

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST

THE ANNUAL HEALTH CHECK 2007/2008

SELF DECLARATION

1.0 Introduction and Background

The Healthcare Commission is an independent body responsible for reviewing the quality of healthcare and public health in England and Wales. In 2005/2006 it developed a new system of assessment for NHS organisations – the annual health check. It focused on whether healthcare organisations were getting the ‘basics right’, by measuring their performance in meeting the Government’s targets and the basic core standards set out by the Department of Health. Trust Boards are responsible for the standards of healthcare in their organisations and have to provide a self-declaration of their performance in meeting the standards. In 2007/2008 the Healthcare Commission continues to focus on ‘getting the basics right’.

2.0 Purpose

Every NHS Trust in England is responsible for ensuring that it is complying with the Department of Health’s core standards. As part of the annual health check all Trusts are asked to assess their performance against the core standards and to publicly declare this information. If the Trust’s Board is not satisfied that it is meeting them, it must take appropriate action.

This year the Trust’s performance will be cross checked against a greater and more detailed range of data sets that have national coverage including information from other regulators as well as review agencies, in order to identify those Trusts to be most at risk of not meeting the Core Standards.

In 2007/2008 there has been increased reliance placed on the findings from the NHS Litigation Authority’s Risk Management Standards and on information from Patient Environment Action Teams.

Where necessary declarations will be checked by targeted inspections. Selected inspections will take place on two sets of Trust:

- A group of Trusts for which cross checking indicates a high risk of an undeclared lapse in Core Standards – inspections will focus specifically on those standards where there are particular concerns that the Trust has not met the standard
- A randomly selected group – the focus of these inspections will vary annually but may include any standards where there is little data for the cross checking process to rely on

Final declarations including any required qualifications as a result of selective inspections, will be published by the Healthcare Commission on its website, along with the rating achieved by the Trust.

3.0 Healthcare Commission Inspection June 2007

Following the submission of the declaration in 2006/2007 10% of Trusts were identified for a visit selected on a risk basis through analysis of the information already held on the organisation. The RNOH was selected for a visit in June 2007 to review five of the core standards.

The Trust was found not adequate for two standards C13(b) and C16.

For C13 (b) the Trust failed to provide consent training for nursing staff or for staff who take clinical photographs or video recordings and there was the lack of a system to ensure the effective use of the medical staff consent competency assessment tools. The Trust also failed to provide evidence of a policy or procedure for staff to follow when obtaining consent about the sharing of personal information. There was no evidence to demonstrate that staff check patients' understanding about their choices to disclosure of their personal data and the Trust does not provide information to patients attending outpatients about what information is recorded in their records or when their health records are accessed. Work has progressed for this standard but the Trust is declaring not met for this standard for 2007/8.

For C16 there was no evidence submitted confirming that patients, and where appropriate carers have opportunities to ask questions about anything they do not understand or would like further information about. Information should be provided to patients and where appropriate carers in a timely manner and at relevant points during their treatment and care. There are now posters and information leaflets available and therefore the Trust is declaring itself compliant with this standard.

4.0 Standards not met

C13 (b)

Element One

Valid consent, including those who have communication or language support needs is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with the Reference Guide to Consent for Examination or Treatment (Department of Health 2001), Families and post mortems: a code of practice (Department of Health 2003) and Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs 2007).

The actions required to ensure compliance include the provision on consent training for nursing staff and for staff who take clinical photographs or video recordings. To write a policy or procedure for staff to follow when obtaining consent about the sharing of personal information which includes staff checking patients' understanding about their choices to disclosure of their personal data. To provide information to patients attending outpatients about what information is recorded in their records and when their health records are accessed.

C20 (a)

Element One

The healthcare organisations effectively manages the health, safety and environment risks to patients, staff and visitors, including by meeting the relevant health and safety at work and fire legislation, The management of Health, Safety and welfare Issues for NHS staff (NHS Employers 2005) and the Disability Discrimination Act .

(Adequate levels of assurance for this standard can be provided by level 2 and above of the NHSLA's Risk Management Standards for Acute Trusts, however due to the condition of the estate the Trust is continuing to declare this standard as non-compliant).

Element Two

The healthcare organisation provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

(Adequate levels of assurance for this standard can be provided by level 2 and above of the NHSLA's Risk Management Standards for Acute Trusts, however due to the condition of the estate the Trust is continuing to declare this standard as non-compliant).

C20 (b)

Element One

The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation

Fire backlog maintenance:

The Trust has an estimated total backlog maintenance of £54m, with £3.2m being directly attributed to Fire Safety. The Trust invests approximately £1.1million per annum on capital developments based on its Capital Resource Limit and a proportion is spent on fire safety improvements. However the inherent design of the buildings and estate restrict the Trust from ever being fully fire compliant until the site redevelopment is completed. The Trust has developed a strategic overview, with Fire Engineering consultants, and agreed a programme of works with the London Fire and Emergency Planning Authority. This programme will enable the Trust to systematically reduce fire backlog year on year on a risk basis.

Security

The Trust has invested significant amounts in improving security management and has carried out the following actions:

- Installed Access Control for all main entrances to wards
- CCTV at the Main Gate
- Personal alarms for staff
- Improvement to external lighting
- Handling of Patient Valuables Policy approved by Trust Board

- Two senior members of staff trained as Local Security Management Specialists (LSMS)
- Installed ward safes to all wards
- Reviewed and updated patients valuables record book

The reason for not reporting fully met relates to the inherent design weaknesses as well as the fabric of the buildings and estate. A good example of this is the main hospital thoroughfare with approximately fourteen points of potential entry. These design issues cannot be fully addressed until site redevelopment.

The action plan to meet compliance with this standard is the redevelopment of the Trust, which is awaiting approval of its OBC

C21

Element One

The healthcare organisation has taken steps to provide care in well designed and well maintained environments in accordance with Building notes and Health Technical Memorandum, the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and associated practice.

Element Two

Care is provided in clean environments in accordance with the National specification for cleanliness in the NHS (National Patient Safety Agency, 2007) and the relevant requirements of the Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health, 2006).

Well designed? (Not Met)

61% of the RNOH buildings are over 60 years old. The accepted method of assessing if buildings and facilities are well designed is by assessing their functional suitability. This describes how effectively a site, building or part of a building supports the delivery of a specific service. The criteria used in such assessments include space relationships, amenity, location, environmental conditions and overall effectiveness. The following table assesses the site:

Functional Suitability	
Condition A (Very satisfactory)	3%
Condition B (Satisfactory)	30%
Condition C (Major change needed)	30%
Condition D (Unacceptable in present condition)	18%
Condition DX (Nothing but a total rebuild or relocation will suffice)	19%

This clearly shows that 67% of the site is not suitable for modern healthcare and is therefore not well designed. The main wards and three of the Trusts operating theatres are rated as category DX. Two good examples of poor design are:

- The main link corridor for the wards is on a steep gradient, making patient moves very difficult. Tugs have to tow patients from the Theatres after operations.
- Patients are exposed to the elements when being transferred to the Rehabilitation ward from the main ward complex as there is no covered walkway.

Well Maintained? (Not Met)

The future of the RNOH was in the past uncertain and this led to minimal investment in maintenance and capital expenditure. The majority of buildings have performed their useful working life and replacement would be more cost effective than refurbishment. This is reflected in the high level of backlog maintenance now accrued, currently estimated at £54m.

The action plan to meet compliance with this standard is the redevelopment of the Trust, which is at OBC stage in the Capital Investment Process.

5.0 Process for evidence gathering

The process for planning the self assessment has followed the same format as in previous years. A senior clinician was identified to lead on the collection of the evidence bringing together information from governance, clinical quality, information, research, finance and other organisations. Staff both clinical and non-clinical were involved in reviewing each of the Core Standards and identifying evidence to support the Trust's assessment. In the cases where the standards had not been fully met, action plans have been developed. The Trust obtained NHSLA level 2 in November 2007 and this has been reflected in assessing the Core Standards.

As a result of this a detailed spreadsheet analysis was developed with all the core standards recorded, the suggested prompts, whether each prompt was met, partially met or not met and the lead person for each of the suggested prompts. Electronic evidence files and paper files were created and the paper files were available for staff to review.

The self assessment has been considered further at the following committees:

Executive Directors Meetings
Trust Board
Patient Forum Meetings
Clinical Governance Board

6.0 Conclusion

The Trust has undertaken a comprehensive review of its performance against the 24 Core Standards for the period April 2007 – March 2008. The evidence collected has been and is being discussed widely with internal and external stakeholders and our proposed self assessment is attached. Overall the self

assessment confirms that the Trust continues to provide a high quality and safe clinical service. The Trust will be declaring not met for standards C13, C20, and C21.

7.0 Action required by the Trust Board

To consider in detail the self assessment submission and to advise on any changes prior to final sign off and submission in April 2008.

Kathryn Corder
Acting Director of Nursing

Dr Nan Mitchell/Mr Tim Briggs
Joint Medical Directors