

Core standards assessment final declaration



Reference: CSA10000
Date: 03/05/2006

Trust self-declaration:

Organisation Name	North Hampshire Hospitals NHS Trust
Organisation Code:	RN5

Please supply the following information:

General statement of compliance	<p>The Trust has reviewed its performance against the Core Standards for Better Health and has identified four standards where it has insufficient assurance that the standard is complied with by the end of the year.</p> <p>There are an additional 3 standards where the standard has not been met or there is insufficient assurance for the whole year but where there is compliance by 31 March 2006.</p> <p>Action plans are being developed to ensure that the remaining areas are brought to compliance in 2006/07.</p>
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Please indicate 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 organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant

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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.	Not met

Please complete the details below for standard C4e for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of	The Trust was not implementing the recent guidance on waste management.

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A4 typed)	
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Waste manager appointed, current policy reviewed, action plan in place and being implemented in conjunction with internal and external groups.

Please indicate 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
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

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

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations 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.	Not met
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in	Compliant

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	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.	
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 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

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Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standards C7f and C19 are picked up through our assessment of existing targets. Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.

Please complete the details below for standard C7e for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	11/10/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Unable to demonstrate compliance due to lack of a local Race Equality Scheme
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Race Equality Scheme approved at the October Trust Board. Action plan in place and being implemented, to take this forward.

Please indicate 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	Compliant

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	authorised by legislation to the contrary.	
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.	Insufficient assurance
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 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 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

Please complete the details below for standard C14b for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of	Although the Trust is confident that discrimination against people

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the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	complaining does not take place, there is a need to formalise the informal approaches taken to this issue. The Trust will be seeking to learn good practice from within local networks.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Review current practice, learn from other organisations, and monitor complaints/PALS and surveys with specific reference to discrimination against complainants.

Please indicate 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

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

**Standards C7f and C19 are picked up through our assessment of existing targets
Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.**

Please indicate 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	Compliant

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	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 specification for clean NHS premises.	
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Please complete the details below for standard C20a for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The element of concern is with regard to security. HSE inspection in November 2005 highlighted some weaknesses which have been addressed. Further evidence is required to assure the Trust that there is coverage across the Trust on this standard.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Review security arrangements and develop a strategy. Work with other local agencies to improve the security presence on site. Implement actions arising from the risk assessments carried out as part of the work on the HSE Improvement Notice

Please indicate 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 C22c 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.	Compliant
C22b	Healthcare organisations promote,	Insufficient assurance

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	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.	
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.	Insufficient assurance
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.	Not met

Please complete the details below for standard C22b for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Insufficient evidence of the links between Public Health Reports and development of practice and policies within the Trust.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	<p>The Trust has already confirmed the Medical Director as the public health lead.</p> <p>Ensure that the next Public Health report is received by relevant directors and discussed at divisional and corporate levels with action plans as appropriate.</p> <p>Ensure that any implications from proposed action plans are discussed with the PCT and reflected within the LDP</p>

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Please complete the details below for standard C23 for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Insufficient evidence from the local implementation teams and other areas that relevant initiatives have been linked to the NSF/National Plan targets.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	<p>Raise this issue with local implementation teams through divisional representatives.</p> <p>Ensure that reports to Governance board develop by including achievement against NSF/National Plan standards/ targets for disease prevention and health promotion.</p> <p>Review of the admission documentation has included a number of checks relating to health promotion. This will be formally piloted during May/June 2006</p>

Please complete the details below for standard C24 for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	14/03/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The MIP had not been reviewed to pick up some of the guidance published in 2004. This was despite successful activation of the plan twice during late 2004.

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<p>Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)</p>	<p>The Trust Board received an update in March from the Emergency Planning Lead Officer who confirmed that the plan had been reviewed and would be produced on CD rom.</p>
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The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority. There is no requirement for a paper copy of the final declaration to be signed and returned to the Healthcare Commission.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance

any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees

they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

Please state how many individual(s) will be signing off the declaration (maximum of 30):

Number of signatories	2
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Electronic sign off – details of individual(s)

	Title	Full name	Job title
	Ms	Mary Edwards	Chief Executive
	Mr	Rob Donnelly	Chair

Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.

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<p>Strategic health authority commentary</p>	<p>The Trust continues to refine and strengthen its clinical governance structure through an Integrated Governance Committee, and has developed a robust culture for reporting patient safety incidents. There is leadership and support at executive level for this, key staff have undertaken root cause analysis training and there are clear processes in place for risk management. The Trust actively participates in the Risk Management and Clinical Governance Forum facilitated by the SHA and has shared lessons learnt with members of the Forum.</p> <p>Medicines management policy is in place and progress has been made in the action plan</p> <p>Identified education and training needs have been linked to the business planning process. The Trust has achieved Improving Working Lives practice plus status.</p> <p>The objectives of the Assurance Framework are high level and the framework is in place that has integrated core standards and reporting mechanisms are established.</p> <p>The Trust Board has received regular reports on the health standards and has supported the declaration submitted to the Healthcare Commission. The Trust acknowledges that there is further work that can be undertaken as identified by them to strengthen compliance in line with the principle of continuous improvement. The Trust acknowledged the messages it received following the Healthcare Commission review and has shared learning with other Trusts.</p> <p>The Trust continue to meet all key performance targets (non finance) Performance has been consolidated across the trust, particularly in meeting the four hour wait target in Accident and Emergency, Booking, and the MRSA target of 16 reported cases for 2005/2006. However, the trust continues to pursue further MRSA reductions for 2006/2007 to meet a target of 12. Cancer 31 & 62 day waits have also improved with the trust now meeting the 100% performance target.</p> <p>The 2005/06 forecast outturn for the Trust is breakeven. As part of its financial plan for 2005/06, the Trust had a cost reduction target of £10.3m of which it is anticipated £7.7m will be achieved.</p> <p>The Trust continues to share learning, benchmarking and outcomes from Essence of Care programme with training is available for all staff. NSF progress reports have been received by the SHA and will continue to be monitored.</p> <p>The Trust has continued to maintain the improvements made on its complaints targets and the PALS service is well established with regular reports to the Clinical Governance Committee. The Trust has worked to ensure that there are clear mechanisms in place for public feedback into plans for service improvement and communication of resultant change.</p> <p>The Trust is well engaged in joint planning with partner organisations and has participated in a number of emergency planning exercises and been involved in actual events. The Trust will meet the SHA deadline for updating its major incident and business continuity plans, testing and training is required which will be monitored.</p>
<p>Patient and public</p>	<p>Comment from Patient and Public Involvement Forum for North Hampshire</p>

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involvement forum commentary	<p>Hospital</p> <p>C4d The PPIF considers that this is the case but would like assurance that staff ensure that patients take the medicines when left for them..</p> <p>C4e The Forum considers that NHHT has taken steps to comply with this requirement; the Forum is aware that work continues on this.</p> <p>C8b The Forum feels that it is not qualified to comment on this section.</p> <p>C3 The Forum is confident that the Trust complies with these requirements. A member of the Forum attends the Clinical Governance Board meetings.</p> <p>C5a,b,c As above.</p> <p>C7e Through regular discussions with the Head of Customer Care, the Forum is aware of the Trust's commitment in this area.</p> <p>C10b NHHT conforms to this.</p> <p>C14b The Forum retains some concerns of the independence of the PALS system with issues being taken to divisions rather than the Customer Care Office; the Forum is further concerned that the system as it stands has moved away from the innovative practice established in 2001. The Forum continues to work with the Trust to maintain this system.</p> <p>C15a,b The Forum acknowledges the work done by the Trust in establishing a high quality catering service available 24 hours a day. However, the Forum has been made aware of instances where patients have been told to remain on the ward until the lunch/dinner service has been, otherwise they will miss their food. The Forum intends to examine this further.</p> <p>C22b The Forum appreciates that the Trust is dependent upon the work of other health care organisations to fulfil this criteria and considers that the Trust works with these organisations to address this.</p>
How many overview and scrutiny committees will be commenting on your trust?	1

Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.

Overview and scrutiny committee 1 - commentary

Overview and scrutiny	North Hampshire Hospital Annual Health Check: Hampshire County Council Health Overview & Scrutiny Committee comments
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committee commentary	<p>I am writing further to your e-mail to this office on 26 April. There was no information attached about the standard in which we have particular interest (C17) and we can only assume that the Trust is intending to indicate compliance. Since the draft declaration process last Autumn our Committee has been clear that we wanted to provide individual comments, based on the draft assessments shared with us We considered that it was inappropriate to make a blanket statement without having sight of the relevant documentation, although this would have reduced our workload significantly. As we have had no information from you except for a single line in the draft declaration from last September we are therefore unable to comment.</p> <p>There has not been any contact with you over the last six months, with the exception of the revised bid for Foundation status, and we therefore assume that there have been no changes at the Trust that could be considered substantial in nature. I would be grateful if you could confirm this is indeed the case.</p>
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