

Emergency Floor Project: Monthly Update

Author: Jane Edyvean

Sponsor: Richard Mitchell

Trust Board paper I

EXECUTIVE SUMMARY

Context

The Trust took possession of the new Emergency Department (ED) on 6th March 2017 as planned. Final post-handover construction works will be completed by 3rd April 2017. We will then begin 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 assurance on progress that continues to be made in preparing our staff for the move and ensuring that our partners across the Health and Social Care Community and our patients are informed of the changes. Information is also provided on how the wider organisation will support the opening of the new department, and in particular the management of any anticipated increase in demand. An update is also provided on Phase 2 of the Project which will start on 8th May 2017.

Questions

1. Does this report provide the Trust Board with sufficient and appropriate assurance that we will be ready to safely open the new department on 26th April 2017?
2. Is the Trust Board sufficiently sighted on the response from the wider organisation should we experience any increase in demand during the period of the move?
3. What are the key milestones for Phase 2 ?

Conclusion

1. This report provides an overview of the sustained progress in delivering the plans that will prepare staff and the wider organisation for the opening of Phase 1. Also provided is an account of the work undertaken to date 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;
 - ED and wider organisation state of readiness for the move;
 - Patient flow - Managing increases in demand and escalation;
 - Workforce ;
 - Getting ready for the start of Phase 2;
 - Finance.

Input Sought

The Trust Board is requested to note:

- That all post-handover works will be complete by 3rd April 2017;
- There are 19 days to go until the new department becomes operational;
- The absolute focus is now staff familiarisation, training and equipping the new department;
- Escalation plans are being developed to mitigate as far as possible any surges in demand over the opening period;
- The Emergency Decisions Unit will now move to Ward 7 in early May to protect elective and emergency capacity;
- Note the status of Phase 2.

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 comply

Emergency Floor Project Update

UPDATE FROM LAST MONTH

1. Preparation for the opening of Phase 1 of the Emergency Floor Development continues to progress to plan. The contractors handed over the new building to the Trust on 6th March 2017. Since then post-handover works have continued and are due to be completed by 3rd April 2017.
2. We remain on track for services to move into the new facility from 4am on 26th April 2017. Trust Board members are reminded that the Balmoral entrance will close on the same day that the new department opens. The new internal and external wayfinding/signage throughout the site is being progressed. New maps have been developed to help with wayfinding. These have been widely disseminated to all areas and will be displayed at key points throughout the hospital site. Patient letters have been altered to reflect the changes and advise patients attending the hospital how to access departments. Additional volunteers are being recruited to help patients and visitors with wayfinding throughout the first week of the change. Alterations to the Havelock Street Car Park and Windsor entrance will be complete by the 26th April 2017.
3. The mobilisation plans continue to be developed as part of the Master Plan. Key hourly tasks for the 24 hour period from 09:00 – 09:00 from 25 to 26 April have been agreed. Plans are in place for a command and control centre with key personnel overseeing the move. Each member of staff in a leadership role during the move will be furnished with a folder of key information to support them in discharging their responsibilities at the time of the move. The old ED will continue to operate until the last patient is discharged or admitted. The final detailed plans to support the move will be completed by 3 April 2017. These will be shared with the Oversight Group on 3rd April 2017.
4. Substantial amounts of time are now being spent in the new 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. A full plan is in place for the above with named individuals who will attend the training each day. A target of 80% of all ED staff has been set to undertake the sessions and this will be closely monitored. The sessions will provide staff with a basic level of knowledge regarding their new working environment, Standard Operating Procedures (SOPs), culture, attitude and behaviours. The sessions will be delivered by clinical leads, Organisational Development facilitators and specialist facilitators and will include training in IT, emergency planning, fire, health and safety.
5. There are a considerable number of actions being progressed to prepare staff across the wider organisation and other partners/services for the move. This includes Standard Operating Procedures (SOP) confirm and challenge sessions with CMGs. Further work is being progressed with all CMGs, to understand how cross-hospital working can be improved. Confirm and challenge sessions are scheduled from mid-March until late April.
6. Escalation plans were tested in a session held on 23rd March to walk through all the SOPs. Work is on-going to develop escalation plans for the ED and the wider organisational response led by the Chief Operating Officer.
7. An assessment of readiness will be undertaken to inform the final decision to move on 26th April. A set of criteria have been developed against which we will measure this.

This will be signed off by the Chief Executive immediately prior to the move on 24th April 2017. It had been hoped that the Army would have been able to undertake a desktop exercise with the ED teams to test various scenarios and escalation plans for the ED. The team are awaiting availability of a re-scheduled date for this.

8. An extensive procurement, equipment and logistics plan detailing the scale of daily activities required in order to receive, install and test equipment ready is fully operational. The coordination of the plan is being tightly managed to ensure effective delivery of the plan. Individuals have been assigned to lead on different elements in the execution of the plan. Delivery is on track with no reported delays.
9. 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 Childrens 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. The key challenges to delivery of the plans 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-gong recruitment challenges. Delivery of these plans will continue to be monitored by the Oversight Group.
10. 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. Significant progress has been made over the past month and it is looking increasingly likely that integration should be achieved by the time of opening the new ED.
11. The final capital costs for the next phase of development, Phase 2 of the Emergency Floor Scheme, (including costs associated with the delays to the start date) were presented to the Emergency Floor Project Board and the Capital Monitoring and Investment Committee in March 2017. Work is now being undertaken to finalise the capital programme for the scheme in 2017/18.

CURRENT ISSUES

Closure of Balmoral entrance

12. 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. This entrance to the Hospital will close at 7pm on 26th April 2017. Changes have now been made to maps and patient letters however it is known that there are departments who use bespoke letters and therefore full coverage may not have been achieved. Additional volunteer staff are being provided during the week that the entrance closes to support patients and visitors. It is acknowledged that the distance some patients may need to walk to get to an appointment may be an issue. Once the

new Windsor Building entrance is fully operational the equality impact assessment will be repeated to assess the impact of closing the Balmoral entrance.

Phase 2

13. Phase 2 building works will now start on 8th May 2017. A revised programme has been developed which suggests that the construction of the scheme will be completed in March 2018. The costs for Phase 2 have now been received and presented to the Emergency Floor Project Board and the Capital Monitoring and Investment Committee in March 2017 for approval. There are a number of financial pressures arising from client changes on Phase 1. This coupled with the final GMP costs has resulted in overall cost pressures above the FBC approved sum. Work is being undertaken to obtain the final value of this. Measures have been put in place to manage costs throughout Phase 2.

Operational commissioning

14. There is now a good 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. 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.
15. Assurance has been provided by the delivery team that sufficient time has been allowed for 80% staff to be trained before the new department opens. There is a possible risk that staff may not be available for training due to time and operational pressures. Staffing rotas have however been developed to make sure that staff can be released when required to complete training, induction, simulation and familiarisation activities. Attendance at sessions is under continuous review to make sure staff have every opportunity to participate.

Demand, capacity and escalation

16. The most significant risk and area of concern is how the department will cope with any further increase in activity. Experience from other Trusts was that there was an increase in activity following the opening of a 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) will occupy 8 Majors cubicles will put increasing pressure on the department as there will be no area for escalation within the new ED. There are conversations taking place, led by the Chief Operating Officer, across CMGs to develop robust escalation plans.
17. In order to help mitigate the above risk it has been agreed that the Emergency Decisions Unit (EDU) will not move to Ward 7 until early May. This will enable us to keep the same number of medical beds open as we currently have and hopefully avoid the prospect of elective cancellations due to outliers during the period of the move. The EDU will move the same weekend as the Vascular service moves to the Glenfield therefore a joint piece of work is being undertaken to make sure both moves are well co-ordinated.

Workforce

18. Recruitment to vacant posts was a previous area of concern but this risk has reduced considerably owing to targeted recruitment drives which are set to continue. There is an operational risk that the service may not be able to operate within the finite budget set owing to continued reliance on agency staff. The CMG has plans in place to manage this situation.

Single front door for Children – Emergency Pathway

19. The new Children's Emergency Department is designed to provide a single point of entry for all children presenting with an emergency condition. As reported last month an interim model has been agreed by the clinical teams and members of the Oversight Group to allow adequate time for the necessary processes to be put in place. This will mean that the Children's Assessment Unit (CAU) will remain open between 26th April 2017 and 1st July 2017 and that the Children's Emergency Department will open 8 Children's Short Stay Unit (CSSU) beds between 12midday and midnight. There are 2 main areas that will remain a challenge: freeing up the required bed base within the Children's Hospital by early autumn and on-gong recruitment challenges. Plans are in place to address these issues. The Oversight group will continue to monitor progress against these challenges.

Capital cost pressures

20. Since FBC approval the costs associated with Phase 2 have changed resulting in movement of cost away from the £5.4m approved budget. As previously reported the GMP submission from Interserve Construction (ICL) was received in January 2017. The cost at this time stood at £6.297m. An extensive review and confirm and challenge process has been undertaken by the Trust Project Team and Trust Cost Advisors over the past weeks resulting in a final cost of £6,506,000. Further cost pressures have been identified that relate to Trust Fees, allowances for a Trust contingency for Phase 2 and impact of unforeseen costs associated with the final delivery of Phase 1.

21. The above risks are contained in the project risk register. Control mechanisms have been put in place to mitigate any unexpected capital spend on for Phase 2

Revenue consequences of Phase 1

22. The revenue consequences following the opening of Phase 1, above and beyond the workforce costs, have been reassessed against the original FBC assumptions. Meetings have been held to finalise the costs and to provide assurance against the robustness of controls that have been put in place.

RECOMMENDATIONS

The Trust Board is requested to note that:

- Post-handover works will be complete by 3rd April 2017;
- There are 19 days to go until the new department becomes operational;
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- Escalation plans are being developed to mitigate as far as possible any surges in demand over the opening period;
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