

Webforms Output: Core standards declaration 2008/2009
May 2009

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* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- o How the declaration form is laid out
- o Guidance related to each section
- o FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

Section 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.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o 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 one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be 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.

Subsequent questions if you declare 'not met' or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

- o in your 2007/2008 declaration the standard was declared as 'not met' or 'insufficient assurance' and
- o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
- o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management 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 commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. 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

- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards 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

Section 4. 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, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. 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. A box will be provided on the declaration form for this purpose.

Frequently Asked Questions:

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

Q1. What do you mean by reasonable assurance and significant lapse?

Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

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. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

here

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday May 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or feedback@healthcarecommission.org.uk.

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

here

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).

General statement of compliance

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

Based on the principle of "reasonable assurance" the Trust is in a position to make a declaration of "compliant" for each of the core standards without any significant lapses for the period of 1st April 2008 to 31st March 2009. The core standards have been regularly reviewed through the Trusts monthly Integrated Governance arrangements and assurance has been provided to the Trust Board that the core standards have been maintained.

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

compliant

* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

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

compliant

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

compliant

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).

compliant

* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

* C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

compliant

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

compliant

* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

compliant

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

compliant

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

compliant

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

compliant

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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 commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management 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.

compliant

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

compliant

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

compliant

* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

compliant

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.

compliant

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

compliant

* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

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

compliant

* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

compliant

* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

compliant

* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

compliant

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

compliant

* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

compliant

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

compliant

* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

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.

compliant

* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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 commitments & national priorities 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.

compliant

* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

compliant

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

compliant

* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

compliant

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 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.

compliant

* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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
- 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), LINKs, overview and scrutiny committees, Learning Disability Partnership boards 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.

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Dr	Gillian Fairfield	Chief Executive
2	Mr	James Duncan	Executive Director of Finance / Deputy Chief Executive
3	Mr	Gary O'Hare	Executive Director of Nursing and Operations
4	Dr	Suresh Joseph	Acting Medical Director
5	Mrs	Elizabeth Latham	Executive Director of Workforce Organisational Development
6	Mrs	Lisa Quinn	Acting Executive Director of Performance and Assurance
7	Mr	Jules Preston	Chairman
8	Mrs	Ann Ward Platt	Vice Chairman
9	Mr	Ken Grey	Non Executive Director
10	Mrs	Fiona Standfield	Non Executive Director
11	Mr	Chris Watson	Non Executive Director
12	Mr	Paul McEldon	Non Executive Director
13	Mrs	Judith Curry	Non Executive Director
14			
15			
16			
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30			

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

Comments from specified third parties

Please select the numbers of each type of third party that you wish to enter comments from

* Strategic Health Authorities

1

* Local involvement networks

6

* Local child safeguarding boards

6

* Learning Disability Partnership boards

6

* Non-specified third party organisations:

0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

Comments from specified third parties

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

Please select the name of the first strategic health authority that has provided the commentary

North East Strategic Health Authority

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

North East SHA Commentary for the Annual Health Check Declaration 2008/09
 NORTHUMBERLAND, TYNE & WEAR NHS TRUST (RX4)

The role of the Strategic Health Authority (SHA) as the local headquarters for NHS North East includes supporting local organisations to achieve local priorities and national standards. The North East is a high performing region in terms of our healthcare provision as evidenced in last year's annual

health check and the SHA has few areas of concern.

Patient Safety and Organisational Development

The NHS in the North East has a positive track record for the provision of safe care and services. Over recent years individual hospital and primary care trusts have developed robust systems and processes to ensure effective clinical governance and have taken forward a broad range of initiatives to learn from adverse events and to improve patient safety.

Organisations in the region have agreed a common vision for patient care which focuses on a clear aim of excellence, safety and responsiveness.

The region has developed a Safer Care North East strategy focussing on specific clinical safety issues and on the development of the safe culture, systems and processes which must underpin all effective pathways of care.

The Trust in contributing actively to patient safety improvement both within the organisation itself and on a regional basis.

NETS

Within NESHA the North East Transformation System, (NETS) is the agreed vehicle to achieve the NE Vision of being the leaders of excellence in health care and leadership. The NETS philosophy incorporates an equal emphasis on vision, compact and method in order to achieve sustainable change. Subsequently a coalition of 7 pathfinder organisations using Virginia Mason Production System as their method has been formed. The Trust is one of the wave one pathfinder organisations.

Health Care Acquired Infections

The region continues to work actively to reduce the risks of health care acquired infections which has in the past proved challenging but it should be said that all health care organisations are fully engaged in this important area of work.

All organisations have made significant increases in the number of matrons in post this year, to support the focus on cleanliness and infection control.

Information Governance

Trusts have continued to show improvements in the way that person identifiable information is handled, with significant progress being made in implementing encryption for electronic information, improving existing courier processes, reviewing contracts to ensure information governance arrangements are in place with external agencies and ensuring information governance staff are appropriately trained to implement improvements. Although confidential information breaches do occur, the majority of organisations are working well with the SHA to ensure that lessons are learned from such incident and cascaded to North East trusts.

Safeguarding Children

Safeguarding children is a key priority for NHS Trusts and PCTs. In line with the Operating Framework, David Nicholson's letter of 1st December and Monitors letter to NHS Foundation Trusts; the SHA has developed a local audit of child protection arrangements. The collection of information has included all NHS Trusts and the Ambulance Service. This work has been designed to complement the work of the HCC as part of their national review and work underway by Local Safeguarding Children Boards. The Trust has contributed actively to this work.

Core Standards

The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements or where the previous annual health check highlighted an in year or a year end compliance issue.

The following are the specific comments which the SHA has in relation to this trust with specific reference to:

C1&b: Systems are in place to protect patients and to identify and learn from all patient safety incidents. Systems are in place to action all patient safety notices and the evidence from the region with regard to Serious Untoward incidents indicates continuing improvement. During this year the Trust has carried forward focused improvement via its Service Improvement Team, to address governance and organisational culture issues highlighted in the Garry Taylor independent enquiry. This work has progressed well and following the last steering group meeting it is anticipated that this issues will be formally closed and developments taken forward via routine management processes.

C2: Systems are in place to review compliance with this standard.

C7a&c: Clinical Governance and controls assurance are in place and comply with national guidance

C7e: The Trust has a robust Single Equality Scheme that details how the organisation challenges discrimination, promotes equality and respects human rights. Implementation of this scheme is tracked through the region wide Single Equality Performance Framework

C16: The SHA is aware that the Trust had periods of non compliance with this standard, however it declared compliance at year end 2007/8 and the SHA is unaware of any breach with this standard

C24: The trusts have plans in place for managing major incidents and emergency situations. In particular this year the trusts have been working hard to develop their Pandemic Flu Plans. There has been excellent collaboration throughout this process with all organisations contributing to sharing best practice through a series of workshops. These plans and other plans continue to be exercised through a comprehensive programme of self assessments, tabletop and practical exercises. All organisations are regularly represented and contribute fully to the monthly regional meetings providing a rich forum of information to support each other.

Strategic Head of Patient Safety/ Deputy Director of Nursing
10/03/2009

Local Involvement Network comments

* Please enter the name of the first Local involvement network that has provided the commentary

South Tyneside Local Involvement Network

* Local involvement network comments. There is no word limit on this answer.

South Tyneside Local Involvement Network was invited to comment on the Core Standards declaration, their response was:

"as we are still a very young LINK project we do not wish to make any comments but note the information provided and we look forward to having more input in the future".

Project Manager
South Tyneside LINKs
16/04/2009

Please enter the name of the second Local involvement network that has provided the commentary

Newcastle Local Involvement Network

Local involvement network comments. There is no word limit on this answer.

Newcastle Local Involvement Network was invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the third Local involvement network that has provided the commentary

North Tyneside Local Involvement Network

Local involvement network comments. There is no word limit on this answer.

North Tyneside Local Involvement Network was invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the fourth Local involvement network that has provided the commentary

Northumberland Local Involvement Network

Local involvement network comments. There is no word limit on this answer.

Northumberland Local Involvement Network was invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the fifth Local involvement network that has provided the commentary

Sunderland Local Involvement Network

Local involvement network comments. There is no word limit on this answer.

Sunderland Local Involvement Network was invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the sixth Local involvement network that has provided the commentary

Gateshead Local Involvement Network

Local involvement network comments. There is no word limit on this answer.

Gateshead Local Involvement Network was invited to comment on the Core Standards declaration but declined the opportunity to do so.

Local child safeguarding boards comments

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

Gateshead Local Safeguarding Children Board

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

NTW Mental Health Trust have provided me with a copy of their Annual Health Check. I can confirm that the summary of the AHC was presented to Healthier Communities OSC on 31 March 2009. The Trust satisfied the OSC that they are compliant with CS2, safeguarding and C22c, Partnerships. The Trust ensures that all staff with direct contact with children are subject to enhanced CRB checks and all new employees are now CRB checked.

The Trust have a seat on Gateshead LSCB and play an active role on the board. Membership has recently been reviewed by the Trust to ensure maximum attendance at all 6 LSCBs covering the NTW NHS Trust area. Attendance will be at Associate Director level.

Chair
Gateshead LSCB

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

South Tyneside Local Safeguarding Children Board

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

Statement of Business Manager for South Tyneside Safeguarding Children Board Re NHS Core standard 2:

Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations

Northumberland, Tyne and Wear NHS Trust (NTW) is a key partner on South Tyneside's Safeguarding Children Board, with representation at Executive, Management Group and Subgroup level. From working with NTW it has been clear that they are indeed committed to high standards and endeavour to protect children by following national guidance and ensuring that guidance is translated into meaningful practice at a local level.

The trust has always displayed a firm commitment to working with the Board and to safeguarding practice. They have contributed fully to all exercises designed to gain understanding about local practice and to improve outcomes for children and young people. NTW have shown a willingness to engage in multi-agency work and to share their experience to improve practice across South Tyneside.

NTW have shown a willingness to reflect on their own practice and this has been demonstrated by their efforts to continuously improve their approach to safeguarding. This ability to reflect on practice was demonstrated clearly when NTW have been party to the Serious Case Review Process. They have shown themselves capable of critically analysing their work, identifying strengths and areas for development. This has been seen in the establishment of a dedicated safeguarding team and processes, the updating and revision of policies and procedures in line with local and national guidelines and developing tools and processes such as audit and performance management to strengthen their oversight of safeguarding practice.

Business Manager
07/04/2009

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

North Tyneside Local Safeguarding Children Board

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

Statement of Head of Safeguarding North Tyneside Local Safeguarding Children Board

am happy to report with respect to NTC on the Trusts performance in relation to :

C2 : Health care organisations protect children by following national child protection guidance

C6 The duty to co-operate.

The NTW NHS Trust meets the requirements of the NHC Core Standards with respect to the above. The Trust has complied with the NTC Local Safeguarding Children Board policy and procedures and takes seriously the need to identify vulnerable children and young people, share relevant information with other agencies and provide services to promote their health and general well-being. The Trust will also engage in the work required of all agencies to strengthen the Safeguarding agenda and services for children and young people following the publication of Lord Lamings review of the child protection system in England and the governments response to it.

Head of Saefeguarding
North Tyneside Local Safeguarding Children Board
16/04/2009

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

Sunderland Local Safeguarding Children Board

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

COMMENTS ON THE STATEMENT MADE BY THE NORTHUMBERLAND AND TYNE AND WEAR NHS TRUST RE STANDARD 2 "HEALTHCARE ORGANISATIONS PROTECT CHILDREN BY FOLLOWING NATIONAL CHILD PROTECTION GUIDANCE WITHIN THEIR OWN ACTIVITIES AND IN THEIR DEALINGS WITH OTHER ORGANISATIONS"

The Sunderland Safeguarding Children Board would endorse the statement made by the NTW NHS Trust about their arrangements in relation to Standard 2. The board is particularly pleased with the representation from the Trust and her contribution and commitment to the Board's work. The Board is pleased with the training arrangements and the contributions made by the Trust to this process. The Trust has also shown its commitment to the MARAC process and it has made a valuable contribution to this. Their commitment to the safeguarding agenda is further shown by their appointment of 2 Grade 7 staff to support the nurse holding the safeguarding brief.

The board acknowledges however that there are challenges which need to be addressed by the Trust. These challenges have emerged partly from recent Serious Case Review findings and from agencies experiences.

In relation to recent Serious Case Review findings the following points have emerged:

- o Assessments need to be holistic and especially when working with adults the impact of their condition on their parenting ability needs to be part of the assessment and appropriate action taken and information shared.
- o Ensuring that domestic violence issues are recognised and appropriately dealt with.

Other points having emerged from the Board's request of views from its constituent agencies raised two further issues relating to service delivery, these were:

- o Accessing emergency psychiatric assessment for adolescents can be difficult at times
- o There appear to be a shortage of LDD beds, although it is acknowledged that this may be a commissioning issue as well as a service delivery one.

As stated earlier the Board acknowledges the progress made and is certain that the Trust is in a very good position to address the issues identified above.

Independent Chair of the Sunderland Safeguarding Children Board
17/04/2009

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

Newcastle Local Safeguarding Childrens Board

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

Newcastle Safeguarding Children Board Contribution to the Healthcare Commission Annual Health Check 2008/09

The Northumberland Tyne & Wear NHS Trust is significant and active member of Newcastle Safeguarding Children Board and its committees. The Trust has recognised the importance safeguarding children and has ensured that representation on the Board is at an appropriate senior level.

Board and Committee members lead on working groups and task centred pieces of work as a contribution in kind to support the annual business plan.

The Trust contributes to the Board agenda in an open and honest manner and welcomes constructive challenge and support.

More recently the Trust has contributed to the discussions around the findings from the tragic death of Baby P and the local implementation of Lord Laming's progress report on child protection in England.

21/04/2009

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

Northumberland Local Safeguarding
Childrens Board

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

Northumberland Local Safeguarding Children Board was invited to comment on the Core Standards declaration but declined the opportunity to do so.

Learning Disabilities Partnership Board comments

* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Newcastle Learning Disabilities Partnership
Board

* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Context
Newcastle Learning Disabilities Partnership Board deals with three Trusts principally

- o Newcastle Primary Care Trust
- o Newcastle Upon Tyne Hospitals Trust
- o Northumberland Tyne and Wear NHS Trust

All three are represented on its Good Health Sub Group, which is led by the PCT
NTW are also on the full Partnership Board where they are represented by a senior manager.
NTW are represented by senior management and members of the CTLD on the Good Health group.
The Board has a local three year plan to make Valuing People happen in Newcastle. This is called Citizens First and Health is its number one priority
All Boards in the Region have had to respond to their Health Assessment Framework overseen through the Strategic Health Authority
The development of this response involved days of getting people with learning disabilities, carers and professionals to answer questions in the Framework. The Framework itself is in part derived from Standards for Better Health
Therefore this response has partly been adapted from the comments made to inform the Health Assessment Framework response, together with a presentation to the Board at its April meeting

First Domain - Safety

Domain Outcome
Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core standard
C1 Health care 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; and
- b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.

C2 Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.

C3 Health care organisations protect patients by following NICE Interventional Procedures guidance.

C4 Health care 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 the acquisition 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

LDPB response
NTW We cannot make comment on this domain

Second Domain - Clinical and Cost Effectiveness

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

Core standards

LDPB response

NTW C6 There is a good relationship between our local Community Team Learning Disability and the Social Work Team and a review of how they can work more closely is about to happen

Third Domain - Governance

Domain Outcome

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.

LDPB response

NTW

We cannot make comment on this domain

Domain Outcome

Health care 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 care organisations) whose services impact on patient well-being.

LDPB response

NTW

The Trust are centrally involved in the working group looking at accessible health information which uses what is available on Easy Health.org as a baseline and then commission people with learning disabilities to help devise and test accessible information to fill the gaps

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 delay at any stage of service delivery or of the care pathway.

LDPB response

NTW

C17

The Trust has undertaken a number of initiatives

- o Started the 'In The Know' group. This was commissioned and co facilitated by the Trust in partnership with local advocacy organisation Skills for People. The group has looked at different aspects of health such as sexual relationships, healthy eating over a number of months. It is hoped this group will work with the Board's Good Health working group in an ongoing focus group style role.
- o Worked with carers to develop a Charter for carers with standards
- o Worked to become a Foundation Trust and in doing this there have been initiatives to encourage people with learning disabilities and their carers to be involved

Sixth Domain - Care Environment and Amenities

Domain Outcome

Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

LDPB response

NTW We cannot make comment on this domain

Seventh Domain - Public Health

Domain Outcome

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

LDPB response

NTW

C 22 a, c - NTW are members of the Partnership Board itself , its Good Health working group and the working group looking at promoting people with learning disabilities' rights.

Membership of the Good Health working group includes both senior membership and operational professionals.

The CTLD have been central to the implementation of DES related health checks for people with learning disabilities delivering training GPs about supporting people with learning disability

Please enter the name of the second Learning Disabilities Partnership Board that has provided the commentary

Sunderland Learning Disabilities Partnership Board

Learning Disabilities Partnership Board comments. There is no word limit on this answer.

NTW

People with learning disabilities described some very good experiences of GPs and District / Community based Nurses. This included regular check ups to make sure medication was still working / lots of time to listen to me and my carers and explaining what was happening.

People with learning disabilities who were consulted felt that often consent is asked from parents and carers when the person with a learning disability is capable of giving this him or herself.

Through the Council's \ TPCT's Partnership arrangements with NTW NHS Trust, significant resources have been invested in community teams which will prevent admission into hospital through effective / timely community support:

These specialist health services teams are:

- o Complex needs team:
- o Assertive outreach:
- o Community nursing:
- o Crisis home treatment.

Some specialist community services i.e. physiotherapy, psychology, speech and language therapy have waiting lists and relatively few resources which mean that they cannot provide the full range of service required. There is no Specialist learning disability occupational therapy service available. This increases the risk of people being re admitted to hospital.

A person centred transition team called 'Futures' has been established in Sunderland Adult Services. Working in Partnership, NTW will provide two Nurse posts for this team who will support young people with their health needs through the transition period (14 - 25yrs). These posts will be called 'Learning Disability Transition Nurse Specialist Co-ordinators'. This team will be essential in ensuring that young people and their families have a positive experience of transition.

A group of people who use NTW NHS Trust services are now members of a self-advocacy group called 'Hear Our Voice'. Support for this group has been commissioned from an external provider to maintain independence from services. This group will enable people who use services to give their views on health services provided by the Trust.

A joint training plan (Sharing the Challenge) is being developed between the local authority and NHS partners to train staff specifically in the area of autism.

A small multi disciplinary specialist health team has been established (using some temporary LDDF funding) to support people whose behaviour severely challenges services to meet their needs and who are undergoing major transition.

A joint protocol currently is being finalised between mental health and learning disability services to ensure that people with learning disability and mental health receive the service provision they require.

The Partnership Board receives regular quarterly updates about the people who live in a campus home. The number of people identified as living in campus is updated within these reports. This is important to ensure the Partnership Board is kept up to date.

Everyone who was identified as part of the hospital resettlement programme has now moved on to more appropriate accommodation, which meets his or her needs. This was completed within the timescale set by the Department of Health

The Campus Implementation Group meet on a monthly basis and this group has developed an action plan and standards for implementation, which have been agreed by the Partnership Board. The standards cover Person centred planning / individual assessment / Health Action Plans / a communication strategy / a service design and models of support / commissioning of services / advocacy / workforce planning and future support

A Learning Disability Liaison Nurse has been introduced to help improve the experiences people with a learning disability have when they are a patient within City Hospital. The Liaison Nurse has been seconded to City Hospital from NTW NHS Trust to improve the experience that people with LD have by working with the Hospital to develop new practices / policies / training etc. This Post was initially a Pilot scheme and it is currently being reviewed to assess whether the Post should continue. Some of the initiatives developed as part of the pilot scheme are:

- o The Liaison Nurse has developed service leaflets, which will help explain the process involved in hospital admittance and will offer people the chance to visit the hospital before the operation.
- o The LD Liaison Nurse has developed a traffic light assessment system for people with LD when entering hospital. The assessment will include essential information in red / medication and personal information in amber and likes and dislikes in green. This form will be available upon request from staff in hospital and it will also be circulated to LD services so people know about it. When service information leaflet s are completed these will be circulated with details of the traffic light assessment.
- o A DVD has being made about access and procedures in hospital. This DVD will be in an accessible format showing people going through their patient journey e.g. from GP to consultant to operation to discharge.
- o An easy read Hospital Care Plan is being developed to help people with learning disabilities understand what is happening.
- o An inpatient questionnaire has also been developed.

All of these developments will have a significant positive impact upon the experience that people with learning disabilities will have in the future when they have to access City Hospital services.

Volunteer Co-ordinator
Sunderland Learning Disability Partnership
Broadway House
Springwell Road
Sunderland
SR4 8NW

28/04/2009

Please enter the name of the third Learning Disabilities Partnership Board that has provided the commentary

Northumberland Learning Disabilities Partnership Board

Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Northumberland Learning Disabilities Partnership Board were invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the fourth Learning Disabilities Partnership Board that has provided the commentary

North Tyneside Learning Disabilities Partnership Board

Learning Disabilities Partnership Board comments. There is no word limit on this answer.

North Tyneside Learning Disabilities Partnership Board were invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the fifth Learning Disabilities Partnership Board that has provided the commentary

Gateshead Learning Disabilities Partnership Board

Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Gateshead Learning Disabilities Partnership Board were invited to comment on the Core Standards declaration but declined the opportunity to do so.

Please enter the name of the sixth Learning Disabilities Partnership Board that has provided the commentary

South Tyneside Learning Disabilities Partnership Board

Learning Disabilities Partnership Board comments. There is no word limit on this answer.

South Tyneside Learning Disabilities Partnership Board were invited to comment on the Core Standards declaration but declined the opportunity to do so.

Commentaries from other third party organisations

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

Overview and scrutiny committee comments

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

0 6

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

NORTHUMBERLAND COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY
COMMITTEE

Comments. There is no word limit on this answer.

NORTHUMBERLAND COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE

HEALTHCARE COMMISSION ANNUAL HEALTH CHECK
DECLARATION ON CORE STANDARDS AND DEVELOPMENTAL STANDARDS, SPRING 2009

NORTHUMBERLAND TYNE AND WEAR NHS TRUST

The following is the response of the Committee to the information provided by the Trust, to be included in the Annual Declaration:-

Northumberland's Health Overview and Scrutiny Committee met on Thursday 12 March 2009 to discuss the Healthcare Commission Annual Health Check on core and developmental standards with the Trust.

The Committee is pleased to see that the Trust remains compliant with those core standards that were declared 'met' during 2007/08 and that action plans put in place to address gaps are regularly monitored by the relevant Domain Groups and the Strategic Health Authority.

Last year, the Trust stated C16 Information to Patients as 'insufficient assurance'. The Committee noted at that time that, although the Trust had in essence met the fundamental requirements in relation to C16, the Trust Board made the decision that it would be a sensible course of action to allow the work undertaken to become embedded throughout the organisation, therefore, the decision was made to declare 'insufficient assurance'.

The Committee are pleased to note that ?110,000 has been allocated this year to support the development of patient information services. They recognise the considerable amount of work which has been undertaken to ensure these practices are now embedded within the organisation.

The Committee are pleased to note that currently the Trust is now in a position to evidence that it remains compliant with all core standards for the 2008/09 Declaration.

Also, Members have considered their work over the past year. Specific issues include:-

o The Committee were advised that in December 2008 the Trust revised and streamlined its governance arrangements. The organisation has put quality and safety at the centre of this restructure and assures that risks to the organisation are being effectively controlled and managed and that attention is being focused on the core business of the organisation.

o At their meeting on 4 June 2008, the Scrutiny Committee was consulted on the Trust's proposals for Learning Disability Services. Members received a presentation on the resettlement of people with learning disabilities from NHS residential accommodation into more appropriate community accommodation following which officers from Northumberland Tyne and Wear NHS Trust responded to a number of queries raised. The Committee recognise the work carried out to determine the most appropriate environment for clients and how they could be integrated into the community and that every effort was made to meet the wishes of clients in relation to where they would be relocated.

o At their meeting on 11 September 2008, Members received a detailed presentation in relation to the proposed re-engineering of community mental health services for working age adults.

Members noted that there was to be a staged approach to the changes. In relation to a review of accommodation it was anticipated that Northumberland would not be greatly affected. A number of queries raised were then responded to by the Trust.

It was felt that the development of appropriate service delivery models for Planned Care, which would require extensive involvement, engagement and consultation throughout 2009, was a key issue for Northumberland and the issue is in the Committee's work plan for April/May 2009.

o On 6 November 2008 the Scrutiny Committee were consulted on the Trust's proposed changes to Learning Disability Assessment and Treatment Services

Members noted that inpatient services were being provided across three sites, these being Northgate, for individuals from North of the Tyne, Prudhoe Hospital for those from Gateshead and South Tyneside and Monkwearmouth Hospital in Sunderland for residents of that city.

It was also noted that the Trust was seeking to enhance the important assessment and treatment services it provides for adults across the patch, with hospital admissions being prevented wherever possible.

It was stressed that inpatient services needed to be provided closer to the home and that people with learning disabilities should access services that met with their needs which could mean admission to mental health services where appropriate.

Members noted that Midway East, on the Prudhoe site is to close and move to Hebburn in South Tyneside, providing inpatient care for individuals from Gateshead and South Tyneside. Admissions required for people from North of the Tyne would, where ever possible, be to Villa 8 and Villa 9 at Northgate. It was also acknowledged that the Trust was refurbishing the environments at Northgate and was seeking to improve the model of care delivered.

The Trust will attend a further meeting of the Committee to discuss any proposed future improvements to the delivery of service.

o A joint committee of Gateshead Metropolitan Borough Council, Newcastle City Council, North Tyneside Metropolitan Borough Council, South Tyneside Metropolitan Borough Council, Northumberland County Council and Cumbria County Council have met to consider a consultation by the Trust, about their plans for integrated children and young people's specialist mental health and learning disability services that care for people in the North East area. Further meetings have been held regarding proposals for the provision and location of the Regional Tier 4 young people's mental health inpatient and day patient services from Newcastle General Hospital site to a new build facility on land retained by the Trust on the Prudhoe Hospital site. On 9 February, 2009, Members met on site to see for themselves how service users and their families will be affected by the proposals. They found the visit and tour most interesting and informative and commented on the commitment and dedication of the staff.

o On 12 February, 2009, Members received a detailed update on the planned improvements to patient accommodation and other facilities at Northgate Hospital, Morpeth. The hospital provides a range of services for people with learning disabilities. In relation to Autism services, the Committee will be consulted on the plans for the new service model, the new unit and the involvement of stakeholders, when the plans were further developed.

Members welcomed the plans for large scale capital investment of over ?140 million in the next five years, including planned investment of approximately ?16 million to improve accommodation on the Northgate Hospital site.

o On 12 February, 2009, The Committee visited the very impressive St. George's Park in Morpeth and held one of their meetings on site. Members were extremely impressed with the facilities provided and the care and sensitivity taken with the development to ensure service users are provided with first class care in first class environments. Again, Members commented on the dedication and commitment of the staff.

A meeting has been held between the recently appointed Chief Executive and the Chairman of the Trust and the Chair and Vice-Chair of the Committee to discuss how the Scrutiny Committee will be involved in consultation regarding their Plans to seek Foundation Status and to identify other areas which the Committee could focus on during the next year.

The Committee has an extremely positive and co-operative relationship with the Trust and appreciate the time and effort taken by a range of senior staff to keep the Committee fully aware of relevant issues. Members are reassured that any comments made by them are taken into account by the Trust.

The Health Scrutiny Committee is pleased with the progress made against the Standards. They are reassured that the areas of compliance are being continually assessed and that Action Plans are in place to continue performance improvement in all areas.

Background notes and minutes can be made available.

Contact:

Scrutiny Officer
Democratic Services
Northumberland County Council
County Hall,
Morpeth
Northumberland
NE61 2EF

Name of overview and scrutiny committee 2

Sunderland Health and Wellbeing Review
Committee

Comments. There is no word limit on this answer.

Northumberland Tyne and Wear NHS Trust officers attended a meeting of the Sunderland Health and Wellbeing Review Committee on 08/04/2009 to make a presentation on our core standards declaration and invite comments.

The Authority response was that they did not wish to make any comments and that the information provided to them was noted and accepted.

16/04/2009

Name of overview and scrutiny committee 3

South Tyneside Council Overview and
Scrutiny Committee

Comments. There is no word limit on this answer.

Dr Gillian Fairfield
Chief Executive
Northumberland, Tyne and Wear NHS Trust
St Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT

Date: Tuesday, 21 April 2009

Our Ref: PB/AP
Your Ref:

2009 Annual Declaration

Dear Gillian

Please pass on our thanks to the Director of Working Age Adults Services and the Associate Director of Clinical Governance for presenting to our Overview and Scrutiny Committee on 6th April in which they explained your arrangements for your annual assessment and declaration against the Healthcare Commission Standards.

This year your Trust has consulted with us on:-

- o The re-provision of a inpatient services at Cherry Knowle Hospital
- o Day Hospital Provision at South Tyneside General Hospital
- o The development of New Treatment Facilities of Adult with Mental health for South Tyneside and Gateshead
- o Specialist Tier 4/Community Child and Adolescent Mental Health Services

Two years ago we commented on the fact that we needed to work with you to develop members understanding of the issues surrounding mental health and learning disabilities so that the dialogue with the trust about future services for these groups can be more informed and add value. I am happy to say that this approach is now paying dividends and Members are now much more confident about challenging service change and developing policy through a greater knowledge of the issues around mental health and the way services are provided.

We were particularly grateful for the time spent by the Associate Director of PFI who took Members through the implications of the planned developments at Cherry Knowle and Older People's mental health in-patient accommodation provided by the Trust in South Tyneside. The material was well presented and all Members questions were answered fully, clearly and honestly.

We are pleased that you can now declare compliance with C16 - Information to Patients, although Members did want some further detailed information about the changes that have enabled this to happen and the extent of the resources going into patient communication.

We are undertaking a commission on community mental health services in the next municipal year. We are particularly keen to look at the services being provided to maintain people with Dementia in the community.

We look forward to working with you during 2009/10 and hope to continue to develop our relationship in scrutiny.

Yours Sincerely

Chair of the Overview and Scrutiny Coordinating and Call-in Committee

Name of overview and scrutiny committee 4

Gateshead Council Overview and Scrutiny
Committee

Comments. There is no word limit on this answer.

Healthcare Commission - Annual Health Check Process

Northumberland, Tyne and wear NHS Trust

First Domain:Safety

Domain outcome:-

Patient Safety is enhanced by the use of healthcare processes, working practices and systematic activities that prevent or reduce the risk of harm to patients

Core Standard C2

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

All organisations

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 (HM Government 2006) and " Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities (Department of Health July 2001).

All organisations

The healthcare organisation works with all relevant partners and communities to protect children in accordance with " Working together to safeguard children (HM Government 2006)

All organisations

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 carrying out CRB checks the healthcare organisation should be meeting the requirements of "CRB disclosures in the NHS" (NHS Employers 2004)

OSC Comment on Performance of Trust Against the Standard

The Children and Young People OSC has received some evidence that the Trust is complying with this standard.

At its meeting on 25 September 2008 the OSC received information regarding the Safeguarding Children Annual Report and Plans. At that time the OSC learnt that Gateshead Local Safeguarding Board co-ordinates the safeguarding work of member agencies, including this Trust and monitors and evaluates and when necessary challenges the effectiveness of the work and advises on ways of improving safeguarding performance.

The OSC has learnt that in the past year some of the actions taken forward by the Board have been to:-

- o Produce Policies and Procedures to comply with the new Working Together to Safeguard Children (2006).
- o Further review and update the Gateshead Local Safeguarding Children Board Interagency Child Protection Procedures (August 2008)

Second Domain:-

Clinical and cost effectiveness

Domain Outcome:-

Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes

Core Standard C6

Healthcare Organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met
All organisations

OSC Comment on Performance of Trust Against the Standard

The OSC considers that there is evidence that the Trust is working jointly / in partnership with the Council and other organisations including the Gateshead Strategic Partnership

The OSC is aware as a result of its 2008-09 Review Of Mental Health and Well-Being Services that the Council has been working with its partners, including Northumberland Tyne and Wear Mental Health Trust, to improve the mental health and well being of its communities in Gateshead in line with the priorities identified in the Sustainable Community Strategy - Vision 2030, the Gateshead Agreement and the Joint Strategic Needs Assessment.

Representatives of the Trust have participated in the OSC's 2008-09 Review of Mental Health and Well Being Services in Gateshead and provided evidence to the OSC on the work being taken forward by the Trust and potential areas for improved joint working to meet the needs of Gateshead residents.

The Trust is also represented on Gateshead Mental Health Partnership which has fed its views to the OSC on what is working well and what needs to be improved in relation to mental health and well being services as part of the OSC's review.

In addition, at its meeting on 13 January 2009 - when considering a case study on NHS Partner involvement with carers, carers representatives highlighted that NTW Trust staff at the Tranwell unit have been open to partnership working as an area of good practice

However, as a result of information presented by carers representatives at that time, the OSC considered that in spite of the mechanisms and strategies currently in place it was possible to make further improvements.

As a result, the OSC has asked for a further report outlining how the Trust is responding to the issues raised by carers representatives. The OSC has also asked carers representatives to provide further detailed information to the trust to support the anecdotal evidence presented to the OSC. It is proposed that this progress report is considered by the OSC at its meeting on 13 October 2009.

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 delay at any stage of service delivery or the care pathway.

Core Standard 17

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

OSC Comment on Performance of Trust Against the Standard

The OSC has received some evidence that the Trust is complying with this standard.

13 January 2009 - as part of its Review of Mental Health and Well Being Services in Gateshead, the OSC learnt that the Trust is working to engage more with service users and carers via delivery of an "Involving People" Strategy and a Carers Charter so that users and carers will have the opportunity to feedback on the care/services it provides. The OSC learnt that the Carers Charter was implemented last year and this sets out standards relating to carers. The OSC also learnt that a conference is due to be held in March to identify what has been done so far to improve standards for carers. In the South of Tyne and Wear area a mapping exercise is also being carried out to identify carer champions for each ward.

At its meeting on 13 January 2009 - when considering a case study on NHS Partner involvement with carers, carers representatives highlighted that NTW Trust staff at the Tranwell unit have been open to partnership working as an area of good practice

The OSC also noted that there are plans to involve service users in the appointment of some staff and review the trust's advocacy arrangements. The Trust also advised that engagement with partners such as the Council was a key priority and indicated that it wished to consult the OSC not only in relation to service changes but also on issues such as service inclusion.

The Trust is also consulting with the OSC regarding service changes in relation to Working Age Adults Acute Mental Health Services at meetings on 24 February 2009 and 31 March 2009.

Seventh Domain:

Public Health

Domain Outcome:

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

Core Standard C 22

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
- c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships
- b) ensuring that the local Director of Public Health's annual report informs their policies and practices

OSC Comment on Performance of Trust Against the Standard

The OSC considers that there is evidence that the Trust is working jointly / in partnership with the Council and other organisations including the Health and Social Care Partnership and the Gateshead Strategic Partnership and the local Director of Public Health's annual report is informing policies.

Egs of such partnership work are:-

The Joint Strategic Needs Assessment, which looks at the health and well being of Gateshead residents and the Director of Public Health Report for Gateshead, has identified mental health as a priority issue, including the significant inequalities relating to mental health that exist within Gateshead and between Gateshead and the rest of England. The Overview and Scrutiny Committee's review of Health Inequalities which was carried out in 2007-08 also identified access to mental health services and more focus on prevention as a local priority as well as a national one. Through Vision 2030 and these priorities the Council, has been working with its partners, including Northumberland Tyne and Wear mental health trust, to improve the mental health and well being of its communities in Gateshead.

Representatives of the Trust have therefore participated in the OSC's 2008-09 Review of Mental Health and Well Being Services in Gateshead and provided evidence to the OSC on the work being taken forward by the Trust and potential areas for improved joint working to meet the needs of Gateshead residents.

The Trust is also represented on Gateshead Mental Health Partnership which has fed its views on what is working well and what needs to be improved in relation to mental health and well being services as part of the OSC's review.

Name of overview and scrutiny committee 5

North Tyneside Council Health and Well-being Sub Committee

Comments. There is no word limit on this answer.

22 April 2009

Dr G Fairfield
Chief Executive
Northumberland, Tyne and Wear NHS Trust
St. Nicholas' Hospital
Jubilee Road
Gosforth
NEWCASTLE UPON TYNE
NE3 3XT

Dear Dr Fairfield

Healthcare Commission Annual Health Check

The following is the response of North Tyneside's Health and Well-being Sub Committee to the information provided by the Trust on the core standards to be included in your Annual Declaration:-

"Representatives of the Health and Well-being Sub Committee attended a meeting hosted by Northumberland County Council's Health Overview and Scrutiny Committee on 12 March 2009 to discuss with representatives of the Northumberland, Tyne and Wear NHS Trust the information to be included in the Trust's Annual Declaration. Members of the Council's Health and Well-being Sub Committee are satisfied that your comments on the core standards to be included in the Annual Declaration correspond with what the Sub Committee has learned from its work with the Trust.

In respect of C17 Members of the Sub Committee have witnessed examples of the Trust engaging with patients and their carers, particularly in respect of CAHMS services. The Sub Committee also examined evidence of the Trust making an appropriate and effective contribution to the Local Strategic Partnership over the past year in line with core standard C22c

During the past year the Sub Committee has met with Trust representatives on a regular basis to discuss the Trust's annual report and future work plans including the re engineering of community services, campus re-provision, changes to learning disability services and the re-engineering of community mental health services. Members look forward to continuing and developing further their good working relationship with the Trust"

Yours sincerely

On behalf of
Head of Legal and Democratic Services and
Monitoring Officer

Name of overview and scrutiny committee 6

Newcastle Council Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Health and Wellbeing Overview and Scrutiny Panel
April 2009

Northumberland Tyne and Wear NHS Trust
Annual Health Check 2008/09

The Health and Wellbeing Overview and Scrutiny Panel of Newcastle City Council is grateful for the opportunity to comment on the core standards of the Northumberland Tyne and Wear NHS Trust.

The panel does not wish to make any comments on the specific core standards, but wishes to record that it appreciates the helpful and co-operative way in which the Trust has engaged with the Panel over the year 2008/09, not only as required for substantial variations and developments in its own services, but in relation to issues of common interest.

Newcastle City Council
Health and Wellbeing Overview and Scrutiny Panel
April 2009

Contact Officer:
Scrutiny Manager,
Democratic Services,
Chief Executive's Office
Newcastle City Council,
Civic Centre,
Newcastle
NE99 2BN

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