



Buckinghamshire County Council

Overview & Scrutiny Committee for Health

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Dear Anne

Healthcare Commission Core Standards Assessment Annual Health Check 2006/2007

The Buckinghamshire Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the Buckinghamshire Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of work undertaken during the past year. Any future work will take account of the core standards where appropriate.

The following comments are now offered:-

First Domain – Safety.

Standard C1 a) 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

Since the report published last year by the Healthcare Commission following outbreaks and deaths from Clostridium Difficile at Stoke Mandeville Hospital, stringent plans and precautions have been put in place by the trust to ensure patients' safety is treated as paramount. Regular meetings between the OSC and former acting Chief Executive Alan Bedford, have taken place including public scrutiny meetings where reports and updates were provided and the OSC welcomed an early opportunity to meet the new Chief Executive. The OSC has been told that incidence of both MRSA and C Diff have reduced since action plans for each have been introduced. The action plans are regularly monitored and updated and the OSC notes that specific actions have included the review of the antibiotic policy, the review of isolation facilities and a thorough evaluation of cleaning procedures. The OSC is satisfied that in general robust plans are in place that have been developed from a thorough analysis of the incidents.

Ward visits at both Stoke Mandeville and Wycombe hospital have recently been conducted with Public and Patient Involvement Forums to gain first hand experience of the implementation of the action plans. (PPIF reports March 2007) From these visits and discussion with staff and patients, the OSC understands that the trust has learned lessons from the previous incidents, taken on board the issues from the Healthcare

Commission's report, and is taking the necessary steps to contain the spread of hospital acquired infections.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

Ward visits to Stoke Mandeville and Wycombe hospitals generally reflected good practice in place for minimising the risk of hospital acquired infections. This was evidenced by plentiful supplies and placements of soap and alcohol gel dispensers. However observation revealed that in some cases staff were not using gel between contact with patients nor were the public asked if they had used it on entering the ward. Regular audits and spot checks would be recommended to ensure the action plan is being implemented at all levels.

There was clear communication of hygiene procedures to both staff, patients and visitors to wards with the use of leaflets and posters although it was noted that these were only in English. In order to provide accessible information to all, the OSC would therefore advocate that consideration is given to ethnic minority groups when literature is produced.

The OSC was informed that standards of cleanliness have improved significantly since the report. This has also been confirmed to the OSC Chairman by the new Chief Executive (meeting February 2007) Staff are satisfied with the contract cleaning staff and a fast reaction team is available if staff require it The employment of infection control nurses have raised the profile of hygiene and cleanliness and are seen as a positive contribution by staff and patients alike. The OSC is confident that these measures will reduce the risk of health care acquired infection providing they are rigorously implemented and monitored.

Second Domain – Clinical and Cost Effectiveness

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

Last year the OSC commentated that the Trust demonstrated little evidence of working with other organisations, especially those in the community and had urged the Trust to liaise with partners specifically in the provision of transport to healthcare because of changes in the location of services. The Trust is now represented on the Access to Health Strategic Partnership group, formed in July 2006, but progress and outcomes remain slow in this area. However the OSC has recently been encouraged to learn of closer working with the ambulance trust. (Shaping Health Services meeting March 2007)

Third Domain – Governance

Standard C8 a) 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 they consider to have a detrimental effect on patient care on the delivery of services

The Healthcare Commission's report into the C Diff outbreaks at Stoke Mandeville hospital revealed that staff did not feel they were able to escalate concerns to senior management. Evidence from recent interviews with staff reflected that there had been a shift in culture since the report and that staff believed they had adequate access to senior management and if necessary to the Chief Executive and could raise with them effectively any problems of infection control which might require their action.

Fifth Domain – Accessible and Responsive Care

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

Access to acute hospital services continues to cause concern to patients and public. The involvement of the OSC since Shaping Health Services has resulted in the formation of a partnership group (Access to Health Strategic Partnership) to remedy this situation by bringing all interested parties together to discuss the issues involved. However the OSC remains concerned as to the output of this group and the commitment of organisations to plan ahead jointly and share strategy to deliver improvements for the public.

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

Recent reports from the trust have confirmed that the trust is currently not achieving its national target of 4 hours waiting time in Accident and Emergency. The Chief Executive has highlighted this as an area requiring urgent attention. Work is in progress with the ambulance service to ensure patients are taken to the appropriate unit to avoid unnecessary impact on waiting times but it is acknowledged that there needs to be significant improvement in this area. At the time of reporting, the OSC is unclear as to the trusts plans to meet this target.

Sixth Domain – Care, Environment and Amenities

Standard C20 b) Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

The OSC witnessed on recent ward visits that there are few mixed wards present in the trust. In Wycombe, bays are mixed if patient turnover is high but incident reports are completed if this is the case. There are issues around unisex toilet, showering and bathing facilities in wards 20 and 22 at Stoke Mandeville which are not considered ideal by the trust and the OSC as this arrangement does not respect the patients' privacy and dignity. The trust recognise that this is not ideal and are proposing allocate and signpost

toilet facilities for single sex usage.

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.

The design of Wards 12a and 12b at Wycombe (visited March 2007) should be noted as unsuited to purpose. Specifically there is no physical way of restricting entry from the staircase landing which represents a potential hygiene risk. Because of this it is difficult to position soap and gel dispensers and these could easily be missed before entering the wards. Extra vigilance is therefore required by staff to monitor patients and visitors due to the inappropriate design of the building which positions the nurses room at one end of the corridors, to the extent that nurses have repositioned their stations awkwardly in the middle of narrow corridors.

At Stoke Mandeville hospital the older wards 20 and 22 lack sufficient toilet, bath and shower facilities. Despite the fact that some patients are bed bound on this ward, there is only one toilet between 20 patients, one shower and one bath which could impact on the delivery of hygiene and cleanliness standards.

Developmental standard D12 b) Healthcare is provided in well-designed environments that are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections

The OSC was encouraged by the PFI building at Stoke Mandeville hospital on a recent visit to ward 10. The ward made excellent provision for medical assessments, included an isolation bay and maintained high standards of cleanliness in line with the recent action plans. The OSC has been informed of the plans for the development of women's and children's services at Stoke and anticipates similar high standards to be upheld in these areas.

Whilst the OSC is generally pleased to see at first hand the implementation of the action plans around hospital acquired infections, there is concern that due to the high cost of implementing the plans and in light of current financial constraints, that the levels of investment will not be maintained and that standards might deteriorate in the future.

Yours sincerely,

Mike Appleyard Chairman - Overview & Scrutiny Committee for Public Health
cc Pauline Wilkinson Vice Chairman
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