

## ANNUAL HEALTHCHECK

**Report to:** Health Scrutiny Panel

**Date:** 9<sup>th</sup> April 2009

### 1.0 Introduction

This paper is provided at the request of the Health Scrutiny Panel. Its purpose is to inform the Panel on the current position of the Dudley and Walsall Mental Health Partnership NHS Trust in relation to its compliance with the Standards for Better Health and performance against new and existing indicators for 2008/09.

The Panel should note that the period of assessment is from 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009. The Trust Board will sign off its declaration on 22<sup>nd</sup> April and the submission will be made by 1<sup>st</sup> May.

Given that the Trust only came into existence half way through the current financial year, the Healthcare Commission (HCC) have been asked how they will make their assessment for the Trust. They have reported that they will directly map activity to the new Trust and hold the Trust fully accountable for all activity and planning inherited. Where this is not possible or it would require unjustifiable resource to accurately complete, they will take a pragmatic approach and use most recently available data that can be accurately mapped to the Trust. Therefore, as a general rule, they will look to assess the Trust on a full year of activity, where this is not possible, they may apply category of 'data not available' to an individual indicator or indicators, meaning that the Trust will not be assessed against it through no fault of the Trust.

### 2.0 Quality of Services

#### 2.1 Core Standards

The Trust is only required to look at the time period from 1<sup>st</sup> October 2008 as the first half of the year should be through the host PCTs declarations. However the Trust's overall rating will be based upon the full year.

The 24 core standards are split between the seven domains and each of the core standards is further sub divided into a number of outcomes. Core standard 19 (access to emergency health needs is not included in this

declaration as the standard will be measured under the existing national targets and new national targets assessment.

- Dudley PCT is declaring compliance with all Core Standards except 1 where there is insufficient assurance.
  - NHS Walsall are declaring fully compliant with all Core Standards.
  - Dudley and Walsall Mental Health Partnership NHS Trust's initial baseline assessment is: -
    - 36 compliant
    - 8 insufficient assurance
- Early indications are that a weak or fair score is likely.

### **1<sup>st</sup> Domain - Safety**

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C1a	Identifying and learning from Patient Safety Incidents	Compliant
C1b	Systems for Patient Safety, Notices and alerts etc.	Compliant
C2	Safeguarding Children	Insufficient Assurance
C3	NICE interventional procedure guidance	Insufficient Assurance
C4a	Healthcare Acquired Infection – year on year reduction in MRSA	Compliant
C4b	Risks with acquisition and use of medical devices is minimised	Compliant
C4c	Systems to ensure reusable medical devices are properly decontaminated	Compliant
C4d	Systems to ensure medicines are handled safely and accurately	Compliant
C4e	Waste management	Compliant

### **2<sup>nd</sup> Domain – Clinical and Cost Effectiveness**

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C5a	Conform to NICE technology appraisal and take into account nationally agreed guidance	Insufficient Assurance
C5b	Clinical care and treatment are carried out under supervision and leadership	Compliant
C5c	Clinicians continuously update skills and techniques relevant to their clinical work	Compliant
C5d	Clinicians participate in clinical audit and reviews of clinical services	Compliant
C6	Co-operation with other healthcare organisations and social care organisations to ensure patient needs properly managed and met	Compliant

### 3<sup>rd</sup> Domain – Governance

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C7a/c	Sound clinical and corporate governance and systematic risk assessment and risk management	Compliant
C7b	Support employees to promote openness, honesty, probity and accountability	Compliant
C7e	Challenge discrimination, promote equality and respect human rights	Compliant
C8a	Ability to raise in confidence without prejudice concerns which they consider to have a detrimental effect on patient care or services	Compliant
C8b	Organisational and personal development programmes	Compliant
C9	Records Management	Compliant
C10a	Appropriate employment checks are undertaken and checks that employed or contracted staff are registered with appropriate bodies	Compliant
C10b	All employed professionals abide by relevant published codes of professional practice	Compliant
C11a	Staff are appropriately recruited trained and qualified for the work they undertake	Compliant
C11b	Staff participate in mandatory training programmes	Insufficient Assurance
C11c	Staff participate in further professional and occupational development	Compliant
C12	Ensure the principles and requirement of the research governance framework are consistently applied	Complaint

### 4<sup>th</sup> Domain – Patient Focus

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C13a	Systems in place to treat patients, relatives and carers with dignity and respect	Compliant
C13b	Appropriate consent is obtained for all contracts with patients and use of any patient confidential information	Compliant
C13c	Systems in place to ensure staff treat patient information confidentially	Compliant

C14a	Patients, relatives and carers have suitable information about and clear access to procedures to register formal complaints	Insufficient Assurance
C14b	Systems in place to ensure patients, their relatives and carers are not discriminated against when complaints are made	Compliant
C14c	Systems to ensure concerns are acted on appropriately and changes are made as appropriate	Compliant
C15a	Patients are provided with a choice of food, it is prepared safely and provides a balanced diet	Compliant
C15b	Patients individual nutritional, personal and clinical dietary requirements are met including help feeding and access to food 24 hours a day	Compliant
C16	Information is available on care and treatment and what to expect	Insufficient Assurance

#### **5<sup>th</sup> Domain – Accessible and Responsive Care**

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C17	Views of patients, carers and others are sought and taken into account in designing, planning, delivering and improving healthcare	Insufficient Assurance
C18	Enable all members of the population to access services equally and offer choice	Compliant

#### **6<sup>th</sup> Domain – Care Environments and Amenities**

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C20a	Services are provided in environments that are safe and secure and protects patients, staff, visitors, their physical property and physical assets of the organisation	Compliant
C20b	Services are provided in environments which promote effective care by being supportive of patient privacy and confidentiality	Compliant
C21	Well designed and maintained environments and well maintained cleanliness levels	Compliant

## 7<sup>th</sup> Domain – Public Health

<b>Standard Code</b>	<b>Standard Description</b>	<b>Proposed statement of compliance</b>
C22a/c	Healthcare organisations promote, protect and improve the health of the community serviced by co-operating with each other and other organisations and making effective contributions to partnership arrangements and crime and disorder reduction partnership	Compliant
C22b	The local Director of Public Health's Annual report informs policies and practices	Compliant
C23	Systematic and managed disease prevention and health promotion plans which meet the requirements of NSFs and national plans	Compliant
C24	Protect the public by having a planned, prepared and where possible practiced response to incidents and emergency situations	Insufficient Assurance

### **2.2 Indicators**

The Trust is measured against 14 indicators, 11 of which were new for 2008/09. The indicators are as follows: -

- Data quality on ethnic group
- Experience of patients – health and wellbeing domain(s)
- Patterns of care from Mental Health Minimum Data Set (MHMDS)
- Completeness of the Mental Health Minimum Data Set (MHMDS)
- Access to crisis resolution home treatment (CRHT)
- Child and adolescent mental health services (CAMHS)
- Experience of patients – clinical quality domain(s)
- Care Programme Approach (CPA) 7 day follow up
- Experience of patients – safety domain(s)
- Delayed transfers of care
- Best practice in mental health services for people with a learning disability (Green light toolkit)
- Experience of patients – patient focus and access domain(s)
- Number of drug misusers in effective treatment
- NHS staff satisfaction

Whilst the Trust has an action plan in place to achieve progression against these indicators, it is clear that a number of them will not be achieved this year given the infancy of the organisation. The HCC have already identified that at least one of the indicators will not be used for the assessment for the Trust this year.

### **3.0 Use of resources**

The Trust is on target for all its financial targets this year. In terms of use of resources (ALE) the Trust has an action plan in place that aims to get the organisation to level 2 which is very much work-in-progress and which requires review and further evidence to be collated to ensure achievement.

### **4.0 Summary**

Overall, given that the Trust is only 6 months old and still in the process of developing and embedding systems, the Trust considers that the best it can strive to achieve in its first 6 months of existence is a 'fair' or 'weak' rating for its Annual Health Check.

The Trust accepts that its score for this year is largely an inherited position and is focusing its energies on improving performance for the year to come.

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**Director of Performance and Strategy**