

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

RN5

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:

Basingstoke And North Hampshire NHS  
Foundation Trust

Chief Executive's First Name:

Mary

Chief Executive's Surname:

Edwards

Chief Executive's Email:

mary.edwards@nhht.nhs.uk

Organisation Code:

RN5

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).

**General statement of compliance**

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

The Foundation Trust is proud to be able to declare full compliance at year end. The Trust recognised during the year that more work was required to give reasonable assurance for C11b and has developed a central information system that provides a single point of comprehensive data on all mandatory training needs and compliance. The Board is confident in declaring that this standard has been met by the end of 2008/09.

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.

compliant

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

compliant

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\* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

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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

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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

**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

\* 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.

not met

Start date of non-compliance or insufficient assurance

30-11-2008

Date at which you expect to have assurance of compliance

20-03-2009

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

The Trust had plans to deliver a new comprehensive tracking system for training needs, attendance and gaps in training, but completion of the project has been delayed. A replacement process has been implemented within the year to ensure that the Trust can track and tackle any shortfalls in mandatory training.

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

A database of all mandatory requirements mapped to staff records has been completed. This information has given assurance of adequate training levels and will be used to populate a new managed learning environment, which captures all training needs, attendance, gaps and follow-up. The database was completed and fully populated by 20 March 2009. The managed learning environment will be functional by April 2009.

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

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

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

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

compliant

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\* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

compliant

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	Mr	Gordon Holdcroft	Chair
2	Ms	Mary Edwards	Chief Executive
3	Mrs	Donna Green	Chief Operating Officer/Director of Nursing
4	Dr	Andrew Bishop	Medical Director
5	Mr	Steve Bolam	Finance Director
6	Mr	Paul Richards	Chair of the Audit Committee
7	Mr	Robert Hodge	Non-Executive Director
8	Mr	Leon Allen	Non-Executive Director
9	Mrs	Catherine Brill	Non-Executive Director
10	Mrs	Nicola Horlick	Non-Executive Director
11			
12			
13			
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30			

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

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

\* Learning Disability Partnership boards

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

\* 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 Central Strategic Health Authority

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

SHA Comments for  
Basingstoke and North Hampshire Hospitals NHS Foundation Trust  
for the Healthcare Commission Final Declaration March 2009

**Safety**

Sharing of lessons learnt take place at review meetings (e.g. provider, commissioning and mental health/LD). The Patient Safety and Risk Governance Forum meet quarterly whereby lessons learnt are presented relating to SUIs. The Trust is fostering a patient safety and quality improvement culture.

There have been 13 Serious Untoward Incidents reported between 1 April - 22 March 09. Following some SUIs involving cataracts the trust has commissioned an independent review.

**CAS**

The number of CAS alerts with actions outstanding over the completion deadline is 5 from 1 April 09 - 22 March 09. This is data that has been extracted from the DH CAS website.

**Reduction of MRSA/C. Diff**

The Trust currently on trajectory to meet both the Clostridium Difficile and MRSA limits for 2008/9

**Finance**

The SHA does not have access to the organisation's financial position.

**Governance**

The SHA does not performance manage the organisation's governance arrangements.

**Accessible and Responsive Care**

There is a high confidence of the achievement of the 95% target for non admitted patients treated within 18 weeks from referral

There is a high confidence of achievement of the 90% target for admitted patients treated within 18 weeks from referral  
Waiting times for cancer treatment are entirely satisfactory /

More than 98% of patients consistently wait less than four hours in A&E.

**Local Involvement Network comments**

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

Patient and Public Involvement Group with the agreement of Local LINKs

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

Basingstoke and North Hampshire NHS Foundation Trust Patient and Public Involvement Group (PPIG)

Healthcare Commission Standards for Better Health submission March 2009.

This is submitted by the PPIG with the agreement of Hampshire LINKs

The Patient and Public Involvement Group (PPIG) are able to offer the following comments on the domains outlined where there is relevant information to evidence their findings. Evidence is drawn from the PPIG meetings notes, project group activities, survey involvement and ward visits.

**Domain 1: Safety****C1a**

Clinical incident recording is presented by the divisions in their reports to the PPIG. Each clinical divisional manager attends the PPIG quarterly. This

discussion is recorded in the meeting notes (Feb 09) relating to medication errors in elective and work on patient falls recorded in the meeting notes (Jan 09) within the emergency division.

C4a

Infection control measures are discussed with divisional managers and any hospital wide issue is brought to the group's attention by the PPI link (Head of communications and PPI). The new isolation ward was highlighted by the emergency division at the January 09 meeting. The norovirus outbreak affecting ward closures was highlighted at the February 09 meeting. In April 08 it was reported to the PPIG that the hospital had commissioned 3 short films for the website - one covered aspects of infection control. These have since been published.

C4d

Divisional manager for emergency discussed medicines handling and errors with the PPIG at the Jan 09 meeting and the actions taken which had shown improvements within the MAU clinical area. Actions included the introduction of a dedicated pharmacist to MAU.

#### Domain 2: Clinical and cost effectiveness

C5d

A member of the PPIG is a member of the FT clinical effectiveness group chaired by the medical director. A member of the PPIG also attends the Audit conference and feeds back to the group. The audit conference particularly highlighted the huge amount of work completed by staff and excellent clinical practice. The group has recently (Feb 09) reviewed its approach and changes are in place to demonstrate a closer link with NICE and clinical effectiveness this year. PPIG have recommended to the group a closer link between clinical and facilities (non clinical) audit work. The PPIG work programme is attached.

#### Domain 4: Patient focus

3 members of the PPIG are also members of the Foundation Trust 'Patient Experience Group' (PEG) which meets quarterly. The PEG includes governor representatives. Role of the PEG is recorded in the May 08 notes.

C13a

Dignity and respect of patients has appeared to be very apparent during observation on planned (but unannounced to ward teams) ward visits. This year these have been taken on E floor, medical ward, (11 June) F Floor, elderly care (26 June) and D floor, orthopaedics (November 08). Patients (and visitors) are also met during completion of the environment surveys on the ward. The PPIG also receive feedback on all national surveys - last year these were completed for inpatient (adult), young patients and the emergency department.

C14a

The PPIG receives a comprehensive report from the customer care manager monthly. Any trends are highlighted and an opportunity is given for further questions to be raised. The Foundation Trust should be praised for the high level of compliments and thank you's received. To improve the understanding of PPIG in the handling of complaints they have requested to see some case studies - from letter to lessons learnt. PPIG have highlighted to the Governance team the need to more proactively advertise PALs and recognises that this will in part be rectified with the office move closer to the main entrance.

C14c

The PPIG receive a quarterly report on customer care in addition to the monthly report. This additional report highlights actions taken (and lessons learnt) as a result of PALs or complaints raised in recent months. The divisional manager for emergency highlighted that all PALs and complaints are discussed at their weekly managers meetings so that responses are prompt and any urgent actions, if required, can be taken.

C15a

Patients will often comment on their diet and meals with PPIG members when visiting ward areas for the environment survey. Most patients report favourable comments on their meals. The PPIG are awaiting the results reports for these surveys for 2008 / 2009. A member of the PPIG is now a member of the newly formed restaurant users group and gives access to PPIG members to comment on the service.

C15b

Meal handling was observed by PPIG members during the ward visits. The red tray system is working very well for all patients that need extra support at meal times. In June 08 the PPIG were informed a new Braille menu had been introduced. PEAT visits have improved year on year. Following the PEAT inspection in February 2009 recommendations were made for a more flexible menu approach - this is already in hand and will include portion size options.

C16

In August 08 a member of the PPIG had met with the newly formed cancer partnership group. This group is focusing on patient information. During the year the PPIG have commented on the structure of patient surveys but limited patient information.

The PPIG have been involved in the new website (comments and ideas gathered) prior to the launch in January 2009. On going input has been requested (Feb 08 notes)

Health information point project (and the new front entrance project) has a PPIG representative. The new health information centre will be a great asset to the patients and relatives who use the services of the Foundation Trust.

Accessibility of PALs information is being discussed at the March meeting.

#### Domain 5: Accessible and responsive care

C17

Local patient surveys are discussed. The PPIG has given direct feedback on the patient information governance survey (Jan 09) and the end of life survey (Feb 09). Reports following surveys have been requested.

The PPIG also receives the feedback and reports from other large scale surveys including the national inpatient survey, the young patient's survey and the emergency survey. The feedback has always included the action plans and timescales of further improvements planned. The PPIG members take the opportunity to talk with patients and visitors during their survey work and on the whole receive very positive comments from both groups. Any concerns are either reported directly to the ward manager or to the head of communications for action.

C18

Call centre telephone answering delays was followed up this year. The outpatient call centre service has much improved and the elective divisional manager recently informed the PPIG (Feb 09) that a new IT / telephone system is also being procured.

The PPIG visited the emergency department with the modern matron (Feb 09) and saw first hand how the department is managed and how delays are avoided to keep within the 4 hour target. The hospital has an excellent reputation for managing this busy area of patient flow.

The elective division shared the tables explaining how the 18 week target is met (Feb 09) and how increasing referrals (and overall waiting list number of patients) are managed within this.

#### Domain 6: Care environment and amenities

**C20a**

The PPIG feel that patient safety is a high priority for the Foundation Trust and that on going improvements are being made. Recommendation for hand rail improvements (from the PEAT visit in 2008) were taken seriously and actions again taken. The patient safety manager and risk manager presented to the PPIG in July and August 2008. The patient safety manager advised the PPIG on a question template for ward visits which supported highlighting patient safety (Oct 08 notes)

Estates and car parking team presented to the PPIG (May 09) to share the improvements planned to car parking, estates and travel planning. A PPIG member has volunteered to be a member of the users group when formed.

Improvements to child health security and a review of maternity security was highlighted to the PPIG in August 2008. The chair of the PPIG also noted that he had been pleased to have been challenged when he had recently visited the maternity unit to complete a survey.

Car parking improvements have made a huge improvement for all users this year and the pay on exit appears to have supported increased capacity.

**C20b**

Issues of privacy and confidentiality are observed on ward visits and no issues have been forwarded. The PPIG members have not received direct negative feedback on privacy issues, however from their personal experience or observation feel there can always be improvements made for patients receiving confidential or personal information and a curtained area rarely offers this privacy.

**C21**

The PPIG have at least 2 members who are trained and participate in the PEAT (Patient Environmental Action Team) assessment every year. The latest PEAT assessment was completed on 25 February 2009 and this has demonstrated year on year cleanliness improvements. The PPIG will raise any cleanliness concerns, however minor, when observed during the environment survey visits. These have always been actioned promptly.

Overall the Foundation Trust has a well deserved reputation for excellent cleanliness and the cleaning activities of the cleaning teams are very visible.

**Domain 7: Public Health**
**C23**

During the NHS 60th anniversary activities a public open day and exhibition was held. The quit4life team had a display and were present to support the quit smoking message. The PPIG also had a stand in the exhibition.

**Patient and Public Involvement Group Work Programme  
June 2008**

Ward visits (to review facilities and care provided) E and F floor Completed June 2008

Ward visits planned C and D floor Surgery and Orthopaedics November '08

Ward visits planned Maternity and Child Health April '09

Comment on car park visitor questionnaire June / July

Weekly environmental survey All wards On-going

Street survey Follow up from 2007 survey (awaiting evaluation) Possibly later in 2009

Project / group representation:

- |   |  |          |
|---|--|----------|
| 1. Car park user group                      | Derek Jennings                         | On going |
| 2. Front entrance scheme / info centre      | Colin Godfrey                          |          |
| 3. Patient Experience Group                 | 2 members, either Gordon, Colin or Ann |          |
| 4. PPIG representative to CGB               | No rep at present                      |          |
| 5. Local network group member (PCT)         | Colin Godfrey                          |          |
| 6. Clinical Effectiveness (Audit) Committee | Derek Jennings                         |          |
| 7. Cancer Partnership Group                 | Gill Tomlins, Joy Deadman              |          |
| 8. Annual PEAT inspection                   | Trained members as available           |          |
| 9. Restaurant users group                   | Ann Jeffrey                            |          |
| 10. End of life steering group              | Derek Jennings, Colin Godfrey          |          |

Other visits or request for further information resulting from PALs issues or patient information that requires immediate action Ad hoc in liaison with GH / exec

Updated 14 July 2008, Aug 08, Oct08, March09

**Local child safeguarding boards comments**

No comments from Local Child Safeguarding Boards were provided

**Learning Disabilities Partnership Board comments**

No comments from Learning Disability Partnership Boards were provided

**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

Hampshire County Council Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Basingstoke and North Hampshire NHS Foundation Trust Annual Health Check: Hampshire County Council Health Overview & Scrutiny Committee comments

Thank you for inviting our comments on the Basingstoke and North Hampshire NHS Foundation Trust's Annual Health Check Statement. The comments we make are relating to the period 1 April 2008 - 31 March 2009 and reflect only those issues that have been formally included in our agendas. They are therefore fully in the public domain and open to in-depth examination if the Commission so wishes (see web link <http://www3.hants.gov.uk/healthscrutiny>)

There have been no issues relating to the Trust formally considered by the Committee in 2008/09; we therefore assume that there have been no changes to services provided by the Trust that could be considered substantial in nature. Additionally we have had no concerns raised with us by patient groups such as LINKs.

We would however wish to commend the working relationship that exists between the Trust and the HOSC which allows for there to be regular dialogue aimed at addressing issues before they need to be dealt with formally.

I do hope you find this feedback helpful and wish you every success with the current assessment.

Yours sincerely

Cllr Anna McNair Scott  
Chairman, Health Overview and Scrutiny Committee

cc: Denise Holden

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

#### COUNCIL OF GOVERNORS, BASINGSTOKE AND NORTH HAMPSHIRE NHS FOUNDATION TRUST

##### Commentary on Standards for Better Health Declaration for 2008/09

###### Introduction

It has been a busy second year for the Council of Governors. The working relationship between the Council of Governors and the Board of Directors is continuing to develop positively. This is evidenced by the greater openness in discussions, particularly in dealing with areas of concern. This work is supported by the recent recruitment of high quality staff, such as our new Company Secretary.

We have continued to develop and extend the working groups which were established last year, though two of the groups, Membership and Communications, have now merged for greater efficiency.

Chairman Gordon Holdcroft was advised by the Chairman of South Central Strategic Health Authority that he frequently uses the Foundation Trust as an exemplar site on all aspects of activity.

We have worked very hard during the past year to increase our Trust membership numbers and to ensure that we have diversity within our membership constituencies. We had achieved a total of 5469 members by the end of February 2009, which exceeds our target number for the full year to the end of March 2009. We continue to identify areas where membership needs to be increased.

We said goodbye to several Governors on 30 November 2008, when their terms of office expired and we thank them for their hard work and dedication throughout their period of office. Our new Governors took up their posts on 1 December and we look forward to working closely together in the coming year.

We are very pleased with the recognition our Trust has received in the past year. Notable successes include:

- o The Trust winning the Caspe Healthcare Knowledge Systems (CHKS) Award for the 6th time - this award assesses healthcare organisations against 20 performance indicators;
- o Monitor continuing to award our Trust a rating of at least 4:Green:Green;
- o The Trust also winning a Nursing Times Award, which is an excellent achievement given that the awards were open to both public and private healthcare organisations and 80% of the winners were private organisations;
- o John Harrison's sterile services team winning the Innovative Health and Social Care Technology Award;
- o The Healthcare Commission awarding the Foundation Trust its best possible rating of Excellent:Excellent for quality of care and use of resources for two years in a row.

###### Domain 1: Safety

###### C4a Infection Control and MRSA

The Trust is continuing to produce a Clinical Metrics Report, which is presented to the Corporate Governance Board each month, and to Board of Directors as part of an overarching Governance Report. This report contains data pertaining to infection rates and mortality. This allows the Trust to analyse trends on a monthly basis and take any necessary steps at the earliest opportunity. We have received updates on infection rates and infection control plans at the Trust. The Trust has continued to do well at keeping infection rates down and this is attributed to the constant effort of all Trust staff, which we recognize and we thank them for their efforts.

###### C4b Acquisition and use of Medical Devices

We are pleased with the continuing investment programme, which includes new patient and clinical equipment being introduced across the Trust. These include new beds across the hospital, a new cytotoxic unit and cutting edge greenlight laser treatment for prostate cancer.

###### Domain 2: Clinical and Cost Effectiveness

###### C5b Clinical Care Supervision

Within the Maternal and Child Health Division of the Trust, Women's Health Specialists have been introduced as a way of increasing consultant level care to be provided overnight and to improve out of hours safety. We have been advised that this model is now being adopted by other organisations, for example Royal Cornwall Hospital and Frimley Park.

###### C6 Co-operation with Other Organisations for Clinical Care

Delayed transfer of care targets have consistently not been achieved. We recognise that there are factors beyond the Trust's control, and that the Trust is actively working to implement plans to achieve the targets. The Trust is to be commended for its continuing work and effort to improve on these targets.

###### Domain 3: Governance

###### C7a&c Sound Clinical and Corporate Governance and Systematic Risk Assessment and Management and C7b Promote Openness and Probity

The new Trust Company Secretary, Will Hague, will lead a review by the Trust and the Governors of the Trust's Constitution to bring it up to date. A review of the membership database will also be undertaken.

The Nominations Committee has been involved in a review of the Board's skill sets, following which it has been agreed that a further Non-Executive Director should be recruited.

Further to a recommendation last year that the Board of Directors and the Council of Governors should have greater interaction, a number of joint meetings have been arranged at which future strategy and business planning are discussed.

The Governors have been closely and actively involved in the whole tender process for the appointment of external auditors.

Members of our Audit working group met with the Audit Committee and both internal and external auditors on 15th July 2008. They reviewed the work of the Audit Committee, which covers both financial and non-financial matters. As part of this exercise they were presented with a paper on the Trust's Counter-Fraud activities. This meeting provided the Governors with assurance that robust processes are in place.

#### C8b Workforce Development

The Remuneration Committee has reviewed the Trust's Non-Executive Directors' remuneration and believes that their fees are fair and reasonable. The Governors have also agreed a process by which they can contribute to the appraisal of the Non-Executive Directors during the year.

We are pleased to note that consideration is being given to awards for staff in all areas, to ensure that their contribution to the work of the Trust is recognised.

#### C11b Mandatory Training Programmes

The Trust's mandatory training includes fire, health and safety, child protection and manual handling training. We are aware that the Trust's difficulty in meeting this target lies in part with incomplete record access at the organizational level. We note that the Chief Executive is taking steps to ensure that all key staff within the Trust have undertaken the mandatory training relevant to them. We are encouraged that the Trust is also taking measures to address the issue of organisational records and compliance.

### Domain 4: Patient Focus

#### C13c Confidentiality

We note that patient confidentiality is taken seriously within the Trust. In response to a specific question from the Governors we were pleased to have the Chief Executive's assurance that the Trust is in no way involved in selling patient records to private drug companies, as has been alleged against other NHS organisations.

#### C14c Actions from Concerns/Complaints

In response to a consultant request for increased feedback from complaints, we were assured that feedback from patients is available on a wide range of issues including catering, cleanliness and also from the results of the Patient Experience Tracker pilot. We are aware that complaints are often about communication issues rather than the clinical care provided. We were assured that the Trust is committed to addressing lessons learnt from the Trustwide complaints process and that complaints are reported to the Corporate Governance Board, and mechanisms are in place to encourage lessons learnt to be communicated across the Trust.

Highlights of a presentation from the Clinical Director of the Maternal and Child Health Division were the importance of choice in the provision of maternity services, as well as the very successful recent recruitment of midwives, the availability of screening tests for Downs Syndrome Fetal Abnormality and the reduction in the number of complaints received, which reflects the standard of care given to patients. In describing the future vision, focus was once again on choice, improved and more timely access to services, all of which will result in better outcomes and improved continuity of care.

### Domain 5: Accessible and Responsive Care

#### C17 Views of Patients are Sought

The Patient Experience working group has undertaken a considerable amount of work, focusing on issues impacting on customer care, which include the front entrance refurbishment and the new call centre.

At our meeting on 5 March 2009 we were advised that we were on course to meet our membership target for the year. We are satisfied with the number of initiatives that have been undertaken during the year, including a letter to employees of local organisations. In addition, membership forms and pre-paid reply envelopes have been distributed to all new Governors.

With effect from 8 December 2008 we have added a 15 minute informal session to the agenda of each Council of Governors meeting to answer questions from the public.

We are extremely pleased to note that the Trust is going to undertake a review of all patient survey activities, and to ensure that there is a coherent programme across the organisation. We have been advised that the National Patient Survey has identified areas for improvement which will be the Trust's main focus for improving customer care. The Trust also takes into account feedback from the Patient Experience Tracker, PALS and complaints issues to help it to improve the ways in which it meets the expectations of patients and visitors.

The Annual Members Meeting was extremely well attended. Dr Rebecca Saitch gave a presentation on endoscopy services which the audience received very positively. She also contributed material to the wide range of exhibition stands that gave members a chance to learn more about areas of hospital work and to meet the staff responsible for delivering them.

Following the lessons learned from the constituency meeting held on 25 June 2008, we have implemented a number of improvements including the choice of location, the need for additional flyers and the need for increased feedback to members through members' newsletters.

#### C18 Equity of Access Across Population

We are pleased to note that the Trust has successfully implemented a new website which will improve accessibility for a large number of service users.

We note that membership in the 26-40 age bracket seemed to be decreasing but all other age brackets were increasing. It was confirmed that the Trust's age profile was consistent with the national pattern, namely that the older population use hospital services more regularly and therefore it is appropriate that they make up a larger proportion of the membership.

During the past year we have identified a number of groups that we could work with in order to increase membership including Basingstoke Bison Ice Hockey Team supporters, users of our DTC and staff at Basingstoke & Deane Borough Council and Eli Lilly and Company Ltd (both of which are large employers within our locality).

Equity of access was also evidenced by the fact that the Trust's Emergency Department consistently performs at above 99% for the four hour target, ensuring that everyone attending is being seen within acceptable timescales.

We are assured that the Trust provides all NICE approved drugs and that the PCT makes decisions on patients who have been recommended to receive NICE unapproved drugs, on a case by case basis.

We note that there has been an increase in suspected cancer referrals, however the Trust is still hitting the target of seeing 100% of patients whose GP suspects they may have cancer, within two weeks. We have been advised by the Chief Executive that referrals from outside the local area are increasing dramatically and that the Trust is now starting work on capacity plans for next year, to ensure investment is made in any necessary areas, to ensure waiting time targets continue to be achieved.

We received feedback on the conclusion of the 18 Weeks Referral to Treatment Project from Emily Arbuthnot-Smith. We were especially pleased to learn that the Trust had volunteered to be an early achiever site in conjunction with Hampshire PCT. The target was met in three specialties and the Trust achieved one of the best performances nationally in Orthopaedics. We were also pleased to note that lessons had been learned and changes to practice had been implemented in relation to more efficient mapping of pathways, the introduction of nurse led clinics and new protocols and procedures to allow more patients to be seen.

#### Domain 6: Care Environment and Amenities

##### C20a Safe and Secure Environment

We have been pleased with the progress made in improving and enhancing the entire patient experience. The Trust's annual report details the investment programme undertaken during the year, including significant improvements to the visitor car parking facilities, telephone contact through the call centre and a major project to improve the front entrance to the hospital.

We were also pleased to note the extent to which the investment programme included improvements to clinical facilities for patients, such as the new infection control ward, refurbishment of public and patient toilet areas, and redevelopment of C2 ward.

##### C20b Environments Support Privacy and Confidentiality

We have discussed the circumstances in which it is acceptable for wards to be mixed. The official requirement only allows mixed sex accommodation in particular areas, such as assessment units, CCU, ITU and the resuscitation area of the Emergency Department. The Trust had been satisfied that they protected privacy and dignity of patients in this respect because whilst wards may be mixed sex, all bays are single sex. However the Trust is undertaking additional work to meet evolving standards in this area, and recognizes there is more to be done.

##### C21 Clean Environment

We are happy to note that the Foundation Trust's deep-cleaning programme was completed in response to Government requirements and ahead of schedule. We are pleased that there is now an ongoing deep cleaning programme embedded in the Trust's cleaning regime.

#### Domain 7: Public Health

##### C22a&c Promote Health by Working with other Organisations & Local Crime Reduction Partnerships

We were advised by the Chairman of the Trust that the role of Stakeholder Governor representing the interests of local government rotated on a two year basis between Basingstoke and Deane Borough Council and East Hampshire District Council. The Governor representing Basingstoke and Deane Borough Council has reached the end of her term of office and East Hampshire District Council have nominated a Governor in succession.

Whilst our comments refer to areas of specific interest or discussion and review, we are satisfied that the hospital is compliant with all basic standards and processes.

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