

**THE ANNUAL HEALTH CHECK 2008/2009**

**DRAFT 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 2008/2009 the Healthcare Commission continues to focus on ‘getting the basics right’.

The new Care Quality Commission will replace the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission from April 2009, providing an integrated approach to regulation across these bodies’ current areas of responsibility. The Care Quality Commission was established on 1 October 2008 with limited preparatory functions to enable it to take over the regulation of health and audit social care from 1 April 2009.

The Care Quality Commission will be responsible for delivery of the 2008/9 annual health check, including the core standards based assessment from 1 April 2009.

**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 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 doctors, 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 estimated backlog maintenance of £54m, with c£3m being directly attributed to Fire Safety. The Trust has historically invested approximately c£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 had its Outline Business Case approved by NHS London in July 2008.

## 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)**

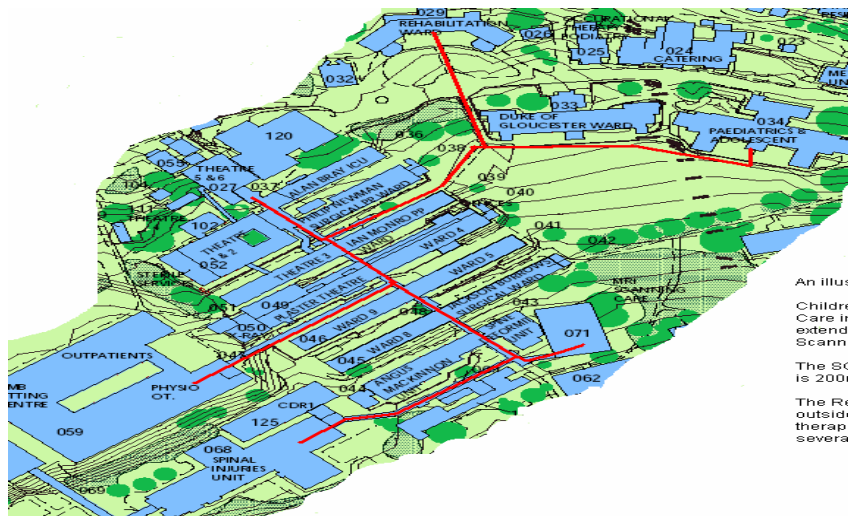
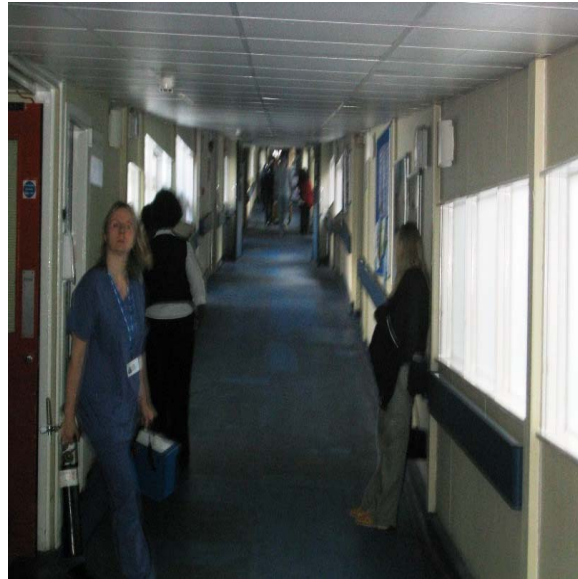
61% of the RNOH buildings are over 60 years old. The accepted method of assessing if buildings and facilities are well designed is by assessing their functional suitability. This describes how effectively a site, building or part of a building supports the delivery of a specific service. The criteria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

<b>Functional Suitability</b>	
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 two of the Trusts operating theatres are rated as category DX. Two very good examples of poor piecemeal design are:

1. 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 to the Wards after operations.

2. Patients are exposed to the elements when being transferred to the Rehabilitation ward from the main ward complex as there is no covered walkway, see illustration below:



An illustration of typical patient journeys:  
 Children's Unit to Theatres and Critical Care includes travel outside over a route extending over 150m. Their journey to Scanning is 300m up a gradient.  
 The SCIC patient journey to Critical Care is 200m long, down a gradient.  
 The Rehabilitation patient must travel outside over a route 275 m long to the therapies dept. This journey may be made several times a day.

### 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.

## **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 with the following staff groups:

Executive Directors

Trust Board

Senior Managers

Patient Forum

Clinical Governance Committee

## **6.0 Conclusion**

The Trust has undertaken a comprehensive review of its performance against the 24 Core Standards for the period April 2008 – March 2009. 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 2009.