

Trust Board

TB2008.54

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Date: July 2008
Subject: **Annual Health Check 2008/09**
For: **Information**

Synopsis

The Healthcare Commission has now published information on the Annual Health Check for 2008/09, including the indicators that, together with the core standards, make up the quality element of the annual health check. These indicators replace the new and existing national targets.

The report overleaf describes how the Annual Health Check is made up and provides an update on the state of compliance with core standards and the current position in relation to these indicators. It also outlines the responsibilities of the executive leads for each core standard and each indicator.

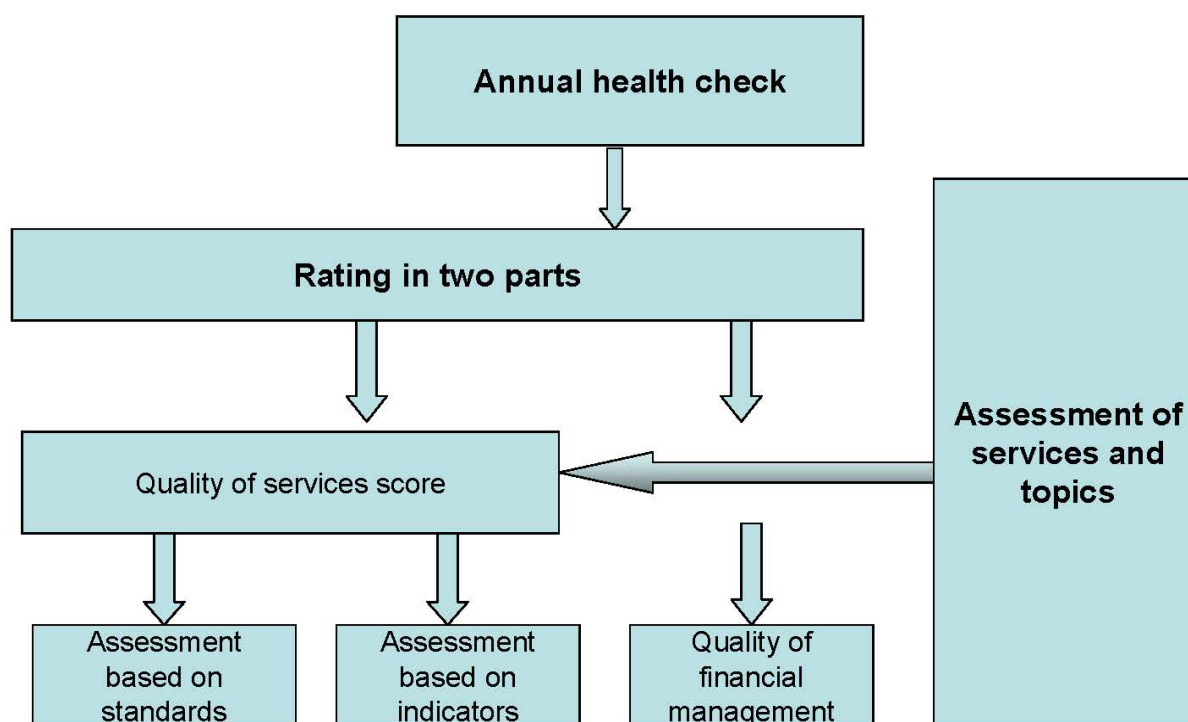
The Board is asked to note the current position, which shows compliance across all core standards and compliance against most indicators. Those not shown as compliant fall into two categories: firstly, those for which the indicator is not yet known or the measurements will be made later in the year, and secondly, a small number on which work continues to ensure compliance throughout the year. The Board will continue to receive reports throughout the year.

Financial, legal and risk impact

The ORH will be seeking to achieve a rating of good or above for the quality element of the annual health check in 2008/09. Monitoring and evidence gathering to assure both executive leads and the Board on compliance is already underway so that should any changes from compliance appears, actions can be taken swiftly to address the position.

Annual Health Check (AHC)

1. The paper presented to the Board in May outlined the key features of the Annual Health Check pending publication of the final details particularly in relation to indicators. The Healthcare Commission published its document on the AHC for 2008/09 in June and it covered a number of areas including the new indicators to be used as part of the quality rating.
2. It should be noted that the Healthcare Commission ceases to exist on 31 March 2009 and responsibility for the AHC (and other duties) will be assumed by the Care Quality Commission (CQC) from 1 April 2009, as the new regulatory body. The CQC will publish the outcome of the 2008/09 AHC in the autumn of 2009. In addition, plans are being developed to reform the regulation of health and adult social care and the Government plans to introduce a new registration systems which will require NHS bodies to register in respect of the health care services they provide. This will phased in from April 2009 to April 2010 and will be based on the current registration and inspection systems that apply to social care and independent healthcare sectors and the core standard component of the AHC for the NHS.
3. Further information on the registration process and the duties of the new Commission will be provided to the Board as they become available.
4. Given below is an outline of the elements that contribute to AHC and the scores for each organisation:



5. The measure on the quality of financial management is provided through the Auditor's Local Evaluation (ALE) and was previously known as the Use of Resources.
6. Standards remain a key feature of the AHC and organisations are expected to achieve compliance across all areas and to make a statement on compliance with the Hygiene Code. In addition, all trusts will be inspected during the year on the Hygiene Code. The Board will recall that the ORH was inspected in March 2008 and the results were received in June. The outcome of this inspection is set down in a separate paper for the Board.
7. The following appendices provide an update on compliance with core standards and the new indicators together with the Executive lead responsible for overseeing and monitoring performance against each core standard and each indicator. The indicators have been based on either existing commitments (e.g. MRSA) or national priorities (e.g. the wait in A&E). The scoring methodology, including the potential weighting of individual indicators, is to be developed. The methodology will reflect a balance across the indicators set in line with the national priorities set out in the operating framework. Further detail on their construction and the full document on the 2008/09 Annual Health Check is available from:-
http://www.healthcarecommission.org.uk/db/documents/The_annual_health_check_2008_09_Assessing_and_rating_the_NHS.pdf
8. The Executive lead will be responsible for highlighting any risks to performance/compliance and ensuring that action plans are put in place to manage any divergence. The Executive lead will also be responsible for the regular validation and verification of data during the year and at the year end supported by staff in performance and information. The co-ordination of responses on compliance and the preparation of reports for the Trust Board will be carried out by the Assistant Director of Governance.
9. The Board should note that these reports are supported by detailed work within the directorates and divisions and regular consideration of performance by the Executive Board and other Board Committees.
10. The Board is asked to receive the report and the note the current position in relation to core standards and indicators.

Megan Turmezei
Assistant Director of Governance
July 2008

Appendix A: Compliance report at July 2008 on core standards and indicators

Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
C1a	Patient safety & incidents; learning & analysis	Director of Nursing & Clinical Leadership Directors of Operations	Compliant		
C1b	Acting on patient safety notices etc - SABs	Director of Nursing & Clinical Leadership Directors of Operations	Compliant		
C2	Child protection & safeguarding	Director of Nursing & Clinical Leadership & Director of Operations (C)	Compliant		
C3	NICE interventional procedures	Medical Director & Director of Nursing & Clinical Leadership	Compliant		
C4a	Infection control systems and processes (link to Hygiene Code)	Medical Director (DIPC) to lead across all areas	Compliant - work in hand to address outcome of Hygiene Code inspection (see paper on Hygiene Code inspection). Further work to be done as follow up action plan from 2007 patient survey		
C4b	Medical Devices acquisition & use	Medical Director	Compliant		
C4c	Decontamination (link to Hygiene Code)	Director of Estates & Facilities Directors of Operation B	Compliant - work in hand to address outcome of Hygiene code inspection (see paper on Hygiene Code inspection)		
C4d	Medicines management	Medical Director/Director of Nursing & Clinical Leadership	Compliant		
C4e	Waste management	Director of Estates & Facilities	Compliant		

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
C5a	NICE technology appraisals	Medical Director/Director of Nursing & Clinical Leadership	Compliant		
C5b	Supervision & leadership of clinical care & treatment	Medical Director/Director of Nursing & Clinical Leadership	Compliant		
C5c	Continuous updating of skills for clinicians	Medical Director/Director of Nursing & Clinical Leadership	Compliant		
C5d	Clinical audit & clinical reviews	Medical Director	Compliant		
C6	Whole system working for individual patient needs	Director of Operations A	Compliant		
C7a & 7c	Governance & risk	Director of Nursing & Clinical Leadership	Compliant		
C7b	Probity & Honesty	Director of Nursing & Clinical Leadership	Compliant		
C7e	Human rights, diversity, equality	Director of HR	Compliant		
C8a	Whistle blowing	Director of HR	Compliant		
C8b	Organisational development & minority groups	Director of HR	Compliant Further work to be done as follow up action plan from 2007 staff survey		
C9	Records management (& training)	Director of Planning & Information	Compliant		
C10a & b	Employment checks &	Director of HR	Compliant		

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
	professional codes of practice				
C11 a	Appropriate recruitment, training & qualifications	Director of HR	Compliant		
C11b	Mandatory training	Director of HR	Compliant		
C11c	Professional & occupational development	Director of HR	Compliant		
C12	Research governance	Medical Director	Compliant		
C13 a	Privacy & Dignity	Director of Nursing & Clinical Leadership	Compliant	Further work to be done as follow up action plan from 2007 patient survey	
C13b	Consent & use of information	Director of Planning & Information	Compliant		
C13c	Confidentiality of Information	Director of Planning & Information	Working to ensure that compliance is maintained in line with national guidance on confidentiality.		
C14a, b, c	Information re complaints & proper processes No discrimination Learning & service improvement	Director of Nursing & Clinical Leadership	Compliant - Annual report on complaints to Trust Board in July 2008. Report is also submitted to HCC	Further work to be done as follow up action plan from 2007 patient survey	
C15 a, b	Food choice & 24 hours	Director of Estates & Facilities	Compliant	Further work to be done as follow up action plan from 2007 patient	

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Core Standard	Key focus of standard	Executive Board Lead	Non compliant	Work required & in progress	Compliant
			survey		
C16	Patient & corporate information	Director of Communications	Compliant - to be developed as part of FT work Further work to be done as follow up action plan from 2007 patient survey		
C17	View of patients & carers, designing, delivering, planning & improving healthcare	Director of Nursing & Clinical Leadership	Compliant - to be developed as part of FT work - membership recruitment and engagement Further work to be done as follow up action plan from 2007 patient survey		
C18	Equality of Access	Directors of Operations	Compliant		
C20a	Safe & secure environment	Director of Estates & Facilities	Compliant		
C20b	Care environment privacy & confidentiality	Director of Estates & Facilities Director of Nursing & Clinical Leadership	Compliant Further work to be done as follow up action plan from 2007 patient survey		
C21	Environment, maintenance & cleaning link to Hygiene Code	Director of Estates & Facilities	Compliant - work in hand to address outcome of Hygiene Code inspection (see paper on Hygiene Code inspection)		
C22 a & c	Health promotion in local community	Medical Director	Compliant		
C23	Health promotion to meet NSFs etc on obesity, smoking, substance misuse etc	Medical Director	Compliant		
C24	Emergency planning	Director of Operations (A)	Compliant		

Appendix B: Compliance report at July 2008 on indicators

2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant
Health and wellbeing						
Infant health and inequalities: smoking during pregnancy and breastfeeding initiation		√	Director of Operations, Div C	Compliant		
Access to genitourinary medicine (GUM)	√		Director of Operations, Div C	Q1 Numerator (% appointments offered within 48 hours)= 100% Denominator (% patients seen within 48 hours) = 80% Work continuing to achieve denominator		
Data quality in ethnic group	√		Director of Planning and Information	Compliant		
Experience of patients - from health and wellbeing domain(s)		√	Director of Nursing and Clinical Leadership	Work continuing to ensure good and positive engagement with patients and their families. Customer care and patient engagement strategies approved by the Board		
Clinical Quality						
Participation in heart disease audits		√	Director of Operations, Div A	Compliant		
Time to reperfusion for patients following a	√		Director of Operations, Div A	new structure to indicator and low numbers rule applies		

¹ EC - Existing commitment

² NP - national priority

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2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant
heart attack				part 1 still 60 mins call to needle. part 2 data completeness @80%		
Engagement in clinical audits		√	Medical Director	Compliant		
Stroke care		√	Director of Operations, Div A	organisational part received this week and being reviewed by service; clinical return due autumn - issues re % of patients who get onto unit		
Experience of patients - clinical quality domain(s)		√	Director of Nursing and Clinical Leadership	Work continuing to ensure good and positive engagement with patients and their families. Customer care and patient engagement strategies approved by the Board		
Maternity Hospital Episode Statistics - data quality indicator		√	Director of Operations, Div C	Compliant		
Safety						
Incidence of MRSA		√	Medical Director	Compliant		
Experience of patients - safety domain(s)		√	Director of Nursing and Clinical Leadership	Work continuing to ensure good and positive engagement with patients and their families. Customer care and patient engagement strategies approved by the Board July TB to agree patient safety strategy		
Incidence of <i>Clostridium difficile</i>		√	Medical Director	Compliant		

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2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant
Patient focus and access						
Delayed transfers of care	√		Director of Operations, Div A and Director of Performance Improvement	Metric for assessment not yet declared; if same as last 2 years not being met - high risk to achieve in year Work required and in progress		
18 week referral to treatment times		√	Director of Performance Improvement	Compliant		
All cancers: two-week wait		√	Director of Operations, Div B	Compliant		
All cancers: one month diagnosis to treatment (including new cancer strategy commitment)		√	Director of Operations, Div B	Compliant		
All cancers: two-month GP urgent referral to treatment (including new cancer strategy commitment)		√	Director of Operations, Div B	Compliant		
Total time in A&E	√		Director of Performance Improvement	Compliant		
Experience of patients - patient focus and access domains		√	Director of Nursing and Clinical Leadership	Work continuing to ensure good and positive engagement with patients and their families. Customer care and patient engagement strategies approved by the Board		
Outpatients waiting longer than the 13-week standards	√		Director of Performance Improvement	Compliant		

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2008/2009 acute indicator	NP ¹	EC ²	Executive lead	Not being met	Work required & in progress	Compliant
Inpatients waiting longer than the 26-week standards	√		Director of Performance Improvement	Compliant		
Patients waiting longer than three months for revascularisation <small>Error! Bookmark not defined.</small>	√		Director of Operations, Div A	Compliant		
Waiting times for rapid access chest pain clinic	√		Director of Operations, Div A	Compliant		
Cancelled operations and those not admitted within 28 days	√		Director of Performance Improvement	Compliant		
NHS Staff satisfaction		√	Director of HR	Continued focus on staff survey undertaken annually		
Total	10	16				