



**Your details**

Trust self-declaration:

Organisation name:	West Dorset General Hospitals NHS Trust
Organisation code:	RBD

**General statement of compliance**

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

<p>General statement of compliance</p>	<p>The Trust Board of West Dorset General Hospitals NHS Trust has assurance that all care standards have been met with the exception of 20b where there is insufficient assurance currently available.</p> <p>The Trust received a visit from the Healthcare Commission relating to the privacy and dignity of older people in March 2007. The report highlighted 2 areas deemed to be at some risk to the Trust compliance.</p> <p>Standard 13a; the Trust is confident that privacy and dignity issues relating to all age groups of patients are inherent in policies relating to clinical care and the training provided to support clinicians. This is supported through patient surveys, patient questionnaires, complaints, PPI and PALs.</p> <p>Standard 20b; the Trust has developed and piloted a matrons' monitoring tool to ensure compliance against this standard, and has a plan to implement across the Trust. At the time of the visit (5th March 2007) full implementation had not occurred and therefore full assurance to the Trust Board could not be provided against compliance.</p> <p>The Trust has strengthened the Infection Prevention and Control Team this year, through appointment of a Nurse Consultant, Infection Control Doctor and Anti-microbial pharmacist. The Trust has continued to reduce its consistently low MRSA bacteraemia rates and is awaiting the outcome an appeal for 2 cases which have been submitted for consideration for exclusion against the Trust's Trajectory. One case related to an inpatient in another Trust whose specimen was tested in our laboratory. The second case related to a patient who was admitted from a local Nursing Home with sepsis. Blood cultures taken on the date of admission were both positive for MRSA. This patient had not received any inpatient hospital care in the preceding 3 months</p> <p>A detailed plan to reduce C Difficile rates is being effectively implemented and shared with the wider health community.</p> <p>The Trust introduced an Integrated Governance Structure last year which has strengthened Governance arrangements. An assurance framework which reflects the core standards has been approved by the Trust Board and is supported by the Internal Audit Consortium.</p>
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	<p>The Trust was pleased to see the information toolkit confirm that in over 86% of indicators that the Trust was within the national expected ranges. We were also pleased to note that in 2 areas relating to stroke patients and 1 relating to met cancer peer review upper GI MDT measures we exceed the national expected ranges.</p>
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### Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

<p>Statement on measures to meet the Hygiene Code</p>	<p>The Trust has a very detailed assessment showing compliance against the Code of Practice for the Prevention and Control of Health Care Associated Infections as set out in the Health Act 2006. Attached to the assessment is an action plan which is reviewed by the Infection Prevention and Control committee and reports into the monthly Integrated Governance Committee by exception and formally on a 6 monthly basis to monitor compliance.</p>
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### Safety domain - core standards

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

C1a	<p>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.</p>	Compliant
C1b	<p>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.</p>	Compliant
C2	<p>Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.</p>	Compliant
C3	<p>Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.</p>	Compliant
C4a	<p>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,</p>	Compliant

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	achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	
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:

Your level of progress in relation to developmental standard D1	Good
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	<p>West Dorset Hospitals NHS Trust was non-compliant against 5 Intrathecal Chemotherapy Measures at the peer review. This was raised as an immediate concern with the Trust and the issues were addressed. The Trust is now compliant against these measures.</p> <p>The Trust has established a safer medicines practice committee. The work of the committee is to identify trends, undertakes root cause analysis of incidents and influences medical staff and nurse training. Work has been undertaken with the NPSA to identify packaging solutions.</p> <p>The Trust is aware of the issues relating to C Difficile rates, some of which were related to a major outbreak of Norovirus, between February - April 2006.</p>

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Your highest local priorities for improvement relating to developmental standard D1	<p>A complaints forum has been established to review user feedback and identify trends in clinical areas.</p> <p>The Trust has a detailed plan to address C Difficile rates and has invested in strengthening the Infection Prevention and Control Team with 3 key appointments: Infection Prevention and Control Nurse Consultant, Infection Control Doctor/Microbiologist, Anti-microbial Pharmacist.</p>

### 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	Good
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	West Dorset Hospitals NHS Trust was non-compliant against 5 Intrathecal Chemotherapy Measures at the peer review. This was raised as an immediate concern with the Trust and the issues were

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	<p>addressed. The Trust is now compliant against these measures.</p> <p>Palliative care is provided by a consultant who is employed by another organisation. Therefore we do not hold a palliative care MDT at West Dorset General Hospital NHS Trust.</p> <p>The Trust actively participates in a wide variety of national audits and most of the cardiac audits including the BHF/BACR audit of cardiac rehabilitation.</p>
Your highest local priorities for improvement relating to developmental standard D2a	The Trust is currently implementing an electronic solution to enable it to participate in collecting the detailed BHF dataset which will be operational during 2007-8 and is currently submitting the BHF annual questionnaire in lieu of the dataset.

### Governance domain - core standards

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

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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

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C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	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 and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

### 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	Compliant

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	members of the population to access services equally and offer choice in access to services and treatment equitably.	
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### 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.	Insufficient assurance
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

### Care environment and amenities domain - non-compliance/insufficient assurance

Please complete the details below for standard C20b, for which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	05/03/2007
End date of non-compliance or insufficient assurance (planned or actual)	05/09/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust received a visit from the Healthcare Commission to ascertain whether systems were in place to ensure that whilst inpatients, older people are being treated with respect and dignity. The visit found that whilst ward environments are generally supportive of patient privacy and confidentiality, there was no evidence of formal monitoring of the ward environments other than the annual Patient Environment Action Team (PEAT) inspection.
Actions planned or taken	A monthly Matrons' monitoring tool had already been devised and piloted. This tool will be implemented across all clinical areas and the

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(maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	results of the monitoring will be reviewed on a bi-monthly basis by the PEAT group. The monitoring has already been incorporated into the new organisational structure and will form part of the Head of Nursing's Portfolio; the re-structure is due to be implemented on 1st September 2007. In the interim the Director of Nursing will be addressing the issues as chair of the PEAT group.
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### 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 and	Compliant
	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)

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	Title	Full name	Job title
1.	Mr	Robin SeQueira	Chairman
2.	Ms	Annabel Broome	Vice Chairman (till 31/03/07)
3.	Mr	Jeffery Ellwood	Non-Executive Director
4.	Mr	Roderick Knight	Non-Executive Director
5.	Mr	Christopher Spry	Non-Executive Director
6.	Mr	Jan Bergman	Chief Executive
7.	Dr	David Cove	Medical Director
8.	Mr	Paul Turner	Director of Finance
9.	Ms	Alison Tong	Director of Nursing
10.	Mrs	Sally Brown	Director of Operations

### 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>Dear Jan</p> <p>Annual Health Check: Comments on Core Standards Declaration</p> <p>As you will be aware all organisations are required to submit to the Healthcare Commission a final declaration on compliance with core standards by midday, Tuesday 1 May 2007.</p> <p>The Strategic Health Authority is invited to provide comments on the performance of an organisation against the core standards. These comments along with any comments provided by the Overview and Scrutiny Committees and Patient and Public Involvement Forums, should be included word-for-word with your final declaration to the Healthcare Commission and will be taken into account by the Healthcare Commission when cross checking your declaration.</p> <p>Please find below the Strategic Health Authority comment on the performance of your organisation against core standards which you should include with the final declaration.</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> <p>You should now finalise your arrangements for completing the final declaration to ensure you meet the deadline of 1 May 2007.</p> <p>If you should require any further assistance please do not hesitate to contact your Associate Director of Commissioning and Performance.</p> <p>Yours sincerely</p>
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	<p>Bill Shields Director of Finance and Commissioning</p>
<p>Patient and public involvement forum comments</p>	<p>Forum Comment</p> <p>The Forum has commented only on those standards where there is relevant information (based on the work undertaken by the Forum) to evidence the findings.</p> <p>Core Standard - Safety C4a) Health care organizations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness. Various monitoring visits undertaken July and December 2006 and January 2007 (full reports available). Forum Minutes number 33 dated Dec 06 From observations undertaken, Forum members highlighted certain areas of concern (from patients' perspective) regarding infection control. These have been highlighted to the Trust in formal reports (responses currently awaited) and also directly to Nurse Consultant. Forum are aware that Trust Infection Control policies and procedures include surveillance and investigation procedures but Forum observations conclude activities such as active hand decontamination do not appear to be integrated into the everyday culture of all medical staff.</p> <p>Core Standard - Governance C11a) Health care organizations ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake. Staff Induction and recruitment of Patient Advice and Liaison Service/Patient &amp; Public Involvement Manager Forum Chair was actively involved in the recruitment of the new PALS/PPI Manager. Communication processes between Trust and Forum have now greatly improved. Forum is very supportive of the PALS service and would like to see it develop, with additional staff, in support of patients. Staff Induction has been reduced to one day and does not adequately cover the role of PALS or PPI.</p> <p>Core Standard - Patient Focus C13a) Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect Forum involvement with 'Towards Equity &amp; Access' and Equality &amp; Diversity issues (including monitoring implementation of Disability Equality Schemes). Forum Minutes number 33 dated Dec 06 Forum has, and continues to have, active Forum member input to trust Diversity Forum. This is a new group which is only just beginning to have a focus and structure. Training for the group, staff Managers and staff awareness on these issues is ongoing and continues to be monitored by the Forum.</p> <p>Core Standard - Accessible and Responsive Care C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services Monitoring of PPI Strategy Trust has had a PPI Strategy in place from Jan 2006, which has recently been reviewed and updated. It is still unclear how patients will be involved in the 'design and planning' of health services but the revised Strategy appears to have a better focus and structure and will be monitored by the Forum. The Forum has been consulted on various issues such as Foundation Status and proposed changes to Urology services but not at the 'design and planning'</p>

	<p>level.</p> <p>Core Standard - as above                      Various monitoring visits undertaken July and December 2006 and January 2007 (full reports available). Forum Minutes number 33 dated Dec 06A series of monitoring and review visits (with follow up observations) were undertaken by Forum members to elderly care wards at the Trust. A full report has been documented. Issues raised include infection control, changes to services not being communicated to staff in a timely fashion and whether community services are in place to accommodate recent changes. At time of writing the Trust has not had sufficient time to respond to the recommendations in the report.</p> <p>Core Standard - Accessible and Responsive Care C18 - Health care organizations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.      Review of provision of audiology services with particular reference to patient waiting times. Forum Minutes number 25 dated April 06, number 30 dated Sept 06 and number 31 dated Oct 06      Forum undertook review of audiology services. Waiting times observed were quite unacceptable with major improvement required. Trust staff were fully co-operative and further review will be undertaken by the Forum in March 2007 to track progress of Trust agreed actions.</p> <p>Core Standard - as above                      Regular 6 monthly monitoring visits to Genito-urinary medicine treatment centre. (Reports available). Members undertake regular visits to local units to talk with patients and review services. It is apparent there is a need for services in Bridport area. Funding is available but Trust advise no suitable location can be found. Further information and clarity has been requested from the Trust as this remains an area of concern, especially for younger people accessing services in rural areas. This has also been highlighted in the Forum comment for Dorset Primary Care Trust.</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p>Dear Jan</p> <p>Annual Health Check - Dorset Health Scrutiny Committee's 2006/2007 submission</p> <p>As you are aware the Dorset Health Scrutiny Committee considered their contribution to the Annual Healthcheck of NHS bodies at their meetings on 12 February and the 5 April 2007.</p> <p>The enclosed document details the agreed contribution from Dorset Health Scrutiny Committee. The contribution is for the period from 1 April 2006 to 31 March 2007 refers only to the involvement that the committee has had, through its work, with your Trust, related to the core standards.</p> <p>If you would like an electronic copy please let me know and I will get a copy forwarded to</p>
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you.

Should you have any queries about this or need anything further in this respect please do not hesitate to me on 01305 224388.

Yours sincerely

Lucy Johns  
Health Partnerships Officer (Health Scrutiny)  
Adult and Community Services

DORSET HEALTH SCRUTINY COMMITTEE

HEALTHCARE COMMISSION: ANNUAL HEALTH CHECK 2006/7

Agreed contributions from Dorset Health Scrutiny Committee to the Annual Health Checks of NHS Bodies, based on their involvement with the work of the Committee for the period 1 April 2006 - 31 March 2007

NAME OF NHS BODY	DATE(S) OF INVOLVEMENT WITH DHSC	DETAIL OF INVOLVEMENT	APPLICABLE STANDARD/ TARGET AND COMMENT
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West Dorset General Hospitals NHS Trust	Reported to Committee on 12 September 2006	Consultation on application for Foundation Trust Status.	
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Core Standard C17 - Core Standard 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 DHSC was asked for its views as part of the consultation process for the application, and after some questioning, formally supported the application.

Report to and attendance at Committee on 12 February 2007  
Proposed reconfiguration of urological cancer services by Dorset PCT  
Core Standard C17 - see above  
The Trust was asked for its views on the reconfiguration of urological cancer services being proposed by the Dorset PCT and submitted a paper for consideration by the Committee. Key staff attended Committee to answer questions and engaged fully in the process. The matter was deemed to be a significant variation under section 11 of the Health and Social Care Act 2001 and stands referred for further consideration by the Committee in April 2007.