

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Health & Wellbeing Select Committee	
MEETING/ DECISION DATE:	29th July 2015	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Royal United Hospitals Bath NHS Foundation Trust Update on the Integration of the Royal National Hospital for Rheumatic Diseases	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

1.1 Part 1: Update to B&NES Health and Wellbeing Select Committee on the integration of the Royal National Hospital for Rheumatic Diseases (RNHRD) post acquisition by the Royal United Hospitals Bath NHS Foundation Trust (RUH) in February 2015.

1.2 Part 2: Integration of clinical services and proposed service relocations

2 RECOMMENDATION

The Committee are asked to:

- (i) review and note the report,
- (ii) comment on and confirm support for the proposed approach going forward

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

Not applicable.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

Not applicable

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.

7 OTHER OPTIONS CONSIDERED

Not applicable

8 CONSULTATION

The RUH are working with the Local Health Economy (LHE) Forum, whose membership includes Executives from BaNES, 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.

9 RISK MANAGEMENT

The integration programme governance structure ensures that any programme issues are identified and if required this can be added to the RUH risk register.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	

Part 1: Update on integration of the Royal National Hospital for Rheumatic Diseases post-acquisition by the Royal United Hospitals Bath NHS Foundation Trust.

1. Introduction

The Royal National Hospital for Rheumatic Diseases (RNHRD) was acquired by the RUH on the 01 February 2015 in order to resolve its long standing financial challenges and to preserve the valued services of the small specialist hospital. The RNHRD and the RUH agreed a set of overarching principles for the transaction which are outlined below:

- **Brand and reputation**

We will continue to recognise and build on the national and international reputation which RNHRD has developed as a leading provider of high quality, innovative care for patients with long-term rheumatology, pain and fatigue conditions.

- **Continuation**

Using the expertise of our combined teams, our ambition is to ensure the continuation of the high quality innovative care and the advancement of this ground breaking work to improve the care and quality of daily life for our patients.

- **Partnership**

The future will remain clinician-led, working in partnership with expert patients and carers, members and commissioners to sustain and further improve service user experience.

- **Skills and leadership**

We will benefit from the skills and leadership of a wider multidisciplinary team model which will enhance shared care for individuals with multiple conditions, support community provision and improve access to specialist knowledge and skills across our local health economy and beyond.

- **Excellence and innovation**

By combining the RNHRD's enviable specialist research brand and expertise with the RUH's ambitious research agenda, we will create a centre driven by evidence-based clinical excellence and innovation. This will be further enhanced by bringing together the established research networks of the RNHRD and the RUH's scale of patient access and recruitment record, patient safety programme, excellent diagnostics facilities and supporting connections with the Academic Health Science Network.

- **High quality patient experience**

Patients can be confident that they will receive the highest quality care delivered by passionate staff. Plans will be developed in partnership with our stakeholders to create purpose designed surroundings with convenient access to purpose designed facilities - ensuring the continuation of a care environment that further enhances patient experience and will allow specialist services and innovation to flourish into the future.

1.2 Following acquisition all RNHRD clinical services have continued unchanged with the exception of Endoscopy, which transferred to the RUH site on the 01 February 2015.

1.3 In January 2015 the RUH Board of Directors approved key integration programme objectives to be delivered by the 04 May 2015, and included:

- Completion of the transfer of Endoscopy services from the RNHRD site to the RUH site.

- Approval of a clear Information Technology plan for the RNHRD site for 2015/16.
- Commencing a cultural integration workstream.
- Completing a detailed space utilisation review for the RNHRD site.
- Commencing integration of teams.
- Completing the integration of corporate governance and clinical governance systems.

2. Progress to date

2.1 Endoscopy service transfer

Following a period of engagement with patients, the clinical team and other key stakeholders the Endoscopy service successfully transferred to the RUH site on the 01 February 2015. To date the RUH gastroenterology team have received no negative patient or staff feedback. A post transfer review has been completed to inform any future service relocations.

2.2 Approve a clear IT plan for the RNHRD site

A review of the current IT system (track care) has been completed with the decision to upgrade to the Millennium system in 2015/16. RNHRD clinical and support staff have been fully involved in this process. Inpatient services went live on 15 June 2015 and are working well. All staff have been fully trained and it has been well received. Outpatient services have a provisional 'Go Live' date of 01 September 2015.

2.3 Commence a cultural integration workstream

A cultural integration project group has been established, led by the Associate Director for Learning and Development, and has identified a set of key objectives to be delivered in 2015/16 which include;

- Communicate the RUH's integrated and refreshed vision and mission widely.
- Co-create the RUH's values with staff and patients.
- Provide team building interventions to support teams impacted by the integration.
- Implement a formal shadowing scheme which encourages staff based on the two sites to learn about each other's roles and services.
- Implement a buddying scheme.

2.4 Complete a detailed space utilisation review for the RNHRD site

A space utilisation review has been undertaken to identify opportunities to improve clinical adjacencies, making sure that the right services are located together, and identifying the location of staff across the site. Employees have been fully engaged in the process.

2.5 Commence integration of teams

Integration of non-clinical departments has been progressing well. These teams have been integrated early in response to staff feedback and to reduce duplicate processes. Any consultation process undertaken has been approved by the Trust Consultation and Negotiating Committee (TCNC) before commencing. To date the following teams are now integrated and located on the RUH site: Human Resources, Estates and Facilities, Communications, Learning and Development, Finance, Quality Centre. In addition the post of Clinical and Operational Head for RNHRD site was established, with the post holder commencing in March 2015.

2.6 Complete the integration of corporate and clinical governance systems

Corporate and clinical governance integration has been completed. The programme has incorporated the review and plan for areas including; RNHRD Governance Structure, RNHRD Membership, RNHRD Accounts, Quality Accounts and Annual Report, RNHRD Charitable Funds, RNHRD Corporate Records, RNHRD and RUH Clinical Guidelines and Policy Integration,

Care Quality Commission registration and NHS Litigation Authority, Medical Revalidation. Also, Clinical Governance meetings have been established at specialty level and fully integrated into RUH governance structure.

3. How Integration has been continually monitored

The RUH's Integration Operational Group has monitored the integration process through regular meetings and reporting. This group has recently completed an evaluation of the first 100 Days post acquisition. Findings from this evaluation highlighted the timescales from RUH authorisation as a Foundation Trust and the date for the acquisition to take place as challenging. However, early liaison within the acquisition phase for the clinical teams led to greater ease of integration and staff engagement in the first 100 days, and the level of manager and executive presence on the RNHRD site has been well received by staff groups and seen as very supportive.

3.1 Monitoring of complaints

The Integration Operational Group has closely monitored patient complaints during the initial integration period. To date, no formal patient complaints have been received relating to the integration.

4. Next steps

A number of objectives have been agreed for the next phase of the integration programme and include;

- Complete the Trust's integrated R&D strategy.
- Complete the Cultural Integration workstream objectives.
- Complete the Millennium IM&T project.

Implementation of the integration plan will continue to be monitored by an Operational Group and overseen by the Strategic Integration Group, chaired by the RUH Chief Operating Officer.

5. Summary

The acquisition and subsequent integration of the RNHRD with the RUH has gone smoothly and been successful. The RUH set, and successfully delivered, its key objectives for the first 100 days post-acquisition. Staff engagement has remained high and clinicians report that clinical services have not been adversely impacted. The majority of corporate services have been co-located onto the RUH site and have integrated well. Governance has been well maintained during the integration and high standards of care have been maintained throughout this process.

Part 2: Integration of clinical services and proposed service relocations

1. Introduction

Throughout the acquisition process, the RUH has clearly stated its intention to relocate services from the RNHRD site to the RUH site or, where clinically appropriate and to maximise patient benefit, to suitable community settings. The relocation of services from the RNHRD site will allow the following 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 the 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 ensuring that high quality, innovative service models are supported and in turn, promoting further research investment in the local area that will ensure the strong track record of both organisations in recruiting 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 care for patients across our community
 - Reducing reliance on bed-based models of care where appropriate
 - 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.

As the RUH and RNHRD have very different research areas, the acquisition has resulted initially at a simple level in the pure addition of the studies of both hospitals whilst maintaining recognition of both 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 RNHRD building is highly regarded by the patients it serves, it is unlikely to be a cost effective or suitable base for high quality service provision in the longer term.

It is expected that services will continue to be delivered from the existing RNHRD building for up to three years post acquisition. During this time work will be undertaken within the wider estates plans at the RUH to 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

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.

Services currently provided from the RNHRD and potential timing for relocation, taking into account co-dependencies, are outlined in the table below:

Phase	Service	2015/16	2016/17	2017/18
1	<ul style="list-style-type: none"> Sexual Health* 		Quarter** 1 tbc	
2	<ul style="list-style-type: none"> Paediatric fatigue Paediatric rheumatology 	Quarter 4		
3	<ul style="list-style-type: none"> Adult fatigue 			Quarter 4
4	<ul style="list-style-type: none"> Rheumatology Biologics Orthopaedics Dermatology Therapies Clinical measurement (DEXA, x-ray etc.) 			Quarter 4
5	Pain services			Quarter 3

*Service is not provided from RNHRD site but will potentially require relocation as part of the RUH redevelopment programme.

** Quarter's based from the start of the financial year from April e.g. Quarter 1 will be April to June

3. Consultation and engagement

3.1 Scale and scope

Services are commissioned by a wide range of organisations and a number are highly specialised in nature, serving small numbers of patients. Aside from the RUH's own sexual health services, general rheumatology is the largest service area to be impacted – serving approx 3000 patients in B&NES, similar numbers in Wiltshire and a further 4000 nationwide in 2014/15. Dermatology is the smallest service serving just 35 patients nationwide. Paediatric fatigue and paediatric rheumatology services, which are proposed to relocate in Q4 2015/16, nationally serve 451 and 140 patients respectively.

A Local Health Economy (LHE) Forum (comprising key commissioning and public/patient representation) was established in 2014 to support the acquisition process and ensure ongoing stakeholder support for the transaction. At a meeting of this Forum on the 2 July 2015 it was proposed that BaNES CCG would lead on consultation and engagement activities on behalf of the other commissioners. This will reduce complexity and ensure the approach to co-dependent services e.g. Rheumatology and Therapies, is addressed appropriately.

3.2 Approach – Two phase engagement/consultation

The proposed destinations for the two paediatric services and the sexual health service have been identified. However, destinations for the remaining services are being determined alongside new build and estate development plans. Clinical teams continue to be integral to the planning for these and a number of patient engagement events have taken place.

In order to develop the accommodation required for service relocation over the 3 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 December 2015. 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.

3.2.1 Phase one – Broad overarching consultation and engagement

In order to ensure that feedback gained during engagement activities can inform the RUH estates development programme and meet the December timeframe for investment decision making, there will be broad engagement/consultation on relocating all services outlined above to gain agreement in principle to transfer the services from the RNHRD site.

3.2.2 Phase two – Service specific consultation and engagement

Further specific engagement activities for each of the services will then take place as detail regarding proposed locations and dates for potential transfer of services become clear aligned to the phasing outlined in the table above.

3.3 Timing

In order to meet the timescales outlined, allow timely movement of paediatric services and ensure that the RUH estates programme can proceed without undue delay, phase one of the engagement and consultation around the proposed service moves is proposed to commence in September 2015.

3.4 Engagement to date

A number of engagement activities have already been undertaken to inform the RUH redevelopment work. To date three focus groups have taken place with patients that currently use the therapies departments at the RNHRD and RUH. Representatives also attended from the National Ankylosing Spondylitis Society and the National Osteoporosis Society. 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.

4. Overarching principles

It is a complex set of changes that is proposed due to the phasing and interdependencies of the services and the redevelopment of the RUH site. An overarching set of principles will be developed which will outline the patient benefit, and the RUH's commitment to further improve services and the delivery of high quality care in purpose built surroundings which have been designed with the clinical teams and the patients they care for.

5. Next steps & approvals

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. If there are any specific questions the committee would like to see included in engagement activities, we would welcome this input.

The committee is asked to note this report, and confirm support for the proposed two phase approach to public engagement/consultation including the requirement for a decision in principle on the relocation of services to inform the RUH's strategic planning and investment decisions in December 2015.