

* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at forms@cqc.org.uk

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- o How the declaration form is laid out
- o Guidance related to each section
- o FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

Section 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.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o 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 one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be 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.

Subsequent questions if you declare 'not met' or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

- o in your 2007/2008 declaration the standard was declared as 'not met' or insufficient assurance' and
- o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
- o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management 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 commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. 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

- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards 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

Section 4. 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, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. 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. A box will be provided on the declaration form for this purpose.

Frequently Asked Questions:

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

Q1. What do you mean by reasonable assurance and significant lapse?

Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

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. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

here

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday May 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or feedback@healthcarecommission.org.uk.

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

here

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).

Guidance for primary care trusts

This guidance covers areas which primary care trust may require further assistance on:

General guidance

Comparisons to last year's declaration

Third party comments

Resubmission

General

The trust boards of PCTs will, for the first time, make a separate declaration on their compliance with the Department of Health's core standards for their commissioning and contracting functions, which is separate from their function as providers of services. This will include their responsibility for specialised commissioning groups.

At the same time, trust boards of PCTs with provider services will also be required to make a declaration on the compliance with the Department of Health's core standards of their provider services.

In order to do this there are two separate declaration forms. Please ensure when you are completing the forms you are aware of whether you are completing the declaration form for the commissioning or provider arm. To help distinguish between the two, the commissioning declaration form has a slightly pink background.

The trust boards of PCTs will have to declare on their assurance of compliance with all the standards for both their commissioning arms and provider services. When considering their commissioning arm they will have to take into account three perspectives, which will be combined into a single declaration for the PCT as a commissioner. The three perspectives are:

corporate body

commissioning functions

commissioned services and independent contractors

Further explanation of these three perspectives can be found in our published document

[here](#)

The Criteria for assessing core standards in 2008/09 document published in December 2008 contains separate criteria for the assessment of the PCT as a provider and as a commissioner. The separation of the criteria will not increase the scope of the assessment of PCTs overall, since our assessments have always covered the commissioning function. Rather, the revised criteria provides greater clarity as to how the assessment of standards applies to the PCT commissioning arm. Hybrid trusts, for example PCTs that also provide mental health and / or learning disability services, should also consider the criteria for mental health trusts when making their provider arm declaration. These documents are available on our website

The two declarations will be assessed, cross checked, and where inspections take place, inspected separately and result in two separate core standards scores for the PCT (i.e. one score for the services the PCT provides and one score for the PCT as commissioners).

We have produced an FAQ document to answer queries relating to the separate assessment of PCTs as commissioners and providers in 2008/09. This is available:

[here](#)

Comparisons to last year's declaration

If in last year's declaration, your PCT declared 'not met' or 'insufficient assurance' for a particular standard and the accompanying action plan had an end date that continued into 2008/2009 you will need to consider where the significant lapse / insufficient assurance took place - the commissioning or provider arm. For whichever arm the significant lapse or insufficient assurance refers to, we would expect you to again declare 'not met' or 'insufficient assurance' with an updated action plan.

As in last years declaration we will also ask you for additional information where, in 2007/2008, the PCT declared a standard as 'not met' or 'insufficient assurance' but had an end date of non compliance prior to 1st April 2008 but again declares 'not met' or 'insufficient assurance' for the same standard in 2008/2009, we will ask you to describe the circumstances for this second consecutive declaration of non-compliance.

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

However we recognise that the concern identified in the prior year may not relate to the same arm of the PCT as the concern identified for the 2008 2009 declaration. You will therefore need to consider in which arm of the PCT the 2007/2008 significant lapse / insufficient assurance took place (the commissioning or provider arm) before responding to the question.

Prison Health services

When completing your declarations for the 2008/2009 annual health check, PCT commissioners will be asked explicitly to take into account their responsibilities for commissioning healthcare with regard to those in prison and youth offenders. Where you have commissioning responsibilities in this regard and are inspected on a standard, you will be asked about such duties and will be expected to demonstrate the evidence you considered in achieving board assurance.

You are invited to provide further information to demonstrate your commitment on how you are complying with these requirements, in the section of the declaration form entitled 'General Statement of Compliance'.

Third Party commentaries

We recognise the difficulty that some third parties may have in tailoring commentaries to reflect the two distinct arms of the PCT (commissioner and provider), as a result we do not require different commentaries to be submitted on the two declarations. Instead we expect the same third party commentary to be submitted on both the commissioning and provision declarations.

We have published guidance on our website for LINKs, overview and scrutiny committees, local safeguarding children boards and learning disability partnership boards about this stage of the declaration process. The guidance can be found by using the following link:

[here](#)

Resubmitting your declarations

If you have submitted your declarations and notice factual inaccuracies that can be rectified, you can request a resubmission of either or both of your declarations. All PCTs will be allowed to request one resubmission of each declaration, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declarations will be published, together with the request for resubmission form, on our website. If both of your PCT's declarations require resubmission, separate requests must be submitted. A request for resubmission needs to be made by your trust's registered lead using the appropriate online form.

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8 May 2009 (whichever is earlier).

General statement of compliance

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

Over the last year the process for core standards declaration has been developed to ensure a robust and accountable system. Compliance has been reviewed and challenged at the bi-monthly Risk Management Group, monthly Governance Executive Management Team (GEMT), Provider Board and NHS Brent Board. The draft declaration was scrutinised at the Audit Committee on the 18th of March 2009. For 2008/2009, NHS Brent achieved its corporate objective to be compliant with all 44 standards by year end.

Brent Community Services is assured that it is compliant with 38 standards and has been compliant throughout the year with these standards. Brent Community Services cannot demonstrate compliance throughout the year for 6 standards. At the Board challenge session held on the 19th of February, the Board reviewed 6 of the 44 standards which constituted a significant lapse. The six standards are:

C1a- Learning from incidents
C1b- Safety Alerts
C4b- Medical Devices
C4e- Clinical Waste
C13c- Confidentiality
C21: Clean and well designed environment

For all the above standards, an action plan was put in place to ensure compliance by year end. This is highlighted within the declaration.

Declaration process in Brent Community Services

A Lead Manager and Director were identified for each of the core standards. The lead is required to complete a template which provides evidence of compliance. The template is based on the lines of inquiry that the Healthcare Commission would follow if they chose to visit.

The lead is then responsible for reporting the template to the relevant committee. Progress against the standard is outlined so that the committee can challenge the evidence and come to a collective view as to whether the standard is met. They may also recommend further actions to meet the standard or ensure sufficient evidence. The lead is also required to send the evidence documents outlined in the template to the Governance team so that they are available for scrutiny internally and externally.

The Provider Board and GEMT monitors that sufficient progress has been made against all the standards to ensure that the NHS Brent Board will be in a position to agree the declaration.

Agreeing the Standards Sign off
The standard has been signed off at the GEMT and NHS Brent Board.

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

18-12-2008

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

Not compliant with Litmus test on Falls issued in 07/08 inspection guide.

1. Evidence is required from wards showing they rapidly follow up individual in-patient falls incidents with an analysis of what caused the fall, taking into account all of the possible risk factors and estimating the likelihood of repetition and identifying action needed to reduce risk of repetition for that individual patient (see point of information 7 on inspection guide).
2. Evidence from ward that they use a formal method for investigating individual in-patient fall incidents that cause severe harm or death, for example through using the root cause analysis tool developed by the NPSA, in order that learning be used to reduce future risks.
3. Annual report to Provider Board that includes an in-depth analysis of in-patient falls in addition to merely the number and severity of in-patient falls.
4. Evidence on changes to reduce the risk of in-patient falls, based on the analysis of local in-patient falls incidents and the findings of any local formal investigations of incidents that:
5. Evidence of Falls training

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

Assistant Director of Intermediate care & Rehabilitation Services has:

- Carried out an in depth analysis of falls recorded on the Aquarius incident form. The analysis includes time of falls and staff ratio.
- Selected and agreed the falls risk assessment tool
- Produced Falls report for the Provider Board Dec 08 & GEMT Jan 09
- Provided minutes of team meetings and Falls action plan which will evidence changes in reducing in-patient Falls
- Arranged Falls training for relevant staff
- Audit of Falls has been carried by the Clinical Audit team

* 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.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

28-02-2009

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

1. Not all safety alerts distributed during the assessment year were implemented within the timescales specified on the alert.
2. Signed assurance from the recipient that the required actions have been taken
3. Not all required alert policies and procedures (including risk assessment) are in place and up to date.
4. All relevant staff are trained and competent to carry out the actions specified in the alerts

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

1. The Deputy Director of Nursing & Clinical Standards was identified to support Brent Community Services with implementing all outstanding MDA & NPSA alerts.

1a. Outstanding MDA alerts: In addition to the CAS audit, recipients of MDA alerts were emailed and provided with a deadline date to respond. All outstanding MDA alerts during the assessment period have been closed on the DH website

1b. Outstanding NPSA alerts: A Clinical Lead was identified in Brent Community Services working with the Medicines Management team and all alerts have been completed and closed on the DH website.

2. Completed action templates have been received from alert recipients.

3. Policies and risk assessments are in place for all alerts.

4. Non-compliance with alerts has been added to the Corporate Affairs risk register

5. Evidence of training is available for specific alerts as required.

* 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

Safety domain - core standards (C4a - C4e)

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

* 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.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

16-03-2009

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

Lack of a 2007/2008 Medical Devices Annual report.

Providing appropriate training for all permanent professional staff (including new staff) using medical devices to ensure they are competent in the safe use of medical devices.

Having a record of medical devices and equipment that facilitates a systematic approach to medical devices management.

Providing appropriate training for all end users (see point of Information 5).

Providing adequate training to maintenance/repair staff (including the recognition of differences between single use, single patient use and reusable devices)

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

Chairs action taken on the Medical Devices Annual Report on the 16th of March 2009.

Assessment of staff training across all areas where medical devices are used by staff completing the training tool (Appendix 5b) in the Medical Devices Policy. Completed on the 28th of February 2009.

Equipment asset register is in place and regularly reviewed

Implementation of the Medical Devices Policy to address inconsistency on end user training across the organisation. Improvement is expected now the policy has been implemented.

Questionnaires sent to suppliers verify training procedures of their staff.

* 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.

not met

Start date of non-compliance or insufficient assurance

01-07-2008

Date at which you expect to have assurance of compliance

28-02-2009

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

Implementation of Clinical Waste Policy and monitoring/audit of waste management arrangements.

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

Training sessions on clinical waste policy completed.
Implementation of new clinical waste bins completed.
Audit of implementation of clinical waste bins completed and outgoing

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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

* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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 commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management 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

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

compliant

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

compliant

* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

compliant

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

* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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

* 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.

 not met

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

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

More work required on routine data sharing with non NHS organisations

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

Data Flow Mapping completed
 Information Sharing Protocol completed
 Information Sharing Agreement signed
 Information Sharing Guidance for Staff completed
 Secure Information Sharing Exchange Mechanisms in place

* 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

Patient focus domain - core standards (C15a - C16)

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

* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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 commitments & national priorities 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

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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

* 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.

 not met

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

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

Inconsistencies in cleaning levels across the Trust.

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

Director of Infection Control and Senior Infection Control Nurse have completed visits to inpatient wards at Willesden
PEAT self assessment submitted to the NPSA and action plan implemented
Cleaning Audits completed and action plan implemented

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 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 healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

* C24: Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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
- 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), LINKs, overview and scrutiny committees, Learning Disability Partnership boards 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.

Electronic sign off - details of individual(s)

| | Title: | Full name: | Job title: |
|----|--------|------------------|---|
| 1 | Ms | Marcia Saunders | Chair |
| 2 | Mr | Mark Easton | Chief Executive |
| 3 | Mr | Hussein Khatib | Chief Operating Officer |
| 4 | Ms | Jo Ohlson | Director of Primary Care Commissioning |
| 5 | Mr | Charles Allen | Director of Human Resources |
| 6 | Dr | Jim Connelly | Director of Public Health |
| 7 | Mr | Jonathan Wise | Director of Finance & Performance |
| 8 | Ms | Thirza Sawtell | Director of Strategic Commissioning |
| 9 | Dr | Manish Prasad | Professional Executive Committee Co-Chair |
| 10 | Dr | Carole Amobi | Professional Executive Committee Co-Chair |
| 11 | Mt | Geoff Berridge | Non-Executive Director |
| 12 | Ms | Hema Ghantiwala | Non-Executive Director |
| 13 | Mr | Chandresh Somani | Non-Executive Director |
| 14 | Mrs | Isabelle Iny | Non-Executive Director |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |

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

Comments from specified third parties

Please select the numbers of each type of third party that you wish to enter comments from

* Strategic Health Authorities

 0 1 2 3 4 5 6 7 8 9 10

* Local involvement networks

 1

* Local child safeguarding boards

 1

* Learning Disability Partnership boards

 1

* Non-specified third party organisations:

 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15**Comments from specified third parties**
Strategic Health Authority Comments

No comments from Strategic Health Authorities were provided

Local Involvement Network comments

* Please enter the name of the first Local involvement network that has provided the commentary

Brent LINK

* Local involvement network comments. There is no word limit on this answer.

Brent LINK is newly formed and still developing its Management Committee and as a network. During this time we have managed to elicit information from individual participants and third sector groups /organisations. We welcome this opportunity to give comments based on the experience of Brent LINK participants in the last year (2008-09)

C1 - Health care organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents

The Brent Mencap Director is also the Vice Chair of the Brent Safeguarding Adults Board. Brent Mencap (who are part of the Brent LINK) have reported to the Brent LINK that Brent NHS attendance at these meetings has been low over the previous year. They report that training attendance figures show that only a few Brent NHS employees have attended Brent wide free training sessions.

C4 - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely

Brent Mencap have reported to the LINK that they have seen no evidence of any adjustments made to instructions or labelling of medication by NHS staff to adapt this for people with Learning Disabilities.

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

Brent LINK participants have stated that when a consultant sees a patient but is not under his remit of care, and the consultant wants to refer the patient to another consultant, the patient has to go back to the GP for a referral. Consultants should be able to refer to another discipline and not have to go back to the GP.

When a patient is referred to a consultant, participants have reported that letters have gone missing, and they have to wait for another appointment. People report that they have not received a copy of the letter and would like this to happen.

C7e - Healthcare organisations challenge discrimination, promote equality and respect human rights

Brent Mencap have reported to the Brent LINK that they feel Brent NHS has added to the discrimination faced by people with Learning Disabilities due to the withdrawal of key services such as physiotherapy and occupational therapy services in schools during the turnaround period.

People with Learning Disabilities have not been included in the development of the Disability Equality Plan and their health needs are not mentioned in the recently circulated Single Equalities plan. Brent Mencap were invited to the recent consultation on this plan and gave verbal feedback.

One piece of positive feedback is that following the concern raised by Patient Forums last year as far as the issues of race and equality impact on the BME, NHS Brent has appointed a dedicated manager.

However the appointment made was an Equality Impact Advisor, LINK participants felt that the Equality Impact Advisor does not have the same authority or influence as a Manager. It is noted that the Equality and Diversity Advisor must report to the Executive Management Team who then passes on their comments to the Board directly. There is a concern that this triangular process may downgrade the importance of equality and diversity, particular in the wider Brent BME Community and other minority groups.

C11a - Health care organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake

Brent Mencap have reported to the Brent LINK that there is no ongoing training available to staff about the health needs of people with Learning Disabilities.

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

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

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

The Brent LINK have no evidence that the complaints system has been adapted for people who have difficulty reading and writing.

C16 - Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and assessable information on the care and treatment they receive and where appropriate, inform patients on what to expect during treatment, care and aftercare
Brent Mencap report to the Brent LINK that they have never seen easy to read or accessible letters or information developed by NHS Brent for people with Learning Disabilities.

C17- The views of the patients, their carers and others are sort and taken into account in designing, planning, delivering and improving health care services

Brent LINK are unaware of any analysis that NHS Brent has carried out with respect to how the services that are being provided arising from the turnaround plan has impacted on service users.

NHS Brent has reviewed and developed their patient and public engagement strategy with an action plan. Brent LINK participants would now like to see the implementation of this strategy to obtain the views of patients, carers and others.

Brent LINK welcomes the opportunities presented to us by NHS Brent to make comments on the format of their annual report, participate in their equality conference, and take part in joint meetings with the statutory body and invitations to join forums.

On 24th March at a Primary Care Strategy meeting and on a subsequent occasion a LINK participant raised an issue about people experiencing problems accessing GP services. There are no independent checks on waiting periods for accessing GPs or accessibility.

There was a Health Select Committee report compiled 6 months ago on approximately 13 GP practices on what was required to bring them up to

standard. Brent LINK would like to see a progress report.

Local child safeguarding boards comments

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

Brent Safeguarding Children Board

* Local child safeguarding board comments. There is no word limit on this answer.

C2 I can confirm the self evaluation of the Provider service in this respect. We have recently audited cases independently in four agencies and no issues of concern arose in respect of the safety of children from the Health Provider service.

Independent Chair of the Brent Safeguarding Children Board

Learning Disabilities Partnership Board comments

* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Brent Learning Disability Partnership Board

* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Brent Learning Disability Partnership Board was asked to comment on Better Standards for Health by NHS Brent. Unfortunately NHS Brent did not wish to resource any wider discussion of the standards outside of the Partnership Board. This paper therefore summarises comments from the members of the Partnership Board and those that they represent, including from an independently facilitated workshop of people with learning disabilities. The paper was discussed at the Partnership Board meeting on the 20th. April 2009.

Safety

C1a Reporting incidents

The Partnership Board has not been presented with any incident reports which detail incidents affecting people with a learning disability. There is no evidence that existing healthcare professionals know which patients have a learning disability and whether the person has an appointed carer guardian. There is also no evidence that there is any learning or changes to practice for people with learning disabilities as the result of incident reports.

The director of Brent Mencap is the vice chair of the Brent Safeguarding Adults Board and a member of the Partnership Board. PCT attendance at these meetings has been non-existent over the last 2/3 years. While minutes have been sent to lead PCT officers there has been no evidence back of how this information has been cascaded. The training attendance figures show that few if any PCT employees have attended Brent wide free training sessions.

We have no evidence that the local Adult protection leaflets are available at PCT sites or GP practices.

C4d Medicines Management

The Partnership Board is aware that many people are supported by families or support workers to take medication. However, despite a previous report to the tPCT Board about labelling of medication, no reasonable adjustments are made to the labelling or any instructions to enable people to self-medicate without support. People with learning disabilities usually know what the medication is for but most people, including families, are not properly informed of any side effects. With an ever increasing array of modern medication and potential threat of consequential legal action, any manufacturer listed side-effects often contains a huge and scary list. This is often a huge challenge for anyone to decipher and deal with, but particularly difficult for people with learning disabilities and elderly carers.

C5d Clinical audit

The Partnership Board is not aware of any clinical audits that the tPCT has carried out to ensure that the people with learning disabilities receive effective treatment. No reports have been made to the Partnership Board on how the tPCT is taking forward recommendations from key documents from Treat me Right to Six Lives. In fact the Partnership Board is not aware of any intention by the tPCT to take implement the recommendations.

C6 Partnership

The Partnership Board is not aware of any joint protocols between agencies in place to ensure good healthcare for people with learning disabilities. The experience of changes to services to people with learning disabilities shows that good practice in consulting across agencies is patchy.

On an individual level, people with learning disabilities had a mixture of good and bad experiences of individual support and liaison between healthcare staff and their staff or families. A lack of reasonable adjustments was reported, with people with learning disabilities often having to wait for long periods of time despite having an appointment. There are examples of poor communication between hospital staff and family members and a lack of sensitivity in terms of choices between male and female staff when having medical examinations. People were particularly critical of the Central Middlesex Hospital and receptionists who were very rude.

C7e: Discrimination

The Partnership Board has no evidence that the PCT is tackling the discrimination faced by people with learning disabilities. Some board members are of the opinion that the recent cost savings made as a result of turnaround unfairly discriminate against young people with learning disabilities.

People with learning disabilities were not included in the development of the Disability Equality Plan and indeed their health needs are not mentioned at all in the Single Equalities plan which the PCT recently circulated. The JSNA highlights the health issues for people with learning disabilities but no proposals have been made to address these.

The PCT is implementing the DES for people with learning disabilities but this is the only recommendation from Healthcare For All that the Partnership Board is aware that the tPCT is implementing.

C9 : Records management

The Partnership Board is aware that some hospitals produce easy to read information. However, despite requests from members of the Partnership Board, the tPCT does not produce easy to read information. People with learning disabilities are forced to rely on families and staff.

There is no information produced for people with learning disabilities on their rights to see their health records. When the Partnership Board asked a group of people whether they could access their health care records, about half of the people present said that they did.

C11a Recruitment

The Partnership Board understands that Equalities training has now been reduced to a half day session as part of induction.

In the past Mencap worked with the PCT's clinical co-coordinator to offer Learning Disability Awareness training as part of Learning Disability week. Only 8 PCT employees attended. More recently the Public Health Club ran a session on the effectiveness of health action plans for people with learning disabilities. Less than 5 people attended.

People with Asperger's syndrome reported the need for specialist training on Aspergers to ensure better services.

There is no ongoing training available to staff about the health needs of people with learning disabilities outside of the DES.

C12 Research governance

Joint research (Brent Council, Brent Mencap and NHS Brent) was undertaken in 2005 on the effectiveness of Health Action Plans, and a presentation was made to the PEC about the health inequalities which had led to the development of the research. The Partnership Board has not been informed of any action undertaken by the tPCT to reduce health inequalities.

Patient Focus

C13a Dignity and Respect

The Partnership Board could find no evidence of systems in place to ensure dignity and respect for people with learning disabilities. People with learning disabilities have reported that they were ignored by healthcare professionals, and their families or staff members were spoken to rather than themselves. Whilst some people had agreed to having an operation, some people with learning disabilities are being told that they do not have a say. People with learning disabilities are not informed of the consequences of operations, e.g. pain.

People with learning disabilities reported having their health worries taken seriously but are not sure whether or not diagnostic overshadowing takes place.

Again the experience of people with learning disabilities varies across services, with the Central Middlesex Hospital being identified as being poor.

Consent and Confidentiality

People with learning disabilities reported that private information was shared about them without their knowledge or consent.

Carers

Previous Partnership Boards have discussed the lack of support and information given to family carers to support their relative with learning disabilities. Carers have reported that treatment is not properly planned and does not take into account the needs of carers.

C14a Complaints

The Partnership Board has no evidence that reasonable adjustments have been made to the complaints system to enable people with learning disabilities to complain. People with learning disabilities said that they would need help to make a complaint. People with learning disabilities were concerned that if they made a complaint there would be negative repercussions for them. It is difficult to find a person with learning disabilities who has made a complaint.

C17 Patient and Public Involvement

The Partnership Board is aware that people with learning disabilities were consulted with as part of the World Class Commissioning stakeholder consultation. However, it is not known what NHS Brent proposes to do with the information.

Brent Mencap has made a number of representations about the costs savings and their impact on people with learning disabilities since 2007, but has yet to receive a response.

C22 Public Health

The Partnership Board has no evidence of the PCT addressing the health inequalities faced by people with learning disabilities. NHS Brent rarely attends the Partnership Board meetings, with the exception of the AD Learning Disabilities for specialist provision.

Health checks and health action plans are not promoted by NHS Brent across mainstream services. People with learning disabilities often did not know what health checks or tests they should have. When they did, they found it difficult to get support from health staff to book appointments and to obtain information. People also complained about the invasive and painful nature of tests such as cervical smears. Some GP practices are not equipped to support people who have mobility difficulties.

Conclusion

The Partnership Board recommends that NHS Brent takes immediate action to address the recommendations in the latest DH policy guidance in order to ensure that the PCT is compliant not only with its disability equality duty, but also to ensure that people with learning disabilities receive appropriate healthcare in a timely fashion. The Partnership Board requires regular briefing on actions taken by NHS Brent in respect of its duty to provide good healthcare services to people with learning disabilities.

The Partnership Board further believes that representation has been made to the PCT about what needs to change from a local perspective. In addition to the national recommendations, key priorities which need to be addressed locally include :

- o More easy read information - letters, leaflets
- o Better staff training: about disability, Asperger's
- o Better training to do cervical smears so that you don't feel it!!!
- o Less waiting time when you come for appointments; and fast-track appointment system where appropriate
- o Staff to make sure they explain things to us, not just to family.
- o Knowing what is happening with regular tests and checks - what is available, happening and when
- o Knowing you can complain, who to and how without fear of what will happen. It is not always appropriate or possible for people to submit a complaint in writing and so a verbal feed-back to appropriate individual and subsequent follow-up is required.

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

Overview and scrutiny committee comments

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

0 1

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Brent Health Select Committee

Comments. There is no word limit on this answer.

Health Select Committee letter and attachment dated 2nd April to NHS Brent (Verbatim)

This letter and attachment constitutes the formal response from Brent Council's Health Select Committee for inclusion in the final submitted document. This letter and attachment constitutes the formal response from Brent Council's Health Select Committee for inclusion in the final submitted document. The Health Select Committee is encouraged by the apparent compliance with each of the core standards for NHS Brent's commissioning arm. It is also reassured that steps will be taken so that the provider arm reaches compliance on all core standards. The Committee will check on progress during 2009/10. These declarations are a vast improvement on 2007/08, when NHS Brent wasn't able to declare compliance against 14 of the core standards. I believe that this improvement is reflected in the positive comments we have been able to make about NHS Brent. There are some areas of concern that we have included in our comments. These relate to privacy and dignity, GP access, listening to patient's views and smoking cessation. The Committee will monitor these issues in 2009/10 and hope to see improvements reflected in patient surveys and progress in meeting targets. That said, overall the Committee's perception is that NHS Brent is a much improved organisation since coming through turnaround with strong leadership that has worked with partners (including the council) to improve relationships and services. Finally, I would like to thank you and your staff for your attendance and support to the Health Select Committee throughout the year.
Chair, Health Select Committee

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

The Health Select Committee has been informed of a number of instances where NHS Brent is working with partners to ensure patient needs are met. For example, the organisation has reinvested in its smoking cessation programme and is delivering this in partnership with the local authority. NHS Brent and Brent Council have jointly funded a Tobacco Control Manager. This is a welcome development following the significant reduction in funding for this programme whilst the organisation was going through turnaround, and smoking cessation figures declined dramatically (they are still below target and this issue is addressed in the submission on core standard C23). Although Brent still has much work to do in this area, the Health Select Committee is encouraged that NHS Brent is once again committed to this project and is working with partners to deliver it.

Other examples that the Health Select Committee have seen in 2008/09 include a commitment to improve maternity services in Brent, one of NHS Brent's commissioning initiatives for 2008-2013. The Health Select Committee considered the PCT's World Class Commissioning strategy and was pleased to learn that the PCT will be working with the North West London NHS Hospitals Trust and North West London sector partners to improve services, particularly maternity services where there have been a number of high profile incidents at Northwick Park hospital in recent years. The Health Select Committee will monitor progress in achieving the initiatives in the Strategic Plan over the coming years.

NHS Brent, Harrow PCT and North West London NHS Hospitals Trust are also working together on a joint acute services strategy for the area. The aim of this work is to make best use of resources available to provide top quality acute health services for local residents. Given the financial challenges faced in the local health economy, it makes sense for the three organisations to plan an agreed way forward for local acute services.

C7 - Health care organisations a) apply the principles of sound clinical and corporate governance; d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;

C7a) - NHS Brent has informed the Health Select Committee that it has implemented the recommendations from the Taylor Report relating to clinical governance. The Committee has not directly followed up these recommendations but has focussed instead on healthcare related developments. The committee's perception is that NHS Brent is a more stable organisation than previously, with strong leadership from its chief executive and chair and that it has learned the lessons from past mistakes. This has been confirmed in the Taylor Report follow up, which praises the progress made by NHS Brent since turnaround.

C7d) - The Health Select Committee is pleased that NHS Brent has reached a position where it will end the financial year in surplus (expected to be around ?12m). Whilst getting to this position hasn't been without its challenges that have affected relationships between the council and the PCT, it is good news that the financial problems appear to be in the past.

C13 - Health care organisations have systems in place to ensure that - a) staff treat patients, their relatives and carers with dignity and respect;

The Health Select Committee has been informed that NHS Brent had scored low on privacy and respecting dignity in the annual patients' survey. The Committee is concerned that patients do not rate the dignity shown to them by GPs as highly as in other areas and hopes that NHS Brent will pursue this issue with practitioners to improve these scores. It is an issue that is important to the Health Select Committee and something that they will be following up with NHS Brent.

C17 The views of patients, their carer's and others are sought and taken into account in designing, planning, delivering and improving health care services.

In 2008/09, the Health Select Committee has considered the following service developments that have been led by NHS Brent:

- Urgent Care Centre at Central Middlesex Hospital
- GP led health centre at Wembley Centre for Health and Care
- Primary Care Strategy

The Committee spent time looking at the proposals for these developments, including the consultation and involvement plans for members of the public and patients. They were satisfied with the plans for the Urgent Care Centre and GP led health centre and made no recommendations for change, except to involve the Brent LINK when it was up and running.

The Committee was happy with the consultation plan for the Primary Care Strategy, to the extent that it didn't insist on the PCT taking it to a 12 week formal consultation. NHS Brent was making good use of existing consultation arrangements, such as the Brent Area Forums and holding three public meetings. A panel of 100 people was also to be recruited to assist in the development of the strategy at an event organised for the strategy development. These measures satisfied the committee that patient's views would inform the strategy. Formal consultations will be held on specific service changes. The Committee has received negative feedback, via another councillor and local pharmacist about GP services in the Dollis Hill underground station area of Brent. A GP surgery in the area closed some years ago at short notice, and despite a campaign by local people to have a service reinstated in the same part of Brent, NHS Brent has ruled out this option.

The Health Select Committee considered this issue as part of its access to health sites work. Although NHS Brent had a number of reasons for not opening another GP surgery in that area, unfortunately some people have been left with the perception that NHS Brent doesn't take into account patients views when it makes decisions on the location of services.

C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Currently there is variation in access to GP services and the quality of services, as demonstrated in the National Patients Survey 2007/08. Satisfaction with the ability to get a GP appointment within 48 hours is below the England and London average (at 82%). Satisfaction with opening hours is 75% compared to an average of 78% in London and 82% in England.

There are also wide variations in satisfaction in different surgeries. 53% of GP practices in Brent offer flexible opening times. Whilst this is above the NHS Brent target, which was to achieve 50% by April 2009, flexible opening hours is far from standard across the borough. This is of concern to members of the Health Select Committee, which has followed up GP access with NHS Brent to see how they have implemented their action plan to tackle these issues.

The Health Select Committee hopes that the introduction of new services such as the GP led health centre in Wembley will address access issues relating to primary care in Brent. The Committee will also pick up on access issues when it looks at proposals arising from the PCTs Primary Care Strategy.

C22a & c: Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by

a) co-operating with each other and with local authorities and other organisations; c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

C22a) - There are a number of examples where NHS Brent has worked with Brent Council to improve the health of local people. The two organisations have worked together on a joint measles immunisation campaign in direct response to an increasing number of measles cases in the borough and falling immunisation levels. This campaign was run in Autumn and Winter of 2008. Posters and leaflets were distributed throughout the borough in English, Polish and Somali, adverts were run in the local press and schools were also encouraged to support the campaign. This is a good example of action being taken to deal with a specific issue based on evidence of need.

NHS Brent, Harrow PCT and NWL NHS Hospitals Trust are working on an acute services strategy for the area. The aim of this is to ensure acute services in the area meet patient need, are sustainable and fit for purpose. Health Select Committee has taken an active interest in this work. It demonstrates effective partnership working and a pro-active approach to problems in the acute sector.

C22c) - The Health Select Committee has been informed that NHS Brent is working with Brent Council on its consultation functions to improve its communication with, and participation opportunities for patients and public. This will contribute to the CAA process as it will assist organisations in the borough develop a firm evidence base of customer need and help in factors such as service design.

C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

Smoking cessation - The Health Select Committee is concerned about smoking cessation in Brent. The smoking cessation service was cutback when NHS Brent was in turnaround. Although it has been reinstated, smoking cessation numbers are still low - at the end of November 2008 the service has helped 276 four week quitters against a target of 1756. The number of four week quitters had fallen each month from July 2008, and November saw the lowest number of quitters all year. We hope that this service improves significantly in 2009/10, but the committee has concerns about the plans to deliver this service.

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