

Webforms Output: Core standards declaration 2008/2009  
May 2009

Submitted May 01 2009 13:28  
FRM-BE, FRR-2DA5:RVV

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

RVV

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at [forms@cqc.org.uk](mailto:forms@cqc.org.uk)

Organisation Name:

East Kent Hospitals University NHS Trust

Chief Executive's First Name:

Stuart

Chief Executive's Surname:

Bain

Chief Executive's Email:

[stuart.bain@ekht.nhs.uk](mailto:stuart.bain@ekht.nhs.uk)

Organisation Code:

RVV

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- o How the declaration form is laid out
- o Guidance related to each section
- o FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

Section 1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o Insufficient assurance: a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

Subsequent questions if you declare 'not met' or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

- o in your 2007/2008 declaration the standard was declared as 'not met' or insufficient assurance' and
- o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
- o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

### Section 3. Sign off

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards

- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards and overview and scrutiny committees

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### Section 4. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment. A box will be provided on the declaration form for this purpose.

#### Frequently Asked Questions:

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

Q1. What do you mean by reasonable assurance and significant lapse?

#### Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

#### Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

here

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday May 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or [feedback@healthcarecommission.org.uk](mailto:feedback@healthcarecommission.org.uk).

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

here

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).



**General statement of compliance**

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

The Trust's declaration has been prepared against the criteria for assessing the core standards published by the then Healthcare Commission in November 2008.

A declaration of "compliance" has been made against all the core standards with the exception of 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 "insufficient assurance" is proposed.

The Trust was authorised as a Foundation Trust on 1st March 2009. The FT is preparing to engage the Council of Governors in the process during 2009/10.

Although approached by the Trust, the Kent Learning Disabilities Partnership Board has declined to offer a commentary for this year as it did not feel it had had time to fully engage with its members. They are starting work on developing a process for the year 2009/2010. The Trust approached Kent Local Safeguarding Childrens Board and they declined to offer a commentary for 2008/9 due to time constraints.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Safety domain - core standards (C1a - C3)**

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

\* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

compliant

\* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

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

compliant

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

compliant

**Safety domain - core standards (C4a - C4e)**

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

\* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

compliant

\* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

\* 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**

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

**O compliant**

\* 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 insufficient assurance**

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

31-03-2009

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

East Kent Hospitals University NHS Foundation Trust is currently a member of a waste consortium comprising of 7 local Trusts. A declaration of non compliance was made in 2007/08 following an inspection by the Environment Agency of a consortium member which highlighted the potential for shortfalls in compliance of contracted services and consequently internal processes of waste segregation and storage. Following a review of local systems and processes a prioritised action plan was implemented with progress monitored throughout 2008/09.

In July 2008, the Trust was inspected by the Environment Agency which provided external assurance of progress towards an improved position of compliance and identified areas of good and best practice. The EA recognised the action plan in place and the work in progress as part of their findings. Recommendations from this inspection were incorporated into the existing action plan and monitoring arrangements in place throughout 2008/09.

The Trust has made a declaration of insufficient assurance for 2008/09 based on:

- Gaps in documentary evidence of compliance on all elements of the standard for the period 1 April 2008 - 31 March 2009.
- Recommendations made following the Environment Agency's inspection in July 2008 suggesting a period (April - July 2008) when compliance with practices could not be evidenced
- Incomplete identified actions listed on the action plan which take the Trust beyond compliance to best practice.

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

A comprehensive action plan was implemented following the findings of the Environment Agency's inspection and a local internal review of waste systems and processes. Actions completed in year include:

- Updating of waste management policy and procedures
- Strengthening of systems to ensure effective waste segregation at source
- Upgrading of on site waste storage facilities
- Delivery of training to all staff on the documentation involved in the transfer and disposal of waste
- Ongoing monitoring and review of contracted waste services

All actions on the action plan which are material to declaration of compliance with C4e have now been completed and presented to Board of Directors and Audit Committee, giving assurance of compliance at 31st March 2009.

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

The Trust has made a declaration of insufficient assurance for 2008/09 based on:

- Gaps in documentary evidence of compliance on all elements of the standard for the period 1 April 2008 - 31 March 2009.
- Recommendations made following the Environment Agency's inspection in July 2008 suggesting a period (April - July 2008) when compliance with practices could not be evidenced
- Incomplete identified actions listed on the action plan which take the Trust to a position beyond compliance to one of best practice.

The Audit Committee indicated that a declaration of Insufficient Assurance would be made for 2008/09 in respect of Core Standard C4e as the Trust could not state it had been compliant for the full year 1st April 2008 to 31st March 2009.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Clinical and cost effectiveness domain - core standards (C5a - C6)**

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

\* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

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

compliant

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

compliant

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

compliant

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

## Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

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

\* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

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

compliant

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

compliant

\* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

\* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

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

compliant

**Governance domain - core standards (C10a - C12)**

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

\* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

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

compliant

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\* 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

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

compliant

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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.

compliant

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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.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Patient focus domain - core standards (C13a - C14c)**

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

\* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

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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.

compliant

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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.

compliant

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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.

compliant

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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.

compliant

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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.

compliant

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**Patient focus domain - core standards (C15a - C16)**

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

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\* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

compliant

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\* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

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\* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Accessible and responsive care domain - core standards (C17 - C18)**

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

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

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

compliant

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Care environment and amenities domain - core standards (C20a - C21)**

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

\* C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

compliant

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

compliant

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

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Public health domain - core standards (C22a - C24)**

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

\* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

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\* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

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

compliant

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\* C24: Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Electronic sign off page**

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), LINKs, overview and scrutiny committees, Learning Disability Partnership boards and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

**Electronic sign off - details of individual(s)**

|    | Title: | Full name:   | Job title:                    |
|----|--------|--------------|-------------------------------|
| 1  | Mr     | Stuart Bain  | Chief Executive               |
| 2  | Mrs    | Julie Pearce | Director of Nursing & Quality |
| 3  |        |              |                               |
| 4  |        |              |                               |
| 5  |        |              |                               |
| 6  |        |              |                               |
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Comments from specified third parties**

Please select the numbers of each type of third party that you wish to enter comments from

\* Strategic Health Authorities

 1

\* Local involvement networks

 1

\* Local child safeguarding boards

 1

\* Learning Disability Partnership boards

 1

\* Non-specified third party organisations:

 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15**Comments from specified third parties**

Please enter the comments from the specified third parties below.

**Strategic Health Authority Comments**

Please select the name of the first strategic health authority that has provided the commentary

 South East Coast Strategic Health Authority

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

NHS SOUTH EAST COAST

SHA Comments - Core Standards Declarations 2008 - 09

Name of Organisation: East Kent Hospitals University NHS Foundation Trust

On the basis of the information available to the Strategic Health Authority, there is no reason to disagree with the assessment made by the trust in its declaration. We are confident that the organisation is working to ensure that where there is lack of assurance, or where any lapses have occurred, action is being taken to address this across the whole organisation.

## Local Involvement Network comments

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

Kent Local Involvement Network

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

Your LINK for improving health and social care  
www.thekentlink.co.uk  
21 April 2009  
KMN, Unit 24 Folkestone Enterprise Centre,  
Shearway Road, Folkestone, Kent, CT19 4RH  
Tel: 01303 297050  
E-mail: info@kmn-ltd.co.uk

### a LOCAL INVOLVEMENT NETWORK

Kent LINK's commentary on the Annual Health Check in Kent and Medway 2008 / 2009

#### Introduction

In October last year Kent & Medway Networks, the support organisation for the Kent Local Involvement Network (LINK), was approached by the then Healthcare Commission to discuss what contribution the LINK could make towards the Annual Health Check for the period 2008 / 2009. The then Healthcare Commission, now the Care Quality Commission (CQC), uses the Annual Health Check to:

- ? measure the performance and standards of all NHS Trusts throughout England,
- ? and provides an annual rating of their performance.

The process requires NHS Trusts to self declare against seven core standards. Only a proportion of NHS Trusts are visited as part of this process, so, to provide some external validation, third party commentaries are invited from key community groups, such as local authority Health Overview and Scrutiny Committees, and now LINKs. However, it was recognised that as LINKs were not operational for the whole of the period under review, which is 1 April 2008 to 31 March 2009, they may not be in a position to contribute this year.

At the Kent LINK's launch on 3 December 2008, when it became a legal entity, it was agreed that some attempt should be made, in the time remaining, to give the community of Kent an opportunity to participate.

#### Method

As the LINK had not accumulated a body of work on which it could draw, it was agreed that it should contact a range of voluntary sector organisations representing various groups that may have members with experience of using Kent's NHS during the period under review. It was thought that the best method would be to support voluntary sector organisations in seeking the views of their members and for them to return a collective view. Alternatively, the LINK could use the community and voluntary sector to circulate a questionnaire to be returned to the LINK for analysis. Individuals were given the opportunity to respond via an on-line questionnaire or by completing a paper version. It turned out that a combination of collective and individual responses have contributed towards the LINK's commentary.

The response was:

- ? Completed or partially completed on-line questionnaires - Kent: 43
- ? Completed or partially completed paper questionnaires - Kent: 19
- ? Completed or partially completed on-line questionnaires - Medway: 19
- ? Completed or partially completed paper questionnaires - Medway: 49 \_\_\_ 130

It had not been possible to carry out a pilot survey and it soon became apparent that both the on-line questionnaire and paper form was not that user friendly. The on-line version clearly caused difficulties as a number of organisations started the form and did not complete. We attempted to go back to those organisations with some limited success.

An easy to read version of the questionnaire was commissioned, which seemed to work better, although again with a lack of piloting, problems were revealed when it went live.

It was decided to combine Kent and Medway surveys in view of the cross boundary flows of patients throughout the County. Medway starting later benefited from some of the difficulties experienced in Kent being ironed out and hence, proportionately, a much better response was achieved. Lessons have been learnt and whilst it will not be possible to use this piece of work for any statistical purposes, issues have come to the fore, as indicated by the following findings.

#### Findings

Respondents' comments are attached.

#### Patient Safety

##### General

? It is evident that those visiting NHS premises are confused about the differing hand washing and gel policies and practices adopted by NHS Trusts. Some Trusts, such as Medway NHS Foundation Trust have chosen to concentrate their efforts close to where care is provided, whereas others, such as Maidstone and Tunbridge Wells NHS Trusts have a highly visible front of house presence. It has been commented that even where there is a high level of warning, many people are ignoring the gels and good advice.

##### Hygiene and cleanliness

? Still an area of concern to many respondents, but positive comments received about Maidstone and Kent and Sussex Hospitals. Mixed comments received about Medway Maritime Hospital.

##### Closure potentially placing children at risk

? The closure of the Sanderson Unit, a speciality unit for children at Medway Maritime Hospital, to create additional beds to cope with winter pressure, has been criticised by a voluntary group as "breaking one of the key principles of protecting children by closing a unit which was safe and familiar for children who find it very difficult to adapt to change, especially one of such a sudden and devastating nature". This

commentary would also implicate the Medway Primary Care Trust.  
 Clinical and cost effectiveness  
 General  
 ? On the whole positive comments.  
 Communications between health professionals  
 ? Several comments over need to improve communication between primary and secondary care.  
 Service needs identified  
 ? Inadequacy of pain relief service highlighted.  
 ? Poor public transport links to hospitals in the West of the County.  
 ? Shortcomings in speech therapy services in the Medway area.  
 Governance  
 General  
 ? On the whole the perception was that NHS organisations were well run.  
 Challenging discrimination  
 ? One organisation reported that "several" of their members had experienced racial discrimination in a unit caring for people with mental ill health.  
 ? One Group felt that a poor level of speech therapy provision amounted to discrimination "against a sector of the public who have generally nobody to speak up for them".  
 ? One respondent questioned an organisation's attitude toward ill people saying that they can't "speak up without fear" of being belittled.  
 Patient focus  
 General  
 ? On the whole positive comments.  
 Food  
 ? Still an area of concern for a number of respondents.  
 Discrimination  
 ? One group commented adversely on the way patients with a history of mental illness may be treated differently and not have their physical ailments attended to appropriately.  
 Privacy and dignity  
 ? Procedure for sending lone ambulance personnel to females living alone.  
 ? Lack of privacy / confidentiality in GP reception areas.  
 Accessibility and responsive care  
 General  
 ? Waits in A & E.  
 ? Lost x-rays / notes.  
 Service needs identified  
 ? Lack of active patient recall to check on hearing loss and hearing aid suitability.  
 ? Local phlebotomy service for residents of the Isle of Grain.  
 Inadequate consultation  
 ? Siting of Dover Hospital.  
 ? Closure of Sanderson Unit, Medway Maritime Hospital.  
 Care environments and amenities  
 General  
 ? Signage at several hospitals.  
 ? Cleanliness and issues regarding use of gels and hand washing as in 'Patient safety' section above. Improvements observed in Maidstone Hospital and Medway Maritime Hospital.  
 Public Health  
 General  
 ? Need for more supervision of hospitals hand-washing / use of gels required.  
 ? More emphasis on prevention is required.  
 Conclusion / Recommendations  
 It is recommended that this report, together with comments supplied by individuals and organisations, be forwarded to NHS Trusts within Kent and Medway as the LINK's commentary on the annual health check for 2008 / 2009.

END

Questionnaire results from Individuals

East Kent Hospitals University NHS Foundation Trust

LOCAL INVOLVEMENT NETWORK

What was your experience

1. Keeping Patients Safe

Pleasant and caring medical staff (Kent & Canterbury Hospital - Dermatology)  
 Lack of care in Kent & Canterbury and William Harvey hospital (especially in casualty). Lack of care and assistance, And they keep saying "oh no your back again" and I think that is abusive (Kent & Canterbury Hospital)  
 Although hand cleaning bottles are obvious at clinic entrances they are not at the main entrance to the outpatients dept. (Kent & Canterbury Hospital)

Good (William Harvey Hospital)

Lack of care in Kent & Canterbury and William Harvey Hospital (especially in casualty)(Duplicate).

Lack of care and assistance, And they keep saying "Oh no your back again and I think that is abusive (William Harvey Hospital & Casualty)(Duplicate).

Pleasant and caring medical staff (Duplicate). (William Harvey Hospital, Ashford)

2.Treatment, Care & Costs

At hospital outpatients clinic very late with appointment time and didn't feel that staff were taking my condition seriously. (Kent & Canterbury Hospital)

3. Governance

4. Patient Focus

5. Access and Responsive Care

Hip Replacement- Being told at first visit after being referred by my GP that seeing that this was my first visit the consultant couldn't see me as he



was running late and that I could wait 6 months (he did bring up an x-ray, which I realised later was 2 yrs old). I next saw the senior consultant 6 months later when he agreed it did need replacing, but by that time I was suffering back problems as well and I would still have to wait considerable time. Some two months later with the problems getting worse I decided to pay for the operation. This should never have happened. (Buckland Hospital, Dover)

6. Care, Environment & Amenities

7. Public Health

It is all down to restraint. A visit to my GP or local hospital in my view are noted but I do not have the faith to believe they are taken seriously. X-rays notes are always lost. Why can we not retain our own notes/x-rays? (William Harvey Hospital, Ashford)

#### MISCELLANEOUS COMMENTS

What Was Your Experience?

1. Keeping Patients Safe

Dawn to dusk care ladies from Social Services are a big help keeping Alzheimer's patients clean and dressed (No answer given to where this was) Very clean and reasonably mess free (Primary Care Trust - GP Service)

2. Treatment, Care & Costs

I am eligible for free prescriptions but my husband isn't. He is receiving ongoing treatment and we really struggle to find money to pay for his prescriptions, we often have to delay getting his medication until next payday etc. Because we aren't on any benefit we can't get any help with this but we are still on a low income. (Pharmacy etc.)

3. Governance

4. Patient Focus

5. Access and Responsive Care

6. Care, Environment & Amenities

Surgeons are safe and secure but I couldn't say the same for services at hospital. The same would apply regarding support but respect is left wanting. Everything works but to what degree (No answer to where this was)

7. Public Health

Lack of care in part London hospital in letting my GP know their xray and MRI scan results (GP - hospital)

Called back to hospital with a consultant by mistake. Keeping an appointment at a London hospital to find it was booked with the wrong consultant. GPs /Hospitals working together, I don't think so! Do you? (Local Hospital)

Called back to hospital with a consultant by mistake. Keeping an appointment at a London hospital to find it was booked with the wrong consultant. GPs/ Hospitals working together, I don't think so! Do you? (London Hospital)

### Local child safeguarding boards comments

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

Kent Local Safeguarding Childrens Board

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

The Board was unable to comment on 08/09 due to time constraints, however, they are planning to complete for 09/10

### Learning Disabilities Partnership Board comments

\* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Kent Learning Disabilities Partnership Board

\* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

Declined to comment due to the timescales and the fact that retrieving views of people with learning disabilities needs much planning and will work on this for the coming year.

Getting people to comment on your standards needs an engagement process throughout the year. We will start the discussion at the Kent Good Health group at its next meeting but the local District Partnership groups should also be involved

### Commentaries from other third party organisations

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

## Overview and scrutiny committee comments

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

0 1

## Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Kent County Council Health Overview and Scrutiny committee

Comments. There is no word limit on this answer.

Kent County Council Health Overview and Scrutiny Committee - Commentary for 2008/09 Annual Health Check

Commentary on: East Kent Hospitals University NHS Foundation Trust

Core standards commented on: C4a, C4c, C21 (The Hygiene Code).

Methodology:

The Health Overview and Scrutiny Committee of Kent County Council decided to focus in on assessing compliance with the three core standards which relate to the hygiene code, namely C4a, C4c and C21. Given the large number of Trusts that are relevant to the county of Kent, the three meetings in January, February and March were allocated to this topic and Trusts informed in advance of the date when their Trust would be examined. Each Trust was invited to submit written evidence in advance of their attendance to support their intended declaration.

Sources of evidence:

Agenda pack for 6 February 2009.  
Minutes for 6 February 2009.

All available online at: <http://democracy.kent.gov.uk/ieListMeetings.asp?CId=112&Year=2009>

Assessment:

Compliant with core standards C4a and C21.

Commentary:

The Committee is largely satisfied that this Trust is compliant with the three core standards relating to the hygiene code because:

- o Detailed evidence was provided about how the infection prevention control team supports the cleaning staff;
- o Detailed evidence about the monitoring of staff training was provided; and
- o A thorough analysis of the deep cleaning programme was provided.

A particular focus of the Committee questions on 6 February 2009 concerned cleaning. In responding to these questions, the Trust was able to demonstrate a grasp of the fine detail of cleaning. They explained that the infection prevention control team works with the cleaning staff, and this is beneficial because Chlorclean is the only really effective cleaning solution but it must be used properly to have any benefit. The Committee was provided with the "Evidence table for HCAI inspection programme 2008/09," by the Healthcare Commission relating to a visit carried out at the Trust on 9 and 10 December 2008 (pp.61-92 HOSC Agenda Pack 6 February 2009). This provided the Committee with lots of supporting evidence for the active involvement of the infection prevention control team with the cleaning staff. For example, in the section on hygiene code sub-duty 4d is the statement that "In all clinical areas visited, there was a very clear schedule of cleaning responsibilities and frequencies in public areas. All staff were aware of their responsibilities for cleaning, what to clean and the products to use. It was clear that there is an effective relationship between the IPCT and the contract cleaning managers," (p.80 HOSC Agenda Pack 6 February 2009). Overall, the Committee believes this provides evidence of compliance with duties 2 and 4.

From this same piece of written evidence provided by the Trust the Committee picked up some examples of lapses in good practice. "On the William Harvey site the general standard of cleanliness was still reasonably good however there was some evidence of less attention to detail, with some isolated issues identified including:

- o Plastic boxes containing blood glucose testing equipment on two wards were spattered with blood. One was particularly bad and was immediately disposed of."
- (p.79 HOSC Agenda Pack 6 February 2009)

The Members of the Committee picked up on this example during the meeting. These gave the Trust the opportunity to explain in their oral evidence on 6 February 2009 that they have a zero tolerance approach to such events and are willing to use disciplinary procedures against staff responsible for these lapses. The Trust representatives were very clear that there was no excuse for the lapses and this was supported to an extent by the written evidence that demonstrated that non attendance at mandatory infection control training is always followed up. "A training database was seen on ward computers. Staff confirmed that the ward manager would check that the mandatory training was completed and if not done the staff would receive a letter. Any additional study leave requested is not granted if the mandatory training has not been completed," (p.69 HOSC Agenda Pack 6 February 2009). In effect, the range of evidence provided by the Trust suggests that these lapses were the exceptions rather than the rule and the Committee believes that overall the evidence supports compliance with Duties 2 and 4.

The Committee was provided with a lot of detailed information about the deep cleaning programme at the Trust, including a detailed examination of what went well and what did not, as part of the written evidence from the Trust (pp.93-96 HOSC Agenda Pack 6 February 2009). This information did bring to the Committee's attention some major issues that we remain concerned about, for example, "Not being able to decant at the KCH, therefore the cleaning took place while patients were in the beds or wherever possible, one bay at a time! It did cause disruption and the cleaning generally could not be as thorough as we could have wanted," (p.95 HOSC Agenda Pack 6 February 2009. NB: KCH = Kent and Canterbury Hospital). However, the openness of the Trust on this issue was not only reassuring in itself but the document titled "Deep Clean Assurance" provided to the Committee set out the details as to how the Trust intends to learn from the experience and improve policies and procedures. For example, "The deep cleaning programme also resulted in the initiative to fully review cleaning services to ensure our service provider, Medirest, is adhering to the contract specification and a drive to achieve consistent excellence throughout in cleaning standards. A cleaning action plan was developed with identified time frames. Progress is monitored weekly (using red, amber, green indicators) with our service provider" (pp.93-96 HOSC Agenda Pack 6 February 2009). Supporting evidence of this can be found in the "Evidence table for HCAI inspection programme 2008/09" by the Healthcare Commission which states "Weekly audits are in place for hand hygiene, commode cleaning, environmental cleaning, also for MRSA screening and

decolonisation" (p.73 HOSC Agenda Pack 6 February 2009). The Committee was also interested to see the evidence of some joined up thinking whereby the deep clean process was used as an opportunity to carry out minor building works which would in turn lead to better cleaning, although this did leave less time to carry out the clean (see p.95 HOSC Agenda Pack 6 February 2009). Taken overall, this is clear evidence of compliance with Duty 4 of the hygiene code.

The Committee was provided with detailed written information regarding compliance with C4c, decontamination. For example, the Committee was provided with the "Evidence table for HCAI inspection programme 2008/09," and good evidence for the Trust's adherence with hygiene code sub-duty 4f was contained within this, such as "Endoscopy services have recently undergone a Joint Accreditation Group (JAG) review and the Kent and Canterbury site, there were no action points about the processing or decontamination of equipment raised," (p.82 HOSC Agenda Pack 6 February 2009). The Committee noted favourably the Trusts' low infection rates as seen in the figures available from the Health Protection Agency (pp.47-48 HOSC Agenda Pack 6 February 2009) and this is a good indicator that the Trust has good practices in place for all areas of the hygiene code. However, given the technical nature of decontamination, the Committee feels it does not have the skills to make a definitive statement regarding C4c but this does not mean we believe that we have been provided with insufficient assurances.

Although the Committee has been focussing its attention on core standards C4a, C4c and C21, this Trust voluntarily sent in written information concerning C4e, on waste management, because the Trust is aware of a number of issues with this standard and because there are potential implications for infection control and wished the Committee to be assured that they have plans in place to improve the situation. In their oral evidence, the Trust explained that an internal audit has led to the action plan being produced that they included it in their written evidence (pp.105-109 HOSC Agenda Pack 6 February 2009 focuses on C4e). Given the other clear examples of this Trust clearly applying the lessons learnt from past lapses, the Committee believes the Trust is putting the appropriate policies and procedures in place to improve in this area.

Kent County Council, Health Overview and Scrutiny Committee.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list