

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Report to: Joint Overview & Scrutiny Committee
Report from: Medical Director & Acting Director of Clinical Governance
Date: 31st March 2008
Subject: Annual Health Check Declaration 2007 / 08

The paper outlines the requirements of reporting on the Annual Health Check Declaration for 2007/2008. These include 43 core standards and the code of practice for infection control.

Also included is an explanation on how UHL manages the process of self assessment to ensure robust systems are in place and the UHL Trust Board has sufficient assurance to make its declaration.

Indicative assessments at this stage suggest compliance against 42 of the 43 core standards, whilst additional information is being considered against C20b to enable a final decision. The UHL Trust Board will consider the declaration at its meeting on 3rd April 2008 before 'signing off' the information.

The JOSCs are invited to question Executive Directors and Senior Managers on UHL's indicative annual health check declaration.

1. INTRODUCTION

- 1.1 All Trusts are required to submit by noon on 30th April 2008 a declaration against the healthcare standards covering the time period 1st April 2007 to 31st March 2008.
- 1.2 This declaration must be made in public and UHL will present at the Trust Board meeting on 3rd April 2008. Following submission to the Healthcare Commission it will be entered on UHL's website.
- 1.3 The declaration will cover 43 core standards and a statement against the code of practice for infection control.
- 1.4 This paper details the process for assessment and the indicative assessments to date.
- 1.5 Third party commentary must be invited from stakeholders including the Patient and Public Involvement Forum, the Overview and Scrutiny Committee, the Strategic Health Authority and the Local Safeguarding Childrens Board. The comments received will be reproduced verbatim.

2. CHANGES TO THE ANNUAL HEALTH CHECK FOR 2007 / 08

- 2.1 There have been a number of changes for 07/08 and these include:
 - A review and (where possible) rationalisation of the criteria. In October 2007 the Healthcare Commission published *Criteria for Assessing Core Standards in 2007/08 Acute Trusts* detailing the changes.
 - Trusts no longer being required to make a declaration against the developmental standards.
 - The Healthcare Commission issuing a small set of benchmark indicators. The information is derived from data that is nationally available albeit dated in some cases. The expectation is that boards will use this information and local data when reviewing their performance and considering their compliance with the core standards.
 - Incorporating the new statutory requirements relating to ionising radiation in the criteria for assessing performance in relation to safety (core standard C4b).

3. THE HYGIENE CODE

- 3.1 A statement of compliance with the hygiene code will be included in the declaration covering the whole assessment year. The following statement will be included: -

“UHL NHS Trust has continued to benchmark its arrangements for infection prevention and control against the Code of Practice, latterly using the Healthcare Commission self assessment tool. The self assessment tool has been completed by Clinical Governance Leads in all directorates and the compliance score of 94% providing a high level of assurance.

Specifically, the Board can confirm that UHL have been working in line with the Code since it was received in October 2006. Compliance has formed an integral part of the Trust's infection prevention and control annual programme for 2007/2008. Progress against the code has been monitored through the Infection Control Committee, chaired by the Chief Executive and the requirements of the Code have been taken into consideration when assessing compliance with the following Healthcare Standards: C4a, C4c and C21.

Further assurance is provided through the significant reduction in healthcare associated infections, in particular Clostridium difficile diarrhoea and MRSA bacteraemia, achieved by the Trust during 2007/2008.”

4. ASSESSMENT OF COMPLIANCE AGAINST CORE STANDARDS

4.1 Trusts are asked to declare compliance against the core standards using the following headings: -

- **Compliant:** where the Trust Board determines that it has had ‘reasonable assurance’ that it has been meeting a standard without significant lapses from 1st April 2007 to March 31st 2008. The Healthcare Commission advise that ‘reasonable assurance’, by definition is not absolute assurance, but should be based on documentary evidence that can stand up to internal and external challenge. Trust Boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the elements.
- **Not Met:** where assurances received by the Trust Board make it clear that there has been one or more significant lapses in relation to a standard during the year. Boards need to decide whether any identified lapse is significant or not. The Healthcare Commission expect that Boards will consider any potential risks to patients, staff and the public and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

In UHL a risk matrix is applied to those assessments where there is concern over level of compliance.

- **Insufficient Assurance** – where a lack of assurance leaves the Trust Board unclear as to whether there have been any significant lapses during 2007/08.

4.2 The Healthcare Standards and Improvement Steering Group at its meeting on 26th February undertook the first round of ‘confirm and challenge’ against 36 of the 43 core standards with the remaining 7 being subject to the same process at the Operational Group on 4th March.

4.3 A second round of confirm and challenge was completed on the 6th March 2008 by the Trust Board. With the exception of one standard (C20b), all were judged to be compliant taking account of the information presented and evidence available. The Director of Nursing is in the process of seeking further assurance regarding C20b and a verbal update will be provided to the Joint overview & Scrutiny Committee on 31st March 2008.

4.4 Each of the 43 core standards and their compliance level are listed at Appendix A.

4.5 To date, commentary has been received from the PPIF (attached at Appendix B) and the Strategic Health Authority (attached at Appendix C) and considered by UHL Board members.

5. ACCOUNTABILITY ARRANGEMENTS AND ASSURANCE PROCESSES

Assurance is obtained in a number of ways:

5.1 The Healthcare Standards Steering Group, chaired by the Chief Executive, meets on a regular basis and is responsible for the co-ordination of all of the processes associated with

the assessment of compliance with the core standards. Membership has expanded this year to include Chief Executives (or representatives) from Leicester City PCT and Leicestershire County and Rutland PCT, full time officers of the Joint Overview and Scrutiny Committee and UHL General Managers. Minutes of the meetings are submitted to UHL Trust Executive.

- 5.2 Regular reports on core standard assessment and the annual health check are made to the Trust Board, Clinical Governance Committee and Audit Committee. These reports include results of the draft quarterly assessments.
- 5.3 An annual review by East Midlands Internal Audit Services. The objective of the review is 'to provide assurance on the robustness of the Trust's approach to assessing compliance of the standards for better health core standards and the consistency in collation and recording of appropriate evidence'. In February 2008 East Midlands Internal Audit Services reported that "significant assurance can be provided that there is a generally sound system of control designed to meet the system's objectives, in that there is a robust self assessment process in place with regards to standards for better health."
- 5.4 An accountability framework with an Executive Lead for each of the 43 component parts of the core standards supported by a Lead Officer. These 'experts' are responsible for completing the self assessments of compliance based on analysis of the evidence available.
- 5.5 Assessments are completed three times during the year to ensure a regular and robust approach to self assessment through completion of an assessment framework. This requires the following:
 - A review of the latest guidance 'Criteria for Assessing Core Standards in 2007/08 for Acute Trusts' and the need to highlight any changes.
 - The completion of the Healthcare Commission 06/07 (latest published) lines of enquiry to collate evidence.
 - The review of the relevant section(s) of the 06/07 Trust profile report. This is the information used last year as part of the cross checking process by the Healthcare Commission.
 - Consideration of the clinical directorates self assessments and suggested evidence for the relevant core standards.

6. CONCLUSION

- 6.1 UHL will be 'signing off' its declaration at the public Trust Board meeting on 3rd April 2008. The Joint Overview & Scrutiny Committee are invited to provide its commentary for inclusion in the declaration.
- 6.2 The Medical Director, Director of Nursing and the Acting Director of Clinical Governance will be in attendance to take any questions the Joint Overview & Scrutiny Committee may have.

Dr Allan Cole
Medical Director
March 2008

Sharron Hotson
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March 2008