

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 16 July 2013.

PRESENT: Councillors Dryden (Chair), Biswas, Cole and Davison.

PRESENT BY INVITATION: Councillor Brunton, Chair of Overview and Scrutiny Board

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

OFFICERS: J Bennington and J Ord.

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

DECLARATIONS OF INTERESTS

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

13/9 MINUTES - HEALTH SCRUTINY PANEL 12 JUNE 2013

The minutes of the meeting of the Health Scrutiny Panel held on 12 June 2013 were submitted and approved as a correct record.

13/10 HEALTHCARE ASSOCIATED INFECTIONS - SOUTH TEES HOSPITALS NHS FOUNDATION TRUST BRIEFING

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the South Tees Hospitals NHS Foundation Trust (STHFT) 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 and 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 no more than three cases (in-patients for more than 48 hours after admission) in 2012/2013 and there had been no attributed Trust cases which reflected a 100% reduction from 2011/2012 and a gradual reduction over the years from 2007/2008 when it had been 87%, The target for 2013/2014 was reported to be zero attributed cases and that from April 2013 there had been no such cases.

Given the overall number of patients and complexity of 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 figures were entered onto a national database.

Such improvements 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 2012/2013 the target for C. difficile had been 80 Trust attributed cases. It was confirmed that although there had been 49 cases in 2012/2013 such a figure represented a 27%

reduction from 2011/2012 and a gradual reduction over the years from 2007/2008 when it had been 79%. The *C. difficile* target for 2013/2014 was reported as 37 cases. The Panel was advised that as from April 2013 there had been 16 attributed cases. Statistical information was provided which demonstrated the reduction in the number of Trust attributed cases.

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

Information was provided in relation to Gastroenteritis outbreaks for which there had been 22 hospital outbreaks affecting 383 patients and 166 staff. Such outbreaks were monitored and tended to be more prevalent during winter months. Staff had to be 48 hours system free before returning to work. 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 including 'Say no to norovirus' campaign involving radio interviews, posters and tweeting.

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) continued integration with community services and working with GP's;
- (ii) raising the profile at every opportunity;
- (iii) continuing to increase the knowledge of frontline staff;
- (iv) continuing to work closely with the new CCGs, Area Teams, Public Health England and partnership organisations.

The Panel was mindful of the reductions in Healthcare Associated Infections over recent years and 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 were 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 and the importance of educating patients and future patients of good hygiene practices which could help prevent infection.

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.

13/11

OVERVIEW AND SCRUTINY BOARD UPDATE 2 JULY 2013

In a report of the Chair of the Health Scrutiny Panel and highlighted by the Chair of the Overview and Scrutiny Board, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 2 July 2013.

NOTED

13/12

ANY OTHER BUSINESS - SCRUTINY SUPPORT OFFICER - JON ORD

On behalf of the Scrutiny Panel the Chair expressed gratitude for the excellent work and support provided by Jon Ord during his employment with Middlesbrough Council as a Scrutiny Support Officer.

Specific reference was made to the good working relationship which Jon had developed with the various local health organisations.

Members extended good wishes to Jon and his family for their future success.

NOTED