

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:

RVW

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:

North Tees And Hartlepool NHS Foundation Trust

Chief Executive's First Name:

Alan

Chief Executive's Surname:

Foster

Chief Executive's Email:

alan.foster@nth.nhs.uk

Organisation Code:

RVW

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.

This declaration for the first time is submitted as an integrated declaration taking account of Stockton on Tees PCT and Hartlepool PCT Provider Services.
The Trust is hosting these provider services as part of an externalisation project. As such confirmation was provided from the Healthcare Commission i.e. Marie Irving of the need this year to provide this integrated declaration on behalf of acute (NT&HFT) and the Community Provider Services as above.
The Trust having considered all evidence against core standards will be declaring compliance with all standards. The Trust has also received confirmation from the CQC of accreditation with no caviats regarding health acquired infection code of conduct.

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	Mr	Russell Hart	Chairman
2	Mr	Paul Garvin	Acting Chairman
3	Mr	Steve Hall	Non-executive Director
4	Mr	Alex Cunningham	Non-executive Director
5	Mrs	Rita Taylor	Non-executive Director
6	Mr	Brian Dinsdale	Non-Executive Director
7	Mr	Alan Foster	Chief Executive
8	Mrs	Carole Langrick	Deputy Chief Executive/Director of Strategic Development
9	Mr	John Maddison	Director of Finance
10	Ms	Julie Henderson	Director of Clinical Services and Compliance
11	Ms	Sue Smith	Director of Nursing and Patient Safety
12	Mr	Kevin Oxley	Director of Estates and Operations
13	Mrs	Claire Curran	Director of Human Resources and Organisational Development
14	Dr	Peter Gill	Medical Director
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30			

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

 3

* Local involvement networks

 1

* Local child safeguarding boards

 2

* 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

 North East Strategic Health Authority

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

North Tees and Hartlepool NHS Foundation Trust

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

Patient Safety and Organisational Development

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

Organisations in the region have agreed a common vision for patient care which focuses on a clear aim of excellence, safety and responsiveness.

The Region has developed a Safer Care North East strategy focussing on specific clinical safety issues and on the development of the safe culture systems and processes which must underpin all effective pathways of care. The Trust is contributing very actively to improvements in patient safety both within the organisation and to regional developments. The SHA is also aware that the Trust is involved in the national LIPS initiative.

NETS

Within NESHA the North East Transformation Systems (NETS) is the agreed vehicle to achieve the NE Vision of being the leaders of excellence in health care and leadership. The NETS philosophy incorporates an equal emphasis on vision, compact and method in order to achieve sustainable change. Subsequently a coalition of 7 pathfinder organisations using Virginia Mason Production System as their method has been formed. The Trust is one of the wave one pathfinder organisations.

Health Care Acquired Infections

The region continues to work actively to reduce the risks of health care acquired infections which has in the past proved challenging but it should be said that all health care organisations are fully engaged in this important area of work. All Trusts have made significant increases in the number of matrons in post this year, to support the focus on cleanliness and infection control.

Information Governance

Trusts have continued to show improvements in the way that person identifiable information is handled, with significant progress being made in implementing encryption for electronic information, improving existing courier processes, reviewing contracts to ensure information governance arrangements are in place with external agencies and ensuring information governance staff are appropriately trained to implement improvements. Although confidential information breaches do occur, organisations are working well with the SHA to ensure that lessons are learned from such incident and cascaded to North East Trusts.

Safeguarding Children

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

Core Standards

The SHA has considered the performance on core standards only where evidence is available to the SHA through current working arrangements or where the previous annual health check highlighted an in year or a year end compliance issue.

The following are the specific comments which the SHA has in relation to this trust with specific reference to:

- C1&b: Systems are in place to protect patients and to identify and learn from patient safety incidents. Systems are in place to action all patient safety notices and the evidence from the region with regard to Serious Untoward incidents indicates continuing improvement.
- C2: Systems are in place to review compliance with this standard. The SHA is aware that the Trust is developing an action plan in response to the Children's Service Review. This will be reviewed by the SHA in line with the usual practice.
- C4a: The Trust has made considerable efforts this year to reduce rates of MRSA and C Difficile and is on track to meet ambitious reduction targets.
- C7a&c: Clinical Governance and controls assurance are in place and comply with national guidance.
- C7e: The Trust has a robust Single Equality Scheme that details how the organisation challenges discrimination, promotes equality and respects human rights. Implementation of this scheme is tracked through the region wide Single Equality Performance Framework.
- C24: The Trusts have plans in place for managing major incidents and emergency situations. In particular this year the Trusts have been working hard to develop their Pandemic Flu Plans. There has been excellent collaboration throughout this process with all organisations contributing to sharing best practice through a series of workshops. These plans and other plans continue to be exercised through a comprehensive programme of self assessments, tabletop and practical exercises. All organisations are regularly represented and contribute fully to the monthly regional meetings providing a rich forum of information to support each other.

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

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

North East Strategic Health Authority

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

Stockton on Tees Teaching PCT (Provider)

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

Patient Safety and Organisational Development

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

Organisations in the region have agreed a common vision for patient care which focuses on a clear aim of excellence, safety and responsiveness. The region has developed a Safer Care North East strategy focussing on specific clinical safety issues and on the development of the safe culture, systems and processes which must underpin all effective pathways of care. The PCT has been proactive in this work to improve patient safety, both within the organisation and in contributing to regional developments.

NETS

Within NESHA the North East Transformation System (NETS) is the agreed vehicle to achieve the NE Vision of being the leaders of excellence in health care and leadership. The NETS philosophy incorporates an equal emphasis on vision, compact and method in order to achieve sustainable change. Subsequently a coalition of 7 pathfinder organisations using Virginia Mason Production System as their method has been formed. The PCT is one of the pathfinder organisations.

Health Care Acquired Infections

The region continued to work actively to reduce the risks of health care acquired infections which has in the past proved challenging but it should be said that all health care organisations are fully engaged in this important area of work. All organisations in the North East made significant increases to numbers of matrons in post this year to support a focus on cleanliness and infection control.

Information Governance

Trusts have continued to show improvements in the way that person identifiable information is handled, with significant progress being made in implementing encryption for electronic information, improving existing courier processes, reviewing contracts to ensure information governance arrangements are in place with external agencies and ensuring information governance staff are appropriately trained to implement improvements. Although confidential information breaches do occur, the organisations are working well with the SHA to ensure that lessons are learned from such incident and cascaded to North East trusts.

Safeguarding Children

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

Core Standards

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C2: Systems are in place to review compliance with this standard.

C7a&c: Clinical Governance and controls assurance are in place and comply with national guidance.

C7e: The Trust has a robust Single Equality Scheme that details how the organisation challenges discrimination, promotes equality and respects human rights. Implementation of this scheme is tracked through the region wide Single Equality Performance Framework.

C11b: The SHA is aware that there were periods of non compliance with this standard in 2007/8 however the Trust declared compliant at year end and the SHA is not aware of a breach of this compliance.

C24: The Trust has plans in place for managing major incidents and emergency situations. In particular this year the trusts have been working hard to develop their Pandemic Flu Plans. There has been excellent collaboration throughout this process with all organisations contributing to sharing best practice through a series of workshops. These plans and other plans continue to be exercised through a comprehensive programme of self assessments, tabletop and practical exercises. All organisations are regularly represented and contribute fully to the monthly regional meetings providing a rich forum of information to support each other.

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

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

North East Strategic Health Authority

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

Hartlepool PCT (Provider)

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

Patient Safety and Organisational Development

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Organisations in the region have agreed a common vision for patient care which focuses on a clear aim of excellence, safety and responsiveness. The region has developed a Safer Care North East strategy focussing on specific clinical safety issues and on the development of the safe culture, systems and processes which must underpin all effective pathways of care. The Trust has contributed actively to safety improvement developments, both within the organisation and in relation to regional developments.

NETS

Within NESHA the North East Transformation System, (NETS) is the agreed vehicle to achieve the NE Vision of being the leaders of excellence in health care and leadership. The NETS philosophy incorporates an equal emphasis on vision, compact and method in order to achieve sustainable change. Subsequently a coalition of 7 pathfinder organisations using Virginia Mason Production System as their method has been formed. The PCT is one of the pathfinder organisations.

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Information Governance

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Safeguarding Children

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Core Standards

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The following are the specific comments which the SHA has in relation to this Trust with specific reference to:

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C2: Systems are in place to review compliance with this standard.

C7a&c: Clinical Governance and controls assurance are in place and comply with national guidance.

C7e: The Trust has a robust Single Equality Scheme that details how the organisation challenges discrimination, promotes equality and respects human rights. Implementation of this scheme is tracked through the region wide Single Equality Performance Framework.

C11b: The SHA is aware that there were periods of non compliance with this standard in 2007/8 however the Trust declared compliance at year end and the SHA is not aware of a breach of this compliance.

C24: The trust has plans in place for managing major incidents and emergency situations. In particular this year the trusts have been working hard to develop their Pandemic Flu Plans. There has been excellent collaboration throughout this process with all organisations contributing to sharing best practice through a series of workshops. These plans and other plans continue to be exercised through a comprehensive programme of self assessments, tabletop and practical exercises. All organisations are regularly represented and contribute fully to the monthly regional meetings providing a rich forum of information to support each other.

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

Local Involvement Network comments

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

Stockton on Tees Local Involvement
Network

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

I am writing in response to your request for the Stockton on Tees LINK to give commentary on the Healthcare Commission Annual Health Check.

At the LINK board meeting on Thursday 19th March we discussed the issue of including a commentary from the LINK board on the core standards of the North Tees Hospital Trust, the Primary Care Trusts (PCT), Mental Health and Ambulance Trusts declarations in respect of the Healthcare Commission Core Standards Declaration.

It was agreed by the members of the LINK that as the Stockton on Tees LINK is still in the transitional stage, we do not feel in a position this year to submit a full commentary.

Stockton on Tees LINK has however provided a short report to the Healthcare Commission in respect of our findings.

As per our working level agreement, I would therefore request that you forward the decision of the LINK to your Chief Executive.

Carolyn Chester
pp James Newton (Acting Chair)

Local child safeguarding boards comments

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

Stockton on Tees Local Safeguarding
Children Board

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

At the Stockton on Tees Local Safeguarding Board meeting held yesterday 19 March 2009, Board members discussed their role in relation to the Annual Health Check 2008/9. Particular reference was made to standard C2 which covers child protection issues and C22 which covers partnership working.

SLSC Board members concurred that North Tees & Hartlepool NHS Foundation Trust, Stockton-on-Tees Teaching PCT and Tees Esk and Wear Valley NHS Trust all met the standards referred to above.

They agreed that safeguarding measures are in place, regularly scrutinised and reported on to ensure practice complies with national guidance within their own organisations and to support the work of multi agency partners. Representation from Officers with sufficient standing, knowledge and decision making powers is maintained at Board meetings from North Tees & Hartlepool NHS Foundation Trust, Stockton-on-Tees Teaching PCT and Tees Esk and Wear Valley NHS Trust to meet statutory requirements of the Safeguarding Children's Board. In addition, regular attendance and active involvement in Task Groups is maintained and where required, specialist health advice is provided from relevant professionals e.g. Tees Designated Nurse Safeguarding Children.

Health professionals are also located within Integrated Service Area Teams within Stockton thereby contributing to the safeguarding of children and young people via multi disciplinary working. They are also actively involved in the many partnership arrangements which can be evidence to reduce inequalities and increase well being e.g. Teenage Pregnancy, Hidden Harm, Children's Centres etc.

We trust this provides sufficient information to concur that checks have been carried out and compliance assured.

Pauline Beall
SLSCB Business Manager on behalf of Stockton on Tees Local Safeguarding Children Board

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

Hartlepool Local Safeguarding Board

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

Following your two recent letters, I hope the following narrative will be helpful as part of your health check procedures:

As Chair of the Local Safeguarding Board and Director of Children's Services for Hartlepool, I am pleased to be able to report that I was present at a meeting at which representatives of the Trust's provider services presented to the Board a summary of evidence that the Trust met the Better Health Safeguarding Standards with 100% compliance. The Board were reassured by the designated nurse for safeguarding that she had checked the information and could confirm that this was accurate. The Board were pleased to note that the checks had been carried out and compliance assured.

Adrienne Simcock
Director of Children's Services and Chair of the Local Safeguarding 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

Stockton on Tees Borough Council Health Select Committee

Comments. There is no word limit on this answer.

Stockton on Tees Borough Council's Health Select Committee welcomes the opportunity to respond to the North Tees and Hartlepool NHS Foundation Trust's declaration of compliance. The following is a record of the Committee's views.

The North Tees and Hartlepool NHS Foundation Trust stated that they had undertaken a full review of the core standards and were declaring full compliance. The Select Committee accepts the Foundation Trust's declaration 2008/09 as presented to the Committee on 23 February 2009 and by letter dated 2 March 2009.

In respect of Core Standard C4, the Committee was particularly pleased to hear of the reduction in health care associated infections (HCAI) with a significant reduction in both MRSA and CDI rates. The Committee were made aware that action plans were monitored monthly by an HCAI action group and quarterly by a Governance Committee and that, following the visit by the Healthcare Commission in April 2008, all recommendations from the Healthcare Commission were carried out in respect of Core Duty 4.

In respect of Core Standard C2, the Committee were satisfied that the Trust had taken steps to review their own activities in line with national child protection guidance.

In respect of Core Standard C15B the Committee were pleased to hear that the Trust had introduced procedures to provide help with feeding where necessary.

In respect of Core Standard C17 regarding the way in which the Trust seeks the view of patients, their carers and others, the Committee felt that the Trust should seek more comprehensive views on how "cared for" patients had felt to ensure that there is meaningful consultation with patients and/or their carers. In terms of consultation with the Health Select Committee on matters of health provision, the Committee commends the continuing efforts of the Trust to engage with all aspects of the Borough's population.

Name of overview and scrutiny committee 2

Hartlepool Borough Council Health Scrutiny Forum

Comments. There is no word limit on this answer.

The Health Scrutiny forum met on the 24 February 2009. At the meeting the Forum considered the evidence relating to the North Tees and Hartlepool NHS Foundation Trust's Healthcare Commission Annual Health Check for 2008/09. In order to comply with the 16 March 2009 deadline, the Forum's response to the Trust's performance against the 24 Core Standards is outlined below:

(i) The Forum was impressed with the quality, and content, of the information provided by the Foundation Trust to assist in the formulation of its response.

(ii) The Forum welcomed the submission of the Draft Declaration and commended the Foundation Trust on its compliance with 24 out of the 24 Core Standards.

(iii) The Forum noted that the remaining standard was still under review, pending completion of a final report from the Durham and Tees Audit Commission. The Forum looked forward to receiving written confirmation of the Foundation Trust's performance against remaining Core Standard; and

(iv) The Forum welcomed confirmation of the Foundation Trust's compliance with the standards required for its registration with the Care Quality Commission, on behalf of Acute and Primary Care Providers.

I would like to take the opportunity to thank you for attendance and presentation of an extremely positive presentation.

Councillor Jonathan Brash
Chair of the Health Scrutiny Forum

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.

At the Council of Governors meeting on 15 January 2009 Governors were invited to form a working group to compile a statement on behalf of the Council of Governors for the Health Care Commission Annual Health Check that displays evidence of Governors' views with regard to the seven core standards. The working group of Governors met on two occasions following the Council of Governors meeting in January. The working group has produced the following statement with regard to the Health Care Commission Annual Healthcheck.

Core Standard 4

The Trust continually publicises a wide range of information to patients, staff and visitors to ensure that the risk of health care acquired infections to patients is reduced for example through the quarterly newsletter to all staff 'Risky Bits' in the Anthem Trust magazine and the MRSA leaflet for staff. Governors were informed at its Council of Governor meeting in January 2009 that the Trust had revised its antibiotic policy which had assisted with reducing the incidence of the infection and that hand hygiene had proved the most effective way of preventing the spread of infection. The Trust has a bare below the elbow arrangement for all staff involved with direct patient care in order that they can clean their hands and wrists effectively. Governors are informed of compliance to the handwashing policy for visitors who are advised not to visit patients if they feel unwell themselves and the Trust limits the number of visitors per patient. The Trust was involved in the launch of the North East NHS Scrub Up campaign with two members of staff who volunteered to model for the publicity which included bus advertising, boardings, posters, flyers, printed media advertising and a large number of display boards that adorn the Trust's health care buildings across the region. The campaign won a national NHS award for collaborate working and effectiveness.

The Trust is on plan to achieve its MRSA target with the Medical Director, Director of Nursing and Patient Safety and Director of Operations demonstrating their commitment with random inspections of wards and departments throughout the Trust.

Core Standard 5

Information on how the Trust sets priorities for continuously reviewing and updating clinical standards with regular Clinical Audits has been shown through the Council of Governors Advisory and Guardianship Sub-committee in November 2008 and the full Council of Governors. The Director of Clinical Service and Compliance has shown through a variety of presentations and reports the Trust's progress and plans throughout the year regarding compliance, service performance, stroke care and cancer care pathways.

The Council of Governors have received regular updates from the Director of Clinical Services and Compliance that the Trust has successfully achieved the 18 week target and that patient feedback is positive with regard to the Choose and Book and Outpatient waiting times.

Core Standard 6

Governors are aware of the lengths that the Trust has gone to in working with health and other organisations in relation to taking forward improving health and health care for the people of the area. This is particularly demonstrated in relation to the Momentum: Pathways to Healthcare programme which has and continues to have an extensive involvement and engagement plan. In relation to the day to day work of the Trust the Governors are aware of the variety of partnerships, committees and other bodies that exist in the area with which the Trust is actively involved.

On an individual patient care and treatment basis the Trust is part of a network of care across all patient pathways. The Trust as a provider of acute hospital services and, more recently, community services interfaces with a wide variety of other organisations in respect of each and every patient care episode. These include: General Practitioners and primary care more generally, Social Care, Children and Families services, Education and Schools, Housing Departments, private sector providers and health and social care, third and voluntary sector providers and many more.

Core Standard 8b

There are excellent organisational training programmes provided to employees of the Trust including senior management and Governors. Training programmes cover mandatory training programmes through to tailored programmes for departments. The Council of Governors have received continuous training and development opportunities with a comprehensive Induction programme, Equality and Diversity Training for Governors on the Membership Strategy Sub-Committee, Recruitment and Selection Training for Governors who are members of the Nomination Committee. The Trust has also arranged Seminars that assist with developing Governors by involving them in such things as the development of plans for the new hospital, progress on applying LEAN within the Trust and plans to integrate and manage community services. Seminars are held over a full morning on a quarterly basis prior to the full Council of Governor meetings. Governors have attended the Foundation Trust Network (FTN) training sessions in Newcastle and a number of Governors attended the FTN Governor Conference in Leeds in September 2008. The Council of Governors values the investment in training for all staff. There is an appraisal system which operates throughout the Trust for all staff and Governors have been involved in the appraisal process for the Chairman and Non-executive Directors. Governors have all been asked to complete a questionnaire for the Trust Chairman as part of his appraisal which is being conducted by the Senior Independent Director.

Core Standard 13

Governors of the Membership Strategy and Nomination Committees have undergone Equality and Diversity Training which is provided to all staff. The training ensures staff and Governors have the skills to treat patients, their relatives, carers and all members of the public with dignity and respect and to ensure that the principles of equality and diversity are embedded in Non-executive Director appointments.

Core Standard 14

Council of Governors are aware through their induction training and at Governors meetings of the procedures and systems in place to ensure that patients, relatives and carers can register formal complaints. Governors have been advised if they are contacted by a member with regard to a complaint they should advise the complainant of the necessary procedure to follow through the Patient Relations department.

Core Standard 16

Governors confirm that the Trust communicates with its members via a quarterly newsletter Keeping in Touch. In order that the Trust can communicate with its members over their healthcare interests it wrote to all members and asked them to complete a questionnaire. Results were then added to members' profiles within the membership database and used to produce articles within the quarterly newsletter. Interests have covered elderly care, stroke services, hygiene and infection prevention and control. The Membership Strategy Sub-committee is actively involved with the information management of the magazine to ensure it is informative in relaying the provision of care and key developments of care for all service users. The local media is active upon conveying the promotion of the quality of services provided by the Trust.

Core Standard 17

Governors have had the opportunity to be actively involved in the development of the Trust strategy via the Strategy Committee a sub-committee of the Council of Governors. The Strategy Committee is Chaired by a Non-executive Director and supported by the Deputy Chief Executive/Director of Strategic Services and six Governors. This sub-committee enables Governors to reflect the interests of patients and members to influence the

strategic direction of the Trust. It advised on the long-term direction of the Trust and provides a steer on how the Trust carries out its business in order that the Board of Directors can effectively determine policy. Governors review and update information on Strategic Development, Annual Plan and Business Development.

Governors have been involved in the consultation process over the Trust's plans to provide a new single site hospital to replace the existing two hospitals at its Seminars and via the Governor/members Keeping In Touch magazine.

Governors have been consulted prior to the Trust hosting community services over a 17 month period which commenced on 1 November 2008. The Trust was the first in the country to achieve this and Governors are updated regularly through its Council of Governor quarterly meetings.

Core Standard 18

All Governors received Induction training prior to commencing their term of office in relation to governance. They were updated in relation to the implementation of the Race Relations Act, Disability Discrimination Act and Equality Act.

Governor Comments

The Council of Governors has been operating since the Trust was awarded Foundation Trust status with its first meeting taking place in January 2008. Governors are informed of all aspects of its service provision including targets and quality of care. Their involvement has increased over the year with additional Committees, Sub-committee and Working Groups, including but not limited to the following:

Membership Strategy Sub-committee

The Membership Strategy Sub-committee is looking at ways to communicate effectively with its members, patients and community in order that it meets the needs of the diversity of its constituency and also to increase membership in line with the diversity of the population that the Trust serves.

Nomination Committee

The Nomination Committee has been actively involved in the recruitment and selection of a Non-executive Director whose appointment was ratified by the Council of Governors in September 2008. More recently the Nomination Committee has been involved with the appraisal of the Non-executive Directors and also is currently involved in the forthcoming recruitment process for the Chair and Non-executive Directors terms of office.

The Advisory and Guardianship Committee

The Advisory and Guardianship Committee is Chaired by the Senior Independent Director, supported by the Director of Clinical Service and Compliance and six Governors. The Committee receives, reviews and updates information on Patient Treatment Pathways, Service Performance, Compliance, Patient Experience and Involvement and the Patient Environment. Governors then report back to the full Council of Governors meeting after each meeting.

The Strategy Committee

The Strategy Committee is a sub committee of the Council of Governors which is covered within core standard 17.

Internet Working Group

The Internet Working Group is a working group which reports to the Council of Governors. Governors assist with the development of a dedicated Governor area within the Trust's internet site for Governors to communicate with members of the Trust and members of public.

Travel and Transport Project Team

The Travel and Transport Project Team is a working group which reports to the Council of Governors. The Director of Operations leads the group. The Governors assist with the development and implementation of a Travel and Transport Strategy to underpin the plans for the new hospital and to deliver appropriate improvement to the current transport services. The remit of the team is to improve patient access to the existing hospital, assess value for money of all travel and transport services, increase awareness of travel and transport costs, comply with appropriate legislation, comply with the Government's Green Transport Plan, develop proposals for the new hospital transport strategy and car parking requirements for all staff, patients, visitors and carers.

Those Governors who have attended the Board of Directors meetings are satisfied that the Board works efficiently and effectively.

"Gives an insight into how the Board of Directors works and was a most fruitful experience" (James Newton, Elected Governor for Stockton on Tees)

The Council of Governors has benefited from closely working with the Chairman, Chief Executive, Executive Directors, Senior Independent Director and Non-Executive Directors and been supported well by the Trust Board Secretary's office.

Paul Garvin
Acting Chairman of Council of Governors

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