



Webforms Output: Core standards declaration 2007/2008
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* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

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This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

- END OF PAGE -

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

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

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

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

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

General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

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

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

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

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

1. General statement of compliance

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

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

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

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

3. Domain pages for core standards

Separate sections have been set up for each domain.

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

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

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

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

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

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

Start date - the date at the start of the period for which the trust has:

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

End date (planned or actual) - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

Issue - a statement detailing:

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

Action plan - an outline of the steps the trust is taking, or has taken, to:

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

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

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

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

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

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

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

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

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

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

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

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

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

4. Sign off

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

5. Comments from specified third parties

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

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

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

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

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

Guidance for PCTs

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

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
 - through the work of the professional executive committee (PEC)
 - by reviewing information from the quality outcomes framework (QOF)
 - by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)
- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
 - feedback from patients on commissioned services
 - review of performance monitoring information
 - risk assessments of commissioned services
 - routine meetings between the PCT and the providers of their commissioned services, etc.

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

General statement of compliance

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

Work has continued throughout the latter part of the year on reviewing the Standards and the PCT's compliance against them. An action plan was finalised following the Healthcare Commission's inspection in June to add the gaps in compliance identified to those previously identified at the time of the declaration. As management capacity increased it was possible to close the gaps. As the management structure moved towards completion in mid year the process became quicker. The PCT is declaring compliance for 15 of the 23 standards for which it has to self assess. The significant work on the action plan that was completed during the second half of the year has enabled the PCT to regard itself as compliant in all the standards as at year end.

The Non Executive Directors have been closely involved in the process of reviewing evidence and each has been paired with an Executive Director to review the evidence in respect of an agreed number of Standards. Each Executive Director has taken responsibility for their relevant standards.

The Board believes it has taken a reasonable view on its level of compliance with each of the Standards. The Board feels that it is compliant with 15 of the 24 core standards.

- END OF PAGE -

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

Statement on measures to meet the Hygiene Code

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

North Somerset Primary Care Trust (PCT) recognises that the Health Act 2006, introduced as a statutory duty on NHS organisations, from 1st October 2006 to observe the provisions of the Code of Practice to reduce Healthcare Associated Infection (HCAI). As a result, the Board reviewed its arrangement and implemented an action plan to incorporate the required standards within the Code of Practice for the Prevention and Control of HCAI. (Hygiene Code), to apply within the PCT.

The PCT has a Director of Prevention and Control (DIPC), who is the Nurse Director, who is accountable to the Chief Executive. The DIPC presents reports to the Board. The DIPC is the chair of the Control of Infection Control committee (COIC). A key role of the COIC is the overseeing and implementation of infection control policies. The Trust has a Senior Infection Control nurse who leads on the long term strategic planning and development and delivery of the Infection Control service across the organization. There is an Annual Infection Prevention and Control Work Programme for the organisation which is monitored by the COIC, which includes an infection control audit programme. The PCT has also enrolled in the "Essential Steps to Safe Clean Care Programme." The PCT has requested to become an early implementer of the "Clean your hands Campaign". The PCT in its commissioner role is actively performance managing the Acute Trusts' (Weston Area Health Trust, North Bristol Trust and United Bristol Healthcare Trust) MRSA and Clostridium difficile rates.

The PCT audited patients "at risk" from indwelling catheters living in nursing homes, including handwashing and infection control practices, and provided training for the staff.

Our Infection Control Nurse has regular contact with her counterpart at Weston Hospital.

There are robust reporting arrangements in place on the 15th of each month to the Strategic Health Authority re MRSA bacteraemia cases. This includes participating in root cause analysis (RCA) of MRSA bacteraemia, both in Acute and Community settings; regular performance review meetings against agreed Acute trajectories and recovery action plans instigated as a result of findings from these in depth reviews. Robust performance management arrangements and local reduction targets are also in place with Acute Trusts for the reduction of Clostridium Difficile (C Diff) rates as per national guidance.

Within the Primary Care Trust Infection Control reporting and accountability is as follows:
PCT Board via Governance & Risk Committee and PCT Control of Infection Committee.
The Infection Control Annual Report was completed in February 2008.
MRSA and Clostridium difficile performance reports in PCT monthly Board Reports.

The PCT is currently involved in discussions with local PCTs and acute Trusts on how to implement the requirement to screen all elective admissions by March 2009 and provision of screening all emergency admissions as soon as is reasonably practical.

- END OF PAGE -

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

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

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
- not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

05-02-2008

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

The risk management policy needed to be updated and approved.
The serious untoward incident policy needed to be approved.
Incidents were not being regularly reported to National Patient Safety Agency. A backlog of incident reports needed to be logged and reported.

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

The outstanding actions were completed at the Governance & Risk Committee in February when the risk management strategy and policy were approved (subject to a number of amendments which were delegated to the chair and approved).
The backlog of incidents was cleared before year-end. All incidents are now reported promptly to the National Patient Safety Agency via their website.

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

The outstanding actions were not finished until directorate restructuring was completed and new directorates and committees put in place.

* 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

- not met
- insufficient assurance

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

- compliant
- not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-12-2007

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

Following the Healthcare Commission check it was identified that 277 members of staff had not received Criminal Records Bureau (CRB) clearance. This was predominantly because many of the front-line staff had been transferred to the PCT when it was established in 2002.

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

In order to speed up the authorisation process and clear the backlog the PCT became a CRB authorised signatory (and ceased using an acute trust for this service) and 275 of 277 staff were cleared by 1st January 2008 - with only two staff awaiting clearance.

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

The process of clearing the backlog of CRB checks took longer to arrange than anticipated. These were mainly front-line staff who had been transferred to the PCT.

- END OF PAGE -

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

- not met
 insufficient assurance

* 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

- not met
 insufficient assurance

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

compliant

- not met
 insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

14-03-2008

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

The Medicines Policy needed to be updated in line with local Trusts.

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

The policy was approved by the Professional Executive Committee in March, subject to a number of amendments being made. The policy was implemented following the meeting.

* 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

not met

insufficient assurance

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

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

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

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

14-03-2008

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

Healthcare Commission inspection report June 07
The Healthcare Commission identified a number of actions which the PCT needed to address in relation to the six steps of NICE implementation.

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

The NICE College and the TAG group, of which the PCT is a full member, plan, implement and review the take-up of NICE guidance across the health community with the focus on TAGs and the evidence for 2007-08 covers the six steps. The TAG review group look at the TAGs in detail as they are published and also carry out horizon scanning for the NICE college. The group also review funding. This mostly concerns secondary care and the evidence reflects this. Implementation in primary care is via a standard proforma. Dissemination takes place through the PAINS newsletters and through the work of the Medicines Management Pharmacists. Monitoring takes place through reports to PEC and through QOF action points which include audit.

The NICE College annual report goes to the PEC as do other important issues of NICE guidance which concern the PCT, such as macular degeneration which was important for commissioning of services.

Considerable evidence pertaining to NSF work streams has been included, covering planning, implementation and monitoring. Work is also being carried out on DoH initiatives (Essence of Care, Dignity in Care) and guidance and alerts from the National Patient Safety Agency.

The PCT has actions planned in relation to NICE clinical guidelines and procedures for assessment, implementation and monitoring within Provider Services.

A revised NICE Implementation Policy was approved by the Professional Executive Committee in March 08.

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-10-2007

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

Actions following Healthcare Commission Inspection:

- *Evidence to be provided of how staff are made aware of the PCT's Clinical Audit Policy.
- *Process for providing support and encouragement to clinical staff undertaking audits to be agreed.
- *Percentage of staff (including profession and grade) who have undertaken clinical audit training to be established.
- *Evidence of cascade to lower grades of staff by managers who have attended training to be provided.
- *Clinical Audit Group to devise a prioritised audit programme for 07/08
- *Minutes of meetings & terms of reference to include job titles of members and attendees.
- *Review process for clinical audit reports to be agreed.
- *Process for ensuring independent contractors & commissioned services are compliant with this standard to be agreed.

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

The Healthcare Commission reviewed the prioritised clinical audit programme in August 2007 and rated the PCT as compliant.

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

Governance domain - core standards (C7a - C9)

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

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

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

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

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

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-11-2007

End date of non-compliance or insufficient assurance

28-02-2008

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

A review of policies needed to be undertaken. The period of non compliance started when the Risk management Policy expired and needed to be reviewed.
Risk management arrangements needed to be reviewed.

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

A policy on policies was finalised in December 2007 and approved following staff consultaion in February 2008. Key policies were reviewed and revised in an agreed format.
Risk managemnt arrangements were reviewed, a new Risk Management Strategy and Policy approved, and directorate risk registers established.

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

Risk management arrangements were reviewed and made more robust by placing them within the remit of the Governance & Risk Committee.
The policy system of approval and review was strengthened in year.

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

There were actions regarding the development of the Race Equality Scheme outstanding from 2006/07, and further actions identified at the Healthcare Commission's race equality review 19th December 2007. Some of these related to improving the rigour of the information in the evidence folders, such as dating of documents, adding detail, writing a glossary to the Race Equality Scheme etc. The evidence needed to be better presented as at the time of the Review in December it did not represent the work done to date during the year 07/08; this has now been addressed.

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

An equalities manager was appointed and in post from February 08. A programme of impact assessments was produced. Human Resources records have included BME monitoring information since February 08. Equality impact assessments have been collected and installed on the PCT's website. Improved practice in equalities impact assessments is now to be developed. A draft guide to equality impact assessment is being written and associated training being planned. Two race equality awareness workshops were held for staff in February and March 08. A dignity in care statement was approved by the Board in March 08. An updated race equality scheme and action plan went to the Board in December 07. A Black & Ethnic Minority Community Development Worker was appointed in Nov. 2007 to progress "Delivering Race Equality" in Mental Health. He has produced a workplan for implementation. Human Resources records have been updated. The minority languages research jointly commissioned from Somerset Race Equality Council has been completed, but not yet published. It will be used by the PCT to establish the up-to-date position on languages in North Somerset and the documents that need to be translated. Other equalities work has included public consultation on the Gender Equality Scheme. The PCT's website has been updated to make it accessible in a number of languages.

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

Compliance could not be achieved until year-end as the PCT needed to undertake more work as a result of a number of actions identified at the Commission's race equality review in December 07.

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

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Governance domain - core standards (C10a - C12)

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

An insufficient level of compliance was identified at the start of the year. There was also uncertainty over the statutory requirements applicable at that

time.

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

A new programme was piloted in May 07 and commenced properly in July 07 on a month by month rolling basis. A robust system and rolling programme is now in place for all staff. The programme will be amended to reflect new statutory requirements as they arise.

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

The mandatory training programme needed to be reviewed to reflect current statutory requirements. This needed to be piloted and a backlog of training cleared.

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

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

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

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

not met

insufficient assurance

* 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

The consent policy in place at the start of the year had been approved in December 2004: An updated, revised policy needed to be prepared and put in place. Although the element does not specifically refer to the need for a consent policy it was felt that as the review was overdue the PCT should not declare in-year compliance.

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

The consent policy was reviewed and approved.

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

Patient focus domain - core standards (C15a - C16)

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

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

* 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

not met

insufficient assurance

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

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

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

Description of Issue: Healthcare Commission inspection report Dec 07

"The Trust has a strategic plan and policy on equal access for all but how this is implemented in practice was not evidenced by documentation. The PCT should consider how it collects together its monitoring information to be able to take issues such as access forward".

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

The three equalities schemes prepared by the PCT (Race, Disability and Gender) have all been progressed and updated. These schemes emphasise the collection of good data to inform future strategies. Research commissioned on minority languages has been done by Somerset Race Equality Council: this will enable a review of translation policy for key PCT documents. Results from a GP questionnaire survey are awaited – these will clarify current monitoring by independent contractors. Human resources records on ethnicity and training have been updated.

Comment regarding this standard arising from HCC Race Equality Review 19th December 2007:
"Information on improving access to GP services was detailed, well planned and monitored."

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

Actions were identified at the Commission's Race review in December 07 that needed to be addressed before the PCT felt able to regard itself as having taken sufficient action to be year-end compliant.

- END OF PAGE -

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

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

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

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

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

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

Public health domain - core standards (C22a - C24)

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

* C22a 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

not met

insufficient assurance

- END OF PAGE -

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

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

Electronic sign off page

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), patient and public involvement forums, overview and scrutiny committees and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

- END OF PAGE -

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Stephen Harrison	Chair
2	Mr	Chris Born	Chief Executive
3	Mrs	Kathy Headdon	Non Executive Director
4	Dr	Paul Phillips	Non Executive Director
5	Mr	Philip Morgan	Non Executive Director
6	Mrs	Tina Lewis	Non Executive Director
7	Mrs	Delyth Lloyd-Evans	Non Executive Director
8	Mr	Graham Nix	Non Executive Director
9	Mrs	Mary Hutton	Director of Finance & Performance
10	Mrs	Jeanette George	Director of Commissioning & Service Development
11	Dr	Richard Darling	Chair of Professional Executive Committee
12	Mrs	Julie Clatworthy	Nurse Director
13	Dr	Max Kammerling	Director of Public Health & Health Improvement
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29			
30			

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

Comments from specified third parties

Please enter the comments from the specified third parties below.

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

South West Strategic Health Authority

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

"On the basis of the evidence available to the Strategic Health Authority, there is no reason to disagree with the assessment made by the NHS organisation in its declaration.

We are confident that the Primary Care Trust is working to ensure that where any lapses have occurred, action is being taken to address this across the whole NHS organisation."

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

North Somerset Patient and Public Involvement Forum

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

Comments from the North Somerset Patient and Public Involvement Forum in respect of the Healthcare Commission's annual assessment and report 2007/08. March 2008

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health services. The comments are mainly in respect of Core Standard 17.

During the past year, as a Forum we have achieved a good relationship with North Somerset Primary Care Trust. The PCT Chief Executive and/or the Involving People Co-ordinator have been present at all Forum Meetings in Public. The PCT communicates well with the Forum to update us on current issues.

PCT representatives have also given presentations followed by question and answer sessions about the 18 week GP Referral to Treatment target, Access to GP Practices, Practice Based Commissioning and Future Developments. Specific service concerns or issues have been raised at Forum meetings which the PCT has formally responded to.

Forum members have also been welcomed to PCT Board Meetings, and encouraged to participate in local projects including Portishead Primary Care Centre Development. The PCT has sought and received the views of the Forum on the PCT Local Delivery Plan and Strategic Framework.

The PCT has taken part, with the Forum, North Somerset Council staff and Councillors, in the LINKs Steering Group, completing the Host tender process to the point of contract negotiation within the fiscal year.

Last year the Forum was dissatisfied with the PCT's lack of participation in the review of the Orchard View Respite Care Centre, but the PCT has been more pro-active this year through the Involving People Co-ordinator and the Chief Executive. The PCT has listened to the case of the users, staff and Forums for retaining this service on the present site, but opposed it in favour of the NHS policy of giving patients more choice.

There is concern about the percentage of cancelled operations reported at the PCT's Board Meeting each month.

Jane Bollen
Chair, North Somerset Patients' Forum

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

North Somerset Local Children Safeguarding Board

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

29 April 2008

The PCT in North Somerset makes a full and active contribution to the main Safeguarding Board and the work of its subgroups. There is high level senior representation on the Board itself from one of the Directors, with support provided by the Designated/Named Doctor and Designated/Named Nurse. The Designated Nurse is the Vice Chair of the Safeguarding Board Training and Public Promotion subgroup, and the PCT is actively involved in the Monitoring/Evaluation and Policy and Procedures sub groups. The latter groups focus on the effectiveness of joint working between Schools, Police, Local Authority, and Health Services. The PCT has led work associated with the establishment of a Child Death Review Group in collaboration with other LSCBs in the area. The PCT has also contributed to broadening the focus of the Safeguarding Board to wider child safety issues, including leading on issues in relation to accidents to children. The PCT has been instrumental in ensuring that there are strong links between the LSCB and the Children's Trust Management Board.

Colin Diamond
Vice-Chair of Local Children Safeguarding Board

Please enter the name of the organisation that has provided the first commentary

Please enter the first commentary for this organisation

Please enter the name of the organisation that has provided the second commentary

Please enter the second commentary for this organisation

Please enter the name of the organisation that has provided the third commentary

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Please enter the name of the organisation that has provided the twelfth commentary

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Please enter the name of the organisation that has provided the thirteenth commentary

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Please enter the name of the organisation that has provided the fourteenth commentary

Please enter the fourteenth commentary for this organisation

Please enter the name of the organisation that has provided the fifteenth commentary

Please enter the fifteenth commentary for this organisation

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

Overview and scrutiny committee comments

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

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

- END OF PAGE -

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

North Somerset Health Overview and
Scrutiny Panel

Comments. There is no word limit on this answer.

Annual Health Check 2007/08

Just to confirm the North Somerset's Health Overview and Scrutiny Panel, at its meeting on 28th February 2008, decided that it did not wish to make any comments regarding the Annual Health Check 2007/08 for North Somerset Primary Care Trust as they considered that they had good regular engagement with the PCT as it attends on a bi monthly basis. The Panel also commented that they felt they had a good relationship with the Trust and were happy with the way in which they worked with the Trust.

Democratic Services Officer

Additional Commentary from the Chief Executive Officer, North Somerset Council

Date: 6 May 2008

Thank you for the opportunity to comment on the PCT's performance against the core Standards for Better Health.

The Council has appreciated the strengthened joint working with the PCT over the past year. We also observe that the PCT has established a strong base from which to do its work and maintain effective relationships with partners. In particular, we have valued the PCT's joint leadership of our public health programme and the major series of projects designed to integrate our work with older people and children and young people. This includes the Partnership for Older People Programme and the Children's Trust programme to create integrated services such as locality teams and an integrated disabled children's team.

We also have a strong integrated service and planning base for our learning disability services which will stand us in good stead for the proposed changes to responsibilities ahead. The PCT has also shown good commitment to our efforts to improve community safety and tackle drug and alcohol misuse.

We have also appreciated the regular presence of the chief executive and his directors at key events such as the North Somerset Partnership Forum, the Corporate Management Team and our "summit" meetings with Executive Members and NHS Board Chairs.

I am glad that we have been able to align our Sustainable Communities Strategy and the Strategic Framework for Improving Health in North Somerset. We very much look forward to continuing to work together for local people in response to our successful Joint Strategic Needs Assessment.

Chief Executive Officer

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