

**2008/09 Draft 'Standards for Better Health' Declaration of Compliance for the Annual Health Check**

**Harrow Overview and Scrutiny Committee Meeting**  
**16<sup>th</sup> March 2009**

**1. Introduction**

The following report outlines Harrow PCT's draft declaration of compliance against the core standards for the 2008/09 Annual Health Check for both the provider part of the organisation and for the commissioning aspect. It also includes progress against the areas of concern raised as part of last year's assessment in 2007/08 and outlines any current areas of concern for the 2008/09 declaration. *A detailed list of all standards including a red, amber, green (RAG) assessment of compliance is attached in Appendix 1.*

**2. Background**

For 2008/09 PCTs are required to make two declarations regarding their compliance against the standards as set out in 'Standards for better health'. The two declarations will pertain to the PCT's function as a provider and as a commissioning organisation. For the purposes of assessing PCTs as commissioners, the core standards, and their component elements, have been considered from three perspectives, which are combined into a single declaration. Each of these is described below:

- *PCT commissioners as corporate bodies* – i.e., standards as they apply to any organisation, regardless of its functions. These are basically about how organisations function. Examples of standards in this category include those which relate, for example, to the wellbeing of staff.
- *PCT commissioners in terms of carrying out their commissioning functions* – i.e., the standards that are relevant to a PCT's role as a commissioner. There are aspects of many of the standards applicable to PCTs which relate to their commissioning function. In addition there are number of standards that particularly concern commissioning activities, namely: C5a, C6, C7e, C17, C18, C22 a&c, C22 b, C23 and C24. These cover issues such as assessing the health needs of the population.
- *PCTs' role in relation to the quality and safety of its commissioned services* – i.e., whether it has 'appropriate mechanisms' in place and has taken 'reasonable steps' with regard to commissioned services and independent contractors respectively. These tests apply to every standard, in the same way as they have in previous year.

**3. Summary and update on the 2007/08 core standards which were declared as either non-compliant or as having insufficient assurance.**

- C4a – Infection Control

The PCT declared compliance against this standard however, an inspection undertaken by the Health Care Commission felt that despite the reduced numbers of infections and improved policies, procedures and joint meetings with partner organisations, low figures for the number of

staff receiving infection control training in the last year meant that they could not agree with the PCT's declaration of compliance. The PCT has implemented actions to ensure availability of training, attendance and recording of attendance for all relevant staff. The percentage of staff trained is significantly higher than last year and will be over 85% coverage by the end of March.

- C4c – decontamination

The PCT declared that there was insufficient evidence to provide assurance against this standard across the full year.

The PCT's improvements against decontamination standards have been secured through its membership of the North West London decontamination strategy. The delay in implementation of this strategy meant that the PCT was not compliant against this standard in 2007/08, the key gap being in regard to tracking of equipment.

The PCT identified the key concerns raised by the continued lack of implementation of the NWL sector strategy and implemented a local solution to address this ahead of implementation of the delayed strategy. This included introducing single use items and in particular a tracking tool being installed into Alexandra Avenue clinic to ensure that equipment used there can be tracked against individual patients. As this was not in place until March 2008, there was insufficient evidence to provide full-year assurance.

- C5c – Updating Clinical Skills

The PCT declared that there was insufficient evidence to provide assurance against this standard across the full year.

During 2007/08 the Healthcare Commission inspected Harrow PCT against standard C5c as part of the 2006/07 Health Check process. This saw the PCT's assessment downgraded to insufficient assurance and raised a number of issues, the key area being assurance regarding the appraisal process. Actions have been implemented, however, given the previous gaps in year the PCT declared this standard as not met during the year but as compliant by December 2007 when the updated action plan was reported to the Board.

The appraisal process in the organisation has been strengthened, with clear guidance and documentation circulated across the organisation. Coverage figures have improved on those at the time of inspection against this standard last year and will continue to be monitored into 2008/09.

- C8b Personal Development

The PCT declared that there was insufficient evidence to provide assurance against this standard across the full year.

Concerns raised by the Healthcare Commission's inspection into standard 5c highlighted an issue with regards to appraisal coverage which the PCT considered to impact on assurance against standard C8b, as personal development needs can only be ideally evidenced through the appraisal process. For this reason the PCT felt that it had insufficient assurance to declare compliance against this standard but that it could declare compliance by December 2007 when the updated action plan was reported to the Board.

The appraisal process has been reinforced across the organisation and there has been a significant in year improvement in performance of appraisal coverage. This will continue to be monitored into 2008/09 and beyond so that assurance can be maintained.

- 13a – Dignity and Respect

In the 2007/08 core standards declaration Harrow PCT assessed itself as non-compliant against this standard. In October 2007 the PCT received evidence that patient care was being delivered in a manner that ignored the right to be cared for with dignity and respect. The PCT considered that this standard was therefore not met in the year 2007/08. An investigation process was put in place immediately after evidence was received and a full investigation has been undertaken into the delivery of patient care. A full report into the incident has been taken to the public board, along with an action plan to address the issues identified.

#### **4. 2008/09 Declaration**

The process for the 2008/09 declaration started some months ago and is being managed by the Trust's Integrated Governance Team. Lead Directors and colleagues have been indentified to take forward each standard to include the collection of relevant evidence for each standard. The Quality and Governance Committee will be providing assurance to the board regarding compliance with regards to the declaration for the commissioning aspect of the PCT and the Provider Committee will provide the same for the provider submission.

The following section outlines the areas where the PCT is still collating evidence on and therefore seeking assurance on. Due to this, the PCT is unable to make a decision regarding the level of compliance against these areas at present but a prospective assessment of where the Trust will be at year end has been included.

##### **4.1. Standards identified as requiring further evidence for the 2008/09 declaration submission**

###### **4.1.1. Standards in relation to the Commissioning declaration**

- C2 – Child Protection

This standard relates to the organisation protecting children by following national child protection guidance within their own activities and in their dealings with other organisations. Following the Baby P case all NHS organisations are undertaking a review of their capacity, capability and systems in relation to child protection. The PCT is expecting to be able to declare compliance against this standard, but will make judgement following consideration of each element of the review framework.

- C5a – NICE technology appraisals

This standard is in relation to the PCT funding the implementation of relevant NICE technology appraisals and focuses on the PCT having mechanisms in place to identify, assess and implement relevant guidance.

A new policy for the implementation of NICE and other best practice guidance has been written as part of the NHSLA informal visit process. The policy includes the process to be followed in relation to technology appraisals and is being ratified in March. A Clinical Effectiveness group has also been established to take forward the implementation of best practice guidance.

Although, the PCT is currently awaiting and collecting further evidence to demonstrate that the Trust has the appropriate mechanisms in place and meets the requirements as set out in the element, it is confident that it will be compliant in this area by year end.

- C11b – Mandatory training

This standard relates to staff undergoing mandatory training. It is projected that a significant number of staff will have attended the relevant training courses by year end. Until the final figures are released at year end, the Trust is unable to confirm the level of compliance at this stage however, it is anticipated that the Trust will declare compliance in this area by year end.

#### **4.1.2. Standards in relation to the Provider declaration**

- C2 – Child Protection

This standard relates to the organisation protecting children by following national child protection guidance within their own activities and in their dealings with other organisations. Following the Baby P case all NHS organisations are undertaking a review of their capacity, capability and systems in relation to child protection. The PCT is expecting to be able to declare compliance against this standard, but will make judgement following consideration of each element of the review framework.

- C4a – Infection Control

This standard relates to reducing the risk of healthcare acquired infections to patients. As outlined in section 3 of this paper, the Healthcare Commission visit last year emphasised the importance of increasing training rates in this area. Until the final figures are released at year end, the Trust is unable to confirm the level of compliance at this stage however, it is anticipated that the Trust will declare compliance in this area by year end.

- C4b – Medical Devices

This standard is in relation to the safe acquisition and use of medical devices. Whilst the Trust meets most of the requirements in this area, it is currently awaiting and collecting further evidence and confirmation from relevant colleagues to demonstrate that the Trust meets all of the requirements as set out in the element. It is anticipated that the Trust will declare compliance against this standard.

- C5c – Clinicians continuously update skills

As this standard relates to partly to mandatory and non-mandatory training, the Trust is unable to confirm the levels of compliance at this stage and until the final figures are released at year end. However, it is anticipated that the Trust will declare compliance in this area by year end.

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This standard relates to staff undergoing mandatory training. It is projected that a significant number of staff will have attended the relevant training courses by year end. Until the final figures are released at year end, the Trust is unable to confirm the level of compliance at this stage however, it is anticipated that the Trust will declare compliance in this area by year end.

## 5. Next steps

The PCT will continue to review evidence against each of the statements and the draft position outlined in this paper will be amended in light of any further evidence. Views and comments from the Overview and Scrutiny Committee are very welcome.

The PCT will be sharing a draft declaration with the Strategic Health Authority by the 16<sup>th</sup> March and the declaration will be formally signed off by the Board in April and submitted to the Health Care Commission on 1<sup>st</sup> May. The declaration will be published on the Trust's website following this date.