

Clinical Justification for Decant and Winter Overspill Ward.

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This statement has been prepared to explain and support the planning application for the construction of a Decant and Winter overspill Ward at Hillingdon Hospital.

1. The Hillingdon Hospitals NHS Foundation Trust (The Trust)

The Trust provides services for a population of over 350,000 from its main Hillingdon and Mount Vernon Hospital sites. It has a turnover of £238 million and employs more than 3,300 staff. The Board has a vision for the Trust; *“To put compassionate care, safety and quality at the heart of everything we do.”* Our mission is *“To be the preferred, integrated provider of healthcare for Hillingdon and the surrounding population, with a major acute hospital as a hub”*.

Year on year, despite programs in the community to prevent admission, and to maintain patients with long term conditions at home, demand for the Trust services has grown. Emergency activity has increased significantly, which put huge pressure on hospital facilities e.g. outpatient clinic rooms and inpatient beds.

The Trust operate two sites – Hillingdon Hospital and Mount Vernon hospital. Hillingdon Hospital provides a range of acute services including A&E, inpatient, day surgery and outpatient clinics. Mount Vernon Hospital offers a modern Diagnostic & Treatment Centre and has four state-of the art operating theatres and Out- Patients department. Both sites are constrained and much of the Mount Vernon site is designated as green belt. The public transport infrastructure and the high density population results in the Hillingdon being the ‘hot’ site with the A&E department and acute emergency services, whilst Mount Vernon operates as a “cold” site.

The Hillingdon site has a range of buildings dating from 1940. Following a successful bid for funding a new acute medical ward was built and opened two years ago. Most of the buildings at The Hillingdon site are built to 1960 space requirements. As a result they do not comply with modern healthcare building standards and recommendations. Cubicles are on average undersized by 75%, which compromises patient safety, infection control and staff health and safety. Development of the site has been adhoc and piecemeal rather than planned with patient flows and patient experience in mind. Frail elderly patients are often seen walking significant distances between outpatient departments and the phlebotomy service. Ideally, shared clinical support services such as phlebotomy, pharmacy, diagnostic radiology etc. would be co-located and centrally positioned with easy access from all outpatients and wards. Unfortunately, we are unable to change this due to the constraints of the existing buildings and a lack of available capital funding.

A space utilisation survey carried out in the hospital has shown that space is over used. Staff struggle to protect the privacy and dignity of patients in crowded waiting rooms, small clinic rooms and limited ward bed space. A recurrent theme in exit interviews of staff who leave the Trust, is the difficulty and frustration of delivering care in cramped and sub-standard buildings.

The Trusts financial position is under severe pressure with demands for funding coming from all areas. Funding has usually been prioritised for front line operational services and therefore capital investment has been low over a number of years. However due to the age of the building stock, capital funds are being consumed by upgrading electrical resilience as a priority.

2. The Proposed ward building

The project has two elements:

Estate capacity to provide a winter ward to manage Trust pressures of non-elective patients and to continue to meet A&E targets.

The second element is to provide a decant space for the Trust so that there is a cycle for cleaning and general maintenance of the wards.

The first element is the winter ward:

Winter ward facility

Historically there is an increase in demand for A&E services through the winter period.

Analysis of local data would show that during November to March there is an increase of patients attending the Trust.

The Trust also historically has had to respond to Norovirus, Flu which has again required the Trust to flex up the bed base.

NHSE also require a winter plan which identifies flex capacity. Pinewood was used to provide this extra capacity.

Winter ward - Pinewood ward

Is located on the annex corridor and currently has 21 beds, this is currently closed to inpatients.

The ICP team have been to formally assess the ward and have classed the ward to be unfit for inpatients and the ward has therefore been closed for flex use.

This assessment is supported by the senior nursing teams and health and safety.

To enable the ward to be fit for use a major refurbishment needs to occur cost £1.3m.

This does not fix the roof, walls etc. and on the 6 facet survey the building is red (needs major investment or removal)

Refurbishment of Pinewood has the following impact:-

Reduced the bed numbers from 21 to 10

No side rooms (unable to manage normal D&V cases)

The second element is the maintenance and cleaning program:

Smarten & Clean of the wards

A rolling program of maintenance and deep cleaning requires the ward to be empty. Therefore during the summer the flex ward would be used to decant existing wards from the Tower and Annex corridor.

3. Scope and outcome

Background / context	The Smarten & clean project is to manage a program of ward moves which allows minor works to be carried out and a deep clean, At the moment there is no program in place. Pinewood ward historically has been used as a flex ward for operational and winter pressures. The ward is currently a 21 bedded facility. Under the project the microbiology team, health and safety and nursing team have assessed the ward and it has been deemed not fit for inpatients.
Investment rationale	• Provide 20 beds which can be used for winter and the Smarten & Clean Program • The internal and external fabric of the building is compliant to HTM & HBN recommendations. • The ward is able to support high acuity patients. • Able to take patients who are infectious.

	• Provide rooms for end of life patients.
Scope	In scope of the project: Provision of a new temporary Modular building • 20 bedded ward • 4 bed bays with ensuite • 4 side rooms with ensuite • Support rooms to size.
Objectives	• To have an environment which is modern, • To have an environment which meets the HBN standards for room sizes. • To have a building which is easy to clean and meet the cleaning standards for a ward. • To provide flexible ward capacity for winter pressures and to support a cleaning program. • Acquired hospital infection can be due to a number of bacteria / virus. Early co-location into a side room should reduce the spread of infection • Discharge lounge will facilitate early discharge from an inpatient bed • The new facility will improve the patient experience and address some of the CQC actions.
Critical success factors	• Delivery for December 2019 or earlier. • Low impact to site during build. • High quality environment which meets infection control standards. • Operationally is able to be used by all disciplines. • Enables decant of wards for the cleaning program.
Associated Benefits	• Increasing the stock of beds which are compliant to HBN and increasing the number of side rooms. Helping reduce HAI. • Enables a discharge lounge to be run out of Pinewood. The pilot has had great success and will continue to assist A&E performance by the early release of beds. • Improve the patient experience on the ward painting program. Address CQC concerns about the environment.
Alignment with THH strategy	• This business case supports the Trusts strategy for key estates risk to be addressed.

4. IPC Report on improvements needed on Pinewood Ward.

IPC Report on improvements needed on Pinewood Ward

Executive Summary

It is the view of the Consultant Microbiologists and IPC Team that Pinewood is not fit for inpatient care. While the immediate project is designed to provide an area to decant patients for refurbishment and cleaning, and to provide escalation beds, there are inadequate numbers of side rooms for the hospital as a whole, and this is a particular problem on Drayton and CCU.

While refurbishment of the existing ward configuration is possible, it is a long way from desirable, and the Trust is missing a golden opportunity to re-provide upgraded accommodation of a suitable standard. Our preferred options (in order of preference) are:

- to install a Modular building Ward with adequate side rooms (including en-suite), ward space with bays with doors (to cohort patients), adequate bathroom facilities and whbs, and adequate space for supporting functions

- To refurbish Pinewood with 10 beds, this provides an environment for a good standard of care

The Modular building option allows:

- A decant ward so that maintenance work and deep cleans can be implemented in other wards over the summer period
- An escalation ward for winter, with adequate side rooms to accommodate patients with infectious conditions, such as influenza and norovirus
- The ward can be moved if required as and when there are major reconfigurations of ward space on site

At present we are unable to sign off any plans which merely upgrade the existing configuration of the ward with 21 beds.

Introduction

Pinewood Ward and ancillary areas were reviewed by a team comprising a Consultant Microbiologist and member of the IPC Nursing Team on 3 July 2019, together with representative from Estates and Facilities to assess what improvements were needed to allow inpatients to be cared for in the ward.

Summary of findings

In its present condition Pinewood Ward is not fit for any in-patient use.

The main concerns from an IPC perspective that lead to this view are:-

- Extensive areas of damage to walls, skirting and pipes/radiators rendering the areas un-cleanable and liable to harbour infectious agents
- There are not enough clinical wash hand basins. This is exacerbated by one of the two being difficult to access for clinical use because it is located behind the nurses' station
- Inadequate sluice/dirty utility accommodation with multiple areas of damage, inappropriate and inadequate storage and no wash hand basin
- Very poor condition of toilet and shower areas with multiple areas of damage that are un-cleanable and have poor access
- Kitchen fittings damaged and un-cleanable, thus unsuitable for food preparation

Work required

Significant work is needed to bring Pinewood Ward up to a standard that could be adequate for inpatient use but will not meet modern hospital environment standards.

All walls, fittings including radiators and pipes and flooring surfaces in patient, food and clinical preparation, waste disposal and storage areas must be sound and cleanable.

Dirty areas (sluice) need to have separation of disposal and storage with a wash hand basin and should be closed from communal and patient use areas.

There need to be sufficient appropriately located accessible clinical wash hand basins in all patient areas.

5. Options Considered

The preferred option is to build a temporary ward block

Operationally there is a requirement for a minimum of 21 beds on the Hillingdon site to meet the operational pressure of surge remand in winter.

HBN04-01 for configuration of a ward - "there needs to be a provision of high quality facilities with the option of a single room".

Use of the ward:

- Initially the ward will be used for winter capacity November to April. This has been agreed within The NHSE Sector Plan for winter.
 - The ward will be empty for 6 months. During this period the wards will be rotated into here to enable vital remedial works and deep cleans.
- The program for the decant will be 1 months per ward. 6 wards per year. Including all the bed stock this will take 3 years.

THH & MVH Bed stock	Number of wards
Acute medical & surgical beds	13
Maternity	4
Mount Vernon	2
Total	19

Ideally the number of years to smarten and clean the wards would be 3 years, this could be addressed by an additional temporary ward or decreasing the amount of time a ward is decanted for. The current assessment for the remedial works is more than two months this is due to the lack of attention the wards have had and there being no existing program for maintenance.

Single rooms:

Single rooms are used for end of life patients or patients with infections.

The percentage of single rooms should be 100% as per HBN. Currently Hillingdon site has 31% of single room accommodation. This leads on a daily basis a balancing act between the infection control requirements versus patient who are end of life. There are a number of distressing complaints were patients have had their end of life period and then died in an open 4 bedded bay with no space for relatives, and no dignity.

The temporary ward will add 4 additional side rooms to the bed stock.

Amenities & support rooms

The number of wash hand basins should be 1:4 and in a single room 1:1 the temporary ward provides this.

The toilets and showers allow for hand rails to be installed for the frail and disabled.

The size of the showers and toilets allow patients with mobility frames and wheelchairs to have a shower

The support rooms are large enough to take catering trolleys and provide compliant storage for medicines.

Cleaning of the ward

Due to the up to date design the temporary ward space is easier to clean.

All the floor, ceiling and walls are compliant to current HTM requirements.

This will lead to a reduction in acquired infections in hospital.

6. Conclusion

The number of wards needs to increase to enable the Estates Department to implement a redecoration program this will have a positive impact on all inpatients. During the winter additional accommodation needs to be provided to provide care to the rise in complex patients over the winter period. This proposed development: provides a solution for the inpatients which provides a space which is clinically safe and clean to meet the needs of the patients; this is strongly supported by the various Infection control clinicians and the Trust Board.



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