

HEALTH SCRUTINY PANEL

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

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

OFFICIALS: J Bennington and J Ord.

**** PRESENT BY INVITATION:**

Representatives of South Tees Hospitals NHS Trust:

Tricia Hart, Director of Nursing
Anne Sutcliffe, Deputy Director of Nursing Healthcare.

**** DECLARATIONS OF INTEREST**

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

**** MINUTES**

The minutes of the meetings of the Health Scrutiny Panel held on 8 and 11 January 2007 were submitted and approved.

HEALTHCARE ASSOCIATED INFECTIONS – FINAL REPORT

Members considered the Panel's findings following the review into Healthcare Associated Infections (HCAIs).

Members and representatives of South Tees NHS Trust discussed the following suggested conclusions and recommendations for inclusion in the draft final report: -

Draft Conclusions:

- i) The Panel feels it important to place on record that HCAIs are a problem for medical services across the globe and are not exclusively an 'NHS' problem. It is also important to note that James Cook University Hospital, given the patient groups it takes, will always 'compare unfavourably' with other Tees Valley hospitals in infection rates. To gain a true picture of how it is doing, one is required to compare it against the larger hospitals.
- ii) Following the evidence considered, the Panel concludes that there is a very high level of commitment, from the most senior levels, in the local health economy to tackle HCAIs, which is to be commended.
- iii) The Panel concludes that the effort to combat HCAIs is a constant one and cannot be 'won' as such, due to the nature of the infections.
- iv) The Panel felt that effort to combat HCAIs would be more successful if a wider proportion of the general public understood the impact they can have on infection rates within the hospital environment.
- v) The Panel received evidence, which indicates that some patients may enter hospitals already suffering from infections. Accordingly, for HCAIs to be tackled effectively, other health and social care facilities are also required to consider the improvements they could make to cleanliness standards and infection control measures.

Draft Recommendations:

- i) That Middlesbrough PCT and the South Tees Hospitals NHS Trust holds a high profile public awareness campaign on HCAs, aimed at combating the myths and informing the public on the part they can play in infection control. A substantial element of that campaign should be led within healthcare facilities, with a particular emphasis on James Cook University Hospital. The Health Scrutiny Panel would be willing to engage further with such a campaign.
- ii) That the Commission for Social Care Inspection be asked to evaluate the standards it expects in relation to hygiene and infection control in Middlesbrough's residential homes. Further, whether they contribute sufficiently to efforts to combat HCAs.
- iii) That the South Tees Hospitals NHS Trust continues present efforts to combat HCAs and agrees to update the Panel of rates of infection, on a six monthly basis.

The main points arising from the ensuing discussion included the following: -

- a) in relation to conclusion (i) the STHT representatives explained the importance of showing the different mix of patients between James Cook University Hospital and the Friarage Hospital as reflected in the quarterly reports on infection rates to the Trust Board;
- b) it was agreed that the words 'compare unfavourably' should be deleted in conclusion (i) and it was important that the statistical information on infection rates in respect of James Cook University Hospital should be compared with hospitals of similar composition and size;
- c) in commenting on conclusion (ii) the STHT representatives expressed the view that they had been both reactive and proactive in tackling HCAs;
- d) it was reiterated that prior to the setting of Government targets the Trust had achieved a 40% reduction in MRSA bacteraemia numbers and carried out a thorough investigation of each case;
- e) although national targets were currently mainly centred on MRSA, STHT had focussed on monitoring other HCAs including Clostridium Difficile (CD) and as part of such arrangements had set up a multi-disciplinary group;
- f) reference was made to a letter recently received from the Department of Health to STHT which provided an endorsement of the approach taken by the Trust in tackling HCAs;
- g) the STHT gave an indication of the continuing efforts to raise awareness to staff, patients and the public a recent example of which was given as the positioning of visible stands at every entrance at JCUH and the Friarage and circulation of survey type leaflets for patients and visitors;
- h) the Panel reiterated the importance of demonstrating what was expected from patients and the public;
- i) the STHT specifically referred to the visitors charter a copy of which had previously been provided and confirmed that greater efforts were being made to keep patients and family informed and also about treatment received;
- j) in terms of screening, the STHT representatives reiterated that consideration was being given to widening screening to include more high risk groups;
- k) whilst it was acknowledged that there was a public perception that the high volume of patients at JCUH was an issue the STHT representatives confirmed that there was no documentary evidence that this was the case and there were other factors involved;
- l) investment in the provision of more single bed patient rooms was regarded as a positive measure to tackle HCAs.

AGREED that the draft final report and recommendations in respect of Healthcare Associated Infections be approved subject to the following: -

1. That conclusion (i) and (ii) be revised to reflect the comments outlined.
2. That conclusion (iii) be deleted.

CHOOSE AND BOOK IN MIDDLESBROUGH – FINAL REPORT

Members considered the Panel's findings following the review into Choose and Book in Middlesbrough.

The Panel considered the following suggested conclusions and recommendations for inclusion in the draft final report:

Draft Conclusions:

- i) That the principle of Choose & Book, as a means to supporting Patient Choice, is a welcome development that can provide greater certainty and control to patients, at what can be a distressing time.
- ii) That the top-down process for the procurement and rollout of the Choose & Book system was unhelpful, misinformed about what was needed and actually provided IT equipment that was not 'up to the job'.
- iii) That through a lot of hard work by the local NHS, Choose & Book stands every chance of being successful in Middlesbrough and contributing to an improvement in patient experience.
- iv) That the technical/hardware problems of Choose & Book need to be considered and remedied as a matter of urgency as a barrier to the successful implementation to Choose & Book.
- v) That all groups in society need to be able to use their choice, if the concept of choice is to mean anything. The introduction of Choose & Book should be seen as an opportunity to combat the traditional inequalities in accessing secondary care. It is not sufficient to accept inequality as an inevitable.
- vi) That there seems to be a friction between the management of referrals to secondary care by the PCTs and the consultant body's role in making decisions on appropriate care pathways.

Draft Recommendations:

- i) That the North East Strategic Health Authority, on behalf of the local NHS, strenuously lobbies the Department of Health to take steps to dramatically improve the IT equipment Choose & Book, in consultation with NHS staff (clinical and administrative) who will be using the system. The Panel wishes to know the outcome of that dialogue.
- ii) That Middlesbrough PCT pursues a publicity campaign, emphasising the choice that patients now have and how it can be used, by all sections of the community.
- iii) That Middlesbrough PCT and South Tees Hospitals NHS Trust continue to work together to find a more suitable referral protocol which is consistent with the ethos of more services being provided in the community, without eroding the consultant body's expertise in influencing the appropriate care pathway for any given patient. The Health Scrutiny Panel would like six-monthly updates on how this is being delivered.

In supporting and commenting on the findings, Members emphasised the following points: -

- a) the evidence compiled demonstrated that all of the participating organisations believed that Choose & Book was good for patients;
- b) the identified IT difficulties were regarded as teething problems and measures were being put in place to remedy such problems.

AGREED that the draft final report in respect of Choose and Book in Middlesbrough be approved together with the conclusions and recommendations as outlined subject to the following: -

1. That conclusion (iv) more clearly states the IT problems including; slow to access; the need for a sufficiently detailed Directory of Services; and that in general it should be more user friendly.
2. That recommendation (iii) be re-worded to reflect the importance of an agreed suitable referral protocol, which was beneficial to patients.

**** 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 9 January 2007.

NOTED