



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:

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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.

General statement of compliance

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

A key objective for Oxford Radcliffe Hospitals in 2007/08 has been the achievement of a rating of good or excellent for quality in the Annual Health Check. As a result, close attention has been given during the year to ensure that the core standards (and other elements of the quality rating) are understood and embedded across the organisation, and that all areas can provide the evidence to assure themselves and the Board of compliance.

The Board Assurance Framework has been used to provide the Board and the Governance Committee with reasonable assurance that risks against objectives have been mitigated and that assurances are in place to support the declaration. The Board has monitored performance and compliance with core standards throughout the year, both directly and through its sub-committees.

The Board has considered whether any significant lapses occurred in any aspect of its services during the year. An incident resulting in a patient scalding and possible HSE prosecution was carefully reviewed to determine whether or not it should be regarded as a significant lapse. In reviewing the incident, it was noted that policies and procedures to prevent injury were in place and that immediate action had been taken to address a single defect in checking procedures; it was agreed that this should not be regarded as a significant lapse.

The Board has considered all standards carefully and, with the exception of C20b and C11b, declares compliance throughout the year.

Particular attention was paid throughout the year to the completion of an action plan to achieve compliance with C20b by the year end. The Board has been assured of compliance by means which include scrutiny by the Central England Audit Consortium, the Healthcare Commission, the Trust Board and its sub-committees, and the Executive Board. The 2007 Patient Survey reported improved scores with respect to privacy and dignity. Regular observation and monitoring of practice in the wards and departments was also a source of assurance.

The Board will continue to seek improvements in all aspects of services contributing to the quality of care, and it recognises the importance of affording all patients appropriate privacy and dignity at all times.

In respect of C11b, the Human Resources Committee, on behalf of the Trust Board, reviewed the actions put in place during the second half of the year to give it assurance that the necessary systems are in place for the provision and recording of mandatory training.

The Board will continue to develop its assurance systems and to work with patients, the public, its staff and other stakeholders to develop the quality of services it provides.

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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.

The ORH recognises that the Health Act 2006 introduced a statutory duty for NHS organisations to observe the provisions of the Code of Practice on Healthcare Associated Infections (HCAI). The Trust Board has kept its arrangements for the management of healthcare associated infections under review and is assured that it has suitable systems and arrangements in place to ensure that the 11 duties of the Code are being observed. Key elements of these arrangements are outlined below.

1. The Trust Board is responsible for the approval of the annual infection control programme and the formal review of arrangements for the control of infection within the organisation. It received the annual report on the infection control programme, and will consider the programme for the coming year (2008/09) in May. The Director of Infection Prevention and Control is the Medical Director and reports directly to the Chief Executive and the Board. The Chair of the Governance Committee is the Non-executive lead for patient safety.
2. Progress reports are considered by both the Hospital Infection Control Committee (HICC) and the Governance Committee. The DIPC is responsible for preparing the action plan and for ensuring that regular reports are made to the appropriate bodies. The plan for 2008/09 will pay particular attention to the monitoring of training, the development of formal audit programmes and strengthening the operational links between infection control, estates and facilities, decontamination, sterile services, and operational (bed) management.
3. In order to ensure that the Board and its members are kept fully informed on all aspects of infection control and the management of healthcare acquired infections, the Trust Board has asked one of its sub committees, the Finance and Performance Committee (F&PC), chaired by the Trust's Chairman, to review HCAI at each meeting. Reports (including summaries of root cause analyses) prepared by the DIPC are considered in depth at the meetings and appropriate actions taken.
4. In addition, regular reports on all aspects of infection control are presented to the Executive Board, chaired by the Chief Executive, on a weekly basis. The clinical directorates review all aspects of HCAI and infection control reports are included within the directorate and divisional quality reports reviewed by the Divisional Boards and the Governance Committee.
5. The DIPC meets at least weekly with the Infection Control Manager and the Infection Control Doctor. The HICC meets bi-monthly to oversee all operational activities and includes the PCT and members from all areas of the Trust including the clinical areas and facilities and estates. The Infection Control Manager attends meetings of HAI task force set up by the PCT.
6. The 'ward to board' document highlighting the reporting lines and information flows for all aspects on infection control was updated. This has been supported by regular discussion on all aspects of infection prevention and control at the monthly matrons meetings chaired by the Director of Nursing and Clinical Leadership.
7. Specific actions taken during the year include the following:
 - 7.1. The introduction of enhanced cleaning schedules to support the management of suspected and confirmed *c.difficile* cases.
 - 7.2. The completion of the deep clean programme within the timetable directed by the DH and the introduction of additional matrons and confirmation of the enhanced roles for all matrons with respect to infection prevention and control and liaison with both the infection control team and facilities.
 - 7.3. The work done with the DH HCAI support unit to ensure the most robust systems are in place to manage and minimise HCAI.
 - 7.4. The involvement of the infection control team in the sign-off of plans for the internal fittings and finishes for two major capital schemes for cardiac services and geratology.
 - 7.5. The Infection Control and the Decontamination policies were reviewed in early 2008 and approved through the Governance Committee and Executive Board. The dress code has been reviewed and updated to take account of DH guidance in relation to the management of HCAI. This was approved in March 2008 and has been circulated to all relevant staff and to the Medical School.
 - 7.6. The ORH invited external scrutiny in the form of the Department of Health observers of care team.
 - 7.7. Attention has been made to the HCC's programme of inspections and published reports have been reviewed to ensure learning from best practice elsewhere.

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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 -

* C3: Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

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

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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

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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

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

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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

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

31-03-2008

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

Corporate and local requirements had been defined but frequency and monitoring of attendance and follow up needed further work to provide assurance. Training databases were established in a number of areas but their outputs had been not coordinated during the early part of the year; these have now been brought together as part of the electronic staff record. Specific staff group needs were not initially addressed with consistency, and attendance was therefore sporadic in the early months of the year.

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

The induction policy has been updated and linked to NHSLA standards; training delivery and frequency have been reviewed to meet specific needs with additional investment to cover needs for staff working at weekends and out of normal working hours. E-learning modules are now being developed including consultant-specific modules with DrsNet, a well established website. Non attendance at training sessions is now monitored by the PGEC and Training Departments and all training records are recorded on the central database (a clear benefit of electronic staff record introduced in September 2007) to ensure more accurate recording and to enable local monitoring and review. Reports on the progress being made to achieve compliance at the year end were considered throughout 2007/08 by the HR Committee to provide the necessary assurance to the Board.

* 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

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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.

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

- END OF PAGE -

* 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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

The declaration for 2006/07 described actions to achieve compliance for this standard by 31 March 2008. Excellent progress has been made throughout the year on environmental and operational improvements to support patient privacy and confidentiality and to ensure patient safety at times of increased activity. This work has been supported particularly by the clinical and operational teams, the matrons, the infection control team and estates and facilities staff. Work with the Healthcare Commission during March 2007 and again in October 2007 augmented and supported the plans already in place.

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

Detailed plans were put in place and the actions were monitored throughout the year. Particular improvements include the designation of specific acute medical wards for single sex use and other measures (e.g. on white boards) to ensure patient confidentiality is both respected and maintained. The Board considered reports on the provision and use of mixed sex accommodation during the year and the Director of Nursing and Clinical Leadership has ensured the continued focus on this important aspect of care through the clinical teams and the work of the matrons. The ORH completed an audit for the PCT at the year end on all aspects of mixed sex accommodation and privacy and dignity. Progress was subject to internal and external audit during the year – internal audit through trust environmental action team (TEAR) audits and operational spot checks, and external audit through PEAT inspections and two CEAC audits (preliminary audit and follow up audit). External surveys carried out by the ORH PPIF supported the importance placed on all aspects of privacy and dignity by the ORH and its staff. The 2007 Patient Survey published by the Healthcare Commission also showed improvements in these areas. The Audit Committee reviewed the outcomes of CEAC audits and was able to see the progress that had been made through the year. The Committee recommended continued efforts to ensure improvements were sustained beyond the year end. The Trust has made significant progress on the delivery of its plan to maintain the focus on privacy, dignity and confidentiality; environmental improvements have also been maintained and additional work has been done to take forward the customer care strategy. The Board is therefore assured that the plans delivered during the year have resulted in compliance with this standard at the year end. It will continue its rigorous review and monitoring to ensure continued improvements in this area.

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* 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

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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.

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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* 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

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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

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.

- END OF PAGE -

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Sir	William Stubbs	Chairman
2	Mr	Trevor Campbell Davis	Chief Executive
3	Dame	Fiona Caldicott	Non-Executive Director
4	Dr	Ken Fleming	Non-Executive Director
5	Ms	Caroline Langridge	Non-Executive Director
6	Dr	Colin Reeves	Non-Executive Director
7	Mr	Brian Rigby	Non-Executive Director
8	Mr	Chris Hurst	Director of Finance and Procurement
9	Dr	James Morris	Medical Director
10	Mr	Andrew Stevens	Director of Planning and Information
11	Mrs	Elaine Strachan-Hall	Director of Nursing and Clinical Leadership
12			
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30			

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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

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 SHA

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

Safety

Number of SABS alerts with actions outstanding over the completion deadline is 39.

Reduction of MRSA

The 03/04 baseline was 127. At the end of 07/08 the percentage reduction against this baseline was 61%.

Reduction of Clostridium Difficile

For C difficile rates per 1,000 bed days, the national statement demonstrates 2007/08 rates ranging from 2.77 (Apr-07) to YTD 2.90 (Feb-08). Comparison with 2006/07 is not possible as figures are not available.

Finance

The financial position is currently considered to be satisfactory.

Governance

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

Accessible and Responsive Care

- There is high confidence of an 85% target being met for admitted patients treated within 18 weeks from referral.
- There is moderate confidence of a 90% target being met for non-admitted patients treated within 18 weeks from referral.
- Waiting times for cancer treatment are entirely satisfactory.
- More than 98% of patients do not consistently wait less than four hours in A&E.

Public Health

The organisation is participating in the alcohol and violence data sharing project for A&E attendance and sharing of data with Crime and Disorders Reduction Partnerships. (Standard C22c)

The organisation is fully compliant in delivering NHS Smoke Free Status. (Standard C23)

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

ORH PPIF

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

Patient & Public Involvement Forum OXFORD RADCLIFFE HOSPITALS NHS TRUST comments on Core Standards for the period 1 April 2007 to 31 March 2008.

The Patient & Public Involvement Forum (PPIF) for the Oxford Radcliffe Hospitals NHS Trust has chosen to comment on three Core Standards.

Core Standard 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).

We are pleased to note a significant reduction in MRSA cases. As stated in the Trust's report GC2007.38 of December 2008, the Trust is allocated an upper limit of 51 cases of MRSA within the financial year 2007/2008. To date, since April 2007 there have been 28 cases (including December 2007), leaving a limit of 23 cases. The Forum questions whether the allocation is sufficiently stringent, and observes that the upper limit for Clostridium difficile of 432, as agreed with Oxfordshire PCT, seems high, especially as this number refers only to positive cases for those aged 65 years and older. Obviously, MRSA and C-Diff remain a challenge, but we have been impressed by the considerable effort and determination of the Infection Control Team to reduce the number of these infections.

Patients and members of the public have expressed concern about the laundering of hospital linen. We have been informed by the Trust that sheets are wasted at 100 degrees. We welcome this assurance.

Core Standard 13a

Staff treat patients, their relatives and carers with dignity and respect.

We have conducted a variety of surveys during the year which confirm the Trust's compliance with this Core Standard. In general, patients spoke most highly of the Trust in regard to dignity and respect.

Core Standard 21

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.

Last year we expressed concern about the condition of the zonal kitchens in the John Radcliffe Hospital. During the current year we were denied access to the kitchens, on the grounds that those areas were restricted to staff of the commercial company responsible for catering. Following discussions with the Director of Nursing and Clinical Leadership, the matter was resolved satisfactorily, and the Forum was permitted to visit the kitchens on a subsequent occasion. The Forum is grateful to the Trust for arranging access to be reinstated.

On the whole, the Trust maintains the hospitals in a satisfactory condition, given that some parts of the Horton and the Churchill are now quite old, and impossible to modify. However, following visits in 2007, we remain concerned that lapses can occur in the quality of cleaning. It is also disappointing to note that it is at the most modern site, the John Radcliffe Hospital, that shortfalls in kitchen hygiene standards and practices have been observed.

Conclusion

As Forums come to an end in March 2008, this is the last occasion on which we will be invited to comment on the Annual Health Check. Our experience in relation to the Core Standards is that, while there is no doubt that appropriate systems and procedures are in place to ensure compliance; the reality is that not all members of staff, nor patients and the public are prepared to comply. We believe this should be borne in mind whenever the Core Standards are modified or new ones introduced, so that compliance requires some demonstration of hard evidence. We welcome the new focus on the outcomes of the Standards.

Finally, we wish to record that whenever we ask patients and the public for their opinion, the result is virtually always a whole-hearted endorsement of the ORH NHS Trust. Forum members have interacted with the Trust in a number of ways: participating in meetings, conducting surveys, visiting specialist areas and, not least, being patients themselves. From these range of experiences, the Forum continues to hold the staff of the Oxford Radcliffe Hospitals NHS Trust in very high regard. We admire their dedication in striving to deliver excellent care and services to patients, in spite of the many challenges currently facing the NHS.

J Pearce-Jervis Forum Chair

T Griffin Forum Deputy Chair

For and on behalf of the PPI Forum for the Oxford Radcliffe Hospitals NHS Trust.
20 January 2008

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

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

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

Andrea Hickman
Independent Chair OSCB

Please enter the name of the organisation that has provided the first commentary

Please enter the first commentary for this organisation

Please enter the name of the organisation that has provided the second commentary

Please enter the second commentary for this organisation

Please enter the name of the organisation that has provided the third commentary

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Please enter the name of the organisation that has provided the fifteenth commentary

Please enter the fifteenth commentary for this organisation

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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

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.

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. Also, the HOSC can comment only on those aspects of the work of the Trust with which they have had contact during the year.

C4a

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.

The Oxford Radcliffe Hospitals' infection control team attended HOSC meetings twice during 2007 to explain the steps being taken throughout the Trust to deal with the problems of hospital acquired infections. The reason that there were two visits was because the Committee raised a number of questions on the first occasion that the Trust representatives needed time to answer. The Committee's concerns were allayed on the second visit and members were assured that the Trust was working hard to minimise infections.

Members therefore were pleased to see the progress being made and the quality of the work being done by the Trust's infection control team. The HOSC did however consider that more could be done to communicate to the public the significant measures that were being taken to combat hospital acquired infections and the success that had been achieved to date.

C17

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

There have been examples of the Trust not consulting fully and certainly not taking stakeholders' views into account. The most extreme example was over changes proposed to the Horton General Hospital in Banbury. While the Trust set up a consultation process, and did a lot of work in a second, post-consultation phase, the HOSC always considered that the views of others outside the Trust were discounted too easily. That view was in fact supported by the Independent Reconfiguration Panel which stated: "We recognise the considerable work undertaken by the ORH NHS Trust post consultation, including seeking external advice and exploring the issues and alternative options that had been raised during the consultation. At the same time, we consider that the alternative options which would have maintained services at Horton Hospital were too easily dismissed".

Another example related to maternity services in one part of Oxfordshire where changes took place to bring them into line with the rest of the County. There was no prior consultation with the generality of stakeholders and that led to confusion and concern that could have been avoided. This was particularly frustrating because it is the HOSC's view that maternity services are good and members support the general direction of travel. However presentation of developments let down the service.

These occurrences have led to a breakdown in trust in those parts of Oxfordshire affected that will take a long time to repair.

On a more positive note, representatives of the Trust have attended a number of meetings of the HOSC during the course of the year and have been very helpful and co-operative. That leads the HOSC to the view that, while a number of people within the Trust understand the importance of consultation, the message about looking outwards and recognising the importance of seeking and listening to the views of others needs reinforcing throughout the Trust.

C18

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

Again the evidence of the proposals for the Horton suggests that in the case of the Horton, the Trust had not grasped fully the concept of equal access and choice. Had the proposals for change gone ahead, people living within the catchment area of the Horton would have seen their choice for some services reduced and access to services made more difficult. There seemed to be too much concentration on Oxford and the centralisation of services.

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Please enter the comments from the board of governors in the box below. There is no word limit on this answer.

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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