

Reference: AHC105948 Date: 27/04/2007

Your details

Trust self-declaration:

Organisation name:	Wirral Hospital NHS Trust
Organisation code:	RBL

General statement of compliance

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

General statement of compliance	After careful consideration Wirral Hospital NHS Trust Board has agreed there have been no significant lapses in the core standards during 2006/2007. Work is ongoing to ensure future compliance with both core and developmental standards.
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	Wirral Hospital NHS Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations to observe the provisions in the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems in place to ensure that the Code is being observed at this Trust. The Trust recognises three areas where it needs to consolidate its infection control arrangements. These relate to:	
	Code 3a. Updating its risk assessment and risk register in relation to infection control.	
	Code 10. Ensuring the major outbreak plan and the specific alert organism policies are in place and up to date.	
	Code 11d. Ensuring medical staff access an ongoing education programme for infection control. Ensuring infection control is included in personal development plans and/or appraisal.	
	J Cunniffe Director of Prevention and Control of Infection April 2007	

Safety domain - core 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).	Compliant
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, 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
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	
	and the safety of the environment.	

Safety domain - developmental standard

Please supply the following information:

Your level of progress in relation to developmental standard D1	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The Trust has assessed itself as 'Fair'. This is supported by the average position of the trust against the comparative information from the toolkit. The trust performed well against the indicators relating to infection control due to the hard work of staff to improve patient safety.
Your highest local priorities for improvement relating to developmental standard D1	Undertake a baseline assessment of the safety culture in the Trust. Relaunch the enhanced incident reporting policy and launch the risk escalation and incident investigation policy and other supportive risk management tools. Develop training programmes to ensure these policies are understood and implemented. Develop reports with more detailed information and other tools to support management action to support risk mitigation Audit enhanced Trust wide risk management systems and processes.

Clinical and cost-effectiveness domain - core 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	Compliant

	clinicians continuously update skills and techniques relevant to their clinical work.	
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 toolkits(s)	The Trusts performance is average for many of the indicators. Where the Trust is in the lower quartile for performance considerable improvements have been made e.g. implementing action plans for cancer services. The Trust had some difficulties submitting data to National Cancer Audits during 2006 due to technical reasons. This has now been rectified. Some of the indicators included relate to services not provided by Wirral Hospital NHS Trust such as Cardiac Rehabilitation and Coronary Artery Bypass Grafting.
Your highest local priorities for improvement relating to developmental standard D2a	Progress action plans to deliver the National Service Frameworks and NICE Guidance. For example stroke service development and review of Atrial Fibrillation care. Implement action plans following cancer services review. Obtain agreement and funding for the familial breast cancer clinic Progress the Care Standards Executive projects including an ongoing discharge survey and customer care training.

Governance domain - core standards

and	Healthcare organisations apply the principles of sound clinical and	Compliant
C7c	corporate governance and Healthcare	

	organisations undertake systematic risk assessment and risk management.	
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
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
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.	Compliant
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.	Compliant

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

Patient focus domain - core 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 of any confidential patient information.	Compliant
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
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Care environment and amenities domain - core 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 that the local Director of Public Health's annual report informs their policies and practices.	Compliant
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.	Mrs	Eryl Hoskins	Chairman
2.	Professor	Noel Boaden	Deputy Chairman
3.	Mr	Eric Smethurst	Non Executive Director

4.	Mrs	Ann Parker	Non Executive Director
5.	Mr	Jeffrey Willis	Non Executive Director
6.	Mr	Alan Wilson	Non Executive Director
7.	Mr	Len Richards	Chief Executive
8.	Mr	Paul Holt	Director of Operations/Chief Nurse
9.	Mr	Graham Hewitt	Director of Human Resources
10.	Dr	lan Jones	Medical Director
11.	Mr	Rod Jones	Finance Director
12.	Mr	Gary Doherty	Director of Service Development

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.

s draft declaration, reviewed inagement information and is ls.
sidents to the SHA through the
ent reporting system. The eport and investigate serious
ry trajectory and can fection control plans.
o develop its emergency plan.
d within the context of the 2006. Next year the SHA looks CTs to make patient safety,
ent in Health Forum for nual Health Check

Over the year March 2006-2007 the Forum have conducted a Food and Nutrition survey, a CareWatch Survey, Walkabouts to look at all aspects of Ward Life including Infection Control and attended regular monthly meetings.

The Forum drew the Trusts attention to concerns on some DME wards including Ward 21 which was highlighted in last years Annual Health Check. The Forum understands that the Trust is now making efforts to address these issues.

The Forum have noted that this being the first year of assessment the HCC will be looking at two developmental areas in relation to this Acute Trust; those being Safety and Clinical and Cost Effectiveness.

Although the Forum have now started to receive more detailed Complaints Reports, it is not clear what is learned by the Trust from issues or mistakes. (C1)

MRSA was identified as an area of concern by the Forum (C4). Through visits to Wards and public areas, the Forum suggested to the Trust that signs for the public to wash their hands should be placed in more prominent positions. Removal of jewellery and hand washing should be enforced. Although it is suggested that there is no evidence to support the wearing of uniforms in public contributes to the problems of MRSA, the Forum felt that there was sometimes an abuse of this as Health Care Professionals had been seen in public places in uniform, without coats.

The Trust, we understand, (D1) now swab patients for MRSA between their transfer of patients, between wards, other hospitals and organisations etc. and have made efforts to explain any new procedures in place. However, C.Difficile is a much bigger problem which does not seem to be mentioned.

(C13) On the quarterly visits conducted by the Forum, members had concerns that some patients felt vulnerable and were reluctant to complain because of repercussions. These concerns were relayed to the Ward Manager and Senior Staff. (D8) The Trust have put in place 9 Project Groups and the Forum is represented on each, in an effort to improve the patient experience. The Groups are:

Respecting Dignity
Effective Leadership at Ward
Improving Communication Skills for Clinical Staff
Ensuring Patient Safety.
Recognising Patients as Individuals
Standardising Written Information
Improving the Discharge Process
Respecting Privacy
Addressing Noise At Night

(C15) a)+b)The Trust introduced a system of red trays to identify that a patient needs some assistance with feeding. Some months after the introduction of the red tray, the forum held a Red Tray Awareness Day to ascertain if staff and visitors knew about it. (Analysis attached.) To date, there are concerns that some staff still do not understand what the Red Tray is to be used for. During the quarterly Forum Visit patients were observed who obviously needed a Red Tray and did not have one

and patients with a Red Tray who did not need one. (D8) Although the Trust recognises the problem and have made efforts to inform the staff of the Red Tray, this still remains an issue and impacts upon the nourishment and well being of the patient.

The Forum and the Trust have built on an already good relationship this year, with openness and transparency. The Forum look forward to continuing as a Critical Friend.

First Domain Safety

(C1) Core Standard(C4) Core Standard

(D1) Developmental Standard

Fourth Domain Patient Focus

(C13)

C15) a+b Core Standard

(D8) Developmental Standard

Shelagh Grant-Wilson

2007

Chairman

Independent PPIF for Wirral Hospital Trust

RESULTS OF RED TRAY AWARENESS SURVEY

conducted by the Independent Patient and Public Involvement in Health Forum for Wirral Hospital Trust

Date: 16 April

with help from representatives from other Wirral PPIFs.

MONDAY 3 JULY 2006

Thanks to all who volunteered to make the day such a success:-

Staff Survey

The guestion asked was do you know what a red tray is used for?

Out of a total of 170 staff surveyed

94 did not know about the red tray which represented 55% of respondents

76 did know about the red tray which represented 45% of respondents.

This indicates clearly that more work is needed to ensure that all staff are aware of the use and existence of the Red Tray.

Survey of Visitors, Patients, Relatives, Carers etc...

The questions asked were:

Does your relative need any help at mealtimes?

Did you know that one visitor is allowed to help with feeding during mealtimes?

A total of 92 people responded:-

71 responded stating no to both questions representing - 77%

13 responded stating Yes to question 1 and No to question 2 representing - 14%

2 responded stating Yes to questions 1 and 2 - and were aware of the fact that visitors are allowed to help with feeding at mealtimes- 2%

6 responded who it was clearly indicated on the forms completed were patients of the hospital - 1 knew about the red tray and 5 did not know - 7%

Overview and scrutiny committee comments

Overview and scrutiny committee 1

Comments

C17

In November 2006 WHT presented detailed information to the Committee on the Trusts 2005-06 health check rating, the main points from the Healthcare Commissions assessment and an action plan. Foundation status: The Committee welcomed the increased mechanisms for involving stakeholders in the work of WHT and noted that the council would have three places on the Assembly of Governors. The Hospital Trust is presenting a further report to the March 2007 Committee on engagement.

C18

In response to a report on audiology services from Wirral Health Forum, the Chief Executive of Wirral Hospital Trust informed the Committee that a review of structures had meant that audiologists were now able to spend more time on clinical work. Waiting lists had already reduced, and the hospital was working to a target of 6 weeks waiting time by March 2008.

C22

The PCT, Wirral Hospital Trust and the Department of Adult Social Services made a joint presentation to the Committee in September 2006 on progress in improving health and social care on Wirral and plans for the future.

Christine Heron
Joint Commissioning Manager Health
Wirral Council
Department of Adult Social Services
Tel: 0151 666 5092