SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 29 JANUARY 2015

Present: Councillors Stevens (Chair), Bogle, Mintoff, Noon, Parnell and Painton

Apologies: Councillors White and Claisse

28. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

Apologies were received from Councillor Claisse and it was noted that following receipt of the temporary resignation of Councillor White from the Panel, the Head of Legal and Democratic Services, acting under delegated powers, had appointed Councillor Painton to replace them for the purposes of this meeting.

29. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

The Panel noted that Councillor Bogle was an appointed representative of the Council as a Governor of the University Hospital Southampton NHS foundation Trust and that Councillor Noon worked for a care provider.

30. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes for the Panel meeting on 27th November 2014 be approved and signed as a correct record.

31. **SOUTHAMPTON WHOLE SYSTEM WINTER PLAN AND EMERGENCY DEPARTMENT PERFORMANCE**

The Panel considered the report of the Chief Executive of the University Hospital Trust detailing the performance of the Emergency Department and the winter plan.

The Director of Transformation at the University Hospital Southampton Trust (UHS), Director, People (SCC) and Chief Officer of the Southampton City Clinical Commissioning Group were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel acknowledged that nationally the issue of performance against emergency department targets had received a substantial amount of press coverage recently. It was explained to the Panel that the issue was a top priority for all of the local health providers and that a plan had been developed to help ensure an improvement in achievement against the targets.

The Trust explained that December and January had been difficult months for the hospital with outbreaks of norovirus and a winter vomiting bug that had added a heavy strain on the efficiency of the Hospital overall, due to the need to quarantine areas off and undergo deep cleaning where incidents of the viruses had occurred. There had been additional pressure on the Emergency Department (ED) and performance had slipped away from the target. There had been no incidents of ambulances queuing in

order to release patients into the ED. The Panel noted that the local 111 telephone service had directed 4% of callers to the ED as opposed to a 6% national average.

The Panel discussed the benefits of having a dedicated discharge suite at the Hospital and potentially another minor injuries unit onsite. However, it was explained that the practice of having a dedicated suite for discharge had been investigated previously and proved impractical in the past with regard to both space and efficiency. It was explained that a minor injuries unit on the same site, as well as the ED would potentially draw in additional clients and reduce the efficiency of the service.

The Panel discussed the staffing levels of the department and understood that there was little or no issue with recruiting nurses and consultants to the ED and that the main difficulties related to recruitment of junior doctors. Work continued to be undertaken to ensure a clear flow of patients through the Hospital in order to avoid peak arrival times to the ED. It was noted that 92% of patients needed no further support when they were discharged from hospital.

More complex discharge cases were assessed with an onsite social care team. It was explained that the team looked to ensure that any discharge from hospital was both efficient and safe, making sure that the necessary support was in place. The Panel were informed that it was the intention, where possible, to release patients back to their own homes and not into temporary care home where assessment would be made. It was noted that the action plan looked to increase the speed of process to discharge patients with more complex needs efficiently and that this would resolve some of the issues relating to blockage. Progress on this is beginning to be seen.

Overall the key issues that required continued focus were balancing the staff over peak times and enabling more weekend discharges alongside seven day working through the Better Care Plan,

RESOLVED that forthcoming reports to Panel focus on specific topics relating to the Trust's performance against the targets for Emergency Departments and in particular the report to the March meeting of the Panel should focus on aspects relating to the release of patients with complex needs, simple discharging and resolving staffing issues

32. **PROGRESS REPORT: PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL REVIEW**

The Panel noted the report of the Head of Transport, Highways and Parking providing updated information on actions taken in line with the recommendations set out in the Panel's inquiry into Public and Sustainable Transport Provision to Southampton General Hospital.

The Panel were informed that the University Hospital Southampton NHS trust (UHS) were reviewing Recommendation 10 of the Panel's report:

> "SCC, UHSFT, Southampton University, Unison, S-LINkS-LINK and Bus Companies to work together to explore options for undertaking a survey to establish how patients and visitors are currently travelling to and from the general hospital and the results are used to inform future service planning and improve reliability. The results should also be reported back to HOSP and fed

into the key local health documents: the Joint Strategic Needs Assessment and the Health and Well-being Strategy, the latter of which, following the Panel's recent review, now is agreed to contain transport as a consideration."

The Panel noted that details would be returning to the Panel to a meeting early in the next municipal year.

In regard to Recommendation 12 of the Panel's report:

"At a meeting in the 2013-14 municipal year, HOSP to consider the Patient Transport Service and other dedicated modes of patient transport in more detail in order to improve understanding of how the services are managed, publicised to patients and concerns with the current service. Commissioners and providers, including the voluntary sector, of the service to be invited. If recommendations are necessary to improve the service, they will be made at that meeting"

The Panel noted that this was scheduled for the July meeting of the 2015-2016 municipal year.

33. VASCULAR SERVICES UPDATE

The Panel considered the report of the Interim Director of Commissioning (South) detailing an update on the provision of Vascular Services.

With the consent of the Chair representatives of NHS England addressed the Panel. The Panel noted that consultation was being undertaken on two models set out in the report:

- University Hospitals Southampton (UHS) and Portsmouth Hospital Trust (PHT) to remain as two arterial centres, but to collaborate to provide a single clinical service where possible; it should be noted that the number of complex vascular patients needed to be centralised was low.

- Centralise vascular services at UHS – Move on a phased basis all major complex arterial vascular surgical procedures to Southampton (UHS) (Option 4).

The Panel noted that this matter had been ongoing for a considerable period and sought clarification on the timescales involved in the new process.

RESOLVED that the Panel requested a detailed implementation strategy for the service including the timescales be brought to a future meeting.

34. SOUTHAMPTON CLINICAL COMMISSIONING GROUP COST IMPROVEMENT AND QUALITY REPORT

The Panel considered the report of the Director of Quality and Integration detailing the Cost Improvement Programme and quality report of the Southampton City Clinical Commissioning Group.

Representatives from the University Hospitals Southampton Foundation Trust (UHS), The Solent NHS Trust and the Southampton City Clinical Commissioning Group (SCCCG) and the Integrated Commissioning Unit (ICU) were present and, with the consent of the Chair, addressed the meeting.

An overview of the Cost Improvement Programmes (CIP) was given to the Panel seeking to explain how the individual trusts aimed to achieve their own savings targets.

It was explained that patient safety and quality standards were very high priorities for each of the trusts but, that it was expected that there would be cost efficiencies made.

It was noted, for example, that providers were able to make a saving on medicines when the licences for specific drugs expired and enabled a re-negotiation of prices. The Panel was assured that any savings were balanced by the clinical risk to patients. It was stressed that the safety of a patient was the most important factor in determining whether a saving should be made.

It was explained that each organisation would present a CIP to its own board to sign off any savings programmes. The Panel noted that the introduction of the Better Care Plan would present a challenge to individual trust budgets as areas of overlap and duplication were identified.

RESOLVED that the Panel be presented with a report detailing the proposed savings and potential areas of overlap that would come with the role out of the Better Care Plan.

35. **CARE ACT: UPDATE**

The Panel considered the report of Director, People providing an update for the Panel on the introduction of the Care Act.

The Panel noted the progress made in updating the Council's procedures in order to adhere to the requirements of the Act and was assured that the Council was on track to implement all of the changes required by April 2015.

In response to a question from a member of public officers detailed the multi-agency processes used for assessment for patient and careers needs.

RESOLVED that the item should be considered at future meeting of the Panel to review the progress of the implementation of the Acts requirements.