clinical guidance that staff follow (JRCALC) takes into consideration NICE guidance. |
| C4a | The Trust has systems to ensure the risk of healthcare associated infection is reduced. | The Trust has policies and procedures in place to reduce the risk of HAI's. The Trust has focussed its Infection, Prevention and Control programme to date on ensuring the implementation of single use equipment and the use of good hand hygiene. |
| C4b | The ambulance service has systems in place to minimise the risks associated with the acquisition and use of medical devices. | The Trust has a medical devices policy which is monitored by the Clinical Governance Committee and managed by the Clinical Equipment Working Group. |
| C4c | Reusable medical devices are properly decontaminated. | As per C4a the Trust ensures that invasive equipment is single use and there are procedures in place for the decontamination of equipment such as stretchers, defibrillators etc. |
| C4d | Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored | The Trust has in place a medicines management policy and related procedures. Monitoring systems are in place for both clinical aspects of medicines delivery and safety aspects relating to controlled drugs. |
| C4e | The Trust keeps patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste are properly managed. | The Trust has waste management procedures in place that adhere to legislative and environmental requirements. |

Domain 2 – Clinical and Cost Effectiveness

| | | |
|----|--|---|
| C5 | The Trust ensures that clinicians participate in regular clinical audit and reviews of clinical services | The Trust has a Clinical Audit strategy that includes involvement in both internal and external audits that inform clinical practice. |
|----|--|---|

| | | |
|----|--|---|
| C6 | 'Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met | The Trust works closely with partner organisations to ensure delivery of safe effective care for patients. This has been evidenced in recent months by increased use of alternative care pathways to reduce the pressure on hospital A&E depts. |
|----|--|---|

Domain 3– Governance

| | | |
|--------|---|--|
| C7 a&c | The Trust applies the principles of sound clinical and corporate governance | The Trust has implemented its Integrated Governance, Clinical Governance and Risk Management Strategies. The Trusts risk management control was assessed to be at ALE level 3 and complied fully with the NHSLA requirements at level 1. |
| C7b | The Trust actively supports all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources | The Trust was assessed by the HC in July 2008 as compliant with this standard and has continued to develop the standard during 2008-09. . |
| C7d | Assessed through ALE compliance | |
| C7e | The Trust challenges discrimination, promotes equality and respects human rights | The Trust has in place an Equality and Diversity Working Group led by the Trusts Chairman. The working group ensures the Equality and Diversity agenda is addressed accordingly through the Trusts business. |
| C8a | Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position | This standard was assessed and found to be compliant by the HC in July 2008. There is a whistle blowing policy in place which staff have demonstrated confidence in by utilising it during 2008-09. |
| C9 | The Trust has a systematic and planned approach to the management of records | The Trust has a Records Management Policy in place which was assessed as compliant by the NHSLA and elements of which were taken away as evidence of best practice. |
| C10a | The Trust undertakes all appropriate employment checks and ensure that professionally qualified staff are registered with the appropriate bodies | All professional registration checks are performed prior to employment. |
| C10b | Healthcare professionals abide by relevant published codes of professional practice | The Trust was assessed by the HC in July 2008 as compliant with this standard and continues to develop it during 2008-09 |
| C11a | Staff concerned are appropriately recruited, trained and qualified for the work they undertake | The Trust has a recruitment and selection strategy supported by workforce planning and the Training and Education Strategy. |
| C11b | The Trust ensures that staff participate in mandatory training programmes | The Trust has an Education and Training Committee that monitors compliance with the Trusts own training needs analysis. |
| C11c | Healthcare professionals participate in further professional and occupational development commensurate with their work throughout their working lives | The Trust has a CPD programme which is tailored to individual needs and includes a focus on leadership skills. |

| | | |
|-----|--|--|
| C12 | Research systems are in place to ensure that the principles and requirements of the research governance framework are consistently applied | The Trust has a Research and Development strategy which is monitored by the R&D working group. |
|-----|--|--|

Domain 4 – Patient Focus

| | | |
|------|---|---|
| C13a | The Trust has systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect | Code of Conduct for all staff in place and adhered to. Complaints monitored closely by group led by the Trusts Chairman |
| C13b | Systems are in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information | Compliance with Information Governance legislation affirmed through IG Toolkit assessment. |
| C13c | Systems are in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary | Compliance with Information Governance legislation affirmed through IG Toolkit assessment. |
| C14a | Systems are in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services | Complaints policy and information readily available via leaflets on vehicles, in GP surgeries and on the Trust website. All complaints are asked for feedback on the management and outcome of their complaint. |
| C14b | Systems are in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made | Complaints procedure for review of all complaints management by Non Exec Director. |
| C14c | Systems are in place to ensure that patients, their relatives and carers are assured that the Trust acts appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery | All of the above plus monitoring of high risk complaints by formal Director level review group with Non Exec Director for further scrutiny. |
| C16 | Information is made available to patients and the public on Trust services, to provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care | The Trust has a Communication Strategy which includes keeping the community it serves informed through press releases, Trust website and attendance at Health Overview and Scrutiny Panels. |

Domain 5 – Accessible and Responsive Care

| | | |
|-----|---|--|
| C17 | The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services | The Trust continues to build on LINKs involvement. It has developed a Patient and Public Engagement Group (PPEG) to ensure patients views are always considered in Trust business. |
| C18 | Enable all members of the population to access services equally and offer choice in access to services and treatment equitably | The Trust continues to work on strategies to ensure equal service across the West Midlands. This includes introduction of new Community First Responder (CFR) schemes. |

Domain 6 – Care Environment and Amenities

| | | |
|------|--|--|
| C20a | Services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment | The Trusts Vehicle and Clinical Equipment WG ensure compliance with and improvement on, National Patient Safety Agency (NPSA) specifications for ambulances. Design approved by NPSA for inclusion in their national spec documentation. |
| C20b | Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality | As above |
| C21 | Services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained | Maintenance and cleaning schedules are in place and followed for vehicles. |

Domain 7 – Public Health

| | | |
|---------|---|---|
| C22 a&c | The Trust promotes, protects and demonstrably improves the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations | The Trust has been instrumental in the introduction of care pathways in partnership with other organisations. These include Falls, Mental Health and Stroke care pathways across the West Midlands |
| C22b | The Trust promotes, protects and demonstrably improves the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices | The Trust is meeting with PCTs to explore opportunities to assist in service provision to these areas and includes actions to address specific health inequality issues in business planning. |
| C23 | The Trust has systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans. | The Trust is actively involved in the collation of data to inform national programmes such as MINAP data for cardiac care pathways. Through promotion of Public Health agenda in WMAS press releases and through its healthy workforce programme. |
| C24 | The Trust protects the public by having a planned, prepared and, where possible, practised response to incidents and | The trust actively participates in preparing for emergencies as an organisation and with other partner agencies. |

| | | |
|--|---|--|
| | emergency situations, which could affect the provision of normal services | We have a regional major incident plan that describes how our resources will be used in the event of an emergency supported by clear command and control arrangements and procedures. Additionally we have some specific scenario plans which support the major incident plan (flu, CBRN , adverse weather). |
|--|---|--|

APPENDIX 2 – PART 4

Summary Declaration of the Dudley Walsall Mental Health Trust

Appendix 2.4

Dudley and Walsall

Mental Health Partnership NHS Trust

ANNUAL HEALTHCHECK

Report to: The Dudley Overview & Scrutiny Committee

Date: 23rd February 2009

1.0 Introduction

This paper is provided at the request of the Select Committee on Health and Adult Social Care (HASC). Its purpose is to inform the Committee on the current position of the Dudley and Walsall Mental Health Partnership NHS Trust in relation to its compliance with the Standards for Better Health and performance against new and existing indicators for 2008/09.

The Committee should note that the period of assessment is from 1st April 2008 to 31st March 2009. The Trust Board will sign off its declaration on 22nd April and the submission will be made by 1st May.

Given that the Trust only came into existence half way through the current financial year, the Healthcare Commission (HCC) have been asked how they will make their assessment for the Trust. They have reported that they will directly map activity to the new Trust and hold the Trust fully accountable for all activity and planning inherited. Where this is not possible or it would require unjustifiable resource to accurately complete, they will take a pragmatic approach and use most recently available data that can be accurately mapped to the Trust. Therefore, as a general rule, they will look to assess the Trust on a full year of activity, where this is not possible, they may apply category of 'data not available' to an individual indicator or indicators, meaning that the Trust will not be assessed against it through no fault of the Trust.

This paper has been written prior to the end of the assessment period and therefore the Trust's self assessment is not complete.

2.0 Quality of Services

2.1 Core Standards

The Trust has not as yet completed its self assessment, although a baseline assessment is currently being undertaken. The Trust is only required to look at the time period from 1st October 2008 as the first half of the year should be

through the host PCTs declarations. However the Trust's overall rating will be based upon the full year. It is likely that there will be gaps in assurance and early indications are that a weak or fair score is likely.

2.2 Indicators

The Trust is measured against 14 indicators, 12 of which were new for 2008/09. The indicators are as follows: -

- Data quality on ethnic group
- Experience of patients – health and wellbeing domain(s)
- Patterns of care from Mental Health Minimum Data Set (MHMDS)
- Completeness of the Mental Health Minimum Data Set (MHMDS)
- Access to crisis resolution home treatment (CRHT)
- Child and adolescent mental health services (CAMHS)
- Experience of patients – clinical quality domain(s)
- Care Programme Approach (CPA) 7 day follow up
- Experience of patients – safety domain(s)
- Delayed transfers of care
- Best practice in mental health services for people with a learning disability (Green light toolkit)
- Experience of patients – patient focus and access domain(s)
- Number of drug misusers in effective treatment
- NHS staff satisfaction

Whilst the Trust has an action plan in place to achieve progression against these indicators, it is clear that a number of them will not be achieved this year given the infancy of the organisation. The HCC have already identified that at least one of the indicators will not be used for the assessment for the Trust this year.

3.0 Use of resources

The Trust is on target for all its financial targets this year. In terms of use of resources (ALE) the Trust has an action plan in place that aims to get the organisation to level 2 which is very much work-in-progress and which requires review and further evidence to be collated to ensure achievement.

4.0 Summary

Overall, given that the Trust is only 5 months old and still in the process of developing and embedding systems, the Trust considers that the best it can strive to achieve in its first 6 months of existence is a **'fair'** or **'weak'** rating for its Annual Health Check.

The Trust accepts that its score for this year is largely an **inherited** position and is focusing its energies on improving performance for the year to come.