

Governance Declarations

2007/08

Target / Core Standard: Core standard C20b: Environments that support patient privacy and confidentiality – December 2007

The Issue

The Trust received an ad-hoc visit by the Healthcare Commission (HC) on 26th June 2007 and was formally inspected against this particular standard. The Assessment Team concluded that although the Trust manages Patient Privacy & Dignity well, including regular auditing of single sex accommodation, it has mixed sex cohorted bays for MRSA patients. It is argued by the HC that these patients do not have access to private areas where confidential discussions with clinicians can take place. The Trust considers that this issue is borne out of lack of capacity within the current building stock and clinical need has to be given priority. However, the Trust does acknowledge the importance of privacy & dignity and with C.Difficile rates now significantly decreasing, the Trust is planning to replace the current C.Difficile Wards with MRSA wards thereby facilitating appropriate segregation of patients. In the long term, the Trust has plans in place in line with Delivering a Healthy Future to provide single sex accommodation for all acute patients.

Proposed Actions

Action	Lead	By	Process for Monitoring Effectiveness
Replace current C.Difficile Wards with MRSA wards	Professor Graham Ramsay, Patient Safety Director	28 th February 2008 <i>Update: Action implemented at WGH but unfortunately, this change has not so far alleviated the problem with cohorted bays. There needs to be further exploration on how to tackle this issue.</i>	Action to be overseen by the Infection Control Committee. Evidence to be populated on to evidence library for SFBH held on Datix. All evidence is audited quarterly.

Next Steps:

A list of the third parties the trust has and intends to notify of the issue as well as a proposal of the support required from NHS EofE (if any)

- Healthcare Commission
- Department of Health

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Target / Core Standard: Core standard C22a & c: Demonstrably improve public health & co-operate in local partnership arrangements with regard to public health – December 2007

The Issue

The Trust will now achieve end of year compliance with this standard. The Trust had previously not been represented at any regional Strategic Partnership Forums. It has been nonetheless been represented at the Strategic Health Overview Committee and therefore it is argued that the risk of the Trust not working in partnership with other key stakeholders is lessened. The Trust is pleased that from December '07, the Director of Integrated Governance is now representing the Trust at the relevant Strategic Partnership Forums thereby working with local partners to deliver the health and well being agenda.

Arrangements have now been put in place to ensure the Trust's new Local Security Specialist Manager will represent the Trust at local crime and disorder reduction partnerships.

Proposed Actions

Action	Lead	By	Process for Monitoring Effectiveness
Ensure LSSM Officer attends Local Crime & Disorder Partnership	Paul Mosley, Acting Director of Estates	31 st December 2007 <i>Update: Arrangements have now been put in place for LSSM Officer to attend Crime & Disorder Partnerships.</i>	Action to be overseen by the Public Health Forum. Evidence to be populated on to evidence library for SFBH held on Datix. All evidence is audited quarterly.

Next Steps:

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Target / Core Standard: Core standard C23: A systemic & managed health promotion programmes are in place – December 2007

The Issue

The Trust has had no overarching strategy to manage public health. However, a Public Health Strategy has now been produced and considered by the Medical Management Team. The strategy also identifies areas where the Trust will collect, analyse and share data about its patients and services. It is due to be presented to the Trust Board for final ratification in March '07 before its implementation, which will be led by the Associate Director of Integrated Governance.

A Public Health Forum is being formed to take forward the strategy and an initial action plan has been produced to aim for compliance before Declaration Year end.

Proposed Actions

Action	Lead	By	Process for Monitoring Effectiveness
A preliminary list of proposed data is identified within the Public Health Strategy. Leads to be identified and implementation of collection of data to be taken forward.	Mark Jarvis, Associate Director of Integrated Governance	31 st January 2007 <i>Update: Trust has now met with the PCT in order to agree the strategy and enlist support in implementing it. Action Plan produced and attached under separate cover.</i>	Action to be overseen by the Public Health Overview Group. Evidence to be populated on to evidence library for SFBH held on Datix. All evidence is audited quarterly.

Next Steps:

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Target / Core Standard: Core standard C4c: All reusable medical devices are properly decontaminated prior to use and the risks associated with decontamination facilities & processes are well managed – December 2007

The Issue

Following an internal audit report and further investigation by the Head of Clinical Governance and Risk, there has been identification of significant lapses in compliance with this standard, firstly, in relation to a lack of governance arrangements and secondly, in meeting statutory regulations for decontamination.

A Decontamination Task Group has been established and an action plan produced to address governance arrangements and the need to conduct a further review that addresses any non-compliance with regulations. It is planned that this will ensure compliance by Declaration Year End.

Proposed Actions

See attached updated action plan. All actions will be overseen by the Decontamination Task Group and the Infection Control Committee. Evidence will be populated on to the SFBH library held on Datix.

Next Steps:

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Target / Core Standard: Core standard C7e: Health care organizations challenge discrimination, promote equality and respect human rights – December 2007

The Issue

On reviewing this standard against the new draft guidance released in October 2007, it is considered that the Trust is not meeting all its statutory duties in relation to The Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion & Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003 and the Employment Equality Age Regulations 2006, e.g. impact assessments on all policies. However, assurance has been given now that these assessments will be carried out by the Patients Panel on all new policies and patient information, and on all consultations. Additionally, this has recently been extended to include all papers to the Board, whereby authors are required to identify any impact in relation to the above acts on a front sheet accompanying each paper.

There is also a requirement to publish information required by statute in accordance with the above acts as well as the Race Relations Act 1976 (as amended), the Code of practice on the duty to promote race equality (Commission for Racial Equality 2002), the code of practice on the duty to promote disability equality (Disability Rights Commission, 2005), the Disability Discrimination Act 2005, the Equality Act 2006 and the Gender Equality Duty Code of Practice (Equal Opportunities Commission, November 2004). Action is in train to ensure all necessary statements are published on the Internet.

Proposed Actions

All remedial steps are in place. Statutory Statement now published onto the Trust Internet Site. Arrangements in place to ensure that impact assessments are an integrated part of HR process in relation to the recruitment of all new staff. Policy and guidance to be strengthened accordingly. All action will be overseen by the Equality & Diversity Committee. Evidence of compliance will be populated on to the SFBH library held on Datix.

Next Steps: