Brighton and Sussex University Hospitals NHS Trust
CIP Assurance Review
Quality Impact Assessment (QIA)

Workstream	
Project name:	**3Ts**
Project overview	The 3Ts hospital redevelopment programme will deliver marked improvements for patients across a range of health services, replacing all of the buildings along the front of the RSCH site with two new state-of-the-art facilities. To ensure the continuity of service to patients the redevelopment will be undertaken in stages. This will allow many services to stay in situ until their new accommodation is complete, although some will have to move to temporary accommodation. Inpatient accommodation- The 3Ts project will replace and improve the inpatient accommodation offered in the Barry and Jubilee buildings. Wards in these buildings are too cramped, with only 5% of patients having individual rooms. There are too few toilets and bathrooms and a dire lack of storage for important equipment. The layout of the wards, necessitated by the building design, hampers effective nursing.
Project lead	Anna Barnes
Executive lead	Duane Passman
Date completed	
Clinician completing QIA	Stephen Drage
Workforce Impact	

	Standard		**KPI level**
Quality Indicator(s) and	1	**Reduced mortality and improved outcomes rates for repatriated major trauma patients** - Repatriated and current - Traumatic injury is a global burden and largely contributes to death and disability across the UK. For every trauma death at least 2 people are left with severe and permanent disability and the effects of traumatic injury have considerable long term implications upon the quality of life of its survivors. In 2010, it was estimated that there were 5,000 deaths in England with at least 11,000 patients suffering life-threatening injuries. A further 23,000 cases represent a serious single injury that will require specialist care. As a result of traumatic injury, there is also a significant impact upon the associated costs to the NHS. Evidence has shown that reduced travel times and helipad access reduce mortality for trauma patients. - The additional patients attending RSCH rather than London hospitals for major trauma are expected to reduce mortality rates .	
Standards (KPIs)	2	**Reduced mortality rates for 3Ts specialties.** - Clinical adjacencies and radiated benefits of new facility contribute to reduced mortality - Improved outcomes for patients requiring multi-disciplinary interventions for stroke. -	
	3	**Improved patient level of satisfaction with privacy and dignity.** - Increase privacy and dignity - Increased opportunity for sex segregation - Improved infection control (measured elsewhere) - Increased choice of accommodation (i.e. single rooms or bays) -'.In the Place audit of 2014 we were 5.11% below the national average for the appearance of RSCH and 3.74% below he national average for the assessment of privacy and dignity. - Decrease in outside journeys around the site (porter in bed) - Decrease in patient transfers due to co-location - Improved toilet and bathroom facilities - Dedicated waiting areas - Options for overnight stays for visitors - Improved facilities for Bariatric patients	
	4	**Operational efficiency** -reduction in cancellations due to unplanned downtimeincreased throughput and productivity and increased capacity at Sussex Cancer Centre - utilisation rates - number of fractions delivered at Sussex Cancer Centre.	
	5	**Continued CQC Compliance** -Recent CQC audits acknowledge the new building will address some issues, currently conditionally compliant due to 3Ts. Outcome 1 (respecting care and welfare of service users/respecting and involving service users) Outcome 8 (cleanliness and infection control) Outcome 10 (safety and suitability of premises) Outcome 11 (safety and suitability of equipment) e.g. storage, continuity of utilities, etc.	

Clinical Effectiveness	Select		**Supporting evidence**
Strong link to best practice	yes	0	See 3Ts bibliography which contains over 300 references to best practice and evidences the benefits within the Management Case (for instance the data on quicker recovery rates due to improved sleep quality, reduced patient moves and improved staff morale). The attached risks from the risk register show the read across to the 3Ts risk register which contains appropriate mitigations if some of these benefits do not materialise.
Link to best practice			
Some links to best practice			
Poor or no links to best practice			

Patient Safety			**Supporting evidence**
Safe with no risk harm		1	There have been discussions within course of the QIA about the impact of 3Ts on nursing practices because of the ergonomically designed wards and the associated efficiencies. However, 1 factor has given rise to concern within the monetised efficiencies: the impact of single rooms on patient safety (specifically risk of falls) because of reduced observations (which has meant that any monetised efficiencies been removed). This risk has been mitigated by the design of the single rooms with the provision of handrails from the bed to the en-suite bathrooms. Moreover, examples of nursing in single rooms elsewhere do not substantiate these fears. However we recognise that there is more work to do within the modernisation programme to familiarise staff with the new ward environment.
Generally safe	yes		
Pockets unsafe			
Generally unsafe			

Patient experience			**Supporting evidence**
A good patient experience	yes	1	The 3Ts development will provide a much improved patient experience in all areas of the development. We have made a small allowance of 633 square metres of floor area for private patient facilities within the new development (representing 0.68% of the total planned floor area), but not bed capacity. However there could be an increase in demand for private facilities generated by the increase in single rooms with en-suite across the development. There is scope to meet this demand which will be considered a) if there is sufficient capacity at the time and b) no NHS patients are clinically disadvantaged. Clinical need will therefore continu to dictate which patients are admitted and will override financial considerations. Any money generated from private patients would be reinvested to directly benefit NHS patients.
Generally a good experience			
Pockets of poor experience			
Generally poor experience			

Overall risk score		**Mitigation to address risk, where score is above 1**
	1`	See above that clinical need must remain the chief reason for admission.

Review and sign-off

	Sign off	**Approve**	**Date**
Medical Director	*Insert eSignature and Name*		
Director of Nursing	*Insert eSignature and Name*		
Comment	Please see attached templates with signatures and the letter.		

QIA Check up Review

Check up date	00/00/2014	**Exec Lead Approved**	
Has original QIA been reviewed and score still reflective of original	Yes	**Exec Lead Approval Date**	
Are project actions as per original plan and no additional Quality, Safety	Yes	**Was this QIA re-reviewed at Star**	
Check up comments (for minor points to note)			

Quality Impact Assessment

Project reference	N/A	**Clinical Lead**	Steve Holmberg
Project title	3Ts	**Financial Lead**	Paresh Patel
Project Manager / Programme Manager	Duane Passman (Director of 3Ts)	**Business Support**	Mark Frake

Description of Scheme

The 3Ts hospital redevelopment programme will deliver marked improvements for patients across a range of health services, replacing all of the buildings along the front of the RSCH site with two new state-of-the-art facilities. To ensure the continuity of service to patients the redevelopment will be undertaken in stages. This will allow many services to stay in situ until their new accommodation is complete, although some will have to move to temporary accommodation.
Inpatient accommodation- The 3Ts project will replace and improve the inpatient accommodation offered in the Barry and Jubilee buildings. Wards in these buildings are too cramped, with only 5% of patients having individual rooms. There are too few toilets and bathrooms and a dire lack of storage for important equipment. The layout of the wards, necessitated by the building design, hampers effective nursing.

Benefits for patients

In the redevelopment 75% of elderly care and medical patients, the two largest groups of inpatients currently catered for in the Jubilee and Barry buildings, will have single bedrooms with an en-suite bathroom. The other 25% will be in four bed bays with access to en-suite single sex bathrooms and toilets.
Neurosciences-
The Regional Centre for Neurosciences at Princess Royal Hospital in Haywards Heath will move to a purpose-built facility at RSCH with twice as many beds and an additional neurosurgical theatre. By bringing neurosciences and trauma services together the redevelopment will allow the most seriously injured patients to be treated in Brighton.
Trauma-
The redevelopment of the site will see RSCH established as the Major Trauma Centre for the region. Patients who would previously have been transferred to London due to the number and complexity of their injuries will be treated at RSCH. A helipad will be built to ensure that the most severely injured patients reach the Major Trauma Centre as quickly as possible.
Cancer-
The Sussex Cancer Centre will be moved into the new development. The improvements to the Centre will include the expansion of the Chemotherapy Day Unit, the introduction of more radiotherapy machines and doubling the number of beds for cancer patients.
Teaching-
BSUH is a teaching hospital, playing a key role in the teaching and development of students and staff across all areas of healthcare. The 3Ts project will develop state-of-the-art teaching, training and research facilities, including a new Centre for Innovative Therapies to be developed with the Brighton and Sussex Medical School and a Simulation training suite. These facilities will support leading edge research and education and training for health professionals.
Overall the 3Ts project will offer improved services to patients in the following areas:
Elderly Care, General Medicine, Neurosciences, Major Trauma, Critical/Intensive Care, Cancer, Haematology, Radiotherapy, Chemotherapy, Diagnostic Imaging and Nuclear Medicine (X-ray, CT and MRI), Clinical Infections Service (including HIV), ENT and Rheumatology. Improved quality of care and outcomes - once the new facility is open there will additional capacity allowing us to increase repatriate patients treated out of area.
- Improved Patient Experience - Greater Privacy and Dignity for patients in modern, fit for purpose facilities
- Improved Patient Experience - service will be DDA compliant. and will comply with HBN/HTM

Quality Indicators - consider Assurance Framework, KPIs

- Patient Experience - delivery of locally based treatment of patients and provision of comprehensive treatment regimens - % of patients receiving IMRT and IGRT therapy.
- Patient Experience and Outcomes - % of patients receiving first radiotherapy treatment within 31-days (national target), and within 14 days for urgent patients e.g. head & neck cancers as per best practice.
- Patient Experience and Outcomes - % of patient receiving subsequent radiotherapy treatment within 31-days (national target), and within 14 days for urgent patients e.g. head & neck cancers as per best practice.
- Operational efficiency - increased throughput and productivity and increased capacity at Sussex Cancer Centre - utilisation rates - number of fractions delivered at Sussex Cancer Centre
- Operational efficiency - % reduction in cancellations due to unplanned downtime

Impact	1 - Insignificant; 2 - Minor; 3 - Moderate, 4 - Severe; 5 - Catastrophic.
Likelihood	1 - Almost never; 2 - Unlikely; 3 - Likely; 4 - Highly likely; 5 - Almost certain.

Description of Area of Concern / Risk	Controls in place (Mitigating actions)	Impact (1 - 5)	Likelihood (1 - 5)	Overall Rating (Impact x Likelihood)
Trust changing brief, operational policies, departmental policies through the process. Statutory requirements change brief. NHS changes over the 10 years. (risk register ref 10/13)	Flexibility of design so building can be adapted for appropriate use over time	3	2	6
Incorrect estimated cost of maintenance/Deterioration of building fabric or M&E caused by inadequate maintenance regime. Additional cost for the Trust. (risk register ref 10/9 & 11/12)	Negotiation of contract with hard FM provider	4	3	12
3Ts building being too small (If CIPs don't deliver LOS reductions and growth is above 0.5% NE and 1% Elective then 3Ts will require additional capacity). Bed model seems to be based on 100% delivery of all assumptions (risk register ref 11/20)	Demand management strategies across health economy in partnership with commissioners	2	3	6
Response to flexibility policy not accepted. (Adapting services & building - future-proofing) Additional cost and redesign (risk register ref 10/16)	Flexibility of design so building can be adapted for appropriate use over time	3	4	12
Changes in the volume of demand for client services: Increased cost / inefficient use of resources. Change to FBC assumption (risk register ref 11/9)	Contingency to be included and sensitivities within financial model.	2	3	6
Unexpected changes in medical technology (Unexpected changes in medical technology may lead to a need to rescale or reconfigure the provision of services) (risk register ref 11/10)	Robust business plan in conjunction with commissioners.	2	3	6
Volume and case mix of activity estimated incorrectly to support services (the level of activity assumed in workforce and service planning is significantly greater than that used in the assumptions) (risk register ref 11/17)	Robust business plan in conjunction with commissioners & LTFM modelling.	2	5	10

Quality Impact Assessment Summary

- The development of 3Ts supports the needs of the local and regional patients.

Approved by Clinical Director/Clinical Lead	Stephen Drage	**Date**	19/09/2014
Approved by Medical Director	Steve Holmberg	**Date**	19/09/2014
Approved by Director of Nursing	Sherree Fagge	**Date**	19/09/2014