



Reference: AHC10000
Date: 12/04/2007

Your details

Trust self-declaration:

Organisation name:	County Durham and Darlington NHS Foundation Trust
Organisation code:	RXP

General statement of compliance

Please enter your general statement of compliance in the text box provided.

General statement of compliance	The Trust Board has reasonable assurance that it is meeting all core standards except for C4a. Non compliance has been decided due to the increase in MRSA bacteraemia cases during 2006/7. In making this assessment consideration was given to the extent of the risk to patients, the public and staff and the duration of any lapse. In cases where the Trust Board believes there has been a minor lapse then action plans are in place.
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	County Durham and Darlington Foundation Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this trust.
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Safety domain - core standards

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	Compliant
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	and information derived from the analysis of incidents.	
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).	Not met
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

Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4a, which you have declared as not met or

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insufficient assurance:

Start date of non-compliance or insufficient assurance	01/09/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/04/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust is not compliant with this standard as the numbers of MRSA bacteraemia cases has significantly increased during 2006/7. We have not therefore achieved a year on year reduction in actual cases. We do have the systems and processes in place and maintain high levels of hygiene and cleanliness. Our target for 2006/7 was 22 MRSA cases our out turn for the year was 64
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	We have developed an action plan in conjunction with the Performance Improvement Team from the Department of Health who we requested to visit to assist our improvement and recovery plan. We have 5 objectives: 1. To improve ownership of the issue at ward and department level. 2 To increase screening and improve compliance with decolonisation protocol 3 To increase senior clinical leadership and commitment to the reduction 4. Improve compliance with the antibiotic formulary 5. Increase compliance with High Impact interventions. A detailed action plan has been formulated with implementation by May 2007

Safety domain - developmental standard

Clinical and cost-effectiveness domain - core standards

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	Compliant

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	audit and reviews of clinical services.	
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	
Your highest local priorities for improvement relating to developmental standard D2a	

Governance domain - core standards

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

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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 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

Patient focus domain - core standards

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant

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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.	Compliant

Accessible and responsive care domain - core standards

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	Compliant

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	members of the population to access services equally and offer choice in access to services and treatment equitably.	
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Care environment and amenities domain - core standards

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

Public health domain - core standards

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	Compliant
	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	Compliant

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	annual report informs their policies and practices.	
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

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mr	Tony	Waites
2.	Mr	Tony	Wolfe
3.	Mrs	Kathryn	Larkin Bramley
4.	Dr	Michael	Waterston
5.	Mr	Paul	Stewart
6.	Mr	John	Saxby
7.	Mrs	Susan	Jacques
8.	Mr	Robert	Aitken
9.	Mrs	Louise	Robson
10.	Miss	Laura	Robson
11.	Mr	Steve	Griffin
12.	Mr	Kevin	Oxley
13.	Dr	Helen	Duncan

Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	
Patient and	Independent Co by the Co Durham and Darlington Acute Hospitals PPI

<p>public involvement forum comments</p>	<p>Forum on the County Durham and Darlington Acute Foundation Trust Self-Declaration</p> <p>The PPI forum was established in December 2003 and has eleven members from different parts of the Trust’s area. It has established close working relationships with the Trust, and members are represented on various Trust Committees and Working Parties. The Chair and Coordinator have regular meetings with the Chair and Chief Executive of the Trust. Forum members attend PCT, Priority Services and Ambulance Trust Forums that operate within the Trust’s area. Forum members make regular visits to Trust facilities and have produced several reports, the most recent being on Stroke as a medical emergency. Forum members are currently investigating Diabetes Services.</p> <p>The Forum works closely with both the County Durham and Darlington OSCs. The Stroke Report, for example was is currently being presented to both committees.</p> <p>Commentary</p> <p>First Domain: Safety The Forum has not done additional work on safety this year, except to press for a national campaign to draw attention to the need for cleanliness by people visiting hospitals. The Forum has written to the Secretary of State on this issue. The Forum was not satisfied with the reply and will continue to press the issue.</p> <p>We have also been consulted on visiting hours “ which is part of this strategy.</p> <p>Second Domain Clinical and Cost Effectiveness The Forum has done some detailed work about Stroke. The Forum organised a Conference on December 1st 2006 which attracted over 70 delegates including GPs, health professionals and Forum members. One of the issues highlighted in the Conference Report was that although the Stroke Unit at Bishop Auckland was of a high standard it relied on the enthusiasm of one specialist. There are approximately 1200 strokes in County Durham every year, and this would require 4 stroke physicians. At present there are only two. There is clearly a need for more resources to be directed to Stroke.,</p> <p>As regards the developmental aspects of stroke, the big issue arising from the Conference was aftercare, and the need for there to be more coordination between the existing services once a patient has left hospital. There does need to be a dedicated Stroke Team. For example at present there is not a psychologist available. This is not simply the Trust’s responsibility, but there needs to be joint working with the PCT and other bodies. In particular local authorities need more resources for social services.</p> <p>The Forum tends to follow up these aftercare problems. There also needs to be more publicity amongst the general population about Stroke issues, such as the current FACT campaign.</p> <p>Forum members are further involved in clinical matters through membership of the Trust’s Research and Development Committee and we also have a member on the Board of NAPS (The National</p>
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Academy of Postgraduate Study) which is involved in the training of future surgeons who will practice in the hospitals.

Third Domain Governance

The Forum continues to have meetings with the Board, and have established regular meetings between the new Chair of the Foundation Trust and the Chair of the Forum. The Forum is represented on Clinical Governance Committee and Patient Experience and Quality Board. We also continue to have close working relationships with the Head of Clinical Governance and the Head of Corporate Affairs.

The Forum also reports regularly to the Overview and Scrutiny Committees of both County Durham and Darlington Councils and has contributed to joint working parties.

Fourth Domain: Patient Focus

Forum members have visited the Shotley Bridge Site to look at the Minor Injuries unit there, have met staff in the Diabetes Clinics the at all the Trust's sites. An ongoing investigation into Diabetes services has now started. Members have also visited the Urology unit at Sunderland (since the transfer of services from Durham) Forum members have also taken part in campaigns nationally organised by the Commission, on "Fairtalk" and "Foodwatch"

At Shotley Bridge (visited March 30th 2006) members expressed concern about the X-ray unit now closing at 5 p.m. instead of 8:30 p.m. This resulted in patients either having to wait until the next day or going to Durham if there was an emergency.

Members observed different standards of care in the diabetes clinics. The main sites, DMH, BAGH and UHND all have specialist diabetes nurses, whereas Shotley Bridge and Chester-le-Street do not always have a specialist nurse present.

In the case of the Urology unit at Sunderland (visited Jan 15th 2007) members found the standard of care was good, but there were problems with transport and also with relatives staying overnight. (This is because the Unit is a long way from some parts of County Durham) Efforts are being made to address these problems with new car parking and the development of a family ward.

A Forum member also spoke at a Senior Citizens' meeting in Bishop Auckland on June 14th 2006. Members of the public raised concerns about the A and E department at Bishop Auckland Hospital. These were that patients sometimes had to stand in a queue to register for treatment even if they were in pain, and that this could be solved if a "ticketing" system was introduced. These concerns have been communicated to the Trust management.

The Forum also assisted in the production of a report by young people about Bishop Auckland Hospital. "Hospitals in General, What kids Think" This was generally supportive of the Hospital, but made the following points:

- It was expensive to watch TV (£10 for 3 hours)
- There were sometimes long waits in A and E.
- Better access to telephones " either that or allow people to use mobiles in certain places.
- Would like more toilets.
- The smell " need air fresheners or open

windows!

In general Forum members found the care of the patients very good, but there were sometimes problems of access (the Urology clinic) or overcrowding and resulting delays (A and E)

The Forum is aware of efforts to improve "Out of Hours services" and we have a member on the "Out of Hours Meeting Group" which is developing a new model for out of hours services in County Durham which will reduce waits and ensure people receive appropriate care.

The Trust does make considerable efforts to communicate with patients and the public, and has a good relationship with the Forum. Members of the Trust staff regularly attend Scrutiny Committees and other public meetings. (This is at present happening with the transfer of Haematology to Bishop Auckland) The Forum contributed to the special meeting of the Darlington Borough Overview and Scrutiny Committee on March 14th 2007. As a result the Committee agreed to the concentration of haematology services at Bishop Auckland, a move which the Forum supported.

Fifth Domain: Accessible and Responsive Care

As has been indicated above, there is always a problem in a large rural area such as that served by the Co Durham and Darlington Foundation Trust that some services have to be concentrated into specialist units and this results in difficulties for access for some patients. It is often uneconomic to maintain services at all of the Trust's sites. Evidence of this we have encountered in the last year includes:

- The transfer of Urology Services to Sunderland.
- Transfer of Haematology services from Darlington to Bishop Auckland.
- Reduction of X ray facilities at Shotley Bridge.
- Establishment of a good Stroke Unit at Bishop Auckland which can deal with Thrombolysis, but not at the other sites.

In general the Forum recognises the need to concentrate services on one site, and feels that this must be explained more fully to the public. The Forum is willing to assist with this process if it can.

There are often problems of parking and access by public transport. The Trust does not have a budget specifically for public transport, but the Forum feels that this is a national issue where the government should take action to deal with the problem. The Forum will continue to draw attention to this issue.

Sixth Domain Care Environment and Amenities

Forum members have visited all sites in the past year, and feel that standards of cleanliness are good.

Forum members took part in the campaign organised by the Commission for Patient and Public Involvement in Health (CPPIH) nationally. This involved visits to the following sites on the following dates:

- University Hospital North Durham February 20th (10 interviews)
- Chester le Street February 22nd. (5 interviews)
- Bishop Auckland General Hospital February 23rd (10 interviews)
- Darlington Memorial Hospital February 26th (10 interviews)
- Shotley Bridge February 28th (8

	<p>interviews) At all sites the vast majority of patients were well satisfied with the care they received and made very appreciative comments about it (â€œtreated like a queenâ€). Forum members did, however, encounter the following issues:</p> <ol style="list-style-type: none"> 1. At Darlington there was no publicity for patients about either PALs or PPI for patients. 2. At Bishop Auckland a patient complained that they another patient had been administered morphine in an ambulance and then left on a trolley for three hours before being sent home. 3. At Chester-le-Street a patient had been admitted for respite care and complained that it was inappropriate as she was in a ward with patients with long-term conditions and was unable to communicate with them. 4. At three sites, Darlington, Bishop Auckland and Shotley Bridge there seemed to be confusion amongst patients as to what counted as a single sex ward. If there are single sex bays in a mixed ward there can sometimes be difficult incidents when a confused patient wanders into the wrong section of the ward. <p>Seventh Domain: Public Health As mentioned above the Trust needs to work with local authorities and other community organisations to ensure the proper preventative and after-care services for stroke patients.</p> <p>The Trust has now introduced an effective non-smoking policy on its premises. The Trust needs to cooperate with the PCTs to ensure that treatment and help for those who wish to give up is provided on site.</p> <p>David Taylor-Gooby Forum Coordinator March 19th 2007</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>COUNTY DURHAM AND DARLINGTON ACUTE HOSPITALS NHS TRUST- Cmments from Darlington OSC</p> <p>PATIENT FOCUS</p> <p>C14 - Healthcare organisations have systems in place to ensure that patients, their relatives and carers:</p> <ol style="list-style-type: none"> (a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services (b) are not discriminated against when complaints are made (c) are assured that organisations act appropriately on any concerns and where appropriate, make changes to ensure improvements in service
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	<p>delivery</p> <p>Evidence â€“ Complaint Review Panel Minutes; Combined Report on PALS and Complaints, Complaints Review Panel meeting; Complaints Review Panel Minutes; Clinical Governance Committee, Terms of Reference; Patient Experience and Quality Board, Terms of Reference; Complaints Review panel, Terms of Reference.</p> <p>C16 â€“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.</p> <p>Evidence â€“ Policy for the production of Patient Information; patient Information Leaflet Review Group Minutes; Sample of Patient Information leaflets including information for patients who have been referred for Cystometrogram (CMG), Permanent Pacemaker Insertion, Discharge advice following your cardiac procedure via the femoral artery, Coming in for the day, day surgery at Darlington Memorial Hospital.</p> <p>In relation to Patient Focus, the Group were pleased to note that complaints notices were displayed on wards in the Darlington Memorial Hospital. Members welcomed the Patient Information Leaflet Review Group and the associated Policy, the group considers leaflets and either accepts or declined them for further improvements.</p> <p>ACCESSIVE AND RESPONSIVE CARE</p> <p>C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.</p> <p>Evidence â€“ Patient and Public Involvement (PPI) 2006 presentation, Patient & Public Involvement Strategy, examples of PPI Projects for 2006, PPI Action Plan for August 2006, Samples of Minutes of Complaints Review Panel Minutes, indicating patient involvement (membership).</p> <p>The group welcomed the approach the Trust had undertaken in relation to consulting patients on changes in services and were pleased to note the number of patients involved on Committees and Panels. Members understood that the Trust had a good relationship with itâ€™s PPI Forum and continued to assist them in their work.</p> <p>PUBLIC HEALTH</p> <p>C22 â€“ Healthcare organisations promote, protect, and demonstrably improve the health of the community served and narrow health inequalities by:</p> <p>(a) cooperating with each other and with local authorities and other organisations</p> <p>(b) ensuring that the local Director of Public Healthâ€™s annual report informs their policies and practices</p> <p>(c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and</p>
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	<p>crime and disorder reduction partnerships</p> <p>Evidence – Examples of descriptions of how the Trust contributes to Public Health as a provider of health care; Consultations on Foundation Trust.</p> <p>The Group has valued the Trusts willingness to work in a collaborative manner with the Scrutiny Committee and other NHS Bodies. The Breastfeeding Friendly Town project was established and led by the Scrutiny Committee to look at the issues contributing to the low uptake and continuation of breastfeeding in Darlington and consulted with and made recommendations applicable to both public and private sector partners including the Acute Trust. The Trust has continued to support the project and its roll out in the community. The Group has welcomed the recent smoking ban introduction and the smoking cessation workshops. It was hoped that the Trust would continue its positive relationship with the Scrutiny Committee after the new Chief Executive is in post.</p>
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Overview and scrutiny committee 2

Comments	
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Board of governors' comments

Please enter the comments from the board of governors in the box below:

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