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**SCRUTINY PANEL B**  
**MINUTES OF THE MEETING HELD ON 29 July 2010**

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**Present:** Councillors Capozzoli (Chair), Daunt (Vice-Chair), Drake, Harris, Payne and Parnell

**Apologies:** Councillor Peter Marsh-Jenks

7. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

Apologies were received from Councillor Marsh-Jenks.

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

**RESOLVED** that the minutes for the Scrutiny Panel B Meeting on 10<sup>th</sup> June 2010 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

9. **PATIENT SAFETY IN ACUTE CARE INQUIRY**

The Panel considered and noted the report of the Executive Director of Health and Adult Social Care detailing the Inquiry's Terms of Reference and Inquiry Plan, (Copy of the report circulated with the agenda and appended to the signed minutes).

**RESOLVED** that the terms of reference and inquiry plan be approved.

10. **PATIENT SAFETY IN ACUTE CARE INQUIRY – BACKGROUND AND CONTEXT**

The Panel considered the report of the Head of Policy and Improvement for Southampton City Council presenting a paper from the Director of Nursing (at the Southampton University Hospital Trust) and the Associate Director of Performance and Integrated Governance (NHS Southampton City) detailing the quality assurance framework for acute care in Southampton. (Copy of the report circulated with the agenda and appended to the signed minutes).

The Head of Health and Community Care briefed the Panel on the following matters:

- the National context in relation to the “Equity and excellence: Liberating the NHS” white paper. The briefing indicated the key strategic aims of the Paper, listed below, and briefly indicated how this would affect the provision of acute care in the City:
  - Putting patients and public first;
  - Improving healthcare outcomes;
  - Autonomy, accountability and democratic legitimacy; and
  - Cutting bureaucracy and improving efficiency
- it was explained that the Paper set out the roll that Local Authorities would have responsibility for in the future stating that their responsibilities would now include:
  - promoting joined up commissioning of local NHS Services, social care and health improvement;

- leading joint strategic needs assessments;
  - supporting the local voice; and
  - Leading on health improvement and prevention activity with the Director of Public Health becoming an Local Authority employee; the creation of a National Public Health Service.
- the Panel were informed that the White Paper made specific reference to patient care throughout requiring:
    - “a culture of open information, active responsibility and challenge” ;
    - “increasing amounts of robust information, comparable between similar providers, on..... Safety: for example, about levels of healthcare-associated infections, adverse events and avoidable deaths, broken down by providers and clinical teams” and
    - the Care Quality Commission to be strengthened for its focus on safety and quality of providers;
  - the briefing detailed set of national outcome goals that will provide an indication of the overall performance of the NHS emphasising Domain 5 “ treating and caring for people in a safe environment and protecting from avoidable harm.”
  - the five areas for improvement that have been identified in the Paper
  - it was explained that General and Acute secondary health care in the City of Southampton costs £128 million which is 32% of the £400m health care spending of the Primary Care Trust;

The Director of Nursing (at the Southampton University Hospital Trust) and the Associate Director of Performance and Integrated Governance (NHS Southampton City) were in attendance and, with the consent of the Chair, addressed the meeting detailing their paper attached to the report.

The Panel noted the procedures, detailed within the paper already in place. across the Southampton’s health providers for both the internal and external scrutiny of procedures relating to patient safety and particular events. In particular the specific role of the Care Quality Commission and Monitor were further detailed.

It was explained that the health providers in the City were working together to ensure that quality of care provision remains central to the commissioning of care.