The Whittington Hospital NHS
NHS Trust

ITEM: 09/049	
DOC: 13	

Meeting:	Trust Board
Date:	18 March 2009

Title:	**Healthcare commission core standards 2008/9 compliance**

Executive Summary:	Attached is a chart showing a summary of the evidence that was presented by the relevant directors in order to assure compliance with each of the core standards for 2008/9
	The evidence for each standard was reviewed by the Chief Executive and another director as outlined in the attached table. The overall summary was then discussed by the executive committee on 24 February to agree the proposed declaration. It was subsequently presented to Audit Committee on 5 March for agreement, prior to submission to Trust Board on 18 March.
	Three standards have been highlighted within the process:
	C4a control of infection: As of 25.2.09, the Whittington has reported 21 MRSA bacteraemia, against the 2007/8 full year out-turn of 21 cases. The report from the Hygiene Code inspection notes that the trust has good systems in place for control of infection.
	Following discussion with the trust's lead assessor at HCC, we have been advised that the standard requires the trust to have appropriate systems in place for the reduction of MRSA bacteraemia and does not make a requirement on an actual reduction year on year. The standard relates to the current Hygiene Code, which makes no reference to the actual numbers of infections. It is therefore possible to have no reduction or even a small increase from one year to the next without this being a breach of the standard or duty of the Hygiene Code. Any assessment would be proportionate, taking into account the overall numbers and performance over time.
	This advice was presented to Audit Committee on 5 March, who agreed in principle with a proposed declaration of compliance against this standard, but recommended further discussion by the Board.
	C4c decontamination: the breaches identified in the Hygiene Code assessment visit relating to the mop washer room and the mattress store prevent a declaration of full year compliance. The executives therefore recommend a declaration of non compliance, with assurance of compliance by March 2009.
	C9 records management: the SUI regarding the missing payroll data disks is felt to prevent a declaration of full year compliance. The executives recommend a declaration of non compliance, with assurance of compliance by March 2009

Action:	For decision

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Report from:	Deborah Wheeler, Director of Nursing & Clinical Development

Sponsor:	David Sloman, Chief Executive

Financial Validation Lead: Director of Finance	Not applicable

Compliance with statute, directions, policy, guidance Lead: All directors	**Reference:** Criteria for assessing core standards in 2008/09 (acute trusts), Healthcare Commission, December 2008

Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	**Reference:**

Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	**Reference:**

Evidence for self-certification under the Monitor compliance regime Lead: All directors	**Compliance framework reference:**

Summary of review meetings to assure evidence for standards

Date	Standards reviewed	Director	Reviewers
10.2.09	1a, 1b, 2, 3, 4a, 4d, 5a, 5b, 5c, 5d, 7a&c, 10b, 13a, 13c, 13b, 14abc, 15b	Deborah Wheeler	David Sloman Richard Martin
10.2.09	12	David Sloman	Richard Martin Deborah Wheeler
12.2.09	6, 9, 18, 23, 24	Helen Brown	David Sloman Deborah Wheeler
13.2.09	7c, 7b,	Richard Martin	David Sloman Deborah Wheeler
17.2.09	9	Glenn Winteringham	David Sloman Deborah Wheeler
17.2.09	7b, 7e, 8a, 8b, 10a, 11a, 11b, 11c, 23	Margaret Boltwood	David Sloman Deborah Wheeler
17.2.09	4b, 4c, 4e, 15a, 20a, 21,	Philip Ient	David Sloman Deborah Wheeler
18.2.09	16, 17, 22a&c, 22b,	Siobhan Harrington	David Sloman Deborah Wheeler
18.2.09	20b	Deborah Wheeler	David Sloman Siobhan Harrington

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	Lead	Core Standard	Status (RAG)	Comments/Evidence
Domain One – Safety.				
Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients				
1	Deborah Wheeler	Healthcare organisations protect the patients through systems that: 1a – 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	🟩	NHSLA L2 Nov 08 Quarterly risk management reports SUI reports/action plans
	Deborah Wheeler	1b – ensures that patient safety notices, alerts and other communications concerning patient safety, which require action are acted upon within required timescales	🟩	SABS update reports to Clinical Risk committee
	Deborah Wheeler	2 – Healthcare organisations protect children by following the national child protection guidelines within their own activities and in their dealings with other organisations	🟩	Child protection annual report Minutes of child protection committee HCC review of safeguarding Jan/Feb09
	Deborah Wheeler/ Celia Ingham Clark	3- Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance	🟩	Policy on implementation Minutes of Clinical guidelines committee
		4- Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:	⬜	
	Deborah Wheeler	4a- 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-Resitant Staphylococcus Aureus (MRSA)	🟧	Draft Hygiene Code report VLT audit reports ICC minutes and IC policies 48% reduction in C diff **MRSA bacteraemia – no reduction**
	Philip Ient	4b- all risks associated with the acquisition and use of medical devices are minimised	🟩	Medical devices group Medical devices policy Capital programme: equipment purchase Medical devices library

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	Philip Ient	4c- all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed	🟧	Decontamination policies VLP audits on wards Decontamination committee minutes Endoscopy JAG assessment **Hygiene Code inspection breaches re mop washer and mattresses store**
	Deborah Wheeler	4d- medicines are handles safely and securely	🟩	Medicines administration policy Monthly ward audits of medicines management to Clinical Risk committee (from pharmacy) CD compliance returns to LIN
	Philip Ient	4e- 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	🟩	Waste disposal policy Environment audits Waste inspection/audit reports/duty of care visits

Domain Two - Clinical Cost and Effectiveness
Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what research evidence has shown provides effective clinical outcomes

2	Celia Ingham Clark/ Deborah Wheeler	5a- Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisal and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	🟩	NHSLA L2 Nov 08 Policy for NICE guidelines Minutes of clinical guidelines committee Reports on NICE guideline application on intranet
	Celia Ingham Clark/ Deborah Wheeler	5b- clinical care and treatment are carried out under supervision and leadership	🟩	LSA midwifery supervision audit 2008 Reports from Royal Colleges PMETB surveys NMC visit report

	Celia Ingham Clark/ Deborah Wheeler	5c- clinicians continuously update skills and techniques relevant to their clinical work		Consultant job plans and appraisals KSF appraisals and PDPs Trust training programme/training needs analysis Annual mandatory training Annual IC training updates
	Celia Ingham Clark/ Deborah Wheeler	5d- clinicians participate in regular clinical audit and reviews of clinical services		NHLSA L2 Nov 08 Annual clinical audit programme Annual clinical audit report
	Helen Brown	6- healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met		NHSLA L2 Nov 08 Director of primary care role Primary Care interface meetings Service developments: anticoagulation (Barnet), Right Care, Right Place (ED), Maternity early booking (Haringey)
Domain 3 – Governance				
Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation				
3	Deborah Wheeler/ Celia Ingham Clark Richard Martin/ Susan Sorensen	7a&c- Healthcare organisations apply the principles of sound clinical and corporate governance Healthcare organisations undertake systemic risk assessment and risk management		NHSLA L2 Nov 08 Clinical Governance strategy 2008 Minutes of clinical governance committee Minutes of audit committee Board assurance framework Trust risk register H&S audits
	Margaret Boltwood/ Richard Martin	7b- actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources		Whistleblowing policy Nolan principles emailed to all staff Compliant with NHS Code of conduct for managers

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	Margaret Boltwood/ Helen Brown	7d- ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources		*Measured through ALE*
		7e- Challenge discrimination, promote equality and respect human rights		Single equality scheme Equality & Diversity steering group Whittington employment promise Equality impact assessments Vulnerable adults guidance in place - intranet
	Margaret Boltwood	7f- meet the existing performance requirements		*Measured through national targets assessment*
	Margaret Boltwood	8a-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 service		Whistleblowing policy Doctors support line access Oasis Health & Work centre Incident report procedure
	Glenn Winteringham/ Helen Brown	8b- organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups		Appraisal rates Education action plan Skills for health project Study leave policy Investors in people: IM&T/HR/facilities BEL programme SES action plan
	Margaret Boltwood Celia Ingham	9- 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		NHSLA L2 Nov 08 Audits of tracking medical records **Data loss SUI** Statement of internal control Info management policies Staff training at induction & mandatory CEO is SIRO

Clark/ Deborah Wheeler	10a- Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies		NHSLA L2 Nov 08 Employment check procedures in place
Margaret Boltwood	10b- require that all employed professionals abide by relevant published codes of professional practice		Policy on dealing with poor performance Evidence of referrals to GMC and NMC
Margaret Boltwood	11- Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:		
Margaret Boltwood	11a-are appropriately recruited, trained and qualified for the work they undertake		Monitoring of recruitment team LTFM Workforce plans
David Sloman	11b- participate in mandatory training programmes		NHSLA L2 Nov 08 Mandatory training reports to clinical governance committee
	11c- participate in further professional and occupational development commensurate with their work throughout their working lives		In house clinical training Appraisal rates HR strategy – follows DH framework Staff attitude surveys
	12- 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		Part of UCLH CRN Research governance policy Minutes of research strategy and executive committees Annual R&D report

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Domain 4 - Patient Focus				
Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing				
4	Helen Brown/ Deborah Wheeler	13a-Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect		Whittington promise Essence of care privacy & dignity group Complaints analysis Annual patient survey Kings Fund leadership programme project on older people Bereavement group
	Celia Ingham Clark/ Deborah Wheeler	13b- appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information		NHSLA L2 Nov 08 Consent policy Annual audits of consent policy Training on taking consent for junior doctors
	Celia Ingham Clark	13c- staff treat patient information confidentially, except where authorised by legislation to the contrary		Confidentiality policy Caldicott Guardian reports to clinical governance committee
	Deborah Wheeler	14- Healthcare organisations have systems in place to ensue that patients, their relatives and carers:		
	Deborah Wheeler	14a- have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services		NHSLA L2 Nov 08 Complaints policy Information on wards and intranet – leaflets and posters
	Deborah Wheeler	14b- are not discriminated against when complaints are made		NHSLA L2 Nov 08 Complaints policy Quarterly complaints reports
		14c- are assured that the organisation acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery		NHSLA L2 Nov 08 Quarterly complaints reports

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	Philip Ient	15- Where food is provided healthcare organisations have systems in place to ensure that:		
	Deborah Wheeler/ Philip Ient	15a- patients are provided with a choice and that it is prepared safely and provides a balanced diet		Patient menus/catering info pack Ward food safety policy Food hygiene training Directors of Facilities & Nursing food tasting Patient survey
		15b- patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day		Protected mealtimes Minutes of nutrition steering committee VLT audits of nutrition risk assessments Clinical Nutrition ward audits Arrangements for Ramadan Sept 2008, and provision of Jewish Shabbos bags for Friday nights
	Siobhan Harrington	16- 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 aftercare		NHSLA L2 Nov 08 Patient info leaflets Website information Patient survey Letters copied to patients

Domain 5 - Accessible & Responsive Care
Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway

5	Siobhan Harrington Helen Brown	17- the views of the patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services		Customer focused marketing Focus groups Board dashboard Complaints reports
		18- healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably		**More data required: Helen to run numbers**

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	Helen Brown	19- healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services		*Measured under national targets assessment*

Domain 6 - Care Environment & Amenities
Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients

6		20- Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:		
	Phil Ient	20a- a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation		NHSLA L2 Nov 08 Five year capital programme Fire committee Fire risk assessments/inspections Security & safety committee/inspections PPM programmes DDA surveys
	Philip Ient/ Deborah Wheeler	20b- supportive of patient privacy and confidentiality		Privacy glazing in GNB Bed management policy VLT audits Monitoring of single sex breaches Spiritual care facilities Patient survey
	Philip Ient	21- 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 specifications for clean NHS premises		Environmental audits Mini PEAT inspections External/public area inspections

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Domain 7 - Public Health				
Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduced health inequalities between different population groups and areas				
7		22- Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:		
	Siobhan Harrington	22a&c- 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		Islington & Haringey strategic partnership boards Safeguarding children & adults boards Overview & scrutiny committees Director of primary care role Partnerships listed in IBP
	Siobhan Harrington	22b- ensuring that the local Director of Public Health's annual report informs their policies and practices		Public health priorities included in quality standards for SLAs
	Helen Brown/ Siobhan Harrington/ Margaret Boltwood	23- 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 The elements are driven by the health improvement and health promotion requirements set out in NSFs and national plans with a particular focus on the following priority areas: Encouraging sensible drinking of alcohol Encouraging people to stop smoking and providing a smokefree environment Promoting opportunities for healthy eating Increasing physical activity Reducing drug misuse Improving mental health and well-being Promoting sexual health Preventing unintentional injuries		Co-creating health for diabetes Child health mapping exercise Smoke free hospital Alcohol advice Co-creating health for diabetes Child health mapping exercise Smoke free hospital Alcohol advice service (Islington) North Islington Drugs service Health at Work centre policies Staff wellbeing policy Staff healthy heart programme

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	Helen Brown	24- 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	Emergency planning preparedness policies on intranet Business continuity plans for some areas External return completed on pandemic flu planning