Hampshire NHS
Primary Care Trust

Governance and Healthcare Assurance Committee Paper GHAC09/011

Standards for Better Health (SfBH) 2008-2009

Executive Summary:

The Annual Health Check (AHC) for all trusts is carried out each year by the Healthcare Commission, and awards an overall rating that consists of two elements: Quality of Services and the Use of Resources. The 'Quality' measures include:

i. Achievement of National Targets
ii. Compliance with the Standards for Better Health (SfBH)
iii. Performance on Improvement Reviews
iv. The Auditors Local Evaluation (ALE)

In 2007/08 the Healthcare Commission (HCC) gave the PCT a rating of '**FAIR'** for Quality of Services and '**GOOD'** for the Use of Resources, whilst declaring full 'compliance' with all but three of the core Standards for Better Health – C4a Healthcare associated infections; C4b Management of medical devices; C4c Decontamination of medical devices which were declared as having 'insufficient assurance' of meeting the required standards.

In April 2009, the PCT Board is required to make its annual declaration to the newly formed Care Quality Commission (CQC) regarding its ongoing compliance with the SfBH. The involvement of the Governance & Healthcare Assurance Committee (GHAC) in this self-assessment process is absolutely fundamental as it provides final assurance to the PCT Board that the systems and processes being used by the PCT to approve the declaration are both thorough and accurate. For the first time, the GHAC will be used to approve the declaration of compliance for the PCT as a **commissioner of services**, whilst the Care Services Integrated Governance Committee (CSIGC) will assess compliance of the PCT as a **provider of services** – the two declarations will be entirely separate. This paper is therefore aimed at the GHAC – a separate paper will be written by Care Services for the CSIG.

This paper provides updated information to the previously presented paper ('SfBH – Proposal for the Assurance Management Process in 2008/09') presented to the GHAC in September 2008 and indicates the steps which the PCT will need to take between January and April 2009 in order to successfully deliver its declaration.

Actions Requested:

The Governance & Healthcare Assurance Committee is requested to note the contents of this paper, to approve the definitions offered for reasonable assurance and significant lapse, and to ensure that it is kept fully informed about the assessment process prior to the submission of the declaration at the end of April 2009.

Aims Supported by this Paper:

To comply with the requirements of the Healthcare Commission and to ensure that the PCT is able to maximise its score in the Annual Health Check 2008-2009.

Corporate Citizenship, Equality and Diversity: This paper does not request decisions that impact on corporate citizenship, equality and diversity.
Legal Implications: There are no legal implications arising from this paper.
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Date: 15 January 2009

STANDARDS FOR BETTER HEALTH 2008-2009

1 INTRODUCTION

1.1 The Annual Health Check was introduced by the Department of Health for the first time in 2005-2006 replacing the old Star Rating system for assessing the use of resources and the quality of the services provided by, or commissioned by, trusts.

1.2 The quality measures of the Annual Health Check are:

- Achievement of National Targets
- Compliance with the Standards for Better Health (SfBH)
- Performance on Improvement Reviews
- Auditors Local Evaluation (ALE)

1.3 In December 2008, The Healthcare Commission published their planned approach and criteria for the assessment of the core standards in 2008-2009, which are summarised in Section 2.2 below.

1.4 This paper concentrates upon the steps required for the Trust to complete a successful SfBH declaration in 2009.

2 BACKGROUND

2.1 The 2007-2008 Declaration

The final draft declaration of compliance with the SfBH was approved by the Governance & Healthcare Assurance Committee (GHAC) on 21 April 2008 and ratified as final at the PCT Board Seminar on 24 April. The final declaration to the HCC was made via their website on 30 April and included: a general statement of compliance; a statement on measures to meet the Hygiene Code; recommendations of the degree of compliance against each core standard; details of those Board members signing off the Declaration; and comments from third parties that included the PPI Forum, the SHA, the OSC and the Local Safeguarding Children Board. There were three Core Standards that were declared as having 'insufficient assurance' of meeting the required standards, namely:

C4a Healthcare Associated Infections

C4b Medical Devices

C4c Decontamination of Medical Devices

with the remaining forty Standards being declared as 'Compliant'. The PCT was not selected for inspection by the HCC.

On publication of the final Annual Health Check 2007/08 in October, Hampshire PCT received a rating of 'Good' for use of resources and 'Fair' for quality of services, the Core Standards component contributing a score of 'Almost Met'.

2.2 The 2008-2009 Declaration

This year, PCTs are being asked to assess themselves separately as a commissioner of services and as a provider of services. The final set of criteria for both was published in late December 2008. In summary, the Domains remain the same:

1 Safety
2 Clinical & Cost Effectiveness
3 Governance
4 Patient Focus
5 Accessible & Responsive Care
6 Care Environment & Amenities
7 Public Health

but the Core Standards applicable to commissioning arms of PCTs have been reduced and simplified. In all there will be 33 Standards (vs. 43 in 2007/08) with a total of 51 elements (vs. 144), however organisations must understand that the number of Standards that are applied to commissioned services and independent contractors are different (see below).

For the purposes of the declaration, the PCT will be asked to assess compliance according to 3 perspectives:

1 the PCT as commissioners (as a **corporate body)** – ie assessment of Standards as they would apply to any NHS organisation

2 the PCT as commissioners (as a **commissioning function**) – ie assessment of Standards applicable to commissioning activities. The HCC name the following 9 Standards as of 'particular' interest to them:
   - **C5a** NICE Technology Appraisals
   - **C6** Partnership Working to meet Patient's Individual Needs
   - **C7e** Equality and Human Rights
   - **C17** Taking into consideration the views of patients
   - **C18** Equality & Choice in the Access to Services.
   - **C22a&c** **a** Improving the health of the community & narrowing health inequalities,
     c Appropriate and effective contribution to local partnership arrangements
   - **C22b** The local Director of Public Health's annual report informs their policies and practices.
   - **C23** Disease prevention and health promotion
   - **C24** Emergency planning)

A full list of the applicable Standards are shown in **Appendix A.**

3 the PCTs role in relation to the quality and safety of its commissioned services, ensuring that 'appropriate mechanisms' are in place to identify and respond to significant concerns that its commissioned services being consistent with the Standards and 'reasonable steps' are taken to ensure that the services provided by independent contractors are consistent with the relevant elements of the Standards.

With regard to the latter, the impact of this means that although the PCT has fewer Standards in relation to the way it commissions services and behaves as an organisation, it needs to able to give assurance of compliance against all provider Standards when assessing the way in which it manages the performance of providers and independent contractors ie through its contracting, performance management and quality/safety monitoring functions.

The HCC, for the first time, have further defined what they consider to be 'appropriate mechanisms' and 'reasonable steps', and have made inference (but not copied) some of the competences from World Class Commissioning and the commissioning cycle. The HCC have coined these as the commissioned services or independent contractors 'tests'.

The HCC continue to be concerned about the compliance of organisations with the legislation surrounding equality, diversity and human rights and expect PCTs to 'interpret and implement the Standards in ways that challenge discrimination, promote equity of access of services, reduce inequalities in health, and which respect and protect human rights.

Once again, PCT Boards are required to determine whether they have reasonable assurance of compliance with applicable Standards, without a significant lapse, from 1 April 2008 to 31 March 2009. The Hampshire PCT Board previously adopted definitions for reasonable assurance and significant lapse in April 2007 in the context of the declaration and it is proposed that the same definitions are used again for this year (**Appendix B**).

3 PREPARING THE DECLARATION FOR 2008-2009

3.1 The Process

The 2008-2009 declaration will cover the period 1st April 2008 to 31st March 2009. Significant dates in the declaration period include:

30 April 2009	PCT files Declaration with the CQC
16 May 2008	PCT publishes Declaration

As with last year, the Compliance Unit (CU) will act to apply and monitor the assurance system by setting the standard document formats by which the commissioning arm of the PCT will report its compliance, providing a framework by which Leads can assess assurance, providing a central database that can store the evidence collected, providing the GHAC with regular summary progress updates and acting to moderate the self-assessments where there is concern over scoring. The CU may request further evidence to support assessments before finally submitting them to the GHAC.

The GHAC will assess submissions from Leads before the preparation of the final draft declaration to the PCT Board for ratification. The final declaration will be submitted to the HCC via the secure website before noon on the 30 April 2009. The final Declaration and evidence will then be published on the Trust's internet website on or before 16 May 2009.

3.2 Actions currently being undertaken

As in previous years, Director and Manager Leads have been identified for each core standard across the commissioning arm of the PCT. In early December 2008, the CU communicated the request for the collection of evidence from all Leads to be initiated. A framework has been developed by the CU to facilitate the assessment of compliance with each Standard by the Leads in a way that a) asks them to provide evidence for the 'controls' that are in place (for each element of the Standard) and b) the evidence available that shows that these controls are working. An example is shown in **Appendix C**.

3.6 With reference to the key dates in 3.1, timing of submissions to facilitate a successful Trust declaration is crucial. The dates of GHAC and Board meetings in the first few months of 2009 are as follows:

15 Jan 09	Update on progress to GHAC
22 Jan 09	Update on progress to Audit Committee
29 Jan 09	Update on progress to Commissioning / PCT Board
12 March 09	Update on compliance to GHAC
26 March 09	Update on compliance to Commissioning / PCT Board
9 April 09	Final draft declaration approved by GHAC
23 April 09	Final draft declaration ratified by PCT Board
30 April 09	Declaration made to HCC
16 May 09	Hampshire PCT publishes declaration

Directorates have been requested to submit their initial lists of evidence to the CU by 23 January and to have made an initial assessment of compliance by the end of February in time for updates to the GHAC and PCT Board in March. The final submissions will be made to the GHAC on 9 April for approval and incorporation in the final draft declaration to be submitted to the PCT Board on 23 April for ratification, although the GHAC should note that the meeting on 23 April is not the full PCT Board.

4 CONCLUSION

The Governance and Healthcare Assurance Committee is requested to note the contents of this paper, to approve the definitions offered for reasonable assurance and significant lapse, and to ensure that it is kept fully informed about the assessment process prior to the submission of the declaration at the end of April 2009.

Appendix A

The Core Standards for PCTs as Commissioners

C1a	Patient Safety Incidents & Other Reportable Incidents
C1b	Patient Safety Notices, Alerts and Other Communications
C2	Child Protection
C5a	NICE Technology Appraisals
C6	Partnership Working to Meet Patients' Individual Needs
C7a & c	Clinical & Corporate Governance
C7b	Openness, Honesty, Probity, Accountability
C7e	Equality & Human rights
C8a	Staff Concerns re: Service Delivery and Treatment
C8b	Organisational & Personal Development Programmes
C9	Records Management
C10a	Employment Checks & Professional Registration
C10b	Codes of Professional Practice
C11a	Appropriately Recruited, Trained & Qualified Staff
C11b	Mandatory Training
C11c	Professional & Occupational Development
C12	Research Governance
C13a	Dignity & Respect
C13b	Consent & Use of Confidential Information
C13 c	Confidentiality of Patient Information
C14a	Complaints
C14b	Complaints & Discrimination
C14 c	Acting upon Complaints
C16	Patient Information
C17	Taking into Consideration the Views of Patients
C18	Equality & Choice in Access to Services
C20a	Safe & Secure Environments
C20b	Patient Privacy & Confidentiality
C21	Clean NHS Premises
C22a & c	Improving the Health of the Community & Narrowing Health Inequalities
C22b	DPH Annual Report Informs Policies & Practices
C23	Disease Prevention & Health Promotion
C24	Emergency Planning

Appendix B

Definitions of 'Reasonable Assurance' and 'Significant Lapse' (first used 2006/07)

The Healthcare Commission has provided guidance to trusts in relation to the assessment of compliance with core standards as follows:

Defining 'reasonable assurance'

Our assessment of compliance with core standards is based on a declaration that states that "the trust board has received reasonable assurance that the trust has complied with the core standards without significant lapses".
Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, Hampshire PCT must reflect that the core standards "are not optional" and "describe a level of service which is acceptable and which must be universal".
The Healthcare Commission's expectation is that each Trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Identifying 'significant lapses'

The Healthcare Commission states that "it is for Trust Boards to decide whether a given lapse is significant or not.
There is no simple formula by which to determine what constitutes a 'significant lapse'. A simple quantification of risk, such as the loss of more than £1million or the death of a patient, though significant *cannot* provide a complete answer.
In making the decision, the Trust Board should consider the extent of risk to patients, staff and the public as well as the duration and impact of any lapse. Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the level of risk for patients, the duration of the lapse and the range of services affected).
The declaration is not intended as a medium for reporting isolated, trivial or purely technical lapses in respect of the core standards".

Categories of 'compliant', 'not met' and 'insufficient assurance'

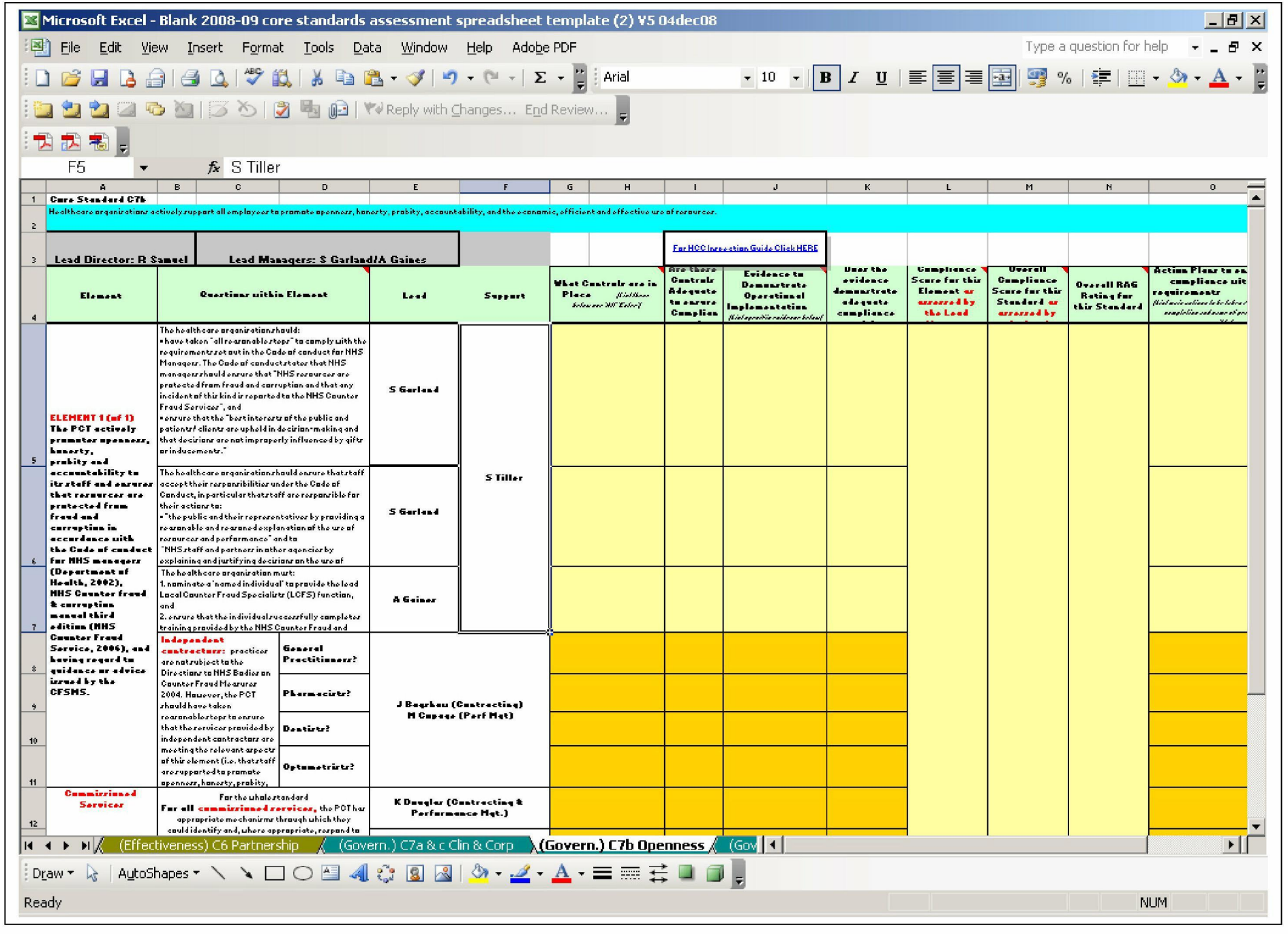
As with the draft declaration, trusts will have to indicate whether they are 'compliant', 'not met', or if they have 'insufficient assurance' to declare their compliance with each core standard.
Compliant – a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, during the year.
Not met – a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
Insufficient assurance – a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there has been a significant lapse. That is, the trust does not know whether they have or have not been meeting a standard during the year.

Significant Lapse

In the 2006/07 assessment, the GHAC used the following **working definition of significant lapse** as a benchmark:
" *a serious failure in Trust policies, procedures and/or systems which results in: death, unexpected adverse clinical outcome for any person, major litigation, disinvestment by commissioners, very serious injuries or harm or threat to any person, national adverse publicity or major loss of public*

confidence in the Trust, loss of confidence in the Trust by regulatory authorities (eg Healthcare Commission)."

Appendix C


Microsoft Excel - Blank 2008-09 core standards assessment spreadsheet template (2) V5 04dec08
File Edit View Insert Format Tools Data Window Help Adobe PDF
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Reply with Changes... End Review...
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S Tiller
Core Standard C7b
Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.
Lead Director: R Samuel
Lead Managers: S Garland/A Gaines
For HCC Inspection Guide Click HERE
Element
Questions within Element
Lead
Support
What Controls are in Place
Are these Controls Adequate to ensure Complian
Evidence to Demonstrate Operational Implementation
Does the evidence demonstrate adequate compliance
Compliance Score for this Element as assessed by the Lead
Overall Compliance Score for this Standard as assessed by
Overall RAG Rating for this Standard
Action Plans to en compliance wit requirements
ELEMENT 1 (of 1) The PCT actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the Code of conduct for NHS managers (Department of Health, 2002), NHS Counter fraud & corruption manual third edition (NHS Counter Fraud Service, 2006), and having regard to guidance or advice issued by the CFSMS.
The healthcare organisation should:
• have taken "all reasonable steps" to comply with the requirements set out in the Code of conduct for NHS Managers. The Code of conduct states that NHS managers should ensure that "NHS resources are protected from fraud and corruption and that any incident of this kind is reported to the NHS Counter Fraud Service", and
• ensure that the "best interests of the public and patients/ clients are upheld in decision-making and that decisions are not improperly influenced by gifts or inducements."
S Garland
S Tiller
The healthcare organisation should ensure that staff accept their responsibilities under the Code of Conduct, in particular that staff are responsible for their actions to:
• "the public and their representatives by providing a reasonable and reasoned explanation of the use of resources and performance" and to
"NHS staff and partners in other agencies by explaining and justifying decisions on the use of
S Garland
The healthcare organisation must:
1. nominate a "named individual" to provide the lead Local Counter Fraud Specialists (LCFS) function, and
2. ensure that the individual successfully completes training provided by the NHS Counter Fraud and
A Gaines
Independent contractors: practices are not subject to the Directions to NHS Bodies on Counter Fraud Measures 2004. However, the PCT should have taken reasonable steps to ensure that the services provided by independent contractors are meeting the relevant aspects of this element (i.e. that staff are supported to promote openness, honesty, probity,
General Practitioners?
Pharmacists?
Dentists?
Optometrists?
J Bagshaw (Contracting)
M Capage (Perf Mgt)
Commissioned Services
For the whole standard
For all commissioned services, the PCT has appropriate mechanisms through which they could identify and, where appropriate, respond to
K Douglas (Contracting & Performance Mgt.)
(Effectiveness) C6 Partnership
(Govern.) C7a & c Clin & Corp
(Govern.) C7b Openness
(Gov
Draw AutoShapes
Ready
NUM