KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 6 February 2009.

PRESENT: Mr B R Cope (Chairman), Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr J Curwood, Mr D S Daley, Mr C G Findlay, Ms A Harrison, Mrs S V Hohler, Mr G A Horne MBE, Mr W V Newman, DL (Substitute for Mrs E D Rowbotham), Mr M J Northey, Mr R J Parry, Ms B J Simpson, Dr T R Robinson, Mr R Tolputt, Cllr Ms A Blackmore, Cllr J Cunningham (Substitute for Cllr Mrs M Peters), Cllr M Lyons and Cllr Mrs J Perkins

ALSO IN ATTENDANCE: Mr R A Marsh, Cabinet Member for Public Health

ALSO PRESENT: Mrs A Burnand, Mr N Caddick, Mr J Fletcher, Mr G Hills and Mr R Kenworthy

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager) and Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

12. Minutes of the meeting held on 9 January 2009

(Item 3)

The Chairman informed the Committee that the Minutes of the meeting held on 9 January 2009 were not yet available but would be presented together with today's Minutes to the meeting of the Committee on Friday, 20 March 2009.

13. Audiology Updates

(Item 4)

(1) Following the Committee's previous consideration of Audiology Services across Kent, the two Primary Care Trusts for the administrative county of Kent had been written to in order to ask for an update on the progress in implementing some of the views expressed by the Committee when it had previously considered Audiology Services and include the future plans for the audiology service.

(2) Within the papers for the meeting, were two updates from both Eastern and Coastal Kent and West Kent Primary Care Trusts.

(3) The Chairman indicated that should Members have any questions that the wished to raise with the two PCT's who were not present to respond to any questions, then these questions should be forwarded to the Research Officer to the Health Overview and Scrutiny Committee or the Overview and Scrutiny Localism Manager. As a consequence the following additional questions were raised by Members of the Committee:-

a. Given the importance of testing the hearing of newborns, can the PCTs provide further information on any newborn hearing screening programmes they have and how many children are being screened?
b. What provision is made for testing military personnel returning from conflict situations and are they given priority?
c. Can NHS West Kent clarify the situation regarding patients in the Dartford, Gravesham and Swanley areas? Your report refers to additional capacity extending capacity for patients in the Maidstone and Tunbridge Wells areas, but what about those patients who have audiology services provided by NHS Medway? Does the statement that patients across West Kent are assessed within 6 weeks and treated within 18 weeks include patients in north Kent?
d. Can NHS Eastern and Coastal Kent name the sites from which Hearbase operate in Folkestone, Ashford, Canterbury and Dover?
e. What provision exists for GPs to carry out hearing tests and what encouragement is there for GPs to advertise hearing tests?
f. Can the PCTs provide more information about progress in searching for willing providers as well as what plans are in place to ensure audiology services are sustainable in the future?
g. What plans are there for encouraging "high street audiologists" in the same way as there are high street opticians?
h. What public education campaigns around the dangers to hearing exist aimed at young people?
i. What plans are being made to provide services in Kent so that Kent patients do not have to travel to London hospitals?
j. The reports suggest that adult audiology serviced in Swale are provided by NHS Eastern and Coastal Kent and paediatric audiology services in the same area are provided by NHS West Kent. Can the trusts provide assurances that this does not create confusion in the provision of services?

14. East Kent Hospitals University Trust
(Item 5)

(Julie Pearce, Director of Nursing, Midwifery & Quality and Louise Dineley, Head of Patient Safety, East Kent Hospitals University Trust were in attendance for this item)

(1) In answer to a question about the East Kent Hospitals University Trust's (EKHUT) approach to the continuing deep clean programme the response was that deep cleaning was an ongoing process for which there was a clearly agreed policy.

(2) Asked about how the deep cleaning process took place Ms Dineley explained to the Committee how this process worked from having a clear schedule for all departments to decanting the whole area which could cause problems if there were bed pressures, particularly if there was an outbreak, for example, of Norovirus.

(3) The schedule had to be changed because of an outbreak of Norovirus and this was a strong learning experience for the Trust but was more about the issue of logistics.

(4) In terms of the waste management element of the Hygiene Code the Committee noted that last year the Trust did not meet this particular requirement. An action plan had been put in place and all these actions would be completed by March 2009. However, the Trust would be declaring that it had insufficient assurance for this part

of the Healthcare Commission Core Standards. Ms Dineley explained to the Committee that in order to make a fully met declaration for 2009/2010, as the criteria within a Core Standard needs to be compliant for the full financial year, a major challenge to the Trust would be to complete the upgrading of the compounds for the three acute sites (primarily due to planning applications and funding being made available).

(5) Asked about the comments in the declaration from the Trust that "more generally the Inspection Team noted that many of the domestic waste bins examined on the Queen Elizabeth the Queen Mother (QEQM) and the William Harvey (WH) sites contained used gloves and aprons that should have been disposed of in clinical waste bins the staff interviewed were all aware of proper processes and the fact that the Trust could be penalised for incorrect waste disposal in addition bins clearly had labels stating "no gloves and no clinical waste" this was brought to the attention of the Trust who indicated that immediate action would be taken (observation tools, interviews with staff)", one of the Members asked what actions and sanctions had been taken against these staff. Ms Pearce responded that the Trust were disappointed by these elements. She explained that any further lapses would result in disciplinary procedures being invoked. The Trust would also be reinforcing the message with staff training and ensuring that staff were aware the expectations that matrons and ward managers had of their behaviour.

(6) Representatives of the Trust added that staff morale in this area was good due to a positive recent report.

15. West Kent Primary Care Trust
(Item 6)

(Darryl Robertson, Interim Chief Executive/Director of Planning and Performance, Barrie Collins, Director of Nursing/Director of Infection Prevention and Control and Anne Carroll, Assistant Director of Clinical Quality, West Kent Primary Care Trust were in attendance for this item.)

(1) Mr Fittock raised the question of the trajectory for infections where Dartford and Gravesham NHS Trust were going to be over their trajectory. With respect to MRSA he noted that Maidstone and Tunbridge Wells NHS Trust were just under their trajectory and 40% of incidences of infection were due to community acquired infections.

(2) In response the Primary Care Trust indicated that they had made healthcare associated infections training mandatory for all staff and programmes tailored to the needs of different staff groups and provided in a variety of ways were being prepared. It was planned that 95% of staff would have completed the training by 31 March 2009. The Committee were informed that the Infection Prevention and Control Team were developing further strategies (such as e-learning opportunities) to work towards the 95%.

(3) Mrs Angell, the local Member for the area in which the Livingstone Hospital, Dartford was sited, said the report indicated that in December 2008 a small number of patients and staff were affected by diarrhoea and/or vomiting. The Committee was informed that although no specific virus was identified from specimens it was likely that the symptoms were caused by the Norovirus winter vomiting virus. Mrs Angell

asked whether the patients and staff had been wrongly diagnosed. Representatives from the Trust explained that C Difficile and Norovirus were different clinically and that the testing for Norovirus was not highly accurate.

(4) Asked about public campaigns the response was that public relations on hand washing was continuing. This was similar to what the Committee had heard from Eastern & Coastal Kent PCT. One Member referred to a visit to Kent & Sussex Hospital in Tunbridge Wells and asked whether the hospital still presented a challenge. He also referred to the standard of decontamination which had not been met in the last two years and he asked whether this was due to the attitude of staff.

(5) The response was that in terms of the decontamination Core Standard the Primary Care Trust could not provide sufficient evidence that the standard had been met rather than having specific issues with decontamination.

(6) The Kent & Sussex Hospital as a site continued to present a significant challenge and would do until services were provided in the new Pembury Hospital in eighteen months time. The Primary Care Trust also had six community hospitals ranging from those built in the 1820s to Gravesend Community Hospital which was opened much more recently.

(7) Regarding the question relating to the attitude of staff PCT colleagues said that they spend a lot of time with staff and they were not sympathetic to any staff who did not adhere to the rules. This could result in disciplinary action being taken.

(8) In response to a question about the deep cleaning programme PCT colleagues stated that this was undertaken on an annual basis but areas could be prioritised where infection occurs. The Committee noted that the PCT had purchased their own steam cleaning equipment.

(9) In answer to a question of training and the roadshows that were referred to in the documentation from the PCT the Committee was informed that five or six roadshows were being planned for the year. The Committee discussed the relationship of the roadshows in terms of who the audience/public were concerning infection prevention and control and questioned the role of the public health programme and how success was measured. Reference was also made to individual behaviours and the role of education.