

## **HEALTHCARE COMMISSION CORE STANDARDS** **2007/08 APPROVAL PROCESS**

### **Purpose**

The purpose of this report is to provide the Trust Board with details of the timescale for submission of the Annual Statement of Compliance for 2007/08 in relation to the Core Standards and seek Trust Board approval in respect of the final approval process.

### **Background**

Every year the PCT is required to assure itself and provide the Healthcare Commission and the public with a Statement of Compliance against the 42 Core Standards that are applicable to the PCT. This contributes to the overall Annual Healthcheck score. This process is completed in line with the financial year end and the PCT is required to submit a Statement of Compliance by midday on 30 April 2008.

Appendix A provides details of the Healthcare Commission timescale and alongside it a suggested BEN PCT timescale.

As a reminder, Appendix B details the overall position against each of the 42 core standards at the end of Quarter 3. There are currently 12 standards that are “non compliant” and 1 standard where there is “insufficient evidence” to allow assurance to be confirmed.

The Healthcare Commission have also provided Trusts with a small set of outcome focused comparative indicators outlining the PCT’s performance relative to similar Trusts. The comparative indicator information as detailed in Appendix C is provided to support trusts as they consider their compliance with the core standards, prior to making a declaration. This information should complement local intelligence and the Trust Board’s normal assurance processes when making their declaration of compliance with the core standards and will be included in the final report to the Integrated Governance and Performance Committee in April.

### **Proposal**

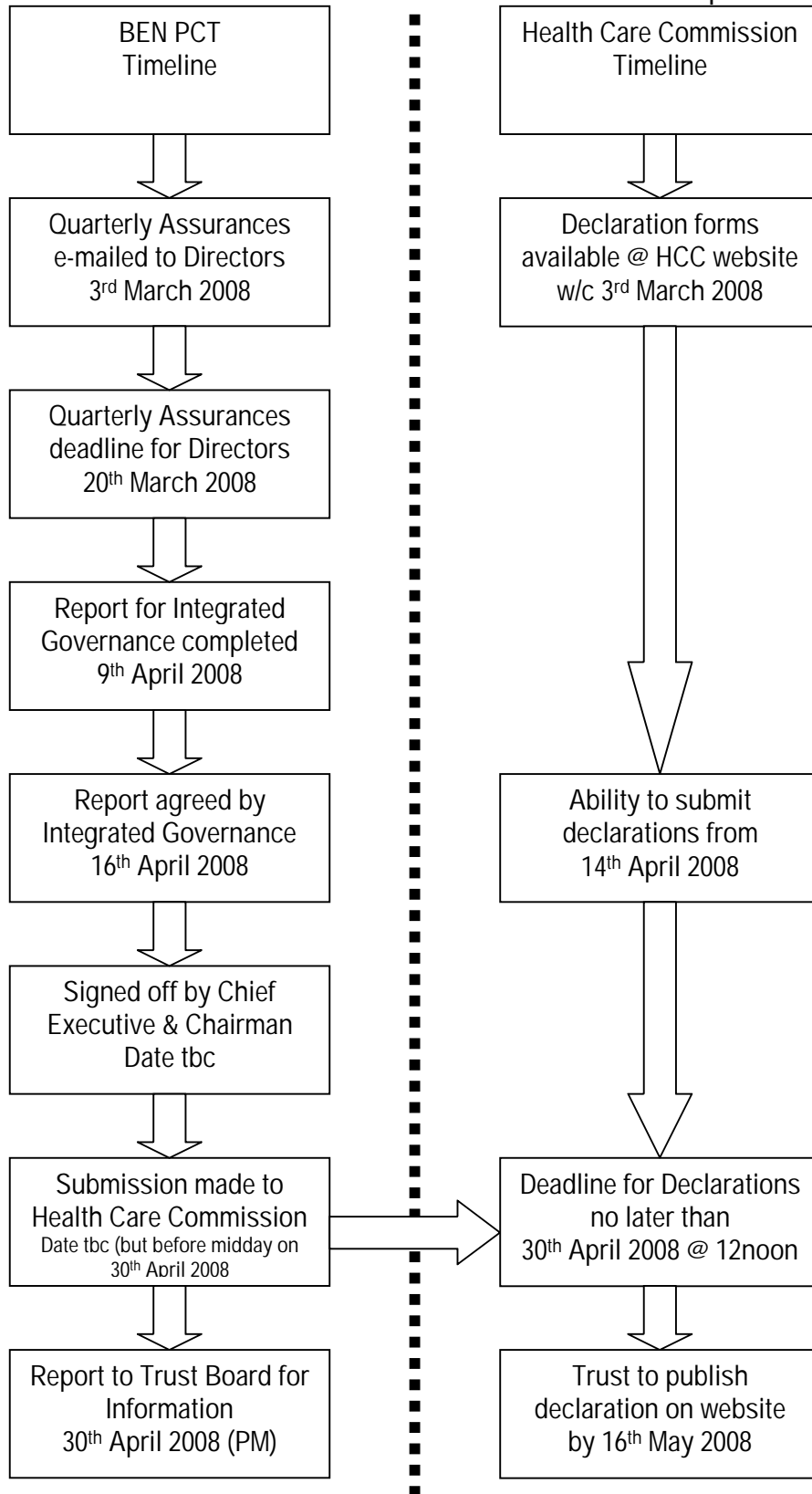
The Deputy Director of Performance and OD and Performance Support Officer are currently seeking the final Quarter 4 compliance from Directors, which will provide the position statement for the 2007/08 year. The internal deadline for submission of the evidence and suggested assurance by the Directors is 20 March 2008. This will then allow time for a report to be prepared for the Integrated Governance and Performance Committee to approve the Statement of Compliance at the meeting to be held on 16 April 2008. The PCT Board meeting is on 30 April 2008 and this is also the deadline (mid-day on 30 April) for submitting the Statement to the Healthcare Commission website. It is therefore proposed that the Chief Executive and Chairman provide final approval on behalf of the Trust Board and the Trust Board then receives the Statement of Compliance for information at the Board meeting scheduled for the afternoon of 30 April 2008.

## **Recommendations**

That the Trust Board

- i) notes the contents of this report; and
- ii) approves the requirement to obtain approval for submission on behalf of the Trust Board from the Chief Executive and Chairman, ahead of the April Trust Board meeting.

**Appendix A** Timescales for Statement of Compliance



Appendix B Quarter 3 Current Position Statement of Compliance

SBH Ref		Core Standard	Director/ nominated lead (if applicable)	Current position on compliance	Notes
<b>1st Domain</b>		<b>Safety</b>			
<b>C1</b>	<b>a</b>	Incident reporting, analysis & learning	DW - KD	<b>Not compliant</b>	Not compliant for pharmacists, dentists and optometrists until sentinel update. Predicting compliance at Q4
	<b>b</b>	Patient safety notices	DW - KD	Compliant	
<b>C2</b>		Child protection including inter-agency working & CRB checks	Val Jones	Compliant	
<b>C3</b>		NICE Interventional Procedures			
<b>C4</b>	<b>a</b>	Health care acquired infections including MRSA reduction	Doug Wulff	Compliant	
	<b>b</b>	Medical devices management	Val Jones	<b>Not compliant</b>	Not compliant for pharmacists, dentists and optometrists at Q3. Predicting compliance at Q4
	<b>c</b>	Decontamination	Doug Wulff	<b>Not compliant</b>	Not compliant for pharmacists, dentists and optometrists at Q3. Predicting compliance at Q4
	<b>d</b>	Medicines management	Doug Wulff	Compliant	
	<b>e</b>	Waste management	Louise Pritchard	Compliant	
<b>2nd Domain</b>		<b>Clinical and Cost Effectiveness</b>			
<b>C5</b>	<b>a</b>	NICE technology appraisals & national best practice including NSFs & NICE CGs	DW - KD	<b>Not compliant</b>	Not compliant for Pharmacists, dentists and optometrists until framework in place. Predicting compliance for Q4
	<b>b</b>	Care provided under supervision and leadership	Val Jones	Compliant	
	<b>c</b>	Clinical skills training	Val Jones	Compliant	
	<b>d</b>	Clinical audit and reviews	DW - KD	<b>Not compliant</b>	No assurance on pharmacists, dentists and optometrists until new audit programme begins. Predicting compliance in Q4
<b>C6</b>		Inter-agency co-operation over individual patients	Louise Pritchard	Compliant	
<b>3rd Domain</b>		<b>Governance</b>			
<b>C7</b>	<b>a&amp;c</b>	Good clinical and corporate governance Systematic risk assessment and risk management	LP - RM	<b>Not compliant</b>	No assurance for pharmacists, dentists, optometrists. Predicting compliance in Q4
	<b>b</b>	Openness, honesty, probity, accountability, and the economic, efficient and effective use of resources			
	<b>d</b>	Good financial management			
	<b>e</b>	Discrimination, equality, human rights	JS - JTh	Compliant	

	<b>f</b>	Existing performance requirements			
<b>C8</b>	<b>a</b>	Whistleblowing	JS - SR	Not compliant	Whistleblowing policy required and assurance for pharmacists, optometrists, dentists
	<b>b</b>	Organisational and personal development programmes including BME groups staff	JS - SR	Compliant	
<b>C9</b>		Records management	JS - JTh	Not compliant	Not compliant for pharmacists, dentists and optometrists
<b>C10</b>	<b>a</b>	Employment checks and professional registration	JS - SR	Compliant	
	<b>b</b>	Codes of professional practice & mechanisms to address issues	JS - SR	Compliant	
<b>C11</b>	<b>a</b>	Recruitment, workforce planning & training	JS - SR	Compliant	
	<b>b</b>	Mandatory training programmes & induction	JS - SR	Not compliant	No assurance of mandatory training for optometrists. Predicting compliance by Q4
	<b>c</b>	Further professional and occupational development	JS - SR	Not compliant	No assurance of CPD for optometrists. Predicting assurance at Q4
<b>C12</b>		Research governance	NB - Tony Stewart	compliant	
<b>4th Domain</b>		<b>Patient Focus</b>			
<b>C13</b>	<b>a</b>	Dignity and respect including DDA & acting on issues	Val Jones	Compliant	
	<b>b</b>	Consent for treatment and use of patient confidential information	Louise Pritchard	Compliant	
	<b>c</b>	Confidentiality	Louise Pritchard	Compliant	
<b>C14</b>	<b>a</b>	Complaints and feedback	DW - KD	Not compliant	No way for patients to feedback on services for dentists and optometrists (PALS not advertised). Predicting compliance in Q4
	<b>b</b>	Non-discrimination of complainants	DW - KD	Not compliant	Post-complaint questionnaire due to be extended to contractors. Predicting compliance in Q4
	<b>c</b>	Response to and improvements after complaints	DW - KD	Compliant	
<b>C15</b>	<b>a</b>	Choice of food, providing a balanced diet, which is prepared safely	Louise Pritchard	Compliant	
	<b>b</b>	24 hour access to food & patients' individual nutritional, personal and clinical dietary requirements	Louise Pritchard	Compliant	
<b>C16</b>		Information on services and care and treatment	JS - AS	Compliant	
<b>5th Domain</b>		<b>Accessible and Responsive Care</b>			
<b>C17</b>		Views of patients in designing, planning, delivering and improving health care services	JS - AS	Compliant	
<b>C18</b>		Equality of access to and choice in services and treatment	LP & AD	Compliant	
<b>C19</b>		Timely access to emergency care & services			
<b>6th Domain</b>		<b>Care Environment and Amenities</b>			
<b>C20</b>	<b>a</b>	Safe and secure environments including protection of physical assets	LP - TM	Compliant	
	<b>b</b>	Environments support patient privacy and confidentiality	Louise Pritchard	Compliant	

C21		Environments are well designed and well maintained with good cleanliness levels	Louise Pritchard/Doug Wulff	Compliant	
<b>7th Domain</b>		<b>Public Health</b>			
C22	a&c	Inter-agency co-operation & Local partnership arrangements	Nicola Benghe	Compliant	
	b	Local Director of Public Health's Annual Report informs policies, practices and commissioning	Nicola Benghe	Compliant	
C23		Analysis of needs & planning priorities	Nicola Benghe	Compliant	
C24		Response to incidents and emergency situations including inter-agency working for annual testing	JS - Dawn Roberts	<b>Insufficient Evidence</b>	Not currently assured for independent contractors. Predicting assurance by Q4

**Appendix C – Healthcare Commission Comparative Indicator Set**

BIRMINGHAM EAST AND NORTH PCT						
Note: A trust level identified as "above expected" shows a high level of performance with this indicator compared to other trusts within the same comparator group. For details on all of these indicators, including details on how expected levels are constructed, please see the relevant constructions.	Value	Comparator group	Performance within group			Row location
			Below	Expected	Above	
Access to genito-urinary medicine (GUM) clinics: percentage of attendees at a GUM clinic seen within 48 hours	59.67	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	77
Access to termination of pregnancy services: percentage of all NHS funded abortions under 10 weeks	70.62	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
Breast Screening: percentage of eligible women aged 53 - 64 screened for breast cancer	74.06	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Cervical screening: percentage of women aged 25 - 64 with an adequate test within previous 5 years	77.37	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Chlamydia screening: percentage of sexually active population aged 15-24 screened for chlamydia	2.84	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6
Influenza, vaccination: percentage of persons aged 65 and over immunised against influenza	66.31	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
Long Acting Reversible Contraceptives (LARC): percentage of female first contacts with contraceptive clinics who receive a LARC	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129
Measles, mumps and rubella, immunisation: percentage of children receiving their second immunisation by their 5th birthday	74.07	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Smoking: percentage of patients who smoke with any (or any combination) of the following conditions: coronary heart disease, stroke or transient ischaemic attack, hypertension, diabetes, chronic obstructive pulmonary disease or asthma	17.72	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4
Smoking: percentage of people setting a smoking quit date who had quit at four week follow-up	51.43	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7
Teenage pregnancy: 2005 rate per thousand females aged 15-17	50.55	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5