

Webforms Output: Core standards declaration 2008/2009
May 2009

Submitted Apr 28 2009 07:43
FRM-BE, FRR-2C55:RAN

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

RAN

This is the information that we have for your organisation.

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

Organisation Name:

Royal National Orthopaedic Hospital NHS Trust

Chief Executive's First Name:

Rob

Chief Executive's Surname:

Hurd

Chief Executive's Email:

rob.hurd@moh.nhs.uk

Organisation Code:

RAN

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

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

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

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

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

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

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

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. Sign off

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

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

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

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

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

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

Section 4. Comments from specified third parties

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

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

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

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

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

Frequently Asked Questions:

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

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

Reasonable assurance

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

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

Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

General statement of compliance

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

The Trust has undertaken a comprehensive review of its performance against the 24 core standards for the period April 2008 - March 2009. The evidence collected has been discussed widely with internal and external stakeholders, within the nationally agreed timescale and our proposed self assessment is attached.

Overall, the Trust's self assessment confirms that the Trust continues to provide a high quality and safe clinical service. The Trust has identified three core standards that it does not meet. In each of these areas the Trust has developed action plans and these will be monitored closely by the Trust Board over the coming months. Moreover, in order to successfully fulfill the specific requirements of two of these core standards C20a and C21 will require the approval of our Outline Business Case.

The Trust has received excellent support from our Trust Patient Forum as well as the local Scrutiny Committee and it continues to work closely with these partners in strengthening our approach to demonstrating the quality and robustness of our clinical services.

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

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

Safety domain - core standards (C1a - C3)

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

* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

compliant

* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

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

compliant

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

compliant

Safety domain - core standards (C4a - C4e)

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

* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

compliant

* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

* C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

compliant

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

compliant

* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

compliant

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

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

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

* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

Governance domain - core standards (C7a - C9)

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

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

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

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

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

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

compliant

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

compliant

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

compliant

* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

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

compliant

Governance domain - core standards (C10a - C12)

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

* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

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

compliant

* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

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

compliant

* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

compliant

* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

compliant

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

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

Patient focus domain - core standards (C13a - C14c)

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

* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

not met

Start date of non-compliance or insufficient assurance

01-04-2007

Date at which you expect to have assurance of compliance

01-11-2009

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

At present we do not have sufficient assurance of the appropriate seniority of medical staff undertaking consent due to lack of evidence of full discussion in being recorded in medical records

However with the complex surgery the consent is taken by the appropriate surgeon and our audits support this

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

To amend the current policy / procedure for staff to follow when obtaining consent which includes staff checking patients' understanding about their choices of treatment and that this is clearly documented in the patients medical record

The medical director is leading a piece of work to ensure patients are consented fully and have a full discussion of treatment options at decision to admit and that this is followed up on admission

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

compliant

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

compliant

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

compliant

* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

Patient focus domain - core standards (C15a - C16)

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

* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

compliant

* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

compliant

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

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

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

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

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

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

compliant

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

compliant

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

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

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

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

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

not met

Start date of non-compliance or insufficient assurance

01-04-2005

Date at which you expect to have assurance of compliance

31-03-2011

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

The Trust has estimated backlog maintenance of ?54m, with c?3m being directly attributed to Fire Safety. The Trust has historically invested approximately c?1million per annum on capital developments based on its Capital Resource Limit and a proportion is spent on fire safety improvements. However the inherent design of the buildings and estate restrict the Trust from ever being fully fire compliant until the site redevelopment is completed. The Trust has developed a strategic overview, with Fire Engineering consultants, and agreed a programme of works with the London Fire and Emergency Planning Authority. This programme will enable the Trust to systematically reduce fire backlog year on year on a risk basis.

Security

The Trust has invested significant amounts in improving security management and has carried out the following actions:

- o Installed Access Control for all main entrances to wards
- o CCTV at the Main Gate
- o Personal alarms for staff
- o Improvement to external lighting
- o Handling of Patient Valuables Policy approved by Trust Board
- o Two senior members of staff trained as Local Security Management Specialists (LSMS)
- o Installed ward safes to all wards
- o Reviewed and updated patients valuables record book

The reason for not reporting fully met relates to the inherent design weaknesses as well as the fabric of the buildings and estate. A good example of this is the main hospital thoroughfare with approximately fourteen points of potential entry.

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

Require decision on site redevelopment and hospital rebuild

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

compliant

* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

not met

Start date of non-compliance or insufficient assurance

01-04-2005

Date at which you expect to have assurance of compliance

31-03-2011

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

Well designed? (Not Met)

61% of the RNOH buildings are over 60 years old. The accepted method of assessing if buildings and facilities are well designed is by assessing their functional suitability. This describes how effectively a site, building or part of a building supports the delivery of a specific service. The criteria used in such assessments include space relationships, amenity, location, environmental conditions and overall effectiveness. The following table assesses the site:

Functional Suitability

Condition A (Very satisfactory) 3%

Condition B (Satisfactory) 30%

Condition C (Major change needed) 30%

Condition D (Unacceptable in present condition) 18%

Condition DX (Nothing but a total rebuild or relocation will suffice) 19%

This clearly shows that 67% of the site is not suitable for modern healthcare and is therefore not well designed. The main wards and two of the Trusts operating theatres are rated as category DX. Two very good examples of poor piecemeal design are:

61% of the RNOH buildings are over 60 years old. The accepted method of assessing if buildings and facilities are well designed is by assessing their functional suitability. This describes how effectively a site, building or part of a building supports the delivery of a specific service. The criteria used in such assessments include space relationships, amenity, location, environmental conditions and overall effectiveness.

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

Require decision on site redevelopment and hospital rebuild

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

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

Public health domain - core standards (C22a - C24)

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

* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

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

compliant

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

Electronic sign off page

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

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

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

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

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Donald Hoodless	Chair
2	Mr	Rob Hurd	Cheif Executive
3	Ms	Helen Farrow	Non Executive Director
4	Mr	Guy Billington	Non Executive Director
5	Mr	Laurence Milsted	Non Executive Director
6	Mr	Antony Watson	Non Executive Director
7	Dr	Simon Shorvon	Non Executive Director
8	Mr	Tim Briggs	Joint Medical Director
9	Dr	Nan Mitchell	Joint Medical Director
10	Mr	Ahmet Koray	Director of Finance
11	Mr	Charles Sheldon	Director of Nursing
12	Mrs	Sheila Puckett	Director of Operations
13	Mr	Mark Vaughan	Director of HR and Corporate Affairs
14	Mr	Mark Masters	Director of Estates and Facilities
15	Dr	Saroj Patel	Director of IM&T
16	Professor	David Marsh	Director of R&D
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Comments from specified third parties

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

* Strategic Health Authorities

 0 1 2 3 4 5 6 7 8 9 10

* Local involvement networks

 2

* Local child safeguarding boards

 1

* Learning Disability Partnership boards

 0 1 2 3 4 5 6 7 8 9 10

* Non-specified third party organisations:

 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

**Comments from specified third parties
Strategic Health Authority Comments**

No comments from Strategic Health Authorities were provided

Local Involvement Network comments

* Please enter the name of the first Local involvement network that has provided the commentary

Harrow LINKS

* Local involvement network comments. There is no word limit on this answer.

The RNOH Patient Group (formally Patient Forum) on behalf of LINKS have been closely involved in monitoring the quality of care provided at the hospital for over 3 years, and have representation on most boards and committees; Trust Board, Clinical; Governance, Infection Control, Complaints Panel, Equality and Diversity, and Hospital Redevelopment.

The group wish to comment only on the standards not met in the RNOH Self-Assessment.

Standards Not -Met

C13 (b) re- appropriate consent - The patient group are satisfied that the action plan in place will ensure this standard will be met in the near future.

C20 (a) Elements 1 + 2 - C21 Elements 1+ 2 - pertaining to buildings, environment, safety and security.

The evidence provided by RNOH Self- Declaration confirms that these standards cannot be met until there is a redevelopment of the hospital. The buildings are in a very poor state and unsuited to the needs of a modern hospital.

The Patient Group are satisfied that the Trust is doing all that is possible and appropriate to reduce risks to patients, visitors and staff.

The Trust continues to provide world-class care, with low infection rates, in a hospital which should have been rebuilt many years ago.

The Patient Group will continue to work closely with the Trust and patients to monitor care and support the Trust's plans for a new hospital.

Please enter the name of the second Local involvement network that has provided the commentary

RNOH PPI Group

Local involvement network comments. There is no word limit on this answer.

Shirley Williams, RNOH Patients Group Leader met with Kathryn Corder on Tuesday 17th March 2009. This meeting was held to discuss the Trust's self-declaration against the Core Standards for the year ending 31st March 2009. The Group would like to thank Kathryn for her time. The Group have been represented on most committees for the past 3 years.

We wish to only comment on the standards not met, which are the same as last year C13, 20 and 21.

C13 (b) Healthcare organisations have systems in place to ensure that Appropriate consent is obtained.

The trust have still failed to ensure that all staff responsible for taking patient's consent is trained to do so i.e. Junior Doctors can only take consent for procedures for which they are qualified. Hopefully this will be achieved next year.

C20 Environment safety, security & fire safety.

We still consider that this is managed well considering the constraints of the old buildings, however this should improve considerably once the rebuild on the RNOH site takes place. We were pleased to hear from Rob Hurd CEO of the programme of projects to be started this year for the improvement of the patient's journey. If this does not happen, other ways of meeting the standard will have to be found. There are still no improved car parking facilities but improved lighting & issue of personal alarms have helped towards the safety of Patients and Staff.

C21 Environment Design

Despite the age and decrepitude of the buildings the hospital has maintained a very low infection rate. On our visits, we have not found any cause to comment on cleanliness, and staff, patients and visitors are still adhering to the 'clean hands' policy. Patients are empowered to ask staff to use gel. Money has been made available for deep cleaning and certain wards are being re-painted.

General comments

The Forum has been delighted at the improvement made this year, particularly to the paediatric Ward. We were disappointed at the poor publicity caused by the last set of figures released, which does not show the World class care still being given by the Hospital and hope that next year publicity will show a considerable improvement.

The Forum is pleased to have been invited to continue this year and still enjoys working with the RNOH trust and its staff. We value the Board's decision to incorporate or initiate some changes based on recommendations made in our ward visit reports.

We are hopeful that we will be able to continue to support and work with the RNOH and hope a rebuild of some sort will eventually materialise through creative use of whatever funding might be available.

Local child safeguarding boards comments

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

Harrow Safeguarding Children Board

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

Thank you for this self-assessment. C2 appears to be the most relevant to the LSCB, assuming of course that safeguarding children is an aspect of everything we do. Your section on C2 appears appropriate to me and I have no objection to it being sent off with this wording. I think it might be helpful for RNOH to discuss with health colleagues about how it is represented on the LSCB and there are a range of options you may like to consider. It might be helpful to discuss with Benjamin Jacobs, who is a current member of the LSCB, and I am aware he has an important role at RNOH. Other health colleagues who are current members may also be able to help with this.

I look forward to working with RNOH in future.

Yours sincerely
Paul Clark
Corporate Director of Children's Services Harrow Council
Chair of Harrow Local Safeguarding Children Board

Learning Disabilities Partnership Board comments

No comments from Learning Disability Partnership Boards were provided

Commentaries from other third party organisations

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

Overview and scrutiny committee comments

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

0 1

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Harrow Council

Comments. There is no word limit on this answer.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST: ANNUAL HEALTH CHECK SUBMISSION TO THE HEALTHCARE COMMISSION - RESPONSE FROM HARROW COUNCIL'S OVERVIEW AND SCRUTINY COMMITTEE (April 2009)

"Harrow Council's Overview and Scrutiny Committee is pleased to have the opportunity to comment on the annual health checks for the NHS organisations serving the borough. The comments provided by the Committee reflect upon only those core standards and issues which have been discussed by members over the past year (April 2008 to March 2009) and feature on the scrutiny work programme. Members have also taken the opportunity to provide a more general local perspective from their ward work with local residents. We thank colleagues from the Trust for attending our committee meeting on 16 March 2009 to present the progress made on the self-assessment.

Core Standards C20a and C21

Commentary: From visits in previous years to the Stanmore site of Royal National Orthopaedic Hospital we are aware of the physical environment within which the hospital hosts its services. The Trust continues to struggle with the core standards relating to the physical environment of the hospital. Regrettably we can only reinforce this view - the buildings at RNOH Stanmore are old and outdated and not in keeping with the delivery of modern NHS services. However, whilst the environment is not modern, the buildings are adequately maintained and the hospital safe and clean for patients and visitors. Our view is reinforced by what we heard from the Trust's Chief Executive at our Overview and Scrutiny Committee meeting on 1 April 2008. Furthermore, at our committee meeting in March 2009 which the new Chief Executive of the Trust attended, we noted that the backlog in maintenance is substantial and that this is due to the outdated facilities. Whilst we recognise the difficulties of redeveloping the Stanmore site due to the current economic climate, we regard this a pressing priority, especially given the growing demand for services at RNOH.

Evidence:

- o Harrow Overview and Scrutiny Committee, 1 April 2008
- o Harrow Overview and Scrutiny Committee, 16 March 2009

Scrutiny in Harrow continues to build upon its strong working relationship with the Trust, and looks forward to further developing the meaningful dialogue between scrutiny and the borough's healthcare organisations in the year ahead."

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