

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Health & Wellbeing Select Committee	
MEETING/ DECISION DATE:	25th November 2015	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Royal United Hospitals Bath NHS Foundation Trust update on the proposed Royal National Hospital for Rheumatic Diseases clinical service relocations	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

This paper has been prepared to ensure that the B&NES Health and Wellbeing Select Committee are kept up-to-date with proposals to relocate Royal National Hospital for Rheumatic Diseases (RNHRD) clinical service from their current location at the Mineral Hospital site to ensure sustainable high quality service delivery.

2 RECOMMENDATION

The committee are asked to: Note this update, note next steps and the opportunities for patients, carers and the public to influence any service change proposal that we will bring to scrutiny for their endorsement.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

In order to ensure the continued sustainability of the services currently provided at the Mineral Hospital site the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improving patient experience and ensuring continuity of care, quality of service delivery as well as increasing value for money from the public purse. Clinicians continue to be integral to planning the future of their services to ensure the delivery of high quality effective services.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

Patient and Public Engagement (PPE) activities will be conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended).

5 THE REPORT

See following paper.

6 RATIONALE

This paper has been prepared to ensure that the committee are kept up-to-date with the integration of the two hospitals post-acquisition, and proposals to relocate RNHRD clinical services from their current location.

7 OTHER OPTIONS CONSIDERED

As part of original business case for acquisition of the RNHRD options were considered in relation to services continuing on the Mineral Hospital site or relocating services. The ability to fully integrate and align services on a single site, when clinically appropriate, was a core component of the original business case for acquisition and sustainability of services.

8 CONSULTATION

In addition to the service related public engagement and consultations outlined in this report, the RUH is working with the Local Health Economy (LHE) Forum, whose membership includes Executives from B&NES, Wiltshire and Somerset Clinical Commissioning Groups (CCGs), NHS England, RUH Governor and patient representation, to agree the process for communication and engagement activities to support the potential relocation of clinical services over the next three years.

To support this activity, the RUH has established an LHE Communications Working Group (which is comprised of RUH and NHS England and CCG communications and engagement leads and a patient representative) to ensure all service related PPE is conducted in line with the Government’s Consultation Principles for Public Bodies (Oct 2013).

9 RISK MANAGEMENT

An integration programme governance structure is in place to ensure that any programme issues are identified and, if required, added to the RUH risk register.

Contact person	<i>Clare O’Farrell, Associate Director for Integration, RUH</i> <i>Tracey Cox, Chief Officer, NHS Bath and North East Somerset Clinical Commissioning Group</i>
Background papers	<i>Update to Health and Wellbeing Select Committee 29th July 2015</i>
Please contact the report author if you need to access this report in an alternative format	

Royal United Hospitals Bath NHS Foundation Trust Update on the proposed Royal National Hospital for Rheumatic Diseases clinical service relocations

1. Introduction

The Royal National Hospital for Rheumatic Diseases (RNHRD) was acquired by the Royal United Hospitals Bath (RUH) on the 1 February 2015 in order to resolve its long standing financial challenges and to preserve the valued services currently provided at the Mineral Hospital Site (also known as The Min). To support this work a Local Health Economy Forum, comprised of representatives from the senior management teams of the RUH, NHS England and various CCGs, has worked with the RUH over the past few years to ensure that plans for the acquisition were widely supported and in line with future commissioning intentions.

Throughout the acquisition process, which has spanned a number of years, the RUH has clearly stated its intention to relocate services from the RNHRD's Mineral Hospital site to the RUH site or, where clinically appropriate and to maximise patient benefit, to suitable community settings. The relocation of services from the Mineral Hospital site will allow a number of promised benefits to be realised for the patients and communities served, principally:

- **Integration:** Improved integration of services and skills will support further expansion of shared care models, particularly for patients with multiple, and complex long term conditions. In time, this is expected to lead to further development of new service models in areas such as therapies and self-management in line with the national direction of travel. Access to specialist expertise and diagnostics will also be extended.
- **Sustainability:** Through integration of service models and closer working with community partners, services will be sustainable for the future, both financially and operationally. All clinical services are expected to continue in line with commissioner requirements.

The ability to fully integrate and align services on a single site was a core component of the original business case for acquisition and sustainability of services. It will improve efficiency and effectiveness, maintaining patient experience and quality of service delivery as well as increasing value for money from the public purse.

- **Profile and people:** The profile and brand of the RNHRD is both nationally and internationally recognised. This will continue to be maintained and further developed as part of the RUH to ensure that high quality, innovative service models are supported and in turn, promote further research investment in the local area that will ensure the strong track record of and ability to recruit high calibre staff can continue.
- **Service development:** The plans for the future development of services have been produced jointly with clinical teams. These plans take into account both local concerns such as ensuring the development and delivery of a long-term strategy for valued local amenities e.g. hydrotherapy, as well as the wider direction of travel from commissioners, focusing on:
 - Delivering innovative and outcomes oriented care for patients across our community.
 - Reducing reliance on bed-based models of care where appropriate and safe.
 - Increasing self-care through empowering our patients and supporting them with community based delivery.
 - Delivering quality and operational performance standards across all services, aligned with national best practice.
 - Through delivery of all of the above, containing the costs of service provision now and in the future to enable services to better keep up with increased demand.

- **Research and Development:** The combined organisation has the second largest R&D portfolio amongst medium-sized hospitals in the NHS.

Bringing together the expertise and diverse research areas through the acquisition has resulted initially at a simple level in the pure addition of the studies of both hospitals whilst maintaining recognition of both RUH and RNHRD brands. The joining and co-location is however expected to also provide significant growth in research as bid writing, research culture and fund management are further strengthened alongside access to a larger population for clinical trials.

- **Environment:** It is recognised that whilst the Mineral Hospital building is highly regarded by the patients it serves; in the longer term it is not a suitable or cost effective base for high quality service provision.

It is expected that services will continue to be delivered from the existing building for up to three years post acquisition. During this time, work will be undertaken with local people and patients as part of wider estates plans at the RUH to identify and develop purpose designed environments which benefit patient experience and wellbeing whilst supporting improved efficiency and effectiveness of delivery through appropriate scaling, workflow design and co-location with other services. Opportunities for branding of elements of the new estate will also ensure that the long-term legacy of the RNHRD can be protected.

2. Current position & future proposals

As outlined in our previous report to the committee on the 29 July 2015, the plans for relocation of services, including identification of suitable new accommodation or new buildings, is being managed through the RUH 'Fit for the Future' redevelopment programme. The RUH seeks to ensure this programme provides the best possible opportunities for engagement and consultation with our key stakeholders including patients, employees, public and healthcare partners to inform estate development plans.

In order to develop the accommodation required for service relocation over the three year period outlined in the original principles of acquisition, the RUH Board of Directors is required to sign off an outline business case for estates development investment in early 2016. To achieve this, it is important for the Board to understand whether the general principle of service relocations is accepted.

3. Consultation and engagement

Feedback from patients, carers, staff, healthcare partners and the wider community has been captured over a number of years and used to develop a set of overarching principles, as outlined in the July 2015 report to the Health Select and Wellbeing Select Committee, to guide the RUH through and beyond the acquisition process. Communications activities spanning this period include; ensuring information about the acquisition and plans for the future has been, and continues to be, available on the RUH and RNHRD websites and displayed around the hospital sites, briefings to key stakeholder groups such as B&NES CCG's 'Your Health Your Voice' patient engagement group, B&NES CCG forums for GPs, updates to scrutiny bodies, formal public Trust meetings such as RUH and RNHRD AGMs, Annual Members days, and inclusion in Trust communications and newsletters including @RUHBath and Insight. Common themes from feedback received throughout the process to date can be attributed to the following areas:

- Brand and reputation of the RNHRD
 - *"It is vital to retain this centre of excellence, recognised across the world for its medical expertise and research."*
- Continuation of services

- *“Because the work they do at The Min has helped me significantly, we don’t want to lose these services.”*
- *“Brilliant caring hospital-calming and supportive to all patients – and excellent staff.”*
- Specialist expertise of the RNHRD clinical teams
 - *“Please value the very special work that this institution has done over centuries, and enable it to go from strength to strength.”*
- Research and development
 - *“...The research and staff have got my rheumatoid arthritis into remission. Preserve excellence.”*
- Heritage and history
 - *“The Min’s heritage must be preserved.”*
- Travel and access
 - *“The only downside to coming to the RNHRD is the parking, although parking at the RUH is not much better, but they have a larger parking area.”*

In addition throughout the year, and as previously highlighted to the committee in the July 2015 report, there have been a number of focus groups with patients, charitable organisations and other key stakeholders to inform the RUH redevelopment work. Currently activities have focused on requirements for the RNHRD and RUH therapies and Cancer builds. Wider feedback obtained from these activities also support the common theme of travel and access. The groups discussed access to the department and how they would like the hydrotherapy, gym and changing areas, outpatient and waiting areas, to look and feel. The outputs from these sessions will be shared with the architect to influence the design. There will also be events for patients to feedback on designs for all RNHRD services including, therapies (incorporating hydrotherapy) rheumatology and pain services.

3.1 Current position - A planned and phased approach

A phased approach to support the next part of Patient and Public Engagement (PPE) relating to the continued integration of the two hospitals is considered most appropriate by the LHE Forum, providing general context of the full relocation at the outset but planning and completing each programme of PPE service by service. The RUH is working with CCG and NHS England Engagement leads, and patients to ensure PPE is carried out in line with the Government’s Consultation Principles for Public Bodies (October 2013). We are currently in the first phase of activities (September 2015 – April 2016) and progress and feedback to date are outlined below:

- i) **Context setting and overarching communications** September 2015–end November 2015 (NB: general feedback will be continued to be captured throughout).

In order to ensure that feedback gained during engagement activities can inform the RUH estates development programme and meet the timeframe for investment decision making (early 2016). On the 17 September 2015 the RUH launched this initial period of broad engagement on relocating all services.

Key activities undertaken to date include:

Activity	Purpose
Information on proposals to relocate services and rationale for change is on both the homepage of the RUH and RNHRD websites. http://www.ruh.nhs.uk/about/service_relocations/index.asp?menu_id=9	Ensure patients, and the public are aware of proposals, the rationale for change and highlight how people can influence the proposal and encourage feedback.
Dedicated email address for feedback established ruh-tr.haveyoursay@nhs.net	Provide a dedicated channel for stakeholder feedback.
Information about the proposals to relocate	Wider circulation of information regarding proposals and

services from the Mineral Hospital site is available on the homepage of B&NES CCG website.	signposting for further details and opportunities to feedback directly to the CCG or the RUH.
B&NES CCG Annual General Meeting 17 September 2015.	<p>RUH Chief Operating Officer presented proposals to relocate RNHRD clinical services from their current location along with potential timings for relocations and inviting feedback on proposals.</p> <p>The slides and the minutes from this meeting are available on B&NES CCG website: http://www.bathandnortheast Somersetccg.nhs.uk</p>
Media coverage in the Bath Chronicle http://www.bathchronicle.co.uk/Children-s-services-Min-Royal-United-Hospital/story-27838934-detail/story.html	Raise awareness of proposals, approximate timescales and outlining that the Paediatric Rheumatology and Fatigue services will be the next to relocate.
B&NES GP Forum 24 September 2015.	B&NES CCG Clinical Chair update on proposals
RUH Annual General Meeting 30 September 2015.	<p>RUH Chief Executive, outlined proposals for RNHRD service relocations and invited feedback on proposals.</p> <p>Presentation from Clinical lead for the Paediatric Fatigue service outlined proposal and rationale for service relocation.</p> <p>Information stands relating to service relocations and the RUH estates redevelopment programme were available and manned during the event.</p> <p>Opportunities to discuss proposals and ask questions or provide feedback anonymously through a feedback box.</p> <p>The slides and the minutes from this meeting are available on the RUH Website www.ruh.nhs.uk</p>
Information available around the Mineral Hospital site outlining the proposals to relocate service, the rationale for change and inviting feedback.	<p>Ensure that patients and visitors to the Trust are aware of proposals and provide reassurance that they will still have access to services and will be looked after by the same clinical teams.</p> <p>Highlight channels for feedback.</p>
September issue of the RUH staff Newsletter @RUHBath, available to all staff and is publically available across the Trust.	Information about service relocations and where to find further information.
Friends of the Min Annual General Meeting 16 October 2015.	RUH Chairman presented proposals and service relocations and potential timescales.

Feedback captured as a result of these communications activities continue to relate to the main themes of feedback obtained throughout the acquisition process: co-location of services, access and parking and continuation of services, as outlined earlier in this report.

ii) **Consultation and engagement on proposals to relocate the Paediatric Rheumatology and Chronic Fatigue (CFS/ME) services** (October 2015 – January 2016)

Focused clinical and patient and public engagement on the relocation of the Paediatric Rheumatology and Paediatric Chronic Fatigue (CFS/ME) Services from the Mineral Hospital site is currently underway.

Scale and scope

In 2014/15 the Paediatric Rheumatology service served approx. 30 patients from B&NES, with the Paediatric Fatigue service serving 55 patients from B&NES over the same period. Activity information for each of these services is highlighted in the tables below:

Paediatric Rheumatology

CCG	2013/14	2014/15	2015/16
	Number of Patients	Number of Patients	Number of Patients
NHS WILTSHIRE CCG	41	53	24
NHS BATH AND NORTH EAST SOMERSET CCG	27	30	11
NHS SOMERSET CCG	12	13	7
NHS SOUTH GLOUCESTERSHIRE CCG	2	4	0
NHS GLOUCESTERSHIRE CCG	2	2	0
NHS BRISTOL CCG	1	2	1
NHS SWINDON CCG	1	1	1
All CCGs	91	111	49
All Specialised	41	42	30
All Commissioner types	129	150	79

Paediatric Fatigue Services

CCG	2013/14	2014/15	2015/16
	Number of Patients	Number of Patients	Number of Patients
NHS WILTSHIRE CCG	47	72	58
NHS GLOUCESTERSHIRE CCG	32	68	56
NHS SOMERSET CCG	34	53	50
NHS BATH AND NORTH EAST SOMERSET CCG	46	55	44
NHS BRISTOL CCG	21	38	26
NHS SOUTH GLOUCESTERSHIRE CCG	18	35	16
NHS NORTH SOMERSET CCG	22	22	24
NHS SWINDON CCG	8	11	8
All Commissioner Types	291	461	333

Key activities undertaken to date include:

Activity	Purpose and feedback captured
Letter from RUH Commercial Director (dated 6 October 2015, circulated to the Health & Wellbeing Select Committee via Policy Development and Scrutiny Project Officer).	Provide an update on proposals, timings and activity information for the two paediatric service relocations, and provide the opportunity to suggest any questions the committee would like asked during PPE.

Service specific information about the proposals to relocate the paediatric rheumatology and CFS services is available on the RUH and RNHRD websites	Ensure that current and future patients are aware of proposals and opportunities to feedback and influence.
Information about the Paediatric service relocations is available in the outpatient area at both the Min and RUH children's unit.	Raise awareness amongst current patients.
Wc 16 November 2015, online service specific questionnaire available on RUH and RNHRD websites.	Capture feedback on proposals.

In addition to the activities outlined above there will be:

- Letters and questionnaires sent to current patients of both services to outline proposals, and the rationale for change and encourage feedback to identify what is important to maintain or improve in relocating the services, and also reassure patients that they will still have access to the service and be cared for by the same clinical teams.
- an engagement event in the dedicated children's area at the RUH to capture feedback from patients, carers, staff and other interested stakeholders on the proposals to relocate the services and enable them to see the proposed future location for these services
- A media release issued to raise awareness of the proposals, channels for feedback and to advertise the engagement event.
- Social media activity to raise awareness to proposals and invite feedback
- November issue of the RUH staff Newsletter @RUHBath, (available to all staff and publically available across the Trust) will outline information about Paediatric service relocations, how to feedback and where to find further information.
- Winter edition of Insight, the RUH Community Magazine issued to approx. 8,000 stakeholders at the end of November will include information about proposals, rationale for change and invite feedback.

Formal consultation on the Paediatric service relocations will close on the 6 January 2016. Feedback from these consultation and engagement activities will be brought to the January 2016 Health and Wellbeing Select Committee.

Opportunities to engage with the RUH throughout the programme of proposed service improvements will be available on the RUH and RNHRD websites throughout, and advertised on the websites of relevant CCGs and NHS England.

4. Next steps & approvals

In order to develop the accommodation required for service relocation over the three year period outlined in the original principles of acquisition, the RUH Board of Directors is required to sign off an outline business case for estates development investment in early 2016. To achieve this, it is important for the Board to understand whether the general principle of service relocations is accepted.

It is likely that most service relocations e.g. paediatric services will be simply a change of site (similar to the transfer of the endoscopy service from the RNHRD to the RUH site which took place following appropriate engagement earlier this year). However, where clinically appropriate and to maximise patient benefit, suitable community settings could also be considered.

We will continue to update members of the Health and Wellbeing Select Committee as work progresses, and we will invite committee members to any public meetings we may hold as part of engagement activities.

Appropriate impact assessments will be completed following patient and public consultation and engagement activity as required and will form part of any future updates to Scrutiny Committees.

The committee is asked to note this update, note next steps and the opportunities for patients, carers and the public to influence any service change proposal that we will bring to scrutiny for their endorsement.