HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 12 March 2020 at 1.30 pm at the The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Chris Attwell (Chair)
Councillor Lee Mason
Councillor Graham Heaney
Councillor Leo Madden
Councillor Hugh Mason
Councillor Arthur Agate, East Hampshire District Council
Councillor David Keast, Hampshire County Council
Councillor Philip Raffaelli, Gosport Borough Council

Also in Attendance

14. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Vivian Achwal, Trevor Cartwright and Rosy Raines.

15. Declarations of Members' Interests (AI 2)

Councillors Lee Mason and Leo Madden both declared personal, non-prejudicial interests in agenda item 9, Portsmouth CCG update as they are patients at the Portsdown GP practice.

16. Minutes of the Previous Meeting - 30 January 2020 (AI 3)

RESOLVED that the minutes of the meetings held on 30 January 2020 and 21 February 2020 be agreed as a correct record.

17. Care Quality Commission and State of Care Report (AI 4)

The Chair advised that the two representatives due to attend from the CQC for this item, Rebecca Bushell-Bauers and Kay Puddle, had advised that they would no longer be attending this meeting due to the COVID-19 risk to them and others. The Chair had therefore stood down the representatives due to attend for this item from the Clinical Commissioning Group and Adult Social Care team.

The panel expressed their disappointment that the two representatives had made the decision not to attend, which was contrary to current guidance issued from Public Health England and commented that the HOSP was a

statutory body. The panel agreed that the Chair would send a letter to the Chief Executive of the CQC, PHE and the Chief Executive of Portsmouth City Council to express their disappointment. The panel agreed a form of wording at the end of the meeting.

RESOLVED that this item be deferred to the panel's next meeting in June.

18. Care Quality Commission report on QA inspection (AI 5)

Sarah Ivory -Donelly, Inspection Manager was present was for this item. She gave apologies from Claire Oakley who was no longer able to attend the meeting as she was unwell. The following points were clarified:

The CQC inspect to see what is not in line with policy or guidance, highlight breaches and will go back to the Trust to advise. It is not for the CQC to tell PHT how to fix the issues identified. PHT had taken mitigation steps to ensure that they were protecting people from infectious patients. Areas of concern raised would be followed up at the next inspection. The CQC engage with the Trust throughout the year and have regular meetings with them. They will not go into the hospital to look around until the next inspection but will ask for evidence and assurances on how they are addressing areas of concern before they go back in to inspect. All the must do actions have a formal action plan.

With regard to infection control the CQC had received assurances from the Trust that this is being managed. Infection control is very important particularly with the current situation, but this would not be a reason for the CQC to go into the hospital. They would only re-visit if they receive new information about failures. PHT are making sure they are able to respond to new concerns regarding COVID-19.

With regard to specific actions that the Trust had carried out in response to the CQC inspection, Ms Ivory-Donelly said that Dr Knighton who was present for the next item would be better able to clarify this.

Ms Donelly felt secure that the Senior Leadership Team understood the risks and took these seriously. She did not think there was anything the CQC had identified that PHT were not already aware of.

One of the trends the CQC saw was management of training targets. Mandatory training is not completed to their own targets and the reasons for this varied including sickness and having the time to do training. The CQC had been concerned about the trend across these areas.

Another area where the CQC identified concern was the ED which was predominately due to nurses using personal protective equipment (PPE). Another issue was with maternity services, this was a very specific issue with regard to birthing pools and this was highlighted to the Trust. The CQC had received assurances with them that steps had been taken to resolve this.

Ms Ivory-Donelly was not able to say what specific actions the Trust had taken on the management of sepsis or the action taken. Sepsis was highlighted throughout their key lines of enquiry due to its importance. The CQC are looking at the Trust's sepsis care and what they have in place on site e.g. a sepsis box to provide essential care.

With regard to unnecessary care failings and what has been done to mitigate this Ms Ivory-Donelly did not know and said she would find out and provide a written response to the panel.

In response to a question about failing equipment, the CQC asked PHT to risk assess where the failing equipment is and assess what needs to be replaced now and what it nearing the end of its lifespan. The impact on patients will also need to be assessed.

The CQC meet with PHT repeatedly. They met at the end of the core service inspection and then go back a month later to go through the well led inspection. A lot things identified in the report they would expect to see a quick turnaround and will expect to see a plan to address the concerns.

The panel said they were delighted to see the journey that PHT had made since the last CQC inspection.

RESOLVED that the report be noted.

19. Portsmouth Hospitals' Trust update (AI 6)

Dr John Knighton, Medical Director introduced the report and clarified the following points.

Many of the areas the CQC identified were areas that PHT were already aware of, particularly around ambulance handover delays. They were already on the cusp of making some changes to improving the performance of ambulance handovers. There was still more however that needed to be done. There are some constraints around the complexities of the physical estate.

CQC had provided the Trust with a list of specific actions in the ED. PHT have now put in place a number of steps to ensure they have an accurate log of the time a patient spends in the ED.

With regard to paragraph 1.10 of the report, PHT had communicated with the CQC what their response has been to those points and the steps put in place to address these. PHT had been expecting the CQC to come and make their own assessment with a repeated focussed inspection, but this would now likely be delayed due to the current situation with COVID-19.

PHT already new there were concerns with maternity services before the CQC inspection. Despite outcomes being good for mothers and babies there were some concerns which they shared with the CQC. The only issue that

PHT did not have visibility about prior to the inspection was around safely removing women from the birthing pools. In response to this PHT have invited a service review from the Royal College of Obstetricians and Gynaecologists which primarily looks at outcomes and the medical force elements. They have also just started an external whole scale maternity review to look at where can learn from others best practice. All the must do actions were completed but there were a few that would take a bit longer.

The panel felt that PHT had done incredibly well on their CQC inspection since the last inspection, particularly in terms of leadership and governance.

A question was raised regarding the three proposed locations on the site for a new/redeveloped ED. Dr Knighton said these were three locations the Trust had identified where there is the physical capability to build something of this scale. Locations B and C are both separate across a road and are physically dislocated from the main hospital but there are options to link.
If the ED was built in locations B or C they would ensure that this would link into the main corridor to ensure that patients are not taken on journeys that would be disadvantageous to them.

Car parking will continue to be a difficult issue on the site. PHT have made a commitment that where parking is compromised when the new building is built, they will provide that parking through a redistribution of the types of spaces. The priority will be for patients and visitors to have parking on site with the appropriate level access. This means that more staff car parking may need to provided offsite at the fort.

Members asked for an update on the current COVID-19 situation at the hospital. Dr Knighton explained that PHT have strengthened a well-established daily executive led planning meeting which is their sole focus. They are trying to get ahead of the situation and responding to national guidance and anticipating things that they know will happen. Staff are currently waiting for the Cobra meeting to finish and Dr Knighon said he thought it was likely that there will be a change to the national management of the disease, and PHT are ready for that. PHT will need to decompress the site quite significantly and are working with system partners to enable that. The hospital are not currently cancelling wholesale elective activity but are looking at when they may need to do this to free up capacity for side rooms and isolations. Dr Knighton added that they are talking to their commissioners to look at the outpatient clinic lists to see if phone calls could be used as an alternative. Primarily this is to ensure social distancing to prevent additional risks to patients.

There have not as yet been any positive cases of COVID-19 within the hospital but he was aware that this will soon change. Dr Knighton said they are looking at reducing the footfall into the hospital over the next few weeks. It is vital that as few people as possible to come to the ED, the GP or the walk in centre if they suspect they have the virus. PHT are also looking at critical care capacity as it is likely this will exceed existing demand and already have looked at contingency plans.

In response to a follow up question, Dr Knighton said bringing back staff from retirement would be very tricky if it were to happen following national guidance. These people may be more vulnerable to look after patients and are less familiar and practiced. PHT are currently focussing on informing their workforce and training them in some of the things they need to do in addition to their normal practice.

With regard to COVID-19 testing, there is a clear directive to step up testing. Currently PHT are sending tests to another centre but as of next week PHT should have the capability in house to do their own testing which will make a massive difference.

In response to a question regarding manning the 111 service Dr Knighton explained PHT were not involved in the provision of this service. Nationally the 111 service normally receives about 40,000 calls, and they are currently receiving around 200,000 a day. Last week they started stepping up capacity but in terms of response times he was not sure. For patients directed by 111 for testing there are good processes in place. They are tested quickly and those well enough to be sent home, which was the vast majority, are being sent home quickly. At the request of Councillor Agate, the Chair said Democratic Services would try and obtain this information from the 111 service. - ACTION.

In response to a query on the Public Engagement Steering Group referred to in paragraph 2.13, Dr Knighton said that public consultation is not required as this is not a new service or a change in service but a re-provision of facilities of service. PHT are keen to have public engagement in the clinical modelling. They want to improve performance and the patient experience.

RESOLVED that the update be noted.

20. Podiatry Hub update - Solent NHS Trust (AI 7)

Katie Arthur, Head of Operations for Primary Care Services, Fiona Garth, Communications Manager, Chris Box, Associate Director of Estates and Facilities and Debbie O'Brien, Podiatry Lead and Robena King, Business Development Manager and Tiptoe Manager introduced the report.

The panel thanked all present for the report and said that the revised proposal was a good outcome. Members could remember where the process started initially and were pleased that their concerns had been listened to in order to reach the revised proposal.

The panel had welcomed the tour of the new facility at St Mary's Hospital and had been very impressed. Members were grateful that Solent had made the decision to support the continued delivery of services at Cosham Health Centre and that there would be a scaled back presence at the Lake Road Health Centre which serves a need in the city.

Ms Arthur thanked the panel for their comments and said it had been an informative process. She added that they had learnt a lot as a service and as

an organisation as a result of the consultation. Healthwatch colleagues had also been very supportive throughout the process.

The Chair thanked all present for their report.

RESOLVED that the report be noted.

21. Solent NHS Trust - Jubilee House Update (AI 8)

Suzannah Rosenburg, Deputy Chief Operating Officer/Director of Transition and Chris Box, Associate Director of Estates and Facilities introduced the report.

In response to questions, the following points were clarified:

The east side of Jubilee House is currently being used by Southern Health and PHT for Hampshire patients to help with the winter pressures at Queen Alexandra Hospital. This was originally a temporary measure until March, but this will now continue for a further six months due to capacity.

There is pressure from central government nationally to sell off the site for private sector housing, which is not Solent NHS Trust's intention as they believe they can do something much more valuable with this land. Chris explained that he has been working with Tristan Samuels, PCC Director of Regeneration, on a strategic partnership in terms of how to approach the different options for the site, which is linked to the regeneration opportunities currently being considered in Cosham. There are six options, one of which is to strategically partner with PCC and the intent is that the site will be used to support the Health and Care sector. It was likely that in a further three or four months a clearer idea would be known and he said Solent would be happy to share the details once these are available. A document has been agreed on how the strategic partnership will work, but this was not yet signed, and Chris and Tristan meet quite regularly.

RESOLVED that the report be noted and a further update be brought to the next meeting.

22. Portsmouth CCG update (AI 9)

Jo York, Director, New Models of Care, NHS Portsmouth Clinical Commissioning Group introduced the report and clarified the following points from the panel:

Hanway Road practice have two partners due to retire. The decision to approve the merger sits with the CCG and the Primary Care Commissioning Committee which is due to meet on 26 March where a formal decision will be made. This will be for the merger and the closure; two separate decisions.

Two of the panel members said that as members of the Portsdown Group practice that they had not been contacted regarding the proposed merger as stated in the report. Councillor Madden also said that he had been unaware of the information sessions held at Kingston Crescent and was concerned that this would be the case for many other patients. Jo York explained that the CCGs understanding was that the practices had sent that information out to their patients. As part of that proposal they are required to engage with their practice population to hear concerns. The CCG's application form requires the practice to detail the engagement that had been undertaken. The information provided was that they had sent a text to all Kingston Crescent patients of the Portsdown Group; approximately 11,000 patients. Jo would go back to the Portsdown Group practice to find out what communication was sent to those patients who do not have mobile phones or emails.
Hanway Road patients, all patients aged 16 and over were sent a letter.

It is the intention to keep the Hanway Road site open for a further six months to allow some of the changes to take place within the Kingston Crescent surgery. Hanway Road will not close from 1 May.

In terms of patient engagement, it was the CCG's understanding from the practices that comments boxes had been in both Hanway Road and Kingston Crescent surgeries. About 16 comments were received in the Hanway Road. Hanway Road set up a dedicated email address for patients to feedback and five patients fed back using this method. Hanway Road had two patient engagement events; 39 attended the first event and 38 attended the second event. She explained that they are collating the feedback from the people who attended the Kingston Crescent drop in session.

Hanway Road has over 11,000 registered patients over the age of 16. Kingston Crescent has 11,000 registered patients over the age of 16. The Portsdown Group as a whole has approximately 48,000 registered patients. It was therefore a very low return on the patient engagement. As part of the equality impact assessment the CCG have worked with them to look at further engagement. The CCG can support practices but it is the practices role to engage with patients. This will be considered at the meeting on 26th March.

The consultation flowchart diagram says in the middle 'inform chair of HOSP' however the decision to merge sits with each individual practice. The application process is what the CCG follow based on national guidance. This process is different from a formal consultation that the CCG were planning. If the Primary Care Commissioning Committee does not approve the merger application there is a risk that the Hanway Road practice would have to hand back their contract to the CCG and patients would be dispersed across the city which could have a negative impact across the city.

Portsdown Group is a GP Partner model as is Hanway and there is a lot of value in that model. Portsdown Group are proving that they can do that and provide good quality care.

The Primary Care Team along with the Chief of Health and Care Portsmouth recognises that they have to do something to keep residents updated and met with Healthwatch recently to have a conversation about letting residents of the city know that the primary care model is changing to help people understand the changes. Conversations have taken place with the Leader and Cabinet Member for Health and Social Care to look at how PCC can support primary care in terms of the opportunities the council provides as a property owner and making it clear about how they can provide services differently. She felt that the relationship with the CCG and PCC should be a real enabler in terms of having these conversations.

The CCG are following national guidance in terms of the COVID-19 outbreak and what to do. They are working with the Hampshire and Isle of Wight lead to co-ordinate everything but also work at system level at the CCG and PCC. Also working with the Hive and NHS Solent and Adult Social Care to see how to co-ordinate the response. The CCG are consistently telling people to follow national advice, phone 111 and self-isolate if necessary. The CCG have also set up across Hampshire and Isle of Wight a service where people who have tested positive but do not need to go to hospital can be managed in the community and those conversations will be happening with out of hours providers.

With regard to end of life care, this is not a formal consultation as there are no substantial changes proposed. This was about gaining views of carers that will feed development of a local strategy and improvement plan. Jo York said she was happy to bring back to a future HOSP meeting.

In terms of enhanced support for care homes, the CCG are at the phase of rolling out the pilot further. All primary care networks have agreed to go with a citywide model. There will be a review phase, maintenance phase and sustainable phase and they are working through the finances in the model. The CCG are taking a proposal to the primary care networks clinical leads in April.

RESOLVED that the report be noted and a further update on End of Life care be brought to a future meeting.

The formal meeting endedat 3.35 pm.

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Councillor Chris Attwell
Chair