

## KENT COUNTY COUNCIL

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### 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, 9 November 2007.

PRESENT: Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A R Chell, Mr B R Cope, Mr A D Crowther, Mr J Curwood, Ms A Harrison, Mrs S V Hohler, Mr G A Horne MBE, Mr J F London (Substitute for Mr J A Davies), Dr T R Robinson, Mrs E D Rowbotham, Mrs P A V Stockell (Substitute for Lord Bruce-Lockhart), Mr R Tolputt and Mrs E M Tweed.

OTHER MEMBERS PRESENT: Mr G K Gibbens (Cabinet Member for Public Health) and Mr K Lynes (Cabinet Member for Adult Social Services).

OBSERVERS: Councillor Mrs D Phillips, East Sussex County Council, Councillor Mrs J Etheridge and Councillor Mrs J Shaw, Medway Council together with a number of representatives of the Patient and Public Involvement Fora across Kent and Medway, parish councils and members of the public.

IN ATTENDANCE: Dr D Turner, HOSC Research Officer and Mr P D Wickenden, Overview, Scrutiny and Localism Manager.

#### UNRESTRICTED ITEMS

##### **60. Lord Bruce-Lockhart**

The Overview and Scrutiny Manager informed the Committee that Lord Bruce-Lockhart was continuing to make good progress following his recent operation and hoped to be back chairing the Committee soon.

RESOLVED:- that a further letter be sent to Lord Bruce-Lockhart on behalf of the Committee expressing their best wishes for a speedy recovery.

##### **61. Urgent Business**

The Vice-Chairman sought and gained the approval of the Committee to discuss the agenda and papers for the meeting as urgent business. This was because the requisite statutory notice had not been given for the meeting, as a result of the short notice in trying to assemble a great deal of written evidence following the Committee's last meeting on 12 October 2007.

##### **62. Minutes - 12 October 2007** *(Item 3)*

RESOLVED that:- the Minutes of the meeting held on 12 October 2007 were correctly recorded and that they be signed by the Vice-Chairman, subject to the deletion of Mrs E M Tweed from those shown as present.

## **Infection Control**

*(Mr A D Crowther declared an interest as a member of Medway NHS Trust)*

(1) The substantive item of business before the Committee was as indicated at the last meeting (Minute 54 of 2007 refers). The Vice-Chairman stated that the Committee would be asking a series of questions of a range of people today, and at the next meeting of the Committee, following the recent Healthcare Commission report relating to the investigation into the outbreaks of Clostridium difficile within Maidstone & Tunbridge Wells NHS Trust. The recent ratings awarded by the Healthcare Commission to each Health organisation against a set of 24 Core Standards were also relevant.

(2) The Vice-Chairman reminded the Committee, those watching the webcast and those present at the meeting that the purpose of the meeting was to look at lessons to be learned from the publication of these two reports. He hoped that the question-and-answer process would help in restoring public confidence in the safety of the public using the services of the acute hospitals across Kent and Medway.

(3) Since the last meeting a number of Members of the Committee had visited the three hospitals within the Maidstone & Tunbridge Wells NHS Trust – namely the Kent and Sussex Hospital, Tunbridge Wells; Pembury Hospital; and Maidstone Hospital – to see at first hand those wards and areas which were mentioned in the report.

(4) The Vice-Chairman invited the Overview and Scrutiny Manager to hold up for those present a file containing written evidence that had been sought from a range of stakeholders across the Kent and Medway Health economy which had not been published as part of the papers for the meeting.

(5) Finally the Vice-Chairman informed the representatives of the Patient and Public Involvement Fora, parish councils and members of the public present that, if time permitted, after all Members of the Committee had asked their questions he would invite questions from anyone else present.

(6) In addition to the agenda and papers, Members had received a series of briefing materials from the Committee's Research Officer which included:-

- (a) a chronology of events;
- (b) a briefing note on the NHS Scrutiny, Patient and Public Involvement, and Complaints mechanisms;
- (c) a briefing note on NHS targets on healthcare associated infections (HAI);
- (d) a briefing note on statistical data on Clostridium difficile in the NHS;
- (e) statistics relating to the number of death certificates mentioning Methicillin Resistant Staphylococcus Aureus (MRSA) in England as well as the annual counts of glycopeptide-resistant enterococcal (GRE) bacteraemia (bloodstream infection) for NHS acute trusts in Kent and Medway;
- (f) a briefing note on the NHS star rating system for 2000 to 2005;
- (g) a briefing note on the Healthcare Commission Annual Health Check ratings;
- (h) statistical information on the performance of NHS trusts in Kent and Medway on Core Standards relating to Infection Control;
- (i) a briefing note on Patient Environment Action Team (PEAT) cleanliness scores; and

- (j) the auditors' local evaluation scores for NHS trusts in Kent and Medway for 2006/2007.

(7) Additional evidence was tabled at the meeting, received from the Healthcare Commission, the Chief Executive of the South East Coast Strategic Health Authority, West Kent Primary Care Trust, Eastern & Coastal Kent Primary Care Trust, and the Health Protection Agency. During the meeting a facsimile letter was received from Roger Gale, MP which was summarised for the Committee by the Overview and Scrutiny Manager.

### **63. Role of the Director of Public Health**

*(Item 4)*

*(In attendance for this item were Dr Mathi Chandrakumar, Director of the Kent Health Protection Unit; Meradin Peachey, Director of Public Health; Mark Devlin Chief Executive and Iris Smith, Director of Infection Control, Dartford & Gravesham NHS Trust; Glenn Douglas, Interim Chief Executive, Amy Page, Chief Nurse and Gail Locock, Lead Nurse for Infection Control, Maidstone & Tunbridge Wells NHS Trust; Matthew Kershaw, Chief Operating Officer, Julie Pearce, Director of Nursing and Sue Roberts, Deputy Director of Infection Prevention and Control, East Kent Hospitals Trust and Jacqueline McKenna, Director of Nursing and Strategic Planning and Linda Dempster, Head of Infection Control, Medway NHS Trust)*

The Committee asked both Meradin Peachey and Dr Chandrakumar a range of questions and supplementary questions.

(1) Each Trust had been invited in advance of the meeting to provide written evidence in the form of answers to a series of questions. The responses of each Trust were published in the Committee's papers. The questions were:-

- (a) A request to see the management structure for Infection Control within the Trust;
- (b) What was the process within the Trust for dealing with MRSA and Clostridium difficile?
- (c) What was the management structure for the nursing profession within the Trust?
- (d) What was the process for training nurses in the importance of Infection Control within the Trust?
- (e) How were the patients and visiting public kept informed of the importance of Infection Control? and
- (f) Was the cleaning in the hospital(s) undertaken by an in-house contractor or an external contractor and what were the standards of cleanliness required?

(2) In addition to the written evidence the Committee then raised a series of questions with each individual Trust's representatives, as set out in Appendix 2 of these Minutes.

### **64. Health Overview & Scrutiny Committees**

*(Item 9)*

*(Sheona Browne, Healthcare Commission Area Team Leader for Kent, Medway and East Sussex and Sandra Tracey, Assessor, Healthcare Commission were in attendance for this item)*

(1) The Committee had before it a presentation regarding third-party commentaries on Trusts' self declarations in respect of Healthcare Commission Core Standards – and the way that Overview and Scrutiny Committees, Patient and Public Involvement Forums, Foundation Trust Boards of Governors and Strategic Health Authorities could contribute to the Annual Health Check by this means.

(2) Also before the Committee were details relating to the weighting of the information which the Healthcare Commission received from third party commentaries, as well as some examples of intelligence that had been extracted from 2006/2007 commentaries and “top tips” for those submitting commentaries, derived from previous Annual Health Checks.

(3) The Committee noted that the most useful commentaries:-

- (a) were written in a clear and concise way;
- (b) contained information relevant to the current Annual Health Check;
- (c) clearly related to one or more Core Standard;
- (d) stated whether the third party thought that the Trust was compliant with the relevant Standard;
- (e) contained supporting evidence from a range of sources;
- (f) included detailed information, for example dates and outcomes;
- (g) clearly demonstrated how the third party had been involved;
- (h) used full names and avoided the use of acronyms; and
- (i) focused on commenting on the Standards rather than the criticism of the content of Standards and the system of assessment.

(4) The Committee were also informed that it helped if third parties contributing to the dialogue:-

- (a) had regular interaction with the Trust;
- (b) had access to Trust reports that highlighted patient concerns, e.g. patient survey reports, Patient Advisory Liaison Services reports, complaints reports, etc.;
- (c) had attended Board and other Trust meetings where these issues were discussed;
- (d) were familiar with current legislation and Trust policies on relevant issues, such as safety and equality;
- (e) carried out their own surveys and reviews;
- (f) witnessed at first hand where the policies and initiatives were being implemented;
- (g) had been involved in the development of new initiatives; and
- (h) felt able to challenge Trusts and influence change.

(5) The Committee then proceeded to ask a range of questions of the Healthcare Commission representatives, as set out in Appendix 3 of these Minutes.

#### *Conclusions and outcomes from evidence*

(1) The Committee concluded the session by agreeing that it would need to meet again to discuss this topic further on 27 November 2007.

(2) The Overview and Scrutiny Manager reminded the Committee of some of the issues which had arisen during the day. These items were only indicative of some of the discussion and were by no means exhaustive. The Committee would return to the conclusions and recommendations arising from thorough examinations of Infection Control across Kent and Medway following the next meeting, on 27 November.

(3) Some of the issues raised included:-

- a) the Director of Public Health's statement that part of her role was proactive monitoring of infection prevention and control across the Kent and Medway Health economy;
- b) the role of the Strategic Health Authority;
- c) how best practice in individual Trusts was shared so that there was a consistent approach across the Kent and Medway Health economy;
- d) how the Primary Care Trusts were dealing with the issue of antibiotic prescribing;
- e) what methods were being used to engage patients and the public, and inform them how they could help prevent healthcare-associated infections;
- f) the welcome opportunity to receive an action plan from the Maidstone & Tunbridge Wells NHS Trust on how they were responding to the Healthcare Commission report;
- g) how adult social care and other stakeholders were responding to the issue of step-down facilities and delayed discharge, given that bed occupancy within the Maidstone & Tunbridge Wells NHS Trust was currently at 95%, instead of the recommended level of 85%;
- h) understanding from the Strategic Health Authority how the money earmarked by the government recently for deep cleaning was to be allocated to Trusts across Kent and Medway;
- i) the welcome offer by the Healthcare Commission to undertake some training for Members of the Committee on what makes a good third party dialogue contribution to the Annual Health Check; and
- j) the Healthcare Commission's welcome offer for Members to accompany them on some visits to Health organisations so that Members could see at first hand how the Committee might contribute to the Healthcare Commission's Annual Health Check.

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**Appendix 1**

**The Role of the Director of Public Health**

Questions put to Meradin Peachey, Director of Public Health for Kent and Dr Mathi Chandrakumar, Clinical Director of Kent Health Protection Unit (HPU).

1. What is the role of Public Health colleagues in dealing with the problem of Healthcare-associated Infections (HAIs)?
2. How is KCC's Department of Public Health collaborating on this issue with Public Health colleagues (in the Primary Care Trusts, the Strategic Health Authority and elsewhere) and local healthcare providers (such as the acute hospital Trusts)?
3. Can you explain the data sources used by Public Health colleagues to monitor local trends in HAIs, including Health Protection Agency (HPA) surveillance data and Office for National Statistics data on deaths?
4. Can you tell the Committee whether local healthcare providers are properly discharging their obligations to supply the HPA with surveillance data on HAIs?
5. Can you tell the Committee whether doctors, Registrars of Births, Deaths and Marriages, and coroners are playing their full parts in helping to track HAIs by the way they discharge their roles in certifying, registering and investigating HAI-related deaths?
6. Can you tell the Committee whether the Kent Health Protection Unit (HPU) is properly fulfilling its role in addressing HAIs in Kent and Medway?
7. Can you tell the Committee whether the South East Coast Strategic Health Authority (SHA) is properly fulfilling its Public Health role, and its role in performance-managing NHS bodies, in relation to HAIs?
8. Can you tell the Committee what specific initiatives the Director of Public Health is taking on this issue with both Public Health colleagues and local healthcare providers?
9. Can you tell the Committee whether HAIs can ever be completely eliminated and, if not, whether deaths from them can be completely eliminated?

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### **Dartford and Gravesham NHS Trust**

Questions put to Mark Devlin, Chief Executive and Iris Smith, Director of Infection Control, Dartford & Gravesham NHS Trust.

1. Can you tell the Committee how the Trust has responded to the recent Healthcare Commission report on Maidstone and Tunbridge Wells NHS Trust?
2. Can you tell the Committee the purpose and results of the Trust's policy of holding daily Infection Control Team meetings?
3. Can you tell the Committee whether the Trust's redecoration and deep cleaning programme is made more expensive to deliver by the terms of the Trust's Private Finance Initiative contract?
4. Can you tell the Committee more about the Trust's recently-announced policy of screening for MRSA (methicillin-resistant *Staphylococcus aureus*) all elective patients as a matter of routine on admission – which no other Trust has apparently ever done?
5. Can you tell the Committee what the Trust is doing to reassure the public that Darent Valley Hospital is a safe place to receive treatment?
6. Can you tell the Committee how the Trust is addressing the HAI risks associated with hospital visiting?

### **Maidstone and Tunbridge Wells NHS Trust**

Questions put to Glenn Douglas, Interim Chief Executive and Amy Page, Chief Nurse.

1. Can you tell the Committee why the *Clostridium difficile* outbreak in the Trust's three hospitals during October 2005 to March 2006 was not even noticed by the Trust (as stated in the recent Healthcare Commission report on the Trust)?
2. Can you tell the Committee how it came about that some nurses working for the Trust thought it was acceptable practice to tell patients with *C difficile* to soil their beds (as stated in the recent Healthcare Commission report on the Trust)?
3. Can you tell the Committee whether the Trust is ensuring that there is a space of at least 3.6 metres between the centres of hospital beds, as recommended in the NHS Estates guidance document *Infection control in the built environment – design and planning (2002)*, which is referred to in the recent Healthcare Commission report on the Trust?
4. Can you tell the Committee how the Trust intends to spend the £350,000 of additional funding that is being made available to it by the Department of Health in order to implement the "deep clean" of hospitals announced by the Prime Minister in September 2007?
5. Can you tell the Committee whether (following comments in the recent Healthcare Commission report) the Trust is now taking proper account of issues

arising from complaints raised through the Patient Advice and Liaison Service (PALS) and the Independent Complaints and Advocacy Service (ICAS)?

6. Can you tell the Committee what the Trust has done to ensure that:
  - doctors complete death certificates appropriately in respect of HAIs;
  - case notes / patient records are properly filled out and archived;
  - the Stoke Mandeville classification is properly used in assessing the likelihood that C difficile has contributed to the deaths of particular patients?
7. Can you tell the Committee what the Trust is doing to reassure the public that its hospitals are safe places to receive treatment?
8. Can you tell the Committee how the Trust is addressing the HAI risks associated with hospital visiting?

### **East Kent Hospitals Trust**

Questions put to Matthew Kershaw, Chief Operating Officer, Julie Pearce, Director of Nursing and Sue Roberts, Deputy Director of Infection Prevention and Control.

1. Can you tell the Committee more about the correspondence submitted to the Committee by Julian Brazier MP, containing complaints about the standard of cleanliness at the Kent and Canterbury Hospital – and how this relates to the self-assessment of “Good” returned for the hospital under the Patient Environment Action Team (PEAT) process in 2006?
2. Can you tell the Committee more about the report submitted to the committee by the Patient and Public Involvement Forum (PPIF) for East Kent Hospitals, regarding the PPIF’s audit of the use of alcohol hand-rub gel in the Trust’s hospitals?
3. Can you tell the Committee what the Trust is doing to reassure the public that its hospitals are safe places to receive treatment?
4. Can you tell the Committee how the Trust is addressing the HAI risks associated with hospital visiting?

### **Medway NHS Trust**

Questions put to Jacqueline McKenna, Director of Nursing and Strategic Planning and Linda Dempster, Head of Infection Control.

1. Can you tell the Committee whether MONITORS recent decision to defer its decision on the Trusts application for Foundation Trust status is due to concerns about issues relating to infection control (as indicated in the local press) – and if so how the Trust intends to address these issues?
2. Can you tell the Committee whether the Norovirus outbreaks at the hospital indicate continued shortcomings in infection control?

3. Can you tell the Committee why the Trust failed to return any surveillance data in respect of MRSA for 2001–2 to the HPA – despite the Trust being obliged to submit this data?
4. Can you tell the Committee why there seems to be a perception in some quarters that the Medway Maritime Hospital has a bad record in relation to MRSA. Whether this is connected to the 13 MRSA-associated deaths there in 2002 (the fourth highest figure among hospitals in England and Wales), reported by the Office for National Statistics in 2004 – and the closure of a ward at the hospital in October 2004, following two MRSA-associated deaths?
5. Can you tell the Committee why the Trust returned a “Not met” declaration in respect of Core Standard C04a (relating to infection control systems) for the 2006–7 Healthcare Commission Annual Health Check?
6. Can you tell the Committee what the Trust is doing to reassure the public that Medway Maritime Hospital is a safe place to receive treatment?
7. Can you tell the Committee how the Trust is addressing the HAI risks associated with hospital visiting?

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**Health Overview and Scrutiny Committees – opportunity to contribute to the Healthcare Commission Annual Health Check on Infection Control**

Questions put to Sheona Browne, Healthcare Commission Area Manager for Kent.

1. Can you tell the Committee whether the current system for Annual Health Checks (self-assessment by Trusts, backed up by random inspections and risk inspections – on the basis of information provided by third parties, including Health Overview and Scrutiny Committees) can truly be effective?
2. Can you tell the Committee what sort of third-party information from Health Overview and Scrutiny Committees is most useful to the Healthcare Commission, and in what format it should be presented?

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