

Webforms Output: Core standards declaration 2008/2009
May 2009

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

This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

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

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

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

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

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

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

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. Sign off

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

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

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

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

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

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

Section 4. Comments from specified third parties

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

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

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

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

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

Frequently Asked Questions:

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

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

Reasonable assurance

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

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

Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

General statement of compliance

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

Birmingham Women's NHS Foundation Trust has been compliant with all 24 core standards over the year 2008-9.

It has improved on 2007-8 by becoming fully compliant with the first element of standard C1a: 'Incidents are reported locally and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System'. The non-compliance in 2007-8 was due to the Trust's inability to send data to the NRLS database for adverse incidents. A new risk management software application was implemented and all the required incidents for 2008-9 have been submitted to the NPSA's database.

The following is the conclusion from the letter of assurance to the Board from Parkhill Internal Audit Services following their audit of the arrangements for implementing the Standards for Better Health and compliance with the core standards:

RE: Standards for Better Health and Declaration 2008/09 - Final Letter

4 Conclusion

4.1 Our review of the assurance arrangements over the compliance with the core Standards showed that the Trust's Committee structure is adequate for implementing and monitoring compliance with the standards. Sound plans were in place for the collection and assessment of evidence under management control.

4.2 Evidence has been collected and collated and made available for review at time of our audit. Having reviewed the sample evidence presented to support the Trust's statements on compliance, we felt that the evidence collection process appears to be robust.

4.3 In addition, whilst we verified that the development and implementation of the Framework has been well managed, collation and review of evidence, for accuracy and completeness, is still ongoing. We are satisfied that compliance within the set timeline will enable this to be carried out in time for the Declaration of compliance with the Standards to be signed off by the Board.

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

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

Safety domain - core standards (C1a - C3)

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

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

compliant

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

compliant

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

compliant

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

compliant

Safety domain - core standards (C4a - C4e)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

Governance domain - core standards (C7a - C9)

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

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

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

Governance domain - core standards (C10a - C12)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

Patient focus domain - core standards (C15a - C16)

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

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

compliant

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

compliant

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

compliant

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

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

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

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

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

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

compliant

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

compliant

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

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

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

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

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

compliant

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

compliant

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

compliant

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

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

Public health domain - core standards (C22a - C24)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

Electronic sign off page

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

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

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

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

Electronic sign off - details of individual(s)

| | Title: | Full name: | Job title: |
|----|-----------|----------------|--|
| 1 | Ms | Julie Burgess | Chief Executive |
| 2 | Miss | Jane Owen | Director of Nursing, midwifery and Operations |
| 3 | Mr | Neil Savage | Director of Workforce and Organisational Development |
| 4 | Mr | Jason Burn | Interim Director of Finance |
| 5 | Mr | Peter Thompson | Medical Director |
| 6 | Ms | Judith Mackay | Chairman |
| 7 | Professor | Ian Booth | Deputy Chairman |
| 8 | Mrs | Helen Hemberg | Non-Executive Director |
| 9 | Mr | David Draycott | Non-Executive Director |
| 10 | Mr | Robin Rison | Non-Executive Director |
| 11 | Mr | Nigel Gardner | Non-Executive Director |
| 12 | | | |
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| 30 | | | |

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

Comments from specified third parties

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

* Strategic Health Authorities

1

* Local involvement networks

1

* Local child safeguarding boards

1

* Learning Disability Partnership boards

0

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

* Non-specified third party organisations:

1

Comments from specified third parties

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

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

West Midlands Strategic Health Authority

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

The SHA has considered this organisation's performance on core standards only where evidence is available to the SHA through current working arrangements. The following are specific comments in relation to the standards for which the SHA holds key information.

The SHA understands this organisation has assessed itself as fully compliant with all core standards at year end.

C1a - All provider organisations are now undertaking regular quality review meetings with the appropriate PCTs and it is anticipated this process will develop over time to support the implementation of Local Quality Accounts and other areas of patient safety focus.

C4a - This Trust has an HCAI action plan in place.

C18 - The Trust has achieved compliance with the 18 week referral to treatment target for the Clinical Genetics Service.

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

C24 - All West Midlands Trusts and PCTs have participated in a self-assessment audit in relation to the commitment to have robust plans in place to deal with emergencies, including pandemic 'flu. This Trust scored below average when compared with other Trusts in the West Midlands in this exercise. The Trust has received feedback regarding the key challenges and issues that require addressing.

Local Involvement Network comments

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

None provided

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

For the period covered there was no contact from Birmingham LINK which launched only in March 2009.

Local child safeguarding boards comments

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

Birmingham Safeguarding Children Board

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

Re: Trust Declaration against the Standards for Better Health 2008 / 2009

I am writing in response to your invitation for the Birmingham Safeguarding Children Board to comment on the Birmingham Women's NHS Foundation Trust declaration of compliance with the standards for Better Health issued in July 2004, which sets out 24 Core Standards. The commentary from the Birmingham Safeguarding Children Board appertains to the period 1st April 2008 to the 31st March 2009.

The Birmingham Safeguarding Children Board has a statutory responsibility for ensuring that organisations work together effectively to safeguard and promote the well being of children and young people in Birmingham. However, the Board's primary role is to evaluate the effectiveness of partnership arrangements, with the particular focus on child protection and all other aspects of safeguarding.

The Birmingham Safeguarding Children Board welcomes the opportunity to comment on the trust compliance with the Core Standards and in formalising our response the Board has taken into account;

The Health Commission Guidance which sets out the role of Local Safeguarding Children Board in commenting on the Trust's performance as part of the Annual Health check 2008 / 2009.

The Safeguarding Children Board has specifically concentrated on assessing evidence of compliance with Core Standard C2 "Healthcare Organisations Protect Children by following national child protection guidelines within their own activities and in their dealings with other organisations".

The Trust has contacted the Birmingham Safeguarding Children Board sharing the draft declaration and seeking formal feedback on performance against the Core Standards. The Birmingham Safeguarding Children Board welcomed the opportunity to comment on the document. This consultation process provides reassurance that Child Protection is a priority and that the Trust are able to demonstrate compliance with this standard.

I would be most grateful if you could ensure that the Board's commentary is included within the Trusts Annual Health Declaration.

Learning Disabilities Partnership Board comments

No comments from Learning Disability Partnership Boards were provided

Commentaries from other third party organisations

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

South Birmingham NHS Primary Care Trust

* Please enter the first commentary for this organisation

NHS South Birmingham has had continuous constructive engagement with the Birmingham Women's NHS Foundation Trust throughout the year through an on-going performance process that encompasses Care Quality Commission core standards. Through this process the PCT has gained an understanding of the structures, systems and processes that the provider has put in place to provide assurance with respect to the core standards declaration and considers these to be robust. The PCT has also established its own surveillance processes to review the provider's performance against standards this includes asking to Trust to declare within the monthly Clinical Quality Review report mandated by the national contract any issues that may cause the Trust to declare non compliance with core standards

The PCT has met with the provider in year to understand work across a broad spectrum of areas to further improve patient care. With respect to the core standards this has included:

C1 - The Trust reported non compliance for this standard in 2006/07 and 2007/08. The Trust has shared with the PCT actions to address this issue. The PCT is confident that the plan put in place this year will enable full compliance to be declared in 2008/09.

C4a - Management of HCAI is a standing item on the Contract monitoring meetings within the monthly Clinical Quality Review report. The Trust has maintained a zero MRSA bacteraemias for five years in succession and very low C. difficile incidence, an exemplar position.

C6/C13/C14 - The Trust has presented to the PCT their proposal in response to the patient survey regarding how services could be improved.

C8 - The outcome of the Staff survey was discussed with the Trust at the Quarterly Performance Review Meetings and the action plan to address concerns was shared with commissioners.

C13a - The PCT has undertaken a review of the premises with regard to privacy and dignity, with specific focus on mixed sex accommodation. As a women's hospital this is not a significant issue. There is one area within the assisted conception unit where males are treated; however the Trust ensures that lists are managed sensitively so that the area is used by one sex during a single operating session. The PCT views this as a demonstration of the Trusts positive attitude to the privacy and dignity of its patients.

C18 - There has been good engagement in year on delivery of the 18 week target from the Trust with active participation in the Local Health Economy Group. The PCT has regularly attended operational meetings to discuss 18 weeks with the Trust and engaged in open and frank discussion of the issues. The Trust has, so far, met the 18 weeks target. However, there have been significant numbers of breaches of the 13 week standard in Clinical Genetics (between 40 and 50 patients per month). The PCT considers there are extenuating circumstances in this case as it took many months to gain confirmation that this regionally commissioned service did come within the scope of the target and since receiving the ruling from the Department of Health in November the Trust has taken significant steps to address waiting times. Issues concerning capacity constraints with respect to Maternity Services have also been discussed through the Contract Monitoring meetings. The Trust operates a capping system for pregnancy bookings to ensure the unit operates within safe clinical limits. With the agreement of the PCT levels have been set such that patients from the local catchment area can gain access to services; however access for out of area patients is constrained.

C22 The Trust has shown willingness to work in partnership in areas affecting maternal and child health, including hosting the West Midlands Public Health Observatory.

C23 The Trust has a very active health promotion programme for its client groups and supports healthy lifestyles for its staff.

C24 Birmingham Women's NHS Foundation Trust, as a specialist trust, has no significant external role in emergency planning.

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

Overview and scrutiny committee comments

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

0 1

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Birmingham City Council Health Overview
and Scrutiny Committee

Comments. There is no word limit on this answer.

27/03/09
Our refDW/DA
(Please quote in your reply)

Birmingham City Council Health Overview and Scrutiny Committee Declaration for the Healthcare Commission's Annual Healthcheck 2008/09.

Dear Julie

At the March meeting of the Birmingham City Council Health Overview and Scrutiny Committee, an approach was agreed with regard to the Healthcare Commission's Annual Healthcheck 2008/09. The Members of the Committee felt that the current form of the Annual Healthcheck does not recognise the number of Trusts within Birmingham.

Over the previous municipal year the Birmingham City Council Health Overview and Scrutiny Committee has prioritised areas of work that address health issues in the City. To this end the Committee has concentrated on a number of strategic themes that demonstrate how Trusts are working together to deliver services. The Committee has also given a much greater focus to how the Local Authority is using resources to tackle health inequalities.

The decision has meant that the Committee has not been able to gather in depth knowledge of the particular areas identified by the Healthcare Commission. The Committee supports the principle of stakeholders providing views on declarations but believes the system needs to be adapted to meet the needs of large unitary authorities.

The committee would like to stress that the absence of a detailed commentary should not be interpreted as a failure of the Trust to meet core standards nor do we believe it has failed to engage with the scrutiny process. We hope that a more flexible system will be adopted that will allow Committee's such as ours to play a more active role in the future.

If you have any further questions regarding this matter then please feel free to contact me directly.

Yours sincerely
Deidre Allen
Councillor Deidre Allen
Chairman of Health Overview and Scrutiny Committee

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

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

BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST**MEMBERS COUNCIL****Third Party Commentary - Trusts Standards for Better Health Declaration**

As Governors of the Members Council of Birmingham Women's NHS Foundation Trust we all have different roles dependant on which committees we serve and thus some governors have more direct experience with some aspects of the organization and therefore the standards than others. However, all members are kept fully up to date through the transparent reporting mechanisms at Members Council Meetings where all committees are required to provide feedback and share minutes of meetings held with any issues of concern highlighted and the actions to be taken identified.

The process of preparing the Trust's annual declaration was discussed at a Members Council meeting held in February 2009 where members were offered the opportunity to contribute third party commentary. This third party commentary has been compiled by a subset of the governors in there is a focus on a few of the Standards with more general comments provided in respect of the Trust.

Standard C1 - The Patient Experience Committee regularly discuss the PAL's quarterly reports, any issues are highlighted and actioned. Bedside TV patient survey results have also been received by Governors.

Standard C4 - The annual report of the Trust's Director of Infection Prevention and Control for the period April 07 - March 08 was circulated to all Governors on the Patient Experience Committee. The committee was made aware of the Trust's priorities for actions identified within the report. In addition, governors out with the Patient Experience Committee have been involved in infection control assessment and a number of Board sessions have featured infection control as a main topic detailing new initiatives being undertaken etc.

It is quite apparent that the Trust prides itself on the targets and achievements with regard to infection control and the results would not have been possible, if it were not for the diligence of the staff and quantity of information provided for visitors to participate with this regard.

Standard C1/C4/C14/C15/C16 - Governors were involved in the Annual Peat Inspection that took place on 6th February 2009 where all of the wards were assessed against the national standards. Governors were given the opportunity to:

- o approach patients on the wards and the feedback was extremely complimentary particularly in regards to the very high standard of clinical care received and the overall environment/cleanliness of the wards and bathroom areas.
- o observe the patient information boards located in the dining rooms and the patient information folders located on the front desk/reception of every ward.
- o sample patient meals and provide feedback.
- o It is clear from the inspection that cleanliness and infection prevention and control is taken extremely seriously by all members of staff.

A new governor described joining the Members Council as a Stakeholder Governor who visited areas of the hospital, in particular the neonatal unit given the relocation of the unit pending a more purpose built Facility. The governor reported that the staff were very willing to discuss and clarify issues and that no one seemed concerned that there was no prior notice of the visit given, a good indicator of the Trusts confidence in their compliance with the standards.

In February 2009 the Trust held a meeting to which the Members Council were invited. A range of Senior Managers from the Trust detailed the current provision against its strategic and operational plans for to 2008-9, progress to date and a prediction for the end of year position - presenters provided rationales where appropriate. In addition the plans for 2009 - 2010 were identified to move services on recognising the unique nature of the provision across the West Midlands and beyond. The audience were able, indeed encouraged, to ask questions, seek clarification and challenge issues as appropriate. Whilst the presentations could not cover every detail of the Trusts activity questions did probe cross Trust activities and answers were always provided by the appropriate manager, normally from the Directorate as opposed to the Trust Executives. This meeting was very beneficial for governors especially those new to the role as it provided a far greater insight into the Trust and its senior managers. The Directorates displayed themselves to be a very knowledgeable, enthusiastic and committed group of individuals who are clearly "signed up" to the vision and operation of the Trusts and their role within its continued success. The overall sense from the governors in of a Trust is one in which transparency and optimum patient care is paramount and central, as it should be, to all its activities.

Finally, the Members Council are actively involved within the Trust in a number of ways - however, a recent good example was in the appointment to the post of Chief Executive where a member of the council was nominated to join the interview panel on an equal footing with internal and external panel members. All council members had the opportunity to listen to the presentations of the four short listed candidates and feedback their views for consideration within the whole recruitment process. Feedback from the council panel member was that the appointments process was very robust and that he was indeed an equal member of the panel and was in full agreement with the appointment made.

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