Leicester
City Council

LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

RECORD OF MEETING

Held: MONDAY, 24 SEPTEMBER 2007 at 10.30am.

P R E S E N T :

Leicester City Council

Councillor Allen (Chair)
Councillor Hall Councillor Dawood
Councillor Naylor

Leicestershire County Council

Mr D.W. Houseman CC (Vice-Chair)
Mr A.D.Bailey CC Mr J.G. Coxon CC
Mr W.Liquorish JP CC Mr J.S. Moore CC

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13. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dawood, Gill and Joshi (Leicester City Council), Mr. A. Bailey, Mr. W. Liquorish and Ms. B. Newton (Leicestershire County Council).

14. 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	-	Employee of University Hospitals Trust Leicester
Mr. J. Moore	-	His daughter was a nurse employed by the NHS.

15. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting held on 25th June 2007, as previously circulated, be agreed as a correct record.

16. MATTERS ARISING FROM THE MINUTES NOT ALREADY ON THE AGENDA

Minute 10 – Regional Payroll Contract Update

The Chair read the following statement relating to payroll services to University Hospitals of Leicester NHS Trust: -

"*Since the beginning of the new payroll contract in April this year, we have been working with Capita, the provider, to overcome problems experienced.*

Problems had included processing errors and inadequate call centre response to the volume of calls received and communications issues. In April, there were somewhere in the region of 4000 staff with payroll queries. That represents about 33% of our workforce.

In recognition of the importance of the issue, we have worked intensively with Capita, including holding multiple weekly teleconferences, one of which is attended by our Chief Executive and their Managing Director. We are working closely with them to ensure that improvement plans will be robust for the future and cover all aspects of service.

Through this work, there is now a significant reduction in the number of queries received at each payroll and the number continues to reduce. Just prior to the August monthly payroll, approximately 6% of staff had outstanding queries. So there has been significant improvement. This is still an unacceptable level however and there is still some way to go to reach a 'normal' payroll level of queries that is about 2-3%of staff.

The response time to queries arising is again improving, but we are continuing to work with Capita to address this issue with a view to expected turn around standards being achieved on most queries within the near future.

While working constructively with Capita, we continue to monitor the contract performance closely.

We are aware that there are a number of staff who remain frustrated with the length of time taken to resolve some of their queries and we are working in detail through these with Capita. We apologise, together with Capita, for these remaining frustrations, but assure staff that we continue to work intensively to resolve any outstanding issues."

Members noted the content of the statement but expressed the view that in

their opinion 2-3% of payroll queries was still felt to be too high.

Minute 9 – Healthcare Acquired Infection at University Hospitals Leicester

Pauline Tagg, Acting Chief Executive, UHL Trust, stated that UHL had secured £1.1m to purchase patient bedside equipment that had proved to be very timely, as new Government guidelines suggest that hospital patients should have their own equipment, and not share. More bed space was being created in hospitals and some areas were being converted into store areas to house linen trolleys and other large equipment.

Regarding the uniform policy in Leicester, staff were encouraged to not wear uniform to and from hospital, although some staff had to. There was no evidence to support the notion of germs/infection being transferred via uniforms. It was suggested that staff could wear their uniform under a full length coat and then go straight to work and straight home again. Hand hygiene was however important and staff used a 6-stage process before starting work. Members were informed that the number of infections in hospital were still reducing month on month with c-diff cases reduced by 65% during 2007, from 130-140 cases per month to 30-40 cases per month. MRSA cases were also down to 2-3 per month and the government targets would be met by 2008.

17. SUMMARY OF CHANGES IN INPATIENT AND DAY SERVICES DECEMBER 2005 TO OCTOBER 2007

Barry Day, Chief Operating Officer and Deputy Chief Executive of the Leicester Partnership Trust, attended the meeting and provided an update on the reasons behind the recent bed closures, the immediate impact these have had on services and how the needs of service users were being met in the community.

Members were informed that the Leicester Partnership Trust were currently undertaking a review of the in-patient service and were looking at ways to review ward rounds. The Trust were working with staff and services users and also the Trust Advisory Group (TAG), the People's Forum and the Patient and Public Involvement (PPI) Forum, keeping them aware of the Trusts activities.

Members questioned whether the Trust were moving away from acute services and concentrating more on community based services. Barry stated that the Trust were not moving away totally from acute services, as some people would always require acute care, but were gradually moving into more community based services. Members were informed that this process was being monitored on a weekly basis by the Bed Management Group and the Trusts Management teamalthough at present there was not as much input from the voluntary sector as the Trust would like. Members expressed a view that they would like to see a greater voluntary sector input in the processes outlined.

The following questions were asked and the responses outlined were given: -

1) It was stated that a lot of emphasis seemed to be placed on beds. Several members were in favour of moving patients to as near their local community as possible. No reference has been made to community staffing and the impact the changes would have on them and it was questioned whether additional staff would be put in place to absorb the extra work.

   Barry stated that caseloads had been looked at and there were skilled people in communities and they should be sharing their experiences. As far as communities were concerned it was felt by the Trust that they were well served. A process was in place whereby staff could feedback issues of concern on the new processes on a weekly basis.

   Members sought assurances that the effects on communities would continue to be monitored, together with the numbers of beds available as well as caseloads. Barry stated that this would be the case.

2) Members questioned whether the Trust were concerned, as a result of the changes outlined, that higher suicide rates could result from those people in the care of the Trust with mental health issues, as there had been an increase of suicides in the community of late.

   Barry stated that the Trust were not concerned, although there might be issues outside of the Trusts care that might lead to such incidents. The Trust should be kept aware of any issues and would be taking the necessary actions.
   Members expressed the view that any information that could be fed into the community would be appreciated.

3) Members questioned what was being done around preventative work.

   Barry stated that intervention was now taking place much earlier in the process, via the Primary Care Team and employment and leisure issues were being taken into account. The thrust of the Trust was about supporting people in the communities where they lived.

18. POST PATHWAYS SERVICE CONFIGURATION

Prior to discussion on this item the Chair read out two brief statements that related to the recent retirement of Peter Reading that conveyed the best wishes of the Chair, Vice-Chair and members of the Joint Health Overview and Scrutiny Committee.

Mandy Ashton, Director of Quality Assurance/Deputy Chief Executive, Pauline Tagg, Acting Chief Executive, and Martin Hindle, Chairman of the Leicester City NHS Primary Care Trust attended the meeting.

Members were informed that, due to greatly increased costs of some £200m,

the Pathway Project was felt by the Trust to be no longer value for money for both the Trust and the public. The options available to the Trust were to press on with the Project or to pull out, the Trust opted to pull out. Since this decision had been taken support had been received from Trust staff, doctors, nurses, unions, media and the public.

Members were informed that the Trust had £70m available to undertake post Pathway works to buildings. Work was being carried out with the Trust Board and the Facilities Team, together with colleagues in Primary Care on the Next Steps Review and to identify what work was required in the short term to buildings.

A brief presentation on the Next Steps Review was given that illustrated the principles for developing the vision through to the engagement and the consultative process.

The general principles for developing the Partnership for the next 5, 10, 15 years were outlined. The first part of the process was described in the Project structure and would comprise eight separate groups, each concentrating on a specific area of work, and each group comprising the best specialists available from within the PCT's and UHL. Each group would be responsible for the consultation process between the specialists and the public. The eight groups would report to a Project Executive that would report to the Project Board.

The engagement process would be initially in two stages. The first stage would take place between September 2007 and January 2008 and would comprise the eight groups meeting to undertake engagement and pre-visioning work. The second phase would take place between February 2008 and March 2008 and would comprise pre-consultation on the vision and values. Formal consultation would be carried out over a 12 week period between April and June 2008. Analysis of the responses and preparation of the recommendations would be carried out in July 2008.

At this point questions were invited from Members.

1) The move to community care was welcomed, together with additional funding. However there were concerns as to whether adequate skills were in place across the community.

   Assurances were sought that sufficient time and funding would be allocated to ensure that the necessary skills were in place in the community to ensure that the required levels of care could be given. It was essential that Leicester had excellent acute care facilities.

   Mandy Ashton stated that currently excellent facilities within the City had been provided, or were being provided, as part of the Local Investment Finance Trust (LIFT) project. Within the County hospital establishments existed that were well equipped to take services from UHL. Regarding available skills, this was subject to legislation and training had been put in place. As an example there used to be 4 Community Matrons, now

there were 21. There was also talk of skilled nurses going out into the community to train community nurses, brought about because, over time, hospitals would downsize with fewer staff and beds being required.

Martin Hindle stated that he was aware of the short term issues and of the shrinking of hospitals, however UHL would continue to provide terciary and appropriate care. UHL were developing centres of excellence, the basis for which were already in place. UHL were to ensure that the hospitals it was providing were the best available for the people across Leicestershire, Leicester and Rutland.

2) It was stated that it seemed as if the point had been reached whereby something had to be done and there was talk of involving a wide sector of the community. From an elected member point of view the electorate were at the point of losing confidence regarding health provision locally. To restore this confidence a lot of detail needed to be provided on the proposals being outlined. Staffing of certain existing hospitals was also an area of concern, with part of the facility at Hinckley being closed for some time.

   Mandy Ashton stated that she sympathised with the comments and stated that timescales were terribly short. A lot of the detail was already in place from the previous several years of consultations. Currently the Mental Health Review and the Community Hospitals Review were moving on swiftly and the Out of Hours Service Review was also progressing. From frequent travel on public transport it was apparent from comments overheard that UHL faced a lot of work to rebuild confidence. By getting the Partnership and the Leadership right and also the commitment of where UHL wanted to go would form the basis of restoring confidence.

   Martin Hindle stated that regarding integrated care, eight areas had been outlined earlier and consultants had been moved into these areas to provide clinician input. UHL were anxious to move forward on obtaining Foundation Trust status which would bring greater freedoms.

3) It was stated that there were currently some very good practices being carried out within communities and assurances were sought that UHL would be building on these.
   Mandy Ashton stated that there were indeed a number of examples of good practice in the community. Who was to provide care had yet to be determined but there was a need to get the specification and pathways right before services were commissioned.

On behalf of the Patient and Public Involvement Forum (PPIF) –UHL Trust, it was stated that it was important that comments were received and it was apparent that the public were fed up with the divisions in the service and of the loss of confidence. The Forum would next meet on 19th October 2007. What was causing most concern at the present time was the ‘Darzy’ review of hospitals and of the questions being asked as to why this area of the East

Midlands had 3 major hospitals plus the facilities at Derby and Nottingham. It was felt that it was time for the local authorities in this area to lobby the Strategic Health Authority stating in the strongest possible terms the requirement for top class hospitals in this area.

Martin Hindle stated that he had spoken with Prof. Darzy and outlined the aims of UHL and of the liaison and co-operation with other major hospitals in the area.

In concluding the Committee stressed that health was very important to the people of Leicestershire, Leicester and Rutland and expressed the view that they would welcome the recommendations from UHL in July 2008 and urged UHL to work to bring back the faith of the public that had been lost.

19. RELOCATION OF THE COUNTY AIR AMBULANCE SERVICE

Members received an update on the current position regarding the air ambulance service to Leicestershire, Leicester and Rutland.

Members were informed that the current East Midlands Airport base was not ideal from the point of view of the increases in aircraft activity at the airport and which often led to delays in the air ambulance taking off.

The air ambulance was provided by registered charities and these had recently met to decide the future provision. One of the charities however had not been quorate and therefore a decision was still awaited.

Assurances were given that the levels of air ambulance cover would not be reduced, but rather an enhanced level of cover would be provided.

Members noted the current position.

20. DATE OF NEXT MEETING

It was noted that the previously agreed date for the next meeting of the Scrutiny Committee on Monday 26th November was not convenient for some members. It was therefore agreed that a revised date would be circulated.

21. CLOSE OF MEETING

The Chair declared the meeting closed at 12.18pm.