

STANDARDS FOR BETTER HEALTH

Leicester, Leicestershire and Rutland
Health Overview and Scrutiny Committee – 23 March 2009

General statement of compliance, draft declaration for 2008/09

1. Introduction

The general statement of compliance is designed to provide an annual overview of the extent to which each NHS Trust is achieving the acceptable level of care as defined by the Department of Health (DH) 24 core standards and outlined in its publication *National Standards, Local Actions* (DH 2004). Each NHS Trust is required to assess their compliance against these core standards and make a declaration of compliance. The approach is based on the central principle that it is the responsibility of the Trust Board including non executive directors to satisfy themselves that the Trust is meeting the core standards and where this is not happening to take appropriate steps to correct the situation.

The 2008/09 declaration will be made to the Care Quality Commission (CQC) which was established by the Health and Social Care Act 2008 to regulate the quality of health and adult social care and look after the interests of people detained under the Mental Health Act. The deadline for submission is 1 May 2009.

2. Aim of this paper

This report gives an indication of the proposed compliance by each standard (given in attachment A to this document). Please note that the compliance levels proposed within this paper are recommendations only and are subject to Trust Board consideration and approval on 23 April 2009.

3. Recommendations

The OSC members are asked to review this paper and provide any commentary as appropriate to reach Leicestershire Partnership NHS Trust by 13 April 2009. This is in order that the OSC comments can be included in full within the Trust self declaration to the Care Quality Commission.

4. Discussion

4.1 Overall compliance

On analysis of the available evidence the designated groups which oversee the assessment of core standards within Leicestershire Partnership NHS Trust are recommending compliance to all 24 core standards. The summary compliance report is given in attachment A.

4.2 Specific considerations used in arriving at the compliance decisions:

The designated groups which oversee the assessment of core standards also considered specific issues, as set out in sections 4.2.1 to 4.2.5 below, in their final assessment of levels of compliance against each of the applicable standards.

4.2.1 A summary of progress against the standards where specific improvement work was undertaken following the 2007/08 declaration:

<u>Proposed status</u>	<u>Standard</u>
✓	<u>Ethnic monitoring (C7e)</u> Work undertaken has facilitated improvement in the monthly workforce information reporting.
✓	<u>The Race Review (C7e)</u> The CORIIN programme (Communities, Rights and Inclusion) manages Trust action against the Race Review. This programme is creating a delivery mechanism to place engagement with local communities, the protection of human rights and the promotion of inclusion at the heart of the Trust's strategic development.
✓	<u>Personal Development Plans (C8b)</u> By introducing a focused action plan and facilitating prioritisation of Personal Development Plans (PDP's) the Trust has exceeded the target of at least 80% of staff with a PDP.
✓	<u>The Catering Standard (C15a)</u> Improvements have been made to catering information leaflets, nutritional assessment on admission, menu formats and to food safety management systems within Trust premises. A nutritional audit is ongoing.
✓	<u>Improving Inpatient Care (C5a, C5b, C7a, C7e, C11a, C16, C17, C20, C21, C23 & NSF Standard 4)</u> Following on from the Acute Inpatient Review, a robust action plan is in place and the Service Improvement Team is

supporting delivery of the key tasks to enable timely implementation.



Improving staff [C7e, C11a, C20a & Improving Working Lives Standard (2000)]

Following on from the NHS Staff Survey the Trust has made significant improvements to the number of Trust staff with a personal development plan, implemented a stress management policy and staff have received training on the dignity at work policy which covers bullying and harassment and improved staff communication. The Trust has just completed an interim staff survey the results of which show improvement across a number of areas.



The National Patient Survey (mainly C16)

A robust action plan is in place. This plan takes account of the areas where performance has remained static as future outcomes need to evidence year on year improvements. Key actions focus on regular internal and external feedback processes that cut across the care pathway which will enable the Trust to get a continual indication and evaluation of user experience.



Ensure staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes (C11b)

A robust action plan is in place to manage training issues related to MAPPA (Management and Prevention of Physical Aggression) and resuscitation.



= Recommend compliant

4.2.2 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 together with the associated standards C4a, C4c and C21 were assessed in January 2009 as part of the statutory registration process with the Care Quality Commission in relation to healthcare associated infections.

Cleaning plans in place comply with the National Specification for Cleaning. The Trust programme to implement 'From Deep Clean to Keep Clean' commenced in October 2008 and to date 95% of inpatient areas have received a thorough clean of priority areas. This programme is due for completion by 31 March 2009. In addition the Trust has a programme to address environmental issues raised on the PEAT inspections for 2008. This has resulted in the redecoration of several areas and the replacement of poor flooring.

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.

4.2.3 Third party organisations - Comments

A copy of the draft declaration will be submitted to the local involvement networks (LINKs), the Leicester, Leicestershire and Rutland joint health overview and scrutiny committee, the NHS East Midlands Strategic Health Authority (NHS EM), the local safeguarding children board and learning disability partnership boards for their comments. Any comments received will be included in full within the submission to the Trust Board on 23 April 2009 and then within the submission to the Care Quality Commission.

4.2.4 Healthcare Commission's Comparative indicators¹

In late January 2009, the Healthcare Commission made available comparative information on 'Safety' to support the Trust in considering its compliance with the core standards. The data that underlies the indicators will be used as part of the 2008/09 cross checking process for identifying where risk based Trust inspections are undertaken. These indicators cover a number of areas including the way the Trust reports, manages and learns from incident reporting, handling patients who misuse drugs and alcohol, managing violence and aggression, managing privacy and dignity and maintaining a clean environment.

The Healthcare Commission data indicates that the Trust performance is within expectation for all indicators.

4.2.5 The Healthcare Commission 2007/08 audit of NICE Guidelines for Schizophrenia

The initial data from this audit was considered by the Clinical Practice Sub Group and the Trust lead for the schizophrenia guidelines noted that the

¹ Comparative Indicators Mental Health Healthcare Commission 2009

data was compatible with local practice within LPT. Improvement work is currently underway in relation to family interventions and Cognitive Behavioral Therapy (CBT).

While the Trust compares favorably for most indicators any definitive interpretations should await the official publication of the Healthcare Commission report which is expected in spring 2009, the results of which will feed into the core standards assessment.

4. Conclusion

This consultation and validation process with third party stakeholder organisations will result in a validated draft declaration that will be submitted to the Trust Board on 23 April 2009 for final consideration and approval prior to submission to the Care Quality Commission on 1 May 2009.

5. Attachments:

Attachment A: Summary compliance report against the standards

Attachment A Standards for Better Health, projected compliance report March 2009 (2 pages)

Domain	Standard	Description	Status 07/08**	Projected 08/09	Comments
Safety (C1 – C4)	C1	Healthcare organisations have systems that: monitor and review incidents and ensure lessons are learnt			Policy revisions completed December 08
	C2	Healthcare organisations follow national child protection guidelines			
	C3	Healthcare organisations follow NICE guidance			Not measured
	C4	Healthcare organisations keep patients, staff and visitors safe through effective management of hygiene and managing inherent risks			
Clinical and cost effectiveness domain (C5 – C6)	C5	Healthcare organisations ensure that they are compliant with NICE guidance and that clinical leadership, skills and audit/review are all effective.			
	C6	Healthcare organisations cooperate with each other and other organisations to ensure patients' individual needs are met			
Governance (C7 – C12)	C7	Healthcare organisations are able to demonstrate effective clinical and corporate governance processes LPT was unable to demonstrate its processes in respect of challenging discrimination, promoting equality and respecting human rights and declared itself non-compliant in this area for 2007-8. LPT has assessed itself as compliant for 2008-9 and has implemented control measures.			Performance monitoring of outcomes continues
	C8	Healthcare organisations support their staff LPT was unable to demonstrate robust processes in respect of organisational and personal development programmes and declared itself non-compliant in this area for 2007-8. LPT has assessed itself as compliant for 2008-9 and has implemented control measures.			Performance monitoring of outcomes continues
	C9	Healthcare organisations have a systematic approach to management of records			
	C10	Healthcare organisations undertake all appropriate employment checks and requires that all employed professionals abide by relevant published codes of professional practice			
	C11	Healthcare organisations ensure that staff are recruited, trained and receive professional and personal development in line with their needs			
	C12	Healthcare organisations have systems in place to ensure the principles and requirements of research governance are applied			
Patient focus (C13 – C16)	C13	Healthcare organisations have systems in place to ensure that staff treat patients, relatives and carers with dignity and respect in all aspects of their treatment			
	C14	Healthcare organisations have systems in place to ensure that patients, relatives and carers can give feedback, express concerns and make complaints and that these are acted upon to improve service delivery			

Domain	Standard	Description	Status 07/08**	Projected 08/09	Comments
Patient focus Continued (C13 – C16)	C15	Where food is provided healthcare organisations ensure that patients nutritional needs are met and that food is prepared safely and provides a nutritious and balanced diet LPT was unable to demonstrate robust processes in respect of food providing a balanced and nutritious diet and declared itself non-compliant in this area for 2007-8. LPT has assessed itself as compliant for 2008-9 and has implemented control measures.			Performance monitoring of outcomes continues
	C16	Healthcare organisations make information available on their services including accessible information on care and treatment received			
Accessible and responsive care (C17 – C19)	C17	The views of patients, carers and others are sought and taken into account in planning, delivering and improving healthcare			
	C18	Healthcare organisations enable everyone to access services equally and offer choice in access to services			
	C19	Healthcare organisations ensure that those with emergency health needs can access care promptly within nationally agreed timescales, and all patients can access services within national expectations			
Care environment and amenities (C20 – C21)	C20	Healthcare is provided in environments that are safe and secure and supportive of privacy and confidentiality			
	C21	Healthcare services are provided in environments which are well designed and maintained, with cleanliness levels that meet national specifications			
Public health (C22 – C24)	C22	Healthcare organisations promote, protect and demonstrably improve the health of the community served and narrow health inequalities by working with other agencies			
	C23	Healthcare organisations have disease prevention and health promotion programmes which meet requirements of national service frameworks (NSFs) and national plans with a particular focus on the following areas: <ul style="list-style-type: none"> • encouraging sensible drinking of alcohol • encouraging smoking cessation and provide smoke-free environment • promoting healthy eating • increasing physical activity • reducing drug misuse • improving mental health and well-being • promoting sexual health • preventing unintentional injuries 			
	C24	Healthcare organisations have effective, tested emergency plans			

**The RAG rating is an indication of the level of confidence that an action or a plan will deliver what is needed.

Red	The current action/plan will not deliver what is required
Amber	The current action/plan will deliver a significant element of what is required
Green	The current action/plan is expected to deliver what is required