

Emergency Floor Project: Monthly Update

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Trust Board paper H

EXECUTIVE SUMMARY

Context

Phase 1 of the Emergency Floor Project is now in the final stages of development. The new Emergency Department is due to open in late March 2017. With a project of this scale and complexity there are a number of key challenges that the project team are working through in order to provide assurance to the Trust Board on the state of readiness for the move.

The focus of this paper is to provide members of The Trust Board with an update on progress since last month and the key priorities for the project over the next month.

Questions

1. Does this report provide the Trust Board with sufficient and appropriate assurance on the level of activity to achieve the necessary state of readiness in late March 2017 and management of risks?

Conclusion

2. This report provides an overview of progress that has been made over the last month. The attached detailed report focusses on the key project issues and risks and how they are being mitigated. These are:
 - Workforce planning;
 - Recruitment;
 - Single Front Door for Childrens Emergencies;
 - Operational commissioning;
 - Project resources;
 - Date of opening;
 - Finance

Input Sought

The Trust Board is requested to:

- Note the progress from last month;
- Note the key issues and risks and how they are being addressed;
- Note that the priority for the scheme is to finalise the detailed plans that will provide assurances on our state of readiness for the move.

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 Wayfinding

Results of any Equality Impact Assessment, relating to this matter: Under review

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

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

Papers should not exceed 7 pages. My paper does comply

Emergency Floor Project Update

UPDATE FROM LAST MONTH

1. Phase 1 of the Emergency Floor Development continues to progress to plan and is on time and within budget. Orders are now being placed for the equipment for the new build. The contractors will hand over the new building to the Trust on the building on 6th March 2017.
2. The first part of the new IT solution was successfully launched in the current Emergency Department as planned on 6th and 7th December 2016. As many staff as possible were trained before the system was introduced, however this is on-going in order to support those who were not available initially to be trained. The latest list of frequently asked questions (FAQ's) are being made available to support the continued process of embedding the new system into the department. Early feedback suggests that overall staff feel it is an improved system. Planning has also started for the next stage of development of the IT solutions for the new department.
3. A decision has been reached to temporarily re-locate the Emergency Decisions Unit (EDU) on ward 7 at the LRI during the construction period for Phase 2 (the redevelopment of the current Emergency Department to from the new EDU and medical assessment units. This will undoubtedly have some impact on the availability of acute medical beds. It is hoped that with the introduction of the "Red to Green" initiative and other measures the impact will be reduced.
4. The appraisal of costs for the next phase of development, Phase 2 of the Emergency Floor Scheme, is well underway. The final schedule of costs will be available in the New Year. Work is now in progress to review the equipment requirements with the clinical teams.
5. 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 is progressing at pace to address the impact across the LRI site and to assess how things will need to change. Our Patient Partners are playing a pivotal role in this work. The need to redirect traffic away from the Balmoral entrance and to re-create a new "main entrance" at another point of entry has been agreed. A business case has been presented to the Capital Investment and Monitoring Committee to gain support for funding for any essential works that will need to be completed in advance of Phase 1 opening and the start of Phase 2 works.

CURRENT ISSUES

Workforce Plan

6. Considerable work has been undertaken with clinical colleagues to agree the workforce plan for Phase 1. It remains the case that the staffing levels requested remain unaffordable. This position was reviewed by the Oversight meeting on 20th December 2016, chaired by the Chief Executive. A final decision will be communicated to the clinical teams early in the New Year.

Recruitment

7. Recruitment continues with the aim of filling as many of the existing vacancies as possible before March 2017. An improved position is currently reported with fewer vacancies predicted for March 2017. However, the vacancy position remains high for paediatric nursing. This may impact the ability to run single front door for paediatrics from the day the new Emergency Department, Phase 1, opens.

Single front door for Children – Emergency Pathway

8. 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. Current nursing vacancy levels within the Children's Hospital may make it difficult to provide sufficient bed capacity on a sustainable basis. An interim model has been proposed by the clinical teams. This matter will be considered at a meeting to be convened by the Chief Executive in the New Year to agree a resolution.

Operational commissioning

9. Significant time and effort is being spent on developing plans to prepare our staff for the move to the new building. Weekly visits are in place so that staff have the opportunity to start to familiarise themselves in their new working environment. Conversations continue with our partners in the wider community to make sure they are well prepared to support the hospital in opening the new department. For example, in the new year a meeting will be convened to include all blue light services, the prison and hospital security staff . 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.
10. Links are being established with other hospitals that have recently opened a new service so that we can learn from their experience. Information received from others is being used to inform the development of our own detailed plans. Nerve Centre was smoothly launched in the existing ED because of a high degree of planning and organisational support offered during implementation. Lessons learned from this experience are being captured and will also inform the planning process.
11. Development of our detailed plans is a high priority for the Project. The responsibilities for some of the Emergency Floor project team members have been changed in order that focussed time can be spent on getting the new department ready for occupation.
12. A weekly meeting has been arranged between the different work streams (clinical commissioning, Estates and Facilities, IT and procurement) to make sure that where one work stream is reliant upon on another to deliver particular actions these are understood.

Project resources

13. Resources within the EF project team have been redistributed to minimise the “pull” on operational teams, who are dealing with pressures of increasing emergency demand. A further review of resources will be undertaken early in the New Year to mitigate this risk, in conjunction with the Programme Director for Reconfiguration. The work to define all the critical activities that need to be delivered between now and when the department opens and the quantification of resources to support a successful move will inform this process. This information will be made available to the Project Manager in the first week of the New Year.

Date of opening

14. Other centres (Wolverhampton, Northwick Park) where a new ED has been opened comment that the time between build handover and clinical occupation took at least 4 weeks. Currently there are only 16 days planned between the Trust taking possession of the building and the new ED opening. This is felt to be too short. Work to define all the critical activities that need to be delivered between now and when the department

opens, and what resources are required to support a successful move, will provide the EF Project Board with an informed view of the time that should be allowed to successfully open Phase 1. It is expected that the EF Project Board will agree the date of the move at its first meeting in January 2017. It is known that any delay to the opening date will have financial implications owing to delays to the start of Phase 2 works. The actual cost impact is per week of delay is currently being confirmed.

Capital cost pressures - IT

15. IT capital cost pressures for the scheme are being reviewed. Hardware (computers, printers, scanners) were excluded from the original Full Business Case as there was an assumption at the time that these would be funded from a successful Electronic Patient Record (EPR) bid. As the EPR business case remains unfunded there remains a mismatch between the IT equipment requested and the budget for this. A series of confirm and challenge events have been undertaken to reduce the shortfall. Some of the costs have been reduced through use of IT capital and the use of other creative funding solutions. Further work is being undertaken to address this issue. It is anticipated that this work will be concluded before Christmas.

Revenue consequences of Phase 1

16. The revenue consequences following the opening of Phase 1, above and beyond the workforce costs, have been reassessed against the original FBC assumptions. Further work is being undertaken to manage any known issues and to bring predicted expenditure back into line with the original financial plans where possible.

RECOMMENDATIONS

The Trust Board is asked to:

- Note the progress from last month;
- Note the key issues and risks and how they are being addressed;
- Note that the priority for the scheme is to finalise the detailed plans that will provide assurances on our state of readiness for the move.