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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

**TUESDAY, 2 MAY 2017 AT 9.30AM**

**THE EXECUTIVE MEETING ROOM, THIRD FLOOR, THE GUILDHALL**

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056  
Email: jane.didino@portsmouthcc.gov.uk lisa.gallacher@portsmouthcc.gov.uk

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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### Membership

Councillor Jennie Brent (Chair)  
Councillor David Tompkins (Vice-Chair)  
Councillor Alicia Denny  
Councillor Leo Madden  
Councillor Gemma New  
Councillor Lynne Stagg

Councillor Brian Bayford  
Councillor Gwen Blackett  
Councillor David Keast  
Councillor Mike Read  
Councillor Elaine Tickell  
Councillor Philip Raffaelli

### Standing Deputies

Councillor Dave Ashmore  
Councillor Ben Dowling  
Councillor Hannah Hockaday

Councillor Lee Hunt  
Councillor Ian Lyon

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(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

### AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 3 - 12)**

**4 Hampshire & Isle of Wight Sustainability Transformation Plan**

Mark Smith, STP Programme Director will answer questions on the report that will follow.

**5 Portsmouth Hospitals' NHS Trust - update. (Pages 13 - 14)**

Peter Mellor, Director of Corporate Affairs will present the attached update.

**6 Solent NHS Trust and NHS Property Services' update on Phase 2 of St James' Hospital. (Pages 15 - 16)**

Geoff Lewis, Estates Programme Manager, Nicola Booth, Senior Transaction Manager and Christopher Box, Associate Director of Estates & Facilities will answer questions on the attached report.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

# Agenda Item 3

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on  
Tuesday, 7 March 2017 at 9.30am in the Guildhall.

### Present

Councillor Jennie Brent (Chair)

David Tompkins

Leo Madden

Lynne Stagg

Gwen Blackett, Havant Borough Council

David Keast, Hampshire County Council

Mike Read, Winchester City Council

Elaine Tickell, East Hampshire District Council

Philip Raffaelli, Gosport Borough Council

**1. Welcome and Apologies for Absence (AI 1)**

Councillors Alicia Denny and Gemma New sent their apologies.

**2. Declarations of Members' Interests (AI 2)**

No interests were declared.

**3. Minutes of the Previous Meeting (AI 3)**

**RESOLVED that the minutes of the meeting held on 24 January are a correct record**

Matters Arising.

Item 4 - An update on the Hampshire and Isle of Wight Sustainability and Transformation Plan would come to the May meeting.

**4. Director of Public Health - update (AI 4)**

Dr Jason Horsley, Director of Public Health introduced his presentation and report and added that:

Public health deals with prevention and takes a population view of health.

Public health has been reinvented three times: the first looked infrastructure including water and sewage, the second identified the lifestyle factors that are causing problems. Until now interventions have been at an individual level by education. Generally, this has not been proved to be effective as generally people don't consider the health impact before making everyday decisions.

Now the need to change the environment has been recognised so that the healthy choice is the easy one.

In response to questions from the panel, he clarified the following issues:

## Smoking

Stop smoking messages must be pitched carefully to the age range of the audience. Primary school pupils have not embedded their behaviours. Early-mid teens are more influenced by what's happening around them and generally don't place as much importance on their long term health. People become inured to messages that are designed to shock or scare. Reminding people how expensive it is to smoke can be effective.

Education is a relatively small element of the solution. Changing the accessibility of tobacco is more important. In Portsmouth, as in many other areas of the country, untaxed cigarettes are brought into the city, and this continues to make tobacco cheap and accessible. Work is ongoing to inform people that by buying it they are funding violent gangs. More meaningful fines are required to deter this crime.

It would be good to encourage non-smoking on NHS sites. New York and California have introduced bans within a radius of 15-20m of all public buildings. It is important to look at the council's policy alongside other public buildings.

The tobacco industry is good at finding good ways to advertise despite not being allowed to do so. The number of people smoking in films and on You Tube has increased.

Australia has seen a decrease in smoking thanks to plain packaging.

The national ban on smoking in public places has been very effective at making smoking sociably unacceptable.

## Electronic Cigarettes

Public Health England guidance states that the emissions are 95% less harmful than those from normal cigarettes. However, studies of long term effects have not been carried out yet.

If every smoker switched to e-cigarettes, that would avoid a significant burden on health and improve health inequalities between the rich and the poor.

Some smokers mistakenly think that e-cigarettes are just as harmful.

There is no evidence that using e-cigarettes are a gateway to normal cigarettes.

There are concerns that:

- They are addictive.
- There is a risk that the increasing use may create a new social norm.
- The products are evolving. The safety profile was on the first generation ones. Newer products use higher temperatures to produce more vapour which increases combustion and possible emissions.
- There are many additives, and the health impacts of these are unknown.
- A child might not be able to differentiate between the two types of cigarettes.

Sheffield City Council's public health team promotes e-cigarettes above normal ones with the message: Don't start. If you do smoke, stop. If you can't stop, swap.

There are a range of aids available to help people stop smoking including nicotine replacement and medications that reduce the desire for nicotine.

### Life Expectancy

In developed countries this has reached its peak. The focus is now on living healthily for as long as possible and reducing health inequalities between the rich and the poor.

He is working closely with the children's team to design an integrated 0-19 programme.

### Education

It is important that pupils are taught to have enquiring minds, to ask questions, to have a healthy scepticism, to develop own opinions and to improve their resilience. There is a personal responsibility element for parents.

### Screening levels

The low uptake of screening in deprived areas is a massive problem which will take generations and government policy to tackle.

There are many reasons for the poor take-up including language barriers and the logistics of making and attending the appointment when there are many children, transport issues and other hurdles to overcome.

NHS England delivers screening programmes but the director of public health has an oversight responsibility. He questions them on their plans to improve take up rates.

The economic outlook is improving in Portsmouth. We must ensure that there are employment opportunities for people in the most deprived area as employment is generally good for health.

### His Role

His role is a joint appointment with Southampton City Council. Both cities have a relatively similar profile. He looks at how resources could be better used by sharing work between the cities.

He has regular meetings with the other Public Health Directors in the area to look at opportunities to work together.

### Working with Developers

This is essential to improve public health. The council now works better with developers. It is important to strike a balance between not discouraging developments and public health considerations. Considering health in proposed developments must be more than a tick box exercise.

Residents need better access to green space.

### The Sustainable Transformation Plan.

The STP is quite rightly ambitious.

He does not know if the proposals are achievable. Without extra investment, it will be a challenge to deliver the outcomes and savings.

Public Health and the NHS have different definitions of prevention; public health prefers to deal with issues before they become a problem, which is considered primary prevention. Health services often focus on secondary prevention – dealing with problems that have already started to stop them progressing. Investment historically has centred on secondary prevention services and less on primary.

#### Adult Gyms.

As a highly visible statement they are good, but he does not know the evidence base regarding how effective they are.

Members commented that many factors affect health including education, mental health issues, culture, your families' attitude to health, cheap alcohol and fast food availability.

#### **5. Solent NHS Trust - Update on Falcon House/ Battenburg Clinic (AI 5)**

Mark Paine, Transformation Manager introduced his report that was circulated with the agenda and in response to questions from members clarified the following points:

There are a number of parallel actions shown in the engagement plan.

This is an engagement not a full-blown consultation.

He took on board members' views that some of the questions were worded in order to elicit a certain response.

Service users will be asked to complete the survey at the reception desk when they come for their appointments. He accepted that extra support may be required. If they need the form translated this can be looked into.

The staff have close relationships with parents and carers.

The results of the recent audit of the car park are being analysed. Staff who park there display tokens in the windscreen. Approximately half of the cars in the car park do not have tokens displayed. They are looking at understanding its broader use.

In response to feedback from this engagement, some changes can be made to the service e.g. if clients prefer earlier or later appointments.

There are two drivers for this rationalisation: service integration and savings.

There are many cultural barriers to break down in order to change working practices. There can be resistance to doing things differently. A significant amount of work is already underway to open up the office environment and IT systems have been put in place to enable more flexible working.

The plans will be considered by the Senior Leadership Team at the end of March.

### Action

It was agreed that a collation of the responses from the survey will be sent electronically to the panel in June 2017 to inform Members of service users views on the intended relocation of services to form a Better Care Centre at the Battenburg Clinic.

**RESOLVED that the update be noted.**

### **6. Solent/ NHSPS update on Phase 2 St James (AI 6)**

Chris Box, Associate Director of Estates and Facilities and Geoff Lewis, Portsmouth Phase 2 Programme Manager, Solent NHS Trust and Nicola Booth, Senior Transaction Manager, NHS Property Services introduced the report that had been circulated with the agenda. In response to questions from the panel, clarified the following points:

Solent NHS Trust owns the entire St Mary's campus with the exception of Cotswold House and the Walk in Treatment Centre. A site ownership plan is attached to these minutes in appendix one.

### Parking

A planning application for a new multi-storey car park at St Mary's hospital was registered in January 2015, accompanied with a detailed travel survey of usage at St Mary's. The Highways Authority commented on the application, and noted a number of areas where further supporting information was required.

Solent then commissioned a Transport Assessment and Travel Plan to address the issues raised.

This was conducted over the summer and autumn of 2015. Discussions continued in to 2016 with the planning officer and Highways Authority, culminating in statement that the application would be recommended for refusal on a number of grounds, most significantly that it was counter to the National Planning Policy Framework and a number of policies within the Portsmouth Plan. As a result, the application was formally withdrawn.

In parallel the trust worked hard to come with an alternative approach to address the immediate parking problems at St Mary's. These included the introduction of Automatic Number Plate Recognition (ANPR) parking controls, and the provision of additional off-site parking within walking distance, for staff.

These measures generated a significant improvement to the parking situation at the site. For phase 2 it is proposed to provide further off-site parking within walking distance to address the additional demand arising from Phase 2. Discussions are underway with Portsmouth Football Club about spaces at its site which is a 10 minutes' walk from St Mary's Health Care Campus.

Members commented that it is a 20-25 walk from Portsmouth Football Club to the St Mary's site.

The map attached to these minutes as appendix one shows the route from the car park entrance to the St Mary's entrance is 0.5m or a 10 minute walk.

Over the last 12 to 18 months the capital requirement has been refined to remove the multi-storey car park. If a planning application for the car park were to be resubmitted, the capital requirement would need to be re-evaluated. This would necessarily cause a significant delay, and may compromise scheme approval completely as the capital sum required for the car park is no longer factored in to the proposals.

Notwithstanding this, the current arrangements are working well, and have the ability to flex to accommodate increased demand associated with Phase 2.

#### The Limes and The Orchards

These services will remain on the site and are dependent on the infrastructure including ICT, water, waste and power.

#### Valuation.

The Property at St James' Site has not yet been valued.

#### Junior Drs Mess Relocation

Enquires are on-going into the availability of a suitable residential property close to the site to provide alternative accommodation for the Junior Doctors. The panel was reminded that the development of the site will mean more houses for the city.

#### Baytrees

Solent is in discussion with the council and Southern Health Foundation Trust to explore all the options for the future use of this site.

The current facility provided a substance misuse rehabilitation clinical service for between 10 and 14 patients.

Clinical staff have advised there is an issue with the line of sight for nurses within the current layout if it were to be considered for mental health use.

The interim care facility that was suggested by the panel had not been explored. It is unlikely that Baytrees would be suitable as it has limited space on the ground floor.

#### Actions

It was agreed that the following information would come to the next meeting:

- The outcome of Solent NHS Trust's consideration as to whether it will resubmit a planning application for the construction of a multi storey car park
- A list of services that have moved/ will be moved from the St James' Hospital site.

**RESOLVED that an update be brought to the next meeting.**



**7. Portsmouth Hospitals Trust - Update (AI 7)**

Members asked that the following questions be put to Portsmouth Hospitals' NHS Trust and that a further update be brought to the next meeting:

- What is the annual bill for agency staff?
- Has the forecast year end deficit changed since the update was written?

The panel congratulated PHT for the many awards that it had won.

**RESOLVED that the update be deferred to the next meeting.**

**8. Portsmouth Clinical Commissioning Group - Update (AI 8)**

Dr Elizabeth Fellowes, Chair of the Portsmouth Clinical Commissioning Group (CCG) Board introduced her report that had been published with the agenda and added that:

The merger between Derby Road Group Practice and Portsdown Group Practice is on hold.

The Milton Park Surgery is due to move to Cotswold House St Mary's Community Health campus next week.

In response to questions from the panel, she and Suzannah Rosenberg, Director of Quality & Commissioning, Integrated Commissioning clarified the following points:

The Chair of Healthwatch Portsmouth had been involved in the engagement.

Several hundred responses have been received.

The Sustainability Transformation Plan (STP) enables the CCG to work more closely with neighbours and to help support communities better. It has refocused the health service to achieve what they were striving for. If no changes were made, they would not be able to deliver care. The Local delivery system, Portsmouth, Fareham, Gosport and South East Hampshire CCGs, Solent NHS Trust, Southern Health and Portsmouth Hospitals' NHS Trust work closely together.

The merger of Derby Road Surgery and Portsdown Group Practice is on hold not the move. More support is available for staff. The CCG is more facilitative but it can be difficult as GP surgeries are separate businesses.

Veterans who have been injured in service have priority at a clinical level. Solent NHS Trust is on board with the Covenant. Information about whether a patient is a veteran is captured on the referral forms. The CCG works with the Veterans Outreach Support.

Actions

It was agreed that further updates on the STP be brought to the HOSP as soon as they are available.

**RESOLVED that the update be noted.**

**9. St Mary's NHS Treatment Centre Update (AI 9)**

Deb Jeavons-Fellows, Operational Manager and Penny Daniels, Hospital Director introduced their presentation that had been circulated with the agenda and in response to questions, clarified the following points:

There has been an increase of between 15 and 60 patients a day since the closure of the walk in service at Guildhall Walk, which is lower than anticipated. They did not know if there was a link between this and the high attendance rates at the Emergency Department at QA. However, as most service users live nearby, it is unlikely that they would go past it and onto the hospital in Cosham.

If unregistered patients attend the Guildhall Walk Healthcare Centre, they are registered and seen that day.

The 66% increase in the volume of St Mary's Treatment Centre (SMTC) patients who are not registered with a CC would include homeless people.

Leaflets with information on the SMTC facility were delivered to 90,000 households in the immediate area in December.

There will be an open day on 17 June 10-4pm which will showcase all the services on offer with guided tours, speakers and refreshments. They are looking into arranging for the parking to be reimbursed.

A nurse practitioner sees patients before they sign in. This is not classed as a triage service as they are not fully assessed.

The SMTC no longer offer diabetic retinopathy services as it was not successful in the tendering process.

**RESOLVED that the update be noted.**

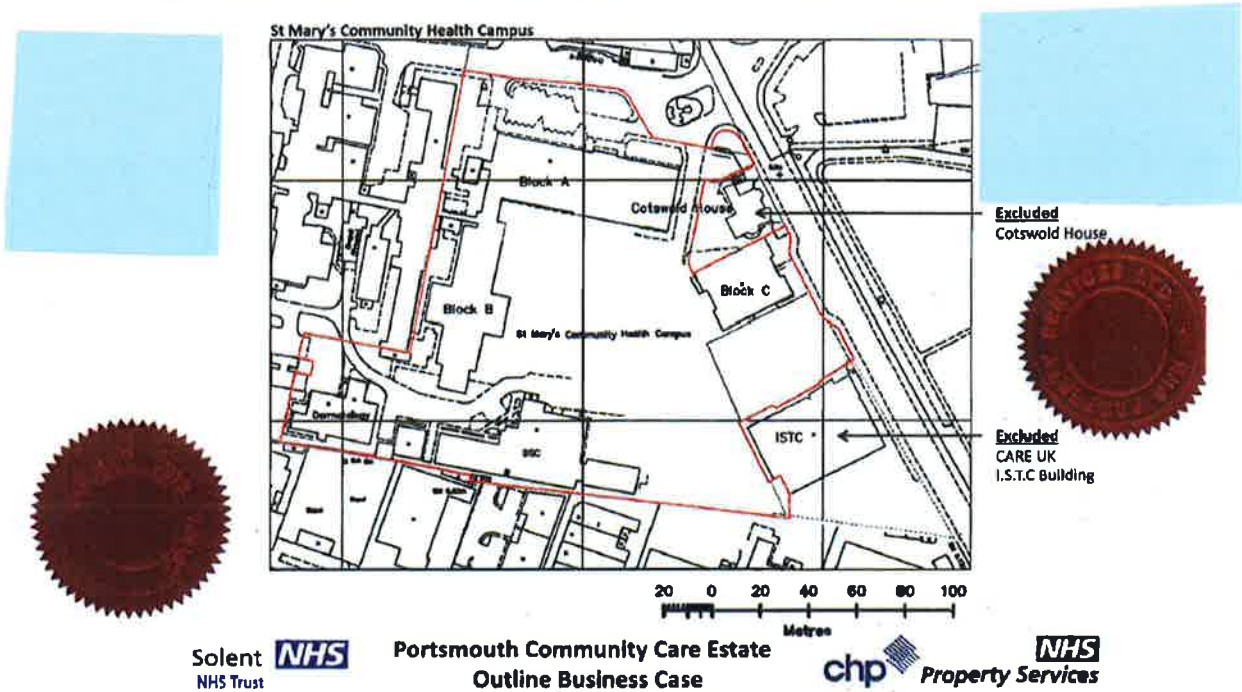
The formal meeting ended at 12.15 pm.

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Councillor Jennie Brent  
Chair

Appendix One to the Minutes.

Appendix 1 c2 Red line plans to accompany the MoU – St Mary's Campus (as at April 2014)



Pedestrian Route from PFC Car Park to St Mary's Hospital



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# Agenda Item 5

Portsmouth Hospitals   
NHS Trust

Trust Headquarters  
F Level, Queen Alexandra Hospital  
Southwick Hill Road  
Cosham  
PORTSMOUTH, PO6 3LY  
Tel: 023 9228 6376

**Tim Powell**  
**Chief Executive**

Chair, Health Overview and Scrutiny Panel  
Customer, Community and Democratic Services  
Portsmouth City Council  
Guildhall Square  
Portsmouth  
PO1 2AL

5 April 2017

*Via Email*

Dear Chair

## **Update letter from Portsmouth Hospitals NHS Trust**

I write to provide the Health Overview and Scrutiny Panel with an update from Portsmouth Hospitals NHS Trust. This is a further submission to the letter provided to the Panel on 20 February 2017.

All major arterial surgery has now moved from Portsmouth Hospitals NHS Trust to University Hospital Southampton NHS Trust. This means that patients requiring vascular surgery will now be treated at Southampton General Hospital rather than the Queen Alexandra Hospital in Portsmouth, where they will have access to a specialist vascular team 24 hours a day, 7 days a week.

Patients will only be asked to travel where there is clear evidence of benefit in doing so – namely for complex procedures. Other services will continue to be delivered locally, with patients receiving their pre-operative care and follow-ups at the Queen Alexandra Hospital. Vascular surgeons will continue to offer day surgery at Queen Alexandra Hospital (such as for varicose veins) and run outpatient clinics from Portsmouth, Gosport, Havant & Fareham Hospitals, including diabetic foot clinics. Abdominal aortic aneurysm (AAA) screening continues to be provided as before.

Local surgeons and other clinicians have worked together to ensure Southampton General Hospital has the capacity and flexibility to cope with the additional volume of patients, which is expected to be around 300 patients a year. Arrangements have also been made to monitor the move for patients needing complex vascular surgery at Southampton General Hospital.

There will continue to be a vascular surgeon available at Portsmouth during weekdays in outpatients and on the wards. This will mean that patients with diabetes, kidney problems, cancer or injuries will be seen by a vascular surgeon. We will continue as the major regional renal (kidney) centre and patients will continue to be treated for complications that arise from dialysis. There will be a handful of cases each year where a patient who needs dialysis will need urgent/emergency treatment at Southampton which needs an overnight stay and temporary dialysis will be available for them at Southampton during their stay.

Since I last wrote to you we have published the outcomes of our NHS Staff survey. This is recognised as an important way of ensuring the views of staff working in the NHS informs local improvements and national assessments of quality, safety, and delivery of the NHS Constitution. The results of this annual survey are also used by NHS England to support national assessments of quality and safety, and the Care Quality Commission uses the results to inform its Intelligent Monitoring work to help to decide who, where and what to inspect.

We chose to survey all of our staff in 2016, as we have in previous years. A total of 3949 staff took the opportunity to complete and return a survey, a 58% response rate. This places us in the highest 20% for acute trusts in England and compares with a response rate of 59% in the 2015 survey.

Our top ranking scores included:

- More staff are satisfied with flexible working opportunities
- There is good communication between senior management and staff
- There is recognition and value of staff by managers and the organisation
- The percentage of staff working extra hours is low
- There is support from immediate managers
- There is organisation and management interest in, and action on, health and wellbeing

Our bottom ranking scores were:

- Staff recommendation as a place to work or receive treatment
- Staff experiencing bullying or harassment or abuse from patients, relatives/public
- Staff experiencing physical violence from patients, relatives or the public
- Staff witnessing potentially harmful errors, near misses or incidents
- Staff attending work despite feeling unwell because they felt pressure from their manager, colleague or themselves
- Staff reporting most recent experience of harassment, bullying or abuse
- Staff experiencing physical violence from staff

The overall staff engagement score when compared with all acute trusts has remained at 'above average'. From ranking in the worst 20% in 2012 and 2013, average in 2014 and above average in 2015 with a scale summary score of 3.85 (a slight decline of 0.03 from 2015).

We are very proud of our innovation here in Portsmouth. In 1999 we developed a training course to help qualified staff recognise when a patient's condition was deteriorating, enabling staff to initiate appropriate treatment and care, and help to prevent unnecessary admissions to the intensive care unit. Known as the ALERT™ Course (Acute Life Threatening Events Recognition and Treatment) this has been hugely successful and is now franchised across the UK and the world, including USA, New Zealand, Qatar and Dubai - generating valued income which is invested to support NHS patient care here in QA. All newly qualified clinical staff are required to attend this course when they join the Trust to ensure patient safety.

We recently marked the retirement of Cathy Stone, Director of Nursing. Deciding what career pathway to take can be confusing, but not for Cathy who was born into a legacy of nurses. Cathy's Grandfather commenced nurse training in 1935, with her Grandmother joining the profession not long after. Cathy's Father followed in their footsteps in 1959, from RMN in 1960 to SRN OBE in 2000. Cathy's own career path saw her qualify after three years and she was the winner General Student Nurse of the year. Cathy joined us in 2015 and she will be greatly missed by her colleagues. We hope to appoint to the post of Director of Nursing in the coming months.

My colleague Peter Mellor will be happy to further expand on this information and answer any other questions that you might have. We will continue to provide you with the financial and performance monitoring data that you have asked for.

Yours sincerely

Tim Powell  
**Chief Executive**

## Portsmouth Community Care Estate Review (Phase 2) Update for the Health Overview and Scrutiny Panel on planned service moves

20 April 2017

### 1. Background

- 1.1 NHS Property Services (NHSPS), Portsmouth Clinical Commissioning Group (CCG) and Solent NHS Trust are working in partnership with Portsmouth City Council and other system stakeholders on a two phase programme of work aimed at ensuring that community health services in Portsmouth are being delivered from the most suitable and cost-effective buildings and facilities available.
- 1.2 Phase 1 of this two phase programme was completed in 2015 and saw the relocation of multiple services from the St James' site to various locations, including St Mary's Hospital. These relocations have enabled the disposal of part of the St James' site, which has now transferred ownership to the Homes and Communities Agency (HCA).
- 1.3 At the previous HOSP update in March 2017, we reported that the detailed designs for the schemes had been completed and the projects tendered. The final business case had been completed and reviewed by the Solent Board, Portsmouth CCG and NHS Property Services.
- 1.4 Discussions have continued between the trust, NHS Property Services and NHS Improvements over the apportionment of the capital funding for the scheme.
- 1.5 Individual project updates are as follows:
  - a) St Marys B Block Refurbishment  
This scheme is fully designed and has been tendered. A preferred contractor has been identified. All necessary planning approvals are in place. The scheme is ready to commence subject to release of funds.
  - b) Junior Drs Mess Relocation  
The requirement for the Junior Doctors has changed following changes to their contract, which has resulted in a change from an 'on call' rota to a shift based system. This means overnight sleeping accommodation is no longer required, and can be replaced with rest facilities. This means we no longer need to purchase a new property, and are reviewing existing facilities within the Orchards building that can meet the requirement.
  - c) St James' Infrastructure  
No further update since the previous meeting - this scheme has been designed and tendered, and a preferred contractor identified. A proposal to share the scope between NHS Property Services and Solent NHS Trust is being discussed. Planning approval for the new service yard was granted on 8 February 2017.

d) St James's ICT Infrastructure

Detailed planning and detailed execution plans are being progressed for the phased demobilisation of ICT services within the existing buildings and the provision of new infrastructure to supply Limes and Orchards

e) Catering

Detailed designs are in place for a new catering facility to be located within the ground floor of Block A at St Mary's to replace the existing facility in the St James' main building. In parallel, alternative locations are also being considered, which may prove more beneficial to the health economy in Portsmouth.

f) Parking at St Mary's

Discussions with Portsmouth Football Club to use their car park at Fratton Park have progressed well. A detailed proposal has been developed with the club and is now with the Solent Board for review. This will initially provide 105 spaces, with the opportunity to extend to 150 if needed. The parking controls at St Mary's are currently working well.

At the previous meeting, Solent were asked to consider whether they would consider re-submitting their planning application for the new car park. This would place a significant additional capital burden on the trust. In addition, the parking controls that have already been implemented are working well and have resolved the previous issues over parking at the site. Taken in conjunction with the proposals to secure additional parking from Portsmouth FC, the Trust has concluded that they will not be seeking to resubmit their planning application for the new car park.

1.6 The programme is ready to commence once funding has been released.

1.7 The list of services to be relocated is as noted below:

<b>Service</b>	<b>Current Location</b>	<b>Proposed Location</b>
Various	Turner GF/FF	SMCHC Block B FF
Portsmouth Rapid Response Team	Turner GF	tbc
Older Persons Mental Health Clinics	Langstons GF	SMCHC Block A
Older Persons Mental Health Admin	Turner GF	SMCHC Block A
Catering	Main Building	SMCHC Block A
Junior Doctors Mess	Overton	Orchards
Centre for Primary Care Education - Wessex Deanery	Goddard GF	SMCHC Block C
Learning and Development - Moving and Handling	GF Beaton Training Suite	SMCHC DSU
Learning and Development - Training Room	Kestrel	SMCHC Block C
Human Resources 2 person	Kestrel	SMCHC Block C
Learning Disability	Kestrel	Civic
Intensive Support Team (IST)		
Domestics and Porters	Main Building	Orchards
Medicines Management	Main Building	Orchards
Reception	Main Building	SMCHC Reception
Security	Main Building	SMCHC Security