

Friday 24th August 2012

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Dear Mark

**Re: RSH Beds: Upper Brambles Ward**

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

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

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

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

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

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

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

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

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

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

Yours sincerely



John Richards  
Chief Officer (Designate)  
NHS Southampton CCG

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