



Reference: AHC106119
Date: 30/04/2007

Your details

Trust self-declaration:

Organisation name:	Leeds Teaching Hospitals NHS Trust
Organisation code:	RR8

General statement of compliance

Please enter your general statement of compliance in the text box provided.

<p>General statement of compliance</p>	<p>The Trust Board of the Leeds Teaching Hospitals NHS Trust has undertaken a full self assessment of compliance against the Core Standards for Better Health to support this final Declaration for the period 1st April 2006-31st March 2007.</p> <p>The evidence of compliance which has been monitored by Executive Directors of the Trust Board throughout the assessment period is recognised by the Trust Board to be robust and of the standard required to provide assurance of performance. The Trust Board is satisfied that extensive work has been undertaken throughout the year to achieve and maintain compliance in all but four elements of the Core Standards.</p> <p>In addition to the comprehensive performance review exercise undertaken internally by the Trust we are also grateful for the review provided by the Leeds Patient and Public Involvement Forum, Leeds City Council Scrutiny Board (Health and Adult Social Care) and the Yorkshire and the Humber Strategic Health Authority. These important contributions have provided us with confidence of our assurance related to the Core Standards in addition to some very valuable comments relating to future communications and work programmes.</p> <p>It is disappointing that during the rigorous review of the Core Standards throughout the year the Trust has been unable to achieve full compliance with standards C4a, C4c, C9 and C11b. Nevertheless the Trust Board is confident in the assurance provided from the action plans relating to these elements that every effort is being made to achieve compliance.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on	The Trust recognises that the Health Act 2006 introduced a statutory
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<p>measures to meet the Hygiene Code</p>	<p>duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it will have suitable systems and arrangements in place to ensure that the Code is being observed at this trust.</p> <p>Specifically, the Board can confirm that there is a robust action plan in place to ensure we meet the provisions of the Code of Practice. The Trust will also be working with the Department of Health Improvement Review Programme to influence joint action across the Health Community.</p>
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Safety domain - core standards

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
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
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
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).	Not met
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
C4c	Healthcare organisations keep patients,	Not met

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

Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/07/2006
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2008
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The number of MRSA bacteraemias at the Trust remains above the ideal trajectory in spite of the actions already taken to reduce it. During 2007/08, the Trust will continue to implement the action plan set out during 2006/07 to ensure that compliance is achieved. We will also be working with the Department of Health Improvement Review Programme to influence joint action across the Health Community
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Continue to implement Infection Control Annual Programme and a wide range of additional measures including: 1. DIPC or deputy to attend Clinical Management Teams (CMT) meetings 2. CMTs to complete infection control plans as part of the Performance management framework 3. Matrons and Medical Leads to implement High Impact Interventions 4. To audit compliance with mupirocin prophylaxis 5. Optimising the infection control e-learning packages 6. Completion of Root Cause Analysis on all MRSA bacteraemias and actions taken to reduce the risk of it happening again 7. Reduce waiting time for fistula work up and surgery

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Please complete the details below for standard C4c, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2009
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>The Trust has a centralised SSD service where all reusable instruments apart from flexible endoscopes are reprocessed. Sterile Service units will be transferring to an off site service provider during 2007.</p> <p>To help facilitate this move, major investment in instrumentation has been agreed and made. This has allowed the purchase of additional instruments to reduce fast track requirements and ensure sufficient equipment is in place to enable a continuous operating service.</p> <p>The new service will meet the requirements of all regulations including HTM2010, HTM2030, HTM2031 and HBN13.</p> <p>Decontamination of all flexible endoscopes is undertaken locally in the Trust. The new endoscopy suite at LGI meets all relevant requirements including HTM2030 and HBN13. The non-compliant AFOS machine at Seacroft has been removed from service, and replaced with Steris 1, automated endoscope reprocessors. Steris 1 decontamination equipment is available for reprocessing flexible endoscopes in all other endoscopy areas across LTHT, as with most NHS Trusts.</p> <p>A programme of centralisation and replacement of decontamination equipment in all endoscopy areas has commenced. This will enable the Trust to move to meet the requirements within HTM2030 and will involve the removal of all Steris 1 machines. Once the Steris 1 machines have been replaced with HTM2030 compliant machines, at that point LTHT will meet all current regulations.</p>
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>It is planned that the SJUH facility will move in June, LGI will follow in August.</p> <p>A full review of endoscope reprocessing equipment and facilities to be undertaken to determine the most appropriate service model.</p> <p>Steris 1 machines to be risk assessed with the help of representatives from Infection Control, Estates and sterile services.</p> <p>A full review of endoscope reprocessing equipment and facilities to be undertaken to determine the most appropriate service model.</p>

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	Steris 1 equipment to be replaced with HTM2030 compliant machines, and environmental controls should be put in place to HBN13 recommendations.
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Clinical and cost-effectiveness domain - core standards

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
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	Good
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	<p>The comparative data in our information toolkit is consistent with our internal assessment that we are making good progress in relation to the development of Cancer, Coronary Heart Disease and Stroke Services, in terms of: i) progress against national recommendations, ii) implementation of NICE guidance, and iii) taking into account individual needs and preferences.</p> <p>The Trust is part of a DOH pilot, using PPCI (primary angioplasty) rather than thrombolysis as the first line treatment for heart attack patients. PPCI is seen as the gold standard treatment for heart attack</p>

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	<p>patients, and as a pilot site the Trust is at a disadvantage in terms of the current HCC measures for thrombolysis., The information toolkit suggests that the proportion of eligible patients receiving thrombolysis treatment within 60 minutes of calling for help looks low. Very small numbers of our patients are currently given thrombolysis, largely those that have not been suitable for PPCI , and assessment time for those patients is therefore sometimes outside of the target times.</p>
<p>Your highest local priorities for improvement relating to developmental standard D2a</p>	<p>In relating to the three specific clinical services currently covered by this standard, our main priority will be to reduce the variations in quality of stroke services across our two main hospitals sites, through pathway work and joint working with Leeds PCT.</p> <p>In general terms, our main priority in relation to this standard is to increase our systematic monitoring of progress against these and other National Service Frameworks by further embedding their monitoring into our performance management framework, and by continuing to increase i) our participation in national audits, ii) our local audit of NICE implementation, and iii) our monitoring to demonstrate that patients individual needs are being taken into account.</p>

Governance domain - core standards

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

<p>C7a and C7c</p>	<p>Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.</p>	<p>Compliant</p>
<p>C7b</p>	<p>Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.</p>	<p>Compliant</p>
<p>C7e</p>	<p>Healthcare organisations challenge discrimination, promote equality and respect human rights.</p>	<p>Compliant</p>
<p>C8a</p>	<p>Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their</p>	<p>Compliant</p>

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	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.	
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
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.	Not met
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
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
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
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Not met
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
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

Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C9, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	31/12/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>Considerable progress has been made in delivering the Trust's Medical Records Strategy, including casenote amalgamation, electronic archiving and Trust-wide training and electronic casenote tracking. However we are still working towards achieving a single record for each patient.</p> <p>The management of non-health records has been partially addressed, and a reorganisation within the Informatics Department will mean that we will have an officer with specific responsibilities in this area.</p>
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>Continued implementation of medical records strategy, and working with PAS supplier.</p> <p>An officer with specific responsibility for non-health records to be identified.</p> <p>Establish database of responsible managers.</p> <p>Raise awareness throughout the organisation regarding the Records Management NHS Code of Practice</p>

Please complete the details below for standard C11b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2008
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>Whilst mandatory training has been and is being delivered to Trust staff on an ongoing basis, full compliance with this standard is compromised for 2 main reasons.</p> <p>The first is that whilst Clinical Management Team/operational managers and supervisors have been tasked with identifying the need, providing the time and recording attendance at mandatory training, no central</p>

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200 - 250 words)	<p>mechanism yet exists for collating this information to provide assurance at a corporate level.</p> <p>The second is that the definition of what constitutes mandatory training within the Trust had been tasked to the Head of Training & Development and is therefore dependant on an appointment being made to this post, which has been vacant for over 2 years. The Head of T&D has also been tasked with assessing the Trusts' training needs and developing a training strategy.</p> <p>Responsibility for T&D transferred to HR in Q3 of 06/07 and an appointment to the Head of T&D post, delayed by internal vacancy controls, is anticipated in April 07.</p>
<p>Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>Management Teams have confirmed compliance, through the Performance Management Framework, with a requirement to ensure that all Induction, Fire and professional group mandatory training is carried out and recorded.</p> <p>In the meantime the definition of mandatory training set out in our Staff Development Policy will continue to apply; i.e., Fire Training and Induction shall constitute 'mandatory training for ALL staff' for the purposes of this declaration. Other forms of professional and safety training for specific staff groups will continue as usual, but will not be regarded as applying to all staff.</p> <p>The Head of T & D will, upon appointment, carry out an assessment of training needs across the Trust and consolidate existing provision. S/he will also develop methods of providing assurance that training of the required type and quality is being delivered.</p> <p>Additional, dedicated, Senior HR support is being allocated to ESR from April 07 and priorities for action include rolling out the ESR modules for recording training and development activity.</p> <p>The current 'one-size fits all'™ approach to the delivery of Fire training will also be reviewed in light of national guidance on the use of a targeted risk based approach that will better utilise resources.</p> <p>The People Development Board will be re established to direct and monitor staff development/training and ensure congruence with strategic objectives.</p>

Patient focus domain - core standards

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
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	Compliant

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	of any confidential patient information.	
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
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
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
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
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
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
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

Accessible and responsive care domain - core standards

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
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C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant
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Care environment and amenities domain - core standards

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

Public health domain - core standards

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	Compliant
	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.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring	Compliant

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	that the local Director of Public Health's annual report informs their policies and practices.	
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
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

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mr	Martin Buckley	Chairman
2.	Mr	Hardip Singh (Frank) Bedi	Non Executive Director
3.	Mr	Howard Cressey	Non Executive Director
4.	Ms	Charlotte Dyson	Non Executive Director
5.	Professor	Ed Hillhouse	Non Executive Director
6.	Dr	Valerie Kaye	Non Executive Director
7.	Mrs	Susan Silverstone	Non Executive Director
8.	Mr	Neil Chapman	Director of Finance
9.	Professor	Hugo Mascie-Taylor	Interim Chief Executive
10.	Ms	Ruth Holt	Chief Nurse
11.	Dr	Matt Toogood	Director of Marketing & Communication
12.	Mr	Gavin Boyle	Director of Operations
13.	Miss	Rachael Allsop	Director of HR
14.	Mr	Darryn Kerr	Director of Estates & Facilities
15.	Dr	Phil Ayres	Interim Medical Director

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

<p>Strategic health authority comments</p>	<p>Leeds Teaching Hospitals NHS Trust Healthcare Commission Core Standards: SHA comments</p> <p>As you are aware, as part of the annual health check, the SHA is invited to provide comments to be included within your declaration to the Healthcare Commission. The SHA has pre-empted invites this year to ensure SHA comments are provided in a timely manner to all organisations. Please find below the final SHA comments for 2006/07.</p> <p>STANDARD Comments</p> <p>C4 MRSA rates are static year on year and will miss end of March trajectory. The Trust is above SHA average levels per 1000 bed days. C. Difficile rates are slightly reduced but there is a need to understand balance between hospital and community rates. Separate survey is currently being undertaken with regards to decontamination. The results will be due in 6th April</p> <p>C6 Trust plays a full part in the Making Leeds Better programme with PCT and local authority partners. Trust has been working with PCT on the link between PCT approaches to admission avoidance (through rapid response initiatives) and trust admissions and A&E services. Trust has been working with PCT on re providing some older people services into more community based settings.</p> <p>C13-C16</p> <p>C17, 18 The organisation is committed to on-going strategic development and action planning to involve and engage with patients, service users, carers, relatives and the public, in accordance with Section 11 of the Health and Social Care Act policy and practice guidance, Strengthening Accountability.</p> <p>Patient experience information is gathered to inform service improvement, through a variety of mechanisms, including an established Patient Advice and Liaison Service (PALS). Appropriate leads within the organisation are also working to address the key deliverables set out in 'A Stronger Local Voice'™.</p> <p>More specific information to support compliance with both core and developmental standards will be available following the NHS National Centre for Involvement Annual Assessment due April 2007.</p> <p>C23 The Trust provides services through network arrangements and working towards integrated care pathways in line with NSFs.</p> <p>C24 The Trust has systems in place to maintain their plans for emergency situations.</p> <p>If you have any queries relating to any aspect of this letter, please email Gulnaz.akhtar@yorksandhumber.nhs.uk .</p>
<p>Patient and public involvement forum comments</p>	<p>C9: Healthcare organisations Forum members carried out inspection visits at Chapel Allerton Hospital between July and October 2006. Several problems were identified with the booking and records systems. The Rheumatology booking service operating hours were not adequate for the service expected. A large percentage of patients records notes were not regularly available and a proper tracking system was not in place. On the day of the visit a third</p>

C13

Healthcare organisations have systems in place to ensure that a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and c) staff treat patient information confidentially, except where authorised by legislation to the contrary.

As part of our work programme this year, we conducted an Inquiry into Dignity in Care for Older People. High quality health and social care should be delivered in a person-centred way that respects the dignity of the individual receiving them. However, it is recognised nationally that older people in particular are not always treated with the respect they deserve.

The timing of our Inquiry coincided with the official launch of the Dignity in Care Challenge by the Department of Health. During our Inquiry, we focused on issues such as personalising services, listening and supporting people in expressing their needs, tackling loneliness and isolation, addressing self esteem and confidence issues, and incorporating dignity in care within staff training programmes.

It is important to help create a zero tolerance of lack of dignity in the care of older people, in any care setting. There is a need to inspire and equip local people, be they service users, carers, relatives or care staff with the information, advice and support they need to take action to drive up standards of care with respect to dignity for the individual.

The findings and final recommendations of our Inquiry will be published end of April 2007 and will be shared with the Healthcare Commission in line with its current work around Dignity in Care.

C14

Healthcare organisations have systems in place to ensure that patients, their relatives and carers a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services; b) are not discriminated against when complaints are made; and c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

As part of our Inquiry into Dignity in Care for Older People, we explored the complaints procedures and whistle-blowing policies of local NHS Trusts. It is paramount that patients and their relatives and carers are able to voice any concerns regarding a service and that staff are also given opportunities to express concerns without the fear of retribution from an employer.

Whilst procedures within different Trusts are there to meet the needs of patients and staff, we feel that the Trust must develop more consistent complaints procedures and help develop common standards across the city to address concerns that have been raised, such as the length of time to resolve complaints and the lack of feedback following complaints.