

## **HEALTH OVERVIEW & SCRUTINY PANEL**

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 23 November 2017 at 2.30 pm in Conference Room A - Civic Offices

### **Present**

Councillor Leo Madden (Chair)  
Councillor Steve Wemyss  
Councillor Yahiya Chowdhury  
Councillor Alicia Denny  
Councillor Lynne Stagg  
Councillor Michael Ford JP, Fareham Borough Council  
Councillor Tina Ellis, Fareham Borough Council  
Councillor Andrew Lenaghan, Havant Borough Council  
Councillor Philip Raffaelli, Gosport Borough Council

#### **1. Welcome and Apologies for Absence (AI 1)**

Apologies for absence were received from councillors Gareth Hughes, Mike Read, Elaine Tickell and Gemma New.

Councillors Stagg and Chowdhury advised they would need to leave the meeting at 3:50pm as they had another council meeting to attend.

#### **2. Declarations of Members' Interests (AI 2)**

Councillor Steve Wemyss declared a non-pecuniary interest as he works for the NHS.

#### **3. Minutes of the Previous Meeting (AI 3)**

**RESOLVED that the minutes of the meeting held on 14 September 2017 be agreed as a correct record.**

#### **4. Portsmouth Looked After Children and Safeguarding (AI 4)**

Innes Richens, Chief of Health and Care Portsmouth, Tina Scarborough, Deputy Director of Quality and Safeguarding (CCG), Jonathan Prosser, Clinical Director for Children's Services (Solent NHS Trust), Abbie Aplin, Director of Midwifery (PHT) and Mike Taylor, Operations Director (SSJ) had been invited by the panel to talk on their action plan. Caroline Bishop, Inspection Manager (CQC) who was invited to present a later item on the agenda, also was present for this item.

Tina Scarborough gave a brief background and introduced the action plan which all providers present today had signed up to. The two actions that had been given to the CCG are progressing well. With regard to recommendation 2.1, training has been updated but they had found it has not been well

embedded. With recommendation 2.2 a draft job description for the designated doctor for LAC has been prepared and circulated to key partners for comment. Mrs Scarborough explained that the recommendations for looked after children were a particular challenge as they need to ensure that health assessments are completed. In response to a question Mrs Scarborough said that it would be a local authority decision to move looked after children back into the city but if this was done it would make a massive difference.

In response to a question all present said they had accepted the recommendations from the CQC.

In response to further questions the following matters were clarified:

- Regular updates with staff take place to ensure that the recommendations are embedded.
- A lot of the quick wins on the action plan had already taken place. Some of the actions were more of a culture change which would take longer to achieve.
- The role of the CQC is not to micro manage. The CQC have regular meetings with organisations to monitor progress.
- The action plan was submitted within the required timeframe and the CCG has not received any feedback from inspectors either way so it was assumed that they were satisfied with this. The plan is monitored regularly and the health sub group of the Portsmouth Safeguarding Children's Board (PSCB) goes more into the detail and reports progress to the newly formed PSCB and Portsmouth Safeguarding Adult Board (PSAB) Safeguarding Improvement Board. The Improvement Board is due to meet for the first time tomorrow (24 November).

Members were pleased to see a cross agency action plan although felt that it would be useful if the action plan had a RAG rating system giving details for red and amber actions of what more is needed to complete the action. Mrs Scarborough said that this was included on her version of the action plan and would ensure that this was sent to councillors following the meeting. Members felt it would be helpful to have an update report on progress against the action plan come to their March meeting and commented it would be helpful know who is responsible for each action and how the success of meeting each action is being measured.

**RESOLVED that the report be noted and an update on progress against the action plan come back to the March meeting.**

## **5. Solent NHS Trust Update (AI 5)**

As Lesley Munro was unwell and therefore not able to attend to present this item, the panel requested that the update letter be moved to their next meeting on 1 February to ensure the correct people are present to answer questions.

## **6. PHT Quality Improvement Plan following the CQC inspection (AI 6)**

The report was introduced by Peter Mellor, Director of Corporate Affairs. He explained that the plan had been developed with staff and partners to address the concerns raised by the Care Quality Commission during their recent inspections and to help with getting the Trust to a rating of 'good' and then 'outstanding'. He advised that Mark Cubbon, Chief Executive, Portsmouth Hospitals NHS Trust, intends to regularly publish progress against the plan.

Mr Mellor said he was happy to answer any questions on the plan from members.

The following matters were clarified by Mr Mellor:

- With reference to section 1.1 of the plan regarding the re-launch of the protected meal time initiative, Mr Mellor explained that an example might be that lunch is served between 12 and 1 and during that time the doctor might need to take the patient to be scanned so they would miss their lunch. This was deemed unacceptable so the Trust has now re-launched this initiative to protect the lunchtime period so that the patient does not miss a meal.
- There is a definition of a significant incident which Mr Mellor did not have to hand. He explained that members of staff are required to report any serious incident that might occur. Any learning that comes from the investigation into the incident needs to be shared throughout the organisation. The trust comply with the Duty of Candour regulations which is the concept of honesty and transparency and the trust always involve patients in how their complaint will be resolved. If a formal complaint is received there will always be an investigation. If the patient is not happy with the way this is handled they can report this to the health ombudsman.
- The MRI, CT scanners etc. are in use 12 hours a day.
- Melloney Poole is the new chair of PHT who was appointed in October. Not all of the CEO's team are in place. The Director of Communications is due to start on 4 December and three new non-executive directors will be appointed.
- With regard to the warning notices from the CQC regarding their care of vulnerable patients and, in particular, those with mental health issues, an agreement is now in place with Solent NHS Trust to have a resident psychologist in the ED and staff have been trained to better deal with matters. Significant improvements have been made and the Trust reports back to the CQC on a weekly basis and the CQC is satisfied with progress being made.
- PHT enjoy support from NHS England and NHS Improvement which they are grateful for but Mr Mellor was not aware that PHT were going to have anyone allocated to stand by them.

- With regard to the STP and the large savings required, Mr Mellor said that all providers are working well together but plans are still in their infancy. Any decisions will have to be ratified by the participant organisation's Board. Mr Mellor felt that it will be essential to monitor and maintain the quality of the services being provided whilst introducing any significant change.
- PHT are struggling with filling nursing vacancies partly due to the uncertainties of the future of European nurses. Recruitment is more challenging and PHT is having to now draw from nursing staff in other parts of the world such as the Philippines. This is the same with many other hospital trusts. The University of Portsmouth is now offering a nursing degree but it will be at least three years before these nurses are trained and can be recruited.

Councillor Wemyss advised Mr Mellor of his experience of submitting a complaint on behalf of his Mother, to then be asked by the hospital whether this was an official complaint. Mr Mellor explained that there are two systems in the hospital to report complaints (1) through the Patient Advisory Liaison Service (PALS) where an issue on a ward can be raised immediately; and (2) a formal letter of complaint which is dealt with by the Complaints Department. Once a formal letter of complaint is received a formal letter acknowledging the complaint is sent back to the patient. An investigation is then undertaken and the interested parties are all asked to contribute before the findings of the investigation are sent back to the complainant in a letter that is signed by the Chief Executive. Councillor Lenaghan reported that in his experience the PALS service worked very well.

**RESOLVED that the quality improvement plan be noted.**

## **7. PHT Update (AI 7)**

The report was introduced by Peter Mellor. In response to questions the following matters were clarified:

- The number of patients who were medically fit for discharge had improved this week however PHT were aware that the numbers needed to remain at this level and be consistent. Numbers were at their worst 3-4 weeks ago at approximately 301 and the number today is now below 250 which is a significant improvement. The goal is 100-150. At the beginning of last week this reached a head and an internal incident meeting was called where system partners came into the hospital to support the trust and enable more medically fit for discharge (MFFD) patients to move to a more appropriate setting.
- The discharge lounge is in place for those patients who have been discharged but are awaiting their prescriptions and transport so this can free up beds in wards. Mr Mellor explained that previously some doctors did not write prescriptions until the end of their rounds but they have now put pharmacists into some of the wards to help speed up this process. This has proved a good resolution.

- One member asked why prescriptions for patients had to go through the hospital instead of being delivered to their home. Mr Mellor thought that there was probably a higher cost implication but recognised that any extra cost would be massively lower than the cost of a patient staying in a bed. He promised to raise the idea/question with his colleagues.
- All system partners are supportive and working to get patients to the most appropriate setting.
- The previous plan agreed by community and social care providers was to get the number of DToC to 108 by 15 September. The intention was to recruit domiciliary care workers to support patients in their own home. This was dependent on recruitment - Portsmouth City Council recruited well to fill their quota and were able to recruit more easily. Due to the geography of Portsmouth, staff are able to see 3 or 4 patients in a morning whereas for Hampshire this is more difficult as it is a much larger area to cover. Hampshire County Council have also found it more difficult to recruit staff but there has been some progress made.
- With regard to Fareham Community hospital being used to help PHT with beds, Mr Mellor said that for the short term this was not an option as they do not have in-patient beds, but this might be an option for the longer term. It is likely that the future will see an increased use of Fareham Community Hospital but this would need partnership working.
- The aim of the frailty ward is to turn around those patients who are suitable as quickly as possible but within 72 hours. With winter approaching it was decided it was best to do less elective orthopaedic work to provide this service. PHT had shared their winter plan with the CCG and this was approved.
- One of the orthopaedic wards has already been closed to establish the frailty service. Orthopaedic provision is limited and 8 beds have been moved into another area and they have been outsourcing patients to the Spire Portsmouth Hospital. The frailty unit will be permanent but not in the same place. The orthopaedic department has been tasked with planning to resume normal activity within their own bedbase by 1 March.
- There are approximately over 200 nursing vacancies overall. Some departments within PHT have more vacancies than others. PHT are keen not to use agency staff and are actively trying to recruit to these vacancies.

(Councillors Stagg and Chowdhury left the meeting at this point).

Councillor Madden reported to the panel that prior to the meeting he had received an email from Dr Elizabeth Fellows, Chair and Clinical Executive of Portsmouth CCG to advise of some proposed changes to the spinal pathway at Queen Alexandra Hospital as it was no longer sustainable in its present

form. This would impact on approximately 230 patients a year on average. He asked Peter for some more information and asked whether the panel would need to scrutinise this. Mr Mellor suggested that the panel needed to decide whether the proposed changes would be a substantial change of service. PHT had yet to decide on the final outcome. He explained that with the Sustainability and Transformation Plan (STP) the likelihood is that not every hospital in the country would be able to provide every service and instead patients would need to travel to perceived centres of excellence. It was likely though that due to the numbers of patients and the number of qualified surgeons there would not be a case to keep this service at Portsmouth and for this to move to Southampton.

Mr Mellor added that once the proposed way forward had been agreed, HOSP would be alerted and it would then be for the panel to decide whether this constituted a substantial variation in service.

**RESOLVED that the update be noted. The panel noted that further correspondence from PHT on the proposal to the spinal service would be communicated to them once it had been decided. The email sent from the CCG to the chair today would be circulated to the other members of the panel for information.**

## **8. Local Dentists Committee Update (AI 8)**

The report was introduced by Keith Percival, Honorary Secretary of the Hampshire and Isle of Wight Local Dental Committee. He also gave a brief update on the University of Portsmouth Dental Academy community activities outreach programme including:

- School 'BrushUP' programme - includes supervised tooth brushing and fluoride application, involved with 15 schools and 2 nurseries involving approximately 900 children.
- Community placement activities by DHDT students include nursing homes, rehabilitation centre, centre for learning difficulties and schools for oral health education and promotion
- Adult oral health check for homeless and hard to reach population - this is a new venture this year and replaces the screening and oral health promotion we did in the past 4 years at different venues like the rehabilitation centres, sure start centres, probation and other community venues. The Dental Van will be located at four different venues across the Portsmouth city on 4 occasions.
- Adult oral health check in combination with NHS health check is a pilot with Pharmacy department and we will have the van in 5 venues. The outcomes are captured on a software Pharmaoutcomes and the council is involved with this through Pharmacy.

The UOP Dental Academy was funded by PCC for 3 years however the funding has been withdrawn and regrettably is no longer funded by PCC.

In response to questions the following matters were clarified:

- The LDC covers NHS dentists only and was established on the inception of the NHS. Private patients can access NHS care. The LDC supports the general dental practice committee.
- The freedom to speak up campaign will be universal when launched and the LDC are keen to carry this forward.
- There are currently sufficient NHS services but the concern is that dentists are independent contractors and if they do not fulfil their quota NHS England will take the money back. Mr Percival felt that in the future dentistry will no longer be sustainable for the NHS. This is not imminent but it is a concern for the LDC.
- Dentists are restricted to public sector pay constraints.

**RESOLVED that the update be noted.**

## **9. CQC Update (AI 9)**

The report was introduced by Caroline Bishop, CQC inspection manager. She advised that the CQC are working more closely with stakeholders and are due to have more consultation next year. She added that a more focussed inspection of Portsmouth Hospitals Trust had taken place but she could not share the findings as the report was not yet published.

In response to questions the following matters were clarified:

- The CQC acknowledge that they need to be talking more to stakeholders before their inspectors go in to complete inspections and they rely heavily on intelligence. She advised that if members had concerns they can share these with the CQC and they would welcome a level of involvement from councillors. Members of the panel could contact her directly as the inspector responsible for the service, or through the HOSP support officers if they have concerns about a particular establishment.
- The CQC have a very close working relationship with PHT and they regularly meet with them to discuss their improvement plan. The CQC will be re-inspecting Portsmouth as part of their next phase working.
- If they have serious concerns about an organisation they will carry out an unannounced inspection.
- Members of Parliament did provide feedback to the CQC as they get to see and hear about consistent problems with organisations from their constituents.

It was agreed that when a provider has been invited to a HOSP meeting to discuss their action plan following a CQC inspection that officers will also invite the CQC to the same meeting to give their views. Ms Bishop also said that if the panel felt it useful she was happy to arrange a regular

meeting/conference call with the panel to discuss inspections they are carrying out in this area.

**RESOLVED that the update report be noted and agreed that when a provide has been invited to a HOSP meeting to discuss their action plan following a CQC inspection that officers will also invite the CQC to the same meeting to give their views.**

**10. Dates of Future Meetings (AI 10)**

Members noted the dates of future meetings as follows:

- 1 February
- 22 March
- 14 June
- 13 September
- 22 November

The formal meeting ended at 4.35 pm.

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Councillor Leo Madden  
Chair