

Webforms Output: Core standards declaration 2008/2009
May 2009

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

This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

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

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

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

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

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

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

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. Sign off

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

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

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

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

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

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

Section 4. Comments from specified third parties

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

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

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

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

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

Frequently Asked Questions:

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

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

Reasonable assurance

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

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

Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

General statement of compliance

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

Heart of England NHS Foundation Trust has undertaken a full self assessment of compliance against the Healthcare Standards to support its declaration. This self assessment has been based upon the following approaches:

- Discussion with executive and operational leads, followed by agreement at Trust Board and its Sub-Committees
- Review of supporting evidence used in the 07/08 declaration and additional activities or improvements to services during 08/09
- Cross referencing information and evidence from other external regulatory agencies (e.g. Monitor, NHSLA, Healthcare Commission, Hygiene Code Inspection)
- Consideration of the commentaries received from third party stakeholders (e.g. Trust Governors, Local Overview and Scrutiny Committees, etc)
- Review of evidence (e.g. Policies, procedures etc) and assurance statements

This year the self assessment has been supported by 2 external assessments: NHSLA: level 2 accreditation against the risk management standards for Acute Trusts and Healthcare Commission: Fully compliant with the standards from the Hygiene code which were assessed

Following considered debate it is of the opinion of the Trust Board that the Trust has done its reasonable best to assess and achieve compliance with all 44 of the Core Standards.

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

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

Safety domain - core standards (C1a - C3)

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

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

compliant

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

compliant

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

compliant

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

compliant

Safety domain - core standards (C4a - C4e)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

Governance domain - core standards (C7a - C9)

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

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

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

Governance domain - core standards (C10a - C12)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

Patient focus domain - core standards (C15a - C16)

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

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

compliant

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

compliant

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

compliant

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

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

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

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

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

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

compliant

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

compliant

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

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

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

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

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

compliant

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

compliant

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

compliant

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

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

Public health domain - core standards (C22a - C24)

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

* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

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

compliant

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

compliant

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

compliant

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

Electronic sign off page

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

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

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

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

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Dr	Mark Goldman	Chief Executive
2	Mr	Clive Wilkinson	Chairman
3	Dr	Sarah Woolley	Director of Governance & Standards
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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

 1

* Local child safeguarding boards

 1

* Learning Disability Partnership boards

 0

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

* Non-specified third party organisations:

 0

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

Comments from specified third parties

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

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

 West Midlands Strategic Health Authority

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

Third Party Commentary for Core Standards Declaration 2008/9 Heart of England Foundation NHS Trust The SHA has considered this organisation's performance on core standards only where evidence is available to the SHA through current working arrangements. The following are specific comments in relation to the standards for which the SHA holds key information. This process has not identified any major concerns.

At the time this commentary was prepared the SHA had not had the opportunity to review this organisation's self-assessment of year-end compliance against core standards.

C1a - The recent Healthcare Commission Review of Maternity Services identified a number of areas for improvement and the Trust and commissioners have been working together to address these. In addition the Trust is one of a small number of organisations in the West Midlands that have been proactively working together looking at hospital mortality comparisons. All provider organisations are now undertaking regular quality review meetings with the appropriate PCTs and it is anticipated this process will develop over time to support the implementation of Local Quality Accounts and other areas of patient safety focus.

C4a - The SHA has received this Trust's screening strategy. An HCAI action plan is in place and this Trust is currently compliant with the Hygiene Code.

C17 - The Trust has invested in diverse methods for collecting and analyzing patient views. The Trust has the ability to generate helpful reports that inform quality improvement although these have yet to influence commissioners.

C20b - All West Midlands organisations are working hard to improve privacy, dignity and single-sex accommodation and the Trust was successful in a bid for national funding that will be used to improve patient experience with regard to privacy and dignity.

C24 - All West Midlands Trusts and PCTs have participated in a self-assessment audit in relation to the commitment to have robust plans in place to deal with emergencies, including pandemic 'flu. This Trust scored above average when compared with other Trusts in the West Midlands in this exercise and no issues of significant concern were identified.

Local Involvement Network comments

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

Solihull LINKs

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

Domain 5 / C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

For the previous 6 months the Solihull LINK has been in its "Getting Started" phase and concentrating on developing itself as an organisation. As a result, the LINK does not feel they have a robust evidence base on which to comment on the standards of services delivered or commissioned, by Heart of England NHS Foundation Trust. However, the LINK would like to highlight the following ways in which the Trust have supported their development and endeavoured to create a partnership working environment:

- The LINK Officer has met with the Patient and Public Involvement Co-ordinator at the Trust to explore a Joint Working Protocol to establish an effective partnership approach to LINK involvement.
- Exploratory discussions have commenced between the LINK officer and the Patient and Public Involvement Co-ordinator around managing the arrangements for Enter and View.
- Work has commenced to scope existing priorities and projects within the trust to assist the LINK with the planning cycle for the next phase of activity.

Local child safeguarding boards comments

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

Solihull Child Safeguarding Board

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

I am writing to you in my capacity as Chairperson of Solihull Local Safeguarding Children Board (LSCB), to provide some information in respect of Core Standard C2; Safeguarding children.

Solihull LSCB agreed to comment on a number of areas relevant to safeguarding children which are detailed below:

(1) LSCB attendance by designated Board representatives/continuity of agency representation;

The HoEFT Executive Lead was unable to attend LSCB meetings as an internal Trust Management Board took place at the same time. It was agreed that a deputy would attend on behalf of the Executive Lead and so the Trust was represented at the LSCB. We scheduled meetings for 09-10 to avoid a diary clash however at the time of the new arrangement coming into play we were advised that there would be a change of Executive Lead/LSCB representative within the Trust.

(2) Attendance at health sub group

The Named Nurse/Midwife has attended the LSCB Health sub group on a regular basis

(3) Contributions to work of LSCB (in cash and in kind)

HoEFT makes a financial contribution to the LSCB budget and has increased its contribution to 09-10 budget. The Named Doctor has delivered aspects of rapid response training on behalf of LSCB.

(4) Take up of LSCB training

In 2008/09, 5 members of staff have completed level 1 training with Solihull LSCB, 16 completed level 2 training and 32 have completed level 3 courses.

The level of training offered by the LSCB is compliant with the requirements of Chapter 4 Working Together 2006.
The recent Health Care Commission audit has demonstrated the challenge the Trust faces in ensuring all staff are trained at the appropriate level.

(5)Named staff

The Trust has in place a named Doctor and Named Nurse however the recent audit completed for the HealthCare Commission has raised the need to set out the competency requirements of the role of Named Nurse and Midwife in a job description.

(6)Senior Officer engagement/ownership

The LSCB requested that the Haringey JAR and Ofsted evaluation of SCRs was requested at senior management team/Board. The Trust confirms that a discussion took place at the Safeguarding Committee on 18.12.08 and Trust Board Meeting on 6.1.09.
A change in Executive Lead for Safeguarding has recently taken place and should result in Senior Officer engagement in the work of Solihull LSCB.

(7)Recruitment and selection procedures

The LSCB requested written confirmation from all partners' agencies of their full compliance with LSCB recruitment and selection procedures as part of our response to Ed Balls' letter dated 1st December 2009.
A response from HoEFT is outstanding however S11 monitoring has not raised an issue in respect of safe recruitment practice within HoEFT.

(8)Managing allegations procedures

The LSCB requested written confirmation from all partners' agencies of their full compliance with LSCB Managing allegations procedures as part of our response to Ed Balls' letter dated 1st December 2009. Recent communication indicates that the Trust needs to develop its internal procedures in this area
During 08-09 no advice has been sought from the Local Authority Designated Officer from HoEFT. However, it is important to note the Trust also works with another LSCB.

(9)Involvement in child death review processes

HoEFT is a key stakeholder in the management of child deaths and staff comply with the regional protocol for the management of unexpected childhood deaths and LSCB notification procedures

(10)S11 compliance

The Trust has a S11 action plan last reported to LSCB in November 2008 and continues to work towards full compliance.

(11)Internal audit processes

The LSCB is aware that the Trust has undertaken audits although has not received any reports of the outcome of internal auditing. The Trust has been invited to participate in LSCB auditing of s47 enquiries and understands that an audit plan is under development and the outcome of future audits will be reported to the LSCB.

Further, the Trust will report the findings of its recent Healthcare Commission safeguarding audit to the next LSCB meeting.

Chairperson

Solihull Local Safeguarding Children Board

Learning Disabilities Partnership Board comments

No comments from Learning Disability Partnership Boards were provided

Commentaries from other third party organisations

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

Overview and scrutiny committee comments

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

0 2

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Birmingham City Council Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

"Birmingham City Council Health Overview and Scrutiny Committee can only comment on those limited areas where it has had involvement with the Trust. The comments below relate to where the Trust has attended Committee in the previous municipal year.

Standard C1a - In December of 2008 the Committee received a presentation on security arrangements within each of the City's A&E departments. The Committee were reassured by processes in place in Heartlands Hospital but had some concerns regarding security arrangements at Good Hope Hospital."

Name of overview and scrutiny committee 2

Solihull Overview & Scrutiny Committee

Comments. There is no word limit on this answer.

C4a - The Health, Social Care and Partnerships Scrutiny Board conducted a review of Infection Prevention and Control during Municipal Year 2007-8. During March 2009, we reviewed the progress of the Trust, and the progress of implementing the recommendations of the Task and Finish group. We were pleased to note the progress the Heart of England Foundation Trust was making and their improved C.Difficile and MRSA statistics are testament to their strong efforts and collaborative working to minimise infection.

C6 - At the meeting on 6th November 2008, the Health, Social Care and Partnerships Scrutiny Board considered the discharge process at the Solihull Hospital as a result of the closure of the discharge lounge the previous year. The Scrutiny Board heard evidence that the discharge process had improved and the Trust was continuing to work with West Midlands Ambulance Service and other partners to improve transport arrangements for patients needing assisted transport to be discharged from hospital.

C13a - The Health, Social Care and Partnerships Scrutiny Board considered the Heart of England Foundation Trust Hospital Development Plans and were pleased to note, that the refurbishment and redevelopment plans will lead to the creation of more single rooms. The Scrutiny Board also noted comments that there were still some acute and emergency areas within the Trust that are mixed sex wards, but all bays within general wards are single sex. Although Members welcomed single-sex bays, we did not feel that when they were within mixed-sex wards that this afforded patients sufficient dignity and respect, and we felt that the standard should consider this issue.

C17 - The Health, Social Care and Partnership Scrutiny Board have an ongoing relationship with the Heart of England Foundation Trust, which is fostered by quarterly informal meetings. The Trust have responded to all requests to attend meetings of the Scrutiny Board and to provide evidence requested, for example, the Health, Social Care and Partnerships Scrutiny Board welcomed the opportunity to comment on the Trusts hospital development plans.

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 enter the comments from the board of governors in the box below. There is no word limit on this answer.

The Governors' Working Group was established in December 2006 and consists of seven Governors from the members of the Governors' Consultative Council, who have a special interest in the Trust's interaction with the Healthcare Commission. The Governors' Working Group undertakes activities relating to the healthcare standards to provide assurance to the Governors Consultative Council & Trust Stakeholders.

A key piece of work, which the Governors Working Group has undertaken during this year, is in relation to Mandatory Training provided to staff for all three sites comprising Heart of England NHS Foundation Trust. The Governors have received two presentations by the operational lead in Mandatory Training, providing them with an overview of the Trust approach to Mandatory Training and an in depth look at the Trusts OLM system (used to record and monitor all Mandatory Training). The Governors have also received copies of the relevant documentation that support Mandatory Training in the Trust, including -:

- o The Core Training Policy;
- o The Core Training Matrix (TNA);
- o The Core Training Prospectus.

Three members of the Governors' Working Group attended a variety of Mandatory Training sessions to gain firsthand experience of Mandatory training provided by the Trust and to provide further assurance to the Trust Board in relation to compliance to C11b.

The purpose of this report is to provide a commentary to the Healthcare Commission on Heart of England NHS Foundation Trust's compliance with Core Standards C11b. It is acknowledged that whilst this represents the Governors opinion based upon information received at the Governors Working group meetings and participation on the training sessions, it may not be representative of all training delivered by the Trust.

GOVERNORS' WORKING GROUP'S OPINION OF MANDATORY TRAINING AT HEART OF ENGLAND NHS FOUNDATION TRUST

The Governors working group were happy to confirm that they had been able to fully assure themselves as to the evidence regarding the monitoring of mandatory training provision. The Governors felt that the OLM system, supported by the Core Training policy, Training Needs Analysis and Prospectus demonstrated that the Trust could assure itself that staff participate in relevant mandatory training sessions and that the process was on track. The Governors were assured that the Trust have developed processes, via the OLM system, to follow up those staff who fail to attend mandatory training sessions.

The Governors were impressed that, as the OLM database is part of a national system, it was possible to transfer training records for new staff starting in the Trust who are moving in from other NHS organisations, allowing the training record to follow the member of staff.

The Governors identified that benchmarking the Trust's performance on mandatory training against other organisations would be useful, but they accepted that at present this would prove difficult as other organisations were only just beginning to implement the OLM system, however they were reassured that this would be possible in future. The Governors suggested that as a 'first step', the Trust should investigate benchmarking itself against the contracted Initial staff. The Governors accepted that the Trust is on target with its KPI's for attendance at Corporate Induction, figures for Quarter 3 08/09 were as follows -:

- % of staff attending Corporate Induction - 76%
- % of staff attending Corporate Induction on/before first day - 68%

They were also reassured by a recent assessment by the NHSLA that concluded that the assessor had been particularly impressed with the approach taken by the Trust.

The Governors were reassured that evaluation of the training being provided was being carried out. In addition local and internal audits then assessed whether the training was being implemented at local level. Whilst it was noted that the Local Induction process is monitored via a 10% random audit, it was felt that consideration should be given to the training and support for local managers, to enable them to deliver local induction effectively.

Overall the Governors agreed that the Mandatory Training provided by the Trust was good and that feedback received from staff attending the sessions had been in the main positive. It was felt that, overall, staff were positive about being on the courses and felt that the courses were beneficial for them. In particular the Governors were impressed with the Manual Handling training which was 'the best part of the day, the trainers were spectacular' and the Refresher course training, which had been tailored to the needs of the delegates in attendance.

Whilst it was concluded by the Governors that there were very good practices in operation, there were still some areas which could be improved, it was felt that monitoring of and training for the trainer was important, as the effectiveness of the training was heavily influenced by the quality of the trainer.

GOVERNORS' OVERALL OPINION

The Governors' Working Group welcomes the opportunity to be able to input into the annual self-assessment process for the Trust. They have received comprehensive information in written and verbal formats, which was provided in a timely and open manner.

The Governors' Working Group confirms that the evidence being submitted as assurance for the 2008/09 return has been evaluated. The Governors are happy to confirm that they have been able to fully assure themselves of compliance in relation to Healthcare Standard C11b, Mandatory training provision and monitoring and have identified the following areas of good practice:

- (i) The Trust has demonstrated a culture of enthusiasm for mandatory training which was evidenced by the growing attendance numbers particularly on the refresher training courses.
- (ii) There was an open access approach to mandatory training with full regard made to the breadth of jobs and roles within the organisation. All grades and roles were expected to participate.

Areas for future development included:

- (i) Whilst recognising the need to balance out the level of resources available it was thought that further assessment of the local implementation of mandatory training would be beneficial. This would also assist with ensuring consistency across the Trust.
- (ii) The ability to benchmark the Trust's performance against other organisations in this area would also be helpful.
- (iii) Whilst the working group recognised the difficulty of achieving a 100% target (due to secondments and sickness or annual leave) the Trust was encouraged to aim for a challenging target in terms of the number of staff attending mandatory training.

RECOMMENDATIONS FOR NEXT YEAR

The Governors would like to express their opinion that the Governors Working Group provides valuable objective assurance both to the Healthcare Commission and to the Trust Board in relation to Healthcare Standards. They recommend that:

- o The Governors' Working Group continues with the process of assessing the Trust in relation to Healthcare Standards.

Chairman of Governors' Working Group
March 2009

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