

## **MINUTES**

### **JOINT HEALTH SCRUTINY COMMITTEE**

**13 December 2016 at 10.15am**

#### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor Joyce Bosnjak  
Councillor Kay Cutts MBE  
Councillor Richard Butler  
Councillor John Clarke  
Councillor John Handley  
Councillor Colleen Harwood  
Councillor Jacky Williams

#### **Nottingham City Councillors**

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

#### **Officers**

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

#### **Also in attendance**

#### **Officers**

Dr Ken Deacon - Medical Director, North Midlands, NHS England  
Dr Stephen Fowlie- Deputy Chief Executive, NUH  
David Pearson - STP Lead  
Andy Haynes - Sherwood Forest Hospital Trust

## **MINUTES**

The minutes of the last meeting held on 8th November 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**

There were no membership changes for this meeting.

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **ENVIRONMENT, WASTE AND CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS**

Dr Stephen Fowlie, Medical Director Head of Clinical gave a short presentation introducing the latest data on Environment, Waste and Cleanliness at Nottingham University Hospitals (NUH).

During his presentation, he raised the following points:-

- In October 2016 an independent cleaning assessment concluded that the standards achieved by Carillion were unacceptable.
- The Contract Management Team oversaw the contract, but it had proved extremely difficult to obtain from Carillion the standards set out within the original contract.
- The NUH Board had required significant improvements in standards from Carillion, but these had not been delivered on. Both NUH and Carillion are jointly exploring a managed exit from the contract.
- Currently, staff remain employed by Carillion until further arrangements are agreed which is likely to be around January 2017.
- NUH are doing a great deal to promote a more smoke free environment around the hospital. Staff are advised not to smoke in uniforms, on the spot fines are being handed out for littering of cigarettes, new advice cards are available at hospital entrances and also new signage. Patients are also being asked to smoke away from entrances to the hospital.
- Planning approval has been granted for a platform to the hospital bridge to be built, this will be open in summer 2017.
- NUH are limiting patient movement between wards from 10pm and each patient is given ear plugs to help with the noise level. There is a renewed focus from reducing 'noise at night' to 'quieter wards' all times of the day.

During discussion and answering questions, the following points were raised:

- A staged process negotiation is currently taking place with Carillon, NUH are developing plans to rescue back services and staff which will allow them to make improvements.
- The supervision of cleaning staff was not at the standard the Trust expected and required. Systems are still in place for staff to report concerns in the usual way.
- NUH will look how staff can be better supported when they are back in the employment of the Trust. They will also examine how the contract is designed and written, and what standards of cleanliness are expected. The board do not want to find the Trust in this position again.
- The new smoking policy is in place; staff must not smoke around the hospital building, and must not to assist patients who request to be taken outside for a cigarette.

The Chair thanked Dr Fowlie for his attendance.

#### **RESOLVED:**

That the issue be brought back to the committee for an update in 3 months' time.

#### **DAYBROOK DENTAL PRACTICE REPORT FINDINGS**

Dr Ken Deacon, Medical Director, NHS England North Midlands introduced a briefing on the findings of the report examining breaches of infection control procedures at Daybrook Dental Practice by Mr Desmond D'Mello.

During discussion the following points were raised:

- Dr D'Mello was suspended from the Dental Performers List in June 2014, when the allegations from the whistleblower were confirmed. He then was suspended by the General Dental Council in August 2014, this action prevented him from working as an NHS or private dentist.
- Removed from the Dental Performers list by NHS England in September 2015, erased from the dental register by the GDC in August 2016. The GDC also found significant failings and misconduct on the part of a dental nurse who worked at the practice.
- Dr D'Mello had a fairly big contract, he had 20<sup>th</sup> biggest out of 90 contracts, bigger the contract, the more hours are worked.
- Testing of D'Mello patients (as part of the largest patient recall in NHS history) resulted in no newly diagnosed cases of Hepatitis B or HIV. There were 5 newly diagnosed cases of Hepatitis C, which is congruent with testing a similarly sized random sample of the population.
- Both NHS England and the CQC inspected the practice, Dr D'Mello was able to demonstrate understanding of and ability to comply with the relevant infection

control standards. He understood what was required of a good dentist, but wilfully chose not to operate to proper standards unless he was under direct observation.

- A number of changes have been made to prevent such events happening again. The CQC have increased the clinical input into their inspections, there is always a dentist as part of the inspection team. All complaints about doctors and dentists are subject to impartial clinical review.
- The dental nurse was aware that what she was doing was unacceptable, and was complicit in the delivery and concealment of poor practice. In her evidence to the GDC, she reported that Dr D'Mello deliberately suspended cross-infection procedures. She decided not to report this as she considered her responsibility to her employer outweighed that to her patients.
- The GDC have now stopped D'Mello from working as a dentist in the UK.
- The whole process from allegations through to him being removed has taken over two years.

The Chair thanked Dr Deacon for his attendance.

## **SUSTAINABILITY AND TRANSFORMATION PLAN**

David Pearson, Sustainability and Transformation Plan Lead and Andy Haynes, Sherwood Forest Medical Director introduced the Sustainability and Transformation Plan to the Committee.

During discussion, the following points were raised:-

- The draft plan which was submitted to NHS England on 21<sup>st</sup> October 2016 is a reflection on local organisations' current thinking about what needs to be done to improve health and wellbeing, the quality of care and local services, and address the financial challenge.
- STPs will drive a genuine and sustainable transformation in health and care outcomes over the next five years and help accelerate the implementation of the NHS Five Year Forward View locally.
- The STP for Nottingham and Nottinghamshire addressed how organisations will close the 'three gaps' identified in the NHS Five Year Forward View - the future vision for the NHS and social care – which related to health and wellbeing, care and quality, and finance and efficiency.
- Following publication of the draft plan, the STP partner organisations are keen to hear feedback on the draft plan as a general direction of travel for health and care services across Nottingham and Nottinghamshire. There will be further statutory consultation on specific service changes as required.
- The consultation period had been extended to February to allow more time for feedback to be submitted. 7 public meetings are being organised around Clinical Commissioning Group areas, with Healthwatch facilitating a public

conversation. Existing consultation and engagement mechanisms will also be used to engage with specific groups, and requests to speak with specific sections of the population, for example the voluntary sector are being responded to. A public report will be produced detailing the consultation findings.

- It is important that the Plan has democratic engagement and oversight from local politicians and the Joint Health Scrutiny Committee.
- Governance proposals are currently being developed and should be able to be shared by January 2017.
- 2017/18 is going to be the most challenging year financially and they will work to ensure that responsibilities are clear and there is sufficient capacity in the right place to support delivery of the plans at sufficient pace. As a system they have £314m to save next year.
- The STP does not need to be agreed by government, they are entitled to comment but the statutory partners will need to approve it via their own governance processes.
- Further work needs to take place on assessing equality implications.
- Members requested for the STP leadership to come back with their governance proposals as soon as they are available, to help the Committee in deciding on its role in relation to the Plan; and also findings from the current engagement exercise with details of if/how the Plan is developing to take the feedback received into account.

#### **RESOLVED:**

That STP governance arrangements be brought back to the Joint Health Committee as soon as they are available.

The Chair thanked David Pearson and Andy Haynes for their attendance.

#### **WORK PROGRAMME**

In relation to Congenital Heart Disease Services, the consultation pre engagement phase has now been announced so NHS England will be invited to attend either the February or March meeting.

The Care Quality Commission have recently had an unannounced inspection of Urgent and Emergency Care at NUH, when the results are known the Joint Health Committee will schedule consideration of any actions by NUH which arise from the inspection.

The meeting closed at 12.34pm.

Chairman