

DECISION-MAKER:	CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH
SUBJECT:	RESPONSE TO SCRUTINY INQUIRY INTO PATIENT SAFETY IN ACUTE CARE
DATE OF DECISION:	21 NOVEMBER 2011
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This report sets out the responses to date to the recommendations of the Scrutiny Panel B inquiry into patient safety in acute care.

RECOMMENDATIONS:

- (i) That the Cabinet Member approves the responses detailed in Appendix 1 for submission to the Overview and Scrutiny Management Committee.

REASONS FOR REPORT RECOMMENDATIONS

1. The Council constitution provides that the relevant Cabinet Member should respond to Scrutiny inquiry recommendations.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. In 2010/11 Scrutiny Panel B undertook a scrutiny inquiry into patient safety in acute care. The inquiry had three broad objectives:
 - To consider the culture around and importance afforded to the reporting of patient safety incidents and adverse events by acute providers in the City;
 - To examine the processes in place to ensure incidents are robustly followed up so that all contributing factors and root causes are identified and lessons learnt, with any recommendations implemented across all agencies involved;
 - To identify areas of best practice already in place in relation to patient safety and areas where lessons could be learnt and/or efficiencies made extending to the role of partners.
4. Whilst the inquiry's initial focus was to be on the practices at Southampton University Hospitals Trust the majority of the recommendations "*are wider than just SUHT and acute care and consider patient pathways across the whole health and social care system. Where recommendations are SUHT specific, they may also apply to other organisations although it was not within the remit of the Inquiry to explore this.*"

5. The issue of patient and client safety is a matter of the highest priority in the Council and across health systems in the City. One of the key purposes of the government establishing Health and Wellbeing Boards is for health and care services to be better joined up, and it is envisaged that the statutory basis of the board will ensure it will be able to exert pressure if and where it appears that such an approach is not being followed.
6. The Panel was keen to see implementation of the recommendations across organisations and this report sets out the responses of the Cabinet Member for Adult Social Care and Health to the issues raised.

RESOURCE IMPLICATIONS

Capital/Revenue

7. All costs in the responses for which the Council would be responsible will be contained within existing budgets.

Property/Other

8. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. The powers to undertake scrutiny inquiries are set out in the Local Government Act 2000 and the Health and Social Care Act 2001.

Other Legal Implications:

10. None

POLICY FRAMEWORK IMPLICATIONS

11. None

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KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Response to scrutiny inquiry recommendations.
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Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Does the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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