

## Appendix 2

### Healthcare Commission Healthcare Standards Declaration 2008/09

#### Introduction

Over the last year the systems for the Board declaration against core standards has been further developed to ensure a robust and accountable system.

#### The Draft Declaration 2008/9

The current position for Commissioned Services is outlined in the summary table below.

#### Compliance status

- The Trust is compliant with 43 of the 44 standards. The Trust cannot demonstrate compliance throughout the year for one standard and an action plan is in place to ensure compliance by year end.
- The standards highlighted in red have been agreed by the Board as 'not met' but will be met by year end.
- The areas highlighted in green have been agreed as met.

#### SfBH processes for 2008/09

Sources of Assurance:

Core Standards have been reported to and monitored by:

The Board  
Audit Committee  
Governance Executive Management Committee  
Risk Management Group

Internal Audit also undertook a review of the S4BH process and declared this substantial; a review was undertaken of 10 core standards

#### 1. Independent Contractors

- The Healthcare Standards were mapped into the contracts for the independent contractors. For the first time, the standards were mapped for optometrist with an incentive payment agreed. This will assist in gaining assurance that our independent contractors are meeting the core standards.

- All Independent Contractors are using self-assessment forms which cover all the standards applicable to them by rating each standard as fully met, partially met or not met.
- On receipt of the self-assessment forms, practices are asked to submit some of the evidence required.
- Follow up visits will be carried out at random and where there is concern either through the QOF process for GPs or through other processes for the other Independent Contractor Groups
- Where the Primary Care Contracting Team have concerns that Practices have not demonstrated compliance with the standards assessed they will be asked to provide a follow up action plan which will then be monitored
- Mechanisms for monitoring quality, and where concerns can be raised and assurance of standards given include:
  - Practice based commissioning
  - Medicines Management Committee
  - Infection control guidance
  - Information Governance Toolkit compliance
  - Primary Care Performers/reference Committee
  - Professional Executive Committee
  - LMC, LPC, LDC and LOC Committees
  - Primary Complaints
  - Registration issues/PALs
  - A&E streams
  - Requirements of the GMS contract to adhere to national guidance
  - Distribution & Follow up of alerts

### **3. Commissioned Services**

Processes have also been further developed to monitor that commissioned services have implemented core standards. This has been done in the following ways:

- NHS Brent has used The National Acute Contract (Nb schedule 3 part 4) in respect of Commissioned Acute services, and this is also applicable where NHS Brent is not the host commissioner (Imperial 08/09 Contract operated by H&FPCT as co-ordinating Commissioners)

- NHS Brent uses the London wide commissioning intentions document for PCTs, and in particular p159-166 , schedule II 4 is relevant ( Quality standards and metrics, SUIs, Core Standards, HCAI, Audit programmes and Patient surveys, in addition to indicators such as mixed sex wards, and cancer
- A balanced scorecard is completed by providers against quality metrics
- Contract Performance monitoring meetings are held, and in addition there is a Clinical Quality Monitoring Group
- NHS Brent uses a Model Contract for the Mental Health Trust
- NHS Brent has an SLA with its Provider arm, and quality metrics including SUIs, complaints, incidents and HCAI are monitored as for Acute Contractors
- Contract meetings demonstrate that issues of concern are raised by both commissioner and Provider
- Joint Commissioning
- SLAs /Contracts are in place for two Hospices, (HCC assurances received) and for CAMHS and Learning disability partnership Board
- Quality issues now comprise a much stronger section in service level agreements with other Trusts with sections to outline how they will be monitored
- The Commissioning Team now includes quality issues in their regular meetings with Trusts to ensure that relevant issues are followed up. This includes information on serious incidents which are monitored via Performance Review meetings.
- The Strategic Commissioning team has looked at the draft declaration of main commissioned Trust. This identifies areas where there is a risk of non-compliance with any of the core standards. This is also fed back to the commissioning managers for follow up.
- There is significant cross membership of committees within the commissioned organisations and that enables the PCT to receive assurance that the standards are being met. For example the PCT provide members of the NWLH and CNWL Performance review meeting.

### **Agreeing the Standards Sign off**

For Independent Contractors and Commissioned Services, the GEMT have agreed the status of standards based on whether the overall processes have been in place the whole year.

**Commissioning Draft Declaration Table**

<b>Standard</b>	<b>Compliance for Corporate Body</b>	<b>Compliance for Independent Contractors (ICs)</b>	<b>Compliance for Commissioned Services</b>	<b>Overall Compliance for Commissioning Arm</b>
<p>C1a – Healthcare organizations 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.</p>	<p><b>Compliant</b></p> <p>SUI, Incident reporting policy and arrangements in place for NPSA incidents</p>	<p><b>Compliant</b></p> <p><b>GPs</b> Pre visit Template completed and received back from practices. 22 practices left to visit. Overview sheet prepared on 20<sup>th</sup> Feb 09 for all Lead Managers</p> <p><b>Dentist</b> Questionnaire sent out, received 85%. Overview sheet prepared on 20<sup>th</sup> Feb 09 for all Lead Managers</p> <p><b>Pharmacist-</b> questionnaire sent out, 60% return, analysis being done with actions identified. Overview sheet prepared on 20<sup>th</sup> Feb 09 for all Lead Managers</p> <p><b>Optometrist:</b> Draft questionnaire going to LOC Monday. Sent out to all Optometrist 23<sup>rd</sup> February.</p>	<p><b>Compliant</b></p> <p>SLA &amp; Performance review minutes received from Strategic &amp; Joint Commissioning. Joint Commissioning: CNWL, DAAT, Provider, Local Authority. Strategic Commissioning: NWLH Hospices Imperial &amp; Whittington &amp; Mental Health, Local Authority &amp; DAAT team.</p> <p>No specific reference to individual standards in SLA and performance review meetings of CNWL, NWL or other commissioned services, however, general reference to S4BH. Assistant Director of Strategic Commissioning has requested assurance on S4BH and the draft declaration for all main commissioned services.</p>	<p><b>Compliant</b></p>
<p>C1b – Healthcare organizations protect patients through systems that ensure that</p>	<p><b>Compliant</b></p>	<p><b>Compliant</b></p>	<p><b>Compliant</b></p>	<p><b>Compliant</b></p>

Standard	Compliance for Corporate Body	Compliance for Independent Contractors (ICs)	Compliance for Commissioned Services	Overall Compliance for Commissioning Arm
patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales.	Patient safety communications managed by Corporate Body. CAS policy written, CAS audit			
C2 – Healthcare organizations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	Compliant  PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding children is discharged effectively across the whole local health economy through the PCT's commissioning arrangements	Compliant	Compliant	Compliant
C3 - The healthcare organisation follows NICE interventional procedures guidance in accordance with <i>The interventional procedures programme</i> (Health Service Circular 2003/011). Arrangements for compliance are communicated to all relevant staff.	N/A to Corporate body	N/A to ICs	Compliant	Compliant

Standard	Compliance for Corporate Body	Compliance for Independent Contractors (ICs)	Compliance for Commissioned Services	Overall Compliance for Commissioning Arm
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 a year on year reduction in Methicillin-Resistant Staphylococcus Aureus (MRSA).	N/A to Corporate body	Compliant	Compliant	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	N/A to Corporate body	Compliant	Compliant	Compliant
C4c Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontaminations facilities and processes are well managed	N/A to Corporate body	Compliant	Compliant	Compliant
C4d Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	N/A to Corporate body	Compliant	Compliant	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	N/A to Corporate body	Compliant	Compliant	Compliant
C5a Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally	Compliant	Compliant	Compliant	Compliant

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agreed guidance when planning and delivering treatment and care				
C5b Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership	N/A to Corporate body	Compliant	Compliant	Compliant
C5c Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work	N/A to Corporate body	Compliant	Compliant	Compliant
C5d Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services	N/A to Corporate body	Compliant	Compliant	Compliant
C6 Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	Compliant	Compliant	Compliant	Compliant
C7a& c Healthcare organisations apply the principles of sound clinical and corporate governance/ undertake systematic risk assessment and risk management	Compliant	Compliant	Compliant	Compliant
C7b Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	Compliant	Compliant	Compliant	Compliant
C7e Healthcare organisations challenge discrimination, promote equality and respect human rights	Compliant	Compliant	Compliant	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	Compliant	Compliant	Compliant	Compliant

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on patient care or on the delivery of services				
C8b Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups		Compliant	Compliant	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	Compliant	Compliant	Compliant
C10a Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Compliant	Compliant	Compliant	Compliant
C10b Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice	Compliant	Compliant	Compliant	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	Compliant	Compliant	Compliant
C11b Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in	Compliant	Compliant	Compliant	Compliant



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mandatory training programmes				
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	Compliant	Compliant	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	Compliant	Compliant	Compliant
C13a Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	Compliant	Compliant	Compliant	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	N/A to Corporate body	Compliant	Compliant	Compliant
C13c Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary	Compliant as at 28 <sup>th</sup> February 2009 As per provider criteria	Compliant as at 28 <sup>th</sup> February 2009	Compliant	Compliant as at 28 <sup>th</sup> February 2009
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	Compliant	Compliant	Compliant
C14b Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not	Compliant	Compliant	Compliant	Compliant

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discriminated against when complaints are made				
C14c Healthcare organisations are assured that the organisation acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery	Compliant	Compliant	Compliant	Compliant
C15a Where food is provided healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet	N/A to Corporate body	N/A to ICs	Compliant	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 where necessary help with feeding and access to food 24 hours a day	N/A to Corporate body	N/A to ICs	Compliant	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	Compliant	Compliant	Compliant
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant	Compliant	Compliant	Compliant
C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access	Compliant	Compliant	Compliant	Compliant

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to services and treatments equitably				
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  Focus on staff and visitors	Compliant	Compliant	Compliant
C20b Healthcare Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	N/A to Corporate body	Compliant	Compliant	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	N/A to Corporate body	Compliant	Compliant	Compliant
C22a&c Healthcare organisations promote, protect and demonstrably improve the health of the community services, and narrow health inequalities by cooperating with each other and with local authorities and other organisations/ making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	Compliant	Compliant	Compliant	Compliant
C22b Healthcare organisations promote, protect and demonstrably improve the health of the community services, and narrow health inequalities by ensuring that the local Director of Public Health's annual	Compliant	Compliant	Compliant	Compliant

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report informs their policies and practices				
C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	Compliant	Compliant	Compliant	Compliant
C24 Healthcare organizations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations, which could affect the provision of normal services	Compliant	Compliant	Compliant	

### Electronic Sign off by the Board

The Healthcare Commission recommends that all members of the trust board, including the non-executive 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. The HCC do not require scanned signatures. As a minimum, the HCC require the final 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, 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

### Electronic sign off - details of individual(s) (Board Members)

Title	Full Name	Job Title
Ms	Marcia Saunders	Chair
Mr	Mr Mark Easton	Chief Executive
Ms	Ms Sarah Thompson	Director of Provider & Estates Services
Ms	Ms Jo Ohlson	Director of Primary Care Commissioning
Mr	Mr Charles Allen	Director of Human Resources
Dr	Dr Jim Connelly	Director of Public Health
Mr	Mr Jonathan Wise	Director of Finance & Performance
Dr	Dr Manish Prasad	Professional Executive Co - Chair
Dr	Dr Carole Amobi	Professional Executive Co - Chair
Mr	Mr Geoff Berridge	Non-Executive Director
Ms	Ms Hema Ghantiwala	Non-Executive Director
Mr	Chandresh Somani	Non-Executive Director
Mrs	Mrs Isabelle Iny	Non-Executive Director
Mr	Gerald Zeidman	Non-Executive Director

### Comments from specified third parties

#### NHS London

Awaiting commentary

#### Local Involvement Networks (LINKs)

Awaiting commentary

#### Local child safeguarding boards

Awaiting commentary

#### Learning Disability Partnership boards

Awaiting commentary

### Overview and scrutiny committee comments (Health Select Committee)

Awaiting commentary

