



**Your details**

Trust self-declaration:

Organisation name:	Brent Teaching PCT
Organisation code:	5K5

**General statement of compliance**

Please enter your general statement of compliance in the text box provided.

<p>General statement of compliance</p>	<p>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 or for which there is insufficient assurance</p> <p>C1a Learning from experience - Not Met. The Trust feels that it has good incident reporting systems in place. However, capacity issues have led to delays in grading incidents leading to lack of regular dissemination of incident information. Whilst the majority of Trust incidents are of low severity, without trend analysis we do not feel that we can act early to prevent incidents. The clearing of the incident backlog is already underway and should be completed by June 2007. Actions to achieve compliance include analysing patterns and trends of all incidents and disseminating lessons learnt to staff Trust wide.</p> <p>C3 NICE Interventional Procedures - Insufficient Assurance. NICE makes recommendations about whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use. An interventional procedure is a procedure used for diagnosis or treatment that involves making a cut or a hole to gain access to the inside of a patient's body, gaining access to a body cavity without cutting into the body and using electromagnetic radiation. The Trust has insufficient information to ascertain whether independent contractors are carrying out interventional procedures. It is highly unlikely that such procedures are being carried out by the Trust's independent contractors and this area has been assessed as a low risk to the Trust. To resolve the lack of information, the Trust will ask its independent contractors to confirm in writing whether they are carrying out any interventional procedures.</p> <p>C4b Medical Devices Management - Insufficient Assurance. There is strong assurance in some areas but some areas in which there is insufficient evidence of a reasonable system for managing medical devices. The actions to improve include continuing to implement the medical devices work plan and the hand over of responsibility for this area to the Integrated Health Services Directorate whose staff use the majority of equipment in the Trust. Ownership by clinicians should help to move forward in this area.</p>
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C4e Waste Management - Not Met. The Trust has assessed itself against the guidance related to the new waste management regulations for which guidance was delayed until late in the year. The regulations and guidance include many new requirements not previously the remit of PCTs. In addition, the Waste Management Advisor service contracted through the Estates & Facilities Shared Service Level Agreement was not made available which has meant that this work has not progressed. This instance of contract non-compliance is being challenged. The proposed actions to improve in this area include appointing a member of staff from the Estates & Facilities Shared Service to lead the waste management work and ensuring the waste management action plan, already drawn up, is achieved.

C7a and C7c Clinical & Corporate Governance and Risk Management - Not Met. The Trust feels that there are reasonable procedures for clinical governance and risk management. However the process for overall corporate governance and financial controls were not in place resulting in a major governance and financial failure. A new Audit Committee Chair with financial training has been appointed and, led by the new chair, the Board will review governance, and ensure that there are sound structures, procedures, expectations and accountabilities for integrated governance in place throughout Brent tPCT in 2007-2008.

C9 Records Management - Insufficient Assurance. The Records Management Group has developed a records audit toolkit and has begun a rolling cycle of audit which includes questions on adequate storage of active records and tracking and tracing. The results of these audits have begun to be implemented. There is also a standard design for records. However, the inconsistent application in some areas of tracking and tracing, standard record design and problems with storage means there is insufficient evidence to declare compliance. The Trust recently merged its information governance and records group to improve cohesive working in this area. The records management group has a three 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 non-compliant areas to be addressed.

C20a safe and secure environments - Not Met. The Trust feels that recent audits into premises have not been acted upon and nor has a 'Competent Person' for Health & Safety to the level required been appointed. The actions to meet this are to employ a competent Health & Safety advisor, prioritise the security audit work plans and to include those works that are reasonable within the Trust's Capital Programme for 2007-2008.

C21 clean and well designed environments - Not Met. The Trust feels that systems need to be in place to monitor cleaning, and that local cleaning policies need to be developed and so cannot declare that this standard has been met. Improvement action plans include developing local cleaning policies, cleaning audits, monitoring the effectiveness and quality 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.

## Core and developmental standards declaration 2006/2007

	<p>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. There were a number of reasons for worse compliance than in previous years. These include the impact of the Trust's financial recovery programme, new requirements introduced by law for example around waste management, and application by the Trust of more stringent self assessment criteria than in the previous year.</p> <p>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 or for which there is insufficient assurance. Action plans are in place to resolve these and are detailed below.</p>
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### Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	The Trust has undertaken a comprehensive compliance assessment against 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.
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### Safety domain - core standards

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

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Not met
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
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Insufficient assurance
C4a	Healthcare organisations keep patients,	Compliant

## Core and developmental standards declaration 2006/2007

	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).	
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.	Insufficient assurance
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Not met

### Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C1a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/06/2007
Description of the issue (maximum of 1500 characters including spaces - this is	The Trust feels that it has good incident reporting systems in place. However, capacity issues have led to delays in grading incidents leading to lack of regular dissemination of incident information. Whilst the majority of Trust incidents are of low severity, without trend analysis we do not feel that we can act early to prevent incidents.

## Core and developmental standards declaration 2006/2007

approximately 200 - 250 words)	
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The clearing of the incident backlog is already underway and should be completed by June 2007. Actions to achieve compliance include analysing patterns and trends of all incidents and disseminating lessons learnt to staff Trust wide.

Please complete the details below for standard C3, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/06/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust has insufficient information to ascertain whether independent contractors are carrying out interventional procedures. It is highly unlikely that such procedures are being carried out by the Trust's independent contractors and this area has been assessed as a low risk to the Trust.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	To resolve the lack of information, the Trust will ask its independent contractors to confirm in writing whether they are carrying out any interventional procedures at the same time as sending out its policy on interventional procedures.

Please complete the details below for standard C4b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/03/2008
Description of	There is strong assurance in some areas but some areas in which there

## Core and developmental standards declaration 2006/2007

the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	is insufficient evidence of a reasonable system for managing medical devices.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The actions to improve include continuing to implement the medical devices work plan and the hand over of responsibility for this area to the Integrated Health Services Directorate whose staff use the majority of equipment in the Trust. Ownership by clinicians should help to move forward in this area.

Please complete the details below for standard C4e, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/03/2008
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust has assessed itself against the guidance related to the new waste management regulations for which guidance was delayed until late in the year. The regulations and guidance include many new requirements not previously the remit of PCTs. In addition, the Waste Management Advisor service contracted through the Estates & Facilities Shared Service Level Agreement was not made available which has meant that this work has not progressed. This instance of contract non-compliance is being challenged.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The proposed actions to improve in this area include appointing a member of staff from the Estates & Facilities Shared Service to lead the waste management work and ensuring the waste management action plan, already drawn up, is achieved.

### Clinical and cost-effectiveness domain - core standards

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,	Compliant
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## Core and developmental standards declaration 2006/2007

	take into account nationally 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.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

### Governance domain - core standards

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.	Not met
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a	Insufficient assurance

## Core and developmental standards declaration 2006/2007

	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.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

### Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C7a and C7c, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or	30/09/2007



## Core and developmental standards declaration 2006/2007

actual)	
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust feels that there are reasonable procedures for clinical governance and risk management. However the process for overall corporate governance and financial controls were not in place resulting in a major governance and financial failure.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A new Audit Committee Chair with financial training has been appointed and, led by the new chair, the Board will review governance, and ensure that there are sound structures, procedures, expectations and accountabilities for integrated governance in place throughout Brent tPCT in 2007-2008.

Please complete the details below for standard C9, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2007
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 which includes questions on adequate storage of active records and tracking and tracing. The results of these audits have begun to be implemented. There is also a standard design for records. However, the inconsistent application in some areas of tracking and tracing, standard record design and problems with storage means there is insufficient evidence to declare compliance.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust recently merged its information governance and records group to improve cohesive working in this area. The records management group has a three 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 non-compliant areas to be addressed.

### Patient focus domain - core standards

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

C13a	Healthcare organisations have systems in place to ensure that staff treat	Compliant
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## Core and developmental standards declaration 2006/2007

	patients, their relatives and carers with dignity and respect.	
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

### Accessible and responsive care domain - core standards

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

## Core and developmental standards declaration 2006/2007

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

### Care environment and amenities domain - core standards

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	Not met
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Not met

### Care environment and amenities domain - non-compliance/insufficient assurance

Please complete the details below for standard C20a, for which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2007
Description of the issue (maximum of 1500 characters)	The Trust feels that recent audits into premises have not been acted upon and nor has a 'Competent Person' for Health & Safety to the level required been appointed.

## Core and developmental standards declaration 2006/2007

including spaces - this is approximately 200 - 250 words)	
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The actions to meet this are to employ a competent Health & Safety advisor, prioritise the security audit work plans and to include those works that are reasonable within the Trust's Capital Programme for 2007-2008.

Please complete the details below for standard C21, for which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/09/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust feels that systems need to be in place to monitor cleaning, and that local cleaning policies need to be developed and so cannot declare that this standard has been met.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Improvement action plans include developing local cleaning policies, cleaning audits, monitoring the effectiveness and quality of cleaning and benchmarking.

### Public health domain - core standards

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	Compliant
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## Core and developmental standards declaration 2006/2007

	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.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

### Public health domain - developmental standards

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Good
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The Trust has chosen not to assess its performance in relation to the comparative information contained in the information toolkit. In light of the many demands placed on the Trust including those of financial recovery, the priority is given to meeting mandatory requirements only.
Your highest local priorities for improvement relating to developmental standards D13a) and b)	The priorities for action are to strengthen our needs assessments in Brent and strengthen the links between these assessments and the way in which we commission health services in Brent

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

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Ms	Marcia Saunders	Chair
2.	Mr	Nigel Webb	Interim Chief Executive
3.	Mr	Gerald Zeidman	Non-Executive Director
4.	Mr	Chandresh Somani	Non-Executive Director
5.	Dr	Judith Stanton	Director of Public Health
6.	Ms	Anna Anderson	Interim Director of Finance & Informatics
7.	Dr	Amanda Craig	Professional Executive Committee Chair

**Comments from specified third parties**

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

<p>Strategic health authority comments</p>	<p>The London Strategic Health Authority does not have any major concerns with the assessment made by Brent PCT regarding compliance with the "Standards for Better Health". The SHA notes however that, as part of the London PCT Commissioning Regime, the PCT has been risk rated red on governance. The PCT was unable to self certify on the following:</p> <ul style="list-style-type: none"> <li>- The management team has the capability and experience necessary to deliver the operating plan;</li> <li>- The PCT has effective processes for monitoring (in qualitative and quantitative terms) the experience of the full spectrum of patients and other users of services commissioned by the PCT;</li> <li>- The PCT is achieving its targets as set out in the Local Area Agreement.</li> </ul> <p>In reaching its view, the Strategic Health Authority has used the standard information and formal meetings available to it and has followed the principle of self assessment rather than adding an extra burden of assessment.</p>
<p>Patient and public involvement forum comments</p>	<p>Brent Patient and Public Involvement (PPI) Forum - Comments on Brent Teaching Primary Care Trust (tPCT) Annual Health Check Declaration 2006-7</p> <p>C2 Child protection: The Forum noted at their last meeting on 12 March 2007 that Brent tPCT had got permission to have only one member of staff carrying out both designated and named nurse functions. The Forum would wish to know how sufficient safety is planned to be achieved in the event of that person's absence as this could be critical for child</p>

protection.

#### C4a Wording of Standard

The Forum wish the Healthcare Commission to amend the wording of the standard to include (or not to exclude) Clostridium Difficile (C. Diff) as this is now more prevalent and dangerous to patients than MRSA.

#### C7a & C7c (Clinical & Corporate Governance and Risk Management)

Whilst it is positive that Brent tPCT has acknowledged the serious problems which have arisen, as noted at Forum meetings in March 2007 and previously, the tPCT appears to have allowed the drive to achieve financial balance to impact adversely on the health of some Brent residents e.g. withdrawal of homeopathy treatment and interpreters and facilities for care of the elderly. The Forum notes the tPCT's reliance on NICE guidelines in withdrawal of homeopathic treatment but does not believe this response in any way deals with the real health issues faced by patients who have been deprived of their treatment. The Forum further wonders how the tPCT can be compliant on Clinical and Cost Effectiveness and deficient on Clinical Governance.

#### C7e (Discrimination and Equality) and C18 (Patient equality of access & choice)

The tPCT gave a presentation on patient choice at the October 2006 meeting at which it was noted that progress was being made.

#### Funding for Interpreters

While the Forum has cooperated with Brent tPCT on various measures to promote equality, in late 2006/7 concerns have arisen about the tPCT's claim that responsibility for funding interpreters lies with GPs and not with the PCT. It is important that this matter should be resolved between the tPCT and GPs without negative effects on patients from certain ethnic groups, who overall make up a sizeable part of Brent's diverse population.

The Forum is pleased to note that, subsequent to the submission of this Commentary to the tPCT, the tPCT notified the PPI Forum that it will reinstate funding for interpreting services when these are accessed by GP practices for registered patients. The Forum will monitor the impact of these changes in 2007/08.

#### Application of Overseas Visitors Policy

Also, in November 2006 the Forum communicated its concern that some longstanding Brent residents were facing barriers in accessing services commissioned by the TPCT as a result of policies supposedly aimed at overseas visitors. Further action may be needed by the TPCT to ensure equal access for all ethnic groups. The Forum continues to monitor this situation.

#### Facilities for Care of the Elderly

At the December 2006 meeting, the Forum raised concern about the impact of cuts on users of Willesden Health and Social Centre and continuing care patients, many of whom are older people. The Forum is not convinced that robust safeguards are in place to ensure that equal access and choice for all in the population are being maintained amidst major changes. Older people in Brent may be unable or unwilling to voice their concerns about health services, or they may not have information about services to which they are entitled or clear information as to which body is responsible for paying for it. The Forum feels that this lack of clarity is compounded by the absence of a Lead Officer for

older people's services within Brent tPCT.

C15a Patient dignity etc., - recommendation to the Healthcare Commission for a Standard for Vulnerable Adults. The Forum has recently heard from the North West London Hospital Trust PPI Forum of their experience when they were involved in 'Food Watch' and 'Care Watch' campaigns of the Commission for Patient & Public Involvement and would wish to state their belief that training on nutrition and care, especially in care of the elderly and dying, are both issues that need attention in the local area. The Forum suggests to the Healthcare Commission that there should be a standard for Treatment/protection of Vulnerable Adults, similar to that for Children. One example cited was the death of a vulnerable adult from neglect (not specifically in the Brent area); other examples of forum members' experience were given at the meeting of 12th March and the hospital forum meeting of 20th March about common but erroneous beliefs about levels of pain tolerance amongst people with disabilities, particularly learning difficulties and other special needs.

#### C16 Suitable & Accessible Patient Information

Mar 2007 - PPI Forum members reported hearing lately of difficulties faced by members of the public in understanding recent changes to service provision finding out what services are still available and how to access them. Specific mention was made of referral systems (which could make nonsense of patient choice); treatment for diabetics and others with eyesight problems; dental services. The Forum will be seeking further information via its Forum Support Organisation (FSO) and the tPCT to enable the Forum to include these issues in its Work Plan and follow them up where appropriate.

#### C17 (Patient views)

Brent Teaching TPCT has worked closely with the PPI Forum on a number of issues throughout the year. The tPCT Chair and various relevant members of staff have attended Forum meetings and answered questions raised. Similarly, the Forum has been represented at the TPCT Board and other TPCT meetings. The tPCT has also kept the PPI Forum informed on a range of local developments. This is very much valued. A 'Patient and Public Involvement, Race and Equality Performance Improvement Framework' was discussed with the Forum in September 2006.

However the Forum has expressed concern to the tPCT that, in implementing cuts, the tPCT has not always kept local people sufficiently informed of the implications of proposals, and has not properly sought and considered the views of patients and carers before making decisions. Some local people have been voicing their dismay at the magnitude and the speed of the changes being made without their opinions and needs being heard. The Forum has received numerous letters from Brent residents, for instance, on the withdrawal of homeopathy treatment without proper consultation with those who would be affected. Whilst the Forum notes the rapid pace of change in the tPCT over the past year, it reiterates the tPCT's statutory requirement to consult the PPI Forum and Brent residents on significant changes to health services before decisions are made.

## Overview and scrutiny committee comments

Overview and scrutiny committee 1



<p>Comments</p>	<p>The Committee would like to make the following comments in relation to specific standards outlined within the report:</p> <p><b>C4b Medical Devices Management</b>  The Committee would like more information as to why the trust does not consider that it has reasonable evidence to declare itself compliant regarding the maintenance and servicing of equipment. In addition, an explanation is required as to why the block medical devices contract has "not progressed" and what timescale it is working towards.</p> <p><b>C7a &amp; C7c Clinical &amp; Corporate Governance and Risk Management</b>  The committee would like to know why there is delay in implementing governance and risk processes that are already in place. In relation to "failures around governance and financial controls", it is unclear as to what is identified as the cause of these and the lessons that have been learnt to ensure that they are not repeated within the organisation.</p> <p>It is unclear from the information provided what effect the turnaround team imposed upon Brent tPCT has had on the ability of the trust to move closer towards compliance in some areas.  We request that an up to date copy of the "3 year prioritised work plan" produced by the Governance and Records Group is copied to the Committee, highlighting its key themes and objectives.</p> <p><b>C9 Records Management</b>  The Committee is concerned that a "systemic and planned approach" to the management of records remains unlikely within the next quarter. We would ask the Director of Integrated Health Services to outline the action plan in relation to this standard and update the committee accordingly.</p> <p><b>C20 Safe &amp; Secure environments</b>  "..environments which promote effective care and optimise health outcomes being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation". The committee would welcome more detail as to how each of these groups will be consulted and informed on progress in this area.</p> <p><b>C21 Clean and well designed environments</b>  "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 this standard has been met". The Committee would appreciate an update as to what is happening in respect of this and how quickly this will be resolved. Members would welcome the opportunity to undertake site visits to gain first hand experience of such environments.</p> <p>The summary of the general statements suggests that "..the Board has been attentive to the views expressed by our patients and local communities through our processes of consultation". Whilst we appreciate the sensitivities of certain information in relation to the financial circumstance of the trust, we believe that consultation has been less than robust, particularly in relation to the imposition and potential impact of the turnaround plan.</p> <p>Where the declaration states that compliance is "unlikely" we request that further information is forwarded once available.</p> <p>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</p>
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	<p>the issues and areas outlined in the declaration. This is in part due to the late starting of this year's committee cycle, but primarily 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.</p> <p>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 2007/8 we will seek to enhance the focus of topics to allow strands of the annual health check to be considered more closely.</p> <p>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.</p> <p>Chair, Health Select Committee</p>
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