



Reference: AHC106001
Date: 27/04/2007

Your details

Trust self-declaration:

Organisation name:	Oxfordshire PCT
Organisation code:	5QE

General statement of compliance

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

General statement of compliance	The Oxfordshire PCT Board has reasonable assurance that there have been no significant lapses in meeting core standards within the current financial year, from April 2006 to March 2007, except for standard C4c where we have judged that we have insufficient assurance. The assurance for all except C4c has been provided by performance and other reports to the Oxfordshire PCT Board and to the legacy PCT Boards, evidence lists provided by area leads, results of internal and external audits and by review of the PCT (and legacy PCTs) risk register and the Assurance Framework. An action plan is in place to provide assurance for C4c.
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>The Oxfordshire PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the code is being observed at this trust.</p> <p>Specifically the Board can confirm that as a commissioning PCT it meets with the local acute Trust to review its targets for MRSA and will agree the Clostridium Difficile target for 2007/2008. Any pre 48 hour bacteraemia that has been identified as coming from a community setting is jointly followed up with a root cause analysis as recommended by NPSA.</p> <p>It has systems in place to maintain a clean and appropriate environment.</p>
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Safety domain - core standards

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

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	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 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.	Insufficient assurance
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant

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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
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Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4c, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/04/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	There is insufficient assurance in relation to the equipment used in the Podiatry Service and decontamination processes within the GP Community.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	There is currently an order for some new equipment for the Podiatry service, but this will not be completely fulfilled until April 2007. The PCT intends to audit GP compliance in the next financial year.

Clinical and cost-effectiveness domain - core standards

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, 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	Compliant

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

Governance domain - core standards

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

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	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	Compliant

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	collected for and disposes of the information appropriately when no longer required.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Patient focus domain - core standards

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

C13a	Healthcare organisations have systems in place to ensure that staff treat 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	Compliant

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	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.	
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Accessible and responsive care domain - core standards

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

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

Care environment and amenities domain - core standards

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

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

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

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	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	Compliant

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	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.	
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Public health domain - developmental standards

Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The PCT performed well in selected areas e.g. CHD, but this was not comprehensive throughout the organisation. The PCT is developing robust action plans to ensure consistent performance in all areas.
Your highest local priorities for improvement relating to developmental standards D13a) and b)	The PCT is developing a commissioning strategy and systematic approach to ensure compliance with D13a and b to ensure we focus on our key priorities and deliver high quality targeted healthcare to our local population.

Electronic sign off - details of individual(s)

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	Title	Full name	Job title
1.	Ms	Andrea Young	Chief Executive
2.	Mr	Fred Hucker	Chairman

Comments from specified third parties

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

Strategic health authority comments	SHA Comments for Oxfordshire Primary Care Trust for the Healthcare Commission Final Declaration May 2007
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	<p>Safety Number of SABS alerts with actions outstanding over the completion deadline is 3 This organisation has undertaken the self assessment tool for "Essential Steps to Safe, Clean Care" and implemented an action plan as appropriate</p> <p>Finance The financial position is currently considered to be satisfactory</p> <p>Governance Prior to merger the five reconfigured PCTs achieved a category A assurance framework for the 2006/7 part year period. Since merger Oxfordshire PCT is progressing work on the assurance framework.</p> <p>Accessible and Responsive Care Confidence in achieving the following by March: 11 week maximum wait for all first outpatient appointments is high 13 week maximum wait for all diagnostics tests is moderate 20 weeks maximum wait for all elective inpatient appointments is high Category A ambulance target is low Category B ambulance target is low 80% of patients remembering being offered choice is moderate The trajectory for access to GUM clinics within 48 hours by March is moderate Early intervention in psychosis target is high Smoking cessation target is low</p> <p>Waiting times for cancer treatment are entirely satisfactory Waiting times in A&E are consistently satisfactory Implementation of Choose and Book is on trajectory</p> <p>Public Health The organisation has disease prevention and health promotion programmes in place to meet the requirements of the National Service Frameworks and public health priorities. Evidence is this is entirely satisfactory.</p> <p>Makes an effective contribution to local partnership arrangements that meet the public health agenda</p>
<p>Patient and public involvement forum comments</p>	<p>PPI Forum Declaration to Healthcare Commission re Annual PCT Health Check</p> <p>The Healthcare Commission will be aware that during the last year five PCTs combined into one in Oxfordshire, consequently our PPIF commentary includes comments on previous activities of the five but concentrates on the new systems developed by the new PCT. We appreciate the size of the challenge faced by the new PCT and their strenuous efforts to meet it but it is our duty to point out where more action is needed.</p> <p>We welcome the PCT's assurance to separate the provider and commissioning function. This highlights that, whilst there is a lot of detail in the Oxfordshire PCT's Declaration on the provider side, there is little or sometimes none on the commissioner side.</p> <p>Core Standard 1(a)</p>

There seems to be a lack of clarity about the way to make a complaint about the Out of Hours Service and about who is notified of complaints and comments, who investigates them, who reports on them and who makes the necessary changes.

No information about incidents at HMP Bullingdon are currently available to the PPIF, which we regard as a cause for concern.

Core Standard 2

This PPIF has been informed that since Reconfiguration members will not be required to serve on the QOF inspection teams: indeed, there appears to be no lay involvement. We have a concern that patient and public views may not be represented fully in this area.

We consider Child Protection of vital importance and its expansion to protect all vulnerable people and are pleased to see general training in the Declaration. In view of the increasing importance being given by the Department of Health to home care and NHS treatment in the home, we would like to see specific references to the training of NHS staff who will come into contact with children and vulnerable adults, including the elderly, in their homes.

Core Standard 4(a)

Our observation of PEAT and cleanliness in hospitals that we visit is that staff are working hard and maintain high cleanliness standards and we believe they have improved on last year's standards. Patients are reassured by these measures. The staff have expressed concern about how staff can maintain cleanliness when the fabric of the hospital buildings is decaying. They also expressed concern that patients admitted to community hospitals from other establishments pose the greatest threat to an infection-free hospital.

Core Standard 4(b)

This PPIF has not been included in the QOF inspections for this year.

Core Standard 4(d)

We note that the Controlled Drugs Policy for Huntercombe Young Offenders Institute may only be in draft form.

Core Standard 6

Prior to Reconfiguration the five PCT Boards liaised well with the five PPI Forums and members attended committees as well as Board meetings. Since Reconfiguration, we have been less able to input into PCT matters because of the time taken to establish the new staff and systems at the PCT.

Core Standard 7(a)

Prior to Reconfiguration there were three powerful PALS systems for the people of Oxfordshire. Since Reconfiguration, delays in establishing a countywide system may have put patients at risk. The proposed reduction in the staffing level to one fulltime equivalent from three at a time when caseloads are rising is a very serious cause for concern.

We note with satisfaction that information from the community hospitals is incorporated among the information sourced.

Core Standard 7(c)

The PPIF argues strongly for the communication and involvement group

or its equivalent to be re-formatted after Reconfiguration. We await this development in the PCT management team but to date, this has not happened and communications and patient and public involvement have suffered.

Core Standard 7(e) (Linked with Core Standard 13(a) q.v.)

There is evidence that some GP surgeries do not comply with anti-discrimination regulations, particularly where GPs and clinical staff occupy upstairs accommodation. Such accommodation arrangements discriminate against patients with disabilities, particularly mobility disabilities, and also the employment of staff with disabilities, by causing them to be treated differently.

This form of discrimination also affects dental surgeries. We note that there is only one dental facility in Oxfordshire with a hoist available for patients with serious mobility disabilities, as confirmed by an answer given from a PCT board meeting. Discrimination against those accompanied by small children also occurs in poorly-designed GP and dental facilities.

Core Standard 11(a)

Now that the Government has confirmed that entry to Britain for medical staff from EC countries is unconditional, the responsibility for ensuring that doctors and other medical and technical staff can communicate effectively, particularly understanding the colloquial English of the average patient, rests with the PCT. This duty should, in our opinion, be listed under the requirements set out for the recruitment and qualification of staff in hospitals and surgeries. Patients have referred to difficulties in carrying out a meaningful dialogue with some staff. There is anecdotal evidence of some staff having a certain lack of familiarity with NHS documentation. We have concern that patients are put at risk.

Core Standard 13(a) (Linked with Core Standard 7(e) q.v.)

Where we have carried out inspections, we have been satisfied that patients have been treated with dignity and respect. However, patient surveys in some community hospitals identify that patients feel that staff are too rushed to allow time to identify matters of concern. Patients also stated that the pressure to discharge patients speedily means that carers are not always adequately consulted on decisions.

Core Standard 13(b)

Whereas we know that systems exist for acquiring consent, we have been concerned about monitoring of compliance. We have evidence of one event, and anecdotal evidence of others, where the procedure was not treated with due seriousness. This was raised with the predecessor PCT.

Core Standard 14(a)

We are not satisfied that the PCT, as commissioner of GPs services, is able to monitor complaints and comments and ensure that appropriate action is taken because of national contractual arrangements between PCTs and GP practices.

Core Standard 14(b)

We are not satisfied that the PCT is in the position to be made aware of any degree of victimisation caused by commissioned services.

Core Standard 14(c)

We are pleased that there is continuing cooperation in keeping Forums

informed about complaints and that PALS staff attend Forum meetings, and we await the next formal presentation with interest. We have concerns about outcomes and lessons learned.

Core Standards 15(a) and (b)

We had no concerns in our Foodwatch survey. The Forum found good practice in most community hospitals, both in cooking and serving food and ensuring help was given to patients where needed.

Core Standard 16

Renewed publicity for the Out of Hours Service is needed because we found from our survey that 30% of people questioned did not know how to access the Out of Hours Service or NHS Direct. This paralleled results of the national Which? survey. Spasmodic distribution of leaflets and posters at the time created some awareness but this degree of lack of awareness may put people at risk. The PPIF has previously helped to design such leaflets and posters with the PCT.

It is not clear how the PCT monitors the availability of PALS leaflets in GP practices as our visits have found that they are supplied by the PCT but not actually displayed.

Core Standard 17

Whereas the present PCT has made a promising attempt to involve Forum members in designing, planning and improving health services which are provided by the PCT, there is a lack of consistency.

Few measures are in place to enable PPIF input into some services, e.g. community hospitals.

GP surgeries do not all have patient participation groups allowing input from members of the public. The PPIF has sought to work alongside the PCT PPI lead to rectify this.

Whereas members of the forum, with members of the public, can ask questions at the start of the PCT board meetings, the Forum is puzzled by the reference in the PCT's Declaration to the "PPI Section on all Board Papers" which would be desirable but does not currently exist.

We are concerned about the delay in creating a coherent countywide policy for community hospitals in Oxfordshire and the potential for unequal services that this creates. Previously, the Forums were involved in the process, but reconfiguration has caused such a delay that we are concerned decisions are being made on an ad hoc basis. The PCT is aware that we are ready to be involved.

Core Standard 18

Despite reassurances, the CALS system has delayed access to treatment and removed the right of the patient to require a particular consultant to provide treatment and a particular place for treatment to be given. CALS prevented patients from quick access to consultants who were in the best position to provide recommended treatment.

The Out of Hours Service is discriminating against people who live in rural areas. There is no equality of access, especially for patients living near the county boundary.

Core Standard 20(b)

Matters of confidentiality are still an issue in GP surgeries, particularly

	<p>when receptionists answer the telephone at the entry desk. A real effort has been made to remove Reception from the patient waiting areas in most surgeries.</p> <hr/> <p>This submission was prepared for Oxfordshire PCT PPI Forum by Barbara Jeffrey, Deputy Chair, Patricia Solomons, Deputy Chair and Ann Thompson, Member, Southern Group</p> <p>Contact Brendan Morrison, Community Involvement Officer, OACPIIH, 5 Bankside, Hanborough Business Park, Long Hanborough, Oxon OX29 8LJ 01993 886643 brendanmorrison@oacppih.org</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC)</p> <p>Healthcare Commission "annual health check" third party comment on Oxfordshire Primary Care Trust</p> <p>The OJHOSC is not expected to comment on every, or even any, of the standards included in the Healthcare Commission "annual health check". Plainly, for the vast majority of the standards, members would have insufficient evidence backed knowledge to comment.</p> <p>The HOSC is also not expected to comment on the draft declarations made by the Trusts. Any comments must relate to the period April 1st 2006 to March 31st 2007. That is a difficult period for the OJHOSC to comment on as much of their work related to consultations about change in health services across the County. Consequently, although members may hold views on a number of the standards, the evidence available for the year in question to support those views is very limited.</p> <p>Therefore, for this year, this statement is limited to comments on standard C17, "the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services".</p> <p>With regard to that standard, there is evidence that the Trust has consulted effectively on a number of issues and that managers are becoming more aware of the importance of consulting the HOSC, the Patientsâ€™ Forum and the public in general when planning and/or implementing service changes. More importantly, consultation has led to changes in proposals, which indicates that the Trust is listening.</p> <p>It has to be said that there have been occasions when consultation has not been started as soon as it should have been, for example with regard to changes in family planning services. But even then, once it had been pointed out that the views of the public and the HOSC should be sought, this has happened.</p> <p>For the future, the Trust has indicated a willingness to consult at the earliest possible opportunity.</p>
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