

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 10 May 2012.

PRESENT: Councillors Dryden (Chair) Clark (as substitute for P Purvis) Harvey and Junier.

PRESENT AS OBSERVERS: Councillor S Khan.

ALSO IN ATTENDANCE: South Tees Hospitals NHS Foundation Trust:
A Peevor, Assistant Director of Nursing/Deputy Director of Infection Prevention and Control

OFFICERS: J Bennington and J Ord.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Lancaster, Mrs H Pearson and Purvis.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

11/1016 MINUTES

The minutes of the meeting of the Health Scrutiny Panel held on 19 April 2012 were submitted and approved as a correct record.

11/1017 HEALTHCARE ASSOCIATED INFECTIONS -UPDATE FROM THE SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the South Tees Hospitals NHS Foundation Trust to provide a further update on the current situation with regard to Healthcare Associated Infections in respect of the Trust.

The Chair welcomed Alison Peevor, the Assistant Director of Nursing/Deputy Director of Infection Prevention and Control, STHFT who provided an update on the main areas of infection prevention and control in accordance with legislative requirements and national guidance the key areas of which were outlined in a presentation focussing on MRSA, Clostridium Difficile and Gastroenteritis outbreaks.

It was confirmed that the MRSA bacteraemia target had been four (in-patients for more than 48 hours) in 2011/2012 and there had been two attributed Trust cases which reflected a 27% reduction from 2010/2011 and a gradual reduction over the years from 2007/2008 when it had been 87%, The target for 2012/2013 was reported to be three and that from April 2012 there had been no attributed Trust cases.

Given the overall number of patients and complexity of the cases dealt with at JCUH it was acknowledged that it was a difficult target to achieve. A chart displayed at the meeting demonstrated the differences in the levels of MRSA bacteraemia which was shown to have fluctuated and had vastly decreased since 2001 to date in respect of the Trust.

Such results had been the result of a number of activities as previously reported to the Panel and of ongoing work as outlined which included continued vigilance and zero tolerance approach and maintaining the key initiatives of cleanyourhands campaign, saving lives care bundles, screening and decolonisation, patient management, robust governance process, patient information, and robust cleaning and decontamination schedules.

In 2011/2012 the target for C. difficile had been 112 Trust attributed cases, (in-patients for more than 48 hours), which included seven community hospitals. It was confirmed that

although there had been 67 cases in 2011/2012 such a figure represented a 46% reduction compared to 2010/2011 and a gradual reduction over the years from 2007/2008 when it had been 79%. The *C. difficile* target for 2012/2013 was reported as 80 cases. The Panel was advised that as from April 2012 there had been two attributed cases.

Statistical information was provided which demonstrated the reduction in the number of cases of Trust attributed cases and of previous data which related to cases involving over 65 year olds.

Ongoing work included continued vigilance, maintaining key initiatives of cleanyourhands campaign, patient management, robust governance process, patient information, and robust cleaning and decontamination schedules.

Information was provided in relation to Gastroenteritis outbreaks for which there had been 14 involving six at JCUH, three at the Friarage Hospital and two PCH's. Statistical information was provided which showed that 29 wards, 312 patients, 134 staff had been affected resulting in 767 lost bed days. The major impact of the outbreak had been on patient flow, elective admissions, patient transfer and staffing. It was confirmed that there had been a review of outbreak management and patient/visitor information.

In terms of the next steps, confirmation was given that Healthcare Associated Infection reduction continued to be of the highest priority in the Trust involving:-

- (i) integration with community services;
- (ii) raising the profile at every opportunity;
- (iii) continuing to increase the knowledge of frontline staff;
- (iv) continuing to work closely with the Strategic Health Authority, Department of Health and partnership organisations.

Given the extent of elderly vulnerable patients it was acknowledged that the *C. difficile* target was a particular challenge in respect of community services. It was also indicated that although such services had only been merged with the Trust for about one year every endeavour was being made to ensure that the same governance and reporting arrangements were established as elsewhere in the Trust.

The Panel was mindful of the challenges facing the Trust in trying to sustain improvements given such difficult financial constraints. Other factors such as an ageing population with complex needs was also seen as a major challenge for the Trust. An assurance was given of the priority given to the control of healthcare infections at every level of the Trust including the Board.

Members specifically referred to evidence which had previously been presented to the Panel with regard to the benefits as a preventative measure of screening of patients when being admitted to hospital. An indication was given of impending guidance with regard to the extent to which screening should be undertaken taking into account the effectiveness and costs involved in relation to the screening of patients not categorised as being high risk patients.

AGREED as follows:-

1. That Alison Peevor be thanked for the information provided which was noted.
2. That the Panel continues to receive a further update on Healthcare Associated Infections in six months time.
3. That the Panel be advised on the outcome of the impending national report with regard to screening.

11/1018 **ANY OTHER URGENT ITEMS - SHELTON COURT DENTAL PRACTICE - ORMESBY DENTAL PRACTICE**

With the approval of the Chair and the Panel the Scrutiny Support Officer reported the recent

receipt of a notification from NHS Middlesbrough regarding a proposed merger of the Shelton Court Dental Practice with the Ormesby Dental Practice and relocation to the current premises of the Ormesby Practice at Cargo Fleet Lane.

AGREED that further information provided on the proposed merger of the Shelton Court and Ormesby Dental Practices.