



Webforms Output: Core standards declaration 2007/2008
May 2008

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* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

HP5 3NP

- END OF PAGE -

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at forms@healthcarecommission.org.uk

Organisation Name:

The Hillingdon Hospital NHS Trust

Chief Executive's First Name:

David

Chief Executive's Surname:

McVittie

Chief Executive's Email:

david.mcvittie@thh.nhs.uk

Organisation Code:

RAS

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If your organisation is any of the following please select the option PCT or Community Trust:

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

Acute

- Mental Health/Learning Disability
- PCT
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

Compliant - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

Not met - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

Insufficient assurance - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

Start date - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

End date (planned or actual) - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

Issue - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. These standards are:

C7d - this relates to financial management and will be measured through the use of resources assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

4. Sign off

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

5. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards, from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

General statement of compliance

* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

The Trust Board has reasonable assurance that there have been no significant lapses in compliance with the core standards between April 1st 2007 and March 31st 2008. Internal audit have also been able to provide the Board with assurance that the systems in place to demonstrate compliance are effective.

However, the Trust has faced particular challenges with achieving it's trajectory for MRSA infections this year.

The Trust invited the DoH to review our management arrangements and a joint action plan is in place to monitor compliance and improvement in the delivery of the Infection Control work programme. The Healthcare Commission carried out an unannounced inspection around compliance with the Hygiene Code and the visit resulted in a satisfactory report with improvement suggestions to tighten up compliance with policy monitoring and performance management arrangements.

Last year the Board declared that they had 'Insufficient Assurance' to declare full compliance with C11B. At that time training records were not held centrally and it was therefore not possible to give assurance that mandatory training requirements were being met. A central database for training records has now been developed and implemented effectively. The Trust is therefore able to evidence that robust systems and processes are in place to collect the data, but we are still not meeting our internal training targets. The introduction of a new common start date induction programme in January 2008 ensures that all new starters complete their mandatory training requirements prior to taking up their post. The Board considers that this process needs to be in place for a full financial year before it can confidently declare full compliance with this standard.

We will therefore continue to declare 'Insufficient Assurance' for standard C11b for 2007/08.

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Statement on measures to meet the Hygiene Code

* Please enter this statement in the box provided. There is no word limit on this answer.

The Hillingdon Hospital NHS Trust Board recognises its collective responsibility for preventing and controlling the risks of infection within the organisation.

Aware of our statutory duty under the Health Act (2006) the Board monitors the systems and arrangements in place to minimise the risks to patients, staff and the public.

The Board monitors organisational performance and capability through regular reports from the Infection Prevention and Control Team (via the Director of Infection Prevention and Control), which focuses on performance at directorate level with key indicators for exception reporting.

The Board accepts and retains overall responsibility for ensuring the delivery of high quality patient care within a safe environment.

Trust Board, January 2008

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Safety domain - core standards (C1a - C3)

Please declare your trust's compliance with each of the following standards:

* C1a: Healthcare organisations protect patients through systems that 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.

compliant

not met

insufficient assurance

* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

not met

insufficient assurance

* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

not met

insufficient assurance

- END OF PAGE -

* C3: Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

compliant

not met

insufficient assurance

- END OF PAGE -

Safety domain - core standards (C4a - C4e)

Please declare your trust's compliance with each of the following standards:

* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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-Resistant Staphylococcus Aureus (MRSA).

compliant

not met

insufficient assurance

* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

not met

insufficient assurance

- END OF PAGE -

* C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

compliant

not met

insufficient assurance

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* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

not met

insufficient assurance

* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Clinical and cost effectiveness domain - core standards (C5a - C6)

Please declare your trust's compliance with each of the following standards:

* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

not met

insufficient assurance

* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

not met

insufficient assurance

* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

not met

insufficient assurance

* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

not met

insufficient assurance

* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing targets component of the annual health check.

Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

Please declare your trust's compliance with each of the following standards:

* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

not met

insufficient assurance

* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

not met

insufficient assurance

* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

not met

insufficient assurance

* C8a: 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 services.

compliant

not met

insufficient assurance

* C8b: 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.

compliant

not met

insufficient assurance

* C9: 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.

compliant

not met

insufficient assurance

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Governance domain - core standards (C10a - C12)

Please declare your trust's compliance with each of the following standards:

* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

not met

insufficient assurance

* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

not met

insufficient assurance

* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

not met

insufficient assurance

* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2006

End date of non-compliance or insufficient assurance

31-03-2009

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Last year the Trust declared "insufficient assurance" against this standard because at that time training records were not held centrally. It was not possible therefore to give assurance that mandatory training requirements were being met. A central database for training records has been developed and implemented effectively. The Trust is now able to evidence that robust systems and processes are in place to collect the data, but we are still not meeting our internal training targets. The introduction of a common start date induction programme in January 2008 ensures that all new starters complete their mandatory training requirements prior to taking up their post. The Board considers that this process needs to be in place for a full financial year before it can confidently declare full compliance.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

The Trust is currently reviewing the mandatory training policy and matrix in line with the new NHSLA Risk Management Standards, to ensure that the Trust is realistically able to deliver appropriate mandatory training to all staff. The common start date induction programme is currently being reviewed to ensure that it continues to meet the needs of the organisation.

We note from your 2006/07 declaration form that your action plan was due to be completed by 31 March 2007. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

Last year the Trust declared "insufficient assurance" against this standard because at that time training records were not held centrally. It was not possible therefore to give assurance that mandatory training requirements were being met. A central database for training records has been developed and implemented effectively. The Trust is now able to evidence that robust systems and processes are in place to collect the data, but the information identifies that we are not meeting our current internal training targets.

* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

compliant

not met

insufficient assurance

* C12: 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.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Patient focus domain - core standards (C13a - C14c)

Please declare your trust's compliance with each of the following standards:

* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

not met

insufficient assurance

* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

compliant

not met

insufficient assurance

* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

not met

insufficient assurance

* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

compliant

not met

insufficient assurance

* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

not met

insufficient assurance

* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

not met

insufficient assurance

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Patient focus domain - core standards (C15a - C16)

Please declare your trust's compliance with each of the following standards:

* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

compliant

not met

insufficient assurance

* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

not met

insufficient assurance

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* C16: 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 after care.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Accessible and responsive care domain - core standards (C17 - C18)

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing targets component of the annual health check.

Please declare your trust's compliance with each of the following standards:

* C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

compliant

not met

insufficient assurance

* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Care environment and amenities domain - core standards (C20a - C21)

Please declare your trust's compliance with each of the following standards:

* C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

compliant

not met

insufficient assurance

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* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

not met

insufficient assurance

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* C21: 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 specification for clean NHS premises.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Public health domain - core standards (C22a - C24)

Please declare your trust's compliance with each of the following standards:

* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

not met

insufficient assurance

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* C23: 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.

compliant

not met

insufficient assurance

* C24: 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.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Electronic sign off page

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), patient and public involvement forums, overview and scrutiny committees and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

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Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Tony Valentine	Chairman
2	Mr	David McVittie	Chief Executive
3	Mrs	Patricia Rushton	Non-executive Director
4	Mrs	Chris Beatty	Non-executive Director
5	Ms	Michael Rosen	Non-executive Director
6	Mr	Craig Rowland	Non-executive Director
7	Mr	James Reid	Non-executive Director
8	Dr	Susan LaBrooy	Medical Director
9	Ms	Jacqueline Totterdell	Director of Operations
10	Mrs	Anne Willmer	Director of HR, Environment and IT
11	Ms	Marie Batey	Director of Patient Experience and Nursing
12	Mr	David Searle	Director of Corporate Development
13	Mr	Paul Wratten	Director of Finance, Procurement and Redevelopment
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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Comments from specified third parties

Please enter the comments from the specified third parties below.

* Please enter the name of the strategic health authority that has provided the commentary

NHS London

* Strategic health authority comments. There is no word limit on this answer.

SHA comments re The Hillingdon Hospital NHS Trust (for inclusion in the Declaration against Core Standards 2007/8)

In reviewing the declaration NHS London has followed the principle of self assessment, except where its performance reviews and information clearly indicate a different interpretation. This process has not highlighted any major concerns with the Trust's assessment. The Trust has declared compliance across all standards, apart from C11b, where they have declared insufficient assurance. The new corporate induction programme which was implemented in the last 3 months of 2007/8, should now provide sufficient assurance to enable the Trust to declare compliance in 2008/9, but as this was not in place for the whole of 2007/8, the Trust feels that it must declare insufficient assurance for 2007/8.
Richard McEwan
PROVIDER AGENCY

* Please enter the name of the patient and public involvement forum that has provided the commentary

The Hillingdon Hospital PPI Forum

* Patient and public involvement forum comments. There is no word limit on this answer.

The following points were agreed at a meeting of the Hillingdon Hospital PPI Forum on 26 February 2008

First Domain : Safety

C1a: Healthcare organisations protect patients through systems that 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.

All reported incidents brought to the board meetings are discussed thoroughly and actions plans are drawn up. These action points are reported on at the subsequent meetings in order to confirm progress is been made.

Evidence : The Chair of the PPIF Hospital forum attends all board meetings

C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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-Resistant Staphylococcus, Aureus (MRSA)

The Hospital has systems in place, despite this the MRSA is increasing but at a reduced rate. All elective in patients are screened for MRSA. Only 38% of other inpatients were screened in December 2007.

Evidence: The Chief Executive meets with relevant staff weekly to discuss healthcare acquired infections.

The standard of cleanliness is satisfactory. During recent visits to the hospital staff informed Forum members that they were aware of the policy of infection control.

Evidence: From the January 2008 Board Meeting and discussions with staff.

C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed:

The Hospital are constantly trying to minimise the risks associated with the acquisition and use of medical devices. They are in the progress of setting up a decontamination services off site with other Hospitals and PCT's.

Evidence: Board meeting of the 5 December 2007. Minutes of the meeting dated the 10 July 2007 give a report from the Improvement Board Meeting, which mention the screening of surgical and orthopaedic patients.

4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

This happens most of the time but as with any drug administration it is down to human fallibility as well as occasional errors in the drug administration. The introduction of the Pods (Boxes next to the patients beds where their specific medication is kept) has been very beneficial for both staff and patients.

Evidence: This was evident during the Hygiene and Cleanliness visit during December 2007 and January 2008 – please see report attached and from the Board Meeting of the 05 December 2007.

C4e Health care organisation keep patients, staff and visitors safe by having systems to ensure that 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.

During the Hygiene and Cleanliness visit, it was evident that in a couple of wards, the bins in the toilets were too small as they were overflowing and did not have any lids on them. There was also an incident where the hand gel holders were coming of the wall.

Evidence: The Hygiene and Cleanliness visit during December 2007 and January 2008 – please see report attached

Second Domain: Clinical and cost effectiveness

C5a: Health care organisations ensure that they conform to NICE technology appraisals and where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

The Forum can confirm that the Hospital is adhering to the NICE guidelines for which there is an annual Clinical Audit Work Programme with set objectives which are monitored.

Evidence: The most recent audit meeting (31st January 2008) this included the following topics: Technology Appraisal, Intervention Procedures, Public Health Guidance, Patient Safety Solutions and Clinical Guidelines.

C5d: Health care organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

This can be verified by the PPIF representative who attends the Clinical Audit and Effectiveness Committee meetings which are held 4 to 5 times a year.

Evidence : The results of the meeting have been reported back to the Forum since July 2007

C6 Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Up to November 2007 there have been no incidents of patients discharge being delayed due waiting for vacancies for social care.

Evidence: From the Board Meeting on the 30 January 2008

Third Domain: Governances

C7d: Ensure financial management achieves economy, effectiveness, efficiency probity and accountability in the use of resources.

The Forum is pleased to note the excellent level of financial management resulting in the Trust expecting to be in surplus at the end of the financial year.

C7e: Health care organisations challenge discrimination, promote equality and respects human rights:

In the last year two papers have been presented at the Board Meeting which show the work that been done with reference to equality and respect to human rights.

Evidence: Regular Attendance at the Board meetings

C8a: Health care 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 services:

The Hospital has a policy in place

C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

Only 48% of staff have had a Professional Development Review in 2007.

Evidence: From the Board Meeting held on the 30 January 2008

C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work through out their working lives.

The Nursing Performance Unit committee has been re-organised in order to take care of further professional and occupational development of the Nursing staff.

C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

The new and more comprehensive inpatient survey now includes a question on patient's dignity and respect. The results that are reported at the board meetings that 93% of responses indicate patients are treated with dignity and respect.

Evidence: Reported at the Board Meeting held on the 31 March 2008

C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

The Hospital has the appropriate policies and procedures in place and have recently introduced a common compliant procedure drawn up between themselves, Hillingdon Social services, Hillingdon PCT and the North Western London boroughs. Information on complaints is reported regularly to the board meeting.

Evidence: Minutes of the meeting dated the 1st October 2007 give a report from the Board Meeting.

C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

Favourable comments have been received about the food served. The new contract for cleaning and catering (Sedeco) includes a nutritional Nurse, this should ensure balanced diets are served

Evidence: From a recent survey on health and infection control

C15b Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

The Hospital is succeeding to continually provide food for patients 24 hours a day, this includes the Accident and Emergency Unit. Plans are being made to recruit volunteers to help with the feeding of patients.

Evidence: Information provided by Matrons and the hospitals Patient and Public Involvement head.

C16: 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, and after care.

The Inside Story has been greatly appreciated by the patients and members of the public and will be reviewed in the next couple of months. The magazine also includes a leaflet on PAL's information and Infection Control. Forum members have been involved in a Readers Panel which overseas leaflets given to patients on procedures and conditions.

Fifth Domain: Accessible and responsive care

C17: The views of patients, their carers and others are sought and taken into account in designing, planning, and improving healthcare services.

Since September 2006, the Hospital has held meetings every 2 months (Patients in Partnership) where members of the Public are invited to express their concerns of a general nature. It also provides the Hospital with an opportunity to consult and provide information to the public.

The Director of Nursing and Patients Experience has formed the FIT (Fighting Infection Together) where the members of the public are involved.

The forum is represented on the appropriate working groups:

- People Improving Cancer Services (PIC's)
- Smoking Cessation Group
- Monthly Board Meetings
- PEAT Inspections
- Estates Facilities and Nurse Group
- Hospitals improvement board
- Preoperative Assessment
- Labour Ward Forum

C19: Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and waiting nationally agreed timescales, and all patients are able to access services within national expectation on access to service.

The Forum is pleased to note that the Trust is meeting the National targets set by the Department of Health for emergency access and waiting times

Sixth Domain : Care Environment and Amenities

C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

The patients privacy and confidentiality is respected by the provision of protected meal times as well as a reduction of visiting times to allow for more rest and the use of red pegs.

C21: 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 specification for clean NHS premises.

Sedeco the new cleaning and catering contractor started in November 2007 and have proved to be very efficient, this was reflected in the recent Hygiene and Cleanliness visit and echoed by the Nursing staff on the wards. The contract has also included an extra 1000 hours of cleaning a week.

It is a concern that the external area's now require the same attention, especially at Mount Vernon Hospital. Due to the introduction of the smoking ban in July 2007, the grounds are littered with cigarette butts.

The hospital has applied for permission from the Department of Health to be rebuilt, some parts of the Hospital are below the acceptance standards and until it is rebuilt the Hospital will not be able reach its target in this area due to the condition of the building.

Seventh Domain : Public Health

C22a: Health care organisations promote, protect and demonstrably improve the health of the community served, and narrows health inequalities by co-operating with each other and with local authorities and other organisations;

This is evident in the completion of the new complaints procedure where the Hospital, Hillingdon PCT, Social Services, Health department and the Neighbouring Borough were involved. The hospital work closely with Hillingdon Social Services to prevent delayed discharges.

C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Framework's and national plan with particular regards to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

The Hospital has taken on board the No Smoking ban since July 2007 and have introduced the Smoking Sensations group which are monitoring the progress as well as looking at ways to encourage patients and staff to stop smoking.

Evidence : The PPIF forum is represented on the Smoking sensation group and has been reporting back to the Forum since July 2007

C24: Healthcare organisation 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.

Due to the Hospital ensuring that their major incident plan meets all requirements there are regular practices and rehearsals held at least twice a year, the most recent one was held on the 27 January 2008.

* Please enter the name of the local child safeguarding board that has provided the commentary

Hillingdon Local Safeguarding Children Board

* Local child safeguarding board comments. There is no word limit on this answer.

HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD
COMMENTS ON HILLINGDON THE HILLINGDON HOSPITAL TRUST HCC SELF ASSESSMENT 2007/2008

I have, on behalf of the Hillingdon LSCB, read the above self declaration and agree that The Hillingdon Hospital acute trust is compliant with the Safeguarding elements (C2) of the Health Care Standards. However, The Hillingdon Hospital Trust needs to continue to make sure that Safeguarding Children remain high on the agenda and that necessary resources are available to ensure this. There are many challenges ahead in 2008/9 as new priorities have been identified by the LSCB and these will have to be implemented in order to comply with statutory arrangements, for which the The Hillingdon Hospital Trust has a responsibility.

Chris Spencer
Direction Children's Services and Chair of Hillingdon LSCB

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Overview and scrutiny committee comments

* How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

London Borough of Hillingdon External
Services Scrutiny Committee

Comments. There is no word limit on this answer.

London Borough of Hillingdon External Services Scrutiny Committee
Commentary on the Annual Health Check 2007/8
Hillingdon Hospital Trust

C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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 MRSA.

There have been 27 cases of MRSA at Hillingdon Hospital between April and December 2007 which is higher than the target of 12. The Committee have questioned the Trust on this target throughout the year, including at meetings of the Committee on 10th January 2008 and 27th March 2008. The Chief Executive of the Trust advised the Committee of the action the Trust is taking to improve its performance in this area, including monitoring of the target by the Executive Management Team. The Trust's new cleaning contract with Sodexho provides an additional 1000 hours cleaning a week compared to the previous contract. The Trust has significantly improved its performance in this area with only five cases of MRSA in the second half of the year compared to 26 in the first half of the year. The Committee stress the importance of the Trust continuing to reinforce to visitors the importance of washing hands when visiting relatives.

C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

After a difficult period, relations between the PCT and Hillingdon Hospital have also significantly improved. At its meeting on 27th March the Committee heard that both organisations have agreed future projected levels of hospital activity (i.e. that over the next 3-5 years the historic growth in emergency activity will cease and plateau at existing levels).

C7d: Healthcare organisations: d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.

The Hospital Chief Executive advised the Committee on 27th March 2008 that the Trust is likely to record a £2m surplus for the third year running.

C15 a&b: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet; Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

At its meeting on 10th January 2008 the Committee expressed concern that the Trust scored 'below average' for patient satisfaction in the Healthcare Commission's ratings. Members questioned the Trust Chief Executive on what the Hospital was doing to address this and heard that the Trust has introduced a series of initiatives to tackle this, including protected meal times and red trays to indicate a patient requires help with eating their meal.

C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

At its meeting on 27th March 2008 the Committee expressed concern about the Trust's performance in the Healthcare Commission's national review of maternity services. Members highlighted recent negative local press coverage about the maternity unit and asked what the Trust was doing to address the situation. David McVittie advised that the Trust will have to improve and ensure that maternity services are organised around the needs of the patient and not the Hospital.

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please enter the comments from the board of governors in the box below. There is no word limit on this answer.

Not Applicable

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