

# OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

Monday, 20th May, 2013  
at 5.30 pm

## COUNCIL CHAMBER - CIVIC CENTRE

This meeting is open to the public

### **Members**

#### Members to be appointed at Annual Council

#### Appointed Members

Mrs U Topp, (Roman Catholic Church)  
Mr T Blackshaw, The Church of England (Dioceses of Winchester & Portsmouth)

#### Vacancies

- Primary Parent Governors Representative;  
and
- Parent Governor Representative

### **Contacts**

Ed Grimshaw  
Democratic Support Officer  
Tel. 023 8083 2390  
Email: [ed.grimshaw@southampton.gov.uk](mailto:ed.grimshaw@southampton.gov.uk)

Suki Sitaram  
Head of Communities, Change and Partnership  
Tel: 023 8083 2060  
Email: [suki.sitaram@southampton.gov.uk](mailto:suki.sitaram@southampton.gov.uk)

## **PUBLIC INFORMATION**

### **Role of Overview and Scrutiny**

Overview and Scrutiny includes the following three functions:

- Holding the Executive to account by questioning and evaluating the Executive's actions, both before and after decisions taken.
- Developing and reviewing Council policies, including the Policy Framework and Budget Strategy.
- Making reports and recommendations on any aspect of Council business and other matters that affect the City and its citizens.

Overview and Scrutiny can ask the Executive to reconsider a decision, but they do not have the power to change the decision themselves.

### **Overview and Scrutiny Management Committee**

The Overview and Scrutiny Management Committee holds the Executive to account, exercises the call-in process, and sets and monitors standards for scrutiny. It formulates a programme of scrutiny inquiries and appoints Scrutiny Panels to undertake them. Members of the Executive cannot serve on this Committee.

### **Southampton City Council's Priorities**

- More jobs for local people
- More local people who are well education and skilled
- A better and safer place in which to live and invest
- Better protection for children and young people
- Support for the most vulnerable people and families
- Reducing health inequalities
- Reshaping the Council for the future

### **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.

### **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.

### **Dates of Meetings: Municipal Year 2013/14**

<b>2013</b>	<b>2014</b>
20 May	16 January
13 June	13 February
11 July	13 March
15 August	10 April
12 September	
10 October	
14 November	
12 December	

## CONDUCT OF MEETING

### TERMS OF REFERENCE

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

### RULES OF PROCEDURE

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

### DISCLOSURE OF INTEREST

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

### DISCLOSABLE PERSONAL INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

### BUSINESS TO BE DISCUSSED

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

### QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 4.

## **Other Interests**

A Member must regard himself or herself as having a, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

## **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 online via the 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 ELECTION OF CHAIR AND VICE-CHAIR**

Subject to the Annual Council Meeting not appointing the Committee's Chair and Vice Chair to elect the Chair and Vice Chair for the Municipal Year 2013/14.

### **3 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary 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 Democratic Support Officer.

### **4 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.

### **5 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.

### **6 STATEMENT FROM THE CHAIR**

### **7 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

To approve and sign as a correct record the Minutes of the meeting held on 11<sup>th</sup> April 2013 and to deal with any matters arising, attached.

### **8 PEOPLE DIRECTORATE UPDATE**

Report of the Director of People, updating the Committee on the establishment of the People Directorate, attached.

**9 INDEPENDENT REVIEW OF THE AWARD OF THE ROM AND CCTV CONTRACT**

Report of the Leader of the Council, detailing an independent review of the award of the contract for ROM and CCTV, attached.

**10 EXCLUSION OF THE PRESS AND PUBLIC - CONFIDENTIAL PAPERS INCLUDED IN THE FOLLOWING ITEM**

To move that in accordance with the Council's Constitution, specifically the Access to Information Procedure Rules contained within the Constitution, the press and public be excluded from the meeting in respect of any consideration of the confidential appendix to the following Item

Appendix 1 is confidential, the confidentiality of which is based on category 3 of paragraph 10.4 of the Council's Access to Information Procedure Rules. It is not in the public interest to disclose this because doing so would prejudice the authority's ability to achieve best consideration for the disposal of land (the identity of the preferred developer and the figures associated with the land transaction are commercially sensitive).

**11 FORWARD PLAN**

Report of the Head of Communities, Change and Partnerships detailing items requested for discussion from the current Forward Plan, attached.

**12 HEALTH OVERVIEW AND SCRUTINY PANEL - REVIEW OF PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL**

Report of the Chair of the Health Overview and Scrutiny Panel, detailing the Panel's review of public and sustainable transport provision to Southampton General Hospital, attached.

Friday, 10 May 2013

Head of Legal, HR and Democratic Services

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SOUTHAMPTON CITY COUNCIL  
OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE  
MINUTES OF THE MEETING HELD ON 11 APRIL 2013

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Present: Councillors Moulton (Chair), Vinson (Vice-Chair), Barnes-Andrews, Fitzhenry, Lewzey, McEwing, Morrell and Pope

Apologies: Councillors Chaloner, Hannides, Mrs U Topp and Mr T Blackshaw

Also in Attendance Councillor Kaur – Chair of Scrutiny Panel A

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

**RESOLVED:** that the minutes for the Committee meeting on 14 March 2013 be approved and signed as a correct record. (Copy of the minutes circulated with the agenda and appended to the signed minutes).

66. **SCRUTINY PANEL A: WELFARE REFORMS INQUIRY - DRAFT FINAL REPORT**

The Committee considered the report of the Chair of Scrutiny Panel A, detailing the findings of the Panel's inquiry into welfare reforms. (Copy of the report circulated with the agenda and appended to the signed minutes).

**RESOLVED** that the Committee delegated authority to the Chair of the Overview and Scrutiny Management Committee in Consultation with the Vice Chair of the Committee and the Chair of Scrutiny Panel A to approve amendments requested at the meeting.

67. **INDEPENDENT REVIEW OF THE AWARD OF THE ROM AND CCTV CONTRACT**

**RESOLVED** that the Committee agreed to defer consideration of the report Leader of the Council detailing the detailing the independent review regarding the award of the Contract for ROM and CCTV TV until the May meeting (Copy of the report circulated with the agenda and appended to the signed minutes).

68. **OVERVIEW AND SCRUTINY: ANNUAL REPORT 2012/13**

The Committee considered the report of the Head of Communities, Change and Partnerships seeking approval for the annual report. (Copy of the report circulated with the agenda and appended to the signed minutes).

**RESOLVED** that the Committee delegated authority to the Chair of Overview and Scrutiny Management Committee to make any minor amendments to the Annual Report in line with the considerations raised at the meeting.

69. **MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE**

The Committee noted the report of Head of Communities, Change and Partnerships detailing the actions of the executive and monitoring progress of the recommendations of the Committee (Copy of the report circulated with the agenda and appended to the signed minutes).

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# Agenda Item 8

<b>DECISION-MAKER:</b>	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
<b>SUBJECT:</b>	PEOPLE DIRECTORATE UPDATE		
<b>DATE OF DECISION:</b>	20 MAY 2013		
<b>REPORT OF:</b>	DIRECTOR OF PEOPLE		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Alison Elliott</b>	<b>Tel:</b> <b>023 8083 2602</b>
	<b>E-mail:</b>	<b>Alison.Elliott@southampton.gov.uk</b>	
<b>Director</b>	<b>Name:</b>	<b>Alison Elliott</b>	<b>Tel:</b> <b>023 8083 2602</b>
	<b>E-mail:</b>	<b>Alison.Elliott@southampton.gov.uk</b>	

## STATEMENT OF CONFIDENTIALITY

None

## BRIEF SUMMARY

This report briefly outlines the developments since the decision was taken to form the People Directorate and the emerging direction of travel for the services.

## RECOMMENDATION:

- (i) That the Committee notes the report.

## REASON FOR REPORT RECOMMENDATIONS

1. In response to a request from the Chair of the OSMC for this item to be discussed at 20 May 2013 meeting of this Committee.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

## DETAIL (Including consultation carried out)

3. It had been recognised that there were great opportunities for providing improved outcomes, services and cost reductions through the formation of the People Directorate. In November 2012 a consultancy was commissioned to undertake an initial piece of work to look at the framework for the establishment of the new Directorate. This has been followed up with a second more in depth review over three months exploring seven Workstreams which were highlighted as priority areas. This initial work was completed in early April 2013 and officers have spent the past month developing the full business cases and implementation plans.
4. Towards the end of the review period Alison Elliott joined the council on the 8 April 2013 as Director of People and has taken responsibility for driving forward the transformation of the services to deliver better outcomes, customer services and reduced costs.

5. The detailed review referred to above has considered seven Workstreams – Adults, Children’s, Housing, Commissioning, Customer Services, Supporting the Front Line and Organisational Design. These Workstreams had been selected from a longer list of 16 as the key priority areas for the council. For each Workstream initial outline business cases have been prepared for transforming the services along with complementary high level implementation plans. The use of external support resources delivered wider understandings of the key issues and relative costs whilst creating a momentum and appetite for change.
6. Through the exploration of the seven Workstreams it has become apparent that the areas which offer the greatest opportunities are the way services are commissioned, how we interface with customers at the ‘front door’ and the delivery of effective enabling services, particularly IT.
7. An Implementation Board and Project Teams have been established and the principle work for the remainder of the 2013/14 will be the preparation of the final business cases and implementation plans. These will define how and when the services will be transformed and it is anticipated that the target operating models will be in place by April 2014. In parallel with this work any ‘quick wins’ will be implemented however it is not anticipated that significant levels of savings will be deliverable until the summer of 2014.
8. In addition to the work being delivered as part of the transformation project the other priorities for the People Directorate identified so far include:
  - Improving Educational attainment, including attendance
  - Improving Children’s social care, with the priority being reducing the number of Children Looked After
  - Improving Safeguarding across Adults and Children’s Services in response to Working Together 2013 and impending legislative changes in Adults.
  - Reducing health inequalities
  - Maximising a range of housing options
  - Modernising the workforce
  - Implementing efficient business processes
  - Improving customer service and developing a one and done culture
  - Implementing a performance management culture
  - Building on the good partnership working across the directorate & across agencies, where there is already good energy and innovative ideas

There are also significant opportunities to remove duplication by pulling together support services across the Directorate, utilising the expertise across the Directorate, mapping the support currently being provided into families across the Directorate and Health and redesigning services to maximise resources.

9. Adult Social Care continues to place a high demand upon resources and will become increasingly challenging. Issues such as demand for services resulting from the demographic changes, capacity of the service to meet the demand, cost of both in-house and commissioned services and inflation make adult social care a challenging environment. The drive to implement the personalisation agenda poses challenges for in-house services, the way in which services are commissioned and a need for a cultural change within practice.
10. It is difficult to compare Southampton's performance in this area nationally as the performance information is poor but there are examples of good practice especially in areas of joint working with health but there are also examples of underperformance and poor practice
11. For Southampton to deliver high quality services to an increasing older and frail population the focus will need to be on developing preventative options that draw on community resilience. It is important to focus on managing demand and supporting communities to self-care. The inclusion of Public Health will support behavioural change that is necessary to maximise individuals and communities ability to maintain healthy for longer.  
Southampton will need to ensure it has more effective commissioning and procurement and will need to develop the market to ensure the emergence of sustainable, creative and personalised options for individuals and communities
12. Southampton is well placed to commission integrated services across health and social care and this will need to remain a focus to ensure outcomes for individuals are improved across the whole system whilst maximising whole system resources.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

13. The resources to support the transformation of services in the People Directorate will be provided from existing budgets including the council's transformation fund.

### **Property/Other**

14. No implications at this stage

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

15. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000

### **Other Legal Implications:**

16. None

## **POLICY FRAMEWORK IMPLICATIONS**

17. These will be defined as the work progresses.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	None
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out?	No
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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# Agenda Item 9

<b>DECISION-MAKER:</b>	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
<b>SUBJECT:</b>	INDEPENDENT REVIEW OF THE AWARD OF THE ROM AND CCTV CONTRACT		
<b>DATE OF DECISION:</b>	20 MAY 2013		
<b>REPORT OF:</b>	LEADER OF THE COUNCIL		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	Cllr Jacqui Rayment	<b>Tel:</b> 023 8083 2508
	<b>E-mail:</b>	Councillor.J.Rayment@southampton.gov.uk	
<b>Director</b>	<b>Name:</b>	Mark Heath	<b>Tel:</b> 023 8083 2371
	<b>E-mail:</b>	Mark.heath@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## **BRIEF SUMMARY**

The former Leader of the Council, Councillor Richard Williams, commissioned an independent review of the decision by the former Administration to award the outsourced contract in relation to Rom TV and CCTV during the period between the annual elections in May 2012 and the Annual General Meeting later that month when the new Administration took control of the Council. This report contains the outcome of that review.

## **RECOMMENDATIONS:**

- (i) That the committee considers the report and makes any recommendations considered appropriate.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. To ensure that the Council can implement any significant lessons learned.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. n/a.

## **DETAIL (Including consultation carried out)**

3. This report summarises the outcome of the review commissioned by the then Leader of the Council in June 2012 regarding the outsourcing of the Rom TV contract and highlights what senior officers believe to be serious shortcomings in the veracity of the report and its recommendations. Local Government Partnerships (LGP) was commissioned to carry out the review.
4. The terms of reference for the review were agreed between the then Leader and Director of Corporate Services and are contained at Appendix A of the report (which is attached in full to this report). The main concerns were over the timeliness of the decision, what information was provided to OSMC, the call in and the subsequent decision made by the outgoing administration after the elections in 2012 when the Labour Administration had an overall majority of council seats.

5. The draft LGP report has had a rather tortuous journey in reaching finalisation. It was commenced by the Head of Legal, HR & Democratic Services last summer and involved interviews (either face to face or by telephone) with some 18 people, the names for which were provided by the Environment and Economy Directorate as project owners. Logistically this proved difficult over the summer period especially as it involved staff, contractors, union reps and members. It should be noted that the members of the former administration declined (through non reply) to take part in the review notwithstanding several requests to do so.
6. The first draft LGP report was received in September and in the view of those involved and who were provided with draft copies, was incomplete both in terms of its quality and more over that assumptions had been made were not evidenced based. In addition many parts were contradictory, there did not appear to be a full understanding of the law surrounding decision-making and officers' roles and that further people needed to be interviewed in order to provide a holistic picture. In summary the report was considered to be both flawed and incomplete.
7. A draft of the report was sent to the then Leader and he met with the report authors. A copy was provided to the Chairman of OSMC (Cllr Moulton) who then placed the matter on the OSMC agenda for discussion on 8<sup>th</sup> November 2012. This was premature as the report was still considered to be a draft in light of the concerns raised.
8. Subsequently, a further seven interviews were arranged with the then Chief Executive, Monitoring Officer (and some follow up ones such as with former Interim Director of the Environment) in December 2012 to seek clarification on outstanding issues or areas of concern raised by those involved. The former administration members again declined to take part.
9. The final LGP report was received in December and the same route of copies being given to those involved was followed. Whilst a fuller picture of the issues was reflected in the report the fundamental concerns as detailed above remained. With an extended Christmas and New Year break it took some time to receive comments back. These were not passed to LGP until late February. A copy of the report was given to the then Leader. The report did not suggest that there were any fundamental issues in project management.
10. The recommendations contained in the report were as follows:
  - a. there should be detailed consultations with service managers and union representatives in advance of any future major changes in service. Guidance for officers involved in major staff re-organisation should be reviewed and briefing provided to improve knowledge and understanding;
  - b. to review Option Appraisal systems and consider providing guidance and staff training;
  - c. to review the arrangements for providing information to the Overview and Scrutiny Management Committee;

- d. to review governance arrangements for major projects, ensuring that Project Boards are established at the outset and that suitable assurance regimes are in place to provide robust challenge; and
  - e. to provide new Project Owners/Sponsors of major projects with enhanced support and training in their duties.
11. To officers these looked too general. Limited discussions took place with LGP but they advised that they stood by their report and its recommendations. They declined to expand on how the broad recommendations could be implemented by referring to best practice elsewhere or other practical ideas.
12. The then Leader identified an important element of the report as the “democratic deficit” that existed at the time the decision was made to award the contract. The then Leader was clear that this should not occur in the future whichever political party was in control. Accordingly there is a proposal to revise this before the May AGM.
13. Additionally, it is considered that the report authors, whilst undoubtedly experienced in their fields, did not appear to fully understand how decision-making works in practice, especially during what is known colloquially as “purdah” or between the local elections and the AGM. It should be stressed that the decision by the then administration to make the decision that they did was in accordance with the Council’s Constitution and lawful, hence the “democratic deficit” terminology.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

14. None

### **Property/Other**

15. None

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

16. Section 1 Localism Act 2011

### **Other Legal Implications:**

17. None

## **POLICY FRAMEWORK IMPLICATIONS**

18. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	None
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**SUPPORTING DOCUMENTATION**

**Appendices**

1.	LGP Report December 2012
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**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
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**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

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	
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## Investigation review

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Authority Name – Southampton City Council

Project Name – ROMTV (Relocation of Romanse and CCTV services)

**Investigation Review Team:**

Paul Monaghan

Austin Hogger

**Version number:** Revised Final

**Date of issue to PO:** 13 December 2012

**Project Owner:** Richard Ivory

**Investigation Review dates:** 10/09/2012 to 12/09/2012 & 04/12/2012 to 13/12/2012

**Project Title:** Relocating of Romanse and CCTV

**Local Partnerships Health Check Number:** LP 241SC500

## Conclusion

The Review Team (RT) find that Romanse and CCTV services were considered as a single package of services from at least the beginning of 2011 and probably even earlier. However, the decision to co-locate the two services, and the recommendation to move quickly to outsourced provision, do not seem to have been based on a rigorous business case.

In the narrow terms of the tendering process, the RT find that this was well managed by the Project team. In particular, completing the tendering process in 9 months was a major feat and the Project team should be congratulated for their efforts.

However, this review highlights shortcomings in project governance, strategic leadership and stakeholder management. Also, information provided to staff, Unions, service managers and the Overview and Scrutiny Management Committee (OSMC) fell well short of good practice.

On the contentious decision by the outgoing administration to award the ROMTV contract after the 2012 election had taken place, the RT has been advised that clear advice was provided by senior officers confirming the legality of that course of action but strongly advising against it.

The RT has concluded that the need for such a late award decision could and should have been avoided by more robust and effective risk management and senior officer leadership.

This report makes a number of recommendations for improvement in project governance, project sponsorship support and training, stakeholder engagement, option appraisal and information flow to the Overview and Scrutiny Management Committee.

**Project Title:** Relocating of Romanse and CCTV  
**Local Partnerships Health Check Number:** LP 241SC500

This report is an evidence-based review. It reflects the views of the independent review team, based on information evaluated over a four day period, and is delivered to the Project Owner shortly after the conclusion of the review.

## Summary of report recommendations

The review team makes the following recommendations:-

<b>Ref</b>	<b>Recommendation</b>
------------	-----------------------

- |    |   |
|----|---|
| 1. | <b>There should be detailed consultations with service managers and union representatives in advance of any future major changes in service. Guidance for officers involved in major staff re-organisation should be reviewed and briefing provided to improve knowledge and understanding.</b> |
| 2. | <b>Review Option Appraisal systems and consider providing guidance and staff training.</b>  |
| 3. | <b>Review the arrangements for providing information to the Overview and Scrutiny Management Committee.</b>   |
| 4. | <b>Review governance arrangements for major projects, ensuring that Project Boards are established at the outset and that suitable assurance regimes are in place to provide robust challenge.</b>  |
| 5. | <b>Provide new Project Owners/Sponsors of major projects with enhanced support and training in their duties.</b>  |

**Project Title:** Relocating of Romanse and CCTV  
**Local Partnerships Health Check Number:** LP 241SC500

## Background

### **The aims of the project:**

A review of CCTV, ROMANSE (Intelligent Transport Systems) and Housing Support (Community Alarm, Concierge, Out of Hours and Responding) services was commissioned by the Efficiency and Transformation Programme Board (E&T Board) to consider closer, more sustainable working between the services. A review report was accepted by the E&T Board on 24th January 2011. The review identified that:

- the efficiency target set for both services could not be delivered without investment and was likely to impact on existing service levels if delivered internally;
- the continued provision of these services was crucial to the economic health of the City;
- co-locating the services at the Council's new City Depot site would deliver strategic, operational, and financial benefits
- of the two main options for relocating the services – internally or outsourced – an outsourced approach appeared more appropriate;

The Recommended proposal entailed relocating CCTV and ROMANSE to an integrated control room adjacent to the Housing Support services (which were already scheduled to relocate to City Depot as part of the original project). The review concluded that Housing Support services should be kept separate for operational and financial reasons.

### **The driving force for the project:**

The Efficiency and Transformation Programme Board initiated a cross Authority review focused on 'the use of Traffic Management and CCTV to deliver efficiencies through the development and implementation of a comprehensive, sustainable Council Strategy'.

A net efficiency target of £555k saving total was set for the Romanse and CCTV services. Financial models indicated that this target would not be achieved without reducing service provision. It was decided the focus should be on minimising the impact on outputs and outcomes. An outsourced arrangement was deemed to enable the best opportunities to reduce operational expenditure whilst maintaining outputs and outcomes.

### **The procurement/delivery status:**

Balfour Beatty has been contracted to deliver the service for 10 years with an option for a 5 year extension. The new combined service went "live" in October 2012.

### **Current position regarding Reviews:**

This is the first review.

**Project Title:** Relocating of Romanse and CCTV  
**Local Partnerships Health Check Number:** LP 241SC500

## Purposes and conduct of the Review

### **Purposes of the Review**

The Authority has asked the Review team to investigate some specific issues, to reflect on potential remedial action and to make recommendations based on the lessons learnt.

The issues investigated are not straightforward and they touch on the organisational culture of Southampton City Council. Whilst the Review team has endeavoured to address the issues requested by the Authority, they are conscious that they have only had limited time and have not seen all the relevant stakeholders, especially key Council Members from the previous Tory administration, nor all of the relevant documents.

Appendix A sets out the full Terms of reference for this review.

### **Conduct of the Review**

This Local Partnerships Investigation Review was carried out at the Southampton City Council Offices in two stages. A draft report was issued after the initial interviews carried out from 10 to 12 September 2012 and presented to the Leader of the Council. Then, a further round of interviews were undertaken on 4 December 2012 and a revised report completed. The team members were the same for both stages and are listed on the front cover.

The people interviewed are listed in Appendix B. The Review Team would like to thank the project team for their support and openness, which contributed to the Review Team's understanding of the Project and the outcome of this review and in particular Richard Ivory, Jane Napier, Lisa Bates and Amy Mullan.

**Project Title:** Relocating of Romanse and CCTV

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## Findings and recommendations

The Review team has been asked to investigate specific issues, (these are indicated by bulleted text in italics below), as well as offering more general advice on remedial action and lessons learnt.

### 1: Scope of project and linkages between Romanse and CCTV services

- *There is a perception that the decision to review and make a decision in relation to ROMANSE was well prepared and considered, but the decision to “add” the CCTV function to the package was made late in the day, and it is that decision, the process and rationale behind that decision and the consequences that is the issue;*
- *Hence – was CCTV always in the options appraisal and if not when and how was the decision to add CCTV made, and on what basis;*
- *What was the rationale behind that;*

#### **Review team comment**

This ROM TV project appears to have been part of a much wider drive to capture potential efficiencies through review of current services and consideration of different delivery models. This work was being driven by the E&T Board supported by officers experienced in other efficiency led projects. The Authority had a recent successful track record of outsourcing Street lighting and Highways services with a similar aim of reducing costs through involving the market competitive process, thus bringing in private sector expertise and innovation.

It is very clear from the project documents seen by the RT confirmed by several of the officers interviewed during the review that the decision to link Romanse and CCTV services was made at an early stage in advance of the Option appraisals in late 2010 and early 2011. Opinions differ markedly about the degree of synergy between the two services; some stakeholders regard the synergy as negligible and superficial whilst others, including notably the incoming contractor Balfour Beatty, find the synergy significant. There did not appear to be a strong business case for bringing the two services together when the decision to do so was made.

Management of the tendering process appears to have been well managed after the initial disruption from July to September 11 caused by a change of project manager. Completing the tendering process in 9 months was a major feat and the Project team should be congratulated for their efforts.

The appointment of Balfour Beatty has been well managed and the relationship between parties to the contract is very positive as they move from the mobilisation period into “go live”. The £500k savings identified have been secured and the investment required to deliver a strong service agreed. There is confidence the service provided will be initially as good as the current service and that the new investment ought to lead to an improving future provision.

What is far less clear is whether there was any real depth of analysis of the benefits and disbenefits of outsourcing and in particular the bundling of Romanse and CCTV services. The RT has not seen any clear narrative to show the link between the proposed shape and scope of the services to be outsourced and alignment with the wider strategic objectives of the Authority. There is a strongly held view within some of those interviewed that there was a lack of any meaningful consultation with service managers prior to the decision to outsource CCTV services which contributed to the later confusion about an in-house bid and the decision to re-open and re-examine the delivery options. A number of

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officers interviewed suggested the outsourcing could hamper future service flexibility and limit the options to reshape the Authority's community safety approach.

A number of interviewees also felt that the strategic decision to link the two services and proceed with a procurement exercise was done without consulting with some of the service managers in any meaningful way. This investigation suggests that the service managers and union representatives were advised of the recommendations set out in the option appraisal in May – June 2011 after consultants had been appointed to help draw up technical specifications for the proposed outsource of the integrated Romanse and CCTV service. It is further recognised that the Authority breached agreements with Unions to advise them in advance of decisions affecting staff employment. It is very clear that there were very strongly held views within the officer community about the outsourcing of CCTV services both for and against.

### **Recommendation 1**

**There should be detailed consultations with service managers and union representatives in advance of any future major changes in service. Guidance for officers involved in major staff re-organisation should be reviewed and briefing provided to improve knowledge and understanding.**

The rationale behind the decision to outsource was one of reducing costs, transferring risk and increasing investment in both services. The Review team (RT) has seen E&T Board papers dated January 2011 and April 2011 that set out the argument for and against. These conclude that outsourcing was the best option. The information and especially the Options appraisal evaluation analysis process lacks clarity and this has led to a range of interpretations and questions about its validity.

### **Recommendation 2**

**Review Option Appraisal systems and consider providing guidance and staff training.**

## **2: Governance – Committee interfaces and stakeholders**

- *Following the decision to outsource Romanse and CCTV services, was the due process (due diligence) required to provide the decision makers with robust and professional advice undertaken in relation to the CCTV function;*
- *Concern has also been expressed as to the quality and timeliness of the information given to members, especially the Overview and Scrutiny Management Committee (OSMC) who called the decision in view of their concerns. What information was offered and afforded to OSMC and when.*

### **Review team comment**

When the report on the ROMTV service was considered by Cabinet on 4 July 2011, the report's recommendations tasked officers to proceed with a procurement process to select a private provider who would run both services, co-located, for a period of up to 15 years. Despite the unequivocal clarity of this recommendation, during this review the RT has found a widespread lack of awareness about what Cabinet had actually agreed at that meeting; it would appear for instance that some officers, and, importantly, the then Council opposition believed that the Cabinet report simply initiated a process to explore options and which would offer subsequent opportunities for Cabinet's decision to be discussed



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further and perhaps revisited. However, the RT find that the Cabinet report clearly set in motion a procurement process which, provided it proceeded satisfactorily, only needed to come back to Cabinet for the contract award decision in early 2012; in the event the subsequent contract award report came to Cabinet in April 2012.

The July 2011 Cabinet report did not ask for an in-house bid to be prepared, nor did it suggest that the Romanse service could be outsourced by itself, ie without the CCTV service. On the contrary, from July 2011 Cabinet onwards (and indeed in preparatory working papers which preceded Cabinet), Romanse and CCTV were to be brought together and put to the market as a single package of services set for transfer to a private sector provider in due course. The reasons for the widespread lack of clarity (about July 2011 Cabinet's decision) mentioned above are various but certainly seem to include the following:-

- the Authority's organisational climate during 2011 was not conducive to effective discussion, consultation or communication due to high senior staff turnover and the hugely difficult industrial relations situation at that time.
- the Project board was only appointed in May 2011 so was unable to provide effective oversight at a critical point in the project.
- there is also a suggestion from some interviewees that the handover from the E&T Board to the newly formed ROMTV Project Board was ineffective in determining where delivery responsibility for the project lay; as a result, the Project Board may have been less effective in its leadership role.
- Formal consultation processes regarding the July 2011 Cabinet report did not it seems take place.
- Scrutiny processes regarding the ROMTV matter appear not to have been effective.

The prolonged industrial action, high staff and management turnover and intense budgetary pressures all may help to explain why discussion with staff, with Unions and even with service managers, especially CCTV service managers, appears to have been inadequate both prior to the July cabinet paper and in the months following. This appears for example to have left some service managers and the then opposition Members not knowing that Romanse and CCTV services were firmly proceeding to the market together and that the procurement process itself was proceeding apace.

The late establishment of the ROMTV Project Board, and the handover of delivery responsibility from the E&T Board, seems to have led to a lack of effective senior project leadership. Most importantly, sponsorship of the project was weakened by changes in senior management responsibility at a critical point when key decisions were needed. In particular decisions about resourcing and programming to maintain the project on programme to hit its milestone targets and ensure the contract award decision was taken to Cabinet in Feb/March 2012 were largely ducked.

Additionally, in the months after the clear remit given by Cabinet in July 2011 it was decided the decision to outsource service should be reviewed. This gave hope to those against the outsourcing and reopened the possibility of CCTV perhaps remaining in-house whilst presumably the ROM

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element proceeded to tender (when again Cabinet's decision in July 2011 had been quite clear - ROM and TV as a single tender package). This must have significantly increased the workload on the project team and delayed the tendering process.

More effective leadership would perhaps have ensured that stakeholders were clear on the direction of travel - even if that direction was painful and not unanimously supported. In mitigation, however, it appears that some stakeholders (perhaps especially those who were opposed to the proposed ROMTV outsource) were reluctant to engage with the project.

Scrutiny of the ROMTV matter fell within the remit of the Overview and Scrutiny Management Committee (OSMC) and it appears that the Chair of OSMC together with scrutiny support officers endeavoured on a number of occasions during 2011 and 2012 to gain a fuller understanding of the ROMTV matter. The RT feel, especially in the light of the growing interest of the then opposition Members in this matter, that the information and documentation provided to the OSMC chair, and therefore potentially to the committee itself, was significantly inadequate:-

- papers provided were short of key information and were, sometimes at least, late in coming forward
- confidential information was denied to OSMC until, the RT understand, somewhat late in the process when a decision to release confidential information to OSMC was finally authorised
- explanations to OSMC on important matters such as option scoring against evaluation criteria were unconvincing
- perhaps above all there was no planned sequence of OSMC briefings agreed in advance and covering the key milestones of the procurement process.

### **Recommendation 3**

#### **Review the arrangements for providing information to the Overview and Scrutiny Management Committee.**

The early months of 2012 seem to have been particularly difficult regarding the scrutiny process and the RT feel strongly that the hiatus around the OSMC call-in of the April Cabinet decision could and should have been avoided. However, the RT feel that the reasons for that hiatus, and indeed the reasons why the award decision report did not go to Cabinet until as late as April 2012, have their origins in 2011 as set out above.

It had been clear, probably from as early as Summer 2011, that there was a high risk that the contract award decision would be very close to or within the election period. It was initially planned that Cabinet was to have received the award decision report in February or March 2012 at the latest, in order that such a contentious and politically divisive decision would not be taken during the pre-election purdah period. The RT team has been advised that there was a strongly held view that if the decision to outsource ROMTV was deferred, a new Labour administration was almost certain to reverse the

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decision. As a result the then Tory administration was determined to press on and not to delay the contract completion until after the election. The RT is advised Legal advice was sought which confirmed that there was no illegality in the decision to complete the contract at a very late point in the Tory administration's life. In the end, the award decision was only confirmed by the outgoing administration (following call-in) after the election had taken place. For a contract award decision to be made in this way is a wholly exceptional situation and one that, in the view of the RT, was avoidable by more effective management in the second half of 2011.

Taking a wider view of the procurement process it is clear that targeting a pre-election cabinet decision was always a major risk and would require careful management to achieve. Once the decision had been made to outsource the ROMTV services there was a maximum of 8 months from July 2011 Cabinet to the proposed award in February/March 2012. This was a very short period in which to complete the tendering process and represented a very ambitious target. Even with as little as a couple of weeks slippage on the procurement programme, the award date was going to slip into the pre-election purdah. Therefore, in the view of the RT, from as early as the July 2011 Cabinet, good risk management and mitigation should have ensured;

- either that the project was sufficiently well resourced from the outset to meet the pre-election timeline
- or a post-election award should have been timetabled from the outset of the procurement process
- or a cabinet approval strategy should have been developed allowing for Cabinet approval in principle in February/March with final terms delegated to officers (including Monitoring Officer, Section 151 Officer and Chief Executive) in consultation with relevant senior Members of the Tory Administration.

It appears that none of these options were adopted and as set out earlier in the report additional challenges were added by the change in project manager and reopening of consideration of an in-house option

The RT understand that Members of the previous administration were advised that an early 2012 award decision would be achieved but it is clear the necessary actions to protect this timeline were not put in place as outlined above. It is very surprising that the procurement was not fully resourced immediately after the July 2011 Cabinet decision (for instance we understand the incoming Project manager did not effectively start work until some months after the July decision due to other commitments); also, as highlighted elsewhere in this report, a number of blind (and time/resource consuming) alleys were gone down by the Project team including the discussions about an in-house bid.

Accordingly, the RT feel strongly that the Cabinet award decision should not have been allowed to slip into the pre-election period. Once it had become clear that a February/March 2012 award decision report to Cabinet was not possible because of timetable slippage, an alternative option should have been employed. Whilst a deferral of the award decision until after the May elections would still have

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been the prudent and sensible course, the RT accept that the previous administration were by then unmoveable in their determination to award the ROMTV contract before the election (in the event the award decision was made after the election, following scrutiny call-in). Nevertheless, other options were still available to officers; for instance, a report could have been taken to Cabinet in say February or March 2012 seeking delegation to officers to make the final award in consultation with relevant Members of the previous administration. The RT understand that this option was raised by some officers and indeed such an approach had been used at the Council on previous occasions. That these alternative options were not employed in this case represents a failure of senior officer leadership.

An internal assurance review was carried out in September 2011 to reassess the proposals in the aftermath of strong representation from service managers and Unions. Whilst it may have been helpful to undertake a review at that point it was not carried out by someone with experience of undertaking reviews or external to the project team which largely invalidates its objectivity and overall value. In addition, resourcing this internal review from within the project team probably contributed to timetable pressure and subsequent slippage.

#### **Recommendation 4**

**Review governance arrangements for major projects, ensuring that Project Boards are established at the outset and that suitable assurance regimes are in place to provide robust challenge.**

One additional contributory factor is that the Project Sponsor and chair of the Project Board was newly appointed and in an acting -up capacity. As recognised elsewhere in this report, the culture of organisational change, industrial relations breakdown and senior staff turnover was acutely challenging throughout the ROMTV procurement period. The RT also understand that the Project Sponsor had been advised that her acting-up position was not going to be made substantive. In these circumstances, the RT would have expected to find evidence of enhanced support to the Project Sponsor; no such evidence is apparent.

#### **Recommendation 5**

**Provide new Project Owners/Sponsors of major projects with enhanced support and training in their duties.**

## APPENDIX A

This LP Investigation review concentrates on those areas identified by the Authority as set out in the terms of reference below.

### Terms of Reference

The Leader of Southampton City Council has requested an investigation into concerns in relation to the decision by the Council to externalise its CCTV function (not ROMANSE).

Following that request, the three Statutory Officers (Head of Paid Service, Chief Financial Officer and Monitoring Officer) have agreed these Terms of Reference for the investigation.

The matter relates to a decision by the Cabinet on 8<sup>th</sup> May 2012 to externalise the CCTV function. The relevant reports are available on line here and provide relevant background.

The issues are:

- There is a perception that the decision to review and make a decision in relation to ROMANSE was well prepared and considered, but the decision to “add” the CCTV function to the package was made late in the day, and it is that decision, the process and rationale behind that decision and the consequences that is the issue;
- Hence – was CCTV always in the options appraisal and if not when and how was the decision to add CCTV made, and on what basis;
- What was the rationale behind that;
- Following that decision, was the due process (due diligence) required to provide the decision makers with robust and professional advice undertaken in relation to the CCTV function;
- Concern has also been expressed as to the quality and timeliness of the information given to members, especially Overview and Scrutiny who called the decision in in view of their concerns. What information was offered and afforded OSMC and when.

The investigation should not only consider what if any remedial action could / should be taken, if it finds deficiencies, but also what lessons should be learnt and hence what recommendations it may wish to make to the Council both specifically but also overall.

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**Local Partnerships Health Check Number:** LP 241SC500

## APPENDIX B

### Interviewees on 10 & 11 September 2012

<b>NAME</b>	<b>ROLE</b>
Jon Dyer-Slade	Senior Manager Streetscene and Community Safety
Derek Stevens	ASB Operations Manager
David Wilkes	Project Accountant
Linda Haitana	Safer Communities Manager
Mark Pirnie	Policy and Performance Analyst
Stuart Savage	Bid Manager Balfour Beatty
Malcolm Cooper	Special Projects Manager
Sarita Riley	Senior Solicitor
Mike Tucker	Unison union rep
Cllr Barnes-Andrews	Chair of OSMC (at time of project procurement)
Frances Martin	Interim Director (at time of procurement)
Jane Richards	Business Manager for new service Balfour Beatty
Suki Sitaram	Senior Manager Customer & Business Improvement
Mark Pleydell (T)	Technical consultant
Cllr J Rayment (T)	Deputy Leader of Council
Stuart Love (T)	Director of environment (for 3 months of procurement)
Stewart George (T)	Technical consultant
Mark Wood (T)	Unite Union rep

### Interviewees on 4 December 2012

<b>NAME</b>	<b>ROLE</b>
Jon Dyer-Slade	Senior Manager Streetscene and Community Safety
Nick Johnson	Project Manager from 2009-2011 (now left SCC)
John Harvey	Highways Manager
Alistair Neill	Chief Executive
Claire Wilkinson	Interim contract HR officer
Mark Heath	Director of Corporate Services & Monitoring Officer
Frances Martin (T)	Project Sponsor (now left SCC)

(T) = Telephone Interview

Graham Cook, Cllr Smith and Cllr Fitzhenry were asked but were unavailable for interview.

<b>DECISION-MAKER:</b>	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
<b>SUBJECT:</b>	FORWARD PLAN		
<b>DATE OF DECISION:</b>	20 MAY 2013		
<b>REPORT OF:</b>	HEAD OF COMMUNITIES, CHANGE AND PARTNERSHIPS		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Mark Pirnie</b>	<b>Tel:</b> 023 8083 3886
	<b>E-mail:</b>	mark.pirnie@southampton.gov.uk	
<b>Director</b>	<b>Name:</b>	<b>Dawn Baxendale</b>	<b>Tel:</b> 023 8091 7713
	<b>E-mail:</b>	Dawn.baxendale@southampton.gov.uk	
<b>STATEMENT OF CONFIDENTIALITY</b>			
Appendix 1 is confidential, the confidentiality of which is based on category 3 of paragraph 10.4 of the Council's Access to Information Procedure Rules. It is not in the public interest to disclose this because doing so would prejudice the authority's ability to achieve best consideration for the disposal of land (the identity of the preferred developer and the figures associated with the land transaction are commercially sensitive).			

## BRIEF SUMMARY

This item enables the Overview and Scrutiny Management Committee to examine the content of the Forward Plan and to discuss issues of interest or concern with the Executive to ensure that forthcoming decisions made by the Executive benefit local residents.

## RECOMMENDATION:

- (i) That the Committee discuss the Forward Plan item listed in paragraph 3 of the report to highlight any matters which Members feel should be taken into account by the Executive when reaching a decision.

## REASON FOR REPORT RECOMMENDATIONS

1. To enable Members to identify any matters which they feel the Cabinet should take into account when reaching a decision.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

## DETAIL (Including consultation carried out)

3. The Forward Plan for the period May 2013 – August 2013 has been circulated to members of the Overview and Scrutiny Management Committee. The following issue was identified for discussion with the Decision Maker:

Portfolio	Decision	Requested By
Leader's	Southampton New Arts Complex Scheme	Cllr Moulton

4. A briefing paper responding to the Forward Plan item identified by members

of the Committee is appended to this report. Members are invited to use the paper to explore the issues with the decision maker.

## RESOURCE IMPLICATIONS

### Capital/Revenue

- The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.

### Property/Other

- The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

- The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.
- The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

### Other Legal Implications:

- None

## POLICY FRAMEWORK IMPLICATIONS

- The details for the items on the Forward Plan will be set out in the Executive decision making report issued prior to the decision being taken.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report
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## SUPPORTING DOCUMENTATION

### Appendices

1.	Confidential Briefing Paper – Southampton New Arts Complex Scheme
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### Documents In Members' Rooms

1.	None
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### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Dependent upon forward plan item
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### Other Background Documents

#### Equality Impact Assessment and Other Background documents available for inspection at:

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



Document is Confidential

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<b>DECISION-MAKER:</b>	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
<b>SUBJECT:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL – REVIEW OF PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL		
<b>DATE OF DECISION:</b>	20 MAY 2013		
<b>REPORT OF:</b>	CHAIR OF THE HEALTH OVERVIEW AND SCRUTINY PANEL		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	<b>Caronwen Rees</b>	<b>Tel: 023 8083 2524</b>
	<b>E-mail:</b>	<b>Caronwen.rees@southampton.gov.uk</b>	

<b>STATEMENT OF CONFIDENTIALITY</b>
None

## **BRIEF SUMMARY**

From November 2012 to March 2013 the Health Overview and Scrutiny Panel (HOSP) undertook a mini review of public and sustainable transport provision to Southampton General Hospital. The HOSP review report, attached as Appendix 1 for approval and referral to the Executive and identified key transport / health partners, contains 17 recommendations.

## **RECOMMENDATIONS:**

- (i) To consider and approve the report of the HOSP, attached as Appendix 1, and forward them to the Executive and identified key transport / health partners for consideration and further action.
- (ii) To delegate authority to the Chair of the Committee, following consultation with the Chair of the HOSP, to approve any minor amendments arising from considerations raised at the Committee's meeting on 20<sup>th</sup> May 2013.

## **REASON FOR REPORT RECOMMENDATIONS**

1. The terms of reference for the HOSP review were approved by the Overview and Scrutiny Committee (OSMC) in 2012. This Committee must therefore approve the final report and refer it to the Executive for consideration and further action.

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

2. None.

## **DETAIL (Including consultation carried out)**

3. Following discussion by the HOSP in November 2012, the OSMC agreed the terms of reference for a mini review of public and sustainable transport provision to Southampton General Hospital on 13<sup>th</sup> December 2012.
4. The review was undertaken by the HOSP over 4 meetings, including one meeting dedicated solely to the review, from November 2012 to March 2013.

5. The final report contains 17 recommendations in total, which, if implemented will help to improve access to Southampton General Hospital by public and sustainable transport.
6. The 17 recommendations are grouped under the following key headings:
  - Informing and listening to people
  - Improving physical infrastructure
  - Further research
  - Planning for the future
7. A final report of the HOSP review is attached as Appendix 1. This Committee needs to consider whether the report adequately responds to the review objectives outlined in the Terms of Reference shown within the attached report.
8. The Overview and Scrutiny Management Committee procedure rules within the constitution require that within two months of the date that this committee approves a final inquiry report, the Executive will consider the report and submit its findings. If this Committee is therefore minded to accept the final version of the report, then the document will be forwarded by the Chair of the HOSP to the Executive, and all partners with recommendations for further action.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

9. A number of the recommendations within the appended report could be progressed by re-focussing council officer and partner's time and existing work programmes. Some recommendations may require additional funding in order to progress.

### **Property/Other**

10. None.

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

11. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

### **Other Legal Implications:**

12. None

## **POLICY FRAMEWORK IMPLICATIONS**

13. The proposals contained within the appended report are in accordance with the Council's Policy Framework.

**KEY DECISION?** No

<b>WARDS/COMMUNITIES AFFECTED:</b>	None directly as a result of this report
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## SUPPORTING DOCUMENTATION

### Appendices

1.	Final Report – HOSP mini review of Public and Sustainable Transport Provision to Southampton General Hospital
2.	Final Report - HOSP mini review of Public and Sustainable Transport Provision to Southampton General Hospital – Appendix 6

### Documents In Members' Rooms

1.	None
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### Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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### Other Background Documents Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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## REPORT OF HEALTH OVERVIEW AND SCRUTINY PANEL

### PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL HOSPITAL – MINI REVIEW

November 2012 – MARCH 2013



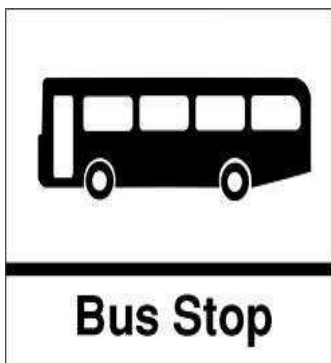
#### PANEL MEMBERS

Councillor Pope (Chair)  
Councillor Lewzey (Vice-Chair)  
Councillor Claisse  
Councillor Jeffery  
Councillor Parnell  
Councillor Tucker  
Councillor Keogh

#### IMPROVEMENT MANAGER

Caronwen Rees 023 8083 2524

[caronwen.rees@southampton.gov.uk](mailto:caronwen.rees@southampton.gov.uk)



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## Foreword by the Chair



I am delighted to present the report of this mini review. Why did I initiate it? I listened to concerns expressed by residents of Southampton. They complained about changes to bus services, seemingly without consultation or communication. It concerned me when patients said that access to GPs, the Adelaide Health Centre and Southampton General Hospital, had been made worse by changes they did not know about. I experienced the confusion caused by bus service changes. I met confused and elderly people waiting for buses that were either late, infrequent or both. An elderly couple were waiting for a bus that would never come – the bus company had changed the route. A gentleman was travelling to and from Totton and the hospital on a regular basis. The buses were frequently late, he said, and the electronic information was inaccurate – to the extent that it was pointless.

With cycling in vogue, both as an aid to health, and because of Britain’s Olympic and Tour de France success, we have to encourage our citizens to take it up. I support the recommendations of the All Party Parliamentary Cycling Group report “Get Britain Cycling”. As a cyclist myself, I listened to fellow cyclists complain about safety concerns on cycling in the City, including speeding and a lack of physical segregation. I saw the terrifying footage of near-death experiences on a recent BBC documentary. I read the local stories of deaths and injuries of cyclists in and around Southampton.

I heard national and local campaign groups express concerns on sustainable transport, such as the Southampton Cycling Campaign, 20’s Plenty For Us, and the Transition Towns campaign. I discussed the issues with fellow elected members of the Council including the Cabinet Member for Environment and Transport, Cllr Thorpe, who shared my concerns, especially in a time of Central Government cuts. He wrote to me as Chair of this Panel, and Panel members agreed that this review was timely and relevant.

If we have an NHS and social care services that cannot be accessed, especially by those who need them most, we have a big social justice problem. Other social justice issues arise out of the debates over climate change, peak oil and how sustainable transport can help address these twin perils. Southampton City Council has targets to increase travel by sustainable modes, in other words “getting people out of their cars”. This is easier said than done, but if we do not provide viable transport alternatives, particularly for accessing NHS and social care services, it will not be made any easier.

I commend this report, thank all participants in this review for their contributions, and urge all members of the Council, officers and all partners, to do their utmost to implement its recommendations in a timely manner.

Cllr Andrew Pope  
Chair of Health Overview and Scrutiny Panel

## 1. Introduction

- 1.1. Following concerns raised with the Health Overview and Scrutiny Panel by the Cabinet Member for Environment and Transport, other members, the Southampton Local Involvement Network (LINK) and the public, the Panel agreed to undertake a short review into public and sustainable transport provision to Southampton General Hospital.
- 1.2. Following discussions regarding the scope of the review, it was agreed that the aim of the review would be to try and discover how easy it is for our residents to get to their General Hospital using public and sustainable transport. Concern was expressed regarding limiting the scope to only the General Hospital, particularly as it had been reported that the public transport links to other sites were poor, for example the Adelaide Centre. However, given the limited resources available, it was felt that a more limited scope would enable a more thorough and effective review. It was recognised that further reviews could be carried out at a later date if required. The Chair suggested this may include, for example, a review into why there were large areas of Southampton which do not have GP practices in them, for example there are none in the Redbridge ward and large gaps in the Peartree area.
- 1.3. The review focused on the alternatives to car access and included buses, cycles and walking. Whilst the scope did not include car travel, it was accepted that a basic understanding of the current position and how this impacts on the use of public transport would be required.
- 1.4. The Objectives of the review were to:
  - Discover if there is suitable provision for residents to travel to/from hospital – be they staff, patients or visitors.
  - Discover what public or community transport is available, whether it is cost effective and at suitable times.
  - Discover which areas, if any, are affected by lack of public transport.
  - Consider any barriers to walking or cycling.
  - Consider any actions required to secure improvements.

The full terms of reference for the review, agreed by the Overview and Scrutiny Management Committee on 13 December 2012 are attached in Appendix 1.

- 1.5 The Panel feel that we have achieved these objectives. However, we believe that further research is necessary, and also urge that a review of progress against the approved recommendations occurs after six months and twelve months, with all powers and influence available to this Panel to gain action if those recommendations are not implemented in a timely manner.
- 1.6 As part of the review evidence was gathered from several partners and stakeholders including University Hospitals Southampton NHS Foundation Trust, Southampton Local Involvement Network (LINK), Carers Together from the

voluntary sector, bus service providers, staff and patient representatives and Council transport officers.

1.7 The Panel provided early feedback on the Council's 2013/14 budget consultation, via a letter to the Cabinet Member for Environment and Transport. They have since made several recommendations, many of which can be quickly implemented to improve services for public and sustainable transport users. The Panel look forward to hearing the response to these from the Council partners in due course.

## **2. Methodology**

- 2.1 The Review was undertaken over 4 formal bi monthly HOSP meetings from November to March 2013. The review was a short agenda item on 3 regular HOSP meetings and there was one exceptional evidence gathering session held in February and dedicated solely to the review. In addition, the Chair of the Panel also attended a number of meetings including with Southampton LINK and visiting staff responsible for transport at the General Hospital. All Members were also contacted via the Members Bulletin to seek input from Councillors on particular issues that had been raised with them.
- 2.2 These meetings aimed to engage partners and providers in the Review and obtain a better understanding of the impacts and issues around public and sustainable transport to the General Hospital.
- 2.3 The Panel heard from a range of stakeholders involved in planning, using and delivering transport to the General Hospital. Representatives of the following groups gave evidence to the Review:
  - Southampton LINK
  - Carers Together
  - Hospital Staff Representatives and Unions
  - UHS Managers
  - Bluestar and Uni Link
  - First Bus
  - Southampton City Council Transport staff

A list of those who provided evidence to the review is attached at Appendix 2.

### 3. Background

- 3.1. The importance of sustainable transport has increased in recent years particularly with the introduction of targets for carbon reduction and the increase in the costs of fuel, and the clear benefits to public health of walking and cycling. This comes amid concerns on sustainable transport expressed in civil society by local campaigning groups such as the Southampton Cycling Campaign, the Ramblers, the 20's Plenty For Us campaign for 20mph limits in urban areas, and Transition Towns campaign on imminent challenges of fossil fuel scarcity ('Peak Oil') and Climate Change.
- 3.2. The City Council, as a member of Transport for South Hampshire, has local targets to increase travel by sustainable modes, in other words "getting people out of their cars". The expected growth in employment and housing within Southampton without any expansion to the existing road infrastructure can only be accommodated using modes other than the private car. The use of sustainable travel also has health benefits as part of an active life style which is part of the 'My Journey' initiative the Council is working on. Now that Public Health is a Council responsibility, it even more pertinent for the Panel to support.
- 3.3. As part of its 2013-14 budget setting process, which was consulted upon across Southampton, the Council was required as a result of reduced funding to identify savings to the bus support budget of £600,000. Maps showing the current bus routes to the general hospital and where the subsidy has been withdrawn are attached at appendix 3 and 3a. This is being achieved by withdrawing support for all those bus services operating after 2000 hrs (1800 hrs Sundays and Bank Holidays) that are not commercial. There are also reductions to the daytime services that the Council supports. With regards to the General Hospital, support for all bus services after 2000 is being withdrawn but it is understood that bus operators will continue to operate the routes commercially. With regards to the daytime service S1 it was proposed to reduce the route to every 90 minutes off peak but it has now been possible to maintain the hourly frequency off peak.
- 3.4. The Hospital has up to a total of 7500 staff, a number of these work shifts or are on call. In addition there are University employees and students who regularly have needed to visit the SGH site. By the size and nature of the Hospital and its activities, the Trust is one of the major employers in Southampton, with staff demographics showing large local staffing levels, whilst also attracting a large proportion of staff from outside the city and from many locations around the whole of the UK.
- 3.5. In the region of 600,000 patients are seen at the hospital each year. The demographics of patients are local, nationwide and international due to the complex mix of acute, trauma centre and specialist healthcare services that UHS provides. Visiting times are generally the same for all wards.
- 3.6. In 2009 the trust had significant problems with parking on the site. They developed a Transport Strategy to resolve the issues. A consultation group was established to

take the changes forward and this included staff representatives. A summary of achievements since that time is available at appendix 4.

- 3.7. UHS also funds, manages and runs its own small fleet of mini-buses and vans, some of which provide dedicated cross-site working staff with easy accessible transport between hospital sites such as the Royal South Hants and Southampton General Hospital, which reduces single car on-site parking requirements and local traffic congestion and emissions.

## **The issues and recommendations**

### **4. Informing and listening to people**

- 4.1. Much of the evidence the Panel received highlighted concerns about the level of knowledge the public had about sustainable transport to the hospital and how this information was provided to the public. From the evidence heard, the Panel they felt that there is much that could be done to improve information provided to people and how they are engaged with. Many of the recommendations made in this section are quick wins yet have the potential to have huge impact on the perception of and awareness of public transport to and from the hospital.
- 4.2. Southampton LINK stated that transport was one of the issues most raised with them. At a recent event they hosted, transport and access to hospitals were heavily criticised, predominantly because of:
  - Perceived poor bus links
  - Constant route changes with poor communication with the public
  - Poor timetabling
  - Insufficient service to SGH
- 4.3 Attendees of the event emphasised significant improvements were needed if people were to rely on public transport to get them to hospital. Suggestions put forward by participants included hospitals supporting people to plan their journey beforehand and improving the availability of transport information.
- 4.4 Transport from the east of the City has also been raised with S-LINK as a concern, particularly during the consultation on the change of operating hours for the Bitterne Walk-in-centre. Their report contained the following statements:

*'... a large number of respondents expressed their view that health services such as the Minor Injuries Unit at the RSH, and A&E at Southampton General are difficult to access via public transport. Travelling there as an alternative to the walk-in centre can require two buses or an expensive taxi fare, and is particularly difficult for the elderly, or mothers with young children.'*

*'Bus transport was especially criticised as well as high taxi fares and distinct lack of suitable parking if private car access was possible.'*

They concluded:

*'Southampton LINK understands that this is a difficult issue and that the majority of public transport is operated on a purely commercial basis. Nevertheless, it is right that the concerns of the public on the East of the City are noted and that the NHS and City Council should co-operate to attempt to improve the situation especially in respect of health related transport needs.'*

- 4.5 The views of S-LINK were echoed by Carers Together who referred to a Patient User Group (PUG) which had existed until 2010. In 2003 and 2005, the PUG did two patient and visitor surveys, both reported that car parking and travel to the hospital needed improving. While acknowledging that action on parking had been taken, it was felt that wider issues on travel to and from the hospital had not improved. Issues highlighted included:
- A lack of accessible public transport and direct transport routes to the hospital sites;
  - The need for better communication and information that is available and understood by patients, carers and the general public; and
  - The need for easily understood journey planning.
- 4.6 Concerns were also raised that some bus drivers were more helpful than others in providing information and advice on routes. For example if the bus behind was quicker sometime drivers would share this information but others would not.
- 4.7 Confusion about bus routes was also raised by the UHS union and staff representatives. A particular issue, which was also raised by S-LINK, was that when the bus routes and numbers changed it was felt that there was no consultation, no information had been available at bus stops and the information about the old bus routes was still advertised.
- 4.8 All three bus companies expressed willingness to work and engage with the Council and others in relation to bus provision. When questioned about engagement with the public, Bluestar and Uni link told the Panel that in other parts of Hampshire bus companies were invited to attend local meetings with Councillors and the public and they were happy to attend such meetings. First Bus said they had set up customer panels in other areas but not yet in Southampton. The panels had representation from local Councillors, the public and local authority transport officers. However, when questioned, it was clear there had been limited engagement with Southampton councillors for some time.
- 4.9 The bus companies were clear that buses were run based on commercial decisions. First Bus stated that consultation prior to making changes on bus services involves consulting the transport department of the relevant local authority and consulting staff and union representatives. The public were not consulted on changes. The Panel found this unsatisfactory, but was advised that this was the way the privatisation of the buses was set up.

- 4.10 Whilst the Panel appreciated that bus companies were competitive commercial organisations, they felt there was more that should be done in Southampton to engage with passengers – both in terms of information sharing and gathering feedback on services and future proposals. Members were very keen to see a stakeholder panel for public transport established in the City at the earliest opportunity, and for this to include council representation.
- 4.11 The Panel heard from UHS that they were keen to work with partners regarding public transport. They recognised that it could be difficult to plan travel times to and from the hospital if travel involved using more than one bus, or more than one method of transport. They also recognised that waiting times and potential delays needed to be factored in order to make sure a patient arrives for an appointment on time. The Foundation Trust informed the Panel that they work with the bus companies who had talked to staff at the hospital about changes that were introduced last year.
- 4.12 The Panel heard from SCC officers that there was clearly a lack of information for passengers as buses do exist for some of the routes that concerns had been raised about for example from the ferry and train station. There were existing services such as ‘Travel Line’ that were available to provide information on journey planning but they were clearly not communicated well enough.
- 4.13 It was clear to the Panel from the evidence heard that the lack of clear and easy to access information available was creating a perception that the public transport options available were more limited than the reality.
- 4.14 The Panel made the following recommendations in relation to informing and listening to passengers.

#### ***Recommendations***

- 1. Ensure that staff, visitors and patients are aware of the public and sustainable transport routes to and from the general hospital.***
  - a) UHS to review, improve and provide evidence of the information provided to staff, visitors and patients in relation to travel to the hospital – including in patient appointment letters and the website;***
  - b) SCC to develop leaflets to publicise sustainable transport options to the general hospital from various parts of the city for distribution at relevant places including the hospital, GP surgeries, libraries, community facilities and the information provided on the ‘My Journey’ website.***
- 2. To establish a representative passenger group for public transport in Southampton including service providers (buses and trains), transport users and councillors. The group should meet at least twice a year with scope for extra meetings if required and minutes available publicly.***

- 3. That UHS ensure there is early engagement with public transport providers, allowing time to consult with the passenger group mentioned in recommendation 2 where possible, over services changes that are likely to affect staff and patient travel – including the proposed extension of working hours at the hospital.**
- 4. Bus companies to ensure that bus drivers are encouraged to share information with passengers – for example that it is quicker to wait and get the next bus, as a matter of course, particularly for vulnerable and elderly passengers and for this to be included in mandatory training.**

## **5. Improving Physical Infrastructure**

- 5.1 The evidence provided to the Panel made it clear that improvements were needed to the infrastructure which supports public and sustainable transport to the hospital. Many of the concerns that were raised in relation to infrastructure could also be addressed by taking fairly simple, inexpensive action. There was also a clear correlation between with a lack of information for passengers and the evidence outlined in the previous section of this report.
- 5.2 The Panel heard from several sources, and some members, including the Chair who had experienced firsthand the difficulty of travelling to the general hospital by bus. The lack of a single embarkation/disembarkation point at the hospital with bus stops dispersed around the perimeter and a lack of signage makes it difficult to navigate the site. When leaving the hospital particularly it was felt to be difficult to find timing and schedules of the buses, the right bus stop and the right bus. In response to concerns First Bus acknowledged that bus stop locations were not always easy to find and they would consider how to improve the situation.
- 5.3 Carers Together raised concerns about the bus links to the hospital from other key public and sustainable transport hubs in Southampton such as the ferry terminal and the rail station. There was clearly a lack of awareness of the bus services available and no signage to them.
- 5.4 The Panel expressed concern about issues with the real time information system and heard that they were not always working or up to date. The real time information boards in the hospital were not advertised or signposted. In response to questions First Bus confirmed they were not linked up to ROMANSE system which supplies up to date bus information. It was anticipated that all bus services would link up to ROMANSE in early summer 2103.
- 5.5 Concerns were expressed by union and staff representatives regarding the safety risk for people travelling at night around the hospital. Lighting around the hospital was felt to be poor, particularly at bus stops. The Panel heard that the 2020 vision for the hospital included extending staff working hours until 8 pm in order to offer a longer service for outpatients. This would increase the number of people using the hospital at



night and potentially those using public transport to access the site (if it was to continue to be available).

- 5.6 The union Unison has provided a report to the Panel on Bus Service Provision for Staff at Southampton General and Princess Anne Hospitals based on a staff survey and general observations which had been prompted by concerns about potential withdrawal of services and this review. The issues found were similar to those heard by the panel and included concerns about a reduction in services, lateness and frequency of services, real-time information, the safety of bus shelters and a lack of information. A copy of the report is attached at Appendix 6.
- 5.7 The Panel were pleased to learn that the number of staff travelling to work by bike had increased as had the number of showers available to staff. However the safety of cyclists was raised as an issue, particularly as there were not many cycle path routes to the hospital. Examples were given of the same person being involved in multiple accident and others being fearful of the cycle route. Cycle theft was also an issue with on average one bike stolen a week. Council officers reported that cycling routes were to be reviewed with the intention of promoting cycling, particularly for the less confident cyclist. Most cycle routes were road based but work was taking place to improve this, particularly looking at a potential route through the cemetery. The Panel were in support of this is if it was considered appropriate given other cemetery users. If this is not deemed appropriate, the Panel would urge the Council and partners to consider alternative routes which are physically segregated from motor vehicles as much as possible.
- 5.8 The Trust confirmed they had been working to improve transport related issues around the hospital such as hospital parking, park and ride, encouraging cycling and provision of shower facilities.
- 5.9 The Panel made the following recommendations in relation to improving physical infrastructure:

### ***Recommendations***

- 5. SCC to work with bus companies, Network Rail and Red Funnel to improve signposting to bus services to the hospital from central station and Town Quay linking into the legible cities and legible bus networks.***
- 6. SCC and UHS to work together to improve signposting to bus stops and cycle routes in and around the hospital including consideration of a potential cycle route through the cemetery. If this is not deemed appropriate, the Panel would urge the Council and partners to consider alternative routes which are physically segregated from motor vehicles as much as possible.***
- 7. SCC to work with the UHS to improve bus stops information around the general hospital site to ensure time tables and real-time information are available both in the hospital and at bus stops.***

**8. SCC to prioritise improvements to street lighting on Tremona Rd and Dale Rd Junction around bus stops, to ensure that passengers feel safer**

**9. All bus companies to feed their live data into the SCC real time information systems.**

## **6. Further research**

6.1 One of the biggest challenges the Panel found when carrying out this mini review was the lack of data available regarding how patients and visitors travel to and from hospital. While the Trust, with support from SCC had carried out research regarding staff travel patterns there was no information about patient and visitor travel patterns.

6.2 Information available from the bus companies was limited as their systems do not enable detailed information and do not include journey purpose. Neither the Trust, commissioners nor council have carried out detailed research about patient and visitor travel to the hospital.

6.3 The Trust explained that patients at the hospital were routinely issued questionnaires regarding the treatment received but no questions were asked about transport. Questions about transport had not been considered a priority and they have focused on quality of care, dignity and responding to issues raised in the Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust (Francis Report). However the Trust would like to work with others to better understand patient and visitor travel. The bus companies also expressed a willingness to support research and suggested that the university may be able to provide support to undertake a study.

6.4 As noted previously, it was agreed in the SCC budget for 2013/14 that some bus subsidies would be withdrawn. The Panel heard that the lack of patient and visitor travel information had made this decision more difficult. The Panel questioned what would happen to bus services as a result of the subsidy withdrawal. They were informed that bus companies would look at the commercial viability of the service and that it would not be possible to predict what they would do. The Panel felt this was somewhat unfair and unsatisfactory.

6.5 It was recognised that there was some overlap between commercial and subsidised services. Concern was expressed by the Panel because the impact of the subsidy withdrawal was unknown and therefore it would be difficult to give a reasoned analysis. The Panel were concerned that it is important to ensure that poorly served areas still have access to the general hospital. The Panel wrote to the Cabinet Member for Environment and Transport as part of the budget consultation process to express their concerns, and to request that the impact of the subsidy reductions and Equality Impact Assessment are reviewed in 6 months time when there is a clearer picture of

how the bus companies are going to respond. A copy of this letter is attached at appendix 5.

- 6.6 The other area that the Panel identified for further research was dedicated transport services for patients accessing hospital, including voluntary sector provided services. The Panel discussed the Patient Transport Services (PTS) and the level of awareness people had of the service they provide. From the evidence received it appeared that information was not readily available and often patients were not made aware of the service. It was acknowledged that when people were unwell it was more difficult to be proactive to find out about options available for transport. GP's often refer people for appointments at the hospital, but it was not clear whether information was always provided out regarding options for transport. The Panel also heard evidence that there were some concerns about the quality of the service provided. While the Trust is not responsible for the contract for the Patient Transport service, they accepted there are issues in accessing PTS in a timely manner.
- 6.7 Evidence was also provided regarding the high quality patient transport provisions in Eastleigh and that there were voluntary sector providers in Southampton for example Communicare. The Panel were keen to explore the issue further in the future.
- 6.8 On the basis of the evidence the Panel received, they made the following recommendations in relation to further research:

### **Recommendations**

- 10. SCC, UHSFT, Southampton University, Unison, S-LINK and Bus Companies to work together to explore options for undertaking a survey to establish how patients and visitors are currently travelling to and from the general hospital and the results are used to inform future service planning and improve reliability. The results should also be reported back to HOSP and fed into the key local health documents: the Joint Strategic Needs Assessment and the Health and Well-being Strategy, the latter of which, following the Panel's recent review, now is agreed to contain transport as a consideration.**
- 11. Regardless of decisions taken by bus companies in relation to continuing, or otherwise, to run evening and weekend buses to the General Hospital, the Panel would like SCC to review the effects of the bus subsidy reductions on access to the general hospital months after they come into effect. A report on the review should be provided to HOSP.**
- 12. At a meeting in the 2013-14 municipal year, HOSP to consider the Patient Transport Service and other dedicated modes of patient transport in more detail in order to improve understanding of how the services are managed, publicised to patients and concerns with the current service. Commissioners and providers, including the voluntary sector, of the service to be invited. If recommendations are necessary to improve the service, they will be made at that meeting**

## 7. Planning for the future

- 7.1 From the evidence provided, the Panel recognised that while there were many fairly simple improvements that could be made, there were also more intensive, longer term actions that could also be pursued to improve public and sustainable transport to the general hospital.
- 7.2 The Panel welcomed the progress that had been made on addressing the parking issues at the hospital in recent years and they commended the introduction of parking permits and zones by the Trust and reduced staff cars on site by around 200 per day. However, the exclusion zone for parking permits (i.e. staff that live within a minimum distance zone are not eligible for a parking permit except in certain circumstances) has been based on distance and does not appear to have considered the availability of public transport options. For example there may be areas just outside the exclusion zones which are on direct bus routes with frequent services. The Panel would be keen for the Trust to consider options for reviewing this to help further reduce cars on site and support local transport providers.
- 7.3 Additionally, as stated previously, the Panel heard that the dispersal of bus stops around the general hospital site can be confusing for staff, patients and visitors. Having toured the site the Panel are aware that there are difficulties at present in developing a single onsite hub for buses and only one bus service is currently able to access the site. However, with significant further development planned for the site in the future the Panel would be very keen to encourage an onsite bus hub. As well as making the use of buses to the hospital easier, there would also be benefits for patients, particularly those who are frail or have mobility problems, in terms of walking distances and safety. The Panel would also urge the planning decision makers, both officer and political, to support this recommendation.
- 7.4 The Panel heard evidence that for those travelling from further away to the hospital, particularly the east side of the City, bus travel was considered somewhat of a challenge. While there are services that are available to make the journey, the bus network was felt to be fragmented, with different operators and changes required. It was also experienced firsthand by panel members, that it can be difficult to arrive at the hospital from one location but need to travel somewhere else afterwards. Unless the two locations are served by a single bus operator the savings offered by return and day tickets are not available. The charges and tickets available, whilst not criticised for being overly expensive, were felt to be confusing for users. There was also no evidence that for those travelling to the hospital from train or ferry links any discount or joint ticket were available.
- 7.5 In order to further encourage the use of bus travel to the hospital, and indeed across the City in general, the Panel would be keen to see transport providers work together to consider what improvements could be made in relation to cross company bus tickets.

- 7.6 The Trust informed the Panel that they were currently updating their Travel Plan. The previous Travel Plan was adapted in 2008 and, as far as the Panel are aware, had not been updated or refreshed since this time. It is best practice for all larger organisations to have a Travel Plan. They would typically cover a 5 year period and be refreshed in years 1, 3 and 5. Officers from SCC have been working with UHS on the plan and were expecting a draft to be provided during April. The Panel hope that of the issues identified during the review will be addressed in the plan. Bluestar highlighted that Southampton University had a very good travel plan and engaged with people in various ways including using mass media. They have dedicated resources and a transport and estates department. The Panel would encourage the Trust to learn from the best practice at the University.
- 7.7 Finally the Panel will be seeking a formal response to the recommendations in this report from the Cabinet member and those organisations that actions have been attributed to.
- 7.8 The Panel have made the following recommendations relation to Planning for the future.

### **Recommendations**

- 13. UHS to be asked to consider reviewing the zones used in relation to parking permits to consider areas where there are regular direct bus routes which fall outside of the inner zone but provides attractive transport to the hospital within 30 minutes. This should help improve the viability of bus services and encourage sustainable transport use ("getting people out of their cars").**
- 14. Consideration is given to the development of a bus hub within the general hospital site and how SCC can work with the hospital to facilitate this.**
- 15. Encourage bus companies to work together to develop a cross company bus ticket for use within Southampton to enable easier travel from the City to the hospital. This should be priced competitively with existing operator day tickets – e.g. First day ticket rather than the Solent travelcard which covers a greater area and is therefore more expensive. Consideration also be given to how they can work better with train providers on this issue and the promotion of Plusbus add-on tickets.**
- 16. UHS to share their forthcoming travel plan with SCC Transport Officers by April 2013 and ensure that the plan details clear lines of accountability for actions and is refreshed yearly and fully updated every three years. The final plan should also be shared with HOSP. SCC officers to support UHS to complete the implementation of the travel plan. UHS should ensure they share and learn from best practice on travel planning including working with Southampton University.**
- 17. Chair of HOSP to write to all partners with recommendations, seeking a response on what they accept, what timings they can commit to, and detailing any additional resources they are willing to provide.**

## Summary of Recommendations

	Recommendation	Lead Organisation	Target date for completion
1.	<p><b><i>Ensure that staff, visitors and patients are aware of the public and sustainable transport routes to and from the general hospital.</i></b></p> <p>a) <b><i>UHS to review, improve and provide evidence of the information provided to staff, visitors and patients in relation to travel to the hospital – including in patient appointment letters and the website;</i></b></p> <p>b) <b><i>SCC to develop leaflets to publicise sustainable transport options to the general hospital from various parts of the city for distribution at relevant places including the hospital, GP surgeries, libraries, community facilities and the information provided on the ‘My Journey’ website.</i></b></p>	<p>UHS</p> <p>SCC</p>	<p>Sept 2013</p> <p>Sept 2013</p>
2	<p><b><i>To establish a representative passenger group for public transport in Southampton including service providers (buses and trains), transport users and councillors. The group should meet at least twice a year with scope for extra meetings if required and minutes available publicly.</i></b></p>	SCC	July 2013
3	<p><b><i>That UHS ensure there is early engagement with public transport providers, allowing time to consult with the passenger group mentioned in recommendation 2 where possible, over services changes that are likely to affect staff and patient travel – including the proposed extension of working hours at the hospital.</i></b></p>	UHS	June 2013
4	<p><b><i>Bus companies to ensure that bus drivers are encouraged to share information with passengers – for example that it is quicker to wait and get the next bus, as a matter of course, particularly for vulnerable and elderly passengers and for this to be included in mandatory training</i></b></p>	Bus Companies	Sept 2013
5	<p><b><i>SCC to work with bus companies, Network Rail and Red Funnel to improve signposting to bus services to the hospital from central station and Town Quay linking</i></b></p>	SCC	Sept 2013

	<i>into the legible cities and legible bus networks.</i>		
6	<i>SCC and UHS to work together to improve signposting to bus stops and cycle routes in and around the hospital including consideration of a potential cycle route through the cemetery. If this is not deemed appropriate, the Panel would urge the Council and partners to consider alternative routes which are physically segregated from motor vehicles as much as possible.</i>	SCC/UHS	Sept 2013
7	<i>SCC to work with the UHS to improve bus stop information around the general hospital site to ensure time tables and real-time information are available both in the hospital and at bus stops.</i>	SCC/UHS	July 2013
8	<i>SCC to prioritise improvements to street lighting on Tremona Rd and Dale Rd Junction around bus stops, to ensure that passengers feel safer.</i>	SCC	July 2013
9	<i>All bus companies to feed their live data into the SCC real time information systems.</i>	Bus Companies	Sept 2013
10	<i>SCC, UHSFT, Southampton University, Unison, S-LINKS-LINK and Bus Companies to work together to explore options for undertaking a survey to establish how patients and visitors are currently travelling to and from the general hospital and the results are used to inform future service planning and improve reliability. The results should also be reported back to HOSP and fed into the key local health documents: the Joint Strategic Needs Assessment and the Health and Well-being Strategy, the latter of which, following the Panel's recent review, now is agreed to contain transport as a consideration.</i>	All	Sept 2013
11	<i>Regardless of decisions taken by bus companies in relation to continuing, or otherwise, to run evening and weekend buses to the General Hospital, the Panel would like SCC to review the effects of the bus subsidy reductions 6 on access to the general hospital months after they come into effect. A report on the review should be provided to HOSP.</i>	SCC	Dec 2013
12	<i>At a meeting in the 2013-14 municipal year, HOSP to consider the Patient Transport Service and other dedicated modes of patient transport in more detail in order to improve understanding of how the services are managed, publicised to patients and concerns with the current service. Commissioners and providers,</i>	HOSP	Sept 2013

	<i>including the voluntary sector, of the service to be invited. If recommendations are necessary to improve the service, they will be made at that meeting</i>		
13	<i>UHS to be asked to consider reviewing the zones used in relation to parking permits to consider areas where there are regular direct bus routes which fall outside of the inner zone but provides attractive transport to the hospital within 30 minutes. This should help improve the viability of bus services and encourage sustainable transport use (“getting people out of their cars”).</i>	UHS	Oct 2013
14	<i>Consideration is given to the development of a bus hub within the general hospital site and how SCC can work with the hospital to facilitate this.</i>	SCC/UHS	Dec 2013
15	<i>Encourage bus companies to work together to develop a cross company bus ticket for use within Southampton to enable easier travel from the City to the hospital. This should be priced competitively with existing operator day tickets – e.g. First day ticket rather than the Solent travelcard which covers a greater area and is therefore more expensive. Consideration also be given to how they can work better with train providers on this issue and the promotion of Plusbus add-on tickets.</i>	Bus Companies	Dec 2013
16	<i>UHS to share their forthcoming travel plan with SCC Transport Officers by April 2013 and ensure that the plan details clear lines of accountability for actions and is refreshed yearly and fully updated every three years. The final plan should also be shared with HOSP. SCC officers to support UHS to complete the implementation of the travel plan. UHS should ensure they share and learn from best practice on travel planning including working with Southampton University.</i>	UHS	July 2013
17	<i>Chair of HOSP to write to all partners with recommendations, seeking a response on what they accept, what timings they can commit to, and detailing any additional resources they are willing to provide.</i>	HOSP	May 2013



### Health Overview and Scrutiny Panel - Mini Review

#### Terms of Reference

#### Public and Sustainable Transport Provision to Southampton General Hospital

##### Aim of the Review:

To try and discover how easy it is for our residents to get to their General Hospital using public transport. For those residents who do not drive, have had to give up driving or are simply too ill to drive, what alternatives are there? Is there suitable public and sustainable transport provision? What other means of transport are available?

##### Scope:

The review will consider access to Southampton General Hospital. If time allows, access to the Royal South Hants and Western Hospital/Adelaide Centre sites will also be considered.

For the purposes of the review public and sustainable transport will include, buses, trains, cycles and walking.

The scope does not include car travel, however it is accepted that a basic understanding of the current position and how this impacts on the use of public transport will be required. Car parking charges are not in scope.

##### Objectives:

1. Discover if there is suitable provision for residents to travel to/from hospital – be they staff, patients or visitors.
2. Discover what public or community transport is available, whether it is cost effective and at suitable times.
3. Discover out which areas, if any, are affected by lack of public transport.
4. Consider any barriers to walking or cycling.
5. Consider any actions required to secure improvements.

##### Methodology:

29/11 - Introduction, overview and agreement on the way forward.

13/12 - OSMC to agree review.

24/1 - Short item – review of background evidence and preparation for evidence gathering session.

28/2 - Evidence gathering session with officers, transport providers and health site managers.

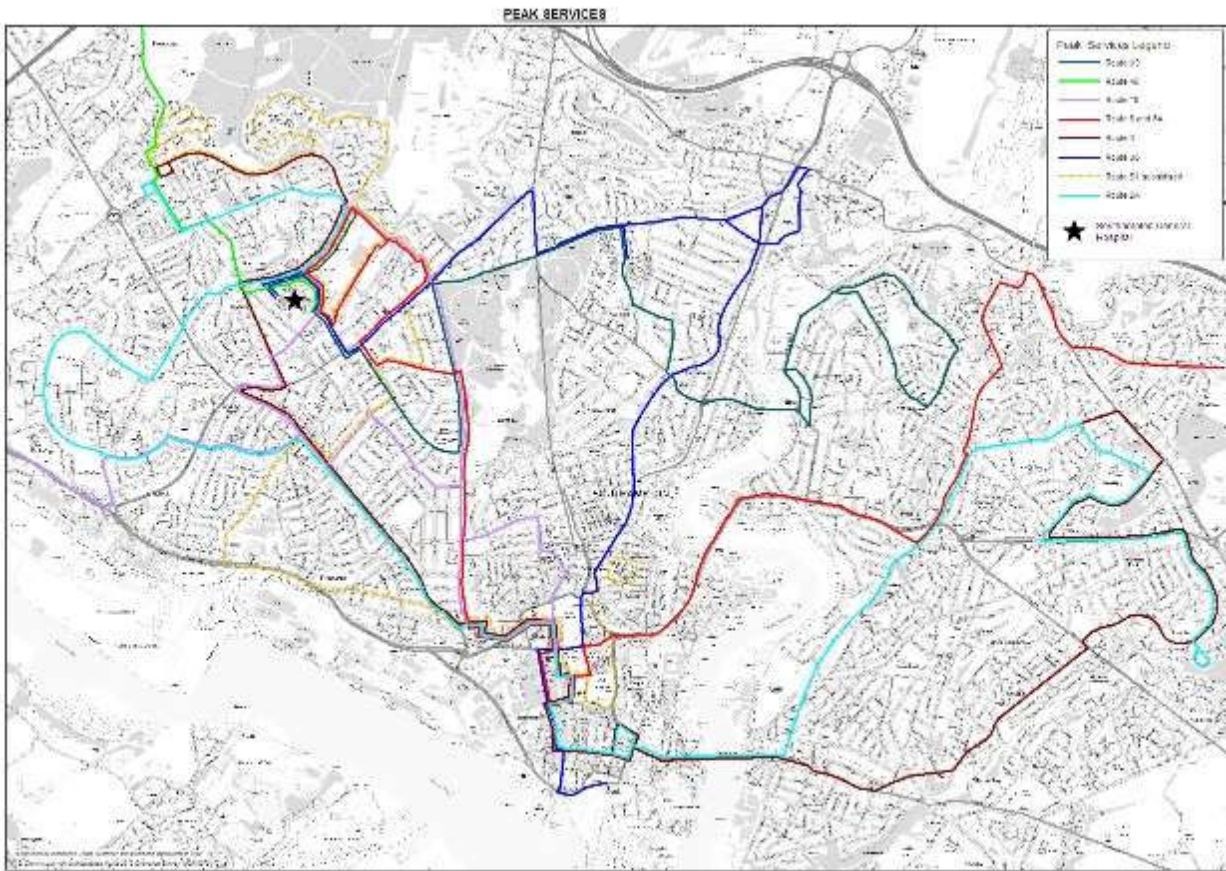
21/03 - Short item - agree report and recommendations.

## Appendix 2

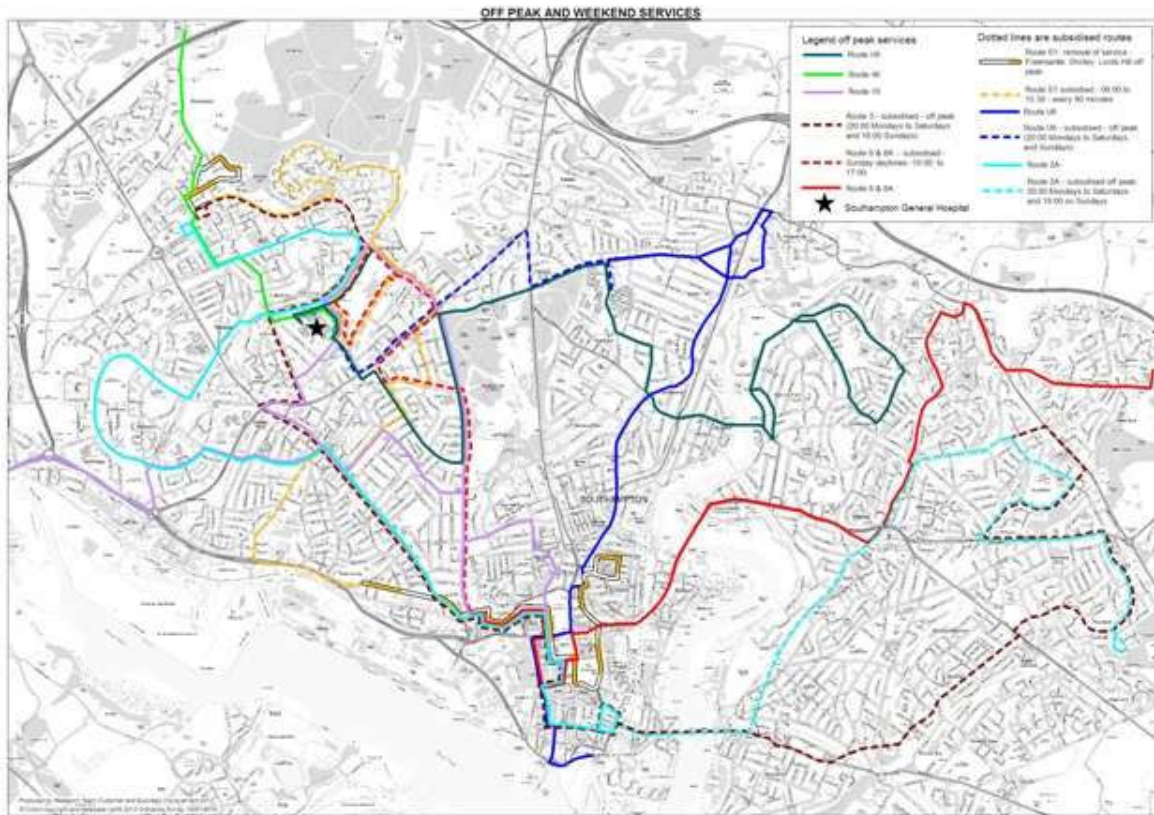
The following people provided evidence to the Public and Sustainable Transport Provision to Southampton General Hospital Mini Review. This was either through attendance at one or more formal meetings of the Panel or during a meeting with the Panel Chair.

<b>NAME</b>	<b>REPRESENTING</b>
Harry Dymond	Chairman, Southampton Link
Anne Meader	Carers Together
Michael Woodward	Joint Staff Side Chair/Unite UHS - On Behalf Of Unite And Unison
James Smith	Unison Trade Union
David Smith	Consultant Anaesthetist, Staff Representative, UHS
Maria Johnston	Radiographer, Staff Representative, UHS
Anita Beer	Interim Deputy Director Of Commercial Development, UHS
Sarah Jones	Assistant Project Manager, UHS
Ian Taylor	Uni-Link Manager
Paul Coyne	Operations Manager Bluestar & Uni-Link
Dervla Mckay	General Manager First South Coast
Cllr Thorpe	Cabinet Member For Environment And Transport SCC
Simon Bell	Public Transport & Operations Manager, SCC
Dale Bostock	Active Travel Officer, SCC
Rui Marcelino	Workplace Travel Plan Officer, SCC
Tracy Eldridge	Member Of The Public
Dawn Buck	Head Of Stakeholder Relations And Engagement Southampton City CCG

# Appendix 3



# Appendix 3a



**2009 Transport Strategy achievements to end 2012:**

- a. Reduction of major queues to the hospital Patient & visitor car parks by removing nom' 200 staff cars from Patient car parks per day.
- b. Reduction of inherent overflow onto surrounding residential road systems and local vehicle service impact from those queues.
- c. Reduction of 400 staff car parking permits and therefore cars on site.
- d. Implementation of a new and equitable staff parking permit allocation criteria & enforcement.
- e. Investment in new data management system for better car park capacity management.
- f. Investment in vehicle recognition car parking technology & car parking permit management.
- g. Investment in new chip & pin payment systems to all the patient and visitor car parking pay on foot machines to facilitate easier and faster egress for patients from the site, whilst saving on cash handling costs for the Trust.
- h. Procuring and partnering with local organisations to provide staff with 2 x Trust subsidised Park & Ride services with parking for nom' 320 staff, removing those cars from the hospital site and also local Southampton road networks.
- i. Close working links with the University and their Uni-Link bus supplier to launch a faster 20minute interval bus service timetable for students, staff and public visiting the hospital, University and Southampton city area.
- j. Investment and partnership working with Portsmouth Hospitals to buy and construct a Fastpark modular car park deck build providing an additional 100 spaces on site and additional car parking CCTV & lighting coverage
- k. Introduction of a Trust Cycle to Work Scheme in May 2009 with 83 applicants in its first 6 months of the scheme and 338 applicants from May 09 to May 2012.
- l. Continued addition and review of cycle storage and hoops.
- m. Refurbishment of communal staff female & male shower, change and locker areas – ongoing.
- n. Continued free to staff inter-site daily mini-bus service between the RSH & SGH Southampton hospitals.
- o. Investment in improved staff and patient communications & publications via staff and public web-access, travel links and discount packages from public transport providers.
- p. Linking better with, and inviting all the major commercial public bus operators inviting them on site for regular “Bus Weeks” enabling direct engagement with staff about their travel to work planning options.
- q. Partnering closely with Southampton City Council and their sustainable work travel team and My Journey getting around Southampton promotional scheme.
- r. Working closely with the My Journey team to establish the Trusts first “Bike Week” held during National Bike Week on site promoting cycling and non car travel, whilst enabling the Trust to gather travel behaviour surveys from our staff.

- s. Installed a second Fastpark2 car parking deck on site 2012 to alleviate increase in staff cars on site who are eligible for a permit, as staff are travelling further to engage in their jobs.
- t. Review and then publish the Trusts Travel Plan in 2013 to encompass all the above completed projects and initiatives and develop the ongoing Active Travel Measures programme going forwards.
- u. Continued yearly ring-fenced investment no-car and the management of sustainable travel projects and solutions

The Trust's staff continue to have the ability to access their place of work, whilst also encouraging staff to take personal ownership of alternative methods of travel and imbue sustainability throughout the Trust.



**SOUTHAMPTON HEALTH OVERVIEW**

**AND SCRUTINY PANEL**

Southampton City Council

Civic Centre

Southampton SO14 7LY

Direct dial: 023 80832524

Email: [caronwen.rees@southampton.gov.uk](mailto:caronwen.rees@southampton.gov.uk)

Please ask for: Caronwen Rees



Fax: 023 8083 3232

Date: 05 February 2013

Dear Cllr Thorpe,

**DRAFT BUDGET 2013/14 – REDUCTION IN BUS SUBSIDIES**

As you are aware the Southampton HOSP is undertaking a short review into public and sustainable transport to the General Hospital. The review will not be completed until late March and the Panel will make recommendations to you, as the relevant Cabinet Member, at that time via the formal routes.

However, given the current consultation on the Council's 2013/14 budget and the relevance of proposal E&T 23, the Panel agreed it would be useful to provide you with some early thoughts that can be fed into the consultation process.

At this stage it is difficult to know how the removal of bus subsidies will actually impact on bus routes given that bus companies may decide to continue to run the services commercially or alter existing services to compensative for the removal of subsidised elements. Whist the Panel agree that we would not want the Council to provide a subsidy where a commercial option is viable, it is important to ensure that poorly served areas still have access to the general hospital.

At the last meeting, and throughout this inquiry, I would like to express the frustration felt by myself and other Panel members, at how powerless the Council, and the bus users of Southampton, seem to be in the deregulated bus market. With cuts to Council funding from Central Government, the people of Southampton appear to be about to lose out even more, particularly where they are already suffering from ill health or from discrimination. This must make this Health Scrutiny Panel more determined to try to protect them.

I have asked for a copy of the Equality Impact Assessment for budget item E & T 23 to be provided so that we can consider it for the evidence meeting in February.

We are currently working with the University Hospitals Southampton NHS Foundation Trust to assess the impact of the changes on staff travelling to and from the hospital in the evenings and weekends. It is more difficult to assess the impact on patients and visitors, a fact which I know has also made it difficult for you and your officers to understand the subsidy reduction impact. It would be helpful to require more information to be provided by bus companies on the journeys undertaken as part of future contracts.

Finally we would request that the impact of the subsidy reductions and EIA are reviewed in 6 months time when there is a clearer picture of how the bus companies are going to respond. The attached maps show that there is potentially a shortage of evening and weekend buses particularly in the east of the City.

I acknowledge your previous offer of officer support for this work and would draw to your attention to the fact there may be a case for some additional resource in the future to support the Trust to improve public and sustainable access to the General Hospital. We wish to consider all options for support, including for example financial expenditure on subsidies in the long-term, feasibility studies for future work, or officer time on alternatives. However, I as Chair do not currently feel that it would be wise to effectively continue to subsidise fares if they were only to be extinguished in the near future. Such subsidies would seem to be a short-term waste of money, and would be better spent on longer-term alternatives. It is essential that this Panel provides strategic guidance for sustainable transport to the General Hospital - short-term subsidies are probably not justified in being called sustainable. However, it is early days, so the Panel will consider these and other such alternatives in its final report.

I would like to thank you on behalf of the Panel for listening to our early thoughts, and look forward to your continued co-operation.

Yours sincerely

Cllr Andrew Pope

Chair, Southampton Health Overview and Scrutiny Panel





**(Interim) UNISON REPORT TO**  
**SOUTHAMPTON CITY COUNCIL:**

**BUS SERVICE PROVISION FOR STAFF OF  
SOUTHAMPTON GENERAL / PRINCESS ANNE HOSPITALS**



**VERSION 1.2, 19<sup>th</sup> April 2013**



## **UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

### **BUS SERVICE PROVISION FOR STAFF OF SOUTHAMPTON GENERAL / PRINCESS ANNE HOSPITALS**

#### **CONTENTS**

- **About UNISON**
- **Scope of report**
- **Observations made by UNISON**
  - **General observations**
  - **UNISON survey of bus users**
  - **UNISON survey of bus users results**
  - **Summary of survey results**
  - **Main suggestions for improvements to bus services taken from survey**
- **UNISON's concerns about present and future bus services**

#### **ABOUT UNISON**

UNISON is the UK's largest public sector trade union and represents a wide cross section of society. Its members work on a broad range of activities in the public services and include NHS workers. UNISON is committed to contributing to the debate about the future of transport policy on behalf of its membership reliant on services at the Southampton General Hospital and Princes Anne Hospital. Transport is key to protecting and improving our environment and society.

#### **SCOPE OF REPORT**

The report is intended to reflect on the present usage of bus services to and from the hospital sites and on improvements suggested by the passengers. The report focuses exclusively on use of services by staff. The report contains other observations along with the responses received to date from a survey conducted by UNISON. Survey responses are still being received so this interim report may be updated in the future.



## **UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

### **BUS SERVICE PROVISION FOR STAFF OF SOUTHAMPTON GENERAL / PRINCESS ANNE HOSPITALS**

#### **OBSERVATIONS MADE BY UNISON: General Observations**

##### ***Lateness and infrequency of service***

During our conversations with staff, *First Bus* services have, in particular, been criticised heavily by service users for their lateness and infrequency. Bus users are complaining that buses often do not appear on time.

UNISON representatives have witnessed the *First Bus* Number 3 service being late on several occasions, with the bus being over 30 minutes late on one occasion.

Our survey responses list this as one of the most common complaints of respondents.

##### ***Electronic bus service update displays***

The lateness of buses is emphasised by the poor quality of the electronic bus service update displays, which only reflect the times stated in the set timetable. Buses that are running late disappear from the screen leaving the passenger frustrated that they have been waiting for a bus that was never going to arrive in the first place. UNISON representatives have experienced this on more than one occasion.

The system has limited value and serves as little more than an electronic display of timetabled services.

The system operated by *Bluestar/Uni-Link* in parts of the city provides real-time updates on bus arrivals. Passengers can be assured of the expected arrival time of their bus, reassured that it is coming and make judgements based on this accurate information. The accuracy of this system is of great value and a similar system should be adopted at bus shelters serving the hospital sites.

##### ***Bus shelters***

One of the most frequently used bus stops is situated close to the junction between Tremona Road and Coxford Road, travelling South. At busier periods, the seating available for waiting customers is insufficient to accommodate those waiting. A large group amasses around the bus stop without adequate shelter.

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Several bus stops along Tremona Road do not appear to have the same high level of customers waiting but these have not been observed on a regular basis.

There are two bus stops at the southern end of Coxford Road, one with a shelter and the other without. The present shelter has no timetables displayed at all and which is thoroughly unhelpful to passengers unfamiliar with the bus routes and times (pictured to left).

Behind this shelter is a building and hedge obscuring clear vision between the shelter and main hospital site (pictured below). The shelter faces residential properties which are set back from the road by a verge. Passengers waiting at this stop would appear to be more vulnerable at this shelter than at other shelters, as the possibility of them being seen should they fall or be attacked, is limited to them being sighted by residents of the properties facing the stop. The stop is of value and generally well positioned to serve the site. Frequent evening bus services would ensure that customers are not waiting too long at the stop at times of higher risk (after dark or when the area is quieter).



***Inadequate promotion of bus services***

It has been observed that there may not be enough promotion of bus services on the Southampton General hospital site.



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There do not appear to be any obvious route network maps displayed at the bus shelters and the hospital sites may benefit from a large city network route map being displayed in public areas both inside and outside the hospital. Some former bus users expressed to us that they might be encouraged to return to using the bus service if they saw improvement to the services that they previously used. It is possible that staff might be encouraged to use the bus service more if they knew more about where the routes served.

Encouragingly, a *Sustainable Travel Fair* was held on 16<sup>th</sup> and 17<sup>th</sup> April at the SGH, promoting a variety of sustainable travel options.

*Bluestar/Uni-Link* and *First Bus* now display banners directly outside the entrance of the hospital (pictured below).



### **OBSERVATIONS MADE BY UNISON: UNISON Survey of Bus Users**

UNISON has issued an online survey (using the *www.surveymonkey.net* software) to its members who have provided e-mail addresses. It has also issued approximately 1000 paper copies for circulation amongst staff, began 'clipboard' surveys at bus stops frequently used by staff and held three morning/lunchtime information stalls outside *The Spice of Life* Eaterie at the SGH to publicise the survey.

The Trust has assisted by circulating a link to our survey on the staff Intranet.

UNISON staff have handed out paper copies of surveys to staff arriving or departing from hospital bus stops. This activity has been undertaken predominantly around the two bus stops situated close to the junction between Tremona Road and Coxford



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Road (Northbound and Southbound) and the Tremona Road stop closest to these. This activity has taken place on the following dates:

Tuesday 19<sup>th</sup> March, 8:00-9am

Monday 25<sup>th</sup> March, 8:15-9am

Thursday 4<sup>th</sup> April, 7-9am

Monday 9<sup>th</sup> April, 7-9am

Monday 15<sup>th</sup> April, 7-9am

We are mindful that we have been unable to provide a physical presence to promote the survey during evenings and weekends to date, which may therefore result in an understatement of use of evening and weekend services.

Our survey was launched to examine staff usage of bus services and passenger concerns but we are aware that it is unlikely to be able to reflect the full staff usage of bus services, due to limitations with regards to our ability to get a response from every staff member or ideally the wider community. We are conscious that many more staff members use the bus services than we will be able to reach with the survey, so ticket sales analysis may also be beneficial.

It is not an easy task encouraging NHS workers to take time out of their busy and important clinical duties to undertake a survey so this is likely to affect the volume of responses. However, we do hope that the information returned will give a basic impression of staff opinions.

We nonetheless hope that the content is of value to you particularly in combination with your own analysis.

### ***UNISON SURVEY OF BUS USERS RESULTS***

The survey was launched at the end of March and the responses to date are as follows:



**UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

**BUS SERVICE PROVISION FOR STAFF OF  
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**1. Which bus routes to you use to get to Southampton General Hospital?**

	<b>Response Percent</b>	<b>Response Count</b>
<b>2A (First Bus)</b>	26.2%	37
<b>3 (First Bus)</b>	<b>58.2%</b>	<b>82</b>
<b>8A (First Bus)</b>	25.5%	36
<b>10 (First Bus)</b>	21.3%	30
<b>46 (Stagecoach)</b>	0.7%	1
<b>S1 (Velvet Bus)</b>	6.4%	9
<b>UH6 (Bluestar)</b>	16.3%	23
<b>U9 (Bluestar)</b>	5.0%	7
	Other (please specify) <a href="#">Show Responses</a>	11
	answered question	141
	skipped question	1





**UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

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2. What is the earliest time that you need to arrive on site in time for your shift (to the nearest half an hour)?

	Response Percent	Response Count
Before 5am	0.7%	1
5am	0.0%	0
5.30am	0.7%	1
6am	1.4%	2
6.30am	3.5%	5
7am	18.4%	26
7:30am	25.5%	36
8am	<b>28.4%</b>	<b>40</b>
8.30am	11.3%	16
9am	4.3%	6
Later than 9am	5.7%	8
answered question: 141		Skipped question: 1





**UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

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**3. What is the latest time that you need to leave the site for home after your shift (to the nearest half an hour)?**

**Answered question: 141**

**Skipped question: 1**

	<b>Response Percent</b>	<b>Response Count</b>
<b>Before 6pm</b>	<b>31.2%</b>	<b>44</b>
<b>6pm</b>	17.0%	24
<b>6.30pm</b>	4.3%	6
<b>7.00pm</b>	5.0%	7
<b>7.30pm</b>	3.5%	5
<b>8pm</b>	9.9%	14
<b>8.30pm</b>	14.2%	20
<b>9pm</b>	2.1%	3
<b>9.30pm</b>	4.3%	6
<b>10pm</b>	3.5%	5
<b>10.30pm</b>	2.1%	3



**UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

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**3. What is the latest time that you need to leave the site for home after your shift (to the nearest half an hour)?**

<b>11pm</b>	0.7%	1
<b>11.30pm</b>	0.0%	0
<b>Midnight</b>	0.0%	0
<b>After midnight</b>	2.1%	3



**UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

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4. On average which days of the week do you use this service (tick all that apply?)

		Answered question:140	Skipped question: 2
		Response Percent	Response Count
Monday		94.3%	132
Tuesday		91.4%	128
Wednesday		92.9%	130
Thursday		89.3%	125
Friday		90.7%	127
Saturday		35.7%	50
Sunday		28.6%	40
answered question		140	
		skipped question	2



**UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:**

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<p><b>What improvements would you like to see to the bus service that you use? Examples could include routing, scheduling, safety, ticketing, fare cost or any other issue of your choosing (Open-Ended Response):</b></p>
<p><b><i>Responses grouped by common theme</i></b></p>
Being on time!
Buses to run in time
Buses arriving on time
Want the buses to arrive on time.
Bus not appearing on time in the cold.
Buses not appearing on time in the cold.
To guarantee that buses will actually turn up when stated especially buses during dark winter evenings
Make the service run on time it is ALWAYS late!!!!
Buses to actually arrive at scheduled times. Quite regularly, buses do not even turn up!
Improved punctuality.
They are rarely on time and often so delayed that I miss my train. It is a poor and expensive service.
It would help if the bus turned up when the time table says. I have often been left standing around for a phantom bus. When you phone the company they just lie or don't care
Accurate electronic digital displays boards - they frequently are inaccurate to what number bus is actually arriving next.
That buses turn up as per the time table and that the electronic timings (if showing) are accurate and just disappear with no bus in sight.
Many times on Saturday and Sunday , the buses are on display but not coming , this hapend not one time !!!
Just sticking to the time table - and not taking 50 minutes for 10 minutes service!!!
Bus number 3 is always late in and causing disruption to time I get to work. Bus services need to be improved and increased to General not cut.
17a (now No.3) used to be on time but is frequently late.
Arriving on time and not 2 or 3 arriving at the same time
Scheduling improvements so not 3x Number 3's arrive at once!
The 3 can get rather bunched up and the 7:30am one from Central Station is often up to 20 minutes late.



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<p>The number 3 bus is meant to come along every 10-15 minutes but frequently I have had to wait for over 30 minutes for the bus. This has meant I have either been late for work, or have missed my train home because of the number 3 bus being late.</p>
<p>The number 3 First bus doesn't seem to stick to the timetabling, and I have had to wait for 15-20 mins on occasion.</p>
<p>Scheduling to improve on no 3 bus -80% buses arrive late in morning and evening rush hours. 8A is a good route but uses only 30 minutes.</p>
<p>It would be great to have a direct and frequent service between the train station and SGH, at least during peak times (7.30am-9am and 5pm-6.30pm). The number 3 is often busy and full of parents/school children travelling into Shirley so it would be good to have a quick and direct service straight to the hospital. Sometimes I finish work late between 6.30pm and 7.30pm. I then often have to wait half an hour or so for a bus which significantly adds to my travelling time when I am already late. There are various routes which call at the hospital but they all seem to arrive within 5 mins of each other and then there is half an hour with no services at all.</p>
<p>2a and 3 buses never regular. Often arrive in groups 40+ mins late. Service from Thornhill/Bitterne now changed. Concerns over cost, changes to services, and shelter</p>
<p>I find the No. 3 Service which runs from Thornhill to Southampton General Hospital can be unreliable and does not always run to time.</p>
<p>Scheduling especially in the morning Number 3 unreliable so will get a bus into Shirley and walk from there</p>
<p>I already have to walk to Shirley as the bus that goes down my way has been reduced to hourly and this often does not turn up. This has already added an extra 15 minutes to my journey each way. The 2a and 3 often run too close together so you are left waiting if you miss one.</p>
<p>More frequent through Shirley, on time and sufficient capacity at peak times</p>
<p>i would like to see more frequent buses and i would also like them to arrive on time and not have so many buses cancelled.</p>
<p>The only bus I can get where I live is the number 3, sometimes the 7:13 bus doesn't come or 2 number 3 buses arrive at 7:30, in order to start my shift on time I need to catch the 7:13 bus. More buses doing the number 3 route. The bus is always packed, maybe making sure the number 3 is always a double decker would be good. Lower bus fare, I pay for a monthly ticket and I know its discounted but its still quite high for the standard of service being provided. There is talks of our hours changing and working till 8, I have heard that the bus</p>



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<p>service is changing and the last bus is at 8 so I am worried about being stranded at night at the hospital with no bus to get me home.</p>
<p>may put on a single deck bus not a double , more than once per hour , i used to be home at 5.30pm now because of the changes and because it is always late i dont get home sometimes till 7pm</p>
<p>A decent bus for a start we have a clapped out bus just about works more buses, our finishes in th out 5.30pm can't get home after this, only get 1 an hour not good enough, especially as we pay £58 month for bus pass, the no.10 bus is an insult to us as we work at The General. First city needs a good kick up the backside. We hope another service would take over.</p>
<p>Buses being on time and share prices</p>
<p>More frequent service</p>
<p>More frequent.</p>
<p>More frequent buses. I have to wait 25mins between the Blue star 1 and the UH6. My baby is at the onsite nursery so this wait has not been fun in winter and with a baby!</p>
<p>More frequent scheduling.</p>
<p><b>MORE FREQUENT SERVICES FROM ALL AREAS OF SOUTHAMPTON.</b></p>
<p>More buses on the number 10 route, instead of 1 per hour perhaps 2 per hour in rush hour. Why are there so many number 3 buses ?</p>
<p>More frequent services in the evenings. e.g. Sunday services when there is one bus every hour</p>
<ul style="list-style-type: none"> <li>- More frequent, especially on a late shift as every 30 mins and Sunday as well.</li> <li>- Early bus for Sunday as we start at 7:30am and no early bus.</li> </ul>
<p>Sunday service frustrating- have to get 6:27am bus for 8am start. The U6 starts at 7 o'clock. Bus 10 runs only 1 per hour and service that I need stops at 5:24pm on Saturdays.</p>
<p>I need to work weekends and bank holidays, the bus times on these days are not always beneficial for me as they do not always run at a time i can use. This good friday i had to get a taxi as the first bus was at 09:30, i needed to be at work at 08:45!</p>
<p>I would like the bus company to recognise that the hospital is not a 9-5 employer, I would like them to recognise that the service to employees living in Totton is appalling - 1 bus per hour with the last bus running from the hospital at 5.25pm.</p>
<p>I took the job here at the hospital as there was a half hourly service from Totton. There is no parking available here for staff like me so I have no other way of getting to work. Within a month the service was cut back to hourly which now</p>



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limits my work day to 8.30 to 4.20 whereas I used to work some days through to 5, 5 30 or 6 which I now can't do - the 5.30 bus from the hospital is so unreliable that I can only catch the 4.30 home which gives no flexibility to me when I have busy work periods and/or need to start /finish earlier/later for any reason.

Also, I buy a monthly ticket via the cash office at the hospital and when we board the bus we show the pass but we are never recognised or counted in any way so First Bus have no exact record of how many passengers use the service - there are 12 of us each day that presumably are not included in any of the First Bus passenger numbers so this is not a true reflection. There are rumours that the current hourly service will be reduced to just morning and evening services - this will not in any way encourage people to attend appointments by bus, visit family members etc and is no good either for hospital staff who choose to have a half day or have to get back to Totton for a Drs appointment etc.

The evening service of 3 bus currently leaves at 5 minutes past and 25 minutes to each hour. But as most shifts finish exactly on the hour ( in my case at 20.00 or 21.00 pm) I can hardly catch it at 5 minutes past and have to wait further half an hour for the next one, thus arriving home at 22.00 pm and having to get up at 6.00 am the next morning). It would be easier if it was running at quarter past each hour.

More regular buses in the evenings.

Hopefully, the routing and scheduling will stay at is.

A later service at night, so I don't have to walk home in the dark.

-to route more often especially late hours - route on time

scheduling later buses

more frequent service at night as often have to wait an hour for next bus when finishing late. reduction in fares/ incentive for using the bus instead of driving and parking (like they had for cycling into work).

a bus after 6pm. the s1 does not go the full route after 1720

more buses after 5.30 and up to 7.30

Bus 8A to run after 6pm from SGH

Early buses and late buses would be better, as taxis are used on a daily basis.

It would be good if there was a bus which left Woolston at the Link Road a little earlier than 7.20am. because I have been waiting at the bus stop since 7.00am for a bus to arrive to no avail, although First Bus advertise a service at 7.10am.

it has been suggested that the u6 service be reduced in the evening and stopped on a Sunday this would not be practical for me as i work late shifts and Sundays this would leave me to have to make a 5 mile journey on foot at all times of the year



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<p>at present the last S1 is at approx 6.15pm. When working til 8.00pm especially in winter would be nice if ran later for people on the Lordwood estate rather than having to walk from Lordshill way</p>
<p>I want to see a service! At the moment, my bus runs once an hour from Totton. I work flexible hours (earliest start 8am, latest finish 6pm). There is no bus back to Totton after 6pm and a once an hour service means I have to leave home 90 minutes before I am due to start in the morning- (either 6.30am or 8.30am). This is a journey of less than 10 miles and because of the infrequency of the service, it makes coming to work a total nightmare, and increases my travel costs as my husband has to collect me at 6pm! Also the bus pass has gone up in price yet again, no doubt to subsidise free bus travel for pensioners, which I am not sure I agree with if it is at the expense of those who have to work to pay their travel costs!</p>
<p>Lower fares is always nice. More evening buses - between 18.30 and 20pm there never seems to be a bus - often a wait of up to an hour for the scheduled 18.30 bus. More buses or more reliable buses at core times for work - eg 06 - 09, and 20 - 22</p>
<p>More frequent buses, or buses that run at shift times from Bitterne Park area!</p>
<p>I have to catch 2 buses to get to SGH now. (From Lower Brownhill Road - Sainsburys - Sainsburys to SGH &amp; reverse). The fares have doubled since they took off the number 17 direct to SGH.</p>
<p>The 8A is the only bus from Hedge end all the way to the hospital as a direct bue. If the frequency of the bus in the rush hour time that is from 7:30 to 9 am and 3:30 to 5 pm could be increased it would help. the 8 A also has a new route from Southampton city to the hospital, that goes around a lot of small roads and residential areas which increases time remarkably but does not increase connectivity to those areas as not a lot of people seem to get on or off the bus from these stops.</p>
<p>There has been a lot of speculation that the S1 First Bus service will revert to a 90 min service. this is absolutely ridiculous. We had two buses an hour, dropped to one and now this! More clarity please!!!!!!</p>
<p>One bus on a more direct route. 8a is too long winded so I get two buses. Continue reduced monthly bus pass. Heating on early morning buses.</p>
<p>more frequent no 10 with less crazy detours to get to the hospital. it used to only take 20 mins and now it takes 45mins!</p>
<p>SGH is almost the last stop and my home in Harefield is the first. I would love a more direct route that did not take so long.</p>
<p>I would like the number 10 service to run more than once an hour. I would like</p>





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cheaper fares for NHS staff.
Earlier buses from Harefield to SGH. Shorter route; it currently takes me 1h 20-30mins to get home mid afternoon; dread to think how long it will take at 5pm!! Even the drivers comment on how long my journey is! They also change drivers when the bus arrives in the city centre which lengthens the journey.
cheaper fares and more regular and on time
Fare cost, availability of service
Fare cost should be less. Atleast the return tickets must cost less.
Bus times & prices.
Cost of the fare to be reduced
route and times
Scheduling
better scheduling
Scheduling Routing Cost
Scheduling, fare cost - £50 per month!!
One bus that goes from hosp to Adanac Park instead of changing at Lordshill- which means catching two buses which is £1.95 per journey! Total: £7.80 per day.
Shortening the unnecessary route via Winchester Road and Dale Valley Road where no one ever gets onto the no. 8A bus at least early in the morning. The bus could simply take Dale Road as before, saving around 5-10 mins journey for Hospital workers while those who live on Dale Valley Road could get on at the bus stop on Dale Road.
Through-ticketing / passes that work on ALL Southampton area buses regardless of operator More cross-city routes that don't go via the city centre (ie similar to U9) and/or U9 running more often Fares frozen in line with public sector pay "Express" services that go across the city without serving every bus stop on the way, just one stop in each suburb / key location
I would be very grateful if they could put back the bus that used to go along Romsey Road and up Bakers Drive.
Route too long- could be quicker to West End.
Direct route through from Sholing (as opposed to having to change in City Centre). Perhaps 1/2 of the No.18 service from Thornhill could be re-routed from Millbrook to SGH (currently every 6-7 mins between Thornhill and Millbrook).
I would like to be able to get a bus from midanbury which goes more or less straight to the General Hospital and not take nearly an hour, as the U9 does, i currently catch the U6H but have to drive to the bus stop, however this is a good



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service.
Shortage of buses from New Forest / Dibden.
Heating and shelter overcrowding at bus stops.
There is only 1 bus for me to get to and from work which is First bus #10.
Currently have a car parking space but may have to return to coming in by bus shortly.

**Summary of survey results:**

Over half of those surveyed used the *First Bus* No.3 service (formerly No.10).

A quarter of those surveyed used the *First Bus* No.2A or 8A service.

The core arrival times at the hospital are between 7-8am.

Over 38% of those surveyed require a bus service after 8:00pm.

The majority of staff surveyed use the service(s) on weekdays.

A third of staff surveyed use buses to get to work on Saturdays and slightly less on Sundays.

**Main suggestions for improvements to bus services (in order of frequency of reference) taken from survey:**

- **Punctuality** and particularly that of the *First Bus* No. 3 service which appears to have a very poor reputation for lateness.
- **Frequency** of services increased, particularly during evenings, rush hour, early mornings, weekends and Bank Holidays.
- **Scheduling** – the timing of the services to coincide with the needs of the passengers and the shift patterns of staff
- **Routing** – criticisms that some services are being delayed due to long routes or travel through areas without demand, when staff are trying to get to work
- **High fare cost**- at a time when public sector pay has been frozen for several years and particularly when multiple buses are required to make a journey



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We would like to draw your attention to the following statements provided by those surveyed:

***'I would like the bus company to recognise that the hospital is not a 9-5 employer.'***

***'The evening service of 3 bus currently leaves at 5 minutes past and 25 minutes to each hour. But as most shifts finish exactly on the hour ( in my case at 20.00 or 21.00 pm) I can hardly catch it at 5 minutes past and have to wait further half an hour for the next one, thus arriving home at 22.00 pm and having to get up at 6.00 am the next morning). It would be easier if it was running at quarter past each hour.'***

***'More frequent service at night as often have to wait an hour for next bus when finishing late.'***

***'A bus after 6pm. The S1 does not go the full route after 1720.'***

***'I need to work weekends and bank holidays, the bus times on these days are not always beneficial for me as they do not always run at a time i can use. This good friday i had to get a taxi as the first bus was at 09:30, i needed to be at work at 08:45!'***

***'Sunday service frustrating- have to get 6:27am bus for 8am start. The U6 starts at 7 o'clock. Bus 10 runs only 1 per hour and service that I need stops at 5:24pm on Saturdays.'***

***'Early bus for Sunday as we start at 7:30am and no early bus.'***

If the bus operators invest time in identifying the common working shifts of staff at the site, they may realise that demand remains high for services at times of the day when demand for services in other parts of the city falls. There is still a demand for services during evenings, early mornings and weekends.

***'It would be great to have a direct and frequent service between the train station and SGH, at least during peak times (7.30am-9am and 5pm-6.30pm). The number 3 is often busy and full of parents/school children travelling into***



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***Shirley so it would be good to have a quick and direct service straight to the hospital.'***

***'The 8A also has a new route from Southampton city to the hospital, that goes around a lot of small roads and residential areas which increases time remarkably but does not increase connectivity to those areas as not a lot of people seem to get on or off the bus from these stops.'***

***'The bus is always packed, maybe making sure the number 3 is always a double decker would be good.'***

These considerations to routing and to bus capacity could make a significant improvement to the journey of staff and patients and possibly encourage more to use the service. With passengers using other connecting bus services from across the city, reliant on the No.3 bus to make the final leg of their journey, this section of the journey appears to be worth investment.

***'Through-ticketing / passes that work on ALL Southampton area buses regardless of operator More cross-city routes that don't go via the city centre (ie similar to U9) and/or U9 running more often Fares frozen in line with public sector pay "Express" services that go across the city without serving every bus stop on the way, just one stop in each suburb / key location.'***

***'One bus that goes from hosp to Adanac Park instead of changing at Lordshill- which means catching two buses which is £1.95 per journey! Total: £7.80 per day.'***

The above comment suggests that simpler ticketing arrangements would benefit passengers along with more direct services across the city. A maximum price for the journey fare and combined bus company tickets could resolve this.

***'First city needs a good kick up the backside. We hope another service would take over.'***

The above comment is reflective of comments expressed and articulated in a manner of ways whilst staff completed their surveys. We found that passengers were often vocally critical of *First Bus*. This suggests that their reputation is poor amongst



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hospital staff that use the service. *Bluestar/Uni-link* customers appeared to be less critical of their service and in some instances positive about their service.

We encountered fewer passengers using *Velvet Bus* or *Stagecoach* services so gained no overall impression of their general feelings towards their service.

We came across staff who had given up using their buses due to confusion over route changes, fare increases and reductions in services. If *First Bus* stops running evening services to the hospital, arguably their reputation as an operator may struggle to recover amongst staff.

One disabled hospital volunteer (not included in the survey results as he was not staff) reported that he had great difficulty getting on and off *First Bus* vehicles in his wheelchair but that the *Bluestar/Uni-link* vehicles were better adapted to his needs.



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#### **UNISON'S CONCERNS ABOUT PRESENT AND FUTURE BUS SERVICES:**

***Primary concern: reductions in bus services (particularly early morning, evenings and weekends)***

Southampton General Hospital and Princess Anne Hospital operate around the clock services and many of these are seven days a week. We understand that there are between 7,500-10,000 staff contracted to work at either Southampton General Hospital or the Princess Anne Hospital.

As a result, shift patterns include early morning starts, late evening finishes, weekend and Bank Holiday working. The number of staff undertaking these shifts is likely to increase as there are increasing calls to encourage the NHS to operate services during evenings and weekends. In the future, the appointments of some of the 100's of thousands of patients who visit the site each year may as a result, start to take place during the expanded opening hours.

UNISON representatives understand that the University Hospital Southampton NHS Foundation Trust, responsible for managing the hospital has a tendency now to operate around fewer and longer working shifts rather than frequent short shifts. This requires staff to start work earlier and finish work later. We understand that this may be partly due to concerns over transport for staff. These points may need to be clarified by the Trust.

Our survey is suggesting that staff are already struggling to get to and from work due to infrequent services before 6am, after 6pm, and weekends and particularly on Sundays or Bank Holidays.

A bus service which is not fit for purpose could impact on the operations of the hospital. If staff reliant on the bus service are required to work shifts during periods that bus services are reduced or stopped, this may prevent them from fulfilling their contractual requirements. As a result the hospital may lose staff or become unattractive to potential recruits.

The parking facilities on site are already under high demand and UNISON representatives understand that the hospital management is likely to want to encourage staff to use alternative methods of transport to their car.



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If buses are not provided for return journeys after 8pm, there is a potential risk that staff will decide against using bus services, resulting in a reduction of overall custom. A return ticket bought in the daytime is of no use to anyone if there is no bus available for the return journey in the evening. The reputation of bus services provided by *First Bus* appears already to be poor amongst staff surveyed. This is despite a subsidy being received by *First Bus* from Southampton City Council. Staff have effectively been paying twice towards this service; firstly in bus fares and secondly in Council Tax, which has gone towards subsidising services.

Local Government funding has been cut by central government. This has forced Local Authorities such as Southampton City Council to take difficult decisions on what they spend these reduced funds on.

The main rate of Corporation Tax in the UK has fallen and will continue to fall (26% in 2011, 24% in 2012, 23% in 2013 and 21% in 2014). Providing the bus companies serving the hospital are paying this tax, the UK central government will receive less revenue from these companies and these companies will be able to retain more of their profits. We believe that the reduction in Corporation Tax will go some way to offsetting the loss of state subsidy via Southampton City Council.

A move to cut vital bus services provided by any bus company, following the removal of the subsidy from Southampton City Council, would be a deeply unpopular and could cause lasting damage to their reputation in the city of Southampton.

Municipal bus services used to be operated on the principle of cross-subsidisation. Profitable busy or peak time routes used to pay for unprofitable quieter or off-peak routes. Buses were also operated as valued public services not profit-seeking ventures. These principles appear to be lost on some bus companies. The impact on Southampton's economy, environment and traffic congestion in the city could be significant if the city bus service deteriorates.

#### ***Other concerns:***

It is concerning that bus companies do not previously appear to have communicated with passengers in a manner which would have identified and possibly addressed



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their concerns. A 'Passenger Forum' similar to that recently set up in Gosport and Fareham might improve this, if actively supported by customers.

Consideration of the common shift patterns of hospital staff when setting (already infrequent) evening, early morning, weekend and Bank Holiday timetables, could make a huge difference as to whether services are used. Buses leaving the site minutes before shifts end or are about to begin are of little value to staff.

If implemented, suggestions to consider more direct routing, frequency and capacity of services to the site at peak times might encourage more to use the services.

City network maps, fare prices and timetables should be displayed at larger bus shelters. Timetables and basic route maps must be displayed on every bus stop.

There appears to be significant problems with the highly used *First Bus* No. 3 service, which should be addressed.

Improvements could be made to fares to create a maximum fare to and from the site, regardless of the number of buses or variety of bus companies used to complete a journey.

Consideration may need to be given to increasing the capacity and seating areas of bus shelters. Wind shields on both ends of the shelters would also offer protection from the elements.

Electronic bus service update displays should be replaced with real-time information.

The hospital sites may benefit from a large city network route map being displayed in public areas both inside and outside the hospital.

Promotion of bus service pricing and routes to staff and patients may encourage greater use of the services, particularly if improvements to the service can be cited.

### **REPORT PRODUCED BY UNISON SOUTH EAST IN CONJUNCTION WITH THE UNISON SOUTHAMPTON HOSPITALS BRANCH.**

UNISON South East, Queens Keep, 1-4 Cumberland Place, Southampton, SO15 2NP  
Telephone number: 02380 249126