

Webforms Output: Core standards declaration 2008/2009  
May 2009

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FRM-BE, FRR-2D31:RNS

\* 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](mailto: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](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).



**General statement of compliance**

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

The Northampton General Hospital (NGH) NHS Trust Board has been assured of compliance with the Healthcare Commission Core Standards for 2008/09 covered in this declaration. Following the self assessment reviews the Trust aims to declare compliance with 23 of the core standards and insufficient assurance with standard C11b (Mandatory Training) . However, significant improvements have been made over the last 12 months and the Trust believes that compliance against standard C11b was achieved by year end.

NGH has significantly increased the emphasis on clinical governance over the last 12 months and has improved the infrastructure in the governance department over 2008/9. In order to enable the organisation to focus on building the systems and processes required to ensure accountability for safe and effective care. In this way the standard requirements for the annual healthcheck and other mandatory regulatory frameworks are now embedded throughout the organisation. Lead personnel for the 24 core standards have been certifying that the Trust has sufficient evidence to support compliance against individual core standards elements. This process has been supported by 'one to one' and 'group' briefings facilitated by the governance team.

The key principles of the assurance process have been the building of an electronic trustwide database of evidence extending down to directorate level, a system of quarterly reporting at every level in the Trust, a focus on continuous review and improvement and accountability and a link to clinically meaningful standards at ward level. In order to achieve this we have gone through a number of levels of validation this year to include executive directors, non-executive directors, operational leads, PCT representatives and key groups and committees in the Trust. Assurance has been sought from specified third parties including East Midlands SHA, Northampton Patient and Public Involvement Forum, Northamptonshire Learning Disability Partnership board, Northamptonshire Local Children's Safeguarding Board and the Overview and Scrutiny Committee.

The Trust Board are assured of compliance against 23 core healthcare standards for the full year and standard C11b by year end. As the CQC has now removed the option of year end declaration it has left the Trust with no option but to declare insufficient assurance for this standard.

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

\* 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.

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

10-03-2009

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

All actions have been achieved during 2008/9. Unfortunately the electronic staff record did not provide adequate reports for assurance purposes therefore the Trust invested in the Oracle of learning management. This was instigated by the end of March 2009 therefore providing end of year assurance.

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

As above

\* 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

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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 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

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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	John Hickey	Chairman
2	Mr	Paul Forden	Chief Executive
3	Dr	Sonia Swart	Medical Director
4	Ms	Helen O'Shea	Deputy Chief Executive/ Director of Operations
5	Ms	Sue Hardy	Director of Nursing, Midwifery & Patient Services
6	Mr	James Drury	Director of Finance
7	Mr	Charles Abolins	Director of Estates and Facilities
8	Mrs	Christine Allen	Director of Planning
9	Mr	Phil Zeidler	Non-Executive Director
10	Mr	Colin Astbury	Non-Executive Director
11	Mr	Barry Noble	Non-Executive Director
12	Mr	Nicholas Robertson	Non-Executive Director
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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

1

\* Non-specified third party organisations:

1

**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

East Midlands Strategic Health Authority

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

NHS East Midlands has only provided commentary regarding the compliance of constituent organisations with the core standards where it has access to information not available to the Healthcare Commission

Standard C1a

The Trust manages its SUIs in accordance with the SHAs East Midlands SUI policy. The Trust has reported 11 general SUIs during the year. Of those 3 reports have been submitted to the SHA for closure review of which 1 was submitted within the regional timescale of 60 working days. The reports submitted have required some additional work ensuring that the investigations were conducted in a robust manner. This has unfortunately impacted upon the closure process causing the breaches against the regional closure timeframe.

The commentary was based on the following evidence:

C1a) NHS East Midlands SUI Protocol (including minimum standards for investigation reports)  
 STEIS database  
 Trust SUI investigation reports

**Local Involvement Network comments**

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

Northamptonshire Local Involvement Link

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

ANNUAL HEALTH CHECK

Northampton General Hospital 2008-2009-Comments provided by Northampton General Hospital Interim LINKs Forum

#### Comments on Patient Safety C1-C4

Infection control standards are met and monitored. The Hospital has an Infection Control Team and regular reports on levels of infection are received at Board level. The Chair of the Forum attends all Board meetings. Notices are prominently displayed around the hospital and visitors to wards are challenged about hand washing.

The Deep Clean operation carried out in 2008 has made significant improvements. The Patient and Public Involvement forum (PPIf) carried out inspections of bathrooms and toilets before and after this exercise and found cleanliness much improved. Thanks to the suggestions of the forum all light pulls now have plastic cords thereby enabling easy cleaning.

Patient safety issues are also being addressed in the area of drug rounds and storage and better organisation of medicines through the Productive Ward exercise which has looked at the issue of effects of interruptions to drug rounds and the risks this poses. Steps have been taken to improve the overall efficiency of the drug round. Better working with the Pharmacy department has meant more effective ways of updating stocks and avoids accumulations of out of date medicines. The provision of medicines for patients on discharge has improved as have all aspects of ordering and delivery to the wards.

The establishment of a patient safety group, composed of staff across disciplines and directorates including patient representation, now meet regularly to discuss patient safety issues and how to improve the service delivery.

#### Comments on Governance C7& C8

##### Equality and Diversity

The Trust has now established an Equality and Diversity group. This is composed of representatives across disciplines and directorates and patient representation from LINKs to look at all aspects of Equality and Diversity and decide how issues which do not reach the set standards can be rectified. Staff are encouraged to bring issues they believe could be improved and ideas to implement them.

##### Dignity and Respect

The Trust has a Dignity Forum composed of representatives across directorates and including patient representation looking at all aspects and how to improve them. LINK has been involved in patient surveys asking about this topic and found that patients have been satisfied with the service they receive. As this has been a very busy year for the Trust incorporating high numbers of admissions, ward movements due to implementing the deep clean process, staff have continued to try to improve the patient's experience while preserving their dignity.

Advances have been made to protect patient's dignity by ensuring single sex bays in all wards where this is appropriate and plans are in place to provide more toilets and bathrooms so that patients have access to those in their own bays. When refurbishment takes place or new building is planned, the needs of people with sight impairment is addressed by appropriate lighting, Braille indicators on stairways and signs.

The LINK continues to monitor hospital food and enquire about patient satisfaction. A member of the LINK group has been involved with training material for ward hostesses and health care assistants on serving meals on the ward especially with patients who require assistance.

A new hospital booklet is being produced and will very shortly be accessible to all patients informing them of all issues regarding their hospital stay.

Staff input into these subjects is regarded as important and invaluable in addressing areas where improvement is needed. At a recent Nursing and Midwifery presentation, eight different projects were presented by staff who had identified ways of improving working practices and patient care. This was an excellent presentation.

Issues raised by the Annual Staff Survey are addressed and actions followed. The increase in staff satisfaction in the recent survey, although small, indicates that staff perception of the Trust is improving.

#### Comments on Patient Focus C17-C21

Many of the groups which meet to decide on delivery of services now include patient representatives from this Forum or the Trust's own patient group. The hospital's website encourages patients to comment on their experiences and these are discussed and acted upon regularly.

Many ward movements have occurred during the past year, focussing on better patient care and convenience. The move to providing better single sex accommodation continues despite the problems of operating from an original Victorian building. New build addresses patient dignity and respect and patients views are sought. A member of the forum sits on the committee where such reprovisioning is discussed.

#### Comments on Involvement with other agencies C22-C24

There has been considerable increase in joint working with other trusts and authorities over the past year which has resulted in joint forward planning and administration of services. Links with local authority bodies has resulted in more co-operation and a good result for patients.

## Local child safeguarding boards comments

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

Northamptonshire Safeguarding Childrens Board

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

Commentary has been requested from this group but was not recieved by the required deadline.

## Learning Disabilities Partnership Board comments

\* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Northamptonshire Learning Disability Partnership Board

\* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

## Northamptonshire Learning Disability Partnership Board feedback on the Core Health Standards for Northampton General Hospital

This feedback has been gathered through a variety of methods including:

- oEvidence supplied to the Partnership Board by the health care provider named in the report
- oFeedback gathered throughout meetings in the last year of the Learning Disability Partnership Board and the Health Sub Group
- oSpecific consultation events held with people with learning disabilities, family
- oCarers and professionals throughout Northamptonshire between 5/3/09 and 6/4/09. The events were held throughout the county and in total approximately 110 people were consulted.
- oWritten feedback requested from a range of professionals working specifically with people with learning disabilities
- oFeedback from a "What's important to us day" held with approx 12 people with learning disability

## Core Standard- C1 Incidents

What we would hope to see;

Good knowledge about safeguarding and protection.

Good reporting of incidents so trends and patterns relating to people with learning disabilities can be acted on and practices improved

Evidence of good investigatory personnel with relevant skills.

What we found out;

No reports of safeguarding incidents relating to learning disabled adults made to local authority - might this indicate a lack of staff awareness in this regard?

New lead post in place that it is intended will link more actively with Learning Disability Partnership Board and Strategic Health Facilitator.

Specific data collection relating to people with learning disability has been identified as a need within Michaels report action plan.

Additional training in communication for those investigating complaints and incidents involving people with learning disability would be advantageous.

No reported concerns from customers in this regard.

## C4 Medicines management

What we would hope to see;

Reasonable adjustments on medication labelling to allow for peoples individual needs.

Good training for all staff and pharmacists about giving good information to people with learning disabilities

What we found out;

No evidence of specific policy to ensure accessible labelling of medications and effective instructions to people with a learning disability e.g.; large font, pictorial assistance, good verbal instruction. No reported concerns from customers in this regard.

## C6 Partnership

What we would hope to see;

Good signs of organisations and staff working together.

Good admission and discharge practices

What we found out;

Evidence of joint protocol with closely located specialist health care providers to ensure good quality of service and support.

No current engagement with Learning Disability Partnership Board although intended.

Customer feedback is that sometimes people are discharged too early if they are living in residential care homes

Customer perspective is that senior personnel in health (all) and social services need to work more closely together

## C7 Discrimination

What we would hope to see;

Good signs that discrimination faced by people with learning disability is sorted out - this could be in good work with people and is policies and procedures

Good signs that health care providers are working and taking action about the Healthcare for All report

Evidence of Disability Equality Scheme.

Evidence of Equality Impact Assessment

Evidence of employment opportunities for people with a learning disability

What we found out;

Evidence that an action plan in response to Michaels report has been completed and is being implemented and should be commended.

Evidence of a commitment to share learning disability specific issues with Equality and Diversity Steering Group.

Evidence of clear process for EIA and 25% achievement in respect of policies.

No evidence of active employment of people with a learning disability in NGH.

There is no accessible changing facility for in or outpatients within NGH - a changing place is required as matter of priority

## C9 Records Management

What we would hope to see;

Good accessible communications. This includes letters, leaflets, forms etc

Reasonable adjustments to reflect individual needs e.g. letters in large font.

What we found out;

Evidence of use of "Grab Sheet" and "Care booklets" to assist support for learning disabled customers on admission to NGH.

No evidence of accessibility of patient records.

No customer complaints in this area.

## C11 Recruitment, training and skills mix

What we would hope to see;

Good training in Equality and Diversity, Disability Discrimination Act, Mental Capacity Act, Communication and Learning Disability Awareness

Evidence of employment opportunities for people with a learning disability

What we found out;

Evidence that additional training of staff to meet the needs of learning disabled customers has been highlighted as an action from Michael's report.

Evidence that 250+ staff have participated in MCA training.

No evidence of Equality and Diversity training

No evidence of active employment of people with a learning disability in NGH

## C13 Dignity and Respect, consent, confidentiality

What we would hope to see;

Good practice in relation to Mental Capacity Act and use of IMCA's.



Good signs of working with families as partners.  
Good communication and interaction skills  
Good evidence of Health Action Plans and active engagement with them

What we found out;

See above and evidence of access to IMCA's although no evidence of take up in relation to learning disabled adults.  
No evidence of additional communication needs of people with a learning disability and skills being incorporated into core induction.  
No evidence of staff awareness of Health Action Plans.  
There is no accessible changing facility for in or outpatients within NGH - a changing place is required as a matter of priority.  
Customer feedback indicates concern that a number of health care professional are not skilled or willing to communicate directly with people with learning disability and often engage with family carers and supporters. This attitudinal change is urgently required.

#### C14 Accessible Information, Complaints

What we would hope to see;

Accessible complaints procedures and good processes for making this information available.  
Accessible includes using alternative formats e.g. DVD's  
Good information on complaints made by people with learning disabilities (or on their behalf) and evidence of good complaints management, feedback and learning  
Advocacy support available.  
Good training for complaints investigators

What we found out;

No evidence that complaint procedures and PALS information is in accessible formats and readily available.  
No evidence that Advocacy services for complaints are available.  
No evidence of additional communications training for complaint investigators.  
No evidence that complaints from people with learning disabilities can be separately identified within complaints management system to establish trends.

#### C15 Food

What we would hope to see;

Good support to enable people to eat and drink if a person has difficulties in this area (including good systems to identify if this is a need)  
Accessible menus and information about food to encourage choice and decision making

What we found out;

No evidence supplied in this regard

#### C16 Accessible information

What we would hope to see;

Good accessible general information about procedures and processes that is available in alternative formats if required  
Accessible and individual invitations to appointments and interactions whilst in health care services.  
Good signage around health care providers premises

What we found out;

No evidence supplied in this regard

#### C17 Patient and public involvement

What we would hope to see;

Good efforts to include people with learning disabilities in service design and consultation.  
Good accessible information about PAL service

What we found out;

No evidence supplied in this regard although a commitment to further engage with learning disability specialists

#### C18 Equity and Choice

What we would hope to see;

Evidence that reasonable adjustments have been made to allow people with learning disabilities to access services equally.  
Evidence of Equality Impact Assessments being undertaken and taking into account people with learning disability

What we found out;

Evidence of EIA as above.  
Customer feedback is that there should be greater choice over the range of services available.  
Additional customer feedback indicated a flexibility within NGH to co-ordinate appointments to allow for one person to make reduced number of trips - this included the audiology department and should be commended.

#### C20 Safety, security, privacy

What we would hope to see;

Good evidence that reasonable adjustments have been made to allow for individual needs e.g. being supported by family, carer, maintaining established routines etc

What we found out;

No evidence supplied in this regard

#### C22 Public Health Partnerships and local health needs

What we would hope to see;

Good actions are being taken to tackle health inequalities experienced by people with a learning disability e.g. Actions in response to HealthCare for All

What we found out;

Evidence that an action plan in response to Michaels report has been completed and is being implemented and should be commended

#### C23 Promotion

What we would hope to see;  
Accessible health promotion materials and campaigns  
Relevant campaigns for the needs of people with a learning disability.  
Active engagement of GP's in annual health checks

What we found out;  
No evidence supplied in this regard although positive customer feedback in respect to Breast Screening services at NGH.

|Further Comments

A Learning Disability Essence of Care benchmarking exercise was completed in 2008 and will be repeated annually, further information on this will be welcomed by the Partnership Board.  
Customer feedback indicate excellent services from NGH Paediatric Consultant working with young people with Downs Syndrome

### Commentaries from other third party organisations

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

NHS Northamptonshire

\* Please enter the first commentary for this organisation

NHS Northamptonshire commentary on Northampton General Hospital's 2008/9 annual health check submission.

NHS Northamptonshire has monitored through 2008/9 Northampton General Hospital's compliance with the Standards for Better Health as part of the monthly Clinical Quality Review meetings which are chaired by the Director of Quality. Compliance with the core Standards was an element of the 2008/9 contract quality schedule and evidence of assurance has been required throughout the year as part of contract monitoring.

There have been a number of core standards which has been closely scrutinised at the Clinical Quality Review meetings, especially C11b - mandatory training, as compliance against this standard was not achieved in 2007/8. Evidence has been presented at the meeting including presentations from senior staff, including the Director of HR, where current position and actions plans for improvement have been discussed. Achievement of progress towards compliance of C11b was seen to have improved by the end of the year though written evidence has not been forthcoming and full compliance throughout the full year was not demonstrated. It is anticipated that compliance will be maintained for 2009/10 with the processes that have now been implemented.

The Trust has also presented at the Clinical Quality Review meetings systems they have developed to improve their assurance process to their Trust Board and senior managers for compliance. In 2009 the Trust has made presentations to NHS Northamptonshire Board on two occasions covering Infection Control and Safeguarding Children in January and March respectively. It is evident that the processes that the Trust has implemented have increased the robustness of evidence gathering and improved the level of responsibility for achieving, and demonstrating achievement, 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

## Overview and scrutiny committee comments

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

0 1

## Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

The Adult Social Care & Health Scrutiny Committee

Comments. There is no word limit on this answer.

Re: The Healthcare Commission's Annual Health Check -Third Party Comment on Northampton General Hospital NHS LINKs

Thank you for your correspondence dated 25 March 2009, which invited Northamptonshire County Council to comment on Northampton General Hospital NHS LINK's performance against the Healthcare Commission's Core Standards for the period 1 April 2009 to 31 March 2009.

The Adult Social Care & Health Scrutiny Committee is pleased to provide commentary on core standards C3, C14 and C22 a and c.

The Adult Social Care & Health Scrutiny Committee looks forward to continuing an effective working relationship with Northampton General Hospital NHS Trust and Northamptonshire LINKs during the forthcoming scrutiny cycle.

Northamptonshire County Council Adult Social Care & Health Scrutiny Committee  
Northampton General Hospital LINKs

C3 The Chair and Deputy Chair of the Adult Social Care & Health Scrutiny Committee received regular updates on the LINK forum's work plan activities and minutes from informal meetings, which advised on progress with monitoring of the following;

- o National Institute for Health and Clinical Excellence (NICE) Implementation
- o 18 Week Board
- o Patient Pathways
- o KGH Deep Clean Operation
- o Diversity
- o PALS
- o KGH Trust Board.
- o Nutrition Care of Elderly

C14 - A representative from the Independent Complaints Advocacy Service delivered a presentation to the Adult Social Care & Health Scrutiny Committee on 30 July 2008, which explained the complaints procedure for NHS Complaints.

C22 a & c - The Adult Social Care and Health Scrutiny Committee recognised the potential to assist in the development of the working relationship between the scrutiny function and the LINK at the start of its life and formally agreed to co-opt four representatives from the LINK onto the scrutiny committee on 11 June 2009. The Committee was pleased to publicise this relationship in the June 2008 edition of the Local Government Association LINK Newsletter.

The NGH LINK Scrutiny Committee Co-opted member attended regular Committee meetings, Committee development sessions and participated in scrutiny reviews which considered the following

- o Meeting the demands of Population Growth and Demographic Change on the Health and Social Care Economy.
- o How an NHS Foundation Trust worked in Practice.

The Deputy Chair of the Scrutiny Committee attended the LINKs Stakeholder's day on 5 June 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