



Your details

Trust self-declaration:

Organisation name:	City Hospitals Sunderland NHS Foundation Trust
Organisation code:	RLN

General statement of compliance

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

General statement of compliance	The Board of Directors can confirm that City Hospitals Sunderland NHS Foundation Trust is fully compliant against all of the core standards as outlined in 'Standards for Better Health'.
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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	<p>City Hospitals Sunderland NHS Foundation Trust recognises that the Health Act 2006 introduced a statutory 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 has suitable systems and arrangements in place to ensure that the Code is being observed at this trust.</p> <p>The Board can also confirm that all statutory duties, national guidance and Department of Health recommendations in relation to healthcare associated infections have been taken onboard by the Trust and implemented wherever possible.'</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
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Core and developmental standards declaration 2006/2007

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.	Compliant

Safety domain - developmental standard

Please supply the following information:

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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 comparative information was extremely useful to help identify areas for improvement and to understand the Trusts position compared to the national picture.
Your highest local priorities for improvement relating to developmental standard D1	To continue to develop the implementation of the NPSA Seven Steps to Safety.

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	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	The comparative information was extremely useful to help identify areas for improvement and areas where CHS was an outlier. However, the Trust was unsure why the cancer peer review information for City Hospitals Sunderland was not included, given the process was concluded during the summer of 2006.

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Your highest local priorities for improvement relating to developmental standard D2a	The Trust will continue to focus on a number of areas including Stroke, CHD and cancer. The Trust will also be using the comparative information to do further work around the specific indicators where the Trust was an outlier.
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Governance domain - core standards

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
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	Compliant

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	registered with the appropriate bodies.	
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

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 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	Compliant

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	relatives and carers are not discriminated against when complaints are made.	
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

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	Compliant
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	which protects patients, staff, visitors and their property, and the physical assets of the organisation	
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	Compliant

	and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	
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Electronic sign off - details of individual(s)

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	Title	Full name	Job title
1.	Mr	David Graham	Chairman
2.	Mr	David Clifford	Non-executive Director
3.	Mr	Roy Neville	Non-executive Director
4.	Mr	Bryan Charlton	Non-executive Director
5.	Mr	Ken Bremner	Chief Executive
6.	Professor	Leslie Boobis	Medical Director
7.	Ms	Karen Brown	Director of Finance
8.	Mrs	Carol Ringrow	Director of Quality & Nursing
9.	Mr	Brent Kilmurray	Director of Strategy & 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.

<p>Strategic health authority comments</p>	<p>The role of the Strategic Health Authority (SHA) as the local headquarters for NHS North East includes supporting local NHS organisations to achieve local priorities and national standards. The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements. The following are the specific comments in relation to the standards which the SHA has key information to relate to:-</p> <p>C1 - Robust systems are in place to identify report and implement lessons learnt from patient safety incidents. Systems are in place to action all patient safety notices.</p> <p>C4a - The targets set to reduce MRSA rates have presented a significant challenge given the complexity of patient care delivered. Every MRSA bacteraemia is reported on the Trust incident reporting system and a detailed root cause analysis is undertaken to identify any areas for improvement. The Trust has recovery plans in place to reduce the number of reported MRSA. The Trust is has demonstrated total MRSA cases have reduced year on year with actions and processes put in place. There are also challenges in relation to other healthcare acquired infections such as Clostridium Difficile and the Trust is making significant efforts to raise awareness with patients, staff and visitors.</p> <p>C7a and C7 - Clinical and corporate governance and controls assurance systems are in place and comply with national guidance.</p>
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	<p>C24 - the Trust has plans in place for managing major incidents and emergency situations. These are audited regularly on behalf of the SHA by the Regional Health Emergency Planning Advisor. The Trust undertakes desktop and occasional practical rehearsals of their plans. Collaboration on these issues is excellent, with open sharing of plans, learning and participation in exercises.</p> <p>D1 & D2 the trust is progressing in this area and has developed systems to continue to improve.</p> <p>The SHA is aware of the recent HCC inquiry relating to urology services waiting times in Sunderland. The SHA notes that the Trust and PCT have a comprehensive action plan to address the issues which has been agreed by the HCC investigation team.</p>
<p>Patient and public involvement forum comments</p>	<p>I am writing to inform you that we will not be submitting comment for inclusion in the Healthcare Commission Annual Health Check this year.</p> <p>This is due to constraints on forum member's time and the transition anomaly, preventing us from developing our comments and achieving the deadlines for its submission.</p>

Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>First Domain: Safety</p> <p>C3 NICE guidance 12.07.06 *:</p> <p>City Hospitals provided detailed information to the Committee and was happy to respond to public comment following an item in the local press about the future prescription of procaine to treat chronic pain. A Consultant Rheumatologist, who had prescribed procaine as a special interest, was retiring. Despite the drug not being licensed for this treatment, CHS was happy to work with patients to demonstrate to them options/clinically tested alternative treatments.</p> <p>C4a Reducing acquired infection 09.06, 10.06 and 11.06:</p> <p>At the request of the OSC, Trusts responded to a request to provide evidence on how they were addressing issues in Essence of Care. Whilst a number of approaches had been taken to inbed key principles, the OSC is satisfied that core tasks are being taken seriously by organisations. Outcomes have not been tested though.</p> <p>[* dates given relate to Committee meetings]</p> <p>Third Domain: Governance</p> <p>C7a Sound clinical and corporate governance 06.12.06:</p> <p>CHS demonstrated sound clinical and corporate governance in sharing with the OSC and TPCT plans for passing into independent hands a</p>
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pharmacy at Springwell. In the early 1950's, the new Welfare State built health centres incorporating dispensaries. These transferred from Councils to the NHS in 1974. At the time, Springwell was one of about 15 nationally. Over the years, improving public health, pharmacy provision elsewhere, difficulties in retaining staff - who can earn more elsewhere - and a focusing on 'core NHS business', means only two Community Pharmacies remain in England. One is in Gloucester, the other is at Springwell. Additionally, in 1993, NHS Trusts were prohibited from applying for Dispensing Contracts. This has had a significant impact on profitability. An Order from the then Secretary of State, allowed the continued operation of Springwell but not for income generation.

C7c Systematic risk management 17.01.07:

The OSC is persuaded that CHS has assessed fully the risks and implications for patients in not being able to currently provide Consultant-led orthodontic care for residents of Sunderland and North Durham. The OSC is pleased that, following a local review, the new SHA is now looking at orthodontic provision across the North East in the light of national shortages of staff and the need to meet the 18 week wait. The OSC also notes that the SHA review is involving commissioners of care.

Fifth Domain: Accessible and Responsive Care

C18 Equal access and choice 12.04.06: The OSC believes avenues should be explored further to market effectively help to adults with a physical disability. From a public event and detailed research, this is not the case for all those wanting to access work. Work might include City workplace and employer ambassadors, a single City telephone advice line and use of case studies/individual stories shared more widely. Only half of disabled people are accessing work, are de-coupled from the labour market by a lack of qualifications and have traditionally had few job choices. Organisations should work with people's ill-health as a root cause of their being out of a job and support them through Direct Payments (including hard to reach groups such as those with a dual diagnosis of mental health problems (35% of all Incapacity Benefit clients)). Employment is seen as a key factor in maintaining mental well-being too. More could be done by all statutory partners including as employers.

Seventh Domain: Public Health

C22a Joint work to reduce inequalities 12.04.06:

Local Trusts have begun to work with Adult Services Colleagues, ahead of statutory expectations, to provide joined up performance monitoring to the local OSC in accordance with Our Health, Our Care, Our Say. This is being developed and can only help draw out key issues in reducing health inequalities.

14.06.06, 06.12.06: All local Trusts continue to support a sharing of information with the OSC as required by the Health and Social Care Act 2001 and Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. This also enables Councillors to review issues particularly in relation to core standards C6, C7, C13b),

	C16, C17, C18, C20a), C21, C22 and C24.
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Board of governors' comments

Please enter the comments from the board of governors in the box below:

	<p>The Board of Governors appreciates the invitation to comment on City Hospitals Sunderland FT, and will comment on the following:</p> <p>C7 & C16. The governors were fully informed and involved in discussions with the Trust, its patients and members of the public in relation to the treatment of patients with chronic pain and the use of procaine.</p> <p>C17. The Governors informed and participated in drafting the Trusts vision for future years. Again, Governors believe their views and opinions were taken on board by the Trust and informed the final decision.</p> <p>C20. The Board of Governors were able to express their concerns over the national 'Patient Line' system and associated charges for patients.</p> <p>C21. The Board of Governors were represented on the PEAT inspection team, which assessed the level of cleanliness throughout the hospital.</p> <p>C23. The Governors were consulted on their views and were involved in the ongoing monitoring of issues and recommended actions in relation to the Trust being 'smoke free'.</p> <p>C23. The Governors were consulted on their views on Trusts acholol policy.</p>
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