Trust Board – Public
9th February 2012
Agenda item: 2.2

Introduction of New Modular Wards

Summary:

The opening of the 2 new Modular Wards in February 2012 is a significant feature in the Trust's £14.4 million redevelopment plan.

The Modular Wards are now in situ and will become fully operational over 2 days; the 20th and 21st February as the new Digestive Diseases Unit. The 2 new wards will be called Copthorne and Charlwood

The appropriate patients' will move to the modular wards from our existing in patient bed base. This will release capacity within the existing wards which will enable us to re-align our beds to better reflect demand by speciality.

The ward moves are:

- Chaldon becomes the new stroke unit providing 28 ring fenced stroke beds.
- Tandridge handed over from surgery to become general medicine
- Abinger ward will change form stroke to care of the elderly

Getting patients to the right ward, in the right time frames under the care of the appropriate medical teams is a key element to driving efficiencies in our Length of stay, improving our patient experience and improving safety and quality.

Over the next three months, the clinical divisions are committed to changing the way in which patient flow across the hospital is managed to ensure that the trust achieves maximum benefit form the opening of the new modular wards.

Care of the Elderly will develop to deliver a dedicated assessment unit providing a direct admission pathway for care of the elderly patients working in partnership with community partners to minimise delays and return patients to the most appropriate care setting.

Admission to the new stroke unit will be direct from shortening the patient journey from attendance to arrival on the stroke unit and supporting the trusts achievement of the stroke standard.

<u>Business case benefits for modular wards</u>

Quality and safety – the emergency department (ED) at East Surrey is not able to provide an appropriate level of care in all cases due to space and demand pressures. Additional capacity will provide for:

- Reduced overcrowding, which is well documented as providing better quality, outcomes and reduced mortality rates;
- Reduced time in ED and faster arrival on a ward for treatment – that brings dignity and infection control advantages, but the most immediate benefit is the individual treatment and reduced discomfort provided for the patient;

- Minimised use of “escalation” beds - transfer to the right bed on the right ward with permanent staff in attendance, rather than temporary staff;
- Reduction in “safari” ward rounds – doctors currently have to travel across the Trust to see their dispersed patients – this will be more efficient, allow more patients to be seen (and discharged) and provide for better clinical practice
- A reduced level of serious incidents reported;
- A reduced level of patient contacts with the CQC and the press.

Delivery of RTT to 90% from February 2012 and sustained moving forward. Right sizing capacity will enable the trust to ring fence elective beds, reduce the need for cancellation as a result of no capacity and maximise theatre efficiency.

The opening of the protected day case unit on site at East Surrey Hospital will also provide the opportunity to maximise day case potential and release in patient beds.

Achievement of the 95% 4 hour access standard expected from the end of March. The additional capacity will drive efficiency in LOS as a result of the placing the patient in the right place under the care of the appropriate specialty consultant at the earliest point in the patient pathway. This will be supported by other planned initiatives such as criteria lead discharge, expanding ambulatory care pathways and direct pathways from ED to speciality.

Improving performance for fractured neck of femur patients receiving an operation within 36 hours. Additional capacity will allow ring fencing of beds on the trauma wad to help with this objective.

Improving stroke performance by the introduction of direct pathway admission to the newly formed stroke unit from ED, avoiding the need to be admitted via the acute admissions unit, will maximise the time spent in the stroke unit. Equally the ability to ring fence the stroke beds will support the improved performance against the stroke standard 80% of stroke patients spending 90% of their stay in the stroke unit.

Action:	The Board is asked to note this paper

Presented by:	Bernie Bluhm – Chief Operating Officer
Author:	Bernie Bluhm – Chief Operating Officer

Reviewed & Approved by Management Board	**Date:**
Reviewed & Approved by the relevant Board Committee	**Date:**

Notes:

Trust objective:	• Deliver safe high quality coordinated care • Ensure patients are cared for and cared about • Become a sustainable and effective organisation

Legal:	What are the legal considerations and implications linked to this item? Please name relevant act N/A

Regulation:	Impacts on a range of regulatory requirements relating to the patient experience, quality of care and operational and financial performance.

Date	1st February 2012
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Department	Corporate
Audience	Trust Board Members