

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 30 October 2007.

**PRESENT:** Councillor Dryden (Chair), Councillor Bishop, Elder, Lancaster, P Rogers and Rooney.

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

### PRESENT BY INVITATION:

South Tees Hospitals NHS Trust:

Tricia Hart, Director of Nursing & Director of Infection Prevention & Control  
Alison Peavor, Head of Infection Prevention & Control.

**PRESENT AS AN OBSERVER:** Councillors Brunton, Dunne, Kerr, Lowes, McPartland and Porley.

**\*\* AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Biswas.

### \*\* DECLARATIONS OF INTEREST

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

## HEALTHCARE ASSOCIATED INFECTIONS

The Scrutiny Support Officer submitted an introductory report regarding the information to be sought from representatives of South Tees Hospitals NHS Trust regarding Healthcare Associated Infections (HCAIs).

During the 2006/07 Municipal Year the Panel had conducted a review into HCAIs, the impact they had on local health services and how they were being tackled. A copy of the Executive Summary of the Panel's Final report had previously been circulated.

As part of the Final Report the Panel had asked for periodic updates on progress at James Cook University Hospital (JCUH) in tackling HCAIs.

Given the topic's current high national profile it was considered an opportune time to receive an update on the incidence of HCAIs at JCUH and what steps were being taken to combat the matter.

The Chair welcomed representatives of South Tees Hospitals NHS Trust who gave an update on progress on the Panel's recommendations in its final report and also provided information on issues arising from recent reports regarding outbreaks of clostridium difficile (CD) in hospitals at Maidstone and Tunbridge Wells. The major findings of the Healthcare Commission were readily available on the website.

Details were provided of progress on the main themes of the Action Plan as follows: -

- a) Public Awareness raised by: -
  - Live Radio Tees event;
  - Accessing Radio Tees Bus;
- b) A number of PPI Forum presentations and tracking of issues raised;
- c) PPI representation at the Infection Prevention Forum to discuss key issues in open forum;
- d) continuous liaison with six monthly reviews;

- e) Extensive work undertaken associated with public information including: -
- eye-catching cleanyourhands hospital entrance banners placed in different areas on a rota basis;
  - as part of national campaign cleanyourhands posters were readily available and encouraged patients to ask staff and visitors if they had cleaned their hands;
  - campaign was to be re-launched in early November;
  - increased information was available on Internet site;
  - Patient Line information was being finalised;
  - Increased working with PCT colleagues and Strategic Health Authority to ensure a consistent approach to MRSA policies.

In terms of the Government target to reduce MRSA infections by 60% statistical information was provided which demonstrated that only one hospital in the north east region was hitting the trajectory for MRSA and a similar case in respect of CD.

The positive comments of representatives from the Department of Health following a visit to JCUH at the end of August included the following: -

- there was evidence of excellent progress of the Action Plan and effective implementation of actions from the previous improvement team visit;
- there was zero tolerance of HCAI;
- the Chief Executive and DIPC were actively engaged and fully supportive;
- there was evidence of a clear and robust governance structure, with a sound performance management framework;
- the organisation had a culture of openness and honesty;
- the infection team were proactive, enthusiastic, willing and informed;
- there was an excellent additional four day training programme in Infection Control in place involving 250 clinical staff so far;
- the importance of infection control was a strong message across the organisation;
- there was good co-operation with the PCT and SHA with regard to HCAI;
- there was evidence of good relationships with the PPI and Overview and Scrutiny Committee;
- the Trust had been awarded the Dr Foster Healthcare Award as a top hospital across the UK for a range of key criteria.

The key areas for STHT to focus upon were identified as follows: -

- review the HII auditing process to ensure hotspots (for example medicine) were a focus of regular and continued monitoring and be assured that prompt actions were taken for non compliance;
- review the cleaning contract to provide effective and appropriate cleaning service;
- implement clear guidelines for isolation and undertake regular audit;
- issue clear guidance on antibiotic prescribing and recruit adequate numbers of ward pharmacists to monitor compliance;
- ensure information was clearly available to all staff in a timely and appropriate way.

In terms of meeting the target for March 2008 for MRSA there was a need for hospitals to have a recovery plan in place to ensure that the agreed monthly trajectory target was being met. Statistical information was also provided on MRSA cases divided by speciality in order to identify the priority areas such as general medicine and geriatric between August 2006 and July 2007. Similar information was also provided in respect of CD.

Members sought clarification on a number of areas including: -

- a) the positioning and content of posters would continue to be reviewed;

- b) confirmation was given that hand gel dispensers were available at patients bed sides accordance with Department of Health directive;
- c) it was acknowledged that given the huge number of visitors at JCUH it was a challenge to ensure consistent implementation of the cleaning hands procedures;
- d) an indication was given of further work to be undertaken by the Trust in relation to the decontamination of equipment; time set aside 1 day per month for clinical matrons to de-clutter to assist the cleaning process; review of uniform; guidelines on use of anti-biotics and publication of leaflets for patients highlighting the need to bathe before operations;
- e) although there were over 250 isolation side rooms it was considered that there were insufficient in certain areas;
- f) confirmation was given that agency workers were also required to undertake mandatory IC training;
- g) a breach of MRSA policies was subject to a disciplinary process and reference was made to recent formal discussions which had taken place with three members of staff;
- h) further research was required on the benefits of extending the screening programmes;
- i) it was acknowledged that the infections agenda was a continuing challenge as new strains appeared;
- j) the cleaning contract was continually reviewed to examine latest equipment and practices to ensure effectiveness;
- k) in terms of patient empowerment reference was made to wearing of badges by health professionals 'ok to ask';
- l) in response to concerns raised it was noted that although there were rules regarding the number of visitors allowed to each patient it was very difficult for staff at certain times to ensure compliance.

**AGREED** that the representatives of South Tees Hospitals Trust be thanked for the information provided.

#### **ANY OTHER BUSINESS – NORTH EAST AMBULANCE SERVICE**

The Chair referred to a recent meeting of the Tees Valley Health Scrutiny Joint Committee when consideration had been given to a report of the North East Ambulance Service regarding proposals to relocate a control centre.

It was noted that the Joint Committee had agreed to seek and consider the views of the individual Tees Valley authorities before formulating a response to the consultation document.

NOTED