

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30 March 2015
Board Sponsor:	Director of Strategy & Change
Paper Author:	Simon Maurice, Major Trauma Centre Programme Director
Subject:	Site Reconfiguration

Executive summary	
<p>This paper sets out an update on progress with developing a 24/7 neurosurgery service at Royal Sussex County Hospital (RSCH) and the reconfiguration of clinical services across the hospital sites to enable this. Implementation of a neurosurgery service at the Major Trauma Centre is essential to ensuring compliance with the national service specification for major trauma.</p> <p>This paper sets out a summary of progress with implementation of the programme and recommends the move the neurosurgery service from HPNC to RSCH and the associated move of services to PRH in June 2014, subject to the outcome of the next executive assurance meeting.</p>	

Links to strategic objectives	Best and Safest Care ✓ High Performing ✓ Academic Excellence ✓ Develop the Royal Sussex County Hospital as the regional Major Trauma Centre with safe clinical pathways and enhanced workforce and clinical infrastructure.
Identified risks and risk management actions	The Executive Assurance Action Log and Programme Risk Register are attached at Appendix B & C.
Resource implications	
Legal implications	None
Report history	Board of Directors September 2014
Appendices	A High Level Timeline B Executive Assurance Action Log C Programme Risk Register D Capital Expenditure Plan E Workforce Recruitment

Action required by the Board	
<p>The Board is asked to approve the decision of the Executive Team to proceed with the moves of neurosurgery service, urology service and the fractured neck of femur pathway on the 6th and 7th June 2015, subject to the outcome of the next executive assurance meeting.</p>	

Site Reconfiguration Programme

1. Introduction

On 1 April 2012 RSCH was designated as the regional Major Trauma Centre (MTC) for Sussex subject to establishing a neurosurgery service on the RSCH site. Following publication of the new national service specification for major trauma by NHS England in February 2013 the hospital applied for derogation for neurosurgery. In August 2013 the TDA recommended the transfer of elective and emergency neurosurgery to the Royal Sussex County Hospital site and the establishment of an integrated spinal service at Princess Royal Hospital.

This paper sets out progress with the reconfiguration of clinical services across both sites of the hospital including the move of the fractured neck of femur pathway and the inpatient urology service from RSCH to PRH to create sufficient capacity on the RSCH campus for the neurosurgery service move. The paper recommends a date for the move of the services acknowledging the risks and issues that remain outstanding and the proposed mitigations.

2. Critical path and milestones for the delivery of the programme

The programme is currently predicated on a move of all services in June 2015 by which time the necessary enabling capital works on both sites will have been completed and all workforce issues will have been resolved. During an eight week period there will be a series of critical actions including:-

- a re-profiling of elective and emergency activity
- a move of core services between sites including neurosurgery to RSCH
- going live with the new NOF pathway
- completing further enabling works within HPNC to allow the move of ENT and Breast day surgery
- expansion of clinical activity in major trauma

These actions will culminate in the full implementation of the Major Trauma pathways within the Sussex Trauma Network.

The Programme Board has agreed that communicating a date for the move of the core services 10 weeks prior to the move provides the minimum practical notice period; this balances the increasing certainty of the capital works completion with the need to implement new theatre and outpatient schedules. Importantly it also allows staff affected by the move to make personal arrangements in good time. Taking into account half-term holidays and the risk of any further delay to the capital programme, particularly completion of the bi planer angiography suite, the recommended move date for the core services is the week-end of the 6th and 7th June 2015 which requires a final decision to be made by 31st March. Beyond this date there is the risk of entering the summer holiday period where a number of key individuals and teams are likely to be away.

On 23 February and 23 March 2015 the Site Reconfiguration Programme Team held assurance meetings with the Executive Team to discuss progress with the programme, highlight a number of key risks and issues with the programme, and identify appropriate mitigations. There have also been further detailed discussions between the clinical services and the executive team in the Quality Impact Assessment meetings which focus on clinical effectiveness, patient safety and patient experience; this ensures that the appropriate steps and measures are in place to safeguard quality whilst delivering significant changes to service delivery. A further executive led assurance meeting will be taking place by the end of March to inform the decision to move services on 6th and 7th June.

In addition to risks and issues within the site reconfiguration programme specific organisational issues have been identified as critical to the successful implementation of the programme; these are outlined below and work is on-going to develop mitigation plans and actions.

A high level programme timeline demonstrating the key dependencies between capital works schemes, workforce and operational requirements is attached at Appendix A. The Executive Assurance Action Log is attached at Appendix B and the Programme Risk Register at Appendix C.

A summary of the ward moves between RSCH and PRH is detailed below:-

	Current	New
RSCH		
L8a West	Trauma & Major Trauma	Neurosurgery & Head & Neck
L8a East	H&N & Trauma & DD outliers	Trauma & Major Trauma
L8Tower	Vascular & Urology	Vascular & Outliers
PRH		
HPNC	Neurosurgery & Spines	Day Surgery (ENT & Breast)
Ansty	Inpatients & Day Surgery	Urology & Male Surgery
Horsted Keynes	Gynae & Breast & Outliers	Gynae & Female Surgery
Albourne	Complex Elective Joints	Spines & High Morbidity Elective Joints
Newick (SOTC)	Elective Orthopaedics & Spines	Elective & Complex Orthopaedics
Twineham	Ortho rehab	Ortho rehab & NoFs

Works Schemes

The status of the main works schemes is summarised below with the expected completion dates. These are comprised of critical schemes which must be completed to enable the services to move. In addition there are two non-critical schemes, the new mortuary on level 6 and the new theatre admissions unit, which are currently at the final stages of design.

Critical Schemes	Hand Over Date
4 Additional HDU beds, PRH	Completed
Twineham & Albourne Wards, PRH	Completed
Millennium Wing Shut Down	21 March 2015
3 Additional ITU beds, RSCH	30 March 2015
Neuro theatres & Recovery, RSCH	4 May 2015
MRI, RSCH	11 May 2015
Bi Planer, RSCH	15 June 2015 (<i>but current risk of 2 week delay</i>)
Level 8A East & West	13 April 2015
3 rd Recovery Area, HPNC	30 June or 6 July 2015

On the current programme timeline the neurotheatres, ITU and Recovery schemes will all be completed and ready by 11 May 2015 with the bi planer angiography suite due to be completed and ready for patients by 15 June 2015 (although there is a current two week delay risk). It is therefore proposed to move all the services (neurosurgery, fractured neck of femur pathway, urology, breast and ENT) on the weekend of 6/7 June 2015. The neurosurgery service would therefore go-live at RSCH on Monday 8 June and the bi-planer angiography suite would be available for patient use by 15 June.

A third theatre recovery area will be built in Hurstwood Park to accommodate Breast and ENT day surgery and works will commence as soon as neurosurgery has moved and the works will take no longer than four weeks. Plans are in development to accommodate breast and ENT activity in main PRH theatres during the interim period which cannot exceed two weeks.

3. Workforce issues

Consultation with affected ward, theatre and AHP staff commenced last summer and is now completed; new ward staffing templates have been agreed and staff have been successfully allocated to new roles according to their nominated preferences. The recent international recruitment initiatives have been successful in addressing staffing shortages particularly in critical care which had been a major area of concern, however there is still concern about the lead-in times and starting date for newly-appointed staff.

The Trust Board previously approved workforce investment of £1.5m relating to the relocation of services post site reconfiguration. Due to the slippage in the programme timetable not all of the posts have been recruited to and the table at Appendix E shows the progress to date on recruitment. However additional consultant neurosurgeon appointments including posts with interests in spinal surgery and trauma have been appointed. Consultant appointments have also

been made in neuro-anaesthesia, and critical care. Further scrutiny is being undertaken on the proposed junior and middle grade rotas at PRH and RSCH to ensure that any additional investment in medical staffing is justified.

The table below indicates the approximate numbers of nursing staff who have agreed to move with their clinical service:-

Ward	Total Staff (WTE)	Staff Moving (WTE)
Ansty Ward	20	17
Level 8a East (Head & Neck)	36	32
Level 8a West	66	51
Neuro ICU	43	32
Neurosurgical ward	38	28
Theatre Nurses	20	18
Urology	9	7
Total	232	185

4. Assurance Process

The executive team assurance process has discussed with the programme team and the Clinical Directors a number of programme risks and issues which are detailed at Appendix B and these risks and issues include:-

(a) Patient Flows and Capacity

Inpatient flow remains a significant operational issue for the Trust and a challenge exists in discharging patients from critical care in a timely way and freeing up capacity for new admissions. Total capacity, particularly surgical bed stock, remains an operational issue for the Trust and represents a significant challenge to maintaining elective DGH and tertiary services. One potential mitigation to the critical care capacity challenge is investment in additional neurosurgery extended recovery staffing and this is under consideration.

(b) PRH Medical Cover

The move of services to PRH increases the complexity and acuteness of the surgical patient cohort on this site. This will require an increase in the level of consultant delivered medical and surgical care and increased junior medical cover on the site particularly at night; this will require further financial investment and a business case is in development. In the immediate term the mitigation plan is to fill the existing SHO vacancies at PRH which will provide sufficient interim cover pending the longer term plan to invest in additional medical posts at PRH.

A programme of work is also underway to re-invigorate Hospital At Night to make the best use of all available clinical resources out-of-hours.

(c) Transport

Travel between the two sites remains a concern for the staff affected by the moves and options for issuing car parking permits and park and rides schemes in Brighton remain under discussion. The options currently under consideration include an additional hospital bus service between the two sites or annual payments to staff to compensate for their excess travel costs and additional travel time and these will be considered at the next executive assurance meeting.

5. Operational Plan to move services

The move of the services is a significant logistical undertaking and considerable planning is underway, focused on five key principles:-

- No compromise to patient and staff safety
- No patient transfer unless unavoidable
- No compromise to clinical effectiveness
- Maintaining access to clinical services
- Reduce impact on operational performance

The clinical services directly affected are developing plans to adjust their activity levels in the period before the after the service moves, including double-running where necessary, and the neurosurgery service is in discussion with local tertiary providers to provide cover and support during the transition period. Further support is being provided by EBME and the Materials Management Team

A stakeholder event will be taking place in April to ensure that all administrative functions impacted by the service moves, such as scheduling, clinical coding are fully aware of the changes and can develop the appropriate plans.

6. Clinical Service Specifications

The clinical services have developed service specifications outlining new models of care and pathways and will be shared with local commissioners. An assessment has also been undertaken with South East Coast Ambulance Service on the impact on local providers of the pathways changes for fractured neck of femur and urology patients

Quality Impact Assessments on each clinical service have also been undertaken by the executive team to review any impact on clinical effectiveness, patient safety and patient experience.

7. Finance Update

The approved planned capital expenditure for the project totalled £6.1m as detailed in Appendix D. At present the Trust has incurred £2.5m of expenditure for work completed and has outstanding commitments of a further £2.6m based upon purchase orders already raised; a further commitment of £1.1m has been forecast for orders not yet raised or contingency against plan. At present it is not expected that the project will overspend against plan.

The original plan excluded any additional work on Ansty Ward at PRH or the third recovery area in Hurstwood Park Neurosciences Centre. This capital expenditure is currently excluded from the forecast expenditure and works are expected to cost in the region of £400k.

8. Communication

The programme team continues to engage with local commissioners, agencies and other acute providers on the site reconfiguration changes and this will need to be built upon in coming weeks both internally within BSUH and externally within the local health economy.

9. Conclusion

There has been good progress with the site reconfiguration programme and considerable work has been undertaken to prepare for these significant service changes. It is acknowledged that there are still risks and issues which continue to be addressed and mitigated by the site reconfiguration programme team and the clinical directorates however the organisation is now better placed to move the neurosurgical service from HPNC to RSCH and urology and the fractured neck of femur pathway from RSCH to PRH in June 2015.

The site reconfiguration programme team has held two assurance meetings with the executive team during March 2015 and the recommendation of the executive team, having fully considered progress with the programme and the current issues, risks and mitigations, is to proceed with the implementation plans and relocate neurosurgery to RSCH in June 2015, subject to the outcome of the next assurance process meeting.

Recommendation

The Board is asked to note the progress with the site reconfiguration programme and to approve the decision of the Executive Team to proceed with the moving of neurosurgery service, urology service and the fractured neck of femur pathway on the 6th and 7th June 2015, subject to the outcome of the next assurance meeting.

Simon Maurice
25 March 2015