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SCRUTINY PANEL B

Thursday, 17th March, 2011
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Capozzoli (Chair)
Councillor Daunt (Vice-Chair)
Councillor Drake
Councillor Harris
Councillor Marsh-Jenks
Councillor Payne
Councillor Parnell

Contacts

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PUBLIC INFORMATION

Southampton City Council's Six Priorities

- Providing good value, high quality services
- Getting the City working
- Investing in education and training
- Keeping people safe
- Keeping the City clean and green
- Looking after people

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Dates of Meetings: Municipal Year 2010/11

2010	2011
Thurs 10 June	**Thurs 13 Jan**
Thurs 15 July	Thurs 10 Feb
Thurs 9 Sept	Thurs 17 Mar
Thurs 14 Oct	**Thurs 21 Apr**
Thurs 11 Nov	

** **bold** dates are Quarterly Meetings

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the contained in Article 6 and Part 3 (Schedule 2) of the Council's Constitution.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

Disclosure of Interests

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

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Personal Interests

A Member must regard himself or herself as having a personal interest in any matter

(i) if the matter relates to an interest in the Member's register of interests; or

(ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-

  (a) any employment or business carried on by such person;

  (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;

  (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or

  (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/……

Prejudicial Interests

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

Agendas and papers are now available via the City Council's website

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PREJUDICIAL INTERESTS

In accordance with the Local Government Act, 2000, and the Council's Code of Conduct adopted on 16th May, 2007, Members to disclose any personal or prejudicial interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Panel Administrator prior to the commencement of this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the Minutes of the Inquiry Meeting held on 10 February 2011 and to deal with any matters arising, attached.

7 SAFE AND SUSTAINABLE - REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND

Report of the Executive Director for Adult Care and Health detailing the review of children's congenital heart services in England, the proposals set out within the consultation document and the possible implications for Southampton, attached.

8 SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST - SPECIALIST NEUROLOGICAL REHABILITATION SERVICE

Report of the Executive Director of Adult Social Care providing the Panel details of concerns received in relation to the specialist neurological rehabilitation service in Southampton and the current situation, attached.

Wednesday, 9 March 2011 SOLICITOR TO THE COUNCIL

SCRUTINY PANEL B

MINUTES OF THE MEETING HELD ON 10 FEBRUARY 2011

Present: Councillors Capozzoli (Chair), Daunt (Vice-Chair), Drake, Harris, Marsh-Jenks, Payne and Parnell

In Attendance: Councillor White – Cabinet Member for Adult Social Care and Health

34. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Scrutiny Panel B Meeting on 13th January 2011 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

35. **DEVELOPMENT OF COMMISSIONING CONSORTIA IN SOUTHAMPTON**

The Panel considered noted the report from the steering group supervising the establishment of a Shadow GP Consortium in Southampton detailing the progress towards forming a Southampton City Commissioning Consortium. (Copy of the report circulated with the agenda and appended to the signed minutes).

Dr Townsend representing the steering group of the Shadow GP consortium briefed the Panel regarding what progress had been made in establishing a consortium of doctors in the Southampton area. Dr Townsend detailed how the Shadow Consortium had been constituted and who had participated in the selection of its membership. In addition it the process to ensure that the new consortia would be required to undertake prior to it superseding the Primary Care Trust as the primary commissioner of health provision was explained.

With consent of the Chair, Ms Blingo address the meeting.

36. **INTERIM REPORT ON THE PUBLIC CONSULTATION IN RELATION TO THE FUTURE OF BITTERNE WALK-IN SERVICE**

The Panel considered the report of the Chief Executive of NHS Southampton detailing consultation on Bitterne Walk In Centre. (Copy of the report circulated with the agenda and appended to the signed minutes).

With the permission of the Chair Mr Chaffey representing local residents presented a petition directly to the Chief Executive of NHS at the start of the consideration of this item

The Chief Executive of NHS Southampton City (Mr Deans) and Dr Higgins along with Dr Townsend presented the main findings of the consultation so far and answered questions from the Panel in relation to the provision of service in the area.

With consent of the Chair and Mr Chaffey and Mrs Turner (local residents) and Harry Dymond (Chair of the Southampton Link) addressed the meeting

RESOLVED

(i) That the Panel noted how the consultation regarding the Bitterne Walk in Centre had progressed and the what the next steps were in process;

(ii) The Panel noted that a general concern had been raised in relation the difficulties experienced by members of the public in booking appointments at their local surgeries and stressed the importance of ensuring that the public are aware of how to readily access the appropriate level of care without being inconvenienced;

(iii) The Panel noted the concerns raised in regarding to communicating what services are actually available in the area;

(iv) That the Primary Care Trust provide the Panel with their final proposal following analysis of the consultation responses; and

(v) The Panel noted that of the options consulted upon, Option 2 had received the most public support and therefore felt that this option was preferable but, stressed the importance addressing of the concerns raised regarding access and communication.

DECISION-MAKER:		PANEL B		
SUBJECT:		SAFE AND SUSTAINABLE – REVIEW OF CHILDREN'S CONGENITAL HEART SERVICES IN ENGLAND		
DATE OF DECISION:		13 JANUARY 2011		
REPORT OF:		EXECUTIVE DIRECTOR HEALTH AND ADULT CARE		
AUTHOR:	Name:	Caronwen Rees	Tel:	02380802524
	E-mail:	Caronwen.rees@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

To inform members of the background to Safe and Sustainable – the review of children's congenital heart services in England, the proposals set out within the consultation document and the possible implications for Southampton.

RECOMMENDATIONS:

(i) To note the consultation on the review of children's congenital heart services in England;

(ii) Indicate whether they wish to take part in any joint scrutiny that may take place;

(iii) Consider if the panel also want to submit a response to the consultation and the content of any such response.

REASONS FOR REPORT RECOMMENDATIONS

1. To allow members the opportunity to respond to the consultation.

CONSULTATION

2. The review process has included input from clinicians and parents. A range of engagement activity has taken place, including national and regional engagement events for parents and staff. A Patient and Staff Engagement Event was held in Southampton, in June 2010 and regional scrutiny meetings (which Southampton is represented at) have been kept up to date on the review.

   A consultation meeting is due to take place in Southampton on 24 May 2011, 6-8pm at The Guildhall.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. The consultation document details the full range of options that have been considered and rejected.

DETAIL

4. The ‘Safe and Sustainable’ review of paediatric cardiac surgical services in England was instigated in 2008 in response to long-standing concerns held by NHS clinicians, their professional associations and national parent groups around the sustainability of the current service configuration. They believe that surgeons are spread too thinly across surgical centres (31 congenital cardiac surgeons spread over 11 surgical centres), leading to concerns around lack of surgical cover in smaller centres and the potential for sudden closure or suspension of smaller centres. Some of the smaller centres are considered unsustainable, particularly as the new clinical standards require a minimum of four surgeons per centre, each performing 100 to 125 procedures a year, with each centre performing 400 to 500 procedures a year.

   There are currently 11 surgical centres across England:

   - Alder Hey Children’s Hospital, Liverpool (Foundation Trust)
   - Birmingham Children’s Hospital (Foundation Trust)
   - Bristol Royal Hospital for Children (Foundation Trust)
   - Evelina Children’s Hospital, London (Foundation Trust)
   - Freeman Hospital, Newcastle (Foundation Trust)
   - Glenfield Hospital, Leicester
   - Great Ormond Street Hospital for Children, London
   - John Radcliffe Hospital, Oxford (surgery services are currently suspended)
   - Leeds Teaching Hospital
   - Southampton General Hospital
   - Royal Brompton Hospital, London (Foundation Trust)

5. A consultation document setting out the options for change was published on 1 March 2011. A summary document is attached at appendix 1. The consultation runs until 1 July 2011 and covers the following key areas:

   - Standards of care: proposed national quality standards of care to be applied consistently across the country
   - Congenital heart networks: development of networks to coordinate care and ensure more local provision (e.g. assessment, ongoing care)
   - The options: the number and location of hospitals that provide children’s heart surgical services in the future
   - Better Monitoring: improvements for analysis and reporting of mortality and morbidity data

The four options included in the consultation document are :

Option A

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Glenfield Hospital, Leicester
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option B

Seven surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Southampton General Hospital
- 2 centres in London

Option C

Six surgical centres at:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

Option D

Six surgical centres at:

- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

London

The preferred two London centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children

6. You will note that Southampton only appears in one of the four options. The key points made about Southampton in the consultation document include:

    - **Assessment of the Centres**. As part of the review each of the current centres were assessed against a range of criteria. Southampton was ranked 2nd out of the 11 Centres.

- **Southampton and Bristol** – there are concerns that Bristol and Southampton centres are not both viable in the same option as there are too few patients in the surrounding areas to ensure both centres carry out the minimum 400 procedures, without making potentially unreasonable changes to catchment areas for the London and Birmingham centres. *Southampton is included in option B as it is based on the highest ranked centres.*
- **Capacity**. The proposed networks will be tested during the consultation to check whether patients will flow in the way assumed. For instance under Option B there will be examination of whether it is feasible for families with Brighton and Redhill postcodes to travel to Southampton for surgery rather than to London. The impact of the changes at the Oxford centre will also be tested to see if the Southampton centre is already performing 400 heart operations on children a year and what, if any, impact there has been on the Bristol centre.
- **Travel Time.** The people of South West Cornwall and South Wales would be adversely affected if the Bristol centre no longer carried out surgery as it is over three hours to Southampton or Birmingham. So Bristol has been included in all viable options.
- **Research and Innovation**. Each centre's capability was assessed and scored. The panel found significant variation in the quality of research and innovation at the different centres. Two centres were considered to be excellent and these were both in London. Southampton, Bristol and Birmingham were considered good (the second best rating).
- **Paediatric Intensive Care Units**. If children's heart surgery is removed from current centres it would mean the current paediatric intensive care units would see a reduction in the number of children they treat. With the exception of three hospitals (where there is alternative provision in the area) all the other paediatric intensive care units in the other hospitals would remain viable. However, Bristol Royal Hospital for Children is considered to be most at risk due to the higher volume of cardiac cases using paediatric intensive care units, followed by Leeds General Infirmary and Southampton General Hospital. This will be explored further during the consultation.

A briefing paper from Southampton General Hospital on their response to the review is attached at appendix 2.

7. If some Health Overview and Scrutiny Committees consider the recommendations for change to be a substantial variation", this will require the NHS Specialise Services to formally consult with those HOSCs. The 2003 Direction from the Secretary of State requires scrutiny committees to convene a joint HOSC when two or more HOSCs consider that proposals affecting a population larger than a single HOSC to be substantial. If such a joint HOSC is convened the Panel need to consider if Southampton should be represented. Given the impact on Southampton and the surrounding areas it would be useful for the views of Southampton to be represented.

8. The Panel may also want to consider the merits of working with SHIP or the South Central Region to submit a joint response.

FINANCIAL/RESOURCE IMPLICATIONS

9. none

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

11. None

POLICY FRAMEWORK IMPLICATIONS

12. None

SUPPORTING DOCUMENTATION

Appendices

1.	Safe And Sustainable – Review Of Children's Congenital Heart Services In England Consultation Document Summary
2.	Briefing Note from Southampton General Hospital

Documents In Members' Rooms

1.	Safe And Sustainable – Review Of Children's Congenital Heart Services In England Consultation Document

Background Documents

Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Background documents available for inspection at: none

KEY DECISION? **N/A** **WARDS/COMMUNITIES AFFECTED:** All

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2. SUMMARY

We believe change is needed in the way in which children's congenital heart services are planned and delivered. Change will improve outcomes for children and ensure services are *SAFE AND SUSTAINABLE*.

Expert clinicians and parents have highlighted the need for change. This is what we are trying to achieve:

- Better and more accessible diagnostic services and follow up treatment delivered through congenital heart networks
- Better results in surgical centres with fewer deaths and complications following surgery
- Improved communication between parents and all of the services in the network that see their child
- Reduced waiting times and fewer cancelled operations
- A highly trained workforce expert in the care and treatment of children and young people with congenital heart disease
- Better training for surgeons and their teams to ensure the sustainability of the service in the future
- An excellent service that delivers modern working practices using innovative techniques and continuing research and development to advance the quality of care children receive

WHAT ARE WE CONSULTING ON?

In order to make changes to the way services are organised the NHS wants to ask the public for its views. We would like to hear from anyone with a view on the future of congenital heart services including the people most affected: parents, young people and NHS staff. We would like your views on four main areas:

STANDARDS OF CARE

The proposed national quality standards that have been developed to ensure higher standards of care can be provided consistently across the country. Are they the right standards?

LARGER SURGICAL CENTRES

We believe that the number of hospitals that provide heart surgery for children should be reduced from the 11 current centres to six or seven in response to evidence that suggests that only larger surgical centres can achieve true quality and excellence. Will fewer larger centres improve outcomes for children and young people?

CONGENITAL HEART NETWORKS

We are proposing that surgical centres are not just responsible for the care they provide but that they would lead a congenital heart network. These networks would co-ordinate services and strengthen existing local assessment services where they exist and develop more outreach support in areas that have been neglected in the past. Are congenital heart networks the right model of care to improve services for children and young people?

MEASURING QUALITY

We are recommending that new systems are implemented for the analysis and reporting of mortality and morbidity data relating to treatments for children with congenital heart disease. Do you agree that new systems should be implemented to monitor outcomes?

The options for the number and location of hospitals that provide children's heart surgical services in the future are:

OPTION A

SEVEN SURGICAL CENTRES AT:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Glenfield Hospital, Leicester
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

OPTION B

SEVEN SURGICAL CENTRES AT:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- Southampton General Hospital
- 2 centres in London

OPTION C

SIX SURGICAL CENTRES AT:

- Freeman Hospital, Newcastle
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

OPTION D

SIX SURGICAL CENTRES AT:

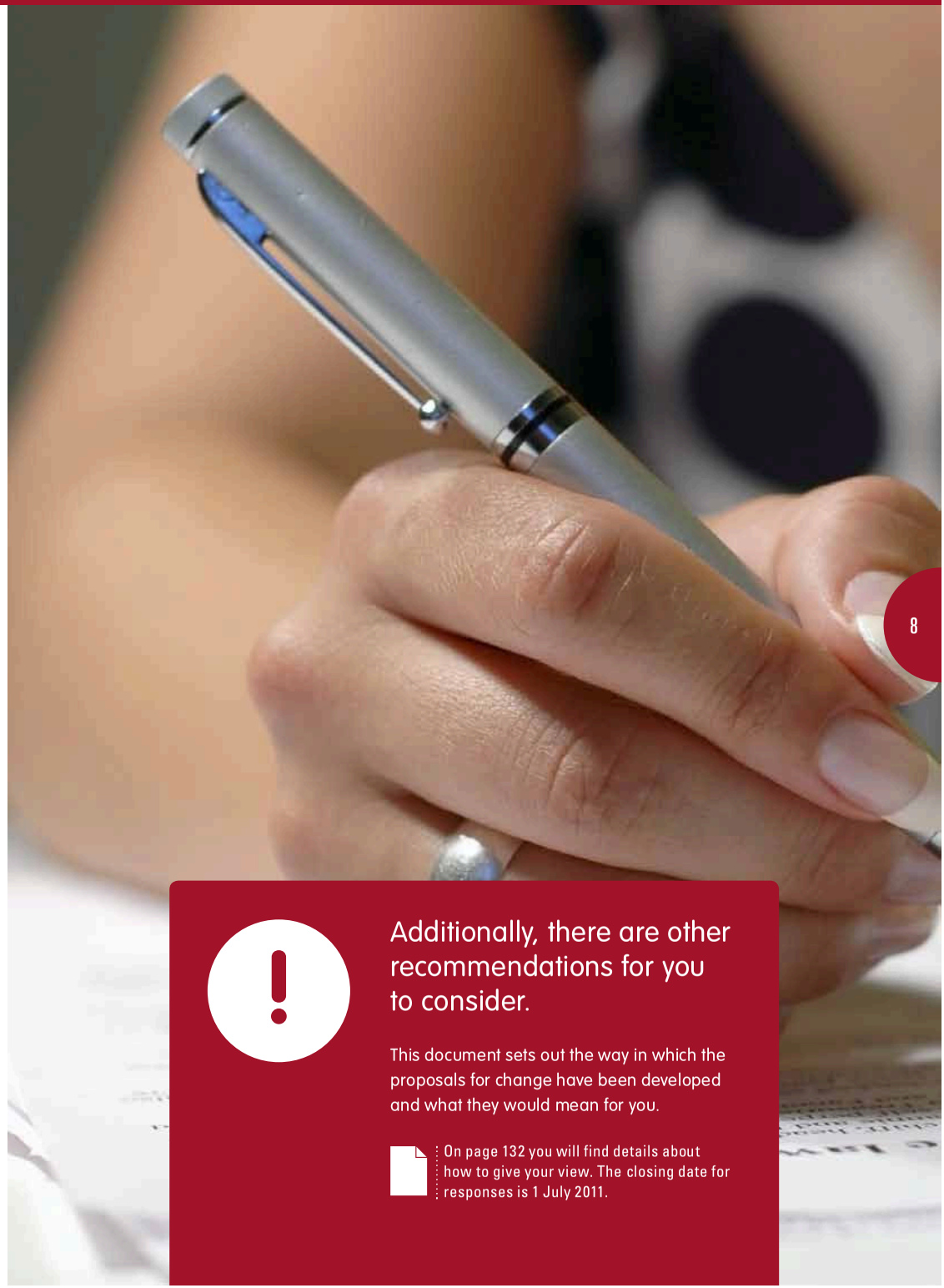
- Leeds General Infirmary
- Alder Hey Children's Hospital, Liverpool
- Birmingham Children's Hospital
- Bristol Royal Hospital for Children
- 2 centres in London

LONDON

LONDON:

The preferred two London surgical centres in the four options are:

- Evelina Children's Hospital
- Great Ormond Street Hospital for Children



Additionally, there are other recommendations for you to consider.

This document sets out the way in which the proposals for change have been developed and what they would mean for you.

On page 132 you will find details about how to give your view. The closing date for responses is 1 July 2011.

The safe and sustainable review of children's heart surgery in England and Wales

Briefing paper for Southampton City Health Scrutiny Panel
Monday 7th March 2011

The *safe and sustainable* review of children's heart surgery centres began nearly two years ago based on the premise that there should be fewer, larger centres for this kind of surgery in England.

Our patients and their families, who come from a large part of southern England, were reassured in the early stages of the review that the highest quality services would be supported to develop as the centres for children's heart surgery in the future.

The present situation is that the review has only included Southampton in one of the four options being proposed for the future surgical centres. The review does recognise that the option featuring Southampton, Option B, places greatest emphasis on the quality of service provided. However, the highest scoring option being presented expands the centre in Leicester with Southampton closing.

There are a number of important reasons why the NHS must make the children's heart surgery service in Southampton part of its future.

Outstanding quality of care

Professor Sir Ian Kennedy's independent review of the quality of care provided in the 11 centres in England showed that Southampton is the second best centre in the country. It scored more highly than Great Ormond Street Hospital in London and the Alder Hey Hospital in Liverpool, both of which have been given a safe future.

All the specialists in one hospital

In Southampton, all the care a patient with congenital heart disease could need at any stage of their life is available in one hospital. The co-location of the full range of specialised services for children and adults is recognised around the world as a gold standard and it has driven the very high standards of care offered in Southampton.

A history and culture of excellence and innovation

There is a long history of excellence in children's heart surgery in Southampton which began in the 1970s when pioneering surgeons first began to operate on tiny infants. The culture of excellence that is the hallmark of this service has grown over many years and today some of the best doctors from around the world apply to work in Southampton. This culture will not be created overnight in a different centre according to a set of instructions and therefore children from this area will be expected to travel further for a poorer standard of care.

Serving a large catchment

Since Southampton took Oxford's surgical cases and interventions the service has grown to four appointed surgeons and is approaching 360 cases per year. This puts Southampton within easy reach of the requirements of the review with a catchment that covers 5 million people in Surrey, Hampshire, the Isle of Wight, Berkshire, Oxfordshire, Dorset, Wiltshire, Somerset, Devon, Cornwall and the Channel Islands.

Access to specialised medical care for the sickest children in the South of England

If Southampton is not expanded as one of the future children's heart surgery centres it will lose its interventional catheter procedures and approximately half of its paediatric intensive care unit (PICU) will close. The PICU in Southampton is also one of the top two units in the country with a mortality significantly below expected. The consequences across the hospital of a reduced PICU would have a significant impact on the access that the sickest children in the South of England would have to urgent specialised medical treatment.

DECISION-MAKER:	PANEL B
SUBJECT:	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST - SPECIALIST NEUROLOGICAL REHABILITATION SERVICE
DATE OF DECISION:	17 MARCH 2010
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT CARE

AUTHOR:	Name:	Caronwen Rees		02380 832524
	E-mail:	Caronwen.rees@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY
None

SUMMARY

This paper provides the panel details of concerns received in relation to the specialist neurological rehabilitation service in Southampton and the current situation.

RECOMMENDATIONS:

(i) to note correspondence received in relation to the specialist neurological rehabilitation service in Southampton;

(ii) to consider the update on the specialist neurological rehabilitation service from Southampton University Hospitals Trust;

(iii) to consider if the change to the specialist neurological rehabilitation service constitutes 'substantial variation or development' of health services and what, if any, further engagement is required on this issue.

REASONS FOR REPORT RECOMMENDATIONS

1. To allow members the opportunity to consider the changes that have taken place in relation to specialist neurological rehabilitation in Southampton.

CONSULTATION

2. SUHT have undertaken a programme of consultation which is set out in Appendix 5.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. Alternatives and options considered are set out in Appendix 5.

DETAIL

4. In July 2010 Southampton University Hospitals Trust (SUHT) wrote to Councillor Barnes-Andrews regarding the decision taken to temporarily relocate the neuro-rehabilitation service from Victoria House to a ward in Southampton General Hospital. The letter stated that the decision was taken as a result of temporary staffing issues and was intended to last until September/October when Victoria House would re-open. A copy of the text of the letter is attached at Appendix 1.

5. In December of last year Panel B were contacted, via Cllr Barnes-Andrews by a member of the public raising concerns that neuro-rehabilitation was now taking place on a ward rather than in a dedicated facility. The letter is attached at Appendix 2.

6. The panel subsequently (in February and March of this year) received further correspondence on the issue including from a member of staff who works for the specialist neurological rehabilitation service and has asked to remain anonymous. Copies of the correspondence are at appendix 3. A further anonymous letter received is an Appendix 4.

7. An update on the current situation in relation to specialist neurological rehabilitation service has been provided by SUHT and is attached at appendix 5. The update provides details of the reasons for the service change, the consultation undertaken to date and the future plans for the delivery of neurological rehabilitation.

8. Both SUHT and NHS Southampton (who are responsible for commissioning neurological rehabilitation) will attend the meeting to provide an update on progress and respond to questions and concerns.

9. Panel members will want to consider if the change constitutes a 'substantial variation or development' of health services and what further engagement and consultation they require in this issue.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

10. None.

Revenue

11. None.

Property

12. None.

Other

13. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Section 11 of the Health and Social Care Act 2001.places a duty on strategic health authorities, PCTs and NHS trusts to make arrangements to involve and consult patients and the public in:

a) planning services;

b) developing and considering proposals for changes in the way services are provided; and

c) decisions to be made that affect how those services operate.

Regulations under section 7 require NHS bodies to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. This duty is additional to the duty of involvement or consultation under section 11 i.e. other stakeholders should be consulted and involved in addition to OSCs.

Other Legal Implications:

15. None.

POLICY FRAMEWORK IMPLICATIONS

16. None.

SUPPORTING DOCUMENTATION

Appendices

1.	Text of letter from Mark Hackett to Cllr Barnes-Andrews dated 22 July 2010.
2.	Letter from Mrs Wise dated 4 December 2010
3.	3 Emails received from a member of SUHT staff dated 20 February, 1 March and 3 March 2011.
4.	Anonymous letter received 1 March 2011.
5.	Southampton University Hospitals NHS Trust - specialist neurological rehabilitation service

Documents In Members' Rooms

1.	None

Background Documents

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	

Background documents available for inspection at: None

KEY DECISION? **No** **WARDS/COMMUNITIES AFFECTED:** all

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Text of letter from Mark Hackett to Cllr Barnes Andres dated 22 July 2010

Dear xxxx distribution list to follow

Re: temporary relocation of neuro-rehabilitation patients for safety reasons

I am writing to inform you about a decision we have taken to temporarily relocate our neuro-rehabilitation service, which is provided at Victoria House in the grounds of Southampton General Hospital.

On 21 June of this year, we moved six patients who were resident at Victoria House into beds within the main neurosciences department, in a section of Stanley Graveson ward.

This decision was taken because we could no longer assure ourselves of the safety of the service in the light of a shortage of qualified nursing staff to support these patients.

The shortage has been caused by some sickness absence and staff departures coinciding with a period of maternity leave which has left the service short of nearly 100 hours per week of qualified staff nurse cover for these patients.

Clinical staff in neurosciences have carefully risk-assessed a number of options and recommended moving the patients into the neurosciences department where their safety at night can be supervised by the specialist nurses on these wards.

We recognise that this is not a suitable environment for longer-stay patients requiring rehabilitation and therefore this measure is only a temporary action we have regrettably had to take to deliver a safe service while staff recruitment is underway.

While the present arrangement is in place, we are working closely with colleagues at the Western Community Hospital to ensure that patients continue to have access to the services they require. We are now monitoring the service to ensure we understand the impact it is having on access and the patient experience, as well as the safety and quality of the clinical service.

Staff in the service met with patients and their relatives to explain the reason for this decision and to listen to their concerns about the change of location. Every effort is being made to enable the patients to have access to appropriate environments including the use of a mini-bus to organise supervised visits off-site.

We will fully re-open Victoria House as soon as safe staffing levels are restored. Although recruitment is difficult to forecast, we anticipate re-opening the facility in September or October of this year provided we can do so safely.

You will be aware that there has been a long period of discussion between the Trust and our partners about revising the model of care for specialist neuro-rehabilitation services. These discussions are continuing, but I would like to reassure you that they have had no impact on the decision we have taken or our determination to re-open Victoria House at the earliest opportunity.

I am more than happy to speak further with you about this decision so please do not hesitate to get in touch with any further questions

KR
MH

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Mrs. L M Wise
24. Cavalry Court
Walmer
Kent
CT14 7GF

Mr. S. Barnes-Andrews
Chair of OSC
11b. Thavold Road
Bitterne Park
Southampton
SO18 1HZ

4th December 2010

Dear Mr. Barnes-Andrews,

Having researched the role the committee plays with regard to major changes in health services, I write to you with grave concerns for rehabilitation care at Southampton General Hospital.

I do have first-hand experience of such care at Southampton and would like to take a moment of your time to explain –

In 2001 our eldest son, Andrew, spent nearly a year in VICTORIA HOUSE (V.H) after suffering a brain injury in a road traffic accident late 2000. Initially he had neuro-intensive care in London, then our local hospital. As Andrew's own home is in Southampton he was fortunate enough to eventually be moved to V.H for his next stage of recovery.

On the night of the accident we were warned that Andrew may not survive. From that point the prognosis moved slowly from a possible permanent comatose state to a paralysed, vegetative state. By the

time he arrived at V.H, 2 months after the accident, he was in a wheelchair with no controlled movement & still very low on the coma scale. However, 11 months later Andrew was able to move back into his flat with his fiancé. His rehab continued in various classes, physio etc. but he had been given back an independence and quality of life.

Today Andrew is married and has a beautiful baby daughter who he cares for now his wife has returned to work. He drives an adapted car & although he has very limited communication & no use of his right arm/hand, he leads a happy, full & productive life. I cannot emphasis enough that this is only possible after the amazing support & care he received in V.H. A clear example of what can be achieved with the right rehabilitation environment.

For 2001 my husband & I moved temporarily to Southampton so that we could be with Andrew & help support him. On a daily basis we were able to be involved with the care he received & saw first-hand the process of slow recovery. Step-by-step, in the gym, the kitchen, the bathroom & the communal lounge where he learnt to interact again with other people. Most importantly, because patients had their own room, he could have personal things around him his music & TV for programmes he enjoyed. All to help the memory & brain heal. There we also had privacy when it was needed for him & the family.

I tell you all this because I have recently learnt from Andrew & his wife that the type & quality of care described above no longer exists. Now neurological patients, whether newly admitted from intensive care or at the stage of receiving in-patient rehab, are all together in a ward within the main hospital. There are no dedicated facilities for patients struggling to regain use of their mind & body once they have moved on from solely medical care.

There would appear to be very, very limited space both individually or as a group. Repitition & spontaneous responses are vital for successful rehab but it is impossible to see how this can be put into practice within a ward environment. Many facets of brain injury/repair are embarrasing for a patient, surely they have a right to the dignity more privacy than a ward can afford them.

Equally, for staff conditions must be extremely difficult & demoralising. Nursing care & rehab care whilst equally important, require different facilities for staff. Case studies, outside agencies, group meetings for patient development plans, the list is endless but all vital for any sort of rehab recovery.

I do appreciate funds are limited in the current financial climate and there will always be difficult decisions to make but this decision to integrate care was activated long before funding

reductions. Even in 2001 there were discussions about moving the services of V.H but this was to improve them not to loose them!

I trust you will agree this situation needs investigation by the committee. It stated on your web page that "each committee must be consulted by the NHS where there are to be major changes in health services". Were you consulted?

I cannot see how it can be cost-effective to reduce/remove the facilities that ultimately enable people to be more self-sufficient. They should have the opportunity to become useful members of society again, not a complete expense on the public purse. Something we hear regularly that the Government feels very strongly about.

I look forward to your comments and thank you for giving your attention to this matter.

Yours sincerely.

Mrs. Lilian Wise

MRS. LILIAN WISE

From: [redacted]
Sent: 20 February 2011 19:41
To: Health Scrutiny
Subject: closure of victoria house

Hello I sent an email on the 17th of this month but unsure if it was sent,so im going to send another.Appologies if you get them both.

I was unaware of your organisation untill recently,your web site says that the NHS are responsible for informing you of any change made to a service.

Im not sure if they have informed you of our change so im going to let you know about it.

For 20 years southampton rehabilitation has been operating from a single storey building in the grounds of the soton general hospital,called Victoria House.
It is a wonderfull purpose built unit that caters for people who have had brain injuries,mild or severe.It offers excellent facillities.Each patient has there own room,which allows them the privacy needed and a little bit of home for them.Some of our patients can be with us from 6 months onwards...It is a secure unit so confused patients cannot wonder off so offers safety.

There is a large gym area for physiotherapist to work with the patients,also a large dining area which encourages patients to all sit down and eat together.Social interaction is very important when having rehab.We also use this room for therapy and events such as bingo kareoke parties and relatives get the chance to sit with there family members and have tea.There is a garden that is used by patients and again therapy is used ie gardening potting plants anything that encourages them to get involved..barbeques are a must as well for patients and relatives.Many relatives comment on how different it is then the main hospital wards and how much it feels like home.

A large mdt room for meetings with staff and family members.A training kitchen so as the patients can learn to use basic things again like making a cup of tea or cooking.

All our toilets and bathrooms are wheelchair friendly.All the staff are pasionate about rehab and the happiness of our patients.VH is a wonderfull place and has had much apprasil from past patients and there families.We offer them hope trust and security.

Unfortunatley 4 years ago it was decided that they wanted to move us up on to the top floor of the neuro department on a basic ward.But after much discussion and viewing it was agreed that it would not be suitable for rehab.

But in may of last year out of the blue we were informed that the move was going ahead but this would only be temporary untill october.We would employ 2 new staff members and would be returning back,and it would give the staff some acute skills.The patients started to show signs of deppresion and there moods were very low.As a result there rehab was jepodised.Cramped conditions and poor toilet access.Our patients were mixed in with the other patients of the ward so it was hard to give them continous care.Although we have managed to squeeze a small table in a bed space for them to sit together and eat they still either sit beside there beds or just lay on them.No one seems to be interesed

in what we have lost they just say at least the patients are all together.It's very soul destroying.Only today one of our confused patients managed to wonder off the ward and dissapere for 10mins.

There were meetings held to discuss our future but none of the staff were invited only the ward sisters and matrons.

[redacted] years and I know that whilst we remain up on this ward the rehab standards have slipped.it should'nt be about saving money and costs it should be about the patients best interests.How can you put a cost on recovery
There is talk that they are moving rhumatology outpatients into VH which is an insult that the space and facilities provided are going to go to waste ehile our patients are left up on an old ward with rubbish facilities.It's a contradiction really it it was'nt suitable 4 years ago why should it be suitable now.

None of these decisions have gone out to public consultation because if they had there would have been an uproar.staffare frightened to speak up incase it jeperdises the jobs but I feel so strongly about ehat has happened I had to write and tell you.I would like to remain annonymous if possible

From: Cordell, Judy **On Behalf Of** Democratic Services
Sent: 02 March 2011 08:47
To: Rees, Caronwen; Grimshaw, Ed
Subject: FW: FOLLOW UP TO CLOSURE OF VICTORIA HOUSE

Judy Cordell
Senior Democratic Support Officer
Legal and Democratic Services
Southampton City Council
Tel: (023) 8083 2766
Fax: (023) 8083 2424

From: [redacted]
Sent: 01 March 2011 17:22
To: Democratic Services
Subject: FOLLOW UP TO CLOSURE OF VICTORIA HOUSE

As you aware victoria house has been closed to rehabilitation and is going to be used for outpatients,it is disgusting the way it is being done.Eveytime the sister of the ward is away they start wanting to get in and get rid of equipment.We have no storage space for anything that has been left in the unit.Some of the equipment is very expensive and has been donated by ex patients.They are basically saying that if it has'nt been moved by the 7th of this month it will be got rid of.I am disgusted and almost ashamed to say I work for this trust.

We cannot expect the sister of e neuro to allow us to bring the equipment up to her ward to store we have already took 6 of there bed spaces.Ther are no rooms for our doctors to have meetings with familys

I wish I had emailed you guys a lot sooner then maybe just maybe you could of helped and even put a stop to this..

I love what I do but I have to say I do not enjoy working for the suht

From: [redacted]
Sent: 03 March 2011 14:13
To: Rees, Caronwen
Subject:

Hello caron,just thought id mail you, I know there is a meeting scheduled for the 17th of this month at the civic centre but I wanted to inform you that we have been asked to get all of our equipment out of Vicky house by this Monday as they are going to start building work, now im not sure if this has been speeded up because the trust knows that the h.o.s.c have been contacted or not. But things seem to be moving fairly quick all of a sudden. Am I correct in believing that if work commences on VH site we will never return to the original site. This change is to make way for the move of rheumatology from RSH site to SGH site (were you aware of this?) Also one of the biggest issues regarding this "temporary move" is that the staff were not correctly consulted before during or after this move, neither were the PPI's involved in this.
It seems somewhat unfair that the rehab service has to suffer as a result of the modernisation of an outpatient service. If you remember, back in 2005/6 the trust tried to reconfigure the service and move us to where we currently have been placed. It was agreed back then that it was declared an unsuitable location to provide the same level of service, so how can it be deemed suitable now. We have far more complaints coming in from relatives and unhappy patient feedback, staff morale is low although this does not directly impact on patient care.
I wonder if you would be kind enough to look into this with extreme urgency/
Many thanks
[redacted]

I was a patient at victoria house rehabilitation unit 3 years ago.I suffered a suburachnoid hemorrage,I could not walk and had very limitted movement in my limbs.My speech was also affected,I was very frightened.

I was sent to victoria house for rehab and was very nervous at first,but I must say the staff and therapist were amazing,they made me feel so at ease they gave me the time I needed to gain my confidence back put my trust in them 100%.Little by little I started to regain the use of my arms and legs.

My family and I were always made to feel at ease it was like one big family.

But without the facilities I would not have been able to get the attention and rehab needed for myself.
Having my own room played a big part for me as I was able to spend private time with my husband and children.

Rehab is not just a physicall aspect but emotionally to and I had that support at this wonderfull unit.

I was shocked and upset to find out that victoria house had shut and the service had been moved to a normal ward area in the main hospital.I could not have imagined my rehab being undertaking under such poor circumstances.

The hospital and mark hackett speak of trying to improve services and that the patients care are always important,but I feel that it all comes down to money.

Why would they shut a perfectley adapted unit for people such as myself to make way for an outpatients clinic,it does not make sence.
I have visited the staff up on the ward and was appaled by the lack of space.Even basic needs like the toilets are not suitable.
I wish I had the power to stop this and reopen the unit as I feel it is a great loss to the public.

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Panel B Briefing Paper

Southampton University Hospitals NHS Trust - specialist neurological rehabilitation service

Jacqui McAfee, care group manager, neurosciences

Background

Locally, there are a range of neurological rehabilitation services, of which the Southampton Hospitals (SUHT) service is one. For a number of years the SUHT service was delivered primarily from Victoria House, which is a single-storey building on the SUHT campus but physically detached from the medical facilities in Southampton General Hospital.

The specialist neurological rehabilitation service supports patients who have had brain injury and who require more intensive support to regain the skills of independent living.

Services for these patients are located in both the hospital and GP/community setting with close links to social services. There are also some services located in the private sector.

The SUHT service provides the following for patients:

- Consultants with specific training in specialist rehabilitation medicine
- 24-hour rehabilitation nursing support
- Speech and language therapy, occupational therapy and physiotherapy
- Access to neuropsychological services
- Secure facility for wandering patients
- Access to space for group therapy work

During early 2010, nursing staff in the SUHT service at Victoria House raised some concerns in relation to patient safety. The concerns related to

- Nursing staffing levels and the number of qualified nurses compared with healthcare support workers. (raised April 2010)
- Access to medical opinions for patients during the night and at weekends (raised 1 & 2 May 2010)

The concerns were discussed by the neurosciences leadership team and the risk to patients from the above two factors were considered against the disadvantages of a change in physical environment for the patients. It was agreed that the risk to patients was such that the service should be provided from accommodation within the building of Southampton General Hospital in the vicinity of the neurosciences inpatient wards.

The move of this service was discussed with both rehabilitation nursing staff and clinicians (7/5/10) and with the services patients and relatives (17/6/10). The service was moved on June 21st 2010.

Recruitment to vacancies commenced immediately and a letter was sent from SUHT's Chief Executive to the Health Overview and Scrutiny Committee (dated 22/7/10) outlining the situation.

Timeline and consultation

- Risk to patients raised in April 2010.
- Risk assessment on staffing levels and staffing skills in the neurorehabiltation service was carried out on 30th April 2010
- Concerns regarding lack of out of hours medical cover raised 1st /2nd May 2010
- Outcome of nursing risk assessment and lack of medical cover discussed with the Medical lead and nursing lead for neurorehabilitation - 7th May 2010.
- Alternative location for service was identified and risk assessed against the physical needs to the service. Risk assessment 11th May 2010.
- Decision taken to temporarily relocate service
- Patients and relatives informed 17/6/10
- Unit moved 21/6/10
- Discussion with PCT regarding long term model for rehabilitation underway August 2010

Issues already identified with providing the service from Victoria House

The advantages are

- Patients were not be impacted on by other neurological services
- Patients had single rooms and space to wander in a secured unit.

The main disadvantages were

- Remoteness in an emergency – this remains an issue
- Medical cover out of hours – this remains an issue
- Insufficient trained nursing cover – vacancies now recruited

Alternative options considered which might have enabled the service to remain off-site at Victoria House

Using other Neurosciences staff to cover in charge shifts for rehabilitation service

Rejected due to staff shortages already identified as a significant risk in other areas of the unit in which nurses had similar skill sets.

The service also considered the use of surgical rather than medical staff nurses however those staff did not have the skill set required to look after rehabilitation patients.

Using agency staff

As staff would be required to cover for in charge shifts on a remote site it was not considered appropriate especially as working “single handed” on night shifts.

Block booking of NHSP (NHS agency) shifts

Previous experience is that staff supplied are not consistent and service has been known to have relatively high cancellation rate. As with Thornbury the appropriateness of a temporary member of staff being sole in charge on a remote site remained an issue.

Current position.

The service is currently provided from a six-bedded area within the main neurosciences wards in Southampton General Hospital. The area is separated from the rest of the inpatient accommodation and remains an interim arrangement for the service.

The service currently provides

- Consultants with specific training in specialist rehabilitation medicine - Patients are still under the same Consultant
- 24-hour rehabilitation nursing support – nursing staff relocated with the pts.
- Speech and language, occupational therapy and physiotherapy staff all relocated with the service
- Access to neuropsychological
- Referral protocols, service philosophy and service model have not changed
- Steps have been taken to optimise the environment for rehabilitation patients.
- There is access to the gymnasium in neurosciences and patients still have access to the garden and minibus

Although the service has now recruited to its nursing vacancies, the problems remain with regard to out of hour's medical cover and the service has not moved back into its previous accommodation.

The reason why the service has not been moved back to Victoria House is that there remain concerns about lack of medical cover and also, since the temporary move was made, the Trust has begun working with local commissioners to identify the longer-term options for these rehabilitation services. The lead nurse and consultant for the service are fully engaged in this process.

It is now considered preferable to continue to provide the service from Stanley Graveson until such time as the intentions of the commissioners for the long term future of neurological rehabilitation services are clear and agreed. SUHT is also currently working on a strategy for the delivery of all rehabilitation services, allied in part to its development as a Major Trauma Centre. Neurological rehabilitation services will form a significant part of that strategy.

The risk to the service of moving them to Victoria House and then on again to a new location is considered to outweigh that of providing the service in the current accommodation. This is supported by staff in the service.

It is accepted widely that Victoria House is not a suitable location for the long term for the provision of specialist neurological rehabilitation services.

The space that is currently vacant in Victoria House is currently being considered by SUHT as potential accommodation for the rheumatology outpatient service, which is currently located in rented space at the Royal South Hants hospital.

SUHT would like to work with the scrutiny panel to ensure appropriate patient and public involvement in this service.