
Chief Executive's Office

Please ask for: Ruth Hawes
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Date: 16 March 2006

Chief Executive:

Donna Hall

Dear Councillor

CUSTOMER OVERVIEW AND SCRUTINY PANEL - WEDNESDAY, 22ND MARCH 2006

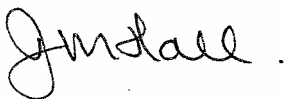
I am now able to enclose, for consideration at the above meeting of the Customer Overview and Scrutiny Panel, the following report that was unavailable when the agenda was printed.

Agenda No Item

4. **Standards for Better Health Declaration - Chorley and South Ribble Primary Care Trust (Pages 55 - 66)**

The declaration was considered at the meeting of the PCT Board on 15th March and is now enclosed.

Yours sincerely



Chief Executive

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Distribution

1. Agenda and reports to all Members of the Customer Overview and Scrutiny Panel for attendance Mrs S Walsh, A Cullens, Mrs D Dickinson, M Lees, P Malpas, Miss J Molyneaux, G Russell, E Smith, Mrs J Snape and C Snow
2. Agenda and reports to Claire Hallwood (Deputy Director of Legal Services), Alan Capstick (Engineering Services Manager), Iain Price (Parking Manager) and Ruth Hawes for attendance.
3. Agenda and reports to D Gee and Mrs I Smith for attendance.

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આ માહિતીનો અનુવાદ આપની પોતાની ભાષામાં કરી શકાય છે. આ સેવા સરળતાથી મેળવવા માટે કૃપા કરી, આ નંબર પર ફોન કરો: 01257 515822

ان معلومات کا ترجمہ آپ کی اپنی زبان میں بھی کیا جاسکتا ہے۔ یہ خدمت استعمال کرنے کیلئے براہ مہربانی اس نمبر پر ٹیلیفون
کیجئے: 01257 515823

Draft declaration form

**Trust Self-Declaration:**

Trust:	Chorley And South Ribble PCT
CSA Main Contact:	Sally Fletcher
Main contact's email:	sally.fletcher@CHORLEY-PCT.NHS.UK

General Statement of Compliance

General Statement of Compliance	<p>The PCT Board, has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 01 April 2005 to 31st March 2006, other than for the exceptions recorded on the seven domain forms.</p> <p>In reaching this judgment the Board has been attentive to the views expressed by our patients and local communities, through our systematic process of consultation, to the Guidance issued by the Healthcare Commission, to the opinion of Internal Auditors and to the views of our partner organisations within the local health and social context.</p> <p>The Board will continue to keep Standard compliance under active and systematic review – not least to ensure that appropriate action is taken in a timely fashion in relation to the standards identified above where the Board currently lacks sufficient assurance to make a robust judgment and the standards where the Board has identified and sought to rectify significant lapses.</p>
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Safety Domain

Please indicate 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
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.	Insufficient Assurance
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.	Insufficient Assurance
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Insufficient Assurance
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

Please complete the details below for the standard C4b, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	An education and training programme for all staff has been in place in an effort to promote and ensure safe systems of practice in respect of the management and acquisition of devices. It was acknowledged that there was a requirement for the central coordination of the purchase and maintenance of devices at local or departmental level.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	Progress with training of staff and the systems put in place for the central co-ordination for the acquisition and use of devices has ensured that the management of devices is sound.

Please complete the details below for the standard C4c, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT has worked very closely with its independent contractors to ensure there is an effective system in place for the decontamination of reusable devices throughout the organisation. The PCT has undertaken a decontamination audit, which identified that the majority of sites have safe systems in place. A key finding from this audit was that a number of practices and clinics required further training and awareness sessions, so as to ensure that all decontamination is carried out in strict accordance with the MHRA guidance.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	Following the completion of the decontamination audit, arrangements are in place to carry out decontamination in accordance with the relevant guidance. Progress is ongoing with the implementation of single use devices throughout the PCT. There is a robust training programme for all relevant staff.

Please complete the details below for the standard C4d, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are	The PCT has a well-established Medicines Management Group, which is responsible for overseeing, audit inspection, secure stock ordering and

restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	education and training throughout the organisation in respect of medicines management. Via its work programme, the group identified that security could be improved by means of the purchase and use of new tamper evident containers.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	Tamper-evident containers have been rolled out throughout the PCT. An in-house programme for the delivery of education and training to clinic, administration and clerical staff on the safe handling and disposal of medicines is now in place and all policies have been implemented. A safe system of transport of medicines has now been put in place.

Clinical & Cost Effectiveness

Please indicate 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.	Insufficient Assurance
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
C5d	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Please complete the details below for the standard C5b, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.03.2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	It was recognised that the present strategy of clinical supervision could be enhanced, with the exception of child protection supervision, which is provided through a formal system of multi disciplinary group peer support facilitated by trained child protection supervisors.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is	Although considerable progress has been made, further effort was required to ensure that all staff received clinical supervision. The PCT actively supports the professional development of staff. Following successful trial, a preceptorship portfolio has been rolled out to ensure there is a standard approach to clinical supervision. A system for the promotion of clinical

<p>approx 200-250 words or half a side of A4 typed)</p>	<p>leadership is in place and professional leads in post to sign post staff towards professional/personal development. The PCT has developed a Health Professions Strategy, which includes a strategy for leadership across clinical services. As a further action a programme to develop skills for supervision (as well as other leadership skills) is being developed to support staff in the implementation of clinical supervision where it does not already occur formally and to update and consolidate skills for those staff already using clinical supervision.</p>
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Governance Domain

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

C7a & C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and C7c 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.	Insufficient Assurance
C8a	Healthcare organisations actively support all 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.	Insufficient assurance
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.	Insufficient assurance
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

Please complete the details below for the standard C7e, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT is currently finalising its impact assessment of policies and functions
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT has recruited the services of a consultant in Diversity who has engaged staff across the organisation in respect of equality and diversity issues and in particular, impact assessment. As a result of this activity a Diversity Strategy and Policy has been developed, a Race Equality Scheme is in place, a training programme is in place and an impact assessment is in progress.

Please complete the details below for the standard C9, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT is committed to ensuring that there is a planned approach to the management of records. The PCT recognises that further work is required in order to fully implement the requirements of the NHS Information Authority's Information Governance Toolkit
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The Information Governance Toolkit has been completed. As a result of this an e-learning training package has commenced in relation to Data Protection and Information Governance. Business continuity plans have been updated.

Please complete the details below for the standard C11c, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT recognised that its well established appraisal system did not fully facilitate monitoring of access to CPD for all staff.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT actively supports staff development and as a result the appraisal system has been redesigned to incorporate the KSF. This will ensure that access to CPD is more rigorously monitored.

Patient Focus

Please indicate 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
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

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.	Insufficient assurance

Please complete the details below for the standard C13b, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT has a robust consent policy, which meets DoH guidelines. Service managers have received formal training but have indicated that this has not been fully cascaded to all staff.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT arranged and completed a number of train the trainer workshops.

Please complete the details below for the standard C16, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.03.2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT provides patients with information in a variety of formats for a range of conditions, procedures and services. It is recognised that at present this does not extend across all services and might not meet the needs of all patient/client groups
Actions planned or	A system is now in place for the production of information leaflets and in

taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	accordance with the Toolkit for producing information A Reader Panel consisting of patient representatives has now been put into place. Although some leaflets have been produced, leaflets in respect of some service areas have not yet been completed. Arrangements are now in place to produce all relevant leaflets across all service areas.
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Accessible and responsive care domain

Please indicate 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.	Insufficient assurance
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Please complete the details below for the standard C17, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12.2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	Existing arrangements in place have ensured that patients and public views are sought on specific areas of development as and when they arise. The PCTs commitment to consolidating the mechanism for engagement with patients and users is demonstrated in the target set within the PCTs PPI strategy to ensure that patients and/or carers are represented on each of the groups for the National Service Frameworks. Although there is already extensive patient and public representation, the PCT wishes to continue to recruit volunteers to undertake this important role, in order to ensure representation on all NSF groups
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	Views of patients and carers are sought routinely. Patients, carers and the public are represented on key groups. An action plan is in place to ensure that all groups including NSF groups have a patient and public representative Patient and public involvement, in partnership with patient groups and Overview and Scrutiny Committees, is now an integral part of policy and service development throughout the PCT.

Care environment and amenities domain

Please indicate 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
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C20b	C20b Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Insufficient assurance
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.	Insufficient assurance

Please complete the details below for the standard C20b, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.12..2005
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	Where healthcare services are delivered, every effort is made to ensure that privacy, dignity and confidentiality of the patient is respected at all times. It has been identified that in some cases, privacy and confidentiality could be compromised due to physical aspects of the care environment
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The capital programme in place has enabled the completion of necessary work at specific clinic sites, thus ensuring that privacy and confidentiality is not compromised.

Please complete the details below for the standard C21, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.03.2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT has not been able to ensure a satisfactory standard of environment at some sites throughout the year.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	The PCT is continuing to address issues regarding capacity in respect of cleaning staff. A service agreement with the partner trust has now been put in place. Negotiations with partner agencies is ongoing so as to secure specialist support and advice in respect of the management and maintenance of buildings and the environment.

Public Health domain

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

C22a & 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 C22c 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, practiced response to incidents and emergency situations, which could affect the provision of normal services.	Insufficient assurance

Please complete the details below for the standard C24, which you indicated your trust does not comply with:

Start date of non-compliance	01.04.2005
End date of non-compliance (Planned or actual)	31.03.2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	A major incident plan has been in place and this is being revised as a matter of priority to ensure the incorporation of the requirements enshrined in the Civil Contingencies Act 2004. This will ensure better cooperation with local agencies, improved communication and robust business continuity
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx 200-250 words or half a side of A4 typed)	A review of the PCT's Major Incident Plan is in progress and a draft will be completed by March 2006 An Emergency Planning group has been established and meets regularly Flu pandemic planning is in progress and will be completed shortly Business continuity plans are being developed.

