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SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 18 JULY 2013

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Present: Councillors Cunio, Parnell, Spicer, Laming and Stevens

Apologies Councillors Chaloner and Claisse

11. **ELECTION OF CHAIR**

**RESOLVED** that Councillor Stevens be elected Chair for the 2013-14 municipal year.

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

The Panel noted apologies from Councillors Claisse and Chaloner and that Councillor Stevens and Councillor Laming replaced Councillors Jeffery and Lewzey respectively, as members of the Panel in accordance with Procedure Rule 4.3

13. **STATEMENT FROM THE CHAIR**

In accordance with accepted practice a statement was made by the Chair.

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

**RESOLVED** that :-

- i. the minutes of the meeting held on 23<sup>rd</sup> May 2013 be signed as a correct record (Copy of the minutes circulated with the agenda and appended to the signed minutes); and
- ii. the following comments/requests from Southampton Keep our NHS Public Group (SKONP) were agreed:-
  - Page 1 – second bullet point – that officers follow up with the previous Chair to investigate whether he had agreed to write to the three Southampton MP's expressing the Council's concern with the revised National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013.
  - Page 3 – Item 7 – Southampton Clinical Commissioning Group (CCG) : Annual Plan and Priorities 2013/14 – 4<sup>th</sup> bullet point – that the Southampton CCG would provide a list of contracts awarded to every other HOSP meeting.

15. **CARE QUALITY COMMISSION - A NEW START: CONSULTATION ON THE WAY CQC REGULATES, INSPECTS AND MONITORS CARE**

The Panel received and noted the report of the Head of Communities, Improvement and Partnerships detailing the principles for inspection of all care services and monitoring of acute NHS Trusts. Alex Whitfield, Chief Operating Officer, Solent and Rob Kurn, Healthwatch provided the Panel with further information. (Copy of report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- that the deadline for consultation comments was Monday 12<sup>th</sup> August 2013;
- CQC inspections - that existing CQC staff would be utilised and would be directed towards their actual expertise rather than general inspections; in addition quality risk profiles would be produced which would enable any emerging concerns to be highlighted;
- that CQC visits would be unannounced which would prevent service disruptions prior to an announced visit;
- that holding a 3-way meeting with HOSP, Healthwatch and the Health and Wellbeing Board would be investigated; and
- integration of social care with home health care and the quality of communication between hospitals, patients and the community were core issues;

**RESOLVED:-**

- i. that the principles underlying how the CQC proposed to inspect services, regulate care services and specifically how it intended to monitor and judge acute NHS trusts be noted; and
- ii. that any feedback from the consultation be reported to Healthwatch.

16. **PATIENTS FIRST AND FOREMOST: THE INITIAL GOVERNMENT RESPONSE TO THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY**

The Panel considered the report of the Chair, Southampton City Clinical Commissioning Group detailing the Government's response to the report by Mid Staffordshire NHS Foundation Trust Public Inquiry, the Francis Report and the work going on locally to respond to the challenges of the Francis Report. (Copy of report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- The Government response set out a 5-point action plan :
  - Preventing problems
  - Detecting problems quickly
  - Tackling action promptly
  - Ensuring robust accountability
  - Ensuring staff were trained and motivated.
- the importance of a change in culture which focused on patients' care needs and not on the organisation's business and finance;
- the importance of acknowledging potential problems as this was vital information for improvement;
- there needed to be a balance between a "no blame culture" and accountability with the prime consideration being the patient's safety at all times;
- that the CCG had their own internal quality department which scrutinised systems being set up, visited hospitals and monitored reports;
- that the HOSP should adopt a more forensic approach to scrutinising quality accounts from the various health providers and the following indicators, which all

should be publically accessible in board papers, would provide information on the organisation's culture :-

- staff and patient surveys;
- board papers and agendas to detect whether quality of care and service as opposed to finances was being highlighted;
- HR and whistle blowing policies – constraints on duty of disclosure; and
- reporting of complaints and serious incidents or lack of.

### **RESOLVED**

- i. that the issues highlighted in the “Initial Government Response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry” and the work being undertaken locally within the NHS and partner organisations to respond to the challenges of the Francis Report be noted ; and
- ii. that a more forensic approach to scrutinising quality accounts be investigated as detailed in bullet point 6 above.

### 17. **HEALTHWATCH SOUTHAMPTON**

The Panel considered the report of the Commissioner for Supporting People and Adult Care Services and received a presentation from Rob Kurn, Healthwatch Manager, detailing the contract, functions and role of Healthwatch Southampton. (Copy of report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- the Healthwatch contract had been awarded on 1 July 2013 and was a 3-year contract;
- the Voluntary Community Sector would be heavily involved in the delivery of Healthwatch functions;
- a Healthwatch Strategic Group would set the strategic direction and operational priorities and the process would be overseen by an independent nominations committee;
- development and delivery of Healthwatch Southampton would be conducted over two phases – 1<sup>st</sup> phase - July – September and 2<sup>nd</sup> phase - October – December; and
- in order for Healthwatch to be effective, joint working with partners was essential.

### **RESOLVED**

- i. that the commencement of the Healthwatch contract and the functions and role of Healthwatch Southampton be noted; and
- ii. to note that:-
  - protocol between HOSP, the Health and Wellbeing Board and Healthwatch was in the process of being drafted and it was important that discussions were held to establish the relationships between the 3 bodies and ensure that their respective roles did not overlap or were duplicated;
  - there was a standing invitation for a Healthwatch representative to attend HOSP meetings; however the representative had no voting rights; and

- Healthwatch would be responsible for reporting health issues and information for HOSP to scrutinise and would not be part of the scrutiny process itself.

18. **GP SERVICES, PORTSWOOD**

The Panel considered the report of the Director of Commissioning, NHS England outlining the issues, options considered and recommended for replacing GP services in Portswood. (Copy of report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- Appendix 1 page 2 – the following note to be removed “Dr Gallagher has indicated he will resign rather than accept dispersed patients.”
- a number of GPs were unhappy as they had not been made aware of the situation, had not been consulted and had not been able to provide any feedback; A patient from the Portswood Road practice attended the meeting and provided further information in this regard;
- that only expressions of interest had been sent out to GPs and the consultation process had not yet commenced;
- that the primary care commissioning team had recommended Option 4 which was the extension of current contract to provide branch surgery;

**RESOLVED**

- i. that NHS England in conjunction with the CCG be requested to ensure that all GP’s were provided with the relevant information so that feedback could be provided;
- ii. that any group/community/organisational body being discussed in any report tabled at a HOSP meeting should be invited to attend the meeting ; and
- iii. that an update report on the outcome of the consultation be tabled by NHS England.

19. **UNIVERSITY HOSPITAL SOUTHAMPTON: UPDATE ON EMERGENCY DEPARTMENT / MONITOR AND THE CHILD HEART SURGERY REVIEW**

The Panel received and noted the report of the UHS Chief Operating Officer and the UHS Director of Communications and Public Engagement detailing the progress made in achieving A&E targets at the University Hospital Southampton and the changes to the child heart surgery review. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- improvements had been made following the prolonged period of underperformance against the 4-hour A&E operating standard and achievements were up to 97%;

- there would be more capacity and better quality of care this winter with the introduction of 70 extra beds, reducing patients' length of stay, improved flow of patients and improved partnership working with social care;
- that University Hospital Southampton had not been close to the 14 hospitals being investigated by Monitor in relation to the standardised mortality ratio;
- that the child heart surgery review had been suspended as the Independent Reconfiguration Panel had recommended that the proposals could not go ahead in their current format;
- that as a result of the closure of the Oxford Service 100 heart surgery cases had been transferred to Southampton and the Southampton Children's Heart Surgery Unit now catered for adults as well as children. The resultant increase in surgical cases might improve Southampton's chances of keeping the Unit in the future; and
- that a paper had been presented to the NHS England Board outlining principals for taking the service forward.

### **RESOLVED**

- i. that a further update report would be tabled at the next HOSP meeting; and
- ii. that the Southampton Health Overview and Scrutiny Panel write to the Secretary of State asking what plans and decisions there were likely to be in terms of the review of the Child Heart Surgery Reform.