

Webforms Output: Core standards declaration 2007/2008
April 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.

Chief Executive's Statement of Compliance Core Standard Declaration 2007/2008

The Trafford Primary Care Trust identified a lead accountable director together with an identified Trafford Primary Care Trust Committee for implementation and monitoring for each of the Core Standards. A compliance monitoring mechanism has been established for all elements of the Annual Health Check to the Executive Team and Trafford Primary Care Trust Board.

The Trafford Primary Care Trust previously declared insufficient assurance for Core Standards C4c and C9. For this year the Trafford Primary Care Trust declares compliance with Core Standard C9. Considerable progress with Core Standard C4c has been made during the year and the Trafford Primary Care Trust will be able to fully comply with this Standard as from the 1 April 2008.

Each Head of Service within the Trafford Primary Care Trust Provider Services has been responsible for assessing their departments level of compliance with each of the Core Standards and a departmental action plan has been agreed. Each lead Director has undertaken an organisational self-assessment for each of the Standards. The findings of the self-assessment process have been reported in compliance reports to the Trafford Primary Care Trusts Integrated Governance Committee. Progress reports have been presented to the Overview and Scrutiny Committee of the Trafford Metropolitan Borough Council, Patient Public Involvement Forum and Trafford Primary Care Trust Board.

The Trafford Primary Care Trusts Clinical Governance Development Plan has been developed in support to the Trafford Primary Care Trusts Assurance Framework. The Trafford Primary Care Trust has commenced clinical governance monitoring meetings with its main NHS providers of commissioned services. The agendas have included elements of the Standards for Better Health and the Hygiene Code.

The Executive Director Team of the Trafford Primary Care Trust arranged meetings with the Trafford Metropolitan Borough Council Overview and Scrutiny Committee and the Patient and Public Involvement Forum on 17 January and 5 March 2008. Both Organisations attended the January meeting but the Patient Public Involvement Forum indicated that they did not wish to attend in March. The meeting included a presentation on how the Trafford Primary Care Trust was meeting the requirements of the Hygiene Code of Practice for healthcare associated infections. The presentation included at the request of the Patient Public Involvement Forum Chair an explanation on how the Trafford Primary Care Trust was meeting Core Standard C7. In addition the Chair of the Trafford Metropolitan Borough Council Overview and Scrutiny Committee requested that the Trafford Primary Care Trust undertook a presentation on Core Standard C6.

The Trafford Primary Care Trust invited the Chair of both the Trafford Metropolitan Borough Council Overview and Scrutiny Committee and Patient Public Involvement Forum to the March Board where the declaration for 2007/2008 was made. The comments from the Trafford Metropolitan Borough Council Overview & Scrutiny Committee were received by the Trafford Primary Care Trust Board and have been incorporated verbatim into the Declaration. The Trafford Patient Public Involvement Forum decided to submit their comments directly to the Chief Executive of the Healthcare Commission and were not provided by the Forum to the Trafford Primary Care Trust Board. A copy of the comments that were directly submitted to the Healthcare Commission was received by the Trafford Primary Care Trust on 31st March 2008. These comments have been incorporated verbatim into the Declaration.

Trafford Primary Care Trust disagrees with the comments made by Trafford Patient Public Involvement Forum on the Annual Health Check because its comments are not supported by real evidence. As in previous years, Trafford Patient Public Involvement Forum has commented on the Trafford Primary Care Trust's submission, which is published as part of the overall declaration. The following provides a summary of the key points where the Trafford Primary Care Trust disagrees:

Engagement

The Trafford Primary Care Trust has engaged extensively with the Patient and Public Involvement Forum throughout 2007/08. The Patient Public Involvement has sat on a range of the Trafford Primary Care Trust's formal decision-making meetings and actively contributed to debate.

Commissioning of Rehabilitation and Respite Beds; Older People's Strategy

The new national approach to commissioning does not require an Older People's Service Modernisation Manager so the Trafford Primary Care Trust is working very closely with social services and voluntary organisations to help further develop services for older people.

Community Services

The Trafford Primary Care Trust has reviewed district nursing to see whether services are effective. An improvement plan has led to there being a smaller number of teams with more team members led by a dedicated team leader.

The criteria for referral to the District Nursing Service and the service provided by them were not altered in any way.

Commissioning Team

The Patient Public Involvement has always had a designated point of contact within the Trafford Primary Care Trust to liaise with the Commission Team. The Trafford Primary Care Trust has also recently appointed a new Director to improve ...

...this further.

Board Meetings

The Trafford Primary Care Trust has always publicised its Board meetings to the public and the Patient Public Involvement Forum have attended Trafford Primary Care Trust Board meetings and have been able to contribute. The Trafford Primary Care Trust's Board only discusses business in a closed part of its meeting where there is a clear justification e.g. when there is commercially sensitive information, and always adheres to the explicit criteria for doing so.

Breast Services Consultation

University Hospital of South Manchester NHS Foundation Trust will provide an expanded range of clinical services including post-operative rehabilitation and psychological support through the Nightingale and Genesis Prevention Centre.

University Hospital of South Manchester NHS Foundation Trust will continue the local specialist Breast Care Nursing Service at Trafford General Hospital, with additional services also based on the Wythenshawe site.

Partnership Arrangements

The Trafford Primary Care Trust believes its relationships with its partners are good and is working hard to improve them further - a designated Director is taking this work forward.

LINKs

Arrangements have been put in place in Trafford by the Metropolitan Borough Council, which has actively worked with the Patient Public Involvement Forum to do so. Matters can be referred to the Trafford Metropolitan Borough Council Overview and Scrutiny Committee until the new LINK is established or transitional arrangements are in place. The Trafford Primary Care Trust will be continuing with a wide range of engagement activities with the public.

Anti-Coagulation Equipment

The Trafford Primary Care Trust has welcomed the involvement of the Patient Public Involvement Forum in the redesign of anti-coagulation services.

The Trafford Primary Care Trust has invested in near patient testing and the community clinics that were agreed have started - more are also planned.

Urology Services

The Trafford Primary Care Trust is committed to the provision of services that are safe and effective. There have been a number of changes to improve prostatic cancer services and current work is focused on ensuring the earliest possible handover of cases following diagnosis.

The Trafford Primary Care Trusts internal auditors have conducted a review of the progress for the monitoring of the Core Standards. The report indicated that the Trafford Primary Care Trust's systems were

1. The Trafford Primary Care Trust has utilised existing assurance mechanisms well by linking the core standards to the Assurance Framework.
2. The process undertaken to review and challenge evidence underpinning the declaration is robust. The Corporate Assurance Framework is utilised to provide an overview of the assurances in respect of the Healthcare Standards.

Sheena H Cumiskey
Chief Executive
Trafford Primary Care Trust

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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

Statement on measures to meet the Hygiene Code

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

Hygiene Code of Practice Statement

Trafford PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.

Specifically the Board can confirm it has the following arrangements and systems in place. C4a Healthcare acquired infections including MRSA

- 1.The Director of Public Health is the nominated Director of Infection Prevention Control.
- 2.A Community Infection Control Nurse post at the PCT.
- 3.Infection Control Group that reports to the Integrated Governance Committee of the PCT Board. (Chaired by the Director of Infection Prevention and Control.)
- 4.Infection control annual reports.
- 5.Infection control audits of community clinical settings.
- 6.Full compliance with the NHS Litigation Authority Level 1B standard for Infection Control.
- 7.Completion of the Essence of Care self assessment toolkit.
- 8.Infection control policies into a manual incorporating, MRSA, hand hygiene, waste policy, antibiotic prescribing, managing outbreaks of diarrhoea and vomiting, sharps policy, decontamination policy.
- 9.Root cause analysis of community acquired MRSA infections.
- 10.Mandatory surveillance reporting of MRSA and Clostridium Difficile to the Infection Control Group on a monthly basis.
- 11.Evidence file documentation against the Hygiene Code statements.

C4C Decontamination of reusable medical devices

Trafford PCT made a decision at the November 2007 Board meeting to move to centralise decontamination to an accredited Sterile Services Department (SSDs) for the Community Dental Service and employ single use instruments for Podiatry to progress towards the PCT obligations under the European Community Directive MDD 93 42 EEC.

The PCT has subsequently agreed to centralise decontamination of instrumentation to an accredited Sterile Services Department (SSDs) for both Community Dentistry and Podiatry which will make the PCT fully compliant with Standard C4c (Decontamination) as from the 1 April 2008.

Abdul Razzaq
Director of Public Director of Infection Prevention and Control

Sheena H Cumiskey
Chief Executive

Leslie Robinson
Chair

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

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

Safety domain - core standards (C1a - C3)

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

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

compliant

not met

insufficient assurance

* 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

- 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

- END OF PAGE -

* 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

Start date of non-compliance or insufficient assurance

01-04-2005

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 PCT has declared that this standard was not met because the PCT was unable to assure obligations under the European Community Directive MDD 93 42 EEC.

The PCT was able to meet all the other obligations for this standard.

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

The PCT made available during 2006/07 130k pounds sterling capital monies for community dental and podiatry services. The money was used to update the existing autoclaves to ensure that they had printers and drainers and also to purchase additional instruments. All GPs undertaking minor surgery moved to single use instrumentation.

Trafford PCT made a decision at the November 2007 Board meeting to move to centralise decontamination to an accredited Sterile Services Department (SSDs) for the Community Dental Service and employ single use instruments for Podiatry to progress towards the PCT obligations under the European Community Directive MDD 93 42 EEC.

The PCT has subsequently agreed to centralise decontamination of instrumentation to an accredited Sterile Services Department (SSDs) for both Community Dentistry and Podiatry which will make the PCT fully compliant with Standard C4c (Decontamination) as from the 1 April 2008.

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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

* 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

* 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

* 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

* 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

* 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

- END OF PAGE -

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

* 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

- END OF PAGE -

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

- 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
-

* 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

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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

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

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

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

- 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	Leslie Robinson	Chair
2	Mrs	Sheena Cumiskey	Chief Executive
3	Mrs	Marjorie Lloyd	Deputy CEO and Director of Finance
4	Mr	Mark Brandreth	Director of Provider Services
5	Mr	Martin Connor	Director of Strategic Commissioning and Performance
6	Dr	Robert Queenborough	Director of Clinical Leadership and Accountable Officer for Controlled Drugs
7	Mr	Abdul Razzaq	Director of Public Health and Director of Infection Prevention and Control
8	Mrs	Gina Lawrence	Associate Director of Commissioning
9	Mrs	Claire Scrafton	Associate Director of Human Resources
10	Mrs	Akilah Akinola	Non Executive Director
11	Mr	Timothy Barlow	Non Executive Director
12	Dr	Malcolm Clarke	Non Executive Director
13	Mr	Paul Connellan	Non Executive Director
14	Mr	Robert Galley	Non Executive Director
15	Dr	Priscilla Nkwenti	Non Executive Director
16	Miss	Barbara Rimmer	Non Executive Director
17			
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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

NHS North West Strategic Health
Authority

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

Trust name: TRAFFORD PRIMARY CARE TRUST

The SHA has reviewed the patient safety and quality core standards action plans and performance management information and is able to comment on the following standards.

Domain: Safety

Standards SHA Commentary

C1a (SUIs) The PCT reports Serious Untoward Incidents to the SHA through the StEIS / UNIFY Serious Untoward Incident reporting system. The PCT has a policy and system in place to report and investigate Serious Untoward Incidents which occur within its provider services.

During 2008 the SHA will handover to PCTs the responsibility for performance managing Serious Untoward Incidents which occur in NHS provider organisations. The PCT is an early adopter site for this handover and is currently developing systems and processes within its commissioning service in order to undertake this role.

C4a (HCAI) The PCT has assessed themselves against the 11 duties of the Hygiene Code and has an action plan in place.

The PCT has supported the deep clean programme within their main provider trust.

Domain: Governance

Standards SHA Commentary

C7 - 12

A Records Management action plan is in place and completed by target dates. There are systems in place to report on Information Governance to the Board via Integrated Governance Committee.

Domain: Public Health

Standard SHA Commentary

C24 (Emergency Planning) The organisation has a Pandemic Influenza Preparedness plan in place.

Domain: Patient Focus

Standards SHA Commentary

C13 - 17 The PCT has demonstrated their commitment to using patient engagement to drive service improvement through collaborative working with a social enterprise company Patient Opinion.

All Domains SHA Commentary

Core Standards Action Plan

C4c, 9 The SHA has reviewed the action plans for these core standards and has been given assurance the plans have been completed by the target dates.

This year's commentary reflects the SHA's risk based approach to improving safety and quality. Our priorities have been compliance with the hygiene code, standards that have been qualified by the Healthcare Commission and/or standards where there has been a lack of assurance for two consecutive years. The SHA looks forward to working with NHS Trusts and PCTs to ensure that we are improving the quality and safety of patient services and providing world class care.

Mike Farrar Chief Executive

NHS North West SHA

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

Trafford Patient and Public Involvement
Forum

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

TRAFFORD PPI FORUM'S RESPONSE TO THE HCC'S STANDARDS for BETTER HEALTH ANNUAL HEALTHCHECK - 2007/8 - PRIMARY CARE TRUST

Throughout the year, the level of engagement with the Primary Care Trust in Trafford has been less than ideal, although Forum members were attending committees they were not always made aware of new issues on the horizon, ongoing internal reconfiguration of the PCT was cited in this lack of Forum engagement, in addition, the Forum has been kept very effectively on the outside of the PCT's Provider Unit and Commissioning Strategy, where repeated requests for Forum involvement continued to be ignored despite member's attempts to invest in increased growth in those working relationships. This has proved to be a particular problem with the PCT's present commissioning of in borough rehabilitation & respite beds, as, following the Forum's analysis of the latest Health Needs Assessment and recent Utilisation Review Reports, has revealed the PCT's present level of commissioning fails to meet current need and does nothing to address future levels of need in an ageing Trafford population. Additionally, the Forum has had no opportunity to feedback concerns about the recent review undertaken by the PCT into district nursing services, received from district nurses and service users alike, who report that service delivery to some of the most vulnerable members of the community - the house-bound - has been compromised.

Furthermore, the Forum continues to be concerned about the ongoing lack of involvement and monitoring in the development of the Older Peoples Strategy and notes with unease, following the departure of the Older People's Service Modernisation Manager, there has been no notification that the post has been filled. The Forum's involvement in the Community Hospitals Bid has been effectively marginalised during the review period too, with conflicting advice from the PCT regarding their wishes for dissemination of the proposals into the community, as the imposed timescale seemingly prevents them from further developing its own consultation and it appears there is a caveat that allows section 11 to be overridden. The Forum is for that reason somewhat bemused and therefore not persuaded that the PCT has the expertise, or perhaps the enthusiasm, to conduct meaningful community engagement, we are unconvinced that the implications and strengthening of Section 11 into Section 242/3 is high enough on the PCT's agenda.

The Forum is further concerned about the PCT's partnership working - it is recognised that Trafford has a range and variety of challenging in-borough health issues - it is essential therefore, that the PCT conducts itself in an open and transparent manner with reference to the community, it is simply no longer acceptable for them to attempt to cloak matters of public concern in secrecy, under the banner of 'part 2' of a board meeting, on the premise of commercially sensitivity and to attempt to justify this as in some way being, 'in the public interest'. We also note with disquiet that the public are not made sufficiently aware of their right to attend such board meetings.

There have been ongoing problems, for some considerable time (a number of years in fact), with the placement into the community of anti coagulation equipment, purchased and provided by public funding, yet despite the Forum's exhaustive attempts to seek satisfactory resolution with the PCT, the matter remains unsettled at this time.

Bringing us up to date, the Forum notes with regret that the PCT felt unable to meet and discuss the Forum's in depth research conclusions that makes obvious the provision of treatment commissioned by the PCT for Urology Services available to Trafford patients is falling short of both national and comparator PCT standards and expectations, consequently, Trafford patients are being disadvantaged.

The findings and recommendations of the Baker Report (Breast Cancer Services in Trafford & North Manchester: an investigation into the circumstances surrounding a serious clinical incident in symptomatic breast services) remain of crucial interest to the Forum.

The Forum would like to remind the PCT (including the Acute Trust & North West NHS) of undertakings previously given by them that the Forum would be involved in both:-

- o The internal review process aimed at ensuring that best practice was now being applied and that the interim arrangements are functioning satisfactorily and
- o The review of breast cancer services to be undertaken by the Cancer Network.

The Forum found itself in a position where it was unable to sign up to agreement to the consultation document, finding it unfit for purpose and referred the matter to North-West NHS. Sadly, the matter currently remains in disarray, compounded by the fact that there is no clear direction or apparent decision made on what service provision will be delivered at what facility.

Finally, the Forum has a continuing concern that partnership arrangements between the Acute and Primary Care Trust's and the Local Authority remain underdeveloped in both the planning and provision of health and social care services, all 3 partner organisations must adopt a unified approach when petitioning central government for funding of services.

In summary, looking back over the review period, it has been hard work for the Forum to gain the level of involvement with the Primary Care Trust that it desired within legislated function, uncertainty over the future of Forums has undoubtedly been a diluting factor in this process. Nevertheless, the Forum has worked unceasingly to fulfil its statutory role to improve the provision and delivery of services that meets the need of Trafford patients, however, this has been against a constant backdrop of personnel change within the PCT, (they ...

...have had no less than 6 PPI leads). This lack of continuity has made it easy for the PCT to abrogate responsibility for promises unfulfilled and with the imminent abolishing of PPI Forums, there is nothing yet in place to build on our work, or independently scrutinise the nhs in Trafford.

Trafford PPI Forum
March 2008

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

Trafford Safeguarding Board

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

Chris Pratt
Corporate Director
Trafford Children and Young People's Service
Trafford Town Hall
Talbot Road
Stretford
Greater Manchester M32 0TH
Telephone 0161 912 1901
Fax 0161 912 4199
EMail chris.pratt@trafford.gov.uk
Website www.cyps.org.uk

Val Barrow
Team Administrator
Clinical Leadership Directorate
Trafford PCT
2nd Floor
Oakland House
Talbot Road
Old Trafford
Manchester
M16 0PQ

Date 13 April 2008

Dear Val

STANDARDS FOR BETTER HEALTH DECLARATION

I understand that as part of your Trust's Standards for Better Health Declaration, you would like me to comment on the Trust's performance in relation to the Trafford Safeguarding Children Board. I am pleased to say that Trafford Primary Care Trust (PCT) has excellent safeguarding procedures and practice, which are compliant with the recommendations of the Laming Report, and that the PCT is an active and leading member of the Trafford Safeguarding Children Board. In these respects Trafford PCT:

- o is represented on the Trafford Safeguarding Children Board by its Medical Director, Dr. Rob Queenborough and Dr. Lisa Davies, Public Health Consultant, and by the Corporate Director and the four Directors of Trafford Children and Young People's Service who are all joint appointments of the Healthcare Trust, PCT and Council;
- o is a member of the Trafford Safeguarding Children Board with excellent attendance at Board and Committee meetings; and
- o has provided the leadership in establishing and running Trafford's Child Death Overview Panel. This is ably chaired by Lisa Davies and was created well in advance of the statutory deadline.

In conclusion I can confirm that Trafford PCT is compliant with the recommendations of the Laming Report and 'Working Together' guidance and standard C2, Organisations protect children by following national child protection guidance within their own activities and in their dealing with other organisations.

Yours sincerely

Chris Pratt
Corporate Director
Trafford Children and Young People's Service
Chair of Trafford Safeguarding Children 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

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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

Trafford Metropolitan Borough Council
Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Overview and Scrutiny

Ground Floor Extension
Trafford Town Hall
Talbot Road
Stretford
M32 0TH Telephone: 0161 912 1247
Fax: 0161 912 1277
Email: Elaine.fisher@trafford.gov.uk
Minicom: 0161 912 2012
When phoning ask for:
Elaine Fisher
Fax: 0161 912 1277
The Trafford Primary Care Trust Board
Our ref:
Your ref:
Date: 20 March 2008

Dear Colleague

ANNUAL HEALTH CHECK 2007/8

The committee thank the Primary Care Trust for the information provided at the meetings with representatives from the committee on 17 January 2008 and 5 March 2008 and for the time taken to provide clarification on the matters raised by the committee representatives and the Trafford Patient and Public Involvement Forum.

The committee understands the reason why the Trust is declaring insufficient assurance for the criteria C4c in relation to the decontamination of all reusable medical devices and notes the actions the Trust is taking. It understands it will be able to declare that it fully meets this standard next year.

On the basis of the information provided the committee has no evidence to indicate any areas of concern within the Trust's submission for 2007/8.

The committee feels improvement has been made in relation to involvement and engagement of overview and scrutiny in the Trust's development plans during the last 12 months and see this as something to be developed further in the coming year. In relation to the consultation on the location of breast care services, the committee felt the Trust made every effort to involve the committee in its proposals. It was however, disappointed it was not given the opportunity give feedback on the breast care consultation document prior to the document being finalised. The committee believes it could have added real value to the process at this point. More recent discussion with the Trust has indicated this was an oversight due to changes in personnel at the Trust.

The Trust has affirmed its commitment to involving overview and scrutiny more fully in consultation proposals.

In relation to the Annual Health Check Submission for next year the committee would like to develop an approach that looks in detail at outcomes for patients in relation to one or two of the standards. We look forward to discussing with the Trust how this can be achieved.

Yours sincerely

Councillor Judith Lloyd
Chairman Health Overview and Scrutiny Committee

- 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