

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE
13 September 2016 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor J Bosnjak
Councillor R Butler
Councillor J Clarke
Councillor C Harwood
Councillor J Handley
Councillor J Williams
Councillor L Yates

Nottingham City Councillors

Councillor A Peach (Vice- Chair)
A Councillor M Bryan
Councillor E Campbell
Councillor C Jones
Councillor G Klein
Councillor B Parbutt
A Councillor C Tansley
A Councillor M Watson

Officers

David Ebbage - Nottinghamshire County Council
Jane Garrard - Nottingham City Council
Martin Gately - Nottinghamshire County Council

Also In Attendance

Officers

Miriam Duffy - Nottingham University Hospitals
Dr Stephen Fowlie - Nottingham University Hospitals
Martin Gawith - Healthwatch, Nottingham
Caroline Shaw - Nottingham University Hospitals

MINUTES

The minutes of the last meeting held on 12 July 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES

Apologies were received from Councillor Watson.

MEMBERSHIP

It was noted that Councillor Liz Yates had replaced Councillor Kay Cutts for this meeting only.

DECLARATIONS OF INTEREST

Councillor Brian Parbutt declared a non-pecuniary interest in Agenda Item 4 – Environment, Waste and Cleanliness at Nottingham University Hospitals as he is employed by UNISON who are mentioned in the report itself.

Jane Garrard declared a private interest on Agenda Item 6 – Future of Congenital Heart Services.

ENVIRONMENT, WASTE AND CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS

Dr Stephen Fowlie gave a presentation on the latest data on Environment, Waste and Cleanliness at Nottingham University Hospitals (NUH).

During discussion the following points were raised:

- Carillion are currently on a 5 year contract (with an option to extend by 3 years subject to satisfactory performance) which commenced in September 2014. Towards the end of 2015, the level of cleanliness was seemed satisfactory after recent CQC inspections. In early 2016 is where cleanliness audits (internal & external) showed deterioration after spell of improvement. The Trust Board in Spring 2016 informed Carillion that rapid improvements were required.
- At present, the Trust is in regular contact with Carillion at regional and national level. National leadership have been invited to the Trust Board meetings on a monthly basis. An action plan has been implemented, more staff have been recruited, increased cleanliness audit standard from 90% to 95% in high risk areas, roles and responsibilities have been redefined for employees and methodology for measuring performance have also been strengthened.
- It reported that there had been no general increase in infections over the period standards of cleanliness have deteriorated, the Trust are determined standards will improve.
- The contract does include financial sanctions for not supplying the correct standards of cleanliness. The contract monitoring team have been more engaged that the Trust would have liked due to the recent issue. Nursing staff's involvement also, due to their own inspections once the cleaning had taken place, taking vital time out of their working day.
- The cost of all of this is still being established but the Trust are hoping to be able to put a figure on the expenditure as soon as possible, alternative providers have been considered at the Trust Board.

- Members were concerned that there has been no evidence that the in-house cleaning is better than out of house cleaning and for the past 2 years, comes down to staff not being managed properly. The Trust realises that it has the ability to hold Carillion to fault. The action plan includes specific and demanding requirements to deliver a number of suitably trained staff and supervisors at the Trust to deliver the correct level of cleanliness. The trust believes Carillion's biggest problem is a shortage of about 70 cleaning staff.
- The PLACE results within the presentation, the difference with Privacy, Dignity and Wellbeing is purely down to the infrastructure of the City Hospital, the way rooms are laid out and not having as many as Queens Medical Centre. The Trust will always struggle to improve on those scores as the building is in a different state.
- Members were concerned with the length of time the Trust will give Carillion to improve performance. The Trust reassured Members that they will see an improvement in cleanliness within a reasonable timescale.
- Carillion do hold contracts with other healthcare providers and in other domains. They believe the other providers have also had problems.

The chairman requested NUH to return in 3 months' time with a further update on progress with Carillion.

RESOLVED to agree that

That the Joint City and County Health Scrutiny Committee considered and commented on the information provided.

DEFENCE AND NATIONAL REHABILITATION CENTRE (STANFORD HALL)

Miriam Duffy, Clinical Lead Rehabilitation at NUH gave Members a short presentation on the major trauma centre in Nottingham and the plans for the new Defence and National Rehabilitation Centre at Stanford Hall.

During discussion the following points were raised:

- The major trauma centre in Nottingham is the busiest in the Country which has cared for over 5,400 patients since April 2012.
- The centre have saved 350 unexpected survivors, meaning without the specialist care and equipment in which the centre has, those 350 would have died of their injuries.
- The most common cause of injury or trauma is related to a fall less than 2 metres high. The second most common being road traffic collisions.
- There has been an increase in the number of stabbing related cases, recent findings show that these patients had already been treated in the past for other injuries. The Trust is working with Police and a youth crime charity to help prevent this happening in the future and to figure out why it is occurring.

- With regards to rehabilitation, to improve quality of life after treatment is crucial. To maximise potential for physical, social, vocational and psychological independence for each patient who is treated within the centre.
- The new Defence and National Rehabilitation Centre (DNRC) is currently being constructed in the grounds of Stanford Hall on the Nottinghamshire-Leicestershire border at a cost of £300 million, and is due to open in 2018. The centre will replace the outdated Headley Court in Surrey, where patients are currently treated.
- The late Duke of Westminster wanted to leave a legacy behind to the military with a new hospital, £300m has been raised to help build this new facility. The building work to this day is still on schedule.
- More patients returning to work (just 28% of major trauma patients get back to full employment and a further 39% partially return to work after 6 months)
- Huge opportunity and attraction for job opportunities, will certainly get internationally interest for posts at the facility.
- Members queried whether patients would go straight to Stanford Hall from being injured. Patients will firstly go to their closest major trauma centre where they will be surgically complete before being transferred.

RESOLVED to

That the Joint City and County Health Scrutiny Committee considered and commented on the information provided.

FUTURE OF CONGENITAL HEART DISEASE SERVICES

In July NHS England made an announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital in Leicester.

Specifically, the changes directly relevant to residents in Nottingham and Nottinghamshire were:-

- The transfer of congenital heart disease surgical and interventional cardiology services from Glenfield to appropriate alternative hospitals
- That NUH cease occasional and isolated specialist medical practices, with services transferred to other appropriate providers.

Commissioners are expected to carry out public consultation prior to taking action or reconfigure or close a major service. Consultation and engagement was carried out in relation to the development of the new standards and specifications; it is unclear from NHS England's announcement in July and their website what intentions are in relation to consultation on specific service changes, such as those at Glenfield.

Members all agreed that there were no details of this consultation process or who they consulted with. Members were unable to come to an opinion until further detail was given to them.

The Chairman requested NHS England attended a future Committee for Members to raise their concerns and to ask them any questions they had.

WORK PROGRAMME

Committee requested that reports on the following subjects be brought to future meetings:

- Strategic health plans for the south of the County.
- Future of Congenital Heart Disease service

Oak Field School

Lead officers met with providers and commissioners. The change to running provision affects all special schools. Nurses will in future 'follow the child' rather than be located within school. This change will be fully implemented by January.

RESOLVED to note the contents of the work programme and suggested updates.

The meeting closed at 12.00pm.

Chairman