

Dear Scrutiny

Of course we need a shiny new hospital - pictures in the press suggest even the paint on the sign over the shuttered main door of the current one is peeling, a sad reminder of chronic maintenance issues that have shortened the building's lifespan.

But we also need to redesign our healthcare system and make it more resilient and efficient.

We need to look at truly independent regulation, and examine monopolies that currently exist e.g. in terms of private surgical healthcare facilities provision and in terms of taxpayer funded community based out of hospital services.

The hospital is showing its age. The funding situation has an urgent air. The business model and decision processes have been overburdened and over administered for far far too long with multiple layers of consultation like this one that has caused me to write to you.

But regretfully the focus on construction of a new building will not magic everything else better. The current executive are not delivering for the staff the patients or the politicians. Even the judiciary have voiced very serious concerns about an apparent data destruction policy. No one seems accountable to anyone. Compromise agreements and payoffs have become the only way to unseat the incompetent the overpromoted and the incapable.

The issue is urgent. And my personal experience is that no one is really in charge. Clinicians and regulated professionals see the chaos first hand. It is nonsense. And the business culture is clearly toxic and almost completely focuses on damage limitation that will continue to emanate from swanky new on campus offices you are proposing. No change from Peter Crill House.

Through the whole extended process no one seems to have planned an on or off campus replacement for Samares Ward that rehabilitated two young stroke victims I know to a level of resumption of economic activity, saving the taxpayer millions over their future lifetimes and making them happy fit and champion. And the generous bequest that caused it to be built in the first place is maligned as a consequence. Do you think the public is more or less likely to be benevolent in future? One local couple gave £1.35m to Southampton Hospital and I don't expect their generosity will be bulldozed and forgotten? Do you?

So build the new building because there is no plan B. But take responsibility for that when it doesn't solve the real problem. I will not hesitate like many more to hold you all to account when the public realise they have been sold a pup. Perhaps they do already.

But even though there is no plan B the healthcare system must urgently be redesigned and the clinicians must be allowed to focus on what they ought to be doing both in community primary care and hospital based secondary care settings. It is not blue sky thinking there are models service level agreements and draft contracts in the public domain for most specialities that have been implemented elsewhere that have been measured showing high efficiency cost effective community based services free up hospital resources to focus on what bits of things really need to be done in hospital. But there is no clear funding model for development and commissioning of contracted community based out of hospital services and in any event the top heavy executive don't want to downsize the operation and refocus on hospital only services. And there is no clear transparent decision making process and the only private surgical healthcare facility is also in the hands of the executive so perhaps there is an abusive monopoly. There is no clear funding model for the new building either. Which funding mechanism do you really think is the most urgent?

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