

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	27th April 2015
Board Sponsor:	Director of Strategy & Change
Paper Author:	Simon Maurice, Major Trauma Centre Programme Director
Subject:	Site Reconfiguration

Executive summary

This report updates the Board 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.

The report updates progress with the implementation of the programme and notes the planned move the neurosurgery service from HPNC to RSCH and the associated move of services to PRH on 19, 20 and 21 June 2014.

Links to corporate objectives	Developing the Royal Sussex County Hospital as the regional Major Trauma Centre with safe clinical pathways and enhanced workforce and clinical infrastructure is key to the <i>delivery of the clinical strategy</i>
Identified risks and risk management actions	The risk register for the programme was presented to the Board in March. There have been no significant changes
Report history	A report was made to the Board at its meeting in March
Appendices	A: High Level Timeline

Action required by the Board

The Board is asked to note 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 19, 20 and 21 June 2015.

Report to the Board of Directors, 27 April 2015

Site Reconfiguration Programme Update

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 and confirms the date for the move of the services.

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

The site reconfiguration programme team has held two assurance meetings with the executive team during February and March 2015. The decision 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 move neurosurgery to RSCH on 19th, 20th and 21st June 2015 by which time the necessary enabling capital works on both sites will have been completed and commissioned.

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 approximately four weeks after the moves are completed.

The date for the move of the core services has been communicated to affected staff and across the wider organisation and 10 weeks' notice has been given to enable a number of key actions to be undertaken including the completion of new theatre and outpatient schedules. It also allows staff affected by the move to make personal arrangements in good time.

A final assurance meeting with the executive team will be held at the end of April to review all issues, risks and mitigations.

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
Second Millennium Wing Electrical Shut Down	19 April 2015
3 Additional ITU beds, RSCH	8 June 2015

Neuro theatres & Recovery, RSCH	8 June 2015
MRI, RSCH	8 June 2015
Bi Planar, RSCH	29 June 2015
Level 8A East & West	19 June 2015
3 rd Recovery Area, HPNC	27 July 2015

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 for an interim period of two weeks.

3. 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 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.

(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.

Investment has been approved for an additional tier of SHO medical posts at PRH (4 WTE) and these posts have been advertised recently.

(c)Transport

A decision has been taken to introduce a seven days a week express bus service between the PRH and RSCH sites for the staff affected by the moves and this will be for a period of six months. A longer term review of staff travel and transport arrangements between the sites will be undertaken during this period. During this time the Trust will be reviewing transport arrangements for all staff between our sites.

4. 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 took 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 support the development of appropriate plans.

5. External Engagement

An assurance meeting is due to be held with local commissioners, providers and SECAMB on all the site reconfiguration changes including the impact of the fractured neck of femur pathway changes.

6. Recommendation

The Board is asked to note the progress with the site reconfiguration programme and will receive a further update next month.

Simon Maurice
Site Reconfiguration Programme Director
April 2015