

GOVERNANCE AND RISK COMMITTEE

04 APRIL 2007

ANNUAL HEALTH CHECK – DECLARATION OF COMPLIANCE WITH THE CORE STANDARDS FOR BETTER HEALTH

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Paper addresses/includes the following areas:	✓
STRATEGIC DIRECTION	
“Playing our part in creating a complete system of care based on the needs of individuals”	
“Providing high quality specialist services in partnership with other agencies”	
“Developing an engaged, modern, confident and skilled workforce”	
“Attracting, investing and managing resources to make the biggest difference”	
STANDARDS FOR BETTER HEALTH	
Safety	
Clinical and Cost Effectiveness	✓
Governance	✓
Patient Focus	✓
Accessible and Responsive Care	✓
Care Environment & Amenities	✓
Public Health	✓
Clinical Negligence Scheme for Trusts (CNST)	✓
Auditors Local Evaluation (ALE)	✓

ACTION REQUIRED:

- The Governance and Risk Committee is asked to endorse the SBH assurance framework.
- The Governance and Risk Committee is asked to review the SBH assurance framework for Core Standards C7a,b,c. and agree compliance.
- The Governance and Risk Committee is asked to endorse the in year lapse identified in 5.2.
- The Governance and Risk Committee are asked to approve the submission to the Healthcare Commission declaring full compliance with the Core Standards for Better Health with an in year lapse.

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1. PURPOSE OF REPORT

The purpose of this report is to advise the Governance and Risk Committee of the outcomes of the internal self-assessment to establish levels of compliance with the Standards for Better Health.

2. BACKGROUND

- 2.1 The Healthcare Commission (HCC) is required to undertake an annual health check of Trusts, which is composed of five elements one of which is an assessment of compliance with the Standards for Better Health.
 - 2.2 The purpose of the Annual Health check is to promote improvements in the quality of healthcare and public health through independent, authoritative, patient-centred assessments.
 - 2.2 The Healthcare Commission requires all NHS Trusts to submit, by 01.05.07 a declaration of compliance with the Standards for Better Health for the period 01.04.06 to the 31.03.07 based upon a self assessment.
 - 2.3 The Declaration of Compliance will state for each standard whether it is **met**, (no significant lapse), **not met** (significant lapse) or there is a **lack of assurance** (the Board is unclear as to whether there has been a significant lapse).
 - It is for the Board to decide if a given lapse is significant or not. In making this decision the HCC anticipate that Boards will consider the extent of the risk to patients, staff and the public, the duration and impact of the lapse.
 - The declaration is not intended as a medium for reporting isolated, trivial or purely technical lapses.
 - The following standards will not be included in the declaration –
 - C7d financial management
 - C7f performance requirements
 - C19 access to services within agreed timescales
 - 2.4 The declaration will also include commentaries from the Overview and Scrutiny Committees, Patient and Public Involvement Forum and Strategic Health Authority.
- #### 3. KEY ISSUES
- 3.1 Trust Board, through the Governance and Risk Strategy, has delegated responsibility for ensuring compliance with the Standards for Better

Health to the Governance and Risk Committee and the sub committee structure.

3.2 The responsible of each sub committee are detailed below:

	Domain		Standards	
Governance and Risk Committee	Third	Governance	C7a,b,c	D3
Sub Committees:				
Clinical Governance	First	Safety	C1 - 4	D1
	Second	Clinical and Cost Effectiveness	C5 - 6	D2
	Third	Governance	C7a, C12	D4
	Fourth	Patient Focus	C13 - C16	D8 - 10
	Fifth	Accessible and Responsive Care	C17 - 19	D 11
	Seven	Public Health	C22 - 23	D13
Information Management	Third	Governance	C9	D6
Workforce and Development	Third	Governance	C8,10,11	D7
Estates and Facilities	Sixth	Care Environments and Amenities	C20-C21	D12
	Seven	Public Health	C24	

3.3. The self assessment process adopted by the Trust to establish compliance is based on an Assurance Framework template where the identified risks are failure to comply with the requirements of the Healthcare Commission as identified in the HCC Inspection Guide.

3.4 The SBH assurance framework was populated by individual directors relevant to their portfolios and reviewed and agreed by the relevant sub-committees.

3.5 The Governance and Risk Committee is responsible for reviewing and agreeing Core Standards C7a,b,c.

3.6 The SBH assurance framework is attached as Appendix 1

3.7 Responsibility for identifying in year lapses was delegated to the Executive Director for each standard.

3.8 The Trust has consulted with each of the Overview and Scrutiny Committees and the Patient and Public Involvement Forums and is awaiting their statements.

4. FINANCIAL OR LEGAL IMPLICATIONS

4.1 There are no direct financial or legal implications arising from this report.

5. CONCLUSION(S) BASED ON THE KEY ISSUES AND FINANCIAL IMPLICATIONS

5.1 The Governance and Risk Sub Committees have each agreed full compliance with their delegated Standards for Better Health based upon the controls and assurances provided within the SBH assurance framework.

5.2 The Clinical Governance Sub Committee has recommended that the Trust should consider declaring an in year lapse for Standard C5 as there are concerns regarding ECT accreditation. The lapse would commence October 2006 until February 2007.

6. RECOMMENDATIONS

6.1 The Governance and Risk Committee is asked to endorse the SBH assurance framework

6.2 The Governance and Risk Committee is asked to review the SBH assurance framework for Core Standards C7a,b,c. and agree compliance.

6.3 The Governance and Risk Committee are asked to endorse the in year lapse identified in 5.2.

6.4 The Governance and Risk Committee are asked to approve the submission to the Healthcare Commission declaring full compliance with the Core Standards for Better Health with an in year lapse.

Dr Chris Fisher
Executive Director Clinical Governance and Assurance