

Webforms Output: Core standards declaration 2008/2009
May 2009

Generated 13/05/09 by Andrea Young
Form: FRM-BE, Response: FRR-3039:5QE

* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at forms@cqc.org.uk

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- o How the declaration form is laid out
- o Guidance related to each section
- o FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

Section 1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o Insufficient assurance: a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

Subsequent questions if you declare 'not met' or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

- o in your 2007/2008 declaration the standard was declared as 'not met' or insufficient assurance' and
- o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
- o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. Sign off

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 off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards

- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards and overview and scrutiny committees

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

Section 4. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment. A box will be provided on the declaration form for this purpose.

Frequently Asked Questions:

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

Q1. What do you mean by reasonable assurance and significant lapse?

Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

here

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday May 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or feedback@healthcarecommission.org.uk.

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

here

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).

Guidance for primary care trusts

This guidance covers areas which primary care trust may require further assistance on:

General guidance

Comparisons to last year's declaration

Third party comments

Resubmission

General

The trust boards of PCTs will, for the first time, make a separate declaration on their compliance with the Department of Health's core standards for their commissioning and contracting functions, which is separate from their function as providers of services. This will include their responsibility for specialised commissioning groups.

At the same time, trust boards of PCTs with provider services will also be required to make a declaration on the compliance with the Department of Health's core standards of their provider services.

In order to do this there are two separate declaration forms. Please ensure when you are completing the forms you are aware of whether you are completing the declaration form for the commissioning or provider arm. To help distinguish between the two, the commissioning declaration form has a slightly pink background.

The trust boards of PCTs will have to declare on their assurance of compliance with all the standards for both their commissioning arms and provider services. When considering their commissioning arm they will have to take into account three perspectives, which will be combined into a single declaration for the PCT as a commissioner. The three perspectives are:

corporate body

commissioning functions

commissioned services and independent contractors

Further explanation of these three perspectives can be found in our published document

[here](#)

The Criteria for assessing core standards in 2008/09 document published in December 2008 contains separate criteria for the assessment of the PCT as a provider and as a commissioner. The separation of the criteria will not increase the scope of the assessment of PCTs overall, since our assessments have always covered the commissioning function. Rather, the revised criteria provides greater clarity as to how the assessment of standards applies to the PCT commissioning arm. Hybrid trusts, for example PCTs that also provide mental health and / or learning disability services, should also consider the criteria for mental health trusts when making their provider arm declaration. These documents are available on our website

The two declarations will be assessed, cross checked, and where inspections take place, inspected separately and result in two separate core standards scores for the PCT (i.e. one score for the services the PCT provides and one score for the PCT as commissioners).

We have produced an FAQ document to answer queries relating to the separate assessment of PCTs as commissioners and providers in 2008/09. This is available:

[here](#)

Comparisons to last year's declaration

If in last year's declaration, your PCT declared 'not met' or 'insufficient assurance' for a particular standard and the accompanying action plan had an end date that continued into 2008/2009 you will need to consider where the significant lapse / insufficient assurance took place - the commissioning or provider arm. For whichever arm the significant lapse or insufficient assurance refers to, we would expect you to again declare 'not met' or 'insufficient assurance' with an updated action plan.

As in last years declaration we will also ask you for additional information where, in 2007/2008, the PCT declared a standard as 'not met' or 'insufficient assurance' but had an end date of non compliance prior to 1st April 2008 but again declares 'not met' or 'insufficient assurance' for the same standard in 2008/2009, we will ask you to describe the circumstances for this second consecutive declaration of non-compliance.

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

However we recognise that the concern identified in the prior year may not relate to the same arm of the PCT as the concern identified for the 2008 2009 declaration. You will therefore need to consider in which arm of the PCT the 2007/2008 significant lapse / insufficient assurance took place (the commissioning or provider arm) before responding to the question.

Prison Health services

When completing your declarations for the 2008/2009 annual health check, PCT commissioners will be asked explicitly to take into account their responsibilities for commissioning healthcare with regard to those in prison and youth offenders. Where you have commissioning responsibilities in this regard and are inspected on a standard, you will be asked about such duties and will be expected to demonstrate the evidence you considered in achieving board assurance.

You are invited to provide further information to demonstrate your commitment on how you are complying with these requirements, in the section of the declaration form entitled 'General Statement of Compliance'.

Third Party commentaries

We recognise the difficulty that some third parties may have in tailoring commentaries to reflect the two distinct arms of the PCT (commissioner and provider), as a result we do not require different commentaries to be submitted on the two declarations. Instead we expect the same third party commentary to be submitted on both the commissioning and provision declarations.

We have published guidance on our website for LINKs, overview and scrutiny committees, local safeguarding children boards and learning disability partnership boards about this stage of the declaration process. The guidance can be found by using the following link:

here

Resubmitting your declarations

If you have submitted your declarations and notice factual inaccuracies that can be rectified, you can request a resubmission of either or both of your declarations. All PCTs will be allowed to request one resubmission of each declaration, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declarations will be published, together with the request for resubmission form, on our website. If both of your PCT's declarations require resubmission, separate requests must be submitted. A request for resubmission needs to be made by your trust's registered lead using the appropriate online form.

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8 May 2009 (whichever is earlier).

General statement of compliance

* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

Oxfordshire PCT Statement of Compliance

Oxfordshire PCT has undertaken a robust systematic process to ensure it submits an accurate declaration to demonstrate compliance with the core standards for 2008/9. Our Chief Executive delegates Executive Directors responsibility for each criterion for both provided and commissioned services. As part of this process evidence is gathered and collated to ensure the Directors can demonstrate compliance with the core standards and assure themselves that there have been no significant lapses over the year.

The Integrated Quality and Clinical Standards Sub Committee of the Board are responsible for ensuring compliance with the standards and detailed reports were sent to this committee in January and February 2009. The PCT Board received a formal report in March 2009. Throughout the whole year the PCT Board received regular performance reports and papers on key issues. The Audit Committee scrutinise the work of the PCT and have also received reports on compliance with the standards in January and March 2009.

For further assurance the PCT Audit Committee commissioned the Central England Audit and Consultancy (CEAC) to undertake an audit to assure the PCT that:

1. The organisation has made improvements where needed on areas identified in 2007/2008 Annual Health Check Performance ratings;
2. The organisation has a plan in place, which is designed to ensure that Standards for better health requirements are met and that they are effective in underpinning the delivery of high quality services;
3. Core standards are being managed effectively;
4. Follow Up of last year's recommendations is undertaken.

The audit was completed on the 31st March 2009 and determined that the PCT could demonstrate "Significant Assurance" in all areas.

Oxfordshire PCT operates comprehensive governance processes based on best practice risk management principles to ensure the PCT continue to meet the standards. The PCT has strategic objectives that are well balanced and relate to the standards. Executive Directors ensure that any risks to compliance are added to the PCT Assurance Framework and Risk Register. The Assurance Framework and Risk Register are regularly reviewed by the Executive Board, the Audit Committee and the PCT Board to ensure risks are appropriate, suitable controls are in place and actions plans are effective and progressed in an efficient manner with challenging target dates.

For further assurance the PCT Audit Committee commissioned Central England Audit and Consultancy to undertake a further audit to assure the PCT that these processes are effective, integrated into operational processes and well managed. The audit found "significant assurance" that:

- oThe components of the Assurance Framework are in place
- oThe Board has been involved in developing and maintaining the Assurance Framework
- oObjectives are sufficiently strategic, well balanced and referenced to the Healthcare Standards
- oRisks are sufficiently strategic/high level and consistent with the objectives
- oSources of assurance have been identified and are accurately mapped to the objectives, risks and controls
- oGaps in controls and assurances are accurately recorded and action plans established
- oThe Assurance Framework is fully embedded and significant issues are being escalated to the Board

As a result the PCT believe it has robust governance systems to manage the requirements detailed in standards for better health. The PCT believe it can demonstrate reasonable assurance of compliance based on documentary evidence and external audit that can stand up to internal and external challenge.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Safety domain - core standards (C1a - C3)

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.

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

Safety domain - core standards (C4a - C4e)

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

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

compliant

* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Clinical and cost effectiveness domain - core standards (C5a - C6)

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, 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

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.

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.

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

01-11-2009

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Corporate Records: It has been recognised that in an organisation as complex as a PCT, which has corporate, commissioning and service provision functions, there are several different needs for records management. The PCT is currently going through a period of change as it implements 'Transforming Community Services' and within this context it has become clear that whilst there are processes in place for records management these could be more systematic and there needs to be greater clarity about how records are managed within the increasingly separate functions in the PCT.

Clinical Records: Whilst several processes are in place, supported by audit and a policy framework, different clinical services within the PCT Provider Arm take different approaches to managing clinical records and therefore it is felt the PCT does not have a systematic approach to the management of records. The PCT has not found it necessary to date to have a single lead assigned with responsibility for overseeing the quality and integrity of clinical records but would now like to consider this issue further to identify how to strengthen governance in this area. This issue also warrants investigation within the context of implementing 'Transforming Community Services' as there is a need to understand the relative roles of the host commissioning PCT and the PCT Provider Arm.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Corporate records: An asset register is now being populated which will ensure key information assets are identified. This will enable the analysis of the types of records held by the organisation, their ownership and any associated risks.

Simultaneously we are undertaking an audit of Trust corporate records following which a full report will be made to the Trust Board on the issues and risks associated with these records and record keeping. This should then inform an approved set of guidelines and procedures for the creating and filing of both paper and electronic records and finally to a strategy on how to develop and improve record keeping across the organisation.

Clinical records: A newly appointed governance lead within the PCT Provider Arm will undertake a review of existing clinical records management processes to identify gaps and changes required in the context of the implementation of 'Transforming Community Services' in order to strengthen governance. This review will include a consideration of the current clinical records policy and recommendations will be made regarding all aspects of record management. The recommendations will be reported to the PCT Provider Arm Board and action taken accordingly. A further step will then be to develop a Health Records Strategy which will ensure continued integrity and availability of paper and electronic patient records across the whole organisation.

Governance domain - core standards (C10a - C12)

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

* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Patient focus domain - core standards (C13a - C14c)

Please declare 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

Patient focus domain - core standards (C15a - C16)

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

* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Accessible and responsive care domain - core standards (C17 - C18)

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

Please declare 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Care environment and amenities domain - core standards (C20a - C21)

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.

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

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Public health domain - core standards (C22a - C24)

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 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 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Electronic sign off page

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 off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), LINKs, overview and scrutiny committees, Learning Disability Partnership boards and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Ms	Andrea Young	Chief Executive
2	Ms	Catherine Mountford	Director of Planning and System Reform
3	Mr	Matthew Tait	Director of Finance
4	Mr	Geoff Rowbotham	Interim Managing Director, Community Health Oxfordshire
5	Dr	Jonathan McWilliam	Director of Public Health
6	Mr	Alan Webb	Director of Commissioning
7	Dr	Richard Green	Clinical Governance Lead
8	Ms	Sula Wiltshire	Deputy Director Head of Quality and Clinical Standards
9	Mr	Fred Hucker	Chairman
10	Ms	Ros Avery	Non-Executive Director
11	Ms	Sumit Biswas	Non-Executive Director
12	Ms	Ailsa Granne	Non-Executive Director
13	Mr	Tony Mullee	Non-Executive Director
14	Ms	Fiona Mackay-Perkins	Non-Executive Director
15	Ms	Ineke Powell	Non-Executive Director
16	Mr	Bryan Thompson	Non-Executive Director
17	Dr	Stephen Richards	Chair of Clinical Executive
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30			

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Comments from specified third parties

Please select the numbers of each type of third party that you wish to enter comments from

* Strategic Health Authorities

 1

* Local involvement networks

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

* Local child safeguarding boards

 1

* Learning Disability Partnership boards

 1

* Non-specified third party organisations:

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

Comments from specified third parties

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

Please select the name of the first strategic health authority that has provided the commentary

 South Central Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

Safety

The PCT is engaged with the patient safety agenda led by the Patient Safety Federation and it actively participates in sharing of lessons learnt following SUIs with other trusts within south central. In addition the PCT is a member of the SHA Patient Safety and Risk Governance Forum whereby it actively contributes towards improving patient safety.

There have been 18 Serious Untoward Incidents reported between 1 April - 22 March 09.

The number of CAS alerts with actions outstanding over the completion deadline is 8 between April 08 - 22 March 2009. This is data that has been extracted from the DH CAS website. Feedback was given by the PCT in relation to the number of alerts outstanding and it was reported that there has been a project group looking at the safety alerts within one of the affected teams to rectify the delay in responding back to the PCT CAS team.

C Difficile

The PCT is currently on trajectory to meet Clostridium Difficile Limit for 2008/09f

Finance

The financial position is currently considered to be challenged

Governance

Progress has been made during 2008/09 on the Board Assurance Framework.

Accessible and Responsive Care

There is low confidence in Category A ambulance calls national targets being met.

There is high confidence of an 90% target being met for admitted patients treated within 18 weeks from referral.

There is high confidence of a 95% target being met for non-admitted patients treated within 18 weeks from referral.

Waiting times for cancer treatment are entirely satisfactory.

More than 98% of patients generally wait less than four hours in A&E.

There is high confidence of the PCT smoking cessation target being met.

There is high confidence in the PCT trajectory for access to GUM clinics within 48 hours being met by March.

There is high confidence in the PCT Early Intervention in Psychosis target being met.

There is moderate confidence in patients being offered a choice of provider.

Implementation of Choose and Book is on trajectory.

Public Health

The organisation is:

oContributing very effectively to the Local Area Agreement agenda with its partners. (Standard C22c)

oWorking to reduce health inequalities in the PCT area by training staff to work with practices in areas of high deprivation. (Standard C22b / 23)

Local Involvement Network comments

No comments from Local Involvement Networks were provided

Local child safeguarding boards comments

* Please enter the name of the first local child safeguarding board that has provided the commentary

Oxfordshire Safeguarding Children Board

* Local child safeguarding board comments. There is no word limit on this answer.

Attendance

The Primary Care Trust has 100% attendance at the OSCB meetings which are now held every two months.

Engagement / Capacity

PCT staff are valued members of the monitoring and evaluation, procedures, executive and training subgroups. They are members of the OSCB training pool and deliver multi agency training on a regular basis.

The PCT leads on the child death review process which has been implemented in a timely and efficient manner. They manage the child death review co-ordinator.

PCT staff also chair one of the local safeguarding groups.

They have engaged with 3 serious case reviews and thus far have submitted 2 IMR's on time and to a good standard.

The Trust has undertaken a self audit requested by the OSCB which was submitted on time and to a good standard. It confirms that they are compliant with the requirements for implementing their duties under Section 11 of the Children Act 2004

Learning Disabilities Partnership Board comments

* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Oxfordshire Learning Disability Partnership Board

* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Oxfordshire Learning Disability Partnership Board welcomes the opportunity to comment on public sector services and specifically on Oxfordshire Primary Care Trust on behalf of all those involved in improving the lives of people with learning disability and their families in Oxfordshire.

Unfortunately, the timing of this request has fallen between 2 Partnership Board meetings, which are held every 2 months, and this has not made it possible for us to discuss the issues with the full Partnership Board. To ensure that all members of the Board, including those who have learning disabilities, are fully able to participate would require considerable preparation time. For this year we have drafted a response which has been agreed with the Chair and Social & Community Services representative, and we would invite the PCT to work with us towards a fuller response in 2010. We will discuss this letter at our next meeting on 6th May and may send any supplementary information to you after that meeting.

Oxfordshire Learning Disability Partnership Board is very conscious of the PCT's positive role in the partnership with Oxfordshire County Council which underpins the pooled budget for learning disability services. Two members of the Partnership Board attend Joint Management Group meetings with the PCT and County Council and the Board values and supports this partnership working. The Board also very much appreciates the regular attendance of a consistent PCT representative at Partnership Board meetings. There is a single strategy for learning disability commissioning on behalf of the Council and PCT which the Partnership Board helps to shape. The close co-operation between the partners is reflected in the increased funding the PCT and Council have both invested to meet the increasing numbers and complex needs of people with learning disabilities. It has also enabled them to reach agreement on the transfer of social care funding for learning disability services in a timely way.

The Partnership Board is generally positive about the specialist health services commissioned for people with learning disabilities in Oxfordshire. There is a respected local provider of services and no new placements have been made in specialist inpatient provision outside the county for 3 years. Learning Disability Teams provide a single point of contact for multi-disciplinary support, and the Partnership Board is currently involved in helping to re-specify this service to ensure it meets future needs. Through the Learning Disability Teams people with learning disabilities can get help with health Action Plans, good health groups, falls risk screening, and extra help to access breast screening. The teams also lead on safeguarding procedures and both health and social care representatives from learning disability sit on the Safeguarding Board.

The Partnership Board is working with the PCT on its Healthcare for All action plan, and the Board is positive about the actions the PCT is implementing to improve access to general health services for people with learning disabilities. This includes the delivery of health checks through GP practices as part of the DES. The PCT has commissioned training for GPs from people with learning disabilities as part of the preparation for this. Work is underway to cross-check GP registers of people with learning disabilities with the Learning Disability Team database.

The Partnership Board feels that there is still some work to be done to ensure that all the reasonable adjustments are made so that people with learning disabilities have equal access to generic health care, including areas where meeting their needs may be challenging for health care providers. This can include hospital services, where people need extra help with communication, explanation, and flexibility over appointment and waiting times. It also includes areas such as eye checks. We recognise that the Healthcare for All action plan aims to improve many of these areas and we will be continuing to feed back to the PCT the views of our members and other service users and carers about how successful they are in addressing these areas.

I hope this information is helpful, and look forward to working with the PCT in the coming year to prepare for the 2010 health check.

Commentaries from other third party organisations

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Overview and scrutiny committee comments

* How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)

0 1

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Oxfordshire Joint Health Overview and
Scrutiny Committee (HOSC)

Comments. There is no word limit on this answer.

The relationship between the HOSC and the PCT is good with both formal and informal sharing of information. When required, by issues of concern to members of the public, Councillors and/or other groups and organisations, the HOSC holds the PCT to account. On such occasions the HOSC has received full co-operation from the PCT with officers always being willing to come and explain the PCT's actions in public at HOSC meetings. The HOSC does not feel that there are any specific matters that require their comment that would add any particular value to the information already submitted to the Care Quality Commission.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list