

Webforms Output: Core standards declaration 2008/2009
April 2009

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

This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

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

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

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

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

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

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

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. Sign off

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

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

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

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

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

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

Section 4. Comments from specified third parties

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

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

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

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

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

Frequently Asked Questions:

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

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

Reasonable assurance

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

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

Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

Guidance for primary care trusts

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

General guidance

Comparisons to last year's declaration

Third party comments

Resubmission

General

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

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

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

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

corporate body

commissioning functions

commissioned services and independent contractors

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

[here](#)

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

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

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

[here](#)

Comparisons to last year's declaration

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

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

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

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

Prison Health services

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

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

Third Party commentaries

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

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

here

Resubmitting your declarations

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

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

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

General statement of compliance

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

In making this declaration NHS North Yorkshire and York Community and Mental Health Services has taken into account the Standards for Better Health from the perspective of a provider of services.

The organisation 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 provides a wide spectrum of care and services for the people of North Yorkshire and York: employing approximately 4000 staff. Resources continue to be a challenge but NHS North Yorkshire and York Community and Mental Health Services is expected to declare financial balance at year end.

During 2008-09 work has been undertaken to prepare NHS North Yorkshire and York Community and Mental Health Services for "arms length" provider operation from 1 April 2009. The PCT Board agreed the arrangements in their Board meeting 31 March 2009.

NHS North Yorkshire and York Community and Mental Health Services has declared compliance for the full year on 32 of the 44 standards; this number increasing to 39 of 44 by the year end (31 March 2009).

The Standards which NHS North Yorkshire and York Community and Mental Health Services were non-compliant with for the full duration of 2008/09 were:

C2 Child Protection Guidance - there is insufficient assurance that all elements of the provided services have been fully compliant with the standard for the full duration of 2008/09. A thorough assessment required by the Healthcare Commission was completed in March 2009 and action planning is in progress. No significant lapses that may have led to harm were identified either in the reporting or the review.

C4b Medical devices - significant work has been undertaken during the year with an asset register complete for 80% of sites and equipment. The work identified a number of gaps on maintenance and training which have been risk assessed and addressed, but the full management and monitoring system will be implemented from April 2009.

C4d Medicines Management - While significant progress has been made during the year, in order to develop a NHS North Yorkshire and York Community and Mental Health Services wide approach policies and procedures are being finalised with training and monitoring planned for the coming year.

C7e Discrimination, Equality & Human Rights - NHS North Yorkshire and York Community and Mental Health Services has insufficient assurance that all elements of the provided services have been fully compliant with the standard for the full duration of 2008/09.

C20a Safe and secure environment - a full premises audit was completed and both fire and risk assessments have been undertaken in patient occupied buildings as a priority. Work identified by audit to improve disabled access is progressing.

The following standards were not fully met for the entire duration of the year but were met by the year end:

C5b Clinical Supervision - the initial policy did not address all clinical services specifically and has been revised, with awareness raising and support plans in place.

C5c Clinicians continuously update and develop skills - there was insufficient evidence to demonstrate full year compliance, a new NHS North Yorkshire and York Community and Mental Health Services wide central recording system is being implemented.

C8b Continuing Personal and Professional Development (all staff) - there was insufficient evidence to demonstrate full year compliance; a new NHS North Yorkshire and York Community and Mental Health Services central recording system is being implemented.

C9 Records Management - following an audit that included all in-patient premises update requirements for policy and practice were identified. A NHS North Yorkshire and York Community and Mental Health Services wide medical records policy has been developed and is being implemented.

C11b Mandatory Training Programmes - A new policy and plan have been agreed with more programmes accessible at or near the workplace to address staff release issues.

C11c Further professional and occupational development - a number of good examples were identified but there was no central monitoring recording all the required data. An electronic staff record has now been implemented.

C21 Cleanliness of NHS premises - Following the transfer of some catering and cleaning services to NHS North Yorkshire and York Community and Mental Health Services a full cleanliness audit was undertaken. A cleaning strategy has been agreed and action plans are being implemented.

NHS North Yorkshire and York Community and Mental Health Services provides healthcare for young offenders at Her Majesty's Young Offender Institution (HMYOI) Northallerton and for women at Her Majesty's Prison (HMP) Askham Grange. There were no particular issues of assurance identified and HM Prison Inspectorate has commended the healthcare in both prisons during 2008-09.

As this was the first year that separate declarations were required the stakeholder commentaries were not specific regarding the NHS North Yorkshire and York Community and Mental Health Services. The comments include positive references to provided services.

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.

insufficient assurance

Start date of non-compliance or insufficient assurance

01-12-2008

Date at which you expect to have assurance of compliance

01-10-2009

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

The PCT did not have a named doctor in one locality. Formal agreements for named doctors were not in place. The PCT had incomplete training and training needs analysis to identify all staff who required child protection training. An audit revealed there were inconsistent approaches across the PCT. A number of policies require revision.

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

A Child Protection Training Officer has been appointed
 Service level agreement for named doctors and under development and should be agreed by 30 June 2009.
 An audit programme is being developed and will be agreed by 1 July 2009.
 Monthly monitoring from 1 April 2009 by the Senior Management Team

* 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.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

01-10-2009

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

Incomplete data on medical devices & equipment including models in service and condition, planned maintenance and device failures
Absence of a acquisition process which rationalises the range of medical device models for selection

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

A permanent senior medical devices manager has been appointed.
The asset register is now 70% completed and will be fully completed by 30 June 2009.
Monthly monitoring from 1 April 2009 by the Senior Management Team

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

The PCT employed a manager to audit and review contracts who identified gaps in service level agreements and the asset register. Subsequently significant gaps were discovered

* 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.

not met

Start date of non-compliance or insufficient assurance

01-09-2008

Date at which you expect to have assurance of compliance

01-10-2009

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

The organisation has inconsistent medicines management policies, procedures and practices across the four localities. Systematic training and monitoring needs to be implemented from 1 April 2009.

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

Training and monitoring plan will be in place from 1 April 2009.
Key policies and procedures are under development and will be in place from 30 June 2009.
Monthly monitoring from 1 April 2009 by the Senior Management Team

* 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.

not met

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

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

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

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

not met

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

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

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

* 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.

not met

Start date of non-compliance or insufficient assurance

01-10-2008

Date at which you expect to have assurance of compliance

31-10-2009

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

The organisation lacks assurance of robust systematic implementation and monitoring of key polices
The organisation has insufficient assurance of robust monitoring of equality and diversity with regard to employment

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

Appointment of equality and diversity manager from 1 April 2009.
Monthly monitoring from 1 April 2009 by the Senior Management Team

* 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.

not met

Start date of non-compliance or insufficient assurance 14-08-2008

Date at which you expect to have assurance of compliance 31-03-2009

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

The organisation had insufficient evidence to demonstrate full year compliance, a new NHS North Yorkshire and York Community and Mental Health Services wide central recording system is being implemented

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

Comprehensive action plans were formulated to address weakness and compliance was achieved by 31 March 2009.

* 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.

not met

Start date of non-compliance or insufficient assurance 13-08-2008

Date at which you expect to have assurance of compliance 31-03-2009

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

Following an audit that included all in-patient premises update requirements for policy and practice were identified. A NHS North Yorkshire and York Community and Mental Health Services wide medical records policy has been developed and is being implemented

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

Comprehensive action plans were formulated to address weakness and compliance was achieved by 31 March 2009.

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.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

31-03-2009

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

A new policy and plan have been agreed with more programmes accessible at or near the workplace to address staff release issues

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

Comprehensive action plans were formulated to address weakness and compliance was achieved by 31 March 2009.

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

Due to the complexity and diversity of the organisation a full training needs analysis was required in order to establish statutory training needs for the many different staff groups in the organisation this proved to be challenging. The organisation reviewed in detail the methods for providing statutory and mandatory training and has produced a range of training methodologies including online, face to face, classroom and tutorial presentations.

* 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.

not met

Start date of non-compliance or insufficient assurance

14-07-2008

Date at which you expect to have assurance of compliance

31-03-2009

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

Further professional and occupational development - a number of good examples were identified but there was no central monitoring recording all the required data. An electronic staff record has now been implemented

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

Comprehensive action plans were formulated to address weakness and compliance was achieved by 31 March 2009.

* 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.

not met

Start date of non-compliance or insufficient assurance

01-01-2009

Date at which you expect to have assurance of compliance

31-10-2009

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

The organisation identified significant lapses in building maintenance schedules required by the Health and Safety Executive in one locality.
Partial implementation of fire and risk assessments by 31 March 2009

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

Remedial action address maintenance schedules gaps in progress from April 2009.
Revision of service level agreements
Recruitment of new fire safety advisor by 30 June 2009
Monthly monitoring from 1 April 2009 by the Senior Management Team

* 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.

not met

Start date of non-compliance or insufficient assurance

01-10-2008

Date at which you expect to have assurance of compliance

31-03-2009

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

Following the transfer of some catering and cleaning services to NHS North Yorkshire and York Community and Mental Health Services a full cleanliness audit was undertaken. A cleaning strategy has been agreed and action plans are being implemented

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

Comprehensive action plans were formulated to address weakness and compliance was achieved by 31 March 2009

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	John Wardle OBE, DL	Chair
2	Mr	Geoffrey Donnelly	Audit Committee Chair
3	Mr	Geoffrey Potter	Non Executive Director
4	Ms	Stephanie Sturrock	Non Executive Director
5	Mr	Michael Sweet	Non Executive Director
6	Mrs	Jayne Brown	Chief Executive
7	Mr	Nick Steele	Director of Finance and Resources
8	Mr	Bill Redlin	Director of Performance and Delivery
9	Mr	John Brown	Director of Corporate Affairs and Communications
10	Mrs	Janet Probert	Director of Community and Mental Health Services
11	Mr	Gary Hardman	Director of Nursing and Patient Care
12	Dr	Peter Brambleby	Director of Public Health
13	Dr	Sue Proctor	Interim Director of Strategy and Engagement
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Comments from specified third parties

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

* Strategic Health Authorities

 0 1 2 3 4 5 6 7 8 9 10

* Local involvement networks

 0 1 2 3 4 5 6 7 8 9 10

* Local child safeguarding boards

 0 1 2 3 4 5 6 7 8 9 10

* 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 Strategic Health Authority Comments

No comments from Strategic Health Authorities were provided

Local Involvement Network comments

No comments from Local Involvement Networks were provided

Local child safeguarding boards comments

No comments from Local Child Safeguarding Boards were provided

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

North Yorkshire County Council

Comments. There is no word limit on this answer.

County Councillor Gareth Dadd
Thirsk Electoral Division The Old Black Bull
Thormanby
YORK
North Yorkshire
YO61 4NN
Telephone: 01845 501222
Mobile: 07904 390455
E-mail: cllr.g.dadd@northyorks.gov.uk

7 April 2009

Jayne Brown
Chief Executive
NHS North Yorkshire & York
The Hamlet
Hornbeam Park
HARROGATE
HG2 8RE

Dear Jayne,

Comments from the North Yorkshire Scrutiny of Health Committee: Healthcare Commission Annual Health Check - Declaration 2008/09

Thank you for the way in which your Trust has co-operated with the Council's Scrutiny of Health Committee on this important matter. Please pass on my particular thanks to John Brown, Paddy Pearce and Graham Purdy for meeting with Members from the Committee on Wednesday 4 March 2009 and guiding us through your health check declaration.

I would be grateful if you would include the following comments in your Healthcare Commission 2008/09 Annual Health Check:

During 2008/09 the North Yorkshire Scrutiny of Health Committee (SoHC) has had a great deal of involvement with NHS North Yorkshire and York (NHS NY&Y) on a range of healthcare issues, most notably:

1. Developments at Castleberg Hospital in Giggleswick, Craven

In January/February 2008 NHS NY&Y put in place a 'hospital at home' scheme in the Craven area which involved patients being treated in their own homes rather than on a hospital ward. These arrangements were put in place because significant maintenance work was needed at the NHS NY&Y's Castleberg Hospital in Giggleswick. In order to complete the work it was necessary to relocate patients and rather than move them to a different hospital, the 'hospital at home' scheme enabled people to get the treatment and support they need in their own home and maintain their independence. Significant repairs could not have been carried out at the Hospital with patients still on-site. NHS NY&Y provided assurances that the same admission and discharge criteria would be used for patients to ensure the service can support those patients who need it.

In December 2008 NHS NY&Y announced that the refurbished hospital would be reopening in March 2009. NHS NY&Y is now working to ensure a smooth transition of services for patients who are currently receiving care via the 'hospital at home' scheme.

Throughout this process NHS NY&Y kept local Members well briefed on progress and reported more formally to the Committee on 1 May 2008 and 9 January 2009.

Relevant Domain/Core Standards

Fifth domain: Accessible and responsive care

Domain outcome: Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

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

Core standard C19 - Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Sixth domain: Care environments and amenities

Domain outcome: Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core Standard 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.

2. Extended Primary Care Services in Scarborough

In March/April time of 2008 NHS NY&Y announced that arising out of the NHS Next Stage Review it was going to receive extra government money to develop extended GP-led health services.

At the meeting of the Committee on 4 July 2008 Directors from NHS NY&Y briefed the Committee on background to this development and sought the Committee's views on the types of service being envisaged and on Scarborough as the priority area in which to establish an extended primary service model. NHS NY&Y also sought the Committee's view on the engagement process it was planning to follow with patients, the public and local stakeholders.

In terms of why Scarborough was chosen as the priority area NHS NY&Y highlighted that Scarborough has the highest rates of heart failure and diabetes, premature deaths, teenage pregnancies and sexually transmitted diseases. It was also demonstrated to the Committee that Scarborough has the lowest life expectancy for both men and women in the North Yorkshire and York area.

The Committee was informed that the following types of service would be incorporated in the extended services model:

- o Sexual health and family planning services
- o Counselling and other support services for people with mental health problems
- o Specialist support services for drug users and people with alcohol-related problems
- o A support service for homeless people
- o Advice and support in self-care

At the meeting on 4 July 2008 the Committee also heard from the Chairman of the Local Medical Committee that local GPs were concerned that this development must not undermine the existing network of GP services. The Committee strongly supported this view and was anxious to see the new services developed in a way that was complementary to existing NHS services, particularly GP services, community based services and services that needed to be provided in a hospital setting.

The Committee agreed that Scarborough was the area most in need of the investment and commended NHS NY&Y on its proposed engagement process.

Throughout the year NHS NY&Y kept the Committee fully briefed on developments and announced to the Committee on 27 February 2009 that the procurement process was complete and that a consortium of local GPs had been named as the preferred bidder.

Relevant Domain/Core Standards

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

Core Standard C6 - Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

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

Seventh domain: Public health

Domain outcome: Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core Standard C22a&b - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a) co-operating with each other and with local authorities and other organisations; and
- b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices.

3. Reviews of Clinical Services and Service Strategy in the Hambleton/Richmondshire and Scarborough, Whitby and Ryedale Areas.

At the meeting of the SoHC on 4 July 2008 NHS NY&Y announced that, working in partnership with colleagues in the NHS locally and with other stakeholders, it was facilitating reviews of Clinical Services and Service Strategy in the Hambleton/Richmondshire and Scarborough, Whitby and Ryedale Areas. The reviews would cover:

Hambleton/Richmondshire

- o Urgent care
- o Services for people with long term conditions
- o Children's services
- o Mental health services

Scarborough, Whitby and Ryedale

- o Accident & Emergency/Out of Hours integration
- o Acute Surgery
- o Acute Medicine
- o Trauma & Orthopaedics
- o Diagnostics
- o Paediatrics/Maternity services

The SoHC examined the extent to which both reviews would be clinically led and there would be a partnership approach including GPs, consultants, social care and children services representatives and the voluntary sector. Confirmation was provided on both aspects. The Committee fully supported the formation of a Partnership Board for each review. At the invitation of NHS NY&Y the SoHC nominated a representative to each Board but only on the basis that this should not prejudice the Committee's position with regard to any formal consultation on either review.

At the meeting of the SoHC on 27 February 2009 NHS NY&Y announced that it was no longer intending for the reviews to be completed by 31 March 2009. New completion dates were not announced. But at the Committee meeting on 4 July 2008 senior representatives from NHS NY&Y emphasised the need to complete the reviews in time for any proposals to inform its commissioning plans for 2009/10. Consequently, against a background of World Class Commissioning certain Members have questioned the strategic management of the reviews. They have, however, acknowledged that the Trust's new Chief Executive (appointed on 19 January 2009) would, understandably, want to influence the course of both reviews.

Work on both reviews is on-going and NHS NY&Y has given a firm commitment to keep the SoHC up to date on developments.

Relevant Domain/Core Standards

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

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

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

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

4. Department of Health Consultation - Pharmacy in England: Building on strengths - delivering the future - proposals for legislative change.

At the meetings of the SoHC on 12 September 2008 and 14 November 2008 and at an informal workshop on 10 October 2008 NHS NY&Y assisted the SoHC to respond to this consultation by providing information on the local position with regard to the existing pattern of GP dispensing practices.

Relevant Domain/Core Standards

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

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

5. Access to NHS Dentistry

The SoHC's involvement in Access to NHS Dentistry dates back to 2006 when the National Dental Contract (NDC) came into effect and many dentists in North Yorkshire decided to no longer provide NHS dentistry and went exclusively private, offering the "DenPlan" service model which is based on subscriptions. Problems were particularly acute in the more rural parts of the County such as in the Upper Dales area, where after a number of delays, an NHS Dentist was eventually appointed in October 2007. Unfortunately this Dentist withdrew from the contract in October 2008. As a result communities in the Upper Dales area have to travel a round trip of 50 miles, in an area not served by public transport, to access an NHS dentist.

Consequently since October 2008 the SoHC has been closely monitoring the situation and received reports from local Councillors that some people had not seen a dentist for 2.5 years.

At the SoHC on 27 February 2009 NHS NY&Y summarised its work on developing a commissioning plan based on geographical areas of need. The Committee was informed that the commissioning plan underpinned a procurement process which had concluded in January and contract discussions were underway with the successful bidders. NHS NY&Y anticipated services commencing in a number of locations during 2009.

The Committee heard that following the procurement process no bidder expressed interest in providing NHS Dentistry in the Upper Dales, although after the closing date a local dentist did express informal interest. NHS NY&Y informed the Committee that it was working to ensure an interim dental service would be established in the Upper Dales from early April until September 2009. One of the options being considered as part of the interim arrangement involves existing dental practices and further use of NHS NY&Y's own salaried dental service to secure services for people currently unable to access NHS dental care. During this interim period NHS NY&Y will be going out to tender for dental services specifically in the Upper Dales area with a view to a contract starting in September.

Whilst the SoHC was encouraged by this news it expressed concern regarding the extent to which NHS NY&Y was meeting the World Class Commissioning competencies "to effectively stimulate the market to meet demand and secure required clinical, and health and well being outcomes" and "to secure procurement skills that ensure robust and viable contracts".

It should be noted that as part of the 2007/08 Health Checks the SoHC expressed concern with regard to access to NHS Dentistry in North Yorkshire.

Relevant Domain/Core Standards

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

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

Core standard C19 - Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.
Seventh domain: Public health

Domain outcome: Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core Standard C22a - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) co-operating with each other and with local authorities and other organisations.

6. NHS NY&Y Budget Update

At the Committee meeting on 9 January 2009 the Director of Finance at NHS NY&Y briefed the Committee on the NHS Operating Framework 2009/10 and the 2009/10 to 2010/11 financial allocations.

The Director informed the Committee that NHS NY&Y had developed a five year strategic plan for the period to 2013 which was underpinned by a medium term financial plan. The Director commented that these plans would be refined over the next three months. The Committee was informed that the financial plan was based upon the achievement of financial balance in 2008/09 and that NHS NY&Y was working with acute trusts to resolve overtrading forecasts and with GPs with regard to increased referrals.

At the Committee meeting on 27 February 2009 the SoHC was informed that NHS NY&Y is currently on course to achieve breakeven in 2008/09. Work is currently being undertaken on plans for the 2009/10 Operating Framework which would be submitted to the Strategic Health Authority on 13 March 2009. This will include the Medium Term Financial Strategy from 2008/09 - 2012/13. The 2009/10 plans will be presented to the NHS NY&Y Board on 31 March 2009 and a further update will be given to the SoHC at its meeting in May 2009.

Relevant Domain/Core Standards

Third domain: Governance

Domain outcome: Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

Core standard C7d - Healthcare organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.
Seventh domain: Public health

Domain outcome: Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core Standard C22a - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) co-operating with each other and with local authorities and other organisations.

7. Closing Comments - Engagement with the SoHC

During 2008/09 NHS NY&Y was represented at all 6 meetings of the SoHC at venues across all of North Yorkshire. Attendance at Committee meetings can involve round trip travelling times of more than 3 hours. All of the meetings are publicised via the local media with a view to attracting a public attendance. Members of the public attending the meetings are able to observe Members asking questions but significantly the public can, through the Chairman, raise questions that they would like to see answered. The level of commitment afforded to the Committee by NHS NY&Y and its willingness to attend meetings on the basis that its representatives may be asked to respond to questions from the public has been commendable.

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 Gareth Dadd
Chairman - North Yorkshire County Council Scrutiny of Health Committee

Copy to: Councillor David Billing
Councillor David Heather
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Name of overview and scrutiny committee 2

City of York

Comments. There is no word limit on this answer.

CYC Health Scrutiny Committee's comment on Core Standards met by NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)
Core Standard C2

Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.

NHS North Yorkshire & York play an active role alongside City of York Council and other organisations on the Safeguarding Children Board. Inspectors from Ofsted visited the authority earlier this year to carry out a Joint Area Review (JAR), evaluating how local services contribute to the wellbeing of children and young people growing up in the city. The review particularly focused on children with learning difficulties and/or disabilities and children who are looked after (cared for by the council) or who require safeguarding. The inspection team highlighted York as one of the best authorities in the country for services for children and young people, classing it as 'outstanding and continuing to improve outstandingly'.
Core Standard C6

Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

NHS North Yorkshire & York played an active role in City of York Council's Health Scrutiny Committee's Review on Dementia (Accessing Secondary Care). They were involved in cross provider discussions between the Health Scrutiny Committee, various voluntary organisations, York Hospital and CYC Adult Social Services. The recommendations arising from the review identified several areas for improvement some of which directly impacted on the Primary Care Trust. These were met with a positive response and an agreement by all parties for an update to be provided to the Health Scrutiny Committee in the summer of 2009.
Core Standard C13a

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

NHS North Yorkshire & York had a significant input into the Review on Dementia (Accessing Secondary Care) as mentioned above. They took an active part in discussions concerning possible improvements to the way patients with dementia were treated by staff. A copy of the Dementia Review document is available on request.
Core Standard C22a&c

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

- a) Co-operating 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

Representatives of NHS North Yorkshire & York attend City of York Council's Health Scrutiny Committee meetings on a regular basis and are very supportive of the Committee's requests for information. They played an active part in discussions arising during the Dementia Review.

They also provide regular updates on access to NHS dental services in York and have been working with the Committee on preparing a standard reporting template for presenting statistics on this subject. Information is usually provided to us in writing prior to meetings for inclusion in agendas. The Health Scrutiny Committee had previously raised concerns regarding the provision of emergency dental services and are pleased to see that there have been continuing improvements to the York based Sunday emergency dental service which had been introduced in November 2007.

The Assistant Director of Commissioning and Service Development has attended 3 meetings this reporting year (2 formal and 1 informal).

Representatives of the Health Scrutiny Committee and NHS North Yorkshire and York have also met to discuss the forthcoming changes to their mental health provider role.

There are also successful jointly commissioned schemes between the Council and the Primary Care Trust including; mental health services and Learning Disability (LD) services.

The Chair of the Health Scrutiny Committee has attended a seminar run by the Primary Care Trust to launch their approach to developing World Class Commissioning.

The Group Manager (Assessment and Personalisation) within City of York Council's Housing and Adult Social Services Directorate commented that: 'The Joint Equipment Store (JES) service has been running as a joint health social care service for at least 10 years and year by year has provided an increasing level of service to people in York, which has been a consistently high performing service, jointly provided by the PCT and the Council. Over the last two years the significant reorganisation of the Primary Care Trust has meant that service developments which could have benefited both health and social care customers have been delayed; hopefully there is now an opportunity to take these forward. This service has been consistently reaching a 96% delivery target for equipment to be delivered within 7 days of assessment.'

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