Inspecting Informing Improving

Healthcare Commission

Webforms Output: Core standards declaration 2007/2008
April 2008

Generated 30/04/08 by Peter Sutton
FRM-12, FRR-5CF

Healthcare Commission

Confirmation

- END OF PAGE -

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

- END OF PAGE -

This is the information that we have for your organisation.

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

Organisation Name:	City Hospitals Sunderland NHS Foundation Trust
Chief Executive's First Name:	Kenneth
Chief Executive's Surname:	Bremner
Chief Executive's Email:	ken.bremner@chs.northy.nhs.uk
Organisation Code:	RLN

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

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

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

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

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

General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.
The declaration form is divided into the following sections:
1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

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

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

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

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

1. General statement of compliance

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

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

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

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

3. Domain pages for core standards

Separate sections have been set up for each domain.

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

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

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

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

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

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

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

End date (planned or actual) - the date by which the trust plans to have:
- assurances in place to enable it to determine whether the standard has been met
or
- addressed the issues identified as one or more significant lapse(s)

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

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

This year, where applicable, we will ask you for additional information where:
- the standard was declared as 'not met' or insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

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

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

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

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

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

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

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

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

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

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

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

4. Sign off

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards

- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position

- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

5. Comments from specified third parties

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

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board

- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority

- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

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

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

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

Guidance for PCTs

PCTs need to consider the following for each core standard when completing their declaration:

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard

-independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. . It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
- through the work of the professional executive committee (PEC)
- by reviewing information from the quality outcomes framework (QOF)
- by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)

- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
- feedback from patients on commissioned services
- review of performance monitoring information
- risk assessments of commissioned services
- routine meetings between the PCT and the providers of their commissioned services, etc.

There are some standards that are particularly relevant to the PCT's role as a commissioner which are C5a, C6, C7e, C17, C18, C22, C23 and C24. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

General statement of compliance

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

The Board confirms that they have reasonable assurance that all of the core standards are being met within City Hospitals Sunderland NHS Foundation Trust.

- END OF PAGE -

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

Statement on measures to meet the Hygiene Code

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

City Hospitals Sunderland NHS Foundation Trust recognises the statutory duty on NHS organisations to observe the provisions of the Code of Practice on Healthcare Associated Infections (Hygiene Code). As a result the Board has reviewed its arrangements and receives regular updates and is therefore assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this trust.

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.'

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

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

Safety domain - core standards (C1a - C3)

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

* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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Safety domain - core standards (C4a - C4e)

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

* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

* 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.

- O compliant
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

Governance domain - core standards (C7a - C9)

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

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

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

O **compliant**
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

O **compliant**
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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Governance domain - core standards (C10a - C12)

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

O **compliant**
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

Patient focus domain - core standards (C15a - C16)

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

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

O **compliant**
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

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

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

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

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

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

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

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

Public health domain - core standards (C22a - C24)

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

* C22a 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.

- O compliant
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

- **O compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

* 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.

- O compliant
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

* 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.

- **O compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

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* 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.

- O **compliant**
- O not met
- O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

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

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

- END OF PAGE -

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

Electronic sign off page

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

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

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

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

- the statement on measures to meet the Hygiene Code are a true representation of the trust's position

- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), patient and public involvement forums, overview and scrutiny committees and local safeguarding children boards

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

- END OF PAGE -

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	David Graham	Chairman
2	Mr	David Clifford	Vice Chairman
3	Mr	Roy Neville	Non Executive Director
4	Mr	Mike Davison	Non Executive Director
5	Ms	Miriam Harte	Non Executive Director
6	Mr	Bryan Charlton	Non Executive Director
7	Mr	Ken Bremner	Chief Executive
8	Ms	Karen Brown	Director of Finance
9	Mr	Brent Kilmurray	Director of Strategy and Service Development
10	Mrs	Carol Scholes	Director of Nursing
11	Prof	Leslie Boobis	Medical Director
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- END OF PAGE -

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

Comments from specified third parties

Please enter the comments from the specified third parties below.

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

North East

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

The role of the Strategic Health Authority (SHA) as the headquarters for NHS North East includes supporting local NHS organisations to achieve local priorities and national standards. Organisations within the region have been working effectively both as individual trusts and in collaboration across the region and the SHA has few areas of concern. The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements. The following are tspecific comments in relation to the standards for which the SHA holds key information.

C1 - systems are in place to identify and learn from all patient safety incidents. Systems are in place to action patient safety notices. The SHA is aware of the HCC inquiry commenced in 2006 relating to urology services waiting times in Sunderland. The SHA has recently reviewed implementation of the action plan and we are unaware of any ongoing concerns.

C2 - measures in place to ensure compliance.

C4a - The targets set to reduce healthcare associated infection 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. This information is reported to the Trust Board on a monthly basis. The Trust has extensive plans in place to reduce the number of reported MRSA bacteraemias. The Trust also works closely with PCT colleagues in the area as part of the wider whole system approach to reducing healthcare associated infections. The organisation has put in place appropriate plans for deep cleaning and for increasing the number of matron posts in line with national guidance. It has also been particularly proactive in identifying and taking forward key initiatives supported through the additional Department of Health funding to reduce healthcare associated infection, which was allocated via the SHA. Although the Trust is unlikely to achieve its trajectory for MRSA in 2007/2008, rates of MRSA have improved in recent quarters. There are also challenges in relation to reduction of Clostridium Difficile and the Trust is making significant efforts to address this. The Trust is not on track to achieve its Trust's reduction target for this year. Quarters 1 and 2 showed an improved performance in rates of C. Difficile, but it is unclear at this stage whether the Trust is able to sustain this level of improvement.

C7a and c - Clinical governance and controls assurance systems are in place and comply with national guidance.

C 9 - Recent national concern regarding issues of information governance has highlighted this important area and the SHA has received assurance from the Trust that:

* All bulk transfers of person identifiable data (PID) have been identified, reviewed and formally documented
* Remedial action has been taken to suspend insecure bulk flows of PID
* Remedial action has been taken in regard to insecure bulk flows of PID
* All bulk transfers of PID are secure
* Other high risk areas have been identified
* Action is being taken to identify and review all other (non-bulk) flows of PID.

C11b - The Trust has in place systems for delivery and monitoring of mandatory training. As part of the monitoring of progress in relation to healthcare associated infections the commissioners and SHA receive specific assurances from the Trust in relation to uptake of training for this issue.

C24 - the Trust has plans in place for managing major incidents and emergency situations. These are audited regularly by the Regional Health Emergency Planning Advisor. The Trust participates in desktop and practical rehearsals of their plans. Collaboration on these issues is excellent, with open sharing of plans, learning and participation in exercises.

Steve Page
Strategic Head of Patient Safety
February 2008

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

Sunderland

Comments from specified third parties

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

This commentary was generated at a Joint work Group meeting 21st November 2007 held at National Glass Centre, Sunderland and agreed at the joint meeting of PPI Forum Sunderland City Hospitals and PPI Forum Sunderland Primary Care, 16th January 2008.

Fourth Domain - Patient Focus

Domain Outcome: Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social) whose services impact on patient well-being.

Core Standards

C13 Healthcare organisations have systems in place to ensure that

a) staff treat patients, their relatives & 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 confidentiality except where authorised by legislation to the contrary

Members had knowledge of a lack of adherence to dignity and respect and confidentiality at the Sunderland Royal Hospital due to concerns raised with PPI Forum Sunderland City Hospitals by Forum members from South Tyneside who had experienced a lack of adherence on several occasion within the maternity unit.

C14 Healthcare organisations have systems in place to ensure that patients, their relatives & 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

The Forum located experience of a consultant who came into a consultation equipped with complaint forms to give to the patient in an appointment in which it was communicated that there was the need for an urgent procedure that should be delivered that day, but that the Consultant knew could not be. Although a less than satisfactory situation, as a result of being equipped with the complaint forms and being able to complain the patient received a prompt response and action from the Hospital.

C15 Where food is provided, healthcare organisations have systems in place that

a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and
b) patients' individual nutritional, personal and clinical dietary requirements are met, including any help with feeding and access to food 24 hours a day

The PPI Forum Sunderland City Hospitals is aware of the content of a meeting with the Head of Corporate Affairs City Hospitals Sunderland NHS Foundation Trust in which she confirmed that Menus are available for every patient at each bay. Thus patients are given opportunity to make choice in advance and staff should be supporting patients to use menus. However if the opportunity to pre-order is not available Patients are further given the opportunity to choose when food arrives and to change the pre-order, due to the trolleys carrying more that the food ordered.

Forum members have been offered the opportunity to have a tour of the whole food journey from preparation areas to the ward if they would like.

It was also confirmed that, the red serviette system (recommended by the Forum) is in place. Also that nutrition is an ongoing area of work in the hospital and a "nutrition day" took place within the Hospital and Age Concern Sunderland is involved.

Members consider this area to be of major concern as good food and nutrition underpins everything relating to health. They expressed concerns about the reports in the press relating to an inspection undertaken within the city relating to food preparation.

They expressed a degree of uncertainty as to the actual situation, as experience and anecdotal evidence leads people to feel uncertain and show this to be inconsistent.

C16 Healthcare organisations make information available to patients & the public on their services, provide patients with suitable & accessible information on the care & treatment they receive, and, where appropriate, inform patients on what to expect during treatment, care & after-care.

Members concur with the standard in general terms. However members are aware of a lack of consistency and clarity about information relating to patients not being allowed to have people accompany them at Surgical Day Unit Sunderland Royal Hospital, which members are aware has caused distress and i...

...nconvenience.

Fifth Domain - Accessible and Responsive Care

Domain Outcome: Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delays at any stage of service delivery or of the care pathway.

Core Standards

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

The members can confirm that they have been involved in processes to locate the views of patients, their carers and others. Members commented that they have had conversations during their care relating to "Choose and Book" but described frustration that this only offers a choice of location of treatment at the early stages and the system is not responsive or flexible enough to respond to patients' experiences once at the Hospital of choice. So when delays or long waits are located further into the journey of treatment patients can not choose to change and go to a place where the treatment they require is immediately available.

They would comment that "formal consultation" can be considered good, but they are concerned that opportunities to gather information during everyday interactions, observations made by patients at other times and during complaint is not consistently captured and therefore the potential benefits are lost.

Seventh Domain - Public Health

Domain Outcome

Programmes and services are designed and delivered in collaboration with all relevant and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by

a) co-operating with each other and with local authorities and other organisations
b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices: and
c) making appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction.

Members felt they did not wish to make comment.

C24 healthcare organisations protect the public by having a planned prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.

Members felt they did not wish to make comment.

Under First Domain - Safety

C4 healthcare organisations keep patients staff and visitors safe by having systems to ensure that

a) the risk of health care acquired infection to patients is reduced with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA
b) all risks associated with acquisitions and use of medical devices are minimised;
c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;
d) medicines are handled safely and securely; and
e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety of staff, patients, the public and the safety of the environment.

The members are very concerned and interested in the issue of "Health care acquired infections" and can comment saying that it is their view and experience that attempts are being made to address what is a complex problem. Members are aware of the content of a meeting with the Head of Corporate Affairs City Hospital Sunderland NHS Foundation Trust in which she confirmed that Hand washing facilities are available to everyone. In addition the hospital has put in a bid for monies and secured additional funds to relocate facilities. There is current work being undertaken and work programme taking place to relocate the position of hand washing equipment (sink etc) throughout the hospital. All had wash has been replaced throughout the hospital and integral to the hand wash container is detailed descriptive instructions on hand washing. Training is carried out with everyone, it is mandatory annually. And that "Contract staff" are also trained. Members also comment that they are pleased that MRSA seems to be dropping. But are worried that the Clostridium Difficile trend is particularly concerning and recognise that this is challenging but never the less must be overcome. Members can further comment t...

...hat there has been forum involvement in the cleanliness committee.

Domain Outcome

Patients achieve health care benefits and that their individual needs through health care decisions and service based on what assessed research evidence has shown provides effective clinical outcomes

Core Standards

C5 Healthcare organisations ensure that

a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;
b) clinical care and treatment are carried out under supervision and leadership;
c) clinicians continuously update skills and techniques relevant to their clinical work; and
d) clinicians participate in regular clinical audit and reviews of clinical services.

Members felt they did not wish to make comment.

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

Forum members are aware that this happens as attempts are being made to deliver services that respond to patients' individual health needs and Social care needs and support people to stay in their homes. Forum members are concerned about the limitations placed upon this cooperation and service delivery due to funding constraints. Agencies are involved in processes to develop a LINk in Sunderland.

This concludes the commentary from PPI Forum Sunderland City Hospitals.

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

Sunderland

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

Statement by the Interim Chair of Sunderland Local Safeguarding Children Board (LSCB) in relation to engagement and involvement in the Safeguarding agenda by City Hospitals Sunderland NHS Foundation Trust

I have been involved with the Safeguarding Board since June 2007 and have sought additional information from colleagues on the Safeguarding Board who would be in a position to comment about the Trust's engagement and involvement prior to that time.

Our summary statement is that the Trust has been actively represented on the LSCB and has fulfilled all statutory duties during 2007/08. The Safeguarding function across all local partners is in a stage of significant change during the year 2008/09 and we look forward to the Trust demonstrating how it is proactively playing its part both in strategic development of the agenda across its workforce and in improving operational delivery of the Safeguarding function for children and families it serves.

Performance during 2007/08

Involvement in Board Meetings & Strategic delivery of the Safeguarding agenda across the Trust
The LSCB has always received representation from the Trust. In the last year this had been the Designated Nurse (who until December 2007 was a CHS employee), the Designated Doctor and at the Trust's own request, the Divisional Director with responsibility for Family Care. These members have actively participated in Board meetings and development events. It has not always been clear how this involvement has been taken back and embedded as a strategic response to safeguarding within the Trust.

Action: In 2008/09 the Trust will be asked to bring a report to the Board identifying how this work is being taken forward

Overview of the work of the LSCB and subgroups
The Designated Doctor and Designated Nurse (until December 2007) have been actively involved in a number of the LSCB subgroups. It is unclear if other Trust staff have been available to participate in Board subgroups. We would be looking to enhanced involvement over 2008/09.

Operational Delivery of the Safeguarding Agenda
The Trust has always met its statutory duties in relation to the Safeguarding Agenda; however the Board's view is there has been more of an emphasis on reactive response to situations rather than always being in a position to take a proactive stance in the operational delivery of the safeguarding work. Evidence to support this statement exists in that there are identified and recognised Designated and Named Doctors and Named Nurses for Paediatrics and Midwifery. Both Doctors do have protected time but whether the time allotted is appropriate to meet the demands of their positions is less clear. A necessarily high concentration of work is delivered in relation to Looked After Children and Adoption Panels and whether improving the Trust's strategic and operational approach in relation wider safeguarding functions is able to be developed through protected time is unclear. Between the two individuals currently employed, statutory requirements are fulfilled but there sometimes appear to be a lack of clarity and fuzziness over which role is delivering which function. The Doctors do communicate well with the Primary Care Trust Named Doctor and participate in training.

The Board is not aware of the Named nurses having protected time to deliver a proactive approach to the Safeguarding function. Both deliver reactive work in relation to specific clinical cases well and the Board is grateful for their dedication and approach to this complex area of work.

The Trust's view is that they have local evidence of proactive pieces of work and while we accept this, these have not been presented to us to date.

Action: The Board will ask for a report of work carried out during 2007/08

The Board is aware and pleased that the Trust has a good system of working with other local Trust(s) to ensure there is clinical expertise available 24 hours to examine children who are suspected to have suffered child abuse. This is an area of good practice which we would want recognised.

Training
Coverage and uptake of safeguarding training locally is a matter of concern to the LSCB across all our local agencies and as Chair I did have cause to write to all Chief Executives earlier this year about non uptake of training provided. This Trust does have an active training programme however, coverage runs at just over 50% and we would wish to see this figure increase significantly over the next two years. We would also wish to see the breakdown for staff groups (doctors, nurses, managers, and support staff) in different wards/divisions. There is also an issue about a need for enhanced specialist training across paediatric consultants.

Action: The Trust 2007/08 report should identify numbers and types of staff trained and the 2008/09 Action Plan should prioritise an enhanced approach to training

Submitted by
Maureen Crawford
Interim Chair of Sunderland Local Safeguardi...

...ng Children Board
28 April 2008

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Overview and scrutiny committee comments

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

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

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1: Sunderland

Comments. There is no word limit on this answer.

Firstly the Committee would like to thank City Hospitals for their continued committment in co-operating with the Review (OSC) Committee which is evidenced in regular attendance at monthly Review Committee meetings and representation on Sunderland's Health Scrutiny Officer Group, which provides valuable input in prioritising, planning and managing health issues in Sunderland to be considered at Committee.

Secondly, the Committee acknowledges and are very pleased that City Hospitals are complying with all 24 core standards and the elements within each standard contained in 'Standards for Better Health'. The committee notes the thorough process undertaken by the Trust in relation to the Annual Health Check declaration.

Should you require any information on the work of the Review Committee, please do not hesistate to contact Emma Hindmarsh, Democratic Services Officer on 0191 553 7994 or email emma.hindmarsh@sunderland.gov.uk.

Name of overview and scrutiny committee 2:

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 3:

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 4:

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 5:

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 6

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 7

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 8

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 9

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 10

Comments. There is no word limit on this answer.

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

Board of governors' comments

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

The Board of Governors appreciates the invitation to comment on City Hospitals Sunderland FT, and will comment on the following:

C4 - Governors were involved in a Trauma and Orthopaedic workshop looking at standards and ways of working in relation to tackling healthcare acquired infections.

C7 - Governors were satisfied with the action taken by the Trust in relation to the concerns raised over the Urology service.

C15 - Governors contributed on the topic of catering within CHSFT and were able to feed their views into the Trust Board on issues such as cooked breakfast options and evening meal options.

Governors also appreciated the ability to sample the Trusts evening meal menu and obtain views from staff and patients and fed this back into the organization.

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.

C17 - The Governors informed and shared their views on the Trusts Patient and Public Involvement Strategy. Again, Governors were satisfied that their views and opinions were taken on board.

C17 - A Governor participated in a small working group looking at how the Trust cares for patients with dementia.

C21 - The Board of Governors were represented on the PEAT inspection team, which assessed the level of cleanliness throughout the hospital.

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