



Webforms Output: Core standards declaration 2007/2008  
May 2008

Generated 09/05/08  
FRM-12, FRR-652

\* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

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This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at [forms@healthcarecommission.org.uk](mailto:forms@healthcarecommission.org.uk)

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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If your organisation is any of the following please select the option PCT or Community Trust:

PCT  
Community Trust  
PCT with Mental Health  
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health  
Learning Disability  
Care Trust with Mental Health

\* Please enter your type of organisation

- Acute
- Mental Health/Learning Disability
- PCT
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

### General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

#### 1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

#### 2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

#### 3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

**Compliant** - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

**Not met** - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

**Insufficient assurance** - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

**Start date** - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

**End date (planned or actual)** - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

**Issue** - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. These standards are:

C7d - this relates to financial management and will be measured through the use of resources assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

#### 4. Sign off

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### 5. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards, from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

### General statement of compliance

\* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

The NHSBT Board is satisfied that the Authority has met all but four of the core standards of Standards for Better Health. Two of these standards were met during 2007/08 and the other two standards are due to be met in the early part of 2008/09.

Using the Healthcare Commission's guidance, the Board has been through a rigorous and systematic programme of reviewing evidence involving senior managers, clinicians, scientists and frontline staff.

The Board carefully reviewed the Authority's compliance with the seven Domains, taking into consideration the conditions being applied by the Healthcare Commission in assessing whether the standards had been 'met', and focussed particular attention on the measures that had been taken to address those areas where 'not met' had been declared in the Authority's declaration. After review of the evidence, the Board was assured that the process undertaken within the organisation demonstrated reasonable assurance around each of the standards.

Throughout 2007/08 the Board Governance and Audit Committee has overseen the process developed to prepare for NHSBT first assessment against the Standards for Better Health and it has provided the required scrutiny into both the process framework and evidence presented to support performance statements.

The Board will continue to keep compliance to the Standards for Better Health under active review throughout 2008/09.

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

**Statement on measures to meet the Hygiene Code**

\* Please enter this statement in the box provided. There is no word limit on this answer.

**Annual Health Check 2007/2008 Hygiene Code of Practice Statement**

NHS Blood and Transplant 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 where appropriate, within NHS Blood and Transplant.

Specifically the Board can confirm it has the following arrangements and systems in place:

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 MRSA. (Not Met)

During 2007/08 NHSBT had a gap in control as it had not in post a Director of Infection Prevention and Control. In March 2008 NHSBT developed a job description and appointed to this role. Therefore this standard had a gap in compliance but this has now been corrected by March 31st 2008. This will make NHSBT fully compliant as from 1 April 2008.

C4b Medical devices. 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)

All acquisitions are through well established procurement procedures.

Medical devices that are most relevant to us and donors / patients are blood bags, apheresis equipment, test kits or tissue harvesting equipment, storage equipment. Authorisation for changes – rather than modification is through the change control system.

Equipment Calibration and maintenance processes covers this area and links to the incident reporting system where equipment is found deficient.

Department managers / team managers are required to create lists for their areas in the above procedure. A record of equipment covered by the procedure is maintained electronically

C4C Decontamination of reusable medical devices (Compliant)

Where appropriate NHSBT ensured that all reusable medical devices are decontaminated and this is fully supported by policies, procedures, training and monitoring.

Howard Scott  
Head of Governance and Assurance  
NHS Blood and Transplant

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

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

**Safety domain - core standards (C1a - C3)**

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

\* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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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.

compliant

not met

insufficient assurance

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**Safety domain - core standards (C4a - C4e)**

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

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\* 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

A dedicated Director of Infection Prevention and Control designated was not in place throughout 2007/09, this is a post which reports directly to the Chief Executive and the Board, and oversees control of infection policies and their implementation. During this period the responsibilities were shared across a number of roles across the organisation.

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

During 2007/08 NHSBT had a gap in control as this post was not developed and appointed to. In March 08 NHSBT developed a job description and appointed to this role.

\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

03-03-2008

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

NHSBT is required to ensure that medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, including in accordance with the statutory requirements of the Medicines Act 1968. As part of this we are required to have an organisational-wide Management of Medicines Policy. During 2007/08 the organisation had a number of individual policies relating to the medication it uses, however, NHSBT did not have an approved organisation-wide Management of Medicines Policy that pulled all policies together..

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

This policy has been developed and was formally agreed on 3 March 2008.

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\* 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**

not met

insufficient assurance

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

### Clinical and cost effectiveness domain - core standards (C5a - C6)

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

\* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

not met

insufficient assurance

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\* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

not met

insufficient assurance

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\* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

not met

insufficient assurance

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\* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

not met

insufficient assurance

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\* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

not met

insufficient assurance

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

Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing targets component of the annual health check.

Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

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

\* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

not met

insufficient assurance

\* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

not met

insufficient assurance

\* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

NHSBT is currently formally consulting on our newly developed draft Single Equality Scheme, which incorporates our obligations in respect of Disability, Race, Gender, Transgender, Religion/Belief, Age and Sexual Orientation. The scheme, which has been developed in partnership by our Diversity Working Group, is in line with statutory requirements outlined in the associated Code of Practice. Formal consultation ends in mid April 2008 and the final document is scheduled to be presented for formal Board adoption on May 1st 2008.

As part of this element there is a duty on NHSBT to have in place a policy for the protection of Vulnerable Adults. This policy has recently been developed and was formally agreed on 19 March 2008.

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

Formal consultation on the draft Single Equality Scheme ends in mid April 2008 and the final document is scheduled to be presented for formal Board adoption on May 1st 2008.

A policy for the protection of vulnerable adults was formally agreed on 19 March 2008.

\* 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

not met

insufficient assurance

\* 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-05-2008

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

NHSBT should have an agreed Single Equality Scheme in place. A Draft Single Equality Scheme that identifies the provision of targeted learning and development opportunities for minority groups as a key objective has been developed during 2007/08.

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

Formal consultation for the NHSBT Draft Single Equality Scheme ends in mid April 2008 and the final document is scheduled to be presented for formal Board adoption on May 1st 2008.

In addition, NHSBT are exploring possible involvement in the NHS Institute of Innovation's Breaking through Programme. This programme provides executive mentorship for senior BME staff to assist in their leadership development.

\* 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

not met

insufficient assurance

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## Governance domain - core standards (C10a - C12)

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

\* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

not met

insufficient assurance

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\* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

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

**Patient focus domain - core standards (C13a - C14c)**

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

\* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

**compliant**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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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**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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\* 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

not met

insufficient assurance

**Patient focus domain - core standards (C15a - C16)**

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

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\* 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

not met

insufficient assurance

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

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

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

Standard C19 is assessed through the existing targets component of the annual health check.

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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

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

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

**compliant**

not met

insufficient assurance

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

**compliant**

not met

insufficient assurance

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\* 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**

not met

insufficient assurance

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

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

**Public health domain - core standards (C22a - C24)**

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

\* C22a 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.

compliant

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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\* 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

not met

insufficient assurance

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

**Electronic sign off page**

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

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

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

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

- END OF PAGE -

**Electronic sign off - details of individual(s)**

	Title:	Full name:	Job title:
1	Mr	Bill Fullagar	Chairman
2	Mrs	Elisabeth Buggins	Non-Executive Director
3	Dr	Diana Walford	Non-Executive Director
4	Ms	Lynda Hamlyn	Chief Executive
5	Dr	Clive Ronaldson	Interim Managing Director - National Blood Service
6	Mr	Peter Garwood	Group Director -Strategic Supply & Specialist Services
7	Dr	Lorna Williamson	Medical Director
8	Mr	Chris Rudge	Managing & Transplant Director - UK Transplant
9	Mrs	Brigid Newington	Acting Finance Director
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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Comments from specified third parties

\* Please enter the name of the strategic health authority that has provided the commentary

None - Not applicable

\* Please enter the name of the patient and public involvement forum that has provided the commentary

None - Not applicable

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

None - Not applicable

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Please enter the name of the organisation that has provided the first commentary

Gloucestershire Hospitals NHS Foundation Trust

Please enter the first commentary for this organisation

Thank you for the opportunity to comment on the Standards for Better Health Delf-Declaration.  
We are happy to agree with the declaration by the NHSBT and believe it fairly reflects upon the service we recieve form them.  
Adrian Bamford  
Divisional Director - Diagnostics and Specialities

Please enter the name of the organisation that has provided the second commentary

Walsall Hospitals NHS Trust

Please enter the second commentary for this organisation

Walsall Hospitals NHS Trust is generally satisfied with the service the NHSBT provide. As far as compliance with the standards is concerned, then the table indicates that the majority are met and we recognise that where there are problems, then an action plan is in place to address this, or corrective action has already been taken.

Yours sincerely

Susan James  
Chief Executive

Please enter the name of the organisation that has provided the third commentary

The Rotherham NHS Foundation Trust

Please enter the third commentary for this organisation

As you are aware the Healthcare Commission wrote to this Trust in February 2008 asking that as a selected Trust we provide a third party commentary on the NHSBT Standards for Better Health declaration.

The Clinical Director for Laboratory Medicine, who is also the Chair of the Hospital Transfusion Committee and a Consultant Haematologist has reviewed with his team your self declaration on behalf of the Trust.

Whilst as a third party this Trust cannot comment on the majority of your self-declaration, we do wish to make comments against the core standards 5d and this has been included in the third party comments of the self declaration proforma.

Yours sincerely

Brian James Chief Executive

C5 d) Clinical audit and service reviews

Recent service review has highlighted historic poor recognition by NBS of users views , current organisation and capabilities (i.e Blood bank). Whilst the Regional Transfusion Committee were finally consulted for 'user views' of proposed NBS reorganisation, there remains NO formal arrangements for discussing user issues with the NBS. NBS had allocated liaison staff to Hospital Transfusion Committee's, but their attendance has been centrally discouraged hence sporadic. There appears to be little or no recognition to the local provision of patient care , i.e. imposition of work practice changes to hospital blood banks without consultation.

Please enter the name of the organisation that has provided the fourth commentary

University Hospitals Coventry & Warwickshire NHS Trust,

Please enter the fourth commentary for this organisation

Please find enclosed comments on the Healthcare Commission Declaration from the Blood Transfusion Dept in Coventry  
Best wishes

Carl Holland  
Pathology Services Manager  
University Hospitals Coventry & Warwickshire NHS Trust,

C5 d) Clinical audit and service reviews

“The Hospital Transfusion Committee at UHCW endeavour to take part in all blood transfusion National Comparative Audits. However due to poor methodology and a lack of information and clarity regarding the information and governance of these audits (as per David Nicholson letter attached) UHCW have not taken part. Staff (Lisa Cummins, Linda Belgrove and Janine Beddow) from UHCW met with the blood National Comparative Audit Lead (John Grant Casey) on 6th February 2008 and voiced their concerns. These concerns have still to be addressed. A full audit trail of all correspondence can be provided.”

C6) Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

We feel that there is still a distinct lack of consultation with users (Trusts) regarding their needs. The service is very much focussed on NBS needs rather than those of end users

C17 - Wider involvement in planning and delivery of services

Given the NBS turnaround on the removal of its RCI service from Birmingham it would appear that either the consultation process or the decisions made from such consultations are not of the best quality for the service or its users

Please enter the name of the organisation that has provided the fifth commentary

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Please enter the name of the organisation that has provided the fifteenth commentary

Please enter the fifteenth commentary for this organisation

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