

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 8 January 2007.

PRESENT: Councillor Dryden (Chair); Councillors Biswas, Lancaster, and Mawston

OFFICIALS: J Bennington and J Ord.

**** PRESENT BY INVITATION:**

Representatives of South Tees Hospitals Trust:
Glenys Marriott, Chairman
Simon Pleydell, Chief Executive
Tricia Hart, Director of Nursing
Alison Peevor, Head of Infection Prevention and Control

Simon Page, Strategic Head of Patient Safety, North East Strategic Health Authority.

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

**** 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 29 November 2006 were submitted and approved.

HEALTHCARE ASSOCIATED INFECTIONS – SOUTH TEES HOSPITALS NHS TRUST

The Scrutiny Support Officer submitted an introductory report on the evidence to be sought from representatives of South Tees Hospitals NHS Trust regarding a recent visit by a team from the Department of Health in respect of Healthcare Associated Infections (HCAs).

Tricia Hart, Director of Nursing gave a presentation on the background to and outcome of the visit referred to above the main points from which included the following: -

Background:

- the national target set in 2004/05 for reducing MRSA was 60% over a three year timeframe;
- in the first year the Trust had 55 cases compared with 76 cases at the end of last year although it was stressed that there had been a 7% increase in the number of patients and no increase had been incurred at the Friarage;
- the visit by the DoH had emanated from an invitation by the Trust with a view to identifying from current protocols any further action which could be taken to reduce HCAs at a faster rate;
- it was pointed out that the DoH representatives would normally have undertaken such an exercise over a period of 2 weeks but in this case they had spent 2 days with the Trust thus reflecting their support for the procedures already in place as demonstrated in the information provided to them;

DoH Findings:

- substantial progress had been made in improving numbers in the reduction of MRSA bacteraemias;
- a case review of each MRSA bacteraemia was undertaken by the Infection Control Doctor in order to identify any lessons to be learnt and any further action to be taken;

- regular and timely information for divisions and front line staff were provided and a robust root cause analysis process both of which were considered to be key to achieving targets;
- acknowledged that there was a robust corporate governance framework in place which incorporated regular reporting between hospital Wards and the Trust's Board in an open and transparent manner and in the public domain;
- impressed by the willingness of a wide range of staff on their commitment to addressing the issues of reducing MRSA bacteraemia as a priority;
- recognition that effective medical champions existed in many specialities;
- a robust 4 day training programme was in place developed by the Infection Patient and Control Team to be undertaken by clinical matrons (100% by the end of February) and ward managers (50% by the end of March 2007) ;
- attendance at mandatory training had improved from 59%-69% and was currently 81%;
- some medical staff had undertaken the e-learning package for infection control which had been found to be very useful;
- general ICU and renal services had embraced their challenges with MRSA bacteraemias which had resulted in a positive outcome;
- much work had been undertaken to ensure that policies and information were clearly available on the Trust's intranet and MRSA status was alerted on the IT system for designated staff and appropriate treatment given;
- three PPI members were now present on the Hospital Infection Control Committee demonstrating the open and transparent manner of the overall process;
- as part of the national programme the High Impact Interventions were well established in some clinical areas and there were efforts for this to be progressed further;
- MRSA bacteraemia was reported as a clinical incident and the Board and Strategic Health Authority were informed accordingly;
- there was screening for some high risk patients groups such as cardiothoracic, ITU and parts of the renal service guidance on which was available within the infection control policy;
- compliance with the Trust's antibiotic policy had been considered good;
- there was a large amount of audit being undertaken in the Trust in relation to infection control which helped to direct resources most appropriately;
- infection control was within job descriptions of many staff;

Key DoH Recommendations:

- i) the main challenge was considered to be the identification of the root cause of bacteraemias;
- ii) to work closely with partner organisations such as the PCT and the SHA to reduce the number of pre-48 hour MRSA bacteraemias;
- iii) it was noted that the Infection Control Doctor had been instrumental in bringing appropriate representatives together with a view to compiling an overarching Tees Policy;

- iv) consider widening screening to include more high risk groups which was currently being examined;
- v) monitor compliance against screening policy;
- vi) review discharge information for GPs which was part of ongoing work;
- vii) ensure bacteraemia target was a standard item at all divisional meetings;
- viii) investigate availability of MRSA alert on IT for all appropriate staff;
- ix) ensure infection prevention and control was within job descriptions of all staff focussing on their area of responsibility for infection prevention.

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

Raising Awareness:

- a) reference was made to the leaflet entitled, 'Reducing the Risk of Infection in Hospital – Information for patients, what you can do to help' which apart from advising on personal behaviour and responsibilities encouraged patients to approach both staff and visitors to wash their hands or use the alcohol gel dispensers available at ward entrances and at each bedside;
- b) it was recognised that it was a changing culture and that presently and for the foreseeable future the elderly were less likely to challenge staff;
- c) the roles of clinical matrons had been reviewed last year and now there was a much higher focus on the responsibility of matrons spending time with patients and public raising awareness to help reduce the risk of HCAI's;
- d) there was an increased emphasis on staff to visibly use the alcohol gel in front of patients and visitors to increase patient's confidence that such practices were being carried out and also raise awareness;
- e) the Trust together with a media company and PR team intended to organise a specific raising public awareness campaign in late Spring 2007;

DoH Targets to Reduce MRSA Bacteraemia:

- a) the Trust reaffirmed that in previous years they had achieved a 40% reduction in MRSA bacteraemia numbers and that despite considerable efforts it had been difficult to achieve further reductions of 60% as directed by the DoH;
- b) it was considered difficult to make meaningful statistical comparisons between Trusts given the different medical circumstances which did not take into account the number of beds; bed occupancy; increasing number of patients; medical complexities more susceptible to HCAs and if a patient had contracted it in the community;
- c) it was also noted that cases involving patients attending A & E and not necessarily being admitted counted in a hospital's figures as did other tests such those from GP's not related to the hospital but carried out at the hospital's laboratory;
- d) statistical information demonstrated that all Trusts in the region with the exception of South Tyneside were not meeting the annual reduction target;
- e) although DoH policies and guidance ensured that measures were in place to reduce the risk of HCAs, targets were seen as a measure of highlighting compliance with key policies , performance audits and demonstrate improvements;

- f) Simon Page, Strategic Head of Patient Safety, North East Strategic Health Authority confirmed that hospitals were struggling to make any further improvements to reduce the MRSA bacteraemia numbers and that cases were now more widely spread and infections more vigorous;
- g) he reiterated the importance of the root cause analysis work to help identify the underlying reasons and subsequent measures to be taken;

Specific Actions:

- a) apart from the measures referred to above other actions included an examination of the uniform policy and laundering specifications;
- b) it was considered crucial that establishments such as private nursing homes operated to the same standards and protocols as NHS settings;
- c) further revised guidance had been received from the DoH regarding screening;
- d) it was recognised that universal screening would have a major impact given the potential significant costs and time factor in the light of other competing demands and taking into account the very low percentage of cases in certain areas;
- e) a cost benefit analysis would have to be undertaken as there was no guarantee that the number of cases would decrease;
- f) ensure that an individual's responsibility towards minimising the risk of HCAs was specifically outlined in job descriptions;
- g) although staff would be challenged if clinical practices such as the use of alcohol gel were not being adhered to disciplinary action would not necessarily be the first course of action unless there was persistent non compliance as the emphasis was placed on training, encouraging and supporting staff to comply and understand the necessity of the protocols;
- h) in terms of agency workers and other visitors it was important to continue efforts to raise awareness;
- i) apart from the measures already indicated in terms of raising awareness the Chief Executive was involved in 'phone-in' programmes for Radio Cleveland;
- j) although a public meeting organised by the PPIF held in November had been disappointing because of a lack of attendance by members of the public efforts were continuing as to how best to capture the public's attention to the measures taken to tackle HCAs and monitoring arrangements for such action;
- k) work was progressing on appropriate signage at main reception areas and ward entrances;
- l) in terms of the responsibility of areas such as corridors, stairs and lifts it was confirmed that following a review of the role of clinical matrons at JCUH and the Friarage each matron was now clearly responsible for zoned areas which incorporated such areas;
- m) the use of the 'blue boxes' which checked the areas of hands after washing and the wearing of promotional badges were considered to be positive visible evidence of getting the message across of the need to thoroughly wash hands.

AGREED as follows: -

1. That the representatives from South Tees Hospitals NHS Trust and North East Strategic Health Authority be thanked for the information provided which would be incorporated in the overall review.

2. That further information be sought from the South Tees NHS Trust regarding the HCAIs Eradication Policy and formal complaints procedure.

**** 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 7 and 12 December 2006.

NOTED