

AT A MEETING of the HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY) COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 20 September 2016.

**PRESENT**

Chairman:  
p Councillor Roger Huxstep

Vice-Chairman:  
p Councillor Chris Carter

**Councillors:**

p Ann Briggs	p David Keast
p Graham Burgess	a Martin Lyon
a Rita Burgess	p Fiona Mather
p Charles Choudhary	p Chris Matthews
p Alan Dowden	p Floss Mitchell
p Jacqui England	p Andy Moore
a David Harrison	p Frank Rust
p Marge Harvey	a Bruce Tennent
p Tony Hooke	p Martin Tod

**Substitute Members:**

p Keith Evans

**Co-opted Members:**

Councillors:

p Tonia Craig  
p Alison Finlay  
p Dennis Wright  
VACANT

**In attendance at the invitation of the Chairman:**

Councillor Liz Fairhurst, Executive Member for Adult Social Care  
Councillor Patricia Stallard, Executive Member for Health and Public Health

151. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recordings for broadcasting purposes.

152. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Rita Burgess. Councillor Keith Evans, as the Conservative standing deputy, was in attendance in their place. Apologies were

also received from Councillors Martin Lyon and Bruce Tennant.

153. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore, Members were mindful that where they believed they had a Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Jacqui England declared a general Personal Interest, as she is the Chairman of the Lymington Hospital 'League of Friends'.

Councillor Frank Rust declared a general Personal Interest as he is a Member of the Wessex Clinical Senate.

Councillor Martin Tod declared a general Personal Interest, as he is the Chief Executive of the Men's Health Forum, which receives funding from Public Health England and the Department of Health.

154. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 20 July 2016 were confirmed as a correct record.

There were four matters arising in relation to the Minutes:

- Minute 144 (page 2): The letter from Cllr Humby, and the performance update and action plan from Portsmouth Hospitals Trust, had both been shared with the Committee.
- Minute 145 (page 3): The Alton strategic review update had been shared with Members. The proposals had been deferred and were currently scheduled for October.
- Minute 146 (page 6): An update on Antelope House would be circulated to Members after the meeting.
- Minute 148 (page 8): The Hexagon Centre would not be closing, and no changes had been made to the

warden support at Surrey Court.

155. **DEPUTATIONS**

The Committee did not receive any deputations for this meeting.

156. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made four announcements:

Briefings and Updates

The Chairman noted that updates would be shared after the meeting with the Committee on:

- The progress of Antelope House recruitment (Southern Health)
- The Ridgeway Centre, Oxfordshire (Southern Health)
- TQ21 services (Southern Health)

Sustainability and Transformation Plans (STPs)

Members would recall receiving a briefing on STPs in June at the Committee's Member Briefing session. The Hampshire and Isle of Wight plan was due to be submitted on 21 October and after this time a further briefing would be held, followed by consideration of next steps at a future Committee meeting. In the interim, once the plan is publically available it would be shared with the Committee.

Tackling Obesity Conference

The Leader reminded Members through the Chairman of an upcoming conference on 'Obesity in Hampshire: Tackling the great health challenge', which would hear speakers from the Department of Health, Public Health England and the London School of Hygiene and Tropical Medicine. The conference would take place on 3 October, from 10am to 4.30pm, in Ashburton Hall.

Next meeting

The Chairman reminded Members that the next Committee meeting would take place on 20 October at the earlier time of 9.30am.

157. **HEALTH: PROPOSALS TO DEVELOP OR VARY SERVICES**

Hampshire Hospitals NHS Foundation Trust: Andover War Memorial Hospital Minor Injuries Unit – Update on Temporary Variation to Opening Hours

The Chief Executive of Hampshire Hospitals NHS Foundation Trust presented a report providing a progress update on the temporary variation to the opening hours at the Andover War Memorial Hospital Minor Injuries Unit (MIU) (see report, Item 6 in the Minute Book).

A summary of the update was provided to Members, and it was highlighted that further Emergency Nurse Practitioners (ENPs) would need to be recruited before opening hours could return to usual. The staffing rota had been further impacted by long-term staff sickness, and the sad passing of a staff member.

The new clinical matron had worked hard to recruit additional staff and introduce a more sustainable model of working. There remained a commitment to returning to full operational hours.

In response to questions, Members heard:

- The opening hours of the MIU were currently 8.30am – 5.30pm (last check-in time), seven days per week.  
*\*Post meeting note – the opening hours of the MIU at the time of the Committee meeting were corrected to be 8.30am – 7.30pm, and this inaccuracy was notified to the Committee on 22 September 2016.\**
- There hadn't been a direct measurable impact of pressure reducing on emergency departments by re-extending the MIU's opening hours.
- Staff on the ground in the MIU had reported that patients prefer to wait until the Unit is open rather than attend emergency departments, unless their condition required urgent attention.
- The long term vision of the Trust was to continue to provide the MIU as a local service reducing pressure on emergency services. The future of the MIU, in terms of any expansion or redesign of services, was dependent on commissioner intentions, but the vision of the Trust would be to increase GP input into the model of care, following a model of an 'urgent care centre'. However, there were no plans to remove the current MIU service or to no longer provide it.
- The Trust was one of the first nationally to begin training in-house ENPs and had a successful programme for this. This was part of the approach to developing a sustainable staffing model.
- NHS Improvement's review of the emergency departments operated by Hampshire Hospitals had now been closed without action, and the risk rating for the hospitals returned to green. This was good news, but further work needed to take place to improve processes, particularly for the frail elderly, and in resolving the issue of delayed transfers of care.

Discussion was held on Mrs Edward's recent announcement that she would be retiring as Chief Executive of the Trust at the end of 2016. Members of the Committee thanked Mrs Edwards for her valued contribution to the work of the Select Committee, noting her persistent nature in addressing challenges and the excellent working relationship she had built with the HASC. The Chairman wished her the best of luck for her retirement, and the Committee's good wishes for the future.

The Chairman moved to the recommendations.

RESOLVED

That Members:

- a. Note the current operational hours of the Andover War Memorial Hospital Minor Injuries Unit.
- b. Request a further update on this temporary variation in January 2017, or once the unit is fully operational, whichever is soonest.
- c. Request any further information required on this issue.

158. **HEALTH: SOUTHERN HEALTH NHS FOUNDATION TRUST AND WEST HAMPSHIRE CLINICAL COMMISSIONING GROUP – UPDATE ON PROGRESS FOLLOWING THE MAZARS AND CARE QUALITY COMMISSIONER REPORTS**

Representatives from Southern Health NHS Foundation Trust and West Hampshire Clinical Commissioning Group presented a report providing an update on the progress made against actions recommended by Mazars and the Care Quality Commission (see report, Item 7 in the Minute Book).

The Interim Chief Executive of Southern Health, Ms Julie Dawes, provided an opening statement to the Committee noting recent media stories on the resignation of the Chair, Tim Smart, for personal reasons, and the resignation of Katrina Percy, the previous Chief Executive, to take up a new role within the Trust. She acknowledged the intense media scrutiny of the leadership in the Trust, and that this would have a further impact on public and patient confidence in Southern Health's services. The Trust was working hard to provide assurances to all stakeholders at this time.

The process was already underway to appoint a new permanent Chair of the Trust, given Mr Smart's interim

appointment by NHS Improvement, and in the meanwhile the Deputy Chair, Malcolm Berryman, would act as Chair.

Since the Interim Chief Executive had taken up post, a further review of the Executive Board had taken place in order to ensure that areas of future focus were clearly defined in the posts. This has resulted in a number of changes, including:

- A confirmed Director of Finance (Paula Anderson).
- A confirmed Director of Operations (Mark Morgan).
- A confirmed Director of Corporate Affairs (Paul Streat).
- Chris Ash taking on a Director of Strategy role (previously an Integrated Services Director).
- Gethin Hughes taking on both the East and West Integrated Services in his Directorship.
- Sarah Courtney acting up to Director of Nursing and Quality.
- Dr Chris Gordon being seconded to NHS Improvement.

It was clarified that all roles were additional areas of portfolio or focus and wouldn't require further development or recruitment. These changes had been through the Trust's remuneration committee, and resultantly there would be small costs saving through this restructure, as well as the benefit of the Board being re-focused to deal with future challenges.

It was heard that real progress had been made on the actions recommended by the Mazars report and Care Quality Commission (CQC) inspection. The CQC had recently held a further unannounced inspection of the Trust, focusing on those areas which previously received a warning notice. Positive feedback had been provided from inspectors on this visit. It was hoped that enough progress had been made for the CQC to consider lifting the warning notices. In particular, it was noted that despite the continued press interest in the Trust, staff had shared positive messages about the changes Southern Health had implemented, with individuals proud and keen to share their views.

The auditing firm Niche/Grant Thornton had undertaken a review of the action plan drafted following the Mazars report, in order to understand its fitness for purpose in meeting the recommendations. This had received an unqualified 'clean' opinion. The next stage of the review would be to determine if the action plan had been sufficiently progressed to meet the recommendations.

A number of other reports and surveys recently published had made positive comments about the Trust and its improvement programme. The Community Mental Health

survey had seen significant progress in a large number of areas, with the Trust appearing in the top 10% of national mental health providers in some categories.

Heather Hauschild, the Accountable Officer for West Hampshire Clinical Commissioning Group (CCG), welcomed the focus that the Interim Chief Executive was bringing to the Trust to see through the improvements and actions required. The CCG were content that good progress had been made to date, particularly in relation to the recording, reporting and investigating of deaths, including a number of actions for commissioners detailed in the paper. The CCG were providing support for the interim Board arrangements, and would continue to work closely with the Trust and in partnership with other agencies on the issues raised through the Mazars report.

A significant number of questions from Members, and related discussion, was heard on the recent resignation of the Interim Chair of the Trust, and the resignation of the previous Chief Executive, Katrina Percy, and her widely reported new temporary role working with GPs. The Interim Chief Executive was clear that the decision to offer a temporary role to Ms Percy, and the accompanying salary, was one taken by the former Chair and the Board in consultation with legal and HR advisors. Ms Dawes had not been part of the decision making process, and therefore could not comment on it. Similarly, the CCG had not had been involved in this process, as it was for the Trust to determine its own staffing structures.

The Chairman noted that as the HASC did not have a statutory role in relation to staffing or salary entitlements, it would not be permissible for Members or the Committee to make recommendations on these areas. In protest, both Councillors Moore and Hooke left the meeting. The remaining Committee Members noted that they felt the most appropriate way to challenge the Trust was to be present throughout the meeting, and to hold Southern Health to account through questioning and scrutiny.

It was heard that Ms Percy's new role would see a focus on stakeholder engagement and partnerships, using her experience and knowledge in these areas. It would potentially dovetail with other ongoing work with CCGs, Vanguards, and Sustainability and Transformation Plans.

In response to further questions, Members heard:

- It was felt that the best way to build public confidence in the Trust and its services would be to make progress against the recommendations and actions, and to demonstrate these improvements to the public. In addition, the Trust was continuing to publicise the good

- work of teams providing services across its geography.
- The Trust was accepting of the media interest in developments and understood that they would be under close scrutiny until the public were satisfied that improvements had been made.
  - That patient safety and service quality continued to be the Trust's highest priorities. Further work had been progressed in strengthening risk reporting through the Mazars and CQC action plans.
  - A clear process had been established for the initial review of deaths, and this included contacting the family to understand whether they wish to be involved in any investigation. It was understood that the timescales for review may not be suitable for some families, who understandably would not wish to be involved immediately, and there would be some flexibility in timescales where this was the case.
  - Approximately 20% of all initial reviews and full investigations were audited to ensure that the correct process was applied.
  - All staff members involved in leading investigations had received specialist training on how to work with families. The Trust had also recently led a successful recruitment for Family Liaison Officers, who would be specially trained to provide support to any family of a service user.
  - The Trust had commissioned a report seeking the views of families on the investigation process followed by Southern Health, and what improvements could be made to how families are involved. The outcomes of this work had recently been received, and had highlighted a range of areas for review.
  - There had been close cross-boundary collaborative work between providers and commissioners on the process to be followed for investigating the death of service users who are in the care of more than one organisation:
    - A multi-agency protocol had been drafted following a stakeholder workshop in the summer. This document was now being agreed through the various board and governance processes and it was hoped would be in place by the end of the financial year.
    - The University of Bristol were leading a national mortality review of deaths of people with learning disabilities, and Southern Health had volunteered to take part in this work. This review began on 1 September, and was currently at the peer review stage.
    - The CCG was leading work to engage with service users across all provider organisations to understand their views on the care they receive.
  - The CCG noted that good progress had been made in its oversight and monitoring role of the Trust, with it no longer being the case that a large number of reports are returned to authors due to quality issues. Monthly quality

reviews continued to be held between the CCG and the Trust, and the CCG had undertaken a number of service visits independently,

- The multi-agency Mazars scrutiny meeting continued to meet monthly, with this meeting including representation from the Trust, all Hampshire CCGs, NHS England, NHS Improvement and Monitor.
- The majority of the 'red' status items in the action plan were thought to have been progressed but had not yet been validated by a member of the Executive Team. Through the learning from previous CQC inspections, a process had been put in place to ensure that reported completed actions were independently verified. In addition, work was ongoing around 'Board to Ward' assurance processes which should identify any struggling teams or risks at the frontline of services.
- All staff have the opportunity to report concerns, feedback or ideas directly to the Executive Board and to have these responded to within 7 days. In addition, the Trust had refreshed its staff engagement plan and had introduced new surveys, listening events and 1-2-1 meetings with Directors to understand and capture staff views.
- The Trust and CCG were involved in the work with Hampshire County Council's Public Health team on suicide prevention.

In summary, Members agreed that good progress had been made against the recommendations and actions from the Mazars and CQC reviews, and that time should be allowed for the new Board to deliver improvements. The Chairman requested that consideration be given as to whether the multi-agency protocol setting out the steps for investigating deaths could be expedited to ensure its consistent use across the NHS and care agencies as soon as possible.

The Chairman moved to the recommendations.

**RESOLVED**

That the Committee:

- a. notes the progress made to date.
- b. requests the outcomes of the Community Mental Health survey, and the report on how Southern Health NHS Foundation Trust can improve the experience of family involvement in the investigation of service user deaths.
- c. requests a further update in six months' time.

159. **WORK PROGRAMME**

The Director of Policy and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

The issue of Child and Adolescent Mental Health services was raised, and it was agreed that discussion on this be held with the Chairman of the Children and Young People Select Committee, who have reviewed this topic as part of their work programme.

**RESOLVED:**

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

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Chairman, 20 October 2016