

## Briefing about the new Emergency Department at the Leicester Royal Infirmary

### Background:

The Leicester Royal Infirmary is the only Emergency Department (ED) in a 25 mile radius of the city, meaning that its geography is unique in terms of there being no other local EDs, on the borders. The current department was designed to see 100,000 people a year; in 2016, 170,000 patients were seen through ED.

The sheer volume of patients now attending and being admitted to Leicester's Hospitals has increased significantly beyond that which was planned for originally.

One of the ways we are working to reduce the volume of patients being admitted is the use of the GP assessment unit. Our GPAU is currently located within our ED and can see:

- Medical patients referred via bed bureau Medical patients referred by their GP
- Urgent Care Centre medical patients thought to require medical admission after assessment
- Medical patients in either ED assessment or majors identified by a senior ED decision maker.

There continues to be increased volumes of patients going through this service each day which reduces the load in ED and admissions to the assessment units by around 20 patients per day, helping to reduce the mismatch between admissions and capacity. Currently GPAU is only open until 10pm between Monday to Friday and then 9am to 5pm at weekends, but we are exploring how the hours can be increased permanently. Working in close proximity to ED, GPAU has given the ability to identify medical patients quicker, and to test this model ready for the new Emergency Floor (EF) when work on Phase 2 is completed in spring 2018. Between the opening of the new ED and the completion of Phase 2, GPAU will be located within the footprint of the new department.

**Ambulance handovers:** ambulance handover times continue to be a significant issue and are our key weakness. A new ambulance handover improvement action plan has been developed with partners, and includes actions to:

- Reduce the attendance and admissions in the ED
- Increase the size and speed of take at Clinical Decisions Unit (CDU) at the Glenfield
- Increase the cohorting capacity of the ED or adjacent areas
- Actions to create a ward or wards on one of our three sites where patients who are medically fit for discharge can be cared for whilst arrangements are made for their discharge
- Reduce the time between beds becoming available and patients moving out of ED ('rapid flow')
- Immediate actions to reduce external delays to the discharge of individual patients (as opposed to medium term system improvement actions)

We do not have sufficient capacity to care for the patients coming to us and we need to continue to work with partners across the system to reduce attendances and admissions; this remains a key part of our system wide action plan.

**The Emergency Department build:**

Our Emergency Department will see us complete the first part of our £320m 5-Year Plan 'Delivering Caring at its Best' to improve our hospitals. In late 2014 we began the construction for a new, bigger ED which really began to take shape in early 2016. The £43.3m ED will improve not only the experience for emergency patients, but also for staff working in and with the department.

With an ageing population, it was important that we created an environment that is dementia friendly and will allow our staff to treat the clinical needs of that set of patients. We have worked with Age UK and Vista to ensure our facilities meet the needs of all of our patients; this includes rubber flooring in the department rather than vinyl, which can be difficult to walk on. We also have purpose-built mental health rooms, where patients will be protected from harm whilst they are assessed and treated. Eye casualty will have a new home alongside the minor injury and illness team, within the new 'Blue Zone'.

Our new dedicated Children's Emergency Department will still have its own entrance and has been designed to meet the needs of both young children and teenagers, with specially designed waiting areas. On Monday 6 March Interserve Construction will officially hand over the keys to us for the new ED. We will then begin to familiarise our staff with the new space and processes, install and test all of the IT and clinical equipment, and decontaminate the area (deep cleaning) before the doors open to its first patients at **4am on Wednesday 26 April**.

As soon as the last remaining patients leave the current department on 26 April, we will begin to decommission the existing ED for Phase 2 of the Emergency Floor project which will be completed in Spring 2018. As part of the decommissioning, we will be taking down all fixed equipment from the walls, removing any equipment left behind and cleaning the space prior to handover to the construction team. Phase 2 will see all of our assessment units, including the acute frailty unit, being moved onto one floor, right next door to the ED.

Also on **Wednesday 26 April** we will permanently close the entrance to the Balmoral Building. We need to do this to continue the Phase 2 building works. This will of course mean a lot of work with staff and patients to ensure that people can find the clinic or ward in Balmoral or Windsor that they need to attend. We will be changing the signage and wayfinding around the Royal Infirmary site and creating information and new maps for patients/visitors.

**The future**

We are clear that 4-hour performance will not miraculously improve overnight with the new ED. Whilst the department will be bigger, the emergency pathway will still face the same challenges of increasing attendances and delayed discharges out of hospital. The ED is part of a wider healthcare system and if there is no flow through the ED into other parts of the hospital, if there are delays in discharging patients that need health or social care packages and if we cannot reduce the number of people attending, we will continue to see the same problems.

**The public**

The messages to the public will remain the same. If they need medical advice they should see their GP or call NHS 111. They should only use the Emergency Department or telephone 999 for real emergencies such as loss of consciousness, severe breathing difficulties, heavy bleeding, severe chest pain, possible broken bones, deep wounds, suspected stroke, or if you swallowed something harmful or poisonous/taken a drug overdose.

Members of the public will arrive at our ED and will be triaged and treated based on their medical need. There is a new layout to the Royal Infirmary site with this new build but there will be new signage, wayfinding and maps across the site, supported by our volunteers and security staff to direct people to the right entrances.

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