HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 29 November 2006.

PRESENT: Councillor Dryden (Chair); Councillors Biswas, Ferrier, Lancaster and Rooney.

OFFICIALS: J Bennington and J Ord.

** **PRESENT BY INVITATION:**

Representatives of Middlesbrough Primary Care Trust:

Bev Hill, Director of Clinical Services
Linda Brown, Head of Commissioning
Jennie Dix, Infection Control Nurse.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Harris and Mawston.

**** 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 28 September 2006 were submitted and approved.

HEALTHCARE ASSOCIATED INFECTIONS – MIDDLESBROUGH PRIMARY CARE TRUST

The Scrutiny Support Officer submitted an introductory report regarding the evidence to be sought from representatives of Middlesbrough Primary Care Trust.

PCTs had a unique role in being responsible for commissioning services on behalf of the communities they represented and holding approximately 75% of the entire NHS funding to pay for those commissioned services.

It was recognised that PCTs had an important role in securing safe and effective health services for local people and their view on how the local economy was performing in any given field.

The Chair welcomed the above representatives who gave an overall briefing of the PCTs perspective on Healthcare Associated Infections (HCAIs) affecting the local health economy. A briefing paper was circulated at the meeting and subsequent deliberations focussed on the following key areas.

Background

HCAIs were infections as a result of the healthcare system in its widest sense from care provided in the home to primary care, nursing care and acute care in hospitals. Accordingly, HCAIs included both hospital-acquired infections where an infection developed in a patient 48 hours or more after admission and community acquired infections where an infection was identified within the first 48 hours of admission to a hospital.

PCT Provider Approach

In August 2005 the PCT had invested resources to establish its own Infection Prevention and Control Team which had been successful in implementing an 'everyone's business' approach within the provider services of the PCT. Prior to such time the service had been provided by South Tees Hospitals Trust by means of a Service Level Agreement.

An information pack was made available which provided details of some of the work undertaken by the Team which included the re-writing and distribution of a range of policies; hand-hygiene audit; training which had involved two thirds of staff; shown to be 90% compliant for Healthcare Commission Standards for Better Health and 'Excellent ' PEAT rating in respect of Carter Bequest Hospital.

Further work was being undertaken in accordance with the PCTs annual plan for the Prevention and Control of Infection.

It was pointed out that to date there had been no MRSA bacteraemia occurrences at Carter Bequest Hospital.

Commissioning and Performance

The PCT monitored the performance of its provider services in particular James Cook University Hospital (JCUH) on a monthly basis reported at Board level, examples of which were provided in the information pack.

South Tees Hospitals Trust had produced an action plan with regard to their MRSA position as this was monitored by the Strategic Health Authority in conjunction with the PCT on a monthly basis.

Following a visit to South Tees Hospitals Trust by the Department of Health a steering group had been established to ensure compliance of the action plan formulated in response to the visit. It was confirmed that the PCT was represented on the Group both from a commissioner and provider perspective. Such an approach enhanced the ability for whole systems working and raising awareness of the need for different approaches to commissioning.

A Tees-wide MRSA Steering Group had also been established to take forward the strategic issues associated with HCAI. In recognition of the importance of MRSA the Steering Group was sponsored by the Chief Executives of all organisations across the Tees to take on a more strategic approach. It was intended that the Steering Group produce a Tees-wide policy to ensure consistency working to the same monitoring and performance arrangements.

Middlesbrough PCT was leading the delivery of the action plan associated with community issues.

The PCT representatives considered that from a commissioning point of view much work had been undertaken and a good working relationship had been established with JCUH which had not been affected by the reconfiguration of the PCTs.

Members sought clarification on a number of key issues including the following: -

a) although national targets were currently mainly focussed on MRSA there were other HCAIs, which were monitored including Clostridium Difficile (CD);

b) it was confirmed that there was a policy for dealing with CD and an indication was given of the action taken at Carter Bequest Hospital in such cases in terms of isolation by utilising a side room whenever possible or using partitions in 2 bedded areas;

c) it was noted that in terms of ensuring that the policies were adhered to there was a non clinical manager and a clinical lead who had responsibility to make sure that clinical practices were applied appropriately;

d) staff were trained and encouraged to take individual responsibility and to challenge others not adhering to clinical practices;

e) although staff would be challenged if practices such as the use of alcohol gel were not being adhered to disciplinary action would not necessarily be the first course of action as the emphasis was placed on encouraging and supporting people to comply and understand the necessity of such rules;

f) it was noted however that staff were aware of the possibility of disciplinary action being taken for breaches in policy;

g) unless patients were being transferred from an acute setting, patients were not usually screened when entering Carter Bequest Hospital which was in contrast to the Nuffield Hospital, a small independent hospital although it was acknowledged that such a hospital had a small number of beds and admitted elective patients;

h) in comparison with the higher risk wards such as ITU, cardiothoracic and renal at JCUH there was less risk at Carter Bequest Hospital and therefore it was considered that it may not be appropriate to adopt universal screening given the potential significant costs in the light of other competing demands;

i) reference was made however to recent Department of Health policy guidance in respect of screening which would be the subject of further discussion with the South Tees NHS Trust;

j) in terms of the number of deaths associated with MRSA it was noted that although cases were fully investigated at JCUH such incidences often involved complex cases involving a multitude of factors which were difficult to identify those directly attributed to MRSA;

k) in response to clarification sought as to what measures were pursued to raise public's awareness it was pointed out that whilst the PCT had been responsive to Department of Health guidance they had not been proactive in running any specific campaigns;

l) the PCT considered that it was a question of changing personal attitudes and that members of the public had a responsibility;

m) assurances were given of ongoing work relating to training and audits and specific reference was made to the investigation into the root causes of HCAI cases which although very time consuming helped to identify if any additional preventative measures should be put in place;

n) a constructive and supportive approach was considered to be the best way forward in terms of enforcing clinical practices although the possibility of introducing financial penalties into the contract arrangements and/or

decommissioning services were options which could be introduced if thought necessary.

AGREED as follows: -

1. That the representatives from Middlesbrough PCT be thanked for the information provided which would be incorporated in the overall review.

2. That further clarification be sought from the South Tees NHS Trust on a number of areas regarding current arrangements and if possible the meeting be held at JCUH if an appropriate meeting room is available.

****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 14 November 2006.

NOTED

SCRUTINY REVIEW – RECOMMENDATIONS IMPLEMENTATION

In a report of the Scrutiny Support Officer details were provided of the progress achieved with the implementation of agreed Executive actions resulting from consideration of scrutiny reports since the last update provided to the Panel.

In terms of the Executive actions which should have been implemented by October 2006, 47 recommendations had been implemented, 7 partially completed and 3 had not been implemented.

Specific reference was made to Appendix A of the report submitted which outlined those recommendations, which had not been fully implemented by the target date.

NOTED