

TRUST BOARD MEETING – Thursday 21st August 08
Domain 6 Standards (C20a, C20b, C21)

Title of the Paper:	Standards for Better Health Review - Domain 6 Declaration Year 08/09 Quarter 2	
Agenda item:	136/08	
Author:	Graham Ramsay Medical Director/Director of Patient Safety	
Trust Objective:	Objective 5 – Improving Our Performance	
Key issues Standard C20a – The Trust has reviewed the current evidence and anticipates that compliance will be achieved by 31.03.09 Standard C20b – The Trust declared non-compliance with this standard in 07/08. The end date of this non-compliance was stated as being 31 st March 08. The Trust has now amended this date with the agreement of the CC to say that the Trust will be compliant with this standard from 31 st August 2008. Domain report reviewed at Clinical Quality & Governance Committee 07.08.08		
Purpose This report focuses on each of the Standards within Domain 6 providing an update on the Trusts progress towards compliance.		
Risk Implications for the Trust:		Mitigating Actions:
The Standards for Better Health Core Standards contribute towards the Trusts overall quality of services rating for the Annual Health Check.		Action plans are in place for those standards that are not compliant
Recommended Levels of Assurance Level of Assurance recommended to the Trust Board from the report: Recommend Status: Sufficient assurance Standard C20a – A safe and secure environment that promotes care, optimises health outcomes and protects patient’s staff and visitors. Compliant by 31.03.09 Standard C20b – Environments that optimise health outcome and support patient privacy and confidentiality. Compliant by 31.08.08 Standard C21 – Environments are well designed, maintained and clean. Compliant		
Recommendation to the Trust Board: The Trust Board members are asked to: • Note the contents of this report		

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Standards for Better Health Review – Domain 6 Declaration Year 08/09 Q2

Standard 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.

The Director of Workforce is responsible for reporting health and safety matters to the Trust Board, the day to day management of health and safety is overseen by the Interim Director of Estates and Facilities and the Trusts Health and Safety Officer. The Trust also employs a Trust Security Management Specialist and Fire Safety Manager.

The Trusts Health and Safety Committee meets on a monthly basis and reports to the Clinical Quality and Governance Committee (CQuaC). The committee reviews health and safety incidents statistics, RIDDOR incidents, HSE action plan, relevant health and safety policies, health and safety risks, new legislation and publications. In December 2008 the health and safety annual report will be presented at CQuaC for review.

The Trusts health and safety manual was originally implemented in October 2006 and is due for review in 2008, it includes a policy statement and responsibilities and arrangements. There are also a number of subsequent specialised health and safety policies including working at heights, PPE, workstations and LOLER.

The Trust carried out a risk assessment audit in March 08 with initially poor results indicating only a 54% compliance level. Further pressure on departmental managers and encouragement to both review existing and undertake new risk assessments finally produced a 100% return in June 08.

Feedback from managers indicated a widespread lack of training in risk assessment and confusion regarding the different forms/tools provided. A new programme of training commenced June 10th 2008 that selects 5 basic risk assessment tools and provides a focus on one tool per month, each with 12 opportunities for managers and supervisors to attend. This will allow delegates to concentrate on one tool at a time and have a month in which to practice and become more familiar with it before examining the next tool.

The risk assessment audit will be conducted again in August and again in December 2008 to monitor the effects of this training and ensure that a greater variety of assessment types are being conducted.

The Trust has a Fire Safety Policy (review date February 09) and a nominated Fire Safety Manager. The Trust provides fire safety training as part of the induction process, as well as providing additional fire extinguisher practical sessions and ward based fire tabletop exercises. The Fire Safety Manager maintains the fire risk assessments/register.

Fire Training

Session 07/08	Maximum capacity	Number of delegates booked	Number of delegates attending	Number of DNA's
Fire & Evacuation	3749	2338	1761	577

Standard: C20a continued.....

Recommended Status: Previously this standard had insufficient assurance for the 07/08 declaration, however if the work continues and the below actions are achieved/improved the Trust should have sufficient evidence to declare compliance by 31.03.09

There have been 20 RIDDOR incidents reported since April 08 of these incidents reported only 5 were reported within the required 24hrs of occurrence. All of these had been notified to H&S by telephone in the first instance. The Policy for the reporting of Incidents should be modified to ensure that telephone reporting is included as an early procedure within the list of actions to be conducted within 24hrs of the incident occurrence.

The Trust has resolved all the actions required from the HSE improvement notices however an action plan still remains to ensure the implementation of the additional recommendations. All the recommendations have action plans and timescales although some are not due to be completed until early/mid 2009.

The Trust is due to be inspected by Hertfordshire Fire and Rescue later this year (this inspection is a result of the introduction of new fire safety orders in 2006) and will provide a guide as to the level of assurance the Trust has on Fire Safety.

Standard: C20b

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

Some evidence for C20b, which covers patient privacy and confidentiality and single sex accommodation, overlaps with C13a, which concerns patient dignity and respect.

The Trust has Best Practice Standards for Privacy and Dignity, which were ratified, by the Patient Involvement and Experience Group and Nursing and Midwifery Strategy Group and focuses on single sex accommodation and separate toilet and washrooms as part of the standards to be monitored and achieved by the Trust.

The Trust is currently benchmarking all areas using the NHS Institute for Innovation and Improvements Good Practice Guidance and Self Assessment Checklist for the elimination of mixed sex accommodation, which was developed collaboratively by the DoH, and the NHS Institute for Innovation and Improvements. It supports the achievement of good physical separation of the sexes in hospital accommodation.

The results of the July self-assessment indicated that all wards scored 'green' indicating areas of good practice for the physical environment and staff actively supporting the patient's privacy and dignity.

Single sex accommodation can be provided in:

1. Single sex wards
2. Single rooms (with adjacent single sex toilet and washing facilities)
3. Single sex accommodation within mixed wards (i.e. bays for rooms which accommodate either men or women, not both; with designated single sex toilet and washing facilities, patients should not need to pass through opposite sex accommodation to access toilet or washing facilities)

The listed exceptions to single sex accommodation in this best practice guide include ITU, HDU, CCUs and acute admission areas.

The results of the July mixed sex accommodation audit were that the Trust at present complies with the single sex accommodation requirements.

Any patients that have MRSA or C-Difficile are now nursed in single sex bays.

Privacy and Dignity PEAT returns for 2008

The Trust scored a combination of good and acceptable in the areas assessed in the 2008 PEAT (Patient Environment Action Teams) assessments. There was an increase at HHGH for the privacy and dignity score.

	2008	2007
	Privacy & Dignity	
Watford General Hospital	Acceptable	Acceptable
Hemel Hempstead General Hospital	Good ↑	Acceptable
St Albans City Hospital	Good	Good

Standard: C20b continued.....

Recommended Status: Compliant from 31st August 2008. Due to the Trusts current low C-Diff and MRSA rates single sex accommodation is being provided for C-Diff and MRSA infected patients at present and an operational policy is being written.

Standard: 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.

Well designed and maintained environments

All estates risks are given a risk rating and included in the Estates Risk Notifications (ERN) register, any schemes which are to be included in the Capital Planning program are selected based on the risk rating and an appropriate business case is then submitted to the Capital Planning Group for approval. All proposals for major work generally include elements of the Disability Discrimination Act.

The Acute Admissions Unit (AAU) has been constructed in line with Health Technical Memoranda (HTM) and Health Building Notes (HBN). These are the Department of Health guidance on specific installations or building layouts and details.

The Capital Planning Team includes a professional, knowledgeable in estate matters (HTM and HBN)

The on site maintenance manager regularly attends AAU progress meetings, feeding back any queries to estates technical staff for review.

The Trust Estate helpdesk deals with all the maintenance jobs required within the Trust with each job being given a priority classification which corresponds to a specific response time e.g. all emergency estates work where there is a direct and immediate safety risk to clients, staff or public has a response time of 0 – 1 hrs.

Hospital Cleanliness

The Trust's Patient Environment Action Team (PEAT) scores for 2008 include specific cleanliness assessments for wards, toilets and bathrooms, which are grouped under the Environment category. Of the areas assessed at SACH, WGH and HHGH the Trust scored between 'acceptable' – 'excellent' for individual areas and scored between 'good' and 'acceptable' overall. HHGH had an improved score of 'good' for 2008.

	2008	2007
	Environment	
Watford General Hospital	Acceptable	Acceptable
Hemel Hempstead General Hospital	Good ↑	Acceptable
St Albans City Hospital	Good	Good

Facilities do a monthly internal PEAT inspection, which includes members of the Patient Panel, Estates, Matron, and a Manager from the Contractor. The inspection area is decided on the day by the Patient Panel representative, this is then scored and distributed to all relevant departments with an attached action sheet.

The Trust has modified Service Level Agreement for each ward/department based on the 2004 cleaning standards. This agreement is through Medirest with which the Trust has a contract until 31st October 2009.

Standard: C21 continued.....

The Estates and Facilities department has put together a business case for the Trust to be compliant with the 2007 cleaning standards, which recommend an increase of cleaning frequencies (rather than a change in the method/standard of cleaning). The business case will include an additional cost to the Trust of around £550,000. The Acting Director of Estates and Facilities will review the business case. The 2007 cleaning standards represent best practice and the Trust already monitors its ward areas to a higher standard.

The Trust Board is also due to receive the Trusts draft Cleaning Strategy for 2008-09, which states that the Trust are working toward increasing the frequency of cleaning (to adhere to the 2007 standards) but realise that this would represent an increase of hours and are currently negotiating this with the contractors.

The Estates and Facilities draft Cleaning Policy which is due to be reviewed at Trust Board level states that the Director of Estates and Facilities has overall responsibility for cleaning services within the Trust with the Joint Partnership Board responsible for reviewing the cleaning standards, service level agreement, monitoring complaints and discussing Medirest operations and service development projects.

Further responsibilities for Divisional Managers, Matrons, Senior Sisters, Cleaning Contractors (Medirest) and Infection Control Nurses are outlined in the policy.

The Cleaning Policy also includes the cleaning schedule which details '49 elements' which must be cleaned and checked with each element having a cleaning frequency assigned, allocated as either a high, medium or low risk and detailing who is responsible (Nursing Staff, Medirest or Estates).

The Trust has an ongoing programme of deep cleaning across all wards on each site and as part of the 'Think Clean Initiative' the Matron, Infection Control Nurse, Estates and Facilities and Medirest representatives, assesses ward cleanliness. Any actions arising from the audit are allocated with an appropriate timeframe and person responsible.

Ward sisters and managers monitor domestic services on their cleaning quality with the aid of the Maximiser system, which is a hand held computerised system that enables the user to identify items within a specified area. The results are fed back to the Facilities Department who are then able to identify any areas that are failing or experiencing problems and as such are able to mediate between the contractor and department for a quick solution.

Recommended Status: Compliant

The Trust is compiling a maintenance plan.

Elements of this standard relate specifically to aspects of the Hygiene Code Duty 4: to provide and maintain a clean and appropriate environment for health care. The Trust is due to be inspected on the hygiene codes over the next few months, if compliant with the same aspects of duty 4 then the Trust has assurances that it is compliant with aspects of this core standard.

The Trust is putting together a business case on increasing the frequency of cleaning to comply with the 2007 cleaning standards.

Prof. Graham Ramsay
Medical Director/Director of Patient Safety

Thursday 21st August 2008