



Reference: CSA57651

Date: 28/10/2005

Trust Self-Declaration:

Trust:	Broxtowe And Hucknall PCT
CSA Main Contact:	Jackie Swann
Main contact's email:	jackie.swann@broxtowehucknall-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).	Compliant
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

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:

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C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
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 systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
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	Compliant

	of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	
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

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 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
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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	Compliant
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	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.	
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

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

	<p>An Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 Statement of Internal Control (SIC) and provides reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the organisation.</p> <p>The PCTs Assurance Framework was assessed as a category A for 2003/04. Two PCT Board/Senior Management Team workshops were held during September and November 2004 with the specific purpose of reviewing the Assurance Framework. A series of papers has also been presented to the Board regarding the development of the Assurance Framework.</p> <p>The Risk Management Committee has been delegated with responsibility for monitoring the delivery of the Assurance Framework action plan.</p> <p>An exercise has been undertaken to cross-reference the PCTs 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.</p> <p>With a number of minor exceptions, Internal Audit were able to confirm that for a sample of 19 principle risks, the PCT had received assurances during 2004/05 as detailed within its Assurance Framework.</p>
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	The PCT would improve the clarity with which its Assurance Framework informs the SIC if it complied fully with the Department of Health model by the inclusion of a "Gaps in Control" column.
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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
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Please supply the following information

general statement of compliance	<p>The Trust Board has reasonable assurance that there have been no significant lapses in meeting the standards during the period 1 April 2005 - 30 September 2005.</p> <p>The Local Authority overview and scrutiny committees have decided not to comment at this point, but may do so in April 2006.</p>
strategic health authority commentary	<p>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. The Trust were reviewed by the Commission for Health Improvement in 2003 and have been able to demonstrate progress in delivering the subsequent action plan. The PCT has made improvements in untoward incident reporting of particular note has been the establishment of a Learning the Lessons group which brings together information from complaints, untoward incidents, audit and PALS. 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%.</p>
patient and public involvement forum commentary	<p>The Broxtowe and Hucknall PCT actively encouraged members of the public to put their names forward for the Patients Forum in 2003. Since this time the Trust and the Forum have developed strong links and a good working relationship. The Trust have been both forthcoming and transparent in their dealings with the Forum and have worked closely with us, always striving to put patients first.</p> <p>Our commentary is short, as overall we believe that the PCT has worked long and hard to make a difference to patients lives.</p> <p>We welcome the opportunity to take part in this draft declaration and we will strive to ensure that our year-end commentary is relevant, to the point and above all committed to helping patients.</p> <p>Domain 3 C11a Members have been invited to be involved in one recruitment exercise which involved shortlisting and interviewing Trust staff.</p> <p>Domain 1, C1a Domain 4, C14c Domain 4, C13a A member sits on the Trust's Learning the Lessons Group (LLG) enabling analysis of issues and allowing follow-up on recommendations. However, the</p>

	<p>LLG newsletter is not distributed to this member following meetings.</p> <p>Domain 4, C13a Domain 6, C20a Domain 6, C21 The Forum carried out visits to all GP Practices in the Trust area to monitor compliance with DDA Legislation. Members interviewed Practice Managers and made observations. Reports were produced for each Practice visited and distributed to the relevant Practice Manager. When all practices had been visited an overall report was produced, which was distributed to each Practice, the Trust, the Strategic Health Authority, the Department of Health and the Commission for Patient and Public Involvement in Health. The Forum identified concerns in one particular practice and alerted the PCT to these concerns. The Forum have not had contact from the PCT since this meeting regarding their concerns. The Forum plan to visit this practice in November.</p> <p>Members sit on the Patient and Public Involvement Steering Group.</p> <p>Domain 4, C14a The Forum recognise the robustness of the Trust's complaints procedure. They would welcome the opportunity, patient confidentiality permitting, to have a more active role in this.</p> <p>Domain 4, C16 Members sit on the Editorial Group and have been involved in the production of the Annual Report and Yearbook. Staff newsletters are regularly produced, though there have been no patient newsletters produced since August 2004; the fact that there is no budget specifically for PPI is significant in this.</p> <p>Domain 5, C17 Members were actively involved in setting up the campaign to save the Hucknall Orthopaedic Clinic. The group successfully lobbied against the closure of the clinic and subsequently control of the hospital was transferred to the PCT.</p> <p>Domain 5, C17 Domain 5, C18 Members are involved in the Stapleford Critical Friends Group.</p> <p>Domain 5, C17 Members of the public were consulted and involved in the early stages of the Local Delivery Plan, however there has been very little follow-up in Years 2 and 3.</p> <p>Domain 5, C18 Members are involved in the Oral Health Strategy Group. This group has been involved in implementing two new NHS Dentistry Services within the area.</p> <p>Domain 7, C22b The Forum are unaware of any members of the public being consulted on or involved with the Department of Public Health Report.</p> <p>The Trust's Health Inequalities Group has not met since April.</p>
How many overview and	0

scrutiny committees will be commenting on your trust?	
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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	17
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Details of first signatory

Mrs	Elizabeth McGuirk	Chief Executive
Signature:		

Details of second signatory

Dr	John Tomlinson	Director of Public Health
Signature:		

Details of third signatory

Mrs	Mel Hatto	Board Chair
Signature:		

Details of fourth signatory

Mr	Terry Allen	Director of Finance
Signature:		

Details of fifth signatory

Mr	Adrian Perks	Acting Director of Clinical Services
Signature:		

Details of sixth signatory

Mrs	Michelle Rhodes	Director of Planning and Performance
Signature:		

Details of seventh signatory

Dr	Stephen Earwicker	Chair, Professional Executive Committee
Signature:		

Details of eighth signatory

Dr	Jean Madeley	Clinical Governance Lead
Signature:		

Details of ninth signatory

Ms	Louise Tonkinson	Allied Health Professional Representative
Signature:		

Details of tenth signatory

Mr	Richard McCallum	Associate Director of Oral Health
Signature:		

Details of eleventh signatory

Ms	Jill Pedley	Social Services representative
Signature:		

Details of twelfth signatory

Mr	Milan Radulovic	Councillor, Broxtowe Borough Council
Signature:		

Details of thirteenth signatory

Mr	Chris Baron	Councillor, Nottinghamshire County Council
Signature:		

Details of fourteenth signatory

Mr	Richard Eddleston	Non-Executive Director

Signature:		
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Details of fifteenth signatory

Ms	Mary Longley	Non-Executive Director
Signature:		

Details of sixteenth signatory

Mr	Shail Shah	Non-Executive Director
Signature:		

Details of seventeenth signatory

Mr	Robert Finch	Non-Executive Director
Signature:		