

Reference: CSA57652 Date: 28/10/2005

#### **Trust Self-Declaration:**

Trust:	Mansfield District PCT
CSA Main Contact:	Eleri De Gilbert
	ELERI.DEGILBERT@MANSFIELD-PCT.NHS. UK

Safety domain

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
СЗ	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.	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

Clinical and cost-effectiveness domain

## 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.	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

Governance domain

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
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	Compliant

	of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	
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

## Patient focus domain

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
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	Compliant
	appropriate, inform patients on what to expect during treatment, care and after care.	

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.	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

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
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

Public Health domain

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	Compliant
---	-----------

	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.	
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

# Endorsed by (internal Audit view of the quality of processes used by the board in making its last statement of Internal Control)

It is my opinion that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

I have reached this opinion based on the following factors:

- The PCT's Assurance Framework was assessed as a category A for 2003/04, and has been further developed during 2004/05.

- An exercise has been undertaken to cross-reference the PCT's Assurance Framework to the Standards for Better Health. This will enable achievement of

Framework to the Standards for Better Health. This will enable achievement of an evidence-based approach when the organisation makes its interim declaration in relation to the Standards in October 2005.

- With minor exceptions, we were able to demonstrate that for a sample of thirteen principal risks, the PCT had received assurances during 2004/05 as detailed within its Assurance Framework.

Has the auditor disclosed any matters in relation to the Statement on Internal Control within the Independent (external) Auditor's Report to the Directors of the Board on the financial statements in 2004/2005?

No

#### Please supply the following information general statement | Mansfield District PCT has integrated management arrangements with Ashfield of compliance | PCT. The PCT has reasonable assurance that directly provided services are meeting all the core standards with no significant lapses. The PCT has mechanisms in place to engage and communicate with our independent contractors and are using these mechanisms to establish whether core standards are in place. These mechanisms have been established in partnership with PCTs within the local healthcare community. Mansfield District PCT is the lead organisation for Community Pharmacy, as a NHS Provider Contractor for North Nottinghamshire PCTs. The PCT has appropriate mechanisms in place to identify and respond to any significant concerns arising from commissioned services. strategic health Ashfield and Mansfield PCTS have since 2004 operated a single management authority team structure and have as a result brought together the previous individual systems and processes for clinical governance operating in both PCTs into a commentary single systems and process The PCTs have made progress on their joint Clinical Governance Development Plan (CGDP) for 2004-2005 and have demonstrated progress across the standards domains at the 2005 review of clinical governance by the SHA. The PCTs continue to develop systems and processes to improve patient safety and are in the process of rolling out Root Cause Analysis training to a range of independent contractors. The PCT have invested in developing clinical audit and effectiveness and have an established audit training programme in place for employed and contractor staff. The CGDP for 2005-2006 reflects standards for better health and highlights areas where the trust has identified areas for further improvement against core standards. patient and public The Patient and Public Involvement in Health Forum for Mansfield District involvement have taken the decision not to provide a detailed comment regarding Mansfield forum Primary Care Trust's draft declaration regarding the Healthcare Commission Core Standards at this time as we do not believe we have the necessary commentary expertise or have been given the amount of time needed to enable us to make an informed comment taking into account the amount of information which we need to consider within the timescales permitted. However, we would like to draw attention to the fact that we do wish to be in a position following further guidance and consultation with the Trust to be able to provide a comment prior to the final declaration in April 2006. How many overview and

#### Overview and scrutiny committee 1 - commentary

scrutiny

your trust?

committees will be commentating on

Overview and
Scrutiny
Committee
Commentary

The Health Select Committee is seeking the assistance of the relevant District Councils and is requesting that they let the Select Committee have their comments/observations on the draft submission of Trusts in their area by the end of December 2005. These responses will then be brought together and considered by the Select Committee at its February and March meetings to enable Trusts to include them in thier final submission.

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 the declaration in the space provided below. As a minimum, we require that the declaration is signed by an appropriate officer(s) with delegated authority. Signatures below represent the following:

approval that the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance

approval that any commentaries provided by specified third parties (i.e. strategic health authority (where relevant), patient and public involvement forums and overview and scrutiny committees) have been reproduced verbatim.

approval that the relevant comments from the head of internal auditor opinion have been reproduced verbatim, and that the information provided in respect of the external auditor's view reflect the independent auditor's report to the directors of the board on the financial statement in 2004/05.

# Please state how many members of the trust board, including the non-executive directors, will be signing the form (maximum of 20):

Number of	3
signatories	

#### **Details of first signatory**

Mrs	Eleri De Gilbert	Chief Executive
Signature:		

#### **Details of second signatory**

Mr	Tony Hughes	Chairman
Signature:		

#### **Details of third signatory**

Dr	Ted Steiner	Professional Executive Committee Chairman
Signature:		