



Webforms Output: Core standards declaration 2007/2008  
May 2008

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\* 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

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.

### Guidance for PCTs

PCTs need to consider the following for each core standard when completing their declaration:

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
  - through the work of the professional executive committee (PEC)
  - by reviewing information from the quality outcomes framework (QOF)
  - by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)
- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
  - feedback from patients on commissioned services
  - review of performance monitoring information
  - risk assessments of commissioned services
  - routine meetings between the PCT and the providers of their commissioned services, etc.

There are some standards that are particularly relevant to the PCT's role as a commissioner which are C5a, C6, C7e, C17, C18, C22, C23 and C24. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

### 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 last year has been one of considerable challenge for Brent PCT. At the end of 2006-2007 it embarked on a series of actions to ensure that the organisation met its statutory duty in terms of finance and governance.

These actions have resulted in a significant turnover in staff, which has impacted on the ability of the PCT to assure the Board of compliance in all of the standards. The challenge sessions, implemented as part of the scrutiny process, have been robust, open and transparent in the consideration of the evidence of compliance with standards. The result of this level of rigorous scrutiny has been an increase in the number of standards that have been declared non-compliant.

The PCT is assured that it is compliant with 30 standards as at 31st March 2008, and has been compliant throughout the year with these standards. The PCT cannot demonstrate compliance throughout the year for 14 standards, or it has insufficient assurance of compliance. Actions plans will be in place to demonstrate how compliance will be achieved.

#### Standards Not Met or Insufficient Assurance

**C1a Learning from experience – Not Met.** The Trust feels that it has good incident reporting systems in place and is able to demonstrate learning from incidents locally. The Trust runs learning from incidents workshops to embed lessons learnt from incidents affecting the safety of staff and patients into its culture and practice. The Trust has also made an attempt to report patient safety incident to the NPSA National Reporting Learning (NRLS) system. However, it is not confident that it has a robust system for doing this. The PCT has developed an in-house incident reporting system that needs to be technically developed to ensure automatic regular reporting to the NRLS system. In the interim, the PCT is working with the NRLS team to ensure regular reporting manually. The PCT will also be considering an alternative incident reporting software if the in-house system is unable to upload patient safety incidents.

**C2 Child protection - Not Met.** The PCT named nurse post is now being advertised and active steps are being pursued to appoint an interim designated doctor post to cover recent sickness. The Trust is working with its partners in the Local Children Safeguarding Board (LCSB) to ensure that these interim arrangements are robust. The situation is being closely monitored. However, the PCT has put an action plan in place to review its local child protection policy.

**C4a Infection Control – Not Met.** The Trust has a prioritised infection control audit programme that was agreed by the Infection Control Committee (ICC). In addition, the Trust has been producing HCAI surveillance reports for the Board (annual reports Oct 06 and October 07 and since last October they have been produced quarterly). The Trust also has an addendum to all staff Job Descriptions sent out by the CEO stating that not only are staff required to adhere to Infection Control practices, but also giving staff responsibility to "report obstacles to maintaining high standards of Infection Control and any serious breaches in these standards to their line manager or Infection Control Team". The Trust has an Infection Control training programme in place and has also carried out a compliance assessment against the Health Act and benchmarking against the Maidstone and Tunbridge Wells HCC c. diff recommendations. However, the PCT has put in place an action plan to review some infection control policies. This will be completed by June 2008

**C4b Medical Devices Management - Not Met.** Maintenance contracts are in place for all high risk equipment (e.g. beds, hoists etc) There is clear guidance in terms of notifying for wheelchairs and joint community equipment stores. However, the Trust needs to ascertain whether any teams modify medical equipment & if so, obtain evidence that it is only done with authorisation of person with overall responsibility for technical servicing following written guidance. The Trust also needs to ensure that there are adequate arrangements for training in place. Actions to achieve compliance include checking with the Medical Devices Steering Group whether any teams modify medical equipment. In addition, the Trust will be sending the audit tool for modification and training to all services for completion by the end of June 2008.

**C4c Decontamination of reusable medical devices - Not Met.** The PCT has an executive lead for decontamination (Director of Public Health / DIPC) and an implementation lead (Assistant Director for Specialist Services until Jan 08 then passed to Senior Infection Control Nurse) who acts on the advice of the PCT Authorised Person for decontamination. There is a SLA Contract the services of the Authorised Person for Decontamination. All sterile instruments for the PCT Podiatry Service are obtained via a medical devices compliant central sterilisation service. However, the PCT now needs to ensure it has suitable facilities where all re-usable medical instruments for its Community Dental Service are decontaminated. The action plan includes setting up a service and testing contract for the ultra sonic cleaners (on a quarterly basis to HTM 2030 standards), and conducting protein swabbing of instruments (post cleaning) for which a written process has already been produced. This will be completed by April 2008. There are also plans for provisions of separate decontamination rooms at Wembley and Willesden Centres for Health & Care for the Community Dental Service. The PCT policy for the use of benchtop autoclaves is also due to be reviewed as part of the Infection Control policy review programme. This will be completed by June 2008.

**C7a & C7c Clinical & Corporate Governance and Risk Management - Not Met.** The Trust has taken significant steps to actively comply with standards throughout the year. A new Board and executive management team has been put in place. Significant progress is being made in implementing integrated governance. External support was commissioned to review governance arrangements including Board subcommittees. Risk is overseen by the audit committee.

The Trust could not declare compliance as the process for overall corporate governance and financial controls was the subject of a Taylor enquiry in 2007/2008. The PCT has produced an action plan to meet recommendations of the Taylor enquiry. The new Board has reviewed and will continue to review its governance arrangements. The EMT governance committee, has been set up, led and chaired by the new Chief Executive. The committee will ensure that there are sound structures, procedures, expectations and accountabilities for integrated governance in place throughout Brent PCT in 2008-2009. The Trust Board also agreed an action plan in March 2008 for the implementation of the Integrated Governance Maturity Matrix.

**C9 Records Management - Not Met.** The Records Management Group has developed a records audit toolkit and has begun a rolling cycle of audit. Record Keeping Audits were conducted in Childrens Services, District Nursing and Child Protection in 2007 and are reviewed every 2 years. However, the PCT's Records Management Policy includes a requirement to track records but lists no specific process for tracking/tracing paper records across the Trust. In addition, an audit of records storage needs to be carried out. The tool to audit all sites for tracking and tracing paper records will be implemented and results actioned by June 2008. The storage audit will be carried out by June 2008 and is part of the records steering group action plan.

**C11a. Recruitment and Training - Not Met.** The Trust has the Two Tick Symbol and this is in the process of being reviewed. A guaranteed interview scheme for disabled applicants is in place by the PCT. This information is available on the internet when making an application. The Trust works closely with the Deanery when appointing medical staff. There is a preceptorship and mentoring system in place. The Trust declared not met as relevant human resources policies were out of date for most part of 2007/2008. All relevant human resources policies have now been reviewed.

**C11b Mandatory Training Programme - Not Met.** The Trust provides mandatory training to all new and existing staff through corporate induction and core refresher training. Mandatory training is compulsory for all staff, existing employees are required to do refresher training periodically. Additional training is available through e-learning packages. The Trust is not able to evidence staff who have not attended mandatory training. An action plan is in place to ensure the new data management system ESR-OLM prompts the learning and development department to invite staff for training by flagging up who is due and showing delegate status against each training activity.

**C13a Dignity & Respect - Insufficient Assurance.** The annual PEAT (Patient Environmental Action Tool) audit addresses dignity and respect. The requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended) and the Disability Discrimination Act 1995 are all covered in Trust induction and core refresher training attended by all staff. The Disability Advisor is consulted on matters relating to disability. All training courses are screened by the Training & development manager to ensure that stereotyping is not enforced. The PCT declared insufficient assurance as it requires assurance on how the high sickness absence in ward areas impact upon the quality of care. The PCT also recently had a recent serious & untoward incident (SUI) relating to patient dignity. A detailed action plan to address sickness and absence levels is being implemented, with support from Human Resources. The PCT will also action the recommendations of the SUI investigation.

**C13c Confidentiality - Not Met.** The Trust has up-to-date confidentiality and data protection policies. The Trust has recently submitted its Information Governance (IG) Toolkit to the Strategic Health Authority (SHA). Awareness raising leaflets have been attached to all staff payslips. The Trust could not declare compliance against this standard due to a recent incident for which confidentiality of patient information was an issue. Also at the time, the PCT did not have an identified Data Protection Officer. The PCT has now updated all its data protection policies. The Data Protection Officer will be recruited to provide support to staff on confidentiality and data protection.

**C18 Patient equality of access & choice - Not Met.** The PCT has local information service and a patient guide on the internet. The PCT will identify areas where its service population is unable to access its services equitably. The Trust will ensure regular reports on monitoring of uptake by ethnicity, sex, age, electoral ward are discussed at the Provider SLA meeting. The Trust will continue to ensure health equity audits are carried out and ensure all PCT premises have appropriate disability signage.

**C20a Safe & secure environment - Not Met.** The Trust has a SLA with its Estates Shared Services Providers for health & safety, fire arrangements and training. The Trust has also appointed the 'Competent Person' for Health & Safety. However, the PCT did not have a Health & Safety Committee for most part of 2007/2008..

**C23 Systematic disease prevention & health promotion programmes - Not Met.** The PCT is currently working on Joint Strategic Needs Assessment. The Health Promotion Resource Centre, housed in Brent PCT is used widely by Brent groups and professionals. The PCT needs to be assured that it has systematic and managed disease prevention and health promotion programmes. Action plan includes;

Investing in data co-ordinators to ensure timely delivery of immunisation and vaccination dates.

Re-investing in smoking cessation in order to deliver the smoking cessation targets.

Developing a planned investment strategy in prevention.

Changing capacity for breast screening and booster uptake through evidence based approach. This will include working with primary care to offer all eligible women offering an untimed appointment.

Reviewing the evidence on other strategies such as opening hours. Round table discussions at Board level and with PCT partners are also taking place on health and wellbeing.

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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.

The Trust has undertaken a comprehensive compliance assessment with the Hygiene Code of the Health Act 2006. An appropriate action plan was developed in January 2007 to ensure compliance with the provisions of the Hygiene Code and this has been updated quarterly since. The current position is that there are several elements for which the tPCT achieves partial compliance. However, an action plan to achieve compliance by July 2008 is in place and is being monitored closely.

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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

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)

The Trust feels that it has good incident reporting systems in place and is able to demonstrate learning from incidents locally. The Trust runs learning from incidents workshops to embed lessons learnt from incidents affecting the safety of staff and patients into its culture and practice. The Trust has also made an attempt to report patient safety incident to the NPSA National Reporting learning (NRLS) system. However, it is not confident that it has a robust system for doing this.

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

The PCT has developed an in-house incident reporting system that needs to be technically developed to ensure automatic regular reporting to the NRLS system. In the interim, the PCT is working with the NRLS team to ensure regular reporting manually. The PCT will also be considering an alternative incident reporting software if the in-house system is unable to upload patient safety incidents.

\* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

not met

insufficient assurance

\* 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

C2 Child protection - Not Met. The PCT named nurse post is now being advertised and active steps are being pursued to appoint an interim designated doctor post to cover recent sickness. The Trust is working with its partners in the Local Children Safeguarding Board (LCSB) to ensure that these interim arrangements are robust. The situation is being closely monitored. However, the local child protection policy is out of date.

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

The PCT has put an action plan in place to review its local child protection policy.

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### 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

The Trust has a prioritised infection control audit programme that was agreed by the Infection Control Committee (ICC). In addition, the Trust has been producing HCAI surveillance reports for the Board (annual reports Oct 06 and October 07 and since last October they have been produced quarterly). The Trust also has an addendum to all staff Job Descriptions sent out by the CEO stating that not only are staff required to adhere to Infection Control practices, but also giving staff responsibility to "report obstacles to maintaining high standards of Infection Control and any serious breaches in these standards to their line manager or Infection Control Team". The Trust has an Infection Control training programme in place and has also carried out a compliance assessment against the Health Act and benchmarking against the Maidstone and Tunbridge Wells HCC c. diff recommendations. However, the PCT has put in place an action plan to review some infection control policies.

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

All policies will be reviewed by June 2008.

\* 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

Maintenance contracts are in place for all high risk equipment (e.g. beds, hoists etc) There is clear guidance for notifying in terms of wheelchairs and joint community equipment stores. However, the Trust needs to ascertain whether any teams modify medical equipment & if so, obtain evidence that it is only done with authorisation of person with overall responsibility for technical servicing following written guidance. The Trust also needs to ensure that there are adequate arrangements for training in place.

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

Check with the Medical Devices Steering Group whether any teams modify medical equipment. In addition, the Trust will be sending the audit tool for modification and training to all services for completion by the end of June 2008.

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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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

The PCT has an executive lead for decontamination (Director of Public Health / DIPIC) and an implementation lead (Assistant Director for Specialist Services until Jan 08 then passed to Senior Infection Control Nurse) who acts on the advice of the PCT Authorised Person for decontamination. There is a SLA Contract with for the services of the Authorised Person for Decontamination. All sterile instruments for the PCT Podiatry Service are obtained via a medical devices compliant central sterilisation service. However, the PCT now needs to ensure it has suitable facilities where all re-usable medical instruments for its Community Dental Service are decontaminated.

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

Service and testing contract to be set up for the ultra sonic cleaners (on a quarterly basis to HTM 2030 standards), and conducting protein swabbing of instruments (post cleaning) for which a written process has already been produced. This will be completed by April 2008. There are also plans for provisions of separate decontamination rooms at Wembley and Willesden Centres for Health & Care for the Community Dental Service. The PCT policy for the use of benchtop autoclaves is also due to be reviewed as part of the Infection Control policy review programme.

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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

\* 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

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

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)

The Trust has taken significant steps to actively comply with standards throughout the year. A new Board and executive management team has been put in place. Significant progress is being made in implementing integrated governance. External support was commissioned to review governance arrangements including Board subcommittees. Risk is overseen by the a new audit Committee. The Trust could not declare compliance as the process for overall corporate governance and financial controls was the subject of a Taylor enquiry in 2007/2008.

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

The PCT has produced an action plan to meet recommendations of the Taylor enquiry. The new Board has reviewed and will continue to review its governance arrangements.

The EMT governance committee, has been set up, led and chaired by the new Chief Executive. The committee will ensure that there are sound structures, procedures, expectations and accountabilities for integrated governance in place throughout Brent PCT in 2008-2009.

The Trust Board also agreed an action plan in March 2008 for the implementation of the Integrated Governance Maturity Matrix. The Trust Board has also recently agreed an action plan for the implementation of the Integrated Governance Maturity Matrix.

\* 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

\* 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

\* 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

The Records Management Group has developed a records audit toolkit and has begun a rolling cycle of audit. Record Keeping Audits were conducted in Childrens Services, District Nursing and Child Protection in 2007 and are reviewed every 2 years.

However, the PCT's Records Management Policy includes a requirement to track records but lists no specific process for tracking/tracing paper records across the Trust. In addition, an audit of records storage needs to be carried out.

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

The tool to audit all sites for tracking and tracing paper records will be implemented and results actioned by June 2008. The storage audit will be carried out by June 2008 and is part of the records steering group action plan

- END OF PAGE -

### 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

The Trust has the Two Tick Symbol and this is in the process of being reviewed. A guaranteed interview scheme for disabled applicants is in place by the PCT. This information is available on the internet when making an application.

The Trust works closely with the Deanery when appointing medical staff. There is a preceptorship and mentoring system in place. The Trust declared not met as relevant human resources policies were out of date for most part of 2007/2008.

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

All relevant human resources policies have now been reviewed.

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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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

30-06-2008

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

The Trust is not able to evidence staff who have not attended mandatory training

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

An action plan is in place to ensure the new data management system ESR-OLM prompts the learning and development department to invite staff for training by flagging up who is due and showing delegate status against each training activity.

\* 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

\* 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

- END OF PAGE -

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

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)

The annual PEAT (Patient Environmental Action Tool) audit addresses dignity and respect. The requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended) and the Disability Discrimination Act 1995 are all covered in Trust induction and core refresher training attended by all staff. The Disability Advisor is consulted on matters relating to disability.

All training courses are screened by the Training & development manager to ensure that stereotyping is not enforced. The PCT declared insufficient assurance as it requires assurance on how the high sickness absence in ward areas impact upon the quality of care. The PCT also recently had a recent serious & untoward incident (SUI) relating to patient dignity.

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

A detailed action plan to address sickness and absence levels is being implemented, with support from Human Resources.

The PCT will also action the recommendations of the SUI investigation.

\* 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

\* 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

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)

The Trust has up-to-date confidentiality and data protection policies. The Trust has recently submitted its Information Governance (IG) Toolkit to the Strategic Health Authority (SHA). Awareness raising leaflets have been attached to all staff payslips.

The Trust could not declare compliance against this standard due to a recent incident for which confidentiality of patient information was an issue. Also at the time, the PCT did not have an identified Data Protection Officer.

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

The PCT has now updated all its data protection policies. The Data Protection Officer will be recruited to provide support to staff on confidentiality and data protection.

\* 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

\* 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

\* 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

- END OF PAGE -

### 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

not met

insufficient assurance

\* 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

not met

insufficient assurance

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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

\* 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-07-2008

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

The PCT has local information service and a patient guide on the internet. The PCT will identify areas where its service population is unable to access its services equitably.

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

The Trust will ensure regular reports on monitoring of uptake by ethnicity, sex, age, electoral ward are discussed at Provider SLA meeting. The Trust will continue to ensure health equity audits are carried out and ensure all PCT premises have appropriate disability signage.

- END OF PAGE -

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

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)

The Trust has a SLA with its Estates Shared Services Providers for health & safety, fire arrangements and training. The Trust has also appointed the 'Competent Person' for Health & Safety. However, the PCT did not have a Health & Safety Committee for most part of 2007/2008.

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

The Health & Safety Committee was re-established in March 2008.

- END OF PAGE -

\* 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

- END OF PAGE -

\* 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

- END OF PAGE -

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
- not met
- insufficient assurance

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\* 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
- 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-07-2008

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

The PCT is currently working on Joint Strategic Needs Assessment. The Health Promotion Resource Centre, housed in Brent PCT is used widely by Brent groups and professionals. The PCT needs to be assured that it has systematic and managed disease prevention and health promotion programmes.

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

Action plan includes; investing in data co-ordinators to ensure timely delivery of immunisation and vaccination dates.  
Re-investing in smoking cessation in order to deliver the smoking cessation targets.

Developing a planned investment strategy in prevention. Changing capacity for breast screening and booster uptake through evidence based approach. This will include working with primary care to offer all eligible women offering an untimed appointment.

Reviewing the evidence on other strategies such as opening hours. Round table discussions at Board level and with PCT partners are also taking place on health and wellbeing

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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

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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

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	Ms	Marcia Saunders	Chair
2	Mr	Mark Easton	Chief Executive
3	Dr	Jim Connelly	Director of Public Health
4	Mrs	Patricia Atkinson	Director of Clinical Leadership & Integrated Governance
5	Ms	Jo Ohlson	Director of Primary Care Commissioning
6	Mr	Phil Church	Director of Provider & Estates Services
7	Mr	Charles Allen	Director of Human Resources
8	Mr	Jonathan Wise	Director of Finance & Performance
9	Dr	Carole Amobi	Professional Executive Chair
10	Dr	Manish Prasad	Professional Executive Co - Chair
11	Mrs	Isabelle Iny	Non-Executive Director
12	Ms	Hema Ghantiwala	Non-Executive Director
13	Mr	Geoff Berridge	Non-Executive Director
14	Mr	Gerald Zeidman	Non-Executive Director
15	Mr	Chandresh Somani	Non-Executive Director
16			
17			
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29			
30			

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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 comments from the specified third parties below.

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

London Strategic Health Authority

\* Strategic health authority comments. There is no word limit on this answer.

Awaiting commentary

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

Brent Patient and Public Involvement (PPI) Forum

\* Patient and public involvement forum comments. There is no word limit on this answer.

Patient and Public Involvement (PPI) Forum – Comments on Primary Care Trust (PCT) Annual Health Check Declaration 2007-8

C7d) financial management (not measured via core standards)

In the April 2007 and subsequent meetings, the impact of the PCT's deficit was discussed, and concerns raised by the Forum about the effect on patient services. In June 2007, the Forum heard about the increase in complaints to the PCT about increased waiting times for podiatry and physiotherapy services which was linked to the PCT's Cost Savings Plan. In a presentation about the community dental service at its December 2007 meeting, the Forum heard about excessive waiting times for this service. Forum members commented that the PCT's community dental service was not sufficiently funded or flexible enough to serve patients in Brent satisfactorily.

At its January 2008 Forum meeting, the PCT Chair described some of the measures undertaken to reduce the chance that the collapse of Brent PCT's governance (in 2006-07) would occur again.

C13a) Dignity and Respect

Forum members heard from some women about their experiences at Brent Birth Centre, including complaints about poor attention from staff, especially during the night. The Forum reported in its response in February 2008 to the public consultation on the future of the Brent Birth Centre. Brent PCT, in partnership with North West London Hospitals NHS Trust, should ensure that feedback from women in Brent using ante-natal and maternity services is systematically gathered and used to improve quality and access.

C16 (Suitable and accessible patient information) & C18 Patient equality of access & choice)

Provision of suitable and easily accessible information is of crucial importance if the people of a borough as diverse as Brent are to have equal access and choice. While the PCT has made some efforts in this regard, concern has been expressed at Forum meetings that this is not adequate. For instance, at the February 2008 meeting, with regard to podiatry services, it was pointed out that people not entitled to podiatry through the NHS might not know where to seek alternative care. Likewise it was noted by the Forum that appropriate and clear information for adults in Brent with learning difficulties who needed healthcare was not always easy to obtain.

C17 Patient views The Forum has been represented at PCT Board meetings and other key committees where their input has been valued. PCT staff and the Chair have regularly attended Forum meetings to hear and respond to patient concerns. The Forum has strengthened communication with the PCT's Patient Services Team, with regular updates given at monthly Forum meetings and Forum concerns followed up promptly. Overall, however, communication with the PCT has been variable. Disappointment was expressed by the Forum that Brent PCT's Annual Meeting in September 2007 was low key and not widely publicised to community organisations. In the February 2008 meeting, the lack of patient and public involvement in the development of practice-based commissioning was also noted with concern, as was the failure to seek PPI Forum input into the PCT's operating plan for delivery of local services.

C19 Patients with emergency health needs (not measure via core standards)

The Forum submission in December 2007 to Brent Health Select Committee's Review of Brent's Dental Services drew attention to that the fact that, for Periodontic services, patients were waiting 54 weeks for assessment, with 66 patients on the waiting list. This 54 week wait is unacceptable to patients and the PPI Forum.

At its meeting in June 2007, the Forum heard from the PCT about patient concerns about increased waiting times for podiatry and physiotherapy. It was noted that patients being referred to physiotherapy and podiatry by their GPs had to wait 6-12 months for an appointment. It is important that patients in such a position should at least be informed about expected waiting times and alternative services. At the July 2007 meeting it was reported that recruitment to these services was underway, which it was hoped would improve waiting times, but ongoing attention is needed to ensure that excessive waiting for podiatry and physiotherapy is avoided.

At its July 2007 meeting, the Forum was pleased to hear that the PCT response time for complaints was reduced to 10 days (compared to the national rate of 25 days).

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

Brent Local Children Safeguarding Board

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

We have made contact with the LCSB and are still awaiting commentary

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

Please enter the first commentary for this organisation

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

Please enter the second commentary for this organisation

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

Please enter the third commentary for this organisation

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

Please enter the fourth commentary for this organisation

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 sixth commentary

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

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Please enter the eleventh commentary for this organisation

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

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

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

Please enter the fourteenth commentary for this organisation

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

Overview and scrutiny committee comments

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- END OF PAGE -

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.

The Committee would like to make the following comments in relation to specific standards outlined within the report:

C7a & C7c Clinical & Corporate Governance and Risk Management

The Health Select Committee commented on non compliance in relation to this standard last year. We expressed our concerns about the lack of clarity around the lessons that needed to be learnt to ensure that 'failures around governance and financial controls' are not repeated. We are optimistic though that with the publication of the Taylor Report and the acceptance of its key findings by the PCT, the resulting action plan will enable the PCT to move towards compliance.

C7b. Following on from our review of the PCT's Turnaround Plan in 2006/7, the Health Select Committee set up the NHS Finance Panel to actively put pressure on the PCT to remain accountable for the implementation and impact of the Turnaround process. Given our considerable experience of looking at this area we agree with the PCT's assessment that they have not met this standard.

C16. During our review of the Public Health Annual Report in July 2007 members of this committee expressed concerns about how user friendly public information was and highlighted the need for health information to be produced in language easily understood by the public. We understand that this issue will be addressed via Brent's Health and Well Being Strategy. We will be including this strategy in our work programme for 2008/9.

C17. This committee's work on the PCT's Turnaround Plan and subsequent NHS Finance Panel supports the PCT's declaration of not having met this standard. Over the course of these two reviews we heard from a number of organisations and individuals who believed that the PCT was not listening to patients and carers when designing, delivering, planning and improving health care services.

However, this committee has monitored the work you have undertaken when consulting on proposals for Brent Birthing Centre. At our meeting in December 2007 we commented that we were 'encouraged that the trust has worked hard to involve and include the views of mothers and future users in driving forward consultation'. Furthermore in April 2008 we endorsed the final report and consultation process as fair and thorough.

We are frustrated that we are not in a position to make fuller comment, as we have not attained a sufficient evidence base in relation to many of the issues and areas outlined in the declaration. This is in part due to our focus on a small number of specific issues relating to the PCT, but also as a result of the health check process itself, which has not allowed for in-depth or meaningful consultation in relation to the agreed standards and how they are met locally.

The Health Select Committee sees that the health check is an opportunity to comment on, and further strengthen, its relationship with the trust. Members are keen to relate local perspective to the performance information within the declaration. As we begin to set our work programme for 2008/9 we will seek to enhance the focus of topics to allow strands of the annual health check to be considered more closely.

I would like to thank you for your attendance and support throughout this year, and the constructive approach the Trust has taken within the context of service reviews and finance cuts across the NHS as a whole.

Chair,  
Health Select Committee

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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