

# PAPER

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# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**30 July 2014**

**NHS Constitution Compliance Report**

**For information**

Following the recent Berwick report responding to the findings of the Keogh review into high mortality rates at a number of NHS Trusts the NHS Constitution has been updated. This report and appendix has been produced to enable the Board to assess how effectively we are meeting the rights and pledges include in the new NHS Constitution and any areas where we require further development.

**Recommendation**

The Board is asked to note the report.

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**Lead Executive Director:** Yvonne Taylor, Chief Operating Officer

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper provides assurance and evidence against the Care Quality Commission Outcome: 4,7,8,9,10,13*

**Assessment for Oxford Health Foundation NHS Trust against the revised NHS Constitution**

The NHS Constitution has been updated in response to the recent Berwick report which outlined how the NHS might best deliver safe and effective services in light of the findings from the Keogh review into high mortality rates in fourteen NHS Trusts. The purpose of this paper is to map for the Board of Directors how and where we oversee delivery of the rights and pledges set out in the NHS Constitution. This includes a description of the evidence which demonstrates how we are meeting these, where we review and monitor this evidence and any areas for further development.

***“The NHS Constitution*** *establishes the* ***principles*** *and* ***values*** *of the NHS in England. It sets out* ***rights*** *to which patients, public and staff are entitled, and* ***pledges*** *which the NHS is committed to achieve, together with* ***responsibilities****, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.*

*Seven key principles guide the NHS*

1. *The NHS provides a comprehensive service, available to all*
2. *Access to NHS services is based on clinical need, not an individual’s ability to pay.*
3. *The NHS aspires to the highest standards of excellence and professionalism*

*4. The NHS aspires to put patients at the heart of everything it does.*

*5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.*

*6. The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.*

*7. The NHS is accountable to the public, communities and patients that it serves “*

*NHS Constitution March 2013*

The Constitution describes a set of *rights* for patients and staff – that is, what they can expect when receiving care from or working for the NHS. These are all expressed as “ ..**have the right** ...” It also describes a set of *pledges* – that is, a commitment made by the NHS to work towards a standard where this is may not currently be achieved. These are all expressed as “ ...**the NHS commits to** ...”.

**Summary of assessment**

Overall there is a good range of evidence available with formal mechanisms for reviewing and assessing this evidence. There are some areas for improvement and development and these are summarised below. A more detailed review of each right and pledge is appended.

The Trust is implementing an equality strategy which includes activities for ensuring and improving access to services. We have formal methods for monitoring waiting times and identifying quickly if these exceed national or local agreements. And area for improvement is to work with commissioners and other providers if appropriate to agree root causes and develop a shared improvement plan to bring waiting times under control.

We recognise the importance of managing effective transitions between services provided within our organisation and across services delivered by a range of different providers. There are a number of examples of how we work across local systems to improve transition, including wok on delayed transfer of care and reduction in harm from pressure damage. The work on value and outcomes-based care/outcomes based commissioning provides an opportunity to consider how better to integrate pathways irrespective of the provider to deliver effective outcomes for and with patients.

Staffing and workforce capability is a key priority for OHFT – ensuring safe staffing levels, and competent and appropriately qualified staff delivering a professional and high standard of care.

In general the Trust has a range of different methods for capturing and reviewing information relating to service quality and there is a substantial amount of information available. An area of improvement is to work with teams to bring together all of this information, to triangulate and test conclusions, and pull together a range of actions into a single quality improvement plan. We support the use of evidence based best practice through our academic work and partnerships, as well as participation in improvement programmes and networks.

The trust takes seriously its responsibilities in relation to information governance, confidentiality, consent and access to information. An area for improvement relates to ensuring access for and management of consent issues for patients with a learning disability.

We monitor in a number of ways how effectively we communicate with and involve patients and those close to them in their care, and this will continue to be a priority through our remodelled services.

We monitor how effectively we discharge our responsibilities as an employer through our formal governance structure and use information from staff feedback, concerns raised by staff through our grievance and whistle-blowing processes and from the staff survey. An area for improvement is demonstrating to staff how we have acted upon feedback and made changes and improvements.

We intend to review our progress against delivering these rights and pledges on an annual basis, alongside our regular assessment against the Monitor Quality Governance Framework.