

Trust Board

TB2008.34

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Date: May 2008
Subject: **Annual health check 2008/09**
For: **Information**

Synopsis

The annual health check (AHC) has been reviewed by the Healthcare Commission and although the basics remain the same with compliance required for core standards and the hygiene code, particular attention is to be paid to outcomes and how organisations address major risks to safety.

The HCC is developing risk-based assessments and additional indicators that will focus on health and wellbeing, clinical quality, safety and patient focus and access. Data used for cross-checking declarations will draw increasingly on data from bodies such as the HPA and the NPSA. The patient and staff survey are likely to be used increasingly for the development of indicators to support the assessment of national priorities.

The Board is asked to note the approach for the current year and to agree:

- to receive an update once the final guidance from the HCC has been received and mapped against service level agreements;
- to receive an update on the role and timetable for the new regulator due to come into effect from 1 April 2009; and
- to consider bi-monthly reports on compliance and performance against all aspects of the AHC so that it can make sure that all the necessary systems and processes are in place for safe, effective and fair care across the Trust.

Financial, legal and risk impact

Achievement of a rating of at least good for quality of services remains a key objective for the ORH this year. Continued review of performance and compliance will support the achievement of this objective and ensure that should performance be at variance, steps can be taken to address these at an early stage.

Operational monitoring will continue through the Divisions and the Executive Board; it is expected that the Governance and the Finance and Performance Committees will support the Trust Board in its oversight and review of both compliance and performance, although the Board may review this follow completion of the current review of Board committees and the assurance and governance arrangements

Annual health check 2008–09

Introduction

1. The basic two elements of the annual health check (AHC) remain the same each year with performance measures in two areas: Quality and the Use of Resources. However, the Healthcare Commission (HCC) reviews the elements of the AHC each year to make sure that any key issues, service plans or initiatives are taken into account, particularly in relation to the existing and new national target elements of the quality measure.
2. Although the final guidance on the AHC will not be published until mid-June, following a series of consultation events, particular issues taken into account¹ for 2008–09 include:
 - 2.1. the NHS in England: the operating framework for 2008/9 – the HCC has indicated it needs to recognise the strong focus on local decision-making and accountability;
 - 2.2. emphasis in Lord Darzi’s review on care that is safe, personal, effective and fair, and the focus on pathways of care as experienced by patients;
 - 2.3. the requirements of the hygiene code and infection prevention and control processes;
 - 2.4. the roles of the new regulator in registering and assessing providers and in assessing commissioners.
3. The HCC is already working closely with the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission as part of the preparation for the new regulatory body to come into effect from 1 April 2009. Further information on this body and its role, particularly in relation to the registration of health care providers, will be provided to the Board as it becomes available.

Overall assessment for 2008–09

4. The quality of services element will consist of the following:
 - 4.1. an assessment of compliance with standards set by the Department of Health (core standards and the hygiene code); and
 - 4.2. an assessment of national priorities based on indicators (previously targets).
5. The use of resources elements, is derived for non-FTs from the ALE work carried out by the Audit Commission and involving five elements:
 - 5.1. financial standing;
 - 5.2. financial reporting;
 - 5.3. financial management;
 - 5.4. internal control; and

¹Developing the annual health check in 2008/2009 Healthcare Commission December 2007

5.5. value for money.

Compliance with core standards

6. The Trust Board will again be expected to make a declaration of compliance in relation to core standards and the duties of the hygiene code. Compliance will be expected to be for the whole of the year from 1 April 2008 to 31 March 2009. There may be some small changes to the criteria against these standards (which fall into but in essence the core standards will remain as now).
7. The HCC has already stated that **all** acute trusts will be visited during the year to check on compliance with the hygiene code. Compliance with the hygiene code duties will impact on the rating for quality. (The Board will recall that the HCC visited the ORH on 18/19 March 2008 and that the report on this visit should be published towards the end of May 2008).
8. Last year a limited number of benchmark indicators were provided to each Trust for discussion and as a background to consideration of compliance with core standards. Again, a small set of indicators will be issued so that the Board can take these data into account together with local information when considering compliance with the standards. It is likely that the HCC will issue this information throughout the year, perhaps on a quarterly basis.
9. The HCC will cross-check all declarations against national available data, including the indicators mentioned above, the patient and staff surveys and a significant number of other data sets. As a result of the cross-checking, trusts may be identified for a risk-based inspection (the ORH was inspected on five core standards in the 2006/07 round). In addition, trusts may also be inspected on a random basis. For the 2008/09 round, the inspections will be undertaken by the new regulator for health and social care and that this body will be responsible for publication of the 2008/09 ratings due in the autumn of 2009.
10. The HCC will continue to use available national information and the views of patients and the public throughout the year to identify and if appropriate, pursue areas of potential concern. In addition, the HCC will follow up its review of services for children in acute hospitals and on medicines management, reviews that took place during 2006/07.
11. The HCC has indicated that it is considering following up trusts that have signalled a significant lapse in the year, but then stated that a standard has been met by the end of the year. The HCC will follow up any trust that has declared significant non compliance with the standards where patients may be at risk. The ORH, in its declaration, stated that there had been no significant lapses during the year.

Assessment of national priorities

12. A set of indicators is being developed (final guidance is expected in mid-June 2008) to provide a more rounded assessment of performance. These indicators have been selected to be compatible with the national priorities set out in the operating framework for PCTs. They will cover four themes:

- 12.1. health and wellbeing
- 12.2. clinical quality and effectiveness
- 12.3. safety
- 12.4. patient focus and access.
13. The indicators being developed recognise that some of the existing and new national targets used for assessment in previous years had dates set for achievement of 2008 and 2010. It is now the intention that service provision is more responsive to local priorities and to meet the demands placed on PCTs through the operating framework.
14. The HCC has used the following principles to inform its approach to indicator selection:
 - 14.1. rate trusts against national priorities set out in the comprehensive spending review and in the operating framework;
 - 14.2. reflect the move to more local determination of priorities using local plans
 - 14.3. use existing national data wherever possible;
 - 14.4. use the same definitions as other bodies where relevant; and
 - 14.5. if possible, reduce the number of special data collections from 2007/08.
15. The possible indicators for use in the current year are listed in the attached appendix A. The final agreed indicators will be provided to the Board as soon as guidance has been issued by the HCC.
16. It is also worth noting that a number of these proposed indicators map directly onto core standards, increasing the linkages between the two elements making up the quality assessment and trying to ensure that outcomes are also developed that can underpin the delivery of the necessary quality of care. For example, the proposed indicators under clinical quality are directly linked to standard C5 which covers conforming with NICE guidance, supervision and leadership for clinical care, updating skills and techniques and clinical audit and service reviews; and standards C22, C23 and C24 link directly to health and wellbeing.

Conclusions

17. The changes proposed reinforce the Board's role in maintaining oversight of compliance and performance throughout the year, building on systems that have been put in place over the last two to three years. The focus on a risk-based assessment, covering the key areas of patient safety, quality and access, reflects the Board's attention to these areas.
18. The Board is asked to note the anticipated changes to the assessment, to the introduction of new indicators drawing more heavily on the patient and staff surveys and the increased focus on the use of local information and priorities.
19. The balanced scorecard report for 2008/09 (as reported in the Trust's Business Plan) now includes targets and indicators set within our service level agreements with

Oxfordshire PCT and other commissioners. Many of these targets and indicators reflect those likely to be included within the HCC's assessment of national priorities. An update will be provided for the Board once the final indicators have been published. The update will also include as much information as possible on the role of the new regulatory body.

Megan Turmezei
Assistant Director of Governance

Appendix A - HCC proposed indicators for acute trusts 2008/09 with links to core standards and executive leads²

2008/2009 acute indicator	Rationale	Comment	Core standard	Executive lead
Health and wellbeing				
Infant health and inequalities: smoking during pregnancy and breastfeeding initiation	These are the two main 'proxy indicators' (i.e. indirect) available to assess the high profile area of health inequalities, a public service agreement target. This will be broadly consistent with the indicator used in previous assessments.	A new national target for 07/08		Director of Operations, Div C
Access to genitourinary medicine (GUM)	The teenage conception and sexual health PSA target remains in place. This covers an important area where there remains room for improvement at PCT level and levers are required for both providers and commissioners to ensure performance is improved and maintained.	A new national target for 07/08		Director of Operations, Div C
Data quality in ethnic group	To monitor health inequalities related to ethnic diversity and to support individualised patient care, it is essential that data sources include adequate information on ethnic group. Good data quality supports service planning and delivery by helping to identify the needs of local communities and reduce the barriers to healthcare for all patients.	A new national target for 07/08		Director of Planning and Information
Health promotion for patients - from patient survey ³	Acute trusts have a vital role in providing advice on lifestyle choices to maintain health. This includes use of alcohol, tobacco and obesity/exercise.	Elements included in new national target	C22a, c, C23	Director of Nursing and Clinical Leadership
Health promotion for staff - from staff survey	It is a good indication that public health is a priority if trusts are focusing not just on their local populations but also on their employee population. It means that not only are NHS staff informed about their own health and wellbeing, but that they are better able to act as ambassadors for healthier choices.	HCC has asked whether this is an appropriate source of data	C22a and C22c, C23	Director of Nursing and Clinical Leadership

² To be confirmed

³ Patient surveys in 2008/09 likely to include adults attending Eds, adults recently discharged from inpatient care in acute and specialist hospitals

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2008/2009 acute indicator	Rationale	Comment	Core standard	Executive lead
Clinical quality				
Participation in heart disease audits	In order to ensure that services are provided safely and appropriately trusts should participate fully in comparative clinical audit and take account of results to improve practice and service design and support local and national clinical governance.	A new national target for 07/08 ORH contributes fully to these national audits	C5d	Medical Director
Time to reperfusion for patients following a heart attack	The British Heart Foundation estimates that around 72,000 people die before they reach hospital as a result of acute myocardial infarction (heart attack). While ensuring that people avoid a heart attack altogether is the prime aim for healthcare, for those who do have a heart attack, it is essential that they have prompt access to appropriate treatment.			Director of Operations, Div A
Participation in cancer data collection	Auditing services allows providers to identify areas for improvement, which can lead to better outcomes. Three high profile audits likely to be included are Lucada (lung cancer), DAHNO (head and neck cancer) and bowel cancer. However, development in other data sources such as the cancer registry will be taken into account to ensure that duplication is not an issue. This indicator will be developed so it is in line with the participation in cardiovascular disease audits.	ORH contributes to these data collections already.	C5d	Medical Director
Stroke care	<i>The National Service Framework for Older People</i> states "Stroke has a major impact on people's lives. It starts as an acute medical emergency, presents complex care needs, may result in long term disability and can lead to admission to long-term care". The Sentinel Stroke Audit measures performance on a broad range of measures, all of which have been shown to improve outcomes for patients who have suffered a stroke.	A new national target for 06/07 ORH participates fully in Sentinel Stroke Audit A return due	C5d	Medical Director

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2008/2009 acute indicator	Rationale	Comment	Core standard	Executive lead
		June/July 2008		
Staff training - from staff survey	These are staff survey questions that are aimed at clinical staff only, to identify whether they are receiving appropriate mandatory clinical training.	HCC has asked whether this is an appropriate source of data	C5c C11b	Medical Director/Director of Nursing and Clinical Leadership
Venous Thromboembolism (VTE) prophylaxis	Around 25,000 people a year die from VTE in England in hospitals alone. As part of a thromboprophylaxis strategy, all hospital inpatients should be risk-assessed on admission for venous thromboembolism, so that appropriate preventive measures can be instituted.	A new indicator		Director of Operations, Div A
Patients receiving clinically effective care in A&E	The British Association of Emergency Medicine (BAEM) has developed guidelines for good clinical care in A&E. We intend to develop an indicator based on work the Healthcare Commission has undertaken with BAEM over a number of years, which will involve collection of data in 2008/2009.			Director of Operations, Div A
Safety				
Medication on discharge - from patient survey	Medication is a major area of risk for patients. In 2006/2007, medication errors accounted for nearly 9% of patient safety incidents reported to the NPSA's national reporting and learning system. Involving patients in the management of medicines is one means of helping to reduce risks.		C4d	Medical Director/Director of Nursing and Clinical Leadership
Incidence of <i>Clostridium difficile</i> Incidence of MRSA	Tackling healthcare-associated infections continues to be a key priority for patients and the Government. Reducing rates of <i>Clostridium difficile</i> and MRSA is included in the Public Service Agreement to "ensure better care for all".	Both new national targets for 07/08	C4a	Medical Director (Director of Infection Prevention and Control)
Cleanliness - from	Cleanliness is very important to patients and is one of the vital measures to minimise healthcare-associated infections. In September 2007 it was announced	ORH achieved its deep clean	C21	Director of Estates

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2008/2009 acute indicator	Rationale	Comment	Core standard	Executive lead
patient survey	that hospitals across England are to undergo a programme of intensive deep cleaning.	programme by the due date		and Facilities
Physical security - from patient survey	The physical security of patients and their belongings is very important to patients and is another key element of safety.		C20a	Director of Estates and Facilities
Patient focus and access				
Delayed transfers of care	This is a long-standing existing target. Maintenance, and in some cases further improvement, is expected to continue to be a national priority.	Existing national target for 07/08	C6	Director of Operations, Div A
Dignity - from patient survey	This continues to be a high profile area of importance for patients. This indicator would draw on a limited set of specific questions relating to this element of patients' experiences.		C13a C20b	Director of Nursing and Clinical Leadership
18 week wait	To ensure that nobody waits more than 18 weeks from GP referral to hospital treatment, is a high profile target which is due to be met in December 2008 - part way through the 2008/2009 financial year. We expect this profile to be maintained at least until the target date.	New national target for 07/08		Director of Performance Improvement
Cancer waits	Cancer is one of the biggest killers in Britain.	Existing national target for 07/08		Director of Operations, Div B
A&E waiting times	This has been a key existing target, on which performance has improved steadily. A&E waiting times are included in the operating framework as an existing commitment to be maintained.	Existing national target for 07/08		Director of Performance Improvement
Maternity care	This is an area identified as a priority for the NHS in the operating framework. We			Director of

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2008/2009 acute indicator	Rationale	Comment	Core standard	Executive lead
	intend to develop an indicator that is appropriate for the assessment of acute trusts, building on the work of our maternity services review.			Operations, Div C
Experience of patients/users	The patient survey is currently broken down into 'domains'. Work is needed to refresh these and agree whether to aggregate or have domain indicator levels reflecting different aspects of patients' experiences.	Views from e.g. HOSC, LINKs likely to be drawn on	C16 C17	Director of Nursing and Clinical Leadership
Convenience and choice - could include: -choice of admission date (from patient survey)	Improving choice in healthcare is a key Government priority. We are currently considering the most appropriate indicator for the assessment of acute trusts in this area.	Included within	C18	Directors of Operations