

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 3 November 2015 at 9.30 am at The Executive Meeting Room - Third Floor, The Guildhall

### Present

Councillor John Ferrett (Chair)  
Councillor Jennie Brent  
Councillor Lynne Stagg  
Councillor Brian Bayford, Fareham Borough Council  
Councillor Peter Edgar, Gosport Borough Council  
Councillor David Keast, Hampshire County Council  
Councillor Mike Read, Winchester City Council

### Also in Attendance

#### Care Quality Commission

Moira Black, Inspections Manager (Hospitals Directorate)

#### NHS England

Dominic Hardy, Director of Commissioning Operations  
Dr Liz Mearns, Medical Director

#### Portsmouth City Council

Dr Janet Maxwell, Director of Public Health

#### Portsmouth Clinical Commissioning Group

Innes Richens, Chief Operating Officer  
Dr Tim Wilkinson, Clinical Executive

#### Portsmouth Hospitals NHS Trust

Peter Mellor, Director of Corporate Affairs and Business Development

#### Southern Health

Helen Ludford, Head of Quality Governance

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

Apologies had been received from Councillors Gwen Blackett, Alicia Denny Gemma New and Phil Smith.

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

Councillor Peter Edgar declared a personal interest as he is on the council of governors at Portsmouth Hospitals' NHS Trust.

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

**RESOLVED** that the minutes of the meeting held on 18 September 2015 be confirmed as a correct record subject to the following amendments:

Page 1, minute number 4, bullet point 2 should read 'The council is looking three *years* ahead when financial planning'

Page 2 - minute number 5, bullet point 5 - delete the word 'have' in the second sentence so it reads 'Some call outs are not appropriate but a response is required to determine that.'

Page 3 - minute number 6, bullet point 4 should read 'Everyone should feel angry *about health inequalities* .....

Page 4, minute number 8, bullet point 13 should read 'phase two of the business plan includes proposals for a multi-storey *car* park at St Mary's.'

Page 5, minute number 8, paragraph 4 - the first sentence should read 'The Chair summed up his view explaining that in *an* ideal world *we would have a walk in centre* in each ward.'

### 4. Reconfiguration of Vascular Services (AI 4)

Dr Liz Mearns, Medical Director introduced the report and advised that NHS England are reviewing the options put forward from the vascular society and are developing an options appraisal. In response to questions from the panel the following matters were clarified:

- The reason change was needed was due to the resilience of the workforce. There currently are not enough vascular surgeons and they require a certain volume of work to maintain their skills. It is vital that there is always an adequate response if surgeons are on leave or are off work due to sickness, which is not currently the case.
- A further reason for the move is that numbers requiring vascular surgery are decreasing for several reasons including advances in screening meaning that there are fewer people having large aneurysms.
- The Vascular Society found that the services available at Portsmouth Hospital NHS Trust and University Hospital Southampton NHS Foundation Trust were not up to the provision of services for patients with vascular disease (POVS) standards. If the two services are brought together there will be an improved service for patients.
- At this stage it was estimated that the number of patients per annum who would need to travel to Southampton for elective surgery would be in the low hundreds however this needed further investigation. These patients would need to make their own travel arrangements from their home to Southampton. It was anticipated that there would be less than 100 patients per annum needing to travel to Southampton for surgery due to amputations or intervention problems. For patients needing the major trauma centre these would be transported by either helicopter or ambulance.
- Dr Mearns assured members that if some vascular surgical operations were to move, there would still be a vascular surgery service on the

PHT site which would support the dependent services such as renal and cancer.

- Councillor Ferrett referred to the appendix to the report and said it would be helpful for the panel to understand timescales and how long it would take to make both units POVS compliant. Dr Mearns advised that NHS England used 5 years plus for long term, medium term as 3 years and short term less than three years.
- The panel raised concerns about the significant number of new homes proposed in Fareham, Whitely, Denmead and Portsmouth. Dr Mearns advised that new housing developments predominately will attract younger people and families and the patients requiring vascular surgery are mainly for older people with long term health conditions. In addition aneurysm screening is reducing the number of acute cases.

The panel raised concerns that NHS England have not considered the impact of patients in Chichester and those all along the coast to Brighton if the vascular services are centralised in Southampton and asked that this be looked and included in their next paper. Members recalled that at a previous HOSP, the Chair of the West Sussex HOSC had serious concerns about the service centralising in Southampton particularly due to the traffic issues on the A27 between Chichester and Brighton.

A member commented that Portsmouth Hospital's Trust had experienced difficulties in recruiting suitably qualified surgeons due to the uncertainties to the vascular service. Therefore it was also felt that it would be very difficult for the hospital trusts to produce a development plan. Portsmouth was the logical hospital to become the vascular centre as it has the ability to grow and expand unlike Southampton which is on a more congested site.

With regard to next steps Dr Mearns explained that NHS England are working with surgeons who are scoping out how this will work and giving high level plans on how will adjust working practices. She said a further paper would be ready to come back to HOSP for their meeting on 2 February.

**RESOLVED that the update be noted.**

#### ACTION

NHS England will bring back a paper to the February HOSP meeting. The panel requested that Chichester be included as part of the review and concerns about vascular support for residents in the Chichester area should be investigated thoroughly.

#### **5. NHS England - update. (AI 5)**

Dominic Hardy, Director of Commissioning Operations, introduced the report and explained this summarised the direction of travel that NHS England are working towards. In response to questions from the panel he clarified the following points:

- NHS England is working to ensure that the care nurses provide is of the highest quality.
- The general standard is that consultant led treatment should be provided within a maximum of 18 weeks and this is calculated from when the patient is referred until the treatment has taken place. A councillor referred to a case where one of his constituents had encountered numerous delays for an operation for a number of reasons and the 18 week target had not been met. Dominic Hardy was very concerned to hear this and advised that the August figures showed that 92% of patients were receiving treatment within this timeframe.
- The shortage of nursing staff is a national problem meaning that nurses are recruited from abroad particularly Spain and Portugal. The Home Secretary has recently announced that nursing is to be added to the shortage occupation list. This will mean nurses from non-EU countries will no longer run the risk of having their visas rejected, and non-EU nurses earning less than £35,000 a year who have been in the UK for six years will not have to leave the country from April 2016. This will help to retain nursing staff in the UK.
- NHS England have been able to make some efficiencies to close the funding gap. Savings also need to be made by reducing agency staff and integrating local health and social care systems to minimise duplication of work.
- With regard to the CAMHS (child and adult mental health services) programme, this was aimed at the high end and acute services which are intermittent at the moment; early intervention however does remain a priority.

**RESOLVED that the report be noted.**

## **6. Portsmouth Hospitals' NHS Trust - update. (AI 6)**

Peter Mellor, Director of Corporate Affairs and Business Development introduced the report. He advised that with regard to delayed discharges, there were 135 patients at the weekend, who were medically fit for discharge who were waiting for care packages before they could be discharged. This was a concern as this has a major impact on the patient flow through the hospital and patients who are in hospital for longer than they need to be can often deteriorate.

In response to questions from the panel, the following matters were clarified:

- Portsmouth City Council is slightly better than Hampshire County Council in getting the care packages in place, however Portsmouth are beginning to struggle. This is likely due to the pressure on resources, however there is more that PHT could do to improve the situation.
- Councillor Keast advised that he had taken up the issue of Hampshire County Council being slow at providing care packages to the Director of Adult Services at Hampshire. It had been suggested that Hampshire had not been given accurate figures on the number of patients waiting for care packages. Peter Mellor explained that both Portsmouth and Hampshire councils' have staff based at QAH so they should have the

correct information. It was agreed that Peter and Councillor Keast would discuss this separately to resolve this issue.

- In response to a comment regarding Fareham community hospital not being used to its full potential, Peter Mellor advised that he was aware that one of the Fareham MPs had invited the Secretary of State for Health, Jeremy Hunt for a visit to Fareham Community Hospital to look at how to use it more effectively. Representatives from PHT and Fareham and Gosport CCG were also invited and he believed that the visit was planned before Christmas.

Members were pleased to note the positive role of volunteers with the Home from Hospital service.

Councillor Edgar said he was delighted to see that PHT received an Employer Recognition Scheme Silver Award in recognition of their support of reservists. The panel endorsed his comment and wished to formally congratulate PHT on this award.

**RESOLVED that the report be noted.**

## **7. Care Quality Commission - update. (AI 7)**

Moira Black, CQC Inspections Manager (Hospitals Directorate) gave a verbal update on the CQC's recent inspection of PHT.

She explained that the CQC carried out a full and comprehensive inspection in February 2015. PHT had been rated overall as requires improvement as there were some major areas of concern, in particular with unscheduled care and two warning notices had been issued. In April 2015 a focussed inspection had taken place in the Emergency Department with a specialist team and they had been satisfied that there was sufficient improvement and the ED had been rated as requires improvement. On 2 July a quality summit was held where interested parties and commissioners were invited to agree actions. Following this an action plan was drawn up and the CQC regularly meet with PHT to monitor the progress of this.

CQC are currently satisfied by the progress PHT are making with their improvement plan and a very happy with the good working relationship they have with PHT.

In response to questions from the panel the following points were clarified:

- During the initial inspection in February the CQC found patients were not always seen within 15 minutes for an initial assessment. This was looked at forensically and at the April inspection it was found that patients are now seen within 15 minutes which shows that significant progress has been made and it is much safer for patients.
- By December, PHT will nearly be at full staffing levels for nursing and Portuguese nurses are actively being retained. The Director of Nursing at PHT had advised the CQC that this is due to the quality of the support package offered by PHT.

**RESOLVED that the report be noted.**

**8. Southern Health - update (AI 8)**

Helen Ludford, Head of Quality Governance was in attendance to present the report today as Dr Chris Gordon had been called away to another meeting.

In response to questions from the panel the following points were clarified:

- The action plan is monitored horizontally and looks at assurance and all the actions across the trust.

The panel noted that good progress had been made against the CQC action plan.

**ACTION**

The panel agreed that when the action plan nears completion that Southern Health will send this to the HOSP support officers and the Chair will decide whether this should come back to a future meeting.

**RESOLVED that the report be noted.**

**9. Portsmouth Clinical Commissioning Group (CCG) - update. (AI 9)**

Innes Richens, Chief Operating Officer and Dr Tim Wilkinson, Clinical Executive introduced the report. In response to questions from the panel the following matters were clarified:

- The CCG try to expedite individual funding requests for operations however sometimes there are delays for some of the more specialised operations whilst the clinicians review these; however they try to reduce these to a minimum. If there are any specific cases of this, Innes advised members to advise him outside of the meeting and the CCG can investigate these.
- With regard to the high percentage of patients who present at ED who do not require treatment one of the pieces of work the CCG is doing is to look at how best to educate people on how to care for themselves properly and on when they should use a pharmacy, GP, walk in centre etc. This would then free up space in the ED for people with serious conditions and emergencies.
- The CCG have started to look at schemes to improve access to nurses and pharmacy led systems.

**RESOLVED that the report be noted.**

**10. 2016 Meeting Dates. (AI 10)**

The panel noted the dates of the 2016 HOSP meetings as follows:

2 February

15 March  
21 June  
26 July  
4 October

The Chair also reminded members that there is an additional HOSP meeting scheduled for Tuesday 24 November at 9:30am to consider the CCG's consultation on the Guildhall Walk Healthcare Centre.

The formal meeting ended at 11.20 am.

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Councillor John Ferrett  
Chair