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Health Overview and Scrutiny Panel

Thursday, 27th September, 2012
at 7.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Claisse
Councillor Jeffery
Councillor Lewzey (Vice-Chair)
Councillor Parnell
Councillor Pope (Chair)
Councillor Tucker
Councillor Morrell

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PUBLIC INFORMATION

Southampton City Council's Seven Priorities

- More jobs for local people
- More local people who are well educated and skilled
- A better and safer place in which to live and invest
- Better protection for children and young people
- Support for the most vulnerable people and families
- Reducing health inequalities
- Reshaping the Council for the future

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2012/13

2012	2013
21 June 2012	24 January 2013
15 August	29 March
11 October	
29 November	

CONDUCT OF MEETING

Terms of Reference

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTEREST

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Personal Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PERSONAL INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value fo the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having a, ‘Other Interest’ in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

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

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 15th August 2012 and to deal with any matters arising, attached.

8 TRANSFER OF MEDICINE FOR OLDER PEOPLE WARD FROM SOUTHAMPTON GENERAL HOSPITAL TO ROYAL SOUTH HANTS

Report of the Senior Manager (Customer and Business Improvement) providing details of the proposed temporary transfer of elderly care beds from Southampton General Hospital to Royal South Hants, attached.

Wednesday, 19 September 2012 HEAD OF LEGAL, HR AND DEMOCRATIC SERVICES

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 15 AUGUST 2012

Present: Councillors Claisse, Jeffery, Lewzey (Vice-Chair), McEwing, Parnell, Pope (Chair) and Tucker

Also in Attendance

Councillor Rayment – Cabinet Member for Communities

11. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Lewzey disclosed a personal interest in Items 15, 16 and 18, remaining in the meeting but not taking part in the debate on Item 18.

12. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the Minutes of the Meeting held on 21st June 2012 be approved and signed as a correct record, subject to the following amendments:-

Page 3 – Item 7 – Southampton Clinical Commissioning Group Annual Plan and Priorities

The following points from the presentation to be added:-

- that the SHIP Committees received Freedom Of Information Requests and not CCG's; and
- that officers were unable to provide information on the percentage of GP's in support of the Health and Social Care Act.

Matters Arising

Page 1 - Item 4 – Southampton, Hampshire, Isle of Wight and Portsmouth Heath Overview and Scrutiny Committees : Arrangements for Assessing Substantial Change in NHS Provision

To note that work to update the arrangement for assessing substantial change in NHS provision has not commenced due to the recently introduced Government consultation on the new proposed statutory guidelines.

Page 1-2 – Item 5 – Update from Joint Seminar re Vascular Surgical Services

The Chair reported that he was not happy with the response received from Portsmouth Hospitals NHS Trust, which had only invited Southampton HOSP members to visit the hospital and had made no mention of resolving the issue. After discussion it was AGREED that the request for an "Update on Vascular Surgical Services" scheduled for

the meeting in October, should be amended to request "Confirmation and Agreement of the Way Forward in relation to Vascular Surgical Services".

It was noted that to make a referral to the Secretary of State would be a measure of last resort.

13. **ANNUAL MEETING PROGRAMME 2012-2013**

The Panel considered the report of the Democratic Support Officer, requesting that the Panel approve the revised programme of meeting dates. (Copy of the report circulated with the agenda and appended to the signed minutes).

RESOLVED that the following amended dates be approved:

- Wednesday 10th October 2012; and
- Thursday 31st January 2013.

14. **EXCLUSION OF THE PRESS AND PUBLIC - CONFIDENTIAL PAPERS INCLUDED IN THE FOLLOWING ITEM**

In accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of Item No 15. The report contains information deemed to be exempt from general publication based on Category 3 of paragraph 10.4 of the Council's Access to Information Procedure Rules, as it includes details of a proposed transaction which, if disclosed prior to entering into a Legal contract, could put the Council or other parties at a commercial disadvantage.

15. **CONSULTATION ON SHORT BREAK SERVICE**

Councillor Lewzey disclosed a personal interest in the above item as he was a member of Solent NHS Trust and remained in the meeting.

The Panel considered the confidential report of the Deputy Director of Integrated Strategic Commissioning, NHS Southampton, detailing proposals for a Short Break Service. (Copy of the report circulated with the agenda and appended to the signed minutes).

Donna Chapman, NHS Southampton PCT and Sam Ray, Southampton City Council were present and briefed the Panel on the background to the report.

RESOLVED

(i) that a targeted consultation be carried out by the PCT from September to November 2012; and

(ii) that a report on the outcome of the consultation be brought to the Panel in November.

16. **JOINT HEALTH AND WELLBEING STRATEGY : CONSULTATIVE DRAFT**

Councillor Lewzey disclosed a personal interest in the above item as he was involved with the Health and Wellbeing Board and local authority partnerships and remained in the meeting.

The Panel considered the report of the Director of Public Health, detailing the Consultative Draft of the Joint Health and Wellbeing Strategy. (Copy of the report circulated with the agenda and appended to the signed minutes).

Dr Andrew Mortimore and Councillor Rayment were present and briefed the Panel on the draft document.

The Panel noted the following:-

- That the draft strategy had been drawn up by the Shadow Health & Wellbeing Board for consultation and had been circulated to all partners, local communities and stakeholders.
- The consultation would end on 30th September 2012 and the final strategy would be tabled at the November meeting of the Health and Wellbeing Board for approval, prior to the final decisions being taken by the Southampton City Council Cabinet and the Southampton City Clinical Commissioning Group Board in December 2012.
- That the strategy proposed six priority areas to focus local action and ensure best outcomes; feedback, by way of questions, was requested on each priority area.
- That the Health and Wellbeing Board was a partnership board with democratic representation, leading the strategic direction of health and wellbeing in Southampton through the development of a Health and Wellbeing Strategy with clearly agreed priorities and objectives.

RESOLVED

(i) that the draft consultative strategy be noted; and
(ii) that an informal workshop be convened in order that officers could assist panel members in providing a concise response to the consultation questions; and
(iii) that the outcome of the informal workshop be submitted as the response from the Panel to the draft Health and Wellbeing Strategy

17. **LOCAL AUTHORITY HEALTH SCRUTINY - PROPOSALS FOR CONSULTATION**

The Panel considered the report of the Senior Manager Customer and Business Improvement providing details of the Department of Health’s consultation on changes to legislation on Health Overview and Scrutiny Panels, relating specifically to the extended scope of HOSC’s and referrals to the Secretary of State. (Copy of the report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- That the consultation closed on 7th September and therefore an urgent response to the consultation questions was required.
- That to date the Health & Overview Scrutiny Panel had not needed to refer anything to the Secretary of State as issues had been managed locally.
- The Panel felt that referral to the NHS Commissioning Board as an intermediate stage prior to consideration by the Secretary of State, and requiring full council's agreement to refer to the Secretary of State were an unnecessary additional layer of bureaucracy.

RESOLVED that Panel Members would email individual responses to the consultation questions to the Chair, Vice Chair and Mark Pirnie by Friday 17th August and a co-ordinated response to the Department of Health would then be prepared.

18. **COMMISSIONING LOCAL HEALTHWATCH : LEARNING POINTS FROM LOCAL INVOLVEMENT NETWORKS (LINK)**

Councillor Lewzey disclosed a personal interest in the above item as he was involved with commissioning of Healthwatch and remained in the meeting but did not take part in the debate.

The Panel received and noted the report of the Executive Director of Health and Adult Social Care detailing some of the learning points from the Local Involvement Network (LINKs) which would be applied to the development of Healthwatch. (Copy of report circulated with the agenda and appended to the signed minutes).

The following was noted:-

- A contract directly with Healthwatch, as opposed to a hosting arrangement would provide greater accountability.
- Provision for the transfer of data relating to individual members had been an operational issue with LINK and in setting up local Healthwatch, provision would be made in the specification to ensure that contact details could be transferred to any successor body.
- The specification for Healthwatch would set out a number of performance indicators for each of the activities to be undertaken, and there would be provision to withhold part of the payment in the event that the full information required was not supplied and Healthwatch was not performing to the level specified.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	TRANSFER OF MEDICINE FOR OLDER PEOPLE WARD FROM SOUTHAMPTON GENERAL HOSPITAL TO ROYAL SOUTH HANTS
DATE OF DECISION:	27 SEPTEMBER 2012
REPORT OF:	SENIOR MANAGER (CUSTOMER AND BUSINESS IMPROVEMENT)
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This report provides details of the proposed temporary transfer of 24 elderly care beds from Southampton General Hospital to the Royal South Hants.

RECOMMENDATIONS:

(i) The panel consider if they are content with the transfer of elderly care bed from Southampton General Hospital to Royal South Hants for a period of 6 months.

(ii) To consider what further information, if any, is required from University Hospitals Southampton Foundation Trust.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide the panel with the opportunity to comment on the proposals.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. The University Hospitals Southampton Foundation Trust (UHS) wrote to the Chair of the Panel in June regarding the proposed of a 24 bed elderly care ward from Southampton General Hospital (SGH) to the Royal South Hants (RSH) managed by Solent NHS Trust (appendix 1).

The rational for the move was increased demand for urgent care leading to a knock on effect on waiting times for elective surgery. The change was needed to increase bed capacity at the hospital.

Further briefing papers were provided by UHS in June and July (appendix 2 and 3).

Hampshire HOSC wrote to UHS in July following discussion at a meeting to raise the following concerns

- The number of Hampshire patients likely to be affected by this move.

- That the re-opened ward at the Royal South Hants Hospital is clinically and therapeutically appropriate, and that there will be adequate medical cover.
- How this move in beds will result in improved outcomes and patient

  pathways for:

  a. Elderly care patients

  b. Surgical care patients

  c. Urgent and emergency care patients
- The engagement that will be undertaken with current and future service users, their families and carers.
- The consultation work undertaken with stakeholders who are involved in the elderly care pathway, specifically Southampton and Hampshire Council adult services, community health service providers, the ambulance service and patient transport services.

and a copy of the correspondence and the response from UHS dated 5 September are attached at appendixes 4 and 5.

4. On 14 August the Southampton City Clinical Commissioning Group (CCG) wrote to UHS outlining their concerns with the proposed bed transfers. The two main areas of concern related to the difficulty in responding to clinical challenges in wards remote from the main acute hospital and the selection criteria for patients who would be transferred. The letter also requested confirmation that both Hampshire and Southampton HOSCs are content with the proposed transfer. A copy of the letter is attached at appendix 6.

5. Following further discussions with UHS the CCG wrote again on 24 August agreeing, subject to provisos including support from HOSC, that the transfer could take place on a temporary basis for up to 6 months to help offset winter pressures whilst the Trust continue to implement whole system change to deal with capacity issues. A copy of the letter and the response from UHS are at appendix 7 and 8.

6. The Chair of the Panel met recently with the Chief Officer (designate) of the CCG to discuss the proposal and agreed the panel should formal discuss the issue before the proposed implementation of the transfer in early October.

   To inform the discussion the Chair has also requested views from the South Central Ambulance Service NHS Foundation Trust and Southampton City Council Adult Social Care department. Confirmation has also been sought from UHS regarding the cost of the proposed temporary bed transfer.

Responses will be circulated to members upon receipt.

7. A number of acronyms are used and the appendixes to this paper and a short glossary is attached at appendix 9.

RESOURCE IMPLICATIONS

Capital/Revenue

8. Information has been requested from UHS regarding the cost of the proposal.

Property/Other

9. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

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KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	

Appendices

1.	Letter from Steve McManus dated 13 June 2012
2.	Briefing Paper June 2012
3.	Briefing Paper July 2012
4.	Letter from Councillor Pat West dated 25 July 2012
5.	Letter from Mark Hackett dated 5 September
6.	Letter from Les Judd dated 14 August
7.	Letter from John Richards dated 24 August
8.	Letter from Mark Hackett dated 28 August
9.	Glossary of Terms

Documents In Members' Rooms

1.	None

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.		No
Title of Backgrou Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) N/A	

Solent NHS
NHS Trust

University Hospital Southampton NHS
NHS Foundation Trust

Chief operating officer
Trust Management Offices
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD

Cllr Andrew Pope
Health scrutiny panel
Southampton City Council
Civic Centre
Southampton
SO14 7LY

13 June 2012

Dear Councillor Pope,

We are writing to inform you about a change we are planning to make to the medicine for older people service provided at Southampton General Hospital (SGH).This change is urgently needed to increase bed capacity at the hospital.

Over the last three years and more notably in the last 12 months we have experienced a sustained increase in demand for emergency and urgent care which has made it increasingly difficult to treat patients coming to the hospital for planned surgery. As you know we share the commitment made in the NHS Constitution to treat all patients within 18 weeks of their referral by a GP. Despite taking a number of steps to increase capacity by reducing the length of hospital admissions and improving efficiency, we still do not have enough beds available to meet the present demand.

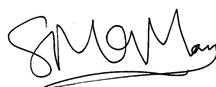
In order to maintain good access to our services for all patients we need to create additional space to treat people needing planned surgery. Having considered a number of options we are proposing to move 24 elderly care beds from ward G8 at SGH to the Royal South Hants (RSH) hospital which is managed by Solent NHS Trust. The vacated space at SGH will be used to open 24 surgical beds to treat patients who need to be admitted for planned procedures.

This physical relocation of the ward will not affect the type or level of care that patients receive. We plan to take our existing clinical staff (medical, nursing and therapies) to the RSH to care for the patients in the same way as they are currently cared for at SGH. This move has been discussed with our lead commissioner and other healthcare providers. It enables us to develop further opportunities for clinical integration with community services for the benefit of patients.

We have begun a process of consultation with up to 50 staff involved and hope to move the ward during July 2012. We will be transferring some existing patients to the RSH using ambulance transport and will be admitting further patients there as appropriate. The ward will not be taking direct admissions and all patients will have been admitted to SGH initially.

We would welcome further discussion with you about how we could involve you in this proposal and would wish to understand your views or any concerns you have about it.

Yours sincerely



Steve McManus

Sarah Austin

Chief operating officer
University Hospital Southampton NHS Foundation Trust

Director of Strategy
Solent NHS Trust

Transfer of Medicine for Older People (MOP) Ward from Southampton General Hospital (SGH) to Royal South Hants Hospital (RSH)

1. Introduction

In 2012/13 SHIP commissioners have invested a further £7m in the Trust to cover non-elective growth at 2% and to reduce elective waiting times. To meet this demand and ensure performance can be maintained the Trust Board has considered the capacity challenges it faces.

As part of the strategic capacity options the opportunity to partner with another organisation in order to access capacity has been a key option. In part this is in response to the fact that the capital programme available for new build development to support capacity requirements on the UHS campus has been limited for a number of years as commissioners have been unable to afford PbR tariffs. This has been mostly rectified in 12/13 but it will take some time to develop the capacity needed on site to meet demand.

2. The Capacity Challenge

The capacity challenge for 2012/13 is reasonably straightforward. In order to maintain an acceptable level of occupancy to deliver the national performance targets and ensure quality of provision the Southampton General Hospital site will require a reduction in the overall occupancy level for beds managed by Division A and Division B. The Surgical Care Group (Div A) has run with the highest occupancy level in terms of level one bed capacity for in excess of 12 months now and it is clear given the level of elective surgical activity and the non elective growth rates commissioned by the CCGs that further level one adult beds are required within that Care Group.

Ongoing demand for emergency medicine and medicine for older people is the other area within the organisation where consistently high occupancy levels through Q3 and Q4 have continued into Q1. This in part has a contributory impact to the failure of the ED target in Q4. This is on a backdrop within that Care Group of reducing length of stay consistently over the last 12 months; however demand consistently outstrips capacity with a knock-on effect into other areas of the hospital making it difficult to achieve ED, cancer and RTT targets. Over the past 2 years a number of joint audits have been carried out regarding the suitability of patients to be admitted and cared for within an acute hospital environment. Consistently the outcomes of these audits have indicated that the patients at UHS either are appropriate for acute admission to UHS or (in a small percentage of patients) care could have been provided outside of the acute sector but the infrastructure to support this was not available.

The overwhelming majority of all available space that could be appropriately used for inpatient bed stock on the SGH site is in use and there is very limited flexibility in terms of how bed stock can be utilised between specialties and in particular between the East Wing and West Wing stacks.

The Day Surgery unit development due for completion in October 2012 will provide dedicated facilities for Day Surgery activity and release a number of adult inpatient beds in both the East Wing and West Wing stacks. However it has already been agreed that the beds in the West Wing stack will be utilised for the relocation of C Level services in order that the Haematology Day unit development can commence in Q3 of this financial year. This means a limited level of East Wing capacity only is released via this development.

3. MOP Ward at RSH

In the context of the above capacity issues there has been an opportunity to look at the wider clinical estate within the health system in order to access capacity away from the main UHS campus. Both Solent and Southern Healthcare have units of ward capacity in community facilities i.e. Lymington, the Western and the Royal South Hants Hospital.

As part of the Trust's strategic direction around clinical services there has been a long standing commitment to develop integrated pathways of care regarding patients with chronic diseases i.e. COPD, heart failure and diabetes as well as looking at opportunities for clinical integration concerning community and acute care for the management of the frail elderly. In this context there is a tactical opportunity within an existing community facility to both provide short-term operational capacity for UHS as well as leveraging the acute clinical expertise within UHS to more effectively manage pathways of care with community healthcare colleagues outside of the acute sector.

In terms of short-term requirements having reviewed the physical facilities available at the current time and the most appropriate casemix of patients it was decided that the movement of an existing acute ward for medicine for older people from G Level at the SGH to RSH would provide the most compatible capacity solution, as well as the right tactical fit in terms of potential future integration of pathways. This will be a like for like replacement with a selected case mix of patients who still require acute hospital care.

The admission procedure for the ward at the Royal South Hants will be supported by an operational policy ratified by the Medicine for Older People's multi disciplinary team however, in summary:

- the client group will be male and female;
- from Southampton City or Hampshire localities;
- will have been reviewed, triaged and accepted by a Medicine for Older People's Consultant;
- whilst the patient will require transfer to another location by ambulance the environment and services will have been considered appropriate and beneficial for the patient at the time with their continued care needs
- Patients who have dementia or cognitive dysfunction will not be excluded from the ward as the staff and environment will be compatible with those currently provided on G level on the UHS site.
- Clinical care will be delivered in line with the current UHS skill mix on the Medicine for Older People wards with the full range of MDT support. There will be 24/7 hospital at night cover and daily consultant physician ward rounds.
- Funding has been included from UHS to support additional social work support to this facility thus maintaining the vital link to the wider Discharge Bureau team.
- The operational policy has been constructed specifically to ensure that patients within this facility do not experience an increase in length of stay above the levels of similar ward facilities on the UHS site and that patient throughput is appropriately maintained.
- The clinical service model and governance arrangements will be reviewed and signed off by the UHS Medical and Nursing Directors as part of the implementation timetable.

4. Links to CQINN Activity

One of the key CQINN measures for 2012/13 relates to non-elective admission avoidance and activity reduction within UHS. CQINN payments for UHS and for both Solent Healthcare and Southern Healthcare are linked around this particular measure in terms of collaborative schemes to reduce non-elective demand in the acute sector.

Whilst it is clear that the development of a UHS ward at RSH is not a measure falling within the CQINN activity there is the opportunity to develop non-elective active management schemes with community providers that could add further value to how we utilise bed capacity at the RSH. One such opportunity is to develop the medical outreach model in order to both provide early medical interventions to patients within a community setting to prevent an acute admission, but also to provide some further element of the medical support into the UHS managed bed capacity at RSH.

5. Conclusion

In summary UHS requires additional level 1 bed capacity on the UHS site in order to deliver on contractual commitments particularly regarding volumes of planned care for 2012/13. Whilst not increasing the physical bed footprint at UHS for patients under the care of the Medicine for Older People team there is an opportunity to work collaboratively with Solent Healthcare to utilise existing clinical estate within the health system.

Patients cared for by UHS at the RHS will be appropriately triaged by UHS consultant physicians and will receive treatment and support in line with the current provision from the wider MDT at UHS.

The clinical model and governance arrangements have been directly overseen at executive level at UHS with direct input from the Director of Nursing and the Medical Director.

Steve McManus
Chief Operating Officer
University Hospitals Southampton NHS Foundation Trust

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University Hospital Southampton NHS
NHS Foundation Trust

Transfer of Medicine for Older People (MOP) Ward from Southampton General Hospital (SGH) to Royal South Hants Hospital (RSH) Commissioners Brief: July 2012

1. Introduction

University Hospitals Southampton Foundation Trust (UHSFT) requires additional level 1 bed capacity on the Southampton General Hospital site in order to deliver on contractual commitments particularly regarding volumes of planned care for 2012/13. Whilst not increasing the physical bed footprint provided by UHSFT for patients under the care of the Medicine for Older People (MOP) team there is an opportunity to work collaboratively with Solent Healthcare to utilise existing clinical estate within the health system, to provide additional surgical bed capacity on the General Hospital site. This additional capacity will contribute to lower occupancy level that will support with the timely transfer of patients out of the Emergency Department and ensure the Trust can maintain 18 week performance in surgical specialties.

Upper Brambles Ward is a 24 bedded ward at the Royal South Hants Hospital (RSH) that has been reviewed and is a suitable and appropriate estate for an inpatient Medicine for Older People ward.

This paper provides a final response to the queries raised by Commissioners.

2. Patient Access to Upper Brambles Ward

Patients will be transferred from the Acute Medical Unit or downstream Medicine for Older People wards following Medicine for Older Persons Consultant review. There will be no transfers direct from the Emergency Department.

- Patients will be identified as appropriate for transfer by their Medicine for Older Persons
- (MOP) Consultant.
- Patients will be over 80 years in age and have an expected LOS greater than 24 hours.
- Patients will remain under their named MOP Consultant (as per established locality
- model).
- Patients will be medically stable for transfer but have on-going healthcare needs for which they need to remain as an inpatient, but do not require care on the SGH site.
- The following exclusion criteria have been identified:
    - Active GI bleed
    - In need of continued specialist / surgical support and review
    - Unstable reversible airways device
    - Unstable angina
    - Cardiac arrhythmias
    - Patients established on Liverpool Care Pathway
    - Bariatric patients
    - Patient detained under the Mental Health Act
- All patients will, prior to transfer, have a full plan documented in their medical notes regarding resuscitation status, ceiling of treatment and whether repatriation back to SGH site is appropriate in the event of a decline in health or an emergency. If the patient is not for resuscitation then a DNAR form will accompany the patient. Patients/carers will be aware of the decisions in place regarding these issues in line with existing Trust policies and this discussion documented in the patients' notes. If for clinical reasons this discussion is not appropriate then this should be clearly documented.

- Patients will have been moderately active prior to their medical admission and so would obtain maximum benefit from an environment that can provide an enhanced collaborative working with the therapy team prior to them becoming medically fit for transfer or discharge.
- Patients will be predominantly female due to the demand for female beds. However the ward can be divided appropriately into mixed sex accommodation whilst maintaining national guidance on single sex accommodation and therefore can, following discussion with the ward leader, accept male patients.
- Patients physical, rather than mental health needs should be the dominant reason for transfer; however this should not exclude the transfer of patients with dementia. Patients must not be detained under the mental health act. Patients who have dementia or cognitive dysfunction will not be excluded from the ward as the staff and environment will be compatible with those currently provided on G level on the UHS site.
- If required patients must have a Social Work section 2 completed prior to transfer.
- Patient / carer must consent to the transfer / admission, and be aware of the decisions in place regarding their care management
- Patient transfers to Upper Brambles will occur between 08:00 and 20:00, 7 days a week.
- Patients will be identified as appropriate for transfer by their Consultant as described above and verbal handover given to the nurse in charge of Upper Brambles.
- The ward management team will liaise either directly with the Consultant or their case manager to ensure those identified patients are transferred in a timely manner.

All of the above is supported by an Operational Policy

3. Multi Disciplinary Team

Medical

A MOP consultant will provide a scheduled session to the ward Monday to Friday days a week and will be supported by a clinical fellow who will be onsite and on shift 24/7. The Clinical Fellow will report to the Consultant responsible for the patient in core hours and to the AMU on call consultant out of hours.

Nursing

Medicine for Older Person's Ward, G8, were selected to consult with and transfer to the RSH, the 30 day consultation process finished June 2012 and the team will transfer to the 24 bed ward. There are no reductions in staffing numbers or redundancies associated with this transfer.

24 beds is supported by 31.4 whole time equivalent nursing staff, 17.45 wte registered nurses and 13.95 wte health care support workers. (see below). The nurse ratio per bed is 1.3.

	Trained	Untrained	**Total** Skill mix	CALCULATION	Trained	Untrained	Additional %	**Revised** AWL
Early	2.00	2.00	**4.00**	5.60	2.80	2.80	1.29	**6.89**
Late	2.00	1.00	**3.00**	4.20	2.80	1.40	0.97	**5.17**
Night	2.00	2.00	**4.00**	8.59	4.29	4.29	1.97	**10.56**
Twilight		0.50	**0.50**	0.70	-	0.70	0.16	**0.86**
Long Day	2.00	1.00	**3.00**	6.44	4.29	2.15	1.48	**7.92**
	8.00	6.50	**14.50**	25.53	14.19	11.34	5.87	**31.40**

Therapies
The therapy staff have been consulted with and experienced MOP therapists will transfer with the G8 staff. There will be 1wte senior therapist, 1wte registered therapist, and 1 wte support therapist.

Adult Services and Discharge Planning
An additional 1 wte social worker will be based on the ward and will be provided with management and support from within the Integrated Discharge Bureau on the SGH site. There is agreement that whilst the social worker will predominantly cover Southampton City residents there will be co-ordination of care for any Hampshire patients in conjunction with their locality or SGH social workers. As the RSH beds will be acute beds the monitoring arrangements for Delayed Transfers of Care will be reported within the UHSFT current reporting system. The ward will have an additional 1 wte discharge facilitator who will work with the multi-disciplinary team to ensure patient flow and length of stay is maintained.

Other Support Services
All support services have been scoped and dietetics, speech and language therapy and pharmacy will all be on site. Cardiac echo, specialist opinions, and all diagnostics, except plain films, will need to perform on the SGH site. Due to this patients who are predicted to require diagnostics and review by teams outside of Medicine for Older People will not be deemed appropriate to the RSH site during this time of their pathway. All 'hotel' services: linen, catering, cleaning, portering is being provided by the current hotel services at the RSH.

Transport
Patient transport has been contracted from South Coast Ambulance Services outside of the current contract and there will be transfer to and from the site seven days a week and an agreement to repatriate urgent patients back to the SGH site as a priority category.

4. Governance arrangements
UHSFT is amending the current 'Statement of Purpose' with the Care Quality Commission to include MOP and therapy services on the RSH site. This process has commenced and on discussion with the CQC there are not any problems anticipated. The assurance and governance framework will continue to be managed under the current Governance arrangements for the Care Group, Divisional and Trust with the Medical and Nurse Director ratifying the framework.

5. Patient Experience
All of the key quality and performance indicators currently monitored within the Trust will continue to be monitored and reported. These include complaints, adverse events, control of infection audits and compliance, patient satisfaction surveys, length of stay and readmission rates. Additional performance information including transfers back to the acute site will also be monitored as part of the introduction of this additional capacity.

The Trust has engaged with the Southampton and Hampshire Overview and Scrutiny Committee and LINkS as part of the implementation process and we have been able to respond to any of their queries.

6. Review
The Trust will continue to review overall capacity requirements to meet and balance the demand for elective and non-elective activity and deliver key performance indicators relating to performance and quality. Part of this review will consider the need for ongoing occupation of capacity at the RSH. The Trust will also review any opportunities for integrated or collaborative working with partner organisations that the location of this ward may deliver in order to enhance optimum utilisation of capacity and resources across the wider health system. The Trust capacity requirements are under continuous review, and in line with commissioner requests the requirement for additional capacity on the RSH site will be discussed in Quarter 4 of 2012/13 to inform ongoing service delivery.

Vanessa Arnell-Cullen: Care Group Manager Emergency Care
Frances Wiseman: Divisional Director of Operations Division B
1 August 2012

Hampshire County Council

25 July 2012

Room 105, Chief Executives
Hampshire County Council
The Castle, Winchester
Hampshire, SO23 8UJ

e-mail: pat.west@hants.gov.uk

Mark Hackett
Chief Executive
University Hospital Southampton Foundation Trust
(by e-mail)

Dear Mark

Relocation of Elderly Care Beds

Please extend my thanks to Dr Derek Sandeman and Ali Ayres, Director of Communications and Public Engagement, who attended the 24 July HOSC in order to inform the Committee of the proposed relocation of elderly care beds from Southampton General Hospital to the Royal South Hants.

I can confirm that the Committee resolved the following in relation to this agenda item:

1. That the proposals do not constitute a substantial change in service, as the move in service will predominantly affect service users in the Southampton area, and there will be no clinical change to the service to be provided.

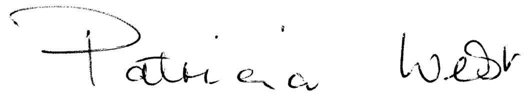
The Committee did however request further information and assurances around the following points:

- The number of Hampshire patients likely to be affected by this move.
- That the re-opened ward at the Royal South Hants Hospital is clinically and therapeutically appropriate, and that there will be adequate medical cover.
- How this move in beds will result in improved outcomes and patient pathways for:
  a. Elderly care patients
  b. Surgical care patients
  c. Urgent and emergency care patients
- The engagement that will be undertaken with current and future service users, their families and carers.
- The consultation work undertaken with stakeholders who are involved in the elderly care pathway, specifically Southampton and Hampshire Council adult services, community health service providers, the ambulance service and patient transport services.

We understand from Dr Sandeman that this move is part of a wider strategic aim to tackle the issue of unscheduled / urgent care demand and the bed capacity deficit in the Southampton (and general South Hampshire) area. We would be interested to understand how University Hospital Southampton will be taking forward such work.

Please do not hesitate to contact me should you require any additional information about the comments above.

Yours sincerely



Cllr Pat West
Chairman, Health Overview and Scrutiny Committee

cc Dr Ros Tolcher, Chief Executive, Solent NHS Trust

University Hospital Southampton NHS
NHS Foundation Trust

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Our Ref: AA

5th September 2012

Pat West,
Chair – Hampshire OSC,
Elizabeth II Court, The Castle,
Winchester.
SO23 8UJ

Dear Pat,

re: Relocation of elderly care beds

We very much appreciate the contribution made by Members of your committee to the discussions we are having about the relocation elderly care beds to the Royal South Hants Hospital.

I am writing in response to your letter of 25 July 2012 which followed the attendance of Dr Derek Sandeman and Ali Ayres at your meeting. I would like to answer the further questions you have raised as directly as possible and suggest some times when your Members might be able to visit the relevant ward areas.

Firstly I would like to emphasise the extensive discussions that have been taking place across the health system in relation to this move. We have been working in very close partnership with Solent NHS Trust, the ambulance service and adult social services and have been providing robust assurances concerning quality of care for the patients involved to our CCGs. I am pleased to say that following this period of engagement we have commissioner support for this plan subject to the CCGs receiving an assurance from yourselves that you are satisfied in the level of engagement and partnership working associated with this project.

You raised a number of questions in your letter which I would like to answer in turn:

- **Number of Hampshire patients affected**

We expect that the majority of patients being cared for in the RSH ward will be resident within the boundary of Southampton City and our policy will be to prioritise these patients wherever possible. However we have agreed with our commissioners that up to 30 per cent of the beds (eight of the 24) could be occupied by a Hampshire patient. The view of our clinicians is that in reality the proportion of patients is likely to be far less, however given that there is a range of clinical criteria used to select appropriate patients for the ward you will understand that it is difficult to predict the precise numbers and these are likely to fluctuate according to demand.

- **Appropriate environment**

The ward at the RSH has been thoroughly assessed by clinical staff and nursing staff in particular are very positive about the clinical spaces it provides. It does allow more ample space for undertaking some rehabilitation with patients as your Members will be able to see if they join us on the visit. The hospital itself has been extensively refurbished following the opening of the Independent Sector Treatment Centre there some years ago and there is good provision for parking, catering and other services patients and relatives may require.

- **Adequate medical cover**

This is an area of concern for GP commissioners in particular and we have provided robust assurances on this issue. We will provide a resident junior doctor for this ward with the supervision of a medical consultant who will conduct a daily ward round.

- **Improved outcomes and patient pathways**

We believe there are some significant benefits to relocating these beds for a number of reasons. Principally as Derek has described there is intense pressure on acute beds in this health economy, particularly from patients requiring emergency or urgent care. At the same time the standards we need to meet for our patients are higher because the 18 week target is now applied to every clinical specialty rather than to the hospital as a whole. In order to meet our commitments to patients waiting for surgery as well as those requiring unplanned care we need to increase capacity at the Southampton General Hospital site.

This move directly benefits patients waiting for surgery as it releases 22 beds for this purpose so that we can ensure waiting times do not increase when there are high numbers of patients needing urgent care. With this transfer we will be able to continue providing high quality care for patients needing urgent and emergency treatment at Southampton General Hospital. For elderly care patients in medical beds, transferring to the RSH means we can offer the same level of clinical supervision and care but in an improved environment in a community setting with opportunities to develop more integrated care with the community provider.

We have a programme of communications for families, carers and patients and this will be on a one to one basis with nursing and medical staff. At the moment we do not envisage producing any literature or engaging outside the patient group concerned – apart from our ongoing engagement with our LINKs.

It is anticipated that the ward will be filled over a period of three days. We have consulted extensively on this project and are working with both community providers, SCAS and adult social services. We are funding a combined social services post across Southampton and Hampshire councils specifically to support this ward.

To tackle the wider issue of demand for unscheduled care we are as ever fully engaged in the work streams being developed by CCGs in this area. As a Trust we are under-taking an intensive programme of service improvement and pathway review to ensure that lengths of stay are reduced wherever this is possible. In addition in order to meet the increased demand we are experiencing we are making a significant improvement to our surgical service in October with the opening of a new day of surgery unit to separate routine and planned surgery from the emergency and urgent cases.

I hope this information is useful and answers the questions that you have raised. Please do not hesitate to contact me again if I can be of further help to your Members.

With best wishes.

Yours sincerely,

Mark Hackett
Chief Executive.

ccs Alison Ayres
Jane Hayward

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Tuesday 14th August 2012

Frances Wiseman
Director of Operations
Division B
University Hospitals Southampton FT
Tremona Road
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SO16 6YD

Dear Frances

Re: Proposed Elderly Care Ward move to RSH

Thank you for the briefing document you shared with the CCGs on the 2nd August 2012 setting out the Trust's response to the clarification (assurance) requested during our last teleconference. I am writing on behalf of both Southampton and West Hampshire CCGs to set out our considered view about the proposals based on all of the documentation received to date including the briefing document.

The CCGs acknowledge the work that UHSFT has put into the development of the proposal. The CCGs would also like to emphasise their collective resolve to support UHSFT to address the capacity and performance challenges we have as a system; whilst maintaining high quality care that improves the experience of patients (including respect and dignity in care) and maintains acceptable standards of safety.

At the outset, I should say that both CCGs have been mindful to ensure that our deliberations address only those matters that we consider are the legitimate concern of commissioners and do not seek in any way to 'second guess' the business of the Trust. We do consider such a proposed change, involving hospital transfers 'mid-stay' to be material and to represent a potential risk to the quality of care for vulnerable elderly patients. Our concern has therefore been to establish both that such risks have been satisfactorily mitigated and that the expected benefits (qualitative or in terms of value for money) outweigh the risks.

As regards the former, and in conjunction with our clinical leads across the CCGs we have reviewed the briefing document. There are two major areas of concern:

1. The difficulty of responding to clinical challenges in remote acute wards separated from the main acute hospital. For example patients whose condition could deteriorate to the point that the facilities at the RSH may be insufficient for their safe care or dementia patients who may become confused due to transfer. Furthermore, we have not seen adequate evidence that continuity and focus of clinical care would be maintained for patients who would be transferred.

2. That the patient selection criteria needs to be signed off by appropriate consultants with due consideration for the expected impact on volumes of patients who would transfer or not transfer, the level of confidence around the assumptions, and the expected operational impact on what has to be provided at the RSH and what associated services will remain at SGH.

Our Clinical Leads also outlined other gaps in the document that would require further consideration such as:

- That patients and their families will be given sufficient notice of the transfer to RSH
- The indicators we will need to use collectively to monitor and ensure that safe care is being provided to transferred patients.
- The number of new clinical and other staff that will be required for the move and the Trust's timeline for recruitment.
- The impact of current progress being made to address the performance and capacity challenges, which is the underlying reason why the move is being proposed.
- Confirmation that the proposal has been agreed by the Trust Clinical Governance Committee.
- Confirmation of support from both Hampshire and Southampton Overview and Scrutiny Committees.

On the basis of the assurance provided concerning the mitigation of potential risks to the quality of care, we are not able to support the proposal.

Finally, as regards the expected benefits of the proposal versus the risks, we have concluded that no clear rationale has been advanced that suggests an improvement in the quality of care provided to older people on this ward. Indeed, the Trust's document states that the main focus of the proposal is to release capacity to deliver on the Trust's contractual commitments to the commissioners. To achieve this there are initiatives that are being implemented regarding volumes of planned care for 2012/13 and other initiatives will also address this area through other Trust plans e.g. day of surgery unit amongst others.

The CCGs are aware that the safety of our commissioned services is our collective responsibility hence the need for strong assurance. In conclusion and for the reasons set out above, both CCGs are unable to support the proposal.

Yours sincerely

Les Judd
Interim Director of System Delivery
NHS Southampton CCG

Cc: Steve Townsend, Chairman, NHS Southampton City CCG
John Richards, Chief Officer (Designate), NHS Southampton City CCG
Sarah Schofield, Chairman, NHS West Hampshire CCG
Heather Hauschild, Chief Officer (Designate), NHS West Hampshire CCG
Ayo Adesina, Associate Director for Quality and Patient Experience, SHIP PCTs Cluster

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Friday 24th August 2012

Mark Hackett
Chief Executive
University Hospitals Southampton NHS FT
Trust Management Office, Mailpoint 18
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SO16 6YD

Dear Mark

Re: RSH Beds: Upper Brambles Ward

After our meeting earlier this week, a review of the new quality assurance information provided by the Trust and the feedback from the clinical walk about of the relevant sites by one of our clinical leads, the CCGs have agreed to support UHSFT to operate a winter pressures ward (Upper Brambles) at the RSH.

The CCGs are prepared to regard the proposal as a short term expedient measure to provide UHSFT with some temporary headroom to support system resilience during the winter period while other initiatives are implemented.

We are wholly in agreement with the findings of the latest Emergency Care Intensive Support Team (ECIST) report that , “to achieve a sustainable decrease in occupancy levels there needs to be a system-wide plan…the aim should not be to achieve this by opening additional beds, but by addressing patient flow”. The proposal would, however, allow the system collectively, with support from ECIST, to develop a whole-system plan to optimise unscheduled care pathways and enable UHSFT to improve internal processes and ultimately operate at reduced occupancy levels.

The agreement from the CCGs is subject to certain provisos and on the following basis:

- That the tenure of the proposed ward move will last for a period of up to six months only (October – March 2012). The rental agreement will be between the PCT, as landlord, and UHSFT via a variation to the current arrangement.
- A collective assurance review of the proposed ward move, if implemented in October 2012, will take place in January 2013. This will include consideration of the progress the Trust has made in implementing the ECIST recommendations and other initiatives as well as the functioning of the ward itself.
- That the Emergency Care Intensive Support Team’s recommendations after their assurance visit which took place on the 12th July 2012 are fully implemented before the end of March 2013.
- That the GP pilot in ED will be implemented during October and the GPs will progressively be directly involved in the triage process itself working alongside the consultants.
- That the mobilisation of the agreed safe level of staffing for the proposed ward including social care has been secured in advance of the ward opening.
- We will use a range of indicators collectively and on a monthly basis to monitor and ensure that safe care is being provided to transferred patients from October 2012. Length of stay will be closely monitored and not allowed to drift out beyond the 7-10 days anticipated.
- Confirmation of support from both Hampshire and Southampton Overview and Scrutiny Committees.
- Confirmation of the agreement with SCAS that they are ready to undertake all transfers.
- Confirmation that the implementation of the proposal will not require additional funding from the CCGs.

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We expect that UHSFT will work with Solent, Southern Health FT and other providers to deliver in-reach community services throughout the SGH site which will reduce length of stay through comprehensive discharge planning and processes. Specifically, we expect the Trust to enter into a constructive dialogue with SHFT to maximise the use of community beds at LNFH and other community hospitals in respect of the patients of West Hampshire CCG.

We expect the temporary bed solution, taken together with the implementation of other initiatives such as the ECIST action plan, to enable UHSFT to maintain required standards including the 4hr A&E wait, 18 week RTT and ambulance handover plan throughout the period.

Further to this agreement, we will revert to the Trust during the coming days with our specific queries and observations on the detail of the operational policy and other documents provided to us this week.

Both CCGs are developing their commissioning intentions for older people and we consider that the model adopted in these circumstances is not in line with our longer term strategy. We will review progress during Q4 with respect to these intentions.

The CCGs once again acknowledge the work that UHSFT has put into the development of the proposal. The CCGs re-emphasise their collective resolve to support UHSFT to address the capacity and performance challenges we have as a system, whilst maintaining high quality care that improves the experience of patients (including respect and dignity in care) and maintains acceptable standards of safety.

Yours sincerely

John Richards
Chief Officer (Designate)
NHS Southampton CCG

Cc: Steve Townsend, Chair, NHS Southampton City CCG
Sarah Schofield, Chair, NHS West Hampshire CCG
Heather Hauschild, Chief Officer (Designate), NHS West Hampshire CCG
Les Judd, Interim Director of System Delivery, NHS Southampton City CCG
Adrian Higgins, Clinical Director for Unscheduled Care, NHS West Hampshire CCG
Ayo Adesina, Associate Director for Quality and Patient Experience, SHIP PCTs Cluster
Mike Fulford, Chief Finance Officer, NHS Southampton & West Hampshire CCGs
Ros Tolcher, Chief Executive, Solent NHS Trust

Draft

University Hospital Southampton NHS
NHS Foundation Trust

DRAFT

Ref: MH/mfh

28 August 2012

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Heather Hauschild,
Executive Director,
West Hampshire CCG
heather.hauschild@hampshire.nhs.uk

Dear John and Heather

Re: **RSH Upper Brambles Ward**

Thank you for the confirmation of your support for a winter pressures ward based on upper brambles ward at the RSH. I will try to answer each of your points.

We agree this is a short term measure to create some system resilience during the winter period and agree there should be a review at month 3, planned for January 2013.

You have asked us to implement all of the ECIST report recommendations. Having reviewed the ECIST report the Trust does not fully agree with the statement ... 'this should not be to achieved by opening additional beds but by addressing flow'. The bed capacity has to be adequate to meet overall demand and needs to flexible enough to meet peaks in demand (eg Flu, norovirus) or peaks in capacity (eg social services failure), but we do agree wholeheartedly that improved flow across the whole system would be of great benefit. We look forward to developing and implementing the whole system plan and this should give us all the breathing space we need before these actions are in place.

As to the provisos the trust has reviewed the provisos and is able to agree to all of these but would like to make the following comments:

Proviso 3 'fully implement the ECIST recommendations'. We are currently developing plans to implement a number of the recommendations and will work with ECIST to do this. However some of their recommendations are whole system and not within our gift to do and some are contradictory. For example we couldn't implement see and treat for minors and create a GP out of hours service. However we agree all of the main recommendations and we are happy to share our actions and plans and I would suggest report monthly on progress to the unscheduled care board. I hope this is acceptable.

Proviso 4, 'GP pilot'. We think this is an excellent approach and we need to work in an incremental way to ensure that the GPs time is used in the most effective way. I would be grateful for a high level discussion on this.

As to bed capacity, further to the outputs of the whole systems ECIST review we will continue to work with Solent and Southern to maximise the use of all the currently funded facilities. If this is not picked up directly though the whole systems ECIST review we have already agreed with both Community providers to review beds as part of the winter planning process.

The Trust recognises that this is part of the agreed ED action plan and will give much greater confidence of delivery of the performance targets.

We also recognise this is the not the CCGs long term strategy for elderly care and we look forward to working with you on this.

Lastly let me say again that we are grateful for your support for this project and I am sure that we can make this a success.

Yours sincerely

Mark Hackett
Chief Executive

cc Steve Townsend, Chair, NHS Southampton City CCG
Sarah Schofield, Chair, NHS West Hampshire CCG
Heather Hauschild, Chief Officer (Designate), NHS West Hampshire CCG
Les Judd, Interim Director of System Delivery, NHS Southampton City CCG
Adrian Higgins, Clinical Director for Unscheduled Care, NHS West Hampshire CCG
Ayo Adesina, Associate Director for Quality and Patient Experience, SHIP PCTs Cluster
Mike Fulford, Chief Finance Officer, NHS Southampton & West Hampshire CCGs
Ros Tolcher, Chief Executive, Solent NHS Trust

Glossary of Terms

AMU - Acute Medical Unit

CCG - Southampton City Clinical Commissioning Group

CQUIN - Commissioning for Quality and Innovation

DNAR - Do Not Attempt Resuscitation

ECIST - Emergency Care Intensive Support Team

ED - Emergency Department

GI - Gastro Intestinal

LNFH - Lymington New Forest Hospital

LOS - Length of Stay

MDT - Multi Disciplinary Team

MOP - Medicine for Older People

RHS - Royal South Hants Hospital

RTT – Referral to Treatment Time

SGH - Southampton General Hospital

SHFT - Southern Health Foundation Trust

UHS/FT - University Hospital Southampton NHS Foundation Trust

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