The Birmingham New Hospitals Project

Guide to Moves 5 & 6
July-October 2011

Department/Ward Moving From: .............................................

Department/Ward Moving To: ..................................................

Team Leader: .................................................................
INTRODUCTION

This Guide to Moves 5&6 has been designed to provide you with key information relating to preparing for the physical transfer into the new Queen Elizabeth Hospital Birmingham (QEHB) and to assist you in the formulation of your own detailed moving plan. Please take time to read it carefully so we can achieve a safe and timely transfer to the QEHB.

Any queries or comments relating to this Move Guide should in the first instance be sent to the Commissioning Masterplan inbox which can be accessed via the Microsoft Outlook Address Book.

Section 1 – Assumptions and Risk is an important reminder of the need to consider and record all assumptions and risks that you identify whilst planning your move.

Section 2 – Managing the Move describes the way in which Move 5&6 will be managed via a Command Centre. It also includes a summary of the main roles and responsibilities that will be undertaken by staff within transferring wards and departments.

Section 3 – Site Management describes the way in which the Trust sites will be managed and organised during Move 5&6 to accommodate the physical transfer process.

Section 4 - Moves 5&6 Programme outlines the principles on which Move 5&6 is based and contains the Summary Move Programme showing the services that move day by day during Move 5&6.

Section 5 – Non Clinical Support describes the non clinical support services that will be in place to assist the move, e.g. cleaning, ICT, medical engineering etc.

Section 6 – Clinical Support describes the clinical services that will be in place to support the transfer of patients

Section 7 – Physical Transfer Process summarises that way in which the physical transfer process will be delivered, both for our patients and for the contents of all transferring wards and departments.

Section 8 - Move Checklist is to assist transferring wards and departments in undertaking the preparatory work that needs to be done prior to the move. It will prompt you to consider who needs to undertake the work and identifies the timescales for completing each task.

Section 9 – Removal Company Support contains some Move Instructions provided by Harrow Green (our removal company). This section will provide you with practical information about the items that each ward and department will be responsible for packing and labelling prior to the move plus some advice and useful tips.

Section 10 - Decommissioning Checklist tells you what to do once your ward or department has been emptied of all patients and transferring furniture and equipment. This section will ensure that your vacated ward or department is left in a safe and secure state and handed over to the Trust’s Decommissioning Team.

Section 11- Forms contains the forms you will need to complete

Section 12 – Appendices contains supporting documents
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SECTION 1 – ASSUMPTIONS AND RISK

1. Assumptions and Agreements

1.1 It is important to remember that in planning your move you may have to make assumptions about/agreements with other wards and departments.

1.2 It is extremely important that you keep a record of all these assumptions and agreements so that if plans change you can ensure that all the right people are informed. Form 1 in Section 11 can be used for record keeping purposes.

2. Managing Risk

2.1 You are asked to consider and quantify any risks which would threaten the successful implementation of your move plans. Risks should be recorded on your specialty/divisional risk register, with significant/high risks being reported to your Divisional Director of Operations via your Commissioning Lead.

2.2 If an incident occurs during your move you must complete an electronic Incident Report Form. If the incident is serious inform the Command Centre directly on Ext. 15000 or DDI 0121 371 5000 and also inform your Divisional Director and Director of Operations.
SECTION 2 – MANAGING THE MOVE

1. Command Centre Overview

1.1 A Command Centre will be set up in the new building during the operational commissioning period and will provide overall administration and communication control of all move activities on both the old and new sites in the period leading up to, during and following the move.

1.2 During the operational commissioning period and for a short period following Move 5&6, the Command Centre will be staffed and run by the Commissioning Masterplan Team. During this period, the purpose of the Centre will be to ensure that all tasks necessary to prepare the building for operational use are undertaken according to the agreed programme.

1.3 Over the period of the move during which the patient transfers occur, the Command Centre will be staffed and run by a Director-led senior operational team which will direct the physical transfer process and maintain continuity of the Trust’s service provision during the transfer period. A rota will be developed for the period which will clearly identify staff who will be undertaking each of the roles described below. This will be circulated to the Old and New Site Co-ordination teams prior to the move.

2. Roles and Responsibilities of the Command Centre

2.1 The main roles and responsibilities of the Command Centre are to:

- Provide an overall administration and communication control for both the old and new sites during each phased move period, including the responsibility for escalating issues/decisions to the Chief Executive as required.
- Make decisions and/or approve changes relating to the physical transfer process and/or operational issues associated with the physical transfer process
- Act as the single point of contact for all enquiries associated with the move.
- Monitor progress against the Detailed Move 5&6 Programme
- Advise Divisional, Commissioning Masterplan and Ward/Departmental teams on all sites on progress, changes to the programme, problems etc.
- Liaise with key support services, including security, facilities management and ICT, to ensure swift action is taken to deal with unforeseen incidents
- Work with the Divisions and Ward/Departments to redeploy resources where necessary.
- Maintain a log of issues and queries arising, complaints, decisions taken etc.
- Hold daily meetings to undertake any necessary planning and monitoring activities

3. Siting of the Command Centre for Move 5&6

3.1 The Command Centre will operate from 4th July 2011 the QEHB building with effect and will be appropriately equipped to ensure that it can undertake live monitoring of the Detailed Move Programme and be in contact with all key staff for the duration of the Move period.

The Command Centre can be contacted from Saturday 3rd July 2011 Ext. 15000 or DDI 0121 371 5000. During the operational commissioning period the Commissioning Masterplan Team can be contacted at all times by emailing Commissioning Masterplan or by telephoning Ext. 14489.
4. **The Command Centre Team**

4.1 The following staff will be involved with the operation of the Command Centre during the physical transfer period (although not all will be physically based there) and will undertake the various roles identified in Section 5 below.

- Duty Director
- Divisional and operational managers and clinicians
- New Hospital Project Team representatives
- Trust ICT, Communications, Medical Engineering, FM, Logistics,
- Harrow Green Move Manager (or representative)

4.2 The following staff will be required to attend the daily Command Centre meetings which will be held in the Command Centre Seminar Room:

- The Commander
- The New Site Co-ordinator (plus any member of their team that they need to brief the meeting)
- The Old Site Co-ordinator (plus any member of their team that they need to brief the meeting)
- The Command Centre Move Manager
- Michele Morris (or a nominated representative)
- Karen Johnson (or a nominated representative)
- Fiona Alexander (or a nominated representative)
- Others as required

Timings of the meetings for Move 5 will be as follows:

- 07.30, 10.30 and 12.30 pm
- 12.30, 15.30 and 17.00 pm.

5. **Key Roles and Responsibilities of the Command Centre Team**

5.1 Commander – Director role

The Commander is in overall charge of the Command Centre, chairing daily meetings, making final decisions on matters which affect the overall Move 5&6 Programme and authorising the use of any additional resources.

The physical transfer of a ward or department will not commence until the Commander is satisfied that all of the necessary arrangements are in place.

The Commander will not sanction any changes to the physical transfer programme until the Move Checklist has been implemented and all responses evaluated for risk and impact on the overall move. (Appendix 1).

5.2 Command Centre Move Lead – Senior member of the New Hospitals Project Team

The Command Centre Move Lead will have responsibility for ensuring that the scheduled moves are delivered in accordance with the Detailed Move 5&6 Programme, and that everyone involved is kept fully informed of progress made. They will achieve this by working closely with the Command Centre Team and Site Co-ordinators (see below) to ensure that problems are dealt with swiftly and that issues requiring further resource, or which have an impact on the overall move programme, which cannot be resolved locally, are referred to the Commander.
5.3 Command Centre Team – Project Team Administrative Staff and Divisional/Operational staff

The Command Centre Team will be drawn from the Project Team and the Divisional teams and will act as the first point of contact for enquiries made to the Command Centre. The team will include an operational manager who will be responsible for dealing with any operational issues that arise during the Move 5&6 process and ensuring that they are dealt with appropriately. The Command Centre Team will work closely with the Co-ordinators on all sites to ensure that support is available to Ward/Departments when required and to produce relevant reports for the daily briefing sessions.

Responsibilities include:

- Receiving, recording and passing on all operational and move enquiries
- Keeping the Command Centre Operations and Move Leads fully informed at all times and taking direction from them as necessary
- Linking with the Communications Team to ensure staff and, where appropriate, media are kept up to date on progress
- Preparing duty rotas and contact lists for each day of the move and ensuring that they are issued to the appropriate staff.
- Contacting Ward/Departments on a daily basis from 2 days before the move, to ascertain progress in preparing for the “lift and shift” move and for the patient transfers.
- Identifying any programme slippage, ascertaining the reasons why and working to identify mitigation plans
- Tracking the progress of each move – when the first vehicle leaves the old site, when the last one arrives at the new site etc.
- Managing incident registers

5.4 New Site Co-ordinator and Team

This role will be based in the new QEHB and will be responsible for the capacity management and operational running of the site in its entirety. Additionally it will co-ordinate and assist with all transfers coming into the new building. A member of the New Site Co-ordination Team will be assigned to each transferring Ward/Department to work with ward and departmental staff to ensure each move into the new building takes place smoothly.

The team will be big enough to manage simultaneous moves into the building and to cover other duties such as management of lifts, liaison with Consort etc.

The New Site Co-ordination Team will:

For Ward/Departments Moving “Today”

- Visit the new ward or department prior to commencement of the physical transfer from the old site to ensure everything is in place. This will include confirmation that the ward or department’s Removals Receiver is present within the area.
- Contact the Command Centre to confirm the new ward or department is ready to receive.
- Oversee the first delivery by Harrow Green and the Ambulance Service to ensure the ward or department Patient Receiver and Removals Receiver is happy with the process and there are no problems.
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- Liaise with Consort or BBW regarding any problems related to the building and its services
- Liaise with any staff/volunteers who are assisting the patient moves
- Troubleshoot as necessary
- Return to the ward or department to check progress and to report back as necessary

For Wards and Departments Moving “Tomorrow”

- Visit the new ward or department and ensure everything is in order for the move the next day
- Report status to the Command Centre (complete this activity by early afternoon to allow time for problems to be resolved).

5.5 Old Site Co-ordinator and Team

This team will be based at old QEH and will be responsible for the capacity management and operational running of the site in its entirety. Additionally, it will co-ordinate all transfers (both patient transfers and the transfer of furniture, equipment and contents) that are taking place on each day of the move from that site. A member of the Old Site Co-ordination Team will be assigned to each transferring Ward/Department to work with ward and departmental staff to ensure each move takes place smoothly.

The team will be big enough to cover moves that are simultaneous, e.g. where patients are transferring from more than one inpatient ward and to cover any follow up actions.

The Old Site Co-ordination Team will undertake the following duties:

For Ward/Departments Moving “Today”

- Visit Ward/Departments prior to their move time and ensure all necessary arrangements are in place, including checking that the Decommissioning Team are present
- Contact the Command Centre to confirm status/report any problems/confirm permission to commence the physical transfer
- Once the first patient has left the designated Patient Transfer Lounge, phone the Command Centre to confirm that they are on their way
- Once the first lorry load of crates and/or F&E has left the vacating ward or department notify the Command Centre
- Keep in touch with each transferring ward and department as necessary to troubleshoot.

For Ward/Departments Moving “Tomorrow”

- Visit wards and departments moving the next day to check preparations and ensure they will be ready for the move process.
- Contact the Command Centre to confirm status/report any problems.

5.6 Decommissioning Co-ordinator + Team

This role will be based at old QEH to co-ordinate all activities associated with implementing and signing off of the Decommissioning Checklist and securing the ward or department. A member of the Decommissioning Team will be allocated to each transferring Ward/Department on the day that it moves and will base themselves in that
area to assist the Removals Sender and ensure that all of the tasks outlined in the Decommissioning Checklist are completed correctly.

The Decommissioning Team will meet with the Removals Sender for each ward/department prior to the move to provide a full briefing on the process.

The Decommissioning Team will liaise with the Old Site Co-ordinator as necessary.

6. **Ward and Department Roles and Responsibilities**

Each ward or department will have a Departmental Move Team comprising of the following key roles:

6.1 **Team Leader & Deputy**

The Team Leader continues to have overall responsibility for the Ward/Departmental move programme. Specific responsibilities are given below:

- Act as main liaison point, before, during and after the move.
- Designate appropriate staff to key roles on the Ward/Departmental Move Team including Ward/Departmental Move Senders and Receivers, Patient Senders and Receivers and deputies to back up each key role in the event of an unforeseen absence. See paragraphs below for detail on the roles.
- Ensure all staff have received their security pass. In clinical areas identify a Registered Nurse to receive the drug keys on the first shift.
- Ensure that all staff are informed and understand their roles within the Ward/Departmental Move Team.
- Alert the Old Site Co-ordinator to any new risks or problems which may threaten the Move 5&6 Programme.
- Ensure that staff are aware of emergency procedures in their new area (can identify resuscitation trolley points, fire exits, assembly points etc).
- Ensure that staff understand how to use the Consort and Trust Helpdesk Services to report problems and gain assistance as appropriate.

Participate in any debriefing/lessons learned sessions following Move 5&6.

Any queries or requests for assistance must in the first instance be reported by the Team Leader (or a nominated member of their team) to the Old Site Co-ordinator.

6.2 **Ward/Departmental Removals Sender and Deputy (based at the old site)**

Removals Senders are responsible for ensuring that everything Harrow Green is moving is ready, appropriately packed and properly labelled. Following the removal of all transferring items, they will lead on the decommissioning of the ward or department.

Responsibilities include:

- Attending all Move 5&6 briefings.
- Attending meetings with the NH Commissioning Team and Harrow Green to confirm the exact order of the Ward/Department move and to receive an in depth briefing on packing, labelling, transfer of furniture and equipment.
- Leading on the labelling of all furniture and equipment that is to be transferred to the new Ward/Department or to an alternative destination.
- Communicating all Move 5&6 information to staff particularly associated with packing, labelling and transfer of furniture and equipment.
- Ensuring that other rooms distant from your main Ward/Department that are moving...
with your Ward/Department, are ready to be moved and that Harrow Green are aware of these.

- If rooms within your Ward/Department belong to another Ward/Department, but are moving with your Ward/Department, ensuring that senders from that Ward/Department are taking responsibility for them
- Keeping the Team Leader informed of any variations to the planned move programme.
- Attending meetings with the Decommissioning Co-ordinator to receive an in depth briefing on the decommissioning process determine and understand the actions to be undertaken on the Decommissioning Checklist.
- Leading the decommissioning of the Ward/Department
- Identifying and labelling any furniture and equipment that is not transferring that will be left in situ to be dealt with by the Decommissioning Co-ordinator and team.
- Ensuring that all keys from the old site are collected from staff and any spare keys held in locations outside of the area/ ward are collected.
- Working with the Decommissioning Team to complete all decommissioning duties detailed on the Decommissioning Checklist.

6.3 Ward/Departmental Removals Receiver and Deputy (based in the QEHB)

The Removals Receiver will be drawn from the Ward/Department Receiving Team and is responsible for accepting all items being moved by Harrow Green into the new Ward/Department. Responsibilities include:

- Attending all Move 5&6 briefings
- Meeting with the New Site Co-ordination Team the day prior to the move to inspect the ward or department.
- Ensuring that the Ward/Department is appropriately pre-equipped (where relevant) and that patient bed spaces are ready for patients to be admitted into.
- Ensuring that transferring items are received and correctly placed.
- Ensuring that any crates that have been transferred early have been unpacked, any furniture and equipment transferred early is in the right place and working
- Inform the New Site Co-ordinator when the final crate has been delivered.
- Reporting losses and damages to the Command Centre immediately and sending a completed form (See Section 11, Form 2) within 3 working days of the move (e.g. if the move is on the Monday, the form must be sent by the Thursday). Claims after this period will not be accepted.

6.4 Patient Sender and Patient Receiver and Deputies

A Patient Transfer Procedure has been drawn up and will be provided to each ward/department that is transferring patients as part of Move 5&6. The Procedure includes a set of Action Cards which summarise the main responsibilities of staff taking part in the transfer process.

Patient moves will be managed by Patient Senders and Receivers in accordance with the Patient Transfer Procedure. The main role and responsibilities for Patient Senders and Receivers are summarised on Action Cards and include:

- Attend briefing sessions in relation to patient transfer process
- Ensuring that patient meals have been booked for both the old and new sites 24-hours before the move.
- Preparing all staff, so that they understand their own role within the move, and are able to prepare patients and relatives.
- Addressing any infection control issues and assuming the lead role in agreeing
patient placement within the new Ward/Department.

- Ensuring that relatives are fully informed of the move and are informed once the patient move has been completed, reminding them of agreed restrictions on visiting.
- Co-ordinating the daily assessment of patients from two days prior to the move to assess fitness to transfer. Implement contingency plans if they aren't.
- Identification of patient equipment needs e.g. oxygen, mattress, and pump and ensures these are in place 12 hours prior to the move.
- With the Matron, preparing the sequence for patient moves, understanding the egress route and access route, including lift(s) to be used (and contingency plans) and allocating their new bed space number.
- Ensuring that all Patient Receivers and Senders are fully informed and know the exact location of all patients at all times.
- Ensuring that every patient (or cohort group of patients) has an appropriate escort following their departure from the ward.
- Ensuring that patients do not leave until all the necessary elements are in place (staff, property, medicines, patient documentation etc.)
- Communicating any deviations from the agreed plan to the Team Leader/Old Site Co-ordinator.
- Liaising with the Removals Sender once all patients have transferred to confirm that all patient effects etc have been moved.

6.5 Ward/Departmental /Escort Team

A multidisciplinary team led by Nurse Co-ordinators will oversee the patient transfer process for the duration of the patient moves. The main roles and responsibilities include:

- Ensuring patients are fit to transfer via the pre agreed method eg wheelchair, stretcher and they are not delayed in commencing their journey.
- Patient escorts will be allocated by either the ward or the Nurse Co-ordinator for patient departure. The duties of the Nurse Escort are summarised on an Action Card that must be kept with you at all times (See separate Patient Transfer Procedure).
- Patients will be escorted from their old ward to the across the link bridge to their new ward location.
- The role of the Nurse Co-ordinators for the patient transfer process is described on Action Cards. (See separate Patient Transfer Procedure).

6.6 Ward/Departmental Arrival Team

On arrival at the new ward location in the QEHB, a team of nursing staff will receive patients into their new environment and take a handover from the nurse escort accompanying the patient. They will then complete the nursing transfer documentation and ensure that the ward clerk has updated the Patient Administration System. The Team will report to the New Site Co-ordinator.

7 Media Management

7.1 Throughout the move period, members of the Trust Communications Team will be available to deal with media enquiries.
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7.2 If you spot something which has the potential to be a good or bad news story please alert the Trust Communication’s Team on Ext. 51615 or 07818588729. The Communications Team also has an out-of-hours service for urgent queries. The on-call Communications Manager can be contacted via switchboard on 0121 627 2000 externally or by dialling 0 internally.

7.3 If you are approached by, or receive a telephone or email enquiry from, a journalist or someone you believe to be a journalist, please refer them to the Trust Communications Team on the above numbers.

7.4 Anyone seen trying to interview staff or patients, take photographs, make sound recording or shoot video footage who is NOT accompanied by a member of the Trust’s Communications Team should be asked to stop what they are doing immediately. A call should then be made to ask the Communications Team to attend. If a journalist refuses to stop and wait for the Communications Team they should be asked to leave.

7.5 The Trust will organise events for the media which could involve TV, radio crews etc being on site and/or interviewing staff. If this happens they will be accompanied by a member of the Trust’s Communications Team or nominated representative.
SECTION 3 - SITE MANAGEMENT DURING MOVE 5&6

1. Site Management Principles

1.1 During the move period there will be designated entrances and exits for patient transfer and furniture & equipment transfer activity in both the old QEH and the new QEHB.

1.2 Site security and traffic management (including road management) will be provided by Consort Healthcare through their sub-contractors Balfour Beatty Workplace (BBW) and Q- Park (all sites).

2. Traffic, Travel and Car Parking

2.1 During the physical transfer period parts of the internal roads and some car parking spaces on the existing sites may need to be kept clear of parked vehicles to allow removals vehicles to get in and out. Staff will be kept informed of these arrangements.

2.2 The Merry-go-round service will run as normal.

3. Security

3.1 Security Access Cards

Every staff member who will be working in the QEHB should at the time of issuing this Move Guide have had a photograph taken by BBW Security and completed a security application form. This will enable your ID/Access Control Card to be produced. Any staff member without a Security ID/Access Control card will be limited to visitor access only.

Staff members who have not yet had their photo taken can attend the BBW Security Office situated on Level 0 near the Ambulatory Care waiting area in the new QEHB. Security application forms can be obtained from the security office, your manager or via email:

Staff can attend the QEHB security office between 09.30-11.30 and 1.30-3.30 Monday to Friday with a completed form and the security office will produce the card at that time. Staff can also attend at anytime during the week ends or between 8.00 pm -8.00 am weekday evenings.

The completed ID/Access Control cards will be handed over to staff and it is their responsibility to ensure the card is kept safe until the move. Any cards that are lost or mislaid must be reported to BBW Security office in order to have the access rights terminated.

3.2 Keys

QEHB keys will be given to the Team Leader or nominated member of the Receiving Team no more than 2 days prior to the move by a member of the New Hospital Project Team.
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To minimise the risk of loss, the keys should not be taken outside of the QEHB ward/department. Keys should be distributed to the appropriate staff at the start of the shift that will be on duty on the day of the transfer.

In the event of any key being lost, BBW will hold replacement keys in the QEHB Security Office these will be issued following an agreed procedure. However, it should be noted that BBW will not keep keys for medication cupboards, Controlled Drugs cupboards or flammable liquid cupboards.

3.3 Security Incidents

During the move period the buildings will be very vulnerable and equipment could go missing. Staff should adhere to the following guidance:

- All staff must wear ID badges
- Do not leave your accommodation unlocked and unmanned at anytime.
- If staff see anybody suspicious they should challenge them (e.g. ask them if they require assistance) to confirm they are genuine Trust staff or contractors.
- If they suspect the person should not have access to the building the member of staff should call Security and report their concerns, Security can be contacted in on Ex 119 for urgent incidents or on 777 for routine incidents.
- Please note that there are special reporting arrangements in place relating to journalists and the media – see Section 2 paragraph 7.

4. Visitors

4.1 Patient Visitors

To assist the move process afternoon visiting will be discouraged wherever possible. Special arrangements will be made for critically ill patients and ward staff should seek guidance from their Team Leaders in such an event.

Staff members are asked to make their visiting policy clear to patients and relatives in the days preceding the move. They should also ask relatives to take home as many belongings as possible prior to the move as the crates provided for patients are small so that they can be transferred with the patient in the ambulance.

4.2 All Other Visitors

During the move period, and for about a week before, access to existing accommodation will become significantly restricted due to the moving process (some parking will be closed for removals vehicles, lifts restricted, offices full of packed boxes etc). Wards and departments are strongly discouraged from having non-essential visitors on site during this time.

5. Site Induction and Familiarisation

Work station training will continue to be provided by the Training Department throughout the commissioning period. All work station training which will take place on site and will comprise of the following elements:-

- Fire training
- Nurse Call
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- Ward entry and exit
- Changing Facilities
- Pneumatic tube
- Help Desks
- Macerator
- Inspection lights
- Hints and tips and using the telephones
- Security systems
- Crash call – door access, staff attack, intercom and panic button

Hoist and Arjo bath procedures will continue to be provided by the Manual Handling Team.

Full details of the workstation training will be advertised to all staff transferring in Move 5&6 and more information can be found on the internal intranet site.

Please contact Janet Bourne on Ext. 14194 to book a place on either the workstation or hoist/Arjo bath training.

6. Removal of Rubbish/Packing Materials etc. associated with the Move Process

Ward and departmental staff will be responsible for unpacking everything that they have packed. Any bubble wrap, cling film or cardboard boxes used in the move will need to be disposed of in accordance with the Trust’s Waste Disposal Policy. Trust porters will arrange additional waste collections during the moving period.

Empty crates should be left in a suitable location in your department and Harrow Green will take them away 3 days after your move. If you need the crates to be picked up earlier than this please contact the Command Centre.

If you discover you have transferred any furniture or equipment that is no longer required and needs to be disposed of, please contact the Command Centre to arrange for its disposal.
SECTION 4 – MOVE 5&6 PROGRAMME

1. Move 5&6 Principles

1.1 The Trust’s on call system will be fully integrated with the Command Centre system for the duration of the Move 5&6 transfer period.

1.2 Divisions will identify medical, senior nurse and management cover for the old and new sites during the move period.

1.3 A “Move Live” email and hard copy brief will be sent out each day from the Command Centre confirming which Wards/Departments have moved on the day, who is moving the next day and including any key messages relating to the Move 5&6 process.

1.4 In the unlikely event that any changes are required to the Move 5&6 Programme these will managed and communicated via the Command Centre.

2. The Move 5&6 Programme and Patient Transfer Plan

2.1 The Summary Move 5&6 Programme is attached (see Section 12, Appendix 1). This lists the wards and departments that are transferring each day during the Move 5&6 period.

2.2 A Detailed Move 5&6 Programme will be developed which breaks down each day into half hour segments and clearly identifies what activities will take place during each segment and by whom. This Programme will be used by the Command Centre and other key staff to monitor progress against each identified activity during the Move.

3. Changes to the Move 5&6 Programme

3.1 Whilst every effort has been made to develop a Detailed Move 5&6 Programme which is achievable, there remains a risk, albeit a low risk, that one or all of the move times/dates will have to change. Please note that any required change to the Programme will be as a result of a decision made by the Chief Executive, which will be communicated to the organisation via the agreed Command Centre communication cascade.

3.2 If single move times/dates need to change, the CMT will arrange changes in negotiation with users and Harrow Green.

3.3 If the whole Move 5&6 Programme needs to be changed due to some major event or unforeseen changes to the building programme, the order of moves will remain the same and only the start and finish dates will change.

3.4 If you hear, via any other source, of a proposed change of date please contact the CMT or the Command Centre when it goes live.

4. Major Incident Planning

4.1 Should there be a major incident during the move period staff are required to continue with the planned move unless instructed otherwise.

4.2 The Command Centre will be briefed by the Major Incident Team regarding any
relevant actions and impact on the move as a result of the incident. Patient and staff safety during the incident are paramount. The impact and consequence of any major incident on the Move 5&6 Programme will be assessed by the Command Centre Team and communicated through the agreed Command Centre communication cascade.
SECTION 5 – NON CLINICAL SUPPORT

1. ICT

The transfer of IT equipment will take place as part of the overall transfer of your Ward/Department.

1.1 Planning Activities

The IT team will work with your ward/department to undertake the following:

- A complete review of the current equipment in your ward or department to identify what can be transferred into the new QEH
- Develop and agree the detailed IT equipment move and commissioning plan for your ward or department
- Agree an equipment labelling and asset management plan for your ward or department
- Allocate telephone numbers to your ward or department
- Identify and record any non IT equipment that is currently or will require connection to the IT network for the QEHB (medical equipment, monitoring equipment)
- Identify any equipment that is surplus to use or obsolete – this equipment will not be labelled and Harrow Green will be instructed not to move any equipment that does not have a label on it.

This exercise will be used to define and record what IT equipment is to be moved where in the QEHB down to the room location and position.

Approximately 1 month before your ward or department move date, the IT Team will inform Harrow Green of the IT equipment that is to be transferred for your ward or department to the QEHB. Harrow Green will then create labels for each item of IT equipment to be moved.

Approximately 1 week before your ward or department move date the IT Team will provide each ICT Representative with pre-printed labels which departments should use to label every item of transferring IT equipment, to ensure that it is transferred to the correct destination.

On the day of the move Harrow Green will box all PC’s in special containers such that base units, associated screens, keyboards and all cables are together

Any IT equipment that is agreed as surplus to use will be recorded as such in the commissioning spreadsheet and labelled by Harrow Green for return to the IT Computer Centre. The IT department will arrange for this equipment to be removed as part of the decommissioning process.

1.2 Cleaning of ICT Equipment

All transferring ICT equipment should be cleaned by ward/department staff prior to the move as follows:

- Any PC, Printer or Monitor should first of all be disconnected from the mains supply.
- Wipe over with a dry lint free cloth to remove any dust and debris.
- Wipe over with any disinfectant wipes not containing isopropyl alcohol to remove any stubborn stains.
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- Do not use any abrasive cleaners.

1.3 Preparing ICT Equipment for physical transfer

Ward/department staff should prepare ICT equipment for the move as follows:

- If the equipment is protected by a security cage or desktop locking device, ensure that you have the key please contact the IT Service Desk on ext. 2199.
- Log off all PC’s or laptop with base unit from the network as usual
- Switch off all ICT equipment (PC’s, printers, bar code readers, docking stations, print servers) at the mains and unplug them
- Disconnect any attached device (eg. Printer) from PC’s or laptop with base unit
- Disconnect all PC’s or laptops network cable from cable outlet (usually a blue cable going to a point on the wall)
- Put all mains, connection and network cables for each piece of equipment in a bag to be provided by Harrow Green and label the bag with the associated equipment asset number
- Laptop computers, power packs and Blackberry’s should not be packed in crates and will not be transferred by Harrow Green. Staff in possession of these items will be responsible for ensuring that these items are transferred to the QEHB
- For non IT Service Supported Equipment that is connected to the current Trust data network please place the equipment network cables for each piece of equipment in a bag and label the bag with the associated equipment asset number. The ICT Commissioning team will be available to provide assistance if Ward/Departments are unclear regarding disconnecting the equipment.
- All old telephones should be disconnected from the wall and left in a bag in a corner of the office ready for collection by the ICT team (see Section 10 - Decommissioning Checklist).

On the day of the move:

All equipment will be moved to the labelled new location by Harrow Green in line with the move plan. It will be unpacked by Harrow Green in the new room and the IT Team will be on hand to install and connect the ICT equipment to the new network, and deal with any issues directly. New telephones will already be in the agreed locations

Following the move and following equipment installation and testing:

- all ICT issues or queries should as usual be reported to the ICT Service Desk on extension 2199
- all new telephone handset queries should be reported to the ICT Service Desk on extension 2199
- all general telephone and extension call queries should be directed as usual to the telephone operators

1.4 Contacting the ICT Commissioning Team

Should the nominated Ward/Department ICT Representatives for ICT Commissioning have queries during the move, they can contact the ICT Commissioning team on extension 12100 or email address ITServiceDelivery@uhb.nhs.uk.
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2. Materials Management Services

2.1 Supplies

The quantity of supplies held in stock rooms will be reduced prior to the move date and your new ward or department will be pre-stocked with a minimal amount of generic items. Prior to your move you will have worked with the Trust's Supplies Department and Harrow Green to plan the physical transfer of any stock in your area. In the case of wards, the productive ward team and supplies team will work with you to achieve this.

2.2 Movement of Stock

The stock will be moved by Harrow Green, either:

- in the existing stock drawers to their new location; or
- in cages, e.g. for partially opened or sealed boxes etc to the room allocated in the new ward area; or
- as part of the transfer of the total racking system

No stock or supplies should be left behind.

You will receive guidance from the project team and Harrow Green on labelling of all stock and supplies to ensure that they are transferred to the correct room and racking system.

2.3 Nutritional Products

All nutritional products should be run down to minimal levels by the week of the move. Any remaining products should be packed for transfer.

2.4 Linen

Linen will be stocked in the new ward linen room any clean linen in the old ward must be left behind.

2.5 Pharmaceuticals

See Section 6 – Clinical Support.

3. Furniture and Equipment (F&E)

3.1 New F&E (including medical equipment)

New F&E will only be purchased where there is a need to replace items not fit for transfer or where the new Ward/Department is larger or provides additional/new services. All requests for new F&E are considered by a Star Chamber that is chaired by a Trust Director.

New F&E for the QEHB will be delivered directly to your Ward/Department so that it is installed and placed for when you move in. The majority of these deliveries will be received and placed by the CMT. However, for some items of F&E the CMT will notify your Departmental Commissioning Receiving Team and agree any necessary arrangements for checking that this equipment has been correctly installed and set up.
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Any training that is required on new equipment will be arranged by the CMT directly with the Departmental Commissioning Receiving Team for your ward or department.

3.2 Transferring Medical Equipment

The following actions will be carried out by the Medical Engineering Department:

Prior to Move Day:

- A Medical Engineering Lead will be assigned to each clinical area. Their role will be to meet the team leader for that area, review the equipment audit information, agree which equipment has been identified as fit for transfer or for replacement, identify any equipment that may have any specialist requirements as a double check and to sign off the medical equipment audit.
- An audit will be undertaken of all Medical Equipment to establish what is fit for transfer and what potentially needs to be replaced.
- Identification of any loan medical equipment requirements and arrangements made with the suppliers for this to happen, identification of any associated costs and dates/times that this equipment needs to be delivered into the Trust so all the necessary safety checks and indemnity forms are completed.
- Identification of any surplus medical equipment that can be put into a pool and either re-issued to areas that require additional medical equipment or sold.
- Identification of exact location for delivery of all transferring medical equipment.
- Identification of any medical equipment that can be moved early and arrange for this to be carried out.
- Re-labelling all transferring medical equipment – all medical equipment that has been identified as transferring will be re-labelled with a new OPTIM number and bar code label.
- Safety testing all transferring medical equipment – all medical equipment that is transferring in Move 5&6 will be safety tested and a “10” sticker attached.

Two weeks prior to the move

- Ensure all items to be transferred are labelled properly, all those for disposal or not transferring also labelled appropriately and the Medical Engineering Lead notified.

On Move Day

- All transferring medical equipment must be cleaned by clinical staff (see recommended process in 3.3 below) and a Trust Decontamination label attached.
- All medical equipment must be packed in a suitable manner. Medical engineering will be on hand to help pack items such as vital signs monitors, patient monitoring so that we can ensure all the necessary accessories are packed with the equipment.
- Harrow Green will move the majority of medical equipment and, where necessary, will have been provided with guidance on how to undertake the transfer. Medical equipment from areas such as Critical Care and Theatres will be placed in a designated “hot” van and moved immediately to help facilitate the scheduled transfer of patients.
- Re-commissioning of Medical Equipment will be carried out either by medical engineering staff or by external companies. This will consist of function checks, re-calibration, safety testing, re-labelling and visual checks.
- Once the equipment has been re-commissioned it will be handed over to the Ward/Department for them to clean and put into use. It is important at this point the...
clinical staff check the equipment to ensure all settings are back to how they normally have them.

3.3 Cleaning of Medical Equipment

Cleaning of Medical Equipment prior to its transfer will be carried out by ward and departmental staff as follows:

- All medical equipment should be cleaned using a hard surface cleaner / general detergent by nursing/departmental staff.
- Chlor clean can be used as required for disinfection following Trust procedures.
- Any blood or bodily fluids should be dealt with according to the Trust procedures.
- All loaned equipment to be cleaned and returned. It is essential that loan equipment is not transferred to your new ward/department.
- Any equipment for disposal should be cleaned as above and notified to Medical Engineering.
- All pressure relieving equipment not in use should be cleaned as above and returned to the equipment stores.

The week prior to and on the day of the move

- Any transferring medical equipment which requires cleaning by the Nursing staff as above. Any blood or bodily fluids removed according to Trust procedure. Equipment should then be marked as cleaned using the labelling system.
- All beds, lockers and other transferring furniture will be cleaned by the housekeeping staff as agreed in the Move plan and transferred once labelled and made ready for transfer by Harrow Green to QEHB.
- Any other transferring equipment will be dealt with using the same process.
- Any furniture or equipment from infected patients will be processed through the decontamination unit prior to transfer and will be marked by Infection Control Nursing staff for transfer to this area for cleaning. This will then be labelled and moved by Harrow Green to QEHB.
- Any queries regarding cleaning of medical or other furniture or equipment should be directed to the Infection Control team or the decontamination advisor.

3.4 Transferring Non Clinical F&E

- You will be transferring a percentage of your existing F&E when you move to the QEHB. A member of the CMT will assist you in the process of labelling this F&E to ensure that it reaches its correct destination. As stated above, all beds, lockers and other transferring furniture will be cleaned by the housekeeping staff as agreed in the Move plan and transferred once labelled and made ready for transfer by Harrow Green to QEHB.
- If you identify items of F&E that can be released early, e.g. a few days or weeks prior to your move, please contact the Commissioning Masterplan Team on Ext. 14489 so that the necessary arrangements can be made.

3.5 PAT Testing

- All portable electrical equipment must have a current PAT test certificate prior to its physical transfer into the QEHB. A programme of PAT testing is being carried out to ensure that all transferring equipment has a valid PAT test at the time of transfer. However, during the week prior to your move, if you find items of medical
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equipment that have not been tested please contact the Medical Engineering Department on Ext. 12381. For non medical equipment ring the BBW Helpdesk on Ext. 3200 at QEH and Ext. 52550 at SOH as soon as possible and arrange for them to be tested.

3.6 F&E damaged or lost during the Move

- Any damage to or loss of items of transferring F&E that occur during the move process must be reported within three working days in order to make a valid claim on the insurance. Fill in Form 2 (see Section 11 Form 2) and return it to the Command Centre.
- If Medical equipment appears to have been damaged please also notify Medical Engineering who will make the necessary arrangements for its repair or replacement.

3.7 Non Transferring F&E

- Items that have been identified as “not fit to transfer” will have had a red dot/scrap label placed on them and will be left in your existing Ward/Department. These items will not be labelled and Harrow Green will be instructed not to move them. Items that have been identified as “not fit to transfer” will be disposed of appropriately by the Trust and should not be removed from the area. Please see Section 10, Decommissioning Checklist for detailed guidance.
- Items that have a Trust and/or BBW barcode labels on them that are not required in your Ward/Department should also be left behind to be re-distributed by the CMT
SECTION 6 - CLINICAL SUPPORT

1. Resuscitation Arrangements

1.1 During the operational commissioning period, the Resuscitation Service will be liaising with relevant medical and nursing staff to organise and communicate the Cardiac Arrest Procedures within the QEHB and retained sites.

1.2 Replacement 2222 boxes will be issued to the clinical area in the QEHB in advance of the patient moves. Existing 2222 box(es) will be removed from the ward by a member of the pharmacy staff/material handling staff when notified by the Decommissioning Coordinator that the patient moves are completed and the ward is ready for the decommissioning process to commence.

1.3 During the physical transfer period into the QEHB a normal resuscitation service will operate on the Old QE site. On the SOH site the nurse led Emergency Response Team will continue to cover all of the remaining services on that site.

1.4 Additional equipment will be made available for the move period and the Resuscitation Service will be on hand during the move to resolve any problems.

1.5 Some Ward/Departments are getting new or additional resuscitation trolleys for their new Ward/Department. These will be placed in Ward/Department before you move. Areas that will need additional trolleys will be asked to provide their own supplies for this and will be contacted by the Resuscitation Service to organise this.

1.6 If you are transferring your existing trolley, this must remain in your old Ward/Department until after the last patient has moved. The trolley will be cleaned, checked, restocked and wrapped in cling film and moved by Harrow Green. If you are not getting an additional trolley, (ie your existing trolley is the only trolley you will have in your new Ward/Department), the Resuscitation Service will have placed a temporary trolley in your new Ward/Department.

1.7 You will need to maintain your present supplies in your current area until the last patient has left. Lists for trolley supplies are available on the ‘resources tab’ on the intranet.

1.8 Arrangements are in place with pharmacy to provide additional drugs boxes for new areas and collect back ones from previous clinical locations.
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2. Medication

In-Patient Areas Only

2.1 Pharmacy will pack and transfer existing stock of medicines for use in the QEHB

2.2 In the week running up to the move, pharmacy staff/material handling staff will work with staff in the clinical area to optimise existing stock for transfer.

2.3 Work to devise stock lists for the new wards is ongoing – copies of revised lists can be obtained from ward pharmacists.

2.4 The following actions are required for medication currently held in the clinical area at the time of the move:

- **Items in bedside medication lockers**: I.e. one stop dispensed items and patients’ own drugs currently in use MUST transfer with the patient. Pharmacy staff will work with the nursing staff to supplement the bedside locker medicines with stock items to ensure that all patients transfer with their medication needs for the following 24 hours. Nursing staff are responsible for making sure the medication lockers are emptied and locked. Keys should be taped to the medication lockers for transfer. The medication transfers with the patient in the patient property crate supplied by Harrow Green.

- **Following transfer**, the medicines management technicians will work with ward staff to ensure that medication is available for use at the next drug round.

- **Any other medication specifically dispensed for the patient e.g. TTOs or any own medication not currently in use**: Nursing staff are responsible for making sure these items transfer with the patient as above.

- **Contents of Drug Trolley**: Nursing staff are responsible for ensuring that trolleys contain a minimum stock that can be transferred across with the trolley as is. Items not required must be returned to the ward medication stock cupboard so that the pharmacy staff can remove these items from the ward with the remainder of the ward stock. Drugs trolleys from QEH will be moved across the link bridge during the ward moves by a registered nurse.

- **I.V. fluids/ Dialysis fluids**: In the weeks leading up to the move, nursing staff must keep all IV fluids in their original outer boxes i.e. not unpack these into singles. This is good practice at all times. A member of the pharmacy staff will work with the ward staff to put all fluids in cages for transfer to the new location as part of the overall ward move.

- **Controlled drugs**: Where possible controlled drugs are being transferred with the wards to reduce waste. A pharmacist will be allocated to each ward to sign the items out of the old register and into the new one at a time that is appropriate to the patient moves. Where controlled drugs are not being moved with the ward, the Removals Sender must notify pharmacy when their patient moves are complete and a pharmacist will attend the clinical area to remove any remaining Controlled Drugs and the register and requisition book. Where there are patients own drugs that need to be transferred these should be identified to the pharmacist at the time so that they can be processed appropriately.

- **2222 Boxes**: Replacement 2222 boxes will be issued to the clinical area in the QEHB in advance of the patient moves. Existing 2222 box(es) will be removed from the ward by a member of the pharmacy staff when notified by the Decommissioning Co-ordinator that the patient moves are completed and the ward is ready for the decommissioning process to commence.

- **Intravenous Chemotherapy, Monoclonal Antibody Infusions, TPN**: All patients will be pre planned and therefore Pharmacy will retain any preparations made in advance until the clinical area has moved to their new location.
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- **Ward stock items:** A member of the pharmacy staff, working with the ward, will remove these items from the ward during the transfer process and remove them to the new ward for immediate re-use.

Out-Patient Clinics

2.5 In the week running up to the move, pharmacy staff will work with staff in the clinical area to optimise existing stock for transfer.

2.6 Work to devise stock lists for the new out-patient areas is ongoing and will be agreed with out-patient area leads.

2.7 The following actions are required for medication currently held in the clinic at the time of the move:

- **Stock items:** need to be packed and transferred to the new clinic area for immediate re-use as part of the clinic transfer. Medication should be packed into Harrow Green crates by clinic staff.
- **I.V. fluids/Dialysis fluids:** In the weeks leading up to the move, nursing staff must keep all IV fluids in their original outer boxes i.e. not unpack these into singles. This is good practice at all times.
- **Controlled drugs:** Any controlled drugs will be transferred to the new clinic area. A pharmacist **must** be involved in this process – ensure that you have liaised with Pharmacy before your transfer date to identify appropriate arrangements.
- **2222 Boxes:** Replacement 2222 boxes will be issued to the clinical area in the QEHB in advance of the patient moves.
SECTION 7 – PHYSICAL TRANSFER PROCESS

7.1 Pre-Equipping

A pre-agreed quantity of furniture and equipment will be procured and placed in the QEHB prior to any patient transfers. This will ensure that identified areas are ready to receive those patients transferring. Team Leaders will be informed regarding the level of pre-equipping for their areas prior to the move.

Additionally, essential equipment and supplies will be placed in clinical areas prior to the move to ensure the facility can function from the arrival of their first patient. Each clinical area will be stocked with the following:

- Pharmacy – small number of clinically urgent stock items and where required a small stock of I.V fluids
- Supplies – all stock items required to care for the ward’s clientele
- Oxygen & Suction – Quantities of flowmeters and suction controllers will be agreed in advance, prior to pre-equipping. Quantities agreed will then be installed and tested ready for use.
- Linen
- ICT – all wards and clinical areas will have PCs, printers, windsurfers and PICS tablets in place ready to be used. All telephones will be in place and the departments will have agreed their numbers in advance.

7.2 Staffing of Clinical Areas

All services required to support clinical activity will be appropriately staffed, including the resuscitation service, security, catering, the hospital 24/7 team, bereavement services, imaging and an equipment store.

7.3 Receiving Teams to prepare the Wards

Each ward and department will identify a Receiving Team whose role will be to prepare their ward or department ready for the transfer of their patients and equipment.

7.4 Principles of Patient Transfer

A Patient Transfer Procedure has been drawn up and will be provided to each ward/department that is transferring patients as part of Move 5&6. The Procedure includes a set of Action Cards which summarise the main responsibilities of staff taking part in the transfer process.

Patients will be transferred from their existing location at the QEH across the link bridge to their new ward or department using four teams of staff; the sending, the escort (as required), the arrival and the receiving team. Designated routes and lifts will be used to ensure that there are no delays and no clashes with the Harrow Green element of the move. Patients will be moved on stretchers, beds or wheelchairs.

On arrival at the new ward location in the QEHB a team of nursing staff will receive patients into their new environment and take a handover from the nurse escort accompanying the patient. They will then complete the nursing transfer documentation and ensure that the ward clerk has updated the patient administration system.

7.5 Separation of Patient Transfers from Furniture and Equipment Transfers

The movement of furniture and equipment is kept separate from patient transfers.
SECTION 8 – MOVE CHECKLIST

Team leaders may wish to use the checklist below to ensure that all tasks that need to be carried out as part of their transfer process are allocated to a member of the Move Team for action.

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Owner on ward or department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ensure that all staff within your ward/department have had a security photograph taken and completed a security application form. Contact Grant Moss on Ext. 14468 for further information if required</td>
</tr>
<tr>
<td>2.</td>
<td>Identify any additional training, familiarisation, induction or trial runs that need to be undertaken in the QEHB prior to your move. Contact Commissioning Masterplan Team via email or on 14489</td>
</tr>
</tbody>
</table>
| 3.   | Ensure you have identified staff who will undertake the following key roles during your move and that they are fully briefed on their responsibilities (see Move Guide for more detail on roles):  
  - Team Leader =  
  - Team Leader Deputy =  
  - Removals Sender =  
  - Removals Sender Deputy =  
  - Removals Receiver =  
  - Removals Receiver Deputy =  
  - Patient Sender =  
  - Patient Sender Deputy =  
  - Patient Receiver =  
  - Patient Receiver Deputy =  
  Contact Commissioning Masterplan Team via email or on ext. 14489 for advice | |
<p>| 4.   | Ensure you understand what your new cost centres are going to be and speak to your Divisional Finance Manager re. any problems/missing areas as a matter of urgency. Contact your Divisional Finance Manager for information | |
| 5.   | WARDS ONLY: Ensure you have been briefed on and understand the Patient Transfer Plan. Please contact Carolyn Pitt (ext 12089) if you require further information | |
| 6.   | Ensure you have received a comprehensive briefing on how your supplies will be managed prior to, during and following the move. This includes pharmacy supplies. | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 7. | Ensure you have received a comprehensive briefing on your ICT transfer plan.  
   Please contact Rob McLean/Ian Turner (Ext. 12196/12193) |
| 8. | Provide a list of any groups, organisations or individuals that will need to know about your move to the new building. Please send to the Trust Communications Team on newhospital@uhb.nhs.uk. |
| 9. | Ensure you have identified any funding required to support your move eg additional staff hours, loaning equipment etc. Discuss with your Divisional Finance Manager |
| 10. | Ensure you have agreed all leave arrangements and staff rotas for the period of the move and have a contingency for unexpected staff absence. |
| 11. | Ensure that your staff are familiar with the layout of the new ward/department and that as a team you have agreed how you are going to deliver your services within it. Review your operational procedures as required. |
| 12. | Ensure you and your staff understand your local security strategy  
   Contact Grant Moss on Ext. 14468 for advice and information |
| 13. | Ensure you have read the Move 5&6 Guide and understand how it will apply to your move.  
   Contact the Commissioning Masterplan Team via email or ext. 14489 |
| 14. | Double check that all suppliers of leased equipment are aware of your move and its transfer arrangements  
   Notify Commissioning Masterplan team by email or on ext. 14489 if there are any issues to resolve |
| 15. | Ensure you are familiar with all of the duties on the decommissioning checklist and have briefed your Removals Sender who will be responsible for final decommissioning and handover of the department.  
   Contact Brian Wilcox or Lynne Darby on ext 8002 or 8024 |
| 16. | Ensure you have had a briefing session with the Commissioning Masterplan Team (CMT),and Harrow Green to agree the details of your move plan  
   Contact Commissioning Masterplan Team via email or Ext.14489 if you have not already got a meeting arranged. |
| 17. | Ensure all necessary licenses and/or accreditations/certifications are in place  
   Notify confirmation to Commissioning Masterplan Team by email or Ext.14489 |
| 18. | Identify all items that can be disposed of as part of the Dump the Junk initiative and make the necessary arrangements for their collection by porters  
   Contact Amanda Hill (Head of Medical Engineering) with any queries (Ext 12385) |
<p>| 19. | Identify any furniture and equipment or packed crates that can be released early and |</p>
<table>
<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20.</strong> Ensure you have staff identified to clean medical equipment (both transferring and non-transferring), PCs, windsurfers, faxes, printers</td>
<td>Contact Commissioning Masterplan Team via email or Ext. 14489</td>
</tr>
<tr>
<td><strong>21.</strong> Liaise with your Medical Engineering Representative to ensure that all arrangements for transferring medical and non medical equipment are in place, including:</td>
<td></td>
</tr>
</tbody>
</table>
|   |   - Electrical safety testing
|   |   - Cleaning
|   |   - Barcoding
|   |   - Early transfer
| **22.** Ensure that all medical records, other than those associated with patients that are physically transferring to the QEHB, have been returned to the Medical Records Department. Queries regarding the filing, scanning or destruction of medical records should be directed to either louisa.bailey@uhb.nhs.uk | Contact Amanda Hill (Head of Medical Engineering) with any queries (Ext 12385) |
SECTION 9 – REMOVAL COMPANY SUPPORT

Please find detailed below instructions and guidelines to be used by the Team Leader to brief their staff to ensure a smooth and trouble-free move. The Harrow Green Move Manager will meet with each ward and department to ensure that there is a clear understanding of the move methodology for each area.

1. Delivery of Packing Crates

1.1 Prior to the move, all wards and departments will be undertaking an exercise under the direction of the Trust’s Record Management Group to reduce the paper documents and medical records held locally. This exercise is being supported by all Divisions and any queries re. this should be directed to the relevant Group Manager.

1.2 An assessment of the packing requirements for each ward and department has been completed to identify crate numbers required. A further review will be undertaken by Harrow Green four weeks prior to the move to ensure that an accurate supply of crates will be supplied.

1.3 A supply of packing crates will be delivered 3 days before your move. The Ward/Department Removals Sender should arrange for a “Buddy” to pack for any member of staff who is absent from work. The crates are to be used for packing and packing the contents of desks, pedestals, wooden or metal filing cabinets that cannot be locked, cupboards and shelves. Please note the following:

- All personal items and valuables must be taken home before the move, including plants.
- Desk or floor standing fans, kettles and toasters will not be permitted in the new building and must not be transferred.

1.4 All crates should be unpacked and ready for collection 3 days after your move. If there is a particular operational or clinical reason why these need to be taken away earlier than this, please contact the Command Centre.

2. Packing

2.1 Staff members are responsible for packing their own departmental filing and desk/pedestal contents; this is to include any desktop filing, mouse mats and wrist supports. Do not pack any delicate items into crates unless they have been properly wrapped first and, if so, an A4 sized sheet of paper marked ‘FRAGILE’ should be attached to the side of the crate.

2.2 It is important that the crates are not over packed, in order that the lids can be closed properly. Please ensure that all desk pedestals are completely emptied of all belongings and that the key (along with any spare keys) is taped to the inside of the drawer or shelf.

2.3 All packed crates are to remain on-site and will be transferred by Harrow Green staff only. Please do not transfer any crates, furniture or equipment in the back of cars or across the link bridge.

2.4 Any items left unpacked or unlabeled, including items underneath desks, will be treated as rubbish and disposed of.
3. **Labels**

3.1 Coloured pre-printed labels will be provided by Harrow Green to ensure your belongings arrive at the correct location. These labels are for your crates and IT equipment (see diagram below).

3.2 Please note that the CMT and Harrow Green will assist you in correctly labelling all transferring furniture and equipment, including IT equipment, prior to the move. You will need to label all other crates that you pack with the contents of desks, cupboards, filing cabinets etc. and ensure that you include the detail of the destination Ward/Department and room number on the label. Without this precise labelling detail, it is likely that items will go missing.

3.3 Place the labels on the short ends of your personal crates, not on the lid. It may also be a good idea to place a label inside your crate. Seals can be provided on request to be used to secure your crates if required. Any item too large to fit into a crate will need to be labelled separately. (This includes, for example, footrests.)

3.4 You will also be provided blank labels in the same colour for the departmental filing. You must ensure the department and room location is documented to ensure the crate is delivered to the correct location in the QEHB. The labels should be placed on the short ends of the crates once they are packed.

4. **Portable computers and ICT equipment**

Laptop computers, power packs and blackberry’s should not be packed in crates and will not be transferred by Harrow Green. Staff in possession of these items will be responsible for ensuring that these items are transferred to the new building.
5. **Telephones**

Telephones should **not** be labelled or packed as new ones are being provided in the new building. Telephone headsets should be packed and taken.

6. **Move Day**

Care will be taken to ensure everything is ready for you on the day of the move. However there will always be items that will require attention or unforeseen issues that will crop up. Should you experience any problems the Old Site Co-ordinator and their team will be on hand to assist and you will have been provided with a contact number for them. In the event that you can’t contact the Old Site Co-ordinator, please contact the Command Centre on Ext. 15000 or DDI 0121 371 5000.
**SECTION 10 – DECOMMISSIONING CHECKLIST**

1. **Use of the Checklist**

The Checklist below should be used to assist you in preparing to vacate your existing ward/department and will inform you of the tasks which need to be completed and checked off prior to handover to the Decommissioning Team. A member of the Decommissioning Team will be assigned to work with you on the day of your move to assist you with the final completion of the checklist tasks.

You are required to leave your ward/department in a clean, tidy and safe condition. Handover of this area to the Decommissioning Team cannot take place until all tasks on this checklist have been completed.

<table>
<thead>
<tr>
<th>TASK</th>
<th>Done (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Prior to vacating your ward/department, please ensure that the following items are collected together and placed in appropriately coloured or labelled bags, bins or boxes. They should be left where requested for removal by Harrow Green or collection by the decommissioning team. <strong>THESE ITEMS MUST BE REMOVED BEFORE HANOVER CAN TAKE PLACE</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Consumable stock (domestic and catering)**

Please empty fridges/cupboards and dispose of all non-transferring food items including staff room fridges and cupboards. Ensure that you reduce the stock items provided by Catering in the week before the move. The regeneration kitchen in the QEHB will be stocked. Any unopened items should be packed and transferred on the day of the move. Housekeeping will assist with this task.

**Specialist nutritional products for patients**

Please ensure these are all packed to be taken with you; please reduce the levels of stock of all these items in the week before the move. Any products that are out of date need to be disposed of at ward level.

**Consumable stock (medical & surgical)**

All stock supplies are transferring with the ward. Harrow Green will be moving these items either in the drawer systems or in packing cases. Please ensure all items including those decanted from their original packaging are packed. Any stock items beyond their expiry date or where there is a potential infection control risk associated with transferring the item due to the packaging not being intact these items should be disposed of at ward level. Most items will be transferable.

**Medication**

Pharmacy will pack all medications for transfer except for items that are not in original packs or are in a poor condition. These will be disposed of by pharmacy staff. Medicines should all be stored in one central place prior to the move – as many ‘peripherally’ stored medicines must be returned to the central stock cupboard before the move date.
### Task 1: Medication (cont’d)

Some controlled drugs together with the register and requisition book will be transferred over to the new ward by the pharmacists. Where this is not possible a new register and requisition book will be delivered with a core stock of controlled drugs to the new ward where it will be signed in to stock with the nurse in charge. Each ward will be notified of the process that they are to follow. Wards that are not using their CDs post move will be asked to sign them out of the ward with a pharmacist as the decommissioning process is underway.

Keys to all other medication storage areas should be given to pharmacy personnel.

2222 boxes – leave for collection by pharmacy/resuscitation team.

Handover cannot take place until all medication has been removed from the area. Ward staff are responsible for ensuring that all ‘unusual’ locations for medicines have been checked and are empty.

### Rubbish

Please place in appropriate coloured bags and leave in usual disposal hold for collection:
- domestic/food – clear bags
- paper/confidential waste – blue bags
- clinical waste – yellow (or orange) bags
- sharps – sharps box (available from consumable stock)

Handover of the area cannot take place until all rubbish has been removed by the FM team.

### Dirty Linen

Please place in the appropriate linen sack and leave in usual disposal hold or in central location for collection.

### Clean Linen

Please leave in linen store room, this will be collected. Your linen room in the new ward will be stocked.

### Medical Records

Please check all furniture, cupboards, drawers etc for Medical Records. **DO NOT LEAVE THESE LYING AROUND.** Please place in RED bag provided, complete the attached label with name of ward/division. Please mark the bag “for the attention of Chris Baldwin, Health Records, Elliot Road”. Contact the porters to arrange immediate collection. **Do not leave the department until this collection has taken place.**

**HANDOVER CANNOT TAKE PLACE IF ANY OF THE ABOVE ITEMS REMAIN.**
<table>
<thead>
<tr>
<th></th>
<th>TASK</th>
<th>Done (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><strong>Keys</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please tag/label all identifiable keys and place in box provided.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unidentifiable and/or unused keys should be disposed of</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Digital Locks</strong></td>
<td></td>
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<td></td>
<td>Please write the code on a separate tag/label and place with the keys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in the box provided.</td>
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</tr>
<tr>
<td></td>
<td><strong>Telephones</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please unplug and leave in central location for collection.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Staff rooms/locker rooms</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please ensure all lockers and staff areas are empty and the contents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>disposed of, including items of clothing no longer required. Any</td>
<td></td>
</tr>
<tr>
<td></td>
<td>items found after the move will be disposed of.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Non-transferring medical equipment</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please ensure that each piece of equipment displays an appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>coloured sticker for onward transfer and then leave for collection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>by EBME. Any items with a “Red Dot / Spot leave on the ward and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>these will be disposed of by the FM team. Please do not ask Harrow</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Green to transfer any red dot items as they will not transfer them.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Medical Gases</strong></td>
<td></td>
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<tr>
<td></td>
<td>Please leave medical gas cylinders and bottled gases in place. These</td>
<td></td>
</tr>
<tr>
<td></td>
<td>will be removed by portering/medical engineers.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Non Transferring furniture</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please ensure that all non transferring furniture is completely</td>
<td></td>
</tr>
<tr>
<td></td>
<td>emptied of all contents.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Non-transferring electrical equipment</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• printers, faxes etc – unplug and leave for collection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extension leads – these <strong>must</strong> be left for collection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• fridges, cookers etc – remove/dispose of contents and wipe down.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leave fridges switched on.</td>
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</tr>
<tr>
<td>8</td>
<td>**All Hot and Cold water taps, electrical power points and light</td>
<td></td>
</tr>
<tr>
<td></td>
<td>switches**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please turn off/switch off – <strong>except for fridges</strong></td>
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<tr>
<td>9</td>
<td><strong>Alarms</strong></td>
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<tr>
<td></td>
<td>Please do not switch off or unplug any alarms. These will be dealt</td>
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</tr>
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<td></td>
<td>with by Estates/Security colleagues as appropriate</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Windows</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please ensure all windows are closed and where there are window</td>
<td></td>
</tr>
<tr>
<td></td>
<td>locks please label and leave the appropriate key labelled in the key</td>
<td></td>
</tr>
<tr>
<td></td>
<td>box provided.</td>
<td></td>
</tr>
<tr>
<td>TASK</td>
<td>Done (✓)</td>
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</tr>
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<td>------</td>
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</tr>
<tr>
<td>11</td>
<td><strong>Fixed notice boards/ white dry wipe boards and shelving</strong>&lt;br&gt;These items will not transfer to the QEHB. Please remove all paper notices from the boards, dispose of those which are not transferring and take any others to the new ward.&lt;br&gt;&lt;br&gt;<strong>PLEASE ENSURE THAT ALL PATIENT INFORMATION IS ERASED FROM WHITE BOARDS/ OTHER DISPLAY AREAS.</strong></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td><strong>Bathroom /Toilet Areas</strong>&lt;br&gt;Please ensure that toilets are flushed and the areas are left clean. All patient sanitary facilities must be checked and urinals and bedpans disposed of from the dirty utility rooms.&lt;br&gt;&lt;br&gt;Please note that all non-transferring items are Trust property and are listed on a central inventory. These items will be disposed of in accordance with Trust policy.&lt;br&gt;&lt;br&gt;You will have been asked to label items that can be reused and those that are to be disposed of&lt;br&gt;&lt;br&gt;When this checklist procedure is complete you will be ready to contact the Central Decommissioning Team to complete the handover process. Thank you for all your assistance in completing this process</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>SENDER</th>
<th>HANDOVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: .........................................</td>
<td>Name: .........................................</td>
</tr>
<tr>
<td>Signature: ..................................</td>
<td>Signature: ..................................</td>
</tr>
<tr>
<td>Designation: ..............................</td>
<td>Designation: ..............................</td>
</tr>
</tbody>
</table>
SECTION 11 - FORMS

Form 1 - Aims and Assumptions Log

<table>
<thead>
<tr>
<th>Assumption/Agreement</th>
<th>Who/What will this affect?</th>
<th>Assumption agreed (signature and print name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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Form 2 - Damage or Loss Log

<table>
<thead>
<tr>
<th>Command Centre Ref No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Move:</th>
<th>(dd/mm/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Damage or Loss Noted:</td>
<td>(dd/mm/yy)</td>
</tr>
</tbody>
</table>

**INCIDENT**

<table>
<thead>
<tr>
<th>Item Damaged/Lost:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Damage or Loss:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Damaged Item:</th>
<th>(Room number can be found on the door frame)</th>
</tr>
</thead>
</table>

**CONTACT DETAILS**

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Number:</th>
</tr>
</thead>
</table>

Please return this form via email to Commissioning Masterplan.
All forms MUST be completed and returned within three working days of your move.
### Appendix 1 - Move Checklist

If the Commander is considering either accelerating or decelerating the move (either patient transfer or logistical moves) the following people must be contacted to understand the impact on all elements of the move plan prior to any decision being made:

<table>
<thead>
<tr>
<th>Contact/Tel. No.</th>
<th>Questions/Responses</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Harrow Green</td>
<td>Can they respond to a faster/slower move?</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Old Site Co-ordinator | a) Are the wards ready to send their patients?  
  b) Are departments ready to commence their F&E move?  
  c) Are the volunteers on site and able to respond to the change in plan? |        |
| 3. New Site Co-ordinator | a) Are the wards ready to receive the patients and are the pre equipped areas ready?  
  b) Are the departmental receiving teams in place and ready to receive their F&E?  
  c) Can the patient receiving team respond to a faster/slower move?  
  d) Are there any issues from a technical/building perspective?  
  e) Are the volunteers on site and able to respond to a change in plan? |        |
<p>| 4. Pharmacy – Ann Slee | Can Pharmacy respond to a faster/slower move? |        |
| 5. Decontamination – Karen Johnson | Can Decontamination respond to a faster/slower move? |        |
| 6. Medical Engineering – Mandy Hill | Can Medical Engineering respond to a faster/slower move? |        |
| 7. Catering/Housekeeping – Campbell Strefford | Can Catering and Housekeeping respond to a faster/slower move? |        |
| 8. Supplies – Andy Harris | Can Supplies respond to a faster/slower move? |        |
| 9. Communications – Fiona Alexander | Can Communications respond to a faster/slower move? |        |</p>
<table>
<thead>
<tr>
<th></th>
<th>Department</th>
<th>Response Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>ICT – Larry Rowe</td>
<td>Can ICT respond to a faster/slower move?</td>
</tr>
<tr>
<td>11.</td>
<td>Decommissioning –</td>
<td>Can Decommissioning respond to a faster/slower move?</td>
</tr>
<tr>
<td></td>
<td>Brian Wilcox/Lynne Darby</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>BBW – On Call Manager</td>
<td>Can BBW respond to a faster/slower move?</td>
</tr>
</tbody>
</table>
### Summary of Move 5 & 6 July 2nd – October

<table>
<thead>
<tr>
<th>Saturday and Sunday 2nd / 3rd July 2011 Move commence 7.00 am</th>
<th>Monday 4th &amp; Tuesday 5th July</th>
<th>Saturday and Sunday 6th / 7th August 2011 Move commence 7.00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>• OPD Moving from SOH to OPD Area 4</td>
<td>Education Moving from Old QEH</td>
<td>• Moving from QEH &amp; SOH to OPD Area 3</td>
</tr>
<tr>
<td>• Dermatology</td>
<td>• Clinical skills (Nuffield) to Education Centre</td>
<td>• Cardiology</td>
</tr>
<tr>
<td>• Burns &amp; Plastics</td>
<td>• Resuscitation training room to Education Centre</td>
<td>• Cardiac surgery</td>
</tr>
<tr>
<td>• T&amp;O</td>
<td>• Undergraduate Seminar Room (Nuffield) to Education Centre</td>
<td>• Respiratory</td>
</tr>
<tr>
<td>• Hands including Therapies (Hayward)</td>
<td>• Moving from SOH Education</td>
<td>• Vascular</td>
</tr>
<tr>
<td>• Associated Imaging to support service</td>
<td>• Clinical skills (J block) to Education Centre</td>
<td>• TIA</td>
</tr>
<tr>
<td></td>
<td>• Manual Handling training (J block) to Education Centre</td>
<td>• Rapid Access Chest Pain clinic (Hayward) to OPD Area</td>
</tr>
<tr>
<td></td>
<td>• Resuscitation training room (Woodlands) to Education Centre</td>
<td>Cashiers to OPD Main Wait/OPD Area 1 : 8th August TBC</td>
</tr>
<tr>
<td></td>
<td>• Resuscitation offices (Woodlands) to Nuffield House</td>
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<tr>
<td></td>
<td>• Clinical Skills (West Lodge) to Education Centre</td>
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<tr>
<td></td>
<td>• Uniform Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Offices</td>
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<table>
<thead>
<tr>
<th>Saturday and Sunday 10th/11th Sep 2011 Move commence 7.00 am</th>
<th>Saturday and Sunday 15th/16th Oct 2011 Move commence 7.00 am</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Moving from QEH &amp; SOH to OPD Area 2</td>
<td>• Moving from QEH &amp; SOH to OPD Area 1</td>
<td>Associated office moves will also take place see detailed move plan.</td>
</tr>
<tr>
<td>• Pre Op Assess</td>
<td>• Endocrine</td>
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<tr>
<td>• Moving from Old QEH QED outpatients</td>
<td>• GU Medicine</td>
<td></td>
</tr>
<tr>
<td>• Renal outpatients to OPD Area 2</td>
<td>• Pain</td>
<td></td>
</tr>
<tr>
<td>• Maxillofacial prosthetics to OPD Area 2</td>
<td>• Neurosciences</td>
<td></td>
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<tr>
<td>• Liver outpatients to OPD Area 2</td>
<td>• Neurophysiology</td>
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<tr>
<td>• Urology outpatients to OPD Area 2</td>
<td>• Ophthalmology</td>
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<tr>
<td>• ENT and Max Fax outpatients to OPD Area 2</td>
<td>• General Medicine / Elderly Care</td>
<td></td>
</tr>
<tr>
<td>• ENT Complimentary Therapy Clinic to OPD Area 2 ?</td>
<td>• Rheumatology</td>
<td></td>
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<tr>
<td>• GI Physiology QED Upper Gi/colorectal /gastro</td>
<td>• Orthotics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Podiatry</td>
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**Summary of Move 6 – 11th October 2011 onwards TBC**