



Webforms Output: Core standards declaration 2007/2008  
May 2008

Generated 08/05/08  
FRM-12, FRR-672

\* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

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This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at [forms@healthcarecommission.org.uk](mailto:forms@healthcarecommission.org.uk)

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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If your organisation is any of the following please select the option PCT or Community Trust:

PCT  
Community Trust  
PCT with Mental Health  
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health  
Learning Disability  
Care Trust with Mental Health

\* Please enter your type of organisation

- Acute
- Mental Health/Learning Disability
- PCT**
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

### General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

#### 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.

#### 2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

#### 3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

**Compliant** - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

**Not met** - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

**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 any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is 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.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

**Start date** - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

**End date (planned or actual)** - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

**Issue** - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

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. These standards are:

C7d - this relates to financial management and will be measured through the use of resources 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 targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

#### 4. 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
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### 5. 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, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. 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.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

### Guidance for PCTs

PCTs need to consider the following for each core standard when completing their declaration:

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
  - through the work of the professional executive committee (PEC)
  - by reviewing information from the quality outcomes framework (QOF)
  - by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)
- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
  - feedback from patients on commissioned services
  - review of performance monitoring information
  - risk assessments of commissioned services
  - routine meetings between the PCT and the providers of their commissioned services, etc.

There are some standards that are particularly relevant to the PCT's role as a commissioner which are C5a, C6, C7e, C17, C18, C22, C23 and C24. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

### General statement of compliance

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

In making this declaration the PCT has taken into account: the services directly provided by its staff, services provided by its independent contractors and services the PCT commissions from the NHS and the independent sector.

The PCT was established on 1 October 2006 from a merger of four North Yorkshire PCTs to form one of the largest and most complex NHS organisations, in England, that commissions and provides a wide spectrum of care and services for the people of North Yorkshire and York: employing approximately 5000 staff.

This proved to be challenging, as new structures were required. The majority of senior managers were not appointed until June 2007 and the restructuring of the Mental Health and Community Services Directorate was not completed until March 2008.

Good progress has been made by the PCT in creating a new organisation that had an inherited financial deficit.

Despite these challenges the PCT has developed a single robust and systematic approach to dealing with Standards for Better Health, and is compliant with all but 5 core standards for the year 2007/08.

Last year the PCT was unable to meet three standards. Two of these were related to new legislative requirements on waste management and sterilization of equipment, which came onto the statute books during the period of organisational change and, where progress has been slow as a result of the re-structuring process. The PCT felt that there was a lack of assurance on the standard related to the acquisition and use of medical devices. During 2007/2008 the PCT completed action plans to become compliant by year-end for all 3 standards. However, as the PCT was not compliant for the full year we have decided to declare that we did not meet these standards for 2007/08.

The PCT felt that it did not meet two additional standards: one on ensuring that relevant staff had Criminal Records Bureau checks prior to employment with the PCT and one relating to staff participating in relevant mandatory training programmes. The PCT has developed robust action plans to meet these standards during 2008.

The PCT is fully assured that it is meeting all but the five core standards above covered by the declaration for services directly provided by PCT employees. It has done its best to ensure that NHS organisations from which it commissions care and services and that its independent contractors are compliant with the core standards. The PCT will continue to work collaboratively with all independent contractors and use the core standards to drive improvement.

The Board acknowledges the comments from NHS Yorkshire and The Humber Strategic Health Authority (SHA), from the Overview and Scrutiny of Health Committees (OSC) for North Yorkshire County Council and the City of York Council, the City of York Safeguarding Board and from the local Patient and Public Involvement Forum (PPIF). The PCT welcomes the positive comments received from the PPIF with regard to treating patients with respect and dignity, the availability of up to date information, high standards of cleanliness and good collaborative multi agency partnerships between health, social care, education and the voluntary sector.

The PCT also acknowledges and appreciates the encouraging comment for the North Yorkshire County Council Overview and Scrutiny Committee particular with regard to the engagement and involvement of the committee in service development.

The PPIF submission for the healthcheck commentary makes reference to the length of time given and Board approach to questions from the public at Board meetings.

A trawl of agendas for other PCTs in Yorkshire & Humber SHA shows that we are 1 of only 4 PCTs out of 14 who presently include a dedicated item for public questions at Board meetings. Of the 4 who do have time for public questions, 2 hold a slot at the end of meetings with agendas of similar size to ours.

The actions within the PPE Strategy (item 13, page 7) makes a commitment to a regular review of public participation in Board meetings.

- END OF PAGE -

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

**Statement on measures to meet the Hygiene Code**

\* Please enter this statement in the box provided. There is no word limit on this answer.

North Yorkshire and York PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed by the Primary Care Trust. Specifically the Board can confirm there is a Director of Infection Prevention and Control for the PCT with a functioning Infection Prevention and Control Team to take forward and ensure robust arrangements are in place in respect of the code.

Our opinion is validated by the findings of Internal Auditors

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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.

**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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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

compliant

not met

insufficient assurance

\* 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-10-2006

End date of non-compliance or insufficient assurance

31-03-2008

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

Lack of a single PCT wide process for acquisition and use of medical devices

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

Process in place to appoint a medical devices manager  
Interim medical devices guidance in place

We note from your 2006/07 declaration form that your action plan was due to be completed by 31 March 2007. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

The PCT has declared compliance in year , However , the standard was not met for a significant part of the year therefore we are deemed non-compliant

- END OF PAGE -

\* 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-10-2006

End date of non-compliance or insufficient assurance

31-03-2008

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

The PCT did not have robust systems and processes in places for the sterilisation of all appropriate reusable medical devices.

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

The PCT has ordered and purchased additional instruments and CSSD service to ensure that all reusable devices are decontaminated and sterilised in accordance with NHS guidance

- END OF PAGE -

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

compliant

not met

insufficient assurance

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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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-10-2006

End date of non-compliance or insufficient assurance

31-03-2008

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

Unable to ensure comprehensive segregation of waste and the application of appropriate disposal procedures that accord with all current standards (e.g. Hazardous Waste Regulations 2005).

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

Actions completed :

Audit current waste disposal processes across all PCT premises  
Identify systems and staff training programmes that would facilitate proper segregation of waste and compliance  
Introduce new systems across the PCT estate. Stipulate the standard required to those independent contractors providing services to the PCT and establish a process of sample auditing.

Waste Management Policy approved and in place.

We note from your 2006/07 declaration form that your action plan was due to be completed by 31 March 2007. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

Action plan is now complete

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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

### 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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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

not met

insufficient assurance

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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

### 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 targets component of the annual health check.

Standard C7d is assessed through our use of resources 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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### 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

29-02-2008

End date of non-compliance or insufficient assurance

31-03-2008

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

The PCT did not have robust procedures in place to ensure that appropriate staff had the necessary Criminal Records Bureau checks performed.

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

Profile raised of risks of non-receipt of CRB checks.

This includes:

1. Attendance at Senior Management Team and report issued to highlight the issues in relation to non compliance of CRB Policy.
2. E-mail sent to all recruiting managers on CRB checks.
3. Weekly report issued to Acting Associate Director of HR regarding CRB checks.
4. Fortnightly report on Exemption forms issued to SMT.

Ensure 9 outstanding cases reviewed as a matter of urgency and undertake reconciliation exercise of starters commencing from 1 October 2006

NYYPCT policy and procedure for CRB checks developed with HR operational procedure.

Retrospective check of all new employees to the PCT on a monthly basis to ensure that CRB's are in place where appropriate. Until payroll is centralised, the HR Team cannot ensure that staff are not starting work without appropriate checks as payroll is currently out sourced in four different localities, this will change once payroll is centralised in June 2008.

Training and guidance provided to recruiting managers via meetings, one-one discussions and regular e-mails.

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

compliant

not met

insufficient assurance

\* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-10-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

The relevant staff were not participating in appropriate mandatory training programmes

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

Develop action plan to identify workstreams, leads, target dates risks and progress  
 Identify appropriate level of training required for all staff groups and agree with governance team  
 Ensure that staff and managers are aware of their statutory and mandatory requirements  
 Identify gaps between SLA's, in- house and external trainers to meet compliance  
 Identify costs and ensure budgets agreed for administration and provision to meet compliance  
 Ensure appropriate provision available across localities through face to face training, eLearning and workbooks to reduce barriers to participation  
 Maximise use of eLearning to bridge gaps in provision and improve accessibility for staff  
 Join STHA eLearning club to ensure increased access to newly developed statutory and mandatory eLearning packages  
 Encourage uptake of training through publicising courses via Intranet, team brief and email alerts  
 Directors to ensure uptake of statutory and mandatory training within their services  
 Agree target levels of compliance necessary to meet standards with governance team  
 Ensure appropriate monitoring arrangements are in place to capture attendance information  
 Agree appropriate forums for information to be shared.  
 Monitor uptake and report to Governance quarterly

\* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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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.

**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**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

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

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\* 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

not met

insufficient assurance

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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

not met

insufficient assurance

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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

not met

insufficient assurance

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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

### 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 targets 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

not met

insufficient assurance

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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

not met

insufficient assurance

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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.

**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**

not met

insufficient assurance

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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**

not met

insufficient assurance

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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**

not met

insufficient assurance

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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**

not met

insufficient assurance

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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**

not met

insufficient assurance

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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**

not met

insufficient assurance

\* 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**

not met

insufficient assurance

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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

**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
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- 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), patient and public involvement forums, overview and scrutiny committees 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.

- END OF PAGE -

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

	Title:	Full name:	Job title:
1	Ms	Janet Soo-Chung	Chief Executive
2	Mr	Geoffrey Donnelly	Audit Committee Chair
3	Mr	David Harbourne	Non Executive Director
4	Ms	Alison Staniforth	Non Executive Director
5	Mr	Jim Hayburn	Director of Finance and Resources
6	Mr	John Brown	Director of Corporate Affairs and Communications
7	Mr	Gary Hardman	Director of Nursing and Patient Care
8	Mrs	Debbie Newton	Deputy Director of Finance
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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

Comments from specified third parties

Please enter the comments from the specified third parties below.

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

NHS Yorkshire and Humber

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

Ms Janet Soo-Chung CBE Chief Executive North Yorkshire & York Primary Care Trust  
The Hamlet  
Hornbeam Park  
Harrogate  
HG2 8RE  
16 April 2008

Dear Janet,

Healthcare Commission Core Standards: SHA comments

Thank you for inviting SHA comments on North Yorkshire and York PCT's Core Standard declaration. We have attempted to gather intelligence from colleagues across the SHA to reinforce or critique your declaration. The SHA understand that you are declaring non compliance with the following 5 standards:

C4b - insufficient assurance - all risks associated with the acquisition of medical devices are minimised

C4c - not met - all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed

C4e - not met - 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.

We note that the Action Plans in place to address these standards have been completed and the PCT were compliant from the end of March 2008 for these 3 standards.

The following two standards were non compliant:

C10a - CRB checks

C11b - Mandatory training.

We also understand that you have already made progress against Action Plans developed to move towards compliance with these standards.

The SHA is also pleased to note that the PCT now has a comprehensive single assessment process which enables a sound assurance framework to be further developed across the organisation. The SHA acknowledges that the PCT is a complex organisation with large commissioning and provider arm functions for the population of North Yorkshire.

The SHA is confident that the PCT has effective processes in place to identify, report and take action on child protection and so far as we can establish are compliant with the standards within 'working together to safeguard children'. We know that partnership arrangements are in place in your Local Health Community and you are a member of your multi agency board.

The PCT has submitted plans to reduce drug misuse as part of vital signs trajectories and therefore is compliant with standard C23.

There is evidence of the PCT seeking views of the patient, carers and local community as part of the formal consultation on the redesign of Older People's Mental Health Services. The formal consultation took place during winter 07-08. The local OSC commended the process undertaken by the PCT and the following is a quote from the North Yorkshire OSC.:

The OSC... 'Welcomes the early engagement with this Committee (going back to May 2006) by the North Yorkshire and York Primary Care Trust (PCT) and commends the PCT on its willingness to engage with the Committee as part of the formal consultation process.'

The PCT has a serious untoward incident policy and procedure which is followed in practice. The PCT has a relatively high number of incidents, mainly in the mental health sector as they are providers of these services. The PCT has (from 1st April) taken over the performance management role for incidents reported by both York Foundation Trust and Harrogate Foundation Trust. This is an area that will need resourcing appropriately in the future.

The PCT has up to date and tested plans to deal with incidents, emergency situations and major incidents, in accordance with relevant guidance, including the 'Civil Contingencies Act 2004.'

The SHA acknowledges the hard work that has been undertaken with providers in recent months to achieve the key access targets e.g. 18 weeks, cancer and A&E. Achievement of these targets has been challenging, with final performance as yet un-validated, however we are confident that the PCT has performed well against the targets.

We note that performance against the sexual health targets has been a challenge for most organisations across Yorkshire and the Humber, with North Yorkshire and York falling slightly short of achieving the sexual health trajectory for patients seen within 48 hours. All PCTs are struggling to meet the target for Chlamydia screening and we note that North Yorkshire and York are no exception to this.

We also acknowledge that there has been significant improvement in performance against the smoking cessation target and the PCT remain just a short way behind their target figure.

We hope that you will find these comments helpful. If you have any queries relating to any aspect of this letter, please email [amanda.bloor@yorksandhumber.nhs.uk](mailto:amanda.bloor@yorksandhumber.nhs.uk).

Yours sincerely

Annette Laban  
Director of Performance & Delivery

c.c.: Amanda Bloor, Locality Lead

\* Please enter the name of the patient and public involvement forum that has provided the commentary

North Yorkshire and York

\* Patient and public involvement forum comments. There is no word limit on this answer.

PATIENT AND PUBLIC INVOLVEMENT FORUM FOR NORTH YORKSHIRE & YORK PATIENT AND PUBLIC INVOLVEMENT FORUM

PPI FORUM COMMENTARY: HEALTH CHECK ASSESSMENT 2007-2008

1. FORUM'S NETWORK

The forum maintains links with other forums via regular meetings of the full North Yorkshire and York PPI Forum. The Chair of the forum attends public board meetings of the Trust and members attend various Trust meetings, i.e.

NY & Y PCT Trust Committee	Forum Member
Clinical Governance	Robin McIlroy
Unscheduled (Emergency) Care	John Stell, Anne Morris, Lynn Webb-Thorius
Equality and Diversity	Kath Murray
IM&T	Kath Murray
Maternity Services Liaison	Jill Knight
Musculo-skeletal	Joan Stamp Ian Fulton, Fiona Aspinall Penny Pilling
Charitable Funds Group	Ian Battersby
Patient Engagement Steering Group	Ian Battersby, Ian Fulton
Provider Committee	Jill Knight
Dermatology	Geoff Rennie, Sylvia Tibbitt, Ian Battersby
Out-Patients Follow up	Sheila Miller
Trust Board	Ian Battersby, David Bolam, Ian Fulton, Jill Knight
Falls (Stability) Project	Kath Murray
Practice Based Commissioning	Penny Pilling, Lynn Webb-Thorius.
Pharmacy Group	Ian Battersby/Sheila Miller, Fiona Aspinall/Carolyn Fawcett
PEAT Inspections	Alma Williams, Sylvia Tibbitt, Kath Murray, Robin McIlroy, Pat Hill, Peter Barratt, Carolyn Murphy, Lesley Pratt, Fiona Aspinall, Lynsey Beswick, Sheila Miller, Jill Knight, Ian Battersby
Others (PCT Joint Groups/ Meeting)	
South Tees Hospitals Trust Board	David Bolam
Yorkshire Ambulance Service Trust Board	David Bolam
HMP Askam Grange Sub Group Health Care Forum	Geoff Rennie
Cancer & Palliative Care Partnership Group, York Hospital	Fiona Aspinall
City of York Healthy City Board	Pat Hill
Art & Environment Group, York Hospital	Pat Hill
Hambleton & Richmondshire Improving Health Group	Kath Murray
NYCC Scrutiny of Health Committee	Kath Murray
MH Cross Forum Meeting	Robin McIlroy

In responding to the Core Standards, the PPI forum gives below information that it has gathered from its work. Comments in quotation marks are taken from visit reports. Due to the abolition of PPI forums, the Healthcare Commission will not be able to contact forum Members regarding their evidence, should this be required. Copies of all visit reports have been sent to the appropriate Trusts, should the HCC need to view these documents.

2. CORE STANDARDS

FIRST DOMAIN – SAFETY:

C.4 Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that:

a) 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 MRSA:

“All areas including outside, entrance, corridors, patient's accommodation, dining room, lounge and kitchen are in excellent condition.” (St Monica's)

“Disabled toilet maintained at a low level of hygiene, just acceptable.” “Staff wash hands before handling food”. (Kurt's Club)

Members are pleased that the PCT is making progress in addressing infection control and has purchased steam cleaning machines for all Community Hospitals. However, it is too early to comment on their effect since they have only recently been deployed and Members are not aware that any staff training has yet taken place.

(Attendance at PCT's Provider Committee and information from the PCT PPI Forum Topic Update 5th December 2007)

THIRD DOMAIN – GOVERNANCE:

C7e Healthcare Organisations challenge discrimination, promote equality and respect human rights:

“The waiting room is large and comfortable with ample seating provided at varying heights for each individual's differing needs. A high reception desk is installed, but this is still open and accessible from the public side. There is a separate checking-in area for people in wheelchairs or of restricted height, but this is rarely used.” (Posterngate Surgery)

“The hall and porch area is used for storing prams and wheelchairs. All rooms accessed by the patients are situated on the ground floor and are accessible. The bench seating in the waiting area is comfortable and at a height suitable for elderly patients. There is a separate chair with wooden arm supports.” (Dr Burgess' Practice)

“Members do not think the building complies with the DDA but this is the responsibility of the PCT. Anyone in a wheelchair would have difficulty in accessing the building, without help.” (Dr Calder's Practice)

“The centre has good access for disabled people.” (Kurt's Club)

“There is a room at the front of the surgery inside the reception entrance, which provides ample storage space for pushchairs, wheelchairs and bikes. There is a dual height, wheelchair friendly reception desk, automatic entrance doors and a disabled toilet.” (Haxby Group Practice)

“The automatic entrance doors provided access for all users including wheelchair users. However, the doors were a bit too sensitive, i.e. occasionally opening with the wind but this was a minor issue.” (Scorton Surgery)

FOURTH DOMAIN – PATIENT FOCUS:

C.13 Healthcare Organisations have systems in place to ensure that

(a) staff treat patients, their relatives and carers with dignity and respect:

"Staff are all very pleasant and caring. An important part of this is the 'Friends' who voluntarily come in daily to deal with refreshments and other patients' requirements and are therefore a constant monitor for the community."

Patients completed forum comment cards, which were all very positive and included:

"I have nothing but praise for St Monica's hospital. I have had excellent and helpful treatment. The staff are all so friendly and encouraging. I would not be returning to my home without their help."

"I would like to thank all the staff at St Monica's for the care and attention I received on my recent stay in St Monica's"

"Knowing each patient over many years is an important feature of health care in the practice and the welcoming community and family based nature of the practice was noticeable and should be commended."

"We have been patients with Dr Burgess for about 20 years, and have found the appointment system to be very efficient. The waiting room is light and comfortable and the receptionists are friendly and helpful. We always see the same GP and never feel hurried. Dr Burgess is extremely patient, a good listener and has acted promptly when we needed hospital treatment. All in all an excellent service."

(Patient comment card – Dr Burgess Visit Report)

"Respect is valued highly, disrespect is not tolerated by members. Members and staff treat each other with dignity and respect. The volunteers are helpful, friendly and supportive. The comments from users about staff stated that they were caring, helpful and understanding" (Kurt's Club)

On a visit to Jorvik Medical Practice, six patients had completed comment cards, which stated:

"I have received a very pleasing service from all members of staff and all information that's given is clear to understand."

"I have never had any problems with the health services I have received."

I have only been to the doctors once before. Had no problems. Appointments were quick; GP was very nice and gave me good advice".

"I am very pleased with the service I received at my doctors."

"I think it's a good service."

"The service is quite good, get appointments quickly enough, the problem is always parking at hospitals or surgery." (Jorvik Medical Practice)

"We have nothing but praise for all the doctors and all other medical staff working in each of these surgeries. In all areas we have received nothing but 1st class service and attention." (Abbey Medical Group)

"This is a modern practice and the staff were very helpful and we were made to feel very welcome on our visit. It is obvious that the practice are keen on involving their patients as they hold a patients forum group which meets quarterly." (Jorvik Medical Practice)

"It is clearly very staff intensive work and we were impressed by the dedication of the staff we met. The service is working in a sensitive area and the key feature is the need to establish good relationships and rapport with the patients." (Monkgate Health Centre)

"Members spoke to three patients at the surgery, all of whom were very pleased with the service. In particular, the friendly nature of the staff and the surgery's choice not to use an appointment system." (Scorton Surgery)

(c) staff treat patient information confidentially, except where authorised by legislation to the contrary":

"The records room is lockable; consulting room doors are coded; computer server is located upstairs; all rooms either lock with keys or code pad. The dispensing area is locked via a code pad. Controlled drugs are securely kept as required by legislation. The practice appeared to be very aware of confidentiality issues, for example a masking device is in use within the waiting area." (Posterngate Surgery)

"The practice operates clear security measures. It is situated in a modern building in a well lit residential area. Records and the computer system are situated in the administration office separate from patients." (Dr Burgess)

C.14 Healthcare Organisations have systems in place to ensure that patients, relatives and their carers;

(a) have suitable and accessible information to, procedures to register formal complaints and feedback on the quality of services:

"Information displayed and includes invitation to speak personally to staff about any concerns." (St Monica's)

"The Practice has a form to give to patients to complete which captures the basic details. An appropriate person from the practice will meet with the patient, or speak to them over the phone, to look into the issue and a patient meeting with professional staff will be arranged if required. Patients made aware of the complaints process via a practice leaflet, and a website entry which is kept updated by a GP." (Posterngate Surgery)

"There are few complaints. Any received are dealt with in house, if at all possible and then referred on to the PCT. Patients are also made aware of the PALS facility." (Dr Burgess)

"The Practice has a standard procedure in place for patients' complaints, which meets the national criteria. Information on how to make a complaint is contained in the Practice Leaflet and on the website. PALS information was displayed on notice boards. The one area below the national average, concerns the patients' satisfaction with the information received from their GP. The Practice has spent a lot of effort trying to address this issue but satisfaction remains below average" (Dr Calder)

"Patients' Forum meeting, held quarterly, allows for feedback as does MIND worker. Some Members have used PALS to resolve concerns". (Kurt's Club)

(b) are not discriminated against when complaints are made:

Members are not aware of any discrimination taking place, when complaints have taken place.

(c) assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery:

"Complaints of any nature are always discussed in team meetings, and recorded as a significant incident as part of the reflective practice procedure." (Posterngate Surgery)

Whilst visiting Kurt's Club a service user raised the concern that "since my social worker has resigned I haven't received any recent health services. At present I have no social worker and no idea if one will be appointed."

Since the visit Kurt's Club has advised the Forum that "a new social worker has taken up post".

C.15 Where food is provided, healthcare organisations have systems in place to ensure that:

(b) patients individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day:

"Patients have choice and personal attention to individual requirements." (St Monica's)

"Provision of meals limited due to access of cooking facilities. Toasted sandwiches are available as required. Healthy eating courses available via Community Education Healthy Living Promotion as well as Healthy Eating Food days." (Kurt's Club)

C.16 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 aftercare:

"Information is well displayed on main corridor notice board." (St Monica's)

"Information was provided on various display boards, and general leaflets are available. Specific leaflets are available in practitioner rooms. The information was up to date and an interpretation service is available and encouraged to be used." (Posterngate Surgery)

"The surgery monitor the information they display and ensure it is regularly updated. There was a wide range of leaflets that looked very good. For example there were leaflets on diabetes, MMR vaccine and breast screening. One member of staff was responsible for updating leaflets and ensuring their tidiness." (Haxby Group Practice)

"There are racks containing numerous up to date leaflets and a great range of material which is easy to access with lots of copies for patients to take away. Material can be printed in large format if necessary. The practice can access language line for interpretation if necessary but has very few non-English speaking patients." (Dr Burgess)

"The notice boards were neat and tidy and contained relevant up to date information." This comment was contained in the report covering a visit to Dr Calder; similar comments were contained in the reports covering Jorvik Medical Practice and Abbey Medical Group)

"A small notice board provides much information, leaflets are available. Up to date information is supplied regarding benefits and changes in legislation. Verbal information is also given." (Kurt's Club)

#### FIFTH DOMAIN – ACCESSIBLE AND RESPONSIVE CARE

C.17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivery and improving healthcare services.

"An important part of this is the "Friends" who voluntarily come in daily to deal with refreshments and other patient requirements and are therefore a constant monitor for the community." (St Monica's)

"Complaints of any nature are always discussed in team meetings, and recorded as a significant incident as part of the reflective practice procedure." (Posterngate Surgery)

"In speaking to the Practice Manager, Members learned that the patient questionnaire indicates a very high satisfaction with the appointment system at the surgery." (Dr Calder)

"The options are available for special group meetings regarding health e.g. women's health group and men's health group. Group leader is NHS Smoking Cessation Advisor. Human rights issues discussed and promoted. Advocacy can be supplied regarding changes in CPA." (Kurt's Club)

"The surgery has a PALS Co-ordinator, who collates any complaints and ensures an acknowledgement is sent out within 48 hours. Depending on the complaint, it is either dealt with through the PALS Co-ordinator or channeled through the usual complaints procedures." (Haxby Group Practice)

Members recommended that leaflets be displayed giving information about the Patient Advice and Liaison Service (PALS), NHS Direct, North Yorkshire & York PCT. GP Practice responded by stating that "Posters are on display in the waiting and reception areas regarding PALS and NHS Direct, explaining to patients how to contact these services. Information regarding the PCT is contained within the practice leaflet, supplies of which are available to patients visiting the surgery." (Scorton Surgery)

Members of the Hambleton and Richmondshire Locality Group raised concerns regarding the transfer of services from Rutson Hospital to the Friarage Hospital. Following discussions with staff from the South Tees Hospital's Trust, NY&Y PCT and a visit to the Friarage, Members' reasoned objections to the proposed layout and most of their objections were met in the revised layout. Members were invited to visit the new facilities prior to it being open to patients. (Evidence: H&R Locality Group Minutes November 2007).

Members of the SWR Locality Group raised concerns regarding telephone access at one GP Practice and were informed that "the telephone system installed in the new building was the most up to date system that BT has to offer, and that additional staff were employed to help with handling the high volume of telephone calls."

Members were pleased to learn that the Practice was addressing the difficulties some patients had in understanding how the appointment system works by way of posters/handouts in the surgery, explaining the different types of appointments and the availability of them. (Evidence: SWR Locality Group Meeting September 2007)

#### SIXTH DOMAIN – CARE, ENVIRONMENT AND AMENITIES

C20 Services are provided in environments which promote effective care and optimise health outcomes by being:

(a) a safe and secure environment which protects patients, staff, visitors their property, and the physical assets of the organisation:

"The fire exit was clearly displayed and the fire alarm system is tested weekly. It is a secure environment with good attention to locking rooms etc and an emergency button is installed in all rooms, with the one in the reception linked directly to the police station." (Posterngate Surgery)

"Fire precautions, equipment and alarms were found to be up to date, accessible and very clear. Emergency exits were well signposted and free from obstructions. This is a small ground floor practice with numerous exits to outside. The Practice has paper records but 95% summarized online. Data is backed up every night and secured by the Practice Administrator." (Dr Burgess)

"The fire exit was clearly displayed, and the fire alarm system is tested weekly. A CCTV system is in place and the building has a security system." (Dr Calder)

"It appeared that in the event of a fire, outside areas were easily accessible. Security camera monitors the corridor. All staff adhere to health and safety rules and regulations." (Kurt's Club)

"External doors are security coded or locked and the building is alarmed. All external windows can be grill locked. The security of the building

maintained by the PCT. There is a security system which protects staff by alerting colleagues when someone requires assistance. There were plenty of fire exit signs and members were informed that an independent company checks fire extinguishers annually. The fire alarm is tested once a week." (Haxby Group Practice)

"Paper records are kept in a locked room. Electronic records are password protected. As this is a non-dispensing practice relatively few drugs are kept on the premises. Those that are, were kept in a secure locked drugs box. Backup copies of patient records are made on a daily basis at another site. One copy is kept on-site and another is taken home by a staff member. Other electronic information is held by York Hospital. The practice is currently working on a Disaster Policy." (Abbey Medical Group)

"The new premises, which opened in May 2007, were immaculate as expected with a new build." (Scorton Surgery)

C.21 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:

"A great deal of thought and planning has gone into delivering an efficient but welcoming appearance. The hospital is safe and caring." (St Monica's)

"The overall impression is of a very clean, welcoming and a peaceful practice. There are rooms available for people to sit if requiring personal space, e.g. upset or breastfeeding. The building is located across two storeys, but all treatment and consulting rooms are on ground floor. The surgery is very large and bright with a friendly atmosphere. All the staff are very friendly and most helpful. It was obvious that everybody works well together and that they work as a team." (Posterngate Surgery)

"The surgery is very clean, tidy and nicely decorated. It is bright and well lit. There is good quality bench seating. Toilets are clean and well decorated." (Dr Burgess)

"Members do not think the building complies with the DDA but this is the responsibility of the PCT. Anyone in a wheelchair would have difficulty in accessing the building, without help. The building was clean and tidy" (Dr Calder)

#### SEVENTH DOMAIN – PUBLIC HEALTH

C.22 Promote, protect and demonstrably improve the health of the community served and narrow health inequalities by:

(a) making an appropriate and effective contribution to local Partnership arrangements:

In Hambleton and Richmondshire locality there is a longstanding Improving Health Group which has worked hard to build effective co-operation between the PCT, Hambleton District Council, Richmondshire District Council, the Army base at Catterick, local voluntary organisations and patient representatives.

The Hambleton and Richmondshire locality group now meets quarterly. It retains its wide membership of the PCT, Hambleton and Richmondshire District Councils, Catterick Garrison, representatives from the voluntary sector, patients and the Local Strategic Partnerships.

It continues its interest in :

1 Extend trainers who operate throughout the area: the elderly much appreciate the opportunity for gentle exercise within their locality.

2 The Exercise Co-ordinator set up a cycling scheme in both districts: recruiting 18 volunteers to lead rides, and arranging bike hire, including 3 wheelers. Unfortunately the funding for this post ran out in October. Hambleton and Richmondshire District Councils are considering joint funding of a replacement post. It is disappointing that the PCT cannot justify this expenditure on a proven and popular means of increasing exercise. As the database needs regular updating Hambleton District Council is endeavouring to allocate some staff time to this.

3 Assessing bids for Richmondshire "second homes" money. The group monitors successful bidders who may be called to the group to discuss progress.

Some of the original bids are successfully continuing supported by grateful participants.

(Evidence: The database, activity on the ground, feedback from clients, QOF and Patient Forum Inspections, the press.)

Members were pleased to hear of the multi-disciplinary partnership between health, social care, education and the voluntary sector in the setting up of Sure Start projects in Scarborough and Whitby.

(Evidence: Forum's attendance at Sure Start meetings and attendance of Sure Start Managers at Forum Meetings June and October 2007.)

"Monkgate Health Centre works with other agencies including Compass (drug treatment services) and the Arc Light Project (direct access hostels for the homeless) to integrate patients back into mainstream society."

C23. Systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans:

"The nursing team also help in the monitoring of chronic conditions such as Asthma, Diabetes, Ischaemic Heart Disease and High Blood Pressure as well as contraceptive advice. Health checks are available and the practice run the following clinics: Gynaecology, Child Health, Smoking Cessation, IHD and Diabetes." (Posterngate)

"Practice Nurse is available at most surgeries for special advice on preventing ill-health for men and women. They also carry out asthma and diabetic reviews, cervical smears, breast examinations, vaccinations and ear syringing as well as giving advice on family planning. A Baby Clinic is provided, as well as ante-natal clinic, physiotherapy sessions and chiropody." (Dr Burgess)

"Three Practice Nurses who run regular clinics at the Surgery are also available for consultation in other areas including: Smoking Cessation; Health Promotion, Travel Health and Immunisations, Cervical Screening, Well Persons Clinic, Asthma Reviews and Childhood Immunisations." (Dr Calder)

#### Falls (Stability) Project

The falls prevention work in Hambleton and Richmondshire is on-going. The project is saving money for the PCT if isolated exceptional cases are stripped out. The Locality Group has reformed and has now met. Work has been introduced in York under the title of 'Stability'. A group is operating PCT wide.

(Evidence: PCT Board Papers, PCT statistics, feedback from staff involved in the scheme.)

#### Ambulance Service

Year to date response times for NY is 66% for Category 'A', Trust should be achieving 75%. Perhaps if the PCT had commissioned 75%, the Ambulance Trust may have achieved the low 70s. This is not equity of service, as the YAS Trust wide Category 'A' is 73.8%.

(Evidence: Attendance at Trust Board meetings)

#### South Tees NHS Trust

The South Tees Hospitals Trust is a high performing Trust that has met all the performance targets except MRSA. The Trust has, for the last year, been working with the Department of Health Team to combat the infection. This failure to meet the MRSA target has resulted in progress to

Foundation Trust status being delayed.

The Trust was awarded the Dr Foster Hospital of the year for 2007.  
(Evidence: Attendance at Trust Board meetings)

3. CURRENT OVERVIEW

PPI Involvement: Members of the PPI forum are concerned with the PPI arrangements within the PCT. Whilst time is set aside for PPI forum Members and members of the public to ask questions at Board meetings, the time set aside (20 minutes) is considered to be insufficient, members feel rushed, that they are not listened too and there is insufficient time for all questions to be asked and answered. The PCT spends £1 billion on patient care and as such should give constituents sufficient time to question their decisions and seek information. Members recommend that the PCT either:

- start their board meetings earlier; or
- hold them on a monthly basis.

Forum also recommends that a lay representative be appointed to the Trust Board, with full speaking rights.

The PCT has improved in its response times in addressing queries raised by PPI forum, after the FSO wrote to the PCT pointing out their statutory duty to respond to queries within 20 working days.

Finances: Members think that the PCT is continuing to make progress towards its financial targets but remains concerned that if that progress is not maintained there is a possibility of services being put at risk. Due to the PCT's financial position, the development of medical services has been constrained. Forum also has concerns regarding its capital resource, if underspends cannot be carried forward. Members are also concerned that the £750,000 underspend on dentistry in the 2006-07 year, was not put back into the much needed dental service.

Fast Response Teams:

Members think that this work is innovative and very effective in assisting patients to be cared for at home, rather than being admitted to hospital. Members hope that the PCT is able to develop this service further.

Falls Prevention:

Members hope that this valuable work, which has recently been rolled out to the city of York, can be spread to all other areas of the PCT.

PCT's Staff Attendance at Locality Group Meetings:

Locality Groups welcomed the attendance at the majority of their meetings of a member of the PCT's PPI Team; this has helped in receiving responses to queries raised at meetings quickly and in receiving updates on the work of the PCT.

DECLARATION

On behalf of the North Yorkshire and York Primary Care NHS Trust PPI Forum, we confirm that this commentary is an independent, open and transparent view of the Trust's performance against the Healthcare Commission's Core Standards.

Signed at a meeting, in public, of the PPI forum held in York at the Novotel, Fishergate, York, on 11th March 2008.

.....Jill Knight, Chairman.

Date: 11th March 2008.

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

City of York Safeguarding Children Board

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

The relevant Core Standard relating to the City of York Safeguarding Board

is C 2.

I can comment that

1 Effective processes are in place for reporting and taking action on child protection issues

2 The PCT works well with partners to protect children

3 All new staff are CRB checked at basic or enhanced level dependent on their

role (all in contact with children or young people are at enhanced) There is currently an exercise to ensure that all staff working with C&YP are enhanced check as well. Repeat CRB checking needs to be introduced, but police action that anyone arrested for a child related matter and is working for a PCT seems to work well.

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

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## Overview and scrutiny committee comments

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

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

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## Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

City of York

Comments. There is no word limit on this answer.

### Core Standard 22

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) cooperating with each other and with local authorities and other organisations

c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships

North Yorkshire and York Primary Care Trust and CYC have a joint appointment in the Associate Director of Public Health. City of York Council leads on a partnership with the PCT for the provision of services to people with learning disabilities. North Yorkshire and York PCT lead on a partnership with City of York Council for the provision of mental health services. Community Equipment Services are also run collaboratively.

The Director of Public Health has presented at an Overview and Scrutiny Committee Meeting (OSC) and attended a Public Meeting organised by the OSC to share his work on healthcare commissioning as a result of which he has agreed to attend further meetings with local voluntary groups.

The Associate Director of Public Health (joint appointment with PCT and local authority) has led on developing the Local Area Agreement "Healthier Communities and Older People".

Directors and officers of the PCT have regularly attended meetings of the OSC to answer members' questions. They have also taken part in community events to discuss their plans and priorities.

Barbara Boyce

Scrutiny Services/Business Support to Director of People and Improvement  
City of York Council

Name of overview and scrutiny committee 2

North Yorkshire County Council

Comments. There is no word limit on this answer.

Janet Soo-Chung  
Chief Executive  
North Yorkshire & York PCT  
The Hamlet  
Hornbeam Park  
HARROGATE  
HG2 8RE

Dear Ms Soo-Chung,

Comments from the North Yorkshire Scrutiny of Health Committee: Healthcare Commission Annual Health Check – Declaration 2007/08

Thank you for the way in which your Trust has co-operated with the North Yorkshire County Council Scrutiny of Health Committee on this important matter. Please pass on my particular thanks to Paddy Pearce and Graham Purdy for meeting me and other leading Members on Wednesday 2 April 2008 and guiding us through your health check declaration.

I would be grateful if you would include the following comments in your Healthcare Commission 2007/08 Annual Health Check:

During 2007/08 the North Yorkshire and York Primary Care Trust has engaged with the North Yorkshire Scrutiny of Health Committee on a number of occasions.

27 April 2007, Harrogate

Developments on the Abbey Ward at Selby Community Hospital and on the bid to the Department of Health to build a new hospital in the town.

6 July 2007, Grassington

As part of the on-going monitoring of the PCT's Service Modernisation and Financial Recovery Plan 8 beds on the Abbey Ward, Selby Hospital and 5 beds on the Farndale Ward at Ripon Hospital had been re-opened.

Reintroduce of NHS dentistry service in the Hawes/Leyburn and Richmond/Catterick area - The Committee expressed serious concern over the delay but accepted that there were some extenuating circumstances. The Committee was informed that an NHS dentistry service would be reintroduced in Hawes/Leyburn from 1 October 2007 and in Richmond/Catterick, Harrogate, and Scarborough from the beginning of 2008.

Public health challenges facing the County including where there was evidence of health inequalities in terms of life expectancy and infant mortality. The Committee heard how the PCT was working with partner organisations to deliver a range of targets both in national health improvement and in the Local Area Agreement.

23 November 2007, Harrogate

Programme Budgeting and Marginal Analysis - Members heard how clinicians and managers would be able to track and analyse NHS expenditure locally across 23 types of illness/healthcare procedures. The information would enable the NHS to make more informed decisions on healthcare with the overall aim being to "add life to years and years to life". Members were extremely interested in this initiative and indicated they would like to hold a workshop to consider certain issues in more detail.

Emergency Admissions - Members heard how the PCT is working with NHS acute trusts, social care and the Police to reduce emergency admissions across the County. Locating GPs in Accident and Emergency Units during the out of hours periods was just one of the initiatives cited by the PCT as making a positive contribution.

Relocation of the in-patient rehabilitation unit at the Rutson Hospital, Northallerton to the Friarage Hospital in the same town. Members were disappointed that a Unit which had recently been named as the best performing stroke rehabilitation unit in the country was being closed but accepted that the building required significant upgrading, likely to cost approximately £750,000, to achieve compliance with the Fire Regulations. They heard how senior managers from the PCT and the South Tees Hospitals NHS Trust were working closely together to ensure a smooth transition.

1 February 2008 and 3 March 2008, Ripon

The PCT consulted formally with the Committee on the proposed closure of 16 in-patient beds at the Orchards Community Unit for the Elderly in Ripon. Members commended the PCT on its the early engagement with the Committee (going back to May 2006) and on the PCT's willingness to engage with the Committee as part of the formal consultation process. Members accepted that the proposals were in line with national policy guidance and welcomed the PCT's proposals for reinvesting and modernising services in the area using funds that would be released by the proposals. The PCT undertook to work closely with its colleagues in social care to come forward with a jointly agreed plan for service reinvestment in the Ripon area before a final decision is taken.

18 February 2008, York

Programme Budgeting and Marginal Analysis Members: Joint workshop with City of York Council Scrutiny of Health Committee.

Closing Comments

The engagement of Directors and other senior managers from the NYY PCT with the Committee during 2007/08 has generally been very good, and a significant improvement on the previous year.

The only occasion when the PCT was unwilling to attend one of our meetings was an evening meeting held in Scarborough on 19 September 2007 which was attended by over 300 members of the public. At this meeting the Committee met with senior managers and clinicians from the Scarborough and North East Yorkshire (SNEY) NHS Trust to discuss its financial situation.

This meeting was called against the background of a proposal to remove nearly one-third of the posts, and a significant number of healthcare services, at the Trust, a proposal that had caused huge anxiety amongst local people in Scarborough and its hinterland.

Members were extremely disappointed that the NYY PCT (and the East Riding of Yorkshire PCT) were not represented at the meeting, especially as many issues were raised where the PCT's contribution would have assisted the members of the public attending the meeting to have a clearer grasp of the situation facing the SNEY NHS Trust.

Finally, throughout the series of Committee meetings during the year, as well as engaging with the Committee on particular service developments, representatives from the PCT have been willing to brief the Committee and its leading Members on the Trust's Service Modernisation Plan and Financial Recovery Plan.

If you need to discuss this matter further or any other issue relating to Scrutiny of Health in North Yorkshire, please do not hesitate to contact myself or Bryon Hunter, Scrutiny Support Officer (contact details set out below).

Yours sincerely

County Councillor John Blackie (Upper Dales Division)  
Chairman – North Yorkshire County Council Scrutiny of Health Committee

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