

Emergency Floor Project: Monthly Update

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EXECUTIVE SUMMARY

Trust Board paper H

Context

Phase 1 of the Emergency Floor was finally delivered as we opened the doors of the new Emergency Department on 26th April 2017. New IT systems have also been implemented, including a number of innovations that will improve the quality of care for patients and provide improved access to information.

Works to improve access via the Windsor entrance have now been completed. This enabled the closure of the Balmoral entrance which was permanently closed on 26th April. Over the next few weeks we will hand over the former ED footprint to the contractors and start Phase 2 of the project. The construction of Phase 2 will take approximately 10 months to complete. This will see the development of the new Emergency Decisions Unit, incorporating mental Health assessment facilities, new medical assessment units including the Emergency Frailty Unit (EFU) and Acute Frailty Unit (AFU) and GP assessment Unit (GPAU). A core feature of this development will be a focus on creating a frailty and dementia friendly environment that is consistent with Phase 1 and the Trust wider strategy.

The primary focus of this paper is to provide the Trust Board with early reflections on the move, to provide an update on the work undertaken to improve flow across the children's emergency process and to provide further details about Phase 2.

Questions

1. How did the transition to the new department go and what early themes are emerging?
2. Is the Trust Board assured that we will be in a position to deliver the single front door for Childrens emergencies by 1st July 2017?
3. What are the key milestones and next steps for Phase 2?

Conclusion

4. This report provides an overview of how services were successfully transferred into the new ED. An update is provided on the changes that have been made in readiness for the implementation of a single front door for children. An account is provided of the progress made to date on the development of Phase 2.

5. Input Sought

The Trust Board is requested to note:

- That all post-handover works concerning the building have been completed and that the defects log continues to be actively managed;
- That significant changes have been made to the access and egress across the site supported by improved signage;
- That the new department became fully operational on 26th April 2017;
- Good progress is being made towards the delivery of a single front door for Children, making the Children's service the second largest Children's ED in the country;
- The focus is now on developing Phase 2;
- The Emergency Decisions Unit will now move to Ward 7 in early May to protect elective and emergency capacity.

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

Phase 1

1. Phase 1 of the Emergency Floor Development opened as planned on 26th April 2017. All post contract works to support the safe and effective move into the new building were completed on time. Remaining items on the defects log and list of issues continue to reduce on a daily basis and are under daily review. Naturally for a new capital build of the scale of the new ED there are teething problems that emerge and will need to be managed in this way.
2. Recognition needs to be given to the substantial amounts of time committed by a core team of staff who dedicated their time in preparing the new building for occupation, training and familiarising staff with their new environment as well as ensuring that the department was fully equipped and ready for use.
3. Go-live criteria were developed and signed off by the Chief Executive immediately before the move. This included the delivery against the target of 80% of all ED staff actively participating in training and familiarisation sessions which provided staff with a basic level of knowledge regarding their new working environment, Standard Operating Procedures (SOPs), culture, attitude and behaviours. The sessions were delivered by clinical leads, Organisational Development facilitators and specialist facilitators and also incorporated training in IT, emergency planning, fire, health and safety.
4. To support the safe transition to the new department hourly tasks for a 48 hour period throughout 25 to 26 April were detailed, providing key leaders with clarity over roles and responsibilities. A command and control centre with key personnel overseeing the move was used to make sure issues were escalated and dealt with at the earliest opportunity. The leadership team from the ED and supporting departments also played a significant part in executing the transition from the old department into the new facility.
5. Initial delays were experienced with the imaging facilities being fully operational at the time of opening. Issues have been resolved and the areas are functioning effectively. Issues were also encountered with the bleep system in the new building that at the time of writing were still being resolved. A workaround is in place and has been widely communicated to all bleep holders.
6. Staff from across the wider organisation and other partners/services were actively engaged in the preparations leading up to the move. This included Standard Operating Procedures (SOP) confirm and challenge sessions with CMGs, an active review of escalation procedures, a review of the watershed policy and bespoke familiarisation sessions. The Trust actively planned to move to critical incident status throughout the week of the opening to support the department and maintain performance over the initial days of opening.
7. The IT solutions to support the delivery of new ways of working are now in place. Last month we reported that the biggest development concerned the integration of 2 systems, Nervecentre and SystemOne MIU module. Full integration between the two systems was achieved before the department opened. A single booking in process for our patients is now in place and GP's working within the "Blue Zone" have access to patient's records within GP practice. Other developments were successfully piloted before the new ED opened. This included a trial of the new patient queuing and

tracking system that is operating well in the new environment. From an IT perspective the move has gone well. The teams are working to make sure all systems are now fully operational.

8. As the teams have begun to settle into their new environment and adopt the new processes it has become evident that the SOPs need to be revisited. Work has already begun to review the SOPs with the clinical teams to make sure that new ways of working are optimised and that we make best use of the new environment.
9. Considerable external works have been undertaken to support the closure of the Balmoral entrance which closed on the same day that the new department opened. A number of enhancements have been made to the site including: an improved reception at the Windsor entrance, alterations to the Havelock Street Car Park, improved roadways and pavements and improved signage. This will be a catalyst for further works in the future to improve way finding throughout the site,
10. Further thinking has been done to make sure that we can re-direct people effectively throughout the site to support our team of Hospital volunteers and security who have played their part in helping patients and visitors to find their way round the site since these changes have been implemented. This has included further signage and information on hoardings to assist the public with way finding.
11. A full decommissioning programme of the old emergency department is underway to make sure that the premises are in the right condition for handover to the contractors on 8th May 2017. The decommissioning programme will be delivered on time.

Single front door for Children – Emergency Pathway

12. As Trust Board members will be aware 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 Children's Assessment Unit (CAU) closes. It is proposed that the full model will be implemented from 1st July 2017. A series of action plans to achieve this have been developed. It remains the case that the key challenges to delivery lie in the ability to deliver the additional bed base required within the Children's Hospital to receive admitted children once the CAU closes and the on-going recruitment challenges. Delivery of these plans will be reviewed by the Oversight Group in early May.

Phase 2

13. Phase 2 building works will start on 8th May 2017. Some early enabling works are being undertaken in advance of this commencing from 27th April 2017. The different working groups that will facilitate the delivery of the scheme are being established. A key component of delivery will be incorporating lessons learned from Phase 1 and ensuring early development of the standard operating procedures.

Demand, capacity and escalation

14. Based upon the experience of other Trusts the main area of concern continues to be how the department will cope with any further increase in activity following the opening of the new department. The department is designed to have continuous outflow, however experience of recent weeks suggests that demand will continue and may increase. This coupled with the fact that the GP Assessment Unit (GPAU) now occupies 8 Majors cubicles will put pressure on the department as there are no areas for escalation within the new ED. Conversations have taken place, led by the Chief

Operating Officer, across all CMG's and escalation plans updated to mitigate this risk as far as possible. When the Emergency Decisions Unit moves to Ward 7 at the LRI 8 additional beds will become available as an area for escalation. This will be in early May.

Capital cost pressures

15. The Emergency Floor (EF) Full Business Case (FBC) was approved in May 2015 by NHSI (formerly the NTDA) at a total value of £43.3m. Since then, a number of additional costs have been approved through CMIC; resulting in a current budget of £48,585,223. In April the Trust Board approved a pre-commitment of £4,315,007 from UHL's internal CRL in 2017/18, in order to ensure clinical functionality of the Emergency Floor project. Approval was also given for a purchase order to be raised to the maximum value of £6.506m for Interserve Construction to proceed with Phase 2. This will be a continuation of Phase 1 under the Lot 2 Framework Agreement
16. In agreeing the additional capital the Trust Board acknowledged that there would be value in undertaking an interim post project evaluation. The process by which this should be undertaken is still to be agreed. A proposal setting out how we are proposing to do the review will be presented to the Audit Committee on 24th May 2017, with a recommendation that a report on the findings will be available for consideration by the Audit Committee in early July 2017.

Risk register

17. The risk register for the scheme is currently being refreshed as the project now becomes focussed on the delivery of Phase 2. Any risks of concern will be discussed in the next monthly update.

RECOMMENDATIONS

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- That the new department became fully operational on 26th April 2017;
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