



Reference: AHC105880
Date: 26/04/2007

Your details

Trust self-declaration:

Organisation name:	Basingstoke And North Hampshire NHS Foundation Trust
Organisation code:	RN5

General statement of compliance

Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>Basingstoke and North Hampshire NHS Foundation Trust was awarded Foundation Trust status on 1st December 2006. The Trust are proud to be the first Foundation Trust in Hampshire and appreciate the assurance this brings of the organisation's high standards in all areas.</p> <p>The Trust has been reviewing the Core Standards throughout the year, to gain assurance in those standards which we did not have assurance in at March 2006, and to ensure that our compliance is maintained in the other standards. We are compliant in all standards as of 31 March 2007.</p> <p>For standard C20a assurance of compliance was achieved in March 2007.</p> <p>In addition the Trust has reviewed the requirements for the Developmental standards D1 and D2a and the comparative information toolkits provided by the Healthcare Commission and is making good progress against both these standards.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>Basingstoke and North Hampshire Foundation Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. The divisional and corporate governance boards within the Trust regularly review arrangements for infection prevention and control and are assured that the Trust has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.</p>
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	<p>Specifically the Trust remains focused on basic principles of infection control e.g. Hand hygiene, safe disposal of sharps, environmental cleanliness and use of appropriate personal protective equipment. Infection control is part of mandatory training of all staff. Prudent use of antibiotics is ensured between infection control, microbiology and pharmacy departments. There is an active surveillance programme for all infections (MRSA, MSSA, C diff, Group A and B Strep and surgical site infections) in place with feed back mechanism, including the national mandatory reporting. There is also an audit programme in place focused mainly on environmental cleanliness with an approved audit tool and criteria (Audit Tools for Monitoring Infection Control Standards (Infection Control Nurses Association 2004)</p> <p>There is an infection control structure in place with a designated team and an infection control committee that meets regularly and oversees the service. This committee reports to the Corporate Governance Board. The team and committee work towards an annual plan that incorporates all recent national guidance (in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health 2006) and taking account of Winning ways (Department of Health 2003), A matron's charter: an action plan for cleaner hospitals (Department of Health 2004), Revised guidance on contracting for cleaning (Department of Health 2004), and Saving lives: A delivery programme to reduce healthcare associated infection (HCAI) including MRSA (Department of Health, 2005)</p> <p>The ultimate reassurance to the board comes from infection rates. MRSA blood stream infections have been reduced from 37 cases/year in 2001-2002 to 6 cases/year in 2006-2007. This was achieved through active screening programme for elective and emergency admissions, isolation of infected/colonised patients, prudent use of antibiotics, and introduction of alcohol hand gel by every patient's bed and a proactive ward based infection control service.</p>
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Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	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
C1b	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
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other	Compliant

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	organisations.	
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	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 so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Safety domain - developmental standard

Please supply the following information:

Your level of progress in relation to developmental standard D1	Good
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The Trust believes it is making good progress against the Developmental Standard for Safety, D1. The comparative information in the toolkit included 30 graphs relating to this standard, and for the majority of these parameters the Trust was within the typical band for Trusts.

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	<p>The Trust did particularly well on infection rates, and this is endorsed by our current data on infection rates at the Trust, which are low. This could be countered by the information on hand washing from the 2005/06 patient survey. During 2006/07 there has been a focus on handwashing, through matrons week, infection control training and other initiatives. In the 2006 patient survey this was an area that showed significant improvement.</p> <p>There were some gaps identified in staff reporting of incidents and this has improved in the latest staff survey (2006/07). This is reflected in our priority to further improve the safety culture in the organisation. It was pleasing to see that the Trust was above average on improvements in Health and Safety Training.</p>
Your highest local priorities for improvement relating to developmental standard D1	<p>The highest priorities for D1 have been highlighted by the Information Toolkit and from the 7 steps self assessment tool. They are:</p> <ul style="list-style-type: none"> - Further improve the safety culture of the organisation. - Improve monitoring processes for the implementation of safety policies and for action plans arising from incidents and reviews. - Increase root cause analysis skills throughout the organisation.

Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant

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C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant
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Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	Good
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	<p>The Trust has reviewed the data in the comparative information toolkit and believes that the Trust's performance as demonstrated in the toolkit is consistent with good progress against this standard.</p> <p>The toolkit shows the Trust participates in national audits such as LUCADA, MINAP, NAA, NAP&ICDS, the national sentinel audit for stroke and the national audit of carotid endarterectomy.</p> <p>The toolkit shows that the Trust was not participating in DAHNO and NBOCAP in 2004/05, but the Trust registered with these audits in 2006.</p> <p>The Trust scores well on emergency readmission to hospital within 28 days of discharge for PCI, AMI and stroke.</p> <p>The Trust scored above the upper quartile for the 11 stroke care indicators and average for the 10 domains covered by the national sentinel audit for stroke.</p>
Your highest local priorities for improvement relating to developmental standard D2a	<p>In order to achieve a score of excellent in D2a the Trust will need to:</p> <ol style="list-style-type: none"> 1) Improve the monitoring of all relevant standards and recommendations to demonstrate that they are being met. 2) Improve the monitoring of relevant action plans to ensure that the Trust is on schedule to deliver as appropriate.

Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a	Healthcare organisations apply the	Compliant
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and C7c	principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	
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.	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 organisational and personal development programmes which recognise 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 organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
C10a	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	Compliant

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	mandatory training programmes.	
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

Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

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 authorised 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 organisations act 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	Compliant

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	provides a balanced diet.	
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 any 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

Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

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

Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Insufficient assurance
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national	Compliant

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	specification for clean NHS premises.	
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Care environment and amenities domain - non-compliance/insufficient assurance

Please complete the details below for standard C20a, for which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	13/03/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust did not have a Risk Manager or an active Local Security Management Specialist (LSMS).
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A Risk Manager was appointed in January 2007 and a new Local Security Management Specialist was appointed in March 2007. This was consistent with the Trust's Security Strategy which was also approved during the year.

Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	

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C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	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 infections.	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

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mrs	Maggy Wallace	Interim Chairman
2.	Ms	Mary Edwards	Chief Executive
3.	Mr	Paul Richards	Chair of the Audit Committee
4.	Mrs	Donna Green	Chief Operating Officer/Director of Nursing
5.	Dr	Andrew Bishop	Medical Director

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	<p>Safety Number of SABS alerts with actions outstanding over the completion deadline is 5</p> <p>Reduction of MRSA National statement demonstrates a significant reduction in the estimated MRSA rates per 10,000 bed days from 1.43 April to Sept 05 to 0.32 April to Sept 06. Current national ranking is 3rd out of 52 for a medium acute Trust</p> <p>Reduction of Clostridium Difficile</p>
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	<p>National statement demonstrates a reduction in the estimated C Diff rates per 10,000 bed days from 2.10 April to Sept 05 to 1.46 April to Sept 06. Current national ranking is 14th out of 52 for a medium acute Trust</p> <p>Finance The financial position is currently considered by the SHA to be satisfactory. Refer to Monitor</p> <p>Governance Work on the assurance framework progressed during the period April -Nov06 prior to FT status, to a category A.</p> <p>Accessible and Responsive Care Confidence in achieving the following by March: 11 week maximum wait for all first outpatient appointments is high 13 week maximum wait for all diagnostic tests is high 20 weeks maximum wait for all elective inpatient appointments is high</p> <p>Waiting times for cancer treatment are entirely satisfactory Waiting times in A&E are consistently satisfactory</p> <p>Public Health The organisation has disease prevention and health promotion programmes in place to meet the requirements of the National Service Frameworks and public health priorities. Evidence is this is entirely satisfactory.</p> <p>The contribution to the local partnership arrangements that meet the Public Health agenda is entirely satisfactory.</p>
<p>Patient and public involvement forum comments</p>	<p>Domain: Patient Focus Core Standard 13a. Dignity and Respect</p> <p>A number of Forum monitoring and project visits undertaken during 2006/07, specifically to E and F Floors and the Stroke Unit. Reports available and outcomes recorded in Forum Meeting minutes of January 2007 and February 2007.</p> <p>During visits and surveys undertaken by Forum Members, it was recorded that the Trust meets this standard.</p> <p>Domain: Patient Focus Core Standard 14. Complaints and Feedback</p> <p>The Forum was fully consulted during a review of the Trust's Governance procedures. This Review included a change in the way that the Trust delivered its Complaints and PALS services and the Forum made some recommendations on these proposals. The Forum continues to receive regular reports identifying issues raised through the Complaints and PALS systems and monitors the situation through these. Outcomes of this work reported in Forum Meeting minutes dated June 06, July 06 and September 06.</p> <p>The Forum has not identified any shortcomings in the revised system; however, this only became operative at the beginning of the year. As yet, the Forum do not feel able to record that the Trust fully complies with this standard; it is suggested that this is due to lack of evidence rather than actual non-compliance.</p>

	<p>Domain: Patient Focus Core Standard 15b. Dietary needs met and help with feeding</p> <p>During regular visits and surveys of wards within the Hospital, together with involvement in PEAT inspections, Members have observed meal times and food preparation and delivery by ward staff. Outcomes from these visits reported in Forum Meeting minutes dated January 07.</p> <p>It is felt that the Trust has developed flexibility within the system to ensure that patients dietary needs are catered for.</p> <p>Domain: Patient Focus Core Standard 16. Information is available for patients</p> <p>The Forum has received draft copies of information available to patients for comment. The Forum is currently examining the Patient Information Folder available to all inpatients. Outcome from this work recorded in Forum Meeting minutes dated March 07.</p> <p>It is felt that the Trust works hard at establishing effective information sources for patients and the public.</p> <p>Domain: Accessible and Responsive Care Core Standard C17. Views of patients are sought</p> <p>The Forum was involved in the planning for the Trust's Foundation Trust application. The outcome of this work is recorded in Forum Meeting minutes dated May 2006.</p> <p>It is felt that the Trust supports patient and public involvement.</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>Basingstoke and North Hampshire Hospital Annual Health Check: Hampshire County Council Health Overview & Scrutiny Committee comments</p> <p>Thank you for inviting our comments on the Trust's Annual Health Check Statement and contacting us so early in the process of preparing this. We remain keen to support the Trust in this process.</p> <p>In the past we have commented on the statements once they had been shared with us as this allowed a focused response based on the issues raised with us over the period in question. This enabled us to reflect the way in which we worked with the Trust, the range of discussions that had taken place as well as any questions that had been formally considered by the HOSC. The Healthcare Commission is clear that only specifically evidenced feedback will inform their evaluation and is persisting with the advice that the Trusts' assessment of compliance with both the core and developmental standards does not need to be shared with the Committee prior to comment being provided. We have received no additional advice about the way in which the reviews conducted by the Commission will inform their evaluation. We therefore have no option but to comment simply on those topics that have been directly raised with or</p>
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	<p>reviewed by, the HOSC over the last year.</p> <p>Specific areas where we have evidence that relates to the assurance standards is set out below:</p> <p>Standards C6, D5, D8-9: the Trust provided us with a range of useful information to inform the Review of Care at the End of Life, this clearly showed how you were responding to the needs of this vulnerable group of patients, working across third sector and community boundaries (this information is on the HOSC website as evidence to the Review Working Group)</p> <p>There have been no other issues relating to the Trust formally considered by the Committee in 2006/07; we therefore assume that there have been no changes to services provided by the Trust that could be considered substantial in nature. Additionally we have had no concerns raised with us by the Patient and Public Involvement Forum.</p> <p>Although the Commission will not take account of general comments I would like to flag how much we welcome the good working relationship that we have with the Trust, particularly at Chief Executive level and your willingness to respond quickly and fully to any queries that we raise.</p> <p>I wish you well in completing your assessment.</p> <p>Yours sincerely</p> <p>Cllr Dr Raymond J Ellis C.Chem FRSC Chairman, Health Overview and Scrutiny Committee</p>
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Board of governors' comments

Please enter the comments from the board of governors in the box below:

	<p>The North Hampshire Hospital became a Foundation Trust on 1 December 2006; at this time the Council of Governors was inaugurated. The Council is aware that, even after a relatively short time in existence, it must comment on the hospital's achievements with regard to the 24 core standards and the first 2 developmental standards laid out by the Healthcare Commission.</p> <p>The Governors have now attended 3 formal meetings, where some aspects of the hospital have been explained and where a number of new projects have been described. The hospital's management Board has also provided the Council with their own assessment of achievements (based on the traffic light system) and predominantly this makes very positive reading. The Governors have been particularly impressed by the low incidence rate of MRSA recorded at the hospital. For Standards C4b and C7e, where a red light (higher risk rating) has been given, the Council has been advised that programmes are being implemented to improve these situations.</p> <p>Public Member comments seem to be extremely positive with regard to certain areas of the hospital (for example the Diagnostic and Treatment Centre) and also highlight areas where issues need to be addressed.</p> <p>The HR department obtains information from an anonymous annual staff</p>
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	<p>survey and is taking into consideration points raised from this. This is one of several ways in which the staff are able to express their opinions as to how the Trust is performing and how to improve staff as well as patient satisfaction.</p> <p>In conclusion, the governors look forward to becoming more involved during their term in understanding how the assessment standards have been arrived at and offer their comments accordingly.</p>
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