

* 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.

The Trust has been a Foundation Trust since June 2007. The Board of Directors of Dorset County Hospital NHS Foundation Trust has assurance that all the core standards have been met with the exception of standards C4c where a declaration of not met is being submitted and C13b where a declaration of insufficient assurance is being submitted.

A review of decontamination of endoscopes indicated we were not compliant within our main theatres for the first six months of the year. The works required to ensure compliance were undertaken and compliance is assured within year. This lapse of compliance would have led us to declare insufficient assurance for part year against standard C4c, however the collapse of the sterile services collaborative for the South West region in August 2008, meant that there were some significant issues with decontamination of re-useable equipment in the hospital sterile services department. A detailed plan is being actioned under the supervision of the authorised person and the completion date of October 2009 is on schedule. The issues identified by the authorised person do not pose any risk to the decontamination cycle or patient safety. However as a result of two areas of concern within one standard the Trust Board agreed to submit a declaration of not met against this standard.

The Trust has had a consent policy in place and implemented for a number of years with audits showing compliance with the required standards. We requested Internal Audit undertake a further audit in early 2009 and this indicated that there were areas of concern relating to the completion of the consent documentation and training for medical staff required to take consent. The Medical Director is leading on the work required to ensure full compliance with the consent process. This includes a re-launch of the policy with the medical staff and providing training to ensure competence of those gaining consent. The Trust board reviewed the compliance against standard C13b and agreed that in light of the audit report a declaration of insufficient assurance should be submitted against this standard.

The Trust had an unannounced inspection by the healthcare commission on the 24th April 2008 against duties 2, 4 and 8 of the hygiene code. The formal feedback indicated that there were two minor areas identified; one related to cleaning schedules being visible and the other area concerned the infection control audit programme. Both issues were already known to the Trust and actions were in hand and addressed prior to the formal feedback being received.

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.

not met

Start date of non-compliance or insufficient assurance

08-08-2008

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 Trust has had 2 areas of concern relating to this standard during 2008/09. Decontamination of endoscopes was externally reviewed and concerns were addressed to ensure safe systems were in place across the Trust. This work was concluded in October 2008 and the Trust is now compliant.

The second area relates to sterile services and since the collapse of the Decontamination Collaboration, aligned to the national strategy, the Trust has become non-compliant with this standard. The Trust has rapidly developed decontamination plans (with authorised person) to meet national decontamination standards. The work is in hand and no delays are anticipated with a completion date of October 2009.

In light of 2 areas of concern relating to this standard within the year a declaration of not met is being submitted.

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

Decontamination of endoscopes in main theatres were not compliant with the required standards HTM 2030 and EN 15883. Additional facilities have been created within the endoscopy unit and all scopes are now processed through the unit and we have been assessed as compliant by the authorised person.

Decontamination of re-useable instruments does not currently comply with HTM 2031, this is since the collapse of the collaboration in August 2008. Plans have been developed to improve the layout of the SSD unit and create physical barriers to segregate the functionality of the unit. The actions are being led by the Director of Operations as decontamination lead under the guidance of the Authorised person. The progress is being monitored by the Integrated Governance Committee and reported to the Trust Board on a monthly basis to ensure that the timescales are met. We have planned for the authorised person to undertake an audit of the facility approximately 6 weeks after completion of works.

* 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.

insufficient assurance

Start date of non-compliance or insufficient assurance

12-03-2009

Date at which you expect to have assurance of compliance

30-09-2009

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

The Trust has had a policy in place and implemented for a number of years with audits showing compliance with the required standards. We requested Internal Audit undertake a further audit in early 2009 and this indicated that there was an area of concern relating to one aspect of the completion of consent documentation and training for medical staff required to take consent.

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

The Medical Director is leading on the work required to ensure full compliance with the consent process. This includes a re-launch of the policy with the medical staff and providing training to ensure competence.

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

compliant

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

compliant

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

compliant

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

compliant

Patient focus domain - core standards (C15a - C16)

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

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

compliant

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

compliant

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

compliant

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

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

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

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

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

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

compliant

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

compliant

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

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

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

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

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

compliant

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

compliant

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

compliant

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

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

Public health domain - core standards (C22a - C24)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

Electronic sign off page

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

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

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

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

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Robin SeQueira	Chairman
2	Mr	Jeffrey Ellwood	Vice Chairman
3	Ms	Peta Turnbull	Non Executive Director
4	Mr	Roderick Knight	Non Executive Director
5	Mr	Peter Knell	Non Executive Director
6	Mrs	Tracey Peters	Non Executive Director
7	Mr	Jan Bergman	Chief Executive
8	Ms	Alison Tong	Director of Nursing /Infection Prevention and Control
9	Ms	Jean George	Director of Business Development
10	Dr	Mark Hitchcock	Medical Director
11	Dr	Nick Hateboer	Medical Director
12	Mr	Rupert Wainwright	Director of Operations
13	Mr	Kevin Goater	Acting Director of Finance
14	Mrs	Hilary Jury	Deputy Director of Human Resources
15			
16			
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Comments from specified third parties

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

* Strategic Health Authorities

 1

* Local involvement networks

 1

* Local child safeguarding boards

 1

* Learning Disability Partnership boards

 1

* Non-specified third party organisations:

 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15**Comments from specified third parties**

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

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

 South West Strategic Health Authority

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

Our ref: LMt\IS\Directorate\Finance and Commissioning\lzz - Performance Team - August 2008\C - Subject Files - General\AHC\Core Standards Declaration 2008-09\Category 1\26. (240309) DCH_AHC_2008-09_CSD.doc

24 March 2009

Jan Bergman
Chief Executive
Dorset County Hospital NHS Foundation Trust
Dorset County Hospital
Williams Avenue
DORCHESTER
Dorset
DT1 2JY

South West Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

Tel: 01823 361000
Fax: 01823 361141
Email: go@southwest.nhs.uk
<http://www.southwest.nhs.uk>

Dear Jan

Annual Health Check 2008/09: Comments on Core Standards Declaration

As you will be aware all NHS organisations are required to submit to the Healthcare Commission a final declaration on compliance with core standards by midday, Friday, 1 May 2009.

The South West Strategic Health Authority is invited to provide comments on the performance of an NHS organisation against core standards. These comments along with any comments provided by the Overview and Scrutiny Committees and Patient and Public Involvement Forums, should be included word for word with your final declaration to the Healthcare Commission and will be taken into account by the Healthcare Commission when cross checking your declaration.

Please find below the South West Strategic Health Authority comment on the performance of your NHS organisation against core standards which you should include with the final declaration.

'On the basis of the evidence available to the South West Strategic Health Authority, there is no reason to disagree with the assessment made by the NHS organisation in its declaration with regard to maintaining core standards.'

You should now finalise your arrangements for completing the final declaration to ensure you meet the deadline of 12.00 pm on Friday, 1 May 2009.

If you should require any further assistance please do not hesitate to contact Lisa Manson, Associate Director of Performance.

Yours sincerely

BILL SHIELDS
DIRECTOR OF FINANCE AND PERFORMANCE

Local Involvement Network comments

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

The Bournemouth, Poole & Dorset LINKs

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

Annual Health Check - LINKs Statement

The Bournemouth, Poole & Dorset LINKs (Local Involvement Networks) are independent networks of local people and groups, who really care about improving health and social care services.

As part of this year's Annual Health Check the LINKs have considered that they are unable to provide a full and comprehensive commentary. This is due to the recent work in establishing LINKs. LINKs are not in a position this year to provide evidenced feedback drawn from their work programme and activity.

The LINKs have, however, invited feedback from local people and groups about their experiences of healthcare services, through their website: www.makesachange.org.uk and Tel: 0300 111 0102.

All feedback will be passed on to the Care Quality Commission throughout the coming year to inform their assessment of local services.

Local child safeguarding boards comments

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

Dorset Safeguarding Children Board (DSCB)

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

Healthcare Commission - Annual Health Check Declaration 2009
Re: Dorset County Hospital Foundation Trust

The Trust detailed above has been a committed member of the Dorset Safeguarding Children Board (DSCB), as evidenced by the attendance involvement figures detailed below.

Attendance figures Main Board Only Apr 08-Mar 09 (4 meetings)

Dorset County Hospital NHS Foundation Trust 2 Members:

1 Member 100%
1 Member 100%

The Trust is represented on the following DSCB work groups:

Name of work group	No of staff involved
DSCB Main Board	2
Quality Assurance Group	1
Task & Finish Group (Safe & Stable Places to live)	1
Pan Dorset-Child Death Overview Panel	2
Pan Dorset-Safeguarding Children and Young People in Health	4
Pan Dorset-Children who Pose a Sexual Risk	1
Pan Dorset-Safeguarding Through Training	2

Chairing of Groups

Dorset County Hospital NHS Foundation Trust

Pan Dorset-Safeguarding Children & Young People in Health Consultant Paediatrician Designated Doctor for Safeguarding

Learning Disabilities Partnership Board comments

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

Dorset Learning Disability Partnership Board (LDPB)

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

Dorset Learning Disability Partnership Board (LDPB)

Dorset County Hospital NHS Foundation Trust involvement and engagement 2008/9

The Dorset LDPB acts as a strategic planning group for adult learning disability services. It is accountable to the Learning Disability Joint Commissioning Board. There are a number of sub-groups of the LDPB that carry out the detailed project work for specific areas. Health was a main agenda item at the July 2008 LDPB with a presentation and discussion on Dorset issues.

Dorset County Hospital is represented on the LDPB and the Health Action sub-group. The Health Action Group is an effective group that is taking forward the service development agenda in areas such as:

- o Hydrotherapy Provision
- o Annual Health Checks (DES)
- o Implementing the "Healthcare for All" action plan

The HAG has also overseen the return to the SW Strategic Health Authority of the 2009 LD Health self-assessment, to which Dorset County Hospital contributed.

NHS Dorset are working in partnership with DCC to develop a new LD database, due for completion May 2009. Discussions have taken place with Dorset County Hospital staff about using information from the database to ensure people with a learning disability can be "flagged" prior to admission or treatment.

Dorset County Hospital have one unit that falls within the campus reprovision programme and are actively engaged with the Moving on from Hospital team to reprovide for the needs of 3 individuals.

Representatives from NHS Dorset, DCC and Dorset County Hospital meet quarterly to review and develop support for people with a learning disability. DCH is a key partner in the implementation of the Dorset Healthcare for All action plan and the Dorset LD annual health assessment. A priority is to commission Dorset People First to provide induction training to new staff.

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 1

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

DORSET HEALTH SCRUTINY
COMMITTEE

Comments. There is no word limit on this answer.

DORSET HEALTH SCRUTINY COMMITTEE
HEALTHCARE COMMISSION: ANNUAL HEALTH CHECK 2008-09
Dorset County Hospital NHS Foundation Trust
Contribution from Dorset Health Scrutiny Committee to the Annual Health Checks of NHS Bodies,
based on their involvement with the work of the Committee for the period 1 April 2008 - 31 March 2009

NAME OF NHS BODY
DATE(S) OF INVOLVEMENT WITH DHSC

DETAIL OF INVOLVEMENT
APPLICABLE STANDARD/ TARGET
AND COMMENT

Dorset County Hospital NHS Foundation Trust (DCHFT)

22 May 2008
Minute 36.1 to 37

9 February 2009
Minute 5.1 to 5.3
Final Report of Informal Panel of Dorset Health Scrutiny Committee (DHSC) on 'Inappropriate Hospital Admissions and Support for Older People at Home'.
Core Standard C22 - Health care organisations promote, protect and demonstrably improve health of the community served, and narrow health inequalities by
a) co-operating with each other and with local authorities and other organisations.....

The major part of this review was carried out during 2007 and the Trust co-operated and participated fully in the review process. The final report was presented to Committee in May 2008.

Outcome: The Trust agreed to produce with the County Council and other health partners a joint action plan in response to the recommendations in the report and seek approval of this action plan through their own executive and governance arrangements.

The joint action plan was considered by Committee in February. Members were pleased to see that the recommendations in the scrutiny review report were being taken forward and implemented.

22 May 2008
Minute 39.1 to 40.3
Dignity In Care Briefing and Update on Local Performance
Core Standard C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.
Dignity in Care is a national issue and so each local NHS Trust was asked to provide information on their performance in this respect.

Outcome: The Trust met the request in the timescale specified and provided information about their performance in relation to dignity in care and the results of the audit they had done in this respect. The Committee agreed to monitor performance across all Trusts in relation to dignity in care on an annual basis.

August 2008
Written Submission of evidence to an Informal Panel of DHSC on 'Alcohol misuse and the risks to young people's health and behaviour'.
Core Standard 22 as above.
An Informal Panel of The Dorset Health Scrutiny Committee was convened during 2008 to consider this issue. As part of the evidence gathering process the Trust were asked to provide written information concerning admissions of those under 18 from alcohol misuse through their Accident and Emergency Department as well as any other relevant data or information that they could provide.

Outcome: The Trust met the request with a very full and detailed response with a considerable amount of data and within the timescale specified. A follow up request for further information was also met in a timely and responsive manner.

11 November
Minute 89.1 to 89.2

Presentation on Trust's Strategic Direction

Core Standard C17 as above.

The Trust was asked to give a presentation to the Committee on their strategic direction.

Outcome: The Trust met the request and the presentation provided information for members on key achievements, drivers for change, service delivery and future service development. Members also had the opportunity to question one of the Trust's senior management team.

11 November

Minute 90.1 to 92

Health Services for children diagnosed with Attention Deficit Hyperactivity Disorder

(ADHD)

Core Standard C17 as above.

A multi-agency group has been convened by Dorset County Council's Children's Services Directorate since October 2007 to ensure co-ordinated multi-agency services for children, young people and their families with ADHD. A report on the progress of this multi-agency group was presented to the Committee.

Outcome: A clinician from the Trust who leads on the clinical working group on ADHD attended the Committee along with colleagues from within the County Council and NHS Dorset to answer members' questions and address concerns. The Committee resolved to track progress of the service developments in this area at a future meeting.

Ongoing

Liaison with a member representative from DHSC

Core Standard C17 see above

In May 2007 the DHSC resolved to identify members who would act in capacity of a liaison link to specific health trusts so that the flow of information between trusts and the Committee might improve.

Outcome: A member was identified in the summer of 2007 to fulfil this function and the Trust have co-operated in getting this liaison established. During 2008 information has flowed between the Trust and the Committee via this member particularly in relation to the market forces factor.

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.

Representatives of the Council of Governors met on the 23 April 2009 to consider Dorset County Hospital NHS Foundation Trust's performance against the 24 standards identified by Standards for Better Health set by the Government.

The Members who reviewed the Trust's performance in relation to the standards were:

Mr Patrick Jeffery Mr Derek Julian
Dr Peter Camm Mr David Hall

In attendance

Mr Jeffrey Ellwood - Senior Independent Director (Chairman)
Mr Roderick Knight - Non Executive Director (Integrated Governance Committee Member)
Ms Alison Tong - Director of Nursing
Ms Vanessa Read - Deputy Director of Nursing
John Yeoman - Trust Corporate Business Manager

The Council of Governors Review Group (CGRG), with respect to the Trust's performance and assurance, has considered each of the standards in detail. They considered the responses, from the executive and senior managers of the Trust as well as drawing on personal and membership experience.

The review group is assured that policies and procedures are in place at the end of 2008/09 for all standards except for two standards. Standard 4c was identified as not compliant at the end of the financial year and will only be compliant in the second half of next year when building structure alterations are complete. The other standard, 13b did not provide the Trust with sufficient assurance of compliance through Internal Audit investigation and therefore has been included within this declaration . These two standards will be reported by the Trust within its declaration and details are as follows :

- o 4c Standards for sterilisation of endoscopy equipment were not compliant with HTM2030 until October 2008 , but patient safety was not compromised.
- o 4c SSD facilities were identified by external consultant report as unsatisfactory in respect of work flow and quality of air and water facilities. The department will be upgraded with completion October 2009
- o 13b The Trust was insufficiently assured, as a result of an Internal Audit report, that all patient consent and refusal of consent's were documented. Systems and policies are in place and all clinical staff must prove competency. The Audit Committee will revisit this standard with the support of Internal Audit, in 2009/10, to provide assurance to the Trust Board.

The review group were pleased to note the improved rates for MRSA but felt more work still needs to be done to maintain and improve identification and eradication of MRSA and C Difficile cases in 2009/10. In addition, the review group were pleased to hear that Privacy and Dignity of the patient was now embedded within the organisation.

The CGRG recommend this report to the Trust for inclusion within the 2008/09 declaration for Standards for Better Health.

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