Remobilising elective care

Sharing innovations from across Scotland
Webinar 2

Colette Dryden
Improvement Advisor for Access QI
Healthcare Improvement Scotland

Agenda

Topic	Speaker(s)
Welcome	Colette Dryden, Improvement Advisor Access QI, Healthcare Improvement Scotland
Service user engagement during remobilisation	Diane Graham, Improvement Advisor & Alexandra Clarke, Senior Service Designer Person-centred Health and Care Programme, Healthcare Improvement Scotland
Spotlight	Facilitated discussion / Q&A
Managing the physical environment	Facilitated discussion / Q&A
Close	Thomas Monaghan, National Programme Director Access QI, Healthcare Improvement Scotland

Access QI

We support NHS boards to use their quality improvement expertise to improve waiting times.

Access learning system

Managing the physical environment

Maximising service capacity and capability

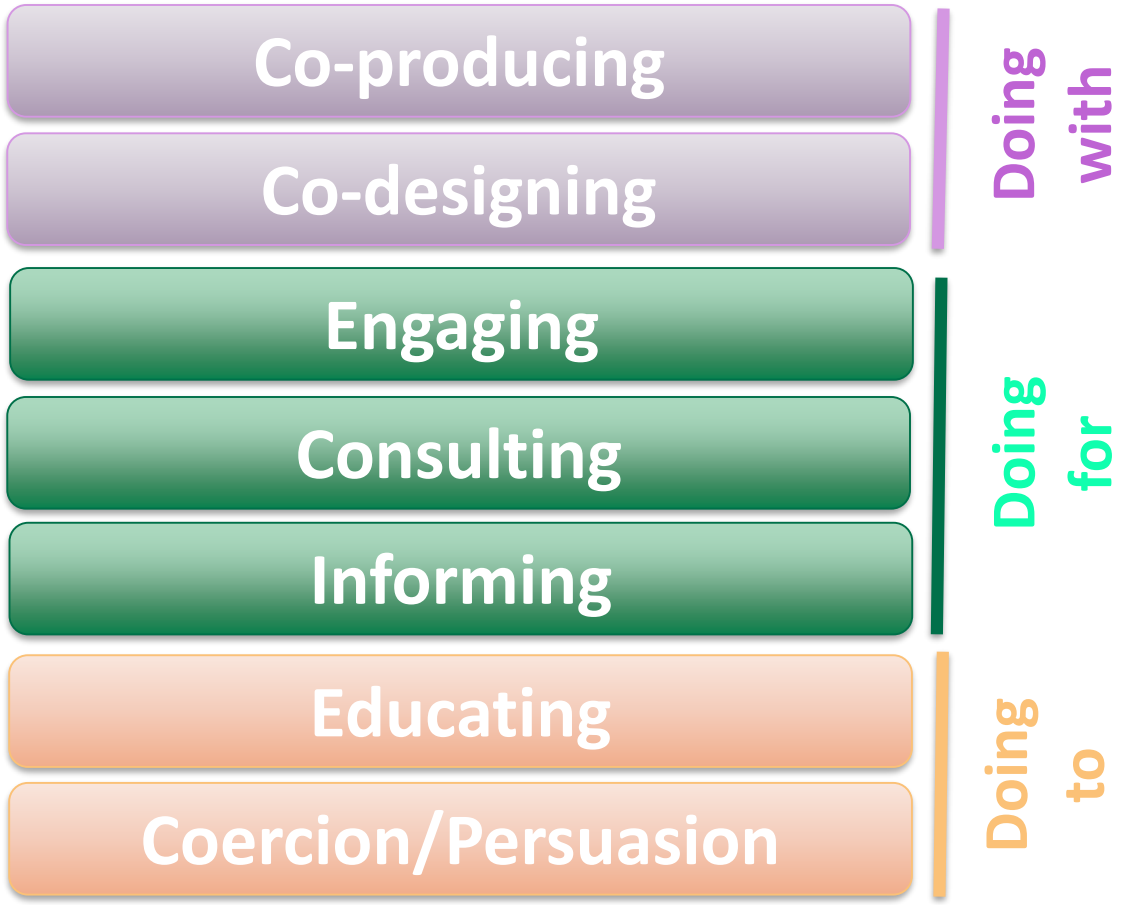
Enabling digital access

Maintaining staff safety and wellbeing

Service user engagement during remobilisation

Diane Graham, Improvement Advisor (Person-centred care)
Alex Clarke, Senior Service Designer

How have people been involved in changes during COVID?



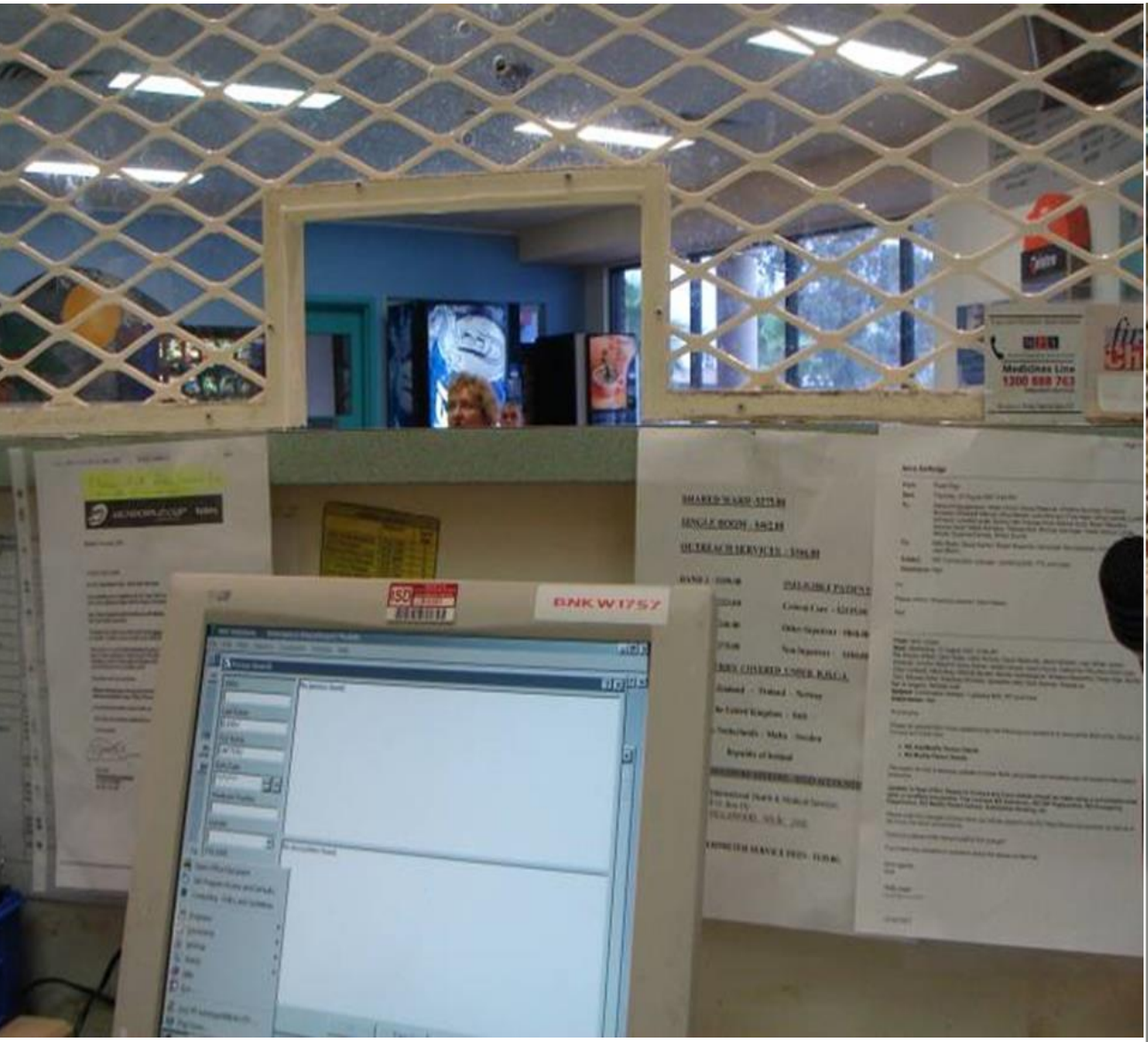
Aims for this presentation

- **Why** should we involve people?
- Some **useful methods for engagement**
- Considering how to **make your insights visible**
- What do we do next?

Designing the right thing to meet needs

Design without user involvement

We need to identify the right problem.



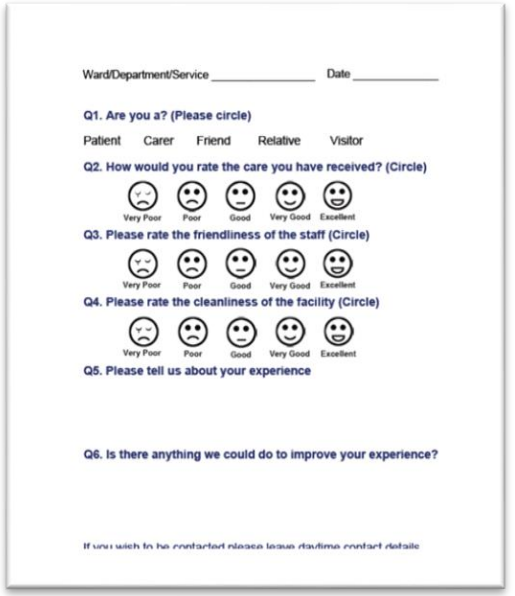
How can service user experience inform change?

Where to start/where to look

identify service user touchpoints with 'Service', 'Environment' and 'People’

Method – unsolicited feedback/existing data

- **Complaints records**
- **Comments cards**
- **Care Opinion**
- **Social Media Research**
- **Market Research**
- **Survey responses**



Care Opinion

What's your story?

- Care Opinion: https://www.careopinion.org.uk/info/care-opinion-scotland

Method – Observations & Shadowing

- **Observing the user, from the point of view of the user, in their real life setting.**
- Shadowing raises staff awareness of the patient experience and the need for change. It helps staff to understand what is working well for patients and their families, and what is not.
- It might identify issues such as bottlenecks and duplication of effort, as well as elements that are working well and could be replicated.

- 15 Steps (observation): https://improvement.nhs.uk/resources/15-steps-challenge/
- GoShadow: https://www.goshadow.org/resources
- Shadowing: https://www.pointofcarefoundation.org.uk/resource/patient-family-centred-care-toolkit/tools/patient-shadowing/

Consider pace of change and ethics

- **How are we ensuring we are aligning to GDPR?**
  - How will information be securely stored?
  - How will it be anonymised?
- **Are we being inclusive?**
  - How are we reaching the seldom heard and ensuring those with disabilities can engage fully with our engagement activity?
  - What forms have you completed? Do you require them in braille?
  - Have we completed an EQIA?
- **How are we being ethical in our engagement?**
  - How are we ensuring the safety of participants/colleagues?
  - Are the questions we're asking biased?

What are we listening for?

Experience data is an affective measure based on emotion. To gather this involves an in-depth exploration of how a person's behaviours, attitudes, and emotions are impacted by a range of interactions, processes, or environments within a health or social care system.

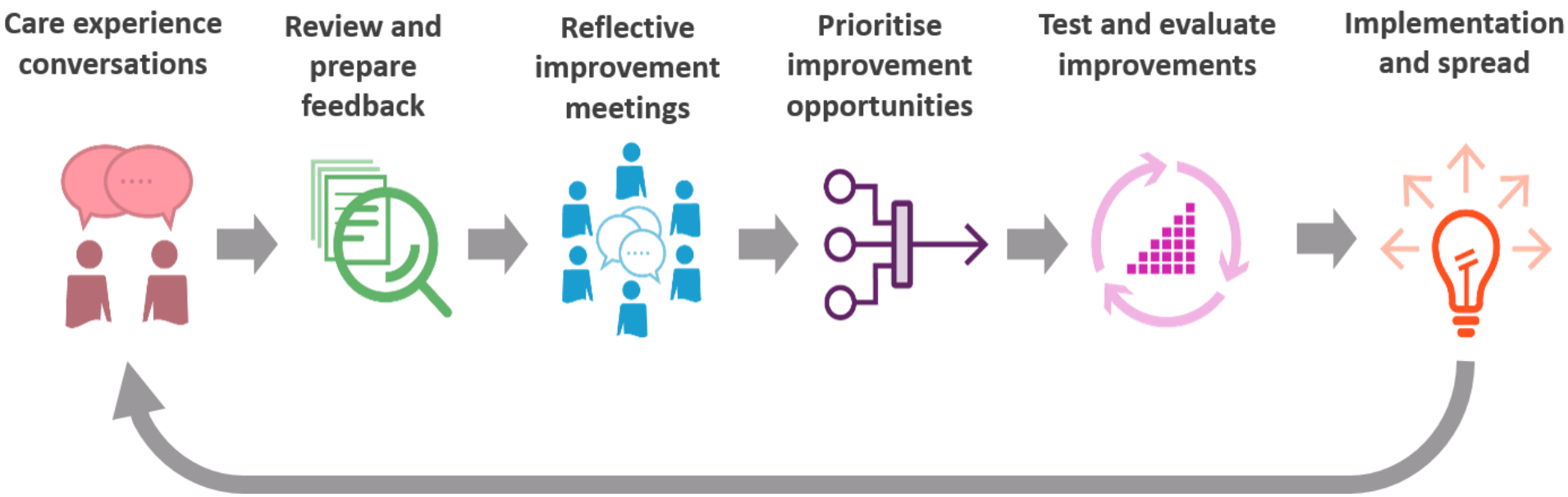
Care experience is suited as a diagnostic method to help to provide an in-depth understanding of the problem and context that assists in identifying solutions.

Satisfaction data is a cognitive measure that often involves rating how positive someone feels about an encounter.

Satisfaction may be more suited to measuring the impact of changes and tracking how positively an interaction or intervention is being experienced over time.

It's about identifying needs, not wants.

Method – gathering narrative feedback in real-time



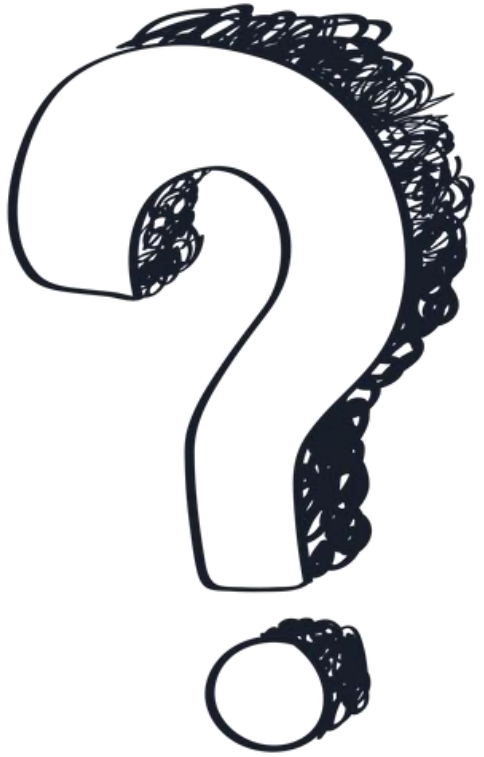
- Care Experience Improvement Model: https://ihub.scot/ceim
- A guide to using Discovery Interviews to improve care: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Discovery-Interview-Guide.pdf

Method – interviews and focus groups

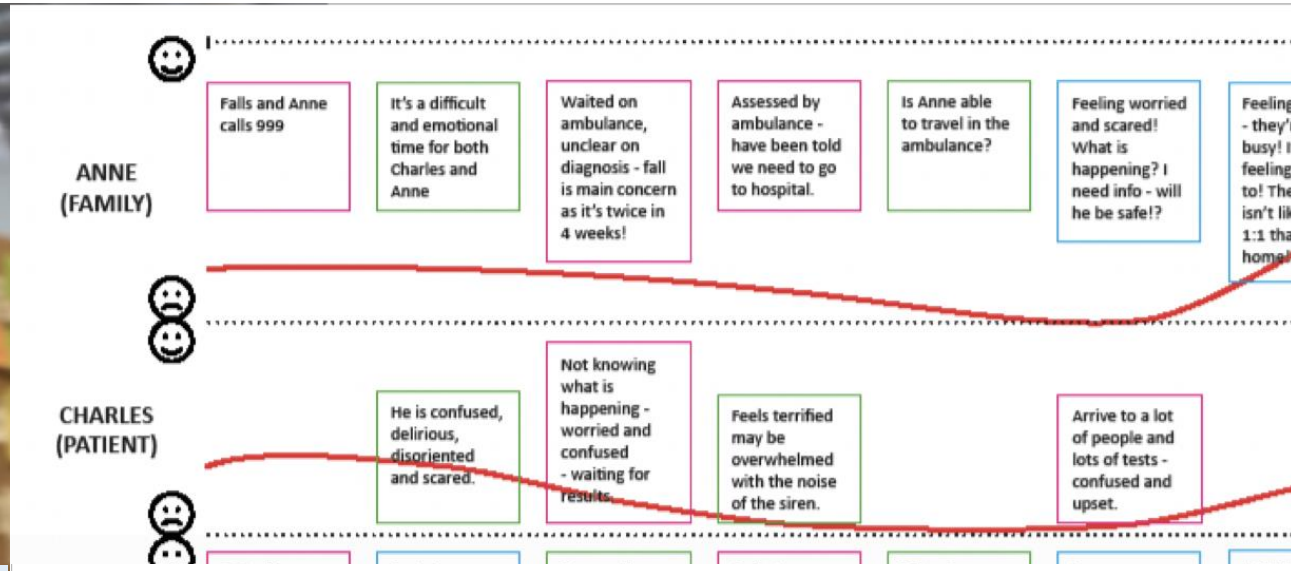
- **Agree discussion set/questions –** early on, these are likely to be broad and evolve quickly as you learn. They should become more specific in later phases.
- **Identify user groups -** decide who you need to research with. Speak to people who have either used the service, or are involved in delivering it to understand their perspectives.
- **Choose relevant channels and activities -** choose ways that will provide strong evidence and reliable answers to your questions, for the least time, effort and cost.

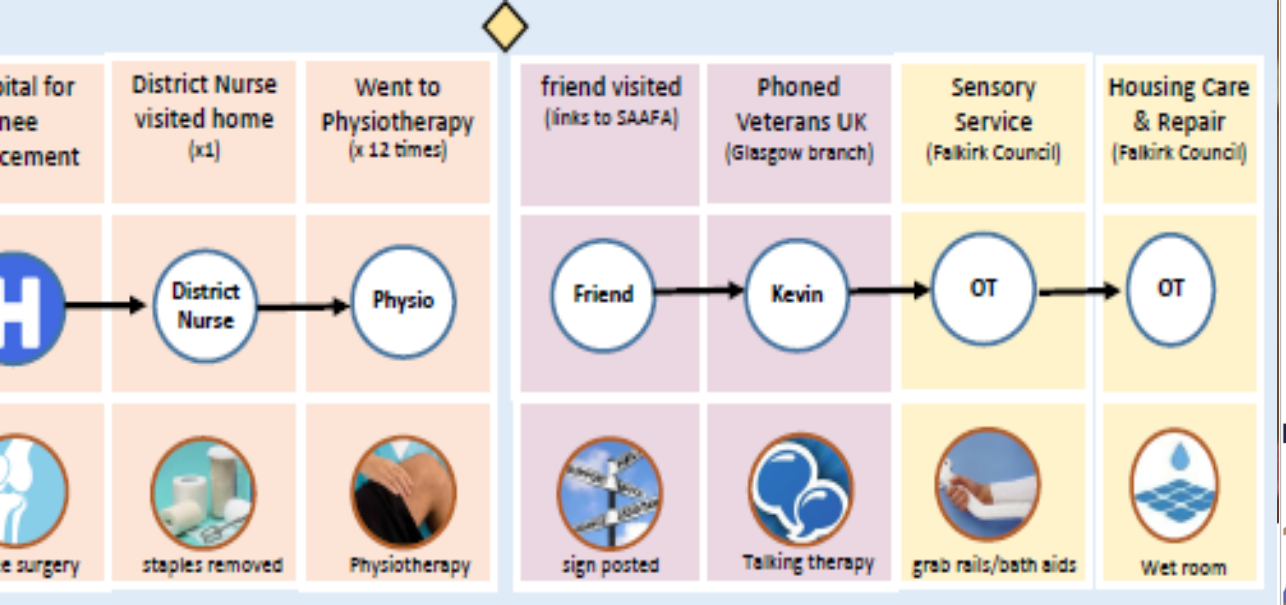
Example – Five Why's

- “Our client is refusing to pay for the leaflets we printed for them.” **Why?**
- “The delivery was late so the leaflets couldn’t be used.” **Why?**
- “Because the job took longer than expected.” **Why?**
- “Because we ran out of ink.” **Why?**
- “All our ink was used up on a large, last minute order.” **Why?**
- “We didn’t have enough ink in stock and couldn’t order supplies in time.”



Make your insights visible!





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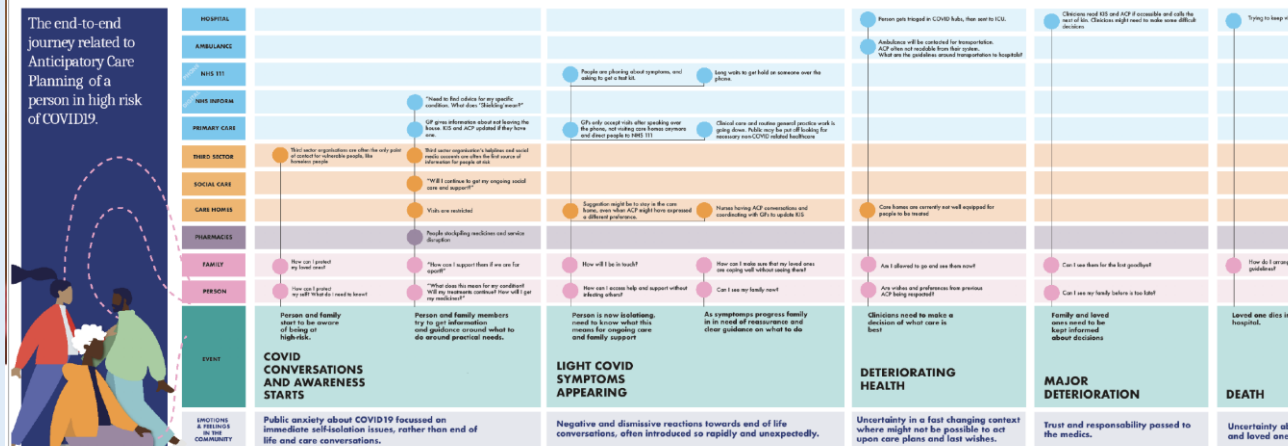


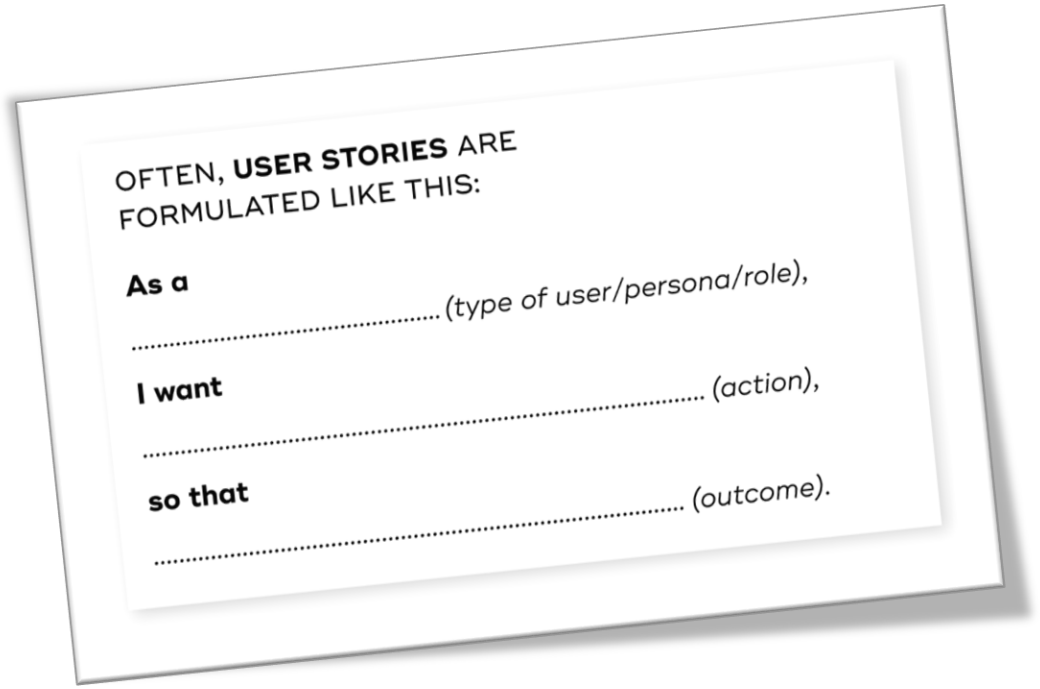
Method – Journey/experience Mapping

- The purpose of experience maps **provide a visual representation of what users do, think and feel over time, from the point they start needing a service to when they stop using it.**
- You need to capture the experience of several users before you create a map!
- Find out: how users experience the current service, how things work (or don't), interdependencies – e.g. between different departments or services, and pain points and where things are broken!
- User journey mapping works well for complex journeys!

- Journey Maps: http://www.hollidazed.co.uk/2018/06/25/service-mapping-and-different-types-of-maps/

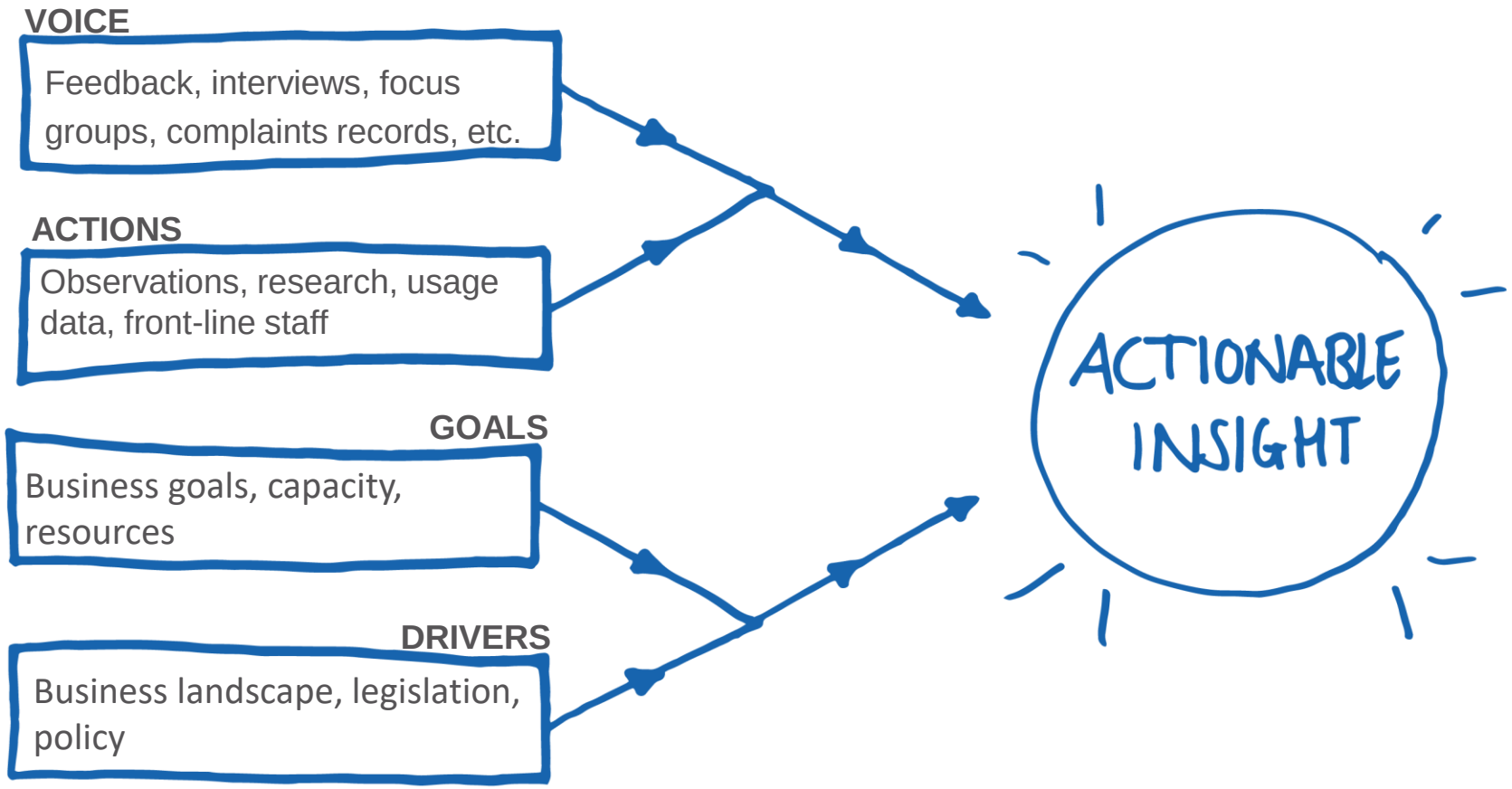
Method – Service user stories

- **User stories can be created at any moment in a service design process.** They are also useful to find gaps in your research data and to formulate further research questions, hypotheses, or assumptions.
- They are typically used to **connect design research with actionable input** for IT development - often, when a team identifies **potential "quick wins" for existing software.**
- **A job story** focuses on the context of a specific use case and does not use personas/roles.



- User Stories: https://www.thisisservicedesigndoing.com/methods/writing-user-stories

Our role in this



Other resources

- Engaging differently tools: https://www.hisengage.scot/equipping-professionals/engaging-differently/
- The Scottish Approach to Service Design, User Research and Service Design, Scottish Government: http://designwithscotland.scot/
- Service Design Tools: http://www.servicedesigntools.org/
- Liberating Structures: http://www.liberatingstructures.com/
- Experience Base Co-design toolkit: https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/
- This is Service Design Doing: https://www.thisisservicedesigndoing.com/
- Design Council: Design methods for developing services: https://www.designcouncil.org.uk/resources/guide/design-methods-developing-services

Thank you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@PersonCntrdSco

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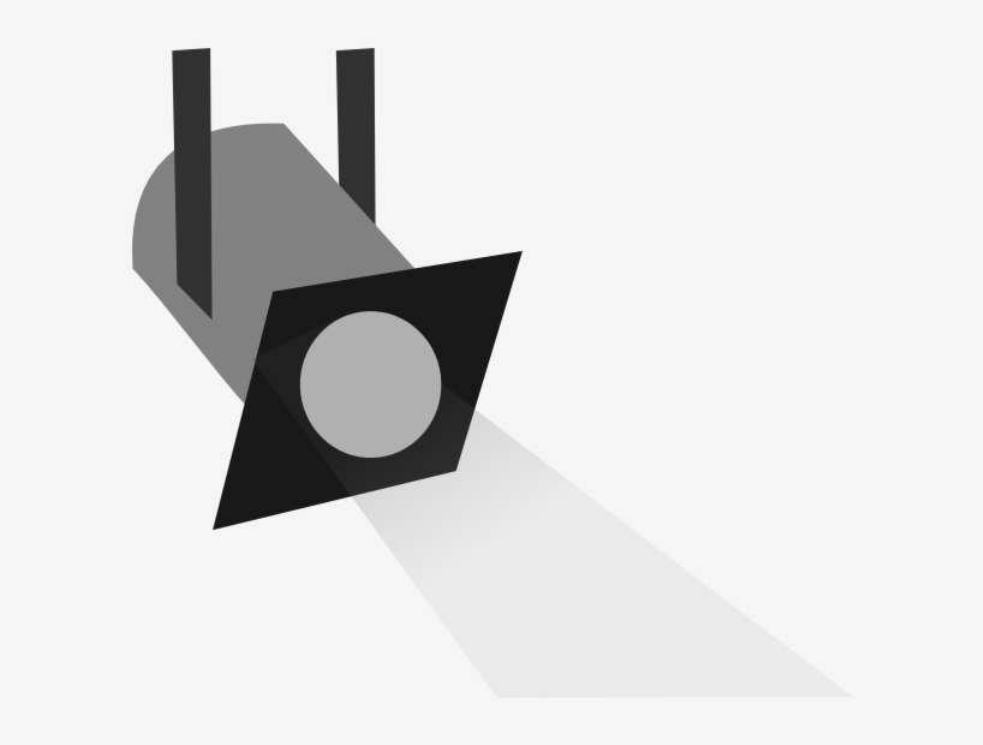


Spotlight

NHS Grampian: Patient Stories - Dermatology

- Focus of improvement work utilising Flow Coaching Academy model plus an identified accelerator site for Access QI
- Urgent Suspected Cancer (USC) pathway
- Clinical Nurse Specialist identified 4 patients pre COVID (consent sent with covering e-mail Feb 2020)
- Developed questionnaire – thanks for input ‘Near Me’ appointment for 3 of the patients
- Conducted interviews; 1 hour each on 14 August 2020
- Both of us took notes
- Collated findings
- De-brief meeting with Access Qi support Thanked the willing patients by e mail for their time and participation

Next Steps:

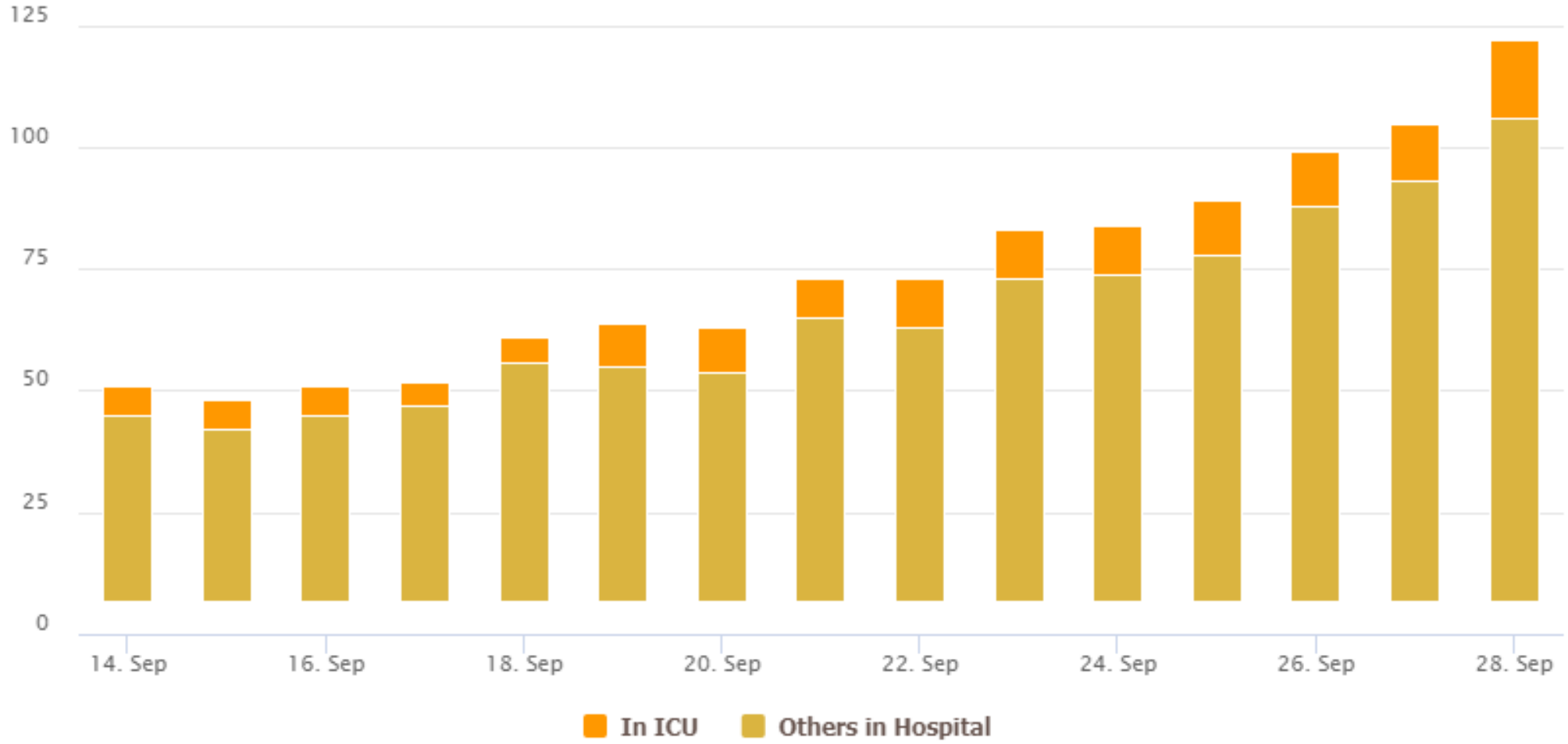
- Review questionnaire
- Theme the findings
- Share ‘nuggets’ of information with relevant services/people
- Build on patient experience with ‘Last 10 patients’ tool
- Compare, identify themes
- Test of change for future improvement


"I hadn't appreciated how serious it was – I felt apprehensive at getting something cut out"
"I was wary in the waiting room, started reading the posters – OMG cancer and there were people of all ages and stages there – it starts to play on your mind"
"I was complacent, I wasn't worried or anxious, just pleased and grateful"
What was important to you at this time?
"Went to hospital and reality set in. I saw Melanoma posters in waiting room and started to think this is more serious than I realised"
How did you feel during this time?
"Devastated at news, melanoma was a 1 year death sentence"
"In the waiting room there were scary posters. Felt waiting a long time and the room not best laid out"
"Waiting area not particularly welcoming and I felt a bit scared, apprehensive, posters were scary. It was a good experience, the worst part was the car park, I was blocked in so had to climb over passenger seat to get in and that was after my procedure – multi storey car park the best now"
Tell me about your appointment?
"No words can speak highly enough, huge compassion and kindness in clinics and all staff and that includes porters – aftercare exemplary"
"Confident it would be dealt with, it felt like an adventure, this cant be happening to me"
Receiving results: tell me how you felt at this time?
Put a chunk of life on hold – I couldn't think more than 3-4 weeks in advance and wasn't prepared to think about next year or holidays. I shut down re the future"
"The time results took – the time delay leaves you hanging on. 4 bedded units are brutal, awful"
"Pre-op assessment less personal, Admission on ward… video on lymphedema needs to be edited. Scutter pre-op as nice to meet nurses pre op "
"Took it in my stride, got on with it, I had no control"
"The people – gentle and caring, treated like a human and have great confidence in Mr D, the nurses were wonderful. I was made to feel important and surprised how I reacted"
"Speed of care that was acted upon once knew the results, compassion and care. My Name is – superb everyone introduced themselves"
What did not go well and was not so good about your care?
"I was too shocked, dumbstruck to ask questions – did only ask about my holiday"
What went well and was particularly good about your care?
"Communication… Relationships with all staff, Ward 310 team…. Trust"
"Nothing at all. I have only positive things to say about the NHS. I now look at people in different ways"

Managing the Physical Environment

Thomas Monaghan
National Programme Director for Access QI
Healthcare Improvement Scotland

Increasing pressures on acute beds



Data visualisation from https://www.travellingtabby.com/scotland-coronavirus-tracker/

Managing the Physical Environment

Bed Base and Escalation Plan Aberdeen Royal Infirmary

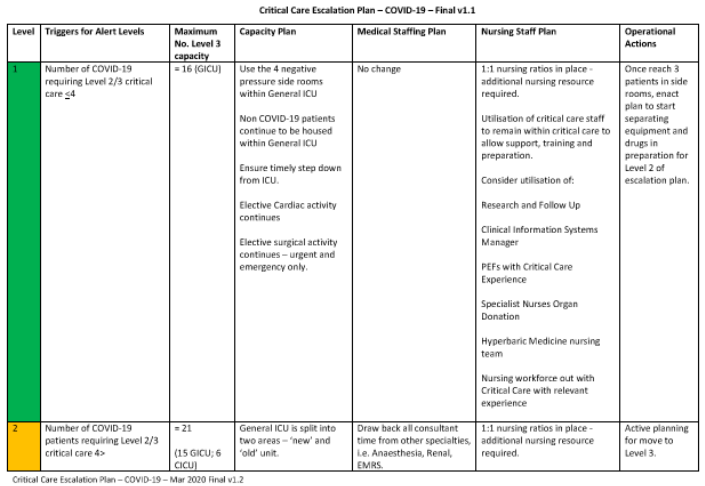
Cathy Young
Head of Transformation - Acute
NHS Grampian
cathy.young@nhs.net

Capacity Planning and Segregation

- Focus here is on access, with some description of all the quality improvement work
- Aberdeen Royal Infirmary is one of the largest Health Campuses in Europe
- Going to describe
  - Work with Army Major to
    - Identification of baseline bed base
    - Develop an escalation plan to meet predicted demand and the planning tools used
    - Ensured segregated pathways
  - Development of evidence
    - Bed spacing
    - Reset bed base
  - Quality Improvement
    - Flow issues
    - Data collection
    - Improvement opportunities

Perfect New Job Task

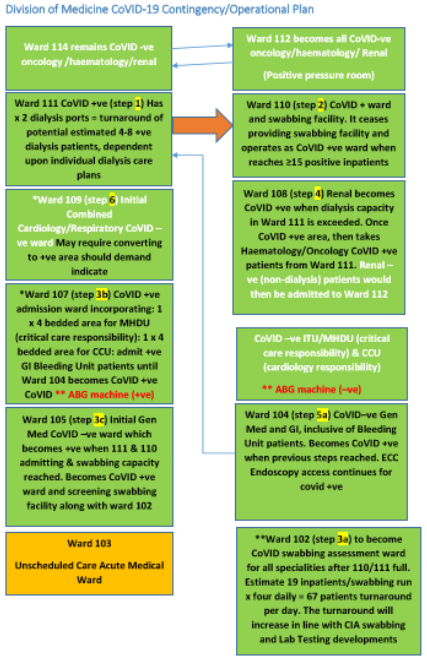
- Medicine, Surgery, Unscheduled Care, Clinical Support Services (predominantly protecting Cancer services), Theatres and Critical Care
- All different formats
- Request on Monday to “Produce an ARI escalation Plan” by Friday
- By 2pm changed to by end of the day



Critical Care Escalation Plan – COVID-19 – Final v1.1

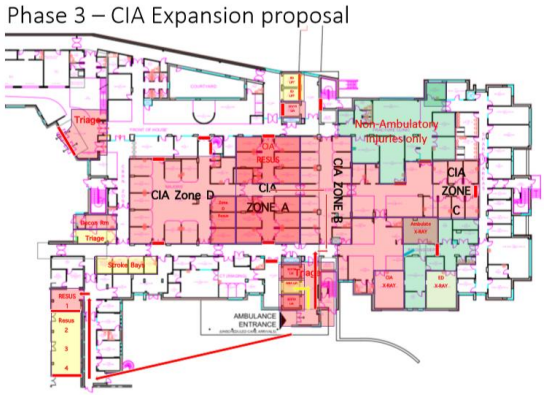
Level	Triggers for Alert Levels	Maximum No. Level 3 capacity	Capacity Plan	Medical Staffing Plan	Nursing Staff Plan	Operational Actions
1	Number of COVID-19 requiring Level 2/3 critical care ≤4	= 16 (GICU)	Use the 4 negative pressure side rooms within General ICU Non COVID-19 patients continue to be housed within General ICU Ensure timely step down from ICU. Elective Cardiac activity continues Elective surgical activity continues – urgent and emergency only.	No change	1:1 nursing ratios in place - additional nursing resource required. Utilisation of critical care staff to remain within critical care to allow support, training and preparation. Consider utilisation of: Research and Follow Up Clinical Information Systems Manager PEFs with Critical Care Experience Specialist Nurses Organ Donation Hyperbaric Medicine nursing team Nursing workforce out with Critical Care with relevant experience	Once reach 3 patients in side rooms, enact plan to start separating equipment and drugs in preparation for Level 2 of escalation plan.
2	Number of COVID-19 patients requiring Level 2/3 critical care 4>	= 21 (15 GICU; 6 CICU)	General ICU is split into two areas – ‘new’ and ‘old’ unit.	Draw back all consultant time from other specialties, i.e. Anaesthesia, Renal, EMRS.	1:1 nursing ratios in place - additional nursing resource required.	Active planning for move to Level 3.

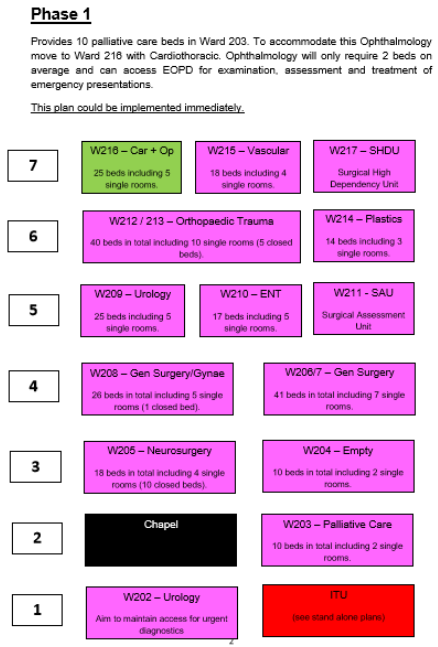
Critical Care Escalation Plan – COVID-19 – Mar 2020 Final v1.2



Notes:

- 13 Level 3 capable isolation rooms (Dark RED)
  (10 in Zone A & 3 in Zone D)
- 21 Level 2 open bays
  (10 in Zone D, 6 in Zone B, 6 in Zone C)
- Non-ambulatory injuries unit in place of Minors
  Consider Clinic C for Ambulatory Minors
- 2x X-rays for CIA
- Resus remains the same for time critical conditions
  To include Strokes, AAA, non-infective critical care conditions, Major Trauma, etc.
- Lockdown of Self-presenters entrance
- Medical & Surgical Streaming from SAS entry point





PhD in Bed Counting and other New Skills

- Establishing the base line was challenging
- Target Operating Model
- Divisional and Key Service Escalation Plans
- Staffing Cells
- Segregated pathways

Target Operating Model

ARI General COVID-19 Care Escalation Decision Points					
Current TOM Status	Expected Utilisation Date	Bed Utilisation Threshold	Deployed Capacity	Max Prepared Capacity	DP Capacity Switch to next level
TOM 2	10/4/20	70	100	200	>70
TOM 2	14/4/20	105	150	200	>105
TOM 2	18/4/20	140	200	200	>140
TOM 3	20/4/20	175	250	300	>175
TOM 3	23/4/20	190	275	300	>190
TOM 3	26/4/20	225	300	300	>225
TOM 4	28/4/20	245	350	400	>245
TOM 4	1/5/20	270	375	400	>270
TOM 4	4/5/20	300	400	400	>300
DP Contingency	15/5/20	400	450	450	DP Contingency

Segregation

- Creation of blood testing facility out with main hospital with car park waiting room to protect shielding patients
- Red and Green pathways
- Lifts
- Screening wards and amber pathways
- Concierge service for elective procedures as part of surgical backlog plan

Schematic Phase 0 (Pre Covid-19)

Green Zone

7	112 – Haematology 22 beds including 22 single rooms	114 – Oncology 27 beds including 23 single rooms
6	110 – General Medicine 28 beds including 20 single rooms	111– Infectious Diseases 26 beds including 18 single rooms
5	108 – Renal 20 beds including 16 single rooms and 14 dialysis points	109 – Cardiology 30 beds including 22 single rooms
4	106 A – CCU 10 beds 106 B – MHDU 14 beds	107 –Respiratory 30 beds inc 17 single rooms
3	104 – Gastroenterology 29 beds inc 21 single rooms	105 – General Medicine 25 beds including 17 single rooms
2	102 – Geriatric Assessment 25 beds including 17 single rooms	103 – SSM 30 beds
1	AMIA and AEC 16 beds with expansion into 4 more and 5 single and 4 bedded	ED Ward 8 beds
0	ED Minors 6 bays	ED Majors 15 bays plus 4 resus bays

Pink Zone

7	215 – Vascular 18 beds including 4 single rooms	216 – Car + Op 25 beds including 5 single rooms	217 – SHDU 14 beds
6	212/213 Ortho Trauma 40 beds in total including 10 single rooms (5 closed beds)		214 – Plastics 14 beds including 3 single rooms
5	209 – Urology 25 beds including 5 single rooms	210 – ENT 17 beds including 5 single rooms	211 – OMFS 24 beds
4	206/207 – General Surgery 41 beds in total including 7 single rooms		208 – General Surgery/Gynae 26 beds in total including 5 single rooms (1 closed bed)
3	204 –Neurology 14 beds in total including 2 single rooms		205 – Neurosurgery 18 beds in total including 4 single rooms (10 closed beds)
2	Chapel		203 – Opthalmology 10 beds in total including 2 single rooms
1	202 – Urology 12 beds		

Critical Care

GICU- New and Old
15 beds including 4 single rooms (1 closed bed)

CICU
6 beds including 2 single rooms

Theatre

Emergency Theatres
Theatre Numbers

Bookable Theatres
Theatre Numbers

Theatre Recovery

Orange Zone

4	308 – Breast and Gynae 14 beds	309 –Breast and Gynae 18 beds
3	305 Cath Lab 15 trolley's	306 –Ward Ready, No Staff 15 beds
2	303 - Step Down Geriatrics 21 beds	304 Step Down Geriatrics – 17 beds
1	301 – SSU 17 beds	302– SSU 19 beds

Purple Zone

402 – Stroke (M)
8 beds including 1 single room

403 - Stroke (F)
8 beds including 1 single room

Key

Medicine Division	Chapel	Unscheduled Care Division	Triage
Surgical Division	Purple Zone	Clinical Support Services Division	Covid-19 positive Medicine Division
Critical Care	Women's Services	Orange Zone	Covid-19 positive GICU

Schematic Phase 1

Green Zone

7	**112 – Haematology** 22 beds including 22 single rooms	**114 – Oncology** 27 beds including 23 single rooms
6	**110 – Covid-19 triage** 28 beds including 20 single rooms	**111– Covid-19 +ve** 26 beds including 18 single rooms
5	**108 – Renal** 20 beds including 16 single rooms	**109 – Cardiology** 30 beds including 22 single rooms
4	**106 A – CCU** 10 beds **106 B – MHDU** 8 beds	**107 - Respiratory** 30 beds including 17 single rooms
3	**104 – Gastroenterology** 29 beds including 21 single rooms	**105 – General Medicine** 25 beds including 17 single rooms
2	**102 – Covid-19 triage** 25 beds including 17 single rooms	**103 – SSM** 31 beds
1	**AMIA and AEC** 16 beds with expansion into 4 more and 5 single and 4 bedded	**ED Ward** 8 beds
0	**ED Minors moves to** Theatre Level 0 pink zone	**CIA** 16 bays **ED Majors** 15 bays plus 4 resus bays

Pink Zone

7	**215 – Vascular** 18 beds including 4 single rooms	**216 – Car + Op** 25 beds including 5 single rooms	**217 – SHDU** 14 beds
6	**212/213 Ortho Trauma** 40 beds in total including 10 single rooms		**214 – Plastics** 14 beds including 3 single rooms
5	**209 – Urology** 25 beds including 5 single rooms	**210 – ENT** 17 beds including 5 single rooms	**211 – SAU** Surgical Assessment Unit
4	**206/207 – General Surgery** 41 beds in total including 7 single rooms		**208 – General Surgery/Gynae** 26 beds in total including 5 single rooms
3	**204 –Neurology** 14 beds in total including 2 single rooms		**205 – Neurosurgery** 18 beds in total including 4 single rooms
2	**Chapel**		**203 – Ward Ready, Limited Staff** 10 beds in total including 2 single rooms
1	**202 – Urology** Aim to maintain access for urgent diagnostics		

Critical Care

GICU
11 beds 4 -ve pressure rooms used for Covid-19 +ve

CICU
Capacity 6

Theatre

Emergency Theatre
2 theatres daily

Bookable Urgent Theatre
2 theatres daily

Woodend
Ambulatory Surgical Trauma and Trauma Clinic

Orange Zone

Available - 301/302/303/304/306/308/309
120 beds

305 Cath Lab
15 trolley's

Purple Zone

402 – Stroke (M)
9 beds including 1 single room

403 – Stroke (F)
11 beds including 1 single room

Key

	Medicine Division		Chapel		Unscheduled Care Division		Triage
	Surgical Division		Purple Zone		Clinical Support Services Division		Covid-19 positive Medicine Division
	Critical Care		Available space		Orange Zone		Covid-19 positive GICU

Schematic Phase 2

Green Zone

7

112 – Haematology
22 beds including 22 single rooms

114 – Oncology
27 beds including 23 single rooms

6

110 – Covid-19 triage
28 beds including 20 single rooms

111– Covid-19 +ve
26 beds including 18 single rooms

5

108 – Renal
20 beds including 16 single rooms and 14 dialysis points

109 – Cardiology
30 beds including 22 single rooms

4

106 A – CCU
10 beds

106 B – ITU
14 beds

107 – Level 1and 2 (Resp/Cardio/GI BU)
30 beds inc 17 single rooms

3

104 – Gastroenterology /MDHU GI Bleeds
29 beds inc 21 single rooms

105 – General Medicine
25 beds including 17 single rooms

2

102 – Covid-19 triage
25 beds including 17 single rooms

103 – SSM
31 beds

1

AMIA and AEC including ED Ward
39 beds including 7 single rooms

0

ED Minors moves to
Theatre Level 0 pink zone

CIA
16 bays

ED Majors
15 plus 4 resus

Pink Zone

7

215 – Vascular
18 beds including 4 single rooms

216 – Car + Op
25 beds including 5 single rooms

217 – SHDU
14 beds

6

212/213 Ortho Trauma / Neuro.
40 beds in total including 10 single rooms

214 – Plastics
14 beds including 3 single rooms

5

209 – Urology
25 beds including 5 single rooms

210 – ENT
17 beds including 5 single rooms

211 – SAU
Surgical Assessment Unit – 24 beds

4

206/207 – General Surgery
39 beds in total including 7 single rooms

208 – General Surgery/Gynae
37 beds in total including 5 single rooms

3

204 – Ward Ready, Limited Staff
14 beds in total including 2 single rooms

205 – Ward Ready, Limited Staff
27 beds in total including 4 single rooms

2

Chapel

203 – Ward Ready, Limited Staff
10 beds in total including 2 single rooms

1

202 – Urology
Aim to maintain access for urgent diagnostics

Critical Care

GICU- New
15 beds including 4 single rooms (1 closed bed)

GICU/CICU (Previous CICU)
6 beds including 2 single rooms

Theatre

CICU to Theatre Recovery
Capacity 17

Emergency Theatre
2 theatres daily

Bookable Urgent Theatre
2 theatres daily

Woodend
Ambulatory Surgical Trauma and Trauma Clinic

Albyn Hospital
Surgery, potentially outpatients and paediatric chemotherapy

Orange Zone

301/302/303/304/306/308/309 - Available
120 beds

305 Cath Lab
15 trolley's

Purple Zone

402 – Stroke (M)
9 beds including 1 single room

403 - Stroke (F)
11 beds including 1 single room

Key

	Medicine Division		Chapel		Unscheduled Care Division		Triage
	Surgical Division		Purple Zone		Clinical Support Services Division		Covid-19 positive Medicine Division
	Critical Care		Available space		Orange Zone		Covid-19 positive GICU

Schematic Phase 3

Green Zone

7

- **112 – Haem/ Renal** — 22 beds including 22 single rooms
- **114 – Haem/Covid-19** — 27 beds including 23 single rooms

6

- **110 – Covid-19 +ve** — 28 beds including 20 single rooms
- **111– Covid-19 +ve** — 26 beds including 18 single rooms

5

- **108 – Covid-19** — 20 beds including 16 single rooms and 14 dialysis points
- **109 – Cardiology** — 30 beds including 22 single rooms

4

- **106 A – CCU** — 10 beds
- **106 B – ITU** — 14 beds
- **107 – Level 2 Covid-19** — 30 beds inc 170 single rooms

3

- **104 – Covid-19** — 29 beds inc 21 single rooms
- **105 – Covid-19 triage** — 25 beds including 17 single rooms

2

- **102 – Covid-19 triage** — 25 beds including 17 single rooms
- **103 – SSM** — 31 beds

1

- **Medical ED Area** — 39 beds including 7 single rooms

0

- **CIA/ ED** — 37 plus 4 in resus

Pink Zone

7

- **215 – Vascular** — 18 beds including 4 single rooms
- **216 – Car + Op** — 25 beds including 5 single rooms
- **217 – SHDU** — 14 beds

6

- **212/213 Ortho Trauma / Neuro.** — 40 (surge 10) beds
- **214 – Plastics/ E/O/U** — 14 beds including 3

5

- **209 – Ward Ready, Limited Staff** — 25 beds inc 5 single
- **210 – Ward Ready, Limited Staff** — 17 beds inc 5 single
- **211 – Ward Ready, Limited Staff** — 24 beds

4

- **206/207 – General Surgery** — 39 beds in total including 7 single rooms
- **208 – General Surgery/ SAU** — 37 beds in total including 5 single rooms

3

- **204 – Medicine Specialities** — 14 beds in total including 2 single rooms
- **205 – Medicine Specialities** — 27 beds in total including 4 single rooms

2

- **Chapel**
- **203 – Oncology** — 10 beds in total including 2 single rooms

1

- **202 – Urology** — Aim to maintain access for urgent diagnostics

- **305 Cath Lab to Pre Ax** — 15 trolley's

Critical Care

- **GICU- New and Old** — 15 beds including 4 single rooms (1 closed bed)
- **GICU/CICU (Previous CICU)** — 6 beds including 2 single rooms

Theatre

- **CICU to Theatre Recovery** — Capacity 17
- **Emergency Theatre** — 2 theatres daily
- **Bookable Urgent Theatre** — 2 theatres daily
- **Woodend** — Ambulatory Surgical Trauma and Trauma Clinic
- **Albyn Hospital** — Surgery, potentially outpatients and paediatric chemotherapy

Orange Zone

4

- **309 Ward Ready, Limited Staff** – 16 beds
- **308 Ward Ready, Limited Staff** – 15 beds

3

- **305 Ward Ready, Limited Staff** – 13 beds
- **306 Ward Ready, Limited Staff** – 16 beds

2

- **303 Ward Ready, Limited Staff** – 21 beds
- **304 Ward Ready, Limited Staff** – 17 beds

1

- **301 Ward Ready, Limited Staff** – 17 beds
- **302 Ward Ready, Limited Staff** – 19 beds

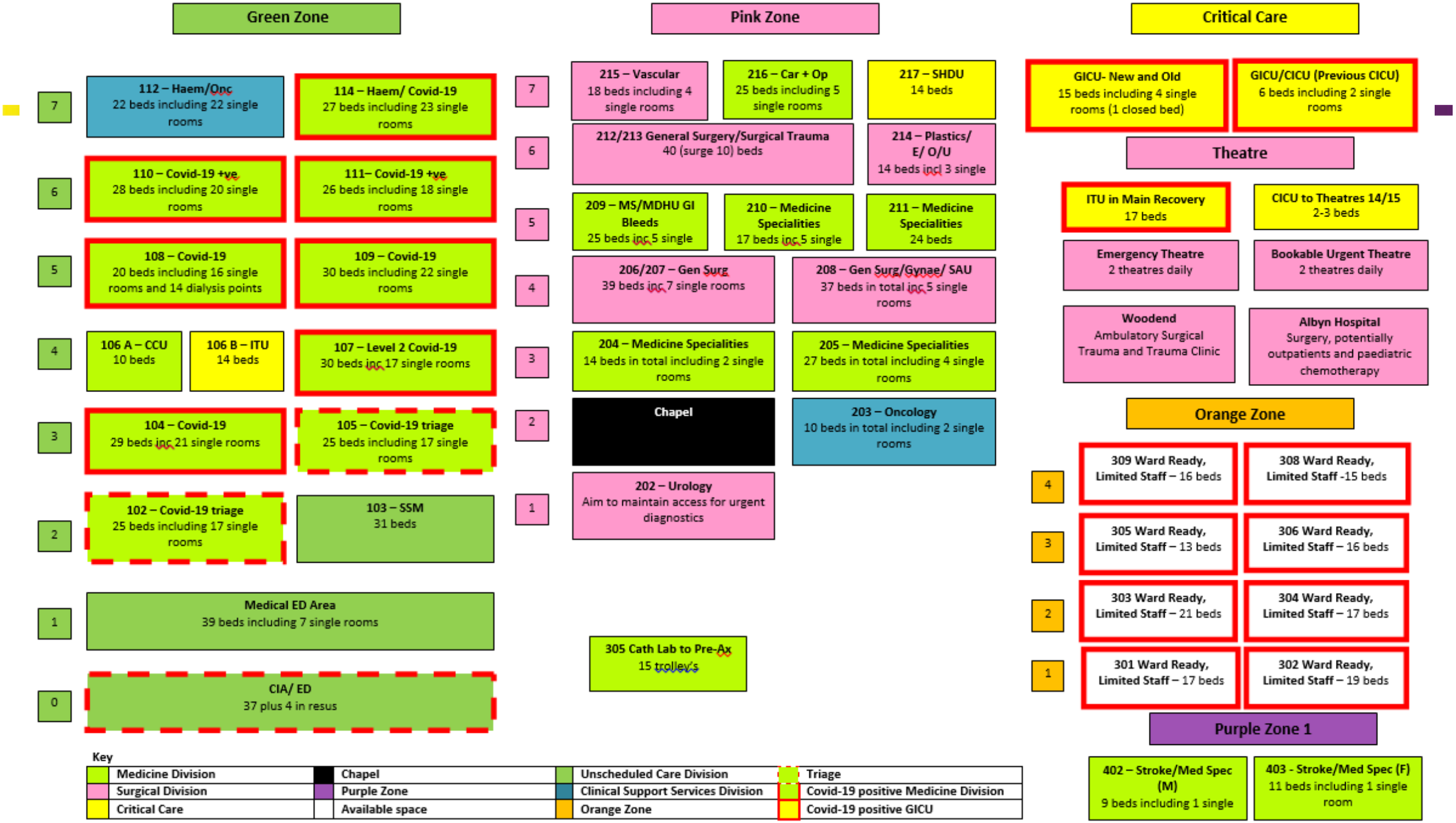
Purple Zone

- **402 – Stroke (M)** — 9 beds including 1 single room
- **403 - Stroke (F)** — 11 beds including 1 single room

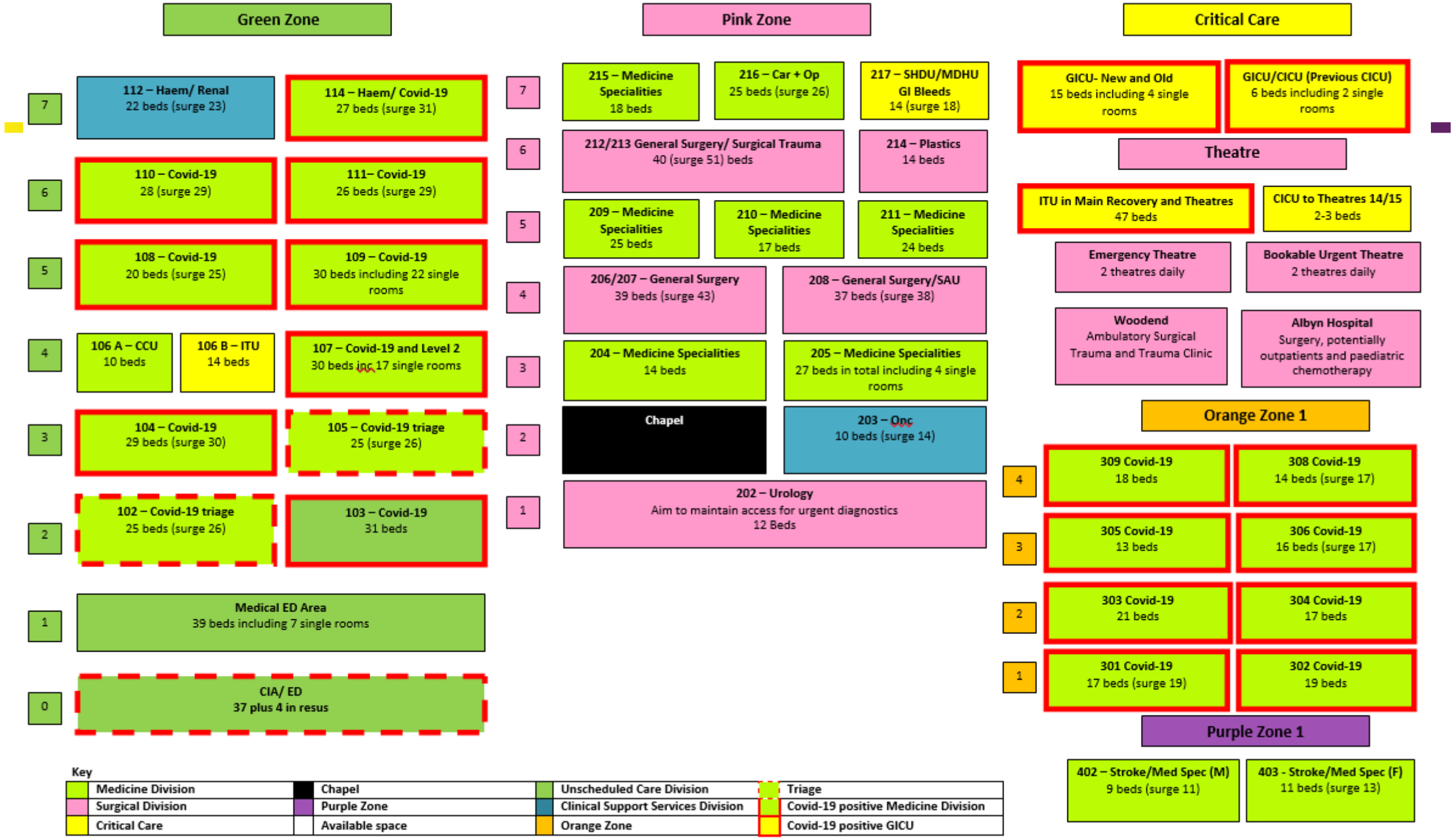
Key

Medicine Division	Chapel	Unscheduled Care Division	Triage
Surgical Division	Purple Zone	Clinical Support Services Division	Covid-19 positive Medicine Division
Critical Care	Available space	Orange Zone	Covid-19 positive GICU

Schematic Phase 4



Schematic Phase 5



Plan for transition - SyncMatrix

TOM				2	2	2	2	2	2	3	3	3	4	4	4
Phase				Phase 2				Phase 3	Phase 4						
Zone	Beds	Beds Surge	Area												
Green			ED Minors	SUSTAIN				SUSTAIN	SUSTAIN						
				SUSTAIN				SUSTAIN	SUSTAIN						
			ED Majors	SUSTAIN				SUSTAIN	SUSTAIN						
	14	18	AMIA	SUSTAIN				SUSTAIN	SUSTAIN						
	8	8	ED Ward	SUSTAIN				SUSTAIN	SUSTAIN						
	25	26	102	COVID-19 Triage				COVID-19 Triage	COVID-19 Triage						
	30	31	103	SUSTAIN - SSM				SUSTAIN - SSM	SUSTAIN			Open as Red Ward		Red Ward - General	
	29	30	104	SUSTAIN - Gastroenterology		MOVE: Gas. And GI Bleed Non-COVID to SHDU, GI non-	Open as red ward (Gen, Gastro)		Red Ward - General, Gastro			Red Ward (General, Gastro and GI)			
	25	26	105	SUSTAIN - Genera	2 MOVE : via		Open as COVID-19 Triage		COVID-19 Triage			COVID-19 Triage			
	10	10	106A	SUSTAIN - CCU				SUSTAIN - CCU	SUSTAIN - CCU						
	14	14	106B	SUSTAIN - ICU				SUSTAIN - ITU	SUSTAIN - ITU						
	30	30	107	Red Ward - Lvl 1/2 Resp, Cardio, GI Bleeds				Red Ward - Lvl 1/2 Resp, Cardio, GI Bleeds	Red Ward - Lvl 1/2 Resp, Cardio, GI Bleeds						
	20	25	108	SUSTAIN - Renal		MOVE: 112 or 204	Open as red ward - Renal		Red Ward - Renal and General			Red Ward - Renal and General			
	30	30	109	SUSTAIN - Cardio				SUSTAIN	MOVE: Non-COVID to	Open as red ward - Cardio		Red Ward - Cardio and General			
	28	29	110	COVID-19 Triage	1 STOP accepting	Red Ward - General			Red Ward - General			Red Ward - General			
	26	29	111	Red Ward - General					Red Ward - General			Red Ward - General			
	22	23	112	SUSTAIN - Haematology		ADMIT: Any unstable Renal	SUSTAIN- Haem and Ren		SUSTAIN - Haematology and Renal			SUSTAIN - Haematology and Renal			
	27	31	114	SUSTAIN - Oncology		MOVE: Non-COVID to 203	Open as Red Ward - Haem and Gen		Red Ward - Haematology and General			Red Ward - Haematology and General			
	12	12	202	SUSTAIN - Urology				SUSTAIN - Urology	SUSTAIN - Urology						
			Chapel	SUSTAIN - Chapel				SUSTAIN - Chapel	SUSTAIN - Chapel						
	10	14	203	5 ADMIT: Oncology from			SUSTAIN - Oncology		SUSTAIN - Oncology			SUSTAIN - Oncology			
	10	13	204	4 Prep	ADMIT: Any non-COVID patients from any Green		SUSTAIN - med spec		SUSTAIN - medical specialities			SUSTAIN - medical specialities			
	27	27	205	2 Prep	ADMIT: Any non-COVID patients from		SUSTAIN - med spec		SUSTAIN - medical specialities			SUSTAIN - medical specialities			
	39	41	206	SUSTAIN - Surgical				SUSTAIN - Surgical	SUSTAIN - Surgical						
			207	SUSTAIN - Surgical				SUSTAIN - Surgical	SUSTAIN - Surgical						

Critical Decision Points

Phase 4b Daily Check				Date
Red Pathway	Capacity	Occupancy	75%	RAG
104	30	0	22.5	
107	28	6	21	
110	20	6	15	
111	26	8	19.5	
Total Red	104	20	78	
GICU Nor	16	4	12	
GICU/CICU	6	0	4.5	
Surge ICU	2	0	1.5	
102	25		18.75	
102 Open	19	19	14.25	
105	25		18.75	
105 Open	19	18	14.25	
Total	270	81	202.5	
Total ICU	24	4	18	
Total Exc ICU	246	77	184.5	
Total Triage	38	37	28.5	
Total Exc ICU +T	208	40	156	
Total ICU Beds	38	11	28.5	
Total Beds Ex IC	700	458	525	
Total Beds	738	469	553.5	

NB 206/7, 208 and 214 have increased available beds today
212/213 have reduced available beds today

03/06/2020		Time	08:30	
Green Pathway	Capacity	Occupancy	75%	RAG
103	30	26	22.5	
Total USC	30	19	22.5	
108	20	16	15	
109	30	27	22.5	
114	29	27	21.75	
204	12	11	9	
205	25	20	18.75	
210	13	12	9.75	
211	16	14	12	
216	25	18	18.75	
402	9	5	6.75	
403	11	7	8.25	
Total M	190	157	142.5	
206/7	38	38	28.5	
208	32	24	24	
209	26	20	19.5	
212/3	46	40	34.5	
214	10	9	7.5	
215	17	15	12.75	
Total S	169	146	126.75	
112	23	21	17.25	
203	10	10	7.5	
Total CSS	33	31	24.75	
217	18	13	13.5	
106A	10	6	7.5	
Green ITU	14	7	10.5	
CICU	4	2	3	
Total	468	388	351	
Total ICU	14	7	10.5	
Total Exc ICU	454	381	340.5	

Aberdeen Royal Infirmary
Covid-19 Move Planning

Ward Commissioning
June 2020 V2

FOR URGENT ACTION - MUST BE COMPLETED PRIOR TO MOVE TO ENSURE CLINICAL ACTIVITY CONTINUES

BEFORE THE MOVE

Task No.	Activity	Dept Resp. person	Coordinate with	Tick when done
1.	**Notify the following teams: -** • Resuscitition Team • All service based staff Secretaries, Junior Doctors, all MDT and associated staff. • Domestic Supervisor • Linen Supplies • Catering • Porters • Ward Product Management Team • IT including Comms, PCs, Printers, VC, PMS / TRAK • Phlebotomy service • Fire Team • Pharmacy • Scottish Ambulance Service • Maintenance	**Service Lead**	**Appropriate Heads of Service**	
2.	Inform patients and relatives of the move and ask them to take home any surplus items.	**SCN**		
3.	Identify if any phones or pcs are to be transferred and agree priority reconnections.	**Service Lead**	**Duncan Munro**	
4.	Ensure contact numbers are circulated to all priority staff.	**SCN / Service Lead**		
5.	Identify any specialist equipment for transfer **(only take specialism specific items).**	**SCN / Service Lead**		
6.	Contact Medical Physics if any equipment requires specialist transfer or recalibration post move.	**SCN / Service Lead**	**Medical Physics**	
7.	Compile a list of all door codes used in the wards.	**Service Lead**		
8.	Agree a controlled drug transfer plan with Pharmacy.	**SCN / Service Lead**	**Pharmacy**	

DAY OF THE MOVE

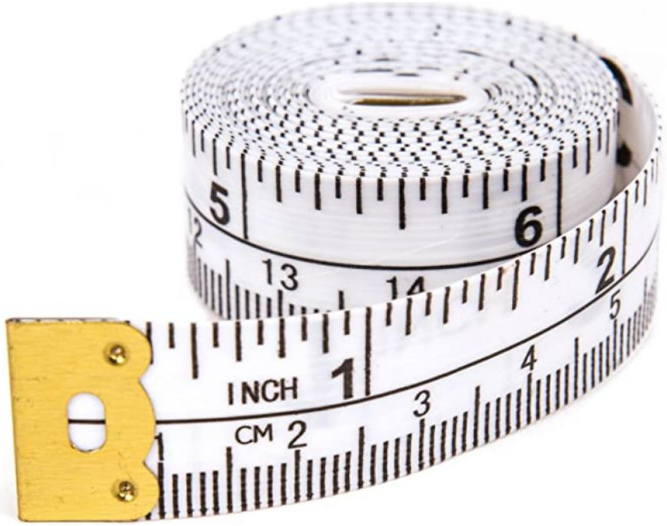
Task No.	Activity	Dept Resp. person	Coordinate with	Tick when done
1.	Prioritise patients for transfer.	**SCN**		
2.	Drug keys for both the new and vacated ward must be handed to the relevant SCN / Service lead and signed for.	**SCN**	**Service Lead**	
3.	Posters should be put up at the vacated ward advising relatives and staff of the move.	**Service Lead**		
4.	Staff should familiarise themselves with the local fire plan and evacuation routes.	**All**		

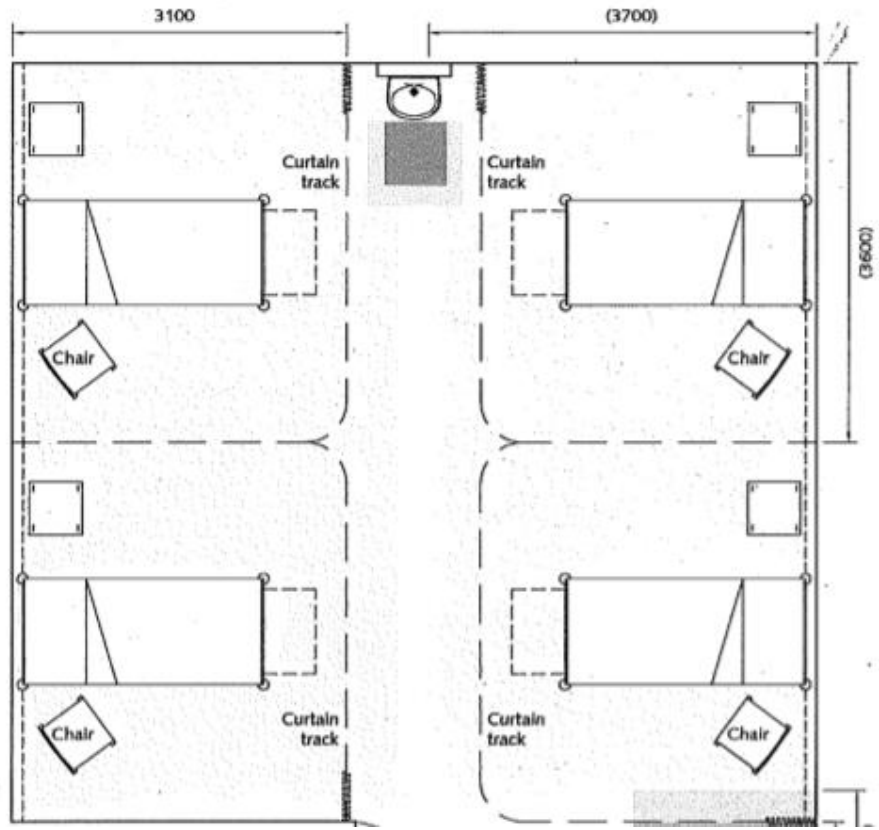
DAYS AFTER THE MOVE

Task No.	Activity	Dept. Resp. person	Coordinate with	Tick when done
1.	**Notify the following teams:-** • Healthcare Records Manager • Medical Secretariat Manager • Estates (Estates Helpdesk) • Security Service • Infection Prevention and Control • Medical Physics • Scottish Ambulance Service • Payroll • Datix	**SCN**	**Service Lead**	

Nosocomial Infection

- Bed spacing
- Facilities, Health and Safety and Infection Prevention and Control Team
- New building regulations





- Accepted partial compliance with increased cleaning
- Led to inequitable reduction in bed footprint
- Services predicted activity for 3-12 months and allocation reset

Quality Improvement

- Data
  - Dashboard for daily operational and performance management
  - Audits
    - Discharges after 12 noon
    - ED 4 Hour Standard Breaches
    - Delayed Discharges
    - All medical admissions and discharges in August
  - Last 10 unscheduled patients through the system (planned)
- Improvement Opportunities
  - Hospital Hub: data informed decision making, closed loop communication
  - Discharge planning: Estimated discharge date, Discharge SOP, pharmacy, discharge lounge
  - Elective surgical throughput

Summary

- Huge amount of learning from the activities undertaken – especially from our Army colleagues in the early stages
- Considered planning, with data driven decision making
- Agile adaptive system required as evidence emerges and demand on services surges
- Quality Improvement techniques will underpin the improvement activity for remobilisation and redesign

Access learning system

Next webinar on

28 October at 13:00

What topic would you want to be covered in the next webinar?

Managing the physical environment

Maximising service capacity and capability

Enabling digital access

Maintaining staff safety and wellbeing

Stay in touch

hcis.access-qi@nhs.net

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