

**Public Board Meeting, 22 January 2009**

**Acute and Emergency Services at Watford**

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

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**1. Board Report**

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

**2. Construction**

- The construction programme at Watford is nearing completion and is on schedule.
- The Cardiac catheter laboratories are currently being installed. This will then complete the installation of major medical equipment within the AAU.
- An independent review of the electrical infrastructure issues has been received from Faber Maunsell. The Director of Estates and Facilities is working with Faber Maunsell and Medicinq Osborne to address any outstanding issues.

**3. Transition planning**

There has been a revision to the plans for the transfer of services from Hemel to Watford. The original plan was to have an additional 30 beds for a number of weeks at Hemel, as the services moved to Watford. This would require 30 extra temporary staff. Despite considerable effort to recruit staff and working with the nursing agencies and bank we are not confident that these staff will be available. We have therefore revised the plan to minimise the need for extra staff during this period.

The assumptions that underlie the proposed amendments are:

- Patient safety is the paramount consideration;
- We will only have current staffing levels available to us and cannot therefore safely staff additional beds during the transitional period;
- We will take the opportunity for the AAU building to be tested for a longer period of time, and for any teething problems to be resolved prior to transferring all emergency activity from HH to WGH;

In summary-

- Cassio ward at Watford will move into the AAU on February 4<sup>th</sup>. This allows work in the PMOK block at Watford to be undertaken and the AAU building to be tested as described above.
- The transfer of acute in-patient services from Hemel to Watford would be over a 15-day period rather than the originally proposed 4 weeks, commencing 24<sup>th</sup> February
- ICU would remain at Hemel until all sick patients had been transferred
- The A and E department at HHGH would close mid March as planned.

#### Whole Health Economy planning

The trust is working closely with the Ambulance Trust, PCT and Adult Care Services to implement plans to support the transition through admission avoidance, speedy discharge and transfer of patients. During the transition period an enhanced bed management escalation procedure will be in place including 3 per day capacity management reviews and senior management/director conference calls.

#### **4. Risk Assessment**

Risk continues to be managed in a disciplined manner and will be subject to weekly scrutiny from now to completion of the transfer of services from Hemel.

#### **5. Finance**

The forecast outturn continues to demonstrate that the programme will be delivered within the capital allocation.

#### **6. Recommendations**

The Board are asked to note progress and to approve the revised transition plan.

**Lindsay Macintyre**

Director of Implementation