

MINUTE EXTRACT



Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 25 February 2015.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. J. A. Dickinson CC
Dr. T. Eynon CC
Dr. R. K. A. Feltham CC
Mr. W. Liquorish JP CC

Mr. J. Miah CC
Mr. M. T. Mullaney CC
Mr. J. P. O'Shea CC
Mr. R. J. Shepherd CC

In attendance

Mr E F White CC, Cabinet Lead Member for Health
Rick Moore, Chairman of Healthwatch Leicestershire
Kate Allardyce, Performance Manager, GEM Commissioning Support Unit (minute 67)
Kate Shields, Director of Strategy, UHL (minute 69)
Mary Barber, Better Care Together Programme Director (minute 70)

69. The Future of Intensive Care at University Hospitals of Leicester.

The Committee considered a report from the University Hospitals of Leicester NHS Trust (UHL) which set out plans for all level three intensive care services to be provided by the Leicester Royal Infirmary and Glenfield Hospital and for intensive care at the General Hospital to become a High Dependency Unit (level two service). A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Chairman welcomed Kate Shields, Director of Strategy at UHL, to the meeting for this item.

Arising from discussion the following points were raised:-

- (i) The development of a regional intensive care transport service would build on the extracorporeal membrane oxygenation (ECMO) service at the Glenfield Hospital.
- (ii) It was not expected that the overall number of intensive care beds would need to increase.
- (iii) It was hoped that the Glenfield Hospital would become a centre of excellence for cardiac, vascular, thoracic and respiratory services. The intensive care unit would therefore be focused on this cohort of patients whereas the unit at the Leicester Royal Infirmary would respond to issues arising from acute hospital presentations.

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RESOLVED:

- (a) That the future of Intensive Care Services, as aligned to the blueprint for Health and Social Care in Leicestershire, Leicester and Rutland 2014-19 be noted;
- (b) That this Committee is of the view that the proposals to consolidate level 3 Intensive Care Services at the Leicester Royal Infirmary and the Glenfield Hospital are significant and as such constitute a 'substantial variation' which would normally need to be the subject of formal consultation;
- (c) That this Committee, having considered the outline of the proposals set out in (a) above is of the view that such changes would, if fully implemented as described, improve patient experiences and outcomes and, in view of this, agrees that it would not be in the interest of people of Leicestershire for it to insist upon formal consultation as this would divert resources away from the project team charged with the delivery of these necessary changes, therefore waives its right to be formally consulted on condition that the UHL Trust undertakes to:-
 - (i) provide the Committee with a detailed project plan for the relocation of services;
 - (ii) provide regular updates on the progress of works and any variations to the plans; and
 - (iii) to meet with the Committee or its representatives if there are any concerns raised by members of the Committee about the implementation of the proposals.