

**Trust Self-Declaration:**

Trust:	Queen's Medical Centre, Nottingham University Hospital NHS Trust
CSA Main Contact:	David Edwards
Main contact's email:	DAVID.EDWARDS@QMC.NHS.UK

Safety domain

Please indicate 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).	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	Compliant

	minimised.	
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.	Not met
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

Details of non-compliance for safety domain

Please complete the details below for standard C04d, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/12/2006
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Audit Commission review [Sept 2005] shows that although the Trust is strengthening its medicines management arrangements there are 3 key areas that the Trust needs to address in order to respond proactively to the challenges ahead - capacity, performance management and financial control.
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	An action plan is in the process of being agreed in relation to the implementation of the 32 recommendations made by the Audit Commission, however, some of the recommendations will require additional resources to implement and a judgement will have to be made about the affordability of these. A risk assessment of the issues raised in the recommendations is being undertaken for consideration by the Trust's Risk Performance Management Committee.

Clinical and cost-effectiveness domain

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

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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.	Not met
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

Details of non-compliance clinical and cost-effectiveness domain

Please complete the details below for standard C05a, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Although the Trust has a robust system for the introduction of NICE guidance for interventional procedures, the system for ensuring conformity to NICE technology appraisals is weak.
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The Trust NICE Working Group is developing a strategy to implement a number of NICE workstreams, including a workstream to specifically look and risk assess the introduction of NICE technology appraisals and to ensure that the actions from the risk assessments are implemented and monitored.

Governance domain

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

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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
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	Compliant

	of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	
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

Please indicate 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 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.	Not met
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.	Insufficient assurance

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
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Details of non-compliance patient focus domain

Please complete the details below for standard C13c, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The Trust's information governance self-assessment concluded that although all access to health records requests are compliant with national standards and letters sent to patients and the public about access to health information contain a sentence about data protection there was no Trust strategic plan and communications strategy about the data protection requirements in relation to patient information.
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	A strategic plan and communications strategy in relation to data protection and the confidentiality of patient information is currently being written. There is patient involvement in the both the strategy development and the development of information leaflets for staff and patients about data protection. These information leaflets will also meet equality and diversity requirements.

Please complete the details below for standard C15b, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The assessors felt that although the Trust was compliant with better hospital food standards and has a 24 hour catering service with service standards and planograms for plating up meals and food sampling by the BHF team for nutritional analysis, there was insufficient assurance that throughout the Trust patients were getting the necessary help with feeding.

<p>Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)</p>	<p>A nutritional policy has been drafted but has yet to be finalised, approved or implemented. Patient and carer feedback to be scrutinised to see if there is evidence of any particular problem areas in respect of patients not receiving help with feeding and if there are, these areas will be targeted for improvement. Wards to undertake an audit of patient feeding assessments and patient and carer satisfaction with help with feeding.</p>
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Accessible and responsive care domain

Please indicate 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

Please indicate 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

Please indicate 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	Compliant
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	inequalities by cooperating with each other and with local authorities and other organisations and C22c 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.	Not met
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

Details of non-compliance public health domain

Please complete the details below for standard C22b, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/03/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The annual reports of the four Directors of Public Health in our constituency have not been taken into account when developing Trust policies and practices. The assumption has been made that these have informed the commissioning intent of the local PCTs and the resulting service level agreements with the Trust.
Actions Planned or Taken (you are restricted to 1500)	The annual reports of the four Directors of Public Health to be considered by the Trust Clinical Governance Committee, Planning and Performance Committee and Hospital Management Team in order to inform the Local

characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Delivery Plan for 2006/07.
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Endorsed by (internal Audit view of the quality of processes used by the board in making its last statement of Internal Control)

	<p>"INTRODUCTION</p> <p>My opinion is provided to inform the Board of Queen's Medical Centre to assist them in completing their Statement on Internal Control (SIC), which forms part of the Annual Financial Statements for the year 2004/05, and is not intended for any other purpose. The Statement provides public assurances about the effectiveness of the organisation's system of internal control.</p> <p>The System of Internal Control</p> <p>The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. This should be based on an ongoing risk management process that is designed to identify the principal risks to the organisation's objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically.</p> <p>The Assurance Framework</p> <p>Boards are responsible for putting in place arrangements for gaining assurance about the effectiveness of the organisation's system of internal control. To achieve this, the Board should identify the principal risks to the organisation meeting its principal objectives and map out the key controls in place to manage these risks. The Board should also identify how they have gained sufficient assurance about the effectiveness of these key controls.</p> <p>Assurances may be derived from a number of sources and it is the responsibility of the Board to determine how much reliance can be placed on each of them.</p> <p>OPINIONS</p> <p>Opinion on the Assurance Framework</p> <p>The Internal Audit review of the Trust's overall arrangements for gaining assurance has concluded that:</p> <p>An Assurance Framework has been established but is not sufficiently complete to meet the requirements of the 2004/05 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks across all the Trust's main business activities.</p> <p>The following actions are required by the Trust:</p> <p>§ Develop more appropriate and robust objectives for 2005/06 explicitly covering all of the Healthcare Standards and all the main areas of the Trust's business activities</p> <p>§ Identify and map the potential principal risks, key controls, potential sources of assurance, positive assurances, gaps in control and gaps in assurance</p>
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	<p>against these new objectives</p> <p>§ Improve Board engagement in developing, maintaining and monitoring the Assurance Framework</p> <p>§ Improve the co-ordination and evaluation of assurance activity, and also focus more on seeking independent sources of assurance where there are obvious assurance gaps and key risk areas</p> <p>§ Develop exception reports on key updates to the Assurance Framework and the outcome of assurance reviews for the Board to review on a regular basis</p> <p>§ Ensure that Board approved action plans are in place to address gaps in controls and gaps in assurances (where appropriate) and that the Board monitors the delivery of these action plans.</p> <p>Opinion on the Effectiveness of the System of Internal Control</p> <p>My opinion is primarily limited to the work carried out by Internal Audit during the year on the effectiveness of the management of those principal risks identified within the organisation's Assurance Framework. My opinion has also been informed by reliance on work carried out by third parties as detailed in the Internal Audit Annual Report.</p> <p>It is the Board's responsibility to satisfy itself it has sufficient assurance about the operation of controls in place to manage other principal risks.</p> <p>On this basis it is my opinion that for the identified principal risks covered by Internal Audit work the Board has:</p> <p>Limited assurance, as weaknesses in the design and application of key controls put the achievement of the organisation's objectives at risk in the areas reviewed.</p> <p>Further details are recorded in the 2004/05 Internal Audit Annual Report.</p> <p>It is the Board's responsibility to satisfy itself it has sufficient assurance about the operation of controls in place to manage other principal risks.</p> <p>Alexei Pestana Head of Internal Audit</p> <p>22 June 2005</p>
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Has the auditor disclosed any matters in relation to the Statement on Internal Control within the Independent (external) Auditor's Report to the Directors of the Board on the financial statements in 2004/2005?

	No
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Please supply the following information

general statement of compliance	The Trust Board has assessed the Trust's compliance with the 24 core standards and made 46 declarations of compliance. Of the 46 declarations of compliance the Board has made 40 declarations that the standards have been met without significant lapses, 5 declarations that there have been significant lapses and 1
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	<p>declaration that there is a lack of assurance which leaves the Board unclear as to whether there has been a significant lapse.</p> <p>QMC Trust Board - 6 October 2005 All Trust Board Members were present and agreed the final assessment to be submitted to the Healthcare Commission. Board members, both executive and non-executive, were involved in the assessment process via scrutiny of the evidence to support compliance with the standards in the Board governance sub-committees (Audit Committee, Health Governance Committee and HR Performance Committee)</p>
strategic health authority commentary	<p>The Trust has made progress on its clinical governance development plan (CGDP) for 2004/05 and demonstrated progress across the standards domains at the 2005 review of clinical governance. The Trust was reviewed by the Commission for Health Improvement in 2002 and was able to demonstrate progress to the Commission for Health Improvement in 2003. The Trust has made improvements in establishing systems and processes for patient safety and has seen a year on year increase in the numbers of incidents being reported. The Trust is active in its work to prevent and control infection and in progressing the actions identified within its 'Winning Ways' action plan. The CGDP for 2005/06 reflects the standards for better health and highlights areas where the Trust has identified areas for further improvement against the core standards. A & E quarter 1 performance was below standard but quarter 2 to date has been above 98%.</p>
patient and public involvement forum commentary	<p>The PPI Forum has said that it does not wish to comment on the Trust's declaration at this stage but will comment on the full year return.</p> <p>The Trust's Medical Director, who is the executive lead for compliance with the standards for better health, is meeting with the PPI Forum in January 2006 to explain the Trust's approach to assessing compliance with the standards, the outcome of the assessment as made in this declaration and the actions in place to ensure compliance with all the core standards by the year end.</p>
How many overview and scrutiny committees will be commenting on your trust?	1

Overview and scrutiny committee 1 - commentary

Overview and Scrutiny Committee Commentary	<p>The joint Nottingham city and county health scrutiny committee has said that it does not wish to comment on the Trust's declaration at this stage but will comment on the full year return.</p> <p>The Trust's Medical Director, who is the executive lead for compliance with the standards for better health, is attending the November 2005 meeting of the joint Nottingham city and county health scrutiny committee to explain the Trust's approach to assessing compliance with the standards, the outcome of the assessment as made in this declaration and the actions in place to ensure compliance with all the core standards by the year end.</p>
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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 the declaration in the space provided below. As a minimum, we require that the declaration is signed by an appropriate officer(s) with delegated authority. Signatures below represent the following:

approval that the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance

approval that any commentaries provided by specified third parties (i.e. strategic health authority (where relevant), patient and public involvement forums and overview and scrutiny committees) have been reproduced verbatim.

approval that the relevant comments from the head of internal auditor opinion have been reproduced verbatim, and that the information provided in respect of the external auditor's view reflect the independent auditor's report to the directors of the board on the financial statement in 2004/05.

Please state how many members of the trust board, including the non-executive directors, will be signing the form (maximum of 20):

Number of signatories	2
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Details of first signatory

Mr	David	Edwards
Signature:		

Details of second signatory

Mr	Edward	Cantle
Signature:		