

Webforms Output: Core Standards Declaration 2008/09  
Commissioning  
April 2009

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

This is the information that we have for your organisation.

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Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

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

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

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

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

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

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

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

### Section 3. Sign off

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

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

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

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

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

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### Section 4. Comments from specified third parties

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

for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards.

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

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

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

#### Frequently Asked Questions:

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

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

#### Reasonable assurance

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

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

#### Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

Guidance for primary care trusts

This guidance covers areas which primary care trust may require further assistance on:

General guidance

Comparisons to last year's declaration

Third party comments

Resubmission

General

The trust boards of PCTs will, for the first time, make a separate declaration on their compliance with the Department of Health's core standards for their commissioning and contracting functions, which is separate from their function as providers of services. This will include their responsibility for specialised commissioning groups.

At the same time, trust boards of PCTs with provider services will also be required to make a declaration on the compliance with the Department of Health's core standards of their provider services.

In order to do this there are two separate declaration forms. Please ensure when you are completing the forms you are aware of whether you are completing the declaration form for the commissioning or provider arm. To help distinguish between the two, the commissioning declaration form has a slightly pink background.

The trust boards of PCTs will have to declare on their assurance of compliance with all the standards for both their commissioning arms and provider services. When considering their commissioning arm they will have to take into account three perspectives, which will be combined into a single declaration for the PCT as a commissioner. The three perspectives are:

corporate body

commissioning functions

commissioned services and independent contractors

Further explanation of these three perspectives can be found in our published document

[here](#)

The Criteria for assessing core standards in 2008/09 document published in December 2008 contains separate criteria for the assessment of the PCT as a provider and as a commissioner. The separation of the criteria will not increase the scope of the assessment of PCTs overall, since our assessments have always covered the commissioning function. Rather, the revised criteria provides greater clarity as to how the assessment of standards applies to the PCT commissioning arm. Hybrid trusts, for example PCTs that also provide mental health and / or learning disability services, should also consider the criteria for mental health trusts when making their provider arm declaration. These documents are available on our website

The two declarations will be assessed, cross checked, and where inspections take place, inspected separately and result in two separate core standards scores for the PCT (i.e. one score for the services the PCT provides and one score for the PCT as commissioners).

We have produced an FAQ document to answer queries relating to the separate assessment of PCTs as commissioners and providers in 2008/09. This is available:

[here](#)

Comparisons to last year's declaration

If in last year's declaration, your PCT declared 'not met' or 'insufficient assurance' for a particular standard and the accompanying action plan had an end date that continued into 2008/2009 you will need to consider where the significant lapse / insufficient assurance took place - the commissioning or provider arm. For whichever arm the significant lapse or insufficient assurance refers to, we would expect you to again declare 'not met' or 'insufficient assurance' with an updated action plan.

As in last years declaration we will also ask you for additional information where, in 2007/2008, the PCT declared a standard as 'not met' or 'insufficient assurance' but had an end date of non compliance prior to 1st April 2008 but again declares 'not met' or 'insufficient assurance' for the same standard in 2008/2009, we will ask you to describe the circumstances for this second consecutive declaration of non-compliance.

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

However we recognise that the concern identified in the prior year may not relate to the same arm of the PCT as the concern identified for the 2008 2009 declaration. You will therefore need to consider in which arm of the PCT the 2007/2008 significant lapse / insufficient assurance took place (the commissioning or provider arm) before responding to the question.

Prison Health services

When completing your declarations for the 2008/2009 annual health check, PCT commissioners will be asked explicitly to take into account their responsibilities for commissioning healthcare with regard to those in prison and youth offenders. Where you have commissioning responsibilities in this regard and are inspected on a standard, you will be asked about such duties and will be expected to demonstrate the evidence you considered in achieving board assurance.

You are invited to provide further information to demonstrate your commitment on how you are complying with these requirements, in the section of the declaration form entitled 'General Statement of Compliance'.

#### Third Party commentaries

We recognise the difficulty that some third parties may have in tailoring commentaries to reflect the two distinct arms of the PCT (commissioner and provider), as a result we do not require different commentaries to be submitted on the two declarations. Instead we expect the same third party commentary to be submitted on both the commissioning and provision declarations.

We have published guidance on our website for LINKs, overview and scrutiny committees, local safeguarding children boards and learning disability partnership boards about this stage of the declaration process. The guidance can be found by using the following link:

here

#### Resubmitting your declarations

If you have submitted your declarations and notice factual inaccuracies that can be rectified, you can request a resubmission of either or both of your declarations. All PCTs will be allowed to request one resubmission of each declaration, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declarations will be published, together with the request for resubmission form, on our website. If both of your PCT's declarations require resubmission, separate requests must be submitted. A request for resubmission needs to be made by your trust's registered lead using the appropriate online form.

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

**General statement of compliance**

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

This declaration reflects NHS Darlington's responsibilities as a commissioning organisation and covers the extent to which the core standards have been met as a corporate body and for its commissioning functions between 1 April 2008 and 31 March 2009.

NHS Darlington is accountable for the commissioning of healthcare on behalf of the population of Darlington. In line with Department of Health policy, NHS Darlington implemented a transition plan during 2008/09 to separate its provider and commissioning functions. As a result the processing of commissioning responsibilities are now provided by NHS county Durham via a SLA from 1 August 2008. The outcome of this arrangement has enabled the NHS Darlington to focus on its core responsibilities to provide a high quality community health service.

There are effective assurance processes in place to monitor ongoing compliance against the core standards within corporate and commissioning functions.

The Governance and Assurance Committee is led by the Chairman and includes the Chief Executive as Accountable Officer, and comprises all Directors and non Executive Directors and is responsible on behalf of the board to oversee and coordinate the assurance process in regard to monitoring ongoing compliance with the core standards. To facilitate this process a lead Director and Manager is allocated responsibility for monitoring and maintaining compliance with core standards relevant to their areas of responsibility. This approach ensures that responsibility for meeting the core standards is integrated into the corporate and directorate management structure and across all relevant responsibilities and functions of the organisation.

For commissioning functions, the monitoring of compliance with core standards in relation to providers' forms part of the contract management, performance monitoring and service review arrangements providing an assurance mechanism to identify and respond to any significant concerns in regard to the quality and safety of commissioned services being consistent with the core standards.

In relation to independent contractors, the PCT has received assurances that reasonable steps have been taken to demonstrate that services are consistent with relevant elements of the standards. The steps include the identification of lead staff responsible for primary care commissioning, processes for engagement of independent contractors e.g. through local committee structures and designated clinical champions for general practice, dental, pharmacy and optometry, performance management mechanisms through contract monitoring, e.g. quality and outcomes framework and administration arrangements of the performer' lists'.

The processes for assurance on the core standards, outlined above, has provided the Board with reasonable assurance that NHS Darlington is compliant with the core standards for better health for the period 1 April 2008 to 31 March 2009.

In reaching this judgement the organisation has actively sought comments from a range of third party stakeholders, which are incorporate in the declaration and been attentive to the views expressed by patients and the public.

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

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

**Safety domain - core standards (C1a - C3)**

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

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

compliant

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

compliant

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

compliant

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

compliant

**Safety domain - core standards (C4a - C4e)**

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

\* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

compliant

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

compliant

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

compliant

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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

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

compliant

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

## Governance domain - core standards (C7a - C9)

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

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

**Governance domain - core standards (C10a - C12)**

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

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

compliant

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\* 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

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

compliant

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\* 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

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\* 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

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

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

**Patient focus domain - core standards (C13a - C14c)**

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

**Patient focus domain - core standards (C15a - C16)**

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

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

compliant

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\* 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

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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

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

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

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

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

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

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

compliant

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

compliant

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

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

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

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

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

compliant

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

compliant

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

compliant

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

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

**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

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\* 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

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\* 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

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

compliant

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

**Electronic sign off page**

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

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

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

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

**Electronic sign off - details of individual(s)**

	Title:	Full name:	Job title:
1	Mr	Ken Greenfield	Chair
2	Mr	Colin Morris	CEO
3	Mr	Tom Hunt	Director of Finance and Corporate Services
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Comments from specified third parties**

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

\* Strategic Health Authorities

 1

\* Local involvement networks

 0 1 2 3 4 5

\* Local child safeguarding boards

 2

\* Learning Disability Partnership boards

 0 1 2 3 4 5**Comments from specified third parties**

Please enter the comments from the specified third parties below.

**Strategic Health Authority Comments**

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

 North East Strategic Health Authority

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

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

Commissioning.

Across the region PCOs are currently engaged in the process of separation of commissioner and provider services. In this cluster there is a single community provider service. The service is provided by Darlington PCT. NHS County Durham (PCT) is a commissioning only PCT. All PCTs have gone through the World Class Commissioning assurance processes and have received feedback from the panel which will inform the development of commissioning within the PCOs.

As PCOs are currently still engaged in finalising the process of separation of their provider and commissioner functions. The commentaries in relation to commissioning organisations should be read in conjunction with that of their providers.

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

Organisations in the region have agreed a common vision for patient care which focuses on a clear aim of excellence, safety and responsiveness. The region has developed a Safer Care North East strategy focussing on specific clinical safety issues and on the development of the safe culture, systems and processes which must underpin all effective pathways of care. The PCT is proactive in supporting patient safety developments and its plans are aligned to the regional strategy.

The PCT is proactive in focusing on HCAI in liaison with its provider organisations.

Information Governance

Trusts have continued to show improvements in the way that person identifiable information is handled, with significant progress being made in implementing encryption for electronic information, improving existing courier processes, reviewing contracts to ensure information governance arrangements are in place with external agencies and ensuring information governance staff are appropriately trained to implement improvements.

Although confidential information breaches do occur, the majority of organisations are working well with the SHA to ensure that lessons are learned from such incident and cascaded to North East trusts

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

**Core Standards**  
The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements or where the previous annual health check highlighted an in year or a year end compliance issue.  
The following are the specific comments which the SHA has in relation to this trust with specific reference to:  
C1&b: Systems are in place to protect patients and to identify and learn from all patient safety incidents. Systems are in place to action all patient safety notices and the evidence from the region with regard to Serious Untoward incidents indicates continuing improvement.  
The PCT works proactively with providers to review and improve safety systems and processes  
C2: Systems are in place to review compliance with this standard.  
C4a: The PCT is at risk of not achieving its annual target reduction for C Difficile. It has used performance management processes as appropriate focus attention on improvements in infection prevention and control.  
C7a&c: Clinical Governance and controls assurance are in place and comply with national guidance  
C7e: The Trust has a robust Single Equality Scheme that details how the organisation challenges discrimination, promotes equality and respects human rights. Implementation of this scheme is tracked through the region wide Single Equality Performance Framework  
C24: The trust has plans in place for managing major incidents and emergency situations. In particular this year the trusts have been working hard to develop their Pandemic Flu Plans. There has been excellent collaboration throughout this process with all organisations contributing to sharing best practice through a series of workshops. These plans and other plans continue to be exercised through a comprehensive programme of self assessments, tabletop and practical exercises. All organisations are regularly represented and contribute fully to the monthly regional meetings providing a rich forum of information to support each other.

Steve Page, Strategic Head of Patient Safety/ Deputy Director of Nursing

## Local Involvement Network comments

No comments from Local Involvement Networks were provided

## Local child safeguarding boards comments

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

Darlington Local Safeguarding Childrens Board

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

CHILDREN'S SERVICES  
Town Hall, Darlington DL1 5QT  
30 April 2009  
Jenni Cooke

Re: Annual Declaration to Healthcare Commission - NHS Darlington  
Thank you for your safeguarding monitoring forms and resulting actions. These are acceptable and fully compliant to the needs and requests of Darlington LSCB.

Yours sincerely  
Jenni Cooke  
Chair - Darlington Local Safeguarding Children Board

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

Durham Local Safeguarding Childrens Board

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

Durham Local Safeguarding Children Board Durham County Council, County Hall, Durham,  
DH1 5UJ  
Local Safeguarding Children Board [www.durham-lscb.gov.uk](http://www.durham-lscb.gov.uk)

Re: Annual declaration to Healthcare Commission

I am writing to you as Chair of the Durham Local Safeguarding Children Board, in response to the NHS County Durham annual declaration to the Healthcare Commission, in respect of its compliance with the Standards for Better Health, specifically core standards C2 and C10.  
I have read your submission and would make the following points:  
The PCT plays a key role in the membership, support and development of the LSCB. The vice chair is the Executive Director of Public Health for County

Durham.

In relation to the issues in Standards for Better Health, specifically core standards C2 and C10, I can confirm that the PCT has fully supported the development and implementation of Safe Workforce standards, which was one of the LSCB's key priorities for 2008/9. They are now complete and are accessible on the LSCB website.

Whilst I do not have direct knowledge of most of the specific actions that are set out in the PCT submission to the Health Care Commission, I do recognise the actions taken as issues that are contained in the above standards and about which all agencies were asked to follow up. This initially took the form of a Self Assessment that influenced the development of the standards, and were subsequently agreed as improvement actions.

The PCT has invited the LSCB to audit its practice in relation to these areas of improvement, and this is an area of planned activity for the performance management programme in the coming months.

For the reasons outlined above I am confident that the information contained in the PCT submission is accurate.

Yours sincerely

GAIL HOPPER  
Chair of Durham LSCB  
Head of Safeguarding & Specialist Services

## Learning Disabilities Partnership Board comments

No comments from Learning Disability Partnership Boards were provided

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

**Overview and scrutiny committee comments**

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

0 2

**Overview and scrutiny committee comments**

Name of overview and scrutiny committee 1

Darlington Borough Council

Comments. There is no word limit on this answer.

**Darlington Borough Council - Health & Well Being Scrutiny Committee**

**Response to NHS Darlington - Annual Health Check Declaration - 2008/09**

The Health and Well Being Scrutiny Committee takes the Annual Health Check process extremely seriously and undertakes vigorous scrutiny of four different chosen standards each year. The Committee is split into four Task and Finish Groups one for each Trust that provides services for Darlington. This is the third year the Committee have used this approach and this way eventually all of the 24 standards will have been considered in detail. The method has been welcomed by each of the four Trusts.

This year the four standards chosen are 5, 9, 21 and 23, in relation to clinical and cost effectiveness; governance; care environment and amenities and public health. The standards reviewed were 4, 14, 16, 17, 19, 20 and 22, from previous years.

**Standard 5 - clinical and cost effectiveness**

Members of the Task and Finish Group received an array of evidence in respect of the entire standard, including copies of Implementation of NICE Guidelines Policy and Procedure, NICE Implementation Group - Minutes June and July 2008, NICE Review Report - Executive Summary, NICE Status Report - Executive Summary, Clinical Audit Register 01 April 2007 - 31 March 2008, Record Keeping Audit, Clinical Audit Policy, Clinical Supervision Policy, NICE Register April 2007 - March 2008, Staff Bulletin August 2008, Clinical Supervision: A Study Day for Supervisors and Mandatory/Statutory Training Matrix.

Members noted that NICE Guidance is issued on the fourth Wednesday of every month and that the new guidance is aligned to specific people to be responsible for and to implement. If no one can be identified, the guidance is added to the clinical audit. Officers are unsure, at present, if the NHS Constitution will assist with the implementation of NICE guidelines. The reporting and monitoring structures of the NICE implementation are beginning to take shape, following the changes in the Trusts Governance arrangements and new Committee structure being established. Members were pleased to note that Clinical Supervision Policy has been combined into one document, for Darlington and County Durham PCT's and that clinical supervision is undertaken by a variety of people not just senior staff, it is sometimes undertaken by groups of staff or peers. Details of training packages are available for staff on the intranet, which is currently being assessed to make the site easier for staff to use. Clinical Policies are reviewed on a six monthly basis and the review of policies was just commencing. The Clinical Policy Group carries out a robust ratification process to provide a consistent approach to reviewing Clinical Policies. The membership of the Group comprises of Corporate Managers and staff of all levels. The Trust is keen to incorporate a balanced mix of staff to ensure that Group is all encompassing.

The mandatory and statutory training matrix was explained to Members and the different categories of training that apply to different staff. The matrix outlines the frequency of mandatory and statutory courses available and is listed in a directory for all staff. Approximately 85% of all training is delivered in house, although, specialised training is usually out sourced. Members noted that there are opportunities for staff to train as supervisors, and staff was keen to do so. It was reported that the Trust have a good approach to study leave and educational support, if administrative staff want to train to be a nurse they would be supported by the Trust.

It was explained that there was a Clinical Audit Programme of which audits are undertaken against the NICE guidance and national patient safety alerts. National and Local key targets are agreed by the NICE Implementation Group. Members viewed the Clinical Audit Register from 1 April 2007 - 31st March 2008 and an example of the Recording Keeping Audit, linking into the 'do it once, do it right project'. Members were pleased to note that this particular audit was due to be reviewed. Members are satisfied with the Policies in place in relation to this standard.

**Standard 9 - governance**

Members received the following information in respect of this standard; Clinical Record Keeping Policy, Writing Policy Documents Policy, Clinical Records Management Group Minutes - 3rd June 2008 and Record Keeping Audit - June 2008.

Members had a general discussion with the Officers about the Clinical Record Keeping Policy and the Record Keeping Audit undertaken in June 2008. Members were particularly pleased to note that staff are asked to draw a single line through any gaps or alterations to a patient records, and not to use correction fluid. The difficulties of storing records in patients' homes were highlighted and that the majority of records held by the Trust are paper records. It was suspected that about 30% of records were electronic, although, the move over to electronic records was imminent, due to the on going problems nationally. Electronic records must be encrypted to allow only certain staff access, this is difficult to implement, but does assist with records going missing. Members were delighted to note that the Trust has never had a lost record that has not been found.

With regards to storage of papers records, it was noted that records are stored where staff are based and need access to them. A long term solution would be a centralised storage system. It was explained that records are retained for a specific period of time depending on the nature of record.

Members are satisfied that the Trust has a systematic and planned approach to the management of records through its robust Policies and Procedures in place for records management.

**Standard 21 - care environment and amenities**

Members received evidence as follows in respect of this standard; Health & Safety Inspection - Integra Training and Consulting, Health & Safety Inspection Report - Stanhope Health Centre - Integra Training and Consulting, Infection Control Audit of Walk In Centre, Dr Piper House, Infection Control Audit - Operating Room, Infection Control Audit - General Practice, Infection Control assistance to St Teresa's Hospice and Infection Control letter to Hunden's Rehabilitation Unit.

Members agreed that they had no concerns regarding the evidence received. Members also felt assured by the initial positive comments that the Chief Executive of Trust had received following the recent unannounced visit from the Healthcare Commission in respect of environment and infection control issues. Members were pleased that the Trust Board regularly receive assurance reports and there was also a Trust seminar held in December 2008, discussing Health Acquired Infections.

**Standard 23 - public health**

Members received a substantial amount of information in respect of this standard. Of this evidence Members were aware of the work being undertaken due to reports and presentations having been submitted to Scrutiny Committee meetings, those being:- Annual Report of the Director of Public Health - Narrowing the Gap in Coronary Heart Disease and Cancers, Public Health Delivery Plan 2007/09, Darlington Teenage Pregnancy Action Plan, NHS Stop Smoking Service - Quarter 2 Return (July - September 2008/09), Darlington Joint Strategic Needs Assessment and Breastfeeding Strategy for County Durham and Darlington. The evidence received in respect of Sexual Health Workforce Development Plan 2009 - 2012, Patient, Carer, Public

Involvement Action Plan for Sexual Health 2009 -2012, Draft Sexual Health Strategy 2009 -2014 and Action Plan 2009-2012, Indicators Sexual Health, Projected Aims and Targets of Activity within Chlamydia Screening Programme for April 2008 - March 2009, County Durham and Darlington Draft Food and Health Action Plan 2008 -2011, Children and Young People's Update Board Paper, Children and Young People's Plan 2008 -2011 and Oral Health Strategy. Members are keen to hold a joint Scrutiny Committee meeting with the Children and Young People Scrutiny Committee to discuss issues around children and young people's health and sexual health.

The Director of Public Health Annual Report 2006/07 has informed the PCT's commissioning intentions and been received by the Scrutiny Committee. The PCT has involved the Scrutiny Committee during the consultation on the Annual Operational Plan and Members attended the stakeholders' events to enable them to participate in the discussions. The Joint Strategic Needs Assessment will be considered at a Special meeting of the Scrutiny Committee to influence the Committee's Work Programme in line with its influence on Darlington's Sustainable Community Strategy 'Darlington Perfectly Placed'.

#### Previous years chosen standards

In relation to the standards the Group considered last year, those being standards 4, 14, 16, 17, 19, 20 and 22. It was reported that there have been no major changes and good progress has continued to be made against the targets set.

Members had been briefed on several occasions about the Trusts recent inspection by HCC, in relation to Standard 4 and were pleased to note the positive feedback received. It was observed that the Trust will be declaring full compliance to this standard as of the 31st of March 2009 but not for the full year due to the delay in finalising a maintenance contract with a suitable provider.

Members welcomed the involvement of Darlington LINK to update and revamp the patient information under Standard 16. They were pleased that the Trust are continuously striving to ensure the information is patient friendly, in a consistent format and containing accurate detailed information. With regards to Standard 22, Members have continued to strengthen their relationship with the Trust through regular briefings with the Locality Director of Public Health and quarterly briefing with the Chief Executive. The Trust also has a good relationship with Members of the Scrutiny Committee through the Annual Health Check process. Through the Local Strategic Partnership Board the Trust is able to feed into the Crime, Disorder and Reduction Partnership and the Children's Trust, and with the establishment of the theme Groups, the Healthy Darlington Group will report directly to the Scrutiny Committee as well as work alongside them, through the Chair of the Scrutiny Committee being a member of the Group.

The PCT works closely with the Local Authority in narrowing health inequalities and many targets contained within the Local Area Agreement relate to reducing health inequalities and are in line with the priorities outlined in the Annual Report of the Director of Public Health. The PCT has been key to developing a Healthy Work Place Awards to be rolled out across the Council and local Businesses. The Scrutiny Committee has undertaken some work in relation to pre retirement planning to strengthen the criteria for the Awards grading.

#### Conclusion

All Members of the Task and Finish Group are pleased with all the evidence reviewed by the Trust in respect of the chosen standards. Members welcomed and appreciated the support from the Officers in carrying out this process. The Group have welcomed the opportunity to support the Trust in declaring compliance of the chosen standards considered.

Councillor Marian Swift  
Lead Member on the Annual Health Check Task and Finish Group  
Darlington Primary Care Trust

Name of overview and scrutiny committee 2

County Durham OSC

Comments. There is no word limit on this answer.

#### Care Quality Commission Core Standards Declarations

Durham County Councils Adult, Well Being and Health Overview and Scrutiny Committee welcomes NHS Darlington's declaration which it received at its meeting on 17th April. It notes the Trust is declaring full compliance with the exception of standard 4b - risks associated with the acquisition and use of medical devices, and the steps it is taking to meet this standard.

The committee notes the separation of provider and commissioner functions which took place during the year and that the declaration is in this context as service provider.

The scrutiny committee also makes a general point to NHS organisations in relation to the core standards that there is evidence that:

- o Some draft strategy documents and consultation documents are not being equality impact assessed at an early enough stage.
- o There can be a lack of, or an inadequate level of, involvement and engagement with key equality and diversity organisations in the early stages of development of strategy.
- o Consultation periods for some documents are insufficient (significantly less than recommended by Department of Health guidance of a period of twelve weeks) and this can present problems for voluntary and community groups to respond.

Cont/

Yours sincerely,

Cllr Rick Burnip  
Chair of the Adults, Well Being and Health Overview and Scrutiny Committee

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