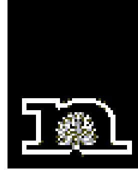

JOINT CITY AND COUNTY
HEALTH SCRUTINY COMMITTEE

M I N U T E S

of meeting held on **11 DECEMBER 2007** at the

Council House from 10.03 am to 12.40 pm

Nottingham City Councillors

✓ Councillor Liversidge (Chair)
Councillor Akhtar
✓ Councillor Aslam
✓ Councillor Dewinton
Councillor Heppell
Councillor Johnson
Councillor Newton
Councillor Spencer

Nottinghamshire County Councillors

✓ Councillor Winterton (Vice-Chair)
Councillor Cutts
Councillor Dobson
✓ Councillor Lally
✓ Councillor Lodziak
Councillor Sykes
✓ Councillor Tsimbiridis
✓ Councillor Wombwell

✓ indicates present at meeting

Also in Attendance

Mr J Pearson - Circle (formerly Centres of Clinical Excellence)

Ms C Ziane-Pryor	-	Committee Administrator	) Nottingham
Mrs B Cast	-	Head of Overview and Scrutiny	) City Council
Mr M Garrard	-	Scrutiny Officer	) Nottinghamshire
Councillor E Llewellyn-Jones			) County Council
Dr P Homa	-	Chief Executive	) Nottingham
Ms R Larder	-	Deputy Director of Planning	) University
Dr S Fowlie	-	Medical Director	) Hospital Trust
Mr P Wozencroft	-	Associate Director	)

Ms M Rhodes - Director of Commissioning and Performance) Nottingham City) Primary) Care Trust

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Cutts, Spencer, Heppell, Johnson, and Councillor Sykes who was attending to County Council Business.

38 MINUTES

RESOLVED that, the minutes of the last meeting held on 13 November 2007, copies of which had been circulated, be confirmed and signed by the Chair.

39 DECLARATIONS OF INTERESTS

Councillor Tsimbiridis declared a personal interest as he had a relative who was employed by MIND which did not preclude him from speaking or voting.

40 URGENT ITEM – HEALTH CARE ASSOCIATED INFECTIONS

The Chair of the meeting was of the opinion that this item, although not included on the agenda, should be considered as a matter of urgency in accordance with Section 100(B)(4)(b) of the Local Government Act 1972, in view of the special circumstances that it contained information of great public interest and recommendations for action on which the Committee required information.

(a) Report of the Head of Law and Democracy, Nottingham County Council

RESOLVED that the report of the Head of Law and Democracy, Nottingham County Council, copies of which had been circulated, be noted.

(b) Report of the Nottingham University Hospitals NHS Trust

Consideration was given to the report of Nottingham University Hospitals NHS Trust Board, including an improvement programme and action plan, copies of which had been circulated, and which was accompanied by a presentation from Dr Homa and Dr Fowlie.

As a result of difficulties experienced by other authorities following a merger of complex organisations, the merger of the two City and Queens Medical Hospital sites, and the infection rates of the hospitals stabilising but not continuing to fall, the Board of the Trust realised that additional help was required to combat Health Care Associated Infections (HCAIs). It was at this point, although operating within infection reduction targets set by the Government, that the Department of Health Improvement Programme Review Team was invited to assess the preventative and infection treatment work of the Hospital Trust and to make recommendations to further reduce infection within the hospital.

Although the assessment was still continuing, the review team consisting of 16 assessors, had initially produced a series of recommendations based on the independent findings of announced and unannounced inspections and staff interviews. From those recommendations an action plan was formulated, agreed and implemented immediately using a budget of £24m dedicated to improving patient safety.

The action plan refocused the accountability of infection control to all staff taking individual responsibility, from cleaners to ward managers and board members. Methods of performance managing and reporting infection related issues were revised with weekly two way updates on progress and areas identified for further attention. During a six week period all staff were given an additional 4.5 hours training, with communication and reporting routes improved. More authority was allocated to ward staff to challenge hygiene behaviour, standards and procedures to combat infection.

An additional thirty cleaning staff were engaged across the two sites and hand washing/sterilising by staff and visitors was highlighted throughout the wards.

Frequent risk assessments were undertaken and refuse collection timed to ensure that rubbish was removed at regular intervals and peak disposal periods on wards. There was to be a programme of equipment replacement of items such as commodes and bins, and the capital programme was to be revised to consider replacement of waste disposal equipment, such as sluices. To aid the thoroughness required in cleaning wards, there was a plan to de-clutter the ward environment. More side wards were to be constructed to allow those specifically vulnerable patients or those with infection to be isolated from the main ward.

An enhanced decontamination programme of deep cleaning was already underway with the first cycle expected to be completed during March 2008.

Dr Fowlie explained that, while the Clostridium difficile (C diff) organism existed naturally in the human bowel, when it came into contact with oxygen, spores were produced which spread easily and could only be eradicated by deep cleaning with hydrogen peroxide vapour. C diff was a proven seasonal issue where infection increased during the winter months. MRSA was easier to eradicate which was why there was such an emphasis on hand hygiene and general cleanliness.

In addition to improving ward hygiene, ward practices had also been reviewed. As a result, patients with the same illness or infection were grouped together and new protocols established regarding the movement of patients and use of side/isolation rooms.

Another procedure established as a result of the review was the routine swab testing for MRSA of patients prior to their admission to hospital, especially for non-emergency surgical procedures, such as renal and cardiac surgery. It was planned to extend the screening process to include patients transferred from other hospitals and increase testing of high risk patient groups to weekly. However, routine swab testing of staff had not been proven to be of benefit in other Trusts unless groupings of infections were identified.

A visitor’s code was to be formally launched during the spring but measures were already in place to minimise the possibility of visitors introducing infection to the wards or even spreading hospital infection in the community. In addition to the increased profile of hand hygiene when entering and leaving the ward, visitors were discouraged from eating and drinking during their visit.

Dr Homa and Dr Fowlie informed the Committee that the Health Improvement Programme Review Team had responded positively to the considerable progress made by the Trust in reducing the C diff and MRSA infection rates since the review, which were now at the national average. However, the Trust would continually aim to reduce infection rates and aimed to improve the transparency of information regarding performance.

During the meeting, the following issues were raised, to which Dr Homa and Dr Fowlie responded:-

- nationwide the public needed reassurance that infection control and limitation was a top priority. Any person entering a medical environment should have confidence that their visit, care and treatment would be safe;

The successful and continued reduction of infection cases would boost public confidence, but, in addition to the heightened priority of actual hygiene procedures, plans were also to be considered to improve the internal and external appearance of the hospital buildings, not just to enhance the aesthetics, but to re-enforce the appearance and achievement of cleanliness.

- Reports of recent personal experience of both cleanliness and lack of cleanliness varied widely in relation to the University Hospitals which concerned the Committee as it appeared that not all hospital staff in all areas of patient care were fully aware of the revised hygiene policies.

Additional staff training programmes had been established and the on-going emphasis on the importance of maintained hygiene was to be further promoted to staff, patients and visitors through a variety of measures. In addition to the production of a clear and concise visitors code, entrances and exits of wards were to be reorganised to ensure that hand washing could not be forgotten.

- It was rumoured that hospitals in the private sector which encountered Health Care Associated Infections had been able to discharge patients into NHS care, resulting in an unfair impact on NHS resources and also reflected in NHS statistical information.

It was important that with such issues the private and public sector worked closely to minimise potential infection and effectively tackle infection when it occurred.

Members also made the following comments:-

- congratulations to the Trust for undertaking this work when already achieving a standard ranking on infection rates;

- it was good to see that authority had been returned to ward staff to reinforce ward hygiene and cleaning standards;

- the presentation had been encouraging in showing the progress achieved;

- the Trust could have been considered negligent not to have requested further assistance in reducing HCAIs;

- it was vital that public perception of hospital healthcare was positive if patients were not to be deterred from seeking medical attention.

RESOLVED

(1) that Nottingham University Hospital Trust be congratulated for such a pro-active approach to HCAIs;

(2) that Dr Homa and Dr Fowlie be thanked for their attendance and presentation;

(3) that the Trust be requested to submit a report to the April meeting of the Committee regarding progress on the action plan, including the deep cleaning programme and launch of the visitors code;

(4) that further information be sought by the Overview and Scrutiny Officers regarding the work undertaken by health care partners in reducing HCAIs outside of the hospital environment.

41 NOTTINGHAM UNIVERSITY HOSPITALS TRUST – FIVE YEAR INTEGRATED BUSINESS PLAN

(a) Report of the Head of Overview and Scrutiny, Nottingham City Council

RESOLVED that the report of the Head of Overview and Scrutiny, Nottingham City Council, copies of which had been circulated, be noted.

(b) Report of Nottingham University Hospital Trust

Consideration was given to a report and presentation of Nottingham University Hospital Trust, copies of which had been circulated, informing members of progress to date in developing the five year integrated business plan. Ms Larder presented the item and responded to the Committee's questions.

Members welcomed the attendance of the Team Leader for Nottingham City Council Overview and Scrutiny Team at the external reference group and forwarded information to members, but considered that it might be useful if the appropriate Executive Members also attended.

RESOLVED that Nottingham University Hospital Trust be requested to submit a brief report to the April meeting of this Committee regarding further progress in implementing the five year integrated business plan.

42 NHS TREATMENT CENTRE AT QUEEN'S MEDICAL CENTRE – UPDATE

Further to minute 8 dated 12 June 2007, consideration was given to the report of the Head of Overview and Scrutiny at Nottingham City Council, and a presentation regarding the progress on the treatment centre, copies of which had been circulated.

The Centre was to be run and owned by Circle Healthcare as an NHS facility. Mr Pearson of Circle, Ms Rhodes of Nottingham City PCT, and Mr Wozencroft of Nottingham University Hospital Trust, expanded on the presentation and were available to answer the Committee's questions.

The planned opening of the Centre had been delayed by 3 months to 31 March 2008 to ensure that it provided the appropriate facilities and services required for the current case mix.

Further to the information provided, the Committee was informed that, at several stages of development, clinical teams had scrutinised the proposed facilities of the building to

ensure that the environment, layout and equipment to be provided were appropriate and up to date.

The delay in opening the Centre was partly the result of the case mix continuing to alter since the conception of the initial idea. This had resulted in the necessity to review plans. Members were assured that, once operational, it would be possible to adapt the services in the building to reflect a changing case mix and ensure that the building was not underused if needs changed further.

Members were concerned that, with the constantly changing case mix, which would impact on service demand, combined with variances in practice based commissioning, best value provision would be compromised. However, the Centre would be promoted as a choice venue for treatment, possibly even in neighbouring counties, to ensure that effectiveness and efficiency were maintained. The Centre was to be listed as an option on the 'choose and book' system in GPs' surgeries by which, through the surgery, patients were given a choice of which centre to attend to receive the treatment required.

Members were assured that the 'choose and book' system was secure and that maintaining patient confidentiality was part of the contractual obligation.

Patient transport was raised as a concern in relation to attracting those patients living in the conurbation where accessibility to transport was not always easy. The significance of good access to the centre was acknowledged and, while there were currently no plans for specific patient transport, accessibility would be further considered.

RESOLVED

(1) that, following the Treatment Centre being operational for six months, Nottingham City Primary Care Trust, together with other relevant organisations be requested to submit a progress report to this Committee;

(2) that, to accompany the report, Nottingham City Primary Care Trust be requested to provide members of this Committee with a comprehensive list of services, both offered and not available at the Treatment Centre;

(3) that the Committee's thanks be recorded to Mr Pearson, Ms Rhodes and Mr Wozencroft for their presentation and attendance at the meeting.

43 WORK PROGRAMME – 2007-08

Consideration was given to the report of the Head of Overview and Scrutiny, Nottingham City Council, copies of which had been circulated.

RESOLVED

(1) that patient representatives from the Patient and Public Involvement Forums and, once established, the Local Involvement Networks be invited to suggest potential issues which they felt would benefit from scrutiny by the Committee;

(2) that dentistry be added to the list of potential issues for review.