



Reference: AHC106544
Date: 04/05/2007

Your details

Trust self-declaration:

Organisation name:	Swindon And Marlborough NHS Trust
Organisation code:	RN3

General statement of compliance

Please enter your general statement of compliance in the text box provided.

General statement of compliance	The Swindon and Marlborough NHS Trust Board, having undertaken an internal review of its systems and performance in relation to the two relevant Developmental, and the 24 Core Standards for Better Health for the 12 month period from 1st April 2006 to 31st March 2007, considers its performance to be compliant with no significant lapses identified.
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>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.</p> <p>The Board can confirm that an internal assessment against the DOH Saving Lives framework has been completed and compliance measured at 95%. An assessment against the Health Act, 2006 has also been undertaken and compliance measures at 85%.</p>
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Safety domain - core standards

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,	Compliant
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Core and developmental standards declaration 2006/2007

	and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Safety domain - developmental standard

Please supply the following information:

<p>Your level of progress in relation to developmental standard D1</p>	<p>Fair</p>
<p>Your comments on your performance in relation to the comparative information contained in your information toolkit(s)</p>	<p>Swindon and Marlborough NHS Trust considers that it has robust systems in place to ensure patient safety. The achievement of Clinical Negligence Scheme for Trusts Level 3 in Maternity, last December, along with our previous achievement at Level 2 for the Acute Trust supports this.</p> <p>The NPSA Seven Steps to Patient Safety Assessment Tool has been used usefully within the Trust and a critical self assessment identified the Trust at over 50%. This figure places the Trust in good stead for future progression and reiterates the importance placed on patient safety.</p> <p>Work in pharmacy continues to address manage medicines safety which will be a priority for the new Chief Pharmacist when recruited.</p> <p>Data related to the Trusts infection prevention and control outcomes supports our excellent work in this area particularly our low MRSA bacteraemia rates. A specific focus this year is on reversing the upward trend in Clostridium difficile infection rates.</p> <p>The Trust has a high profile award winning Health and Safety Dept and staff are well trained in this area, including on the management and reporting of violence and aggression. Within the latest staff survey there was a reduction of 4% in the number of staff who said they had experienced physical violence from patients/relatives placing the Trust in the lowest 20% of acute trusts in England.</p>
<p>Your highest local priorities for improvement relating to developmental standard D1</p>	<p>The priorities for this year to take forward the safety agenda this year are:</p> <p>Reviewing the Incident Reporting Policy in line with the new NHS Litigation Authority Risk Management Standards.</p> <p>The appointment of a Chief Pharmacist.</p> <p>Reverse the upward trend in Clostridium difficile through close working with our local</p>

Core and developmental standards declaration 2006/2007

	<p>PCTs.</p> <p>Prepare for a Level 2 Assessment against the new NHS Litigation Authority Risk Management Standards.</p> <p>Raise the profile and imbed the work of the Falls Service.</p>
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Clinical and cost-effectiveness domain - core standards

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	<p>Swindon & Marlborough NHS Trusts has processes in place to ensure it is making progress with relevant nationally agreed best practice. This includes active participation within relevant steering groups crossing the Acute/Primary care interface.</p> <p>This is particularly evident in our:</p> <ul style="list-style-type: none"> - progression with our action plan to implement the NICE Clinical Guideline on Supportive and Palliative Care (Cancer)and;

Core and developmental standards declaration 2006/2007

	<p>- gathering, monitoring and enhancing services through gathering the feedback of individual patients.</p> <p>It is notable that the data related to the Trust's CPR review is not shown within the Healthcare Commission publications. It this stage neither the Trust nor the Healthcare Commission are aware of the cause of omission, despite the data having been inputted well in advance of the collection date.</p> <p>We are endeavouring to identify the cause to prevent it happening again in future.</p>
<p>Your highest local priorities for improvement relating to developmental standard D2a</p>	<p>The main areas of focus within the Trust for the coming year within Clinical and Cost Effectiveness are:</p> <ol style="list-style-type: none"> 1) taking forward its Clinical Development Group to ensure that each of the Directorates have a clearer and more direct route into the Governance system including the lines to our commissioners. 2) Taking further steps at bringing together the development of the Clinical Audit and Internal Audit plans to enhance the coverage of assurances already in place. 3) Taking forward the plans to develop the dedicated Stroke Unit.

Governance domain - core standards

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

<p>C7a and C7c</p>	<p>Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.</p>	<p>Compliant</p>
<p>C7b</p>	<p>Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.</p>	<p>Compliant</p>
<p>C7e</p>	<p>Healthcare organisations challenge discrimination, promote equality and respect human rights.</p>	<p>Compliant</p>
<p>C8a</p>	<p>Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their</p>	<p>Compliant</p>

Core and developmental standards declaration 2006/2007

	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.	
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Patient focus domain - core standards

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive	Compliant

Core and developmental standards declaration 2006/2007

	and, where appropriate, inform patients on what to expect during treatment, care and after care.	
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Accessible and responsive care domain - core standards

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

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Care environment and amenities domain - core standards

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
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

Public health domain - core standards

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	Compliant
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Core and developmental standards declaration 2006/2007

	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.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mrs	Patsy Newton	Chair
2.	Mrs	Lyn Hill-Tout	Chief Executive
3.	Mr	Kevin Small	Deputy Chair
4.	Mrs	Lesley Bennett	Non-Executive Director
5.	Mrs	Angela Gillibrand	Non-Executive Director
6.	Mr	Rowland Cobbold	Non-Executive Director
7.	Mr	Tim Jackson	Non-Executive Director
8.	Mrs	Charlotte Moar	Director of Finance
9.	Dr	Alf Troughton	Medical Director
10.	Mrs	Chris Osman	Acting Director of Workforce & Education

Core and developmental standards declaration 2006/2007

11.	Mrs	Sue Rowley	Acting Director of Nursing & Performance
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Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	<p>Commentary from NHS South West</p> <p>On the basis of the evidence available to the new Strategic Health Authority, there is no reason to disagree with the assessment made by the organisation in its declaration with regard to maintaining core standards.</p>
Patient and public involvement forum comments	<p>Preamble</p> <p>The Forum's evidence for the statements made in this document is based on the knowledge gathered between 1st April 2006 and 31st March 2007 in the following ways:</p> <ul style="list-style-type: none"> - Forum members receive Board papers and attend Board meetings. - The Forum Chair has monthly meetings with the Trust Chief Executive. - Forum members attend the Infection Control Committee, the Infection Control Link Network, and receive monthly infection control surveillance reports from the trust. - Forum members attend the Clinical Governance Committee, Diversity Group and Patient Information Project Group. - Board executive members and the Non Executive Director responsible for Patient and Public Involvement regularly attend public Forum meetings. - The forum has carried out surveys on Patientline, hospital food (Food-Watch) and patient dignity (Carewatch) as part of national surveys for the Commission for Patient & Public Involvement in Health (CPPIH). - Formal and informal visits on signage, transport and volunteer issues, and three visits to outpatient departments of the Great Western Hospital, including one to clinics held in the community hospital at Savernake, Marlborough. - The Forum have carried out two impact assessments. - There is a joint working agreement in place between this Forum and the Swindon and Marlborough NHS Trust. <p>Commentary</p> <p>Safety</p> <ul style="list-style-type: none"> - The Great Western Hospital is one of only forty organisations worldwide to receive the Sword of Honour for safety. It is the second time it has received this award and it was awarded in recognition of the way the hospital has implemented fully integrated, best practice safety systems across its operations. - The hospital has received a 5 star Health and Safety Award. - Patient incident reports go to the Board and action plans are developed to deal with concerns raised. C1a - The Trust is ranked in the top five comparable trusts for low MRSA incidence. Their target for MRSA of 13 overall this year has not been met, but incidence is still relatively low at 18 up to end of February 2007,

with only 11 of these actually acquired after admission to the hospital. The incidence of Clostridium difficile is high, at 243 cases up to the end of February 2007. Last year, when this forum was consulted on the Local Delivery Plan, we requested more emphasis on infection control be included. There has been more screening for infection on admission, particularly in ICU, the Special Care Baby Unit and Orthopaedic surgery. On a Forum visit, we were very concerned see there were soft toys in one outpatient waiting area that could have been a source of cross contamination. These have been removed as a result of the visit report and new stocks of safe toys are being brought in to replace them. C4a

- There has been a positive response to this Forum's signage criticism regarding gel dispensers; new larger and clearer signs have been put in place but there are still occasional incidences of empty dispensers noted on visits. Staff report this when informed and there is usually another dispenser close by. There is a Matrons' Charter on which the Forum was consulted. This Forum would like to see further measures taken to reduce the risk of all hospital-acquired infections. C4a

- The trust held an Infection Control Awareness Week for staff, w/c November 6th 2006, to encourage good practice.

- Evidence that a risk assessment is done on new equipment has been seen by a Forum representative at the Clinical Governance Committee. C4b

- Forum members have been kept informed of evolving infection control policy. Consultation is currently taking place on a new policy concerning Clostridium difficile. C4b

- Developmental Standard

There have been sporadic problems with long ambulance waits at A&E since December 2006. The Forum has just started to work on this jointly with the PCT and Ambulance Forums and is pressing for co-ordinated, planned investigation and action about this with the three Trusts concerned. D1

Clinical and Cost Effectiveness

- Evidence of liaising with other health providers including Swindon Borough Council has been observed at Health Overview and Scrutiny meetings and from presentations and papers received at the Swindon and Marlborough Trust Board meetings. When this Forum and Swindon Patient and Public Involvement Forum organised a joint public meeting on Choose and Book, a panel of experts was assembled drawn from the Great Western Hospital, Swindon Primary Care Trust and chaired by a member of Swindon Borough Council's Overview and Scrutiny Committee, who worked cooperatively together to answer the public's concerns. C6

- Other health service providers operate on the same site as the Great Western Hospital. Swindon Primary Care Trust run the Swindon Intermediate Care Centre and the Out of Hours Service located on the hospital site and Avon, Gloucestershire and Wiltshire Mental Health Partnership are currently building their new facility on the site. C6

Governance

- Evidence of risk assessment and management and associated policies has been observed at Clinical Governance and Board meetings. C7c

- Diversity is addressed in a variety of ways. There is a Diversity

Committee, attended by a Forum member, where one item of work in progress is "The Disability Equality Scheme". Signing and interpreting services are available through Patient Advice and Liaison Service and have been observed in use by the forum on a recent outpatient visit. C7e

- There is a Human Resources policy in place entitled "Openness". C8a
- A forum member attended an induction training session for new staff on 7 August 2006. It was well conducted and the Trust emphasised its importance by a Board member attending and speaking. Both practical matters and the theme of continuous improvement were dealt with competently. C11

Patient Focus

- The Trust consulted this Forum on their "End of Life Policy". C13a
- No breaches of dignity have been observed on Forum visits or during the recent Carewatch survey. C13a
- The hospital Patient Advice and Liaison Service is in the top five nationally for the Health Service Journal Award. C13
- The response times to patient concerns raised with Patient Advice and Liaison Service has improved considerably and the response rate to December 2006 is 100% of complaints responded to within the required time. C13
- The Forum still considers personal access to the Patient Advice and Liaison Service office to be a problem. There is no bell or intercom and no visible sign that the office is open. Visitors to the office have to rap on the door in order to attract attention and the areas used for the public by the Patient Advice and Liaison Service team are considered cramped and a little daunting. The service would benefit from the use of a more spacious and user-friendly area. C13
- The signage directing the public to the Patient Advice and Liaison Service from the main doors is currently being reviewed. C13
- There are Patient Advice and Liaison Service leaflets regarding raising concerns and any other feedback in information points around and on wards throughout the hospital. C14a
- The standard of catering which improved last year seems to have been sustained. Both the "Food Watch" and "Hungry to be Heard" reports confirm this. A Forum member was involved in the Hungry to be Heard committee, looking at the issues raised with the trust by Age Concern. The Trust has decided to incorporate the seven-steps raised by Age Concern into their "Essence of Care" policy to encourage best practice. C15a
- Catering. Prices in the cafe in the Brunel Treatment Centre are more expensive than those in the main hospital and there does not appear to be food available at all times, whereas the main hospital has a vending area for when the restaurant closes. C15b
- The Patient Information Project Group was set up in May 2006. It is a multidisciplinary steering group tasked with planning, developing and reviewing patient information throughout Swindon and Marlborough NHS Trust. It includes representation from this Forum and is working to

improve the standard of information leaflets throughout the hospital. It has met on two occasions and has responded positively to Forum suggestions, but no changes have been observed to date. The Forum reviewed a selection of twenty-five items produced by the trust and these showed a wide variety of print size, readability, standard of English and document control. We feel there is a need for continued ongoing work to improve and update communications with patients. C16

- There are interpreting services in place. C16

- There have been signage improvements as a result of this Forum's reports and we have been assured that other improvements in signage are programmed to happen in the near future, but we remain disappointed at the pace of the progress on signage. There is often a volunteer in the atrium who directs the public on their arrival and Forum members observing this have seen how very busy that volunteer is. C16

- Patientline continues to cause concern for patients due to high charging levels but this is outside the remit of the Trust. This was raised again with the Forum by patients during the recent Carewatch survey. C16

- The forum is unhappy with the plasma information screens located on the stairs. We consider that looking up at them whilst walking may cause patients, visitors or staff to have an accident. The information displayed on them is not particularly useful to patients or staff. We can see that this type of screen could be very useful in outpatient waiting areas, if it displays relevant current information about the clinic, such as waiting times, facilities available etc. The Forum is currently being consulted about the siting and content of plasma screens in Osprey, Wren and Audiology outpatient areas. C16

- The electronic real time information board in the Orthopaedics outpatient area is very useful. C16

- This forum welcomes the fact that it was consulted on the design of Trust Annual Report in a timely way. C16

- The written criteria for providing hospital transport are not clear. The forum feel joint working between the Hospital Trust, Primary Care Trust and Ambulance Trust in developing clearer criteria would be useful when reviewing these criteria and members would be happy to comment on any draft document resulting from this. C16

Accessible and Responsive Care

- Great Western Hospital Patient and Public Involvement Forum consider they have a good working relationship with the Swindon and Marlborough NHS Trust. Questions and enquiries are normally answered in a timely manner and visits are facilitated willingly when requested. The Forum has been consulted by the Trust on a variety of topics and Forum reports have been considered, responses given and some changes made as a result. The Chief Executive wrote a positive letter to the Commission for Patient and Public Involvement in Health regarding the forum when informed of the changing role of the Patient Forums. She stated:

"We have enjoyed a very productive relationship with our PPI Forum and value their input and challenge tremendously. Our PPI Forum has significantly contributed to improvements that have benefited patients."

	<p>C17</p> <ul style="list-style-type: none"> - A patient group, Swindon Carers, as well as the Primary Care Trust and Great Western Hospital Patient Forums, were involved in an impact assessment concerning the closure of the Badbury Unit. However, on a recent ward closure, only this forum was consulted and at very short notice. C17 - Swindon and Marlborough NHS Trust staff took an active role in the joint forum meeting on Patient Choice, sharing information with the public about this initiative and answering questions. C18 <p>Care Environment and Amenities</p> <ul style="list-style-type: none"> - No breaches of Patient Privacy and Confidentiality have been observed or communicated to this Forum and none were reported in the recent Carewatch survey of patients carried out by this Forum. C20b - On a recent outpatient visit concern was expressed at the dreary unfriendly nature of the Osprey waiting area. There are sometimes unavoidable long waits in this clinic for patients with cancer or other very serious illness so the quality of the waiting area is especially important. We understand the art committee is currently looking at providing artwork for this area but other measures to improve the ethos of this area are needed. C21 - Although water is available in all waiting areas, it is not often available for the patient to get unaided and it does not seem a good use of the clinic staff's time to be bringing glasses of water to people waiting, nor would all patients wanting water actually ask for it. Since the Forum raised this concern, some of the busier areas have a water facility but we feel it would be in the patients' interest if it were easily available in all areas of the hospital. C21 - The access for wheel chair patients in outpatients' clinics in the Savernake Hospital is inadequate. Narrow corridors mean chairs and people waiting block one another. A simple improvement was suggested by this forum in December 2006 but no action has resulted. C21 - The hospital has an Art Committee which includes a Forum member and long corridors and other areas are frequently brightened up by the addition of artwork which is changed on a 6 monthly basis. A particular instance is the corridor leading to the Radiology Department where paintings are now on display. C21
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

Comments	<p>Swindon Health Scrutiny Committee Commentary Swindon & Marlborough NHS Trust</p> <p>Commentary The Trust and Swindon PCT are working together to develop a single entry point for admissions including admissions via the walk-in centre, nurse-led beds, community matrons and the role of crisis teams. Although still at an early stage in the project, this is working well to reduce admissions to hospital where appropriate. 300 patients have</p>
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been through the 'one stop shop' since December. There is a need to train more staff to expand this initiative but there are plans to include minor accident and emergency at the Clover Centre and DVT management to avoid patients having to be admitted to hospital.

The Trust has also worked closely with Great Western Ambulance NHS Trust to introduce Emergency Care Practitioners (ECPs) to provide a high level of clinical care within patient's homes to reduce the likelihood of them being admitted to hospital.

Source of Evidence Meeting with Director for Clinical Governance, Swindon & Marlborough NHS Trust & Associate Director of Corporate Performance, Swindon PCT 02/01/07

Meeting with Directors from Great Western Ambulance NHS Trust 26/02/07

Presentation from the Director of Operations, Great Western Ambulance NHS Trust to Swindon Borough Council Health Scrutiny Committee
Core Standards C6, C22a, C18, C19

Commentary The response to Pandemic Flu planning has been a good example of cross working by all of the Trusts in the area. Policies and procedures have been put in place with action plans outlining roles and responsibilities of each of the Trusts. This work has also involved other statutory organisations such as the Police and local authority.

Source of Evidence Meeting with Director for Clinical Governance, Swindon & Marlborough NHS Trust & Associate Director of Corporate Performance, Swindon PCT 02/01/07

Core Standards C24

Commentary GPs have full electronic access to patient hospital records and pathology results. A system has also been introduced where an out of hours doctor can assist a patient who has been discharged from hospital if there are subsequent abnormal test results and they need to be treated immediately.

The Trust is currently working on introducing new electronic patients records as part of the 'Connecting for Health' initiative. The Trust already has an electronic patient record management system in place, which enables patient records to be shared within the Trust although full patient records cannot be transferred to other healthcare organisations, such as Swindon PCT.

Source of Evidence Meeting with Director for Clinical Governance, Swindon & Marlborough NHS Trust & Associate Director of Corporate Performance, Swindon PCT 02/01/07

Core Standards C9, C13c

Commentary Test results for sexual health matters can be sent by SMS text to patients. The waiting time for appointments to the GUM Clinic is 48 hours.

Source of Evidence Meeting with Director for Clinical Governance, Swindon & Marlborough NHS Trust & Associate Director of Corporate Performance, Swindon PCT 02/01/07

Input to Swindon Borough Council Health Scrutiny Committee by the Director of Nursing, Swindon & Marlborough NHS Trust

Core Standards C17, C18, C23

Commentary A local strategy for infection control has been developed for 2005-08. The Local Programme is in its second year and identifies key performance indicators and targets for

2006/07.

In relation to hand hygiene, the national 'cleanyourhands' campaign has been adopted and posters are displayed throughout the hospital. 'Glo and Tell' boxes are in place on every ward. Alcohol hand gel is available at the entrance and exit of every ward and is being introduced throughout outpatients. New dispensers are being introduced where staff or patients make requests. A member of staff is also assisting in designing a new awareness poster. A Hand Hygiene policy is in place. A Hand Hygiene Audit is carried out every year in conjunction with the Patient and Public Involvement Forum (PPI). Annual refresher training is delivered to all staff.

The National Matrons' Charter has been adopted and is incorporated in local policies and procedures.

A Visitors Charter has been introduced which is displayed throughout the hospital and includes directions on hand hygiene and not to sit on patients' beds

National Cleaning Standards have been adopted and a fibre cloth introduced as a more efficient way of cleaning. The cleaning of fans, shower curtains and phones has been built into the service level agreement with independent cleaning contractors. New computer keyboards have been introduced throughout the hospital with removable, cleanable covers.

An Infection Control Link Network has been established where nominated individuals from every directorate and independent contractors meet to share good practice, any issues or concerns and to be updated on new local and national initiatives. The Link Network then cascades information throughout their relevant service area. Annual awards are made to recognise the efforts of members of the Network.

Infection control is included in every appraisal and job description.

An Antibiotic Strategy has been developed in conjunction with Swindon PCT and GPs to minimise unnecessary prescribing.

24 hour resulting for microbiology to identify MRSA cases has been introduced to enable patients to be moved to a side ward more quickly. This previously took 2-3 days.

Currently all patients are not swabbed for MRSA or other infections on admission to hospital.

Widespread surveillance of the incidence of infections takes place throughout the hospital. Monthly surveillance reports are sent to every directorate outlining the rates of infection and key learning areas. A quarterly report in relation to patient safety, which incorporates infection control, is also submitted to the Trust's Board.

Care bundles have been reviewed in some directorates, such as the Intensive Care Unit (ICU) to minimise the risk of infection, such as removing drips as soon as possible and regularly changing dressings. Following an initial audit, changes are implemented and then a further audit carried out to evaluate the impact of the changes. This has reduced infection in ICU.

Feedback from patients or visitors received by the Patient Advice and

Liaison Service (PALS) are automatically forwarded to the Senior Infection Control Nurse if they include issues regarding infection control. Any necessary actions are discussed with the relevant Director or through the Infection Control Link Network if appropriate.

Staff are required to contact their manager for advice when they are ill as to whether they should attend work. This is a requirement of the Staff Sickness Policy.

All special care and ICU patients are screened on admission for Clostridium Difficile.

The Trust is represented on the Swindon PCT Infection Control Board. Swindon PCT's Infection Control Nurse and Associate Director of Corporate Performance are also members of the Swindon & Marlborough NHS Trust Infection Control Board. The Senior Nurse for Infection Protection & Control meets regularly with her counterpart in Swindon PCT to review MRSA performance management information and identify activity in the community that can reduce rates of infection. Source of Evidence Meeting with Senior Infection Control Nurse, Swindon & Marlborough NHS Trust & Infection Control Nurse, Swindon PCT 01/02/07

Core Standards C4a, C1b, C4b, C6, C7c, C20a, C21

Commentary The Trust has integrated the Patient Advice and Liaison Service (PALS), complaints and public and patient involvement functions. This is seen as good practice nationally and the unit were recently finalists in a national award.

The PALS team are multi-skilled to ensure resilience and all of the records are electronic to increase efficiency and ensure that any member of the team can access information regarding a specific case.

The form of feedback is tailored to meet the needs of the individual and PALS can use email, letter, phone and even SMS text to respond to queries.

The Registrar has been based at the hospital for the last year on a trial basis. This enables relatives to register the death of a patient who has died in hospital easily and quickly and has received positive feedback from relatives.

A private room has also been dedicated for use by relatives and this has been furnished sympathetically in conjunction with a local supermarket.

A monthly report outlining all complaints and comments received by PALS is circulated to all directorates and a quarterly report is submitted to the Trust's Board. Ad hoc reports are made in response to specific issues.

All complaints are responded to within 25 days. If a complaint is not responded to within these national guidelines, the relevant Director is required to explain the reasons for the delay to the Trust's Board.

Refresher bulletins are sent to relevant staff in response to specific comments and training is also arranged for targeted groups of staff when appropriate. PALS monitor progress where a specific issue or cause for concern has been raised in relation to a specific department.

Clinical staff are able to shadow a member of the PALS team to better

understand the role of the unit. Members of the unit regularly attend team briefings to explain the role of PALS, the complaints procedure and to discuss any trends or areas for concern.

A consultation network is in place to ensure that consultation on the design and implementation of services and policies takes place with all elements of the community.

Following feedback from patients a menu book has been introduced which outlines a wide range of meal options, which cater for different cultural and dietary needs, including Halal meals. This has resulted in a reduction in complaints/ comments in relation to the food as a result.

Water coolers were installed in outpatient waiting areas as a result of comments made by patients. Several different departments are looking to remove the water coolers as part of efficiency savings. PALS are exploring alternative funding streams and are pursuing a charitable bid to fund the continued provision of this service

PALS identified that the number of deaths in the hospital had increased significantly compared to previous years. This was raised with the Director of Nursing who commissioned an immediate clinical investigation into every death. The investigation was completed within a week and a half and identified that the number of deaths had increased for a variety of reasons but that there were no concerns.

PALS is leading public and stakeholder consultation in relation to the introduction of a 'Smoke Free' Policy in the Trust.

The Swindon Ambulance Station Manager has regular contact with the PALS unit at Great Western Hospital and responds to all PALS enquiries. Swindon PCT PALS also copies all enquiries in relation to the Swindon Intermediate Care Centre (SwICC) to the Swindon & Marlborough PALS Unit.

Source of Evidence Meeting with the Patient Advice and Liaison Service (PALS) Manager, Swindon & Marlborough NHS Trust 01/02/07
Meeting with Swindon & Marlborough Ambulance Station Manager, Great Western Ambulance Trust
Core Standards C13a, C14a, C14b, C14c, C15a, C16, C17

Commentary Several impact assessments have been considered by the Health Scrutiny Committee during the course of the year e.g. the proposed closure of Linnet Ward (27 February 2007),

The Committee has been satisfied that none of the proposed changes in service delivery have amounted to a substantial variation and have welcomed the changes which have benefited patients and staff. The Trust has demonstrated a significant amount of engagement with the Public and Patient Involvement Forum (PPI) as part of the design and implementation of services and the PPI plays an active role in the impact assessment process.

Source of Evidence Impact Assessments considered by the Health Scrutiny Committee
Meeting with the Head of the Patient Advice and Liaison Service (PALS), Swindon & Marlborough NHS Trust
Core Standards C17

Commentary The Swindon & North Wiltshire Health & Social Care Academy has a wide range of facilities available to staff from the Trust

including clinical training rooms, a library with clinical and non-clinical material and IT Learning Suite which is open 24/7, a resuscitation training room, a 'SIM' man dummy which enables the recreation of trauma incidents, Telemedicine is available to enable students to watch live operations

A dedicated resource is available for local GPs.

A staff and student cafe has been opened as a result of feedback from staff that is open on a 24/7 basis. The benefit to staff well being has been noted.

Source of Evidence Meeting with General Education Dean, Swindon & North Wiltshire Learning Academy & Site Visit 01/02/07
Core Standards C8b, C11a, C11c

Commentary The Academy has started working with the Great Western Ambulance NHS Trust and offered the use of its facilities for the delivery of learning and development.

Several universities are partners of the Academy including University of West England and Oxford Brookes.

The Academy also provides tailored learning and development opportunities for the Swindon Intermediate Care Centre that is operated by Swindon PCT.

Source of Evidence Meeting with General Education Dean, Swindon & North Wiltshire Learning Academy & Site Visit 01/02/07
Meeting with Directors, Great Western Ambulance NHS Trust 26/02/07
Visit to Swindon Intermediate Care Centre, 27/02/07
Core Standards C11c, C6

Commentary There is a clear appraisal process in place, which enables staff to identify areas for enhancement, which could assist their career progression as well as improving their performance in their current role.

The introduction of the 'Agenda for Change' and 'Knowledge and Skills Framework' has emphasised the importance of continued professional development for all staff.

Source of Evidence Meeting with General Education Dean, Swindon & North Wiltshire Learning Academy & Site Visit 01/02/07
Core Standards C8b, C11c

Commentary Mandatory refresher training is delivered to relevant staff such as child protection within the specified period or individuals can choose to attend refresher training. In addition, training is also delivered to reflect a significant change in legislation.

Monthly training sessions are held in relation to domestic violence, child protection and diversity and equality. Diversity training for managers is also available.

Source of Evidence Meeting with General Education Dean, Swindon & North Wiltshire Learning Academy & Site Visit 01/02/07
Core Standards C11b, C11a, C7e

Commentary Multi-disciplinary Action Plans are developed in response to significant local, regional or national reviews in conjunction with the relevant clinical lead. Risk management is a key element of this

process.

Source of Evidence Meeting with General Education Dean, Swindon & North Wiltshire Learning Academy & Site Visit 01/02/07

Core Standards C11a, C7a, C7c

Commentary The Trust's principles of clinical governance are cascaded from senior management throughout the organisation. Members of the Trust should be aware of their responsibilities as part of the wider clinical governance agenda through the induction process, appraisals, and directorate plans.

Recent changes to the senior management structure within the Trust have led to an increased emphasis on integrated corporate and clinical governance. This includes reducing the number of clinical directorates from 11 to 4. This has enhanced the lines of accountability and robustness of the management structure and made clinical performance more effective and joined up.

There are clear structures in place for clinical governance, including representation from the Public and Patient Involvement Forum (PPI) on the Clinical Governance Board.

Source of Evidence Meeting with Director for Clinical Governance, Swindon & Marlborough NHS Trust & Associate Director of Corporate Performance, Swindon PCT 02/01/07

Core Standards C7b, C7a, C7e

Commentary Following intervention by the Swindon Borough Council health Scrutiny Committee and the Public and Patient Involvement Forum, the Trust agreed to provide patients eligible for concessionary bus fares from 9.30am with a choice of appointment times, including an option after 9.30am to ensure that they could choose to use free bus travel to get to their appointment.

Source of Evidence Review carried out by Swindon Borough Council Health Scrutiny Committee October 2006-December 2006

Core Standards C17, C13a

Commentary All in-patients at the Great Western Hospital are provided with an Patient Information Pack including a booklet providing information about public transport, parking, how to keep the hospital clean, the Visitors Charter, Health and Safety, accessing health records and providing consent, what to bring to hospital, what it is like on the wards, support services, facilities at the hospital and discharge information. There is also a questionnaire asking for feedback regarding the booklet. The booklet is user friendly and answers a wide range of questions that patients are likely to have when going into hospital.

Source of Evidence Meeting with the Head of the Patient Advice and Liaison Service (PALS), Swindon & Marlborough NHS Trust 'Welcome to the Great Western Hospital and the Brunel Treatment Centre' Booklet, October 2005

Core Standards C13a, C1b, C4a, C13b, C14a

Commentary A joint Children and Young People's Plan has been developed to oversee the statutory responsibilities of the responsible agencies under the Children's Act. Non-Executive Directors of the Trust are members of the Children's Partnership Board. Representatives from the Trust also sit on the Performance Management Group. There is strong representation from Swindon & Marlborough NHS Trust on the Child and Adolescent Mental Health Service (CAHMS) Implementation

	<p>Group and sub-groups.</p> <p>Swindon & Marlborough NHS Trust have been commissioned by Swindon Borough Council to develop a 'Positive Parenting Programme' which will be delivered by health visitors</p> <p>The Trust is also producing a 'Parenting Strategy' that will be delivered in groups on an individual basis by the Family Welfare Association. The Programme will be aimed at parents of 5-13 years olds, which are currently not well supported by other initiatives.</p> <p>A common multi-agency risk assessment has been introduced to facilitate an effective multi-agency response for vulnerable children and their family, including the roll out of Local Preventative Groups involving health professionals to develop an action plan to support families experiencing difficulties. 70 requests for such meetings have been received since December 2006. Co-located multi-agency teams are also being established to support vulnerable children and their families. Source of Evidence Meeting with Director, Strategy & Commissioning, Swindon Borough Council 27/02/07 Core Standards C6, C2</p>
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Overview and scrutiny committee 2

<p>Comments</p>	<p>Wiltshire Health Overview & Scrutiny Committee</p> <p>Annual Healthcheck - 2007</p> <p>Swindon & Marlborough NHS Trust</p> <p>Comments on specific core standards:</p> <p>C4 The Committee is aware that the Trust has done a lot of work on hygiene and is participating in the national 'cleanyourhands' campaign.</p> <p>The Committee notes that cross-working with Swindon PCT is taking place to screen people for infection post-operation, but it is not clear whether similar arrangements are in place with Wiltshire PCT.</p> <p>The Committee is concerned that not all patients are swabbed for MRSA or other infections on admission to hospital.</p> <p>C17 The Trust has a consultation network in place to ensure that consultation on the design and implementation of services and policies takes place with all elements of the community, but the Committee is unclear how this relates to Wiltshire residents, as opposed to those living in Swindon.</p> <p>The Committee would want to also be consulted, as a matter of course, on the development of services and policies, as a statutory consultee representing the residents of Wiltshire.</p> <p>General comments on Swindon & Marlborough NHS Trust:</p> <p>The Committee would support any move to make the Great Western Hospital a smoke-free</p>
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	<p>hospital.</p> <p>The Committee has been impressed by the level of joint planning between the Swindon & Marlborough Trust and Swindon PCT, but would like to see evidence that similar joint planning goes on with Wiltshire PCT as a significant section of the population in Kennet and North Wiltshire would look to the Great Western Hospital as their nearest hospital.</p> <p>Members have been concerned by recent media coverage which claimed that ambulances had had to wait a long time outside A & E before patients were accepted into the hospital.</p>
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