

**CORE AND DEVELOPMENTAL STANDARDS  
COMPLIANCE REPORT 2006-2007**

**DRAFT**

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# Core and Developmental Standards Compliance Report

1 April 2006 – 31 March 2007

## 1. Background

The Healthcare Commission (HC) assessment of compliance with core standards is designed to provide an annual overview of the extent to which each NHS trust is achieving an acceptable level of care. The Department of Health's twenty-four core standards are outlined in its publication "National Standards, local action", Department of Health, 2004.

The approach is based on the central principle that is the responsibility of Trust Boards including non-executive directors, to satisfy themselves that their organisation is meeting core standards and, where this is not happening, to take appropriate steps to improve the situation.

This ongoing process assesses the performance of trusts in meeting the core standards over a twelve month period each year, from April 1<sup>st</sup> to March 31<sup>st</sup>. It is based on a self-declaration which states that the Trust Board has received reasonable assurance that the Trust has complied with the core standards without significant lapses. Exceptions should be reported where:

- Standards have not been met
- A lack of assurance leaves the Board unclear as to whether there have been significant lapses in meeting the standard(s)

In 2006-2007, the Healthcare Commission will assess performance against three developmental standards only – Safety, Clinical & Cost Effectiveness and Public Health. These will be assessed in 'shadow' form meaning that the score will not feed into the overall annual rating in 2006/2007. However, developmental standards are expected to form part of the rating from 2007/2008. As a Primary Care Trust, Brent tPCT will be assessed against the **Public Health developmental standard** in 'shadow' form.

The HC will cross check the declaration this against a range of available data sets and information from other regulators and review agencies, in order to identify those Trusts they consider most at risk of not meeting the core standards.

## 2. Targeted Inspections

Where necessary the HC will check the declaration with a targeted inspection. It will undertake selected inspections as follows:

- i.i. On a group of Trusts where cross checking indicates a high risk of an undeclared lapse in core standards – inspections will focus specifically on those standards where there are particular concerns that the trust has not met the standards

- i.ii. On a randomly selected group of Trusts – the focus of these inspections will vary, but may include any standards where there is little data for the cross checking process to rely on.

Final declarations, including any required qualifications as a result of selective inspections, will be published by the Healthcare Commission on its website, along with the rating achieved by the Trust

### 3. Declaration

The declaration should state that:

- i **Standards have been met without significant lapses** A short general statement outlining an overall position of the Board's assurance against the standards

- ii **Standards for which assurances received by the Board make it clear that there have been significant lapses:**

A statement for each standard that this applies to should be included in the declaration, together with the duration of any lapse and an outline of the action plan in place to correct the situation.

Where action plans are cited, it is not necessary to include a copy of them separately with the declaration.

- iii **Insufficient Assurance - Standards for which a lack of assurance leaves the Board unclear as to whether there have been significant lapses:**

A statement for each standard that this applies to should be included in the declaration, together with an outline of the action plan in place to correct the situation, including the date by which assurance will be robust enough to determine compliance. Where action plans are cited, it is not necessary to include a copy of them separately with the declaration.

### 4. Significant Lapse

It is for Trust Boards to decide whether a given lapse is significant or not. However, in making this decision, the HC anticipate that Boards will consider the extent of risk to patients, staff and the public, and the duration and impact of any lapse. The declaration is not intended as a medium for reporting isolated, trivial or purely technical lapses in respect of the core standards

An initial decision has been made about each standard following submission of evidence, and a discussion with the Domain Executive Lead and Domain Coordinator. These decisions are included together with improvement actions in the declaration at **section 9**.

### 5. Process

This has included:

- Developing self assessment templates based on the Healthcare Commission Inspection Guides which its inspectors use in visits to Trusts under inspection
- Reconfirming existing /identifying new lead executive directors and coordinators (senior managers) for each domain
- Training sessions made available for all involved in the self assessment process
- Staff leading on the relevant area of work undertaking a baseline assessment against the elements of each standard and developing action plans to achieve compliance by the end of the year (**where possible**)
- Each domain Executive Lead and Coordinator responsible for checking the content of each self assessment and agreeing the final overall compliance score
- Developing a virtual filing room on the Share Point to store evidence
- Incorporating high risk areas into the Assurance Framework where relevant
- Incorporating standards for Better Health into the new 'Team Tool'.

## 6. Self assessment scoring methodology

Each core standard was split into its constituent elements under which there were several "lines of enquiry" (requirements). Each line of enquiry had to be answered and a score was awarded for each element based on responses. All elements have to be met to achieve full compliance with the standard.

The checking process by Domain Executive Lead and Coordinator would have included discussion of the available evidence. Based on this, initial decisions were made about overall compliance for each standard.

The overall levels of compliance to be declared to the Healthcare Commission are:

- Not met
- Compliant
- Insufficient assurance
- Limited, fair, good and excellent developmental progress (*Developmental Standards only*)

This year, there are a number of standards for which actions are outstanding but which **may** be completed by 31 March to achieve compliance. These standards are indicated by "adequate by end of year only". Where this is the case, the board is asked to approve two scenarios – a declaration of "met" where compliance actions have been carried out by 31 March or "not met" where it has not been possible to complete actions.

The final compliance status will be checked with Domain Executive Leads and a copy of the final declaration submitted to the Trust Chief Executive and Chair before final submission on 27 April.

## 7. Comments by third parties

In undertaking cross checks the Healthcare Commission will review the statements from Trusts against any comments gained from third parties including the Patient and Public Involvement Forum, the Overview and Scrutiny Committee, and the Strategic Health Authority. These organizations have been invited to comment in time to meet the deadline for submission of the declaration.

## 8. Action required

Members are asked to:

- note this document, raise queries or amend the declaration and
- agree the declaration and action plans at **section 9** for submission to the Healthcare Commission (deadline = 1 May 2007 - full Board agreement recommended by the Healthcare Commission)

## 9. Declaration and Action Plans

To view the self assessments including evidence, comments on compliance and action plans, click the underlined text to go to the [Share Point Standards for Better Health site.](#) You will need to be on the tPCT computer network and have been granted permission to view the site. Please contact Catherine Afolabi, Risk Manager or Patricia Atkinson, Director of Nursing, Quality & Clinical Governance if you experience any difficulties).

Key	
<b>Levels of compliance</b>	<b>Likelihood of achieving compliance with the standard by 31 March 2007)</b>
Not met	Red – Unlikely
<sup>1</sup> Adequate by end of year only	Amber – Possible
Compliant	Green – Likely
Insufficient assurance (lack of evidence to determine whether there have been significant lapses) (HC = Insufficient Assurance)	

### General statement of compliance

The Board of Brent Teaching Primary Care Trust has received reasonable assurance that it has complied with the core standards without significant lapses in the period from 01 April 2006 to 31 March 2007 subject to the following standards which have not been met:

*[A statement for each standard that this applies to will be included in the declaration, together with the duration of any lapse and an outline of the action plan (as detailed below) in place to correct the situation.]*

- *C4b Medical Devices Management – the Trust feels that based on evidence provided by standard leads, it does not have reasonable evidence that it is fully compliant in areas such as adequate maintenance/servicing of equipment. Whilst progress has been made and there is a medical devices group meeting, the block medical devices contract to provide certainty around medical equipment has not progressed. The actions to improve in this area include an audit of medical devices arrangements and devolving of responsibility for medical devices management to the Integrated Health Services Directorate where ownership by clinicians should help to move forward this area.*
- *C7a & C7c Clinical & Corporate Governance and Risk Management – the Trust feels that whilst there are reasonable governance and risk management processes, these were not being implemented. The Trust's financial crisis makes it clear that there were failures around governance and financial controls. The new chair will review the area of governance and implement relevant guidance such as the Audit Committee handbook to improve governance in 2007-2008.*
- *C9 Records Management – the Trust feels that there are issues around the storage of records, tracking and tracing and consistent design of paper records leading to non-compliance in this area. The Trust has recently merged its information governance and records group to improve cohesive working in this area. The records group has developed an audit toolkit and begun a rolling cycle of records audit which includes arrangements around storage and tracking and tracing. The results of these audits have begun to be implemented. The records group has a 3 year prioritised work plan which is now entering its second year. Completion of this work plan together with movements to new primary care centres will enable the non-compliant areas to be addressed.*
- *C20a safe and secure environments – the Trust feels that recent audits into premises have not been acted upon and nor has a Competent Health & Safety person been appointed to help secure the safe environment. The actions to meet this are to employ a competent Health & Safety advisor, prioritise the work plan and complete reasonable actions within the work plans.*
- *C21 clean and well designed environments – the Trust feels that systems need to be in place to monitor cleaning and local cleaning policies need to be developed and so it cannot declare that this standard has been met. Improvement action plans include developing local cleaning policies, cleaning audits, monitoring the effectiveness of cleaning and benchmarking.*

In reaching this judgement, the Board has been attentive to the views expressed by our patients and local communities through our processes of consultation, the guidance issued by the Healthcare Commission, the opinion of Internal Auditors and to the views of our partner organizations within the local and social care context.

<sup>1</sup> This is compliance level for PCT purposes only and is not used by the Healthcare Commission.

A robust process has been applied within the organisation to gauge the level of compliance with each core Standard for Better Health and the Public Health developmental standard. The Board will continue to keep compliance with the standards under active and systematic review, not least to ensure that appropriate action is taken to achieving compliance with standards which have not been met. Action plans are in place to achieve compliance with these standards and are detailed below.

Core Standard	Lead Director for area of work	Compliance at 28.2.07	Likelihood of compliance by 31.3.07
<b>SAFETY DOMAIN</b> <b>DOMAIN EXECUTIVE LEAD: DIRECTOR OF NURSING, QUALITY &amp; CLINICAL GOVERNANCE</b> <b>DOMAIN COORDINATOR: CATHERINE AFOLABI, RISK MANAGER</b>			
C1a (Learning from experience) The healthcare organisation has a defined reporting process and incidents are reported, both within the local reporting process and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System, taking into account <i>Building a safer NHS for patients: implementing an organisation with a memory</i> (Department of Health 2001).	Director of Nursing, Quality & Clinical Governance (NQCG)	Adequate by year end only	Unlikely
C1b (Patient Safety Alerts) Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted on within required timescales.	Director of Nursing, Quality & Clinical Governance (NQCG)	Compliant	N/A
C2 (Child Protection) Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	Director of Integrated Health Services	Compliant	N/A
C3 (Nice Interventional Procedures guidance) Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance	Directors of Commissioning & Finance	Adequate by end of year only	Likely
C4a (Infection Control & MRSA) 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).	Director of Public Health / Director of Infection Prevention and Control	Compliant	N/A
C4b (Medical Devices Mgt.) All risks associated with the acquisition and use of medical devices are minimised	Director of Nursing, Quality & Clinical Governance	Not met	Unlikely
C4c (Decontamination of reusable medical devices) All reusable medical devices are	Director of Public Health / Director of	Adequate by end of year	Likely



<b>Core Standard</b>	<b>Lead Director for area of work</b>	<b>Compliance at 28.2.07</b>	<b>Likelihood of compliance by 31.3.07</b>
properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Infection Prevention and Control	only	
C4d (Medicines Mgt.) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	Medical Director and Director of Integrated Health Services	Compliant	N/A
C4e (Waste Mgt.) 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.	Director of Integrated Health Services	Compliant	N/A
<b>CLINICAL &amp; COST EFFECTIVENESS DOMAIN</b> <b>DOMAIN EXECUTIVE LEAD: DIRECTOR OF PUBLIC HEALTH</b> <b>DOMAIN COORDINATOR: RICKY BANNARSEE, HEAD OF APPLIED RESEARCH UNIT</b>			
C5a (NICE technology appraisals) 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 agreed guidance when planning and delivering treatment and care	Director of Public Health	Compliant	N/A
C5b (Clinical supervision & leadership) Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership	Director of Public Health	Compliant	N/A
C5c (Continuing Professional Development / Training) Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work	Director of Public Health	Compliant	N/A
C5d (Clinical Audit & service reviews) Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services	Director of Public Health	Compliant	N/A
C6 (Cooperation with key stakeholders & meeting patient needs) Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Director of Public Health	Compliant	N/A
<b>GOVERNANCE DOMAIN</b> <b>DOMAIN EXECUTIVE LEAD: CHIEF EXECUTIVE</b> <b>DOMAIN COORDINATOR: ACTING DIRECTOR OF HUMAN RESOURCES</b>			
C7a & C7c (Clinical & Corporate Governance and Risk Management) Healthcare organisations: a) Apply the principles of sound clinical and c) undertake systematic risk assessment	Chief Executive  Director of Nursing, Quality & Clinical	Not met	Unlikely

Core Standard	Lead Director for area of work	Compliance at 28.2.07	Likelihood of compliance by 31.3.07
and risk management.	Governance		
C7b (NHS Code of Conduct) healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Chief Executive and Director of Human Resources	Adequate by end of year only	Possible
C7d (Financial Management) Healthcare organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources	Director of Finance and Commissioning	Not part of core standards declaration <sup>2</sup>	N/A
C7e (Discrimination and Equality) Healthcare organisations challenge discrimination, promote equality and respect human rights	Director of Human Resources	Adequate by end of year only	Possible
C7f (Existing performance requirements) healthcare organisations meet the existing performance requirements	Director of Finance and Commissioning	Not part of core standards declaration*	N/A
C8a (Fair blame culture / Whistle blowing) 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	Director of Human Resources	Compliant	N/A
C8b (Organisation & Personal Development, IWL and minority staff groups) 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	Director of Human Resources	Compliant	N/A
C9 (Records Management) 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	Director of Integrated Health Services	Not met	Unlikely
C10a (Pre-employment checks) Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are	Acting Director of Human Resources	Adequate by end of year only	Likely

\*2 Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check. Standards C7f and C19 are picked up through our assessment of existing targets Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor

<b>Core Standard</b>	<b>Lead Director for area of work</b>	<b>Compliance at 28.2.07</b>	<b>Likelihood of compliance by 31.3.07</b>
registered with the appropriate bodies.			
C10b (Codes of professional practice) Healthcare organisations require that all employed professionals abide by their relevant published codes of professional practice.	Acting Director of Human Resources	Compliant	N/A
C11a (Recruitment, training and qualifications) 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	Acting Director of Human Resources	Compliant	N/A
C11b (Mandatory training programmes) Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Acting Director of Human Resources	Compliant	N/A
C11c (Further professional and occupational development) 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.	Acting Director of Human Resources & Director of Nursing, Quality & Clinical Governance	Compliant	N/A
C12 (Research Governance) 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	Director of Public Health	Compliant	N/A
<b>PATIENT FOCUS DOMAIN</b>			
<b>DOMAIN EXECUTIVE LEAD: DIRECTOR OF NURSING, QUALITY &amp; CLINICAL GOVERNANCE</b>			
<b>DOMAIN COORDINATOR: JUDITH LOCKHART, HEAD OF USER &amp; COMMUNITY INVOLVEMENT</b>			
C13a (Dignity & Respect) Healthcare organisations have systems in place to ensure that staff, treat patients, their relatives and carers with dignity and respect	Director of Integrated Health Services	Compliant	N/A
C13b (Consent.) 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	Director of Nursing, Quality & Clinical Governance and Director of Integrated Health Services	Compliant	To be confirmed
C13c (Confidentiality) Staff, treat patient information confidentially, except where authorised by legislation to the contrary	Director of Nursing, Quality & Clinical Governance	Compliant	N/A
C14a (Complaints procedure) 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	Director of Nursing, Quality & Clinical Governance	Compliant	N/A

<b>Core Standard</b>	<b>Lead Director for area of work</b>	<b>Compliance at 28.2.07</b>	<b>Likelihood of compliance by 31.3.07</b>
C14b (Non discrimination re Complaints) Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	Director of Nursing, Quality & Clinical Governance and Director of Integrated Health Services	Compliant	N/A
C14c (Complaints - improving service) Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery	Director of Nursing, Quality & Clinical Governance and Director of Integrated Health Services	Compliant	N/A
C15a (Patient food choice) 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	Director of Integrated Health Services	Compliant	N/A
C15b (Patient nutritional requirements) 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.	Director of Integrated Health Services	Compliant	N/A
C16 (Suitable and accessible patient information) 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.	Director of Integrated Health Services	Compliant	N/A
<b>ACCESSIBLE AND RESPONSIVE CARE DOMAIN</b> <b>DOMAIN EXECUTIVE LEAD: DIRECTOR OF FINANCE &amp; COMMISSIONING</b> <b>DOMAIN COORDINATOR: GERMAINE CUMMING, SERVICE IMPROVEMENT MANAGER</b>			
C17 (Patient views) The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Director of Finance and Commissioning	Compliant	N/A
C18 (Patient equality of access & choice) Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Director of Finance and Commissioning	Compliant	N/A
C19 (Access to emergency care within national timescales).	Director of Commissioning and Finance	Not part of core standards declaration*	N/A
<b>CARE ENVIRONMENT &amp; AMENITIES DOMAIN</b> <b>DOMAIN EXECUTIVE LEAD: DIRECTOR OF INTEGRATED HEALTH SERVICES</b> <b>DOMAIN COORDINATOR: PROJECTS &amp; EMERGENCY PLANNING OFFICER</b>			

<b>Core Standard</b>	<b>Lead Director for area of work</b>	<b>Compliance at 28.2.07</b>	<b>Likelihood of compliance by 31.3.07</b>
C20a (Safe & secure environment) 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	Director of Integrated Health Services	Not met	Unlikely
C20b (Patient confidentiality & privacy) Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Director of Integrated Health Services	Compliant	N/A
C21 (Clean and well-designed environment) 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.	Director of Integrated Health Services	Not met	Unlikely
<b>PUBLIC HEALTH DOMAIN</b> <b>DOMAIN EXECUTIVE LEAD: DIRECTOR OF PUBLIC HEALTH</b> <b>DOMAIN COORDINATOR: CONSULTANT IN PUBLIC HEALTH</b>			
C22a (Health inequalities & cooperation with partners) 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	Director of Public Health	Compliant	N/A
C22b (PH Annual Report) 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	Director of Public Health	Compliant	N/A
C22c (Local partnerships / Crime Prevention) 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	Director of Public Health	Compliant	N/A
C23 (Systematic disease prevention & health promotion programmes) 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	Director of Public Health	Compliant	N/A

<b>Core Standard</b>	<b>Lead Director for area of work</b>	<b>Compliance at 28.2.07</b>	<b>Likelihood of compliance by 31.3.07</b>
transmitted infections.			
C24 (Emergency Planning) Healthcare organisations protect the public by having planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Director of Public Health	Compliant	N/A

<b>Public Health Developmental Standard</b>	<b>Lead Director for area of work</b>	<b>Compliance at 28.2.07</b>	<b>Likelihood of compliance by 31.3.07</b>
D13 (Public Health Developmental Standard) Healthcare organisations: a) identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role; b) implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health; c) protect their populations from identified current and new hazards to health; and d) take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.	Director of Public Health	Fair developmental progress - to be confirmed	N/A

**Core Standards Compliance actions by 31 March 07 (adequate by end of year only standards) and for 2007 – 2008  
(standards not met)**

Core Std	Key Line of Enquiry (LOE) Not Met	Action to achieve compliance	Person responsible	Deadline for completion (asterisked items with deadline on or before 31/03/07 required for adequate compliance with standard in 06-07)
C1a (Learning from experience)	Element 1a1 - Defined incident reporting process	Update policy, obtain board approval and disseminate Trust Incident Management Policy	Catherine Afolabi, Risk Manager	31/03/2007*
C1a (Learning from experience)	Element 1a1 - Defined incident reporting process	Communicate removal of paper incident forms	Catherine Afolabi, Risk Manager	31/03/2007*
C1a (Learning from experience)	Element 1a4 - sending incident details to the National Patient Safety Agency's (NPSA) National Reporting and Learning System.	Send details of incidents, on a selected basis, to the National Patient Safety Agency's (NPSA) National Reporting and Learning System.	Catherine Afolabi, Risk Manager	31/03/2007*
C1a (Learning from experience)	Element 1b2 - reasonable steps to ensure independent contractors meet the core standard	The tPCT should gain assurance that optometrists have incident reporting systems in place.	Optometrist contract lead	30/06/2007
C1a (Learning from experience)	Element 2a1 - analysis of patterns and trends across all reported incidents	Clear incident backlog. Analyse patterns and trends across all reported incidents taking into account <i>Building a safer NHS for patients: implementing an organisation with a memory. Include in report.</i>	Catherine Afolabi, Risk Manager	31/03/2007*
C1a (Learning from experience)	Element 2a2 - Formal method for investigating incidents	As for element 1a1 above - incident policy approval	Catherine Afolabi, Risk Manager	31/03/2007*
C1a (Learning from experience)	Element 3a3 - Communicate learning to relevant staff across the organisation	Communicate learning to relevant staff across the organisation from local analysis of incidents and from the National Reporting and Learning System.	Catherine Afolabi, Risk Manager	31/03/2007*

Core Std	Key Line of Enquiry (LOE) Not Met	Action to achieve compliance	Person responsible	Deadline for completion (asterisked items with deadline on or before 31/03/07 required for adequate compliance with standard in 06-07)
C2 (Child Protection)	Element 1a2 - <i>Working together to safeguard children</i> requirement re named doctor and named nurse and designated doctor and designated nurse.	Designated and Named Nurse Posts in Brent are combined into 1 post. Action plan in progress to review lines of reporting and accountability	Lynda Greenhill, Assistant Director Integrated Health Services	30/06/2007
C2 (Child Protection)	Element 1a2 - <i>Working together to safeguard children</i> requirement re named doctor and named nurse and designated doctor and designated nurse.	Designated Doctor Job Description and Job Plan to be updated in line with current guidance, with review of time allocation to fulfil duties.	Lynda Greenhill, Assistant Director Integrated Health Services	30/06/2007
C2 (Child Protection)	Element 1b, 2b, 3b independent contractors and optometrists	Obtain assurance around optometrists compliance with this standard	Anna Anderson Director of Commissioning and Finance	30/06/2007
C3 (Nice Interventional Procedures guidance)	Elements 1a1, 1a4, 1a5, 1a6 and 1b1 NICE interventional procedures (IPs) guidance policy, dissemination, contents etc.	Complete top sheet of Nice IPs policy and send to GPs and Intranet. Include acknowledgement of receipt	MC Patel, Medical Director (PMS)/Sena Shah, GP Contracts Lead (GPs)	30/06/07
C4b (Medical Devices Mgt.)	All elements standard c4b	Complete audit of medical devices management through the team tool and develop an organisational action plan based on results.  Handover medical devices management to Integrated Health Services Directorate.	Catherine Afolabi, Risk Manager Catherine Afolabi, Risk Manager	30/06/2007  01/04/2007
C4c (Decontamination of reusable medical devices)	Element 1a2 - designated lead with recognised qualification in sterile services management.	Cease in house sterilisation by 31 March 2007 in the PCT Podiatry service in order to achieve compliance with MDD 93/42.	Lynn Leaver, Infection Control Nurse / Rod Goodyer Assistant Director Integrated	31/03/2007*



<b>Core Std</b>	<b>Key Line of Enquiry (LOE) Not Met</b>	<b>Action to achieve compliance</b>	<b>Person responsible</b>	<b>Deadline for completion (asterisked items with deadline on or before 31/03/07 required for adequate compliance with standard in 06-07)</b>
			Health Services	
C4c (Decontamination of reusable medical devices)	Element 1a3 - suitable sterile services unit for all re-usable medical devices	Cease in house sterilisation by 31 March 2007 in the PCT Podiatry service in order to achieve compliance with MDD 93/42.	Lynn Leaver, Infection Control Nurse / Rod Goodyer Assistant Director Integrated Health Services	31/03/2007*
C7a (Clinical & Corporate Governance)	All elements - Apply the principles of sound clinical and corporate governance	Review the requirements of the Governance Standard and develop a compliance action plan for 07-08.	Nigel Webb, Chief Executive and Marcia Saunders, Chair	30/06/2007
C7a (Clinical & Corporate Governance)	Element 2.1 and 2.2 Working of the board	Recruit new non executive directors and provide training on roles and responsibilities, review of SIC	Marcia Saunders, Chair	01/04/2007
C7a (Clinical & Corporate Governance)	Element 2.5 Committees of the board	Recruit New Audit Committee Chair.	Marcia Saunders, Chair	31/03/2007*
		Develop an action plan using guidance laid down in "The Intelligent Commissioning Board" July 2006.	Marcia Saunders, Chair	30/06/2007
Standard C7c (Risk Management)	Element 2 - risk management - system for continuous risk management which extends from the front-line service through to the Board	Determine and agree local structures for risk management including nominated risk coordinators at directorate level.	Catherine Afolabi, Risk Manager	30/06/2007

<b>Core Std</b>	<b>Key Line of Enquiry (LOE) Not Met</b>	<b>Action to achieve compliance</b>	<b>Person responsible</b>	<b>Deadline for completion (asterisked items with deadline on or before 31/03/07 required for adequate compliance with standard in 06-07)</b>
Standard C7c (Risk Management)	Element 2 - risk management - system for continuous risk management which extends from the front-line service through to the Board	Revise risk management and incident policies in line with above and obtain Board approval	Catherine Afolabi, Risk Manager	30/06/2007
Standard C7c (Risk Management)	Element 2 - risk management - system for continuous risk management which extends from the front-line service through to the Board	Implement a risk assessment programme of key areas of risk and produce combination risk and incident reports per directorate or cluster.	Catherine Afolabi, Risk Manager	30/09/2007
C7b (NHS Code of Conduct)	Element 1a1 - compliance with NHS Code of Conduct	Code of Conduct revised	Jackie Briscoe / Karen Wise	31/03/2007*
C7b (NHS Code of Conduct)	Element 1a2 - acceptance by staff of responsibility for actions	SFIs and SOs are revised	Anna Anderson / Jackie Briscoe	31/03/2007*
C7e (Discrimination and Equality)	Element 1a1 - monitoring of policies for adverse impact on promotion of race equality	All policies impact assessments need to be published	Karen Wise	31/03/2007*
C7e (Discrimination and Equality)	Element 1a5 - Arrangements for complying with the Human Rights Act	Patient & Dignity Policy to be ratified	Carole Bellringer	31/03/2007*
C7e (Discrimination and Equality)	Element 1a6 - Arrangements in place, to ensure meeting duties under the Race Relations Act 1976, the Disability Discrimination Act 1995 and the Sex Discrimination Act 1975 with regard to provision of services	Equality Impact Assessment training to be commissioned & rolled-out	Karen Wise	31/03/2007*

<b>Core Std</b>	<b>Key Line of Enquiry (LOE) Not Met</b>	<b>Action to achieve compliance</b>	<b>Person responsible</b>	<b>Deadline for completion (asterisked items with deadline on or before 31/03/07 required for adequate compliance with standard in 06-07)</b>
C7e (Discrimination and Equality)	Element 1a7 - Process for undertaking, consulting on and publishing outcomes of, race equality impact assessments. Demonstration of Board understanding and responsibility.	Equality Impact Assessment training to be commissioned & rolled-out	Karen Wise	31/03/2007*
C9 (Records Management)	Element 1a2 - Tracing/tracking system to control the movement of, and to locate paper clinical/care records,	Implement Information Governance / Records team tool to audit this area and develop action plan based on results.	Shirley Parker, Projects & Emergency Planning Officer	30/06/2007
C9 (Records Management)	Element 1a4 - sufficient storage areas	Audit to examine storage areas and develop action plan. (N.B. Part of the NHSLA action plan & records steering group action plan – priority low)	Shirley Parker, Projects & Emergency Planning Officer	30/06/2006
C9 (Records Management)	Element 1a8 - Standard design for paper records and agreed standard format for health record filing	Record keeping standards to be approved by the Board	Shirley Parker, Projects & Emergency Planning Officer	31/06/2007*
C10a (Pre-employment checks)	Element 1a8 - pre-appointment checks	Audit of usage of agencies to ensure that only those covered by PASA agreements and other formalised tendering arrangements were being used.	Karen Wise / Jane Busby	01/02/2007*
C10a (Pre-employment checks)	Element 1a12 - ongoing checking of professional registrations	Publicise, implement and monitor Validation and Ongoing monitoring of registration policy	Karen Wise / Jane Busby	31/03/2007*
C20a (Safe & secure environment)	Element 1a2- Competent Person not in post as a stated by The Management of Health & Safety at Work regulations 1999	Appointment of a Competent Health & Safety Person. Decision on recruitment required by the Vacancy Control, Human Resources Directorate	Patricia Atkinson/Anna Anderson/Karen Wise	01/04/2007

Core Std	Key Line of Enquiry (LOE) Not Met	Action to achieve compliance	Person responsible	Deadline for completion (asterisked items with deadline on or before 31/03/07 required for adequate compliance with standard in 06-07)
C20a (Safe & secure environment)	Elements 2a1, 1a6, 1a10 - Compliance with NHS Estates code, elimination and reduction of risk, information on health & safety risks provided to staff	Identify high priority environment health & safety risks and develop and Action Plan	Shirley Parker, Projects & Emergency Planning Officer and Catherine Afolabi, Risk Manager	01/04/2007
C20a (Safe & secure environment)	Element 1a4 - Review of fire safety Audits and implementation of an Action Plan	A Fire Safety Advisor in post to review and implement an Action Plan from site fire risk assessments	Neil O'Farrell	30/06/2007
C21 (Clean and well-designed environment)	Element 3a2 - system of technical and managerial audits in place to monitor cleanliness levels	Implementation of the Environmental Cleaning Policy Audit Tool	Sue Lazarus/Lynn Leaver/Brenda Brown	30/06/2007
C21 (Clean and well-designed environment)	Element 3a3 - Clear local cleaning policies	Implementation of the Environmental Cleaning Policy Audit Tool	Sue Lazarus/Lynn Leaver/Brenda Brown	30/06/2007
C21 (Clean and well-designed environment)	Element 3a4 - Adoption of <i>A matron's charter</i>	Conduct an audit of the cleaning programmes across all sites and hospitals (excluding PFI buildings) to do the benchmarking exercise to maintain/improve level of cleanliness	Sue Lazarus/Lynn Leaver/Brenda Brown	30/06/2007
C21 (Clean and well-designed environment)	<i>Element 3a5</i> - Monitoring of cleaning effectiveness and benchmarking	Conduct an audit of the cleaning programmes across all sites and hospitals (excluding PFI buildings) to do the benchmarking exercise	Sue Lazarus/Lynn Leaver/Brenda Brown	30/06/2007

Catherine Afolabi  
Risk Manager  
7 March 2007