

# Health Overview and Scrutiny Panel SUPPLEMENTAL AGENDA

Thursday, 18th July, 2013  
at 6.00 pm

## PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

### Members

Councillor Chaloner (Vice-Chair)  
Councillor Claisse  
Councillor Cunio  
Councillor Lewzey  
Councillor Parnell  
Councillor Spicer

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## AGENDA

Agendas and papers are now available via the City Council's website

**12 UNIVERSITY HOSPITAL SOUTHAMPTON; UPDATE ON EMERGENCY DEPARTMENT / MONITOR AND THE CHILD HEART SURGERY REVIEW**

Report of the University Hospital Southampton Chief Operational Officer and University Hospital Southampton Director of Communications and Public Engagement, attached.

Wednesday, 10 July 2013

HEAD OF LEGAL, HR AND DEMOCRATIC SERVICES

# Agenda Item 12

<b>DECISION-MAKER:</b>	<b>HEALTH OVERVIEW AND SCRUTINY PANEL</b>		
<b>SUBJECT:</b>	UNIVERSITY HOSPITAL SOUTHAMPTON; UPDATE ON EMERGENCY DEPARTMENT / MONITOR AND THE CHILD HEART SURGERY REVIEW		
<b>DATE OF DECISION:</b>	18 <sup>th</sup> JULY 2013		
<b>REPORT OF:</b>	UHS CHIEF OPERATING OFFICER AND UHS, DIRECTOR OF COMMUNICATIONS AND PUBLIC ENGAGEMENT		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	Alison Ayres	<b>Tel:</b> 023 8079 6241
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## **BRIEF SUMMARY**

Following the recent underperformance of the University Hospital Southampton Emergency Department A&E targets Jane Hayward, USH Chief Operating Officer, will give the Panel an update on the progress to date. In addition, Alison Ayres, Director of Communications and Public Engagement, will update the panel on the recent announcement that the child heart surgery reform has been suspended and the implications for the Southampton unit.

## **RECOMMENDATIONS:**

- (i) That the panel notes the progress to achieve A&E targets at the University Hospital Southampton, and following discussions with the Chief Operating Officer agrees any issues that may need to be brought forward to a future HOSP meeting.
- (ii) That the panel notes that the child heart surgery reform has been suspended, and following discussions with the Director of Communications and Public Engagement, considers if the HOSP wishes to respond to this announcement based on the implications to the Southampton Unit.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. As part of the HOSP's terms of reference the panel has a role to respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

### DETAIL (Including consultation carried out)

3. Following a prolonged period of underperformance against the 4-hour A&E operating standard during Q4 11-12 and Q1 12-13, and with encouragement from the CCG, University Hospitals Southampton (UHS) commissioned the national Emergency Care Intensive Support Team (ECIST) to undertake a review of the unscheduled care pathway within trust. The review took place in mid-June 2012 and the trust is now implementing the recommendations. The outcomes and recommendations of this review were reported to the panel on 31<sup>st</sup> January 2013.
4. Since the initial report Monitor, the health sector regulator, has announced that it is investigating whether the University Hospital Southampton NHS Foundation Trust has breached conditions of its licence due to persistent breaches of their A&E targets.
5. An outline of the latest UHS Emergency Department's performance is attached at Appendix 1. A further update will be given at the panel meeting by Jane Hayward, UHS Chief Operating Officer.
6. The panel are asked to note the latest performance and consider any issues that may need to be brought forward to a future HOSP meeting.
7. The panel were involved in responding to the child heart surgery review in 2011. The outcomes from the public consultation supported the concentration of care in fewer, bigger centres, with the Southampton Child Heart Unit remaining in place. These findings were reported to the panel on 15<sup>th</sup> September 2011.
8. However, following public controversy around some of the closures proposed a High Court judge quashed the decision to stop surgery in Leeds saying the consultation was flawed and 'ill-judged'. Following this, the Health Secretary, Jeremy Hunt, ordered the Independent Reconfiguration Panel (IRP) to assess the decision.
9. THE IRP concluded that the '*Safe and Sustainable review was based on a flawed analysis of the impact of incomplete proposals, and leaves too many questions about sustainability and implementation*'. As such the recommendation that the proposals cannot go ahead in their current form was accepted and the review has been suspended.
10. Alison Ayres, Director of communications and public engagement, will give the panel a verbal update on the current situation with regards to the review and outline the potential impact for the Southampton Children's Heart Surgery Unit.
11. The panel is asked to note the changes to the child heart surgery review and consider if the HOSP wishes to respond to this announcement based on the implications to the Southampton Child Heart Surgery Unit.

## RESOURCE IMPLICATIONS

### Capital/Revenue

12. None

**Property/Other**

13. None

**LEGAL IMPLICATIONS**

**Statutory power to undertake proposals in the report:**

14. The powers and duties of health scrutiny are set out in the Local Government and Public Involvement in Health Act 2003.

**Other Legal Implications:**

15. None

**POLICY FRAMEWORK IMPLICATIONS**

16. None

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	ALL
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	UHS: Update On Emergency Department Performance
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**Documents In Members' Rooms**

1.	HOSP 31 JANUARY 2013: Emergency Care Intensive Support Team Report <a href="http://www.southampton.gov.uk/modernGov/documents/s15385/Report.pdf">http://www.southampton.gov.uk/modernGov/documents/s15385/Report.pdf</a>
2.	HOSP 15 <sup>th</sup> SEPTEMBER 2011 <b>ITEM 14:</b> Safe & Sustainable – Review of Children's Congenital Heart Services in England, Report of the Public Consultation; <a href="http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&amp;MId=2178&amp;Ver=4">http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=477&amp;MId=2178&amp;Ver=4</a>
3.	IRP Report on the Independent Review of the Safe & Sustainable Review of Children's Congenital Heart Services in England Process <a href="http://www.irpanel.org.uk/lib/doc/000%20s&amp;s%20report%2030.04.13.pdf">http://www.irpanel.org.uk/lib/doc/000%20s&amp;s%20report%2030.04.13.pdf</a>

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)      Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

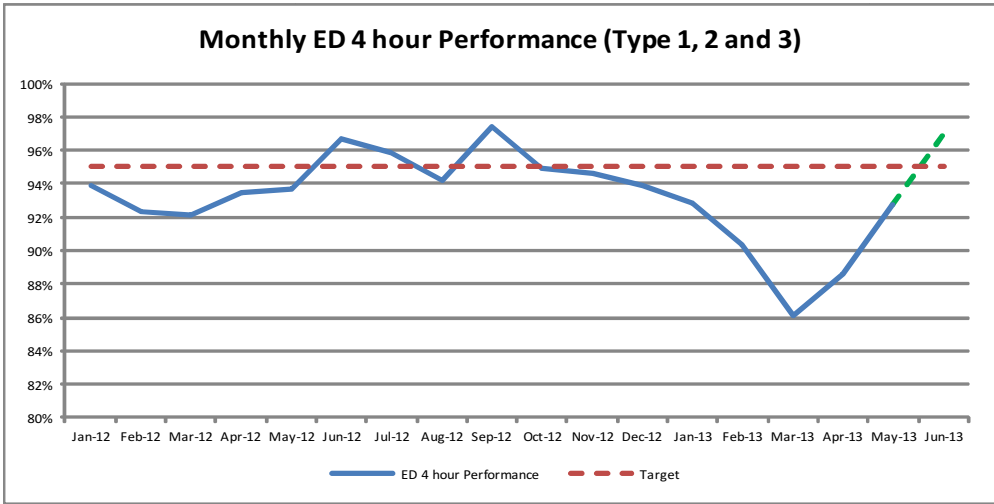
1.	N/A	
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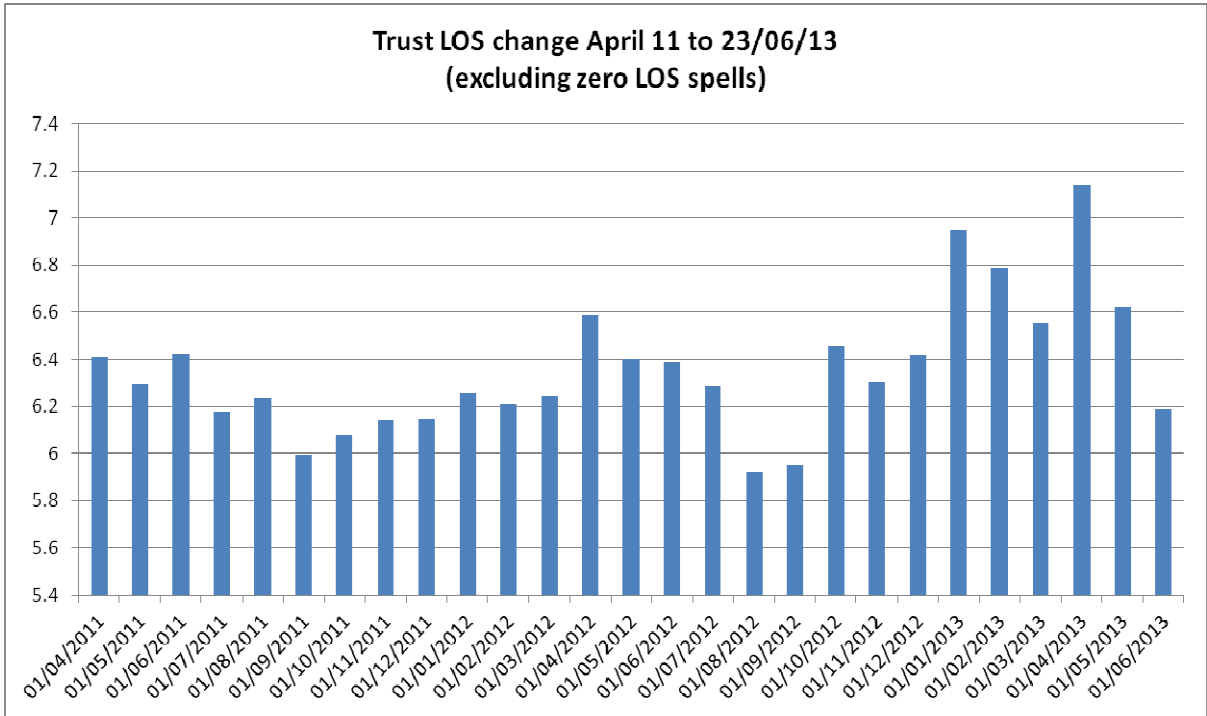
### APPENDIX 1

#### Update on Emergency Department Performance

There had been significant improvement in the ED performance in the last quarter and 93% of patients were treated and admitted or treated and discharged within 4 hours of arrival. An update on quarter 2 can be given at the meeting.

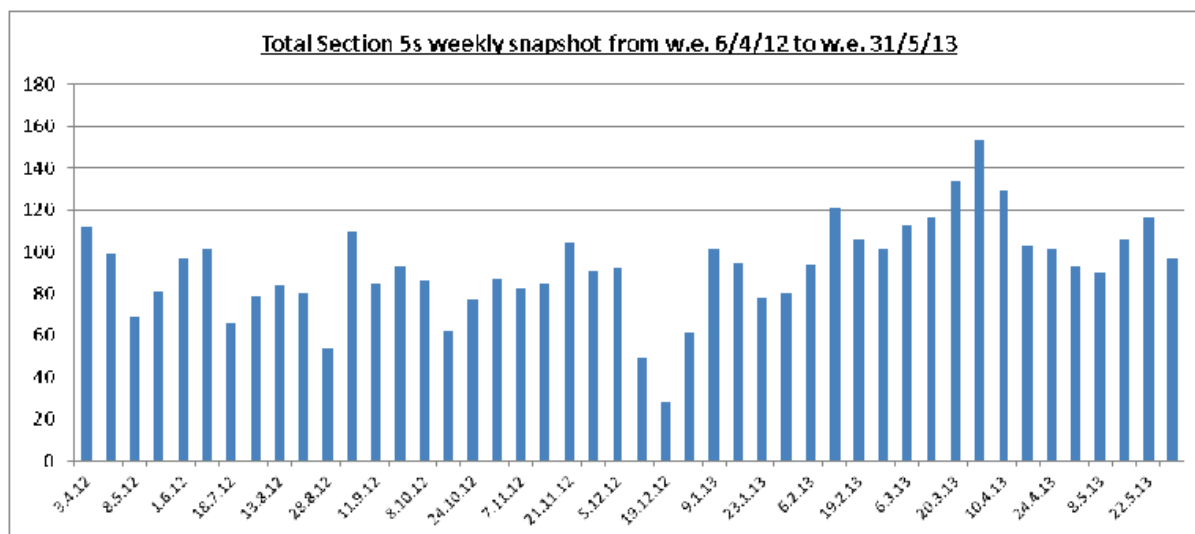


In particular the bed availability situation has improved in the hospital allowing patients to be admitted in a timely manner. This is linked to a decrease in acuity and a reduction in length of stay.



Delayed discharges of care remain of particular concern. Whilst there has been some improvement in processing patients through the system, patients remain in hospital to undertake clinical and social assessments, or while waiting for the most appropriate facility

or placement to become available. On any one given day there are over 100 patients (out of 1000) who are medically fit, but not discharged for these reasons. The health and social care system's ambition is to reduce this to 50.



Looking forward a summer plan has been prepared and the hospital will be fully staffed and all ward beds will remain open, with a further 8 new beds opening in August 2013. This will help support a reduction in waiting times for patients having planned surgery.

As we approach the winter we have a 4 point plan to ensure we can continue to deliver a good service to patients;

- A) We will open a further 67 beds to support an increase in winter acuity and reduce occupancy. This will include a new isolation ward to mitigate the impact of any seasonal norovirus in the community.
- B) We will minimise length of stay by ensuring patients do not have unnecessary waits (for things like X-ray), increase the number of times patients see doctors to ensure their care is always moving forward, improve systems on the day of discharge so that transport and medicines are in place and improve continuity of care for elderly care patients between a hospital admission and care in the community.
- C) We will increase the staffing in ED and change our processes so that patients' care can be undertaken as quickly as possible.
- D) We will work with our colleagues in social services, community care providers and the private sector to create new services and change processes to reduce delays. In particular we will develop new support services for patients who are non-weight bearing, those with housing issues, bariatric patients and those that need 3 or 4 times a day visits.

Our winter plan (the remedial action plan) has been approved by our commissioners (the CCGs) and shared with our regulators Monitor.

Jane Hayward  
**Chief Operating Officer**