Reference: CSA56281
Date: 24/10/2005

Trust Self-Declaration:

Trust:	Gedling PCT
CSA Main Contact:	Janet Rawson
Main contact's email:	janet.rawson@GEDLING-PCT.NHS.UK

Safety domain

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

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
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.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Insufficient assurance
C4b	Healthcare organisations keep patients, staff	Compliant

	and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	
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.	Compliant

Details of non-compliance for safety domain

Please complete the details below for standard C04a, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/10/2005
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The PCT Risk Assessment, 1b (Clinical Governance Negligence Scheme for Trusts) considered there was insufficient evidence of monitoring and amendment of the infection control action plan. The assessors also considered there was insufficient evidence of hand hygiene training programmes and records of attendance (including salaried GPs).
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Infection Control Committee Minutes will demonstrate that the infection control programme / action plan is being continuously monitored or amended as necessary. This will be a standing agenda item. Hand hygiene training programmes and records of attendance will be maintained and scrutinised. This will be the responsibility of the Director of Nursing and Governance.

Clinical and cost-effectiveness domain

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
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

Please indicate 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.	Insufficient assurance
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	Compliant

	the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Insufficient assurance
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.	Insufficient assurance
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Insufficient assurance
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

Details of non-compliance governance domain

Please complete the details below for standard C07a, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	30/11/2005
Description of the Issue (you are restricted to 1500	The PCT needs to develop a revised governance structure demonstrating clear lines of accountability to reflect the integrated governance functions and the revised directorate structures.

characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The Director of Nursing and Governance has discussed the accountability framework with director colleagues and will be submitting a draft structure during October with a final version to the November 2005 Integrated Governance Committee.

Please complete the details below for standard C09, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/12/2005
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The PCT obtained a low score when it completed the self-assessment of the Information Governance Toolkit earlier this year.
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	The Health Informatics Managers, across the four Nottingham PCTs, are currently working on the Information Governance Toolkit, Version Three, after which they will embark on some detailed work with individual organisations.

Please complete the details below for standard C11a, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/12/2005
Description of the Issue (you are restricted to 1500	Following a PCT Risk Assessement 1b (Clinical Negligence Scheme for Trusts) the assessors required additional evidence on staff attendance at training courses across the PCT, with particular focus on salaried GPs. Areas identified were;

characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	hand-washing / hand hygiene, incident reporting, mandatory training courses and induction.
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Hand hygiene training programmes and records of attendance will be reviewed, monitored and scrutinised by the Director of Nursing and Governance. All training attended by staff (including salaried GPs) will be entered onto a local PCT database and monitored by the appropriate governance structures.

Please complete the details below for standard C11b, which you indicated your trust does not comply with:

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/12/2005
Description of the Issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Following a PCT Risk Assessement 1b (Clinical Negligence Scheme for Trusts) the assessors required additional evidence on staff attendance at training courses across the PCT, with particular focus on salaried GPs. Areas identified were; hand-washing / hand hygiene, incident reporting, mandatory training courses and induction.
Actions Planned or Taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Hand hygiene training programmes and records of attendance will be reviewed, monitored and scrutinised by the Director of Nursing and Governance. All training attended by staff (including salaried GPs) will be entered onto a local PCT database and monitored by the appropriate governance structures.

Patient focus domain

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
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	Compliant

	patient information.	
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

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

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
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

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

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
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.	Compliant

Public Health domain

Please indicate 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 C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	Compliant
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	Compliant

	action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	
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

Endorsed by (internal Audit view of the quality of processes used by the board in making its last statement of Internal Control)

	Internal Audit Opinions
	The Board's Responsibilities
	The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. This should be based on an ongoing risk management process that is designed to identify the principal risks to the organisation's objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically.
	Boards are responsible for putting in place arrangements for gaining assurance about the effectiveness of the organisation's system of internal control. To achieve this, the Board should identify the principal risks to the organisation meeting its principal objectives and map out the key controls in place to manage these risks. The Board should also identify how they have gained sufficient assurance about the effectiveness of these key controls.
	Assurances may be derived from a number of sources and it is the responsibility of the Board to determine how much reliance can be placed on each of them. Internal audit provides a significant source of assurance.
	Head of Internal Audit's Responsibilities I am required to give annual opinions covering two components:
	· An opinion on your overall arrangements for gaining assurance (i.e. the Assurance Framework); and · An opinion on, and limited to, the work carried out by Internal Audit during the year on the effectiveness of the management of those principal risks identified within your Assurance Framework.
	My opinions are intended to assist the Board in completing the Statement on Internal Control (SIC), and are not intended for any other purpose. They are provided overleaf.
	Opinion 1 - The Assurance Framework
	To support this opinion, I have reviewed the overall arrangements the Board has in place for an Assurance Framework that provides the evidence to support the SIC. This has entailed reviewing the way in which the Board has identified objectives, risks and controls; identified sources of assurances on those controls; and assessed the value of assurances obtained. Following this review I am required to conclude whether: · An Assurance Framework has been established which is designed and operating to provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation; or that · An Assurance Framework has been established but is

inadequate.

It is my opinion that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

I have reached this opinion based on the following factors:
· The PCT's Assurance Framework was assessed as a category A for 2003/04, and has been further developed during 2004/05. A series of papers has been presented to the Board during the year to this end.
· An exercise has been undertaken to cross-reference the PCT's Assurance Framework to the Standards for Better Health. This will facilitate an evidence-based approach to the organisation making its interim declaration against the Standards in October 2005.
· Following a re-structuring within the PCT, the Director of Nursing, Quality & Governance has been assigned responsibility from February 2005 for the Assurance Framework. This combines responsibility for the Assurance Framework and the Standards for Better Health under one Director.
· With a number of minor exceptions, we were able to demonstrate that for a sample of 17 principal risks, the PCT had received assurances during 2004/05 as detailed within its Assurance Framework.

Opinion 2 - The system of internal control based on Internal Audit work undertaken

The Internal Audit Plan for 2004/05 was developed to provide management with independent assurance on the adequacy and effectiveness of systems of control across a range of financial and organisational areas. To achieve this, the plan included areas of traditional audit but also contained an allocation of time to be specifically dedicated to areas of concern identified directly from your Assurance Framework.

As such, our Internal Audit Plan has been designed to enable me to provide you with an opinion on your system of internal control, based upon the work that we completed, at the time it was undertaken.

Throughout the year we have provided individual assurances with respect to the risks, systems, and processes that we have audited. We measure the adequacy and effectiveness of internal control in systems on a four-point scale, as follows:

Full Assurance: The system of internal control is designed to meet the system's objectives and controls are consistently applied in all the areas reviewed.
Significant Assurance: There is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.
Limited Assurance: Weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed.
No Assurance: Weaknesses in control, or consistent non-compliance with key controls, could result (or have resulted) in failure to achieve the system's objectives in the areas reviewed.

For those key systems and processes reviewed by Internal Audit in 2004/05 (relating to principal risks identified in the Assurance Framework) the levels of assurance that were provided are as

	follows: Principal Risks Internal Audit Review Level of Assurance Financial Balance (Inter-agency accountability roles) Debtors Significant Assurance Financial Balance (Monitoring) Financial Balance (Resource Planning) Budgetary Control Significant Assurance Financial Balance (Inter-agency accountability roles) Accounting & Ledger Control Limited Assurance Financial Balance (Inter-agency accountability roles) Creditors Limited Assurance Financial Balance (Inter-agency accountability roles) Payroll Significant Assurance (re: payroll expenditure) Limited Assurance (re: appointment of new starters) Communications (Strategic Framework) Risk Management (Strategy) IM&T Risk Management Significant Assurance Delivery of IT Strategy (Strategic) Strategic Community Planning Significant Assurance The results of these reviews, together with my overall knowledge and understanding of governance and risk management arrangements within the organisation, leads me to conclude that I can provide significant assurance on the system of internal control operated, as it relates to those areas that have been audited. I have arrived at this decision because I believe that: There is a generally sound system of control designed to meet the organisation's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk. Notwithstanding this I would draw your attention to the following concerns identified during the course of our work: · A significant issue was identified in relation to the procedure for the completion of mandatory pre-employment checks, particularly in relation to CRB disclosures. · Issues were also identified in relation to the completion of external feeder system reconciliations and control account reconciliations. · In addition, control weaknesses were identified in respect of the volume of non-purchase orders being processed, and the necessary authorising signatures not being validated at Shared Services. TIM THOMAS Head of Internal Audit

Has the auditor disclosed any matters in relation to the Statement on Internal Control within the Independent (external) Auditor's Report to the Directors of the Board on the financial statements in 2004/2005?

	No

Please supply the following information

general statement	Other than the insufficient assurances recorded on the domain forms, the Trust

of compliance	Board has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 1st April 2005 - 30th September 2005. Our insufficient assurances declared mirror those areas of non-compliance identified in our PCT Risk Assessment (Clinical Negligence Scheme for Trusts, 1b) and a low score attained from an Information Governance self-assessment.
strategic health authority commentary	Trent Strategic Health Authority: The Trust has made progress on its Clinical governance development plan (CGDP) for 2004-2005 and demonstrated progress across the standards domains at the 2005 review of clinical governance by the SHA. The trust was reviewed by the Commission for Health Improvement in 2004 and have been able to demonstrate progress in delivering the subsequent action plan. The CGDP for 2005-2006 reflects standards for better health and highlights areas where the trust has identified areas for further improvement against core standards. A & E quarter 1 performance was below standard but quarter 2 to date has been above 98%.
patient and public involvement forum commentary	Gedling PPI Forum commentary: Core standard C22 Elements The healthcare organisations policies and practice to improve health and reduce inequality are influenced by the Annual Public Health Report (APHR) APHR used to help define the work programme of Gedling Patient Forum. It is accessible to local communities also via the Forum. Core Standard C23 Elements The healthcare organisation collects, develops and analyses information to understand the current and future health and healthcare needs of the local population, reflecting health inequalities. The Gedling Patient Forum have been involved in assessing need particularly through the work evaluating the phlebotomy service and the podiatry service, and reporting findings back to the service leads and the PCTs management team. The healthcare organisation sets priorities for disease prevention and health promotion by using information about the health and healthcare needs of the population and evidence of effectiveness. Gedling PCT has made use of the work undertaken by the Gedling Patient Forum in relation to phlebotomy and podiatry. Developmental Standard D13 The healthcare organisation collects, develops and analyses information to understand the current and future health and healthcare needs of the local population, reflecting health inequalities and including use of appropriate tools such as health needs assessment, the health equity audit cycle and equality impact assessment

	Gedling PCT has made use of the work undertaken by the Gedling Patient Forum in relation to phlebotomy and podiatry. The healthcare organisation ensures that information on health and healthcare needs is accessible to other organisations, patients and the public. Gedling Patient Forum has received a number of presentations from Gedling PCT on a range of public health projects e.g. Positive moves. The healthcare organisation seeks the active participation of patients and the public in identifying and assessing local health needs, including health inequalities. Gedling Patient Forum has constantly offered its support for this.
How many overview and scrutiny committees will be commentating on your trust?	1

Overview and scrutiny committee 1 - commentary

Overview and Scrutiny Committee Commentary	The Health Select Committee is seeking the assistance of the relevant District Councils and is requesting that they let the Select Committee have their comments/observations on the draft submission of Trusts in their area by the end of December 2005. These responses will then be brought together and considered by the Select Committee at its February and March meetings to enable Trusts to include them in their final submission.

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign the declaration in the space provided below. As a minimum, we require that the declaration is signed by an appropriate officer(s) with delegated authority. Signatures below represent the following:

approval that the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
approval that any commentaries provided by specified third parties (i.e. strategic health authority (where relevant), patient and public involvement forums and overview and scrutiny committees) have been reproduced verbatim.
approval that the relevant comments from the head of internal auditor opinion have been reproduced verbatim, and that the information provided in respect of the external auditor's view reflect the independent auditor's report to the directors of the board on the financial statement in 2004/05.

Please state how many members of the trust board, including the non-executive directors, will be signing the form (maximum of 20):

Number of signatories	11

Details of first signatory

Mr	Derek Stewart	Chair
Signature:		

Details of second signatory

Mrs	Lynne Winstanley	Chief Executive
Signature:		

Details of third signatory

Dr	Tony Marsh	Chair of the Professional Executive Committee
Signature:		

Details of fourth signatory

Dr	Mary Corcoran	Director of Public Health and Partnerships
Signature:		

Details of fifth signatory

Mr	Chris Blainey	Director of Finance and Commissioning
Signature:		

Details of sixth signatory

Mrs	Patrica Dexter	Non-executive Director
Signature:		

Details of seventh signatory

	Reverend David Stoter	Non-executive Director
Signature:		

Details of eighth signatory

Mr	Chris Preston	Non-executive Director
Signature:		

Details of ninth signatory

Mr	Mick Evans	Non-executive Director
Signature:		

Details of tenth signatory

Mr	William Brown	Executive Committee Representative
Signature:		

Details of eleventh signatory

Mrs	Valarie Mattinson	Non-executive Director
Signature:		