Agenda Item 6

# HAMPSHIRE COUNTY COUNCIL

## Report

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| Committee: | Health Overview and Scrutiny Committee |
| Date of Meeting: | 16 April 2013 |
| Report Title: | Inquiries Received and Action Taken |
| Reference: | 4833 |
| Report From: | Director of Policy & Governance |


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## 1. Summary and Purpose


1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.

1.2. The approach adopted provides the route through Local HealthWatch and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.

1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.

1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.

1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.

1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

**Table One: Inquiries Received and Action Taken**

| Topic/ inquiry | Source | Action Taken | Comment |
|---|---|---|---|
| Vascular Services | Wessex Local Area Team (LAT) - NHS Commissioning Board | The HOSC recently received an update letter from the Area Director of the Wessex LAT on the progress made locally with vascular surgical services. The Wessex LAT has been invited to respond to questions from the HOSC on the contents of the letter, which is attached as Appendix 1 (page 9). | It is expected that representatives of the two provider Trusts (Portsmouth Hospitals and University Hospital Southampton) will be present. |
| **Recommendations:**<br><br>That Members confirm:<br><br>1. If they require any further information or a further update. | | | |
| Oak Park Community Clinic – progress with model of care | South East Hampshire Clinical Commissioning Group (CCG) | The Committee has been monitoring the progress of the Oak Park Community Clinic since November 2007. Proposals have since been supported which has seen ten reablement and intermediate care beds re-provided in the local community, and a range of outpatient services offered from the new Community Clinic.<br><br>The last update provided to the HOSC in March 2012 from the previous commissioners of this service evidenced that not all of the community beds were operational, due to the bed provider receiving moderate concerns from CQC following an inspection. | The HOSC will wish to ensure that all ten beds are now operational in the local area, and that the now-open Oak Park Community Clinic is operating effectively. |

| Topic/ inquiry | Source | Action Taken | Comment |
|---|---|---|---|
| | | An update report can be found at Appendix 2 (page 15). | |
| **Recommendations:**<br><br>That Members confirm:<br><br>1. If they require any further information or a further update. | | | |
| Hythe Community Hospital – progress with model of care | West Hampshire Clinical Commissioning Group (CCG) | The Committee has been monitoring the progress of the Hythe Community Clinic since May 2010, when proposals were first received to close the inpatient beds at Hythe Community Hospital. Proposals were supported which would see 16 reablement beds re-provided in the local community, and enhanced outpatient services offered from the remodelled Community Hospital.<br><br>The last update provided to the HOSC in March 2012 from the previous commissioners of this service evidenced that not all of the community beds were operational (6 of 16 were commissioned), and planning for the new community hospital was progressing.<br><br>A brief update report can be found at Appendix 3 (page 20). | There were previously 8 beds at Hythe. As part of this programme 10 beds were commissioned within general reablement provision by ASD and an additional 6 beds at Littlehaven funded by the NHS to give 16 beds in total for that area.<br><br>The HOSC will wish to ensure that all 16 beds are now operational in the local area. |

| Topic/ inquiry | Source | Action Taken | Comment |
|---|---|---|---|
| **Recommendations:**<br><br>That Members confirm:<br><br>1. If they require any further information or a further update. | | | |
| Fordingbridge Community Hospital – progress with radiology service | West Hampshire Clinical Commissioning Group (CCG) | The Committee has been monitoring the progress of changes to Fordingbridge Community Hospital since January 2012, when proposals were received to move services within the site to ensure buildings were fit for purpose.<br><br>The last update provided to the HOSC in November 2012 from the previous commissioners of this service stated that it was expected that the radiology service would move to a new location within the site by March 2013.<br><br>A brief report can be found at Appendix 4 (page 22). | |
| **Recommendations:**<br><br>That Members confirm:<br><br>1. If they require any further information or a further update. | | | |
| Development of model of service across multiple sites | Hampshire Hospitals NHS Foundation Trust | The Committee first received notification from Hampshire Hospitals of their intention to draw up proposals on the future model of service to be provided from their hospital sites in November | |

| Topic/ inquiry | Source | Action Taken | Comment |
|---|---|---|---|
| | | 2012. The HOSC has not yet received detailed proposals or evidence which would enable them to come to a view on whether proposals constitute a substantial change in service.<br><br>A presentation will be made available to the Committee. | |

**Recommendations:**

That Members confirm:

1. Whether they have enough information to come to a view on whether the proposals represent a substantial change in service.

2. When they require Hampshire Hospitals NHS Foundation Trust to provide further evidence and a further update to the Committee.

| Topic/ inquiry | Source | Action Taken | Comment |
|---|---|---|---|
| Management of unscheduled care | University Hospital Southampton NHS Foundation Trust (UHS) | University Hospital Southampton approached the HOSC for their support in July 2012 for their proposal to move elderly care beds to Royal South Hampshire Hospital from Southampton General Hospital in order to create unscheduled care capacity in the area.<br><br>Since this time, the HOSC has been informed that this model of care has not been progressed due to staffing issues. A presentation will be made available to update the Committee on management of unscheduled care demand at Southampton General. | |

| Topic/ inquiry | Source | Action Taken | Comment |
| --- | --- | --- | --- |
| **Recommendations:**<br><br>That Members confirm:<br><br>1. Whether they require further information or a further update. | | | |
| Inpatient oncology services | Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) | The HOSC received a request from RBCH in October 2012 to approve proposals to temporarily admit oncology inpatients to Poole rather than Bournemouth Hospital, as it had been difficult to recruit sufficient medical staff to cover both sites.<br><br>An update on the service has been provided in the letter attached (Appendix 5, page 24). | Members will want to test whether this is likely to become a permanent change in service. |
| **Recommendations:**<br><br>That Members confirm:<br><br>1. If they support the temporary move of inpatient oncology beds to Poole Hospital.<br><br>2. If they require any further information or a further update in relation to the continued temporary move of these beds. | | | |

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Corporate Strategy**

| Hampshire safer and more secure for all: | yes |
|---|---|
| Corporate Improvement plan link number (if appropriate): | |
| Maximising well-being: | yes |
| Corporate Improvement plan link number (if appropriate): | |
| Enhancing our quality of place: | yes |
| Corporate Improvement plan link number (if appropriate): | |

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

| Document | Location |
|---|---|
| None | |

**IMPACT ASSESSMENTS:**

**Equalities Impact Assessment:**

No implications arising from this report

**Impact on Crime and Disorder:**

No implications arising from this report

**Climate Change:**

- How does what is being proposed impact on our carbon footprint / energy consumption?

  No implications arising from this report

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

  No implications arising from this report

Appendix 1

Commissioning Board

11 March 2013

Dear Colleague

As it has been some time since I last wrote to you regarding vascular services, I should like to provide a further update on the progress being made towards meeting the national standards for vascular surgical services.

As you will be aware, over the next few weeks, the organisational arrangements and responsibilities across the NHS will change. PCTs will be abolished at the end of March, with April 2013 seeing the new Clinical Commissioning Groups formally taking over responsibility for commissioning most hospital services, and the new NHS Commissioning Board (NHS CB) taking on responsibility for commissioning primary care services and specialised hospital services.

Vascular services are one of these “specialised services”, which means that the NHS Commissioning Board will be commissioning these services from April. Locally, these contracts will be agreed by the Wessex Area team of the NHS Commissioning Board, of which I have been appointed Area Director.

The NHS Commissioning Board will introduce standard contracts with provider organisations (such as NHS Trusts) for these specialised services from 1 April 2013. These contracts will include core policies and specifications, which are designed to deliver consistent outcomes for patients across the country and ensure that all patients have access to a consistent level of service. In December, the NHS Commissioning Board consulted on a set of clinical specifications and eligibility criteria for specialised services, including vascular services.

The vascular specification includes, and indeed builds upon many of the Vascular Society for Great Britain and Ireland (VSGBI) standards that we have been working to implement over the last couple of years. It details the service model, workforce and infrastructure required of a vascular centre and states that all hospitals that provide a vascular service must belong to a network. A summary of the specification is attached for your information.

The NHS Commissioning Board has been very clear that unless there are exceptional circumstances, providers will be expected to deliver the national specification and should not require the standard contract to be altered. If there is a requirement for local

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variation from the contract, this will be governed by a formal process. Nationally, the specifications that are ready for implementation are to be put in place from 1 October 2013, with a clear local plan and timeline in place for any that require service change.

Within Wessex, we have already begun the process of working with our NHS provider Trusts to implement the national specification. We held a workshop for stakeholders, clinicians and Trust and CCG managers in June last year where we discussed the implications of the national service specification and how we might take this forward locally. Since then, there have been two further meetings involving the surgeons, NHS Trust managers and NHS commissioners to develop plans for implementing the new specification. Informal meetings regularly take place between surgeons and interventional radiologists at University Hospital Southampton NHS Foundation Trust and Portsmouth Hospitals NHS Trust, and these have been extremely helpful in moving things forwards.

Both Provider Trusts and commissioners have been regularly updating the Health Overview and Scrutiny Committees regarding progress – most recently focussing on progress in developing a joint rota between Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust, which everyone agrees must be a top priority.

We have also continued to meet with the Patient Reference Group for Vascular Services.

In preparation for our contracting arrangements with local provider Trusts from April 2013, we wrote to local NHS Trusts in January 2013 to outline our commissioning intentions for vascular services. These have been developed in line with the new national specification for vascular services and detail the changes in patient flow in line with the specification.

Whilst these changes have been nationally prescribed, the Wessex Area Team of the NHS Commissioning Board will continue to co-ordinate a local process for moving to the nationally consistent specifications, taking into account local circumstances. We are keen that this process should build on all the good work that has already been done, whereby we have worked closely with representatives of local people, all interested stakeholders, and our local strategic partners. In this way, we have been able to build a common understanding of the issues involved, and have started to develop plans for taking this forward in a way that meets the needs of local people.

It is encouraging that we have begun to make good progress in developing plans for “Phase 1” of our local Clinical Network. However, the new national specifications mean that we need to speed up our discussions and agree the model for the longer term - and this is now the focus of our attention.

We will of course continue using a number of mechanisms to ensure that our partners and various stakeholders are fully briefed. In the meantime, I hope that this letter is helpful in keeping you up-to-date regarding developments.

Best wishes,

**D.M. Fleming**
**Area Director (Wessex)**
**NHS Commissioning Board** and
**SHIP PCT Cluster Chief Executive**

cc: Mark Hackett, CEO, University Hospital Southampton NHS Foundation Trust
Ursula Ward, CEO, Portsmouth Hospitals NHS Trust

Enc.

**Summary of the NHS Commissioning Board Vascular Service Specification (A4)**

In December 2012, the NHS Commissioning Board published a draft National Service Specification for Vascular Surgery for consultation.

**Vascular services** are for people with disorders of the arteries and veins excluding diseases of the heart and vessels in the chest. All of these diseases used to be treated by surgery only. More recently, specialists have been able to treat many vascular disorders by reaching the site of the problem via the inside of the blood vessels. This is known as interventional radiology, and is a much less invasive approach. Vascular surgeons and interventional radiologists support a number of other services including cardiology, cardiac surgery, dermatology (skin conditions), clinical laboratory services, nephrology (kidney problems), neurology, plastic surgery, neurosurgery and other surgical disciplines.

People treated by the vascular team who would be affected by any changes to vascular services include:

- **People with abdominal aortic aneurysms (AAA):** This is a condition in which the main artery in the abdomen becomes stretched and prone to bursting. Timely detection through screening and treatment of abdominal aortic aneurysms prevents later problems with rupture and bleeding, and can be life-saving.
- **People with strokes or transient ischaemic attacks (TIAs or mini-strokes):** Sometimes, these problems with the blood supply to the brain occur because of a narrowing in a blood vessel in the neck called the carotid artery. This can be treated with an operation to improve the flow of blood and reduce the risk of future strokes.
- **People with poor blood supply to the feet and legs:** Some people, particularly those who smoke or have diabetes, can develop narrowing in the blood supply to the legs and feet. This can cause pain on walking, ulceration and infection. Surgical or interventional radiological treatment can improve the blood supply, make walking easier and prevent the serious complications of inadequate blood supply and lead to amputation.

The **specification** identifies the service model; workforce and infrastructure required of a vascular centre and states that:
*"There are two service models emerging which enable sustainable delivery of the required infrastructure, patient volumes, and improved clinical outcomes. Both models are based on the concept of a network of providers working together to deliver comprehensive patient care pathways centralising where necessary and continuing to provide some services in local settings.*

*"One provider network model has only two levels of care: all elective* (planned) *and emergency arterial vascular care centralised in a single centre with outpatient assessment, diagnostics and vascular consultations undertaken in the centre and local hospitals.*

*"The alternative network model has three levels of care: all elective and emergency arterial care provided in a single centre linked to some neighbouring hospitals which would provide non arterial vascular care and with outpatient assessment, diagnostics and vascular consultations undertaken in these and other local hospitals.*

*"All Trusts that provide a vascular service must belong to a vascular provider network."*

The NHS Commissioning Board will assist the local NHS in developing services to suit their local need and reassure themselves that their proposals will be sustainable in the future.

The **core standards** required of the agreed arterial vascular centre of the network (p14 and 15) are as follows:

- Vascular surgeons (consultants and trainees) should only treat patients with vascular disease

- In emergency patients should have immediate access to a full vascular team. This includes:

    - Surgeons
    - Radiologists
    - Anaesthetists
    - Clinical vascular scientists
    - Specialist nurses
    - Occupational Therapists
    - Physiotherapists

- At least 60 abdominal aortic aneurysm repairs should be carried out at each Centre per year (equating to about 10 per surgeon). There is some debate about the minimum/ideal number and so stakeholders should examine the final specification to see if this is a firm recommendation

- At least 50 operations to clear the carotid artery should be carried out per year

- All of the medical consultants in the network should be entering information on their treatment of vascular patients in seven specified national vascular data collections

- Aortic aneurysm repair which is performed via access to the problem area from inside the blood vessels should be carried out in specialist centres by clinical teams experienced in the management of abdominal aortic aneurysm

- There is a national screening programme for early detection of aortic aneurysm. Centres carrying our aneurysm on people identified by the screening programme should adhere to the screening programme's standards

**Other principles** noted in the description of the service are as follows:

- Network arrangements should be clearly documented (page 8) with agreed governance, multidisciplinary team meetings (page 8) and a lead clinician and manager (page 9). There should be a formalised description of where inpatient treatment, day treatment and outpatient services are provided in the network (page 9) and of the pathways of care for AAA, stroke prevention , lower limb loss of blood flow for diabetics and vascular, preparation of patients for renal care and treatment of vascular injuries (page 11)

- Any emergency procedures carried out should be reviewed as a priority at the next scheduled multidisciplinary team meeting (page10 )

- There should be at least six vascular surgeons and six interventional radiologists working in rotation to share the on call duties for emergencies (page 8)

- A 24/7 interventional radiology rota may have to be arranged on a network wide basis to ensure support for other services in all hospitals are not destabilised (page 9)

- Across the network patients should have access to the following facilities:

    - Outpatient clinics
    - Specialist assessment service (laboratory)
    - Wards just for vascular patients staffed by vascular trained nurses
    - A state of the art operating theatre in which surgeons and radiologists can work
    - alongside each other
    - Dedicated vascular anaesthetic services
    - Critical care wards with full renal back up (dialysis for acute problems)
    - A limb fitting service

**Timetable for Implementation**

It is recognised (on page 8) that due to capacity pressures in the short term, leg amputations may have to be undertaken in more than one centre in the network. However is expected that networks will work towards all leg amputations happening at one hospital in the network by 2015.

Appendix 2

South Eastern Hampshire
Clinical Commissioning Group

**Hampshire Health Overview and Scrutiny Committee**
**Update on Oak Park - Delivering Health Services for the Population of Havant and South East Hampshire**
**April 2013**

## Introduction

1. This paper provides an update to the HOSC on the Oak Park project and all of the developments set out in the paper *'Delivering Health Services for the Population of Havant and South East Hampshire'* which was approved by the Board of Hampshire PCT in September 2010. The scheme included the disposal of two older community hospitals, Havant War Memorial Hospital (which has now closed) and Emsworth Victoria Cottage Hospital (EVCH), both of which were no longer considered fit for purpose.

## Oak Park Community Clinic

## Background

2. Oak Park Community Clinic (OPCC) was developed as a key component in the delivery of the strategy set out in the paper '*Delivering Health Services for the Population of Havant and South East Hampshire'.* The objective of this was to bring together a range of healthcare professionals on a single site to deliver comprehensive outpatient and community services close to meet the needs of the local population. It replaced an earlier scheme which would have involved building a new hospital in Havant. A Stage 2 Business Case was approved by Hampshire PCT in May 2011. Building works commenced in June 2011 and were completed in October 2012. Oak Park Children's Services have been operational throughout construction. Adult Services became operational in December 2012.

## Current Position

2.1 The following services are currently being provided from the clinic:

**Adult Services**

- acute outpatient clinics
- community clinics including leg ulcer clinics

- MSK
- Rapid Assessment Unit for Older People
- Physiotherapy
- Podiatry
- X-ray
- Ultrasound
- Echocardiography
- Diabetic Retinal Screening
- OPMH (from end April 2013)

**Oak Park Children's Services**

- Physiotherapy
- Occupational Therapy
- Child and Adolescent Mental Health Services
- Consultant Community Paediatrics
- Speech & Language Therapy
- Health Visitor Clinics
- School Nurse Clinics
- Dietitians
- Podiatry
- Paediatric outpatient clinics

**New Model for Bed Based Care**

**Background**

3. In September 2010 Hampshire PCT approved plans for a new and innovative model of bed based care which would provide reablement/intermediate care and mental health care for older people. This care would be delivered from a new nursing centre on the Oak Park site (land jointly owned by Hampshire PCT and Hampshire County Council) and would form part of the Oak Park Health and Wellbeing Campus. The campus would also include provision for extra care housing. Some of the land would also be retained by the NHS for the future re-provision of Havant Health Centre.

3.1 As local GPs and Southern Health Foundation Trust(SHFT) wanted to introduce this new model of care as quickly as possible to remove the restrictions of the old model, agreement was given to implement the model before the new nursing centre was built. This was to be achieved by commissioning 10 beds from a local nursing home. The new model of care was implemented in May 2012 with beds being commissioned from Edenvale Nursing Home, Waterlooville.

**Edenvale Nursing Home**

3.2 This service currently serves the populations of Havant and Waterlooville and Rowlands Castle catchment area. 10 beds to provide step up and step down care have been commissioned from Edenvale Nursing Home. The facility prevents admissions and reduces lengths of stay in the acute sector and is supported by effective joint working between Community Care Teams, Allied Health Professionals, Specialist Nurses and Adult Social Care. Medical cover has recently been awarded to the Alliance through a formal tender process. Admissions are accepted Monday to Friday, between 8 am – 6.30 pm. Medical cover outside of these hours is provided by the Out of Hours Service.

3.3 Between May 2012 and October 2012, there were 75 admissions with occupancy between 41% and 66% and a ratio of 75% step up and 25% step down. The average length of stay during this period was between 3.8 and 15 days for step up patients and 5.6 to 21.5 days for step down patients. Of these admissions all patients were discharged home with the exception of 3 patients who required long term placements.

3.4 Safeguarding concerns in both October 2011 and October 2012 have impacted on capacity and bed occupancy as well as the ability to admit step up patients. Key challenges have been presented particularly in the management of patients with an increased level of acuity within an independent nursing home provider facility and for the nursing home provider in understanding the model of care and what medical and clinical support are required to support these patients. Other issues have been around engagement, ownership and accountability of the nursing home provider in assessment, planning and implementation of care from the point of admission.

3.5 SHFT has been working closely with the nursing home provider to address the issues identified. A dedicated workforce is now in place and a care co-ordinator has recently been appointed, specifically to manage occupancy of these 10 beds. A programme of up-skilling of nursing home staff has been conducted in order to progress the capability and capacity of the workforce to ensure that they are able to support the monitoring of deteriorating patients and to identify when transfer to an acute setting is required. All 10 beds are now fully operational and will be monitored closely by SHFT. The expectation is that the majority of the 10 beds will in the future be occupied by step up patients.

**Oak Park Health & Wellbeing Campus**

3.6 Plans to attract a commercial developer to provide a new nursing home and extra care housing on the Oak Park site are progressing well. The intention that the NHS and HCC jointly commission 30 beds to provide reablement/intermediate care/OPMH care remains and SEH CCG are working closely with HCC in developing a clinical specification for these nursing home beds. Governance continues to be provided through the Oak Park Project Board and Steering Group with representation from HCC and the SEH CCG.

3.7 NHS Hampshire has recently sold some of the land to HCC who are now leading on the development and procurement for a preferred developer. The land retained for the future re-provision of Havant Health Centre is now under the ownership of NHS Property Services. Approval to proceed to tender was granted by the PCT/SEH CCG/SHA in September 2012.

3.8 HCC are in the process of obtaining Executive Member approval for the procurement of the development and disposal of Oak Park site. It is anticipated that a preferred developer will be appointed by the end of 2013 with works starting on site in October 2014.

**Key Milestones**

3.9 **March 2013**

- Approval sought from HCC Executive Member Policy & Resources (HCC EMP&R) to:
  - procure the disposal of land at Oak Park in Havant for the development of a nursing home, extra care scheme, and ancillary development such as (but not limited to) private housing
  - procure the provision of nursing care services for 30 beds in the nursing home element of the scheme (subject to Executive Member for Adult Social Care (EMASC) and South Eastern Hampshire Clinical Commissioning Group approval(SEH CCG)).
  - procure the provision of Extra-Care care services for 50 beds in the Extra-Care element of the scheme (subject to EMASC approval).

**June 2013**

- Approval to be sought from HCC EMP&R to dispose of the land and procure developments
- Authority to be sought from HCC EMASC to procure and spend revenue funded services for proposed nursing home and extra care development
- Finalise Nursing Home & Extra Care service specification
- Finalise Nursing Home & Extra Care Invitation to Tender
- Finalise all contract documentation

**July 2013**

- Procurement process (minimum 130 days) for overall Oak Park development launched with publication of PQQ through HCCs In-Tend (HCCs e-procurement) system

**November 2013**

- Tender evaluation panel reach decision on preferred developer

**December 2013**

- Ratification of decision on preferred developer by EMP&R
- Announcement of preferred developer following tender standstill period

**January – September 2014**

- Developer draws up plans and submits for and secures planning permission (including associated S106 agreement)

**October 2014**

- Development starts on site

**Emsworth Victoria Cottage Hospital**

4. Included in the Oak Park Business Case was approval for the closure and disposal of EVCH when services have moved out to OPCC and HHC. The programme is on schedule and community teams will be moving to Havant Health Centre on the 10th April 2013. EVCH will then close and the plan is to market it for disposal in 2013/14.

**Havant Health Centre**

5. Works to reconfigure space to create office accommodation for community teams who will transfer from EVCH and Hayling Island Health Centre has now been completed. These teams will occupy the first floor of the health centre from the 10th April 2013. The Older Persons Mental Health Team currently based at Dunsbury Way Clinic will occupy the 2nd floor from the end April 2013.

5.1 The existing GP practices, Pharmacy, Phlebotomy and Dental Practices remain at HHC.

5.2 The Red Cross Equipment Loan Service previously located in a portacabin on the site have now been moved into much improved accommodation on the ground floor.

**Dunsbury Way Clinic**

6. Substance Misuse Services have indicated that they would like to vacate the space they currently occupy at DWC (the Orion Centre) and move into the space due to be vacated by Older Person's Mental Health Services. This is better accommodation and would give them a slight increase in space.

6.1 An option appraisal will also be undertaken in 2013 to assess the long term viability of the building.

Marie Preston
Project Manager SE Hampshire
Capital Planning & Estates
NHS Property Services

Appendix 3

Property Services

**HAMPSHIRE OVERVIEW AND SCRUTINY COMMITTEE**
**REDEVELOPMENT OF HYTHE HOSPITAL/MEDICAL CENTRE**

**UPDATE: March 2013**


## SUMMARY

This paper seeks to update the Overview and Scrutiny Committee about the redevelopment of Hythe Hospital and Medical Centre.


## 1. BACKGROUND

A Strategic Outline Case (SOC) was developed which set out population health needs, strategic fit, and estates background to support a case for major capital investment on the Hythe Hospital/Medical Centre site, to ensure the long term provision of ambulatory care services. The SOC was approved by the West Hants CCG Board and the PCT Board in June 2012. The SOC was then submitted to the SHA for approval.

The SHA had no concerns about the quality of the SOC or the options for the redevelopment. They were however duty bound to ensure that Hampshire was on a sound financial footing due to the coming organizational changes before approving the scheme. Approval was given at the SHA Board on 28 January 2013.

## 2. CURRENT POSITION

Since January, the PCT and West Hampshire CCG have started to develop a Stage 1 Business Case which will consider design options (in close liaison with clinicians working on the site), and funding options for this major investment in the Hythe site. The major milestones are:

- Healthcare planning meetings to be held with clinical service representatives to commence block planning and room adjacency information.
- Develop the design brief and operational policies
- Conduct an option appraisal re-evaluation
- Development option established – major refurbishment of old Hospital building or new build
- Stage 1 approvals - November 2013

Work will then start on the Stage 2 Business Case that will provide the detail of the design, which, once agreed, will enable monies to be allocated for the construction. The planning application process will also commence following the Stage 1 approval. Approval for the Stage 2 Business Case is targeted for early autumn 2014 following which, work will start on site.

Services and staff currently in the main Hospital building will be relocated to the Medical Centre building during construction. It is assumed this will be for a period of

around 12 months. The aim will be to continue services onsite with the minimum disruption.

Completion is programmed for spring 2016.

**3. COMMUNICATION**

Stakeholders are kept informed through monthly meetings held at the Hospital. The Head of Communications and Engagement for West Hants CCG is a member of the Project Board and updates on the project will continue to be fed in to the CCG newsletter and through the media.

Fran Buxey
Project Manager West Hampshire
Capital Planning and Estates
NHS Property Services

27 March 2013

Appendix 4

**Property Services**

**HAMPSHIRE OVERVIEW AND SCRUTINY COMMITTEE**
**FORDINGBRIGE HOSPITAL SITE RATIONALISATION: RADIOLOGY**

**UPDATE: March 2013**

## SUMMARY

This paper seeks to update the Overview and Scrutiny Committee about the work to re-relocate the radiology service on the Fordingbridge Hospital site. This is the remaining element of an approved capital scheme to rationalise services and infrastructure on the site, and to allow the disposal of three listed buildings on the site.

## 1. BACKGROUND

The radiology service at Fordingbridge is provided by Salisbury NHS Foundation Trust. There are two sessions per week, mostly GP direct access plain film x-ray. The service also provides around 70 non-urgent x-rays per year for inpatients in Ford Ward, as part of the two sessions. 1,916 GP direct access referrals were x-rayed in 2011.

Three options were considered for the future provision of radiology services for the Fordingbridge locality and the option to reprovide the service onsite from another facility was the preferred approach. This facility is the Arch Clinic; a private complementary health and therapy centre adjacent to the hospital site. Parking is adjacent to the hospital car park.

## 2. DURATION OF WORK

Work commenced in January 2013 on adapting the space identified in The Arch Clinic whilst radiology continued to be provided in the current accommodation in the old workhouse building. The adaptations include formation of a new entrance and some internal partitioning to provide waiting, changing and WC facilities, as well as an x-ray room. Additional concrete foundation strips, together with structural support, a new electricity supply and x-ray protection is also being provided, along with new IT links. The current x-ray equipment in the department in the old workhouse building is in good condition, with an estimated life of 10-15 years and will be moved to the new accommodation.

The service was delivered in the old building for the last time on **28 February** in order that all the IT equipment could be removed ready for transfer and the room left ready for removal of the lead screen. The projected re-opening date for Radiology in the new building is **15 April**.
During the ‘down time’ at Fordingbridge, the radiology service is being provided from Salisbury Hospital. A letter was sent to all the GP surgeries prior to the closure, with the alternative arrangements included.

## 3. FUTURE OF THE OLD BUILDINGS

The Main Block and Pavilions will be decommissioned by 8 April with a maintenance plan in place to protect the buildings as we have a duty under the Grade 2 listing. Marketing has been carried out and two interested parties are presently carrying out surveys and feasibilities. Offers are expected to come forwards by mid April.

## 4. COMMUNICATION

Ward staff are being kept informed about the works on site at regular site meetings. Stakeholders are kept informed through monthly steering meetings held at the Hospital.

The page on the Southern Health FT website on Fordingbridge Hospital is being updated to include the latest information. The Salisbury Foundation Trust website has a link to this page.

Fran Buxey
Project Manager West Hampshire
Capital Planning and Estates
NHS Property Services

Appendix 5

**The Royal Bournemouth and Christchurch Hospitals**
**NHS Foundation Trust**

**The Royal Bournemouth Hospital**
Castle Lane East
Bournemouth
Dorset
United Kingdom
BH7 7DW

Tel: 01202 303626
www.rbch.nhs.uk


HL/th

Cllr Pat West
Chair of Health Overview and Scrutiny Committee
Hampshire County Council
The Castle
Winchester
SO23 8UJ

28th March 2013

Dear Pat,

In October 2012 you will recall that I notified you of a temporary change to how the inpatient oncology patient service was provided. This was moved from the Royal Bournemouth Hospital to Poole Hospital.

This was due to major difficulties we have in recruiting enough appropriately trained medical staff needed to look after patients who need complex oncology inpatient care on both sites. This is because of a national shortage of suitably qualified staff.

The outpatient and daycase services remained unchanged.

A clinical review meeting with staff from both the Royal Bournemouth and Poole hospitals was held in March. Below is a summary of that review meeting and its recommendations:

**Benefits achieved from the temporary change**

The review meeting concluded that the current temporary arrangement has achieved the following benefits:

- It resolves the on-going problems in staffing the Royal Bournemouth Hospital (RBH) oncology on-call service

- It resolves the medical staffing issues at RBH as there is no requirement to cover inpatient work on that site.

- Enhanced inpatient and acute oncology service at Poole supported by Middle Grade staff - the enhanced presence of middle grade staff on the Poole site has increased presence in acute oncology and also on the wards enabling an enhanced service to be delivered.

- Education and supervision of Junior Medical Staff is enhanced - this is evidenced by formal discussions and meetings with this grade of staff. There is no longer an issue regarding unsupervised practice of F2s.

- The increased Middle Grade cover and presence on inpatient wards improves the quality of inpatient management and support the drive to improve patient flow and reduce length of stay.

A nursing and medical review has also taken place to ensure access of electronic patient records so that patient information is available when a patient is admitted as an inpatient at Poole. It is generally working well and allows for immediate recording and cross site review of triage information.

An extended ward round for the oncologist is in place at Poole Hospital and there is now a three tier rather than two tier on call rota which is working well.

The average length of stay for a neutropenic sepsis patient is 2-3 days and it was confirmed that all patients have achieved the 1 hour door to needle time.

It was acknowledged that, as anticipated, the change of pathway was more challenging for patients who were in the middle of their treatment when the pathway was changed. Patients entering the pathway now are accepting of it and there are few problems associated with it, other than those detailed above.

No patients have been admitted to RBH in error or have not been admitted as a result of the change in pathway.

**Summary**

The review group agreed that the change of service has been beneficial to patients and it has realised the benefits that were anticipated. It was also acknowledged that the drivers for the original change of service have not altered and therefore would still need addressing should the decision be taken to move the service back to RBH.

The clinical view of the process is that patient admissions are being handled appropriately and well.

There have been very few issues with patients being able to access the appropriate pathway and those that have occurred have been successfully addressed.

There are two minor issues regarding the recording of patient information and the bleeping of middle grade staff during the night. These are being resolved.

**Recommendation**

The view of the group is that the service is working well, the benefits are being realised as planned and therefore it is recommended that delivery of the service be continued at Poole for a period of time to be agreed by the Chief Operating Officers of both Trusts.

A request has been made to commissioners to extend the interim arrangements as the previous issues that led us to this decision have not altered.

I look forward to your response. If you require any further information please do not hesitate to contact me.

Yours sincerely

**Helen Lingham**
**Chief Operating Officer**