Brent Primary Care Trust

Healthcare Commission Standards

Draft Declaration 2007-2008

Core and Developmental Standards Compliance

2007-2008

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 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 1st to March 31st. 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)

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.

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

Declaration

The declaration should state that:

i   Standards have been met without significant lapses

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

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

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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 challenge session with the Domain Executive Lead, Domain Coordinator and members of the Executive Management team. A further challenge session was arranged which included non – executive directors.

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
- Challenge sessions with Executive Management team and Non executive members

Self Assessment of Compliance 2007-2008

The last year has been one of considerable challenge for Brent PCT. At the end of 2006-2007 it embarked on a series of actions to ensure that the organization met its statutory duty in terms of finance and governance. These actions have resulted in a significant turnover in staff, which has impacted on the ability of the PCT to assure the Board of compliance in all of the standards. The challenge sessions, implemented as part of the scrutiny process, have been robust, open and transparent in the consideration of the evidence of compliance with standards. The result of this level of rigorous scrutiny has been an increase in the number of standards that have been declared non –compliant.

The PCT is assured that it is compliant with 25 standards as at 31st March 2008, and has been compliant throughout the year with these standards. The PCT cannot demonstrate compliance throughout the year for 19 standards, or it has insufficient assurance of compliance.   Actions plans will be in place to demonstrate how compliance will be achieved.   The attached declaration provides a full breakdown of compliance with each 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 will be included in the declaration.

One of the PCT's corporate objectives for 2008-2009 is to be compliant with all standards by 31st March 2009.

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 Health Overview Committee

Patricia Atkinson
Director of Clinical Leadership and Integrated Governance
March 2008

Standards for Better Health 2007/08 assessment / Draft Declaration
Results of NED challenge
March 11th 2008

First Domain - Safety

Patient Safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Ref	Standards	Status
C1a	Protect patients through systems that identify and learn from all patient safety incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Met
C1b	Ensure that patient safety notices, alerts etc concerning pt safety which require action are acted upon within required timescales.	Met
C2	Protect children by following national child protection guidance within their own activities and in their dealings with other organisations.	Met
C3	Not assessed in 2007/2008	N/A
C4a	Risk of infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness achieving year-on year reductions in MRSA.	Met
C4b	All risks associated with the acquisition and use of medical devices are minimised.	Not met
C4c	All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Not met
C4d	Medicine are handled safely and securely	Not met
C4e	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

Second Domain – Clinical and Cost Effectiveness

Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes

	Standards	Status
C5a	They conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Met
C5b	Clinical care and treatment are carried out under supervision and leadership.	Met
C5c	Clinicians continuously update skills and techniques relevant to their clinical work. There are mechanisms in place to identify the skills required to deliver the clinical care provided by the PCT	Met
C5d	Clinicians participate in regular clinical audit and reviews of clinical services.	Met
C6	Co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Met

Third Domain – Governance

Managerial and clinical leadership and accountability as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health organisation.

	Standards	Status
C7a & C7c	a) Apply the principles of sound clinical and corporate governance c) Undertake systematic risk assessment and risk management.	Not met
C7b	Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Not met
C7d	Not measured via core standards	N/A
C7e	Challenge discrimination, promote equality and respect human rights.	Not met
C7f	Not measured via core standards	N/A
C8a	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	Met

Third Domain – Governance

Managerial and clinical leadership and accountability as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health organisation.

	Standards	Status
	on patient care or on the delivery of services.	
C8b	Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Not met
C9	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.	Not met
C10 a	Undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Met
C10 b	Require that all employed professionals abide by relevant published codes of professional practice.	Met
C11 a	Are appropriately recruited, trained and qualified for the work they undertake.	Met
C11 b	Participate in mandatory training programmes.	Not met
C11 c	Participate in further professional and occupational development commensurate with their work throughout their working lives.	Not met
C12	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.	Met

Fourth Domain – Patient Focus

Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.

	Standards	Status
C13a	Have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Not met
C13b	Appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information.	Met
C13c	Staff treat patient information confidentially, except where authorised by legislation to the contrary.	Not met
C14a	Have system 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.	Met
C14b	Are not discriminated against when complaints are made.	Met
C14c	Are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Met
C15a	Where food is provided, have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Met
C15b	Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Met
C16	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.	Not met

Fifth Domain – Accessible and Responsive Care

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

	Standards	Status
C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.	Not met
C18	Enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Not met
C19	Not assessed through core standards	N/A

Sixth Domain – Care Environment and Amenities

Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

	Standards	Status
C20a	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.	No met
C20b	Supportive of patients privacy and confidentiality.	Met
C21	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

Seventh Domain – Public Health

Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

	Standards	Status
C22a	Promote, protect and demonstrably improve the health of the community serviced, and narrow health inequalities by co-operating with each other and with Local Authorities and other organisations.	Met
C22b	Ensuring that the local Director of Public Health's Annual Report informs their policies and practices.	Met
C22c	Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.	Met
C23	Have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Not met
C24	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.	Met