

DURHAM JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

TEES ESK & WEAR VALLEYS NHS TRUST DECLARATION OF COMPLIANCE WITH THE CORE STANDARDS FOR BETTER HEALTH APRIL 07 – SEPT 07

MONDAY 07 APRIL 2008

REPORT CONCLUSION

The final review of the standards will be undertaken by an Extraordinary Trust Board on the 08th April 2008 with a recommendation of full compliance with no in year lapses based upon the available controls and assurances

Durham Joint Health Overview and Scrutiny Sub-Committee

Monday 07 April 2008

TEES ESK & WEAR VALLEYS NHS TRUST DECLARATION OF COMPLIANCE WITH THE CORE STANDARDS FOR BETTER HEALTH APRIL 07 – SEPT 07

1. PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Durham Joint Health Overview and Scrutiny Sub-Committee, of the proposed levels of compliance with the Standards for Better Health following internal self-assessment by the relevant sub committees and external validation by Durham and Tees Audit Consortium (limited standards only).

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.

2.3 The Healthcare Commission requires all NHS Trusts to submit a annual declaration of compliance with the Standards for Better Health for the period 01.04.07 to the 31.03.08 based upon a self assessment.

2.4 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

2.5 The declaration will also include commentaries from the Overview and Scrutiny Committees, Patient and Public Involvement Forum and Strategic Health Authority.

3. KEY ISSUES

Annual Health Check 2006/ 2007

3.1 Tees Esk and Wear Valleys NHS Trust declared full compliance with an in year lapse for standard C5 – Conforming to NICE technology appraisals. The lapse was related to three units providing Electro Convulsive Therapy were not Royal College of Psychiatry ECT accredited. The lapse was identified in October 2006 and rectified by February 2007.

3.2 The results for the Annual Health Check 2006/2007 were as follows

| | |
|----------------------------|------------------|
| Quality of Services | Excellent |
| Use of Resources | Good |

Annual Health Check 2007/ 2008

3.3 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 structures.

3.4 The responsibilities 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 | |

- 3.5 The self assessment process adopted by the Trust to establish compliance is based on the standards criteria and the requirements of the Healthcare Commission as identified in the HCC Inspection Guide.
- 3.6 The designated Executive Directors relevant to their portfolios are required to provide evidence of controls and available assurances to support each standard. The evidence is reviewed and agreed by the relevant sub-committees.
- 3.7 The sub committees are responsible for providing regular updates to the Governance and Risk Committee. A mid year review of all the standards was undertaken by the Governance and Risk Committee in October 2007. At which point there was full compliance with no in year lapses identified.
- 3.8 Responsibility for identifying in year lapses is delegated to the Executive Director for each standard.
- 3.9 External Assurance has been provided by Durham and Tees Audit Consortium who have undertaken a review of five standards. The standards for review were selected based upon analysis of the Healthcare Commissions data sources, which are employed by the HCC to establish likely levels of compliance.

The standards chosen for review were as follows:

- C5a Conforming to NICE technology
- C7e Challenging discrimination
- C9 Records Management
- C14a Complaints
- C21 Clean Environment

DATAAC have concluded that no gaps were identified against the standards criteria, for each standard reviewed.

4. CONCLUSION(S)

- 4.1 The final review of the standards will be undertaken by an Extraordinary Trust Board on the 08th April 2008 based upon a recommendation of full compliance with no in year lapses based upon the available controls and assurances.

Dr Chris Fisher
Medical Director