

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 10 November 2015 from 10.15 - 11.55

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Pauline Allan
Councillor Merlita Bryan
Councillor Richard Butler
Councillor John Clarke
Councillor Mrs Kay Cutts MBE (left after item 6)
Councillor John Handley
Councillor Stan Heptinstall MBE
Councillor Carole-Ann Jones
Councillor Anne Peach

Absent

Councillor Ilyas Aziz
Councillor Eunice Campbell
Councillor Colleen Harwood
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Jacky Williams

Colleagues, partners and others in attendance:

Vicky Bailey	-	Rushcliffe CCG
Lisa Carroll	-	Circle
Dr Stephen Fowlie	-	Nottingham University Hospitals
Martin Gately	-	Lead Scrutiny Officer
Peter Homa	-	Nottingham University Hospitals
Owen Jones	-	NHS England
Dr Guy Mansford	-	Nottingham West CCG
Christine Richardson	-	NHS England
Clare Routledge	-	Health Scrutiny Lead
Helen Tait	-	Circle
Dr John Wallace	-	Nottinghamshire Healthcare
James Welbourn	-	Governance Officer

34 APOLOGIES FOR ABSENCE

Councillor Ilyas Aziz
Councillor Eunice Campbell
Councillor Colleen Harwood
Councillor Chris Tansley
Councillor Jacky Williams (sent substitute)

35 DECLARATIONS OF INTERESTS

None.

36 MINUTES

The minutes of the meeting held on 13 October 2015 were confirmed and signed by the chair.

37 NOTTINGHAM UNIVERSITY HOSPITALS ENVIRONMENT, WASTE AND CLEANLINESS UPDATE

Dr Stephen Fowlie, Medical Director and Deputy Chief Executive at Nottingham University Hospitals (NUH) presented an Environment, Waste and Cleanliness update, highlighting the following points:

- (a) between 15-18 September, there was a planned Care Quality Commission (CQC) visit to NUH, following a previous inspection that took place 18 months before. Following the planned inspection, there was an unannounced visit on 28th September, which garnered complimentary feedback. The CQC rating was expected in December, but no major issues of concern had been raised;
- (b) Patient-led Assessments of Care Environment (PLACE) scores relating to the environment including cleanliness, food, privacy, dignity and wellbeing were slightly better in 2015 than in 2014. At Queen's Medical Centre (QMC), the dementia PLACE score is currently below the national average, due to the facility not being well suited to patients living with dementia. Work is progressing to improve the environment for patients living with dementia;
- (c) there is now a dedicated decant ward at QMC. Between ten and twelve wards will be deep cleaned and decontaminated by Christmas 2015. There was no increase in CDiff cases over the summer when cleanliness issues were raised over the summer;
- (d) where possible NUH signposts both patients and staff to Smoking Cessation Services and there is focussed targeting of parents of children in hospital. Visitors are encouraged not to smoke at entrances and an enhanced cleaning programme is underway but there is still a way to go to resolve this matter;

Disciplinary measures have been taken against some NUH staff;

The existing smoking policy is being reviewed, including the use of e-cigarettes (hospital policy currently does not include e-cigarettes). Work is also underway with Nottingham City Council to explore the issuing of fines;

A patient led social media campaign has been highly effective in asking visitors not to smoke;

- (e) behavioural disturbance at night can feature as part of some patient's condition and is unavoidable. However, staff are trying to reduce the number of call bells and buzzers on the wards, and have asked families, carers and other staff to refrain from using electronic devices at night.

There has been a reduction in noise levels generated by bin collection, but there is still further work to do in this area.

Following questions from Councillors and attendees, the following points were discussed:

- (f) the number of staff employed within the cleaning service has increased since Carillion took over the contract. A significant improvement plan has been undertaken including specific cleaning training within the team and cleaning supervisors spending more time on wards;
- (g) CQC's 'unannounced inspection' is part of the CQC methodology, so organisations are prepared and gear up for this. NUH was notified ten working days prior to the visit and were informed that inspectors could potentially visit out of hours services, including weekends and/or during the night. Peter Homa confirmed that CQC inspectors speak to 1000's of patients during their visits;
- (h) PLACE scores do not include external quality assurance so it is very difficult to compare performance;
- (i) a new meal ordering system is resulting in less food waste. Previously, 24-25% of food taken to wards was wasted due to over-ordering. Now, the smart system takes the meal order from the patient 2 hours in advance of food delivery.

This service has been implemented across both campuses in Nottingham. Food waste is now down to 5%;

- (j) there is a close relationship between NUH food assistants and patients and there has been positive feedback on the new ordering system. A Gold Standard Award has been achieved for food produced at the City Campus;
- (k) work on Biofuel from waste food is ongoing, and should be completed by the end of the year;
- (l) cleaning arrangements and services are now more demanding than the previous in-house system;
- (m) there are currently twelve different service lines to the Carillion contract so negotiations are very complex. It was acknowledged there have been some issues to address in the first year of the Carillion contract but work is underway to resolve these;
- (n) response time for cleaning up spills, and dealing with areas exposed when furniture is moved, as well as other reactive circumstances is monitored and addressed through auditing;
- (o) NUH is very aware that responsive cleaning needs to be robust. Coffee spillage is problematic at the QMC site. There is a 24 hour helpdesk for all NUH Estates located on the City Campus;

- (p) staff suspected to be under the influence of alcohol can be tested in association with Trade Unions. Carillion has a Drugs and Alcohol Policy in place;
- (q) there has been an increased robustness of how staff are challenged about smoking. However, many staff work 12 hour shifts, which can be a long time for a smoker to be without a cigarette;
- (r) although there is a certain satisfaction that decontamination can control cdiff, it is still vitally important to track each case very carefully. There are weekly meetings held, but by and large, cdiff cases are relatively low and were under trajectory in the last quarter at NUH;
- (s) there is a consistent approach to sharps waste across QMC and City campuses. Recycle bins are now replaced more effectively, and where a new arrangement is piloted it generally operates on one site prior to being rolled out across the Trust;
- (t) NUH encourages and facilitates where possible for carers/family members of dementia patients to stay overnight.

RESOLVED to:

- (1) note the update;**
- (2) ask NUH to return in August 2016 for a further update.**
- (3) request that NUH provide the Committee of numbers of children in hospital known to have parents that smoke;**

38 RAMPTON SECURE HOSPITAL VARIATIONS OF SERVICE

Christine Richardson, and John Wallace, presented the report on The Decommissioning of the Dangerous and Severe Personality Disorder Service (DSPD) at Rampton Hospital, highlighting the following points:

- (a) the facility at Rampton currently has capacity for 115 patients,, currently there are 100 patients in beds;
- (b) NHS England is running a modelling tool which has been developed by Nottingham University and which should be completed by December 2015.

It is currently forecast that Rampton will close a ward by October 2017.

- (c) there is a guiding principle regarding the patients interests. If a patient thinks that something is awry in the way they are being treated, their advocates and solicitors will be consulted;
- (d) Rampton is a top-level secure hospital. The main routes in are through the courts system, or admission from a lower level security hospital. On discharge, the patient would move back down the system, or alternatively, back through the prison service if that was their route in. Very occasionally,

high security hospitals might transfer patients (if there has been collusion for example).

RESOLVED to:

- (1) note the report;**
- (2) arrange a visit to the facility for interested members before the next presentation at this Committee. To be organised through Martin Gately;**
- (3) come back with a detailed presentation in February.**

39 DERMATOLOGY ACTION PLAN

Vicky Bailey, Chief Executive of Rushcliffe Clinical Commissioning Group (CCG), introduced the Dermatology Action Plan monitoring report. The following points were highlighted:

- (a) local health partners continue to collaborate, and the structures in process around dermatology are constantly fine-tuned. An audit from NUH predicted small transfers of patients to Leicester, and this is what is being seen;
- (b) national training places of Dermatologists will not be growing in the medium term, so Dermatologists will need to be attracted to Nottingham from other areas;
- (c) work is ongoing to protect the existing Paediatric Dermatology Service;

Following questions from members, the following points were highlighted:

- (d) from an adult service perspective, waiting times naturally increase over the summer period. Currently, the wait is around 3 months for a general appointment. All CCGs are now engaged in Tele Dermatology with 70% of patients remaining in primary care. 22% of patients have been converted to a two week wait;
- (e) patient experience and feedback seems to be consistently high;
- (f) 1 consultant has been attracted to Nottingham. In addition to this, 5 training grades to work across the region have also been approved;
- (g) Healthwatch reported that it had attended a one off Dermatology Action Group involving patients; a Memorandum of Understanding between organisations has been developed and monthly meetings are taking place to discuss progress, but this may not continue if no new Dermatologists can be recruited.

RESOLVED to:

- (1) ask a further report to come back to the Committee in five months' time;**

- (2) **write to the Secretary of State as a Committee highlighting concerns regarding the demise of Dermatology services in Nottingham.**

40 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

The Committee considered the report of the Head of Democratic Services regarding the Committee's work programme for 2015/16.

- (a) Rampton Secure Hospital Variations of Service presentation to be delivered to the Committee in February 2016;
- (b) Long Term Neurology Conditions item will be deferred to March 2016;
- (c) An update on the Dermatology Action Plan will be presented to the Committee in April 2016.

RESOLVED to note the Work Programme, subject to the addition of the above items.