

# NHS Greater Glasgow and Clyde

Board Meeting  
Tuesday, 23 June 2015

Board Paper No. 15/33

## CHIEF OFFICER, ACUTE SERVICES

### TRANSFER AND COMMISSIONING OF THE NEW SOUTH GLASGOW UNIVERSITY HOSPITAL AND ROYAL HOSPITAL FOR SICK CHILDREN

#### Recommendations:

The NHS Board is asked to note:-

- this report summarising the transfer to and commissioning of the new South Glasgow University Hospital and the Royal Hospital for Sick Children

#### Introduction

This report provides an overview of the significant activity associated with the Adult and Children's Hospitals migration programme, which started on Friday 1 May 2015 and was concluded on Monday 14 June 2015.

The report sets out the timetable for the migration programme, the infrastructure established to ensure that the programme was delivered safely, the sites and cohorts of services and patients demitted during that period, workforce information, a summary of operational issues that arose during the migration programme and unscheduled care performance.

#### Timetable

The migration of services from the Western Infirmary (WIG), Victoria Infirmary (VIG), Mansionhouse Unit, Gartnavel General Hospital and the Royal Hospital for Sick Children was the largest hospital migration programme ever undertaken in the United Kingdom. It was an immensely complex and difficult programme to construct and deliver.

The Migration Programme was first discussed in detail in mid 2014 and the plans developed with clinical teams, partner organisations, principally the Scottish Ambulance Service, and colleagues in other NHS Boards also supported the moves, especially the Royal Hospital for Sick Children in Edinburgh.

The scale and complexity of the moves had not been attempted before in the NHS in Scotland and this entire programme was delivered safely, with no adverse clinical incidents, or harm coming to any of the patients who were moved during the 7 week period.

The order of the moves was determined thus (and a note of the actual numbers of patients moved)

Week 1	SGH - Critical Care / A&E / Medical & Surgical In-Patients	181 patients
Week 2	ENT / WIG Critical Care (CCU) / Vascular and Renal services	91 patients
Week 3	Victoria Infirmary CCU / A&E / In-Patient wards	86 patients
Week 4	Victoria Infirmary In-Patients	77 patients
Week 5	Western Infirmary (ICU & HDU) / RHSC - NICU cots	
	Western Infirmary A&E / In-Patients / Brownlee Unit	130 patients

Week 6	RHSC (NICU) / Gartnavel General Hospital In-Patients / WoSCC 2 wards	53 patients
Week 7	RHSC A&E closed / In-Patient wards / remaining PICU patients / Out Patient department closed and relocated	61 patients

Almost 700 patients were transferred, safely, from demitting sites into their new units / wards over this intensive seven week period.

## **Migration infrastructure**

### Daily Huddles

Meetings involving key Directors (and nominated deputies) were established throughout the period of the moves and took place at 12noon each day (Monday - Friday); these were chaired by the Chief Officer. Each meeting was guided by an agenda and the action notes circulated immediately after the meeting.

The meeting was structured to discuss -

- A recap of the previous weekend moves;
- Notes of the previous meeting;
- An overview of the next series of moves;
- Update reports on the building, equipment and IT, staffing, service delivery (clinical and non clinical), current UCC performance by site, and agreed actions.

The meetings were first held on Tuesday 5 May and last on Thursday 11 June.

### Command Centre

A Command Centre was established during the entire migration period and provided control of all administrative, communication and move activities on both demitting sites and the new Hospital(s), leading up to, during and immediately following the moves each weekend.

The Command Centre was led by a designated Director to direct the physical transfer process and maintain continuity of service provision during the transfer period.

Service Transfer Owners were identified for each discrete move many months in advance, and these were split into Sending and Receiving Teams for the duration of the physical moves.

The Command Centre was established on the 4<sup>th</sup> Floor of the new Adult Hospital and was equipped to undertake live monitoring of the moves and maintain contact with key staff during the moves.

The core Command Centre Team comprised of the Commander (Director), a Move Lead (a senior member of the new Hospitals Project Team), Facilities Manager, BMG (the external company), and the Scottish Ambulance Service, others were co-opted as required.

## **Workforce Migration**

The establishment of new South Glasgow Adult and Children's Hospitals presented a significant logistical challenge to the Board, resulting in over 10,000 staff being brought together on a single Hospital site.

As part of these moves over 6,000 staff required to change their work location, and a further 1,700 staff moved within the site. Detailed workforce and migration plans were developed over a number of years with services to take the migration process forward.

## **Staff side Engagement/Governance**

On the Move Workforce Change Project was overseen by the Workforce Executive Group, which was chaired by the Chief Executive and the Workforce Director, supported by the Employee Director, other Board Directors and the Chief Officer Acute and Chair of the Acute Partnership Forum.

This group sponsored specific workstreams to support the project. In particular, for staff, the Workforce Advisory Group and Human Resources Sub Group dealt specifically with staff related elements and were supported by multiple trade union and HR colleagues. This included guidance for managers and staff on the change programme, introducing a transition service, considering opportunities for young people as part of community gain and considering the change management requirements of services. There was also local planning in each speciality that was led by professional leads along with partnership colleagues and these groups focused on the overall service redesign to ensure that patient flow was optimised through the new service. The overall Workforce Change Plan was agreed fully in partnership with trade unions colleagues.

## **Communication**

Through the Communication Sub-Group, a wide variety of bespoke communication methods were deployed to keep staff informed of the change. This included individual emails to staff, team and core briefs, updates in Staff News and regularly updated positions on the On The Move StaffNet pages.

In addition the staff guide to the Hospitals and the Leadership toolkit were also publicised and available on the StaffNet pages. Staff roadshows were held across all affected sites and travel clinics were organised to ensure staff had as much information as possible regarding travel and transport to the site. Over 9,000 staff attended an orientation session to the new hospitals and the office block, this included a DVD presentation and walk around of their new work environment.

## **Support for Migration**

Additional bank nursing support was agreed to support the orientation of staff into the new Hospitals. The bank staff were utilised to support wards, receiver and sender teams during the weekends of the moves as well as ward support in the week following the migration. In total almost 4,000 band 5 hours and over 5,000 band 2 hours were used, and the fill rate for these shifts was 94% across the entire programme. Over 200 Facilities staff were also employed on a temporary basis to support the migration process. There were, equally, other support teams including Imaging, Pharmacy and HI&T who provided additional support to services.

## **Transition**

There have been 206 staff who have not been able to relocate with their service during the changes. From this 199 staff have been successfully redeployed into alternative posts throughout NHS Greater Glasgow & Clyde. The remaining 7 staff are all in interim posts until such times as substantive posts can be secured for them. They are all in a robust and well established process however, and are being communicated with regularly with regards to vacancies and opportunities. It is anticipated that these remaining staff will be allocated posts shortly. The average turnaround from someone being displaced to be deployed into a changed role has been 28 days, which is much better than in previous change programmes.

## **Leaver Analysis**

Leavers have been monitored since August 2014 to assess if increased numbers of staff have been leaving the Board as they did not wish to relocate to the new hospital. To date there have been 30 staff who have left as they did not wish to transfer however, this equates to 2% of overall leavers within the Board in this time period.

## Operational issues

In a very complex building, welcoming an increasing number of staff, patients and visitors each weekend, some initial difficulties were inevitable, however the local staff, and their managers have worked tirelessly to resolve these as they arose.

Other operational issues which have emerged, such as early capacity issues at the Canteen, ongoing difficulties with the Pneumatic Tube System, and how lifts are used.

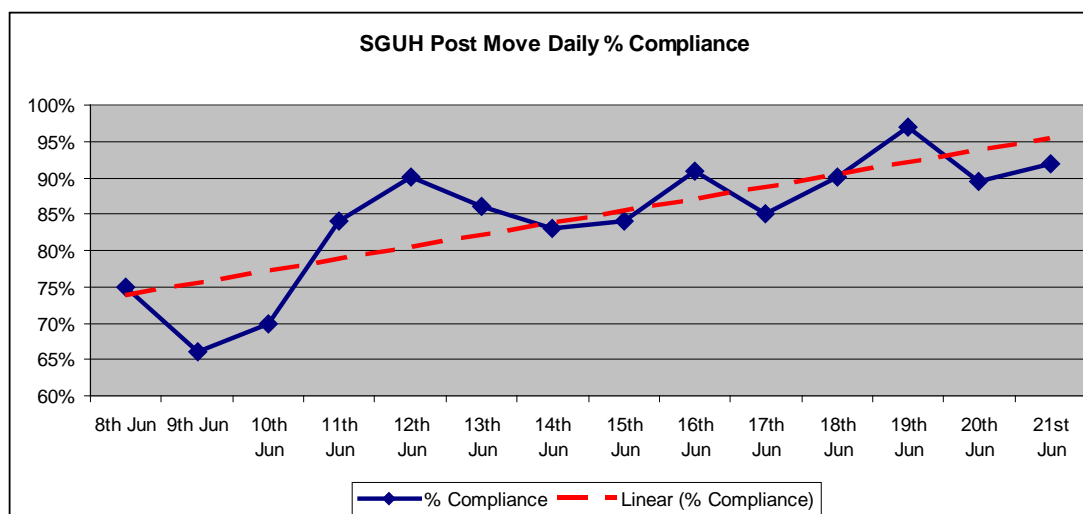
As these issues emerged, these were quickly identified, isolated and fixed. The Daily Hospital Huddles identified where these issues were causing day to day difficulties and, if necessary, these were escalated the same day to the Management Team Huddle to be highlighted and addressed.

## Unscheduled Care Performance

Our Unscheduled Care performance in the very early days of operating out of the South Glasgow University Hospital has been a key challenge, and we are being supported by colleagues from the Scottish Government to assist and support local staff in maximising the benefits of the model we have in place.

### Emergency Attendance

Daily ED Compliance profile for the hospital post final moves on 8th June is detailed below. On the 8th and 9th June the ED attendance was reported as 292 and 272 respectively, the predicted annualised average daily attendance is 270. The daily average ED attendance rate for the reported period has been 235 patients.

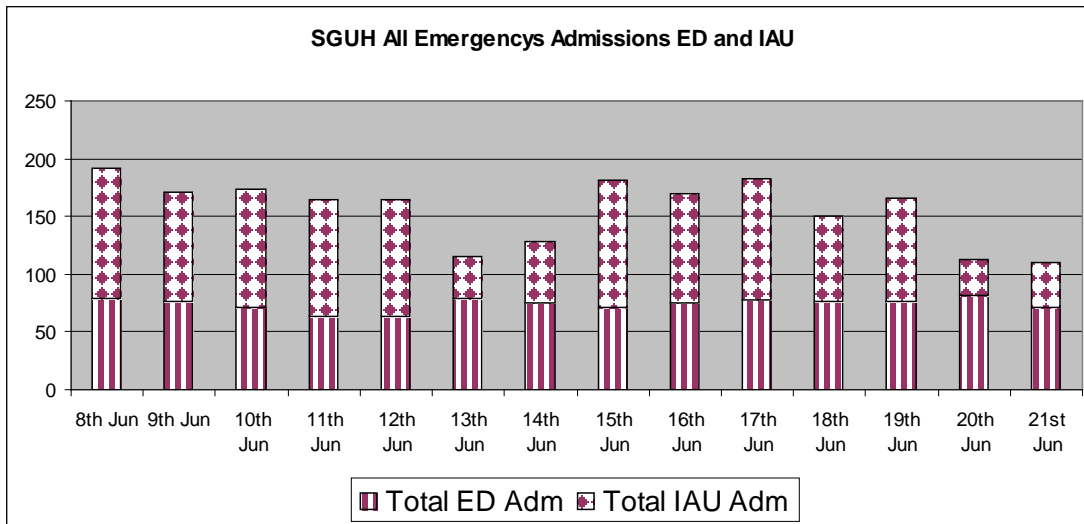


In respect of the 4 hour UCC guarantee, average weekly performance has been

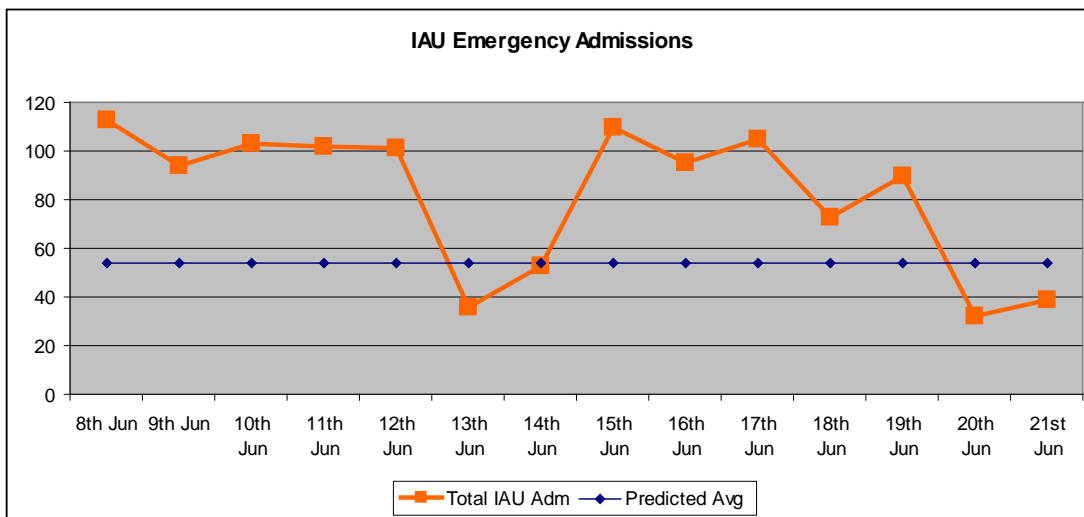
- from 8<sup>th</sup> June to 14<sup>th</sup> June 2015 = 78.6%;
- since Monday 15<sup>th</sup> June 2015 = 89.6%; and
- the range from 8<sup>th</sup> June 2015 to 21<sup>st</sup> June 2015 has been from 66% to 97%.

### Emergency Admissions

The Admissions for ED and IAU GP Referred Emergency patients since 8th June is reported at an average of 156 patients per day. This breaks down to a daily average of 82 GP Referred Attendances through IAU and 74 patients admitted from ED.



The IAU average of 85 patients per day is 57% greater than the predicted average of 54 patients per day.



Early challenges have emerged in the Immediate Assessment Unit (IAU). The IAU is a dedicated facility for patients referred to hospital by their GP, who do not need to come through the A&E Department and instead are received in a dedicated unit for rapid assessment by senior clinicians. From here patients have rapid access to diagnostic tests and decisions about whether or not they require admission, or can be discharged, are taken quickly by senior specialists.

IAUs are designed to stream patients who have already had an initial assessment of their condition undertaken by their GP so they can avoid any potential further delay in their care by going to A&E unnecessarily. They are 24/7 units staffed with dedicated specialist consultants. Our A&E unit receives patients who are brought to hospital by emergency ambulance or patients who self present.

Unscheduled care performance in the Royal Hospital for Sick Children, pre and post migration has been maintained. Since week ending 24 May 2015, weekly performance against the 4 hour target has been 100%, 99%, 100%, and 97%, and in the latest week available (week ending 21 June 2015) was 99%.

### Scheduled Care Performance

Our scheduled care performance has been maintained throughout this period of significant change.

Although not all of the data for May (and June) is available to analyse at a level that we would use to report on, our early assessment of real time performance of the services transferred suggests that

- our excellent TTG performance has been maintained throughout the migration programme (in all of our Hospitals, and including Paediatrics);
- the Board is maintaining its performance in relation to out patients seen within the 12 week waiting time guarantee;
- patients are being seen within the national target time of 4 weeks for all Diagnostics tests; and
- Delayed Discharges (under 14 days) were reduced in the April census to the lowest number achieved this year.

### **Clinical highlights**

Renal Services carried out 10 kidney transplants in the first three weeks of the renal service transferring into the new hospital. The renal service has benefited from the move by increasing the overall number of beds from 63, up to 65.

In Haemato-Oncology Services, 2 patients received Bone Marrow Transplants (BMT) within the first week of the service transferring into the new hospital. The enhanced diagnostic and laboratory support on site significantly assist with timely clinical decision making for this patient cohort. The move to the new hospital has also enabled the service to increase the number of BMT beds from 19 up to 24.

### **Concluding Remarks**

The migration of services to both the Adult and Children's Hospital(s) has now been completed, and the South Glasgow University Hospitals campus is now fully operational. The immediate focus is the improvement of unscheduled care, while continuing to maintain the performance of scheduled care services.

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**Acute Services**  
**NHS Greater Glasgow & Clyde**

**22 June 2015**