

Meeting Title	Board of Directors		
Date	9 January 2019	Agenda item	Bo.1.20.14

Business Case – The delivery of Blue Zone and the transfer of Acute Renal to Ward 10

Presented by	Sandra Shannon, Chief Operating Officer and Deputy Chief Executive		
Author	Sandra Shannon and Matthew Howson, Head of Service and Business Development		
Lead Director	Sandra Shannon		
Purpose of the paper	To request approval for the plans to deliver ED Blue Zone and transfer the Acute Renal service to ward 10		
Key control	Achieving best use of resources		
Action required	For approval		
Previously discussed at/informed by	None		
Previously approved at:	Committee/Group	Date	

Key Options, Issues and Risks

In March 2019, the Trust Board of Directors approved a business case proposing a new operational and workforce model for Urgent and Emergency Care (UEC). The business case demonstrated that an essential part of this new model would be the provision of Same Day Emergency Care (SDEC) through an Ambulatory Emergency Care Unit (known as Blue Zone). It proposed new, increased, staffing levels to allow the Trust to run the new model of care. The business case was approved and it was agreed at Board that a second business case would be submitted specifically relating to the physical development of Blue Zone. This document is that second business case.

The SLT is asked to approve the proposal for the development of Blue Zone as outlined in this business case.

Analysis

The development of Blue Zone will have two phases:

- an enabling phase that transfers the Acute Renal service at BRI to ward 10
- a delivery phase relating to the development of Blue Zone in the space vacated by Acute Renal

Given that the requirement for Blue Zone has been known for some time, work has been undertaken since March 2019 to identify and allocate £1.6m of funding for the project in the Trust's Capital Programme.

Transfer of Acute Renal

The Acute Renal service currently occupies the prime location (adjacent to ED) for Blue Zone; its transfer to ward 10 (formerly ICU) is therefore the key enabling step in the development of Blue Zone. However, it should also be borne in mind that the refurbishment of ward 10 does have additional advantages and benefits for the Trust. These include improving conditions for acute renal patients and allowing space for the expansion of the service at a future date.

The Trust has appointed a design team from Gilling Dod Architects to work with the Clinical Lead of Renal Services and his team to develop detailed plans for ward 10. These plans have been developed within the clearly defined cost envelope agreed in the 2020/21 Capital Programme and are embedded in the main

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body of the business case.

Blue Zone Delivery Phase

Over the last year BTHFT has seen an average of 380 to 400 ED attendances per day and during winter 2018/19 attendance often exceeded 420 patients. This has resulted in long delays for clinical assessment, severe ED crowding and long bed waits. The two main causes of crowding in our ED are:

- Insufficient staffing, both nursing and medical, to undertake a clinical assessment and complete treatment.
- Lack of physical space to see patients due to all cubicles being occupied by patients.

The original business case, approved by the Board of Directors in March 2019, addressed the first of these issues and mainly focused on staffing. This second business case focuses on resolving the matter of physical space through the delivery of Same Day Emergency Care via an Ambulatory Emergency Care Unit (Blue Zone). This will allow management of more patients via an ambulatory pathway.

Blue Zone is essential to the success of SDEC and needs to be co-located with ED. It will operate an “assess to admit” model on a 7 days per week basis and for a minimum of 12 hours per day. It will have rapid access to diagnostics and will see adult patients suitable for ambulatory care who require 1 to 2 hours of observation or intervention to confirm their plan of care. Typically these patients will have a maximum length of stay of 12 hours. Blue Zone will not see patients requiring resuscitation or patients suffering trauma, stroke, MI, neither will it see any category 4 or 5 patients (which will be seen by a GP or ENP).

The unit will be staffed by a combination of Acute and Emergency Physicians and Advanced Clinical Practitioners supported by nursing operating flexibly across AECU and ED. As mentioned above, changes to the workforce model necessary to make SDEC a success were proposed in the business case approved by the Board of Directors in March 2019.

The same design team from Gilling Dod Architects has worked with the senior team in UEC to design the layout of Blue Zone within the clearly defined cost envelope for the project. Plans can be found embedded in the main body of the business case.

Recommendation

SLT is asked to approve the plans outlined in this business case to develop Blue Zone and transfer acute renal to ward 10.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*)					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		
Quality implications		
Resource implications	✓	
Legal/regulatory implications		
Diversity and Inclusion implications		

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: (Safe, caring, effective, responsive, well led drop down)
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)