

DBS STAFF BULLETIN

DEVELOPING BETTER SERVICES

NEW HOSPITALS PROJECT TEAM VISIT HOSPITAL STAFF



During the month of February, members of the New Hospitals team were out and about visiting staff in the Tyrone County, Tyrone and Fermanagh and Erne Hospitals over a three-day period. This was an opportunity for the project team to meet with staff working in all areas and at all levels and to hear your opinions on the plans for the new facilities.

Project Director Mary Maguire said, 'It is crucial in a major project of this kind to keep everyone, including clinical, administration and support staff, up to date with developments.

We are keen to hear your comments and concerns and to address these as best we can as the project progresses. As we move closer to finalising plans, this becomes increasingly important. Our

communications team are currently putting together a new programme to ensure that we have contact with a wider range of staff on a more regular basis. We hope that our visits will become a regular feature and one that you will look forward to'.

During February's visits, lots of questions were asked. This included queries on the type of rooms within each department, location of staff facilities such as on-call rooms, staff change, lockers and rest rooms, the type and location of proposed equipment such as patient monitoring systems and hoists, security policies, the size of stores, car parking and re-cycling and environmentally friendly initiatives. We are also currently responding to a number of your specific queries.

If your Department did not receive a visit in February and you would like to arrange a visit, please contact our communications team on 8283 5890/1.

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NEW ACUTE HOSPITAL

The project to provide the New Acute Hospital for the South West (NI) has reached a very exciting stage as we begin to receive design proposals from each of the 3 consortia bidding to win this contract. These design proposals are based on our specifications and are a further development of the 'Exemplar Design' that we have worked with each Hospital Department and our design team to compile over the past two years. During the next few months, bidders will present these proposals to staff and gather feedback to further expand and improve their future submissions.

As well as design and construction, staff are working with bidders on the following elements of the project;

Facilities Management	Project Management	Legal
Communications	Human Resources	Financial

BIDDER'S PROPOSALS

On the 29th January, bidders presented their first submissions in the Competitive Dialogue process; the method used in PFI schemes to select a contractor. This submission was the 'Preliminary Design Concept'. As well as presenting proposals on design, bidders have also been asked for information on how they propose to address the following elements of the project;

- Proposed Site Layouts, roads, parking, pedestrian, vehicular flows, landscaping proposals.
- Clinical Design Approach, patient flows, departmental relationships, patient safety
- Proposed Construction Methods and Costs with subcontractor details
- Facilities Management Methodologies
- Project Management Plan

The preliminary design concepts have been evaluated by the project team in conjunction with Trust staff and project advisors. We are glad to report that the standard of these submissions was extremely high. All three bidders are offering affordable solutions and are confident that the opening date of 2011 will be achieved. They are providing some innovative approaches to achieving a top quality design and making the best possible use of what they describe as the 'fantastic site' at Wolf Lough. Most importantly, they are firmly focused on getting the location of the departments and patient and staff flows within the building right and improving our exemplar design layout where possible.

All bidders are very complimentary of the work provided to them in the exemplar design which that have described as the best they have seen in any PFI project they have worked on. This provides us with confidence as we look forward to the next stage – receiving bidders 'Firm Design Proposals'.

Meet The Bidders: Some members of each bid team working on the plans for the New Acute Hospital



Consort Healthcare

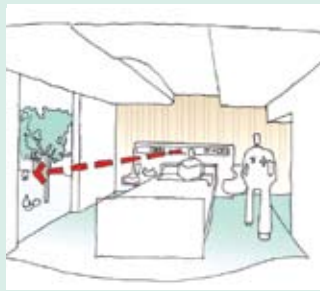


DirectHealth



Northern Ireland Health Group

BIDDER'S DESIGN PROPOSALS



Here are a few samples of bidders design proposals. This features the design of the 'Single Room'. In this section we have attempted to highlight from the pictures examples of how bidders are meeting our requirements.

Facilities should enable effective patient monitoring, assisted by the latest technology/nurse call system.



Patients should have electronic beds for comfort and flexibility.

Patient information/entertainment systems are planned with access to a TV and telephone.



Bed head services including cardiac points and oxygen supply will be discrete.

The Trust's expectation is that at least 50% of beds will be in single rooms with ensuite bathrooms.

Each patient will have access to a low level window where they can experience the view outside from their hospital bed.

Achieving good infection control is key in the design of the single room including the type of wall and floor surfaces.

The design and equipment should assist staff in manual handling.

Acute Hospital Timetable & Next Steps

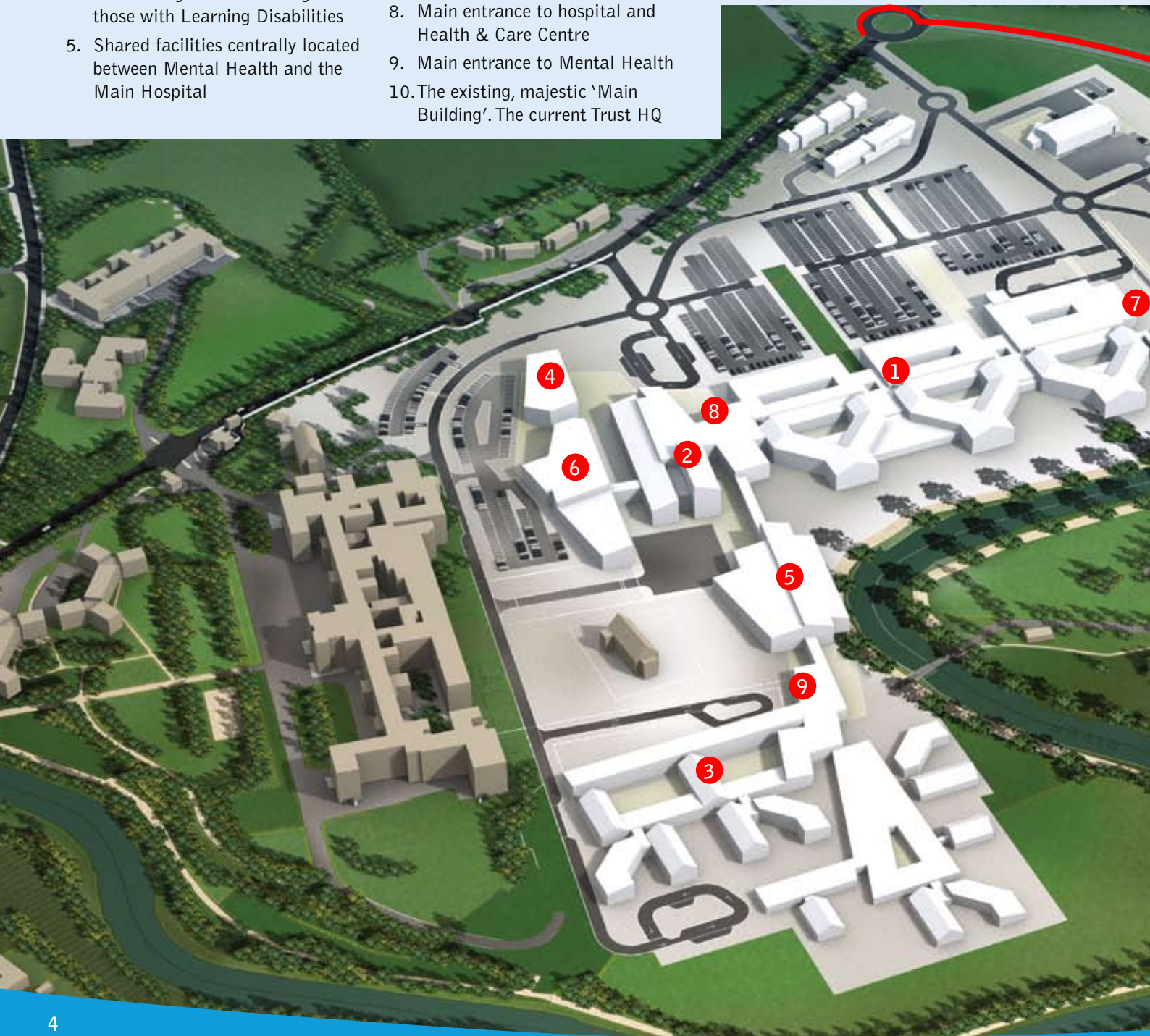
Project Approvals	Timeline	Comments
Phase 2 Outline Business Case	2006	These two key project approvals were secured in 2006.
Outline Planning Approval		
Selecting a Contractor		
Advertise for Contractor	July 2006	Advertise in the European Journal (OJEU)
Shortlist Bidders to 3	Nov 2006	From an initial 4 pre-qualifying bidders, these were further short listed to 3 based on Strategic Approach
Receive initial design proposals	Jan 2007	Each bidders submits initial designs for feedback
Receive firm design proposals	Mar 2007	Bidders submit firm design proposals for evaluation
Receive total package offers	June 2007	Total proposals submitted with full costs
Invite Formal Tenders	July 2007	This marks the end of 'Competitive Dialogue'
The Site Preparation Works		
Submit Planning Application	Nov 2006	Planning approval, which we hoped to receive early in the new year, is now expected in March.
Appoint Contractor	March 07	A contractor will be appointed to begin work as soon as possible after receiving planning permission
Begin site works	Spring 07	These works, which were expected to start at the end of January, will now begin in the early Spring

MAJOR DEVELOPMENTS FOR OMAGH HOSPITAL COMPLEX

The next few weeks will see some crucial developments for the new Omagh Hospital Complex. This includes DHSSPS approval of the detailed Phase 2 Outline Business Case, with Outline Planning Approval at the Tyrone & Fermanagh site expected in April. These approvals will secure the £150million investment in the new facilities, and will allow the Trust to begin the process of selecting a contractor. An advertisement seeking expressions of interest from suitable contractors will be placed in the European Journal in March.

The latest development in the project is the proposal for a new road to provide a better link between the Hospital Complex and the town's road network. The new road would improve traffic flows by connecting to the Omagh throughpass and the Ballygawley Road via the Crevenagh/Bankmore Road at the 'back entrance' of the Tyrone and Fermanagh Hospital site.

1. Omagh Hospital
2. Health & Care Centre
3. Newly Designed Centre for Mental Health
4. New 'Omagh Centre' caring for those with Learning Disabilities
5. Shared facilities centrally located between Mental Health and the Main Hospital
6. Potential Accommodation for additional services with dedicated entrance and carparking
7. Dedicated entrance and carpark for those attending the renal unit
8. Main entrance to hospital and Health & Care Centre
9. Main entrance to Mental Health
10. The existing, majestic 'Main Building'. The current Trust HQ



DESIGNING THE NEW HOSPITAL COMPLEX

The drawing shows how the new facilities could look on the Tyrone & Fermanagh Hospital site. Work on improving these concepts is ongoing with feedback, and input from staff and our Community Forums. Key changes to the design have been made especially in relation to traffic flows, site integration and access.



FEATURES OF THE NEW DESIGN

Traffic Flows on the Site: Traffic entering the site of the New Omagh Hospital Complex will be clearly directed from the roundabout to four main routes to; Centre for Mental Health (right) Emergency Traffic (direct route to Urgent Care), Service Traffic (left) and Main Hospital/Health and Care Centre (straight ahead).

Omagh Hospital: Positioned midway between the entrance to the Centre for Mental Health and the main entrance to the Hospital and Health & Care Centre is a restaurant, education centre, kitchens and some facilities management departments. This will promote integration among all the facilities on the site and is a key element in the 'Health Village' concept.

Renal Unit: Those attending for renal dialysis will be directed from a second roundabout to a private route and separate car park, maintaining a non-clinical environment for what is often a regular routine for renal patients. A goods entrance and store will also be provided at the level below renal unit, ensuring all supplies are within easy reach.

Centre for Mental Health: In response to your feedback, a number of changes have been made to the 'exemplar design' for mental health. The drawing now shows a road bringing

visitors to the new 'Main Entrance' or Foyer, with a drop off zone just outside the door. As well as improving traffic flows and providing clear direction for visitors, this provides the Centre with an opportunity to create its own identity. Dedicated car parking spaces will be provided in this area. Also included is a separate entrance for admissions to the acute mental health wards. The new design allows for the creation of a number of suitable sized and secure external, landscaped courtyards where patients are provided access to the outdoors.

Omagh Health & Care Centre has been redesigned to provide easy access from the main entrance and include an atrium to help with way finding. The new design allows much more natural light to penetrate through the building.

The Chapel: This is also a listed building will remain in situ and largely unaffected by the new developments. However, plans are underway to carry out some minor improvements to the building, including the installation of a new heating system. The landscaping around the Chapel will compliment the building, improve access and carparking and ensure that it is provided pride of place and treated respectfully both during and after construction on the site.

Omagh Hospital Timetable & Next Steps

Project Approvals	Timeline	Comments
Phase 2 Outline Business Case	March 2007	Further detail submitted incorporating details of proposed new road network.
Outline Planning Approval	April 2007	
Selecting a Contractor		
Advertise for Contractor	March 2007	Advertise in the European Journal (OJEU)
Shortlist Bidders: Pre-Qualify	June 2007	Shortlist to a maximum of 5 bidders
The Site Preparation Works		
Submit Planning Application	March 2007	A separate planning application required
Design Work Structure	March 2007	Plan the implementation of these works
Tender for Contractor	May 2007	Site preparations will be a separate contract
Begin site works	Autumn 07	Includes water & sewage works, diverting electricity supply, work to roads and some demolitions.

The Future of Surgery

Mr E Ghareeb, Clinical Director outlines the vision for the future of the surgical department his Department is set to achieve in the next few years to prepare for the transition to the new hospitals in 2011.

Surgery is one area of health care where new techniques and technologies are having a significant impact. The new model of care for surgery that we will be delivering here in the New Hospitals for the Southwest will not only bring the benefits of these improved surgical techniques, but also takes a more holistic approach. Rapid access outpatient clinics, immediate access to modern diagnostics, shorter hospital stays and streamlined discharge from hospital will be the focus.

To make this happen, staff will have better access to new equipment and

scanners. Our new hospitals will also have dedicated endoscopy and clinical investigation suites. The concept of 24-hour Acute assessment and observation ward located next to emergency facilities will be introduced. Staff will be provided further training in modern diagnostic techniques including near patient testing and applying early warning scorecards.

The future will also see better links with GPs through the new ICATS system and more appropriate referral of patients to nurse led clinics, GP's with a specialist interest or to a consultant. These steps will have a significant impact on our model of care for surgery, making the system much more efficient and reducing waiting times for patients. We look forward to introducing these changes outlined in our 'targets' opposite and bringing the benefits to our patients in advance of 2011.



THE NEW FACILITIES FOR SURGERY

Acute Hospital

5 Theatres will be provided at the new Acute Hospital. This will include 2 dedicated day surgery theatres, 2 elective and 1 emergency theatre and endoscopy rooms. The theatres have been designed in one 'bank' to allow maximum flexibility and to provide the best environment for integrated working. Two surgical wards will be provided, one of which will incorporate a dedicated gynaecology unit.

With a dedicated emergency theatre, there will be two elective inpatient theatres increasing the number of available operating sessions, flexibility and patients treated. This is a major step forward in the delivery of patient centred services and should prevent unnecessary delays to surgery and permit the surgical department to deliver maximum efficiencies while still offering patient choice in terms of scheduling their surgery.



Targets for Surgery

Maximise the use of theatres at both hospitals and attract 'waiting list' cases

Open new theatres at the Erne Hospital.

Launch a new pre-assessment service to minimise cancellations for patients who are unfit for planned surgery.

Extend the range of day procedures at Tyrone County.

Provide more procedures at outpatients.

Provide new discharge lounges.

Extend rehabilitation beds at Tyrone County.

Identify and develop new services.

Offer a wider range of surgery as day procedures.

Attract new staff with specialist skills.

Develop specialist-nursing roles such as Nurse Endoscopist.

Offer new nurse led clinics such as rectal bleeding, dyspepsia, etc.

Omagh Hospital

Day Surgery will be provided in the 2 new theatres that will be located next to an endoscopy suite with 2 examination rooms and a dedicated decontamination area. This area of the hospital also includes a recovery area and day ward with a large discharge lounge.

Facilities at both hospitals will have dedicated areas for children, designed to provide a child friendly environment. The range of outpatient surgical clinics will also include dedicated fracture clinic rooms, ENT and eye clinic rooms.

Support Services - Preparing for Change

The new hospitals for the southwest have the objective of transforming, modernising and improving how our health and social care services are delivered. For many of us, this will mean new ways of working, new job roles and new lines of responsibility. While many of these changes will affect medical and nursing practitioners, change will also apply to support services including administration and facilities management (FM). For example, we will be required to use new technologies, move to a paper-light admin system and have new processes for managing records.

During our recent visits, many staff working in facilities management (FM) asking how they could be affected by the project, which is being tendered as a PFI (Private Financed Initiative). Of particular interest to FM staff are their employment terms and conditions if some FM services currently delivered by the Trust become the responsibility of a private sector partner. It is important to stress that exact details of any potential staff transfers are not known at this stage of the project.

Government Regulations in Staff Transfers

Government regulations have been developed to help protect the rights of employees and their terms and conditions of employment in a PFI scheme. These regulations are called TUPE (Transfer of Undertakings – Protection of Employment – Regulations, 1981) and ROE (Retention of Employment).



What is Retention of Employment (ROE) and to whom does it apply?

ROE applies to Facilities Management (FM) staff working in what is known as the 'five trades', These are;

1. Catering
2. Cleaning
3. Laundry
4. Security
5. Portering

Under an ROE arrangement, staff are managed by the private sector contractor, but remain Trust employees, retaining their NHS terms and conditions of employment, along with their NHS pension scheme membership. In other words, staff are 'seconded' by the contractor with no changes to their existing contract of employment. The 'ROE' model does not apply to supervisory/ management staff within the 'five trades'. These staff will transfer under 'TUPE' legislation to the new private sector partner.

What is TUPE and to whom does it apply?

TUPE is the 'Transfer of Undertakings, Protection of Employment, Regulations'. This regulation applies to staff working in Estates & Maintenance, Grounds & Gardens and other facilities management services not included in the '5 trades' (i.e. Switchboard/ Reception Services, Pest Control and Car Parking, among others). Under TUPE regulations, these staff will be transferring into the employment of the private sector company.

With a TUPE transfer there will be no break in employment service for staff and their terms and conditions of employment in place before the transfer will be protected. The new employer may not change existing terms and conditions without formal consultation with employees. It is a condition of the contract that the PFI employer must provide a 'broadly comparable' pension and guarantee that employees are no worse off when they transfer.

When will any changes be implemented and how long will they last?

Staff are generally seconded or transferred several months before the facilities become operational to ensure a streamless transition from the 'old' to the 'new' hospital. The target date for completion is 2011. The arrangements last for the total length of the PFI contract, generally 30 years.

Bidders Proposals

Bidders are putting forward initial proposals on how they plan to organise and manage the new facilities. These proposals include many new and exciting elements that will help us to deliver an effective service for patients. Bidders are demonstrating how they have worked effectively with Union partners on other PFI schemes that involved staff transfers. Further details on how FM services will be managed within the new hospitals will be determined during the latter stages of the competitive dialogue process. We will keep staff informed.

Working with Union Representatives

As we continue to develop plans for the new hospitals, our project team will continue hold regular meetings with our union representatives and are committed to ensuring that TUPE and ROE legislation is applied appropriately. Union representatives have been invited to attend regular updates on the project and meetings with the PFI bidders.

Keeping Support Staff informed

As more information becomes available over the coming weeks, the New Hospital project team will make a concerted effort to visit staff in all the facilities. We are also planning to distribute a information leaflet on ROE and TUPE. If you require any further information, please contact **Shauna Ward** on **028 8283 5971**.

MEDICAL EQUIPMENT

Medical equipment plays a very important role in the delivery of high quality healthcare services and is a core element of our new hospitals project. A business case to secure up-to-date medical equipment and technologies for the new hospitals was approved

by the Trust's Finance Committee at their January meeting. This business case covers major pieces of medical equipment for theatre, critical care, renal dialysis, wards, lab and imaging equipment and patient monitoring systems, among others.

When developing the business case, our medical equipment team worked with staff to provide an accurate assessment of current and future equipment needs in all hospital departments. The next stage in the process will be to develop detailed specifications for each item of equipment.

INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)

Technology will play a crucial part in how we change the way we do things to offer patients a better and faster service in the future. It will give staff the tools to share information, knowledge and expertise and to create better links with our health care colleagues and partners. A £9 million ICT business case is currently with the DHSSPS for approval. This approval will allow the

Trust to invest in infrastructure, systems, and associated equipment. It will also enable us to train and develop staff to maximise the investment and get the most advantage from the new systems to improve the way we work. When fully implemented, these new ICT systems will see significant changes in how our hospitals operate.

The Trust Information Services Department is already leading the way in this field with the launch of a new system to allow GP's access to patient's records on-line. In the future, GP's will also be able to book

a patient directly for an X-ray or an outpatient appointment. Other changes we can expect to see include 'Electronic Healthcare Records' replacing the paper based patient notes and providing access to x-ray images and laboratory results. An increased use of video conferencing is planned to help with patient diagnosis. Wireless networks will be introduced, and computer carts or hand held devices will allow staff to record information while on the ward and in real time.

COMMUNICATIONS

As part of our on-going efforts to provide up-to-date information on developments in the New Hospitals projects, a number of initiatives are planned for Spring 2007. To compliment our key sources of information in the project; our new website and our quarterly bulletins, we hope to begin work on an information leaflet for the general public. This will provide an overview of plans for investment in our new facilities and introduce our local community to some of the changes they can expect to experience in how healthcare services are delivered.

A group of staff, including clinicians and those from facilities management will visit a number of PFI projects that our 3 bidders are involved in at hospitals in England. This delegation will speak with staff and examine how some of the bidders proposals are working in live situations. Our communications team will also be bringing a delegation of community representatives from Omagh to Holywood Arches in Belfast to experience how a Health & Care Centre operates.

A Community Design Evaluation Forum for the Omagh Hospital Complex will also be formed. This will mirror the Forum for the New Acute Hospital, which is has had a very positive impact on our exemplar design. Bidders will also be provided an opportunity to meet our Community Forums and gain an insight into wider community aspirations for their new acute hospital.

Our Key Communication Tools

Engagement

- Best Practice Visits
- Staff Working Groups
- Community Forums
- Information Sessions
- Departmental Visits

Literature

- Bulletins & Newsletters
- Project Brochures
- Core Brief
- Trustnet
- New website: www.newhospitals.org

Media

- Regular Press Releases
- Media Briefings

Exhibitions

- Design Road Shows
- Special Events

If you have any questions, comments or suggestions, we would be glad to hear from you. Please contact Anita or Klaire at the DBS Information Desk, on **028 8283 5891/5890** amcconnell@slt.n-i.nhs.uk

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