

**HAMPSHIRE COUNTY COUNCIL****Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	22 May 2012
Report Title:	Inquiries Received and Action Taken
Report From:	Chief Executive

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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 which Local Involvement Networks (LINKs) 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
Update on merger to form Hampshire Hospitals Foundation Trust	Hampshire Hospitals Foundation Trust	The Chief Executive of Hampshire Hospitals Foundation Trust will attend the meeting to give a presentation.	Basingstoke and North Hampshire Foundation Trust and Winchester & Eastleigh NHS Trust merged in January 2012 to form Hampshire Hospitals Foundation Trust.
<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. Members confirm if they are satisfied with the progress made with the merger.</li> <li>2. Members confirm if they require a further update on any developments arising from the merger.</li> </ol>			
Andover Birth Centre – update on implementation of model of care	Hampshire Hospitals Foundation Trust	Representatives from Hampshire Healthcare Foundation Trust will attend the meeting to present an update on the Birth Centre, including the new Associate Director for Midwifery and Woman’s Health.	The way forward was agreed by Winchester & Eastleigh NHS Trust, subject to Hampshire Hospitals Foundation Trust taking forward the implementation
<p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. Members confirm if they are satisfied with progress made on the implementation of the agreed model of care for Andover Birth Centre.</li> <li>2. Members confirm if they require further information or a further update on Andover Birth Centre.</li> </ol>			

Topic/inquiry	Source	Action Taken	Comment
Maternity Services in the South East: update on model of care	HOSC Chairman and elected members	<p>Representatives from Portsmouth Hospitals Trust will attend the meeting.</p> <p>A background report and update paper can be found at <a href="#">Appendix 1</a> (pg 7)</p>	
<p><b>Recommendations:</b></p> <p>1. Members confirm if they require further information, or if a further update is required.</p>			
Odiham Cottage Hospital – progress with model of care	SHIP PCT Cluster and Calleva CCG	Representatives from Calleva Clinical Commissioning Group and the SHIP Cluster PCT will attend the meeting to provide a verbal update.	Cllr Jonathan Glen is the local Member
<p><b>Recommendations:</b></p> <p>1. Members confirm if they are satisfied with progress made on the proposed model of care for Odiham Cottage Hospital.</p> <p>2. Members confirm if they require further information or a further update.</p>			
Fordingbridge Hospital update – radiology service	SHIP PCT Cluster	<p>Representatives from SHIP PCT Cluster will attend the meeting.</p> <p>A background report and update paper can be found at <a href="#">Appendix 2</a> (pg 13)</p>	Cllr Edward Heron is the local Member
<p><b>Recommendations:</b></p> <p>1. Members confirm if they are satisfied with the proposals for the radiology service at Fordingbridge Hospital.</p> <p>2. Members confirm if they require further information, or if a further update is required.</p>			

**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

**Maternity Services**

**'Nurturing Maternity Service Development'**

May 2012

**Name of Responsible NHS Body: Portsmouth Hospitals NHS Trust****Brief description of the proposal**

The maternity service has delivered the first year of its development programme-'Nurture'. This is a two-year implementation programme with a third year of evaluation. The priorities are:

- Family Centred Care
- Providing one to one midwifery care in labour to maintain all options for place of birth (home, stand alone maternity centres, integrated birth centre and consultant led labour ward)
- Develop and support efficient and effective obstetric and midwifery led antenatal services in partnership with GPs, health visitors and working through Children's Centres
- Provide additional care for vulnerable women with complex social, medical and obstetric needs to improve their outcomes

The initial trends from the changes to service delivery and pathways are positive.

**Description of population affected:**

Predominantly women residing in Portsmouth and East Hampshire who book with Portsmouth Hospital Maternity services.

**The launch of the programme** and the initial paper was presented to the joint Hampshire and Portsmouth Health Overview and Scrutiny Committee meeting on 24<sup>th</sup> March 2011 and Hampshire HOSC in November 2011.

**Stakeholders supporting the proposal for change:** Portsmouth and Hampshire NHS Commissioners; Solent Health Care; Maternity Services Liaison Committee; National Childbirth Trust; Bournemouth University; Portsmouth Children's Trust; Local authority Children's Centres; Friends of the Grange; Blake support group; Portsmouth Hospitals NHS Trust Board and clinical staff; Royal College of Midwives.

## **Introduction**

Portsmouth Hospitals NHS Trust maternity service is a large complex service caring for more than 6000 mothers and babies each year. The acute service is based at the Queen Alexandra Hospital, which has an integrated midwifery led unit, inpatient antenatal, postnatal and labour care, obstetric scanning, fetal medicine and consultant obstetric care with access to a level 3 Neonatal Unit.

The community services provide midwifery and obstetric services from community units, children's centres and GP practices. There are also midwifery led birth centres at St Mary's Hospital, Blake and The Grange and community antenatal and postnatal care, parent education and a home birth service.

The Nurture programme is a far reaching programme with many pathway and service changes. The first year of change has shown an improvement in one to one care in labour, increase the births in midwifery led units and at home, reduced the caesarean section rate and increased the normal birth rate.

## **Change to service provision**

The main changes in 2011/12 are summarised as follows:

- The birth centres have been further developed into local maternity centres (St Mary's, Blake and Grange), with an increase in midwifery led antenatal care provision, education, information and delivery of enhanced services to vulnerable families (eg teenage groups, family nurse partnership). Focused postnatal support in clinics, breastfeeding and parenting advice. Virtual Children's Centres have been set up to improve engagement with families and encourage the use of the local Children's Centres.
- Births at the centres and at home have increased. All centres are open 24 hours per day for birth and the number of women denied their choice of place of birth has reduced.
- Women and babies who are well after birth are encouraged to go home. There is an increase in breastfeeding and parenting support by Maternity Support Workers and the new co-ordinated postnatal pathway focuses additional midwifery postnatal support on ill or vulnerable women.
- The new postnatal pathway was implemented on 10<sup>th</sup> February and it includes a six-week follow up call with all mothers.
- Increased flexibility for the midwifery workforce to provide one to one care in labour in all settings.
- An increase in community midwifery care delivered from Children's centres.
- Development of stronger partnerships and integration with Health Visitors, GPs and midwives, within named teams. Clear focus of joint care planning for vulnerable families.
- Consultant led care for women with, or at risk of, complications has been reviewed to ensure that care is appropriate and targeted at mothers where a consultant support adds value.
- Internal strategies to promote normal birth have been developed and as a result the normal birth rate has increased.
- The theatre workstream has now completed and staff are being recruited to the new service model. A new workstream is now being developed around engaging with users in a new way.

**Improving outcomes**

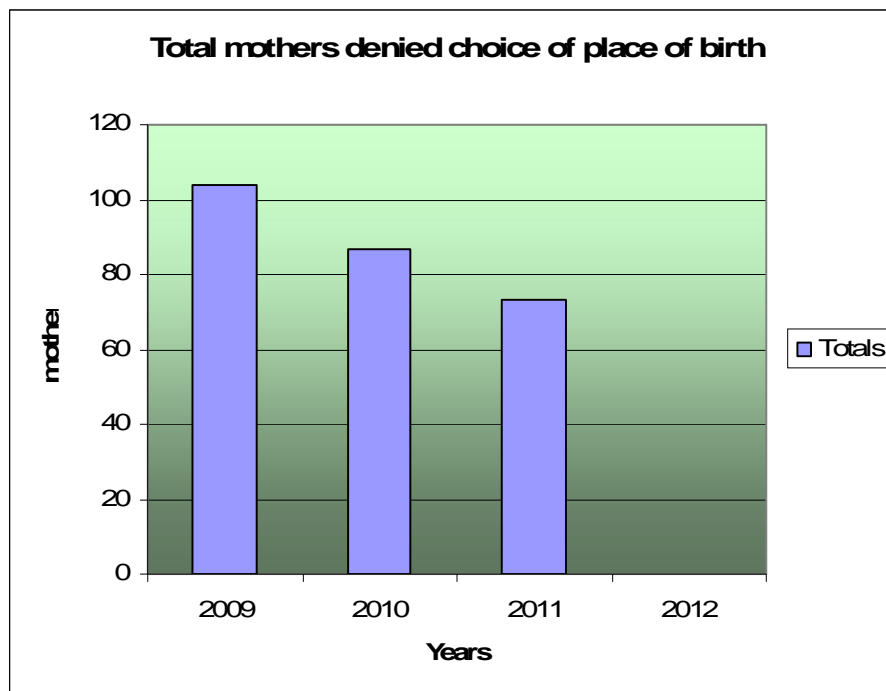
The midwifery staffing model has changed to an integrated model ensuring flexibility to provide one to one care in labour.

**1. Increase in women birthing away from the main obstetric labour ward**

*From August to February 2012 increased by 6%. Aim is for 30% in 2012. Since January 2012 some weeks show over 30% of births are in a midwifery led unit or at home.*



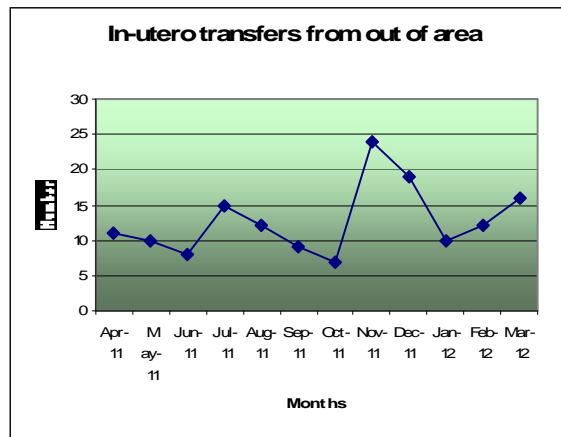
**2. It is reported that less women are denied their choice of place of birth.**



In 2012 so far only 9 women have been denied their choice of place of birth.

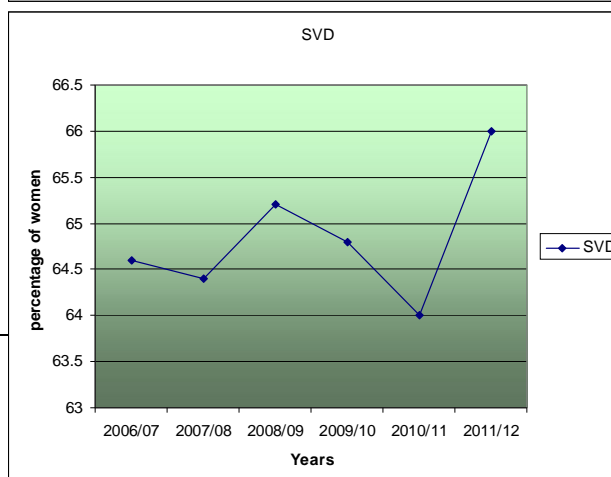
### 3. Increase in in-utero transfers

A further impact has been an increase number of in-utero transfers (level 3 NNU) that can be accepted as the labour ward has more capacity as low risk women labour and give birth in midwifery led units. There has been nearly a 50% increase in accepted transfers in the second 6 months of 11/12.



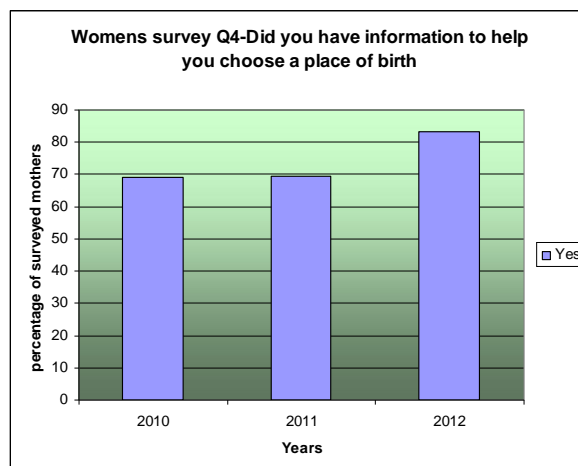
### 4. Reducing Caesarean section rate and increasing normal birth rate

The Caesarean section rate is decreasing and the normal birth rate increasing. The major impact on outcome is that 169 mothers so far this year have NOT had a caesarean section compared to last year and 120 more mothers have had a normal birth.



## 5. Maternity Survey shows improvements

Maternity services have a continuous users' survey which includes questions about place of birth. Since August 2012 midwives have focused on giving clearer information about choice. This has been reflected in Q4 survey January to March 2012 compared to Q4 in previous years.



*An increase in women considering a home birth from the users' survey*

## **Conclusion**

The Nurture Programme has been and continues to be well supported by service users, clinical staff and stakeholders. It is a cost effective sustainable change and seeks to reduce risk to mothers in labour, improve choice of place of birth and improve care to ill and vulnerable mothers.

The current trends in improved outcomes are encouraging and will continue to be closely monitored. A final more comprehensive evaluation will be completed in year 3, including user views.

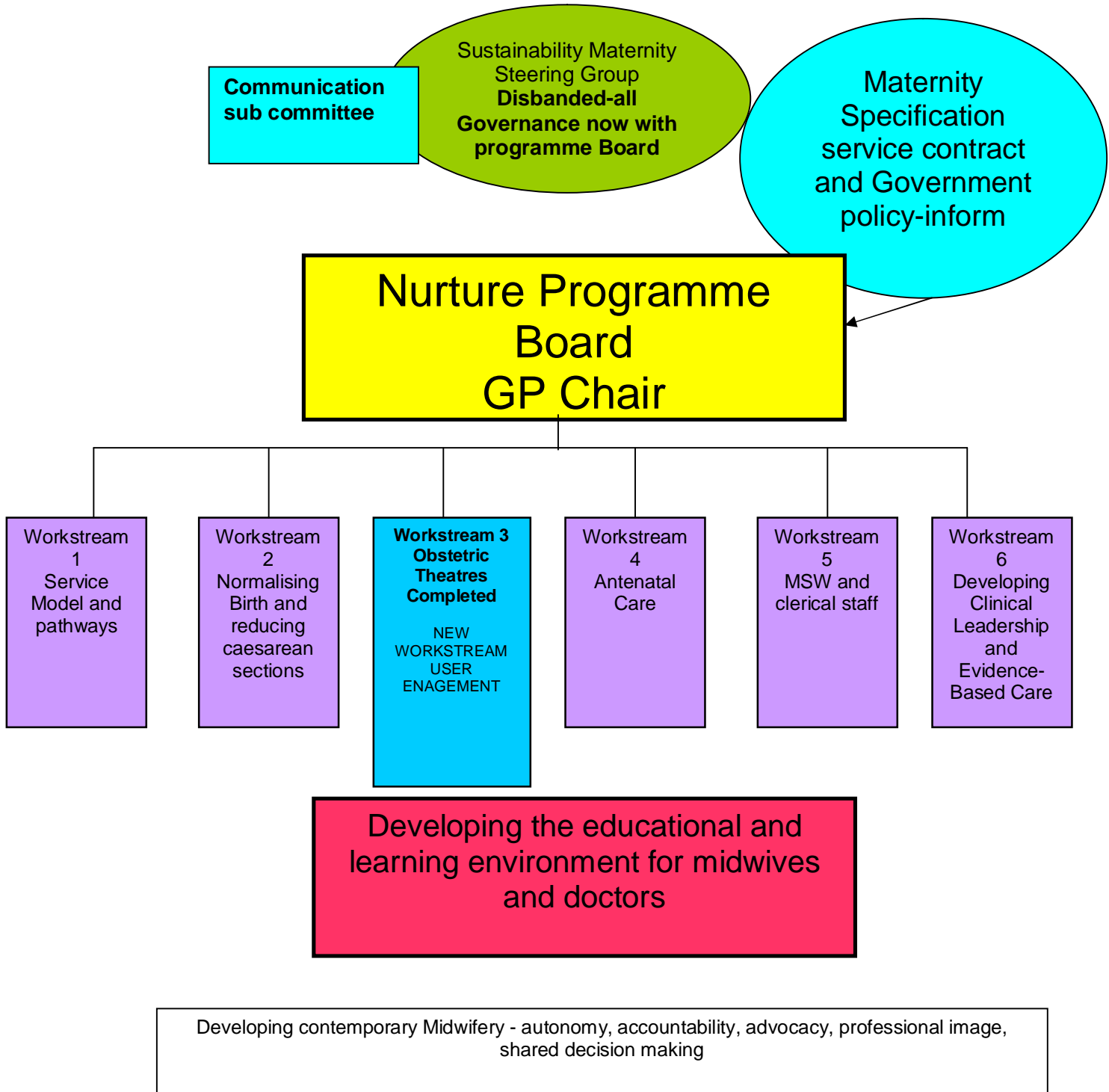
Creating confidence in the service is key and recent media reports, commissioners' views and many plaudits from parents have reassured the service that Nurture is moving the service in the right direction.

Gill Walton  
Director of Midwifery  
Portsmouth Hospitals NHS Trust

Appendix 1

Modernisation Programme Framework

**Nurturing Maternity Service Development-Family Centred Care**





Southampton, Hampshire  
Isle of Wight & Portsmouth

**Health Overview and Scrutiny Committee**  
**22 May 2012**

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**Fordingbridge Hospital Update**

**Introduction**

This paper provides an update on the plans for Fordingbridge Hospital buildings. This is an update on the paper submitted to the Health Overview and Scrutiny Committee in January 2012.

There has been significant progress on site and the funding has been secured to separate the older buildings from those that will be retained in health use: Ford War and the former Laundry block.

The plan is for all of the existing health services to be re-provided on site and the work to enable the separation of the site will be complete by the end of October 2012. This will include work on the Ford Ward in-patient area and it is most likely that the ward will temporarily close for approximately 4 weeks due to the noise and mess. Temporary closure will minimise the disruption to patients and reduce the overall duration of the works.

The former workhouse and pavilions would then be declared surplus and disposed of. There has been local interest in the older buildings but they are listed and will be preserved. If they are not disposed of by the end of March 2013, it is likely that they will transfer to NHS Property Services Ltd for care taking and disposal.

**Background**

To recap, there are a number of buildings on the Fordingbridge Hospital site. Some of these buildings are relatively new and in good condition, some are past their useful economic life.

NHS Hampshire owns the freehold for most of the site and the Fordingbridge GP Practice owns the GP Surgery and some of the GPs own The Arch Clinic, which provides a combination of clinic and office space.

The former workhouse building and two pavilions are owned by the PCT. These formed part of the original buildings on site and are Grade II listed, which we have a

duty to maintain. It is these buildings that are past their useful economic life, very expensive to maintain and are under utilised.

Fordingbridge Hospital mainly serves local residents living in the immediate area of Fordingbridge. Fordingbridge GPs are currently part of the West Hampshire CCG which has also reviewed this paper and agreed its intentions. It is worth noting that some of the PCT owned estate is likely to transfer to community service providers, and this may lead to Fordingbridge Hospital transferring to Southern Health Foundation Trust. However, these factors will not change the urgent need to take action to secure the estate issues at Fordingbridge.

### **The need to take action**

The NHS building infrastructure; boilers, gas, heating and water systems etc. are all on a single system serving the site and are in need of replacement. There have been recent incidents of high legionnaires in the system and urgent remedial action was taken. This recently resulted in a short term, unplanned closure to Ford Ward in order to undertake the work.

In order to avoid disruption to services we need to produce a business case for capital investment to replace the main infrastructure. This would be a major under-taking requiring a capital investment. In order to make a case for investment on the site it is vital that we take into account the services on site and the changes that have taken place.

Over recent years, many services in the older buildings have been moved to other, more functional buildings on site. In recent months, services have moved into the Ford Ward out-patients department following an extensive refurbishment of that area.

The pavilions are now empty and the main workhouse building is under utilised, but still houses community mental health teams, radiology and a kitchen. These services can all be accommodated on site in other existing buildings, with some adaptations.

### **Radiology**

The radiology service is provided in the former workhouse main block by Salisbury Hospital Foundation Trust. It is provided for two sessions per week and provides GP direct access plain film x-ray. It mainly serves Fordingbridge patients. This service also provides around 70 non urgent x-rays per year for in-patients in Ford Ward as part of those two sessions.

Local GPs have offered the Arch Clinic as a new base for this service. Salisbury Hospital Foundation Trust radiologists have confirmed that they would be prepared to continue to provide the service in Fordingbridge at the Arch Clinic and are in discussions with the landlord regarding a lease. There would be a need for investment in the Arch Clinic to prepare it for diagnostics and a case is being prepared for the PCT and CCG.

### **Engagement with key stakeholders**

Subsequent to an initial wider stakeholder workshop held to explore service issues which could impact on plans for the site, these have been taken forward by the project group.

A Fordingbridge Project Group has been meeting to discuss service provision and commissioner plans, to share the estate issues and to jointly find a solution. This group includes local service providers, PBC and GP representatives. There is also a radiology review sub-group that includes service providers and GPs. This group is reviewing capacity and demand for plain film x-ray to establish if a case can be made for new facilities.

A separate stakeholder group is in place to consult with local Councillors, the League of Friends and other key stakeholders. We discussed this with them on 5 December 2011 and again on 12 March 2012 and this group continues to be closely involved with the plans for Fordingbridge. A meeting was also held with the local heritage group: The Fordingbridge Society on 9 March 2012.

### **The Plan**

The project group has arrived at a point where we have plans to relocate all of the services on site. This includes the re-provision of x-ray facilities at this time subject to approval for investment in the Arch Clinic.

Proposals have been taken forward to develop a scheme for investment in the Fordingbridge Hospital site to keep it safe and operational. This includes plans to vacate services from the old workhouse building on site and to re-provide them in more functional, higher quality accommodation on site. This involves new extensions to the Ford Ward and investment in a new boiler system and will allow the risks associated with older buildings and systems to be resolved.

Following the approval of a planning application the following works will take place over the summer months:

- Improvement to reception and waiting arrangements in the Ford Ward outpatient suite
- New kitchen and improvements in dining/day areas in Ford Ward
- Replacement of Ford Ward heating pipework's and radiators
- Replacement of Ford Ward hot and cold water pipework
- New plant rooms, medical gas store, waste compound and emergency generator room
- New boilers and controls
- Separation of site services to provide independent systems for water, electricity and gas
- Rationalisation of phone and IT systems
- External works including re-provision of patio area, car parking and boundaries

It is envisaged that work will begin in June so new boiler systems are in place before next winter.

As it will involve building works within Ford Ward, we are looking into options to carry out the agreed works. Discussions are taking place between estate and clinical staff about the best way of managing the ward while the work takes place. It is highly likely that the work will be too noisy and messy for in patients and therefore we may close the ward for a short period, hopefully around 4 weeks in the summer. Clinicians support the closure due to the impact the work would have on patient care and in order to reduce the duration of the works.

The PCT is putting patients first and investing in the hospital to secure its future and are taking clinical advice on the best option for patients. We will keep everyone updated on the progress, timescales and arrangements for this development.

The works outlined above will enable the independent operation of various buildings, upgrade the infrastructure and allow us to declare the workhouse and pavilions surplus to requirement.

If no one else in the NHS or public sector wants to purchase the surplus buildings, they will be disposed of on the open market. As the buildings are listed and the cost of adaptation and maintenance would be high, we have been advised that the most likely use for them would be as private apartments.

The following table shows the various buildings on the Fordingbridge Hospital site:

<b>Building</b>	<b>Owner</b>	<b>Services</b>	<b>Provider</b>	<b>Intention</b>
Ford Ward	NHS Hampshire	Inpatients, out patients, community clinics and therapies	Mainly Southern Health	Retain, adapt over the summer and fully utilise
Two pavilions	NHS Hampshire	Void	N/A	Declare surplus
Workhouse – main block	NHS Hampshire	Community mental health teams, radiology (plain film x-ray) and a large kitchen	Southern Health and Salisbury NHS FT	Re-provide remaining services into existing buildings on site. Declare building surplus
Laundry Block	NHS Hampshire	Community teams	Southern Health	Retain
GP Surgery	GP practice	Primary Care	GPs	Retain
The Arch Clinic	GP practice	Primary care, clinics and offices	Various	Make a case for the adaptation of the clinic to house radiology

This plan improves the quality, safety and functional suitability of the environment for patients, visitors and staff to the hospital; reduces backlog maintenance, ensures that future investment is made wisely and reduces the risk of failure of facilities on site that already exists.

### **Conclusion**

Fordingbridge Hospital is in need of capital investment in the infrastructure to keep it safe and operational. The former workhouse building and pavilions are no longer required to provide patient care and are under utilised or empty. The remaining services in these buildings will be re-provided in more functional, higher quality accommodation on site.

This will allow for the workhouse and pavilions to be declared surplus. This will reduce the risks on site and enable us to target investment in the infrastructure required for the future provision of health services.

The final task is to gain approval for investment in the Arch Clinic in order to accommodate the radiology service.

### **Recommendations / Actions**

- To note progress made to re-locate services from the older buildings to the more suitable buildings on the Fordingbridge Hospital site
- To note the plan for investment in the remaining infrastructure to improve the estate and to facilitate the separation of the operational part of the site in order to dispose of the former workhouse and pavilions
- To note that planning consent has been given for the works on site

Inger Hebden  
Director Capital Planning and Estates