

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	1 June 2015
Board Sponsor:	Director of Strategy & Change
Paper Author:	Simon Maurice, Major Trauma Centre Programme Director
Subject:	Site Reconfiguration

Executive summary

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.

This paper sets out an update 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 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 supports the objectives of <i>excellent outcomes; great experience; delivery of the clinical strategy</i>
Identified risks and risk management actions	Key risks are detailed in sections 2 and 3 of the report. A final assurance meeting with the executive team will be held at the end of May to review all issues, risks and mitigations.
Resource implications	None relevant to this report
Report history	A report was made to the Board of Directors on 27th April 2015

Action required by the Board

The Board is asked to note the progress with the moves of neurosurgery service, urology service and the fractured neck of femur pathway on the 19, 20 and 21 June 2015; re-iterate its support for the programme; and to note the final 'Go/No Go' decision will take place on 18th June.

Report to the Board of Directors, 1st June 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

Following two assurance meetings with the executive team plans are well progressed to move neurosurgery to RSCH and urology and the fractured neck of femur pathway to PRH on 19th, 20th and 21st June 2015 by which time the necessary enabling capital works on both sites will have been completed and commissioned.

A number of critical actions are underway 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 Fractured Neck of Femur pathway
- completing further enabling works within Hurstwood Park Neurosciences Centre 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 and this is anticipated to be on Monday 20 July.

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.

A final assurance meeting with the executive team will be held at the end of May to review all issues, risks and mitigations. Further work is also being undertaken externally with neighbouring providers and commissioners to ensure readiness for the move, together with targeted external communications.

Works Schemes

The status of the main works schemes is summarised below with the expected completion dates. The main works on the acute floor on level 5 are expected to complete between 8th and 15th June following which the Trust will commission the areas in preparation for the neurosurgery move on 19th and 20th June. The Trust has recently taken delivery of the new MRI Scanner for Level 4 and the Bi Planar Angiography equipment for level 5 and these are currently being installed and commissioned to be ready by the end of June.

Plans are also being developed to carry out refurbishment works to Ansty ward at PRH following the move of urology to PRH and the development of a new outpatient treatment area in the current surgical office space adjacent to the main ward. This development is not on the critical path for the move of urology in June but works will commence as soon as a design has been agreed and a contractor appointed.

In addition there are two non-critical path schemes, the new mortuary on level 6 and the new theatre admissions unit on level 5. Designs have been signed off and the works will shortly be going out to competitive tender.

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. The designs for this recovery area are currently being finalised. Breast and ENT activity will continue in main PRH theatres for an interim period of two weeks while the main works are undertaken.

Critical Schemes	Hand Over Date
4 Additional HDU beds, PRH	Completed
Twineham & Albourne Wards, PRH	Completed
Second Millennium Wing Electrical Shut Down	Completed
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

3. Assurance Process

In addition to the Site Reconfiguration Programme Board, the executive team and Clinical Directors meets regularly with the programme team to review and discuss 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. In the 2 weeks preceding the site reconfiguration moves it is planned to maximise patient discharges across the organisation and create bed capacity. Work is also continuing to secure the opening of Plumpton and Newhaven wards.

(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.

Investment has been approved for an additional tier of SHO medical posts at PRH (4 WTE) and these posts have been advertised. Investment has also been approved for additional Care of the Elderly consultants and these posts will also be advertised shortly. Critical care nursing outreach will commence at PRH on 15th June and consultant renal cover will also be available.

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

In planning the moves consideration has been given to the London to Brighton bike ride taking place on Sunday 21 June. The majority of patients, equipment and furniture moves will take place on the Friday and Saturday to avoid congested roads and allow services to settle in to new accommodation on Sunday. Advice from both SECamb and BSUH resilience teams suggests that there has been little operational impact on either organisation from the bike ride in previous years. This will be continually reviewed as we make the final 'Go/No Go' decision.

The principle of reducing, or where possible, eliminating the need for patient moves between sites has been adopted in developing the logistics plan. Work continues at service level on a detailed timeline of clinical activities to enable this.

The clinical services directly affected have developed 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 and this will be agreed and communicated with SECamb.

The moves on 19th and 20th will be overseen by a Command Control structure, similar to the Evergreen initiative in 2014, and work is in progress with clinicians, nursing and back office staff to identify any potential issues that could arise during the move and to develop mitigation plans. A table top run through of the move took place with all services on 19th May.

Planning sessions have taken place with the Electro-Biomedical Engineering Department (EBME) and Information Technology (IT) and end users to identify potential risks and issues and an audit of each service moving is taking place next week with the Logistics Project Manager, IT, EBME & Estates function.

5. External Engagement

An assurance meeting has been held with local commissioners, acute providers and SECamb on the site reconfiguration changes including the impact of the fractured neck of femur pathway changes. A number of issues have been discussed including the impact of the fractured neck of femur pathway changes on other acute providers within Sussex due to changes in the SECamb borders, the challenges for South East Coast Ambulance Service with implementing a new decision tree across Brighton & Hove and East and West Sussex, and the potential impact on the Emergency Department at PRH from an increase in SECamb conveyances.

It is estimated that, applying a sensitivity analysis of 100%, which is unlikely to occur, to SECamb over-triage rate, the ED at PRH will receive an additional 3 attendances per day. The ED consultants are very experienced at managing this patient cohort at RSCH and have no significant concerns as to the impact of these additional attendances at PRH. The new pathway at PRH will also ensure that patients will be seen quickly by a consultant in ED at PRH then fast tracked to imaging and if a fracture is confirmed the patient will be transferred straight to Twineham ward. As outlined above, additional junior and senior medical cover is being put in place at PRH to manage the cohort of patients who do not have a fractured neck of femur diagnosed but who have medical problems.

The Trust is working with local CCGs, acute providers and SECamb to demonstrate that the necessary plans and appropriate mitigations are in place to manage these issues. The Trust will be having further meetings with Brighton & Hove CCG and other providers in early June to provide assurance on the operational resilience of the PRH and RSCH to absorb these changes.

Further assurance will also be provided to the Trust Development Authority and NHS England that the necessary actions plans and mitigations are in place to ensure the service moves take place on 19th, 20th and 21st June.

6. Communications

A communication strategy is being implemented to ensure all stakeholders including staff, patients and the public are aware of the changes and the timing of the moves. A patient leaflet which will be given to patients at their pre-operative assessment explaining the service changes, the new location for their elective surgery, new admission point, a site map and details of car parking.

7. Monitoring and Evaluation

The site reconfiguration programme is a challenging and complex programme and after the moves have taken place the programme team will be monitoring the changes on a daily basis to ensure any issues are highlighted early and escalated as appropriate.

An audit of the impact of the SECamb fractured neck of femur decision tree will be undertaken and a further audit will be undertaken to look at the changes in activity distribution across Sussex.

8. Recommendation

The Board is asked to note the progress with the site reconfiguration programme; re-iterate its support for the programme; and to note the final 'Go/No Go' decision will take place on 18th June. A further report will be brought to the Board in July 2015 after the moves have taken place.

Simon Maurice
Site Reconfiguration Programme Director
May 2015