



Webforms Output: Core standards declaration 2007/2008
May 2008

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* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

- END OF PAGE -

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at forms@healthcarecommission.org.uk

Organisation Name:

Peterborough And Stamford Hospitals NHS
Foundation Trust

Chief Executive's First Name:

Nik

Chief Executive's Surname:

Patten

Chief Executive's Email:

nik.patten@pbh-tr.nhs.uk

Organisation Code:

RGN

- END OF PAGE -

If your organisation is any of the following please select the option PCT or Community Trust:

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

Acute

- Mental Health/Learning Disability
- PCT
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

General Guidance

You might find it helpful to print the following instructions (a printable version is available [here](#)) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

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.

2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

Compliant - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

Not met - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

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 any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is 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.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

Start date - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

End date (planned or actual) - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

Issue - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

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. These standards are:

C7d - this relates to financial management and will be measured through the use of resources 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 targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

4. 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
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums 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

5. 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, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. 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.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

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 Board of Directors of Peterborough and Stamford Hospitals NHS Foundation Trust has received reasonable assurances that, with the exception of Core Standard 18, there have been no significant lapses in complying with the core standards during the period April 1st 2007 to March 31st 2008.

The Healthcare Governance infrastructure within the Trust has been used to test compliance with the core standards and review our progress with the comparative indicators published by the Healthcare Commission. Service Units use the seven domains as standing agenda items at meetings considering governance issues.

Each of the seven domains in the core standards has a named lead manager responsible for ensuring a co-ordinated view of compliance. These leads have a named Governor and a named non-executive director formally linked with them to enhance the scrutiny and assurance seeking processes.

The Healthcare Governance Committee is a sub-committee of the Board of Directors, chaired by a non-executive director who reports appropriate issues directly to the Board.

For the year 2006/07 we declared non-compliance with Standard C18 because of a significant issue that emerged relating to waiting list management for orthopaedic patients. A robust investigation was carried out (including external scrutiny) and a detailed action plan agreed by the Board of Directors. Progress in this significant governance issue was monitored very closely internally and by Monitor. Reports were provided to other interested parties, for example, the Patient and Public Involvement Forum and the Overview and Scrutiny Committees. A meeting was held with assessment staff from the Healthcare Commission to confirm the completion of the action plan and to discuss the implications for the 2007/08 self assessment declaration.

The Trust planned to treat 23% more elective patients in 2007/08 (when compared with 2006/07) to support the introduction of the 18 week targets and although this hasn't been achieved for admitted patients, the number of patients waiting has reduced by 55% in-year (the orthopaedic waiting list has reduced by 70% in the same period) and the time that they are waiting has also significantly reduced. At the same time the length of stay for both emergency and elective patients has reduced from 4.8 to 4.6 days for emergency patients and 3.1 to 2.8 for elective patients.

The Department of Sexual Health worked hard throughout the year to ensure that in March all patients had access to clinics within 48 hours.

There have been some concerns regarding our management of cancer patients. The 62 day wait from referral to treatment target was not achieved in quarter 3. Much work has been undertaken to improve performance and patients' experience. This has involved clinicians and managers across the health economy working together to prioritise care for these patients. All cancer targets have been achieved in quarter 4 (pending final validation of March figures) and for the year as a whole.

On 16 October 2007, 5 twelve hour trolley waits were declared. This was at a time when the maximum 4 hour A&E journey time target of 98% was consistently not achieved. There were a number of reasons for this poor performance including the high number of A&E attenders and emergency admissions which for the specialties of medicine and elderly care achieved 24% above contract volumes. External advice was sought and intensive work undertaken to improve the patients' journey. This has resulted in considerably improved performance from January 2008. Emergency patients are managed across the health economy, including via the Walk In Centre. End of year performance for the health economy is above the target of 98%.

In August 2007 performance against the two week maximum wait to be seen in a rapid access chest pain clinic was not being achieved. Work was undertaken to improve performance which has been sustained at 100% since November 2007.

Despite the difficulties described above, it is clear that clinicians and managers alike have been committed to improving performance and ensuring the improvement is sustained.

March 2008 saw the implementation of the 18 week referral to treatment target. The Trust was compliant against the 90% target for non admitted patients to be seen and treated or discharged within 18 weeks and achieved a 44% reduction in year in the number of patients waiting for an out patient appointment. However, because of the long waits in Orthopaedics described above, we did not achieve the 85% target for admitted patients. We achieved only 78.6%. It is anticipated that compliance will be achieved at the end of May 2008. The Trust has been working closely with the Department of Health Intensive Support Team to manage the Orthopaedic 18 week issues and has been complimented on its validation processes and management of waiting lists and the fact that we no longer have a suspended waiting list.

A pattern of clinical incidents has recently been identified through analysis of the internal adverse event reporting system. Each patient episode has been thoroughly investigated and the emerging themes have been either acted on immediately or included in a long term improvement plan. They are also informing the detail of the Trust's Patient Safety strategy and action plan development, which is also informed through our involvement in the national project led by the Institute for Improvement and Innovation and recent national documents (for example, NICE, NPSA and NCEPOD) relating to the management of deteriorating patients. The Medical Director is leading the action plan monitoring process and the Board of Directors is informed of progress. The Board is reasonably assured that this collection of incidents does not constitute a significant lapse relating to core standards C1a and C5b but will continue to monitor the situation through the Medical Director and internal governance processes.

The Trust shows a reduction on last year's MRSA figure recording only six MRSA bacteraemia cases throughout the year. Although there has not been a significant reduction in Clostridium difficile cases the rate of infection remains lower than the SHA and England average. An outbreak situation, declared following a rise in infection rate on the haematology/oncology ward in October 2007, was managed effectively by a multi-disciplinary and multi-agency team and monitored closely by the Board of Directors through the Director of Infection Prevention and Control. Significant investment from 2008/09 has been agreed within the Trust for HCAI including additional staff and equipment required to meet the challenging agenda and targets associated with driving down infection rates and improving care for patients.

With reference to the decontamination of surgical instruments service, confirmation of a successful application for accreditation through the MHRA during February is anticipated and the Trust is part of a consortium arrangement to deal with these issues.

National policy around safe waste disposal has changed during the course of the year. The Trust policy has not yet been completely updated, however a detailed review of waste segregation and collection was carried out and an action plan put in place. The Trust is part of the regional consortium hub tendering for a new clinical waste management contract.

The draft Internal Audit Review for Standards for Better Health reports that 'management can be provided with a substantial assurance as to the robustness of the systems in place to monitor performance in relation to those areas relating to patient safety'.

The Board of Directors has been undertaking a formal review of its function, capability and capacity during the year and has worked with external consultancy to facilitate this process. Part of this has been the review of clinical and corporate risk assessment and management. The Trust is noted as having good rates of adverse event reporting through the NPSA national reporting scheme. The corporate risk assessment and management processes are being developed further and this is focussed on clearly as the Trust moves to its reconfigured structure of eight Clinical Business Units. The risk register content and reporting methods have also formed part of this review.

Completion of the staff appraisal and personal development plan process is monitored by service units throughout the year. This monitoring has suggested improvements to the timeliness of the annual cycle are needed in some areas. However, the results from the National Staff Survey show the Trust as being in the top 20% performing trusts for this important element of staff support and development.

The Trust treats patient privacy, confidentiality and dignity as high priorities in care delivery. Dignity Champions including members of the Board of Directors have been signed up. Internal surveys covering privacy and dignity have shown good levels of patient satisfaction in this area. The recently introduced Dr Foster Patient Experience Tracker handsets include a question about privacy: early results show high levels of satisfaction. However the Trust is aware that while ward bays are single gender (apart from short periods of time when extreme pressure on bed capacity is being experienced) patients of one gender are required to walk past bays of the other gender to get to bathroom/toilet facilities. The use of bathrooms after someone of the other gender is also an issue in some wards. These concerns have been reduced on wards piloting single gender sides of wards (other than for recently refurbished showers for disabled patients which are located on one side only) and further roll out of this initiative is underway.

The Essence of Care nutrition group continues to work on this important element of care and has debated the issue of red trays for patients requiring assistance at mealtimes in the presence of PPIF members. While we are aware of recommendations about the red tray system from Age Concern and our local PPIF, we are promoting and evaluating other options given the concerns raised by some patients around stigmatisation. To this end, the importance of nutritional status assessment (including requirements for help at meal times) has been emphasised through the link practitioner group for nutrition; housekeepers have reviewed their communication with nursing staff to identify patients in need of additional assistance, and a recruitment drive has led to more volunteers being specifically allocated to wards at mealtimes. This element of care will continue to be reviewed and the red tray system revisited as necessary.

A visit by the SHA intensive support HCAI team made particular reference to how clean the hospitals were. Audit of these areas during the year has included PPIF members and high levels of satisfaction were recorded relating to hygiene and cleanliness.

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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

Statement on measures to meet the Hygiene Code

* Please enter this statement in the box provided. There is no word limit on this answer.

The Board is reasonably assured that there are sufficient processes and arrangements for the prevention and control of infections in place across the Trust, particularly in the light of significant investment in staff and equipment through Department of Health additional funding. The projects funded have been evaluated and substantial investment has been committed by the Trust from 2008/09 to assist the ongoing infection control work.

The Hospital Infection Control Committee focuses its work around the Hygiene Code with the framework for the meeting agendas and Annual Work Plan being the eleven elements of the Code.

A significant improvement has been seen in the cleanliness of both clinical and public areas since October 2007 when the cleaning contract for the Trust moved to interim services. Good partnership working exists between Trust staff and those providing the cleaning service.

Work continues to enhance compliance with the Code particularly around ensuring staff adhere to the policies and processes that are in place and that performance monitoring and management systems are explicit and effective. Some policies are being updated to include explicit statements of good practice that is in place and to clarify specific role accountabilities and responsibilities.

National policy around safe waste disposal has changed during the course of the year. The Trust policy has not yet been completely updated, however a detailed review of waste segregation and collection was carried out and an action plan put in place. The Trust is part of the regional consortium hub tendering for a new clinical waste management contract.

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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.

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

not met

insufficient assurance

* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

not met

insufficient assurance

* 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

not met

insufficient assurance

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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

not met

insufficient assurance

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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

not met

insufficient assurance

* 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

not met

insufficient assurance

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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

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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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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

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 targets component of the annual health check.

Standard C7d is assessed through our use of resources 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

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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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

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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.

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

not met

insufficient assurance

* 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

not met

insufficient assurance

* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

not met

insufficient assurance

* 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

not met

insufficient assurance

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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

not met

insufficient assurance

* 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

not met

insufficient assurance

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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

not met

insufficient assurance

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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

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 targets 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

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-12-2007

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

Equal access to services for orthopaedic patients was not provided to patients between April and December 2007. This related to waiting list issues that emerged in January 2006 which were reported in the previous years declaration. Following this a robust investigation took place. A detailed action plan was written and worked through with close internal and external scrutiny until all the backlog of patients waiting for orthopaedic surgery was cleared by the end of December.

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

A detailed action plan was followed and included contacting all patients involved, assessing their ongoing needs and allocating them surgery dates in partnership with the PCTs and other secondary care providers in line with individual patient choice. Other actions included a full review of waiting list governance issues and associated policies, and training and updating for staff involved in maintaining and managing waiting lists

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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.

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

not met

insufficient assurance

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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

not met

insufficient assurance

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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

not met

insufficient assurance

- END OF PAGE -

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

not met

insufficient assurance

- END OF PAGE -

* 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

not met

insufficient assurance

* 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

not met

insufficient assurance

- END OF PAGE -

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

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
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- 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), patient and public involvement forums, overview and scrutiny committees 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.

- END OF PAGE -

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Stuart Anderson	Non-executive Director
2	Mr	Andrew Burroughs	Non-executive Director
3	Mrs	Paula Gorst	Director of Operations
4	Ms	Susan Grey	Non-executive Director
5	Mr	Nik Patten	Chief Executive Officer
6	Mr	Christopher Hall	Finance Director
7	Mr	Jonathan Raddway	Acting Chairman
8	Mr	Razahusein Rahim	Non-executive Director
9	Mr	John Randall	Medical Director
10	Mrs	Caroline Stark	Non-executive Director
11	Mrs	Christine Tolond	Director of Human Resources
12	Mrs	Chris Wilkinson	Director of Nursing
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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

Comments from specified third parties

Please enter the comments from the specified third parties below.

* Please enter the name of the strategic health authority that has provided the commentary

East of England

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

Direct Line: 01223 597680
Fax:
E-Mail: paul.Watson@eoe.nhs.uk
Website: www.eoe.nhs.uk

Our ref:

Date: 15 April 2008

Nik Patten
Peterborough and Stamford Hospitals NHS Foundation Trust
Edith Cavell Hospital
Bretton Gate
Peterborough
Cambridgeshire
PE3 9GZ

Dear Nik

NHS East of England assessment of Peterborough and Stamford Hospitals NHS Foundation Trust's performance against Standards for Better Health

I am writing to you in accordance with Health Care Commission (HCC) guidance to provide you with the comments of NHS East of England (EoE) on the performance of your organisation against HCC standards.

The NHS EOE has assessed performance against a limited number of standards for the period April 2007 projected to end of March 2008. These standards were selected from the full complement of HCC standards as those on which we consider we can reasonably comment given the limited information held by the NHS EoE.

In relation to standard C4a we note that provisional data indicates a year-on-year reduction in MRSA cases has been achieved and PSFT has the best performance of any general hospital in the EoE. Although there has been no significant a reduction in C. Diff cases from 2006/07 the rate of infection remains lower than the SHA and England average.

In relation to standard C4c the NHS EoE notes that Peterborough and Stamford Hospitals Trust (PSHFT) does not have an MHRA accredited service for the processing of surgical instruments although confirmation is anticipated of a successful application undertaken during February and the FT is part of a consortium arrangement to rectify this.

In relation to standard C18 the NHS EoE notes that PSHFT consistently has the worst performance on slot availability in the NHS in the East of England, resulting in one of the worst performances in England for Choose and Book.

In relation to standard C19 the NHS EoE notes:

- That the PSHFT has achieved a good full-year performance around the key cancer targets, although failed to meet the 62-day target on 4 separate months throughout the year.
- That PSHFT failed to achieve the standard of 85% of patients on an admitted pathway seen within 18 weeks but did achieve the standard of 90% of its patients on a non-admitted pathway seen within 18 weeks.
- That PSHFT had 1504 26-week breaches during a nine-month period in 2007/08, which represented 98% of all 26-week breaches within the NHS EoE.

We invite you to add our comments alongside your declaration. We are submitting a copy of these comments to your lead PCT.

Yours sincerely

PAUL WATSON
Director of Commissioning

* Please enter the name of the patient and public involvement forum that has provided the commentary

Patient and Public Involvement in Health
Forum for Peterborough and Stamford
Hospitals

* Patient and public involvement forum comments. There is no word limit on this answer.

Comments of Patient and Public Involvement in Health Forum for Peterborough and Stamford Hospitals
Background information

1. Differences from previous years

- For the first 2 years we were only competent to comment on Core Standard 15 which related to catering and nutrition.
- Last year, with wider experience, the Forum also commented on several more Core Standards (and Developmental Standards) but was not asked to provide detailed information and sources.
- This year, with more investigations and monitoring visits, the Forum is in a unique position to comment on 12 of the 24 Core Standards. DM and FG have attended two training sessions with Trust staff who are involved in presenting the Trust's declaration.

2 Significance of the Forum's comments

- The Trust must include the Forum's comments – word for word – in their declaration.
- Fair and balanced comments are therefore essential. They must not refer to isolated incidents or anecdotal evidence. Every comment must be supported by supporting evidence, which can be produced and checked if the Trust is selected for inspection by the Healthcare Commission. They should include examples of good practice as well as problems and areas for improvement.

3 How the comments are used

They are given a score, for example High Data Quality:

- Relates to the year April 2007 – March 2008
- Shows regular involvement, for example visits by Forum members
- Contains detailed information, for example dates and outcomes
- Refers to evidence which can be produced if requested

Each item is defined as "positive" or "negative" in relation to Trust's compliance with a standard.

Each item is then weighted, high, medium or low, according to the strength of its relationship with a particular Core Standard.

High weighting

The item had strong association with a particular Core Standard, was closely aligned to the criteria in the Healthcare Commission's inspection guides, provided clear information to support the opinions expressed and referred to the whole Trust.

Low weighting

The item related to a small aspect of a standard, or was about one department rather than the whole Trust, or had little back-up information.

First Domain – Safety

C4 Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that

(a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.

(b) Fully compliant with 4(a), unable to comment on 4 (b), (c), (d), (e).

The Trust's record is the second best in the eastern region as regards MRSA and there has been a fall in the number of cases of Clostridium Difficile. There is constant vigilance over enforcement of hand washing and hand gel policies, for example by hand hygiene training, "Clean Hands" days and cleanliness audits. There are ubiquitous posters in all buildings, reminding everyone about the need for hand hygiene. All patients are offered hand wipes for use before meals.

Notices remind visitors not to attend hospital or visit wards if they have any kind of infection. This is to reduce the spread of infections from the community or another hospital. All patients are assessed and, when appropriate, screened as soon as possible after admission.

Following the deep cleaning of one ward, a rolling programme of deep cleaning is planned. Barrier nursing of patients with infections remains as standard. When a particular ward is affected by an infection such as Clostridium difficile, the Trust closes it to all new admissions and instigates a comprehensive cleaning programme.

Throughout the year, Forum members have carried out monitoring visits of kitchens and wards, which included hygiene and cleanliness, using:

- visual inspection (for example the cleanliness of surfaces and the use of hand gel and hand washing) and
- basic hygiene monitoring swabs, which highlight protein residues, which can be an indication that a surface is not totally clean.

Evidence:

PPI Forum Report on Cleanliness and Infection Control February 2008

Forum members joined the Patient Environment Action Team (PEAT) inspection teams in all 3 hospitals in February 2007 and expect to do so again in 2008

There is a Forum representative on the Infection Control Committee

The Forum representative on the Hospital PPI Committee took part in the Patient Satisfaction Survey (Final Report July 2007), which revealed a high level of satisfaction with hygiene and cleanliness.

Second Domain – Clinical and Cost Effectiveness

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

Policies are in place but, on occasions, there are sometimes problems in implementation in respect of cross boundary multiagency working.

Forum members investigated discharge of elderly patients from the Hospital back into the community. In many cases they are able to return to their homes and live independently. Clearly defined policies are in place to manage the varied individual needs of other patients, but problems arise because so many organisations may be involved - social care, the voluntary and community sectors and private providers, both within and beyond the PCT area.

The PALS team are actively involved and are often asked for advice on options by relatives and carers before a patient is discharged. They liaise with the PCT PALS which is represented at the PALS Steering Group meetings.

Members of the Hospital and PCT Forums liaised to follow the care pathway during the discharge of an elderly patient and were made aware of some of the problems in implementing the policies in respect of cross boundary multiagency working.

Evidence: Forum Report on Elderly Discharge January 2008

PALS Trends compiled by Chair of Steering Group, April-December 2007

Fourth Domain – Patient Focus

C13 Health care organisations have systems in place to ensure that

- (a) staff treat patients, their relatives and carers with dignity and respect
- (b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and
- (c) staff treat patient information confidentially, except where authorised by legislation to the contrary.

A high level of compliance overall, not quite 100%, mainly due to constraints resulting from buildings and staffing levels.

(a) The ethos of the Trust is definitely one of treating everyone with dignity and respect.

- The Report of the Trust's In-patient Satisfaction Survey concluded that 100% of staff were "always" or "mostly" polite and courteous. 94% of staff introduced themselves and 85% asked patients how they wished to be addressed. Most patients felt that their privacy and dignity were respected if they had to use a commode, but of the 68 patients who had to use a commode, 5 said their privacy and dignity were not

respected.

- The results of the Forum's surveys of A & E at Peterborough and the MIU at Stamford Hospitals compared favourably with the large, national Healthcare Commission Survey in 2004/05.

Peterborough	Stamford	National	
Courtesy of reception staff –excellent or very good	88%	96%	65%

Enough time to discuss problem with doctor or nurse	73%	92.5%	66%
-----------------------------------------------------	-----	-------	-----

PALS Quarterly Reports confirm that very few patients express concerns about this. In the period July-September 2007, only 3% of concerns raised with PALS related to the attitude of staff, compared with 8% in this period in 2006 and 14% in 2005.

But there are occasions when there are lapses:

- During the Forum's monitoring visits, no mixed sex bays have been identified. The toilets and bathrooms were clearly identified but patients may have to walk past a bay occupied by the opposite sex
- There were male and female patients in the recovery ward used after day surgery at Stamford Hospital and in the clinical observation ward at A & E, separated by curtains.
- The In-patient Satisfaction Survey revealed that 17% of patients considered that bells were not answered quickly enough.
- Although help with feeding and drinking was given, there were occasions when there were delays and the food had gone cold.

(b) The Forum has no evidence to suggest that appropriate consent is not always obtained.

(c) There is no evidence of breaches in confidentiality of patient information.

Evidence: Forum Report on Stamford Minor Injuries Unit, March 2007
 Forum Report on Accident and Emergency at Peterborough District Hospital, October 2007
 In-patient Satisfaction Survey Report, final report July 2007
 Forum monitoring visits frequently throughout 2007
 PALS Trends compiled by Chair of Steering Group, April-December 2007

C14 Health care 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
- are not discriminated against when complaints are made; and
- are assured that organisations act appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery.

Fully compliant

(a) Information giving advice about procedures for making formal complaints is widely available.

- The Complaints Manager acknowledges complaints within 2 days. Details of the complaint are sent to matrons and ward managers and, following a full investigation, the Complaints Manager responds in writing within 25 working days, with detailed information about the outcome. Most complaints can be resolved at local level and within the time frame. Very few are taken to the Healthcare Commission or the Health Service Ombudsman.

- Before making a formal complaint, many patients, relatives and carers discuss their concerns with one of the Patient Advice and Liaison Service (PALS) team. The role of PALS is explained in the information pack sent to patients prior to admission, there is a PALS leaflet in every patient's locker, posters and leaflets are available in every ward, including outpatients and maternity, and there is a PALS office in the foyer of Peterborough District Hospital. A member of the PALS team will discuss the concern, and in most cases a quick resolution can be reached. In other cases, various options, including a formal complaint, will be suggested. Feedback is always given if requested.

- Patients are given many opportunities to comment on the quality of services, for example:

- (i) Surveys carried out by the Trust and the Forum as well as national surveys
- (ii) Through PALS
- (iii) Through letters to the Trust (there are many times more bouquets than brickbats).

(b) There is an absolute guarantee that if a patient makes a complaint or expresses a concern to PALS, this is not shown on their records. All PALS information is completely confidential and the PALS Quarterly Reports are anonymous.

(c) All concerns are passed on to ward managers, matrons and service improvement teams so that lessons can be learned and improvements can be made.

Evidence: Forum representative on PALS Steering Group
 Patient representative chairs PALS Steering Group
 Forum report on PALS, January 2008
 PALS Trends compiled by Chair of Steering Group, April –December 2007
 In-patient Satisfaction Survey, final report July 2007
 Ongoing Hospital Catering Survey Reports, for example 04.07-09.07
 Forum Reports in 2007 which include patient surveys – Stamford Minor Injuries Unit, March 2007; Accident & Emergency, October 2007; Maternity, January 2008; Appointments, January 2008.

C15 Where food is provided, health care 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; and
- 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 in (a) but minor reservations in (b).

(a) Patients have a good choice of hot and cold food and the dietary coding ensures that all patients have access to a balanced diet, so long as sensible choices are made. The fortnightly rotation of menus has increased the variety of food provided. Strict cleanliness procedures are followed in all stages of food preparation and service.

(b) Most individual dietary requirements are met, for example cultural and religious preferences are catered for and pureed meals and supplements are provided when needed. Patients can choose portion sizes.

However some issues have still to be resolved:

- Forum members have seen that help with feeding is usually available when needed, but there can be problems when there are staff shortages and a number of patients needing help. The catering department's own satisfaction surveys revealed:

PDH	ECH
Number of patients questioned	340 48

Number needing help with feeding	81	12
Number not given help	11	1

The Forum has been liaising with the Trust and has urged the implementation of the red tray system which identifies patients who require help with feeding. The Trust has been reluctant to implement this initiative because of concerns that patients may get "labelled".

- At Edith Cavell Hospital, especially when there is no housekeeper on duty, as at weekends, menu cards are not completed and returned to the kitchen. Patients receive a meal, but not necessarily the one they would have chosen.
- Some poorly, often elderly patients are overwhelmed by the size of even a small portion.

Hot food is not available 24 hours a day but sandwiches are available on request from the refrigerator in the ward kitchens.

Evidence: Frequent monitoring visits by Forum members throughout 2007 to all the hospitals
 Forum Reports on Catering and Nutrition, March and October 2007 and January 2008
 Forum Report on Maternity Unit January 2007
 In-patient Satisfaction Survey Report released July 2007
 Catering Department's own Reports, 04.07-09.07

C 16 Health care 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 aftercare.

Fully implemented

An excellent range of information is provided in particular for in-patients and day surgery patients.

- Information leaflet prior to admission
- Information in lockers, such as PALS leaflet. Currently a bedside booklet providing detailed information is being prepared.
- Information leaflets on specific conditions, ranging from cataracts to hip replacements, giving detailed information, with illustrations, on the procedure/treatment, care and aftercare, including danger signals to look out for and who to contact if there is a problem.
- In A & E there is a rack of leaflets on specific conditions from broken bones to febrile convulsions.
- All the aforementioned can be translated into any written language including Braille.
- Nurses, doctors and consultants also provide information to patients.

The following example compares the information given to patients by staff at A & E at Peterborough and the Minor Injuries Unit at Stamford Hospital with the national Healthcare Commission Survey results in 2004/5:

A & E	MIU	National
Did a doctor or nurse explain your condition in a way you could understand?	Definitely	80% 86% 67%

Did a member of staff tell you about any danger signals to look out for after you went home?	Yes	81% 72% 63%
----------------------------------------------------------------------------------------------	-----	-------------

Who to contact if you were worried after you went home?

Not told	19%	19%	33%
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Peterborough and Stamford Hospitals compare very favourably in all respects.

Evidence: Forum Report on Minor Injuries Unit at Stamford Hospital March 2007
 Forum Report on Accident and Emergency Services at Peterborough District Hospital October 2007
 Information leaflets collected on Hospital visits.

Fifth Domain - 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.

Implemented in full

Examples of ways in which the views of patients, carers and others are sought and taken into account by the Trust include:

- The elected public governors and the non-executive directors guide the direction of Trust policies. Their meetings are held in public.
- The 5000 Members of the Trust attend meetings and receive the quarterly Newsletter. They provide feedback, for example on their priorities for the next 5 years listed in the December 2007 issue under the heading "Your Views, Our Strategy".
- The Trust hosts an Annual Public Meeting.
- There were ongoing public consultations about the new Peterborough Hospital – in the media, exhibitions, presentations. The Forum commented, for example, on facilities for the disabled, having visited the mock-up.
- The Trust's Patient and Public Involvement Committee's (PPIC) long-term aim is Total Patient Involvement. Its meetings are attended by 2 Forum members.
- Forum members currently also represent patients and the public on a number of other Trust committees:
 - PALS Steering Group – Chairperson is Forum member
 - Infection Control Committee
 - Essence of Care – Catering
 - Smoke free policy
 - Discharge Steering Group

- A Forum member was also involved in the consultation about the future of Stamford Hospital on April 18 2007 and at the PPIC meeting on April 26th 2007.
- Senior Trust staff attend Forum meetings to discuss changes in service provision.
- The Trust has listened to and implemented many of the Forum's recommendations, for example nutritious homemade soups have replaced packeted soup mixes.
- Collaborative projects with Trust staff, for example PEAT surveys.
- Patients are increasingly being involved in their individual care.

Evidence: Trust Members' Newsletters
 Notes and minutes of meetings attended.

C18 Health care organisations enable all members of the population to access services equally and offer choice of access to services and treatment equitably.

Fully implemented

Access to services and treatment is available to all members of the population without regard to their sex, age, ethnicity. Interpreters or language line

are available for non-English speakers.

- Everyone who walks in through the door at A & E in Peterborough and the Minor Injuries Unit at Stamford is treated.
 - The Maternity Unit provides services to the increasing migrant population despite the language barrier and possible complications and infections, which may be due to the absence of antenatal care.
- Most patients attending Peterborough District Hospital and Edith Cavell Hospital have been referred by their GPs and all are offered a choice. Problems may arise, for example:
- difficulties in making appointments or Trust cancellation of appointments; these are largely due to the vagaries of the Choose and Book system or the postal service and not to discrimination on the part of the Hospitals.

Evidence: Forum Report on Stamford MIU March 2007
Forum Report on Peterborough A & E October 2007
Forum report on Maternity Services January 2008
Forum Report on Appointments January 2008

C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

National timescale targets are usually implemented

1 Most patients with emergency health needs can access care promptly. Peterborough A & E serves the City (68%) and rural areas in S Lincolnshire and N Cambridgeshire (28%). Most of the “minors” access the unit by car, maximum journey times being 30-40 minutes. “Majors” usually arrive by ambulance and receive immediate attention.

The catchment of Stamford MIU is smaller, 79% of patients come from SW Lincs including Stamford. There are fewer patients (12,000 a year compared with 60,000 at Peterborough A & E) and 96% of patients are seen within 0-15 minutes. Patients needing admission to Hospital are transferred to Peterborough.

2 The nationally agreed target for the patient’s journey time in A & E is for 96% to be treated within 4 hours of admission and this is rarely breached. Exceptional circumstances such as the need to bring in a consultant or lack of a bed in the admissions ward may result in a breach.

3 The Trust has worked very hard not to breach targets in all the other parts of the Hospitals.

Evidence: Forum Report on A & E at Peterborough District Hospital October 2007
Forum Report on MIU at Stamford Hospital March 2007
PALS Trends compiled by Chair of Steering Group April-December 2007

Sixth Domain Care - Environment and Amenities

C20 Health care services are provided in environments which promote effective care and optimise health outcome by being

- a safe and secure environment which protects patients, staff, visitors and their property and the physical assets of the organisation; and
- supportive of patient privacy and confidentiality.

Largely but not completely compliant

- A safe and secure environment is mainly achieved.

- Although there is open access, except to the Maternity Unit, by day the buildings appear to be safe and secure. There are some CCTV cameras at main entrances and reception desks are always manned. There are porters but no security guards. No concerns about security are being expressed to PALS.

- There are notices, for example in the A & E waiting room about the policy of zero tolerance of rude and abusive behaviour by patients to staff and the police are called in such cases. A & E staff told Forum members that there are sometimes problems with patients showing the effects of drugs or alcohol on Friday and Saturday nights and any loose boxes and bins may be used as missiles. Another cause for concern in A & E was that there was open access from the waiting room to the treatment areas on two of the Forum visits in July 2007.

- Losses of personal property are rare and usually occur when patients are being transferred, for example by ambulance into hospital.

(b) 100% patient privacy is impossible to achieve in old buildings, with few single bedded rooms. Curtains between beds in bays or between treatment rooms in A & E provide limited privacy but conversations may be overheard. Peterborough A & E compared unfavourably with the Healthcare Commission survey in 2004/5 and Stamford MIU as regards privacy.

Peterborough Stamford National

Definitely enough privacy during treatment	78%	91%	80%
--------------------------------------------	-----	-----	-----

This will be remedied once the new hospital is in use.

The Trust treats patient confidentiality as a very high priority.

Evidence: Forum Report on A & E at Peterborough District Hospital October 2007
Forum Report on MIU at Stamford Hospital March 2007
PALS Trends compiled by Chair of Steering Group April – December 2007

C21 Health care services are provided in environments which promote health 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. Implemented as well as possible in old buildings

However well maintained, the age of buildings has to be taken in to account. In general, older surfaces and fittings are much more difficult to keep clean. The oldest site, Stamford Hospital, is normally spotlessly clean but there had been a slight lapse in standards at the time of the PEAT inspection in 2007.

Standards at both Peterborough District and Edith Cavell Hospitals were high and this has been confirmed during frequent Forum monitoring visits. Where there have been recent renovations, for example the toilets at Amazon Ward, the cleanliness and the facilities were spectacular.

Evidence: PEAT surveys in February 2007
Frequent monitoring visits by Forum members

Seventh Domain Public health

C23 Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

The only health promotion issue at the Peterborough Hospitals with which Forum members were involved was smoking. The Smoke Free Strategy

was planned in 2006 and introduced across all sites on January 1st 2007, ahead of the statutory smoking restrictions. The implementation has been monitored in 2007 and the policy has been very successful. There were also inducements for staff to quit smoking.

Evidence: Forum representation on Smoke Free Hospital committee

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

Peterborough Safeguarding Children Board

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

Peterborough and Stamford NHS Hospitals Trust is represented on Peterborough Safeguarding Children Board by a Senior Manager who manages the Children's Champion. She completed the Section 11 audit to our satisfaction offering examples of evidence to support statements should we have requested them. She also brings to the attention of the board national guidance which has an impact on local arrangements.

We have full engagement from several representatives from the Hospitals Trust on several of our working groups and can always rely upon them to complete tasks assigned to them. The named nurse has contributed to the development of practice guidance to protect the most vulnerable.

Staff are fully engaged with Peterborough Interagency Safeguarding Procedures and clearly take their responsibility to be up to date seriously. The quality of safeguarding training offered and delivered to Hospital colleagues is of a very high standard.

Please enter the name of the organisation that has provided the first commentary

Please enter the first commentary for this organisation

Please enter the name of the organisation that has provided the second commentary

Please enter the second commentary for this organisation

Please enter the name of the organisation that has provided the third commentary

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Please enter the name of the organisation that has provided the sixth commentary

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Please enter the name of the organisation that has provided the seventh commentary

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Please enter the name of the organisation that has provided the tenth commentary

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Please enter the name of the organisation that has provided the eleventh commentary

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Please enter the name of the organisation that has provided the twelfth commentary

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Please enter the name of the organisation that has provided the thirteenth commentary

Please enter the thirteenth commentary for this organisation

Please enter the name of the organisation that has provided the fourteenth commentary

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Please enter the name of the organisation that has provided the fifteenth commentary

Please enter the fifteenth commentary for this organisation

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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

Overview and scrutiny committee comments

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

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

- END OF PAGE -

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

PETERBOROUGH CITY COUNCIL
HEALTH AND ADULT SOCIAL CARE
SCRUTINY PANEL

Comments. There is no word limit on this answer.

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

There is regular liaison and exchange of information between the Trust and the Health and Adult Social Care Scrutiny Panel. Senior officers of the Trust regularly attend panel meetings and respond promptly to requests for information on items of local interest.

The Health Scrutiny Officer and the Head of Corporate Affairs from the PCT meet quarterly with officers from other Trusts in the Peterborough area to discuss local issues. The input from Trust officers is invaluable in helping to plan an effective health scrutiny work programme and in directing the Panel's health scrutiny reviews into areas of local concern.

In 2007/08 the Trust consulted/advised on:

- developments at Stamford Hospital
- patient transport services – standardisation eligibility project
- overseas visitors project

C19 - Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

In January 2007, the Trust launched an investigation into alleged irregularities with the orthopaedic surgery waiting list. The Trust had been very upfront with the Scrutiny Panel about what had happened and notified them straight away. They kept the Panel informed at each stage of the investigation and at the request of the Trust they returned to the Panel in February 2008 to update them on the work being undertaken to address the issues arising from the investigation.

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

The Board of Governors have leads for each domain area of the annual health check. Where possible these leads have met with the executive and non-executive lead for the domains and discussed progress, with individual governors also involved in related activities such as attendance at the operational service unit presentations on progress against Healthcare Commission standards and PEATs (patient environment action team) assessments.

Progress on defining and developing the role of the Board of Governors will be progressed as part of the Trust's overall board and organisational development programme.

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