

Public Board Meeting, 21 August 2008

**Acute and Emergency Services at Watford**

**Presented by: Lindsay MacIntyre, Director of Implementation**

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**Board Report**

The purpose of this paper is to update the Board on progress with the centralisation of acute and emergency services at Watford.

**Construction**

- The handover date for the AAU building remains as 29<sup>th</sup> August 2008. We have a high level of confidence in this being met. The Trust will then take responsibility for the building, bringing into use and the installation of non-fixed equipment.
- The installation of major medical equipment will take place during November/December. This allows time for staff training, final building work 'snagging' in January in readiness for the start of the phased occupation of the building from February. These later installation dates ensure the Trust benefits from the maximum warranty period for all major specialist medical equipment whilst ensuring there is time for all the training etc.
- The children's emergency department (phase 1) is now in use and has been very well received by all staff and patients and families using the department.
- The new ITU department was handed over to the trust on August 8<sup>th</sup>. At the time of writing the report the final fitting of monitors, staff training and the cleaning of the department is in hand and patients will be transferred into the unit from Wednesday 20<sup>th</sup> August.
- Work is continuing on the refurbishment of the children's ward and the new children's day surgery unit and will be completed by October.
- The HV ring installation is progressing according to plan and work should be completed by late September.
- The refurbishment of key clinical areas will be concluded after the electrical works have been completed and is scheduled for mid-December.

## **Service Re-design**

Progress is being made with service redesign to improve patient flows and reduce lengths of stay ahead of the transfer of services from Hemel Hempstead. These include: -

- In July 22 acute medical beds at Hemel closed and 20 intermediate care beds opened
- Nurse led discharge will be implemented in surgery – expected August
- Clinical navigation to support appropriate admission/attendance to secondary and primary care – October
- Revised stroke pathway – October
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- Operational policies have been finalised and cross-checked. A scenario event is planned for 10<sup>th</sup> September in the AAU to test these.

## **Workforce**

- Progress continues with staff consultation and will be concluded shortly. Some early appointments of senior nursing staff have already been made.
- The timetable to sign off staff numbers for financial purposes has slipped to late August.
- The Medical Workforce changes are being presented and the Medical Director will provide a detailed update at the Board meeting.
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- Work is underway, commissioned by the Chief Executive, to finalise feasible savings, consistent with the overall requirements of the service changes.

## **Transition planning**

Detailed transition plans are being developed to ensure the safe transfer of services and patients. There are concerns about the availability and capacity of staff at this crucial time. When all staff have been allocated to new positions an assessment of gaps and actions required can be completed. Meanwhile contingency plans are being developed.

## **Risk Management**

The Trust Datix system is to be used in future for the logging and monitoring of risk. This embeds DaHF risk within the trust governance structure and enables monitoring and progress chasing through the divisions.

## **Review of progress**

In June 2008 Stuart Marples, a recently retired NHS Chief Executive with experience of opening and closing hospitals, was asked to look at the

readiness of his organisation for the changes associated with their strategy “Delivering a Healthy Future in West Hertfordshire” and in particular the building and other service changes taking place between the Hemel Hempstead site and the Watford site. He conducted this audit by a series of visits meeting and questioning those staff key to making the changes a success and reviewing relevant documentation.

*He noted ‘There was little I raised that had not been considered. The people I spoke to were generally enthusiastic and I am satisfied that those areas where I suggested actions have been taken on board and are being activated. Generally processes are good; the equipping processes described were very sound as were the personnel policies. This is not to say that I do not have some reservations.*

Following his report - Stuart has run 2 workshops to develop an action plan to address the key issues during the transition phase. This is monitored through the Programme Implementation Board fortnightly.

**Lindsay MacIntyre**

Director of Implementation