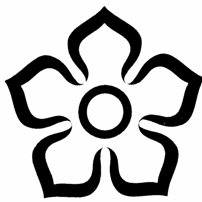

LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

RECORD OF MEETING

Held: MONDAY, 25 JUNE 2007 at 5.00pm

PRESENT:

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1. APPOINTMENT OF CHAIR

Members were asked to appoint a Chair for the Committee in accordance with its working arrangements. It was reported that Councillor Allen had been nominated by Leicester City Council for this post.

RESOLVED:

that Councillor Allen be appointed Chair of the Committee for the period June 2007 – May 2009, in accordance with the working arrangements.

2. APPOINTMENT OF VICE-CHAIR

Members were asked to appoint a Vice-Chair for the Committee in accordance with its working arrangements. It was reported that Mr D Houseman CC had been nominated by Leicestershire County Council for this post.

RESOLVED:

that Mr D Houseman CC be appointed Vice-Chair of the Committee for the period June 2007 – May 2009, in accordance with the working arrangements.

3. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Bhavsar and Joshi (Leicester City Council), Mr. Coxon, Mr. Hyde, Mr. Liquorish and Mrs. Newton (Leicestershire County Council) and Mr. Wakeman (Director of Health, Leicestershire,

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Leicester and Rutland Primary Care Trust).

4. DECLARATIONS OF INTEREST

The following members declared general personal non-prejudicial interests: -

Mr. A. Bailey	-	His son and daughter in law were employees of the Leicestershire Partnership Trust
Councillor Hall	-	Was an employee of the National Health Service
Mr. Legrys	-	His wife was a General Practitioner
Mr. J. Moore	-	His daughter was a nurse employed by NHS

5. WORKING ARRANGEMENTS AND TERMS OF REFERENCE

Members were asked to note the working arrangements and Terms of Reference for the Leicestershire, Leicester and Rutland Joint Health Overview and Scrutiny Committee.

Members expressed a view that it would be desirable if members of the Joint Health Overview and Scrutiny Committee could also have a pre-meeting, on similar lines to that provided for the Chair, Vice-Chair and Spokespersons, one hour before the actual meeting.

RESOLVED:

that the working arrangements and Terms of Reference for the Leicestershire, Leicester and Rutland Joint Health Overview and Scrutiny Committee, as reported, be noted, subject to the inclusion of a pre-meeting for members as outlined above.

6. PETITIONS

The Town Clerk reported that no petitions had been received.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

Pathway Project

The Chair read out the following statement prepared by Mr. G. Smith, Co-Chair, Patient and Public Involvement Forum for University Hospitals of Leicester, prepared for the Joint Overview and Scrutiny Committee: -

"The Patient and Public Involvement Forum for the University Hospitals of Leicester is a statutory body appointed by the Commission on Patient and Public Involvement in Health and its duties include monitoring the plans and performance of the Trust and bringing matters to the attention of the Joint Health Scrutiny Committee.

Since its inception in 2003 the Forum has been involved in the discussions on the Pathway Project to build the urgently needed new hospitals for

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Leicestershire, Leicester and Rutland. At its recent meeting the Forum resolved to bring to the attention of the Joint Overview and Scrutiny Committee its concerns over the continued delay to the scheme, the changes that are being made in it, and the consequential impact on the care of patients now and in the future. The Forum is also concerned over the costs that will fall on the taxpayer as a consequence of the delay."

It was reported that the Pathway project was on the Committee Work programme for Autumn 2007 and Mr. Smith had been notified of this fact.

RESOLVED:

that the information be noted.

8. PRIMARY CARE TRUSTS/ LEICESTERSHIRE PARTNERSHIP TRUST SERVICE REDESIGN

Mr. Tim Rideout, Chief Executive, Leicester City Primary Care Trust, gave a presentation on the Primary Care Trusts/Leicestershire Partnership Trust Service Redesign and the formal consultation that the Trust would be leading on in respect of the proposed changes.

Members were informed that the presentation would centre on the Reconfiguration Projects which were: -

i) Community Hospitals
ii) Mental Health Services
iii) Acute and Specialist Services
iv) Out of Hours Review

The need to review the issues referred to had come about as a result of the changes in the local health economy, while the way in which they are to be managed are as a result of the Government tightening up on how the Reconfiguration Projects were managed, in particular the engagement with stakeholders and the public. The presentation would give the Joint Committee an insight into progress with the projects.

The Committee was informed that the Leicester City Primary Care Trusts would be leading the projects and that their presentation was part of the initial engagement with stakeholders ahead of a formal consultation process that will begin in the Autumn/Winter: -

i) Summer 2007 – engage with staff, clinicians and public
ii) Autumn/Winter 2007/08 – formal consultation, concluding in Spring 2008
iii) Late Winter/Spring 2008 – collate information and finalise review.

At this stage questions were allowed and these, together with the responses are summarised below: -

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1) It was stated that the philosophy of treating people near their home was good but it was stressed that the quality of service must be maintained as, in the past, the provision of services seemed to be driven by a financial background. Assurances were sought that the services to be provided locally would be at least as good as those provided under the current arrangements.
Tim Rideout responded by stating that it would be naïve to say that there was not a financial dimension to the reconfiguration exercise currently underway. He stated that there was a need to make sure that quality services were continued but that they were sustainable. With this in mind an early process was being put in place to capture the concerns of the public and stakeholders.

2) Concerns were expressed that there had been no mention in the presentation of linking the reconfiguration with Payment by Result (PBR). A number of local General Practitioners were anxious to get started on providing locally based services. It was further stressed that whilst there might be talk of Community Hospitals, which were supported, these facilities, such as at Coalville, were of no real benefit to patients from Measham and Barwell who had to travel to reach them. Locally based services should mean local.

Tim Rideout responded by stating that the Payment By Result (PBR) initiative was currently being rolled out across the National Health Service (NHS), giving GP's indicative budgets to provide services. This initiative met the needs of local communities and it was important that they were able to be involved in providing local services. GP's would however be involved in the first stage of the consultation on the reconfiguration project. Mr. Rideout felt that there was still some work to do around providing locally based services and that in rural communities it was a case of transport as well as the actual provision of service. When the current PCT had been set up it had been established how PBR's would operate, and this differed from the rest of the country.

It was stated that GP's wanted to get on and operate PBR's. The services being expected by local people were to be locally based. People did not mind travelling for major day to day services e.g. chemotherapy, but services such as blood checks and work should be provided at a local level, including routine operations. Treatment following heart attacks could be dealt with at certain agreed locations, but not at a number of local facilities.

Tim Rideout stated that a good part of the PBR strategy was to create an environment whereby GP's could deal with a wider range of care.

3) It was questioned whether GP's were to be fully consulted and what their views on spending more time in the community were.

Tim Rideout stated that GP's were being fully consulted as part of the reconfiguration process. Both local PCTs had recently undergone

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changes and in the case of the newly formed City of Leicester PCT the boundary was co-terminus with the City Council boundary.

4) It was questioned whether there would be a similar pattern of service provision for all areas of Leicestershire, Leicester and Rutland.

Tim Rideout stated that the GPs on the ground were better able to judge what was required at each practice to provide the best possible level of care and therefore there would be differing needs across the areas leading to varied service provision.

5) It was questioned whether the 'Better Health for All' initiative referred to in the presentation within the Acute Strategy would include preventative health care issues.

Tim Rideout stated that preventative health care issues would be included within 'Better Health for All' within the Acute Strategy. One of the areas the strategy had to address was that of the provision of acute services to ensure that the best use of these services was achieved.

6) It was questioned that the reference during the presentation to breaking down transport and visits could lead to issues around waiting times. The following areas were also questioned: -

Need – how would this be assessed
Consultation – who would be consulted
Performance Indicators
Effectiveness

Tim Rideout stated that regarding responses/waiting times there was a need to ensure that services met standards that had been set. This work would be brought back to this Committee as part of the consultation process. A variety of mechanisms were to be provided to engage the public and stakeholders prior to September 2007. A number of the mechanisms would be geared to the capture of as broad as possible views on the proposals outlined in the presentation. On the other issues raised by members these would be taken and then brought back to this Committee.

In conclusion Tim Rideout was thanked for his presentation.

9. HEALTHCARE ACQUIRED INFECTION AT UNIVERSITY HOSPITALS LEICESTER

At the request of the Chair, Councillor Allen, Caroline Trevithick, Deputy Director of Infection Prevention and Control, and Dr. Peter Reading, Chief Executive, University Hospitals Leicester (UHL), gave a presentation outlining the action being taken to control healthcare acquired infection.

Caroline Trevithick opened the presentation by stating that infections started at

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various locations, not always in hospitals, and where a number of people were infected.

It was reported that Methicillin-resistant Staphylococcus aureus (MRSA) was resistant to many common antibiotics and once a person had been identified as having MRSA they would always potentially carry it. A number of measures had been put in place to reduce the risk in hospitals and hospital staff had been told to remove micro-organisms from hands etc on a frequent basis. Patients visiting other patients and visitors bringing infection into hospitals, such as colds, flu etc, were also an issue and constant checks were made. Regular monitoring of MRSA infection was maintained and Caroline Trevithick outlined a range of responses that had been implemented by UHL.

Caroline Trevithick also made reference to the organism Clostridium difficile (C-diff) that performed without the benefit of oxygen and was prevalent amongst the elderly and infirm. Initially a '001' strain of C-diff was found in varying numbers of cases across the U.K. and this responded to multiple courses of broad spectrum antibiotics. More recently a '027' strain of C-diff had spread from the USA and Canada which was more virulent and did not respond so readily to antibiotics. Caroline outlined the approach that had been adopted by the whole Health Community across the country and also the actions implemented by UHL to reduce C-diff that had resulted in a significant reduction of detected cases over the past year.

At this stage questions were allowed and these, together with the responses are summarised below: -

1) It was questioned what the current good practice was for staff going into and out of hospital premises in their uniforms.

   Caroline Trevithick stated that the risk of contamination from uniforms was extremely low. UHL had stated that they would like to control where staff go in their uniforms by requiring staff to go directly to work in uniform and go directly home again. Should this not be possible then a jacket or coat should be worn over the uniform.

2) Concerns were expressed over staff going into and out of hospitals and travelling on public transport before/after dealing with wide range of possibly infectious people and questioned why 'scrubs' could not be introduced, similar to those used in American hospitals. Further it was stated that a number of facilities now used external contractors to clean hospital wards and matrons no longer had direct control over the cleanliness of their wards.

   Caroline Trevithick replied by stating that the level of cleanliness in hospitals was monitored closely and action was taken where appropriate. Matrons did undertake audits and take action where standards were not maintained. Regarding uniforms the best practice was to wear protective uniforms in cases of where high risk was expected. Scrubs were already used but they were not always effective.

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Where a uniform was visibly blood stained the policy was that the member of staff changed into scrubs to go home and the soiled uniform was cleaned.

3) It was stated that it was realised that C-diff was an international problem and it was questioned why a number of acute Hospital Trusts seemed to have rates better than UHL.

Caroline Trevithick stated that there was a need when comparing statistics to compare like with like. When comparing teaching trusts Leicester was 4th best and it had been established that the other 3 trusts had implemented High Impact Intervention. When Leicester had adopted the same process it was hoped that it would become one of the best trusts within the next few months.

4) It was stated that it was a positive step that all age groups were now included in the C-diff figures and questioned whether non-teaching hospitals were also being looked at.

Caroline Trevithick responded by stating that regarding C-diff statistics it did not matter whether the hospital was a teaching hospital or not.

Caroline Trevithick and Dr. Peter Reading were thanked for the presentation.

10. REGIONAL PAYROLL CONTRACT UPDATE

At the request of the Chair, Councillor Allen, Helen Gordon, Director of Human resources, University Hospitals Leicester (UHL) and Dr. Peter Reading, Chief Executive, UHL, gave a verbal report on the current situation with the recently introduced payroll contract.

Members were informed that events over the past few weeks had caused serious concerns both to staff and the employers. In April the system operated by the newly appointed contractor in charge of the payroll failed to record ‘out of hours payments’ and some 3,500 staff employed by UHL were affected. The ‘help desk’ operated by the contractor became flooded with calls and callers could not get through. Since April the situation had improved and there were now regular daily telephone conferences at Director level and the ‘help desk’ had been improved.

It was further stated that it was also hoped to resolve all of the legacy problems caused by the previous payroll contractor and it was stated that overall this was a completely unacceptable situation for UHL, and more particularly the staff. Strenuous efforts were being made to resolve all of the outstanding issues.

Members questioned how long the contract with the current provider was, and whether there were penalty clauses that could be invoked, and also whether any investigations took place regarding the potential contractor prior to the contract being awarded.

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Trust representatives stated that the contract was for 3 years and penalty clauses had already been invoked. A number of investigations and site visits to the potential contractor had taken place prior to the contract being awarded.

Members questioned whether any help was being offered to help low paid workers who had incurred additional charges/costs as a direct result of the correct wages not being paid.

Officers stated that an internal system had been set up to pay back charges and/or costs incurred as well as action to restore credit ratings.

RESOLVED:

that a report be submitted to the next meeting on the progress made to resolve the issues with the payroll as outlined.

11. DATES OF FUTURE MEETINGS

RESOLVED:

that the dates for future meetings of the Committee for the remainder of the municipal year 2007/08, as reported and set out below, be approved: -

Monday 24th September 2007
Monday 26th November 2007
Monday 21st January 2008
Monday 31st March 2008

All meetings to start at 10.30am.

12. ANY OTHER URGENT BUSINESS

The following item was considered as a matter of urgency on the grounds that the Minutes of the previous meeting of the Committee, held on 23rd March 2007 required approval before the next meeting.

Minutes of Previous Meeting

13. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the Minutes of the meeting held on 23rd March 2007, as previously circulated, be agreed as a correct record.

14. CLOSE OF MEETING

The Chair declared the meeting closed at 12.48pm.

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