

# Core standards assessment final declaration



Reference: CSA92279  
Date: 03/05/2006

## Trust self-declaration:

Organisation Name	Darlington PCT
Organisation Code:	5J9

## Please supply the following information:

General statement of compliance	<p>A comprehensive baseline assessment against core standards has been undertaken within Darlington Primary Care Trust and other than the one area identified as having insufficient assurance, the Board has reasonable assurance that there have been no significant lapses in meeting core standards within the 2005/06 financial year.</p> <p>The PCT has taken all reasonable steps in ensuring independent contractors are working towards compliance with the 24 core standards.</p> <p>This declaration has been reached through consideration of the evidence of the assurances received by the Board and by the systems of internal and external control in place.</p>
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## Please indicate your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant

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C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with	Compliant

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	each other and social care organisations to ensure that patients' individual needs are properly managed and met.	
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Please indicate your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Insufficient assurance
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant

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C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

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

**Standards C7f and C19 are picked up through our assessment of existing targets. Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.**

Please complete the details below for standard C9 for which you indicated your trust does not comply, or that you have insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	31/03/2007
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	<p>The PCT has assessed itself against the obtaining, recording, using and sharing of information using the NHSIA (Connecting for Health) toolkit to formulate an action plan for implementation. The PCT has clearly defined Board responsibility and lines of accountability throughout the organisation for information governance.</p> <p>Although the PCT has in place a records management policy, no records audit has been undertaken and active implementation needs to take place.</p> <p>Staff are aware of Information Governance and there is a system to manage breaches of information governance and we have begun the</p>

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	process of developing action plans for general practice.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	An Information Governance Action Plan is in place and includes areas concerning records management. Action Plans for general practice are in development.

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary	Compliant

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	requirements are met, including any necessary help with feeding and access to food 24 hours a day.	
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

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

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

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

**Standards C7f and C19 are picked up through our assessment of existing targets  
Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.**

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

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

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Please indicate 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 C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	Compliant
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

**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. There is no requirement for a paper copy of the final declaration to be signed and returned to the Healthcare Commission.**

**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:**

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

**any commentaries provided by specified third parties have been reproduced verbatim. 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**

Please state how many individual(s) will be signing off the declaration (maximum of 30):

Number of signatories	15
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Electronic sign off – details of individual(s)

	Title	Full name	Job title
	Mrs	Sandra Pollard	Trust Chair
	Mr	Colin Morris	Chief Executive
	Mrs	Carol Charlton	PEC Chair
	Mrs	Linda Bailes	PEC Board Nurse Representative
	Mr	Peter Chrisp	Director of Finance & Corporate Services
	Mrs	Hilary Clarkson	PEC Nurse Representative
	Dr	Maureen Crawford	Director of Public Health
	Mr	Bill Dixon	Non-Executive Director
	Mr	Tom Stebbings	Non-Executive Director
	Mr	Stephen Wright	Non-Executive Director
	Mrs	Yvonne Cherrington	Non-Executive Director
	Mrs	Angela Gill	PEC Nurse Representative
	Mrs	Carole Harder	Director of Primary Care
	Mr	Paul Steward	Director of Planning & Performance
	Dr	Hilton Dixon	Medical Director

Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.

Strategic health	County Durham & Tees Valley Strategic Health Authority
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<p>authority commentary</p>	<p>SHA Commentary for the Final Healthcare Commission Health Check Declaration</p> <p>Darlington PCT</p> <p>The role of the Strategic Health Authority (SHA) as the local headquarters for the NHS includes performance managing the local NHS organisations so that national standards and targets and local priorities are achieved. County Durham and Tees Valley SHA has an agreed method of performance management which is built on organisations achieving standards and targets. The SHA does not performance manage organisations on each core standard. The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements. The following are the specific standards the SHA is able to comment upon:-</p> <p>C1 – systems are in place to identify and learn from all patient safety incidents. Systems are in place to action all patient safety notices.</p> <p>C2 – measures in place to ensure compliance.</p> <p>C6 – effective partnerships in place as evidenced through joint working and the mental health autumn assessments; and local strategic partnerships.</p> <p>C7a – Clinical governance systems are in place.</p> <p>C7c – controls assurance systems comply with national guidance.</p> <p>C7e – evidence of good progress made in year to promote race equality together with production of relevant documentation supported by actions plans and timescales. Progress is also being made on the wider equality and diversity agenda, with plans in place to implement a Disability Equality Scheme.</p> <p>C10a – measures in place to ensure compliance.</p> <p>C22 – the PCT, together with their local condition-specific networks and partner provider trusts has some systematic and managed disease prevention and health promotion programmes.</p> <p>C23 – tobacco control and smoking cessation are effectively covered. The PCT has Stop Smoking services in place, stretching local targets for expansion and has also collaborated in becoming a commissioned provider of tobacco control action beyond smoking cessation.</p> <p>The PCT is an early adopter for Health Trainer implementation and has made a significant investment in exercise related initiatives.</p> <p>The PCT is actively involved with the local Drug Action Team.</p> <p>GUM services have improved in recent years and continue to be developed.</p> <p>Action on the National Service Frameworks has been good.</p> <p>C24 – the PCT has plans in place for managing major incidents and</p>
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	<p>emergency situations. These are audited regularly on behalf of the SHA by the Regional Health Emergency Planning Advisor. Desktop exercises and occasional practical rehearsals of their plans take place. Collaboration on these issues is excellent, with open sharing of plans, learning and participation in exercises.</p> <p>Carole Langrick Director of Planning and Performance</p>
<p>Patient and public involvement forum commentary</p>	<p>Darlington Patient and Public Involvement Forum</p> <p>The Forum has been meeting for nearly two years and has a mix of old and new members with a high percentage of members who are at work during the day.</p> <p>The Annual Report and Work Plan were presented to the PCT Board on 16th June 2005.</p> <p>The Forum identified the following seven projects for the year 2005/6: -</p> <ol style="list-style-type: none"> <li>1. Patient experience of reception services in GP practices</li> <li>2. Exploration of how patients are allocated to GP practices when they move into the area, or if they wish to change their practice</li> <li>3. Information about dental services</li> <li>4. Out of Hours Service</li> <li>5. Primary Care Walk in Centre</li> <li>6. Development of Services for Older People</li> <li>7. Choosing Health Action Plan</li> </ol> <p>In addition to the projects it was decided that contact with patients and public should be sought by: -</p> <ul style="list-style-type: none"> <li>· Patient Surveys</li> <li>· Ascertaining the views of working people on local health issues and services</li> <li>· Raising awareness of PPIF.</li> </ul> <p>As we are only half way through the year the projects are at different stages. We are not able to comment on Projects 1, 2 and 7 at this time.</p> <p>Fourth Domain: Patient Focus 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.</p> <p>Project 3 Information About Dental Services. A Forum Member has had an informal meeting with the Public Partnership Facilitator to progress this project which looks at finding out what public information is available about the provision of dental services in terms of NHS or private, waiting times for treatments and access issues. The Forum proposing to work with the PCT to develop more comprehensive information that is easily accessible to the public.</p> <p>Fourth Domain: Patient Focus 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</p>

appropriate, inform patients on what to expect during treatment, care and after care  
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.  
C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.  
C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Project 4 - Out of Hours Service. This project involved providing a report to the PCT about the work the PPIF has carried out so far, requesting information about their evaluation of the service and holding a Public Meeting involving PCT and Primecare.

Forum members have been to talk to 18 community groups. Only three people completed the survey, as they were the only people to have used the service. The majority of the people addressed were not aware of the existence of the service.

A report was produced and sent to the PCT on 17 May 2005. No response was received from the PCT.

The following items are based on this piece of work: -

An Out of Hours survey was produced in conjunction with the PALS Manager at this time. It was agreed that this survey would also be used by the PCT as part of their Out of Hours Service feedback plan.

Before completing this work, it was felt that visits to both the Urgent Care Centre and Primecare Call Centre would be beneficial and this request was made in writing on 16th September 2004. At the time of the report (May 2005) no visits had been organised. A visit to the Call Centre would still be welcome but the forum member has had cause to use the Urgent Care Centre and feels that visit is no longer required.

In addition to completing surveys, 50 organisations were written to in the Darlington area selected from the CVS Directory. Eighteen organisations have responded and the forum has attended meetings to talk about the Out of Hours Service. Limited numbers of surveys have been completed, as the large majority of people have not used the service.

When the PPIF raised concerns and made suggestions about the advertising of the service to visually impaired people, the Forum was invited to attend a meeting to discuss the production of new information about Out of Hours.

At a talk given to the Town Women's Guild in February, no one had used the service but the Guild expressed concerns in response to the information given out. The feedback was passed on to the PCT with an offer that any response from the PCT would be forwarded to the group. At the time of the report (May 2005), no reply had been received other than a letter dated 21 March stating that a response would be provided as soon as possible.

Main issues arising from conducting the evaluation: -

1. There appears to be a high level of satisfaction with the service from the view of people who have used it. The main areas for improvement appear to be about accessing the service.
2. It would appear that a significant number of people contacting Primecare do so to gain reassurance from discussing their health condition. It may be more appropriate for such people to use NHS Direct.
3. A large majority of people spoken to did not know of the new service. Although the PCT initially provided information direct to the public by delivery to homes, it would appear that little notice was taken of it.
4. Most people, who have used the service, wrongly assumed that on first contacting Primecare they had spoken to a doctor.
5. Transport issues were prominent in comments made. People are urged to make their own way to the Urgent Care Centre. There was a lack of awareness that Project 4 Out of Hours Service cont.
6. Patients can request transport from Primecare and one respondent did not use the service due to concern about getting home afterwards. It would appear that patients are not actively being told that transport is available if needed.
7. Potential areas for patient dissatisfaction can arise when the perceptions of a patient or carer differ from that of the health professional at the end of the phone.

The process of talking to community organisations has been very time consuming. Whilst it is of great importance that the public receive information about the Out of Hours service on a continuing basis it is felt that this should be the responsibility of the PCT.

Responses were requested from the PCT regarding the following: -

1. A Visit to the Call Centre
2. What actions the PCT have taken to advertise the service to visually impaired people
3. Whether any public information about the service has been produced since the meeting in January 2005
4. What plans have the PCT made to continue providing information to the public about the Out of Hours service
5. A response to the issues raised by the Town Women's Guild
6. What has the PCT done to evaluate the service since October 2004
7. Whether it could be arranged for representatives from Primecare and the PCT to attend a PPIF meeting on the 19 July

The Trust's Response. When there was no response from the PCT within the required timescale of 20 working days, the matter was pursued and an email addressing some of the issues received on the 5th July 2005. A meeting followed this with the appropriate manager on 29th July 2005 to discuss issues relating to the Out of Hours Report and ways of working together on evaluating the Out of Hours service in the future.

At this meeting, the PCT said they would organise a visit for PPIF members to the call centre (a request initially made in Sept 04), but due to sensitive renegotiations regarding their contract with Primecare, the

visit should not take place until September 05. At the time of this declaration, the visit is yet to be organised.

Regarding the issue of advertising the service specifically to people with visual impairments, the PCT agreed to look into articles in the Talking Newspaper and 4 Sight. Having contacted 4 Sight recently, the PPIF were informed that an article about the service had gone into a recent issue.

Some more public information has been produced since the meeting in January and it was felt that this was of good quality.

It was agreed that the PCT's Public Partnership Facilitator should approach the Town Women's Guild with the offer of attending a meeting to discuss the service and concerns raised. The Public Partnership Facilitator has confirmed that arrangements have been made for her to attend a Town Women's Guild meeting.

A report on the PCT's evaluation of the service came to the PPIF's attention when a member attended a Health and Social Affairs Scrutiny Committee meeting in July 2005, where the report was on the agenda. The PPIF felt that the PCT should have sent them a copy of the report when it was produced in April 2005 and that if the PCT had worked more closely with the PPIF the information in the PPIF report could have fed into it rather than it being a separate entity.

A date of the 1st November 2005 has been set for a public meeting regarding Out of Hours. The appropriate manager from the PCT has agreed to attend but in August 2005, the PPIF also wrote to the PCT asking them to arrange for a representative from Primecare to attend. At the time of this report, no reply about this matter has been received from the PCT.

Future strategies for working together were discussed and the PCT said they were setting up a steering group and felt that it should include a member of the Forum, suggesting future evaluation by the PPIF could be conducted on a joint basis with the PCT within the steering group. At the time of this report, no further details on the Steering Group have been received by the PPIF.

First domain: SafetyC1

Healthcare organisations protect patients through systems that:(b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within agreed timescales

Fourth Domain: Patient FocusC13

Healthcare organisations have systems in place to ensure that:(a) staff treat patients, their relatives and carers with dignity and respect

C14 Healthcare organisations have systems in place to ensure patients, their relatives and carers:(c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

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

Fifth Domain: Accessible and responsive care  
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services  
C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably  
C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services

Sixth domain: Care environment and amenities  
C20 Healthcare organisations are provided in environments which promote effective care and optimise health outcomes by being:(a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation  
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

Seventh domain: Public health  
C22 healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by: (a) cooperating with each other and with local authorities and other organisations

During the 6 month period relevant to this report, the project involved the following: -

- PPIF members attending Steering Group meetings for the Walk In Centre operated by the PCT
- A sub group of PPIF members visiting the Walk In Centre (a new service launched in January 2005) on a pre arranged but unannounced basis. 11 such visits were made between March 25th and April 17th 2005 with one hours notice given. The purpose of the visits was to complete a patient survey with those waiting to use the survey and to observe how the reception and waiting area was operating
- PPIF sub group members conducting follow on visits to see what changes were being implemented as a result of the report.

Steering Group meetings.  
A member of the Forum attends the monthly meeting of the Walk in Centre Steering Committee. PCT officials, representatives from A & E at the local Acute Hospital and representation from local GP practices attend this. The Matron generally gives a breakdown of patient attendance, medicines used, the state of the IT provision and its affect on the working of the Centre. She also gives an update on charges and expenditure and staff levels and training. The Forum member is fully integrated into any discussion that arises in the meeting and they answer any questions.

Visits  
Prior to the visits, a questionnaire was developed by sub group members to conduct with patients using the service during the visits. The questionnaire consisted of 8 questions covering how patients got to the centre, how they experienced the reception, their views on information available, how long they had waited and their perceptions of the

treatment received. It also included the opportunity for patients to comment and make suggestions.

A meeting then took place with the staff of the Walk In Centre to explain what the PPIF intended and to discuss how the visits should be conducted.

During the visits, which totalled 31 hours of time, 210 patients completed the questionnaire and a range of issues were noted from the observations of PPIF sub groups members conducting the visits.

Following the visits, another meeting with the staff took place to share a draft version of a report that highlighted the results of the patient survey and what the PPIF members had observed. Feedback provided by the PCT at this meeting was included in the final version of the report as an appendix.

The report was sent to the PCT on 20th July 05, a response was received on Tuesday 30th August, 5 days outside the required timescale of 20 working days. The report discussed the following: -

- Feedback from patients was overwhelmingly positive with comments along the line of "Wonderful", "Couldn't be better" & "Excellent service", 39 patients expressed further comments and suggestions
- A number of teething problems identified regarding such issues as the call system for patients, "house keeping" procedures and routines, internal and external sign posting, health and safety etc.
- Recommendations from the PPIF that the PCT consult with the PPIF at an early stage in the development of this service or any new services so potential problems can be ironed out, that more attention be paid to housekeeping aspect of running the service, that the 2 screens in the waiting area be put to better use, health and safety issues in relation to fires should receive further consideration and that there be no breaks by all staff to the service provided to the patient.

The response from the PCT stated: -

- The walk in staff did not feel that their feedback at the post visit meeting had been reflected in a full and objective manner.
- That many of the suggestions and recommendations in the report had been responded to and changes implemented (a list of which were attached to the report)
- That the work of the PPIF would inform the process by which the PCT would continue to monitor the service
- That the Walk In centre staff had shown commitment and willingness to work with the PPIF and that the PCT embraced the work that had been undertaken by the PPIF.

Follow on visits

The PPIF sub group have continued to monitor this service. It is evident from these visits that many of the recommendations from the report have been actioned. At the time of this report over 22000 people have visited the Walk In Centre and there seems to be a very high level of customer satisfaction.

There will be on going pre-announced visits throughout 2005 and a year after our first report there will be an update on the Walk In Centre's first year of operation.

Fifth Domain: Accessible and responsive care  
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services  
C20 Healthcare organisations are provided in environments which promote effective care and optimise health outcomes by being:(a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation  
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

Project 6 Development of Services for Older People  
The PPIF are represented at PCT steering groups meetings for the Park Place and Hundens Lane developments. The Forum member has been involved from the beginning and during planning stages. NHS staff that will be working in the new developments have been consulted at all stages as to what is needed.

However, other than the PPIF being involved in the Steering Group and a survey carried out regarding podiatry services, the PPIF were not aware of any other public involvement regarding the development of these services. The PCT are endeavouring to set up steering groups where the public can be involved.

The Forum is also represented at PCT steering group about fall prevention.

Third domain: Governance  
C7 Healthcare organisations:(a) apply the principles of sound clinical and corporate governance

Fourth domain: Patient Focus  
C14 Healthcare organisations have systems in place to ensure patients, their relatives and carers:(c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

Fifth domain: Accessible and responsive care  
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

Other Forum Activities  
The Forum attended the Darlington Carnival and carried out a survey about PCT Services and Health Issues in the Darlington area. A report was produced and sent to the Public Partnerships Facilitator who sent a letter of thanks and commented on how she could use the information provided.

Presentations on Out of Hours and the Walk in Centre have been made at the PEC/ PCT Board Meeting in addition to the presentation of the Forum Annual Report and Work Plan.

One member of the Forum attends the PCT Board Meetings and after initially feeling very much on the fringes of the meeting, the PCT have

	<p>taken steps to involve her more fully.</p> <p>A PALS link has been established but has not proved fruitful at this stage. After an initial meeting with the PALS officer, where ways of working together were discussed and actions identified, little further contact has taken place, giving the impression that the PCT are not proactively engaging in this agenda.</p> <p>A Public Involvement Committee is being set up and the PCT have arranged for the meetings to be on an evening so a PPIF member who is working can attend. At this stage the PPIF feel that the Public Involvement Committee is not constituted correctly to ensure that the patient voice is adequately represented at present. This opinion has been recognised by the PCT and they are looking at ways to ensure a wider range of patient involvement.</p> <p>Seventh domain: Public health C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSF's) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections</p> <p>Third domain: Governance C7 Healthcare organisations:(b) actively support all employees to promote openness, honesty, probity, accountability and the economic, efficient and effective use of resources</p> <p>Fifth domain: Accessible and responsive care C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p> <p>The forum raised concerns about cases of MRSA in the community going unreported by sending a letter to the Chief Executive. A reply was received with which the PPIF was not entirely satisfied but decided to take no further action because many other health groups and organisations already focusing on the issue of MRSA.</p> <p>The PCT has regularly approached the PPIF with offers to join steering groups and committees. A few of these invitations have been turned down as it is viewed as not always being the best use of Forum member's time and the meetings are frequently during the day when a substantial number of members are at work. Additionally, there has been some hesitation, as the PPIF have wanted to avoid being the only source of public consultation on a matter. The PCT has offered to give talks and presentations to the PPIF on a range of subjects and have always responded to requests for presentations from the PPIF. The Director of Public Health and the Public Partnership Facilitator have attended meetings regularly to provide an update on PCT activities relevant to their roles.</p> <p>The Joint Commissioning Meeting invited 2 forum members to participate. While this is a positive step, the discussions at the meeting are not always conducted in a manner that is inclusive of lay people for example by providing a more simple explanation of technical issues.</p> <p>The PPIF have experienced difficulty on several occasions with the PCT</p>
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## Core standards assessment final declaration

	<p>responding to formal reports and requests for information. The 20-day timescale stated in the regulations has been ignored on a number of occasions after which the PPIF have been left in a position of having to chase up unresolved issue or requests.</p> <p>This situation has improved to some extent by the appointment of a Public Partnership Facilitator who has made a lot of effort to resolve some of these difficulties and has taken an active interest in the work of the PPIF. The Public Partnership Facilitator has provided information relevant to the PPIF's work plan, has taken action to enable the smooth running of PPIF visits, has meet with several PPIF members to assist them with progressing PPIF projects and appears keen to engage the PPIF in the consultation agenda.</p>
<p>How many overview and scrutiny committees will be commentating on your trust?</p>	<p>1</p>

**Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.**

### Overview and scrutiny committee 1 - commentary

<p>Overview and scrutiny committee commentary</p>	<p>Please find enclosed Darlington Social Affairs and Health Scrutiny Committee's comments for inclusion in the PCT's declaration of compliance to the Healthcare Commission in respect of the Annual Health Check.</p> <p>The comments relate to the following domains and standards and are based on the issues considered and evidence gathered as part of the Committee's Review Groups and ongoing work programme over the Municipal Year 2005/06:</p> <ul style="list-style-type: none"> <li>· SAFETY - C4(a)</li> <li>· GOVERNANCE - C10</li> <li>· ACCESSIVE AND RESPONSIVE CARE – C17</li> <li>· PUBLIC HEALTH – C22(a), C22(c) and C23</li> </ul> <p>On behalf of the Committee, may I also take this opportunity to thank the PCT for its ongoing support and interaction with the health Scrutiny process. Members look forward to working with your organisation over the coming year and adding value to the Annual Health Check.</p> <p>ANNUAL HEALTH CHECK</p> <p>DARLINGTON BOROUGH COUNCIL SOCIAL AFFAIRS AND HEALTH SCRUTINY COMMITTEE - COMMENTS FOR DARLINGTON PCT</p> <p>SAFETY C4(a) Infection Control</p> <p>The Scrutiny Committee has met with the Director of Public Health and the Consultant in Communicable Disease Control from County Durham</p>
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and Tees Valley Health Protection Unit to discuss the management and control of infection in care homes in Darlington.

The Committee felt that there was a need for more robust procedures for the recording and surveillance of wound infections and that an associated performance should be introduced on a National level. The Committee did however, acknowledge that this would have significant resource implications and would require the co-operation of all independent sector care homes.

#### GOVERNANCE

##### C10(a) Employment Checks

###### CRB Checks in the NHS Task and Finish Review Group

A Review Group was established to look at CRB check guidance to the NHS; annual costs; levels of disclosure; and re-checking procedures adopted by each Trust relevant to Darlington. Through its investigations the Group highlighted some variations across the four Trusts in respect of the posts for which an Enhanced check is undertaken; the existence of a rolling programme of checks; and the practice of checking staff appointed prior to the introduction of CRB in 2002.

The Scrutiny Committee has made four good practice recommendations, although is happy that all Trusts comply with the Guidance in respect of CRB Disclosures and recognises that the guidance is open to a degree of interpretation in applying its principles. The Committee would like to extend its thanks to the PCT for its assistance and co-operation in undertaking this Review.

#### ACCESSIVE AND RESPONSIVE CARE

##### C17 Patient Involvement

###### Greenbank Unit Consultation

The Committee welcomed being approached by the PCT and Priority Services Trust, prior to undertaking its consultation on the re-provision of services at the Greenbank Unit in Darlington. The support of the Committee was given to the consultation proposals and Members are happy that the views of patients, their carers and the staff affected will be valued when planning the future of this service.

#### PUBLIC HEALTH

##### C22(a) Joint Work to Reduce Inequalities

##### C22(c) Contribution to Local Partnerships

###### Darlington: A Breastfeeding Friendly Town

This project was established and led by the Scrutiny Committee to look at the issues contributing to the low uptake and continuation of breastfeeding in Darlington and consulted with and made recommendations applicable to both public and private sector partners including the PCT.

The Director of Public Health and Head of Health Improvement have been instrumental in contributing to and supporting the work of this Review and have been involved in showcasing the findings of the project at a national level. The PCT's representation on Darlington's Local

Strategic Partnership (LSP) has also assisted the Scrutiny Committee in raising the profile of this project locally.

The PCT has stated its commitment to the recommendations and has identified organisational leads in developing an Action Plan and Breastfeeding Strategy for Darlington. The Committee feels that this has been an excellent example of joint working to reduce health inequalities in terms of infant nutrition and demonstrates the PCT's key role and contribution to the LSP, both at Board level and in Chairing the Health Improvement and Social Inclusion Themed Group.

#### Transport for Health Partnership

The Scrutiny Committee has looked at the work of the Transport for Health Partnership across County Durham and Darlington. It is pleasing to report that the Council's second Local Transport Plan includes a health impact assessment and that a Framework Accessibility Strategy has also been developed in consultation with the PCT.

The opening of the Walk-in Centre in 2005 has improved access to health services for residents through a no appointment approach to health care services, longer opening hours, and the development of a number of specialist clinics on site. Again, the Committee feels that this is a good example of cross-organisation and cross-boundary working.

#### C23 Health Promotion

##### Obesity in Children Task and Finish Review Group

This Group was established in partnership with the Lifelong Learning Scrutiny Committee to determine the current position regarding childhood obesity in the Borough. The actual levels of child obesity in Darlington were not able to be determined by the Group as no statistics are available, although the PCT envisaged that the BMI of Year 1 to 6 children in the Borough would be available in early 2006.

The Committee was pleased to conclude that the PCT is doing a great deal of work to highlight the problem of obesity in children and young people and to develop strategies to deal with this problem. The Committee plans to undertake a more detailed review of this topic as part of its future work programme.

##### Tobacco Control & Choosing Health

The Scrutiny Committee has also welcomed being consulted and engaged in discussions/workshops by the PCT in looking at the issues of Tobacco Control and the local priorities in respect of the Choosing Health agenda.