



Leicester
City Council

MINUTE EXTRACT

Minutes of the Meeting of the HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: WEDNESDAY, 25 MARCH 2015 at 5:30 pm

P R E S E N T :

Councillor Cooke (Chair) Councillor Cutkelvin (Vice Chair)

Councillor Chaplin

Councillor Sangster

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103. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bajaj, Glover and Singh.

108. IMPROVEMENTS TO INTENSIVE CARE PROVISION

Kate Shields, Director of Strategy University Hospitals of Leicester NHS Trust (UHL) attended the meeting to discuss the issue of the future provision of Intensive Care Units (ICUs) at UHL. A background briefing paper was circulated at the meeting and a copy is attached to these minutes.

Before considering the briefing paper, the Chair circulated an extract from the 'Guidance to support Local Authorities and their partners to deliver effective health scrutiny, published in June 2014'. This is reproduced below:-

Local Authority Health Scrutiny - Extract from page 24 & 25

4.5 When consultation is not required

4.5.1 The Regulations set out certain proposals on which consultation with health scrutiny is not required.

These are:

- a) Where the relevant NHS body or health service commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff (this might for example cover the situation where a ward needs to close immediately because of a viral outbreak) – in such cases the NHS body or health service provider must notify the local authority that consultation will not take place and the reason for this.
- b) Where there is a proposal to establish or dissolve or vary the constitution of a CCG or establish or dissolve an NHS trust, unless the proposal involves a substantial development or variation.
- c) Where proposals are part of a trusts special administrator's report or draft report (i.e. when a trust has financial difficulties and is being run by an administration put in place by the Secretary of State) – these are required to be the subject of a separate 30-day community-wide consultation.

Following consideration of the guidance, the Chair commented that the Commission's role was not to approve the proposals, but to understand them and to fulfil their obligations under the guidance, particularly those relating to paragraph a) above.

The briefing paper outlined the proposal to reduce the current three ICUs at each of the three hospital sites into two 'super' ICUs at the Royal Infirmary and Glenfield Hospital. There was not enough capacity at the Royal Infirmary and Glenfield Hospital to provide level 3 care, whilst there was over capacity at the General Hospital. Difficulties in recruiting staff for level 3 care had been difficult as the trust was no longer able to provide training and the volume and mix of cases at each site was not attractive to potential staff. In addition, 3 consultants had given notice to retire in the near future. The details of the proposal were being subjected to external review to validate that the proposal was safe and sustainable. It was intended to have the two level 3 care units in place by December 2015. The General Hospital would become a High Dependency Unit providing a higher level of care than a ward but not as specialised as a level 3 care ward (ICU).

In response to members' questions the following responses were noted:-

- a) Transport arrangements would be put in place to ensure that any patient requiring level 3 support on the three hospital sites would have access to them.
- b) A plan would be required to ensure that the level 2 care facility at the General Hospital could be maintained in the future.
- c) It was estimated that there would be 150 bed activity at the Royal Infirmary and Glenfield Hospital and this was currently undergoing a "confirm and challenge" process.

- d) Plans were also being currently developed to free up surgical beds through efficiency measures. This included day case patients not being admitted before operations and being discharged earlier. Discussions were also taking place with Leicestershire Partnership Trust as part of the process of freeing up surgical bed availability.
- e) The proposal was not associated with delivering the Better Care Together Programme, but was concerned with continuing to provide a service. A level 3 care ward was necessary to support multiple organ support and ventilation and, if this level of ICU was not available, then surgical operations involving renal care, kidney transplants, gall bladder and liver conditions would need to cease shortly after December 2015. Whilst the current proposal may not be ideal, it was nevertheless considered safe and sustainable for the foreseeable future.
- f) There would be 2 units of 6 beds close to each other at the Royal Infirmary.

RESOLVED:

- 1) That it be noted that the University Hospitals of Leicester NHS Trust (UHL) had determined that it was necessary to proceed with the proposal without engaging in a full public consultation exercise, as they felt this was in the best interests of patients in order to provide ICU facilities after December 2015.
- 2) That UHL continue to present periodic updates on the progress with the proposal and the consequence of the changes.