Inspecting Informing Improving

Webforms Output: Core standards declaration 2007/2008
May 2008

Generated 09/05/08
FRM-12, FRR-590

Confirmation

* 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:	Ashford and St Peter's Hospitals NHS Trust
Chief Executive's First Name:	Paul
Chief Executive's Surname:	Bentley
Chief Executive's Email:	paul.bentley@asph.nhs.uk
Organisation Code:	RTK

- 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

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

Guidance

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 heath). 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.

Ashford and St Peters NHS Trust have reviewed compliance with the 24 core standards for the period April 2007 – March 2008. The Trust board considers there is reasonable assurance that there have been no significant lapses in meeting the standards that are declared compliant. The Board have declared compliant with all core standards with the exception of C8b.

The Trust identifies it has Not Met the required standard for C8b and a description of the issues and actions planned are incorporated in the declaration document.

Review of the standards has taken place with executive leads for each domain. The domain groups have all met and reviewed evidence for each domain, considering all elements of each standard.

Information from the domain groups has been discussed at the Trust Board in March and April of this year, and the Non executive directors have had the opportunity to discuss and challenge the executive leads in all areas. There has been a full discussion of the standard C8b and measures put in place to ensure compliance for 2008/2009.

A statement on the Trust's compliance with the Hygiene code is included in the declaration.

There has been communication with the SHA, the Overview and Scrutiny Committee, the Safeguarding Children's board and the Patient and Public Involvement Forum and comments form these groups have been included in the declaration verbatim.

- 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

Statement on measures to meet the Hygiene Code

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

Ashford and St Peter's Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 2006 to observe the provisions of the Code of practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.

Specifically the Board can confirm that there are effective systems for infection control in place, including a Director of Infection Protection and Control (DIPC) who meets monthly with the Chief Executive and Director of Nursing and Operations and reports regularly to the Management Board and Clinical Governance Board, and quarterly to the Trust Board. The Trust also employs a Nurse Consultant and two specialist nurses in Infection Control to support the DIPC. There are link nurses within all the clinical areas and a Clinical Champion in Infection Control in each of the Business Units. Matrons and Clinical Directors also have a special responsibility for Infection Control.

Actions have been taken to ensure the reduction of MRSA bacteraemia rates including action plans arising from root cause analysis of all cases. The bacteraemia rates have fallen dramatically compared with 2005-6, with only 15 cases in 2007-8 compared with 52 in 2005-6.

All elective patients are screened for MRSA prior to admission to the Trust and patients admitted to high risk wards like critical care and orthopaedic wards are screened on admission. Other high risk patients are also screened.

There is an Action Plan in place for the reduction of Clostridium difficile associated diarrhoea.

The Trust has taken the Cleaning Contract in house and monitoring has shown significant improvements in quality. There are contracts for provision of linen and laundry and effective arrangements for appropriate decontamination of instruments and equipment.

All members of staff receive education on infection control at induction and at regular updates.

There are policies on all the relevant infection control related areas which are available to all staff and members of the public on TrustNet. These have all been updated in the last year. There are also new antibiotic guidelines available on TrustNet, which have been revised with the aim of minimising the risk of Clostridium difficile infection. Audits are performed regularly to ensure compliance with the Infection Control and antibiotic policies.

All members of staff have access to an Occupational Health service to ensure they are free of and protected from exposure to communicable infections during the course of their work.

Information for patients and the public are provided though information leaflets on specific infections and CleanYourHands leaflets. There are notices and posters in all wards and departments and information for visitors on Trustnet and voice boxes at the entrance to wards to remind staff and visitors about hand hygiene and other infection control issues. The Director of Protection Control reports can be accessed by the public on TrustNet.

Isolation facilities are constantly under review and numbers of side rooms have increased with new ward builds in the last 3 years.

Angela Shaw, DIPC March 2008

- 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.

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.

O **compliant**
O not met
O insufficient assurance

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* 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.

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

- END OF PAGE -

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

O **compliant**
O not met
O insufficient assurance

- END OF PAGE -

Safety domain - core standards (C4a - C4e)

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

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* 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).

O **compliant**

O not met

O 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.

O **compliant**

O not met

O insufficient assurance

- END OF PAGE -

* 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.

O **compliant**

O not met

O insufficient assurance

- END OF PAGE -

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

O **compliant**

O not met

O 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.

O **compliant**

O not met

O 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

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.

- O **compliant**
- O not met
- O insufficient assurance

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

- O **compliant**
- O not met
- O insufficient assurance

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

- O **compliant**
- O not met
- O insufficient assurance

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

- O **compliant**
- O not met
- O insufficient assurance

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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.

- O **compliant**
- O not met
- O 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

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.

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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* 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.

O **compliant**
O not met
O insufficient assurance

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* 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.

O compliant

O not met

O insufficient assurance

Start date of non-compliance or insufficient assurance	01-04-2007
End date of non-compliance or insufficient assurance	01-03-2008

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

Specifically the Trust has not actively reviewed black and minority group ethnic data with regard to career progression, or take up of training opportunities. Our ability to access this information was compromised by the transfer to electronic staff record (ESR) from our legacy system and a delay in implementation of the learner management module. The relevant data for the year did not transfer. At March 2008 the Trust does not have an active mentorship scheme to support BME staff, although work has been progressing and draft proposals on how this is taken forward have been produced, and discussed with our BME staff group during 2007/2008
The Trust views this is a signifiant lapse in its commitment to deliver our Equality scheme.

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

We are now able to access the idata on black and minority group ethnic groups with regard to career progression, and take up of training opportunities and we are currently reviewing the information which will be reported to the Trust board in May 2008 and action will be taken appropriately through the Equality steering group. To progress our mentorship scheme we are identifying and training appropriate mentors over the next 6 months and plan to have this in place by October 2008.

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

O compliant

O not met

O insufficient assurance

- END OF PAGE -

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.

O compliant

O not met

O insufficient assurance

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

O compliant

O not met

O 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.

O **compliant**

O not met

O insufficient assurance

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

O **compliant**

O not met

O insufficient assurance

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

O **compliant**

O not met

O insufficient assurance

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* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

O **compliant**

O not met

O 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.

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.

O **compliant**
O not met
O insufficient assurance

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* 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.

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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* 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.

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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* 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.

O **compliant**
O not met
O insufficient assurance

- END OF PAGE -

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.

O **compliant**
O not met
O 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.

O **compliant**
O not met
O insufficient assurance

- END OF PAGE -

* 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.

O **compliant**
O not met
O 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

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.

O **compliant**
O not met
O insufficient assurance

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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.

O **compliant**
O not met
O 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.

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.

O **compliant**
O not met
O 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.

O **compliant**
O not met
O insufficient assurance

- END OF PAGE -

* 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.

O **compliant**
O not met
O 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.

O **compliant**
O not met
O insufficient assurance

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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.

O **compliant**
O not met
O 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.

O **compliant**
O not met
O 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	Clive Thompson CBE	Chairman
2	Mr	Paul Bentley	Acting Chief Executive
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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: Southeast Coast Strategic Health Authority

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

NHS SOUTH EAST COAST
SHA Commentary - Core Standards Declarations 2007/8
Name of Organisation: Ashford and St Peter's Hospitals NHS Trust

Comments:
Safety Domain
C1
There are Clinical Governance structures and processes in place.
C2
An SHA review demonstrated that Ashford and St Peter's Hospitals NHS Trust was compliant with this standard.
C4
Money has been allocated to improve the management of Health Care Associated Infections to include deep cleaning. The deep cleaning programme will be completed by the end of March 2008.
Governance
C7
There are Clinical Governance structures and processes in place.
C8
The two new members of staff on the 'Breaking Through' programme will address where appropriate any under-representation of minority groups.

Response from Director of Public Health and Medical Director
Standards for Better Health. Final Declaration Submission
Thank you for seeking my comment on this.

While I won't go into each standard in detail, I thought it would be helpful to summarise the perspective of my team on the clinical governance intelligence we have to hand about the Trust. I am taking it that my colleagues elsewhere in the SHA may wish to comment specifically about infection control so I won't dwell on those details.

There are a few main ways in which we try to understand the state of clinical governance in a hospital. The first is through a range of indicators, incidents and complaints. The second is via formal enquiry. Sometimes we get information via a third route – from the hospital itself, our performance team or from interested parties such as commissioners. We then triangulate the information to take a view, and in the case of most hospitals we use all these routes. In your case, we are also mindful of the influence of the recent discussions with Frimley Park Hospital for instance on aligning governance structures.

Our indicators on mortality, readmissions, medical incidents, utilisation and infection tell us that Ashford and St. Peter's Hospital is within the regional rates for most adverse indicators. The exception, for certain periods, has been hospital acquired infection but we know there has been serious internal attention to this and external support from the SHA. However we do not see as many serious incidents from the Trust as from elsewhere – in fact we are certain that the reporting of serious untoward incidents is low, rather than the Trust has an absence of misadventures. Therefore we do not have the full detailed picture about the Trust.

We undertook a regional stocktake of all hospitals in the south east coast earlier this year, where we received written and verbal information about each Trust. This is being collated and considered by our Clinical Governance Committee and then I will write to each Chief Executive with individual feedback. The headlines for Ashford and St. Peter's are that we felt staffing issues had left the Trust slightly exposed due to prolonged leave of the clinical governance operational lead. It may be that each Directorate and team are fully engaged with their governance requirements but we found it hard to ascertain this at the stocktake. We also found it very difficult to get information from the Trust that we asked for in preparation for the face to face meeting, such as the implementation of guidance and patient safety tools. On the other hand, I know that the Medical Director considers that good progress has been made over the past year in getting the right engagement through good structures such as the Clinical Senior Development Group and that the Board is well informed about clinical safety and quality. It may be that the governance team is familiarising itself with these matters.

We will be keeping in close contact with that team through our Patient Safety Action Team throughout this year and I will write to you formally with more detail from the stocktake. However I hope that this overview is helpful for your immediate purposes with the Healthcare Commission.
With kindest regards,

Professor Yvonne Doyle
Regional Director of Public Health and Medical Director
South East Coast Strategic Health Authority

* Please enter the name of the patient and public involvement forum that has provided the commentary: Ashford and St Peters Patient and Public Involvement Forum

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

Annual Health Check 2007-2008

Assessment of Core Standards:PPI Forum Comments

I enclose comments of the PPI Forum on the performance of Ashford and St Peter's Hospitals NHS Trust.

First domain - Safety
Core standard C4a - "... The risk of healthcare infections is reduced"

MRSA: the number of patients with MRSA has declined in the past six months due to a major effort by the Trust and the appointment of a Director of Infection Prevention and Control.

Fourth domain - Patient Focus
Core standard C51b - "...Patient's requiring assistance with eating and drinking are provided with appropriate support"

In some wards in the Trust nursing staff assist with eating an drinking but not all wards. The Forum has campaigned that this practice should apply on all wards.

Fifth domain - Accessible and Responsive Care
Core standard C17 - "... The views of patients their carers and others are sought and taken into account, designing, planning and improving Healthcare Services"

The Forum have encouraged the Trust to carry out patient research and recently two studies have taken place, one on discharge and one on maternity. In addition the Trust has set up an ongoing research project based on Comment Cards being filled in by patients on all wards.

Sixth domain - Care Environment and Amenities
Core standard C20b - "...Supportive of patient privacy and confidentiality"

As a result of work being carried out by the Forum, the Trust altered the way they recorded mixed sex accommodation and the information is now regularly reported to the Board and is a priority for the Bed Manager.

Core standard C21 - "...Healthcare services are provided in environments which promote effective care..... with cleanliness levels in clinical and non-clinical areas that meet the national specification..."

Following on from the work carried out by the Forum, a number of cleaning issues are being addressed. One recent change that has our full approval is that Matrons are now recognised as having management responsibility for cleaning and carrying out Patient Environment Action Team (PEAT) inspections which are taken to the Board (quarterly).

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

Surrey Safeguarding Children's Board

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

In respect of Core Standard C2: "Health care organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations", the Surrey safeguarding Children Board (SSCB) would make the following comment: Ashford and St peters NHS Trust has access to the multi-agency safeguarding proceedures and staff access safeguarding training. Links with the SSCB are maintained by the Named Nurse for Child Protection either directly or through the Designated Nurse for Safeguarding. The Named Nurse offers support to the Board as a trainer.

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

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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 eleventh commentary

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Please enter the name of the organisation that has provided the twelth 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

Please enter the fourteenth commentary for this organisation

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

Please enter the fifteenth commentary for this organisation

Comments from specified third parties

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)

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

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1: Surrey Health Scrutiny Committee

Comments. There is no word limit on this answer.

1. I am writing to you on behalf of the Surrey Health Scrutiny Committee to thank you and your team for your correspondence concerning your self-assessment regarding the Healthcare Commission Annual Healthcheck 2007/2008.
2. The Health Scrutiny Committee considered the matter when it met on Thursday 7th April 2008 and decided that it would submit comments regarding the 8 NHS organisations operating within the County.
3. The Committee further agreed that it would base its comments on the guidance set out in the Healthcare Commission document 'Your part in the annual Healthcheck 2007/2008 ' and the comments submitted by the Public and Patients Involvement Forums.

4. There is no evidence available from specific work undertaken by the Surrey Health Scrutiny Committee during the period under review. However the Committee is aware of number of press statements and media coverage throughout the period and has had access to relevant Board papers from your NHS organisation.
5. The Committee are also in receipt of the relevant Patient and Public Involvement Forum report and information from other relevant stakeholders. The Committee fully supports and endorses the comments of the Patient and Public Involvement Forum and would wish to record our sincere appreciation for the commitment and dedication shown by the members of the Forum under what have been difficult circumstances. (Fourth domain Patient focus).

6. In terms of access to information the Committee is disappointed that the discussions of a possible merger between Frimley Park Hospital Foundation Trust and Ashford St Peters NHS Trust have not been formally presented. As the democratically elected representatives responsible for ensuring that NHS changes represent a health improvement for our residents it is important that the relevant facts and the possible benefits to our residents should be made explicit. The Committee has also not been officially notified on why the merger has faltered.

7. There is also some evidence that certain community services are reporting increased numbers of people being discharged from hospital without the appropriate support being in place and then having to be readmitted.

8. As you will be aware, the guiding principals of the Committee are based on an independent, impartial and objective assessment of the evidence available prior to making any evaluation, and the importance of this issue means that if adequate assurance is not received the Committee will need to consider holding a special meeting in order to formerly consider the matter in public prior to the formal dissolution of the Surrey Patient and Public Involvement Forums.

9. If you have any queries or concerns or if I can be of any further assistance please do not hesitate to contact me at the above address or better still e-mail Derek Cunningham our officer.

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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

Board of governors' comments

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

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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