

<i>COMMITTEE</i>	HEALTH AND COMMUNITY SERVICES OVERVIEW AND SCRUTINY COMMITTEE
<i>DATE</i>	13 SEPTEMBER 2005
<i>TITLE OF REPORT</i>	MEDWAY TEACHING PRIMARY CARE TRUST HEALTH CHECK DECLARATION
<i>RESPONSIBLE OFFICER</i>	Prepared by May Bullen, Director of Workforce Development, Medway Teaching Primary Care Trust

1 PURPOSE OF ITEM

- 1.1 This item provides information on the Medway Teaching Primary Care Trust self assessment of compliance against the NHS Core Standards, known as the Health Check.

2 RECOMMENDATIONS

- 2.1 Members are asked to comment on the Self Assessment submission from Medway Teaching Primary Care Trust.

3. THE ROLE OF THE OVERVIEW AND SCRUTINY COMMITTEES

- 3.1 Assessment of the PCT's self assessment against the standards is the responsibility of the Healthcare Commission. Overview and Scrutiny Committees (OSCs) are invited to comment against those domains/standards where they believe their knowledge or experience will help to inform the Healthcare Commissions assessment. OSC comments will be submitted in full to the Commission along with the PCT's draft declaration. Comments will also be submitted from the Strategic Health Authority and Patient, Public Involvement Forum – Medway Community Health.

4. BACKGROUND

- 4.1 The Health Check or healthcare standards are national standards divided into 7 domains. The Core Standards are supplemented by Developmental Standards. Medway PCT has integrated the assessment of the Core Standards into the assurance framework process which links with the organisation's internal performance monitoring programme. The Core Standards will be assessed as a draft assessment for October 2005 with full declaration of achievement required in April 2006. Developmental standards will be assessed from that date.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications for Medway Council. This report has been prepared by the Medway Teaching Primary Care Trust.

6. LEGAL IMPLICATIONS

6.1 There are no legal implications for Medway Council. This report has been prepared by the Medway Teaching Primary Care Trust.

7. BACKGROUND PAPER

7.1 Process and accountability

The PCT Board is responsible for assuring the draft declaration of compliance against the NHS Core Standards in October 2005.

The Director of Workforce Development has board level responsibility for overseeing the Health Check process. A Board Director is assigned to lead each individual domain.

An operational working group reviewed the standards and sub heading 'elements' in detail and prepared a self assessment report (Annex 1).

Each domain was reviewed by a Non-executive Director and the lead Director for the Domain. Each Non-executive Director looked closely at the evidence submission to achieve comprehensive assurance for each domain. For example:

DOMAIN 1 – SAFETY

Core standard C4b: The PCT keeps patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimized.	Insufficient assurance	See evidence catalogue	Medical Equipment Group monitoring programme underway. Comprehensive Equipment registers in place. Further assurances required to ensure that training is available for high risk equipment. Will have a comprehensive system in place by Nov05	Medical Equipment Group actioning programme of work which will be fully implemented by November
Standard	compliance	comments	action plan	

DOMAIN 3 – GOVERNANCE

Standard	compliance	comments
C7b PCTs actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	Compliant	See evidence catalogue PCT applies code of conduct for NHS managers to all managers and directors. This is included in their contract. Clinical staff are bound by their own professional bodies' codes of conduct. This is included in their contract. A Whistleblowing Policy is in place. Counter Fraud arrangements in place (workplan, annual report, leaflets).

Where insufficient evidence or lapses were identified, the Lead Director, domain lead and appropriate managers agreed and developed a remedial action plan to be implemented by the end of November.

Evidence and supporting statements of achievement have been catalogued and electronically linked to the self assessment report. Evidence was banded; strategic intent and policy, process and systems, operational application:

CATALOGUE OF EVIDENCE (example)

DOMAINS	EVIDENCE	REF	DESCRIPTION	OWNER of evidence	COMMENTS
SAFETY: Domain 1 Core Standard C1a <i>The PCT Protects patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practices base information derived from the analysis of incidents</i>	Strategy & Policy				
	Serious Untoward Incident Policy	C8a.2	H&S Policy SUI Policy	WKSSA Jonathon Morrell	
			Clinical Risk Policy	Chris Greener	
			Clinical Governance Strategy	May Bullen	
	Incident Summary 2004	C1a3	Clinical Risk Report 2004 Incident trend analysis 2004	Chris Greener Chris Greener	
	SUI Reporting Protocol	C1a1	SUI reporting guidance	Chris Greener	
	Clinical Risk Report 2004-05	C1a2	Summary of trends from clinical incidents and complaints	Chris Greener	
			Operational		
	IRIS Reporting system	C1a	Front cover of IRIS Form Book	Phillip Condie	
	INSIGHT Leaflet	C8a.4	Lessons Learned Leaflet 2004-5	Chris Greener	
	Quality Alert Forms	C8a.5	Proforma for staff to raise awareness of good and poor quality	Chris Greener	
			H&S Operational Group TOR	Phillip Greenhill	
			Clinical Governance Leads TOR	Chris Greener	

7.2 Timescales

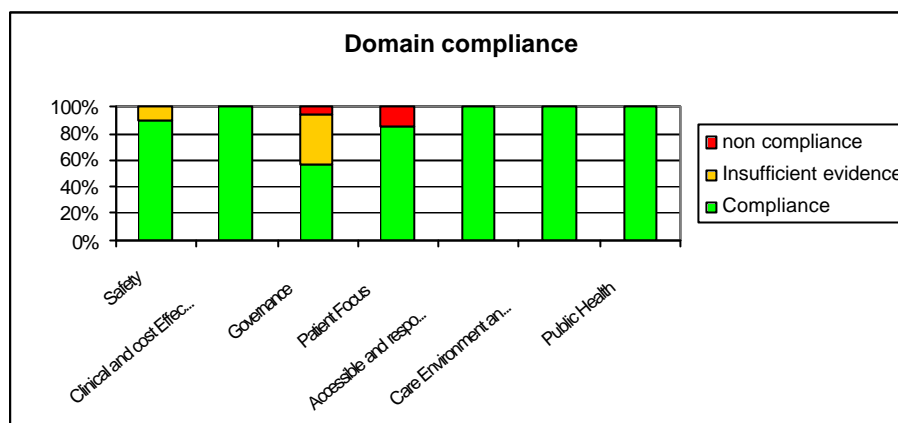
The Board has defined explicit timescales to achieve the above:

Action	Responsibility	Timescales
Appoint Lead Directors	Chief Executive	Mar-05
Appoint Directorate leads	Lead Directors	Mar-05
Collect evidence and populate monitoring tool	Directorate leads	Mar-Sept05
Report progress to PEC and Board	Director of Workforce Development	Mar-Sept05
Report to Medway OSC	Director of Workforce Development	02-Sep-05
Presentation to Medway OSC	Chief Executive	13-Sep-05
Confirmation of comments from Medway OSC		19-Sep-05
Report to local PPI Forums	Director of Workforce Development	Sep-05
Meetings between NEDs and Directors to gain assurance	Individual Directors	22-26 Aug 05
Report to Kent OSC and SHA	Director of Workforce Development	Oct-05
Presentation to Kent OSC		N/A
Comments from SHA and Kent OSC		14-28 Oct 05
Draft Declaration sign off by Board	Director of Workforce Development	19-Oct-05
Submit Draft Declaration to Healthcare Commission	Director of Workforce Development	31-Oct-05
Final Declaration		
Cross check by HC	Healthcare Commission	Nov-05
Selective follow up by HC	Healthcare Commission	Nov-Dec 05
Review of draft Process	Healthcare Commission and PCT	Dec-Jan 06
Public Declarations	PCT	Apr-06
Cross checking by HC	Healthcare Commission	Apr - Jun 06
selective Inspection	Healthcare Commission	May-Jul 06
Reporting and publication	Healthcare Commission	Sep-06

7.3 Overall summary of achievement

Medway PCT have considered the evidence available and assessed a level of compliance detailed in table 1. The PCT are currently reviewing standards with insufficient evidence and feel confident that the full assurance will be confirmed by April 2006.

table 1



6.4 Action Programme

Safety – Strengthen the programme of risk assessment across PCT. Implement Interventional Policy and align with NICE guidance assessment programme

Clinical Effectiveness – consolidate the audit/assessment of guidance implementation and integrate with service development programme

Governance – continued development of monitoring programme within learning and development. Information governance action plan underway to address lapses in health records management. Risk register and assurance framework implementation planning underway.

Patient Focus – Comprehensive review of patient information and literature availability processes underway. Continue to develop programme to facilitate privacy and dignity across the PCT

Accessibility – further work underway to progress the choice and clinical prioritisation programmes

Care Environment – Continued prioritisation of risk register management and monitoring

Public Health – continue to develop and plan major incident training exercises

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Medway Teaching Primary Care Trust Self Assessment Summary

Medway PCT			9 Standards:
Standards For Better Health			1 insufficient assurance
Draft declaration - Safety Domain 1			8 compliant
Aug-05			0 non-compliant
Standard	Declaration	Evidence	Comments
Core Standard C1a: The PCT protects patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	Compliant	See evidence catalogue	Robust systems in place to monitor trends. Regular reports to Board and Lessons Learned cascaded throughout organisation. Further work required to ensure satisfactory links to NPSA database due to problems with current IT solution
Core Standard C1b: The PCT protects patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales	Compliant	See evidence catalogue	SABS Alert cascade system in place and monitoring reports available
Core Standard C2: The PCT protects children by following national child protection guidelines within their own activities and in their dealings with other organisations	Compliant	See evidence catalogue	Child Protection Policy in place and comprehensive training available.
Core Standard C3: The PCT protects patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance	Compliant	See evidence catalogue	Few NICE interventional guidance are applicable to PCT but further work underway to assure process of receiving existing interventional programme to be completed by Nov 05
Core standard C4a: The PCT 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 year on year reductions in MRSA	Compliant	See evidence catalogue	HPU Policy available and cascaded to service areas. Link IC nurses in place and routine audits undertaken and actioned. Reports presented to Board
Core standard C4b: The PCT keeps patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Insufficient assurance	See evidence catalogue	Medical Equipment Group monitoring programme underway. Comprehensive Equipment registers in place. Further assurances required to ensure that training is available for high risk equipment. Will have a comprehensive system in place by Nov 05
Core standard C4c: The PCT keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant	See evidence catalogue	Developing existing training, audit and management systems in certain areas
Core standard C4d: The PCT keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant	See evidence catalogue	Work underway to integrate and update current systems - to be in place by Nov 05
Core standard C4e: The PCT keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant	See evidence catalogue	
Medway PCT			5 Standards:
Standards For Better Health			0 Insufficient assurance
Draft declaration re Clinical and Cost Effectiveness Domain 2			5 compliant
Aug-05			0 non-compliant
Standard	Declaration	Evidence	Comments
Core standard C5a: PCTs ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	Compliant	See evidence catalogue	System in place to support the implementation of NICE guidance where appropriate. NSF Implementation plans in place and monitored. Monitoring robust in Elderly Care, further assurances required for other NSF.
Core standard C5b: PCTs ensure that clinical care and treatment are carried out under supervision and leadership	Compliant	See evidence catalogue	L&D Strategy in place. Strengthening systems to assure process robust and implemented - by Nov 05
Core standard C5c: PCTs ensure that clinicians continuously update skills and techniques relevant to their clinical work	Compliant	See evidence catalogue	Learning and Development policy and Appraisal policy in place. PDPs in use. Lack of monitoring of uptake of PDPs or uptake of training.
Core standard C5d: PCTs ensure that clinicians participate in regular clinical audit and reviews of clinical services	Compliant	See evidence catalogue	Clinical Audit Strategy and Plan available. Full reporting to Clinical Effectiveness details of future trustwide audit programme and evaluation of actions
Core standard C6: PCTs cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	Compliant	See evidence catalogue	Partnership Board and evidence from the Care of the Elderly Inspection

Medway PCT			14 Standards
Standards For Better Health			4 insufficient assurance
Draft declaration: Governance Domain 3			9 compliant
Aug 05			1 non-compliant
Standard	Declaration	Evidence	Comments
C7a PCTs apply the principles of sound clinical and corporate governance	Compliant	See evidence catalogue	Performance monitoring via dynamic change not yet up and running. More assurance needed re communication of business plan 'across the organisation, to partners and to the public'.
C7b PCTs actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	Compliant	See evidence catalogue	PCT applies code of conduct for NHS managers to all managers and directors. This is included in their contract. Clinical staff are bound by their own professional bodies' codes of conduct. This is included in their contract. A Whistleblowing Policy is in place. Counter Fraud arrangements in place (workplan, annual report, leaflets).
C7c PCTs undertake systematic risk assessment and risk management	Insufficient Assurance	See evidence catalogue	Although risk assessment against business plan has been undertaken as part of assurance framework process, local risk assessments (site risks) have not been undertaken for D5/05 as yet
C7d PCTs ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources	Compliant	See evidence catalogue	Assurance in this from Internal and External audit.
C7e PCTs challenge discrimination, promote equality and respect human rights	Compliant	See evidence catalogue	Policies and procedures in place. Achieved IWL practice status - score 3/5 for equality & diversity. Staff attitude survey supports this.
C8a PCTs support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	Insufficient Assurance	See evidence catalogue	Policies and procedures are in place, but overdue for review. Lack of assurance re distribution of policies, although available on the intranet. Quality alert system is being rolled out via clinical governance leads.
C8b PCTs 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.	Insufficient Assurance	See evidence catalogue	PDP training has been given to managers and PDP process is underway. However there is a lack of assurance that PDPs are in place across the organisation as no central monitoring is currently undertaken. Achieved IWL practice status - score 3/5 for training and development. No data to support equality of access to training (eg takeup of training by ethnicity or other minority groupings).
C9 PCTs 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.	Not compliant	See evidence catalogue	The IG toolkit scores 33% regarding records management. An action plan is in place, work is underway and should be resolved for the final declaration.
C10a PCTs undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant	See evidence catalogue	This is policy, and is confirmed by the standard job offer letter. NHSLA level 1a - criteria 6 (validation and ongoing monitoring of registration policy) scored at 100%.
C10b PCTs require that all employed professionals abide by relevant published codes of practice.	Compliant	See evidence catalogue	Included in all contracts (standard contract template to be used for AFC assimilation). Professional codes endorsed by PEC and Board.
C11a PCTs ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work that they undertake.	Compliant	See evidence catalogue	Recruitment Policy at draft consultation stage, finalised by October 2005. IWL practice plus assessment provides assurance.
C11b PCTs ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes	Compliant	See evidence catalogue	Statutory and mandatory training matrix currently being revised to ensure appropriate uptake. Data from WKSSA regarding mandatory training attendance now shows 'did not attend'. Annual L&D report gives numbers of attendance but no detail of 'did not attend'.
C11c PCTs ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Insufficient Assurance	See evidence catalogue	Learning and Development policy and Appraisal policy in place. PDPs in use. Strengthening the monitoring of uptake of PDPs and uptake of training.
C12 PCTs which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant	See evidence catalogue	Regular reports are given to R&D group which reports to clinical governance. Research and Development Manager has assessed performance against the DoH research governance framework and reports compliance.

Medway PCT		7	Standards
Standards For Better Health		0	insufficient assurance
Draft declaration re Patient Focus Domain 4		6	compliant
Aug-05		1	non-compliant
Standard	Declaration	Evidence	Comments
Core Standard C13a: PCTs have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	compliant	See evidence catalogue	Attendance numbers for both the Adult Protection Courses and the Leadership at the Point of Care courses requested 23.8.05. CG requested Platters Farm's policy on Respect & Dignity 23.8.05.
Core Standard C13b: PCTs have systems in place to ensure that staff appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	compliant	See evidence catalogue	
Core Standard C13c: PCTs have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary	compliant	See evidence catalogue	
Core Standard C14a: PCTs have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services	Compliant	See evidence catalogue	
Core Standard C14b: PCTs have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	compliant	See evidence catalogue	Existing systems and processes being reviewed and strengthened
Core Standard C15a: Where food is provided, PCTs have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet	compliant	See evidence catalogue	
Core Standard C16: PCTs make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after	non compliant	See evidence catalogue	Systems for managing patient information are not robust. This action is a key target within the business plan objectives 05/06

Medway PCT		3	Standards
Standards For Better Health		0	insufficient assurance
Draft declaration re Accessible & Responsive Care. Domain 5		3	compliant
Aug-05		0	non-compliant
Standard	Declaration	Evidence	Comments
Core Standard C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	compliant	See evidence catalogue	
Core Standard C18: PCTs enable all members of the population to access services equally and offer choice in access to services and treatment equitably	compliant	See evidence catalogue	Further development needed re Choice programme
Core Standard C19: PCTs ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services	compliant	See evidence catalogue	Further work underway re Access & clinical prioritisation to be confirmed by Nov 05

Medway PCT		3	Standards
Standards For Better Health		0	insufficient assurance
Draft declaration re Care Environment & Amenities. Domain 6		3	compliant
Aug-05		0	non-compliant
Standard	Declaration	Evidence	Comments
Core Standard C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant	see evidence catalogue	Continued development and strengthening of risk register management to be confirmed by Nov 05.
Core Standard C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	Compliant	see evidence catalogue	
Core Standard C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	Compliant	see evidence catalogue	

Medway PCT			4	Standards
Standards For Better Health			0	insufficient assurance
Draft declaration re Governance Domain			4	compliant
Aug-05			0	non-compliant
Standard	Declaration	Evidence	Comments	
Core Standard C22a&b: PCTs promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	compliant	see evidence catalogue		
Core Standard C22c: PCTs promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices	compliant	see evidence catalogue		
Core Standard C23: PCTs have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	compliant	see evidence catalogue		
Core Standard C24: PCTs protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services	compliant	see evidence catalogue	Continue to develop Financial Recovery Plan and identify resources for testing major incident plans.	