

## **The Annual Health Check: The 2007/8 Declaration for Leicestershire Partnership NHS Trust**

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**A paper for consideration by the Leicester, Leicestershire and Rutland Health  
Overview and Scrutiny Committee (OSC) at its meeting on 31 March 2008.**

### **1. Summary**

This report concerns Leicestershire Partnership NHS Trust's (LPT) compliance to the core standards<sup>1</sup> and a statement on measures in place to meet the code of practice for the prevention and control of health care associated infections (The Hygiene Code). Current levels of evidence suggests that the Trust senior groups which oversee the assessment of core standards will be able to recommend compliance to all core standards other than C8b and C15a. This year there was no requirement to report against the developmental standards. It should be noted that there are at present Healthcare Commission reviews underway of Trust services related to Race and Acute Inpatient Services, the results of which may have implications for some of the core standards.

### **PART 1: REQUIREMENTS AND TRUST PROCESSES FOR ASSESSING COMPLIANCE**

#### **2. The format of the final declaration**

The final declaration will be made on an electronic template supplied by the Healthcare Commission. The declaration will record the Trust Board decisions on whether it has received reasonable assurance that the Trust has complied with the core standards without any significant lapses. Where there are exceptions there is a requirement to report these as follows:

- a) Standards that are not met
- b) Standards that lack assurances
- c) For each of a) and b) above an action plan is required to rectify the lapses.
- d) For standards declared not met/insufficient assurance in 2006/7 and corrected in 2007/8 a summary of the evidence that validate current compliance.
- e) For standards that were declared as 'not met' or 'insufficient assurance' in 2006/2007, if the Trust again declares 'not met' or 'insufficient assurance' for any of these same standards in 2007/2008, in addition to a revised action plan, the Trust to describe the circumstances for this continued declaration of non-compliance.

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<sup>1</sup> The annual health check: A guide to making the declarations on core and developmental standards Healthcare Commission March 2006

### 3. Definitions<sup>2</sup>

- **Reasonable assurance**

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. To determine what level of assurance is reasonable, Trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal.

- **Significant lapse**

It is up to the Trust Board to assess the evidence presented and decide whether a given lapse is significant or not. In making this decision, the Healthcare Commission expects the Trust Board to consider the extent of risk to service users, staff and the public, and the duration and impact of any lapse.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which the Trust operates (such as the services the Trust provides, their functions and the population served), and the extent of the lapse that has been identified (for example, the level of risk for service users, the duration of the lapse and the range of services affected).

### 4. Process within the Trust to assess compliance

2007/8 was a transition year with the new integrated governance processes being implemented. For this declaration a mix of the previous Senior Management Team arrangements and the new integrated governance arrangements were used. Members of the Trust Senior Clinical Group and the Senior Operational Group have also been involved in developing and checking the draft declaration.

### 5. Consultation and validation

There is an agreed programme of consultation and validation both within the Trust and with stakeholders. Specific elements of this process include:

- **Third party organisations**

The Trust is required to give specified third party organisations such as the Patient and Public Involvement Forum, the Overview and Scrutiny Committee and the NHS East Midlands Strategic Health Authority the opportunity to comment on its performance against the core standards. New for this year is the need to consult with the local Safeguarding Children Board. These commentaries when received will be incorporated into the final declaration prior to submission to the Healthcare Commission.

- **Internal audit opinion**

The Trust is required to submit this to the Healthcare Commission by exception only if the opinion of the head of internal audit includes negative commentary on the design and operation of the Trust's 'assurance framework' and associated processes, and/or the auditor provides an overall opinion of 'no assurance' in relation to the Trust's systems of internal control. This submission is required no later than Friday 27 June 2008. This opinion from the internal auditors is expected by the end of May 2008

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<sup>2</sup> Your part in the annual health check 2007/2008, A step-by-step guide for NHS Trusts when completing declarations on Government core standards Healthcare Commission March 2008

## 6. Cross checking of the declaration

The Healthcare Commission use many sources of information to cross check the Trust's declaration, such as data gathered from other regulatory and review organisations, data from previous assessments or from surveys, and data provided by third parties. The cross checking process will also take into account the results from the 2006/2007 assessments of core standards including any risk based or random inspections. If a Trust was 'qualified' as a result of an inspection last year, this will increase the likelihood of receiving a repeat inspection in 2007/2008. Following the cross check, the Healthcare Commission will identify approximately 20% of Trusts to inspect, to test the adequacy of the evidence used when making the declaration. The 20% will comprise those Trusts considered to be most at risk of having undeclared significant lapse(s) against the core standard(s), and some Trusts selected at random.

## 7. Publishing the declaration

The Trust is required to make the declaration available to the local community by Friday, 16 May 2008.

## **PART 2: UPDATE ON THE DRAFT 2007/8 DECLARATION**

### 8. General statement of compliance

This statement will summarise the Trust's overall compliance against the core standards and will reflect the Trust Board's decisions on compliance taken at its meeting on 24 April 2008.

### 9. The 2007/8 declaration, an update on the areas where the Trust had a declared or imposed qualification:

#### (a) C8b

**Status May 2007:** insufficient assurance

**Projected end (compliant) date:** 31/03/2008

**Requirement:** 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.

**Commentary:** The specific issue under this requirement related to the Personal Development Plan (PDP) process where the Trust was unable to verify if the process was working, among other issues, to identify personal development opportunities for members from Black and Minority Ethnic groups.

**Projected status 31 March 2008:** **Not Met**

**Projected revised end (compliant) date:** 31/03/2009

The Senior Operational Group, following a risk assessment<sup>3</sup>, is recommending a revised target, which is for 100% of those staff that are in work and available to participate in the appraisal/ PDP process, in order to be compliant with this standard. This has already been considered and agreed by the Trust Performance and Assurance Executive. As the Trust monitoring currently suggests an underperformance of this new and the previous target, the Senior Operational Group is recommending that the Trust change the compliance for this standard from 'insufficient assurance' to 'not met'.

<sup>3</sup> APPRAISALS AND PERSONAL DEVELOPMENT PLANS PAPER FOR PERFORMANCE AND ASSURANCE EXECUTIVE/TRUST BOARD 5/21 FEBRUARY 2008

As part of the improvement measures the importance of appraisals and PDPs was highlighted in the March 2008 Team Brief. Uptake of PDPs will be monitored as part of the quarterly review process and service director objectives. This standard will continue to be performance monitored by the Senior Operational Group. There is a risk that the Trust may be performance monitored on this standard by an appropriate authority (Strategic Health Authority/PCT) as this will be the 3rd year running where the Trust would have declared a non compliance. In addition to a revised action plan the Trust is also required to describe the circumstances for this continued non-compliance within the declaration.

**(b) C16**

**Status May 2007:** Not Met

**Projected end (compliant) date:** 30.03.2007

**Requirement:** 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.

**Commentary:** A number of sources including the national survey of community mental health services, the Mental Health Act Commission reports and the Improvement Review of Community Mental Health Services 2006 suggested several issues of non compliance related to the CPA Process. Hence a declaration of Not Met

**Projected status 31 March 2008: Compliant**

The Trust Governance Committee on 28 March 07 received a progress report from the Medical Director and agreed that it was satisfied that the Trust was meeting the requirements related to this standard as of that date. This process continues to be monitored by the Trust Care Programme Approach (CPA) steering group.

**(c) C15a**

**Status September 2007, 'qualified' as 'not met' by the Healthcare Commission**

**Requirement:** Patients are provided with a choice of food and that it is prepared safely and provides a balanced diet.

**Commentary:** The Healthcare Commission noted a number of areas where the Trust was not meeting the catering standard. These related mainly to the accessibility and suitability of the catering service to service users. The Senior Operational Group is addressing the shortfalls associated with this standard<sup>4</sup>. As the requirements of this standard has not been met for the entirety of financial year 2007/08 (the time frame for this declaration), the Trust will declare this 'not met'.

**Status 31 March 2008: Not met**

**Projected revised end (compliant) date:** 31/03/2008

The Senior Operational Group during its meeting of 19 February 08 considered and approved the necessary resources required to meet the standard. Indications are that these will be in place and improved services operational by 31 March 2008. Providing adequate compliance evidence is available as at 31 March 2008, the Trust will be able to declare compliance as from that date.

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<sup>4</sup> Healthcare Standard 15a Catering Issues Action Plan

## **10. The 2007/8 declaration: Overall Core Standards update**

With the exception of C8b and C15a (please see section 9 above), the Trust senior groups which oversee the assessment of core standards are proposing compliance to the core standards. This is subject to Trust Board approval.

## **11. The Hygiene Code**

The Hygiene Code ensures that patients are cared for in a clean and safe environment, brings together good practice, outlines the Trust's duties to establish appropriate systems, assess and manage risks, implement clinical care protocols and ensures healthcare workers' have access to occupational health services, and are provided with induction and training. The Hygiene Code checklist audit has been reviewed and specific improvements in respect of the requirements have been put in place and is being followed through by the Trust Infection Control Committee and monitored by the Trust Senior Clinical Group. The requirements of the code have also been considered when assessing relevant standards within the Safety and Public Health domains. Reports on the management of MRSA and Clostridium Difficile are regularly received by the Trust Performance and Assurance Executive and the Trust Board. Current level of evidence suggests that the Trust will be able to make a positive statement of compliance. This is subject to Trust Board approval.

## **12. Matters for consideration**

- i) The OSC is asked to note that the information presented within this paper is work in progress and is subject to change and further validation and final approval by the Trust Board. Any changes and amendments (if available) will be covered in the presentation to the OSC on 31 March 2008.
- ii) The final declaration is due to the Healthcare Commission by 12 Noon on 30 April 2008. The Trust Board will consider the final declaration, which will include any commentaries received, during its meeting of 24 April 2008.
- iii) The OSC is respectfully asked to consider this paper and its attachments and send their commentary to reach Leicestershire Partnership NHS Trust by 14 April 2008.

### **Attachments:**

Attachment 1: Appraisals and personal development plans C8b action plan

Attachment 2: Healthcare Standard 15a Catering Issues action plan

**Attachment 1: Appraisals and personal development plans - C8b action plan**

<b>Action</b>	<b>How</b>	<b>By Whom</b>	<b>By When</b>
Review the training currently delivered in support of the Appraisal and Personal Development Plan Process	Review this training in line with other mandatory training for all managers  Survey managers on their experience and skills in conducting the appraisal discussion	Training and Development Department.  HR staff in discussions with managers using questionnaire	April 2008  End February 2008
Review the documentation currently used to record the appraisal and personal development planning process	Review the documentation currently used – i.e. the 3 – Step Appraisal process  Survey managers to get their views on the current 3 Step appraisal process documentation	Training and Development Department using the feedback obtained from the survey of managers  HR staff in discussions with managers using questionnaire	End March 2008  End February 2008
Launch/ refresh the documentation used to record appraisals and PDP with the aim of providing a simple method of recording the outcomes	<ul style="list-style-type: none"> <li>• On the Trust's intranet using guidance notes.</li> <li>• Briefing sessions for managers</li> </ul>	Training and Development and HR departments	May 2008

Action	How	By Whom	By When
<p>Identify a method of centrally recording the uptake of appraisal and training needs as identified in PDPs</p>	<p>1. Centrally recording training uptake to provide data on ethnic, gender, age and banding profile- this will be piloted using the OLM. the learning and development section of ESR.</p> <p>2. Recording of appraisals and PDP on a central system.</p>	<p>1. This pilot will take place in March, and will record the data on training already provided to date. (This will take place in parallel with Snowdrop the current system)</p> <p>2. Inputting the outcomes of appraisal and PDP onto the E-KSF system is the longer-term action for recording this data centrally, however the time scale for this is determined by national roll out and is unlikely to take place before April 2009. In the meantime, hard copies of individual PDPs will need to be submitted to the LPT Training and Development Administrator to enable training courses to be tailored to the needs of staff.</p>	<p>Pilot – March 2008</p> <p>April 2008</p>
<p>All managers responsible for staff should ensure that they have an annual appraisal and personal development plan. This should be included as an objective for all managers who have this responsibility, and should be performance managed.</p>	<p>Managers to identify who will be undertaking the appraisals/PDPs in their areas and ensuring regular feedback and monitoring to ensure it takes place.</p>	<p>Line managers responsible for staff.</p>	<p>February 2008 onwards</p>





No	Issue	Detail	Action	Action by	Target date
5	Multi cultural meals <small>(Meet the requirements of a balanced diet in the choice of food offered to patients).</small>	Clarification for access <ul style="list-style-type: none"> <li>- smaller units from the Evington centre</li> <li>- larger sites have a chilled foods contract</li> </ul>	- Revise admission and assessment criteria linked to the Food Policy	Modern Matrons	March 08
		Offers a choice <ul style="list-style-type: none"> <li>- Halal</li> <li>- Caribbean</li> <li>- Kosher</li> <li>- Other relevant choices dependent on local population</li> </ul>	- Clarify food choices available	Facilities	March 08
	Audit	Audit All of above	-		
		Annual Audit of Case Notes/Care Plan to ensure that nutritional assessment carried out and that client's nutritional needs are being met – audit of menus	Liaise with Clinical Audit to agree and produce audit tool and procedure	Modern Matrons/Facilities	Feb 08
			Conduct Audit Analyse date and produce report	Modern Matrons Clinical Audit	March 08 June 08
6	Preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance	To ensure adequate risk assessment process is in place	Review HACCP Food Safety Management Systems and documentation .	Facilities/Trust Food Hygiene Advisor	Complete
		- Review the existing HACCP system	Training for staff on implementation.	Trust Food Hygiene Advisor	Complete
7	Locality Operational Policy	Ensure that Facilities and ward staff understand how the food service is delivered and what information is available to patients	Produce locality operational policy for each service and induct staff in its operation	Facilities	March 2008