

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF GOVERNORS

MARCH 2006

ANNUAL HEALTH CHECK – FINAL DECLARATION

1. INTRODUCTION

Governors will recall that in early 2005 the Healthcare Commission (HC) released details of the new performance assessment system that will replace Star Ratings, the 'Annual Health Check' (AHC).

The AHC will have a number of component parts, which include:

- Improvement reviews, 3 for acute Trusts in 05/06
- Assessment of performance against existing and new national targets
- Assessment of the use of resources
- A declaration of compliance against the core standards outlined in 'Standards for Better Health' for the financial year 2005/06.

Standards for Better Health set out the level of quality all organisations providing NHS care will be expected to meet or aspire to across the NHS in England. The standards describe the level of quality that healthcare organisations, including NHS Foundation Trusts, and private and voluntary providers of NHS care, will be expected to meet in terms of safety; clinical and cost effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities; and public health

2. CHS PROCESS AND DECLARATION

The AHC process was started officially in May/June 2005 with a presentation to mini-Executive Board, however preparatory work has been undertaken since the release of Standards For Better Health. The process agreed by the Executive Board (EB) was for nominated EB leads to source evidence that confirmed the Trust was complying with the core standards.

The vast majority of the supplied evidence was already in place within directorates/departments and is available electronically. In total over 500 pieces of evidence are supporting the Trusts commitment to delivering the core standards and examples of evidence against each standard are shown in **Appendix 1**.

As with the interim declaration a sub group of Executive Board with each lead has undertaken a further validation process using the inspection guides recently released by the HC over the past few weeks to confirm that the Trust is still fully compliant against all the core standards.

Therefore, the Trust will again be stating that it is fully compliant against all of the core standards within 'Standards for Better Health'.

3. GOVERNORS COMMENTARY

As highlighted at the February meeting, Board of Governors from Foundation Trusts are also invited to comment on the Trust in the final declaration. **Appendix 2** outlines the proposed comment from the Governors drafted by the Chairman. The comments relate to work Governors have done in conjunction with the Trust and the relevant core standard is highlighted as requested by the Healthcare Commission.

4. SUMMARY AND RECOMMENDATION

The process undertaken by the Trust in relation to the AHC and specifically the declaration against the core standards has been extremely thorough. The Trust has an excellent evidence base on which it can state with confidence its compliance against the core standards.

The Board of Governors are asked to confirm that the commentary highlighted in Appendix 2 is satisfactory and is included in the Trusts final declaration.

Ken Bremner
Chief Executive

CITY HOSPITALS NHS FOUNDATION TRUST

DEPARTMENT OF PERFORMANCE MANAGEMENT

ANNUAL HEALTH CHECK – CRITERIA AND INFORMATION SOURCES FOR ASSESSMENT OF CORE STANDARDS

OVERALL NOTE – APPLICABLE TO ENTIRE DOCUMENT : For some standards, the Healthcare Commission consider weighting some items of information as being particularly important. For example, if they have recent information from the NHS Litigation Authority that an organisation is adhering with a particular process with regard to safety, then they need go no further with respect to that element. These items of information are marked with an asterisk (*).

OVERALL NOTE – APPLICABLE TO ENTIRE DOCUMENT : Under the heading ‘Scale’, the following assessment of compliance should be used by leads:

- Compliant (C), Not Met (NM), Insufficient Assurance (IA)

First Domain: Safety

Note: The following is generic information relevant to the whole domain

¥ National Confidential Enquiry Suicide and Homicide

¥ Recent Commission for Health Improvement (CHI)/Healthcare Commission Clinical Governance Review (CGR) scores on risk management

¥ Department of Health (DH) survey on violent incidents

Standard	Detail	Criteria	Supporting Evidence	Scale	Lead
Core standard C1 Healthcare organisations protect patients through systems that:	a) 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	1. The healthcare organisation has a defined reporting process and incidents are reported, both within the local reporting process and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System, taking into account Building a safer NHS for patients: implementing an organisation with a memory (Department of Health 2001).	<ul style="list-style-type: none"> • Incident procedure & specialty incident logs • NRLS evidence of reporting • MHRA reports • RIDDOR reports • Staff surveys • CNST standards 1.2.1 & 1.2.3 – assessment report • CHS Training prospectus • RM strategy • CFMS reports • Investigation report sample • Incident report sample • Induction presentation 	C	CSR

		<p>2. Reported incidents are analysed to seek to identify root causes and likelihood of repetition, taking into account Building a safer NHS for patients: implementing an organisation with a memory(Department of Health 2001).</p> <p>3. Improvements in practice are made as a result of analysis of local incidents taking into account Building a safer NHS for patients: implementing an organisation with a memory(Department of Health 2001), and also as a result of information arising from the NPSA’s national analysis of incidents via the National Reporting and Learning System.</p>	<ul style="list-style-type: none"> • Violent incident report sample • Incident logs (SAFEGUARD) • RPST assessment report & risk registers • Investigation summary reports • Annual RM report • Clinical Governance reports • RCA summary reports detailing improvements • Incident procedure • Clin Gov minutes • CNST standard evidence re learning from complaints and staff training – CNST assessment report (1.2.2) • NHS staff survey report – regarding employers actions • Training prospectus & policy • OD strategy • Risk Register 	<p>C</p> <p>C</p>	<p>CSR</p> <p>CSR</p>
	<p>(b) ensure that patients safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales</p>	<p>Patient safety notices, alerts and other communications issued by the Safety Alert Broadcast System (SABS) and Medicines and Healthcare products Regulatory Agency (MHRA) are implemented within the required timescale, in accordance with Chief Executive’s bulletinarticle (Gateway 2326) and the Drug Alerts system administered by the Defective Medicines Support Centre (part of the MHRA).</p>	<ul style="list-style-type: none"> • Ref C1 (b)C1 E1- Master control sheet (excel sheet). • Ref C1 (b)C1 E2- E mailed responses stored electronically • Ref C1 (b)C1 E3- Printed returns stored in ring binders for access by all • Ref C4 (b)C1 E4- Conference attendance notes • Ref C1 (b)C1 E5- Manual reminder tracking system, file of hazards ongoing and completed. • Ref C4 (b)C1 E6- Internet report on the tracking • Ref C4 (b)C1 E7- Strategic Health Authority presentation 	<p>C</p>	<p>GWH</p>

			<ul style="list-style-type: none"> • Ref C4 (b)C1 E8- Risk Pooling schemes and Subs alert procedures 		
<p>C2 Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations</p>		<p>1. The healthcare organisation has defined and implemented effective processes for identifying, reporting and taking action on child protection issues, in accordance with the Protection of Children Act 1999, the Children Act 2004, Working together to safeguard children(Department of Health 1999) and Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities(Department of Health 2001).</p>	<ul style="list-style-type: none"> • Safeguarding Children Training • Child Protection Action Plan • Victoria Climbié report to Board • Summary overview – roles and responsibilities • Health Action Plan Update • Procedures for Audit 	C	CH
		<p>2. The healthcare organisation works with all relevant partners and communities to protect children in accordance with Working together to safeguard children(Department of Health 1999).</p>	<ul style="list-style-type: none"> • Sunderlands Childrens Health Partnership Group • Health Action Plan Update • Who to alert flow chart • Newsletters • Child in need assessment • Sunderlands Childrens Health Partnership Group Minutes 	C	CH
		<p>3. Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties in accordance with CRB disclosures in the NHS(NHS Employers 2004).</p>	<ul style="list-style-type: none"> • Procedure for undertaking criminal records bureau checks – HR Strategy Group 	C	KG
<p>C3 Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures</p>		<p>1. The healthcare organisation follows NICE interventional procedures guidance in accordance with The interventional procedures programme(Health Service Circular 2003/011).</p>	<ul style="list-style-type: none"> • Interventional Procedures within each Directorate. • Policy for New Interventional Procedures. • Link to NICE Database and IPs. • Example of response to undertake new IP. 	C	MJG

guidance					
<p>C4 Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p>	<p>(a) the risk of healthcare acquired infection (HAI) 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)</p>	<p>1. The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients, taking account of Winning ways(Department of Health 2003), A matron’s charter: an action plan for cleaner hospitals(Department of Health 2004), Revised guidance on contracting for cleaning(Department of Health 2004), and Audit Tools for Monitoring Infection Control Standards(Infection Control Nurses Association 2004).</p> <p>2. The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards, in accordance with local delivery plans.</p>	<ul style="list-style-type: none"> • Infection control manual available via intranet and hard copy in each department. • Part of NPSA clean your hands campaign (June 2005) • Winning ways monthly meetings – sample of minutes • Winning ways action plan – BoD report • Environment audit undertaken by Community Panel • Hand hygiene audit underway – audit tool • Environmental audit undertaken on monthly basis by Facilities Business Manager • HISS 5.4 upgrade training to include wounds and sites. Once complete will be able to collect data on a monthly basis and departments will be able to look at own areas • C.diff – meetings taking place with areas to discuss – sample minutes • Line insertion policies introduced to reduce infection from lines • Alert organism/alert condition reported on monthly basis to Matrons and 6 monthly report to Executive Board (CG Update) 	<p>C</p> <p>C</p>	<p>LHB</p> <p>LHB</p>
	<p>(b) all risks associated with the acquisition and use of medical devices are minimised</p>	<p>1. The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA.</p>	<ul style="list-style-type: none"> • Ref C4 (b)C1 E1- Accountability arrangements chart • Ref C4 (b)C1 E2- Roles and responsibilities for equipment coordinator(s) have been defined • Ref C4 (b)C1 E3- Medical devices group and terms of reference document • Ref C4 (b)C1 E4- Policy document for management of medical devices 	<p>C</p>	<p>GWH</p>

			<ul style="list-style-type: none"> • Ref C4 (b)C1 E5- Business case for equipment library • Ref C4 (b)C1 E6- Equipment library manual and OPM • Ref C4 (b)C1 E7- Supplies responsible for purchasing all medical devices. Operational procedure • Ref C4 (b)C1 E8- Purchasing advisory group documentation (MERP) • Ref C4 (b)C1 E9- Device risk assessments (eg feed pumps) • Ref C4 (b)C1 E10- Devices in practice purchase guide from MDA • Ref C4 (b)C1 E11- Manufacturers instructions for devices- copy of acceptance procedure • Ref C4 (b)C1 E12- PPQ and processes for the selection, acquiring and rationalisation of medical equipment and devices • Ref C4 (b)C1 E13- Procedures for commissioning and delivery of equipment to wards & depts • Ref C4 (b)C1 E14- Computer based devices inventory (asset register) • Ref C4 (b)C1 E15- Documented procedures re maintenance and repair “PPM” • Ref C4 (b)C1 E16- Policy and procedures on decontamination of medical devices • Ref C4 (b)C1 E17- Documented policy on removal of medical devices from service • Ref C4 (b)C1 E18- Records of replaced/scrapped devices. Scrap notes and copy of asset register • Ref C4 (b)C1 E19- Collection 		
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			<p>procedure and records for loan equipment</p> <ul style="list-style-type: none"> • Ref C4 (b)C1 E20- End user training records held by individual departments • Ref C4 (b)C1 E21- Documented policy/procedure for adverse incident reporting • Ref C4 (b)C1 E22- MDA guidance and Risk policy (Medical Devices Liaison Group minutes) • Ref C4 (b)C1 E23- Library/ catalogue of MDA notices (copies of all notices held in Estates) • Ref C4 (b)C1 E24- Distribution records for adverse incidents (MDLG) Held in Estates • Ref C4 (b)C1 E25- Reports demonstrating implementation of recommendations. Held in Estates • Ref C4 (b)C1 E26- Training records for medical staff in the safe use of medical devices • Ref C4 (b)C1 E27- Evidence of participation in suitable benchmarking scheme (ERIC) • Ref C4 (b)C1 E28- Technical staff training records. “EBME” • Ref C4 (b)C1 E29- Processes in place to ensure SUD’s not reused (Control of Infection Manual) • Ref C4 (b)C1 E30- Compliance reports for CNST and RPST 		
	<p>(c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities</p>	<p>1. Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42 EEC</p>	<ul style="list-style-type: none"> • Ref C4 (c)C1 E1- Accountability arrangement chart • Ref C4 (c)C1 E2a- Decontamination working group minutes • Ref C4 (c)C1 E2b- Decontamination agenda 	<p>C</p>	<p>GWH</p>

	<p>and processes are well managed</p>		<ul style="list-style-type: none"> • Ref C4 (c)C1 E3- Pre purchase questionnaire • Ref C4 (c)C1 E4- Decontamination policy. Refer to Control of Infection Manual or contact Christine Askew. • Ref C4 (c)C1 E5- Risk assessments DORIS and PAT • Ref C4 (c)C1 E6- Traceability system for trays. Records held in Sterile Services Department or contact Keith Charlton • Ref C4 (c)C1 E7- Instruction for the use of equipment (complete in TSSU but not for local reprocessing). • Ref C4 (c)C1 E8- Procedure for the cleaning, disinfection and sterilisation of Endoscopes. Refer to Control of Infection Manual or contact Christine Askew. See also Endoscope cleaners documentation contact Peter Dunn • Ref C4 (c)C1 E9- Documented disinfectant, contact time, maximum number of uses, shelf life, made up disinfectant and method of safe disposal. Refer to Control of Infection Manual or contact Christine Askew • Ref C4 (c)C1 E10- Compliance report HTM 2031 • Ref C4 (c)C1 E11- Evidence of replacement of current disinfection systems to HTM 2030 (OBC) • Ref C4 (c)C1 E12- Documented evidence that porous load sterilisers are tested and monitored • Ref C4 (c)C1 E13- Plant history file and steriliser process log. Refer to individual sterilisers or contact Jim Hardy 		
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			<ul style="list-style-type: none"> • Ref C4 (c)C1 E14- Log of bench top steriliser testing • Ref C4 (c)C1 E15- Testing and maintenance carried out by trained individuals • Ref C4 (c)C1 E16- Pressure systems safety regulations. Contact Peter Dunn Engineering Manager • Ref C4 (c)C1 E17- Guidance and procedures on CJD and TSE. Refer to Control of Infection Manual or contact Christine Askew • Ref C4 (c)C1 E18- Replacement programme for equipment. Refer to related information held by PMD Engineering Manager • Ref C4 (c)C1 E19- Decontamination incident records. Refer to Risk Management team incidents reported via Safeguard system • Ref C4 (c)C1 E20- Input to benchmarking initiatives (HEFMA) • Ref C4 (c)C1 E21- Linkages with Infection Control, Audit, Risk Management and Corporate Governance • Ref C4 (c)C1 E22- MDD 93/42/EEC 		
	(d) medicines are handled safely and securely	1. The healthcare organisation has systems in place to ensure that medicines are handled safely and securely, taking into account Building a safer NHS: improving medication safety(Department of Health 2004), and in accordance with the statutory requirements of the Medicines Act 1968, the Misuse of Drugs Act 1971 and the Misuse of Drugs Act 1971 (Modification) Order2001.	<ul style="list-style-type: none"> • CNST standards 7.1.6 • Medicines management strategy • Complaints national returns • Medicines policy • Training prospectus – from OD • Risk Registers detailing medicines management issues 	C	CSR
	(e) the prevention, segregation, handling,	1. Waste is properly managed to minimise the risks to patients, staff, the public and the	<ul style="list-style-type: none"> • Ref C4 (e)C1 E1- Waste policy and strategy 	C	GWH

	<p>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</p>	<p>environment, in accordance with Health and Safety Executive (HSE) guidance: Safe disposal of clinical waste (ISBN 0 7176 24927) (updated publication scheduled for May 2005).</p>	<ul style="list-style-type: none"> • Ref C4 (e)C1 E2- Accountability arrangements chart • Ref C4 (e)C1 E3- Hazardous waste regulations 2005 • Ref C4 (e)C1 E4- Training records • Ref C4 (e)C1 E5- Risk and COSHH assessments • Ref C4 (e)C1 E6- Consignment notes • (a)Clinical and Special waste • (b)Domestic • (c)Confidential • (d)Cardboard • Ref C4 (e)C1 E7- Incident reports • Ref C4 (e)C1 E8- ERIC, NEAT and PEAT inspections and reports • ERIC • NEAT • PEAT • Ref C4 (e)C1 E9- Waste transfer notes • Ref C4 (e)C1 E10- Immunisation records. Contact Occupational Health (Confidential records) • Ref C4 (e)C1 E11- Certificate of registration for waste management licences • Ref C4 (e)C1 E12- Records of waste collections (including anatomical and cytotoxic) • Ref C4 (e)C1 E13- Radioactivity licence • Ref C4 (e)C1 E14- Waste transfer station licence • Ref C4 (e)C1 E15- Bin washing schedule and records • Ref C4 (e)C1 E16- Compliance with HTM 2065 and 2075 • Ref C4 (e)C1 E17- Segregation and 		
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			<ul style="list-style-type: none"> • categorisation procedures • Ref C4 (e)C1 E18- Trade Effluent consents and documentation • Laundry • Renal • TSSU • (d) CSSD (Pharmacy) • WAMITAB certification. Contact Waste Manager • Waste monitoring • Site inspections (Environment Agency) • CNST RPST 		
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Second Domain: Clinical and Cost Effectiveness

Note: The following is generic information relevant to the whole domain

¥ calls to Healthcare Commission helpline - coded as diagnosis, medical nursing care

¥ recent CHI/Healthcare Commission CGR scores on clinical effectiveness

¥ HES markers for acute services - mortality; admissions; readmissions; length of stay

¥ HES markers for older people services

¥ HES markers for children’s services

¥ HES markers for maternity care

¥ outcome indicators for cancer

¥ outcome indicators for gynaecology

¥ Healthcare Commission PIs – deaths following coronary artery bypass; deaths within 30 days of surgery; emergency readmissions (adults; hip fracture)

¥ UK Transplant performance indicators

Standard	Detail	Criteria	Supporting Evidence	Scale	Lead
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	1. The healthcare organisation conforms to the procedures for the adoption of NICE technology appraisals in accordance with Implementation of NICE guidance (Department of Health 2004). 2. The healthcare organisation takes into	<ul style="list-style-type: none"> • Distribution streams for NICE newsletter. • CG standard documentation for assessment, implementation and monitoring. • Examples of monitoring arrangements for NICE Technology Appraisals. 	C	MJG
				C	MJG

	care	account, when planning and delivering care, nationally agreed best practice as defined in national service frameworks (NSF), NICE clinical guidelines, national plans and nationally agreed guidance.	<ul style="list-style-type: none"> • Link to NICE Database and TAs. • Reporting mechanisms to corporate groups. • Multi-agency arrangements for assessment , implementation and monitoring of NSFs. 		
	(b) clinical care and treatment are carried out under supervision and leadership	1. All staff involved in delivering clinical care and treatment receive appropriate supervision, taking into account national guidance from the relevant professional bodies. Clinical leadership is supported and developed within all disciplines.	<ul style="list-style-type: none"> • NHS staff survey results • CNST standard regarding teaching and supervision appropriate to grade (General and Maternity standards) • Appraisal / PDP / preceptorship and KSF processes & procedures • Incident report logs • RIDDOR / MHRA / NPSA sample reports • Improving working lives initiatives • Stress policy & procedures • National complaints returns 	C	LHB/C SR
	(c) clinicians continuously update skills and techniques relevant to their clinical work	1. Clinicians from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.	<ul style="list-style-type: none"> • NHS staff survey questions on training and development, personal development plans • CNST general standards - training issues; medical competency – assessment report (5.1.5, 5.2.2, 5.2.6) • Training prospectus • National complaints returns • Interventional procedures policy • Clinicians are required to undertake annual appraisal which incorporates CPD and PDP • Clinicians also undertake 360 degree appraisal and result discussed at appraisal • Performance data also discussed within appraisal 	C	LHB/C SR

			<ul style="list-style-type: none"> Record of compliance kept within Medical Director’s office Blank appraisal document Blank 360 degree appraisal document Clinical Excellence Awards process undertaken on yearly basis SAS discretionary and optional points process undertaken on yearly basis 		
	(d) clinicians participate in regular clinical audit and reviews of clinical services	<p>Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits.</p> <p>Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.</p>	<ul style="list-style-type: none"> Trust Clinical Audit Strategy. Link to Clinical Audit Database. Master CG Development Plan. Examples of CHS participation in clinical audit at a local and national level. 	C	MJG
C6 Health care organisations co-operate with each other and social care organisations to ensure that patients’ individual needs are properly managed and met		1. The healthcare organisation works with relevant partner agencies to ensure that patients’ individual needs are properly met and managed across organisational boundaries in accordance with Guidance on the Health Act Section 31 partnership arrangements(Department of Health 1999).	<ul style="list-style-type: none"> CNST general standards - discharge policies/procedures – assessment report (7.11, 7.2.3, 8.2.1) Discharge procedure Audit of discharge procedure Complaints national returns Waiting list policy & choose and book policies and procedures Patient satisfaction surveys Complaints procedure PALS policy PPI info 	C	CSR

Third Domain: Governance

Standard	Detail	Criteria	Supporting Evidence	Scale	Lead
C7 Healthcare organisations:	a) apply the principles of sound clinical and corporate governance	1. The healthcare organisation has effective arrangements in place for clinical governance which take account of Clinical	<ul style="list-style-type: none"> CG Strategy. CGSG minutes and schedule of presentations from 	C	MJG

<p>c) undertake systematic risk assessment and risk management (including compliance with the controls assurance standards)</p> <p>Note: elements a) and c) will use the same information – therefore they are listed together</p>	<p>governance in the new NHS(HSC 1999/065).</p> <p>2. The healthcare organisation has arrangements in place for corporate governance, that accord with Governing the NHS: A guide for NHS boards(Department of Health and NHS Appointments Commission 2003), Corporate governance framework manual for NHS trusts (Department of Health April 2003), Assurance: the board agenda(Department of Health 2002) and Building the assurance framework: a practical guide for NHS boards(Department of Health 2003).</p>	<p>presentations from Directorates/Specialties.</p> <ul style="list-style-type: none"> • Examples of Directorate/Specialty CG minutes and agendas. • Examples of monitoring the quality of services through: <ul style="list-style-type: none"> • Community Panel • Organisational Audit • Patient Interviews • Patient Satisfaction Surveys • Working with PCT partners. • Minutes of Audit Sub Committee • Assurance Framework • Staff Handbook – Standards of Business Conduct • Code of Conduct for NHS Managers • Registers of interest • Summary of Nolan Principles • Business Case – BoD, BMF,CDF • Local Counter Fraud update • Annual Report • Deputy BM Training • Policy for management of medical equipment 	<p>C</p>	<p>KJB</p>
<p>(b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources</p>	<p>1. The healthcare organisation actively supports staff to promote openness, honesty, probity, accountability and the economic, effective use of resources in accordance with the Code of conduct for NHS managers (Department of Health 2002) and Directions to NHS bodies on counter fraud measures (Department of Health 2004).</p>	<ul style="list-style-type: none"> • Trust Workforce plan 2005-2008 • Staff Survey Q 26a- 64% (64%), Q 26e- 33% (35%) • Budget Training • Audit C'ttee • SFI's • Scheme of delegation • CHS Workforce Plan • Code of Conduct for Snr Mgrs 	<p>C</p>	<p>KG</p>
<p>(d) ensure financial management achieves</p>	<p>1. This standard will be measured through the use of resources assessment</p>			<p>KJB</p>

	economy, effectiveness, efficiency, probity and accountability in the use of resources				
	(e) challenge discrimination, promote equality and respect human rights	1. The healthcare organisation challenges discrimination, promotes equality and respects human rights, in accordance with current legislation and guidance, with particular regard to the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Equal Pay Act 1970 (as amended), the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003 and the Employment Equality (Sexual Orientation) Regulations 2003, and takes into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.	<ul style="list-style-type: none"> • Race equality scheme implementation plan • Equality and diversity report • Example JD • Staff Survey Q12a -11% (15%), Q34a-52% (54&) • CHS Race Equality Scheme and Action Plan • Award and retention of 2 tick symbol • SIA/PALS keep info on patient/service issues • Trust Equality Plan 2004 • Care Duties and responsibility incorporated into standard (JD) template • Interpreter Service • CHS Workforce Plan 		KG
	(f) meet the existing performance requirements set out in new and existing targets	This standard will be measured through the existing targets assessment.			PS
C8 Healthcare organisations support their staff through:	(a) 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	1. The healthcare organisation has arrangements in place to ensure that staff know how to raise concerns, and are supported in so doing, in accordance with The Public Disclosure Act 1998: Whistle blowing in the NHS(HSC 1999/198).	<ul style="list-style-type: none"> • Staff Survey • Code of Conduct NHS Staff • Disclosure policy • Staff Survey Q 35- 77% (76%), Q38b-76% (77%) • Whistle Blowing Policy (draft) • D & G Report (H& B Investigation outcomes), 	C	KG

	patient care or on the delivery of services				
	(b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	1. The healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level.	<ul style="list-style-type: none"> • Guide to appraisal • Knowledge and skills framework policy • Appraisal Guidance • KSF Policy • Staff Survey Q3a –34% (38%), Q3b – 48% (49%), Q3c 62% (62%), Q9a- 63% (58%), Q10a 82% (82%), Q10b-60% (56%), Q10c 67% (67%), Q9c 85% (87%), Q26a –64& (64%), Q28a- 36% (40%), Q28b 56% (56%), Q28g 26% (26%), Q34a -52% (54%), Q34b -6% (7%) • Compliant rotas for Junior Doctors • IWL Practice Status 	C	KG
		2. Staff from black and minority ethnic groups have opportunities for personal development in accordance with Leadership and race equality in the NHS Action Plan(Department of Health 2004).	<ul style="list-style-type: none"> • KSF Policy • Identification of learning needs • All staff access training programme • TNA • All staff access training • RES/Action Plan • Staff survey Q12, 34 	C	KG
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		1. The healthcare organisation has systems in place to ensure that records are managed in accordance with the NHS Information Authority’s (NHSIA) Information Governance Toolkit.	<ul style="list-style-type: none"> • NHS Performance Ratings – Information Governance • CNST Compliance • Incident Reporting records • Health records assessment of IGT • CNST Update Report • Records management policy (CHS) • Retention of non-healthcare records policy (CHS) • Destruction of paper containing patient identifiable information procedure 	C	LHB/P S

		<p>Employment Equality (Sexual Orientation) Regulations 2003 and the Code of practice for the international recruitment of healthcare professionals(Department of Health 2004).</p> <p>2. The healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs.</p> <p>3. The healthcare organisation ensures that staff participate in work-based training programmes necessary to the work they undertake as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level.</p>	<ul style="list-style-type: none"> • Staff surveys • Workforce Plan <ul style="list-style-type: none"> • Learning and OD Strategy • PDPs/TNA • Degrees / Diplomas • KSF Outlines/ Policy • Appraisal Process, W/F Plan • Numeracy/Literacy skills training • Staff Survey Q14 (not a core question) 	<p>C</p> <p>C</p>	<p>KG</p> <p>KG</p>
	(b) participate in mandatory training programmes	<p>1. All staff participate in relevant mandatory training in accordance with the Management of Health and Safety at Work Regulations 1999.</p> <p>2. Staff and students participate in relevant induction programmes.</p>	<ul style="list-style-type: none"> • IPS Reports • Mandatory Training Guide • Commitment Statement • Staff Survey Q13a -80% (72%), Q13d - 77% (63%) <ul style="list-style-type: none"> • Induction Programme • Induction Process • Audit Tool • Staff Survey Q17 (not a core question) 	<p>C</p> <p>C</p>	<p>KG</p> <p>KG</p>
	(c) participate in further professional and occupational development commensurate with their work throughout their working lives	<p>1. Staff have opportunities to participate in professional and occupational development in accordance with Working together - learning together: a framework for lifelong learning for the NHS(Department of Health 2001) and Continuing professional development: quality in the new NHS(HSC 1999/154).</p>	<ul style="list-style-type: none"> • PDP/TNA • Learning and OD Strategy • Appraisal Process • UNN Contract • NVQ Programmes • On site Library Access • Staff Survey Q10a 82% (82%), Q10b- 60% (56%), Q10c 67% (67%), Q17a (not a core question) 	<p>C</p>	<p>KG</p>

		place to identify areas where dignity and respect may have been compromised and takes action in response.	<ul style="list-style-type: none"> • Training policies and prospectus – re equality and diversity • Equality and Diversity policies and procedures • Patient forum info • Patient literature & guidance • MAPPVA procedures • Complaints national returns • PALS policies 	C	CSR
	(b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	<p>1. The healthcare organisation has processes in place to ensure that valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post mortem) and investigations in accordance with the Good practice in consent: achieving the NHS plan commitment to patient centred consent practice(HSC 2001/023), Reference guide to consent for examination or treatment(Department of Health 2001), Families and post mortems: a code of practice(Department of Health 2003) and Seeking Consent: working with children (Department of Health 2001).</p> <p>2. Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them, in accordance with Confidentiality: NHS code of practice (Department of Health 2003).</p>	<ul style="list-style-type: none"> • See Clinical Governance file – C16 for relevant patient leaflet and consent information 	C	LHB
	(c) staff treat patient information confidentially, except where authorised by	1. Staff act in accordance with Confidentiality: NHS code of practice(Department of Health 2003), the	<ul style="list-style-type: none"> • Confidentiality policy (CHS) • See above C13 (b) 	C	LHB

	legislation to the contrary	Data Protection Act 1998, Protecting and using patient information: a manual for Caldicott guardians(Department of Health 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients personal information.			
C14 Healthcare organisations have systems in place to ensure that patients, their relatives and carers:	(a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services	1. Patients, relatives and carers are provided with accessible information about, and have clear access to, formal complaints systems in accordance with the NHS (Complaints) Regulations 2004 and associated guidance.	<ul style="list-style-type: none"> • Clin Gov reports and KHO4 returns • Complaints procedure • PALS procedure • RPST report 	C	CSR
		2. The healthcare organisation provides opportunities for patients, relatives and carers to give feedback on the quality of services.	<ul style="list-style-type: none"> • RPST - criterion 5 (complaints) – evidence file – assessment reports • PALS operational policies • Complaints reports & national returns • Complaints procedures • Annual reports 	C	CSR
	(b) are not discriminated against when complaints are made	1. The healthcare organisation has systems in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained.	<ul style="list-style-type: none"> • RPST - criterion 5 (complaints) – assessment report • Complaints national returns • Complaints procedures • PALS procedures 	C	CSR
	(c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	1. The healthcare organisation responds to complaints from patients, relatives and carers in accordance with NHS (Complaints) Regulations 2004 and associated guidance.	<ul style="list-style-type: none"> • RPST - criterion 5 (complaints) assessment report • Complaints reports & national returns • Annual reports detailing complaints activity • Complaints Procedure • PALS procedure 	C	CSR
		2. The healthcare organisation uses concerns and complaints from patients, relatives and carers, to improve service delivery, where appropriate.	<ul style="list-style-type: none"> • RPST - criterion 5 (complaints) assessment report • Complaints reports & national returns 	C	CSR

			<ul style="list-style-type: none"> • Annual reports detailing complaints activity • Complaints procedure • PALS procedure 		
<p>C15 Where food is provided, healthcare organisations have systems in place to ensure that:</p>	<p>a) patients are provided with a choice and that it is prepared safely and provides a balanced diet</p>	<p>1. The healthcare organisation offers patients a choice of food in line with the requirements of a balanced diet and in accordance with the six key requirements of the Better hospital food programme(NHS Estates 2001), reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population.</p>	<ul style="list-style-type: none"> • Ref C15 (a) C1 E1- Nutritional Screening • Ref C15 (a) C1 E2- Patient’s Menu Menu 1 • Menu 2 • Ref C15 (a) C1 E3- Patient meal ordering/collation sheets. • Ref C15 (a) C1 E4- Patient satisfaction surveys • <u>Ref C15 (a) C1 E5- Alternative menus</u> • Ref C15 (a) C1 E6- Minutes of nutritional Link group meetings. • Ref C15 (a) C1 E7- P.E.A.T. report. • Ref C15 9a) C1 E8- Patient Catering Finance information 	C	GWH
		<p>2. The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation852/2004.</p>	<ul style="list-style-type: none"> • C15 (a) C2 E1- Food Hygiene Training Records. • Ref C15 (a) C2 E2- Environmental Health Inspection Reports. • Ref C15 (a) C2 E3- Management Departmental Inspection Records. • Ref C15 (a) C2 E4- Current S.T.S. Accreditation certificate. • Ref C15 (a) C2 E5- Heartbeat Award. • Ref C15 (a) C2 E6- Temperature Control Records. • Ref C15 (a) C2 E7- Occupational Screening Clearance. • Ref C15 (a) C2 E8- Pest Control Certification 	C	GWH

			<ul style="list-style-type: none"> • Ref C15 (a) C2 E9- H.A.C.C.P. Documentation 		
<p>(b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day</p>		<p>1. Patients have access to food and drink 24 hours a day in accordance with the requirements of the Better hospital food programme(NHS Estates 2001).</p>	<ul style="list-style-type: none"> • Ref C15 (b) C1 E1- A light bite menu • Ref C15 (b) C1 E2- The procedure for out of hours meals. • Ref C15 (b) C1 E3- Provision requisition form. (Ward Requests) 	C	GWH
		<p>2. The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met.</p>	<ul style="list-style-type: none"> • Ref C15 (b) C2 E1- Nutritional Policy • Ref C15 (b) C2 E2- Patients Menu • Ref C15 (b) C2 E3- Patient Satisfaction Survey • Ref C15 (b) C2 E4- Ward Based Care Plan • Ref C15 (b) C2 E5- Minutes of Nutritional Link Group Meeting 	C	GWH
		<p>3. Patients requiring assistance with eating and drinking are provided with appropriate support.</p>	<ul style="list-style-type: none"> • Ref C15 (b) C3 E1- Patient Care Plan/Must Screening Tool. • Ref C15 (b) C3 E2- Specialised Menus (Dysphasia) List • Ref C15 (b) C3 E3- Specialised Cutlery and Crockery. Photos • Ref C15 (b) C3 E4- Supplementary Feeds available. • Ref C15 (b) C3 E5- Physical Support witnessed. Care Plan • Ref C15 (b) C3 E6- Nutritional Care Chart. • Ref C15 (b) C3 E7- Occupational Therapy Patient Notes. 	C	GWH
<p>C16 Healthcare organisations make information available to patients and the public on</p>		<p>1. The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population and which accords with the Disability Discrimination Act 1995 and the Race</p>	<ul style="list-style-type: none"> • CHS Information Framework Strategy. • A range of patient information leaflets used throughout the Trust, in different formats to suit patient need. • Example of information used for the Interpreter and Translation Service 	C	BK

<p>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</p>		<p>Relations Act 1976 (as amended).</p> <p>2. The healthcare organisation provides patients and where appropriate, carers (including those with communication or language support needs) with sufficient and accessible information on the patient’s individual care, treatment and after care, taking into account the Toolkit for producing patient information(Department of Health 2003), NICE information for patientsand other nationally agreed guidance where available.</p>	<p>Interpreter and Translation Service while awaiting the new Trust Policy.</p> <ul style="list-style-type: none"> • CHS Consent Policy. • Patient Information Policy. • Patient Information/Consent Business Case. • Writing and Copying Letters to Patients Policy. • Review of practice in GIM against WCLP Policy. • CHS Information Framework Strategy. • A range of patient information leaflets used throughout the Trust, in different formats to suit patient need. • Example of information used for the Interpreter and Translation Service while awaiting the new Trust Policy. 	<p>C</p>	<p>MJG</p>
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Fifth Domain: Accessible and responsive care

Standard	Detail	Criteria	Supporting Evidence	Scale	Lead
<p>C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p>		<p>1. The healthcare organisation seeks the views of patients, carers and the local community, including those facing barriers to participation, in accordance with Strengthening Accountability, patient and public involvement policy guidance – Section 11 of the Health and Social Care Act 2001 (Department of Health 2003) and, as appropriate, the associated practice guidance, and the Race Relations Act 1976 (as amended).</p>	<ul style="list-style-type: none"> • Board of Governors Consultation on visiting times • PPIF involvement – Woodford Williams closure • Patient Survey Reports • Patient Satisfaction Programme • Information for visitors leaflets • Letter to OSC 	<p>C</p>	<p>BK/CH</p>

		<p>2. The healthcare organisation takes into account the views of patients, carers and the local community when designing, planning, delivering and improving healthcare, in accordance with Strengthening accountability, policy guidance - Section 11 of the Health and Social Care Act 2001 (Department of Health 2003) and, as appropriate, the associated practice guidance.</p>	<ul style="list-style-type: none"> • Board of Governors Consultation on visiting times • PPIF involvement – Woodford Williams closure • Patient Survey Reports • Patient Satisfaction Programme • Information for visitors leaflets • Letter to OSC 	C	BK/CH
<p>C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>		<p>1. The healthcare organisation has taken steps to ensure that all members of the population it serves are able to access its services on an equitable basis, including acting in accordance with the Sex Discrimination Act 1975, the Disability Discrimination Act 1995 and the Race Relations Act 1976 (as amended).</p>	<ul style="list-style-type: none"> • Race equality Scheme • Disability Discrimination Audit 	C	BK
		<p>2. The healthcare organisation has taken steps to offer patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably, taking into account Building on the best: Choice, responsiveness and equity in the NHS (Department of Health 2003).</p>	<ul style="list-style-type: none"> • Choose & Book Project Plan • Choose & Book Training • Choose & Book Project Updates • 6 Month Choice • Cataract Treatment Centre Expansion • Cardiac Network for Choice for CHD 	C	BK
<p>C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services</p>	<p>This standard will be measured under the existing targets and new national targets assessments.</p>				PS

within national expectations on access to services					
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Sixth Domain: Care, Environment and Amenities

Note: The following is generic information relevant to the whole domain

¥ Healthcare Commission second stage complaints data (environment and facilities)

¥ Healthcare Commission calls to help line

¥ DH estates and facilities (PEAT) overall PEATscore

¥ DH estates and facilities (ERIC) – complaints received regarding estates/facilities services; proportion of outsourced services; proportion of estates management costs

Standard	Detail	Criteria	Supporting Evidence	Scale	Lead
C20 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:	(a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	1. The healthcare organisation minimises the health, safety and environmental risks to patients, staff and visitors, in accordance with health and safety at work and fire legislation, The Disability Discrimination Act 1995, and The Management of Health, Safety and Welfare Issues for NHS staff (NHS Employers 2005).	<ul style="list-style-type: none"> • IWL notice boards and updates • ERIC returns – RIDDOR & Training • Fire Training Log • Fire Training attendance log • IPS records • End of Year Health & Safety, Fire and Security Reports • EFM database for reporting of fires & uwfs • Action plan for the reduction of False Alarms • RIDDOR reports attached to incident database • PEAT inspection report • NHS staff survey report • Annual Certificate of Fire Safety Management • Disabled Discrimination Act audit report • HSE audit reports 	C	GWH

		<p>2. The healthcare organisation protects patients, staff and visitors by providing a secure environment, in accordance with NHS Estates building notes and health technical memoranda and taking account A professional approach to managing security in the NHS(Counter Fraud and Security Management Service 2003) and other relevant national guidance.</p>	<ul style="list-style-type: none"> • Health and Safety Workplace File including all Health and Safety Policies • Health and Safety risk assessment criteria • Sample risk assessments • Health and Safety Milestone Reports • Health & Safety Team JAQ/Organisation Chart/Knowledge Training & Experience. • Backlog maintenance report • Estates Strategy & Control Plan2005 to 2015 • Engineering Planned maintenance programme • Estates Emergency Plans • RPST report • Intranet Policies • NEAT Audit • Fire Alarm Test Schedule • Fire systems maintenance records • Ref C20(a)C2 E1- Code of Practice for CCTV • Ref C20 (a)C2 E2- Operational procedures manual • Ref C20 (a)C2 E3a- Agenda of security group meetings • Ref C20 (a)C2 E3b- Minutes of security group meetings • Ref C20 (a)C2 E4- Security strategy including accountability arrangements chart and end of year security report • Ref C20 (a)C2 E5- Departmental security risk assessments • Ref C20 (a)C2 E6- Security log books • Ref C20 (a)C2 E7- Incident report forms 	<p>C</p>	<p>GWH</p>
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		<p>3. The healthcare organisation effectively protects its physical assets and those of patients, staff and visitors, taking into account A professional approach to managing security in the NHS(Counter</p>	<ul style="list-style-type: none"> • Ref C20 (a)C2 E8- Lone worker protocols (departmental) and Lone working policy • Ref C20 (a)C2 E9- Duties and responsibilities of designated lead for security management • Ref C20 (a)C2 E10- Procedures for the control of visitors and contractors • Ref C20 (a)C2 E11- CCTV monitoring records • Ref C20 (a)C2 E12- Maintenance schedule/ reporting records to ensure car parks and walkways are well maintained and well lit. Contact Peter Dunn Engineering Manager • Ref C20 (a)C2 E13- Zero tolerance policy concerning violence to staff • Ref C20 (a)C2 E14- Plans and maintenance records of secure facilities in which staff and patients can keep their belongings. • Ref C20 (a)C2 E15- Counter fraud system records • Ref C20 (a)C2 E16- Procedure for Care document • Ref C20 (a)C2 E17- Conflict Management training records • Ref C20 (a)C2 E18- National trial of Identicom device report • Ref C20 (a)C2 E19- Statistics and security incidents • Ref C20 (a)C2 E20- PEAT Inspections • Minutes of security group meetings • End year security report & strategy update • Departmental security risk assessments • Security log books 	<p>C</p>	<p>GWH</p>
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		<p>Fraud and Security Management Service 2003).</p>	<ul style="list-style-type: none"> • Incident report forms • Lone worker protocols (departmental) & Policy • Duties and responsibilities of designated lead for security management • Procedures for the control of visitors and contractors • CCTV monitoring records • Training records and attendance sheets on violence awareness 		
	<p>(b) supportive of patent privacy and confidentiality</p>	<p>1. The healthcare organisation has taken steps to provide services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation.</p>	<ul style="list-style-type: none"> • Ref C20 (b) C1 E1- Asset Register – closure/demolition of Nightingale wards <ul style="list-style-type: none"> - Havelock, Royal Infirmary, Ryhope General, Sunderland Royal • Ref C20 (b) C1 E2- ERIC returns • Ref C20 (b) C1 E3- Peat data • Ref C20 (b) C1 E4- DH/ROCR mixed sex hospital accommodation • Ref C20 (b) C1 E5- Healthcare Commission young patient survey privacy, respect and dignity • Ref C20 (b) C1 E6- Healthcare Commission outpatients survey privacy, respect and dignity • Ref C20 (b) C1 E7- Healthcare Commission adult inpatients survey privacy, respect and dignity • Ref C20 (b) C1 E8- Healthcare Commission A&E patient survey privacy, respect and dignity • Ref C20 (b) C1 E9- DDA Audit • Ref C20 (b) C1 E10- Welcome to City Hospitals – A guide to your hospital stay 	<p>C</p>	<p>GWH</p>

			<ul style="list-style-type: none"> • Ref C21 C2 E6- Window Cleaning • Ref C21 C2 E7- Copy of Initial Log • Ref C21 C2 E8- Zonal Reports 		
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Seventh Domain: Public Health

Standard	Detail	Criteria	Supporting Evidence	Scale	Lead
C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:	<p>(a) cooperating with each other and with local authorities and other organisations</p> <p>(c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships</p> <p>Note: elements a) and c) will use the same information – therefore they are listed together</p>	1. The healthcare organisation actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised and statutory partnerships, such as the local strategic partnership, or the crime and disorder reduction partnership (CDRP), taking account of Choosing health: making healthier choices easier (Department of Health 2004) and associated Implementation guidance, National standards, local action(Department of Health 2004), Tackling health inequalities: a programme for action(Department of Health 2003), Making partnerships work for patients, carers and service users (Department of Health 2004).	<ul style="list-style-type: none"> • Chief Officer Meeting Notes 	C	KWB
	(b) ensuring that the local Director of Public Health’s annual report informs their policies and practices	1. The healthcare organisation’s policies and practice to improve health and reduce health inequalities are informed by the local Director of Public Health’s annual public health report (APHR) taking account of Choosing health: making healthier choices easier(Department of Health 2004) and associated implementation guidance.	<ul style="list-style-type: none"> • Medical Director met with Director of Public Health • Two presentations to Executive Board planned: • State of health in Sunderland – Director of Public Health – 2/11/05 • Smoke free hospitals – Medical Director – 12/10/05 • Discussion papers not yet available 	C	LHB
C23 Healthcare organisations have systematic and managed disease prevention and health		1. The healthcare organisation collects, analyses and makes available information on the current and future health and healthcare needs of the local population, to support the disease prevention and health promotion requirements of the NSFs and	<ul style="list-style-type: none"> • Ethnic Category Monitoring • IM&T Strat Board Paper – Data Quality • Race Equality Scheme Implementation Plan 	C	BK/PS

<p>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</p>		<p>national plans.</p> <p>2. The healthcare organisation commissions or provides disease prevention and health promotion services and programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness.</p> <p>3. The healthcare organisation monitors its disease prevention and health promotion services and programmes and uses the findings to inform the planning process.</p> <p>4. The healthcare organisation implements policies and practice to support healthy lifestyles among the workforce in accordance with Choosing health: making healthier choices easier(Department of Health 2004) and associated implementation guidance.</p> <p>5. The healthcare organisation has an identified lead for public health or access to public health expertise to meet its strategic and operational roles.</p>	<ul style="list-style-type: none"> • Director of Public Health report • Presentation to EB by Director of Public Health • Partnership working on local issues: <ul style="list-style-type: none"> ○ GUM ○ Fertility • MARG process and evidence • Occupational Health Services • Lancaster EAP • Flexible working/early retirements • Staff Health and Fitness Centre • Smoking Cessation • Smoke Free Work Environment (08/03/06) • Sabbatical Leave Policy • Employment Break Scheme • Fast Track Back Care Service • Annual Family Fun Day • Medical Director links with Director of Public Health at STPCT – see above 	<p>C</p> <p>C</p> <p>C</p> <p>C</p>	<p>BK</p> <p>BK</p> <p>KG</p> <p>LHB</p>
<p>C24 Healthcare organisations protect the public by having a planned, prepared and, where possible, practised</p>		<p>1. The healthcare organisation has up to date and tested plans to deal with incidents, emergency situations and major incidents, in accordance with relevant guidance, including the Civil Contingencies Act 2004, Getting Ahead of the curve(Department of Health 2002), Plan for major incidents: the</p>	<ul style="list-style-type: none"> • Major incident plan 	<p>C</p>	<p>IAS</p>

<p>response to incidents and emergency situations which could affect the provision of normal services</p>		<p>NHS guidance(Department of Health 1998), and Beyond a major incident(Department of Health 2004).</p> <p>2. The healthcare organisation works with key partner organisations in the preparation of, training for and annual testing of major incident plans, in accordance with the Civil Contingencies Act 2004, Plan for major incidents: the NHS guidance(Department of Health 1998) (ID98c 173/235) and Beyond a major incident(Department of Health 2004).</p>	<ul style="list-style-type: none"> • Major Incident Plan meetings • Major Incident Plan Agenda • Pandemic Flu Papers • Emergency Planning Meetings 	<p>C</p>	<p>IAS</p>
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**Board of Governors Commentary for the Healthcare Commission
Declaration**

City Hospitals Sunderland NHS Foundation Trust

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

C4 & C17 – The Board of Governors were able to express their views on the Trusts proposal to revise the visiting time policy for friends and relatives. Governors believe their views and opinions were taken on board by the Trust and informed the final decision.

C22a – The Board of Governors have received presentations and were able to express their concerns over ‘Commissioning a Patient-Led NHS’ in relation to equitable access to local services.

C23 – The Governors were consulted on their views and were involved in the decision for the Trust to go ‘smoke free’ on national no-smoking day.

C23 – The Governors informed the Trusts strategy in relation to the consumption of alcohol on the Trusts premises. Again, Governors believe their views and opinions were taken on board by the Trust and informed the final decision.