

Key features

Nottingham University Hospitals NHS Trust wanted the new CCUs to provide:

- modern, spacious state-of-the-art clinical technology
- extra CCU beds
- appropriate isolation units
- good storage
- excellent lines of vision.

It also had a number of key decisions to make about critical care provision for Nottingham for the future. These include:

- the location of the new unit
- whether or not there would be one shared unit or, two distinctive units, one for each campus
- whether it wanted integrated critical care, or a stand alone unit.

April 2008 ●●● PSCP appointed
April 2008 ●●● Started outline business case
Anticipated Jan 2010 ●●● Enabling works started (Still in progress)
Estimated Jan 2011 ●●● Start of construction



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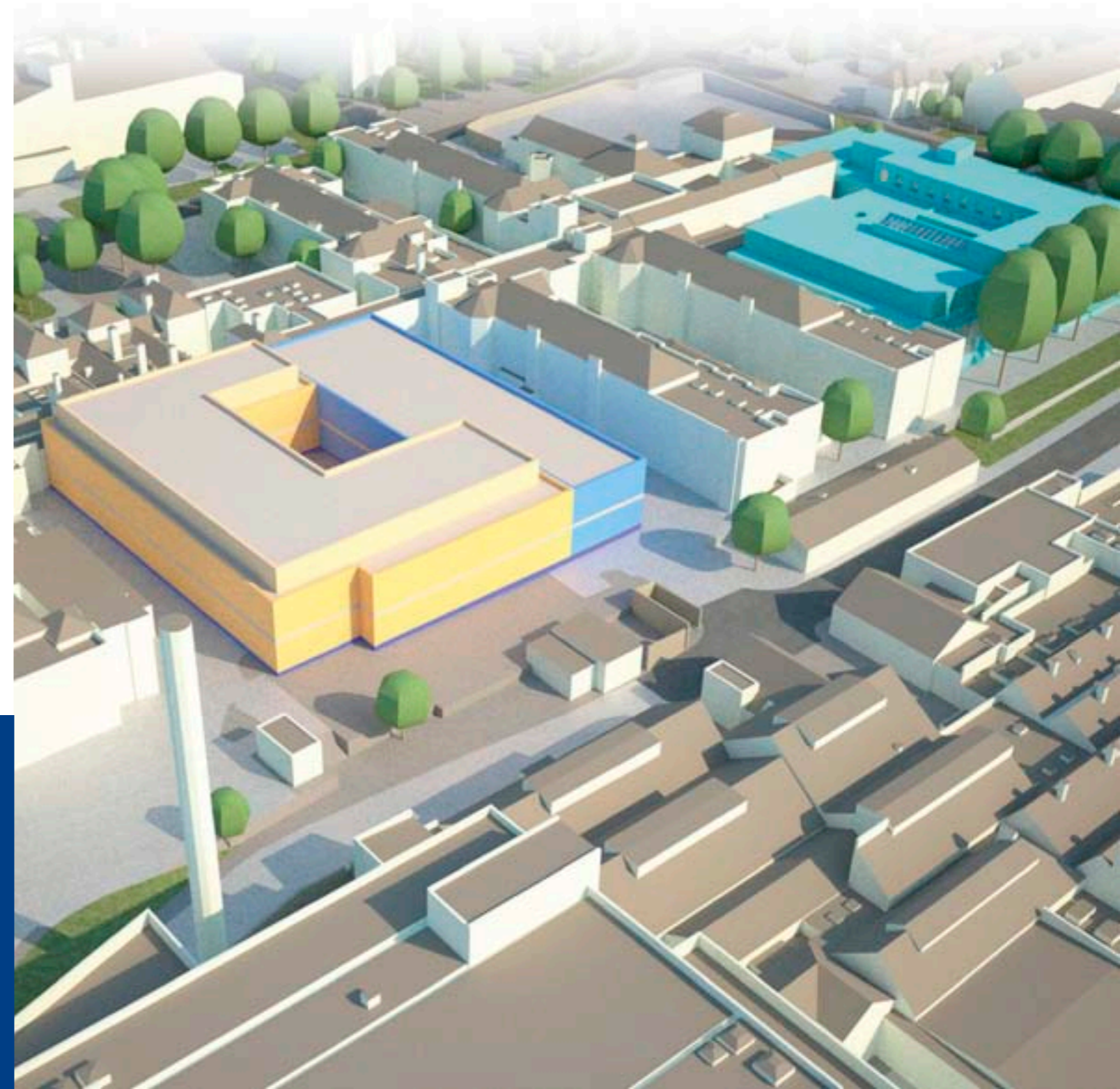
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PRO CURE
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NHS

Nottingham University
Hospitals NHS Trust
Critical care units

Prompt
Radical
Collaborative



“ Because critical care is a very complex field of medicine and impacts on so many different areas of the hospital, we wanted to ensure that as many stakeholders as possible were involved in the units’ planning stages ”
Peter Mosek

ProCure21 will transform critical care at Nottingham's two acute hospitals

Nottingham University Hospitals NHS Trust has plans to be the country's best acute teaching trust by 2016. To achieve this, it has embarked on a ProCure21 project to build Critical Care Units (CCUs) which will deliver cutting-edge patient care in a modern working environment.

Critical care provision is at the heart of NUH's plans to be the best acute teaching trust by 2016. Clinicians and nursing teams are working in challenging conditions on two sites, the Queen's Medical Centre (QMC) and the City Hospital.

The ProCure21 CCU project is at Outline Business Case (OBC). The NUH appointed Medicing as its Principal Supply Chain Partner (PSCP) in April 2008 to develop an OBC. The Trust chose ProCure21 because of its track record.

Peter Mosek is Estate Project Lead for NUH NHS Trust. He said, "It enables us to progress the initial project and produce an OBC which seamlessly progresses to FBC and shortens the whole project lifecycle. A key part of this is early involvement with the construction and planning team and using their expertise, along with that

of the Trust and our clinicians, to develop a successful business case solution. This should be beneficial to all parties including our financial sponsors and the SHA."

In the last 15 months Medicing and the supply chain partners have instigated a series of measures to establish the OBC. These include:

- site visits to other successful CCUs to share their learning
- developing a model of care and service configurations
- analysing of service and network developments and their expected impact on critical care
- consulting with clinical and non-medical stakeholders
- demand and capacity planning
- developing of a long list of service configuration options for critical care

- developing of a schedule of accommodation needs across both campuses
- a risk workshop in November 2008
- developing and weighting evaluation criteria against which different options can be appraised.

Stakeholder involvement

ProCure21's openness allowed both teams – the Trust and the supply chain – to freely discuss all options. The PSCP engaged in discussion with stakeholders, including:

- an Open Day with clinicians
- establishing clinical speciality meetings
- consulting with MKN, Thoracic and Acute Medicine.

This feature of ProCure21 allows all stakeholders the chance to provide



ideas while hearing from the PSCP what is and isn't achievable. It also puts consultation at the beginning of the process, saving time, and possibly costs, later on.

"Because critical care is a very complex field of medicine and impacts on so many different areas of the hospital, we wanted to ensure that as many stakeholders as possible were involved in the units' planning stages," said Peter Mosek.

In April 2008 the supply chain was brought into the project team. The Trust employed some of the team including service engineers and the project manager to work for them.

"If you were sitting in an operations meeting it would be difficult to work out who was working for whom because we are integrated as a team," said Andy Dixon. "We are always open to ideas that will help clinicians and other stakeholders understand what they could get."

During consultations with key clinicians and other stakeholders NUH decided to build two separate integrated units. The QMC will be a refurbishment of

existing provision while the City Hospital campus will get a new build.

Flexible patient care

Increased capacity will allow flexibility to care for patients as their condition improves or deteriorates. The units will also provide same sex accommodation, helping to improve patient dignity and privacy.

"It means the Trust can better deal with the ebbs and flows of critical care demand," said Andy Dixon of the PSCP.

The increased capacity will also reduce issues such as cancelled planned admissions, night-time discharges, and non-clinical transfers. And the inability to accommodate all referrals for specialised care from other local hospitals.

The project is at the stage of preparing an OBC. While funding is in place, a final decision has yet to be made about the final site for the new build at the City Hospital campus. However, both parties agree ProCure21 has been integral for delivering the progress made so far.

Facts and figures

Project
Critical Care Units

Location
Queen's Medical Centre and City Hospital campuses

NHS Trust
Nottingham University Hospitals NHS Trust

Principal Supply Chain Partner
Medicing

Contract value
Approx £30 million

Start on site
Estimated spring 2011

