

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

MEMBERS COUNCIL

ANNUAL HEALTH CHECK 2007/08

1. Introduction

The Healthcare Commission, through its Annual Health Check, awards an annual 'Quality of Services' rating. The Trust attained a 'Good' rating in 2007/08.

The Board aspire to achieve an "excellent" rating in 2007/08. This paper is intended to refresh Governors on the three main components to the rating; and also to advise of risks and of the process to the year-end.

2. Components of the Quality of Services Rating

There are three components:

- Core Standards Declaration (scored on scale of "fully met", "almost met", "partly met" and "not met")
- Existing National Targets (scored as above)
- New National Targets (scored on scale of "excellent", "good", "fair" and "weak")

For a Trust to be "excellent", it must achieve "fully met" in its core standards and existing national targets and "excellent" for new national targets. Thus the Trust must score in the top category for each of the three components of the rating.

3. Core Standards Declaration

Governors will recall that the core standards declaration is a self-declaration by the Board on performance and compliance across the full financial year with the 44 core standards. The Healthcare Commission follow up declarations through selective inspection on a risk or random basis.

The assessment this year will mirror that of previous years, with the main change being the production of separate criteria documents for each type of Trust, rather than bundling the criteria together. The elements have also been rationalised further, to reduce the number which apply to each Trust. The Healthcare Commission have a particular focus on the outcomes of the core standards, especially those which affect patients. The Commission also intend to increase reliance on the findings of other inspecting bodies, including the NHS Litigation Authority's risk management scheme for acute Trusts, as it cross-checks compliance.

As in previous years, the Board will need to determine whether there has been "reasonable assurance" or any "significant lapses" in the period 1<sup>st</sup> April 2007 to

31<sup>st</sup> March 2008. “Reasonable assurance” is not absolute assurance and must be based upon documentary evidence which can stand up to internal and external challenge. Responsibility also extends to services provided via partnerships or a contractual arrangement, e.g. where HR functions are provided through a shared service.

Determining whether a lapse has been “significant” involves consideration of the extent of risk to patients, staff and the public, and the duration and impact of any lapse. The Commission indicates that there is no simple formula to determine whether a lapse is significant.

The Commission has also highlighted a greater focus on equality, diversity and human rights and expects that Trusts will interpret and implement the standards in ways which challenge discrimination, promote equity of access and quality of services, reduce inequalities in health, and respect and protect human rights.

Members will also recall that partners and key stakeholders are invited to comment on the Board’s declaration. The Board will consider compliance with the standards in its meetings this Spring and therefore it is too early to indicate specifically any potential major concerns. However, one area requiring detailed debate will be standards relating to the control of infection, and Governors will appreciate the risks in this regard.

It is proposed that the detail of the declaration be considered by a Sub-Committee of the Members Council and that a full report be brought to the March 2008 meeting for final agreement.

#### 4. Existing National Targets

Existing national targets have been in place for some time (often several years) and reflect predominantly access targets, such as those for patients with cancer, or for elective treatment, waiting times in Accident and Emergency, for thrombolysis, cancelled operations and targets for the implementation of greater convenience and choice for patients.

All 12 existing national targets apply to the Trust and each target is carefully performance managed to ensure compliance. There are four existing national targets with a medium risk, as follows:

- Cancer – 62 day target
- Cancelled operations and those not readmitted within 28 days
- Convenience and choice
- Thrombolysis call to needle time

Each of these targets has been given a medium risk rating, but there are robust arrangements in place to ensure that Trust performance remains above the thresholds in each category. The Trust has achieved “fully met” in previous years, and current performance remains on course to continue to attain this level of achievement.

## 5. New National Targets

These targets are aimed to reduce health inequality, and improve the health and well-being of the population. As such, they are longer term and more varied, with indicators developed to measure performance across a breadth of priority areas, such as reducing obesity, drug misuse and suicide rates.

The thresholds to achieve a high score in this part of the rating have been very tight and there are a number of targets where the Trust risks compliance, particularly:

- 18 week referral to treatment targets including diagnostic waiting times
- Infection control (MRSA Bacteraemia)

Other targets carry more moderate risks, although those in this category should be readily addressed to enable the Trust to perform well:

- C.difficile (data quality)
- Infant Health and Inequalities: Smoking during pregnancy and breast feeding initiation
- Reduction in emergency bed days

As with other areas of the rating, there are processes in place within the Trust to manage the risks around these targets, but Governors will appreciate the complex nature of delivery and reliance on other parts of the health community, particularly with regard to the areas of greatest risk.

## 6. Recommendation

To i) receive the briefing on the 2007/08 Quality of Services rating, ii) note the risks to achievement of targets and iii) note the intention to bring a full report for comment to the March meeting on the core standards declaration.

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**16<sup>th</sup> January 2008**