



Webforms Output: Core standards declaration 2007/2008
April 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.

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This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

- END OF PAGE -

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

PCT
 Community Trust
 PCT with Mental Health
 Care Trust with PCT

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

Mental Health
 Learning Disability
 Care Trust with Mental Health

* Please enter your type of organisation

Acute

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

General Guidance

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

The declaration form is divided into the following sections:

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

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

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

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

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

1. General statement of compliance

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

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

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

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

3. Domain pages for core standards

Separate sections have been set up for each domain.

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

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

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

Insufficient assurance - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

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

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

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

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

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

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

Issue - a statement detailing:

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

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

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

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

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

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

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. These standards are:

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

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

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

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

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

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

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

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

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

4. Sign off

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

5. Comments from specified third parties

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

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board

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

- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

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

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

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 Swindon and Marlborough NHS Trust Board, having undertaken an internal review of systems and performance in relation to the Core Standards for Better Health for the 12 month period from 1st April 2007 to 31st March 2008, considers its performance to be compliant with no significant lapses identified.

The information within the report summarises the detailed assessments of each of the individual standards. The HCC Inspection Guides have directly influenced this work.

The work has been reviewed by the Clinical Governance Committee to ensure that it is an accurate and contemporaneous assessment.

Following representation to the Swindon Borough Council and Wiltshire County Council Overview and Scrutiny Committees (OSCs) and the Great Western Hospital Patient and Public Involvement Forum, we have received commentary from them on our performance. These are detailed and positive.

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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.

Swindon and Marlborough NHS Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from 1 October 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.

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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

- END OF PAGE -

* 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

- END OF PAGE -

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

- compliant**
- not met
- insufficient assurance

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

- compliant**
- not met
- insufficient assurance

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

- compliant**
- not met
- insufficient assurance

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

- compliant**
- not met
- insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

- END OF PAGE -

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

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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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.

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Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Roland Cobbold	Non Executive Director
2	Ms	Oonagh Fitzgerald	Director Workforce and Planning
3	Ms	Angela Gillibrand	Non Executive Director
4	Ms	Lyn Hill-Tout	Chief Executive Officer
5	Mr	Tim Jackson	Non Executive Director
6	Mr	Bruce Laurie	Chair
7	Ms	Charlotte Moar	Director of Finance
8	Ms	Sue Rowley	Director of Nursing
9	Mr	Kevin Small	Non Executive Director
10	Dr	Alf Troughton	Medical Director
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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 West Strategic Health Authority

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

On the basis of the evidence available to the Strategic Health Authority, there is no reason to disagree with the assessment made by the NHS Trust in its declaration with regard to maintaining core standards.

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

Swindon PPI Forum

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

Preamble

Forum work this year has been constrained by the loss of members, partly through sickness and partly because of the impending abolition of Forums. The scope of this commentary is consequently restricted. In particular nothing that can be found from Trust reports is recorded, except where it bears directly on projects the Forum has been involved in. Neither are things achieved last year commented on again unless Forum work has disclosed a significant change

The evidence for the statements made in this document is based on the knowledge gathered between 1st April 2007 and 31st January 2008 in the following ways:

- ï§ Forum members receive Board papers and attend Board meetings.
- ï§ The Forum Chair has monthly meetings with the Trust Chief Executive.
- ï§ Forum members attend the Infection Control Committee, the Infection Control Link Network, and receive monthly infection control reports.
- ï§ Forum members attend the Clinical Governance Committee, Art Committee, Diversity Group and Patient Information Project Group.
- ï§ Board executive members and the Non Executive Director responsible for Patient and Public Involvement regularly attend public meetings.
- ï§ Two visits [April and August] to keep discharge arrangements under review.
- ï§ Passing observation by members of the changes in signage discussed in last year's work.
- ï§ The Forum has carried out one impact assessment.
- ï§ Forum members attend Swindon Health Scrutiny committee meetings
- ï§ There is a joint working agreement in place between this Forum and the Swindon and Marlborough NHS Trust.

It isn't possible to include data beyond 31 January because of the impending abolition of Forums.

Commentary

Safety

- ï§ More use of gel dispensers has been observed this year but passing observation still discloses staff usage to be better than patient expectations.
- ï§ Over this winter notices to warn people with colds etc to avoid visiting have been displayed widely. (C22b)
- ï§ The trust took prompt and effective action to deal with comments following a visit to a particular ward, about fire safety and cleanliness.
- ï§ Forum members have been kept informed of evolving infection control policy. Consultation is currently taking place on a new policy.

Developmental Standard

The work about ambulance waits reported last year has been taken on by the Ambulance Forum and so isn't reported here. (D1)

Clinical and Cost Effectiveness

- ï§ Evidence of liaising with other health providers including Swindon Borough Council has been observed at Health Overview and Scrutiny.
- ï§ The detailed arrangements for working closely with PCTs and Local Authorities to achieve satisfactory and timely discharge of patients.

Governance

- ï§ A comprehensive complaints policy and procedures document was finalised in November 2007, following consultation with the Forum.
- ï§ Diversity is addressed in a variety of ways. There is a Diversity Committee, attended by a Forum member, where one item of work was discussed.
- ï§ A policy for production of patient information was issued following consultation with the Forum. Observation of a dozen or so samples of patient information.
- ï§ The Trust and the Forum co-operated with local PCTs to produce a leaflet clearly describing the entitlement to and availability of patient information.

Patient Focus

- ï§ Patient dignity: Whilst observation both during visits and in passing demonstrat...

...es a high level of respect and preservation of dignity for patients, one visit disclosed an instance of a lesser standard towards some visitors. (C13a)

ï§ The perhaps necessary practice of occasionally leaving patients in ward corridors eg whilst cleaning is in progress or when a wa

ï§ The year has seen several adverse local press reports, each of which have given rise to questions by the Forum. On each occa

ï§ (C13) The Forum has two concerns about the Patient Advice and Liaison Service:

o There has been no improvement in premises during the year - There is no bell or intercom. Visitors have to rap on the door to attract attention and the areas within used to meet visitors are considered cramped and a little daunting. (C20b)

o The recent resignation of the Head of the service with no immediate replacement being available. Interviews for the replacement post - to be titled 'Head of Patient Experience' are to take place in March and a Forum member will be involved in these.

ï§ Communication:

o The direction signage issues inside the hospital raised last year have begun to bear fruit, with generally improved signing being introduced throughout. The process is not yet complete.

o Consultation with the Forum about the siting and content of plasma screens in Osprey, Wren and Audiology outpatient areas concluded that they could be very useful if they display relevant real-time information about the clinics, such as waiting times, facilities available etc. This has not so far been followed up. The plasma screens on stairs etc [objected to last year] have fallen into disuse. (C16)

o The Forum was consulted about real-time bus information and installation of screens for this is in hand, a bit limited by one bus company opting not to be involved at present. (C16)

o The Patient Information Group has worked steadily with one Forum member attending regular meetings. The policy, now in place has resulted, in the Forum's opinion, in a generally admirable and economic set of publications beginning to appear. Much work remains both to update documents, to see that they are brought into use and to get the policy to become the natural way to write. (C16)

o The year has seen several adverse local press reports, which have given rise to questions by the Forum. On each occasion the Forum has found the Trust responses to disclose a rather different and generally better situation than that reported.

o The Trust involved the Forum, the local authority, staff representatives and others in the recruitment of a senior manager. It has consulted widely on the move to foundation status. It offers opportunity for comment via PALS and ICAS. Forum experience is that comments are taken properly into account: the stuff of real communication.

Accessible and Responsive Care

ï§ The good working relationship between the Trust and the Forum continues. Questions and enquiries have been answered, gene

Care Environment and Amenities

ï§ The visit to Teal ward and some passing observation discloses that elements of the hospital fitting out - shower trays in Teal; floo

ï§ A Forum member assists the hospital Art Committee. Long corridors and other areas are relieved by the addition of artwork which

Public health

ï§ The Forum is aware of continuing dialogue between the Trust and the Swindon public health department. (C22b)

Signed:
Molly Heath, Chair.

Date:

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

Swindon Local Child Safeguarding Board

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

C 2 Element 1. Swindon has been part of a South-West regional partnership to develop Child Protection procedures to be compliant with Working together. The Trust is fully involved in this process and in the development of additional local and regional protocols.

Element 2 - The Trust cooperates fully in local safeguarding arrangements. This includes individual casework; and working at a strategic level, where Trust staff sit on all the LSCB sub-groups providing a significant contribution to multi-agency training, and quality assurance. The Trust has been fully cooperative with all Serious Case reviews, both in completing comprehensive Management Reports, and in contributing members to the overview Panels.

Comments from specified third parties

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 seventh commentary

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

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

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

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

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

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

Please enter the fourteenth commentary for this organisation

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

Swindon Borough Council Health
Committee

Comments. There is no word limit on this answer.

Swindon & Marlborough NHS Trust

Swindon Borough Council Health Scrutiny Committee Core Standards Commentary 2007/08

Commentary Discharge arrangements have been enhanced based on feedback from patients including development of discharge leaflets regarding specific procedures such as liver biopsy, introduction of a discharge lounge and monitoring arrangements to ensure relevant policies and procedures are adhered to.

Source of Evidence Report to Health Scrutiny Committee 26/04/07

Core Standards 14c, 17

Commentary The Health Scrutiny Committee was formally consulted regarding proposals to apply for Foundation Trust status and was impressed with the extent of consultation undertaken by the Trust to encourage members of the public from the hospital's catchment area to comment on the proposals in writing, at public meetings and by the internet.

Source of Evidence Report to Health Scrutiny Committee 02/08/07

Core Standards 17

Commentary The Health Scrutiny Committee raised concerns with the Chief Executive regarding action being taken to improve performance in relation to Referral to Treatment. The Trust shared its action plan to improve performance with the Committee and the Committee continues to monitor performance on a regular basis through updates provided by the Trust and commissioners.

Source of Evidence Report to Health Scrutiny Committee 12th July 2007 & subsequent updates.

Core Standards 7f

Commentary The Health Scrutiny Committee was consulted regarding a proposed variation in the out of hours provision for Ophthalmology. As a result of the proposal, a small number of patients may require admission to Cheltenham Hospital. The Trust carried out an impact assessment with the Public and Patient Involvement Forum to determine their views on the proposal. This is common practice for all proposed variations or developments in service and the Trust proactively engages public and patient groups, voluntary and community groups in consultation. In this instance the PPI and Committee concurred that the proposed change was not substantial and that adequate consultation had taken place.

Source of Evidence Report to Health Scrutiny Committee 02/10/07

Core Standards 17

Commentary Following concerns raised by Age Concern Swindon regarding the findings of the national Age Concern Report, 'Hungry to be Heard', the Committee considered the Trust's action plan in response to the recommendations made in the report. The Committee was satisfied that the key issues had been addressed and that systems and staff training is in place to ensure that patients receive food that meets their nutritional needs and are assisted to eat meals if required.

Source of Evidence Report to Health Scrutiny Committee 3rd April 2007

Core Standards 15b

Commentary Constant infection surveillance takes place across the hospital to monitor outbreaks and identify hotspots. A specific review of breast care and infection prevention and control has recently been carried out and the report will be published shortly. The Trust is also reviewing data in relation to caesarean sections to determine the trust's position nationally.

National Cleaning Standards are incorporated within the Trust's Infection Control Plan and incorporated within relevant contracts in relation to cleaning services.

A thorough checklist has been developed regarding the cleaning of bed space between patients. Cleaning staff, the ward nurse and incoming patient must sign the checklist to state that bed space has been completed to a satisfactory standard. A copy of the record sheet is kept with the patient's notes.

'Protected cleaning time' has been introduced on wards. The Trust is also considering restricting visiting time to maintain the cleanliness of wards, as cleaners are often reluctant to ask visitors to leave if they need to clean the area around patient beds. A full consultation is going to be held with patient groups in conjunction with PALS in relation to this proposal.

The entrance and exit to every ward and department has gel and hand washing facilities. The use of gel is monitored as part of hand hygiene audits. Visitors are generally very good at using the gel. Gel dispensers are also being installed in the main reception area of the hospital in response to recommendations made by the Public & Patient Involvement Forum.

All wards undertake weekly hand hygiene audits, facilitated by Infection Control Practice Nurses. A ward has to achieve 100% compliance before audits are reduced from weekly to monthly. The Chief Executive undertakes a weekly 'walk about' with the modern matrons and challenges staff who are not complying with the Trust's Infection Control Policy.

Keyboards on wards have been impregnated with an alloy that has been proven to prevent microbial growth. Funding has been secured to purchase flat keyboards. Commodes and stethoscopes have also been purchased for all side rooms so that there is dedicated equipment for patients that have been isolated. Disposable 'bed baths i...

...n a bag' have been purchased to reduce the risk of cross-infection.

All patients for orthopaedic, general and vascular surgery and all patients over 65 admitted for elective surgery are screened for MRSA and referred to their GP for treatment, if necessary. Other high-risk patients, such as oncology patients are also screened on a regular basis. The Trust is piloting a new system to process swabs much quicker in order to identify MRSA and isolate patients earlier.

A Uniform Policy is in place requiring all clinical staff to have bare arms below the elbows. Uniforms can be worn to and from work and laundered at home at the highest temperature recommended for the fabric. If there is any risk of contamination, all staff must wear protective clothing. The Trust is exploring options for all staff to wear scrubs, at the request of the Trust's Board.

A new Antibiotics Policy has been produced in conjunction with guidance for GPs on prescribing antibiotics. A new surveillance system has been implemented that is linked to microbiology laboratories to identify MRSA at an early stage and to put treatment in place.

If a patient is diagnosed with MRSA, the ward manager and relevant consultant must go through the case with the Clinical Governance Board

The infection control leads in Swindon PCT and Swindon & Marlborough NHS Trust work very closely together and there is a shared Board for Clinical Governance. The Trust is planning a media campaign in conjunction with Swindon PCT and the PALS services to raise awareness of action being taken by both Trusts in relation to infection prevention and control.

Department of Health funding for 'deep cleaning' has been used to clean all wards and to purchase an automated disinfectant unit and an electronic auditing system to aid surveillance. A new cleaning product, which also disinfects is also being used to maintain the cleanliness of wards following the deep clean.

The Trust and Swindon PCT have been working with care homes to promote messages in relation to infection prevention and control. Short-term care pathways have been put in place to prevent the need for admission of residents to hospital, which can place them at higher risk of contracting a healthcare acquired infection.

Source of Evidence Meeting with Associate Director of Clinical Quality 14/01/08, presentation to Health Scrutiny Committee 07/02/08.

Core Standards 4a, 4b

Commentary Two wards were shut at the Great Western Hospital in January as a result of the 'winter vomiting' virus.

Visitors were provided with advice about how to prevent the spread of the virus, such as not visiting the hospital if they have recently had the virus through national and local media campaigns. Ward staff also advised visitors of how to minimise risks. Visiting was restricted in high-risk areas to reduce the spread of the virus.

Source of Evidence Meeting with Associate Director of Clinical Quality 14/01/08

Core Standards 13a

Commentary The Trust is working with Swindon PCT to ensure that the target of 98% of patients in Accident & Emergency are seen, treated or discharged within 4 hours of arrival. All patients are tracked to identify the causes of any delays and to take remedial action where necessary. Staffing levels also are mapped against patient numbers. Reductions in delayed transfers of care should also improve performance.

Source of Evidence Presentation to Health Scrutiny Committee 07/02/08

Core Standards 7f

Commentary Members have considered data in relation to the number of formal complaints and PALS enquiries made to the Trust for quarters 1-3 2007/08. It is encouraging that less than 2% of formal complaints related to patient privacy and dignity and a similar number related to hotel services, such as food and the hospital premises. This suggests that patients are generally satisfied with the environment and services within the hospital.

The second highest number of complaints (14%) relate to communication and information provided by patients. The Committee is aware that a 'Welcome Pack' is provided to all patients on admission and that fact sheets are available on a range of treatments and conditions. However, the Trust has identified the provision of more accessible and useful information for patients as a key objective.

PALS appears to be a well used service, with over 2000 contacts between April and December 2007. A third of contacts were to raise concerns. It is encouraging that patients and carers are using PALS as a mechanism to identify concerns and that services can be continuously improved as a result, without the need for a formal complaint. The service is also well used to answer general queries and provide information.

Source of Evidence PALS and Formal complaints for Quarter 1, 2 & 3 (1st April - 31st Dec 07) Report, Swindon & Marlborou...

...gh NHS Trust

Core Standards 14a

Name of overview and scrutiny committee 2

Wiltshire Health Overview and Scrutiny Committee.

Comments. There is no word limit on this answer.

Wiltshire Health Overview & Scrutiny Committee

Standards for Better Health - 2007/08

Swindon & Marlborough NHS Trust

Members who worked on these comments:

Mollie Groom, Wiltshire County Council
Bill Moss, Wiltshire County Council
Margaret White, Wiltshire County Council

Comments on specific core standards:

C1a The OSC received a briefing from the Trust regarding a patient safety issue at the maternity department where a patient died. The Committee expects the Trust to demonstrate what lessons have been learned from this grave incident and to put processes in place to ensure similar mistakes do not recur.

C4 The Trust has reported its wide range of measures to combat infection control to Swindon Health OSC. This Committee is satisfied, from feedback from Swindon OSC, that the steps taken have been effective in maintaining levels of hygiene in the hospital and in embedding hygiene rules into the culture of the hospital.

C6 There has been a great deal of multi-agency work to address the issue of delayed transfers of care in Wiltshire. However, the OSC would like to see effective single assessments carried out across the county, regardless of which acute hospital a patient has been treated at.

C16 The OSC notes that, although all the departments of the hospital are listed on the website, there is not a description for each one. It would be helpful to patients to be able to access information about each department from the website.

C17 The OSC notes that the Trust has advertised for a Patient & Public Involvement lead, but did not make an appointment. Members feel this is a crucial role in enabling patients and the public to contribute to planning and development of services, and would want to see the Trust address this vacancy at the earliest opportunity.

C19 The OSC's Task Group looking at delayed transfers of care has satisfied itself that the Trust has a robust front door policy that work both in and out of hours, ensuring that when patients present at A & E they are dealt with effectively and appropriately. The Committee was particularly pleased to find that patients who do not necessarily need to be admitted can be kept overnight in an observational unit, offering peace of mind to patients and a further opportunity for clinicians to make decisions about levels of care needed.

General Comments about Swindon & Marlborough Trust

The OSC is satisfied that the Trust is continuing to build its reputation on the basis of good services and is more than ready to apply for Foundation Trust status.

Members who have investigated delayed transfers of care in Wiltshire have been impressed by Swindon & Marlborough Trust's commitment to work in partnership with other agencies to reduce the problem and ensure that patients are cared for appropriately.

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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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