

Appendix 3

Healthcare Commission Healthcare Standards Declaration 2008/09 Provider Services HCC Organisation code: 5K5

Introduction

Over the last year the systems for the Board declaration against core standards has been further developed to ensure a robust and accountable system.

The Draft Declaration 2008/9

The current position for Provider Services core standards 2008/09 is outlined in the summary table below.

Compliance status

- The Trust has been compliant with 38 of the 44 standards and has been compliant throughout the year. The Trust cannot demonstrate compliance throughout the year for 6 standards and action plans are in place to ensure compliance by year end.
- The standards highlighted in red have been agreed by the Board as 'not met' but will be met by year end.
- The areas highlighted in green have been agreed by the Board as met.

SfBH processes for 2008/09

Within Provider Services a Lead Manager and Director has been identified for each of the core standards. The lead is required to complete a template which provides evidence of compliance. The template is based on the lines of inquiry that the Healthcare Commission would follow if they chose to visit.

The lead is then responsible for reporting the template to the relevant committee. Progress against the standard is outlined so that the committee can challenge the evidence and come to a collective view as to whether the standard is met. They may also recommend further actions to meet the standard or ensure sufficient evidence. The lead is also required to send the evidence documents outlined in the template to

the Governance team so that they are available for scrutiny internally and externally.

The Provider Board and GEMT monitors that sufficient progress has been made against all the standards to ensure that the Board will be in a position to agree the declaration.

Agreeing the Standards Sign off

Within Provider Services where a committee has agreed the status of the standard as green this information has been included in the table below.

SfbH Summary Table

| Standard | Lead Manager & Service Director | Compliance Status | Action planned or taken if not compliant or insufficient assurance | Date of compliance |
|--|------------------------------------|---|--|--------------------------------|
| C1a – Healthcare organizations 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. | Bridget Pratt Sarah Thompson | Compliant as at 18 th Dec 2008 | <p>Falls report went to December Provider Board and Jan GEMT.</p> <p>The Falls action plan is already being implemented in Wards.</p> <p>Audit carried out</p> <p>Training on falls risk assessment carried out</p> <p>Falls Training is being arranged by the BRS team to incorporate Ward staff.</p> | 31 st December 2008 |
| C1b – Healthcare organizations 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. | Faisal Ahmed Sarah Thompson | Compliant by year end (TBC with Lead Manager) | Implementation of one outstanding NPSA on injectables to be completed and closed on DH website | 28 th February 2009 |
| C2 – Healthcare organizations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations | Bernadette Halford Jim Connelly | Compliant | | |

| Standard | Lead Manager & Service Director | Compliance Status | Action planned or taken if not compliant or insufficient assurance | Date of compliance |
|---|--|-------------------|--|--------------------|
| <p>C3 - The healthcare organisation follows NICE interventional procedures guidance in accordance with <i>The interventional procedures programme</i> (Health Service Circular 2003/011). Arrangements for compliance are communicated to all relevant staff.</p> | <p>Ricky Banersee & Jim Connelly</p> | <p>Complaint</p> | | |

| Standard | Lead Manager & Service Director | Compliance Status | Action planned or taken if not compliant or insufficient assurance | Date of compliance |
|---|----------------------------------|---|---|-----------------------------|
| 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 a year on year reduction in Methicillin-Resistant Staphylococcus Aureus (MRSA). | Lynn Leaver Jim Connelly | 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 | Shirley Parker Sarah Thompson | Compliance status to be agreed by April Board | <p>Chair action to be agreed on the Medical Devices Annual Report</p> <p>Some evidence of Medical devices training for all staff appropriate staff and end users received.</p> <p>Board to make a decision on whether not having a 100% training evidence for all appropriate staff constitutes a significant lapse based on a risk assessment by the standard Lead Manager</p> <p>Lead Manager's view is that we are compliant by year end as able to demonstrate actions taken to gather evidence from suppliers and the follow-up actions taken including follow up action</p> | 20 th March 2009 |

| Standard | Lead Manager & Service Director | Compliance Status | Action planned or taken if not compliant or insufficient assurance | Date of compliance |
|---|---|---|---|--------------------------------|
| 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 decontaminations facilities and processes are well managed | Lynn Leaver Sarah Thompson | Compliant | | |
| C4d Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely | Rashmi Rajyaguru & Jo Ohlson | 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 | Roger Thomas & Brenda Brown Sarah Thompson | Compliant as at 28 th February Implementation of Clinical Waste Policy and monitoring/audit of waste management arrangements. | Training sessions on waste segregation in progress for completion by 28 Feb 09. | 28 th February 2009 |
| C5a Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care | Ricky Banersee & Jim Connelly | Compliant | | |

| Standard | Lead Manager & Service Director | Compliance Status | Action planned or taken if not compliant or insufficient assurance | Date of compliance |
|---|---------------------------------|-------------------|--|--------------------|
| C5b Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership | Ricky Banersee & Charles Allen | Compliant | | |
| C5c Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work | Ricky Banersee & Charles Allen | Compliant | | |
| C5d Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services | Ricky Banersee & Jim Connelly | Compliant | | |
| C6 Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met | Parin Robbins & Thirza Sawtell | Compliant | | |
| C7a& c Healthcare organisations apply the principles of sound clinical and corporate governance/ undertake systematic risk assessment and risk management | Bridget Pratt & Harry Clarke | Compliant | | |
| C7b Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources | Charles Allen | Compliant | | |

| Standard | Lead Manager & Service Director | Compliance Status | Action planned or taken if not compliant or insufficient assurance | Date of compliance |
|---|--|--------------------------|---|-----------------------------|
| C7e Healthcare organisations challenge discrimination, promote equality and respect human rights | Nolan Victory & Charles Allen | Compliant | | 31 st March 2009 |
| 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 | Jane Busby & Charles Allen | 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 | Ron Lutaaya & Charles Allen | 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. | Shirley Parker & Sarah Thompson | Compliant | | |
| C10a Healthcare organisations undertake all appropriate | Jane Busby & | Compliant | | |

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| employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies | Charles Allen | | | |
| C10b Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice | Jane Busby & Charles Allen | 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 | Jane Busby & Charles Allen | Compliant | | |
| C11b Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes | Ron Lutaaya & Charles Allen | 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 | Ron Lutaaya & Charles Allen | 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 | Ricky Banarsee & Jim Connelly | Compliant | | |

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|---|-----------------------------------|---|--|--------------------------------|
| consistently applied | | | | |
| C13a Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect | Coral Alexander & Sarah Thompson | 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 | Faisal Ahmed & Sarah Thompson | Compliant | | |
| C13c Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary | Avtar Ubbi & Jonathan Wise | Compliant as at 28 th February | Work completed on Data flow mapping, information sharing protocol decision process, information sharing agreement, information sharing guidance for staff and secures information sharing exchange mechanisms. | 28 th February 2009 |
| 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 | Danielle Aronowitz & Harry Clarke | Compliant | | |
| C14b Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made | Danielle Aronowitz & Harry Clarke | Compliant | | |

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|---|-----------------------------------|-------------------|--|--------------------|
| C14c Healthcare organisations are assured that the organisation acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery | Danielle Aronowitz & Harry Clarke | 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 | Coral Alexander & Sarah Thompson | 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 where necessary help with feeding and access to food 24 hours a day | Coral Alexander & Sarah Thompson | 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. | Caroline McGuane & Mark Easton | Compliant | | |

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| C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services. | Marco Inzani & Thirza Sawtell | Compliant | | |
| C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatments equitably | June Farquhars on & Thirza Sawtell | Compliant | | |
| 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 | Shirley Parker & Sarah Thompson | Compliant | | |
| C20b Healthcare Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality | Coral Alexander & Sarah Thompson | 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 specification for clean NHS | Brenda Brown & Sarah Thompson | Compliant as at 28 th February Inconsistencies in cleaning across the Trust | Cleaning audits & action plan to be completed | 28 th February 2009 |

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| premises | | | | |
| C22a&c Healthcare organisations promote, protect and demonstrably improve the health of the community services, and narrow health inequalities by cooperating with each other and with local authorities and other organisations/ making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships | Paul Nelson & Jim Connelly | Compliant | | |
| C22b Healthcare organisations promote, protect and demonstrably improve the health of the community services, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices | Paul Nelson & Jim Connelly | 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 | Paul Nelson & Jim Connelly | Compliant | | |

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|--|---|-------------------|--|--------------------|
| C24 Healthcare organizations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations, which could affect the provision of normal services | Paul Nelson/Shirley Parker & Jim Connelly | Compliant | | |

Electronic Sign off by the Board

The Healthcare Commission recommends that all members of the trust board, including the non-executive 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. The HCC do not require scanned signatures. As a minimum, the HCC require the final declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

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. Specified third parties are: strategic health authority, LINKs, overview and scrutiny committees, Learning Disability Partnership boards and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board

Electronic sign off - details of individual(s) (Board Members)

| Title | Full Name | Job Title |
|-------|--------------------|---|
| Ms | Marcia Saunders | Chair |
| Mr | Mr Mark Easton | Chief Executive |
| Ms | Ms Sarah Thompson | Director of Provider & Estates Services |
| Ms | Ms Jo Ohlson | Director of Primary Care Commissioning |
| Mr | Mr Charles Allen | Director of Human Resources |
| Dr | Dr Jim Connelly | Director of Public Health |
| Mr | Mr Jonathan Wise | Director of Finance & Performance |
| Dr | Dr Manish Prasad | Professional Executive Co - Chair |
| Dr | Dr Carole Amobi | Professional Executive Co - Chair |
| Mr | Mr Geoff Berridge | Non-Executive Director |
| Ms | Ms Hema Ghantiwala | Non-Executive Director |
| Mr | Chandresh Somani | Non-Executive Director |
| Mrs | Mrs Isabelle Iny | Non-Executive Director |
| Mr | Gerald Zeidman | Non-Executive Director |

Comments from specified third parties

NHS London

Awaiting commentary

Local Involvement Networks (LINKs)

Awaiting commentary

Local child safeguarding boards

Awaiting commentary

Learning Disability Partnership boards

Awaiting commentary

Overview and scrutiny committee comments (Health Select Committee)

Awaiting commentary

