



Reference: AHC10000
Date: 02/04/2007

Trust self-declaration:

Organisation name:	County Durham PCT
Registered user:	Michael Houghton
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Organisation code:	5ND

I have read the above guidance:

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

<p>General statement of compliance</p>	<p>County Durham Primary Care Trust (PCT) was established on 1 October 2006 following the merger of the 5 former Primary Care Trusts in County Durham and took over responsibility for the commissioning of NHS services, health improvement and provision of community services for the population of County Durham:</p> <p>Derwentside PCT; Durham and Chester-le-Street PCT; Durham Dales PCT; Easington PCT, and; Sedgefield PCT.</p> <p>The declaration captures the complete year, i.e. 1 April 2006 to 31 March 2007 covering the period when the 5 predecessor PCTs existed and when County Durham PCT was established.</p> <p>In anticipation of proposals for the reconfiguration of Primary Care Trusts in County Durham arising from Commissioning a Patient Led NHS, the predecessor organisations developed a rigorous process to maintain a focus on the core and developmental standards at Board and organisational level. The predecessor PCTs maintained their governance and assurance processes and systems during this period. A Policy and Governance workstream was established in December 2005 to provide business continuity for governance and to progress any issues going forward related to the core and developmental standards. In addition each predecessor PCT in County Durham participated in the workstream. Durham and Tees Audit Consortium provided the internal audit function to the PCTs, linked to the work of the Audit Committee.</p> <p>Upon establishment, County Durham PCT carried forward the processes put in place to meet and maintain the core and developmental standards put in place by the predecessor PCTs. In addition, County Durham PCT quickly established an approach to the self-assessment and assurance</p>
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	<p>process for the core and developmental standards to capture compliance before and after the 1 October 2006. This process comprised the following elements:</p> <p>Establishment of a PCT Board and Executive Committee and governance framework in October 2006;</p> <p>Establishment of an Audit Committee to oversee the internal control and assurance framework.</p> <p>Establishment of a Governance and Assurance Committee of the Board in November 2006. Membership of the Committee comprises all Board members and Executive Directors. The Committee has responsibility to oversee, co-ordinate and monitor the self-assessment and assurance process in regard to the core and developmental standards.</p> <p>The self-assessment process and assurance framework used by County Durham PCT Board to inform the declaration was based on the assurance frameworks and risk management policies already put in place by the predecessor organisations and carried forward and developed by the new County Durham PCT.</p> <p>County Durham PCT also considered previous declarations submitted by the 5 predecessor PCTs. for the period 1 April 2005 to 31 March 2006. This included a review of any outstanding actions reported in the previous annual declarations. Only one of the former PCTs declared a significant lapse and actions were implemented before the 31 March 2006 and compliance was achieved as from 1 April 2006. Several of the other PCTs declared insufficient assurance against a number of core standards and one had 3 actions to be implemented within 2006/07. The declaration submitted by County Durham PCT therefore includes a lack of assurance for 3 elements within the core standards carried forward into 2006/07 by one of the predecessor PCTs.</p> <p>The process of self-assessment outlined above provided County Durham PCT Board with assurance that the majority of standards were met without significant lapse. Four standards were declared as insufficient assurance and three of these relate to a previous declaration submitted by a predecessor PCT. Action plans along with timescales have been developed for each of these standards.</p> <p>Those standards identified as fully met during the self assessment did not necessarily mean that there were no gaps in control or assurances, only that these were not considered significant risk to indicate that a standard was not met.</p> <p>County Durham PCT sought comments on the annual declaration from the following stakeholders:</p> <p>County Durham Overview and Scrutiny Committee; North East Strategic Health Authority; Patient and Public Involvement Forums.</p> <p>These comments are incorporated into the declaration.</p>
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Please enter this statement in the box provided.

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<p>Statement on measures to meet the Hygiene Code</p>	<p>County Durham PCT 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 PCT. Specifically the Board can confirm the following is in place within the PCT:</p> <p>A strong infection control infrastructure, Infection Control Committee, Directors of Infection, Prevention and Control, and an Infection Control Team.</p> <p>Infection control programme, annual report and audit programmes are agreed by the PCT Board.</p> <p>Robust surveillance programme which includes review of statistics by the Infection Control Team on the incidence of "alert" organisms and conditions: examples, MRSA, Clostridium difficile and gastrointestinal infections.</p> <p>Policies which address the environment for the Primary Care Trust and hospital premises.</p> <p>Infection control policies are ratified at the Infection Control Committee and PCT Trust Board.</p> <p>Clinical care protocols which are evidence based reflecting the most up to date guidance and review dates.</p> <p>Audit calendar outlining rolling programme of audit of infection control policies and practices through the organisation and external contractors.</p> <p>An occupational health service is provided for PCT staff through an agreement with County Durham and Darlington and North Tees and Hartlepool Acute Trusts and independent contractors through GP Choices.</p> <p>An ongoing infection control programme of education and training is provided by the Infection Control Team across the organisation.</p>
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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

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C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Insufficient assurance
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.	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.	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 standard C2, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2002
End date of non-compliance or insufficient assurance	31/08/2006

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(planned or actual)	
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>This is a legacy issue out with the control of County Durham PCT, which was reported in the 2005/06 annual declaration for the former Sedgfield PCT. Sedgfield PCT was dissolved on 30 September 2006. It is included in this declaration because the actions were carried forward into 2006/07.</p> <p>All new recruits to the PCT have been subject to CRB disclosure since February 2005 when the new guidance came into effect. 'Safer Recruitment in the NHS' document states that 'It should not normally be necessary to carry out repeat CRB checks on staff already in post. A check on an existing employee may be required if he/she moves to a post requiring a check from a non-exempt post, or to a position requiring a higher level of check.' The PCT has adhered to this guidance. However, the PCT decided to undertake retrospective checks for staff working within the PCT who had not previously been subject to a Disclosure Check. A phased approach was agreed at Board in August 2005 that only those staff with access to children should be checked in 2005/06 and the remainder ie those with access to vulnerable adults and other staff should be checked in 2006/07. There are 28 staff outstanding with access to children who require a check. However, it must be reiterated that these are not new starters since February 2005 but existing members of staff who DO NOT require a Disclosure under the 'Safer Recruitment in the NHS' procedures.</p>
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>The roll out of the action plan agreed at Board in August 2005 continues. For the 28 staff with access to children, where the CRB Disclosure is outstanding, has been completed. Disclosure forms were distributed to the other group of staff i.e. those with access to vulnerable adults and other staff in April/May 2006 and CRB Disclosure checks have been completed.</p>

Please complete the details below for standard C4d, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	31/01/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>This is a legacy issue out with the control of County Durham PCT, which was reported in the 2005/06 annual declaration for the former Sedgfield PCT. Sedgfield PCT was dissolved on 30 September 2006. It is included in this declaration because the actions were carried forward into 2006/07.</p> <p>Policy for the Safe and Secure handling of medicines including controlled drugs is in place, but audit and assessment of compliance has</p>

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	not been completed.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Baseline survey of controlled drugs held in General Practice and annual inspections was completed. Assessment of compliance with medicines policy at PCT clinical sites was completed. A Controlled Drug Intelligence Network has also been established.

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

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	Compliant

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	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.	
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.	Insufficient assurance
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

Please complete the details below for standard C9, which you have declared as not met or insufficient assurance:

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Start date of non-compliance or insufficient assurance	01/11/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/06/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Through the self assessment process, County Durham PCT identified a gap in assurance processes related to records management systems across the new PCT. An audit on records management for the second half of the year had not been completed in time to provide Board assurance on the records management systems.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	County Durham PCT has commissioned an audit of information governance, incorporating records management, through Durham and Tees Audit Consortium. The audit is being undertaken and is due to report in April/May. The Audit report will be reviewed as a priority by the Governance and Assurance Committee to inform the Board as to the status of compliance against this core standard.

Please complete the details below for standard C10a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2002
End date of non-compliance or insufficient assurance (planned or actual)	31/08/2006
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	<p>This is a legacy issue out with the control of County Durham PCT, which was reported in the 2005/06 annual declaration for the former Sedgefield PCT. Sedgefield PCT was dissolved on 30 September 2006. It is included in this declaration because the actions were carried forward into 2006/07.</p> <p>All new recruits to the PCT have been subject to CRB disclosure since February 2005 when the new guidance came into effect. 'Safer Recruitment in the NHS' document states that 'It should not normally be necessary to carry out repeat CRB checks on staff already in post. A check on an existing employee may be required if he/she moves to a post requiring a check from a non-exempt post, or to a position requiring a higher level of check.' The PCT has adhered to this guidance. However, the PCT decided to undertake retrospective checks for staff working within the PCT who had not previously been subject to a Disclosure Check. A phased approach was agreed at Board in August</p>

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	<p>2005 that only those staff with access to children should be checked in 2005/06 and the remainder i.e. those with access to vulnerable adults and other staff should be checked in 2006/07. There are 28 staff outstanding with access to children who require a check. However, it must be reiterated that these are not new starters since February 2005 but existing members of staff who DO NOT require a Disclosure under the 'Safer Recruitment in the NHS' procedures.</p>
<p>Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>The roll out of the action plan agreed at Board in August 2005 continues. For the 28 staff with access to children, where the CRB Disclosure is outstanding, has been completed. Disclosure forms were distributed to the other group of staff i.e. those with access to vulnerable adults and other staff in April/May 2006 and CRB Disclosure checks have been completed.</p>

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a	Compliant

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	choice and that it is prepared safely and provides a balanced diet.	
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

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

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

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

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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 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

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	Performance in relation to the QOF targets for the conditions specified (diabetes and CHD) is overall average. The population of County Durham has higher levels of ill health and socio economic deprivation than the England average. A key component of the tackling health inequalities strategy will be to improve QOF performance in Practices with higher levels of need.
Your highest local priorities for improvement relating to developmental standards D13a)	1.Developing and implementing a tackling health inequalities strategy, linked to the

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and b)	LAA. 2. Reducing smoking prevalence. 3. Implementing the tackling obesity strategies 4. Improving access to sexual health services including GUM. 5. Implementing an alcohol harm reduction strategy including increasing capacity in treatment services. 6. Further develop robust emergency planning and responsiveness to major incidents including pandemic flu preparedness.
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Please state how many individual(s) will be signing off the declaration (maximum of 30):

Number of signatories	14
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Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Lady	Ann Calman	Chairman
2.	Mrs	Yasmin Chaudhry	Chief Executive
3.	Mr	Keith Tallintire	Audit Chair & Non Executive Director
4.	Ms	Annie Dolphin (OBE)	Non Executive Director
5.	Professor	Andrew Gray	Non Executive Director
6.	Mrs	Jennifer Flynn (MBE)	Non Executive Director
7.	Professor	Jim Smith	Non Executive Director
8.	Mrs	Pat Taylor	Director of Finance
9.	Dr	Tricia Cresswell	Director of Public Health
10.	Dr	Hilton Dixon	Medical Director
11.	Mr	Pat Keane	Director of Business Development
12.	Mr	Cameron Ward	Director of Commissioning & Market Development
13.	Dr	Stewart Findlay	PEC Chair
14.	Ms	Hilary Louise Earl	PEC Nurse

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	To be added upon receipt
Patient and public involvement forum comments	To be added upon receipt

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How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)	1
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Overview and scrutiny committee 1

Comments	To be added upon receipt
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