

Chief Executive's Office

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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