



Webforms Output: Core standards declaration 2007/2008
May 2008

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* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

- END OF PAGE -

This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

- END OF PAGE -

If your organisation is any of the following please select the option PCT or Community Trust:

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

- Acute
- Mental Health/Learning Disability
- PCT**
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

General Guidance

You might find it helpful to print the following instructions (a printable version is available [here](#)) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

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.

2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

Compliant - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

Not met - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

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 any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is 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.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

Start date - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

End date (planned or actual) - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

Issue - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)

or

- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and

- there was an action plan with an end date before 31st March 2007 and

- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

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. These standards are:

C7d - this relates to financial management and will be measured through the use of resources 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 targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

4. 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

- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position

- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums 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

5. 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, the trust's patient and public involvement forum and the local safeguarding children board

- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority

- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. 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.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

Guidance for PCTs

PCTs need to consider the following for each core standard when completing their declaration:

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
 - through the work of the professional executive committee (PEC)
 - by reviewing information from the quality outcomes framework (QOF)
 - by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)
- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
 - feedback from patients on commissioned services
 - review of performance monitoring information
 - risk assessments of commissioned services
 - routine meetings between the PCT and the providers of their commissioned services, etc.

There are some standards that are particularly relevant to the PCT's role as a commissioner which are C5a, C6, C7e, C17, C18, C22, C23 and C24. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

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 2007/8. Our Chief Executive delegates Executive Directors responsibility for specific 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 full detail of this evidence was reported to the PCT Board in November 07, January 08 and March 08. Further scrutiny took place at the PCT Audit Committee over the same period with in depth reports and detailed examination of the evidence. Throughout the whole year the PCT Board received a regular performance report and papers on specific elements.

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

1. The organisation has made improvements where needed on areas identified in 2006-2007 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 2008 and determined that the PCT could demonstrate "Full 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 linked to the standards. Executive Directors ensure that any risks to compliance are added to the PCT Risk Register and Assurance framework. 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 the Central England Audit and Consultancy to undertake a further audit to assure the PCT that processes are effective, integrated into operational processes and well managed. The audit found "full assurance" that:

1. The components of the Assurance Framework are in place;
2. The Board has been involved in developing and maintaining the Assurance Framework;
3. Objectives are sufficiently strategic, well balanced and referenced to the Healthcare Standards;
4. The Assurance Framework is fully embedded and significant issues are being escalated to the Board.

And "significant assurance" that:

5. Risks are sufficiently strategic / high level and consistent with the objectives;
6. Key controls have been identified and evaluated with regard to their effectiveness to manage the risks;
7. Sources of assurance have been identified and are accurately mapped to the objectives, risks and controls;
8. Gaps in controls and assurances are accurately recorded and action plans established.

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 audit that can stand up to internal and external challenge

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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

Statement on measures to meet the Hygiene Code

* Please enter this statement in the box provided. There is no word limit on this answer.

Declaration of the Code

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. The PCT is reviewing the revised Hygiene code of January 2008 and will put in systems to demonstrate compliance for 2008/9

Specifically the Board can confirm that as a commissioning PCT it meets with the local acute Trust to review its targets for MRSA and Clostridium Difficile. Any pre 48 hour bacteraemia that has been identified as coming from a community setting jointly is followed up with a root cause analysis as recommended by NPSA. It has systems in place to maintain a clean and appropriate environment.

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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.

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

not met

insufficient assurance

* 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

not met

insufficient assurance

* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

not met

insufficient assurance

- END OF PAGE -

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

not met

insufficient assurance

* 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

not met

insufficient assurance

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* 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

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

01-11-2007

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

The PCT were concerned that our Community Podiatry service, previously managed by Cherwell Vale PCT, did not operate best practice decontamination processes.

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

The PCT became complaint by the 1st Novemeber 2007 when single use equipment was fully in use by the PCT Community Podiatry Service.

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* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

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

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

not met

insufficient assurance

* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

not met

insufficient assurance

* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

not met

insufficient assurance

* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

not met

insufficient assurance

* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

not met

insufficient assurance

- END OF PAGE -

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

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 targets component of the annual health check.

Standard C7d is assessed through our use of resources 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

not met

insufficient assurance

* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

not met

insufficient assurance

* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

compliant

not met

insufficient assurance

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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

not met

insufficient assurance

* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-12-2008

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

The PCT:

- ? provide appropriate training in many locations to allow staff to complete their mandatory training requirements;
- ? utilise e learning packages to allow staff flexible access to a wide variety of training via the web;
- ? operate a database to record staff attendance at mandatory training courses;
- ? ensure training levels are monitored regularly through the Quality and Clinical Governance Committee using key Performance Indicators (KPIs) for training.

Despite these systems the PCT can only demonstrate compliance of between 46% and 73% depending on the specific topic

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

The PCT has established a statutory and mandatory training review group. The purpose of this group is to ensure that the PCT:

- ? undertake an organisational wide risk assessment to review mandatory requirements for different staff groups;
- ? establish SLAs / contracts with providers of large scale training e.g. ambulance and fire services, to ensure robust reporting processes;
- ? agree criteria to demonstrate compliance with HCC and NHSLA standards;
- ? operate a management accountability framework to ensure appropriate supervision of staff;
- ? set local targets for compliance benchmarked against best performing PCTs in Annual Staff Survey.

It is intended that these actions will all be completed by 31st December 2008

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

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.

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

not met

insufficient assurance

* 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

not met

insufficient assurance

* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

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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

not met

insufficient assurance

* 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

not met

insufficient assurance

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* 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

not met

insufficient assurance

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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

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 targets 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

not met

insufficient assurance

* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

compliant

not met

insufficient assurance

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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.

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

not met

insufficient assurance

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* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

not met

insufficient assurance

- END OF PAGE -

* 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

not met

insufficient assurance

- END OF PAGE -

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

not met

insufficient assurance

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* 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

not met

insufficient assurance

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* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

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

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
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- 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), patient and public involvement forums, overview and scrutiny committees 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.

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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	Ms	Penny Astrop	Director of 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 Qulaity and Clinical Standards
9	Mr	Fred Hucker	Chairman
10	Ms	Ros Avery	Non-Executive Director
11	Ms	Shumit Biswas	Non-Executive Director
12	Ms	Ailsa Granne	Non-Executive Director
13	Mr	Tony Mulle	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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Comments from specified third parties

Please enter the comments from the specified third parties below.

* Please enter the name of the 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.

SHA Comments for Oxfordshire PCT
for the Healthcare Commission Final Declaration March 2008

Safety

Number of SABS alerts with actions outstanding over the completion deadline is 6.

Reduction of MRSA

HPA figures from Nuffield Orthopaedic, Radcliffe and Oxfordshire PCT health economy: For MRSA rates per 10,000 bed days, the national statement demonstrates an overall 56% decrease from [estimated patients] 2.46 (2006/07 year-end) in comparison to the 2007/08 rates ranging from 0.12 (Apr-07) to YTD 1.09 (Feb-08).

Reduction of Clostridium Difficile

HPA figures from Nuffield Orthopaedic, Radcliffe and Oxfordshire PCT health economy: For C difficile rates per 1,000 bed days, the national statement demonstrates 2007/08 rates ranging from 0.21 (Apr-07) to YTD 2.45 (Feb-08). Comparison with 2006/7 is not possible as figures are not available.

Finance

The financial position is currently considered to be strong.

Governance

Progress has been made during 2007/08 on the Board Assurance Framework.

Accessible and Responsive Care

- There is low confidence in Category A ambulance calls national targets being met.
- There is moderate confidence of an 85% target of admitted patients treated within 18 weeks from referral being met.
- There is high confidence of an 85% target of non-admitted patients treated within 18 weeks from referral being met.
- Waiting times for cancer treatment are entirely satisfactory.
- More than 98% of patients generally wait less than four hours in A&E.
- There is low 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 on trajectory.
- There is moderate confidence of there being full deployment of community development workers.

Public Health

The organisation is:

- Contributing effectively to the Local Area Agreement agenda with its partners. (Standard C22c)
- Fully compliant in delivering Smoke Free status. (Standard C23)

* Please enter the name of the patient and public involvement forum that has provided the commentary

OXFORDSHIRE PCT PPI FORUM

* Patient and public involvement forum comments. There is no word limit on this answer.

PPI Forum Declaration to Healthcare Commission re Annual PCT Health Check

Introduction:

The Forum welcomes the progress made by the PCT since the last Health Check. In particular we welcome the Oxfordshire Primary Care Trust Strategy 2007-2013, which sets the strategic direction for the PCT for the next 5 years. This is supported by a Communications and Patient and Public Involvement Strategy, the Organisational Development Plan and is linked to the Director of Public Health's Annual Report. After a protracted and lengthy HR process we are pleased to note that all the key posts across the organisation have now been filled. Inevitably, with the demise of the PPI Forums on 31st March 2008 this submission is being completed before the end of the usual timetable. We have therefore commented on the performance of the PCT up to and including the end of December 2007. Any developments or changes in meeting national targets beyond that date fall outside of this document.

Domain outcome: Patient safety is enhanced by the use of healthcare processes, working practices and systematic activities that prevent or reduce the risk of harm to patients.

Core Standard 1. Healthcare organisations protect patients through systems that identify and learn from safety and other reportable incidents.

C1a: The Forum is aware that incidents are reported to the Quality and Clinical Standards Committee and then to the Board on a regular and planned basis. The Forum has access to and monitors reports to the Board on incidents, outcome of investigations and ways of improving practice. At the time of writing the PCT cannot differentiate reported incidents from Community Health Oxfordshire (CHO) and commissioned services – work is underway to improve the database to deliver this breakdown of incidents and we welcome this development. There were 677 reported incidents during July – September 2007 of which 498 (74%) were patient safety incidents and 179 (26%) were staff incidents. Of the reported incidents 77% were received from Community Hospitals, 6% from District Nurses and 3% from Health Visitors. The top three causes were falls/collisions 274, medication incidents 102 and communication 88.

There is recorded evidence that CHO and the PCT learn from these incidents and are working to improve practice through the following:

- CHO is undertaking a large project to reduce the number of falls including the roll out of a falls risk assessment tool.
 - The Care and Control of Medicines Policy is currently being updated.
 - Work is underway to examine weaknesses in the discharge and transfer of patients from the acute to community services.
- Forum members witnessed innovative practice during a visit to a community hospital where photographs of vulnerable patients who were at risk of wandering were distributed to all hospital staff so they could be returned safely to their appropriate ward.

A new PALs system is in place and staff appointed. The Forum has voiced concerns about whether there is sufficient capacity within the system to respond effectively to concerns and issues raised.

In the latest report to the Board of the first three months of the new service (1st July – 30th September 2007) the information provided indicates that the majority of callers (92%) received a response within one working day. Delays of more than 30 days are almost all as a result of waiting for further information or for a scheduled meeting with outside parties to take place.

The PALs service is identifying trends from callers and developing solutions to issues e.g. setting up a dedicated phone line to deal with callers about NHS dentistry services.

The other main issues raised through the PALs service are access to services (49%); care 8%; admission and discharge 7% communication 7% and eligibility to treatment 6%. The Forum, and its successor organisation will continue to monitor this service to ensure an effective response and learning processes continue.

Core Standard 2 Healthcare organisations protect children following national child protection guidelines within their own activities and in their dealings with other organisations.

The Forum is aware of the Oxfordshire PCT Safeguarding Policy that was updated in November 2007. This also incorporates a Training Strategy for all staff from induction through to very specialist training relevant to an individual's professional role and responsibilities and a Supervision Policy. Forum members have not specifically monitored the implementation and working of these policies.

Core Standard 4 – systems in place to reduced hospital acquired infections

C4a Recent visits to community hospitals show a continuing diligence to maintain high standards of cleanliness including some units that present a challenging environment in terms of old and outdated buildings. There is a continued commitment to improve hygiene standards by the PCT as evidenced by the investments in wash hand basins in all units in community hospitals and the upgrading of ward space where possible.

The Forum continues to have concerns about the transfer of patients from the acute sector to community hospitals and primary care teams where insufficient information is provided on individual patients and issues of infection.

C4c It was noted on recent visits to community hospitals that time and attention was given to the proper decontamination of equipment and facilities.

Domain outcome: patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

C5a Health care organisations ensure that they conform to NICE technology appraisals.... and take into account nationally agreed guidance when planning and delivering treatment and care

The Forum considers that the PCT abides by the NICE appraisals but that implementation is sometimes lengthy and protracted which causes distress to patients and relatives e.g. wet macular degeneration treatment; high cost cancer drugs. The Forum Chair has accepted a request from the PCT and attends meetings of the Priorities Forum where these discussions take place.

The Forum is pleased to note that the Service Model for Improving Access to Psychological Services fully takes account of the NICE guidelines for the diagnosis, treatment and support for people with depression, anxiety, PSTD, OCD, PND and computerised CBT (Ref: Report to Clinical Executive September 2007). The PCT Forum has worked closely with the Oxfordshire Buckinghamshire Mental Healthcare Trust PPI Forum in advising and monitoring progress in the implementation of this service model. We recommend that that this should continue to be a high priority for the members of the successor organisation.

C5b clinical care and treatment are carried out under supervision and leadership

The Forum is pleased to note the recruitment and appointment of Clinical Development Nurses to maintain and raise clinical standards within community hospitals.

C5c clinicians continuously update skills and techniques relevant to their clinical work

The Forum commends the attention given to the developing career structure and continued CPD to improve recruitment and retention of qualified staff both in the community hospitals and in primary care teams. On observational visits staff morale was generally good.

C6 Healthcare organisations cooperate with each other and social care organisations to ensure patients individual needs are properly met.

In the survey of intermediate care there was clear evidence of good multi-disciplinary working between professionals to deliver good therapeutic rehabilitation in a variety of environments. Integrated domiciliary intermediate care teams including social workers have been established and on the whole work well. The Forum has some concerns about the lack of capacity within primary and community services to manage the demand and welcome the proposal in partnership with Social and Community Services to further develop and extend intermediate care provision for older people. At a practitioner level relationships are generally good but funding constraints and lack of capacity can place strains on joint working. Forum members continue to receive evidence of poor practice in relation to hospital discharge from both acute to primary care and from community hospitals to home. This was highlighted in the recent survey undertaken by the Forum looking at hospital discharges from the GP and primary health care teams perspective. There were worrying comments about the lack of communication to the GP and primary care team regarding medication, or specific dressings, GPs not being fully informed about the results of tests and investigations undertaken and the lack of warning when patients are to be discharged so that follow up arrangements are often insufficient or not in place.

At a strategic level the PCT is committed to partnership and increased joint working with Social and Community Services. The Forum is pleased to note that work is underway for the Joint Health Needs Assessment and that the aim is to have a Joint Commissioning Strategy for Older People by September 2008. We hope that this will support and deliver sound integrated services in the not too distant future.

Other examples of joint strategic working include the Children and Young Peoples Plan 2006-2009, the Oxfordshire Mental Health Strategy 2007-2012 in partnership with Oxfordshire County Council and the Obesity Strategy in partnership with the County and District Councils and the voluntary sector.

Domain outcome: managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation

C7a Healthcare organisations apply principles of sound clinical and corporate governance.

In our experience sound clinical and corporate governance is central to the PCT both in its Strategy and in the delivery of clinical services.

However, the Forum has some concerns that in some instances the governance required to support practice-based commissioning results in an apparently protracted process that needlessly slows down the possibility of delivering improved services at a very local level. We appreciate that a) the reasons may well be associated with ensuring that services are clinically sound and this takes time and b) this is a new process for all concerned and improvements and refinements will be made as it becomes an accepted element of the overall commissioning process.

C7d Ensure financial management achieves economy, effectiveness, efficiency probity and accountability in the use of resources.

The Forum monitors this by attending Board and SIHA meetings and scrutinising the papers and presentations provided. We are pleased to note the upturn in the PCT's financial position during 2007-08 and expect the successor organisation to the Forum to be involved in planning and shaping priorities for spending during 2008-09.

C7e Challenge discrimination, promote equality and human rights.

The Forum has evidence that care is taken both in practice at the operational level and at the strategic level to promote equality and human rights of all those using the services. e.g. Specific provision in a community hospital of a 'quiet place' for reflection and/or prayer for those of any or no faith. The Forum is represented on the PCT Equality and Diversity Group where a wide range of issues is discussed.

C7f Meet the existing performance requirements

As this submission is being written before the end of the year we can only comment on performance reported to the November Board meeting, which considered performance up to the end of September 2007. Senior Forum members monitor progress in achieving these targets through receiving Board papers and attending a pre- Board meeting as well as the Board meeting itself.

Of the 67 targets for 2007-08, 38 are on or above target, 4 are close to achieving the target and 23 are currently under performing and it is unlikely that the target will be achieved. Of these 23, the Forum has particular concerns about the following

- % of people smoking during pregnancy
- Access to primary care practitioners and GPs
- % of people receiving a 36 month screening for breast cancer
- Delayed transfers of care

The Forum is pleased to note that there are action plans to address all of these issues including joint working with the Director of Social and Community Services and the Oxford Radcliffe Trust in relation to reducing the number of delayed transfers of care.

C8b Health care organisation support their staff through organisational and personal development programmes ... and address where appropriate under-representation of minority groups

In order for the PCT to have the capacity to deliver on its Strategy, the Forum notes that the Organisational Development Plan highlights areas of recruitment that need to be addressed and ways in which recruitment and retention of staff will be enhanced.

The Forum raised an issue with the Manager of the Health Visiting Service in the City regarding the lack of qualified HVs from different minority ethnic groups. The reply (7th July 2007) indicated that work is underway through the PCT Workforce Development Team to address this as well as looking at different models of working through Children's Centres in order to reach out and engage with all members of the community.

C10a Healthcare organisations undertake all appropriate employment checks and ensure ... are registered with appropriate bodies.

As well as being registered with the appropriate bodies, the Forum would refer to the points made in the submission for 2005-06 i.e. that the responsibility for ensuring 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.

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

C13a staff treat patients, their relatives and carers with dignity and respect.

The PCT has clear policies and systems in place to ensure patients, relatives and their carers are treated with respect and dignity. In practice, Forum members observed staff on visits to community hospitals treating patients as individuals and listening to their needs and preferences. One example was of staff who were very tolerant in managing a patient with dementia who was disruptive on the ward by listening to her demands and providing her with individual attention and a hand and foot massage which helped to allay her distress and anxiety. The most recent round of visits highlighted good practice at mealtimes with individual patients all receiving appropriate help in a non-patronising way.

There continue to be concerns about providing real privacy in some environments. This was an issue that came out of the intermediate care survey - people receiving intermediate care in a modern fit for purpose care home were full of praise about the care and attention but also the environment where private and confidential conversations could be held in people's own rooms - in contrast to the ward environment.

Forum members continue to receive anecdotal evidence of poor communication with relatives and carers as well as patients about discharge arrangements e.g. staff spend insufficient time confirming the reality of home circumstances, which often results in a poor or inadequate discharge. The policies and procedures are clear but it is not always apparent that these are carried through in practice. This is an area that the Forum and the successor organisation must continue to monitor.

C14a Healthcare organisations have systems in place to ensure patients, relatives and carers have suitable and accessible information and clear access to procedures to register formal complaints and feedback on the quality of services

The Forum is pleased to see the availability of information in all areas visited in particular GP surgeries and Community Hospitals.

In discussion with managers during the Community Hospitals visits there was a pro-active approach by senior staff to deal with queries, complaints and issues and if appropriate, support someone in making a formal complaint if they remained dissatisfied with the initial outcome.

The Forum has no evidence of individuals feeling discriminated against for raising issues or making a complaint.

In terms of learning from issues raised and improving practice see Governance C1

C15a Patients are provided with a choice of food and that it is prepared safely and provides a balanced diet.

During visits to community hospitals patients spoke highly of the quality of the food provided. Forum members were impressed by the high standard of appropriate and enjoyable food offered including the range of choice available and meeting dietary needs.

We were pleased to note that following earlier visits to Community Hospitals and complaints about the lack of choice for an evening meal, in one or two hospitals a hot meal option as well as sandwiches is also now available. This has been implemented in spite of the difficulty of recruiting additional support staff for the early evening shift to assist in serving the meal.

C15b patients individual, nutritional, personal and clinical dietary requirements are met including where necessary help with feeding and access to food 24 hours a day

On observational visits it was clear that patients individual dietary needs were being appropriately met and that if help was required this was available in a discrete and dignified way - e.g. a blind patients had a plate guard fitted, her meal cut up and the items of food identified so that she was able to feed herself. For those with cultural and religious dietary needs there is an arrangement to provide Halal, Kosher and other specialist foods as well as the more standard vegetarian options

In one of the care homes commissioned to deliver intermediate care there was a very limited vegetarian choice available. When this was raised the manager of the home said he would ensure a more varied vegetarian option was made available.

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.

The PCT at all levels makes a considerable effort to keep patients and the public informed of the services. However at an individual patient level the Forum is aware that concerns remain about whether sufficient time is given to fully explain to people the implications of care and treatment proposed.

This is particularly relevant to those who are older, those who have sensory impairments and may need additional time and effort to ensure they fully understand the issues. In some cases it may simply offering time and the opportunity to remind individuals and offering reassurance as well as the initial time spent and the quality of information provided.

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

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

The Forum is pleased to see the development of a 5 year Strategy for the PCT. However we were disappointed by the efforts made to engage the wider public in the consultation on the draft Strategy - publicity for public meetings was not very imaginative and there appeared to be no attempt to consider alternative means of engaging with the public other than through large public meetings. This resulted in what we understand to be a very limited response particularly from the more rural parts of the County.

The Forum welcomes the Communications and Patient and Public Involvement Strategy and its aims but regrets it has taken a whole year to get to this stage. We hope the successor organisation to the Forum will monitor the impact of the Strategy with the outcome of improved involvement at all stages.

The Forum has been pleased to receive and has responded positively to invitations to be involved in a number of key planning and implementation groups- e.g. the Health and Well Being Partnership Board; workshop on determining commissioning priorities; Older People's Programme Board; local PbC consortia (although the engagement is patchy across the County) Priorities Forum; Quality and Clinical Standards Committee; review of

psychological services in primary care; review of the future services at the Horton General Hospital; review of the future development of Bicester, Chipping Norton and Townlands Hospitals.
The Joint Health Overview and Scrutiny Committee has engaged very effectively and developed a positive relationship with Forum members across Oxfordshire including members of the PCT Forum.

C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment quickly.
Despite improvements the Forum would like to see improved access to NHS Dentistry across the County – there are significant gaps in provision as evidenced in the recent very detailed survey undertaken by the Forum.
The Forum continues to be concerned about the variability of the Out of Hours (OOH) services in the rural areas despite reassurances given by the PCT at the time of the changes e.g. Abingdon OOH service for the south of the County is inaccessible to a large majority of people in the rural areas who do not have easy access to their own transport.
We would like to see more flexible opening hours and surgery times in GP surgeries for those who work and/or have responsibilities that make it more difficult to use the normal opening hours e.g. staggered opening hours from 7.00am through to 8.00pm. Where these arrangements have been introduced in some surgeries across the County they have been successful and proved to be very popular with patients.
Whilst the Forum has accepted the need for a change to the MIU at Wallingford Hospital, we find the delay in establishing the First Aid Centre unacceptable as it has left the local population without access to a service for several months. The successor organisation must be fully engaged in the evaluation of the First Aid Service and any decisions about the options for future services in Wallingford.
The Forum undertook a small survey of GP practices in the north and south of the County in October 2007 looking at access to psychological support and specialist mental health services. The results indicated considerable constraints on GPs in accessing specialist services across the age groups of PCAMHS, adults of working age and older adults. There were frequently long waiting times for appointments and a number of patients were often referred back to the practice for 'counselling'. A number of GP practices in both areas bought in specialist counselling services but these too were overstretched. GPs in the south of the County mentioned poor access to out of hours services for patients with mental health needs. There was variable information about mental health services in the Patient Booklets – although some practices have separate leaflets about specialist mental health services.
As referred to in C5a the Forum members from both the PCT and the Mental Health Forum recommend continued monitoring of the implementation of the service model proposed by the PCT to ensure access to and support from the appropriate services and specialist is available at the time an individual needs the service.

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

C20a Provide safe and secure environments that protect patients, staff and visitors and their property and the physical assets of the organisation.
The Forum applauds the efforts made to improve the physical environments to ensure they are fit for purpose for both patients and staff. Forum members recommend that there is continued engagement with the public as plans are developed for community hospitals e.g. Bicester, Townlands and Oxcomm none of which provide a suitable environment for the delivery of healthcare in the 21st century.

C20b Provide environments supportive of patient privacy and confidentiality
The Forum is aware of improvements made to ensure patient privacy – however there is still room for improvement particularly in older buildings as above. During visits to community hospitals most patients accepted the fact that 'privacy' was achieved by drawing curtains around a bed in a four-bedded ward! and many commented on the fact that it was not possible to have a confidential conversation about their medical condition as other patients in the ward could not help but overhear the discussion. In theory there are side rooms and single rooms where these conversations can take place but when asked patients had not been offered this alternative.
Forum members have received comments that there is no privacy in the majority of the reception areas in GP surgeries and others can overhear confidential information in the waiting room.

C21 Environments are well designed; well maintained with cleanliness levels in clinical and non-clinical areas that meet national specification for clean NHS premises.
Forum members are pleased with the priority given to levels of cleanliness and the recent investment in maintenance to improve a number of environments.

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

C22b Ensuring the Director of Public Health's annual report informs policies and practices
The Forum applauds the joint appointment of the Director of Public Health (DPH) with the PCT and LA. There is clear evidence that the priorities in the DPH's Annual Report form a major part of the PCT 5 year strategy – improved services for older people; reduction in the number of people suffering from obesity through the Obesity Strategy and the Sexual Health Strategy. The Forum and its successor organisation will monitor the implementation of these strategies to ensure that they deliver services and interventions that benefit the relevant populations of Oxfordshire.

C22c Making an appropriate and effective contribution to local strategic partnership arrangements
There is evidence of a positive engagement by impact of the PCT through the membership of a variety of key groups and the implementation and delivery plans and targets e.g. Local Area Agreements; Health and Well Being Partnership Board

C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the NSFs and national plans... to reduce obesity through action on nutrition and exercise, smoking and substance misuse and sexually transmitted infections
The Forum notes the number of written policies in these areas. We are aware of imaginative methods to reach younger people regarding smoking cessation.

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
The Forum is aware that these plans are in place and understand there are regular exercises to ensure they are effective.

This document was prepared by the following members of the PCT PPI Forum: Gwen Hunt, Chair Northern Locality, Pat Solomons Vice Chair and Ann Thompson member of Southern Locality, and Diana Roberts, Chair, Oxford City Locality,

* Please enter the name of the 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.

I have reviewed the Health Care Commission document, Core Standard 2 - Safety. I am able to confirm on behalf of the Oxfordshire Safeguarding Children Board (OSCB) that the Oxfordshire Primary Care Trust is represented on the OSCB. It supports the operation and discharge of the functions

of the OSCB.

Andrea Hickman

Independent Chair OSCB

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Overview and scrutiny committee comments

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

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

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Oxfordshire Joint Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Statement for the Healthcare Commission Annual Health check 2008

Oxfordshire Primary Care Trust

Members of the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) consider that their role is primarily to take a strategic view of the provision of health services across Oxfordshire. HOSC members view their job as constantly encouraging the NHS to provide:

- Equity of access
- Equity of outcome
- Improvement, or at least maintenance, of services

The HOSC's comments reflect that position and thus do not address the more detailed aspects of service provision that have been part of the remit of the Patients' Forums. Furthermore, a large amount of the work that the HOSC undertakes does not directly address the areas covered by the Healthcare Commission's core standards and so the comments are limited to just those few standards where informed comment can be made.

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

The HOSC is aware of the PCT's Oxfordshire Priorities Forum and how it works to provide advice around making decisions in healthcare. Members of the Committee ascertained how NICE guidance and local requirements are balanced when such decisions are made. However concern has been expressed over a recent decision to give low priority to NICE intervention guidelines. At the time of writing this, the HOSC has been unable to discover just what that means in practical terms and what the effect would be if the guidelines were to be ignored.

Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met.

The Committee has received a number of joint presentations from health and social care colleagues that have demonstrated a good level of joint working. In addition the joint (County Council and PCT) appointment of a Director of Public Health and the creation of a number of joint boards has been a positive development. The Director of Public Health and his colleagues have been regular contributors to the HOSC over the past year.

Care outside hospital will be a major issue within Oxfordshire and the HOSC continues to have concerns about the possibility of "cost shunting" and also the question of delayed discharges which, despite the closer working that is undoubtedly taking place, continues to be an issue.

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

This an improving picture with the PCT consulting local people more over health developments and taking more account of what they say. There are a number of project groups that include local stakeholders and they are listened to. There continues to be some concern however that this is tinkering around the edges and that the options that are offered are often limited to (i) do nothing or (ii) do what the PCT wants and that anything else has to be fought for. So more work to do but good progress made so far.

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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