

Health Overview and Scrutiny Committee
28 March 2008

Trust	Core Standard	Declaration	Information gleaned
Dartford and Gravesham NHS Trust (Mark Devlin, Chief Executive, and Susan Acott, Director of Performance and Service Development and Director Lead for Governance)	C7e <i>Health care organisations challenge discrimination, promote equality and respect human rights.</i>	Not Met	Information is now available in a wider range of languages and more patient information on disability had been published on the Trust's website. Interpreters are also available. Consequently, the Trust is now Compliant in respect of this Core Standard, but it has only been so since the middle of 2007–8
	C15 <i>Where food is provided, health care organisations have systems in place to ensure that:</i> <i>a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and</i> <i>b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.</i>	Compliant	The Patient and Public Involvement Forum for the Trust was critical of catering arrangements in its third-party commentary for the 2006–7 Annual Health Check, but it has been more positive this time. The new catering contract is successful and this has been verified by the Trust Board. Any patient needing assistance with eating is served their meal on a red tray (instead of the usual blue tray), so that staff, including support staff, can help them.
	C4a <i>Health care 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.</i>	Compliant	The Trust's position regarding Clostridium difficile has been consistently good for some time. Regarding cases of MRSA, the Trust achieved its target of not more than 12 cases in 2007–8.

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	C6 <i>Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.</i>	Compliant	The Patient and Public Involvement Forum for West Kent PCT has reported that the Trust's Diabetes Team has been unable to afford a repair to one of its three special digital cameras, causing the service to be cut by a third and putting patients at risk. The Trust is aware that a camera used for diabetic retinopathy screening has not been working, but insists this is not a fundamental issue. The diabetic retinopathy screening service is being provided by a team from the Paula Carr Trust.
Maidstone and Tunbridge Wells NHS Trust (Glenn Douglas, Chief Executive, and Ms Christina Edwards, Acting Chief Nurse)	C4a <i>Health care 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.</i>	Compliant	Good progress has been made on MRSA, with the Trust now being one of the best performing on this. With regard to Clostridium difficile, the Trust has achieved all its targets and has in fact considerably undershot, with a steady decrease in cases even though the level of infection in the community is rising. Two members of staff have been dismissed for poor practice in relation to infection control and two have been given warnings. Senior nurses are now taking more responsibility, which is key. Also, maintenance staff are now under pressure from nursing staff to maintain high standards of cleanliness.
Eastern and Coastal Kent PCT (Lynne Selman, Director of Citizen Engagement and Communication, Karen Benbow, Assistant Director Assurance, and Debra Vidler, Head of Standards and Better Health)	C9 <i>Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.</i>	Not Met	The PCT is unable to track systematically a patient who is being treated by more than one PCT provided service.

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	<p>C13c <i>Health care organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.</i></p>	Not Met	Two significant lapses have been identified. An information governance pack has been produced and sent to all staff; and an extensive staff training programme is being implemented.
	<p>C11b <i>Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in mandatory training programmes</i></p>	Insufficient Assurance	The PCT has been lacking a system to monitor uptake of statutory and mandatory training by staff.
	<p>C18 <i>Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.</i></p>	Compliant	The Patient and Public Involvement Forum for the PCT has raised the issue of lack of services in the Swale district. Investment is being made in services in Swale and other areas of underprovision. About £1m of additional funding has been invested in Swale GP services, and money has been provided for new intermediate care services and other services, in order to rectify past underinvestment in the area. Health and Wellbeing Groups have been set up across each of the district council areas covered by the PCT, with an Executive Director leading each of them. In some respects, Swale actually has better services than other areas, for instance as regards audiology. Meeting this Core Standard is about having systems in place to allow the PCT to identify underserved areas and act accordingly – this does not mean that all areas are well-served at the current moment in time.