



**Health and Community Care Committee**

**21st Meeting, 2001**

**Wednesday 26 September 2001**

The Committee will meet at 9.30 am in Committee Room 3, Committee Chambers, George IV Bridge, Edinburgh

1. **Contacts:** The Committee will consider a report on contacts.
2. **Petitions PE 185 and 45 on Haemophilia and Hepatitis C (in private):** The Committee will consider a draft report
3. **Petition PE 320 by John Watson on behalf of World Development Movement (in private):** The Committee will consider a draft report.
4. **Petition PE 123 by the Warm Homes Campaign on Fuel Poverty (in private):** The Committee will consider a draft report.

Jennifer Smart  
Clerk to the Committee  
Room 2.5  
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The Following papers are attached for this meeting:

Agenda Item 1

[Contacts Report](#)

**HC/01/21/1**

Agenda Item 2

Draft Hepatitis C Report (private paper)

**HC/01/21/2**

Agenda Item 4

Draft Report on Petition PE 123 by the Warm Homes Campaign on Fuel Poverty (private paper)

**HC/01/21/3**

**Agenda item 1**

Health & Community  
Care Committee  
26 September 2001

**The Health and Community Care Committee**

**26 September 2001**

**Contacts****1. Background**

The Committee previously agreed that invitations from outside organisations, offers of information and requests for inquiries be considered by the Committee prior to any action being taken. All such contacts recently received and updates on ongoing contacts are set out in this paper.

An update on hospital acquired information, on which the Committee has previously expressed interest, is also set out in this paper.

**2. Recommendation**

The Committee is asked to consider the attached letters and agree action on those matters which are of interest. Where the Committee does not have an interest in pursuing the matter, it is recommended that the Committee thanks the organisations for their invitations and take no further action at this time.

Jennifer Smart  
Clerk

## Health and Community Care Committee

### Invitations to hold inquiries, etc.

Isle of Lewis Befriending Scheme	Diana Smith	Expressing dismay that a fund for befriending projects announced by the Chancellor will not extend to Scotland, and calling on Committee to help establish a befriending fund in Scotland. (Letter attached) If Committee were minded not to take this further, clerks could write to Mrs Smith suggesting that the matter could be pursued as a petition.
N/A	Alex Neil MSP	Calling on Committee to review whether the recently announced new Chair of Health Education Board for Scotland has suitable expertise for the post. (letter attached)

### Offers to brief, etc Committee

SEHD	Dr Mac Armstrong	Offering to brief members about the Executive's new Cancer Plan. Previous attempts before the recess were made to arrange a meeting, but had to be postponed owing to internal Executive delays. Do Committee now wish to revisit possibility of being briefed?.
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### UPDATES ON PREVIOUS CONTACTS FROM OUTSIDE ORGANISATIONS

Organisation	Name	Action
Scottish Executive Physical Activity Task Force	John Beattie	Agreed on 27 June to invite Task Force to give presentation to committee. Given Community Care Bill workload, clerks suggest that a presentation take place on 23 January 2001 as part of a Committee meeting dedicated to public health issues.
Greater Glasgow Health Board	Prof David Hamblen	Offer to brief Committee on plans to modernise Glasgow's Acute Hospitals. Agreed on 27 June that convener would contact Prof Hamblen to arrange a date – other members welcome to come along if available.

Health Technology Board for Scotland	Karen M Facey	Offer for Committee to meet with Management Board and Senior Staff of the Health Technology Board for Scotland – informal question and answer session. Several members have indicated willingness to attend; a Wednesday in November seems most likely date. Awaiting confirmation of date from HTBS – reply expected this week.
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### Update

<b>Organisation</b>	<b>Name</b>	<b>Subject Matter</b>
N/A	N/A	Hospital Acquired Infection. Members considered a short paper from SPICe on 27 June – several questions were raised, and were put to Executive and Audit Scotland. Replies received – summary of replies set out in annexe. Committee should note that consultation by Clinical Standards Board is currently ongoing; this to be followed by follow-up audit by Audit Scotland in March/April 2001. Does Committee wish to take any action before then?

## Hospital Acquired Infection (HAI): update

### Note by the clerk

#### 21st meeting 2001

1. The Committee considered a short paper on the above produced by SPICe at its 27 June meeting. The paper had been prepared in response to requests by members for further information on HAI.
2. Members raised a number of questions in relation to HAI. These questions, together with replies either from Audit Scotland or the Scottish Executive, which have been received by the clerks, are set out below.
3. **Question:** *Does Audit Scotland have a timetable for reviewing its report, A Clean Bill of Health, to ascertain the extent to which its recommendations are being taken on board?*
4. **Answer from Audit Scotland:** Currently the Clinical Standards Board (CSBS), who are charged with producing standards etc. for cleaning, are consulting on draft standards, which will be introduced in October. This in turn will be followed by self-assessment on the new standards to be carried out by the hospital trusts, and peer review by the CSBS to check whether both the standards and the self-assessment were achieving their aim.
5. To avoid duplication of inspection, a waste of resource, and unnecessary disruption to trusts, Audit Scotland is therefore holding its fire until **March/April 2002**, when it will undertake both the follow-up audit and an independent review of the self assessment being applied by trusts (based on the CSBS cleaning standards). Audit Scotland aims to report on its follow-up Audit in **summer 2002**.
6. **Question:** *What is being done in the meantime by Hospital Trusts to take on board Audit Scotland's recommendations?*
7. **Answer from Scottish Executive Health Department:** In the meantime the Scottish Executive asked trusts to comply with the recommendations in "a clean bill of health?" by June 2001. They also followed up with a survey, the results of which were press-released on September 4 (copy attached) or see: <http://www.scotland.gov.uk/pages/news/2001/09/SE3026.aspx>  
<<http://www.scotland.gov.uk/pages/news/2001/09/SE3026.aspx>>
8. **Question:** *The Committee understood that an Executive working group on surveillance of HAI was due to report in March 2001, but has not yet done so. When will the working group report?*
9. **Answer from Scottish Executive Health Department:** The report was published on 3 July, and guidance was issued to the NHS in terms of HDL 2001/57 on 6 July. Both can be found on:

<http://www.show.scot.nhs.uk>  
<<http://www.show.scot.nhs.uk>

10. (To find either document, go into Publications, then enter a search for "hospital acquired infection", then click on "go".)

**Jennifer Smart**  
**Clerk to the Committee**

## Hospitals claim clean bill of health

04/09/2001

NHS Hospitals should look for 'best value' and not just the cheapest cost to ensure high-quality cleaning services, Health Minister Susan Deacon insisted today.

She said that the results of a new survey showed 'steady progress' was being made in improving cleanliness in wards. The majority of hospitals had reported that recommendations for increased quality and better standards had been fully implemented.

Ms Deacon said:

"The NHS must achieve high standards in cleaning services - not just the lowest cost. The contracting out of cleaning services - while sometimes appropriate - should no longer be seen as the norm. I am pleased that many parts of the NHS are now reviewing their provision of cleaning services, and in many cases, services have been brought back 'in-house'."

Last year's Audit Scotland report *A Clean Bill of Health?* set out 51 recommendations on issues such as cleaning frequency, standards, supervision and monitoring and staff turnover. The Scottish Health Plan, published in December 2000, made clear that all NHS Trusts were required to implement the report's recommendations by June 2001. Over the summer, the Executive has been evaluating how well the NHS has met those recommendations.

The results show that 27 out of the 33 NHS organisations involved have already taken action on at least 90 per cent of the recommendations, with the rest making progress towards that mark. Health Department Officials will now meet with the minority of NHS Trusts who need to improve most, to assess how to speed up work in this vital area.

The Health Minister said:

"The public expects its NHS hospitals to be clean. I expect our hospitals to be clean. That is why we have made hospital cleanliness a top priority for the NHS in Scotland. Too often in the past, insufficient effort and resources were devoted to this area. The results was that, over the years, standards slipped. I am pleased that there is clear evidence that this situation is now being turned around. Locally and nationally, hospital cleanliness is being given the priority it deserves.

"The results of this survey show that the majority of NHS bodies have acted on last year's Audit Scotland recommendations. But there is no room for complacency. While steady progress has been made, more needs to be done, especially in those Boards and Trusts which have not yet acted on the recommendations. Cleanliness is 'core' business for the NHS. We expect high standards to be set and maintained and will continue to monitor performance in this area. We expect Audit Scotland to also run their own checks on compliance next year.



"The key is to ensure that the highest possible standards of cleanliness are achieved and to satisfy patients that hospitals are clean. We have asked the Clinical Standards Board for Scotland to put in place new standards on hospital cleaning services, alongside their work on decontamination and infection control. These new standards will be introduced later this year, and compliance will be carefully monitored.

"A major programme of work is now underway to ensure the NHS in Scotland is as clean and safe an environment as possible for patients. Risk cannot be eliminated, but it can be reduced. The rising incidence of HAIs is a world-wide problem. Antibiotic resistance is a fact of modern life. Even the cleanest hospitals are affected. "But we remain absolutely committed to doing all in our power to improve cleanliness and infection control in hospitals and health care facilities across Scotland. That means setting tough national standards, investing in staff and equipment and ensuring that the NHS delivers to those new standards.

"Already this month we have announced more investment in training for infection control nurses, a national surveillance system for monitoring key hospital acquired infections, and £3 million funding for new sterilisation and disinfection equipment.

"Today we are setting out how hospitals have improved their performance in cleanliness over the last year, and where there is need for further improvement. The figures show that NHSScotland is heading in the right direction."

#### BACKGROUND

1. Audit Scotland reported in April last year on cleaning and other domestic services in Scottish hospitals. *A Clean Bill of Health?* detailed recommendations for organisations to implement to improve the quality and effectiveness of services.
2. The CSBS is in the process of consulting on new standards for cleaning of healthcare premises. Once agreed, they will be piloted in a number of Trust areas before rollout across Scotland.
3. The unmet recommendations to a large extent relate to detailed management arrangements (for staff, supervision etc) which some organisations have indicated are the responsibility of the contractors under contractual agreements.

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