

Tuesday 14th August 2012

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

Tel: 02380296012
Fax: 02380725469
Email: ayo.adesina@scpcpt.nhs.uk
www.southamptonhealth.nhs.uk

Dear Frances

Re: Proposed Elderly Care Ward move to RSH

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

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

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

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

1. The difficulty of responding to clinical challenges in remote acute wards separated from the main acute hospital. For example patients whose condition could deteriorate to the point that the facilities at the RSH may be insufficient for their safe care or dementia patients who may become confused due to transfer. Furthermore, we have not seen adequate evidence that continuity and focus of clinical care would be maintained for patients who would be transferred.
2. That the patient selection criteria needs to be signed off by appropriate consultants with due consideration for the expected impact on volumes of patients who would transfer or not transfer, the level of confidence around the assumptions, and the expected operational impact on what has to be provided at the RSH and what associated services will remain at SGH.

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

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

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

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

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

Yours sincerely



Les Judd
Interim Director of System Delivery
NHS Southampton CCG

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