

Emergency Floor Project: Monthly Update

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EXECUTIVE SUMMARY

Context

Construction of Phase 1 of the Emergency Floor Project will be completed within the next week. The Trust will take possession of the building from 6th March 2018. We will then mobilise our final preparations for the opening of the new facility on April 26th 2017. The primary focus of this paper is to provide the Trust Board with an update on delivery of the detailed plans in order that our staff, our partners across the Health and Social Care Community and our patients are informed and ready for the move. Information is also provided on closure of the Balmoral entrance to the LRI and progress made towards developing Phase 2 of the project.

Questions

1. Does this report provide the Trust Board with sufficient and appropriate assurance on progress that is being made to safely open the new department on 26th April 2017?
2. Is the Trust Board satisfied that the high rated risks are being managed in such a way that there will be no delays in the date of opening Phase 1 and start of Phase 2?

Conclusion

3. This report provides an overview of the significant progress that continues to be made in preparation for the opening of Phase 1 and the work that is now beginning on the development of Phase 2. The attached detailed report focusses on the key project issues and risks and how they are being mitigated. These continue to be:
 - Single Front Door for Childrens Emergencies;
 - Operational commissioning – state of readiness for the move;
 - IT;
 - Workforce ;
 - Getting ready for the start of Phase 2;
 - Finance.

Input Sought

The Trust Board is requested to note:

- That the Trust will take possession of the new building in a few days and on time;
- That the focus will shift to undertaking preparatory activities at pace from within the new building (staff familiarisation, training and equipping);
- The progress that has been made in recruiting to vacancies
- The actions to address IT and financial matters;
- Note the status of Phase 2 and next steps.

For Reference

Edit as appropriate:

The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Yes
Consistently meeting national access standards	Yes
Integrated care in partnership with others	Yes
Enhanced delivery in research, innovation & ed'	Yes
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Yes
Financially sustainable NHS organisation	Yes
Enabled by excellent IM&T	Yes

This matter relates to the following governance initiatives:

Organisational Risk Register	No
Board Assurance Framework	Yes

Related Patient and Public Involvement actions to be taken: Access and Way finding

Results of any Equality Impact Assessment relating to this matter: Completed

Scheduled date for the next paper on this topic: April 2017

Executive Summaries should not exceed 1 page. My paper does not comply

Papers should not exceed 7 pages. My paper does not comply

Emergency Floor Project Update

UPDATE FROM LAST MONTH

1. Phase 1 of the Emergency Floor Development continues to progress to plan. The contractors will hand over the new building to the Trust on 6th March 2017.
2. The revised date for opening, 26th April 2017 will also be the day on which the Balmoral entrance to the LRI site will close. The same date has been chosen for specific reasons, particularly the need to have communications to our staff, patients, members of the public and others that is not conflicting or confusing. In closing the Balmoral entrance simultaneously with the opening of the new ED we are only asking people to change what they do once. New internal and external wayfinding/signage throughout the and a clear communications and engagement campaign will support this. Works are underway to alter to the Havelock Street Car Park and Winsdor entrance which will be complete by the 26th April 2017. There is also a necessity to close the Balmoral entrance at this time in order to allow for the decommissioning of the existing emergency department in readiness for Phase 2 works to start.
3. This delay is based on the need to allow sufficient time for all the essential preparatory activities to be undertaken to support a safe and successful move into the new department. This will delay the start of Phase 2. The financial consequences of this have been reported to the EF Project Board, Reconfiguration Board and the Capital Monitoring and Investment Committee.
4. The detailed plans that will lead to the opening of a safe and fully functioning new Emergency Department are now being implemented with no reported delays. Delivery continues to be monitored weekly through the delivery group to provide the necessary level of confidence that the new department will open on time and that out teams are well prepared for the move.
5. Once the Trust takes possession of the building substantial amounts of time will be spent in the building both to train and familiarise staff with their new environment as well as to make sure that the department is fully equipped and ready for use.
6. An extensive procurement, equipment and logistics plan was presented to the Emergency Floor Project Board in early February detailing the scale of daily activities required in order to receive, install and test equipment ready for use. The depth of detail within the plan provided a high level of assurance to project Board members. The coordination of the plan will be crucial for the effective execution of the plan. Individuals have been assigned to ensure this happens and that there are no delays in the execution of the plan.
7. A detailed programme of staff training and familiarisation activities has been developed. There is a risk that sessions get cancelled due to on-going operational pressures. To prevent this from happening staff on duty have been “doubled up” over a precise period of time to make sure that staff have time to attend sessions that will be held within the new building. Organisational Development (OD) specialists and the Training and Development team will provide support throughout this period. The clinical leadership team are also expected to deliver these sessions.
8. An interim model to support the implementation of the Single Front Door for Children’s Emergency services has been agreed. As previously explained this is to allow time for new processes to be put into place in the Children’s Hospital to create sufficient bed base for admitted children once the Childrens Assessment Unit (CAU) closes. It is

proposed that the full model will be implemented from 1st July 2017. Delivery of the action plans to achieve this will continue to be monitored by the Oversight Group.

9. The IT solutions to support the delivery of new ways of working continue to be progressed. The biggest development concerns the integration of 2 systems, Nervecentre and SystemOne MIU module. This exciting development will enable a single booking in process for our patients and will also provide GP's working within the "Blue Zone" access to patient's records within GP practice. Currently there are challenges on timescale, the technical requirements to achieve integration and fulfilment of NHS Digital requirements in order that integration between the 2 systems can happen. Executive level support is being provided to facilitate this.
10. The appraisal of costs for the next phase of development, Phase 2 of the Emergency Floor Scheme, are going through final confirm and challenge. The final capital costs for Phase 2 (including costs associated with the delays to the start date) will now be presented to the Emergency Floor Project Board and the Capital Monitoring and Investment Committee in March 2017 for approval.

CURRENT ISSUES

Closure of Balmoral entrance

11. Opening the new department will have a significant impact on the way in which staff, patients, visitors and others enter the hospital and go to and from their required destination. Work continues to progress at pace to redirect traffic away from the Balmoral entrance and to re-create a new "main entrance" at the Windsor end of the hospital site. Essential works to improve way finding, signage, pathways and the facilities at the Windsor reception will be in place by 26th April 2017. This will mean that the Balmoral entrance to the LRI site can close on the same day as the new ED opens. The timings of the closure are to be confirmed. There is a clear communications and engagement plan to support the closure which includes changes to the way in which our patients and staff access the LRI site will also mean changes to maps and letters that are sent to patients about their in-patient, day case or out-patient appointments..

Phase 2

12. Phase 2 building works will now start on 8th May 2017. A revised programme has been developed which suggests that the scheme will be completed in March 2018. The costs for Phase 2 have now been received and are undergoing the final stages of confirm and challenge. Currently there is an overall reported cost pressure for this phase of the scheme which is due for further financial scrutiny before costs can be confirmed. It is anticipated that the final schedule of costs will be presented to the Emergency Floor Project Board and the Capital Monitoring and Investment Committee in March 2017 for approval.

Operational commissioning

13. A comprehensive master plan that will lead to the opening of a safe and fully functioning new Emergency Department is now in place. Delivery of the detailed daily and weekly tasks is being monitored weekly through a weekly held delivery group. This pulls together and coordinates work across of a number different workstreams such as Estates and Facilities, Equipment, Procurement, communications, workforce and Organisational Development (OD). There is now a high level of assurance that all the necessary actions are identified in order that the new department will be opened on time on 26th April 2017.

14. An external desktop review of the final draft master plan was commissioned in order to provide a final level of assurance. This work has been completed. A report on the outcome was presented to the EF Project Board on 6th February 2017. A RAG rating of amber/green was given along with further assurances that there were no significant concerns. The recommendations from the report have been addressed within the refresh of the master plan.
15. Given the importance of “getting this right “for our staff and patients delivery of the master plan on time and with the right engagement continues to be the top priority for the Project.
16. Resources within the EF project team continue to be focussed on supporting the teams in getting ready for the opening. The Head of Operations and the senior management Team, supported by the dedicated OD specialist are actively engaged in delivering this programme of activities. Flexible support is being offered to ensure that the understood operational pressures do not impede delivery of the master plan. Staffing rotas have been developed to make sure that staff can be released when required to complete training, induction, simulation and familiarisation activities. Pulse check surveys and other wellbeing and engagement initiatives are being used to help support staff to prepare for the transition from the old to the new.
17. The frequency of visits to the new ED will increase considerably after 6th March 2017 so that all members of staff have the opportunity to become familiar with their new working environment. A temporary suspension of visits, on the grounds of safety and the need for the contractors to complete on time, has not impacted on delivery of the master plan.
18. The current reported risks to the delivery of the master plan concern IT, finance and logistics associated with the equipping and procurement plans. The first risk remains an issue but mitigation is in place. The logistics risk has been addressed and there is now a comprehensive plan in place to ensure that the coordination of supplies, receipt of orders, installation and staff familiarisation and training happens by zone. Updates on how the plan is being delivered will be discussed at future EF Project Board meetings.
19. Days for training and familiarisation with our partners in the wider community to make sure they are well prepared to support the hospital in opening the new department have been scheduled. This should help the Trust ascertain what support is needed and inform these services of any access and procedural changes they will need to adopt.

Workforce

20. Recruitment to vacant posts was a previous area of concern. This situation has changed due to the impact of a concerted recruitment campaign. The number of reported vacancies has reduced considerably with further recruitment initiatives underway. Currently there are 41.69wte registered nursing and 10.28 wte Healthcare Assistant (HCA) vacancies within the ED. The successful recruitment campaign has reduced this to 12.69wte registered nursing and 2.71 wte HCA vacancies over the forthcoming weeks. These figures include overseas recruitment where there have been unforeseen delays. The ED will continue to progress these appointments as it is likely that some vacancies will remain and there will be natural turnover.

Single front door for Children – Emergency Pathway

21. The new Childrens Emergency Department is designed to provide a single point of entry for all children presenting with an emergency condition. Currently this is

delivered in three different locations. This model is supported by our Commissioners. For the model to be implemented safely and effectively, processes need to be in place to ensure the availability of beds within the children's hospital to receive the sickest children who require admission to hospital. An interim model has been agreed by the clinical teams and members of the Oversight Group to allow adequate time for these processes to be put in place. This will mean that the Childrens Assessment Unit (CAU) will remain open between 26th April 2017 and 1st July 2017 and that the Children's Emergency Department will open 8 Paediatric Observation Ward Beds between 12midday and midnight . This facility will care for those children who need a longer period of observation (up to 18 hours) and who do not need admission. The EF Project Board have been advised that this interim solution can be delivered within the agreed financial plan for the new department. The Single Front Door will become fully operational on 1st July 2017. Our commissioners have been informed of this decision.

Capital cost pressures

22. As reported in the previous month the EF Project was facing IT Capital cost pressures as a consequence of the EPR business case being unfunded resulting in a mismatch between the IT equipment requested and the budget for this. Approval was given by the CMIC to support these cost pressures with the understanding that the allocation of IT costs identified within the full business case for the whole EF Project will be fully used in Phase 1. There are emerging concerns that additional funding may be required for Phase 2, however this is subject to further work. The full extent of the capital requirements for the remainder of the project are being re- evaluated and a final capital cost confirmed in early March.

Revenue consequences of Phase 1

23. The revenue consequences following the opening of Phase 1, above and beyond the workforce costs, have been reassessed against the original FBC assumptions. Some of the revenue consequences have been addressed through confirmation of the funding available to support the workforce plan. Work is now being undertaken by the ESM CMG to review the workforce plan and to agree what controls need to be in place so that expenditure in 2017/18 does not exceed the level of funding available. This includes plans to minimise vacancies and reduce premium spend.

RECOMMENDATIONS

The Trust Board is requested to note:

- That the Trust will take possession of the new building in a few days and on time;
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