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Dear Mr Zammit

Mid Essex Area Forum Scrutiny Task and Finish Group

I am writing in response to your letter dated 17 September in which you requested information for the Task and Finish Group. I will consider the two areas raised in turn.

(a) Hygiene

The Trust takes the cleanliness and hygiene of its environment extremely seriously. To support the Board in meeting this responsibility a range of internal and external monitoring takes place to ensure that appropriate standards are achieved and maintained.

An example of independent assessment is the Patient Environment Action Team (PEAT) programme which was established to assess NHS hospitals in 2000, and is managed by the National Patient Safety Agency (NPSA). Under the programme, every inpatient healthcare facility in England with more than ten beds is assessed annually and a formal report is produced for the Director of Infection & Prevention Control.

As a result of the most recent inspection which included a PEAT validator the Trust achieved the following ratings:

- Food: Good
- Environment: Good
- Privacy and Dignity: Good

The range is from poor or unacceptable; acceptable; good and excellent.

The Care Quality Commission considers these ratings as part of their assessment of the Trust. While the Trust continuously strives to improve its performance, the ratings achieved are at a level that is categorised by the Care Quality Commission as "similar to expected" and therefore does not raise concerns.

The Trust was inspected by the Care Quality Commission in November 2009 to ensure compliance with the Code of Practice for Healthcare Acquired Infections (report attached). This

was a follow-up visit to ensure that appropriate action had been taken to address a previous concern relating to the appropriate decontamination of mattresses.

The overall judgement from the follow-up visit was that the Care Quality Commission found “no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection”.

(b) Walnuttree Hospital

The West Suffolk Hospital provides a number of services in Sudbury on two sites, Walnuttree and St Leonards. These services include outpatient clinics and radiology. I can confirm that there are no plans to relocate the services from Sudbury. You will be aware of the PCT's plans to re-provide these services in a new facility in Sudbury. We have been working with the PCT and have made land available for this to happen. NHS Suffolk will be able to provide you with any details you require on timetable.

The provision of inpatient beds in Sudbury has been subject to change, with inpatient beds closing in Walnuttree on 15 October 2010. This service is commissioned by NHS Suffolk and is now being provided through intermediate care beds in the community. Please note that the West Suffolk Hospital NHS Trust was not responsible for the commissioning or delivery of this service.

I hope that this information is helpful in satisfying the Task & Finish Group's needs. Please can I take this opportunity to request that if concerns about the Trust are raised with the Task & Finish Group or other forum in the future, that sufficient detail is shared to allow us to effectively learn from the person's experience.

Yours sincerely



Stephen Graves
Chief Executive

Enc Care Quality Commission – Follow-up report

Follow up report

The prevention and control of infections West Suffolk Hospital NHS Trust

Region:

East

Provider's code:

RGR

Type of organisation:

Acute trust

Date of initial inspection:

17 September 2009

Type of follow up:

On-site visit

Date of follow up:

23 November 2009

Date of publication:

23 December 2009

Introduction

When we inspected the West Suffolk Hospital NHS Trust on 17 September 2009, we found evidence that the trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

Of the 15 measures we inspected, we had no concerns about 14. For one measure, we identified a breach of the regulation and made a requirement of the trust.

On 23 November 2009, we visited the trust to gain assurance that it had implemented this requirement.

Our overall judgement

When we followed up, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

The trust provided assurance that it had addressed the area for improvement.

Our findings when we followed up

Measures that the trust had improved on follow up

Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies

(For full wording see Code of Practice criterion 2 and guidance 2h).

What we required after the initial inspection

The trust must ensure that systems are in place to identify when equipment has been cleaned and that processes for checking the integrity of mattresses are in place and operating effectively in all areas.

The trust must have addressed the area for improvement by 7 November 2009.

What we found during the follow up

We visited three wards during this inspection and saw that the trust has introduced a system to identify whether equipment was clean and when it had been cleaned.

We were informed that the trust carried out a mattress audit since our last visit and, as a result, a large number of mattresses were replaced. The nurses that we spoke to said they routinely check the condition of mattresses when a patient is discharged and that there is an additional

weekly check of mattresses on each ward. We spoke to the senior nurses on all of the wards we visited and they were able to provide copies of records confirming that routine inspections of mattresses are being carried out.

On two wards we asked nurses to check a mattress; both mattresses were clean.