

---

SOUTHAMPTON CITY COUNCIL  
HEALTH OVERVIEW AND SCRUTINY PANEL  
MINUTES OF THE MEETING HELD ON 31 JANUARY 2013

---

Present: Councillors Pope (Chair), Lewzey (Vice-Chair), Claisse, Jeffery, Parnell, Tucker and Dr Paffey

Apologies: Councillors Keogh

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

The Panel noted that Councillor Paffey was in attendance as a nominated substitute for Councillor Keogh in accordance with Procedure Rule 4.3.

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

**RESOLVED** that the Minutes of the meeting held on 29 November 2012 be approved and signed as a correct record.

Matters arising

Minute no 28. Transfer of Medicine for Older People from Southampton General Hospital to Royal South Hants

The Panel enquired about the equipment on the Upper Brambles Ward. The Panel were advised the equipment had been returned to UHS as the Trust was unable to recruit the right staff to open the ward. The ward however was being used by Solent NHS Trust as staff and equipment had been transferred from the Fanshawe Ward to the Upper Brambles ward space. Upper Brambles was bigger than Fanshawe, so an additional five patients were being cared for. It was requested that an update be provided to the Panel in writing.

Minute no 28. Installation of Digital Mammography equipment

The Panel requested an update on this issue. The Panel were informed that the contract had been signed off with the provider. There was a clear timetable for the works and it was anticipated it would go ahead as scheduled, if not before.

Minute no 30. Southampton Safeguarding Adults Board (SSAB) – Serious Case Review

The Chair of HOSP reported he had met with Carol Tozer, the Chair of the SSAB. It had been agreed that the Panel would receive an annual report from the Chair of the SSAB and she would attend the March meeting.

35. **EMERGENCY CARE INTENSIVE SUPPORT TEAM REVIEW**

The Panel considered the report of the Chief Officer Southampton City Clinical Commissioning Group seeking support for the recommendations made in the SW Hampshire Unscheduled Care System report. (Copy of the report circulated with the agenda and appended to the signed minutes)

John Richards, Chief Officer – Southampton Clinical Commissioning Group, Chris Ash, Integrated Service Director Southampton and West Hampshire – Southern Health, Alex Whitfield, Chief Operating Officer – Solent, Margaret Geary, Director of Adult Social

Care – SCC, Jane Hayward and Paul Benson, Project Manager – CCG were present and answered questions from the Panel.

A discussion took place around the following key issues:

- “discharge push and pull” planning for patients: The report stated that patients were kept in hospital too long. Discharge planning was being reviewed to ensure that it was carried out from the point of admission. Capacity was to be considered to ensure there were the resources in the right place at the right time. Much work and joined up thinking was taking place, for example ensuring equipment was available 7 days a week rather than only being available during weekdays. An additional one off resource was being made available from the winter pressures funding to build capacity and ease pressures ;
- Assessment of patients needs: It was reported that it was often difficult to assess a patients needs for a home environment when in hospital. Patients might therefore be moved to an intermediate setting where it would be easier to assess their needs and reduce system blockages;
- IT systems: These needed to improve to support the co-ordination of discharge. It was reported that a real time management system had been introduced, called “Urgent Care Dashboard”. This informed GP’s about the real time admission and discharge status of their patients. The intention was for it to be made more widely available to specific healthcare teams;
- The implementation of the recommendations: These were being monitored. A number had already been implemented and completed whilst others would take longer to implement. It was anticipated that there would be a more robust system within 12-18 months;
- The 4 hour operating standard: This was monitored on an hourly basis. The target had been missed by 0.5% for the third quarter (October- December 2012). The cold weather and snow in January meant that it would be difficult to meet the target for quarter 4.

**RESOLVED** that

- i) the Panel noted the report on the SW Hants Unscheduled Care System prepared by the national Emergency Care Intensive Support Team, and supported the recommendations made;
- ii) the Panel requested an update of the progress on the recommendations in six months; and
- iii) the Panel requested information regarding the IT system “Urgent Care Dashboard”, including the users.

36. **OUTCOME OF THE CARE QUALITY COMMISSION ROUTINE INSPECTION OF SOUTHAMPTON GENERAL HOSPITAL**

The Panel received and noted the report of the Senior Manager, Communities, Change and Partnerships to note the outcome of the Care Quality Commission routine inspection of Southampton General Hospital. (Copy of the report circulated with the agenda and appended to the signed minutes)

Jane Hayward, Chief Operating Officer – UHS, Michael Marsh, Medical Director – UHS, John Richards, Chief Officer Southampton City Clinical Commissioning Group and Judy

Gillow, Director of Nursing – UHS were present and answered questions from the Panel.

A discussion took place around the following key issues:

- Black alert at the hospital. The hospital was on black alert when the CQC inspection was carried out. Black alert is when the hospital operates at full capacity with no available beds. Normal elective operations would not be carried out during this time. It was reported that between October and the end of January there had been in total 17 equivalent black alert days.
- Staffing: This was a key area of concern. There had been a large number of vacancies and it had not been possible to recruit as quickly as desired. A recruitment exercise had been carried out locally, nationally and abroad. 90 nurses had been recruited to the Trust which would bring down the vacancy rate. The use of agency staff was also discussed. It was reported that on wards, there would be a mix of agency and permanent staff, and if necessary staff would be moved to work alongside agency staff if there were too many agency staff in one area.
- Action Plan: Many of the actions had already been completed. Some actions were still being implemented. The discharge lounge and wait for medication was being reviewed.
- Future inspections: A further CQC inspection was expected in 3-4 months time.
- Concern was raised by the Panel regarding the fact that they had not been made aware of the inspection.

Mr Ayers, Member of the Public was present and with the consent of the Chair addressed the meeting regarding his experience of the system. Harry Dymond, LINK was also present and with the consent of the Chair addressed the meeting. He reported that LINK supported the work that was being carried out.

**RESOLVED** that

- i) the Panel noted the report of the CQC inspection of Southampton General Hospital and the briefing paper from UHS; and
- ii) the Panel requested to be notified at the earliest opportunity when future inspections were carried out and action plans produced .

37. **VASCULAR SERVICES UPDATE**

The Panel considered the report of the Director of Nursing, SHIP PCT Cluster providing an update on the continued development of the network since the last Scrutiny meeting on 29<sup>th</sup> November 2012. (Copy of the report circulated with the agenda and appended to the signed minutes)

The Panel received an update from Sarah Elliot, Director of Nursing SHIP PCT Cluster, Beverley Meeson (Cardiovascular Network Manager) and Michael Marsh, Medical Director, University Hospital Southampton. It was reported that progress had been made and that there had been positive feedback from the meetings that had been held.

The Panel reported they had been consulted on the National Commissioning Standards for specialised services, however they felt that not enough time had been given to respond.

**RESOLVED**

- i) that the Panel supported the continued development of the network;
- ii) that a further update be presented to the Panel on 21 March 2013.

38. **JOINT HEALTH AND WELLBEING STRATEGY**

The Panel received and noted the report of the Director of Public Health regarding the revised draft Health and Wellbeing Strategy. (Copy of the report circulated with the agenda and appended to the signed minutes)

Andrew Mortimore, Director of Public Health and Councillor Stevens, Cabinet Member for Adult Social Care were present and with the consent of the Chair addressed the meeting.

The Panel felt that the revised draft Health and Wellbeing Strategy had improved since they had been consulted on it. It was suggested that transport be included in the strategy.

**RESOLVED**

- i) that the Panel noted the revised draft revised draft Southampton Joint Health and Wellbeing Strategy;
- ii) that the Health Overview and Scrutiny Panel be acknowledged in the consultation section of the strategy; and
- iii) the Panel recommended transport be included in the Health and Wellbeing Strategy.

39. **PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL**

The Panel considered the report of the Senior Manager, Communities, Change and Partnerships for the Panel to note the update on progress with the review into public and sustainable transport provision, the impact of proposed subsidy reductions for bus transport to Southampton General Hospital and to agree key discussion areas and attendance at the evidence gathering meeting on 28<sup>th</sup> February 2013. (Copy of the report circulated with the agenda and appended to the signed minutes)

Simon Bell, Public Transport and Operations Manager was present and with the consent of the Chair addressed the meeting.

It was proposed in the budget for 2013/14 that bus subsidies would be withdrawn. The Panel questioned what would happen to bus services should this happen. It was reported that bus companies would look at the commercial viability of the service and that it would not be possible to predict what they would do. It was recognised that there was some overlap between commercial and subsidised services. Concern was expressed by the Panel because the impact of the subsidy withdrawal was unknown and therefore it would be difficult to give a reasoned analysis.

**RESOLVED**

- i) that the Panel noted the update on progress with the review into public and sustainable transport provision to Southampton General Hospital;
- ii) that the Panel noted the impact of proposed subsidy reductions for bus transport to the General Hospital; and
- iii) that the Chair write to the Cabinet Member for Environment and Transport requesting funding following the review, for areas the Panel deemed necessary , for example cycle / pedestrian access to the hospital.