

Webforms Output: Core standards declaration 2008/2009  
May 2009

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

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at [forms@cqc.org.uk](mailto:forms@cqc.org.uk)

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

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

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

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

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

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

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

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

### Section 3. Sign off

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

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

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

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

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

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

#### Section 4. Comments from specified third parties

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

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

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

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

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

#### Frequently Asked Questions:

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

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

#### Reasonable assurance

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

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

#### Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

Guidance for primary care trusts

This guidance covers areas which primary care trust may require further assistance on:

General guidance

Comparisons to last year's declaration

Third party comments

Resubmission

General

The trust boards of PCTs will, for the first time, make a separate declaration on their compliance with the Department of Health's core standards for their commissioning and contracting functions, which is separate from their function as providers of services. This will include their responsibility for specialised commissioning groups.

At the same time, trust boards of PCTs with provider services will also be required to make a declaration on the compliance with the Department of Health's core standards of their provider services.

In order to do this there are two separate declaration forms. Please ensure when you are completing the forms you are aware of whether you are completing the declaration form for the commissioning or provider arm. To help distinguish between the two, the commissioning declaration form has a slightly pink background.

The trust boards of PCTs will have to declare on their assurance of compliance with all the standards for both their commissioning arms and provider services. When considering their commissioning arm they will have to take into account three perspectives, which will be combined into a single declaration for the PCT as a commissioner. The three perspectives are:

corporate body

commissioning functions

commissioned services and independent contractors

Further explanation of these three perspectives can be found in our published document

[here](#)

The Criteria for assessing core standards in 2008/09 document published in December 2008 contains separate criteria for the assessment of the PCT as a provider and as a commissioner. The separation of the criteria will not increase the scope of the assessment of PCTs overall, since our assessments have always covered the commissioning function. Rather, the revised criteria provides greater clarity as to how the assessment of standards applies to the PCT commissioning arm. Hybrid trusts, for example PCTs that also provide mental health and / or learning disability services, should also consider the criteria for mental health trusts when making their provider arm declaration. These documents are available on our website

The two declarations will be assessed, cross checked, and where inspections take place, inspected separately and result in two separate core standards scores for the PCT (i.e. one score for the services the PCT provides and one score for the PCT as commissioners).

We have produced an FAQ document to answer queries relating to the separate assessment of PCTs as commissioners and providers in 2008/09. This is available:

[here](#)

Comparisons to last year's declaration

If in last year's declaration, your PCT declared 'not met' or 'insufficient assurance' for a particular standard and the accompanying action plan had an end date that continued into 2008/2009 you will need to consider where the significant lapse / insufficient assurance took place - the commissioning or provider arm. For whichever arm the significant lapse or insufficient assurance refers to, we would expect you to again declare 'not met' or 'insufficient assurance' with an updated action plan.

As in last years declaration we will also ask you for additional information where, in 2007/2008, the PCT declared a standard as 'not met' or 'insufficient assurance' but had an end date of non compliance prior to 1st April 2008 but again declares 'not met' or 'insufficient assurance' for the same standard in 2008/2009, we will ask you to describe the circumstances for this second consecutive declaration of non-compliance.

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

However we recognise that the concern identified in the prior year may not relate to the same arm of the PCT as the concern identified for the 2008 2009 declaration. You will therefore need to consider in which arm of the PCT the 2007/2008 significant lapse / insufficient assurance took place (the commissioning or provider arm) before responding to the question.

Prison Health services

When completing your declarations for the 2008/2009 annual health check, PCT commissioners will be asked explicitly to take into account their responsibilities for commissioning healthcare with regard to those in prison and youth offenders. Where you have commissioning responsibilities in this regard and are inspected on a standard, you will be asked about such duties and will be expected to demonstrate the evidence you considered in achieving board assurance.

You are invited to provide further information to demonstrate your commitment on how you are complying with these requirements, in the section of the declaration form entitled 'General Statement of Compliance'.

#### Third Party commentaries

We recognise the difficulty that some third parties may have in tailoring commentaries to reflect the two distinct arms of the PCT (commissioner and provider), as a result we do not require different commentaries to be submitted on the two declarations. Instead we expect the same third party commentary to be submitted on both the commissioning and provision declarations.

We have published guidance on our website for LINKs, overview and scrutiny committees, local safeguarding children boards and learning disability partnership boards about this stage of the declaration process. The guidance can be found by using the following link:

here

#### Resubmitting your declarations

If you have submitted your declarations and notice factual inaccuracies that can be rectified, you can request a resubmission of either or both of your declarations. All PCTs will be allowed to request one resubmission of each declaration, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declarations will be published, together with the request for resubmission form, on our website. If both of your PCT's declarations require resubmission, separate requests must be submitted. A request for resubmission needs to be made by your trust's registered lead using the appropriate online form.

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

**General statement of compliance**

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

**General statement of compliance**

The Primary Care Trust has undertaken a robust self assessment during 2008/2009 against all the core standards. This process has been led by the Chair of the Integrated Governance Committee (IGC) and the Audit Committee (AC) and involved setting up a Select Committee consisting of the Chair of the IGC and AC and other Non-Executive Directors to assess the PCT's compliance against the standards contained within the seven domains. Directors and lead managers for each area have been fully involved and representatives from the PCT's Internal Auditors: PricewaterhouseCoopers and also from Gloucestershire Local Involvement Networks (LiNKs) have also participated in the Select Committee. The methodology and progress against compliance, with actions, where appropriate, have been monitored by the Integrated Governance Committee on behalf of the PCT Board.

The PCT's Strategic Aims and Corporate Objectives included reference to the Standards for Better Health, where appropriate, and were an integral part of the Assurance Framework. The Board regularly monitored the achievement against the aims and objectives through monthly performance reporting and review at public Board Meetings and the Assurance Framework was monitored by the Integrated Governance Committee.

Other than two Core Standards, 4b and 4d, the Board of Gloucestershire Primary Care Trust has reasonable assurance that there have been no significant lapses in meeting the core standards during the period April 1st 2008 to 31 March 2009. Where minor lapses have occurred, the Board is satisfied that appropriate remedial action has been taken

For the one area where the PCT stated non-compliance in the 2007/08 declaration, Standard 4d, the Board is assured that the PCT is now compliant following the implementation of the action plan by June 2008.

The Board wishes to acknowledge the dedication and commitment of staff to achieving high standards of patient care. It would also like to thank Gloucestershire Health Overview and Scrutiny Committee (HOSC), Gloucestershire Local Involvement Networks (LiNKs), the Gloucestershire Safeguarding Children Board and the Gloucestershire Learning Disability Partnership Board for their involvement in our Standards for Better Health declaration.

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

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

**Safety domain - core standards (C1a - C3)**

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

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

compliant

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

compliant

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

compliant

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

compliant

**Safety domain - core standards (C4a - C4e)**

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

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

compliant

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

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

01-09-2009

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

There were two main areas of concern:

- o The PCT policy on the management of medical devices was considered not to meet the full requirements as set out in guidance by the Medicines and Healthcare products Regulatory Agency.
- o There was a lack of evidence to show that staff had received the appropriate level of training required to use medical devices safely within their clinical role and there was no overall procedure across all services.

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

Actions planned or taken:

A detailed action plan will be presented to the Integrated Governance Committee at its meeting in June 2009 and this committee will also be responsible for monitoring progress.

Work has already commenced on the development and implementation of a robust training procedure across all services and the implementation of this procedure will be completed by July 2009. The training is currently continuing and will be monitored regularly as part of the process.

The development and approval of a Medical Devices Policy which meets all guidance from the Medicines and Healthcare products Regulatory Agency will be undertaken and approved by the Integrated Governance Committee. Following approval of the policy it will be implemented across all services within the PCT and will be monitored by Care Services and assurance provided to the Integrated Governance Committee.

It is anticipated that the PCT will be able to declare full compliance by September 2009.

\* 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.

 not met

Start date of non-compliance or insufficient assurance

01-04-2007

Date at which you expect to have assurance of compliance

30-06-2008

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

The PCT declared "insufficient assurance" in 2007/2008 and the action plan was implemented by June 2008. Although the PCT has assurance this standard was compliant from June 2008, it is required to declare it "not met" in this declaration

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

See comments above

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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.

compliant

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

**Governance domain - core standards (C7a - C9)**

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

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

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

**Governance domain - core standards (C10a - C12)**

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

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

compliant

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

compliant

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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.

compliant

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

compliant

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\* 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

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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.

compliant

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

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

**Patient focus domain - core standards (C13a - C14c)**

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

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

compliant

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

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

**Patient focus domain - core standards (C15a - C16)**

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

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

compliant

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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.

compliant

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

compliant

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

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

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

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

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

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

compliant

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

compliant

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

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

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

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

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

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

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

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\* 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

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

compliant

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

compliant

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

**Electronic sign off page**

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

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

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

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

**Electronic sign off - details of individual(s)**

	Title:	Full name:	Job title:
1	Ms	Jan Stubbings	Chief Executive
2	Ms	Ruth FitzJohn	Chair
3	Mrs	Sarah Truelove	Director of Finance
4	Mr	Rob Graves	Chair of Audit Committee
5	Dr	Shona Arora	Director of Public Health
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Comments from specified third parties**

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

\* Strategic Health Authorities

 1

\* Local involvement networks

 1

\* Local child safeguarding boards

 1

\* Learning Disability Partnership boards

 1

\* Non-specified third party organisations:

 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15**Comments from specified third parties**

Please enter the comments from the specified third parties below.

**Strategic Health Authority Comments**

Please select the name of the first strategic health authority that has provided the commentary

 South West Strategic Health Authority

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

'On the basis of the evidence available to the Strategic Health Authority, there is no reason to disagree with the assessment made by the NHS organisation in its declaration.

We are confident that the NHS Trust is working to ensure that where any lapses have occurred, action is being taken to address this across the whole NHS organisation.'

**Local Involvement Network comments**

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

Gloucestershire Local Involvement Networks (LINks)

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

Annual Health Check 2008/09  
Gloucestershire Local Involvement Networks (LINks) comments on  
NHS Gloucestershire (PCT)  
The LINK commentary is not divided between the PCT's Provider and Commissioner functions as many of the points made refer to the period before the split was officially made clear to stakeholders.  
Any future submission will conform to the 'split' format.  
Core Standards - Safety  
Core Standard Commentary  
C4  
Health care organisations keep patients, staff and visitors safe by having systems to ensure that  
a) The risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;  
The PCT has clear systems in place. Board papers indicate that all staff are made aware of health care acquired infection information on their induction course by a member of the infection control team. Mandatory up-date training for all staff in patient contact takes place as well as study days for clinical staff. Human Resources maintain records of all staff attendance/participation and follows up on these.  
The Clean Your Hands campaign is implemented on all sites. A discussion with a member of the PCT's Infection Control Team indicates that this is carefully monitored by carrying out 20 minute observational hand cleaning audits monthly at all the community hospitals. The outcomes are reported to the unit manager/matron. The Strategic Health Authority Target for hand cleaning rates is 80% but the PCT is aiming for 90% and is currently averaging 90%. Outcomes of the PCT's Quarterly Cleanliness Audits (three currently) have been made available to the LINK. The data indicates that hospitals/wards in the main are scoring above 90%, with only a small number occasionally scoring between 80/90%.  
Board papers (which routinely contain, within a Commissioning Performance report, clear information on "Cleanliness and Healthcare Associated Infections") indicate that since April 08, all elective and emergency admissions (excluding day cases and maternity) have been screened for MRSA in Gloucestershire Hospitals NHS Foundation Trust and community hospitals. A protocol exists for all patients with a positive screening result. All cases of MRSA are investigated. The target for 08/09 is 18. The actual total by the end of month nine was 17.  
As part of Patient Environment Action Team (PEAT) visits to community hospitals LINK members saw evidence that great efforts are being made to secure high standards of hygiene. The standard of visible cleanliness in bathrooms and toilets is very good, as well as in other patient areas and corridors. Alcohol gel is kept well within reach in all areas and staff were observed carefully using these as well as thoroughly washing their hands at wash basins. It was noted that in some of the hospitals, toilets and bathrooms have recently been refurbished as recommended as an outcome from the previous year's visits. At the eight community engagement events recently held by the LINK throughout the county no concerns were raised concerning infection/hygiene/cleanliness.

Core Standards - Patient focus  
Core Standard Commentary  
C13  
Health care organisations have systems in place to ensure that  
a) Staff treat patients, their relatives and carers with dignity and respect  
As part of their participation in the PEAT inspections of the community hospitals LINK members noted the care taken to treat patients with dignity and respect. It was observed that even where there are temporary

bed curtains these are always sufficient to maintain visual privacy although conversation can always be heard.

C14

Health care organisations have systems in place to ensure that patients, their relatives and carers

a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

b) are assured that organizations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

There are clear systems in place. The PCT demonstrates a clear commitment to valuing and learning from complaints and feedback. There are several references on the PCT website for service users and members of the public to enable them to give feedback or complain. Information Sheet 4 of the Annual Report outlines clearly the PCT's current procedures and gives examples of how complaints (and compliments) are handled and processed.

These details are also available in more depth in the Patient Experience Report, which goes to the Board quarterly. This includes an appendix of actions taken and outcomes. The 'complaints' leaflet was re-issued in October 2008 and contains comprehensive and well presented information that is readily available at premises delivering PCT services.

A LINK member, in her role as a PCT Quality Outcomes Framework lay-assessor, has observed first hand that the PCT is robust in ensuring that most GP practices provide information and easy access for patients to provide feedback including complaints, and in ensuring that learning leads to improvements in delivery. There are clear procedures in place to escalate a complaint to the PCT where necessary. At a LINK community event a comment was made that the old complaints system took too long and therefore the new one (April 09) will hopefully improve the timescale for action.

The Patient Experience Report (January 2009) indicates that although there was a 92.7% response rate to complaints within 25 days for Quarter 1, this had disappointingly fallen to 73.3% in Quarter 3. However it is encouraging to see that in all three quarters the number of compliments far outnumbered complaints. (256/41 in Quarter 1 and 158/53 in Quarter 3).

C15

Where food is provided, health care organisations have systems in place to ensure that

a) Patients are provided with a choice and that it is prepared safely and provides a balanced diet; and

b) Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

As part of PEAT inspections LINK members have sampled meals served to patients in the community hospitals. In all cases members commented that the meals were satisfactory in terms of taste, temperature and quantity. In some community hospitals members commented that choice was excellent in others that the choice was more limited.

The LINK has been given access to the PCT's quarterly reports on Patient Catering Satisfaction Surveys. Over 80% of respondents stated that their overall satisfaction with the catering service is good or excellent (October-December 08).

The LINK has also been given access to the PCT's quarterly Kitchen Audit Reports. Averages of 96%, 87% and 89% are recorded for the three quarters available. No outstanding issues were identified.

There is access to food 24 hours a day but the range of food is variable. Some staff and patients are better

informed about availability than others.

The PCT's PEAT lead has explained to LINK members that a scheme known as 'Meal Mates' is being trialed in two community hospitals and will be extended to all sites if successful. Volunteers are trained to support patients at mealtimes but not to actually feed patients. The red tray scheme is being used but some patients do not like this because they feel it draws the attention of others. No issues relating to food were raised at the LINK community events.

Core Standards - Accessible and responsive care

Core Standard Commentary

C17

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

The LINK believes that the PCT takes its responsibility seriously and has an inclusive approach. The PCT continues to be proactive in engaging with patients, carers and sections of the community. The PCT has continued its strategic consultation through the 'Offer Conversations 08'. Feedback from earlier consultations identified a limited response from black and minority ethnic communities. As a result the PCT commissioned the County Council's Community Support and Development Specialist Services Team to obtain feedback from these communities.

Evidence of commitment to involving patients in developing appropriate services is demonstrated in the PCT's approach to a number of pieces of work on the Intervention Not Normally Funded programme. A LINK Board member is involved in assisting the PCT with the first of these pieces of work, that of re-writing the policy for Gender Dysphoria.

As an outcome of the Online Pupil Survey in 2008 the PCT with the support of the County Council and the Young People's Strategic Partnership is seeking to make improvements to services for children and young people with emotional and mental health difficulties and their families. The changes are intended to be in place from 2010.

The PCT is consulting widely about possible developments to community hospitals and LINK members are taking part in each of the relevant participation groups. At a recent LINK community event one respondent stated that 'discussions are happening looking at what suits the community'. Although it is difficult to keep all local service users fully informed of potential changes, the PCT produces a regular newsheet in areas where changes to community services are anticipated (eg., North Cotswold News).

The PCT is also consulting widely on the future content and presentation of its Annual Report. See also the comments pertaining to C22 relating to work with the homeless.

C18

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

From recent PCT Board papers the LINK has noted that the utilization levels for 'Choose and Book' (choice of four Providers offered) by February 2009 was 70%, which is below the trajectory agreed with the Strategic Health Authority of 75%, however considerable in year progress has been made from a low platform and early indications are that utilization rates in March have increased to 79%.

Core Standards - Public Health

Core Standard Commentary

C22

Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by  
a) Co-operating with each other and with local authorities and

**other organisations:**

The PCT has acted as a facilitator in undertaking a Community Health Impact Assessment relating to a waste treatment (including hazardous waste) and landfill site at Bishop's Cleeve. A LINK member living in the vicinity of the site participated as part of the Steering Group. The PCT has committed itself to carrying out the three pieces of work detailed in the recommendations of the report.

A health needs assessment of the homeless is being carried out by the PCT as part of its drive to reduce health inequalities. This involves working with homeless people who use services currently provided as well as with organizations and providers who engage with the homeless. The findings will be used to inform and develop service delivery.

See also the comments pertaining to C17 regarding services for children and young people.

There is an excellent visual presentation of the Gloucestershire Health and Community Well-Being Strategy for 2008-2018 on the PCT website which involves coordinated work by the statutory agencies and voluntary and community groups.

At the March Board meeting (held in public) there was a presentation explaining the introduction of MAIDeN (Multi-Agency Information Database for Neighbourhoods). This has been developed as an online tool with other Gloucestershire public service partners based on the Joint Strategic Needs Assessment work. MAIDeN contains a wealth of information on the health and well being of the local population along with District profiles containing demographic, mortality and morbidity information.

**C24**

Health care organisations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.

The PCT recently had to cope with periods of heavy snow and effectively implemented a 4X4 (vehicle) response to the adverse weather conditions that received much praise in the media. The Gloucestershire 4X4 Team ensured key staff attended their place of work and vulnerable patients in out-lying areas received the support needed. In addition to driving the vehicles some volunteers have undergone 'emergency response type' training which enables them to assist the established public services where needed.

8th April 2009

**Local child safeguarding boards comments**

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

Gloucestershire Safeguarding Children Board (GSCB)

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

**Standards for Better Health, Core Standard C2**

The Gloucestershire Safeguarding Children Board (GSCB) notes that Gloucestershire PCT (NHS Gloucestershire) demonstrates strong commitment to safeguarding children both at strategic and at operational level through the activity it undertakes for the GSCB. The PCT is represented on the Board directly through the Director of Clinical Development, Designated Doctor and Designated Nurse and indirectly through representation on various Board sub groups such as GSCB Health Sub group and GSCB Serious Case Review Sub group. The PCT cooperates fully and in the manner expected in participating in Serious Case Reviews.

The PCT has responded well to the 'Working Together' requirements to establish new child death review processes and has contributed to the development of these across the county. The Trust has completed an audit of responsibilities under Section 11 of the Children Act 2004 as requested by the Board.

There is no evidence to suggest that the PCT does not follow national child protection guidelines in their activities and dealings with others and the South West Child Protection Procedures have been adopted which accord with 'Working Together'.

**Learning Disabilities Partnership Board comments**

\* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Gloucestershire Learning Disability Partnership Board

\* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

STANDARDS FOR BETTER HEALTH

THIRD PARTY COMMENTS

GLOUCESTERSHIRE LEARNING DISABILITY PARTNERSHIP BOARD

Have the PCT involved people with Learning Disabilities in discussions?

Yes they have.

We had a good health conference and the Health Action plan involved people.

We have new co-chairing arrangements but sometimes have problems with keeping to the times.

How supportive are they to people with Learning Disabilities?

The health commissioning manager was really good. He explained things on the conference day and came to the reps meeting to talk about what he wanted help with.

Have they told you about changes and helped you be a part of developments?

Yes, we are told about things that are happening in the health service.

And we are told about the health group.

Have they listened to you?

Yes, we were told how the things we said will help.

Do you want to say anything else about the PCT?

We are going to make a DVD about people going into hospital - I think that is a good thing to do.

Co-Chair

Learning Disabilities Partnership Board

## Commentaries from other third party organisations

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

## Overview and scrutiny committee comments

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

0 1

## Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Gloucestershire Health Overview and Scrutiny Committee (HOSC)

Comments. There is no word limit on this answer.

#### Annual Health Check 2008/9

##### Gloucestershire Health Overview and Scrutiny Committee (HOSC) comments on Gloucestershire Primary Care Trust (PCT)

Comment 1 - The HOSC receives bi-monthly performance reports from Gloucestershire Primary Care Trust, which include details of performance against targets relating to cleanliness and healthcare associated infections. The performance report considered by the HOSC in November 2008 demonstrated that the PCT was slightly above target for the number of cases of MRSA. However, the number of cases for the year to date at that point was very small (10 cases against a target of 9). The report considered in November also demonstrated that levels of Clostridium Difficile (C Diff) were well within the levels set in both the Commissioner and Provider targets (there were 266 cases in the year to date against a target of 290 for the commissioner target, and 147 cases against a target of 185 for the provider target). In its commentary for the 2007/8 Health Check the HOSC highlighted performance against both the MRSA and C. Diff targets as an area of concern. The significant progress that has been made in this area should therefore be highlighted as a success for the local Health Community, whilst acknowledging that work still needs to be done to ensure that the MRSA target is achieved.

Evidence - Bi-monthly performance reports received by HOSC since March 2008 and the minutes of the associated meetings. Minutes and reports available through the Gloucestershire County Council GlosText system on the GCC website - [www.gloucestershire.gov.uk](http://www.gloucestershire.gov.uk). HOSC commentary of the 2007/8 annual health check for evidence of previous poor performance.

##### Core Standard - C4a, C7f

Comment 2 - During the course of the year the HOSC has expressed considerable concern about performance against the Choose and Book utilisation target. Each performance report demonstrates that the PCT is generally achieving no more than 60% utilisation against the 90% target. In addition to this the November report shows that performance also remains well below the trajectory that has been agreed with the Strategic Health Authority. However, it should be noted that performance is improving, albeit at a slower rate than the HOSC would have hoped for, and that Gloucestershire PCT is not alone in struggling to achieve this target.

Evidence - Bi-monthly performance reports received by HOSC since March 2008 and the minutes of the associated meetings. Minutes and reports available through the Gloucestershire County Council GlosText system on the GCC website - [www.gloucestershire.gov.uk](http://www.gloucestershire.gov.uk).

##### Core Standard - C7f, C18

Comment 3 - During 2008/9 members of the Gloucestershire HOSC have looked at the performance of Great Western Ambulance Service (GWAS) in considerable detail, both through the HOSC Ambulance Services in Rural Districts task-group, and also through its membership on the Great Western Ambulance Service Joint Health Scrutiny Committee. The HOSC is concerned about the performance of the Trust against the national Category A8, A19, and B targets, and also about performance against the local Category C target. The final report of the Ambulance Services in Rural Districts task-group, and the Interim Report and Recommendations of the Joint Committee both clearly highlight members' concern at the failure of GWAS to achieve these targets. The task-group report also highlights significant concern about the variation in performance between urban and rural areas, with performance in rural areas being significantly below target (as low as 50% for Category A8 in the Cotswold District against the 75% target), whilst performance in urban areas is often well above target. The poor performance of GWAS needs to be taken into account, as Gloucestershire PCT is the lead commissioner of ambulance services in the GWAS region.

Evidence - Final report of the HOSC Ambulance Services in Rural Districts task-group. Interim Report and Recommendations of the Great Western Ambulance Service Joint Health Scrutiny Committee.

##### Core Standard - C7f, C19

Comment 4 - The HOSC has received information about the PCT's 'Offer 08' events, which aimed to engage the public in developing priorities for the coming year to inform the development of the PCT's Strategic Framework. These events also provided feedback to the public on progress that had been made against the priorities agreed following the 2007 'Offer' conversations. The HOSC is pleased that the PCT is continuing to make efforts to engage the public in priority setting, and that it is continuing to try to build on the success of the 2007 'Offer' events. However, the committee would note that the number of responses from the 'Offer' events and associated questionnaire was disappointing (426 responses - 295 via the questionnaire and 131 from the events).

Evidence - PCT Chief Executive's Report to the November HOSC meeting and minutes of the November HOSC meeting. Minutes and reports available through the Gloucestershire County Council GlosText system on the GCC website - [www.gloucestershire.gov.uk](http://www.gloucestershire.gov.uk).

##### Core Standard - C17

Comment 5 - The HOSC has received information about the PCT's Winchcombe Health and Social Care Project in March 2008 and was pleased to note that the consultation process appeared to have been exceptionally thorough. The local County Councillor for Winchcombe attended the HOSC meeting and confirmed that in his view the PCT had undertaken a very good public engagement process for this project.

Evidence - PCT report to HOSC on the Winchcombe Health and Social Care Project (March 2008), and the minutes of the March HOSC meeting.

##### Core Standard - C17

Comment 6 - The HOSC has set up a task-group to look at levels of excess winter mortality in Gloucestershire. The findings of this group have not been published at the time of writing this report, although the task-group's final report is due to be presented to the HOSC meeting in March 2009. Initial feedback from the task-group suggests that the PCT is committed to the work that the Gloucestershire Affordable Warmth Partnership is doing to address this issue. This commitment is demonstrated within the Local Area Agreement, which includes a stretch target for increasing the number of measures (insulation and central heating) installed by the Warm and Well Scheme. The Severn and Wye Energy Agency have provided positive feedback to the task-group about the PCT's contribution to the Gloucestershire Affordable Warmth Partnership, and have noted that the PCT have continued to fund the scheme despite the fact that many of the successes of the work are hard to measure.

Evidence - Excess Winter Mortality Task-Group meeting notes.

Core Standard - C22a, C22c

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