



Webforms Output: Core standards declaration 2007/2008
April 2008

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Form: FRM-12, Response: FRR-5F0

* 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:

East Kent Hospitals NHS Trust

Chief Executive's First Name:

Stuart

Chief Executive's Surname:

Bain

Chief Executive's Email:

stuart.bain@ekht.nhs.uk

Organisation Code:

RVV

- 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 Trust's declaration has been prepared against the criteria for assessing the core standards published by the Healthcare Commission in November 2007. The criteria is categorised by seven domains: Safety, Clinical & Cost Effectiveness, Governance, Patient Focus, Accessible & Responsive Care, Care Environment & Amenities and Public Health.

A declaration of "compliance" has been made against the core standards except core standard 4e "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" against which a declaration of "not met" is proposed.

- 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.

As in the 2006/07 declaration the Trust continue to demonstrate a high level of compliance against the Hygiene Code, in particular the eleven duties listed below.

1. General Duty to protect patients, staff and others from HCAI
2. Duty to have in place appropriate management systems for infection prevention and control
3. Duty to assess risks of acquiring HCAI and to take action to reduce or control such risks
4. Duty to provide and maintain a clean and appropriate environment for health care
5. Duty to provide information on HCAI to patients and the public
6. Duty to provide information when a patient moves from the care of one healthcare body to another
7. Duty to ensure co-operation (so far as is reasonably practicable to ensure its staff, contractors and others involved in the provision of care co-operate to meet the obligations under this Code)
8. Duty to provide adequate isolation facilities
9. Duty to ensure adequate laboratory support (services provided by microbiology in connection with the arrangements for infection prevention and control)
10. Duty to adhere to policies and protocols applicable to infection prevention and control
11. Duty to ensure, so far as reasonably practicable that health care workers are free of and are protected from exposure to communicable infections during the course of their work and that all staff are suitably educated in the prevention and control of HCAI

In 2007/08 the Trust has remained committed to the prevention and control of HCAI. The implementation and achievement of the local annual programme to reduce HCAI (including MRSA bacteraemias) has been closely monitored throughout the year with regular reports on Trustwide performance to the Clinical Management Board and Trust Board and directorate engagement and adherence to practice reviewed at the Infection Control Leads meeting chaired by the Director of Infection Prevention and Control. The HCAI programme has also been subject to external scrutiny by the DH Improvement Review Team and accompanied by formal visits to the Trust in April and October 2007. The Strategic Health Authority and PCT have also provided scrutiny to the Trust's performance against the HCAI targets and the measures in place to deliver changes in clinical practice and assurance on patient safety. Assurance has been provided through the strengthening of directorate ownership of infection control, strong leadership and support by the Infection Control team, a prospective review of antibiotic prescribing practice and publication of an antibiotic directory, extended infection prevention and control training, extended MRSA screening of all admissions including emergencies, weekly hand hygiene audits and the completion of root cause analysis investigations of all new cases of MRSA bacteraemias and clostridium difficile.

In August 2007, the Trust was also inspected by the Healthcare Commission against duties 2, 3 and 8. The inspection report noted elements of good practice and found no material breaches of the Hygiene Code in the Trust. The report concluded with a single recommendation which was that "Systems should be in place to assure us that staff have knowledge and awareness of infection prevention and control for the tasks they carry out on a day-to-day basis".

The 2008/09 annual programme for infection prevention and control will continue to examine and promote measures to reduce and prevent HCAs and support a commitment to continual improvement in the safety of care delivered to patients in East Kent.

- 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.

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

- END OF PAGE -

* 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

- 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.

compliant

not met

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.

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

Start date of non-compliance or insufficient assurance

01-04-2007

End date of non-compliance or insufficient assurance

31-03-2008

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

The Trust is currently a member of the Kent & Medway waste consortium whose waste management and disposal services are provided via single contractor, Polkacrest. A recent audit by the Environment Agency of a consortia member highlighted deficiencies in waste segregation practices. A local review identified similar deficiencies in local practices. Further concerns were also noted with the disposal of waste by the contractor and at sites operating outside of their licensing restrictions. Following identification of these gaps, the Trust introduced a programme of actions including seeking additional assurance to improve and return waste management arrangements to a compliant standard.

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

Detailed action plans have been developed to address identified deficiencies and establish robust waste management arrangements. These include:
Update and review waste management policy and procedures and waste handling specification in line with Hazardous Waste Regulations.
Ensure appropriate segregation of waste through the availability of correct containers and improved awareness and communication to staff.
Further develop the education and training available to staff on waste segregation and disposal.
Regular monitoring and review of operational arrangements to ensure compliance and to obtain assurance on the effectiveness of systems.

To support these actions, the Hotel Services team have provided two members of the team to lead the actions and to embed changes in practice over the next 3 months. A business case has also been submitted for a dedicated Waste Manager.

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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

- 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.

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

- 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.

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

- 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.

- 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

- 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.

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

- 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.

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

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

- 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.

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

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* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant
 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 Bain	Chief Executive
2	Mrs	Julie Pearce	Director of Nursing, Midwifery & Quality
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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 comments. There is no word limit on this answer.

Safety Domain

C1

The Trust has demonstrated that they are improving the systems for reporting, investigating and monitoring action following serious untoward incidents.

C2

An SHA review demonstrated that East Kent 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.

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

East Kent Hospitals Patient & Public
Involvement Forum

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

East Kent Hospitals Patient and Public Involvement (PPI) Forum
Annual Health Check
Comments 2007 - 2008

Core Standard No. C4a
Safety

Health care organisations keep patients, staff and visitors safe by having systems to ensure 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 reduction in MRSA.

Comment

Alcohol Rub and Hand Hygiene - August 2007

The Forum carried out a survey on hand hygiene compliance at Ward and Department entrances and extra points. Thirty sites were monitored across 3 Acute Hospitals for one hour. Position of hand gels were noted. A percentage of people were asked why they failed to use gel with a variety of replies. Figures showed a compliance rate between 29%-24%. Reports sent to Trust with recommendations. Shortly after submission of our reports large red signs were placed at strategic points and at gel points within the hospital requesting use of gel.

Alcohol Rub and Hand Hygiene - February 2008

A second survey was undertaken using the same methodology which showed a compliance rate of between 61%-54%. Clearly an improvement but more needs to be done to educate everyone about the importance of hand hygiene.

Cleanliness of Toilets and Bathrooms - January 2007

A survey was carried out monitoring the cleanliness of toilets and bathrooms, and showers throughout all 3 Acute hospitals. A report with recommendations was submitted as some areas were far from acceptable. We are pleased to say refurbishment is taking place and some of our recommendations have been put into practice.

During 2007 the Trust has introduced a revised C.Diff Action Plan. Root Cause Analysis of both MRSA Bacteremia and C.Diff are monitored.

The Forum has recommended all hospital infections are monitored and the Director of Infection Control is taking this forward for discussion.

Chlorine and pH Chlor-Clean - January 2007

The Forum have investigated the use of the available Chlorine and pH Chlor-Clean used in East Kent Hospitals and its usage. A report has been sent to the Trust and findings were discussed with the Director of Prevention and Infection Control.

The Forum has recommended the use of Chlor-Clean in all toilet and bathroom areas and again the Director of Infection Control is taking this forward for discussion.

The Forum wishes to compliment the East Kent Hospitals Trust on the low MRSA and C.Diff rates, and its commitment to zero tolerance for HCAI. Clearly, the policies in place are producing the desired result but strict adherence must prevail to further reduce HCAI.

Core Standard No. C4d
Safety

Medicines are handled safely and securely.

Comment

The Forum has noted on more than one occasion medicine trolleys not locked to walls and in one area the wall lock was missing (broken). Ward Manager informed.

Core Standard No. C4e
Safety

Comment

On a further occasion the PPIF saw at the Kent & Canterbury and Queen Elizabeth the Queen Mother hospitals that refuse skips for contaminated articles were overflowing and n...

...ot locked.

Core Standard No. C5a
Clinical and Cost Effectiveness

Comments

Having perused the Department of Health policy document "National Stroke Strategy" we feel that 24/5 day per week cover is insufficient and 24/7 day per week should be in situ for screening and early diagnosis.

Core Standard No. C8a
Patient Focus - Patient Comfort

Health Care 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 delivery of services.

The Forum would draw attention to difficulties in communication with some ancillary staff due to limited ability with both written and spoken English.

Core Standard No. C9
Patient Focus - Dignity and Respect

Health care 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 also disposes of the information appropriately when no longer required.

Comment

Notes not always available for clinics, etc.

Core Standard No. C13a
Governance

Health care organisations have systems in place to ensure that patients are supported when making complaints?

Comment

Patients and public are mainly unaware how to register complaints and first point of contact. Patients confidence to complain not always supported.

Core Standard No. C14a
Patient Focus - Food Safety

On a visit PPIF members noted that:

- o a food trolley outside the ward for 10 minutes before entering;
- o no temperature check undertaken;
- o no hand wipes given to patients before serving food;
- o no assistance to patients to be sat in the correct position.

Core Standard No. C14d
Governance

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 service.

Comment

Not all patients or relatives are aware of PALS or how to access same. The Forum has suggested, much like Gideon's Bible, a laminated leaflet in lockers and a leaflet in Admissions letters.

Core Standard No. C15
Patient Focus - Foo...

...d Safety

Where food is provided health care organisations have systems in place to ensure that:

- a) patients are provided with a choice and that it is prepared safely and provides a balanced diet;
- b) a patient's individual, nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

Comment

The standard of food is improving, the presentation at times leaves a lot to be desired. On our recent surveys positioning of patients and assistance with feeding lacking due to staffing pressures.

Core Standard No. C15a
Patient Focus - Food Safety

Comments

We would query the safety of food serving having noted food trolleys having no temperature check and some staff engaged in both cleaning toilets and later serving food.

Core Standard No. C15b
Patient Focus - Food Safety

Comments

On one ward visited by the PPIF it was observed that no help was given to settle patients comfortably to eat their lunch.

Core Standard No. C17
Governance

The views of patients, their Carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

Comment

1) On the demise of PPI Forums we feel more patient and public engagement should be sought. The Forum members participate in:

CMB Clinical Management Board
Infection Control Board
RLOS Reducing Length of Stay
Fit for the Future Urgent Care Board
Integrated Transport Group
Stroke Forum
Health Overview and Scrutiny Board
Dover Project Board
PEAT - Patient Environment Action Team 2007*

*first time the Forum were asked to participate.

2) Buckland Hospital, Dover, reduction in services has brought much anger to the residents of Dover. The Forum feels the time lag is adding to the frustration, and the public need to be kept informed of progress for future provision of services.

Core Standard No. 18
Governance

Comments

Lack of notes for appointments.

Difficulty in communication with ancillary sta...

...ff.

Core Standard No. C20b
Patient Focus - Dignity and Respect

Health care services are provided in an environment which promotes healthy outcomes by being supportive of patients privacy and confidentiality.

Comment

The Forum would draw attention to the use of extra beds. During this Winter extra beds have been in constant use which raises the issues of patients privacy and dignity, Health Care Acquired Infection (HCAI) and staffing levels.

Patients for the Radiology department, obviously transferred from wards in their beds, were housed in the main waiting area, not sectioned off. This raises questions of privacy and dignity.

The new Intensive Care Unit (ICU) which is first class, apart from no private room to discuss with relatives the condition of their loved ones.

Core Standard No. C18
Accessible and Responsive Care

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

Comment

1) Endoscopy at Buckland was closed early in 2007 with no consultation, and no date for it to re-open has been given.

2) Endoscopy waiting times across all 3 hospitals:

William Harvey Hospital Six months
Kent & Canterbury Eight months
Queen Elizabeth the Queen Mother Two months

3) There are 3 to 4 vacant sessions, nursing establishment in position. At least 1 to 2 Endoscopists are needed.

4) Audiology waiting times for first appointment are improving. The Forum would
Query is a recall system in place?

Core Standard No. C21
Care Environment and Amenities

Health care services are provided in an environment which promotes effective care and optimises health outcomes by being well designed and maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Comment

The Trust has embarked on a new build programme in several areas with excellent results, refurbishment is ongoing, and where completed adds to comfort. We are pleased to see no-touch toilet facilities in the new build.

Core Standard No. C22c
Public Health

Health care organisations promote and demonstrably improve the health of the community served and narrow health inequalities by co-operating with each other and local authorities, and other organisations.

Comment

A Forum member has attended Delayed Discharge meetings but we feel bridging between Acute hospitals and community healthcare requires a closer working relationship to ensure a continuing pathway for patients care. Fit for the Future is gradually addressing this issue.

Core Standard No. C23
Public ...

...Health

Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirement of the National service framework and National plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, sustained misuse of drugs and sexually transmitted infection.

Comment

The Forum would again question the amount of vending machines selling fizzy drinks, sweet and crisps, etc., within hospitals.

Summary

The Trust is to be congratulated on its financial management. We would also like to commend the Trust on:

- o the new Renal/Vascular services at Kent & Canterbury;
- o the new Intensive Care Unit (ICU) at Kent & Canterbury;
- o the Cancer Unit at the Queen Elizabeth the Queen Mother Hospital, Margate.
- o the new Pathology and Hematology Unit at William Harvey;
- o the 18 Week programme seems to be progressing very well;
- o the Trust continues to struggle with Delayed Discharges. New initiatives within FFF will hopefully address this problem.

We are pleased to note a decline in MRSA an

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

Kent Safeguarding Childrens Board

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

No commentary received.

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

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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

Kent County Council

Comments. There is no word limit on this answer.

A meeting was held with the Healthcare OSC working group on Friday 25 April 2008 to discuss the declaration against the Healthcare Commission. The OSC feel that the discussion provided a useful baseline for an ongoing dialogue with the Trust as it prepared for next year's declaration. The HOSC concluded that without any substantive evidence it would not be submitting a third party commentary to East Kent Hospitals on this occasion.

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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.

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