

Annual Health Check Standards for Better Health Declaration 2007/08

1. Introduction

The Healthcare commission (HCC) is an independent body which exists to promote improvement in the quality of healthcare and public health in England and Wales. The HCC is responsible for assessing the performance of each local NHS organisation and awarding an annual rating of the organisation's performance accordingly.

The Annual health check is made up of two components, Use of Resources and Quality of Services. In 2006/ 07 North West London scored as follows for each component:

Quality of Services: GOOD
Use of Resources: WEAK

For 2007/08 the Quality of Services rating will comprise of assessment of compliance against core standards in addition to a compliance statement against the Hygiene Code 2006.

2. Assurance mechanisms

For 07/08 appropriate committees were assigned responsibility for overseeing compliance against individual core standards and each standard had a nominated Executive lead.

The Governance, Compliance and Risk Committee, a nominated Assurance sub group of the Trust Board was responsible for receiving reports against each core standard from these committees and reported progress bi- monthly to the Trust Board.

Final assurance and compliance decisions are taken by the Trust Board.

3. Core Standards

NWLH Trust Board is required to declare compliance against 24 core standards, covering seven domains.

For the year 2007/08 the Trust intends to declare standard C4a, C8b, C9 and C11b as unmet.

Core standard C4a

Healthcare organisations 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 a year on year reduction in Methicillin-Resistant Staphylococcus Aureus (MRSA).

The Trust has made good progress in improving standards of hygiene and cleanliness and will achieve an average reduction in MRSA cases of 30%. However, performance data indicates that the Trust will still not meet the target figure for its MRSA reduction figures, therefore the Board feel that this standard is non compliant for the year 07/08.

An improvement plan has been developed and it is overseen by both the Trust Infection Control Committee and the Trust Board. Its full implementation is due for completion in early 08/09 and it is hoped that this will contribute to meeting MRSA targets for the coming year.

Core Standard 8b

Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

In 2007/08 the Trust has introduced a mentoring scheme aimed at BME staff in addition to an International Club that provides networking opportunities for BME staff. Although the composition of the Trust's workforce is broadly comparable to the population it serves, the Trust has not analysed this in detail and identified any under-representation of BME staff in uptake of opportunities. As a result of this the Trust can not demonstrate at present that it has put in place action plans to identify areas of under-representation. Additionally, work resulting from our previous declaration of non compliance against this core standard has indicated that the Trust does not yet have a robust process in place for tracking the career progression of BME staff.

The Trust's Equality, Diversity and Social Inclusion (EDSI) sub-committee will consider a comparison of the ethnicity of staff by job category and pay scale to relevant comparator groups (e.g. local population, health professional workforce) and design initiatives to address gaps in 2008. It will also consider a tracking process for the career progression of BME staff in early - mid 2008.

Core standard 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

A risk based assessment highlighted some in year lapses with respect to this core standard. Firstly, further evidence of training was required in making staff aware of their personal responsibilities in respect of record keeping and management and secondly arrangements for monitoring of policies for record keeping arrangements and control, movement and destruction of records needed to be implemented. The Trust has an action plan to address the areas of non compliance.

Core standard 11b

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in appropriate mandatory training

During 07/08 the Trust has produced a statutory & mandatory training grid and embedded the requirements into appraisal paperwork, the Learning Education and Development and Induction policies.

Despite this effort and improving access via e-learning to some of the modules, it is remains difficult to release some staff groups to attend training. The Trust aims to further revise the Statutory & Mandatory training grid with the subject specialists, consolidate the training and review delivery possibly through the addition of a further mandatory training day. In addition, the implementation of recording attendance on Oracle Learning Management system to be able to identify and deal with shortfalls more easily is currently been investigated.

4. Hygiene Code

The Health Act 2006 introduced a statutory duty on NHS organisations to observe the provisions of the Code of Practice on Healthcare Associated Infections. The statement for NWLHT can be found on Appendix 1.