

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 28 September 2006.

**PRESENT:** Councillor Dryden (Chair); Councillors Ferrier, Mawston and Rooney.

**OFFICIALS:** J Bennington and J Ord.

**\*\* PRESENT BY INVITATION:**

Representatives of South Tees Hospitals NHS Trust:  
Anne Sutcliffe, Deputy Director of Nursing Healthcare Governance  
C Harper, Clinical Matron  
Paul Birch, Operations Director

Mark Larking, Hotel Services Manager, Carillion Healthcare.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Biswas, Harris and Lancaster.

**\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 23 August 2006 were submitted and approved.

### HEALTHCARE ASSOCIATED INFECTIONS – SOUTH TEES HOSPITALS NHS TRUST

The Scrutiny Support Officer submitted an introductory report regarding the evidence to be sought from representatives of the South Tees Hospitals NHS Trust.

The Chair welcomed the above representatives who gave an overall briefing of the main issues pertinent to the cleaning arrangements in respect of James Cook University Hospital.

The presentation focussed on the following key areas: -

#### Status of the Cleaning Services

- under the Department of Health's Patient Environment Action Teams (PEAT), self assessments, the James Cook University Hospital site had a rating of 3 categorised as 'acceptable';

#### History – Contractual Arrangements

- details were provided of the contractual arrangements relating to the cleaning services which had been contracted out in 1986;
- under the Private Financial Initiative contract (soft) support services were outsourced in accordance with the specification but provided a certain level of innovation and allowed for the submission of bids from the private sector;
- all soft support services would be re-tendered for contractual commencement in August 2008 reflecting the changing environment of care and would incorporate a more detailed specification;

#### Frequency of Cleaning Services

- cleaning services available 7.00 a.m. to 20.30;

- Monday to Friday sanitary areas were cleaned three times daily and twice daily for Saturday to Sunday;
- there was some flexibility for the most appropriate start and finish times for areas taking into account different ward requirements;
- tasks, times and frequencies were developed in service level agreements, usually with senior ward staff input;
- frequency of cleaning was determined by clinical areas such as high dependency unit ( 1 domestic to 6 patients), cardiothoracic ICU (2 domestics to 18 patients), and wards (approximately 1 domestic and housekeeper between 15 patients);

#### Cleaning Staff

- currently had a dedicated cleaning staff of 264 domestics (responsible for floor areas but not patient areas) and 219 housekeepers (responsible for patient's bed, lockers, flowers, letters),
- 40 domestics per shift for wards, 36 housekeepers per shift for wards and 30 domestics for clinical departments and general areas were on duty at any one time;

#### Management Arrangements for Cleaning Services - Trust

- Directorate of Operational Services had responsibility for ensuring delivery of contract;
- 2 Trust Managers had the responsibility for ensuring that services were delivered and performed according to the contract;
- monthly meetings were held with service providers regarding operational issues;
- monthly reports were produced on how contracts were performing;
- nominated officers raised service variations when needs in clinical areas changed (at additional cost);
- role of Clinical Matrons was to ensure that standards were met;

#### Management Arrangements for Cleaning Services – Service Provider

- provision of delivery of services overseen by Endeavour SCH PLC as landlords;
- Carillion Healthcare was the nominated service providers for hard and soft services;
- all calls and jobs were logged ;
- further information could be provided

#### Management Arrangements for Cleaning Services

- the above arrangements were closely supported internally by the Trust, Informed Client, Control of Infection Team, Risk Management/Health & Safety, Monitoring/Performance Officers, Clinical Matrons, SPV, Facilities Manager, Monitoring Officer;
- supported externally by the active involvement of PEAT, PPI, working to NHS Cleaning Standards, partnership with MBC Environment Protection and use of specialist cleaning contractors;

#### Patient and Public Involvement

- PPI representation at Trust Board, Governance Committee, Hospital Infection Control Committee;
- engagement with PPI Forum on their MRSA work stream;
- much work undertaken on national campaign Clean Your Hands Campaign involving various methods to increase awareness to staff, patients and the public;
- Alcohol gel at every bedside;
- Public Forum held in November 2005;
- presentations to the Council's Older Persons Partnership and various Community Groups;
- NHS Institute for Innovation and Improvement;
- Visitors Charter a copy of which was made available;
- distribution of Patient Information leaflets.

The key points arising from the deliberations following the presentations centred on the following:

- a) the Panel sought clarification on the management arrangements for the cleaning services in particular if the clinical matrons experienced any difficulties in ensuring that standards were met;
- b) measures were in place to ensure that standards adhered to the service level agreement and there was also an opportunity to highlight further requirements as circumstances dictated which would be the subject of negotiation in terms of the new contract;
- c) it was the matron's role to report any outstanding items to the helpdesk, which would also be recorded, on a weekly worksheet;
- d) reference was made to the uniform policy at JCUH in particular the laundry arrangements and the rules in respect of uniforms, which should not be worn outside of the hospital;
- e) in response to a suggestion that matrons should wear badges and uniforms which were more distinguishable from other members of staff the Panel was advised of the current measures in place to raise the profile of matrons;
- f) it was acknowledged that some items such as the problems created from a lack of storage space for example were beyond the control of the matron;
- g) in terms of the staff ratio it was noted that whilst there may be problems with regard to holiday and sickness periods there was a rapid response team of trained staff with the necessary skills to fill in;
- h) whilst various persons had responsibilities for ensuring service delivery of the contract the importance of ongoing work to encourage staff culture to respond to ad hoc situations which could be potential risks was emphasised;
- i) if such incidences occurred in public areas such cases would need to be reported to the various receptionists for onward reporting to the helpdesk;
- j) although more detailed information could be provided an indicative figure of 7,500 jobs on a monthly basis was stated;
- k) an indication was also given of the monitoring arrangements including key performance indicators to inform future requirements;
- l) it was acknowledged that the recent introduction of a no smoking policy had proved difficult to implement in terms of the public;
- m) although improvements had been made Trusts in the region had found it challenging to meet the 20% annual reduction target for MRSA especially JCUH which had already achieved a 40% reduction in MRSA bacteraemia numbers between 2001 and 2004;
- n) reference was made to a recent visit by Department of Health representatives with a view to identifying as to what other measures could be pursued to reduce the MRSA numbers;
- o) as part of the monitoring arrangements hand hygiene was audited on a regular basis and whilst staff disciplinary action had not been taken so far for non compliance with current procedures there was an ongoing education programme of raising awareness to the needs of such measures which included posters displaying the current techniques;
- p) managers had a responsibility to monitor compliance of staff adhering to the policy and to ensure that regular audits of practice were carried out;

- q) specific reference was also made to the reporting mechanisms and involvement of such groups as the Chief Executive, Directorate, Trust Board, Management Group, PEAT, PALS and a specific environment group regarding the need to meet the above target.

**AGREED** that the representatives from South Tees Hospitals NHS Trust be thanked for the information provided which would be incorporated in the overall review.

#### **HEALTHCARE ASSOCIATED INFECTIONS – HEALTHCARE ESTATES & FACILITIES MANAGEMENT ASSOCIATION**

The Scrutiny Support Officer submitted a report regarding the evidence to be sought from the Healthcare Estates & Facilities Management Association (HEFMA).

It was reported that owing to unforeseen circumstances the representative from HEFMA was unable to attend the meeting.

**AGREED** that a representative from HEFMA be invited to attend a subsequent meeting of the Panel.

#### **\*\* OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meetings of the Overview and Scrutiny Board held on 22 August, 18 and 19 September 2006.

NOTED