



Leicester
City Council

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

Held: MONDAY, 23 MARCH 2009 at 10.00am

P R E S E N T :

Councillor Allen – Chair
Mr D. W. Houseman CC – Vice Chair

Leicester City Council

Councillor Bhavasar
Councillor Hall

Councillor Dawood
Councillor Newcombe (For Cllr Sood)

Leicestershire County Council

Mr A. D. Bailey CC
Mr DW Houseman CC

Mrs JA Dickinson CC
Mr PA Hyde CC

Mrs B Newton CC

Rutland County Council

Councillor P Golden

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40. APOLOGIES FOR ABSENCE

Apologies of absence were received from Councillor Gill, Councillor Glover, Councillor Manish Sood (Leicester City Council), Mr. J. G. Coxon and Mr. W. Liquorish, (Leicestershire County Council).

41. 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 Allen declared a personal and non-prejudicial interest, as his wife was in receipt of a care package provided in the City.

Mr. A. Bailey CC declared a personal and non-prejudicial interest, as his son and daughter in law were employees of the partnership trust.

Councillor Hall declared a personal and non-prejudicial interest as he was a member of University Hospitals Leicester (UHL) and Leicestershire Partnership NHS Trusts.

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

42. MINUTES OF PREVIOUS MEETING

It was noted that in relation to minute 37. 'University Hospitals Leicester NHS Trust', two or three wards were not single sexed and not two thirds of wards as stated.

RESOLVED:

that the minutes of the meeting held on 9 February 2009 be agreed as a correct record, subject to the above amendment.

43. PETITIONS

No petitions were received.

44. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

Maternity

Michael Charlesworth was present and read out the question as outlined in the report. Malcolm Lowe-Lauri, Chief Executive of the University Hospitals of Leicester NHS Trust (UHL) responded to the question as detailed below:

Across the Country there had been an unforeseen growth in the population of people at reproduction age. This had meant that the Health Service had found it hard to sustain the demand, especially in the inner city. In Leicester there had been two occasions where the service had not been met, which had been reported in the Leicester Mercury. On one occasion there had been no space available and the lady had to go elsewhere and on the other there was a shortage of neo-natal care. The neo-natal care unit was now being improved.

It was not felt that Leicester had the same problem as elsewhere in the Country with recruiting midwives, as trainees had been appointed through De Montfort University. At the end of April it was envisioned that all thirty new posts would be filled. This would create a ratio of 1 midwife to 33 patients which was an easier work load to manage.

It was reported that as midwife shortages were a nationwide problem the Government were already aware of the situation. The Trust were also planning a new maternity system within the Next Stage Review.

It was noted that no problems with the maternity equipment had been reported previously, especially at the Royal Infirmary and that within the national survey the hospital had received good feedback.

Michael Charlesworth asked as a supplementary question if there were any shortages of staff. Malcolm Lowe-Lauri stated that once the thirty staff were in position the service would be working comfortably.

45. ANNUAL HEALTH CHECK GUIDE

Kate Owen, Members Support Officer, noted that the Annual Health Check Guide was on the agenda as information for Members to contextualise the three declarations.

46. UNIVERSITY HOSPITALS LEICESTER ANNUAL HEALTH CHECK DECLARATION 2008/09

Malcolm Lowe-Lauri, Chief Executive of the University Hospitals Leicester NHS Trust (UHL) and Sharron Hotson, Acting Director of Clinical Governance presented the University Hospitals Leicester's draft Annual Health Check Declaration for 2008/09. Sharron Hotson noted that the final version of the declaration had yet to be approved by their Board and highlighted areas that had Insufficient Assurance.

Sharron Hotson noted that additional information had been obtained for Core Standard C7e, 'challenge discrimination, promote equality and respect human rights within the organisation', and it was hoped that the position would be altered to the compliant status for the final version. In response to a question Malcolm Lowe-Lauri noted that a host of initiatives had taken place and that information could be sent to Members. In addition it was agreed that the ethnic representation of the top five percent of directors would be supplied.

Further work had also taken place around C8b, 'personal development plan (PDPs)', however a final decision was needed by the Board. A Member of the Committee queried if the figures for the PDPs could be presented quarterly with separate information for consultancy, nursing and clinical staff. Malcolm Lowe-Lauri agreed to provide this information, and noted that often problems arose when the completion of a PDP was not recorded, rather than not carried out. A Member asked if the PDPs were linked to the Trusts business plan. In response it was noted that the Trust was aiming to link the business plan with individual tasks.

Sharron Hotson reported that in relation to C20b, 'supportive of patient privacy and confidentiality', there had been a lapse within the year which had lowered the compliance level. Members requested that more information be made available. Malcolm Lowe-Lauri noted that in the three sections where there

had been cases of mixed wards Urology was the hardest to separate, as staff needed a concentrated area of patients. Some facilities had been implemented and it was hoped they would be compliant by the end of the year.

A Member of the Committee queried the compliance level of standard C4a, the reduction of acquired infections to patients. He stated that a league table showed that the UHL hospital was rated 73rd over the last 6 months with 21 cases of infection. He acknowledged that this was in comparison with acute hospitals when compared to other teaching hospitals UHL was very good. In response Malcolm Lowe-Lauri stated that as a teaching hospital UHL was rated 2nd for MRSA prevention. The hospitals had a higher percentage of patents that had a low immune system, due to the type of care available. Considerable work had been carried out since 2006 to reduce infection, as there had previously been a number of problems. It was thought that the league table averaged out the information over a long period of time and included previous figures. Malcolm Lowe-Lauri agreed to provide a written response for Members.

The Chair queried what percentage of information on patients was held by the Trust and how much was elsewhere. Malcolm agreed to provide a written answer, as there were different areas of data.

It was noted that missing numbers within the report were due to those standards being measured though a different system, which was the same for all the Trusts. It was agreed that these would be supplied to Members.

Members congratulated UHL on achieving 41 out of 44 core standards and presenting an easy to read report.

RESOLVED:

1. that the report be noted and the Committee agree to submit a commentary to the University Hospitals Leicester on their Annual Health Check Declaration.
2. that a written response be provided to the Committee on the league table position of the hospitals in relation to reduction of acquired infections to patients
3. that information on staff personal development plans be provided to the Committee on a quarterly basis, and divided into consultant, nursing and clinical staff.
4. that information on staff minority group initiatives and the ethnic representation of the top five percent of directors be provided to the Committee.
5. that the outcomes of core standards measured under a different system be provided to the Committee.

6. that the Committee be provided with a written response on the percentage of data held by the Trust.

47. LEICESTERSHIRE PARTNERSHIP TRUST ANNUAL HEALTH CHECK DECLARATION 2008/09

Leicestershire Partnership NHS Trust, submitted a general statement of compliance, draft declaration for 2008/09. Barry Day, Chief Operating Officer and Deputy Chief Executive, presented the report and noted progress had been made in the previous year.

A Member of the Committee enquired into the work carried out on the Hygiene Code, especially in relation to problems that had occurred around hand hygiene. In response it was stated that the situation on lack of hand hygiene had been resolved and that checks were carried out on the cleanliness of equipment.

It was explained that the interim staff survey had been completed and showed improvements in the working standards for staff across a number of areas. It was agreed that the results could be made available to the Committee.

A Member of the Committee queried the ongoing problems with Core Standard C8b, 'personal development plans (PDP)' and expressed concern that missed PDPs might cover a whole section. In response it was noted that PDPs were monitored for both clinical and non-clinical staff and it was agreed to supply a breakdown of staff that had completed PDPs. It was reported that CRB checks were completed as a priority, which was inspected under standard C10, for 'appropriate employee checks undertaken'.

Members asked how PDPs were used to meet standards and asked for an update on the under representation of minority groups. PDPs were used within the main work streams and work was carried out on delivering equalities.

Concern was expressed that staff turnover was high and it was queried how that compared with other organisations. Barry Day stated that this was not unusual in health organisations and that their turnover was one of the lowest in the County. They were hoping to reduce the number of unfilled posts and that information could be reported back to the Committee.

It was stated that a robust action plan was being implemented to reduce staff absences and encourage returns to work. This included communication with staff early on in the illness and a stress management action group.

Members thanked the Leicester Partnership Trust for their report.

RESOLVED:

1. that the report be noted and the Committee agree to submit a commentary to the Leicestershire Partnership Trust on their Annual Health Check Declaration.

2. that the results of the interim staff survey be made available to the Committee.
3. that the progress on reducing the number of unfilled posts be reported to the Committee.
4. that a break down of information be provided on which Personal Development Plans had been carried out.

48. EAST MIDLANDS AMBULANCE SERVICE ANNUAL HEALTH CHECK DECLARATION 2008/09

East Midlands Ambulance Service (EMAS), submitted a statement of compliance, based on their self-assessment, which was to be submitted to the Healthcare Commission as part of their Declaration. A supporting paper was distributed at the meeting, which outlined the requirements of reporting on the Annual Health Check Declaration. Karen Kanee, Governance Manager, noted that the service did not report on the food core standards.

A Member of the Committee enquired what percentage of staff had completed the hygiene training programme and if swabs were carried out on ambulance staff. Karen Kanee, agreed to provide follow-up information on the number of staff, although it was noted that all staff completed hygiene training when they joined the service. She was uncertain if swabs were used and agreed to confirm this to the Committee.

Members expressed concern that staff could face violence while working and asked what safeguards were in place. All staff received conflict resolution training and police would assist if staff were attending a known aggressive home.

Members thanked the East Midlands Ambulance Service for their report and requested that all services follow the same report format and terminology in future.

RESOLVED:

1. that the report be noted and the Committee agrees to submit a commentary to the East Midlands Ambulance Service on their Annual Health Check Declaration.
2. that information be provided on what percentage of staff have completed the hygiene training programme and if swabs are used to detect infections.

49. LEICESTER, LEICESTERSHIRE AND RUTLAND CROSS AUTHORITY STRATEGY FOR SHORT BREAK SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

The Service Director, Community Care Services, Leicester City Council, the Assistant Director, Leicestershire County Council, the Director of Inclusion and Partnerships, Leicestershire Partnership NHS Trust and the Director of Adult Social Services, Rutland County Council submitted a joint report that described the background to the development of a draft cross authority strategy for short break services for people with learning disabilities and summarised some of the main recommendations.

Malcolm Potter, Acting Head of Service, reported that there had been an agreed coordinated approach, which had resulted in the overall short break service strategy. Over the next few years there would be a more detailed consultation plan developed. It was thought that the assessment for the service would be completed within two weeks, this could then be related to user requirements.

The Chair asked what progress was taking place to identify the needs of patients and carers. Malcolm Potter stated that they were meeting with family carers at the existing level of service and had already received the results of how families felt about the overall service.

It was explained that communication difficulties with the users could often occur during the consultation, therefore work would be carried out with families to assess the wishes of the users. One particular area was work with young people to provide opportunities for their future, which allowed for more independent living.

A Member queried the timescales for assessing the need for short-term breaks and the emergency timetable. In response it was reported that there was a standard four-week package in place, however in emergencies the service was instantly put in place. Malcolm noted that there were sometimes difficulties with providing an instant service, which was one of the reasons why joined up working was needed.

The Assistant Director, Leicestershire County Council, reported that intelligence was being gathered on the increase in service users. Communication with schools was essential to identify who was entering the service.

Malcolm Potter stated that the whole service was being remodelled to enable the health care trust to meet health needs more effectively.

RESOLVED:

that the report be noted.

50. LEARNING DISABILITY SERVICES - SERVICES PROVIDED AT NO. 1 THE GRANGE - UPDATE

Leicestershire Partnership NHS Trust submitted a report, which provided an update on the future short break provision of services for people with learning disabilities, which included services that were provided at No. 1 the Grange.

Barry Day, Chief Operating Officer and Deputy Chief Executive, noted that the Partnership Trust had agreed with the Committee to delay the decision over the Grange and waited for the short break strategy for input. It had been decided that the complete re-provision would be postponed for a further three months until 30 June 2009.

Barry Day reported that the service was continuing meetings with users. The Chair stated that it was good news that consultation had been taking place, especially as users had felt stranded with the lack of communication. It was stated that there had been one to one meetings with families from all three of the care homes and it was important to address the access needs for the different service users.

A Member of the Committee asked what improvements had been carried out on the remaining homes to cater for the extra users. In response it was noted that scoping work had taken place and adjustments were being investigated.

The Chair expressed concern that the City was losing these services, as they would now be positioned in the county. He noted that there was a mixed set of challenges and it was important to address the concerns of the users. He stated that he accepted the report and would monitor the progress.

RESOLVED:

that the report be noted.

51. CHAIRS ANNOUNCEMENTS

The Chair stated that the meeting was the last to be held by the City Council for two years and would be returning to the County Council. The Committee thanked all the participants to the Committee over the two years. Mr Houseman thanked Councillor Allen for Chairing the meeting.

52. CLOSE OF MEETING

The meeting closed at 12.30pm.

