Public Document Pack

Health Overview and Scrutiny Panel

Thursday, 28th February, 2019
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor Bell
Councillor Houghton
Councillor Noon
Councillor Payne
Councillor Savage

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

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 of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.
Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

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

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

CONDUCT OF MEETING

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 INTERESTS

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

DISCLOSABLE PECUNIARY 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 of 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 an, '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.

DATES OF MEETINGS: MUNICIPAL YEAR 2018/2019

2018	2019
28 June	28 February
30 August	25 April
1 November	
6 December	

AGENDA

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 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 6 December 2018 and to deal with any matters arising, attached.

7 WINTER PRESSURES 2018/19

(Pages 5 - 12)

Report of the Associate Director of System Delivery, Southampton City CCG setting out an overview of system resilience for the Christmas Period for 2018.

8 UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST – UPDATE

(Pages 13 - 36)

Report of the Chair of Health Overview and Scrutiny Panel detailing briefing papers provided by the UHS to inform the Panel on a number of concerns.

9 MONITORING SCRUTINY RECOMMENDATIONS
(Pages 37 - 52)

Report of the Director of Legal and Governance enabling the Panel to monitor and track progress on recommendations made by the Panel.

Wednesday, 20 February 2019 Director of Legal and Governance

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 6 DECEMBER 2018

Present: Councillors Bogle (Chair), White (Vice-Chair), Bell, Houghton, Noon, Payne and Savage

13. **STATEMENT FROM THE CHAIR**

At the request of the Chair University Hospitals Southampton briefly detailed the major incident that happened at the General Hospital site on Wednesday 28th November 2018. The Panel were informed of matters relating to the power outage that caused the major incident at the facility including the restoration of power; the care of those patients that were affected by the incident; the re-booking of cancelled appointments and the ongoing investigations and assessments set in place to reduce the dangers of an incident of this nature re-occurring.

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

RESOLVED: that the minutes for the Panel meeting on 1st November 2018 be approved and signed as a correct record.

15. **UPDATE ON PROGRESS - SOUTHERN HEALTH NHS FOUNDATION TRUST**

The Panel considered the report of the Chief Executive, Southern Health NHS Foundation Trust, providing the Panel with an update on progress at Southern Health NHS Foundation Trust, an overview of the findings from the recent Care Quality Commission (CQC) comprehensive report and information relating to the temporary closure of Beaulieu Ward at Western Community Hospital.

Paula Hull (Southern Health NHS - Director of Nursing and Allied Health Professionals), Susannah Preedy (Southern Health – Associate Director of Nursing and Allied Professionals) and Tom Westbury (Southern Health – Associate Director of Communications) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel questioned the Southern Health Trust representative on a number of matters including:

- The rationale for the closure of Beaulieu Ward that provides Older People's Mental Health Services from Western Community Hospital. The Panel questioned why the ward was chosen given that its closure left Southampton and South West Hampshire with no such facility. The Trust stated that the decision related to safe staffing levels and recruitment. It was noted that the Poppy Ward staffing levels were higher and that a large proportion of staff employed on the Ward were unable to transfer wards as they did not drive;
- The steps taken to involve the relatives of patients to enable any additional transportation requirements. It was explained that each of the patient's families had been briefed on any changes in care;
- The likely reopening date for the Ward was May 2019. However, it was explained that when the ward would only be opened when safe levels of staffing had been reached. It was further explained that the Trust had kept the ward

manager on site who would be looking to embed any new staff into the ward and develop new methods of working that will further ensure the safety of staff and patients;

- In relation to the current consultation on the future structure of the Trust the Panel were informed that the trust was aiming to use a cluster format and keep in step with proposals set out within the local Sustainability and Transformation Plan. Panel Members were encouraged by the Chair to engage with the process and respond to the consultation individually: and
- It was noted that the Trust's performance had significantly improved however, it was recognised that there was work still to do.

RESOLVED that the Panel:

(i) Requested that the key findings undertaken by Southern Health NHS Foundation Trust audit into events that culminated in the decision to close Beaulieu Ward on a temporary basis be shared with the Health Overview and Scrutiny Panel.
(ii) Requested that the developing new model for Older People Mental Health services is shared with the Health Overview and Scrutiny Panel when it is finalised; and
(iii) That Southern Health NHS Foundation Trust keep the Panel informed with regards to the proposed changes to the shape and structure of the Trust.

16. **HAMPSHIRE AND ISLE OF WIGHT SYSTEM REFORM PROPOSAL**

The Panel considered the report of the Hampshire and Isle of Wight Sustainability and Transformation Partnership Senior Responsible Officer requesting that the Panel consider the proposal to reform the Hampshire and Isle of Wight health and care system.

Richard Samuels (Sustainability and Transformation Partnership Senior Responsible Officer) and John Richards (Chief Executive Officer, NHS Southampton City CCG) were in attendance and, with the consent of the Chair, addressed the meeting.

The Senior Responsible Officer representative detailed a number of matters including:

- How the plan did not currently reflect any new structures but that it would need to reflect the NHS Long-Term Plan, which was awaiting publication;
- How the regional reform plan was centred around clusters and recognised the importance of place and accessibility;
- What potential measures would be used to reflect future performance of the reforms;
- The aims of the reform to encourage increased integration of services within the various agencies that provide health care within the system. The Panel were informed that Southampton Better Care Plan had shown that agencies could work more effectively together and not affect the individual governance of the organisations involved: and
- The accessibility of the language used within the report.

RESOLVED the Panel requested that, in order to enable the Panel to hold the Hampshire and Isle of Wight Sustainability and Transformation Partnership to account, measures of success and timelines are included in the future iterations of the system reform plan.

17. **HEALTH AND WELLBEING STRATEGY UPDATE**

The Panel considered the report of the Cabinet Member for Community Wellbeing providing the Panel with an update on progress against the Health and Wellbeing Strategy.

Councillor Shields (Cabinet Member for Community Wellbeing), Dr Jason Horsley and Felicity Ridgway were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel explored various aspects of the report including:

- The performance of the City against the health measures set out in the report. The Panel raised concerns at the number of measures that seemed to be falling short of target. The Panel raised concerns in particular over a number of issues including smoking and obesity;
- How best to choose which health issue to target resources towards. The Panel discussed the balance of continuing to allocate funding to long term health issues, such as smoking, where a reduction had already been achieved against funding newer campaigns where there may be more readily achievable targets. The Panel was told that an investigation was ongoing to assess the effectiveness of the anti-smoking contract;
- How the most affective campaigns are designed effect behavioural change and that there is often a delay between the measures taken to affect change and the actual benefit of these changes being seen;
- How the public health team were working effectively with some Council departments to ensure that public health concerns were considered when undertaking various projects, in particular the transport department, and that this was a good way of stretching limited resources to try and achieve health goals; and
- The complexity of the data needed to assess the effectiveness of the measures taken. The Panel discussed the difficulties in collecting data that related to a quality of life measurement.

RESOLVED that the Panel noted the information within report portrayed an image of a City where a great deal of improvement was necessary. The positive aspects of the cross departmental working within the Council was also noted.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		WINTER PRESSURES 2018/19		
DATE OF DECISION:		28 FEBRUARY 2019		
REPORT OF:		ASSOCIATE DIRECTOR OF SYSTEM DELIVERY, SOUTHAMPTON CITY CCG		
CONTACT DETAILS				
AUTHOR:	**Name:**	Katy Bartolomeo	Tel:	023 8029 6925
	E-mail:	katy.bartolomeo@nhs.net		
Director	**Name:**	Peter Horne	Tel:	023 8072 5660
	E-mail:	phorne@nhs.net		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
The paper attached at Appendix 1 is a summary report prepared as an overview of system resilience for the Christmas Period for 2018.		
RECOMMENDATIONS:		
	(i)	To note the impact winter pressure had on health and social care in Southampton for 2018/19 Christmas Period
REASONS FOR REPORT RECOMMENDATIONS		
1.	To enable the Panel to have an overview of system performance over the Christmas period for 2018/19 compared to the same period in 2017/18.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	Not applicable	
DETAIL (Including consultation carried out)		
3.	At the request of the Panel, attached as Appendix 1 is an overview from the South West Hampshire Operational Resilience Group (ORG), the group responsible for planning and responding to periods of pressure in the local health and social care system. This document captures a brief overview of the planning undertaken for winter 2018/19 and a comparison of performance over the Christmas period for 2018/19 to the same period in 2017/18. This comes ahead of a full overview of winter pressures that will be collated for June 2019.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
4.	None	
Property/Other		
5.	None	
LEGAL IMPLICATIONS		

Statutory power to undertake proposals in the report:	
6.	None
Other Legal Implications:	
7.	None
RISK MANAGEMENT IMPLICATIONS	
8.	None
POLICY FRAMEWORK IMPLICATIONS	
9.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	South West Hampshire Winter 2018/19 Summary Report – Southampton City CCG

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents **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.	None	

Appendix 1

South West Hampshire Winter 2018/19 Summary Report – Southampton City CCG

Introduction

1. This paper outlines the Winter Resilience Plans for 2018/19 and summarises system performance over the Christmas period. It should be noted that the SUS data used for the graphs is only available until 31st December and New Year's data is not yet available.

2. South West Hampshire Operational Resilience Group (ORG) is a sub-group of the Accident & Emergency Delivery Board, responsible for planning and responding to periods of pressure in the local health and social care system. The area covered is Southampton City and the New Forest, as well as the area immediately surrounding Southampton to the North and East.

3. The following organisations send representatives to ORG:

    a) University Hospital Southampton NHS Foundation Trust (UHS)
    b) South Central Ambulance Service (SCAS)
    c) Southampton Minor Injuries Unit (MIU)
    d) SCAS Patient Transport Service
    e) Partnering Health Ltd (PHL) – GP Out of Hours service
    f) Southampton City Council (SCC) – Adult social care
    g) Hampshire County Council (HCC) – Adult social care
    h) Solent NHS Trust
    i) Southern Health NHS Foundation Trust (SHFT)
    j) Southampton Primary Care Ltd (SPCL)
    k) West Hampshire CCG
    l) Southampton City CCG

4. This paper will cover the below:
    a) Planning
    b) Execution
        - Christmas Holiday period

Planning

5. ORG started planning for winter in September 2018, using the below principles:

    - Use data to drive planning and decision making.
    - Learning from previous years – what works well, what could have been done better
    - Organisational plans were shared with system partners so that the whole system was aware of each other's actions. All partners were specifically asked what support they expected from other providers, and what support they could give during escalation.
    - In advance of Winter 2018/19, the system escalation plan has been tested through the Pan-Hampshire Winter planning workshop held on 21 September (planned and hosted by SW Hampshire System) and a table-top exercise on 8 November 2018.
    - Monthly face-to-face ORG meetings kept the focus on planning for winter.

- STP wide planning meetings commenced with a shared Multi-system escalation plan adopted across the HIOW footprint and adoption of the HTVOPEL escalation plan (Hampshire and Thames Valley).
- Patient communication co-ordinated across the HIOW footprint, and a consistent message given out to call 111, try pharmacy first, and to raise awareness of primary care hubs.

6. Learning from the pan-Hampshire event included:
    - Identifying a need to clarify the plan if ambulance queues occur at UHS. With the exception of this, providers demonstrated a clear understanding of the required actions to address escalating provider and system pressure and the interdependencies of providers to deliver this. As the exercise went on, it became clear that some scarce critical resources need to be managed at a HIOW level when pressure becomes very high.
    - Plans to avoid ambulance queues at UHS include an additional 5 assessment bays for AEC/Frailty from January, additional ED Consultant shifts at weekends and evenings as part of a new rota, and enhanced senior managerial cover during weekends and evenings. It should be noted that historically UHS has not had any issues with ambulances queuing and this has continued to date this winter.
    - The table-top exercise undertaken on 8 November was not scenario based but took the format of a 'critical friend' review of each system partner's escalation framework to ensure identified actions are taken at the right time and identify where there may be additional actions required. All system partners are represented at the ORG. This has led to amendments to the escalation framework.

7. As part of the winter planning the Urgent and Emergency Care programme of the STP identified 5 key risks across the system:
    a) Workforce
    b) Mobilising additional capacity (linked to workforce above)
    c) Influenza
    d) Severe weather
    e) Multiple system escalation

8. Although there were no official Winter Pressures funds available from NHS E, Southampton City CCG agreed to fund some winter pressure initiatives based on learning from last year. This included:
    a) Joint Integrated Discharge fund to rapidly remove blocks to discharge that is managed within the IDB in UHS
    b) Additional clinicians within 111 call centre to reduce ED attendances and conveyance rates
    c) Support for additional packages of care to support complex discharges from UHS
    d) Dedicated mental health liaison nurse within ED out of hours to increase the speed of screening and assessments.

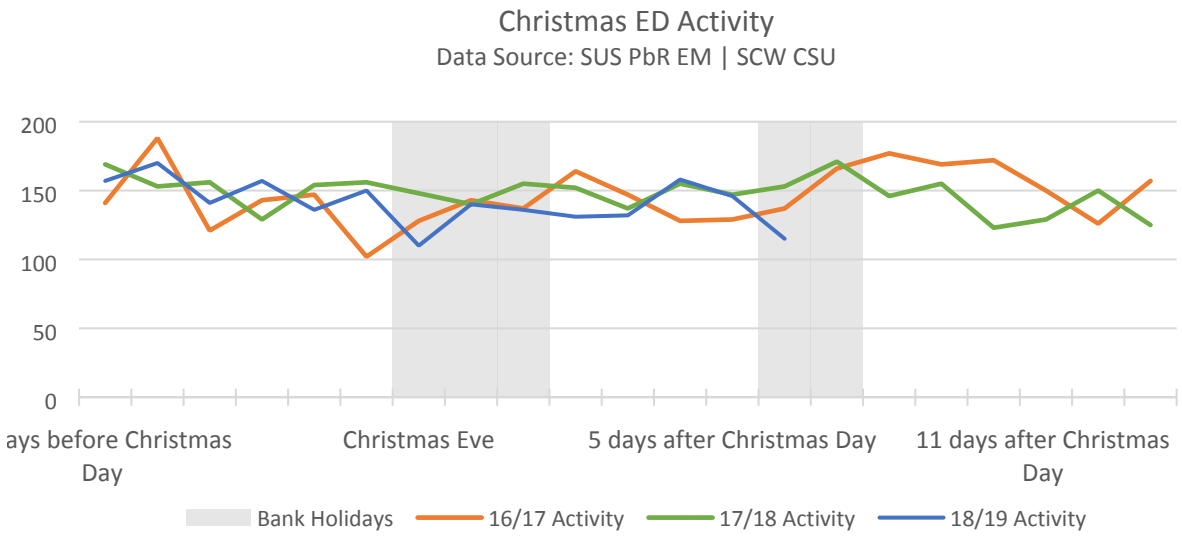
e) Enhanced primary care capacity in the hubs to reduce demand on urgent and emergency services and increase resilience in primary care

Execution

9. **Christmas Holiday period**. Over the period, for Southampton City CCG, between 18th December 2018 and 31st December 2018, the system saw:

    a) 1,013 ambulance conveyances to A&E; 4% lower than in 2017/18 which saw 1,054 conveyances but 2.6% higher than 2016/17 which saw 987 conveyances
    b) 2,701 calls to NHS111; 16.8% lower than in 2017/18 which saw 3,248 calls and 1.4% lower than 2016/17 which saw 2,738 calls
    c) 1,030 non-elective admissions to UHS; 1.2% higher than in 2017/18 with 1,018 admissions, but 2.6% lower than in 2016/17 with 1,057 admissions
    d) 1,979 A&E attendances; 5.9% lower than in 2017/18 which saw 2,104 attendances and 1.2% higher than in 2016/17
    e) 1,027 MIU attendances; 13.9% lower than in 2017/18 which saw 1,193 attendances and 3.8% lower than in 2016/17
    f) Delayed transfers of care (DTOCs) data is only available up until Nov 2018. A combined target across West Hampshire CCG and Southampton City CCG to achieve 40 DTOCs in UHS by Christmas Eve was set and the system achieved 44, this is the lowest daily figure recorded by the Integrated Discharge Bureau (IDB). This low figure has not been sustained with figures rising into January.

10. A&E attendances for Southampton City CCG patients were slightly lower than last year over the Christmas period and very similar to the levels seen in 2016/17. This decrease was seen across ambulance conveyances, calls to NHS 111 and MIU attendances. Non-elective admissions remained very similar to last year with a very slight increase of 1.2%.

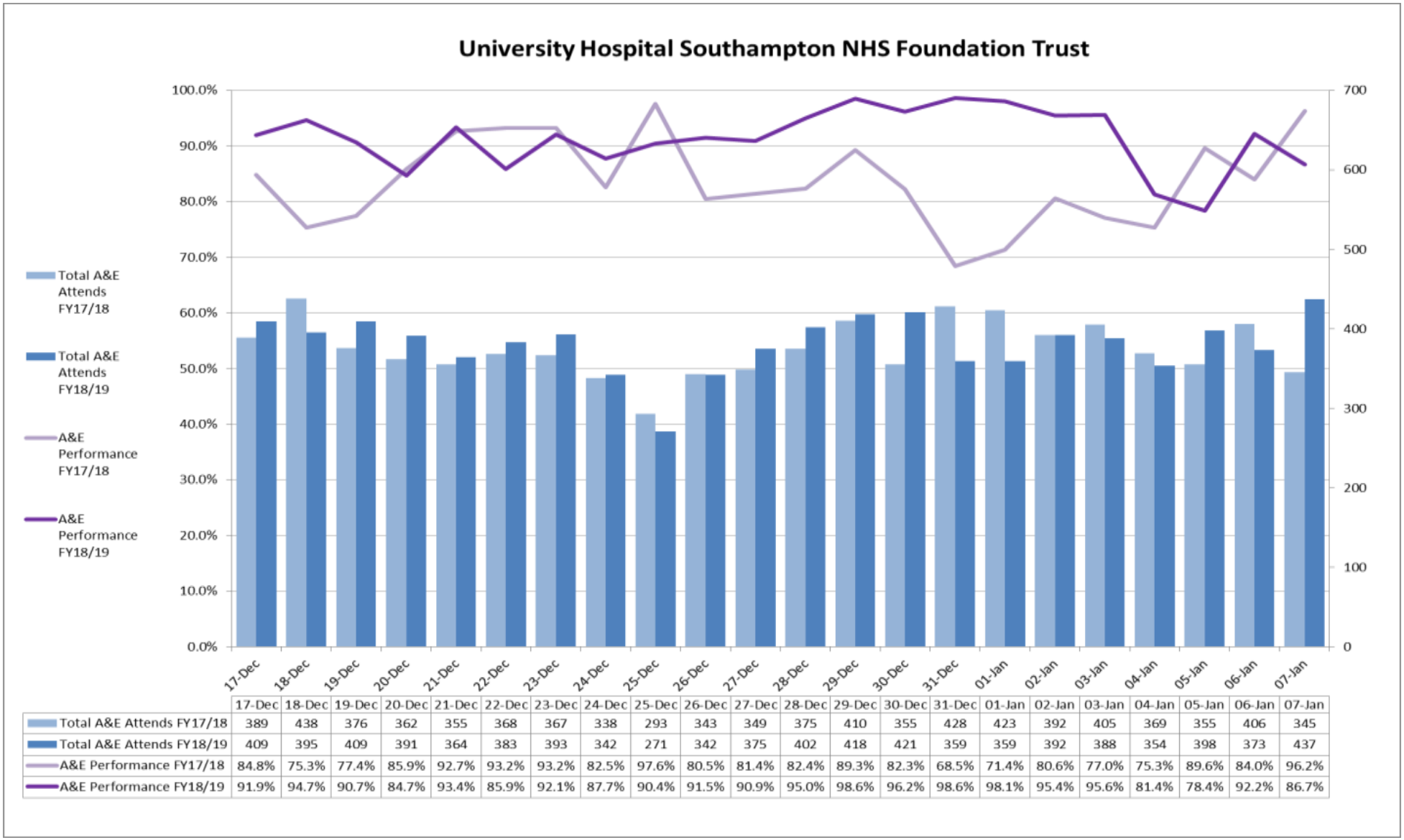


11. The overall 4 hour performance for UHS improved significantly over the Christmas Period compared to the same period last year. Performance was over 90% on 16 days compared to just 5 days for the same period last year.

12. **New Year's Weekend Pressure**. Last year, 2017/18, the system came under severe pressure, with urgent care demand at very high levels. Although patient flow had been maintained very well, consistently high A&E attendances and ambulance conveyances, which peaked on New Year's Day, put significant strain on all healthcare providers across the HIOW footprint. This dip in performance was not seen over the New Year period this year, 2018/19, and was in part due to the better resilience seen in neighbouring trusts as well over this period.

13. **Jan –Mar 19**. This report focuses only on the Christmas 2018 period, due to the timings of writing this paper. Towards the end of January and into February the system has been under some considerable pressure and this has been reflected across the rest of the HIOW footprint and nationally. It is too early to draw any firm conclusions but in part this will have been due to milder weather in December and the early part of January, the onset of flu being delayed and a recent increase in norovirus present in the community and within the hospitals.

14. The ORG will produce a full report of Winter Pressures for the June ORG once all the data is available. This analysis will form the basis of planning for next winter.



	17-Dec	18-Dec	19-Dec	20-Dec	21-Dec	22-Dec	23-Dec	24-Dec	25-Dec	26-Dec	27-Dec	28-Dec	29-Dec	30-Dec	31-Dec	01-Jan	02-Jan	03-Jan	04-Jan	05-Jan	06-Jan	07-Jan
Total A&E Attends FY17/18	389	438	376	362	355	368	367	338	293	343	349	375	410	355	428	423	392	405	369	355	406	345
Total A&E Attends FY18/19	409	395	409	391	364	383	393	342	271	342	375	402	418	421	359	359	392	388	354	398	373	437
A&E Performance FY17/18	84.8%	75.3%	77.4%	85.9%	92.7%	93.2%	93.2%	82.5%	97.6%	80.5%	81.4%	82.4%	89.3%	82.3%	68.5%	71.4%	80.6%	77.0%	75.3%	89.6%	84.0%	96.2%
A&E Performance FY18/19	91.9%	94.7%	90.7%	84.7%	93.4%	85.9%	92.1%	87.7%	90.4%	91.5%	90.9%	95.0%	98.6%	96.2%	98.6%	98.1%	95.4%	95.6%	81.4%	78.4%	92.2%	86.7%

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST – UPDATE		
DATE OF DECISION:		28 FEBRUARY 2019		
REPORT OF:		CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
CONTACT DETAILS				
AUTHOR:	**Name:**	Mark Pirnie	Tel:	023 8083 3886
	E-mail:	Mark.pirnie@southampton.gov.uk		
STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

The Chair has requested updates from University Hospital Southampton NHS Foundation Trust on the following issues:

- Ophthalmology
- Update on power outage event
- Emergency Department Flow
- Delayed Transfers of Care

Briefing papers relating to the issues identified above are attached as appendices.

RECOMMENDATION:		
	(i)	That the Panel considers the information contained within the attached appendices.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to effectively undertake the role of a health overview and scrutiny panel.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.

DETAIL (Including consultation carried out)	
	Ophthalmology Services
3.	Following concerns raised with regards to the performance of Ophthalmology services at University Hospital Southampton NHS Foundation Trust (UHSFT) the Chair requested that the issue is considered at the February 2019 meeting of the Panel. A paper providing an insight on the issues is attached as Appendix 1.

	Power Outage Update
4.	At the December 2018 meeting the Panel were provided with a brief verbal update on the power outage event at the General Hospital site on Wednesday 28 November 2018. Attached as Appendix 2 is a briefing paper providing additional information on the major incident and subsequent actions planned and implemented by UHSFT.
	Emergency Department Flow and Delayed Transfers of Care
5.	The HOSP has not considered the issues of Emergency Department Flow and Delayed Transfers of Care since August 2017. The Chair has therefore agreed that these items will be considered at the February 2019 meeting of the Panel. Attached as appendices are the requested updates on these two issues.
RESOURCE IMPLICATIONS	
Capital/Revenue	
6.	None
Property/Other	
7.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
8.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
9.	None
RISK MANAGEMENT IMPLICATIONS	
10.	None
POLICY FRAMEWORK IMPLICATIONS	
11.	None

KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Ophthalmology	
2.	Update on power outage event	
3.	Emergency Department Flow	
4.	Delayed Transfers of Care	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
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.	None	

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		UHS OPHTHALMOLOGY UPDATE		
DATE OF DECISION:		26 FEBRUARY 2019		
REPORT OF:		CHIEF OPERATING OFFICER TEAM		
CONTACT DETAILS				
AUTHOR:	**Name:**	Duncan Linning-Karp	**Tel:**	023 80 208605
	E-mail:	duncan.linning-karp@uhs.nhs.uk		
Director	**Name:**	Jane Hayward	**Tel:**	023 80 206060
	E-mail:	jane.hayward@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY UHS Ophthalmology Update		
Members of the scrutiny Panel have requested a paper detailing the current position of ophthalmology services.		
RECOMMENDATIONS:		
	(i)	The Health Overview Scrutiny Panel **c**onsiders the issues raised in report and offer comments as required.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The Panel requested the information In order for the Panel to have a greater understanding of the issues and performance of local services.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
	Introduction	
3.	Ophthalmology services both locally and nationally have been under significant and sustained pressure for a number of years. There is evidence nationally that 88% of trusts have backlogs in reviewing patients who have diabetes or glaucoma and there are over 80 consultant vacancies in England. The reasons for this are well-rehearsed, but include an aging population and an increased ability to maintain sight for longer and better in patients with chronic eye conditions.	
4.	Locally this problem is compounded as simple surgery is undertaken at the ISTC. This had a dual impact; a higher proportion of the work at UHS is now the complex medical patients and there are fewer surgical patients, meaning the need for less operating. The second point is of importance as it is exceedingly difficult to attract both consultant and junior ophthalmologists without adequate access to operating.	
5.	UHS has faced a significant backlog in ophthalmology, primarily in three life-long eye conditions; diabetes, age-related macular Degeneration (AMD) and	

	glaucoma. These problems have been mirrored nationally, indeed Michael Burdon, president of the Royal College of Ophthalmologists recently recognised that UHS has been "ahead of the curve" in recognising the problems. There have so far been a number of incidents reported where patient's eye health has deteriorated/been harmed as they have not been reviewed in a timely manner and there is a risk that further patients may have come to harm which we will discover as we bring patients come to clinic.
6.	The excess wait for review in Age related Macular Degeneration has been addressed and no patients came to harm. The excess wait in diabetes has been largely addressed, and all patients have been offered an appointment (some have declined as the appointments were in Lymington). The excess wait for patients with glaucoma remains a challenge.
7.	All cohorts have been stratified for risk and the most urgent patients are being seen first. Because these are life-long conditions, and as capacity does not meet demand, when patients are reviewed in clinic they are added to the list again which means multiple clinic reviews can be delayed. Ophthalmology capacity has been on the Trust's risk register since 2015 and was upgraded in 2017 as the level of medical vacancies and therefore the backlog significantly worsened.
	Symptoms to look out for and advice on what to do if noticed.
8.	Glaucoma There have been 25 incidents where the patient's eye health declined in glaucoma. Despite validation, recruitment (and further attempts to recruit), the use of high cost locums and insourcing the backlog in glaucoma patients remains a challenge. There is not the available workforce nationally to see these patients. Further work is currently taking place to identify which patients could successfully be moved to a virtual pathway and what is needed to do this. The trajectory for improvement is:
9.	**Glaucoma Trajectory** **April** / **May** / **June** / **July** / **August** / **September** / **October** / **November** / **December** / **January** / **February** Medicare: -96 / -300 / -192 / -192 / -192 / -192 / -192 / -192 / -192 Additional nurse & Optom: -54 / -54 / -54 / -54 / -54 / -108 / -108 / -108 / -108 Additional fellow: -120 / -120 / -120 / -120 / -120 Additional consultant (1) - start date delayed until Apr/May 2019 Reduction in PA's from consultant: 52 / 52 / 52 / 52 / 52 / 52 / 52 Locum consultant from Salisbury: -216 / -292 / -292 / -292 / -292 / -292 / -292 / -292 Virtual Reviews: -40 / -35 / -50 / -50 / -50 / -120 / -120 / -120 / -120 Additional Consultant (2): -168 / -168 / -168 Additional WLI clinics: -160 / -160 / -160 / -160 / -50 / -50 / -50 / -50 / -50 / -50 / -50 LAS vacancy: 100 / 100 West Hants single point of access- tbc **Sub-total**: -160 / -160 / -254 / -561 / -594 / -486 / -706 / -830 / -998 / -998 / -998 *Backlog*: *1948* Additions to backlog: 600 / 600 / 600 / 600 / 600 / 600 / 600 / 600 / 600 / 600 / 600 **Overall backlog**: **2388** / **2828** / **3174** / **3213** / **3219** / **3333** / **3227** / **2997** / **2599** / **2201** / **1803** **Actual Backlog**: 3132 / 3354 / 3745 / 3440 / 3232 / 3239 / 3235 **Variance**: 744 / 526 / 571 / 227 / 13 / -94 / 8 *Notes:* - Currently only one potential consultant candidate - Potential for virtual reviews still under review - Need for commissioner support for West Hampshire pathways
10.	All patients affected have had Duty of Candour. All patients in the diabetes backlog have been written to with advice on symptoms to be aware of and what

	to do. All patients in the glaucoma backlog have been written to with an explanation of the current issues. Because glaucoma is a 'silent' disease, we have not been able to advise them of symptoms to look out for.
11.	Going forward: • the CCGs are working with the local Optometrist community and will commission a new pathway of care for some patients. This will support the service and will be beneficial for patients; • The Trust will invest in some additional theatre capacity to increase the level of Ophthalmology operating; in turn this will allow the recruitment of new Consultant staff and fellows; and • Longer term artificial intelligence may help, current research trails are looking at this at Moorfields and in UHS.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		BRIEFING REPORT ON THE UHS POWER OUTAGE – 28 NOVEMBER 2018		
DATE OF DECISION:		26 FEBRUARY 2019		
REPORT OF:		CHIEF OPERATING OFFICER TEAM.		
CONTACT DETAILS				
AUTHOR:	**Name:**	Joann Hall	Tel:	023 80214046
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	E-mail:	Jane.Hayward@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY
There are no confidentiality concerns
BRIEF SUMMARY
Following the major incident on the 28th November 2018 the Chair of the Health Overview and Scrutiny Panel requested that the Panel be kept informed on the progress the Trust has made to address the issues raised by the November incident
The Trust held a number of debriefs culminating in a trust-wide review meeting on 12th December. A draft action plan has been produced and is set out in Appendix 1. The Trust has attended a number of similar events with other agencies to review the incident during January 2019. The final report with System wide learning is being co-ordinated by the NHS England South EPRR team.
RECOMMENDATIONS:

	(i)	That the Panel comment and consider the information set out in the report noting that the:
	a.	Estates have commissioned an external review of the power failure and a detailed action plan is being produced expected in March 2019. Immediate actions to stabilise the trust and reduce the impact of recurrence have been taken.
	b.	Information Technology colleagues have completed a detailed review and are currently considering actions to increase resilience to reduce the impact of recurrence.
	c.	The Trust, with support from Regional EPRR colleagues, will be reviewing the major incident policy in light of feedback received. The roles and responsibilities and communication cascades were not appropriate when the Hospital itself is the incident.

REASONS FOR REPORT RECOMMENDATIONS

1.	The degree of power loss and failure of systems has created national interest in learning. The detailed action plans will support this learning across EPRR /Estates resilience forums
2.	The reliance on digital systems to run our services has identified the need to build further layers of resilience into our current processes.
DETAIL:	
3.	On Wednesday 28th November 2018 at 06.10hrs University Hospital Southampton NHS Foundation Trust (UHS) suffered a substantial power failure which caused approximately half of Southampton General Hospital (the east side of the site) to suffer a loss of power and lighting.
4.	Due to a loss of power to the Trust's IT servers, the majority of IT systems became unavailable to both the Trust and external service users (includes other hospital sites managed by UHS and other NHS organisations).
5.	The Trust declared a Major Incident and as a result of the incident, decisions were made to: • cancel and reschedule the majority of elective clinical activity that had been scheduled to take place on 28th November • redirect new emergency / non elective patients to other hospital trusts until 14.45hrs on 28th November
6.	In addition to the original power failure, an electrical component failed in North Wing and caused smoke to be produced at 08.45hrs. Hampshire Fire & Rescue Service (HFRS) were dispatched to the Trust and this incident was managed alongside the major incident.
7.	The associated loss of income is currently estimated at £1.5Million, and will impact upon financial accounts in both months 8 and 9. It is possible that actions to increase trust resilience could have a material capital cost, particularly in relation to any changes to Estates or IT infrastructure.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	The associated loss of income is currently estimated at £1.5Million, and will impact upon financial accounts in both months 8 and 9. It is possible that actions to increase trust resilience could have a material capital cost, particularly in relation to any changes to Estates or IT infrastructure.
R9.ISK MANAGEMENT IMPLICATIONS	
9.	The risks to UHS from an event of this nature have been recognised in the Board assurance framework. • BAF Priority 8: Maintain focus on operational excellence and delivering good services for patients balancing the operational and the strategic. Risk - Recovery plans are vulnerable to any equipment/estates/staff failure or gaps leading to deviation from recovery trajectory. Rated 20. • BAF Priority 10: Significantly refurbish and expand the ageing hospital estate, whilst maintaining the short term operational impact. Risk - Failure to deliver an estate fit for purpose. Rated 12

Appendices	
1.	Draft Summary UHS Action Plan relating to Major Incident 12/11/18

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	**No**
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	**No**
Other Background Documents **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.	**NONE**	

No.	Areas to Improve	Action/s Required	By Whom	Target Date	Action Completed
1.	Cascade of Incident alerts	Automated system, to include emergency/lockdown broadcast	EPRR Team	31/03/2019	
2.	Mobile Phone reception	Identify areas that have bad/no signal	IT Department	31/03/2019	
3.	Tannoy system in ED	Repair issues with system	Estates	31/03/2019	
4.	Information to other providers	Review process to inform outside agencies	Operations Centre	31/03/2019	
5.	Radio system did not work	Identify issue with support of contractor	EPRR Team	31/03/2019	
6.	Diverting patients	Discuss process with CCG	Strategic Team	31/03/2019	
7.	Contact lists for incoming patients	Consider resilience of this information	Informatics	31/03/2019	
8.	Plans/Action cards	Ensure there are hard copies available	All departments	30/06/2019	
9.	Plans/Action Cards updated	Ensure information is relevant	All departments	31/03/2019	
10.	Plans/Action Cards exercised	Exercise regularly	All departments	31/06/2019	
11.	Plans/actions cards review	Change/amend for different incidents and not just incoming casualties	All departments based upon EPRR team guidance	31/06/2019	
12.	Trained loggists available	Train staff in best practice	All departments	31/06/2019	

No.	Areas to Improve	Action/s Required	By Whom	Target Date	Action Completed
13.	Boards to log information	Boards available in all Muster Points	All departments	31/03/2019	
14.	Manage HIMT attendees	Look at role to stop staff attending HIMT meetings when not required	EPRR Team	31/06/2019	
15.	Training for specific roles	Training for specific roles	All departments	31/06/2019	
16.	Non electrical equipment	Look at battery powered equipment	All departments/Estates	31/06/2019	
17.	Access to blood fridges	How to override system / revise behaviour under power out conditions	Pathology	31/06/2019	
18.	Critical supplies	Survey of what each area has	Estates	31/06/2019	
19.	‘Battle’ Boxes	‘Battle’ boxes for all departments to store vital equipment/plans	All departments	31/06/2019	

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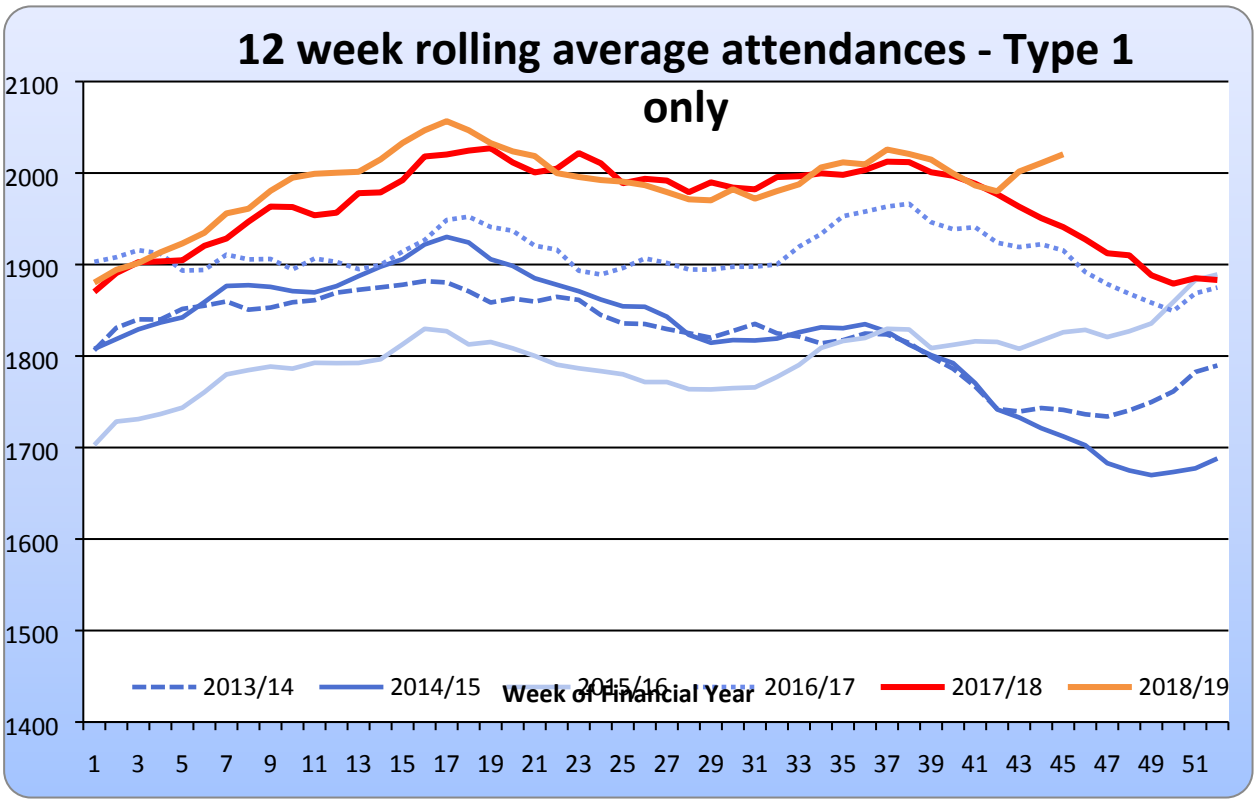
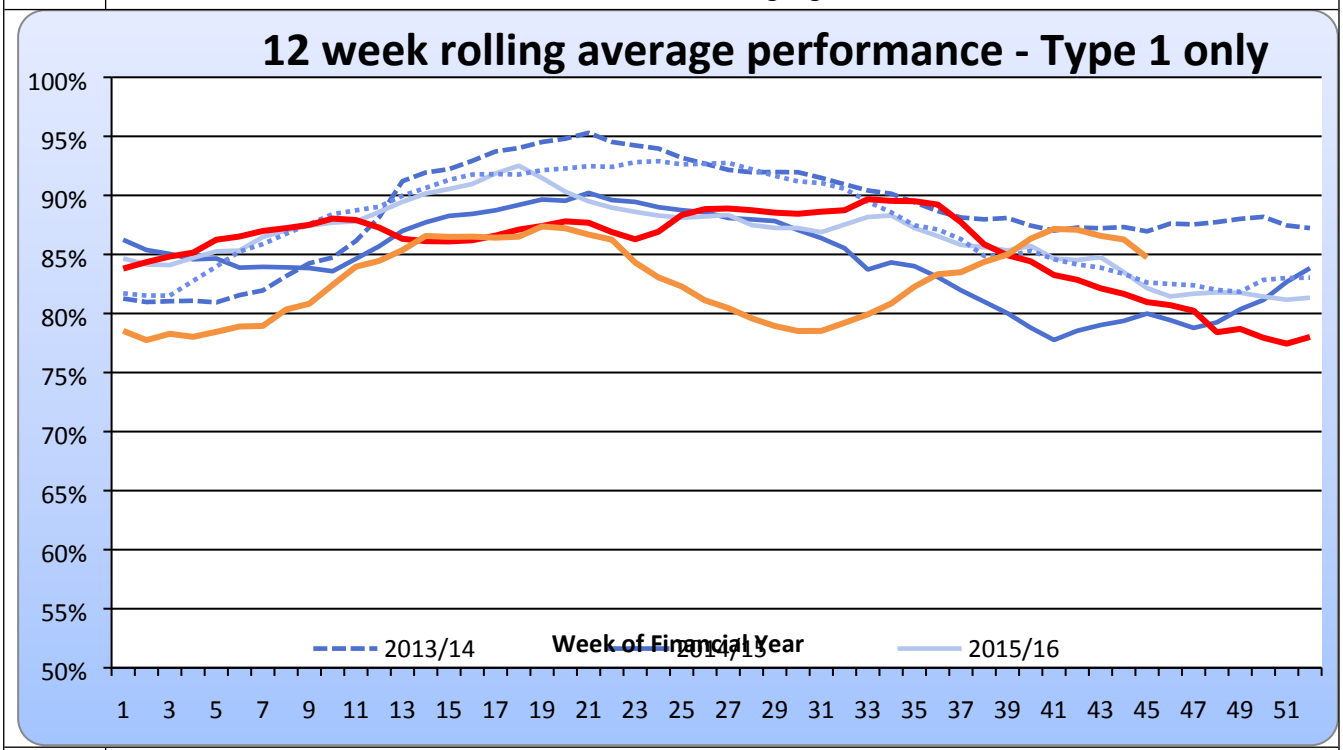
DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		EMERGENCY DEPARTMENT UPDATE		
DATE OF DECISION:		26 FEBRUARY 2019		
REPORT OF:		CHIEF OPERATING OFFICER TEAM		
CONTACT DETAILS				
AUTHOR:	**Name:**	Duncan Linning-Karp	Tel:	023 80 208605
	E-mail:	duncan.linning-karp@uhs.nhs.uk		
Director	**Name:**	Jane Hayward	Tel:	023 80 206060
	E-mail:	jane.hayward@uhs.nhs.uk		

STATEMENT OF CONFIDENTIALITY
None.

RECOMMENDATIONS:		
	(i)	The Health Overview Scrutiny Panel **c**onsiders the issues raised in report and offer comments as required.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The Panel requested the information In order for the Panel to have a greater understanding of the issues and performance of local services.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	UHS runs an emergency department (ED) for the people of Southampton and Hampshire, seeing approximately 112,000 patients a year. Growth has run at 2-5% per year and growth is predominantly in the 'Majors' stream of patients.	
4.	As well as the ED there is a co-located GP hub where patients from the ED can be streamed. This runs 6pm-10pm Monday-Friday and 9am-10pm weekends. The city also has a minor injuries unit located at the RSH, run by an external provider.	
5.	Nationally the NHS has failed to meet the constitutional standard of >95% of patients seen and admitted or discharged within 4 hours for several years. UHS is no exception and has not met the 95% target. For Type 1 attendances (patients who presented to and were seen in the Emergency Department at SGH), the numbers have continued to rise year on year:	

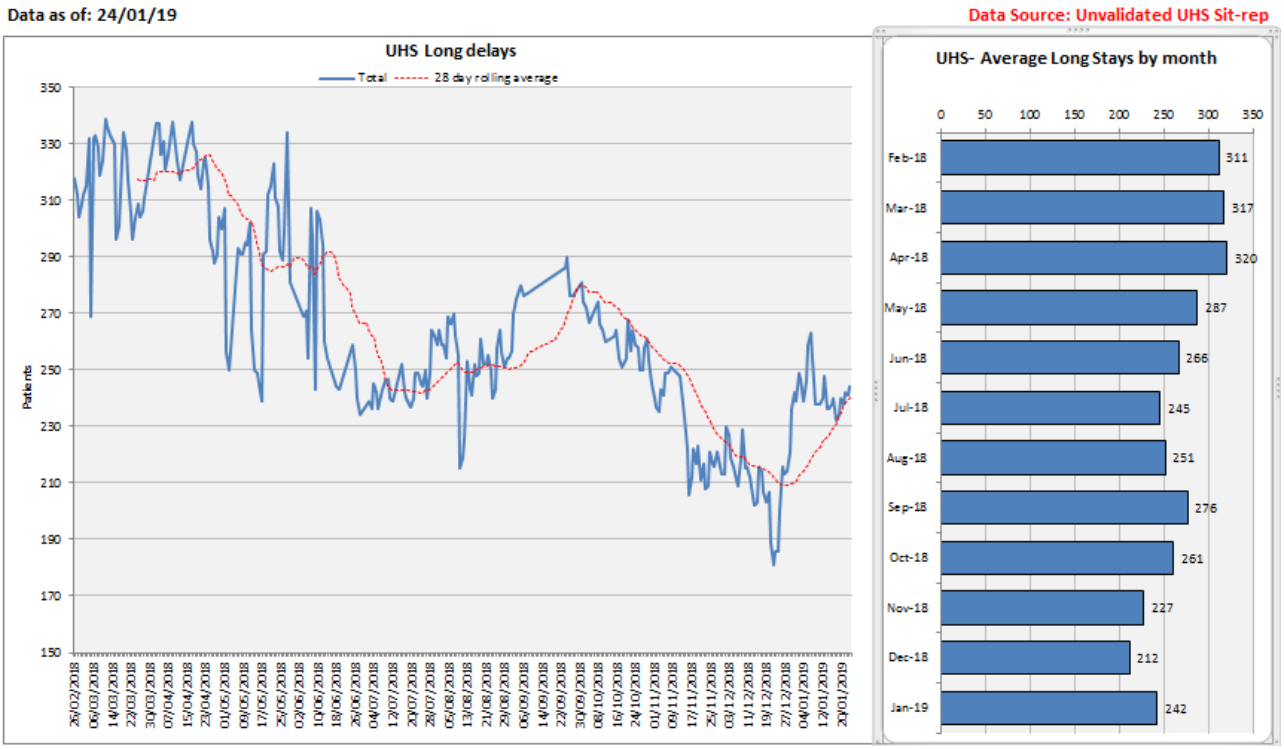


6.	Performance has continued to remain challenging:

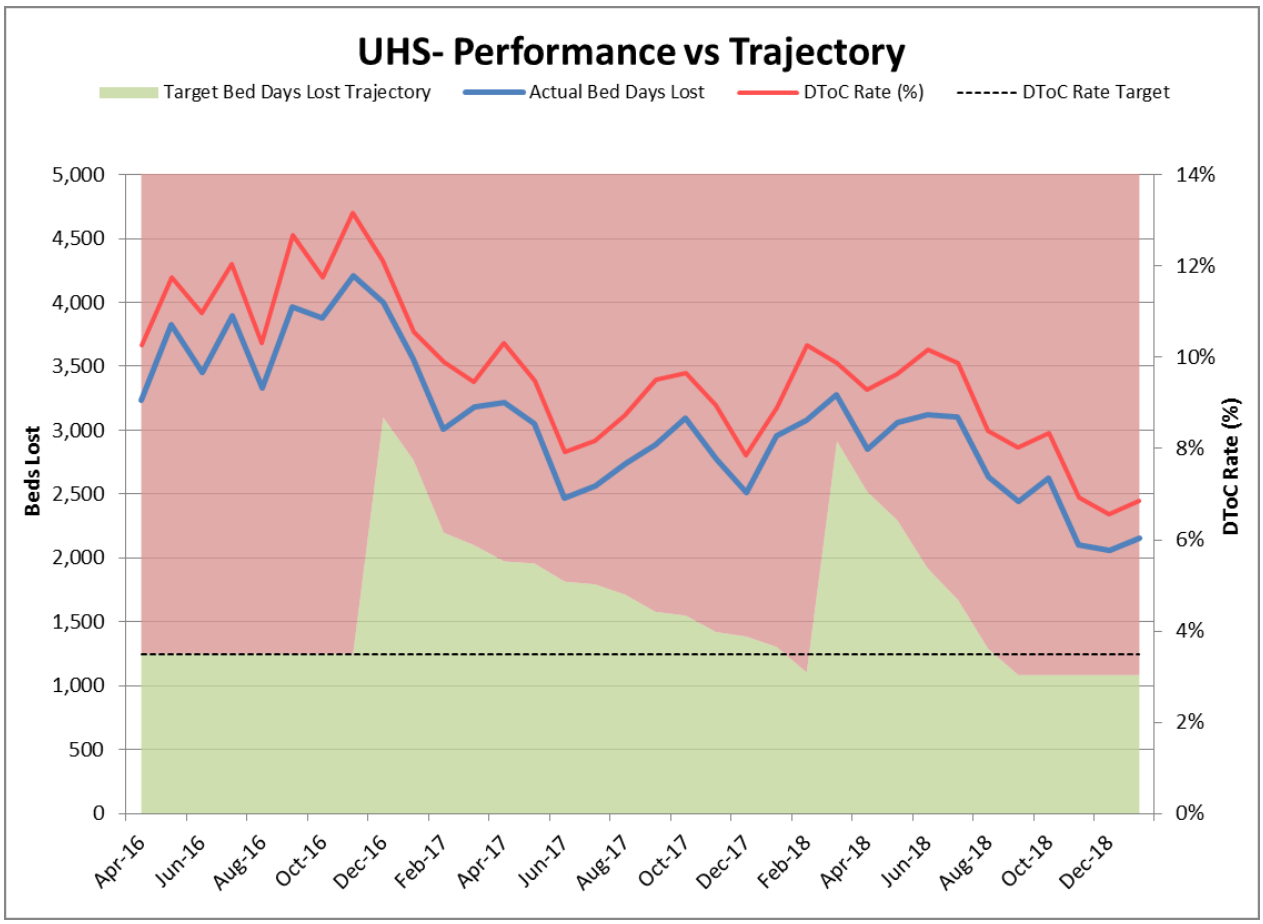


7.	As well as the national 95% target, individual organisations were set local targets by NHS Improvement. At a local delivery system level these were: 90.83% for Quarter 1 (April-June 2018), 92.53% for Quarter 2 (July-September 2018) and 90.45% for Quarter 3 (October-December 2018). A significant proportion of the Provider Sustainability Money was tied to meeting these targets. UHS has met the targets in all 3 quarters of this year.

8.	A substantial amount of work is taking place to improve ED performance and patient experience. This includes: • Opening a new dedicated Children's Emergency Department in December 2018; • Opening a new Frailty Unit in December 2018 to provide a 'wrap-around' service for frail patients who may need admission; • Appointing 4 new ED consultants in 2018; • Significant work to re-design pathways to ensure that patients only remain in the ED when it is clinically necessary and value adding; • Extending the hours of ambulatory care, to provide a 7 day service; and • Work to reduce both length of stay and the number of patients in our beds because of delays in transfer of care.
9.	Over Christmas we saw significantly better performance than the national average. That has since deteriorated with the ED seeing both very high volumes (including the 3 busiest days ever) and also high acuity. Significant work has taken place to keep the department safe and effectively running.
10.	All of this is dependent on good bed flow. This is achieved by shortening length of stay for patients going home directly and independently and for those who need onward care. The Trusts has been focused on both aspects.
11.	In 2018/19 the length of stay for medical patients in the Hospital has reduced. In particular the Trust was targeted to reduce patients with a stay of >21 days from 270 to 200 by Christmas. This was achieved but has bounced back up again in January.



12.	DTOCs have also improved throughout the year and a new low of 44 was recorded before Christmas, this is a figure for the whole Hospital. This is was an excellent achievement. There has been an agreed change in the counting in January, which should reduce the count by 13%, but even after this the figures in January and February have been considerably higher again. The Trust continues to work with all partners to minimise this figure to benefit patients and the system as a whole.



Reducing Length of Stay and Delayed Transfers of Care in Southampton City

Our Overarching Strategy for Reducing Length of Stay and Delayed Transfers of Care

Our shared vision

"We want people in Southampton to live safe, healthy, independent lives and will ensure that, when people have to go into hospital, they are only there for as long as they medically need to and are enabled through well coordinated, person centred support to return home and regain their independence as soon as possible."

Our ambition

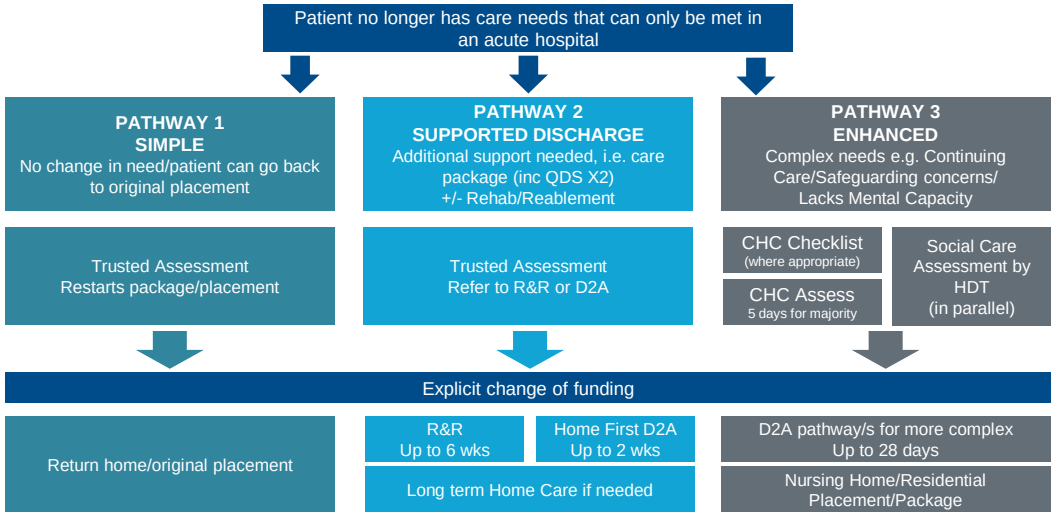
That nobody stays in hospital longer than they need to.

Key Principles:

- **Discharge is everyone's business.** Ensuring that patients are discharged in a timely way is everyone's responsibility and is a key part of the job for both staff working in the community and on the wards.
- **Planning for discharge will begin before or as soon as possible after admission.** This will be carried out in the main by ward staff and all patients will know their expected discharge date and discharge plan within 24 hours of admission.
- **Why not home, Why not Today?** Wherever safe to do so, people will be discharged as soon as they no longer need to be in hospital to their home or usual place of residence.
- **No decision about me without me.** Open and honest conversations about discharge arrangements and future care options will take place with patients and their family/carers as soon as possible.
- **No assessment for long term care in hospital.** People's long term needs are best assessed in their own home or similar setting and so every effort will be made to discharge people as soon as possible for this assessment to take place.

Our model

All discharges will go down one of only three pathways



Our six areas of focus

1. **Continue to mainstream discharge to assess** which for the majority of patients will be in their own home.
2. **Improve planning at the hospital front door** to assess needs, direct people to the most appropriate setting, avoid admission where possible, commence early discharge planning and early conversations about discharge.
3. **Strengthen community services** to provide person centred, proactive, coordinated care and support, 7 days a week capable of managing greater levels of acuity outside of hospital.
4. **Increase the supply of home care** to meet greater levels of complexity and address gaps e.g. people with low level health needs.
5. **Improve hospital processes for organising discharge** – timely and reliable transport and provision of medication and equipment, timely transfer of patient notes and consistent application of Complex Discharge policy, particularly in relation to early discharge planning.
6. **Work towards 7 day discharge.**

Our commitments for the next 12 months

Commissioners (CCG and SCC)

- Commission a pathway for people with low level health needs to leave hospital in a timely way and be supported at home.
- Continuously review demand and capacity to target additional resource in the right place and work with Care Homes and Home Care providers towards making 7 day discharge a reality.

UHS

- Improve the quality of discharge processes with a particular focus on timely provision of transport, medications, equipment, patient records and 7 day working.
- Ensure that all staff receive regular updates on the Complex Discharge Policy and that this is evidenced through practice, with a particular focus on having early conversations with patients about their discharge arrangements.

Solent

- Continue to develop the Urgent Response Service to respond to need by supporting people with increased levels of acuity in the community.
- Strengthen the palliative care support worker offer to enable more people to die at home as opposed to in hospital or a care home.

Southampton City Council

- To ensure robust provision to prevent delay for pathway 3 and ensure statutory responsibility under safeguarding and mental capacity are adhered to.
- Continue to support 7 day working across the system to help maintain timely patient flow.
- To support community hospitals and Urgent response to prevent delays and maintain flow.

Our Current Performance

There has been a steady reduction in DTOC over past 2 years influenced by a number of initiatives:

- Integrated Rehabilitation and Reablement Service.
- Integrated Joint Equipment Store with performance standards related to hospital discharge.
- Increase in "Home First" care Capacity
- 3 Reablement Beds.
- Integrated Discharge Bureau (IDB).
- IDB System Manager.
- UHS Discharge Officers to support the wards.
- "Assess at Home" model introduced.
- Complex care "Discharge to Assess" pilot planned to "roll out" by April 2019.
- Enhanced Health in Care Homes pilot planned to "roll out" by April 2019.
- Increased investment in End of Life care in the community.

Since May 2018, the DTOC rate has risen, although the numbers of patients actually discharged has remained relatively high.

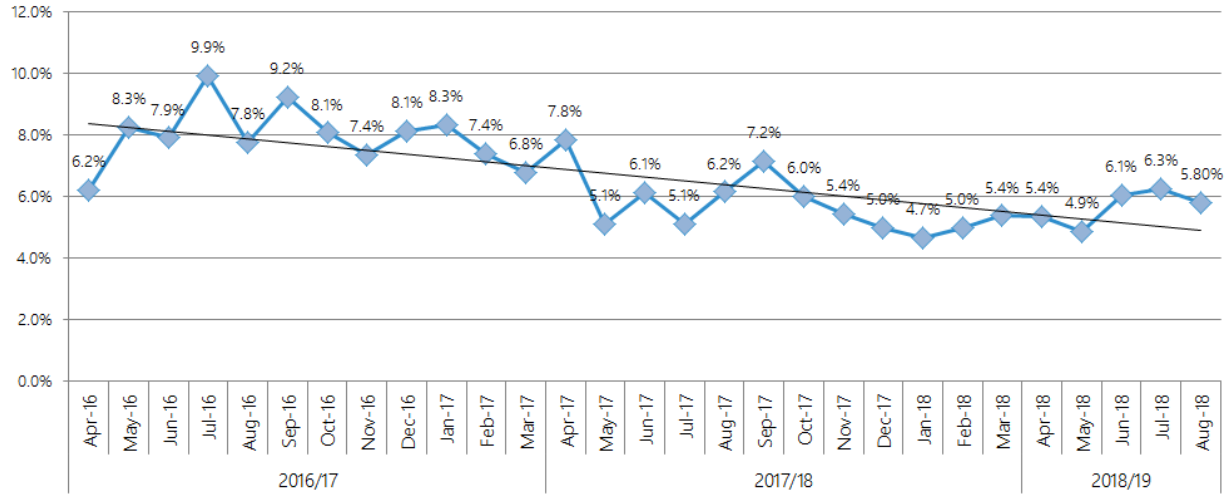
The main challenges are:

- Sourcing complex "double up" care packages.
- Sourcing care for patients with low level health needs.
- Increasing levels of complexity amongst patients being discharged.

Similar to Hampshire we are commissioning a new framework for Home Care provision which aims to address these challenges.

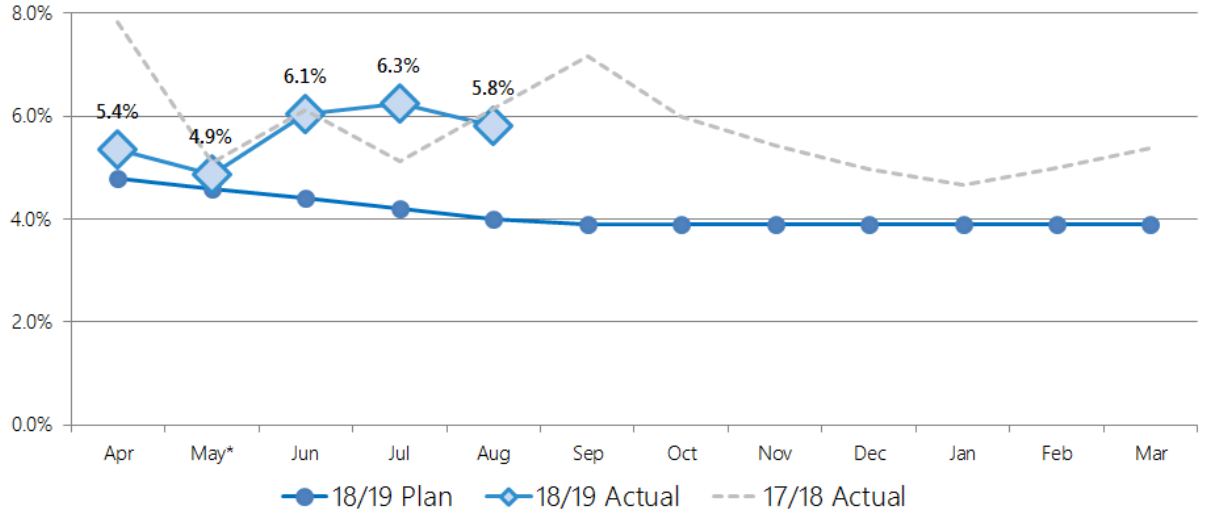
Our DTOC performance over the past few years

The graph shows Southampton City's DTOC rate from April 2016 to the most recently available data, August 2018.



Our DTOC performance in 2018/19

The graph shows Southampton City's DTOC rate performance for 2018/19 versus plan, and a comparison to the previous year.



Our Main Pressures and Our Response: High Level Version

Main Pressures

Community Resource Pre-Admission

- Whilst there are pockets working well, early help, self management and preventative activity is not consistently coordinated across the city in order to prevent unnecessary admission.

Hospital Processes

- There are a number of initiatives and processes in place that support hospital discharge, such as SAFER, "Home for Lunch" , trusted assessment, identifying D2A patients and basic requirements, such as the arrangement of transport and TTO's.
- None of these appear to be consistently undertaken across all wards.

Discharge Process and Community Provision

- The 3 discharge pathways still need to be fully operationalised and embedded.
- Homecare capacity for complex care (including two carer packages) is challenging in terms of sourcing.

Overall Increased Complexity of Patients

- We are seeing an increase in the level of comorbidity, age and complexity of need amongst patients being discharged.
- Many hospital discharge schemes involve earlier discharge, thus increasing the likely complexity at discharge. This means that sourcing the required care becomes challenging.

Southampton City's DTOC Performance

Our Response

- Commissioners are working with providers to become more preventative, anticipatory and coordinated with a view to implementing service change by April 2019.
- Community clusters are working with the voluntary sector to develop "Social Prescribing" to support people preventatively.
- Review of the end of life pathway.

- UHS is developing an action plan to create greater consistency across the hospital.
- The CCG quality team is working with UHS to develop performance reporting that would encourage greater transparency related to hospital processes.

- Trusted assessors undergoing training to support Pathway 1.
- More investment in pathway 2 to increase reablement capacity and support for lower health needs.
- Following the pilot, our intention is to implement Pathway 3 from April 2019.
- We have invested in more home care over the summer and are gearing up now to bring more hours on line over the Winter.

- Bespoke work to support complexity, such as mini-competitions, to secure complex care.
- Spot purchasing provision to support Pathway 3 D2A.
- Community OT in-reach into the hospital to jointly assess patients and their needs post discharge.
- Greater Consideration of how equipment and care technology might support people in the community and reduce levels of dependency.

Our Main Pressures and Our Response: Detailed Version

Main Pressures

Community Resource Pre-Admission

Early help, self-management, and preventative activity is not robustly coordinated across the city
- People are not able/encouraged to take responsibility for their own health and wellbeing.
- Early Intervention/prevention doesn't take place.

Case Management and Risk stratification are not fully operational
- Proactive and anticipatory care isn't consistent taking therefore there is an increased risk of NEL admission.

Reduced access to a range of functions in the community e.g. community nursing, CHC, EOL, social care assessment, reablement.
- Reduction in anticipatory planning increasing the risk of admission.
- Processes unnecessarily started in a hospital setting that increase the risk of delay

High levels of hospital conveyance. Falls RAG criteria not consistently applied
- People conveyed to hospital unnecessarily.

Hospital Processes

There are a number of schemes underway however it is unclear how embedded these are e.g. SAFER, "Home for Lunch", Estimated Discharge Dates, use of "Choice Policy", "Red and Green" days, Red Bags
- There is a risk with the high number of schemes in operation that activity is missed or staff members become confused by the processes.
- It is also unclear how embedded these schemes are across the hospital settings.

Risk aversion at UHS together with maintaining knowledge and information in a system that has high levels of staff change including temporary staff and rotation systems.
- Patients are increasingly likely to remain in a hospital bed for longer which reduces the impact of discharge to assess schemes.
- Difficult to source double up care is more likely to be prescribed in a hospital setting increasing the likelihood of delays related to care packages.

Coordination issues related to TTO's, transport arrangements, belongings
- Discharges are cancelled, delayed or of poor quality.

Lack of trust between the wards and residential and nursing home and home care providers often based on communication issues.
- Care/Nursing Homes won't accept discharges in the evenings or at weekends because they don't trust the support will be there if something goes wrong.
- Trusted assessment approaches can't be introduced which would reduce the delays associated with assessment of eligibility by the homes.

Discharge process & Community Provision

3 Discharge Pathways not fully developed
- General confusion regarding the appropriate Pathways.
- Minimal Trusted Assessment on the wards means unnecessary expectation on social care to fill the gap.
- Discharges related to low level health needs are challenging and lead to lengthy delays and avoidable XSBD's.
- Assess@Home (Pathway 2 D2A) activity is reliant on therapists identifying suitable patients early in the process if they are not confident in the process then these impacts on the pathway.
- Pathway 3 D2A has just completed its pilot stage therefore this needs further work for a "mainstream roll out" which impacts on the system.

Capacity in community provision particularly Homecare related to complex double up care, PCSW Service,
- Delays associated with lack of provision
- Patients don't die where they wish to or patients that are well enough to leave the hospital become unwell.
- Capacity issues in homecare increase the likelihood that move on issues from URS is impeded thus effecting overall patient flow.

The Community Nursing offer is relatively narrow.
- Patients are delayed because alternative health care not offered by the community nursing teams needs to be sought from elsewhere.

Need a more consistent approach to the use of telehealth/care
- Missed opportunities to support people at home that may avoid hospitalisation
- Missed opportunities to support timely discharge and reduce readmission.

Overall increased complexity of patients

- **Rapidly increasing levels of complexity brought on by increased population age, multiple comorbidities and subsequent** complexity of the interventions required to meet those needs.
- Increase in double up and time specific care
- More bespoke residential options required
- Increased likelihood of providers turning down patients at assessment.
- Increase in equipment spends.

Meeting the expectations of a number of schemes designed to discharge as early as possible may mean patients more complex at the point of discharge or less resilient.
- Increased risk of a more complex home care package on discharge which being more difficult to source could lead to higher levels of DToC
- Increased risk of readmission rates if patients are only just medically fit for discharge.

Southampton City's DTOC Performance

Our Response

Community Resource Pre-Admission

- Timely access to GP appointments
- AVS developed to provide timely GP home visiting
- Social Prescribing being introduced in 4 clusters.
- Shift to a strength based approach – generating capacity
- Community wellbeing Team now in place
- Care Navigation is in place in the clusters
- Community Development proposals to increase capacity in the community and voluntary sector

- Plan to integrate CIS, Community Nursing, strength based social work teams and locality mental health teams
- System reviewing the use of risk stratification as an enabler
- EHCH has been piloted with 15 homes and will roll out across the city by April 2019.

- Revisit current specifications and contracts with a view to identify gaps, areas of non-compliance or renegotiation.

- Clinical Demand Manager in place to support crews in their decision making
- URS working closely with SCAS to ensure that there that rapid response approaches is utilised where appropriate.
- URS and CIS are working with SCAS to make the Falls RAG system more robust.

Hospital Processes

- UHS are developing a plan to focus on these areas – project group initiated.
- Quality team to add these schemes to the reporting template to increase transparency
- Welcome home programme being developed between acute and community partner (Communicare)

- Building in shadowing work between community and hospital therapists, we are planning to have community therapist in-reach into hospital to work alongside UHS therapy teams to establish acceptable levels of risk and promote alternative intervention e.g. Molifts to reduce the need for "double up" care.

- UHS are developing a plan to focus on these areas – project group initiated.

- UHS have developed an engagement strategy with the homes supported by the EHCH work undertaken by the CCG (based on the EHCH NHSE Framework (2016).
- Possible MOU across the system in relation to activity (to be agreed by System Chiefs).
- Following the EHCH Pilot there are opportunities to work with some of the homes to introduce federated working which could support improved relationships with the acute sector.
- The EHCH pilot has also introduced increased primary care support to the homes that it is hoped will increase weekend confidence.
- Following the procurement of a new Home Care framework there is an opportunity to work with lead providers on trusted assessment process.

Discharge process & Community Provision

- Pathways are being simplified and aligned with Hampshire to reduce overall confusion.
- The trusted assessment training programme is being revitalised with newly recruited Discharge officers.
- Commissioners are working with Solent URS to look at undertaking the low level health needs activity from April 2019. (scoping current home care providers to support this work ahead of April 2019)
- URS have an ongoing training programme to ensure that new therapists receive an appropriate timely induction.
- Pathway 3 is due to roll out by April 2019
- Possible Peer Review programme (to discuss with System Chiefs)

- Homecare framework being developed for April 2019
- Mini competition to increase the level of homecare available for complex packages.
- EHCH Programme to support greater care home coproduction.

- Specification is being revisited alongside other nursing activity with a view to closing the current gaps in service.

- Develop City wide telehealth/care strategy

Overall increased complexity of patients

- Mini competitions to do more bespoke work around complex pathways
- Increased investment in extra care housing options

- Mini competitions to do more bespoke work around complex pathways
- Retendering of Homecare framework – start date April 2019

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:		28 FEBRUARY 2019		
REPORT OF:		DIRECTOR - LEGAL AND GOVERNANCE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

RECOMMENDATIONS:		
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.

DETAIL (Including consultation carried out)	
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel. It also contains summaries of any action taken in response to the recommendations.
4.	The progress status for each recommendation is indicated and if the Health Overview and Scrutiny Panel confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the Health Overview and Scrutiny Panel.

RESOURCE IMPLICATIONS	
Capital/Revenue	
5.	None.

Property/Other	
6.	None.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
7.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None

KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 28 February 2019	
2.	Southern Health OPMH inpatient update	
3.	Beaulieu Ward Plan	
4.	Southern Health – Update on the Future Shape of the Trust	
5.	Southern Health - Operational Organisation Structure	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
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.	None	

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Health Overview and Scrutiny Panel: Monitoring Recommendations

Scrutiny Monitoring – 28 February 2019

Date	Title	Action proposed	Action Taken	Progress Status
06/10/19	Update on progress – Southern Health NHS Foundation Trust	1) That the key findings from the audit being undertaken by Southern Health NHS Foundation Trust into the events that culminated in the decision to close Beaulieu Ward on a temporary basis are shared with the Health Overview and Scrutiny Panel.	Updates on Beaulieu Ward are attached as Appendix 2 and 3.	
		2) That the new model for Older People Mental Health services is shared with the Health Overview and Scrutiny Panel when it is finalised.		
		3) That Southern Health NHS Foundation Trust keep the Panel informed with regards to the proposed changes to the shape and structure of the Trust.	An update is attached as Appendix 4.	

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Southern Health
NHS Foundation Trust

11th February 2019

HOSP Update:
Staffing issues within our Older People's Mental Health Services in Southampton

This paper provides an updated position in regards to staffing levels across Older People's Mental Health Services. It will also update on the number of patients who have been admitted to Poppy and Elmwood wards, rather than to Beaulieu.

Poppy Ward, Gosport War Memorial Hospital (GWMH)
We're pleased to report that Poppy Ward continues to be open to admissions and is able to maintain consistent and improved staffing levels. Recruitment continues and currently only two whole time equivalent (wte) Health Care Support Worker (HCSW) posts remain vacant. 2.6 wte registered nurse posts have been recruited to. The service has been successful in recruiting an additional administrator to continue the ongoing focused work on our rosters to maintain the level of scrutiny this requires.

Beaulieu Ward, Western Community Hospital
Beaulieu ward currently remains temporarily closed with some necessary environmental works being completed alongside the recruitment campaign.

Staff on Beaulieu Ward
All staff had a one-to-one meeting with senior managers and HR representatives to discuss available placements and any individual requirements whilst Beaulieu ward was closed. Following this, all staff were allocated to appropriate placements as agreed with them. The staffing numbers shift by shift for Berrywood Ward have been temporarily increased to allow for the fact the ward, as an OPMH ward, stands alone at the Western Community Hospital (WCH). The increase in staffing numbers enabled a substantial number of HCSW to remain at the WCH. The registered nurses on Beaulieu Ward transferred temporarily to Berrywood ward. A small number of staff elected to develop their skills within other services for the duration of the closure. These include the Specialist Falls Team and secure mental health services.

Patients on Beaulieu Ward
All patients and their families were fully informed both verbally and in writing by senior staff of the plan to close Beaulieu ward on Friday 16th November. Patients requiring ongoing inpatient treatment were transferred to Poppy and Elmwood wards. Patients requiring an appropriate discharge destination were identified and, with support from Adult Services and the CCG, these were safely discharged as they were clinically optimised. On Friday the 16th November, two patients remained on the ward who, to reduce unnecessary distress, were transferred to Berrywood ward. One patient was subsequently discharged the following day on the 17th November to a planned placement. The other patient remains in our service. The staff that transferred to Berrywood from Beaulieu ward have been able to support these patients to ensure continuity of care.

Since the temporary closure of Beaulieu ward there have been four patients who have required acute admission to a dementia bed. Two patients were admitted to Poppy ward in GWMH and two patients were admitted to Elmwood ward in Parklands Hospital.
We continue to collate and monitor this to ensure all patients and their families are supported. We will consider alternatives to admission, including care home placement and additional support in the community. For those patients requiring admission to either Poppy ward or Elmwood ward, we will speak to individual families to offer support to cover additional transport needs they may have in order to visit loved ones. To enable capacity to admit, both Poppy and Elmwood ward teams have had increased support to manage Delayed Transfers of Care (DTOC) and patient pathways. There are currently 9 DTOCs across Poppy and Elmwood wards as agreed with our system partners.

Actions to ensure safe services across our Older People's Mental Health Services
We continue to work with all patients and their families to keep people safe and to ensure timely discharge when clinically optimised. Focused work continues on pathway management including the referral process for admission to the inpatient service.

We continue to monitor patient and family feedback with the support of the Trust Patient Experience Lead. To date, no concerns have been identified in regard to the Beaulieu closure.

Safer Staffing calls occur three times per week managed by the OPMH Inpatient Matrons and Safer Staffing Team. The daily call requirement has reduced due to the temporary closure of Beaulieu ward. The Associate Director of Nursing for Mental Health has an operational overview to support the service.

The Trust Organisational Team are working closely with the Matron and Beaulieu ward manager to organise development sessions in preparation for reopening the ward. These have commenced and the team has also been involved in identifying a new model of Dementia Care.

Recruitment/Staffing Update
Our Recruitment Specialist has supported the development of a recruitment plan to focus on staffing Beaulieu ward to enable reopening; and there will be a continued focus also to recruit to other vacancies across OPMH Services.

Recruitment days specific to Southampton are being organised for January, March and May, the first was held on the 22nd January 2019.

A social media campaign is being supported by our Communications team to include Snapchat, Twitter and Facebook. The campaign will work on showing the engagement and diversity of working within OPMH Services.

Workforce development plans are being formulated to reflect the skill mix required on the ward. We are working to develop new career pathways and roles and a new care model for Older People's Mental Health. This aims to deliver more effective care and make working in this service a more attractive proposition for clinicians.

Dual registered nurses are being encouraged to apply for posts and efforts are being explored re: how competencies can be maintained and whether rotational posts will benefit the service.

A continued focus will remain on OPMH staff attending University recruitment events.

Current recruitment to Beaulieu ward is:

- 1 x Band 6 Nurse relocating from Norfolk to commence post in May 2019. Ward Manager keeping in touch with member of staff to ensure we remain their choice of work.
- 2 x preceptor nurses qualifying in September 2019 have applied for and have expressed a wish to work on Beaulieu ward. They were successful when we interviewed them.
- Alongside the focused recruitment campaign we will be exploring the use of Long Term Placements from NHSP and/or agency.

Current Recruitment to Poppy Ward is:

- 2.6 x registered nurses offered posts at recent interviews.
- 1 x student nurse was interviewed on 3rd January 2019.
- 2 x HCSW – one started week commencing 7th January and one in recruitment process.

Plans to reopen Beaulieu Ward

A detailed project plan is in place to reopen Beaulieu Ward, with a target date of May (the plan is enclosed with this update). This period of temporary closure is being used to make improvements to the environment on the ward so that patients can benefit from single-sex accommodation. It is likely that, in order to make these changes, the total number of beds on Beaulieu ward will be slightly less compared to the pre-closure amount.

We have been carefully monitoring the availability of older people's mental health beds across Hampshire and, despite the closure of Beaulieu ward, there has been a surplus of beds. We therefore have a high level of confidence that a small reduction in beds at Beaulieu ward will not impact our ability to meet demand for hospital beds, whilst ensuring single-sex accommodation which represents best practice.

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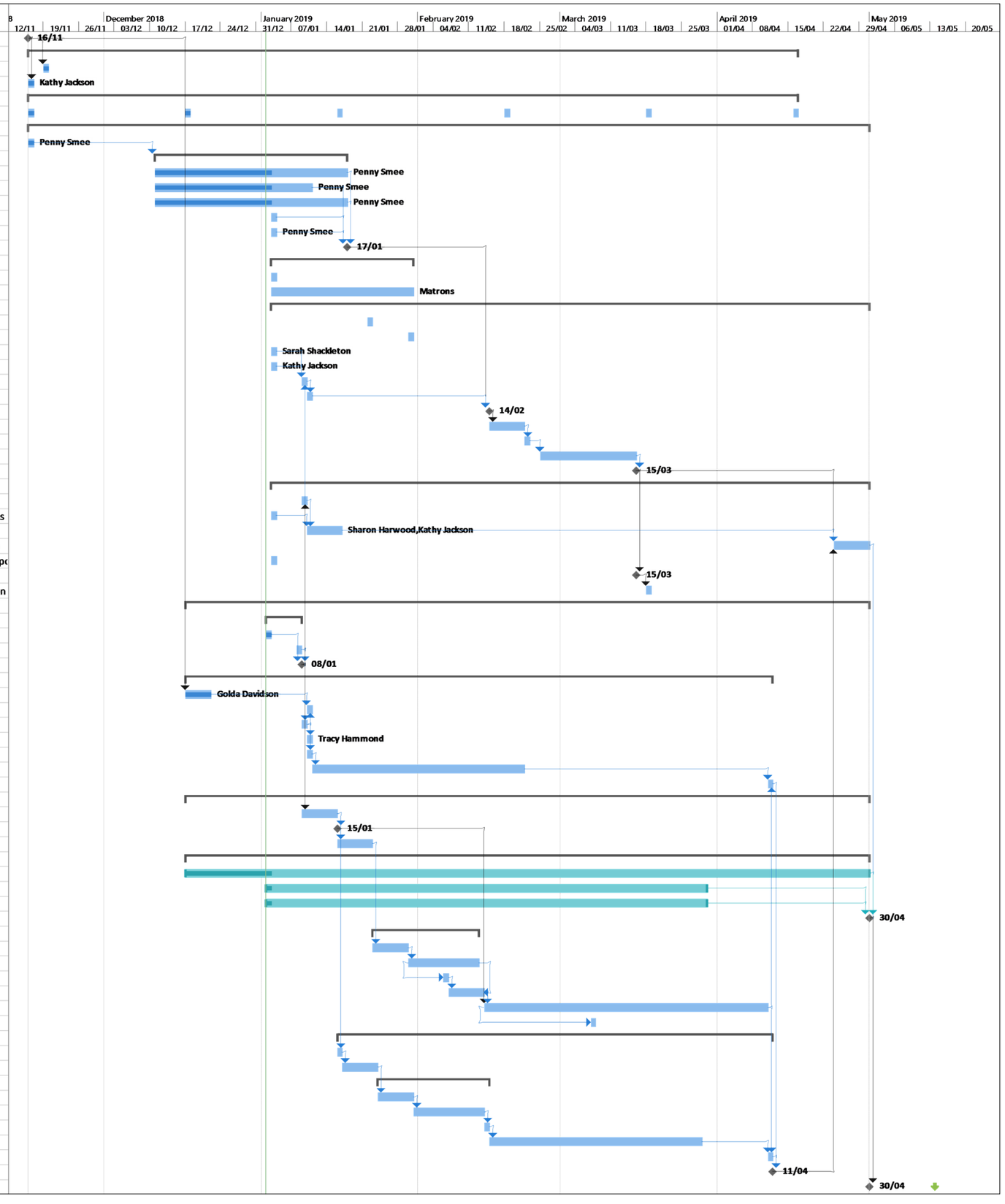
ID	WBS	Task Name
1	1	Beaulieu Ward Closed
2	2	**Management of substantive staff**
3	2.1	Debrief for team (Critical Incident Stress Management Team)
4	2.2	Confirm substantive staff redeployment plan
5	2.3	**Engagement and Communication with Substantive staff**
6	2.3.1	**Monthly 121 Meetings with Substantive Staff**
13	3	**Recruitment of new team**
14	3.1	Develop Recruitment Plan
15	3.2	**Advertising and social media**
16	3.2.1	Instagram and Snapchat campaign
17	3.2.2	Facebook promotion of "Nurse Video"
18	3.2.3	Webpage to be developed to promote OPMH
19	3.2.4	Banner on Tesco Site
20	3.2.5	Advertise on NHS Jobs / Trust Feed
21	3.2.6	Adverts Live (4 weeks?)
22	3.3	**Engagement of University Students**
23	3.3.1	University Recruitment Events
24	3.3.2	Develop Plan for Students on placement
25	3.4	**Develop Future Team**
26	3.4.1	Recruitment Event 1 on Beaulieu Ward
27	3.4.2	Recruitment Event 2 on Beaulieu Ward
28	3.4.3	Review role of B4 / Skill Mix
29	3.4.4	Dual Trained Nurses...
30	3.4.5	Defined staffing model
31	3.4.6	Targetted recruitment for gaps in staffing model??
32	3.4.7	Advert closure dates
33	3.4.8	Shortlisting and Interviews
34	3.4.9	Conditional Offers Made
35	3.4.10	Pre-employment checks
36	3.4.11	Offers made and start date agreed
37	3.4.12	**Induction**
38	3.4.12.	Develop new ways of working (MDTs, Patient flow, processes)
39	3.4.12.	Work with Org. Dev to develop staff morale / team cohesiveness
40	3.4.12.	Induction Plan (review and update)
41	3.4.12.	Induction of whole team (substantive, new starters & students)
42	3.4.12.	Training Plan? Exclude - should be BAU?? Depends on Ward purpo
43	3.4.13	New team ready to go
44	3.4.14	Weekly keep in touch with new starters (if needed) up to Induction
45	4	**Ward Refurbishment**
46	4.1	**Assessment & Planning**
47	4.1.1	Onsite meeting to discuss specification
48	4.1.2	Meeting on site to agree specification
49	4.1.3	SPECIFICATION AGREED
50	4.2	**Equipment**
51	4.2.1	Review of Existing Equipment
52	4.2.2	Disposal of unfit / unneeded equipment
53	4.2.3	Defined list of equipment required
54	4.2.4	Capital Bid for Equipment
55	4.2.5	Purchase Orders for new Equipment raised and sent
56	4.2.6	Lead time for new equipment
57	4.2.7	Installation of new equipment
58	4.3	**Estates Works**
59	4.3.1	Update existing specification (with Contractor?)
60	4.3.2	Agreement with Solent (Landlord) confirmed
61	4.3.3	Confirm provisional cost for Estates Capital Work
62	4.3.4	**Solent Planned Maintenance Work (info only)**
63	4.3.4.1	Fire Alarm Replacement
64	4.3.4.2	Electrical Distribution Board Replacement
65	4.3.4.3	Nurse Call Replacement
66	4.3.4.4	Solent Work completed
67	4.3.5	**Capital Bid for Building Works**
68	4.3.5.1	Draft Capital Bid and submit with estimated costs
69	4.3.5.2	CGG Capital Approval
70	4.3.5.3	QPP Approval
71	4.3.6	Tender (Single Tender Waver)
72	4.3.7	Ward re-decoration and re-fitting
73	4.3.8	Infection Control inspection
74	4.4	**IT Work**
75	4.4.1	Identify Equipment Required
76	4.4.2	Assess Networks / etc and update Estates Specification
77	4.4.3	**Capital Bid for IT**
78	4.4.3.1	Draft Capital Bid and submit with costs
79	4.4.3.2	CGG Capital Approval
80	4.4.3.3	Order IT Equipment
81	4.4.4	Lead time for new IT equipment
82	4.4.5	Installation of new IT equipment
83	4.4.6	Refurbishment and equipping of Ward complete
84	5	Ward Re-opens (13th May deadline) - First Patient



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An update on Southern Health's new operational organisational structure

Southampton HOSP

Dear Colleagues

In December, I sent you an options appraisal paper asking for feedback to help us to shape our new operational organisational structure. The purpose of the restructure will enable us to align our mental health and physical health services with the ultimate aim of delivering better, more joined-up and holistic care to people and communities across Hampshire.

Thank you for your feedback, I am now delighted to share Southern Health's new operational organisational structure. Please find a high level version of what our new operational organisational structure will look like attached.

I have outlined just some of the examples of how we have used the feedback received to shape our new operational organisational structure below:

- We have used the structure outlined in **option one** which was the option preferred by staff and stakeholders
- We have reduced the number of Directorates from six to five: Four integrated geographical Directorates (one of these is Southampton) aligned to the developing Integrated Care Partnerships across the county and one specialist Directorate
- Our physical specialist services (such as diabetes, MSK, tissue viability and heart failure) are now integrated within three geographical Directorates. We have changed the name of what was previously the Forensic Mental Health Directorate to Specialist Directorate
- Learning Disabilities, children's services and public health services (such as Quit4life) now also sit under the Specialist Directorate.

Alongside this, we conducted a consultation to make sure we have a strong senior operational leadership teams in place to help us deliver our new structure.

We are now recruiting to these roles and hope to have our new structure in place in the spring. Once in place, our new senior operational leadership teams we will be working alongside, you, our staff, and the people we support to look at how the new structure will be delivered across Hampshire.

It's important to note that while the new structure is being put in place, every effort is being made to ensure our services continue as usual so the people we support are not affected by these changes.

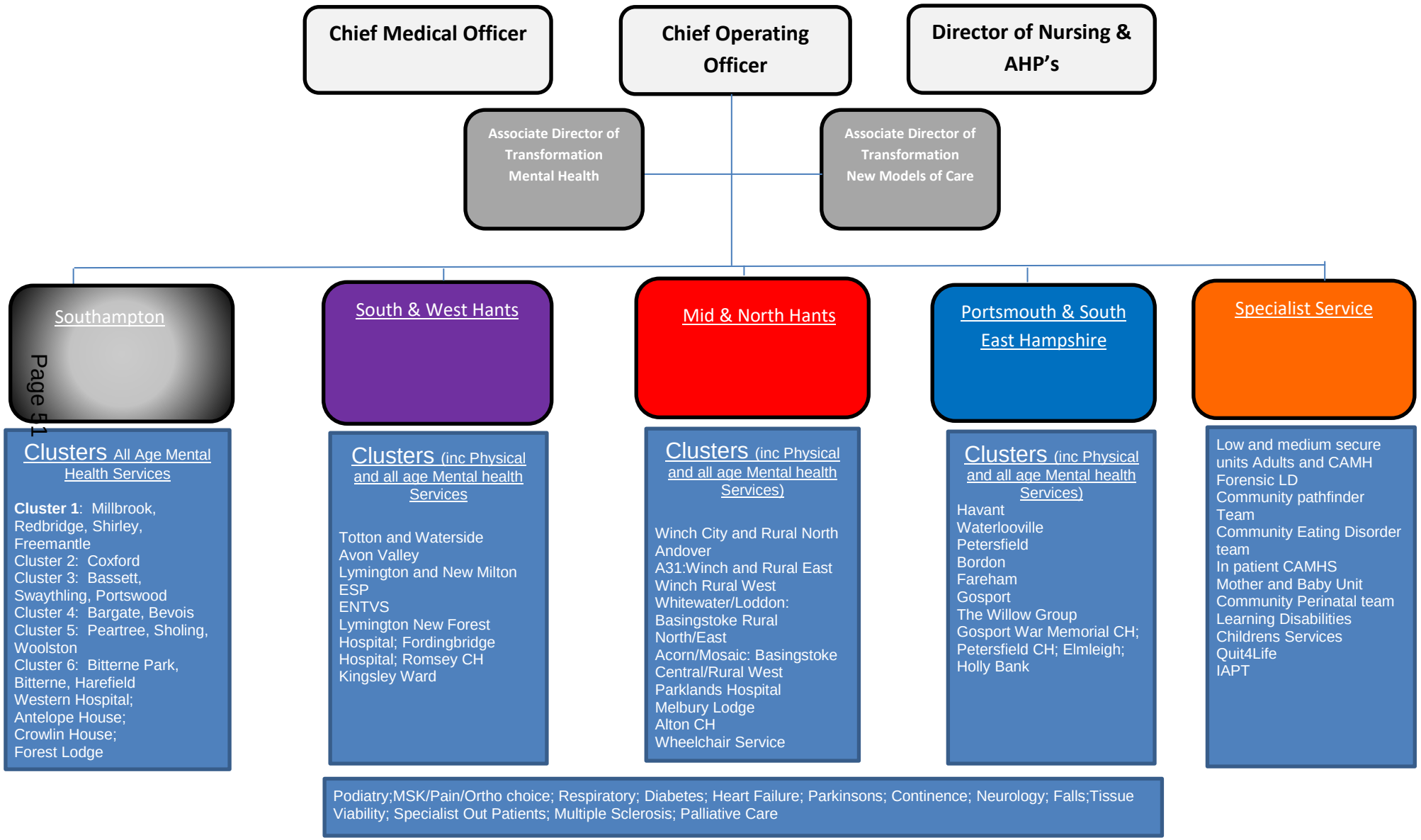
I would like to thank you for your co-operation and support with this process. As I highlighted in my previous correspondence, this is our most significant and ambitious shift in the shape of Southern Health to date and will no doubt improve the way provide health care, for the better, across Hampshire.

If you have any further questions, comments or concerns please contact Paul Draycott, Executive Director for Workforce, Organisational Development and Communications via email on paul.draycott@southernhealth.nhs.uk or by telephone on 023 8087 4661. Paul would also be happy to arrange a meeting if you would find this helpful.

Yours sincerely

Dr Nick Broughton
Chief Executive
Southern Health NHS Foundation Trust

Final SHFT Operational Organisation Structure (Five Divisions)



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