

Meeting Title	Mid and South Essex Acute Trusts Boards Meeting in Common		
Meeting Date	15 th January 2020	Agenda No	12
Report Title	Phase 1 reconfiguration update		
Lead Executive Director	Tom Abell, Deputy CEO		
Report Author	Tom Abell, Deputy CEO / Jenny Davis, Programme Director		
Action Required	Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/>		
Purpose	<p>The purpose of this paper is to provide and update on clinical service changes approved as the first phase of clinical reconfiguration in June 2019. These service changes follow those set out within the Decision Making Business Case approved by the mid and south Essex CCG Joint Committee in July 2018.</p>		
Executive Summary	<p>The clinical service changes are being implemented as part of the reconfiguration proposals set out within the Decision Making Business Case. This paper provides an update to the phase 1 clinical service changes which were approved to go live in November 2019.</p> <p><i>Vascular -</i></p> <ul style="list-style-type: none"> • Consolidation of emergency vascular surgery at Basildon Hospital. <p><i>Orthopaedics-</i></p> <ul style="list-style-type: none"> • Spinal surgery moving from Basildon Hospital to Southend Hospital. • ASA 1 and 2 hip and knee patients at Basildon and Southend hospitals being offered treatment at Braintree Community Hospital. <p><i>Ophthalmology-</i></p> <ul style="list-style-type: none"> • Relocation of ophthalmology day case surgery from Braintree Community Hospital to Broomfield Hospital. <p><i>Cardiology-</i></p> <ul style="list-style-type: none"> • Consolidation for cardiology patients from Broomfield Hospital to Basildon Hospital for a period of 5 months. <p><i>Interventional radiology-</i></p> <ul style="list-style-type: none"> • Emergency Interventional Radiology cover consolidated in a hub at Basildon Hospital, with 24 hour, 7 day a week cover. Transition to support Vascular with full consolidated 24-7 cover 		

	<p>commencing in early 2020.</p> <p><i>Treat and transfer-</i></p> <p>Extension of existing treat and transfer service providing weekend cover for 6 months to enable Interventional Radiology and Cardiology transfers.</p>
Assessment of Implications	
Financial	<p>Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? Yes</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? No</p> <p>If yes, can these implications be <u>fully</u> covered by existing budgets? Yes</p>
Risk	Risks identified with specific projects identified within the paper.
Equality and Diversity	This proposal has been subject to an equality analysis and there are no implications for groups with protected characteristics
Freedom of Information	<p><i>The following exemption(s) apply to this paper :</i></p> <p><i>None identified</i></p>
Other Implications Identified (including patient safety and quality, legal and regulatory compliance)	<i>None identified.</i>
Recommendation	<p>The Trust Boards of MEHT, SUHT and BTUH are asked to:</p> <p>Discuss and note the update on the phase 1 clinical service reconfiguration.</p>
Appendices	

Phase 1 reconfiguration update

November 2019

Executive summary

This paper provides an update to the phase 1 clinical service changes which were approved to proceed by the Board in November 2019. The clinical service changes are being implemented as part of the reconfiguration proposals set out within the Decision Making Business Case.

Service Changes approved to proceed in November 2019

Vascular-

- Consolidation of emergency vascular surgery at Basildon Hospital – was due to commence on 2nd December, however, has been delayed until w/c 20th January 2020.

Orthopaedics-

- Spinal surgery moving from Basildon Hospital to Southend Hospital – commenced from 25th November 2019.
- ASA 1 and 2 hip and knee patients at Basildon and Southend hospitals being offered treatment at Braintree Community Hospital – commenced 9th December.

Ophthalmology-

- Relocation of ophthalmology day case surgery from Braintree Community Hospital to Broomfield Hospital – relocated 18th November.

Cardiology-

- Consolidation for cardiology patients from Broomfield Hospital to Basildon Hospital for a period of 5 months – commenced 6th January – delayed from 16th December.

Interventional radiology-

- Emergency Interventional Radiology cover consolidated in a hub at Basildon Hospital, with 24 hour, 7 day a week cover. Weekend cover consolidated at Basildon from 2nd December as planned. 7 day out of hour cover to commence from 20th January in line with Vascular.

Treat and transfer-

- Extension of existing treat and transfer service providing weekend cover for 6 months to enable Interventional Radiology and Cardiology transfers.

Purpose

The purpose of this paper is to provide an update for clinical service changes approved as the first phase of clinical reconfiguration in November 2019. These service changes follow those set out within the Decision Making Business Case¹ approved by the mid and south Essex CCG Joint Committee in July 2018.

1) Vascular

Vascular service go-live was originally planned for the week commencing 2nd December, however, due to concerns raised by the Consultants in late November, a decision was taken to delay go live, until 20th January 2020, allowing time to address concerns raised. The key concerns raised were around:

- the Consultant and Middle Grade rotas
- recruitment and start dates of Consultant and Middle grades
- assurance that any elective impact as a result of the new rota was understood
- concerns were raised about theatre equipment required

Work has been undertaken across the three sites, to address these concerns.

As a result of the concerns raised

- Further analysis of the elective impact on sites has been undertaken, and confirms that once all Consultant and Middle Grade posts are filled there will be no loss of elective capacity to any of the sites.
- Start dates of the new Consultants have been confirmed with one individual now in post, and a second individual due to start 27th February, and an additional locum cover a retiring Consultant due to commence in post on the 24th February meaning that a full contingent of staff will be in post by end of February.
- Substantive middle grade doctors have been recruited however, due to Visa delays start dates are not confirmed. One locum middle grade is due to start for induction w/c 13th January, with a second locum recruitment underway.
- A contingency rota has been developed with Consultant input to enable the 20th January go live, until the end of February when all substantive consultants will be in post. The days will be covered by a Basildon consultant, and the nights covered by the Trust that is currently on call at the Basildon site. This means that the loss of any elective activity is mitigated.
- Theatre equipment was fully reviewed as a result of the feedback from Consultants, and a revision to orders placed, new equipment is all anticipated to be delivered by 20th January.

A full status update of all key project areas are summarised in the table below:

¹ <http://v1.nhsmidandsouthessex.co.uk/decision-making-business-case/>

i) Status update

Area	Status	Narrative
Pathways	-	All pathways mapped Renal access pathway waiting to be agreed with ED and are in the process of being finalised.
Operational Process	✓	SOPs being finalised and agreed by 15/01 Governance model agreed Finalise process for Teletracking with Control Centre Information flows agreed relating to medical records and system requirements
Capacity	✓	Bed, theatre and hybrid capacity is identified and on track for go live Ward space will need to be decanted
Estates and Equipment	✓	All build works complete and handed over HDU equipped and established All equipment expected on site by 28/01 (non-critical items post 20/01)
IT	✓	Acute care portal usage signed off by Vascular team and access given to key stakeholders IT equipment delivered and being installed 13/01 Logins being arranged and training to be completed via e-learning and at Orientation on 16/01
Staffing	-	Workforce Consultation completed Recruitment to key posts continues Changes to Consultant job plans underway Locum positions being secured to fill gaps in rotas and backfill elective impact until substantive candidates in post
Orientation & Training	✓	Orientation for Middle Grades and Consultants planned for 16/01. Meet and Greet arranged on same day with key members of ward, theatres, Anaesthetic, Admin and Operational teams
Communications	✓	Communications and stakeholder engagement is ongoing. Intranet work underway to upload information and

ii) Risks:

Pathways – final agreement required with Emergency Department Consultants for renal access emergency pathway prior to go live as this references a small cohort of patients needing to go ED to ED.

Operational – failure to release bed capacity on Laindon ward to enable a deep clean to commence from the 10th January 2020.

Operational – a risk that Mid Essex consultants are unwilling to cover their existing weekend on call commitments at Basildon, during the 5 weeks until the end of February.

Operational – a risk that Southend consultants are unwilling to complete two weeks on call during 5 weeks, until the end of February.

2) Trauma and Orthopaedics

i.) Spinal Surgery

Spinal Surgery services went live on the 25th November as planned, initially with patients being operated on jointly between Basildon and Southend. As of January Basildon consultants are now working independently, in the Southend environment. Unfortunately, elective lists in early January have been cancelled due to bed capacity issues.

Whilst the service has commenced there is ongoing work to ensure that pathways are refined, and that the service is sustainable, these include:

- Information transfer between the sites
- Pre-assessment process
- Middle Grade cover of inpatients
- Usage of equipment

Further development of the spinal service, would be to review whether spinal day case surgery continues to be performed at Basildon, or whether spinal day-cases could also be provided at the Southend site. This would likely result in more efficient use of resources, and further improvement in patient experience and process, this would however require an engagement process before being undertaken which is currently being scoped.

ii.) Hip and Knee

Hip and Knee services reconfiguration to Braintree, went live for Basildon patients as planned from the 9th December.

To date:

- 17 Basildon patients have had their operation at the Braintree Community hospital, these have included 9 hip replacements and 8 knee replacement surgeries.
- Due to Christmas closure, this operating has been undertaken across a total of 6 days.
- A total of 5 different Basildon surgeons have operated at Braintree so far with staff feedback being positive, and all surgeons happy to continue to operate out of the facility.
- Length of stay of the first 17 patients is an average of 2.75 days, this is less than the 3 days assumed in the business case modelling.
- Basildon TCI's are currently booked through until the 28th January
- 3 patients to date have required patient transport to Braintree
- Patient verbal feedback has been good, however, formal feedback and evaluation is still being collated.
- Four patients referred for Braintree who have been deemed unsuitable following pre-assessment (ASA assessed as Grade 3 or too high BMI)

Work is ongoing to ensure Southend surgeons are also operating at the Braintree site, however, there are some ongoing issues to be addressed around travel, type of prosthesis, and impact on the Southend 52 week position. The first of the Southend surgeons is due to operate on two patients at Braintree on Thursday 9th January.

Whilst the service has commenced there is ongoing work to ensure that operations are optimally managed, and that the service is sustainable, these include:

- Access and training on the Bluespeir system
- Information transfer between sites
- Pre-assessment pathways

In the longer term to ensure the viability of the Braintree Elective centre it is imperative that the service is further developed in order to undertake procedures on ASA 3 patients. This is expected to require investment in anaesthetics and ortho-geriatrics, however, would enable further utilisation of the Braintree facility and improvement of the Orthopaedic RTT position across MSE, so is planned to form part of the phase 2 reconfiguration of clinical services.

3) Ophthalmology

Ophthalmology services were relocated from Braintree Community hospital to Broomfield Hospital on the 18th November 2019. This was a straightforward service relocation of site, and there have been no resulting operational issues.

The relocation of Ophthalmology services from Braintree Community Hospital were agreed by HOSC for an initial temporary period of one year. As part of phase 2 clinical services reconfiguration there, there will need to be further updating of HOSC with a view to making this relocation permanent.

4) Cardiology

Cardiology service reconfiguration for winter, went live on 6th January, which was later than the original planned date of 16th December. At the time of writing this paper the service had only been live for 2 days, however, had seen 4 patients transferred to Basildon from Broomfield in the first 2 days. Initial feedback from staff and patients has been good, and benefits of the reconfiguration are anticipated to be realised.

Further feedback of the cardiology model will be provided in future update papers.

5) Interventional Radiology

Interventional Radiology service reconfiguration went live as planned on the 2nd December, with a consolidation of the weekend out of hour's arrangements at the Basildon site. This has been a successful transition, and will be followed up with 7-day out of hours cover commencing on the 20th January alongside the vascular reconfiguration.

The new IR suite at Basildon has been completed and training of staff on the new Pheno equipment is underway.

IR nursing recruitment is ongoing, however, has been more positive, with staff being able to see the new facilities, and opportunities to further develop this service.

Conclusions and recommendations

The Trust Boards collectively are asked to:

Discuss and note the update on the phase 1 clinical service reconfiguration.