Webforms Output: Core standards declaration 2007/2008
April 2008

Generated 30/04/08 by Anne Eden
Form: FRM-12, Response: FRR-5BA
* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

- END OF PAGE -

This is the information that we have for your organisation.
If this information is incorrect please contact the Healthcare Commission at forms@healthcarecommission.org.uk

Organisation Name: Buckinghamshire Hospitals NHS Trust
Chief Executive’s First Name: Anne
Chief Executive’s Surname: Eden
Chief Executive’s Email: anne.eden@buckshosp.nhs.uk
Organisation Code: RXQ

- 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

- Page 2 -
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
Guidance

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 not to 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.
The Trust has worked hard throughout 2007/08 to improve its level of compliance against the core standards in the Annual Health Check, and has made steady progress.

A robust process has been followed to determine the level of compliance.

For 2007/08 the Trust is declaring that it has fully met 37 of the core standards. Of the 6 remaining standards for acute Trusts, 3 of these are met by year end.
Hygiene code

Statement on measures to meet the Hygiene Code

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

The Trust had appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during 2007/08.

The Trust conducted a rigorous self assessment, which provided an overall score of 85%. The following measures are being put in place to improve the score in the coming year as detailed in the Infection Control Programme for 2008/09.

- In addition to the infection control updates received at each Public meeting of the Trust Board, the Board will receive regular reports from staff representing Clinical Divisions
- Infection Prevention Performance Monitoring will continue to be strengthened, with each Service Delivery Unit being held accountable for their performance
- The organisation will continue to investigate and analyse any incidents relating to infection control issues using a Root Cause Analysis approach, and take action from the learning in a timely way. The information will inform training and audit
- In addition to the infection control related audits which have already taken place, an ongoing programme of audit will be implemented
- The Trust will continue to promote excellent hand hygiene practices and ensure clinical staff comply with ‘Bare below the Elbows’
- Infection control information will be a significant factor in the Trust’s website redevelopment

- 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.
Safety domain

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.

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* 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.

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

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

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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).

- END OF PAGE -

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.

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

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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.

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

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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 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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Clinical and cost effectiveness domain

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.

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

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

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Start date of non-compliance or insufficient assurance: 01-04-2007
End date of non-compliance or insufficient assurance: 30-04-2008
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)
Feedback from the HCC identified the following areas for improvement:

i) ‘the trust has not fulfilled all its statutory duties in relation to publishing information on monitoring staff statistics and impact assessments’

ii) the trust needs to ‘consult on and publish the results of its assessment and monitoring of policies for any adverse impact on the promotion of race equality (including by publishing the outcomes of race equality impact assessments).

The trust needs to monitor and publish data on staff who secure internal job promotions.

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

- Training and exit data to be published by end of April 2008
- Performance data publicised March 2008
- EQIA data to be published by end of April 2008
- Promotions data to be published by end of April 2008
- EQIA and Recruitment and Selection training. Improved reporting via NHS Jobs on recruitment and selection process.
- Board received training on legislation and diversity
- Consultant staff involved in recruitment as part of MMC received training ‘Diversity and the MMC Programme’.
- Introduction of Mandatory training day for all staff which includes a session on diversity
- RES, DES and GES in place. October 2007 draft SES approved and consultation until March 2008.
- Consultants involved in the CEA trained in Diversity issues.
- Implemented ESR - ability to identify staff achieving promotion internally
- Senior Manager accepted onto the ‘Breaking Through’ programme.
- Governance Committee - Diversity as a specific topic Dec 07.
- Executive lead for Diversity identified.
- Positive about Disabled action plan updated in line with initiative requirements
- IIP temperature check rated Indicator 3 (Equal Opps) as met.
- Participation in Bucks Equality Network.
- A consistency checking group has been established for EQIA process
- IIP and IWL practice plus status.
- Diversity celebrated as part of our ‘Valuing our Staff’ days across the Trust.
- Diversity featured in our Staff Awards process
- Dignity and Respect at Work policy and a Whistle-blowing policy.
- Prayer rooms available on each site
- Calendar of religious and cultural Festivals.
- Sodexo and Medirest partnership approach.
- The NHS contract for supply of services supports diversity

* 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.

O compliant
O not met
O 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.
Start date of non-compliance or insufficient assurance: 01-04-2007

End date of non-compliance or insufficient assurance: 30-04-2008

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

The Trust had in place a coherent and comprehensive training and development programme, available to all staff. The appraisal system, however, was weak, with only 60% appraised, so that access to the programmes was not fully assured.

The quarterly return to the SHA suggests that 68% of staff have received an appraisal in the first 3 quarters of the year.

The following concern was noted by the HCC 8.4.08:
'Staff from minority groups are not being targeted for opportunities of personal development'

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

Establish specific opportunities for development and training for staff from under-represented groups 30.04.08.

Training activity checks introduced in Jan 07, plus mandatory departmental and individual returns on appraisal activity.

A training needs analysis tool linked to KSF implemented in January 2007. A KPMG Audit on the effectiveness of training reported in May 07, with consequent Action Plan. Appraisal training continues, supported by a coaching programme for managers.

Revised appraisal form drafted with an implementation date set for April 2008. In addition it is proposed that incremental progression will not occur unless payroll receive confirmation from the line manager that an appraisal has been conducted and the training department receives documentary confirmation of this.

* 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.

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

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### 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.

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

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**Start date of non-compliance or insufficient assurance**

**End date of non-compliance or insufficient assurance**

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

Poor attendance at mandatory training, and inaccurate records, in 2006/07. In 2007/08, mandatory training was fundamentally re-worked in line with the additional NHSLA Risk Management training requirements, leading to a review of all existing training structures, content and reporting arrangements.

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

External contract for mandatory infection control training, to achieve 85% by July 2007. ESR went live in Oct 07 and will achieve accuracy in reporting of training activity.
Mandatory training programme reviewed and remodelled. Mandatory training day for all staff introduced in June 2007.
NHSLA issues around mandatory training listed in November 2007 covering:
Vulnerable Adults - included in the Corporate Induction
Slips, trips and falls - included in Moving and Handling training, and in the Health and Safety element of Corporate Induction
Medicines Management - part of local induction
Investigation of incidents, complaints and claims - covered in Corporate Induction (in the Health and Safety session) and in local induction
These sessions were not featured extensively in the mandatory training day (four a month) 2007-2008 and is being addressed for 2008-2009.

* 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.

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* 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.

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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.
Patient focus domain

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.

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* 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.

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

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* 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.

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

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Start date of non-compliance or insufficient assurance: 01-04-2007

End date of non-compliance or insufficient assurance: 31-03-2008

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

The Trust has in place comprehensive and compliant systems for enabling patients and others to complain. Policy in place. A significant increase in training for staff this year with key messages around local resolution and the management and handling of complaints; now also incorporated into mandatory training. The backlog of complaints was completed by end of July ahead of predicted end of non compliance. System and process improvements continued. Drive to improve response rates and acknowledgement rates throughout year. Overall reduction in complaints, improved acknowledgement rates and improved response rates. Reduction in returners. Increase capacity in PALS established and increase in activity via PALS. However, database and systems for evidencing demonstrable improvements as a result of complaints which is part of this standard remains an issue. This does not mean that changes have not been taking place, but the ability to collect and collate the evidence of such activity has proven difficult. A new process for collecting and monitoring the evidence for changes as a result of complaints has been developed but is not yet fully established. An overall revision of our database (Datix) and codes to align with new organisational structures will aid the implementation from April.

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

The complaints team are aware of the importance of recording the outcomes and actions which are now routinely recorded where information is provided. However, the new system will address the need to improve feedback to the team. Improvement of this system is a key personal objective for complaints manager. Included in Patient Services Team key objectives 2008.2009. Progress is being monitored by the Patient Services Manager and reported to Formal PALS, Complaints and Claims Monitoring Group chaired by Chief Nurse and attended amongst others, by Chief Operating Officer, Medical Director and two Non Executive Directors with responsibilities for complaints scrutiny.
Patient focus domain

* 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.

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* 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.

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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.

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Start date of non-compliance or insufficient assurance: 01-04-2007

End date of non-compliance or insufficient assurance: 30-09-2007

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

Action plans now completed below were being developed up to November 2007

Plan under development: Staff training for Mental Capacity Act has been targeted to key staff initially. The Trust has been working in partnership and has taken receipt of the inter-agency developed policy. Further work to refine the policy is required for NHS use and aligned extension of training provision to be planned.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words):
Interpreting and Translation Service jointly commissioned across Bucks, which is well established. Regular statements of uptake and use by location and area received from the provider. Budget doubled 07-08 to cover increased uptake indicating improved use.

Trust developed a broad Patient Experience Group (PEG) launched August 07. Amongst a range of other responsibilities, approval for Patient Information is via the Trust PEG.

Development and implementation of a Patient Information Guideline. Includes a clear process, offering consistency of formal and approach and helpful information for authors.

New Patient Information database established with review dates.

Partnership working initiated with external partners involved to improve information for Learning Disabilities via LD project group.

Training package developed this year for Staff regarding this, to be implemented in 2008-2009.

Trust wide training in equality and diversity. Trust wide Equality Impact Assessment Training provided. Race Equality Scheme (RES) in place now superseded by development of Single Equality Scheme (SES) currently out to consultation.

Patient and Public Involvement Strategy and Action plan ratified and implemented.

- 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.
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

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

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

Recording of ethnicity data has not been consistent across the organisation for the full year. Although it has been completed for inpatients, it is not complete for outpatients. There is insufficient evidence of monitoring and reporting of this data.

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

- Ethnicity information on outpatients services is incomplete. The PCT have reminded GPs of the requirement to provide ethnicity data
- The responsibility for monitoring and reporting on ethnicity information has been incorporated into each division's performance scorecard

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.

- **O** compliant
- **O** not met
- **O** insufficient assurance

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

- **O** compliant
- **O** not met
- **O** insufficient assurance

* **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.

- **O** compliant
- **O** not met
- **O** insufficient assurance

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

* 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

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.
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.

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 enter the comments from the specified third parties below.

* Please enter the name of the strategic health authority that has provided the commentary

South Central Strategic Health Authority

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

<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SABS alerts with actions outstanding over the completion deadline is 0.</td>
</tr>
<tr>
<td>Reduction of MRSA</td>
</tr>
<tr>
<td>The 03/04 baseline was 47. At the end of 07/08 the percentage reduction against this baseline was 41.40%.</td>
</tr>
<tr>
<td>Reduction of Clostridium Difficile</td>
</tr>
<tr>
<td>Bucks Hospitals and Bucks PCT health economy: For C difficile rates per 1,000 bed days, the national statement demonstrates 2007/08 rates ranging from 1.33 (Apr-07) to YTD 1.20 (Feb-08). Comparison with 2006/07 is not possible as figures are not available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The financial position is currently considered to be satisfactory.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good progress has been made during 2007/08 on the Board Assurance Framework.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accessible and Responsive Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There is high confidence of an 85% target being met for admitted patients treated within 18 weeks from referral</td>
</tr>
<tr>
<td>- There is high confidence of a 90% target being met for non-admitted patients treated within 18 weeks from referral</td>
</tr>
<tr>
<td>- Waiting times for cancer treatment are entirely satisfactory.</td>
</tr>
<tr>
<td>- More than 98% of patients generally wait less than four hours in A&amp;E.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organisation is participating in the alcohol and violence data sharing project for A&amp;E attendance and sharing of data with Crime and Disorders Reduction Partnerships (Standard C22c)</td>
</tr>
<tr>
<td>The organisation is smoke free in buildings. It has plans to implement further cessation activities as it is acknowledged that there has been some smoking in the grounds (Standard C23)</td>
</tr>
</tbody>
</table>

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

The Buckinghamshire Hospitals Patient and Public Involvement Forum

* Patient and public involvement forum comments. There is no word limit on this answer.
The Buckinghamshire Hospitals Patient and Public Involvement Forum submits the following comments on the performance of the Buckinghamshire Hospitals NHS Trust in meeting Core Standards for the 2007/8 Annual Health Check by the Healthcare Commission.

Introduction

We thank the Trust for their excellent cooperation over the past year. See details under Core Standard C17 below.

Since 1 April 2007 the PPI Forum has written reports and received written responses from the Trust on the following topics: Burns Unit at Stoke Mandeville, Mixed Gender Facilities in the Three Trust Hospitals, Phlebotomy, Medicines Management, Outpatients, and PPI Involvement in Decision-making by the Trust.

In addition, the Forum has obtained from the Trust written updates on progress made in response to some earlier reports 2003/2007, and produced reports and comments on the results.

What follows is based on evidence from hospital visits, patient contacts and discussions with Trust staff, all detailed in the reports listed above, and evidence from the written responses provided by the Trust. Copies are available from the Forum.

CORE STANDARD C4d

In medicines management we would like to see staffing levels for the pharmacy kept under review with a view to eventually reaching HCC-recommended levels. Discharge information on medicines prescribed by the hospital should be typed and contain at least drug name, dosage, rationale for change and how long the medication should be continued or reviewed. Occasionally cases are reported where notes are illegible or non-existent. (Details in our report on medicines Management)

CORE STANDARD C5a

In its report of April 2006 on stroke care the Forum pointed out that the Trust did not, at weekends, meet the National Service Framework target that all stroke admissions should have a brain scan within 48 hours. This was because at weekends the scanners are shut down except for emergencies. ‘The Trust responded we must address this’. Our review in August 2007 showed that no progress had been made. ‘The Trust stated “we are working on streamlining protocols to ensure timely scanning during the week, but weekend scanning is only for a small number of urgent cases. We believe weekend scanning for stroke patients is important, and is something that we will continue to actively pursue”’.

CORE STANDARD C13a

Generally we think the Trust treats its patients in an environment of respect and dignity. A few exceptions to this are included among the examples below, which contain evidence about respect and dignity issues extracted from our written reports on the topics mentioned and the detailed written dialogue with the Trust which formed the basis of our review project reports.

Single Gender Accommodation. Our report of August 2007, when we visited 65% of all wards over two days to check on mixing, showed that that mixing is rare. The Trust takes the issue seriously and has in place a system of incident reporting when mixing takes place in a bay where national guidelines would not normally permit it (this is part of the HC Action Plan). In our inspection we found only three cases where women were sharing bays with men without justification from the guidelines. We had the impression women were sometimes moved only if they protested. In an infection control room a woman who was put in with three men was being moved because she protested.

When we asked for toilets in two wards to be labelled for men and women this was quickly done.

Phlebotomy Service at Wycombe

Our visits in August 07 found that a queuing priority system unclear to the patients, cramped accommodation without seats for many of those waiting, lack of clearly visible notices, and staff shortages, make this service confusing and distressing for many patients especially in the mornings. Some improvements promised in the Trust’s response of November 07 have been implemented.

Medicines Management

Our impression is that the hospital pharmacy is forward thinking and medicines management is operating effectively. It has taken the Healthcare Commission’s criticism of some aspects of its service seriously and introduced measures to address these. Patients should see the benefits in more speedy and reliable prescribing of medication on discharge based on better medicines records together with improved records of information about the medication they are receiving. Nevertheless we continue to receive complaints about delays in discharge (4 hours in one recent case at Stoke Mandeville) while a patient waits for medicines to be brought from the pharmacy.

Outpatients. Generally outpatient services are of high quality, observing privacy and dignity. Some local deficiencies exist. At Stoke Mandeville the main outpatients area badly needs refurbishing. Patients have difficulty hearing their names called in the main reception. More information could be given about waiting times in clinic areas using the white boards. At Wycombe signage is confusing and inadequate, and car parking particularly frustrating and stressful (see below). At Amersham appointments letters should denote the entrance number, to avoid confusion between the widely separated entrances. The ophthalmic waiting a...
...rea lacks a white board to provide information to patients.

Parking. This is difficult at all three hospitals, but the problem of finding space at Wycombe in particular can
distress patients and visitors. We reported on this in March 2005 and were told that some measures were being taken.
Our review in August 2007 showed that there had been no progress. Our separate study of outpatients facilities also
showed that parking was a major concern. Patients dislike Pay and Display and would prefer barrier car parks with
attendants.

CORE STANDARD C 15b

Recently the Trust has trialled ‘steamplicity’ food. This has brought positive feedback from patients, staff and
dieticians and will be rolled out when negotiations are complete. They also introduced the Red Tray system from
January 2007 identifying patients requiring nutritional support and feeding. We regard the feeding of patients who
cannot feed themselves as a high priority. We came across no cases of failure, but our sample was too small to be
significant.

CORE STANDARD C 17

We have, as in the past, received excellent cooperation from the Trust management in our work, and in providing us
with information. In particular we appreciate the prompt written responses received to our reports. In the year to
April 2008 the Chief Executive will have held seven meetings with us, each to discuss an agenda of current issues, and
Trust staff will have attended thirteen of our forum meetings.

Nevertheless we have expressed some concern that inadequate resources are being committed to developing PPI
within the Trust and to ensuring that the concept of PPI is embedded in Trust operational processes.

Prior to 2006 the Trust had an internal Patient and Public Involvement Group which was formed to comply with
legislation and DoH guidelines. The Group has not met for two years and is defunct. The Trust says that this has
been replaced by a Patient Experience Group which meets bi-monthly.

A new PPI strategy has been adopted by the Trust’s Governance Committee and will be put to the Board for
information this month.

Bucks Hospitals PPI Forum
3 March 2008

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

Buckinghamshire Safeguarding Children
Board

* Local child safeguarding board comments. There is no word limit on this answer.
BSCB Declaration for Healthcare Commission re Buckinghamshire Hospitals

Core Standard - Safeguarding

As requested, this is Buckinghamshire Safeguarding Children Board's response to the Buckinghamshire Hospitals Annual Self Assessment. We wish to explain our position before making more specific comments.

Firstly, the Board's response is limited at this point in time, as we are currently conducting our own audit of all members' compliance with their statutory duties under section 11 of the Children Act 2004. The outcome of this audit will not be available until the end of May, but clearly we would be better informed after this date and therefore in a better position to inform your own assessment.

Secondly, as the request for our view was only received by the Board on the 17th of March (after the last Board meeting) and our next Board meeting is not until 20th May 08, a joint discussion with all our members on this assessment cannot take place in advance of our response. Consequently, our comments are not fully tested by all members.

The Board is keen to contribute to such assessments as they are consistent with our own monitoring and evaluation processes, but the timing does not take account of LSCB diaries - and as far as we are aware, there have not been any direct notifications about this new process to LSCBs from the Healthcare Commission to help us prepare.

Specific Comments

On behalf of the BSCB, the Chair and Business Manager note that Buckinghamshire Hospitals assess their attainment of core standard C2 as 'Fully Met' and have examined the evidence presented by them.

Taking into account our statements above, The BSCB broadly agree with Buckinghamshire Hospitals' self assessment on the issues addressed and only wish to highlight certain areas where there are indications that further development/attention is required:

- Financial contributions to the BSCB. We can confirm that the NHS (joint Trust) made the agreed contribution in this financial year, but wish it to be noted that the full initial requested amount was reduced due to financial constraints faced by the NHS Trusts over the past two years. With the widened statutory agenda of LSCBs, all contributions need further review.
- Capacity issues. It is acknowledged that Buckinghamshire Hospitals support the membership of all BSCB Sub Committees, however, it is often the same representative covering a number of different committees and working groups. This means that certain members are very stretched and consequently, the safeguarding agenda does not appear to be owned in its broadest sense across the Trust.
- It is noted that the Buckinghamshire Hospitals Trust has safe recruitment policies in place. A programme needs to be confirmed by the PCT for the roll out of safe recruitment training.

Thank you,

Donald McPhail
Independent Chair of the Buckinghamshire Safeguarding Children Board

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

Please enter the third commentary for this organisation
Comments from specified third parties

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

Please enter the fourth commentary for this organisation

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

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

Please enter the twelfth commentary for this organisation
Comments from specified third parties

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

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

Please enter the fifteenth commentary for this organisation

- 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.
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

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1
The Buckinghamshire Overview and Scrutiny Committee for Public Health

Comments. There is no word limit on this answer.
The Buckinghamshire Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the Buckinghamshire Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of work undertaken during the past year. Any future work will take account of the core standards where appropriate.

The following comments are now offered:-

First Domain - Safety.

Standard C1 a) 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

Since the report published last year by the Healthcare Commission following outbreaks and deaths from Clostridium Difficile at Stoke Mandeville Hospital, stringent plans and precautions have been put in place by the trust to ensure patients' safety is treated as paramount. Regular updates have taken place between the OSC, the Chief Executive and the Director leading on Infection Control, including public scrutiny meetings where reports and updates were provided showing, in the main, downward trends.

The OSC has been provided on three occasions with substantial supporting evidence indicating that the incidence of both MRSA and C Diff has reduced and that when outbreaks do occur there are robust plans in place to address the situation. These action plans are regularly monitored and the OSC is confident that the trust has made impressive progress in this area and notes that as a result of its efforts the trust is sharing its expertise nationally.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

Ward visits to Stoke Mandeville and Wycombe hospitals generally reflected good practice in place for minimising the risk of hospital acquired infections. This was evidenced by plentiful supplies and placements of soap and alcohol gel dispensers. There was also clear communication of hygiene procedures to staff, patients and visitors to wards with the use of leaflets and posters.

However members were concerned that the gel dispensers were not always located in positions where it was easy for the public to see them. Additionally it was not evident that staff on duty were actively monitoring the usage of the gel by members of the public entering the wards, or were themselves using gel between contact with patients. Regular audits and spot checks are recommended to ensure the action plan is being implemented at all levels.

The OSC was informed that standards of cleanliness have improved significantly since the report. This has also been confirmed to the OSC Chairman by the new Chief Executive (meeting February 2007) Staff are satisfied with the contract cleaning staff and a fast reaction team is available if staff require it The employment of infection control nurses have raised the profile of hygiene and cleanliness and are seen as a positive contribution by staff and patients alike. The OSC is confident that these measures will reduce the risk of health care acquired infection providing they are rigorously implemented and monitored.

Third Domain - Governance

Standard C7(d) Healthcare organisations ensure financial management achieves economy, effectiveness, probity and accountability in the use of resources

At a committee meeting in December 2007 the OSC were informed by the trust that the Midwifery Led Unit (MLU) based at the Wycombe hospital was significantly underforming in terms of its productivity. The number of women using the unit was running at around 50% of target resulting in a very costly service.

It is planned that by effective and targeted promotion of the unit via GPs, the NCT and by focusing on second and third time mothers the unit will reach its targets. However, in the Shaping Health Services consultation it was agreed that the MLU would be self funding. The financial management of this unit appears to have slipped and it is questionable whether the unit will achieve its targets and remain financially viable, the OSC would therefore question whether the use of these resources could be more productive in another area.

Fifth Domain - Accessible and responsive care

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

The trust recently invited the OSC's views as to the introduction of an Emergency Medical Centre at the Wycombe hospital to deliver A&E provision (with the exception of severe trauma cases) and in addition to provide a primary care service alongside where patients could be seen by a GP or practice nurse, thus avoiding an admission to hospital. In the Shaping Health Services consultation the committee had agreed that Stoke Mandeville would become the centre for trauma therefore this point was n...
...ot in dispute.

The issue for the public in the Wycombe area was that by changing the name and signage of A&E to Emergency Medical Centre, the public would not understand the services still available to them and confusion would result. Members of the OSC received considerable feedback from the public and relayed this to the trust advising them to retain the A and E signage. The trust received the same advice from the PPIF. The OSC is concerned that while the trust seeks the advice of stakeholders, it does not appear to take it into account, nor does it inform those stakeholders of its decision to progress in another direction. The OSC understands the clinical rationale and concern for patient safety in informing the decision of the trust but believes that the decision has been driven by clinical and not by stakeholder input. It is important that if the public and other bodies are engaged in discussion process that the final outcome of that process is fed back to them.

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

Access to acute hospital services continues to cause concern to patients and public. The involvement of the OSC since Shaping Health Services has resulted in the formation of a partnership group (Access to Health Strategic Partnership) to remedy this situation by bringing all interested parties together to discuss the issues involved. This has been a three year campaign by the committee and the OSC remains concerned as to the output of this group and the commitment of organisations to plan ahead jointly and share strategy to deliver improvements for the public.

The issues of car parking facilities at both Stoke Mandeville but particularly the Wycombe site has been raised with the executive in addition to a review by the Patient and Public Involvement Forum. The capacity of the parking facilities is not sufficient and the OSC is concerned about the way car parking charges are applied at the hospitals particularly when public transport links are not as strong as they might be. Some members of the public regard car parking charges as inappropriate for being sick or for having to attend an appointment, the duration of which can be uncertain.

Sixth Domain - Care, Environment and Amenities

Standard C20 b) Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

The OSC witnessed on recent ward visits that there are few mixed wards present in the trust. In Wycombe, bays are mixed if patient turnover is high but incident reports are completed if this is the case. There are issues around unisex toilets, showering and bathing facilities in wards 20 and 22 at Stoke Mandeville which are not considered ideal by both the trust and the OSC, as this arrangement does not respect the patients' privacy and dignity. The trust recognises that this situation is not acceptable and is proposing to allocate and signpost toilet facilities for single sex usage. The OSC intends to monitor the situation over the next twelve months.

Standard 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.

See Developmental standard below

Developmental standard D12 b) Healthcare is provided in well-designed environments that are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections

The OSC was encouraged by the PFI building at Stoke Mandeville hospital on a recent visit to ward 10. The ward made excellent provision for medical assessments, included an isolation bay and maintained high standards of cleanliness in line with the recent action plans. The OSC has been informed of the plans for the development of women's and children's services at Stoke and anticipates similar high standards to be upheld in these areas.

Yours sincerely,

Mike Appleyard Chairman - Overview & Scrutiny Committee for Public Health
cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer
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.
Board of governors' comments

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

- 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.