



Leicester
City Council

MINUTES OF THE MEETING OF THE
LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE

Held: MONDAY, 31 MARCH 2008 at 10.00am

P R E S E N T :

Councillor Allen (Chair)
Mr D Houseman (Vice-Chair)

Leicester City Council

Councillor Gill	Councillor Hall
Councillor Naylor	Councillor Shah (sub for Cllr Joshi)

Leicestershire County Council

Mr AD Bailey CC	Mr JG Coxon CC
Mr PA Hyde CC	Mr W Liquorish JP CC
Mr JS Moore CC	Ms B Newton CC

In Attendance

Councillor Manjula Sood (Cabinet Lead for Health and Wellbeing,
Leicester City Council)

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50. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Bhavsar, Dawood and Joshi from Leicester City Council and Councillor Golden from Rutland County Council

51. DECLARATIONS OF INTEREST

Members were asked to declare any interests they may have in the business on the agenda and/or declare that Section 106 of the Local Government Finance Act 1992 applied to them.

Councillor Hall declared a non-prejudicial personal interest as he was an

employee of University Hospitals Leicester (UHL) and was a member of UHL and Leicestershire Partnership NHS Trusts.

Mr Bailey CC and Mr Moore CC declared non-prejudicial personal interests as they had relatives who were employed by Leicestershire Partnership NHS Trust.

Ms Newton CC declared that she had a non-prejudicial personal interest as she had one son employed by Leicestershire Partnership Trust and another son employed by University Hospitals Leicester

52. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the Minutes of the meeting held on 11 February 2008, as previously circulated, be agreed as correct record, subject to the following amendments: -

Item 44, 'The engagement exercise that had already taken place was seen to be successful and gave insights from the point of view of people who would not normally engage in the pre-consultation process.'

53. PETITIONS

There were no petitions received.

54. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

In accordance with the Constitution as the questioner was not present at the meeting this was not considered

55. UNIVERSITY HOSPITALS LEICESTER ANNUAL HEALTH CHECK DECLARATION 2007/08

Sharron Hotson Acting Director of Clinical Governance and Pauline Tagg, Director of Nursing presented a report, which outlined the current position with regard to the Department of Health's annual Health Check. They gave apologies for Dr Cole, Medical Director & Acting Director of Clinical Governance for University Hospitals Leicester (UHL) who was unable to present the item as he had been called into surgery.

Sharron reported that the indication assessment suggested compliance against 42 of the 43 core standards and that insufficient assurance was found in patient privacy and confidentiality (C20b). In response to a question it was noted that C20b was insufficient, as the wards had not been maintained as single sex accommodation which is the national standard. This had been hard to achieve due ward that was used for emergencies in Neurology, which had 3 incidents of mixed accommodation. The Hospital had created a new action plan in October to help improve this, although it was a difficult requirement. Members

suggested the use of single and double rooms on the ward.

Sharron noted that Trust was compliance with the Hygiene Code, but that improvements would still be sought. A Member of the Committee expressed gratitude to the hospital Trust for the work they carried out. He expressed concern that members of the public did not use the hand gel facilities in the hospital and suggested these be made more visible. He commented that while in the hospital he had not been asked to use the gel and thought it was important for staff to remind visitors. In response Pauline reported that there was a drive to try and encourage use of the gel and trying to make the containers (which were of a national standard design) more visible.

A Member of the Committee queried information presented in the media regarding closures of maternity services. In response Pauline reported that this information had been distorted as the capacity of patients was moved between hospitals and that patients were still seen in Leicester. Additional staff were being employed into this area to enable a better service.

The Committee expressed concern over information in the media regarding the confidential payroll information being lost, which had serious implications for staff. Pauline expressed regret at what had happened, the payroll information from 5 organisations that had been handled by Capita had been found by a member of the public in Hertfordshire and handed into the police. The staff concerned and the payroll provider were informed to minimise any impact. Capita and the individual organisations were holding an investigation into what happened. The Committee were minded to comment about the sounds

Sharron and Pauline were thanked for the report and agreed to delegate the commentary to the Chair and Vice-Chair.

RESOLVED

1. That report be noted
2. That the Chair and vice-Chair submit the commentary on behalf of the Committee.

56. EAST MIDLANDS AMBULANCE SERVICE ANNUAL HEALTH CHECK DECLARATION 2007/08

Ian Donnelly, Leicestershire Divisional Manager, East Midlands Ambulance Service (EMAS) gave a presentation and submitted documentation outlining the current position with regard to the Department of Health's Annual Health Check. He reported that the annual health check was split into two sections: Quality of Services and Use of Resources. During the first year, of the Healthcare Commission and Annual Health Check, 2005/06 EMAS was rated as weak for quality of service. In the second year 2006/07 the service received full compliance on their quality of service and new targets were introduced. The 2007/08 findings were fully compliant in all 7 domains. They had appointed a full time Equality and Diversity Manager and linked into the National Pace Setters' programme. 2008/09 will be the last year of the

Healthcare Commission and the Annual Health check.

Ian reported that the views of patients, their carers and others were sought and taken into account in designing, planning, delivering and improving healthcare services. To gain the views of the hospital services the patients in Accident and Emergency were surveyed.

A Member of the Committee suggested that there be a standard format for the different Trust reports to tie in with the style of presentations, which would make it easier to follow and allow for easy comparison. In response Ian agreed to discuss this with the different Trusts and possibly introduce it in future years.

Members of the Committee expressed concern that when they visited some ambulance stations the blankets were stored out in garages which could be open to birds and vermin. Ian agreed that the current storage of the blankets was not ideal and this situation had been forced on them as a national standard for the amount of blankets that they needed to house. Due to this sudden increase there was not space for the blankets and a new storage room was being built for this purpose. Members requested that it be reported back when suitable storage was provided.

A Member of the Committee requested information on the number of incidents of MRSA and how many this had been reduced by. In addition he asked how the ambulance service identified MRSA in its patients, when they were only present for a short duration. It was reported that they were informed of any patients with it when they arrived and cases were reported back once found.

Ian informed the Committee that the new air ambulance would be in operation from 1 April 2008, which was funded through a charity.

Ian Donnelly was thanked for his presentation.

RESOLVED:

1. That the report be noted.
2. That the Chair and Vice-Chair submit the commentary on behalf of the Committee.

57. LEICESTERSHIRE PARTNERSHIP TRUST ANNUAL HEALTH CHECK DECLARATION 2007/08

Jane Hoskins, Director of Clinical Practice, Leicestershire Partnership Trust (LPT) submitted a report outlining the current position with regard to the Department of Health's Annual Health Check. She explained that they used the term 'reasonable assurance' rather than 'absolute', which was based on documentary evidence that could stand up to internal and external challenge. They were declaring compliance in most of the core standards except in appraisals and personal development plans. The Trust were unable to verify if the process was working, among other issues, to identify personal development opportunities for members from Black and Minority Ethnic groups. The Trust had agreed to the revised target of 100% of staff in work and

available to participate in appraisal/ PDP process to comply with the standard. The Senior Operational Group therefore recommended the compliance for this standard was changed to 'not met'.

A Member of the Committee queried if the low number of staff with development plans affected the care received and the incidents of infections. In response Jane assured the Committee that this system was not the only mechanism for staff training and that there was mandatory training and refresher training in place. Members expressed concern that an absence of appraisals could create low morale and high staff turn over. Jane noted that she was not aware of the exact figures for staff turn over, however she did not believe that it was especially high. Members felt that the appraisals needed to be given a high priority and in place for all staff. Jane reported that this was an issue that was taken seriously and that there would be an update report on progress in 3 months that the Committee could review.

Jane reported that there were other areas where standards were not met, including in the catering standards, which related mainly to the accessibility and the suitability of the catering standard. A Member of the Committee expressed concern that patients were not receiving the correct diet, when in a vulnerable position. In response it was noted that all the actions for this had been completed. A Member of the Committee queried if the introduction of new foods on the menu was at the expense of other dishes or was an extra cost. It was noted that the budget had been increased and this was not at the expense of other dishes.

Jane informed the Committee that the document was a draft and that there maybe changes when it was finalised on 24 April 2008.

A Member of the Committee queried why exceptions were not supplied for all areas including those that were compliant. In response Jane agreed to provide these.

The Chair thanked Jane for the report.

RESOLVED:

1. That the report be noted
2. That the Chair and vice-Chair submit the commentary on behalf of the Committee that it be suggested that an update be submitted on progress of staff training and;
3. that copies of the exceptions be provided to the committee members.

58. REPROVISION OF THE LEARNING DISABILITY NHS CAMPUS ACCOMMODATION

Malcolm Potter, Project Manager Health Homes and Supported Living, Leicester City Council, presented a report which informed the Committee on

the re-provision of the NHS Learning Disability residential campus accommodation. Leicester City Council and Leicestershire and Rutland County Councils were working in partnership to achieve the closure of NHS Campus accommodation by 2010 (Malcolm reported that people with learning difficulties should only be with the NHS if this residence could not be provided by social care). The service aimed to involve families regarding their aspirations. Members agreed that families needed to be included in the consultation.

There were two distinct project approaches to housing options for re-provision. Phase one was to source existing high quality properties located in community settings and carrying out improvements to them. The second phase was to invest in new purpose built accommodation.

A Member of the Committee queried the financial implications and requested that updates be brought to the Committee over the following two years.

The Chair enquired if the project would be completed by 2010. In response Malcolm expressed concern at the difficulties of specialised building and felt that although it might not be fully implemented the plans and finances should be in place by that time.

RESOVED:

1. that the report be noted; and
2. that the Committee suggest that updates be given on the re-provision of the learning disabilities NHS campus accommodation.

59. REFERRAL TO THE COMMITTEE BY THE UNIVERSITY HOSPITALS LEICESTER PUBLIC AND PATIENT INVOLVEMENT FORUM

The Town Clerk submitted a report which informed the Committee of a recent referral to the Joint Committee, by the University Hospital Leicester Patient and Public involvement Forum (PPIF) regarding the retirement of the former University Hospital Leicester Chief Executive

The Chair reported that the Committee did not have the same powers as the Auditor who was to complete a final report by the Autumn. He stated that the Committee should use the Auditor's report to investigate this further and did not feel it would be productive to examine the matter before the report. Members suggested that they revisit this issue following the outcomes of the Auditor's report, as more information would be available.

A Member of the Committee expressed concern over the delay and requested that a letter be sent to the University Hospital requesting this information on the retirement of the former Chief Executive. Members discussed this possibility and it was felt unlikely that the information would be obtained, however it was agreed a letter be sent requesting that the Committee be first in line to scrutinise the information.

The Chair agreed for Geoffrey Smith, Co-Chair of the PPIF to speak, on the item on the last day of the formation of the PPIF. Geoffrey commented that this was a matter of public concern and suggested that the minute of the meeting be passed to the auditor.

Geoffrey thanked the PPIF, the Committee and supporting Officers throughout the existence of the PPIF. He stated that every effort would be made to make the new patient and public involvement process successful. The Chair expressed gratitude for the work carried out by the Forum and thanked him on behalf of the Committee.

The Chair concluded that the wages in the private sector were much higher than those offered in the public sector, which increasingly needed to be competitive. He noted that there were few people with the necessary experience, which meant the public sector needed to be more competitive, however he knew it could be hard for the public to understand.

RESOLVED:

1. That the issue of the retirement of the former University Hospital Leicester Chief Executive be reviewed on the completion of the Auditors report
2. That the Committee make no further intervention in the matter at this time, but to revisit this referral when the Trust's auditors publish their Value for Money Assessment and Option in July 2008, and thereupon to scrutinise their findings in relation to the value for money of the Trust's decisions.

60. CLOSE OF MEETING

The meeting closed at 12.49am

