

**TO:** 2gether NHS Foundation Trust Board

**FROM:** David McGrath, Trust Secretary

**DATE:** 27 November 2009

**SUBJECT: STANDARDS FOR BETTER HEALTH DECLARATION**

**PURPOSE**

This paper provides a summary of the Trust's self assessment against the Standards for Better Health for the year 2009/10. The Board is required to give final approval before submission to the Care Quality Commission (CQC).

**SUMMARY OF KEY POINTS**

- The Trust is required to make an annual declaration on the extent to which it is compliant with Standards for Better Health
- A review of evidence to support the Standards for Better Health declaration has been carried out by the Trust Secretary with the relevant lead for each core standard
- Internal audit has tested the availability and completeness of the evidence on a sample of six standards and given a significant assurance rating
- Further work has been carried out subsequent to the internal audit to address identified weaknesses
- The Governance Committee has scrutinised the evidence for each standard and recommends that there is sufficient assurance to provide a full compliance statement to the Care Quality Commission.

**RECOMMENDATIONS**

It is recommended that the Board returns a fully compliant statement to the Care Quality Commission.

**WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?**

Supporting clinical care		Skilled workforce	
Getting the basics right	P	Using better information	
Social inclusion		Financial efficiency	
Seeking involvement		Legislation	

<b>WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?</b>			
Seeing from a service user perspective			
Excelling and improving		Inclusive open and honest	P
Responsive		Can do	
Valuing and respectful		Efficient	

<b>REVIEWED BY:</b>	
Trust Secretary and Core Standards leads	August -- November 2009
Internal audit	September -- October 2009
Governance Committee	18 November 2009

## 1. CONTEXT

- 1.1 As part of an overall review of performance, the assessment of compliance with core standards is designed to provide an annual overview of the extent to which each trust is achieving the acceptable level of service as defined by the Department of Health's 24 core standards outlined in its publication "National Standards, Local Action". The Trust is not required to report on developmental standards.
- 1.2 For the 2009/10 review, the Care Quality Commission will, for the last time, be assessing all English NHS trusts, NHS foundation trusts and NHS primary care trust providers against the applicable parts of the Standards for Better Health.
- 1.3 There are several changes to the way organisations are asked to make their declarations for 2009/10. These are:
- To avoid confusion with providers' applications for registration, the core standards assessment will be primarily based on a mid-year declaration and will not be directly linked to a programme of inspections.
  - The CQC is asking the boards of trusts to make a public declaration on the extent to which they are assured that their organisation is compliant with the core standards for the first seven months of the declaration year of 1 April 2009 to 31 October 2009. Nevertheless, the assessment year is still the full 12-month period, so there is a gap between the end of the declaration period (31 October 2009) and the end of the assessment year (31 March 2010). Because of this the CQC is also asking trusts to tell them if there is an occasion when there has been a significant lapse in, or insufficient assurance of, compliance against a core standard after 31 October 2009.
  - A system will be set up for trusts to notify the CQC of changes to their compliance during the assessment year. That process will be publicised later this year. We are expected to notify the CQC as soon as we become aware of

the issue, but the notification process will also enable us to report if we resolve the issue before the end of the assessment year.

- The CQC is not asking for commentaries from 'third parties' as part of the core standards declaration.

- 1.4 The Commission's approach is based on the central principle that it is the responsibility of Trust Boards, to satisfy themselves that they are meeting relevant standards and, where this is not happening, to take appropriate steps to correct the situation.
- 1.5 The report to the Commission is based on a self-declaration which states that the Trust Board has received reasonable assurance that the Trust has complied with and will continue to comply with the core standards without significant lapses. Exceptions should be reported where:
  - standards have not been met
  - standards for which a lack of assurance leaves the Board unclear as to whether there have been significant lapses in meeting the standards.
- 1.6 The Commission will cross check the declaration against a range of data sets that have national coverage and information from other regulators and review agencies in order to identify those Trusts they consider most at risk of not meeting the core standards. In undertaking cross checks they will also review the statements from Trusts against any relevant comments gained from the internal and external auditors on the robustness of the statement on internal control.
- 1.7 Final declarations will be published by the Care Quality Commission on its website, along with the rating achieved by the Trust.

## **2. SELF ASSESSMENT**

- 2.1 The self assessment at Annex A has been carried out over August to November and has included meetings with operational and corporate staff to compare their services against the Standards for Better Health in order to identify relative strengths and weaknesses. The process included discussions with the standard lead person to:
  - review the list of evidence submitted for 2008/09. Evidence that was out of date or no longer appropriate was removed
  - test the remaining evidence against the standards and ensure it is in place and up to date. (The previous year inspection guides were used to inform the discussion)
  - identify new evidence available.
- 2.2 The list was then agreed with the lead person. No item was left on the evidence list without the agreement of the lead person.

- 2.3 In addition to this, Directors have been mindful of the impact of decisions on the standards throughout the year and compliance confirmed in the quarterly return to monitor. It is a condition of authorisation as a Foundation Trust that the Trust complies with Standards for Better Health.
- 2.4 In making its assessment the Board needs to be aware of the advice that the Care Quality Commission has provided to help Boards when they need to decide whether a lapse is significant or not.

### **3. DEFINITION OF TERMS FOR CORE STANDARDS**

- 3.1 The Care Quality Commission requires:

*“When making your declaration you must consider whether your trust’s board has received reasonable assurance that the organisation has been compliant with the core standards for the period of 1 April 2009 to 31 October 2009, and that no significant lapses have occurred.”*

- 3.2 The following definitions are provided to assist Trust’s assessments:

#### **Reasonable assurance**

*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, trusts must reflect that the core standards are not optional and describe a level of service that is acceptable and must be universal. Our 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.*

*Trusts’ boards should consider **all** aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.”*

#### **Significant lapse**

*Trusts’ boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by a lapse or lapses in compliance with a standard, such as loss of privacy, or compromised personal data or injury. Clearly this*

*decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring.*

*There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than £1 million, or the death of a patient, or a breach of confidentiality, for example, cannot provide a complete answer.*

*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 duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account of their vulnerability to the potential harm, etc).*

*Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse”*

3.3 When completing the declaration the Trust needs to declare one of the following for each core standard:

**Compliant:** a declaration of 'compliant' should be used where the trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the period of 1 April 2009 to 31 October 2009.

**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 declaration period.

**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 have been one or more significant lapses during the declaration period.

3.4 However, in circumstances where a trust is unclear about compliance for the declaration period, but has good evidence about the occurrence of a significant lapse during the declaration period then a declaration of 'not met' may be more appropriate.

#### **4. FURTHER INFORMATION**

4.1 Annex A sets out each of the standards. Internal audit has reviewed a sample of the evidence supporting the standards to provide an independent assurance on the robustness of the review process and given a significant assurance rating.

4.2 In considering whether a full compliance statement can be provided it should be noted that initially there appeared to be insufficient evidence for the elements relating to NICE technology appraisals and guidelines and complaints. These were nominated by the Trust Secretary for review by internal audit. Subsequently there has been a full review and additional work carried out in relation to the gathering of NICE evidence. The evidence list has been completely overhauled and now looks much stronger. The Chief Executive took personal responsibility for this work and is now of the view that a compliant return is appropriate. In respect of the standards relating to complaints:

- Initial response letters now include a reference to the Independent Complaints Advocacy Service or a leaflet drawing attention to it. During the period when this was not done the complaints leaflet referred to this service and information would be provided verbally by the Complaints Manager as required. The complaints policy has been updated and is consistent with legislation. Practice should always have complied with legislative requirements.
- There has been a notification to staff that the policy has been updated
- Complaints co-ordinators can have relevant training, mentoring or support to enable them to carry out this new role
- The revised policy is available on the internet, and action has been taken to ensure that complaints leaflets are widely available in the Trust.

4.3 We need to accept that there is some evidence of lapses in absolute compliance with the complaints standard but they are not regarded as “significant” because the quality of response to complainants appears to have been maintained and there is no evidence that people’s access to the complaints procedure has been affected. On this basis the Governance Committee has recommended to the board that a full compliance statement can be returned to the Care Quality Commission.

## Domain 1: Safety

*Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.*

<i>C1a</i>	Healthcare organisations protect 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
<i>C1b</i>	Healthcare organisations protect 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
<i>C2</i>	Healthcare organisations protect children by following child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
<i>C4b</i>	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risk associated with the acquisition and use of medical devices is minimized.	Compliant
<i>C4d</i>	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	Compliant
<i>C4e</i>	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed to minimize the risks to the health and safety of patients, staff, the public and the safety of the environment.	Compliant

## Domain 2: Clinical and Cost Effectiveness

*Patients achieve healthcare benefits that meet their individual needs through healthcare decision and services, based on what assessed research evidence has shown provides effective clinical outcomes.*

<i>C5a</i>	Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance which planning and delivering treatment and care.	Compliant
<i>C5b</i>	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
<i>C5c</i>	Healthcare organisations ensure that clinicians constantly update skills and techniques relevant to their clinical work.	Compliant
<i>C5d</i>	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services	Compliant
<i>C6</i>	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

### Domain 3: Governance

*Managerial and clinical leadership and accountability, as well as the organisations culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organization.*

C7a & c	Healthcare organisations apply the principles of sound clinical and corporate governance / undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights are set	Compliant
C8a	Healthcare organisations 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	Compliant
C8b	Healthcare organisations support their staff through organizational and personal development programmes which recognize the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations 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 organization maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	Compliant
C10	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes	Compliant
C11c	Healthcare organisations 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.	Compliant
C12	Healthcare organisations 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

#### Domain 4: Patient Focus

*Healthcare is provided in partnership with patients, their carers and their relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.*

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorized by legislation to the contrary	Compliant
C14a	Healthcare organisations 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
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organization acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery	Compliant
C15a	Where food is provided healthcare organisations 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
C15b	Where food is provided healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including necessary help with feeding and access to food 24 hours a day	Compliant
C16	Healthcare organisations 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 care	Compliant

### Domain 5: Accessible and Responsive Care

*Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.*

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably	Compliant

### Domain 6: Care Environment and Amenities

*Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimize health outcomes for patients.*

C20a	Healthcare services are provided in environments which promote effective care and optimize health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organization	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimize health outcomes by being supportive of patient privacy and confidentiality	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimize 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

### Domain 7: Public Health

*Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.*

C22 a & c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations / making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder partnerships	Compliant
C23	Healthcare organisations 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 diseases. (Foci: encouraging sensible drinking of alcohol; encouraging people to stop smoking and providing a smoke free environment; promoting opportunities for healthy eating; increasing physical activity; reducing drug misuse; improving mental health and well-being; promoting sexual health; preventing unintentional injuries)	Compliant
C24	Healthcare organisations 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