

# Emergency Floor Project: Monthly Update

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**Paper H**

## EXECUTIVE SUMMARY

### Context

Phase 1 of the Emergency Floor Project will be completed within the next month. The Trust will take possession of the building from 6<sup>th</sup> March 2018. We will then begin our final preparations for the opening of the new facility in April. The primary focus of this paper is to provide the Trust Board with an oversight of the detailed plans and how they will be delivered 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 progress made towards developing Phase 2 of the project.

### Questions

- Does this report provide the Trust Board with sufficient and appropriate assurance on the level of planning required to safely open the new department in April 2017?
- 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 and start of Phase 2?

### Conclusion

- This report provides an overview of the significant 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:
  - Single Front Door for Childrens Emergencies;
  - Operational commissioning;
  - Date of opening;
  - Getting ready for the start of Phase 2;
  - 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 deliver the detailed plans that will ensure our state of readiness for the move;
- Concluding preparatory work required for Phase 2 to start.

## 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: 2<sup>nd</sup> March 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 continue to be placed for the equipment for the new build. The contractors will hand over the new building to the Trust on the building on 6<sup>th</sup> March 2017 as planned.
2. A revised date for opening has now been agreed as 26<sup>th</sup> April 2017. 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.
3. The detailed plans that will lead to the opening of a safe and fully functioning new Emergency Department are now in place. These are being monitored weekly through a delivery group to provide the necessary level of confidence that the new department will be opened on time on the revised opening date.
4. 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 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 are underway. Completion of these works will lead to the closure of the Balmoral entrance at the beginning of May 2017
5. Discussions are on-going in relation to the implementation of the single front door for children. An interim model has been suggested 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 this will happen in July 2017. This will be confirmed at the next oversight meeting.
6. The appraisal of costs for the next phase of development, Phase 2 of the Emergency Floor Scheme, is now drawing to a conclusion. The final schedule of costs will be presented to the Emergency Floor Project Board and the Capital Monitoring and Investment Committee in February 2017 for approval.

### **CURRENT ISSUES**

#### **Date of Opening**

7. Services will now transfer into the new department on 26th April 2017 at 4am. The decision to put the date back was based on intelligence gathered from other centres (Wolverhampton, Northwick Park) who has suggested that the time required between build handover and clinical occupation should be at least 4 weeks. Work to define all the critical activities that need to be delivered between now and when the department opens, and an improved insight into the resources available to commission the new department, has also informed this decision. It should be noted that this will not have an impact on this date the Trust takes

possession of the building. This remains as 6<sup>th</sup> March 2017. As reported last month the delay to the opening date will mean a later start and finish date for Phase 2 works. The actual cost impact of this delay has been confirmed.

## **Phase 2**

8. Phase 2 building works will now start on 8<sup>th</sup> May 2017. A revised programme has been developed which currently 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 February 2017 for approval.

## **Operational commissioning**

9. 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 26<sup>th</sup> April 2017.
10. An external desktop review of the final draft master plan has been commissioned in order to provide a final level of assurance. This work will be undertaken between 27<sup>th</sup> January and 3<sup>rd</sup> February 2017. A report on the outcome is to be presented to the next EF Project Board on 6<sup>th</sup> February 2017.
11. Given the importance of “getting this right “for our staff and patients delivery of the master plan on time and with the right engagement is now the priority area of focus for the Project.
12. 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 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. As we move through delivery of the master plan resources will continuously be reviewed.
13. 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 two risks are being mitigated. The logistics risk is being assessed in more detail to ensure that the coordination of supplies, receipt of orders, installation and staff familiarisation and training happens by zone. This will be discussed at a future EF Project Board.
14. The frequency of visits to the new ED has been increased so that all members of staff have the opportunity to become familiar with their new working environment. These visits will continue and are likely to increase once the Trust takes possession of the building on 6<sup>th</sup> March 2017.

15. 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. 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.

#### **Transportation, Access and Way finding**

16. 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 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 are underway. Completion of these works will lead to the closure of the Balmoral entrance at the beginning of May 2017. This is necessarily underpinned by a detailed communications and engagement plan. 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. A piece of work is being undertaken as a matter of urgency to make sure that patients are not sent conflicting information.

#### **Single front door for Children – Emergency Pathway**

17. 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 proposed by the clinical teams 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 26<sup>th</sup> April 2017 and 1<sup>st</sup> July 2017 and that the Children’s Emergency Department will open 8 Paediatric Observation Ward Beds between 12midday and midnight . This facility will car 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. Subject to further discussions at the Oversight Committee it is proposed that the Single Front Door will become fully operational in July 2017.

#### **Capital cost pressures - IT**

18. 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 has been 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. Assurances have been provided to the EF Project board that this can be delivered.

**Revenue consequences of Phase 1**

19. 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. Where gaps remain work is being undertaken to manage any known issues and to bring predicted expenditure back into line with the original financial plans.

**RECOMMENDATIONS**

The Trust Board is asked to:

- Note the progress made in the last month;
- Note the key issues and risks and how they are being addressed;
- Note that the priority for the scheme is to deliver the detailed plans that will ensure our state of readiness for the move;
- Note the importance of communicating the changes to the access and transportation on the LRI site to our patients, staff and other partners;
- Note the work in respect of Phase 2.