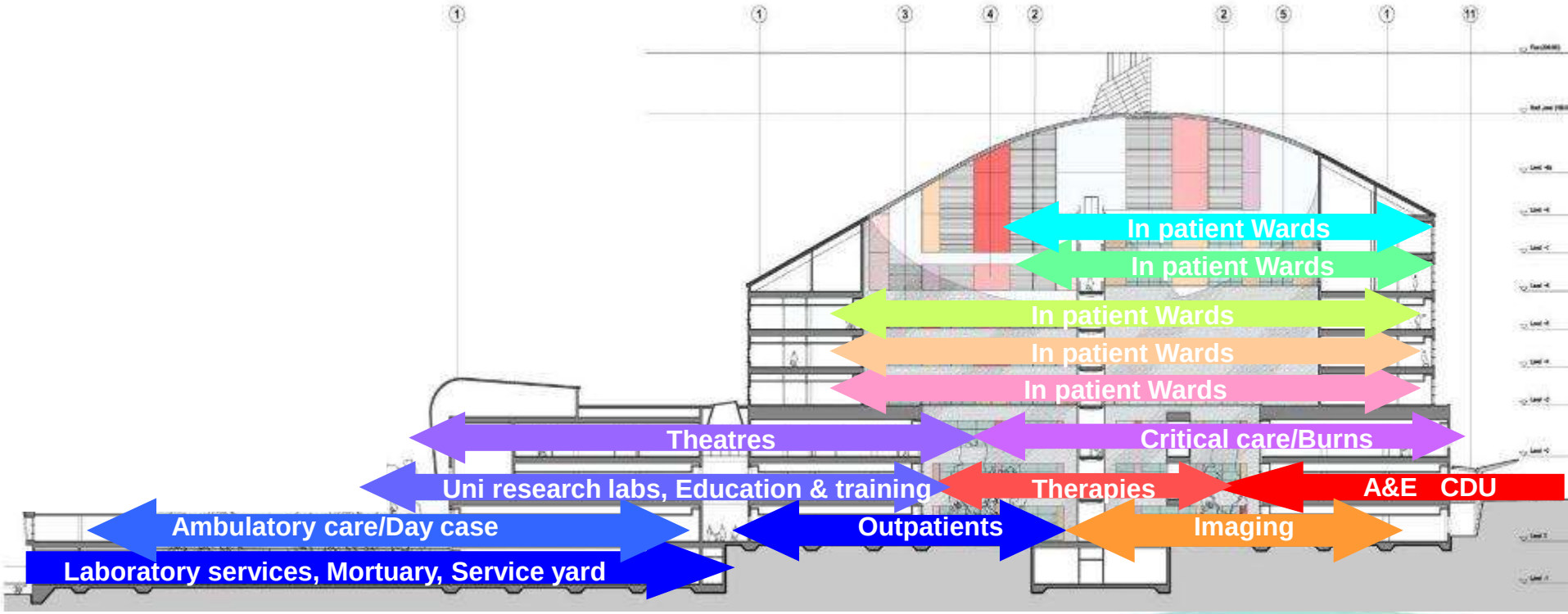
Delivery of the Phased Transfer of Services into the New Hospital

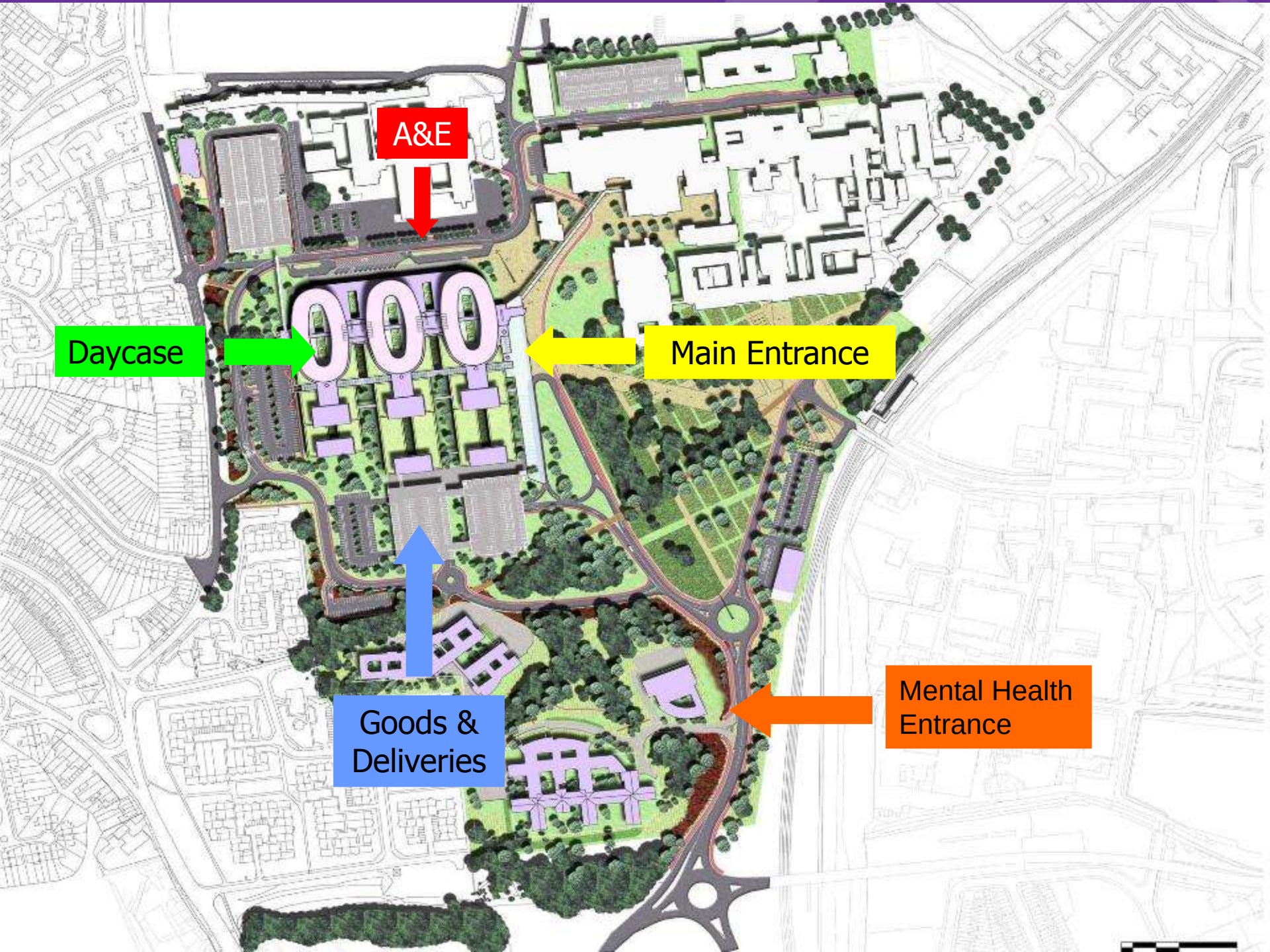
Purpose and Content of Seminar

1. The development of the six-move Strategic Move Plan, including identification of main issues and risks
2. Overarching issues covering all phases, e.g. Finance, Equipment, Business Continuity, HR, ICT, Clinical & Non Clinical Support Services and Communications
3. Preparing the building for physical occupation
4. The physical transfer process for patients, furniture and equipment
5. Decommissioning Guidance
6. Governance Arrangements
7. Workforce arrangements

Designing world class services



Birmingham's first new acute hospital for 70 years


A&E
Daycase
Main Entrance
Goods &
Deliveries
Mental Health
Entrance

Development of the Strategic Phased Move Plan

Wednesday 16th June 2010

Selly Oak:
- A&E & REACT
- MAU & C2, S2, Raddlebarn suite
- Coronary Care Unit (CCU)
- Critical Care Unit (SOCC)
- A1 – Medicine (Stroke)
- C4 ,C3
- S5, S6, S8 plus therapy gym
- Burns Unit & Skin Lab

QEH:
- Cardiac Theatre 4
- ENT Theatre 1 & 2
- Head and Neck Theatre
- Division management offices: 1, 3, 5 (Grp A)

Thursday 17th June 2010

Selly Oak:
- SOCC Critical Care Unit
- S3 Trauma
- S7, B1, B3, B4, A3, A5 – Medicine
- Theatre 3 SOH (Vascular)
- Theatre 1 SOH (Plastics)
- Theatre 2 SOH (Plastics)

QEH:
- E5 – ENT and Maxillofacial – Inpatients
- Cardiac Theatre 2

Friday 18th June 2010

Selly Oak:
- S4 Trauma (Military)
- D4 Plastics
- S8 Therapies Gym
- Theatre 9 SOH (Trauma Day Case)
- Theatre 6 SOH (General Day Case)
- Theatre 4 – SOH

QEH:
- Wellcome Building Critical Care
- E2B – Cardiac Surgery
- Cardiac Theatre 1 & 3
- EGB - Neurology

Saturday 19th June 2010

Selly Oak:

Endoscopy
D3 Daycase
Minor ops rooms 1 and 2 – SOH
Pre-admission Screening
Theatre 10 & 11 SOH (Hands Day Case)
Cardiology Outpatients

QEH:

Wellcome Building Critical Care
Medical Education
Nuffield House:
QEH Library & Undergrad services
Postgraduate Centre 2 offices
Planned Investigation Unit
E5 Medical Ambulatory Care
Pre-admission screening ENT 5th floor

Sunday 20th June 2010

Selly Oak:

Tissue Viability/Equipment Library
SOH Patient Library
Postgrad/Undergrad Education
Theatre 5 SOH (General Emergencies)
D1 Daycase

QEH:

Pre admission screening West Ground
Medical Illustration

Monday 21st June 2010

Selly Oak:

Blood Bank
PALS
Office accommodation

QEH:

Nuclear Medicine

Tuesday 22nd June 2010

SOH:

Nuclear Medicine & Main Imaging
B1 Therapy Assessment Suite
Cashiers & Bereavement
Pharmacy Inpatient & Appliances
Remaining Office Accommodation

Overarching Issues

Overarching issues covering all Phases

- Financial aspects of the move
- Equipment
- Maintenance of business continuity during the phased move period
- Staffing matters
- ICT
- The provision of clinical and non-clinical support services
- Communications strategy

Financial aspects of the move into the New Hospital

Transitional Costs

Assumptions:

- Clinical activity will be maintained
- No provision for any redundancy payments
- Based on current phasing programme
- Contingency included within the £12 million

Transitional Costs

- No costs identified in original New Hospital business case
- Visits to other PFI to identify problem areas
- Proformas produced and divisions requested to provide details
- Total identified in £12 million

Transitional Costs

- Areas where potential additional costs have been identified:
  - Patient transport
  - Removals and transport of equipment to New Hospital building
  - Training requirements
  - Operational Issues during phases
  - Selly Oak additional running costs during phasing
  - Communications
  - Additional costs for Infection Control

Unitary Charge

Will be approx. £46 million per year, including:

- £9.5 million Facilities (estates, security, grounds, etc.)
- £4.5 million Lifecycle Costs
- £2.2 million PFI Operator Costs (inc. mgmt, insurance)
- £27.5 million finance costs (repayment of loans / bonds etc. which funded the construction)
- £1.7 million ICT project costs
- £0.5 million Car Parking

These are approx. costs, depending on inflation rates and exclude energy costs also payable based on actual usage

Unitary Charge

- This annual payment increases as in line with the phased handover of the new hospital:
  - Phase 1a 17.69%April 2010
  - Phase 1 59.30%June 2010
  - Phase 2 81.15%November 2010
  - Phase 3a 92.34%June 2011
  - Phase 3 100.00% October 2011

Equipping the new hospital

Equipment

- Procurement programme developed
- Indicative costs completed
- Level of Equipment that is fit for transfer identified
- Discussions started with suppliers
- Mixture of local contracts, Framework Agreement and OJEU process
- Focus on Value For Money

The Procurement Process

- Range of methods used to procure Trust's requirements
- National contracts used where Trust can demonstrate Best Value
- Utilise existing frameworks to carry out mini competitions
- Reflecting Trust's specific requirements for size of project will help achieve maximum Value For Money
- Where no contract exists there will be a need to go out to tender/quote
- Expenditure over £90k not under contract will need to be advertised in OJEU (official journal of the European Union). Suppliers will forward their expression of interest to tender
- Work with operational staff to draw up specifications

Evaluation & Decision Making

- Evaluation teams reviewed tenders/responses received
- Roadshows, touch & feel days and trials will be set up
- Approval process will involve evaluation sheets and full financial analysis being signed off by finance

Challenges for Procurement

- To create long term partnerships with suppliers
- To include all Trust requirements for all phases to deliver the lowest price and ensure maximum flexibility should equipment quantities and/or delivery dates need to be modified or altered for each phase
- Endeavour to recycle surplus or redundant items wherever possible
- Dump The Junk days
- Utilise a Disposal Agency to generate income for any items that can't be used but may still have a value attached

Business Continuity during Phased Move period

What is Business Continuity?

A process that helps manage risks to the smooth running of the organisation

Ensures the continuity of critical functions in the event of a service interruption and enables effective recovery afterwards

A requirement under the Civil Contingencies Act 2004

Impact of Phased Move Process

Phased move – service interruption

Requirement to assess risks to services prior to, during and after moves

Business continuity risk assessments

Risk assessments once the final move plan is agreed

Divisional Directors of Operations/Workstream Leads carried out risk assessments

Divisional Directors of Operations/Workstream Leads assessed potential service interruptions caused by moves and made plans to eliminate/minimise the risk

The Trust identified risks from external sources, i.e. road and transportation issues, major incident etc. and drew up mitigation strategies

The over-riding principle was that the move WILL happen according to the plans irrespective of any extreme internal or external service pressures

Staffing Matters

Workforce Planning

Key Workforce Drivers:

- Developing new models of care/pathways
- Developing a competency-based workforce
- Workforce demographics
- New ways of working
- Changing work patterns - extended hours of service
- Responding to technological advances
- Change and its implications

Induction and Familiarisation Training - Aims and Objectives

- Training should be managed in a way that is relevant and timely
- The **Right Training** at the **Right Time** to the **Right People**
- Ensure a consistent approach so no duplication and use of experts/trainers are utilised where ever possible
- All training should be recorded and linked to a Learning Management system to enable the tracking of all New Hospital training activity and linking of competencies.
- Complete understanding of roles and responsibilities

UHBFT approach

- Commenced training for Trainers Autumn 2009 - (10-week timescale)
- Cascade training and familiarisation tours commence dApril 2010 (9-week timescale)
- Commitment to undertake Mandatory Training elements this year
- Commitment to release staff for training whilst still "**Delivering the Best in Care"**

Considerations for staff during the move period

- Car parking arrangements
- Catering arrangements
- Annual leave arrangements will be managed by ward/departmental managers
- Management of time
- Saying thanks

ICT

New Hospital ICT Commissioning

- Background to UHBFT's position
  - New ICT cabling in the New Hospital based upon the workstream approved C Sheets
  - New ICT cabling supporting integrated data, wireless and voice network
  - A new telephone system replacing the old telephone switches at QEH and SOH
  - A new bleep service

Telephone Services

- A new external Trust Number 0121 627 2000
- New telephone numbering scheme with all external numbers corresponding to the internal extension number
- Single up-to-date online telephone directory service that integrates with our IT directory
- New handsets that can access the telephone directory and have other flexible features

Activities – ‘fit for purpose’ to ensure

- All major ICT systems can be used when services are transferred to the new Hospital
- New ward/service names and clinics etc are set up on systems before the transfer of patient services to the New Hospital
- Trust letters can be produced in advance for appointments etc – they will need to contain the New Hospital department locations and telephone numbers etc

New Hospital ICT Commissioning

- Completed an audit of all ICT equipment
- Reviewed approved C Sheets to identify what ICT equipment has been requested in the New Hospital
- Assisted workstreams to review current and New Hospital ICT requirements, and identify the equipment to be moved to the new locations/rooms
- Identifying ICT equipment that will be installed in advance of patient moves in generic areas

New Hospital ICT Commissioning

Key Workstream Messages

- Depts should not assume that what they have now is what they will have in the new Hospital
- Phase 1 moves will currently give you whatever is on the approved C sheets unless formally changed
- All new capital schemes should identify any equipment or services that are to be used within the New Hospital
- All ICT projects will need to identify any kit or services that will be used within the New Hospital

New Hospital ICT Commissioning

Key Workstream Actions undertaken to date:

- Each Workstream has identified an individual (s) responsible for liaising with ICT
- Each Workstream is working with ICT to review the current and proposed ICT requirements, and confirm accuracy
- Each Workstream is meeting with the ICT team to agree on the content & timescales of the ICT equipment transfer
- Each Workstream will work with ICT to review the proposed ICT installation schedules for generic areas to ensure they meet operational requirements

The provision of clinical and non-clinical support services

Clinical Support Services Strategy during phased move period

- Imaging
- Therapies
- Laboratories
- Pharmacy

Non Clinical Support Services Strategy during phased moves period

- Domestic Services
- Catering Services
- Materials Handling / Logistics
- Portering Services
- Contracted Services
- Education

Governance Arrangements

Governance of the operational commissioning & move planning process

- Physical move configuration and associated plans put together over two years by Clinicians, Divisional senior management team and Commissioning Masterplan Team
- Process and associated Commissioning Manual reviewed by external auditors
- Risk and Issue Logs updated and reviewed on a monthly basis – associated contingency planning undertaken

Programme Monitoring

- The essence of our approach is that unless we can measure our progress we cannot manage it
- Developed a Master Programme of Trust's activities
- The master programme encompassed all the Projects Sub Projects and activities that are either in the PFI deal or have the ability to affect the Trust's abilities to occupy the New Hospital on time and to maximum efficiency

The Programme Includes:

- Workforce Planning & HR Issues
- FM Issues
- Infection Control
- Materials Management
- Pharmacy to establish stock requirements in new building
- Risk
- Policies & Procedures
- Contracted Services
- Hard FM
- Data Quality and Medical Records
- Travel and Wayfinding
- Detailed Move & Commissioning Plans
- Finance
- Approvals, Licences, Applications and Certification
- Furniture and Equipment (F&E)
- Induction and Training
- Communications and Information
- Packing and Removals
- Salvage Items
- Patient Moves
- Supplies
- Decommissioning old locations
- ICT

How did we update the programme?

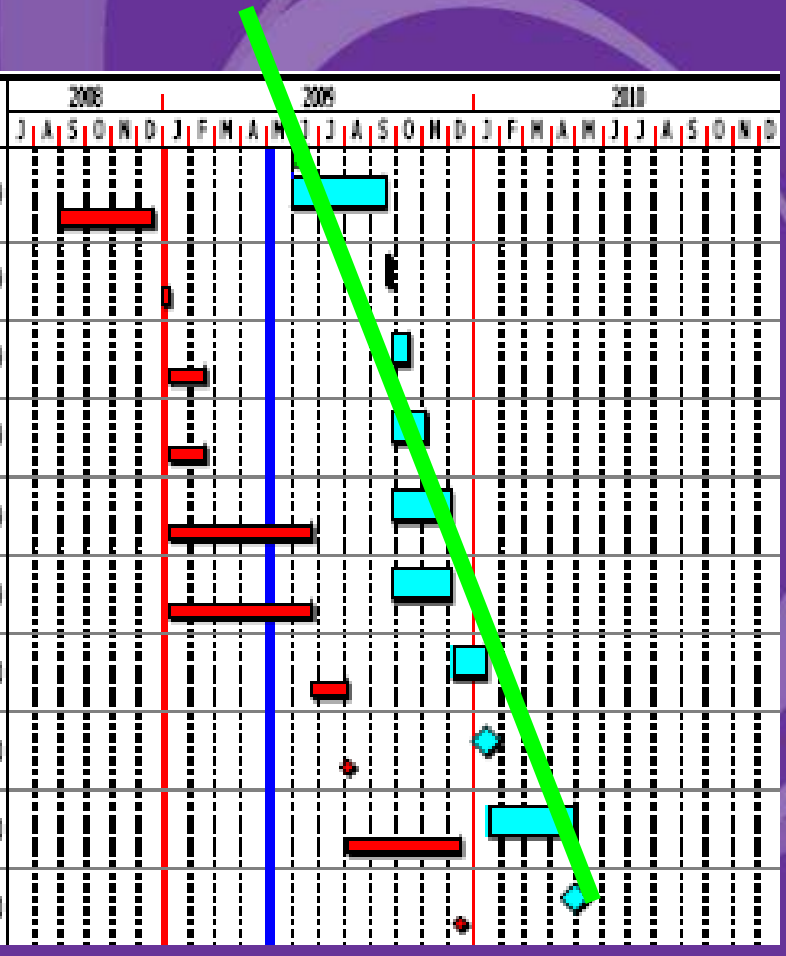
- All activities were allocated to at least one key member of staff
- Each month a programme was produced for each Commissioning and Whole Hospital lead showing their programme activities for period
- Paper copy of the update request & collect the completed version to an agreed schedule
- Joint monthly meetings scheduled at which commissioning lead & a member of the project team record progress made.
- Exception report to Project Director & The New Hospital Commissioning & Move Group.

Two mechanisms used to monitor the programme

- A Progress line
- A Baseline comparison

Baseline Comparison

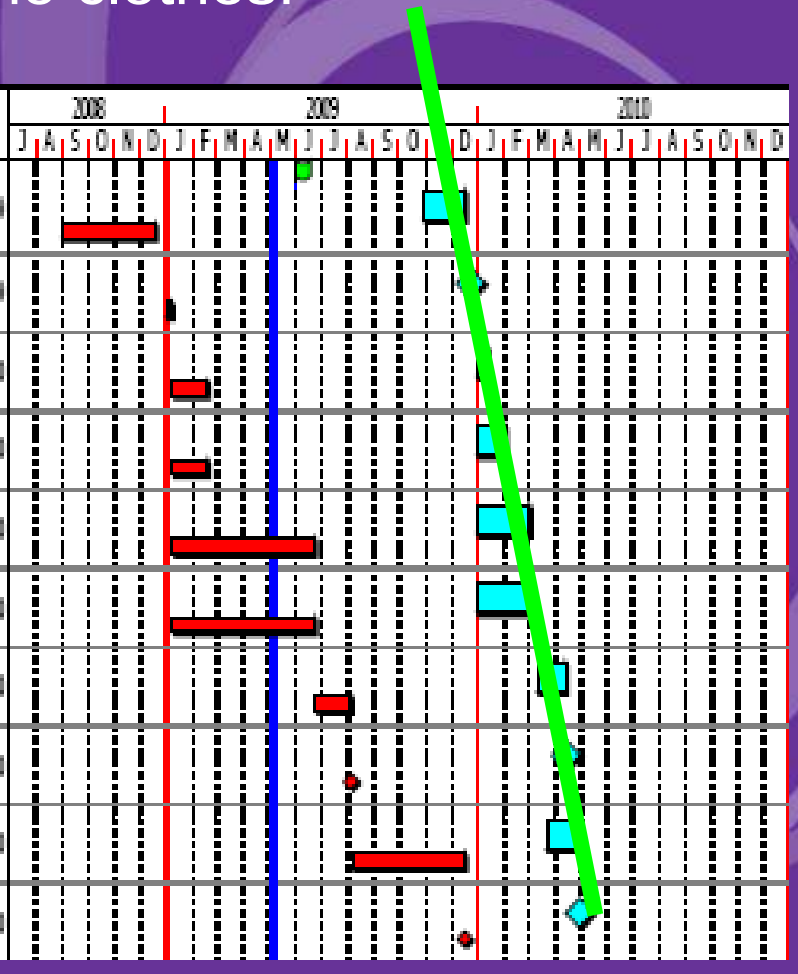
Line	Unique Task ID	Name	Duration	Start	End
1	809	User Group Confirm and define Service/Requirement	16w	01 Jun 09	18/09/09
2	810	Business Case and any funding Approval	1w	21 Sep 09	25/09/09
3	812	Produce NHP Variation if required	3w	28 Sep 09	16/10/09
4	813	Procurement of any equipment/services etc	6w	28 Sep 09	06/11/09
5	1115	Clinical Process Change Management	10w	28 Sep 09	04/12/09
6	814	Development of the requirement	10w	28 Sep 09	04/12/09
7	934	Testing of the solution	6w	07 Dec 09	15/01/10
8	815	User Acceptance of the solution		15 Jan 10	15/01/10
9	816	Roll out the solution	15w	18 Jan 10	30/04/10
10	818	Target Live date of full service		30 Apr 10	30/04/10



Baseline Comparison

The Emperor has no clothes!

Line	Unique Task ID	Name	Duration	Start	End
1	809	User Group Confirm and define Service/Requirement	7w	29 Oct 09	16/12/09
2	810	Business Case and any funding Approval		23 Dec 09	23/12/09
3	812	Produce NHP Variation if required	1w 4d	31 Dec 09	12/01/10
4	813	Procurement of any equipment/services etc	4w 4d	31 Dec 09	02/02/10
5	1115	Clinical Process Change Management	8w 4d	31 Dec 09	02/03/10
6	814	Development of the requirement	8w 4d	31 Dec 09	02/03/10
7	934	Testing of the solution	4w 4d	11 Mar 10	13/04/10
8	815	User Acceptance of the solution		14 Apr 10	14/04/10
9	816	Roll out the solution	6w	22 Mar 10	30/04/10
10	818	Target Live date of full service		30 Apr 10	30/04/10



Preparing the building for physical occupation

Independent tester

- Contract between Consort the Trust and Capita Symonds
- Split between the Trusts and consort 50/50

Role of the Independent Tester

- Confirm that what is built meets the Trust's Construction Requirements
- Monitored through design and construction
- Provide an independent opinion on completion on behalf of the Trust, Project Co and the Funders
- Does not take design liability away from Project Co

Procedure Review

- Monitor the quality assurance procedures
- Monitor the procedures for Identifying approving and recording variations
- Review the Testing and Commissioning programmes and Procedures

Compliance sign off

- Monitoring of the Works against Quality Plan and drawings
- When applicable, early sign off against Service Availability Requirements e.g. Groundworks, Structure, Materials, planning approvals and compliance with area data sheets etc.

Completion Requirements

- The Tests on Completion are identified in the Project Agreement
- Completion Criteria are defined in the Project Agreement
- The criteria had to be be satisfied before completion could be certified

Documentation Required

- RDD Items Agreed
- Agreed Variations
- Area Data Sheets (updated)
- Third Party Certification and Approvals
- Collateral Warranties and Interface Agreements
- Documentation check list will be produced and updated as the project progresses

Design Review

- Review a 25% sample of the detailed design information for any approved design for compliance with the performance and quality standards. In reality will inspect 25% of the building

- Trust chooses 10% of the 25%

Completion certificate

- Snagging matters
  - 20 business days to produce the list
  - 120 business days to rectify or the trust can rectify- at the risk and cost to Consort

- Finishing works

Room Validation

- We have validated about 15% of the building
- 2 teams 4 days a week plus one day catch up review session
- Identified c1700 items of non compliance
  - Poor coordination supervision and management
  - Changes to drawings without no explanation
  - Issues about quality of finishes
  - Consorts role
  - The same problems you find on any large project

The physical transfer of services

Detailed Operational Commissioning programme

- Cleaning
- Control of infection checks
- Risk assessments
- Health and Safety assessments
- Delivery of new furniture and equipment
- Staff training, induction and familiarisation
- Stocking up process
- Checks by ward and departmental receiving teams
- Establishing the Command Centre
- Major medical Equipment installation, testing and commissioning

The role of the Command Centre

The Command Centre was Executive Director-led:

- Operated for 24 hours per day
- Provided overall administration and communication control for both the old and new sites during the period of each phased move
- Was the responsible body for any decisions that needed to be made/changes to be approved related to the physical transfer process
- Operational “on call” rota operated separately
- Haddirect links into key support services, including security, FM and ICT, to ensure swift action is taken to deal with unforeseen incidents.
- The Command Centre was operational for an agreed period time for each phased move

The role of the Command Centre

- Act as single point of contact for all enquiries associated with the move
- Monitor progress against the overall moving plan
- Advise Divisional, Relocation and Departmental teams on all sites on progress, changes to the programme, problems etc
- Work with the divisions and departments to redeploy resources were necessary
- Maintain a log of information re building issues, complaints, decisions taken etc
- Hold daily meetings for planning/ monitoring
- Follow up all building snags reported

Proposed state of readiness prior to first patient move

- 8 critical care beds fully equipped (incl. 2 heated shock beds)
- 2 Coronary Care Unit beds fully equipped
- 108 inpatient beds fully equipped (minimum)
- 2 generic theatres fully equipped
- Imaging – essential modalities available
- Emergency Department
- Clinical Decision Unit – % of beds fully equipped

The Patient Transfer Process

The safe transfer of patients

- Safety was the Trust's top priority
- Patient transfer group was chaired by the Chief Operating Officer with appropriate clinical and specialist support
- Experience of other major patient transfers and experience from the ambulance service informed the developing patient transfer strategy
- Trust staff had a lot of experience in transferring sick patients

Patient Transfer Principles cont….

- Patients will be assessed and categorised for transfer according to dependency, e.g. stretcher, wheelchair or ambulant
- Right number and type of ambulances/transport will be waiting for patients at patient transfer area
- Possible utilisation of Jumbalence to maximise efficiency and speed of transfer

Pre Equipped Areas will be ready from 00.01am 16 June 2010

- 12 beds on Burns to accept Burns/Trauma / Vascu6 CCU Beds – transfer in advance of move
- lar/Plastics
- 8 ITU Beds
- 73 beds – split between day one move wards
- 2 Theatres
- Part of A&E
- 40 CDU beds
- 12 Trolley spaces on CDU
- Total ward beds = 125 + 6 CCU + 8 ITU

Patient Transfer Principles cont….

- Patients will be appropriately escorted, e.g. Intensivist, nurse etc.
- Receiving area will be appropriately staffed and equipped to enable immediate transfer to new ward
- Communication at all times with patient and their next of kin
- Appropriate contingency arrangements for patients who are not fit for transfer

Pre Equipping to clinical need

- Ward based ‘Receiving Teams’ will be identified to set up wards with the relevant equipment in advance of patient move
- Wards will identify in advance a bed space for each patient transferring to the new hospital. Floor plans will be completed as a reference for ward use
- In advance of each ward move, equipment requirements will be identified and communicated to the Receiving Team for set up purposes:
    - Example: Patient X on Ward A1 needs a specialist mattress and an infusion pump and will be transferring to bed space 10

Ward readiness

- Pre-packing of wards – crates in advance
- Linen in situ
- Pharmacy – ward stocked with CD/IV fluids/Drug trolleys
- IT – in situ & tested except transferring items
- Oxygen & Suction – in situ/tested Medical Engineering
- Telephone System – in situ/system/numbers known
- Food patients & staff – understand ward delivery system & staff facilities
- Resuscitation team & equipment planned 24/7
- Equipment store – Tissue Viability & Medical Engineering
- Security Strategy agreed

Staffing from 00.01am 16 June

- The following areas will need to be staffed from 00.01 16 June 2010 ready to accept patients from CDU/A&E
  - CCU
  - ITU
  - CDU
  - Theatres
  - Burns – to take trauma/vascular/plastics/burns
  - Hospital 24/7 – Night Sisters/Site Manager
  - Resuscitation Team

Patient assessment

- Beginning two days in advance of the move
- Decision in advance of planned move to be made to :
  - Transfer to new hospital
  - Discharge on day of the move to discharge lounge
  - Too sick to transfer at the time therefore Reassess/treat review mode of transport
  - Under discussion is the transfer of infected patients

Patient departure principles

- Wards/departments were allocated date & time to move
- Areas developed as departure lounges and staffed for the duration of the move by a multidisciplinary team
- Each ward/department had an identified exit route to the departure lounge or ambulance from current ward
- ITU/Burns & Spinal patients exited directly to ambulance via A&E entrance
- Majority of ward patients departed via A1/CCU
- QEH had a departure lounge on SAU for inpatients; WBCCU patients exited via the oncology route
- PICS print out/notes/drugs accompanied the patient in a secure box clearly labelled

Patient arrival principles

- All patients entered new building via West entrance
- Needed fleet of wheelchairs for patient transfer
- Escort took them to the ward/plus additional staff support
- Lifts identified for ITU/Burns
- Lifts identified for wards to use
- Lifts allocated for equipment to be sent back down i.e.: wheelchair/stretcher
- Patient reception area on ward was taffed and patients registered on arrival to new ward and transferred on PICS

The move from a patient's perspective…

- The patient (and their relatives/carers) were made aware of the move and kept informed during their stay
- The evening prior to the move:
  - The patient's relative were asked to take all personal belongings and valuables home
  - The patient was briefed as to the approximate time of the move and the process that would be followed
  - The patient was told what to expect on their arrival at the new hospital, including whether they would be transferred to a single room or a 4-bedded bay.

On the day of the move

- The patient were assessed against transfer criteria and their physical and mental condition documented. This identified any special requirements, e.g. pressure relieving mattress.
- Any concerns raised by the patient were dealt with in a professional and timely manner
- The patient received breakfast prior to the move – no patient missed out on a meal
- Morning drugs were administered
- The patient receivde their personal hygiene care
- Belongings, including drugs and patient notes, were packed into small crates and security sealed – these traveled with the patient

On the day of the move

- The patient were transferred to the Patient Transfer Area where they were received by a registered nurse who then accompanied them to the new hospital – either to a receiving area or new ward
- The patient was met and taken to their new ward and a welcoming orientation given, including unpacking of drugs and belongings and checking of these
- The relative/carer was informed when the transfer is complete

The ‘Lift and Shift’ Process

- Harrow Green have excellent experience of PFI and other major NHS moves
- Surveys of all wards and departments in Autumn 2009 to assess quantities to be transferred
- Quantities were used to calculate vehicular loads and resource requirements
- Logistics were co-ordinated via Service Yard Access Group in liaison with Project Co.
- Access and egress was plotted to ensure no clashes with patient transfers or materials/equipment deliveries

Decommissioning

Decommissioning Checklist

Decommissioning checklist provided guidance on following:

- Rubbish
- Dirty Linen
- Gas bottles
- Sharps bins
- Telephones
- Windows, doors and cupboards
- Keys, taps, power points and lights
- Fridges and freezers that are not transferring
- Dishwashers and washing up
- Notice boards
- Labelling of all items being left
- Items on the walls
- Technical Decommissioning then carried out by specialists

Communications

Wayfinding

- The internal signage system was developed by Trust staff. Public and patients who tested the final system in early April once amendments done
- External signage system was in place
- The 3-D system will be used to test the internal and external signage system

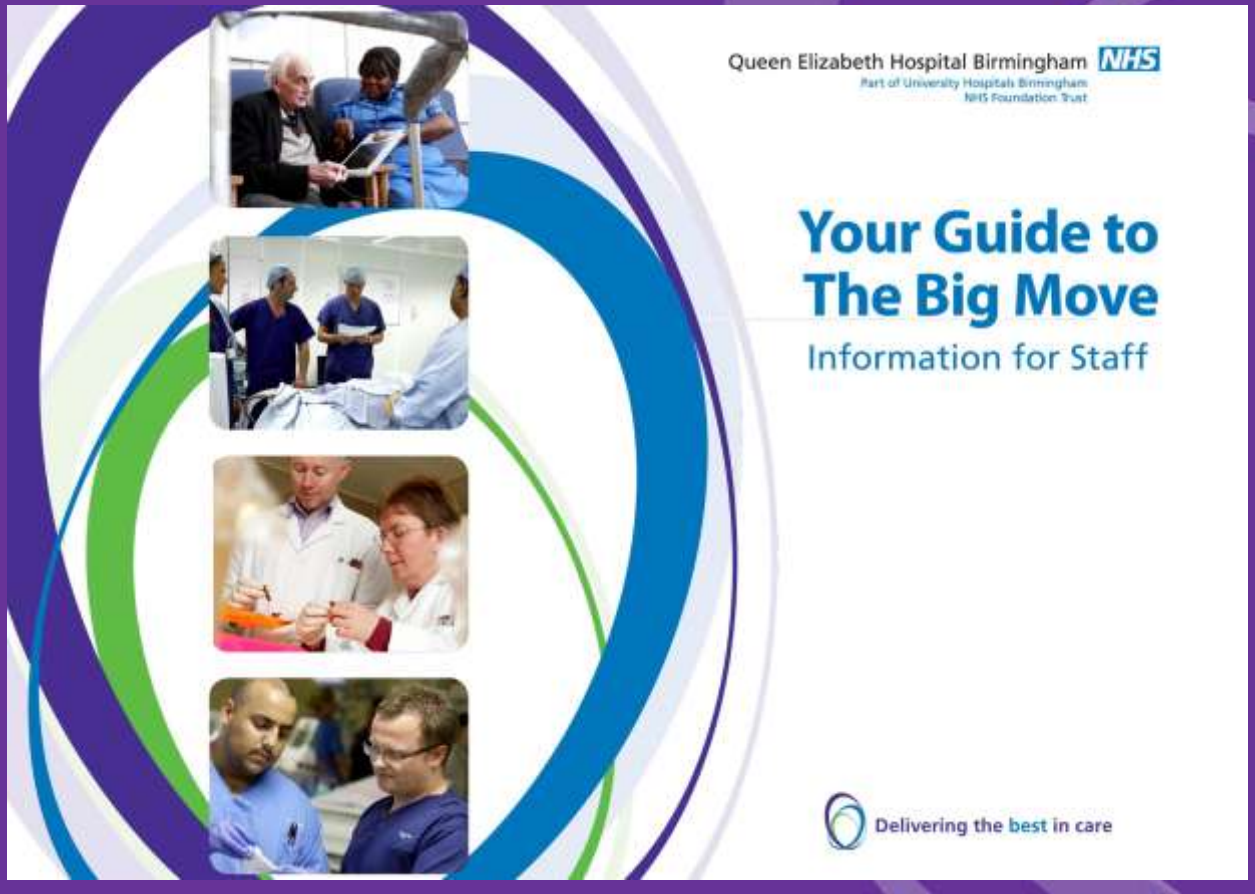
Crisis media management

- Plan developed and reviewed with key individuals/departments
- Known reputational issues identified – potential questions and answers, spokespeople identified
- Key individuals went through intensive media training
- Major Incident Plan has media component
- Never able to plan totally – always something to come from left field!

Staff Room Posters

The Big Move

Four editions since Oct 2010 – now bi-monthly


Queen Elizabeth Hospital Birmingham NHS
Part of University Hospitals Birmingham NHS Foundation Trust
Your Guide to The Big Move
Information for Staff
Delivering the best in care

Section 4

Essentials

4.1.3. Drop Off Areas

There are two drop off areas, one at the main entrance of the hospital and the other at the A&E entrance.

- Drop off – Main Entrance A and A&E Entrance A
- Main entrance - (nn) minutes' waiting and taxi waiting area C
- A&E entrance - (nn) minutes' waiting A

4.1.4. Cars and Car Parking

All cars will use the main access route to the hospital.

The hospital site provides 3,825 parking spaces for staff and patients/visitors. These are located as conveniently as possible to the hospital main entrance. The breakdown of these numbers is as follows:

Car Park
A 000 B 000 C 000
D 000 E 000 F 0000 (Staff)

All car parks will be controlled and maintained by Q Park. This will include monitored CCTV/Security patrols and escorts.

There is a Trust car parking policy which does include the provision of clamping of vehicles which are parked inappropriately.

Random patrol checking will be carried out to ensure that all entrances, exits and internal roadways are clear from vehicular and other obstructions.

Staff will have a separate parking location, Car Park F. Authorised staff will be issued with a card to allow access to the car park (see section XXX for card details). Parking fees for staff will be deducted from their pay.

There is no free parking for staff.

4.1.5. Bicycles

Sheltered, segregated spaces have been provided for storage of bicycles for staff and the public.

Map reference

- A A 6
- B A 6
- C A 7
- D B 4
- 06 C 3
- 06 E 7
- 06 B 3
- 11 C 1
- 06 B 3
- 06 B 3

Bicycle map

The A&E Move - Creative Approach

- To tap into familiar imagery and vernacular to deliver a striking and bold message.

- When people think of A&E, we need to implant the image of the new QE in their minds.

“Don’t go to Selly Oak A&E by accident.

Need A&E? Think new QE.”

Delivering the best in care

Queen Elizabeth Hospital Birmingham
Part of University Hospitals Birmingham NHS Foundation Trust

June 16t

Remember, the Accident & Emergency department at Selly Oak is moving to the new QE on June 16th.

Don't go to Selly Oak A&E by accident.

Need A&E? Think new QE.

BIRMINGHAM Mail

From June 16th don't go to Selly Oak Hospital by Accident. Need A&E? Think QE.

Queen Elizabeth Hospital Birmingham
Part of University Hospitals Birmingham NHS Foundation Trust

JUNE 16T

Remember, the A&E department at Selly Oak is moving to the QE.

H A&E

Don't go to Selly Oak Hospital by accident. | Need A&E? Think QE.

Post-move creative

Delivering the best in care

Queen Elizabeth Hospital Birmingham
Part of University Hospitals Birmingham NHS Foundation Trust

Queen Elizabeth

Don't forget, the Accident & Emergency department has moved to the new QE.

Don't go to Selly Oak A&E by accident.

Need A&E? Think new QE.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A & E
Don't forget, the Accident & Emergency department at Selly Oak has moved to the new QE.
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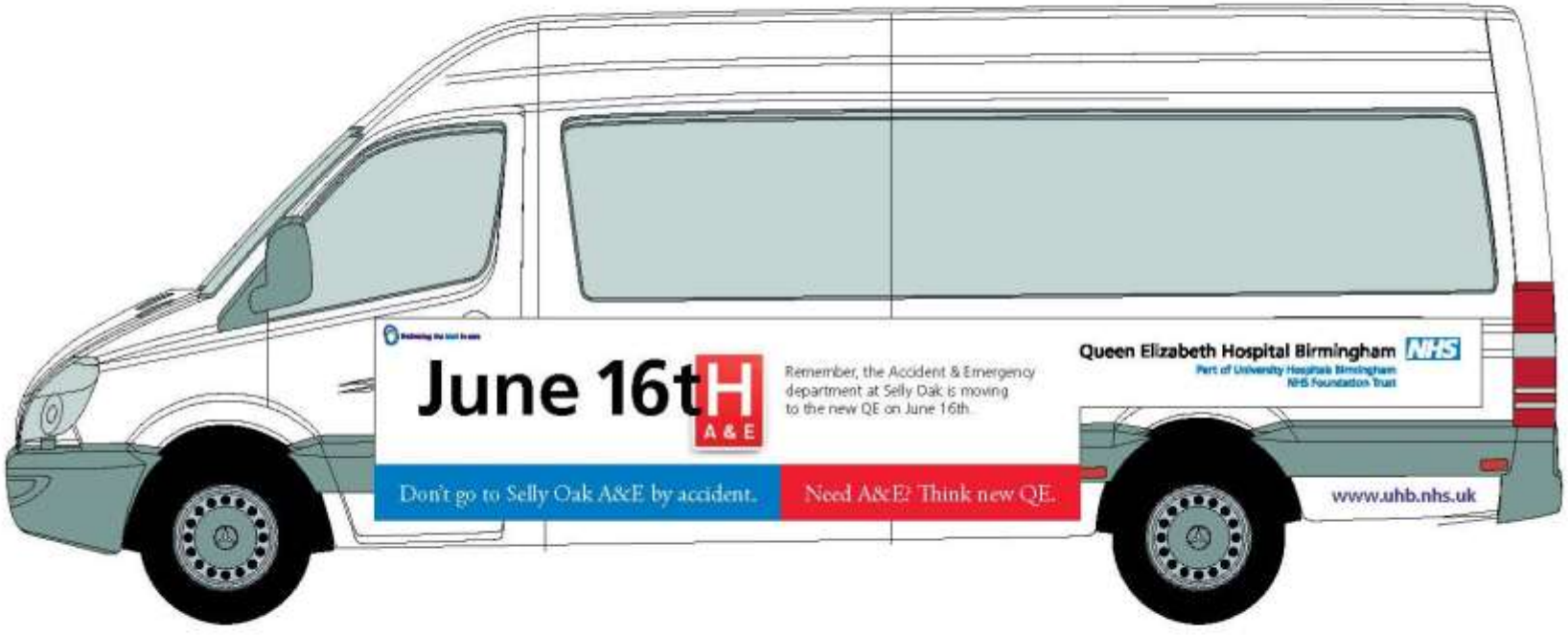
June 16th
A&E
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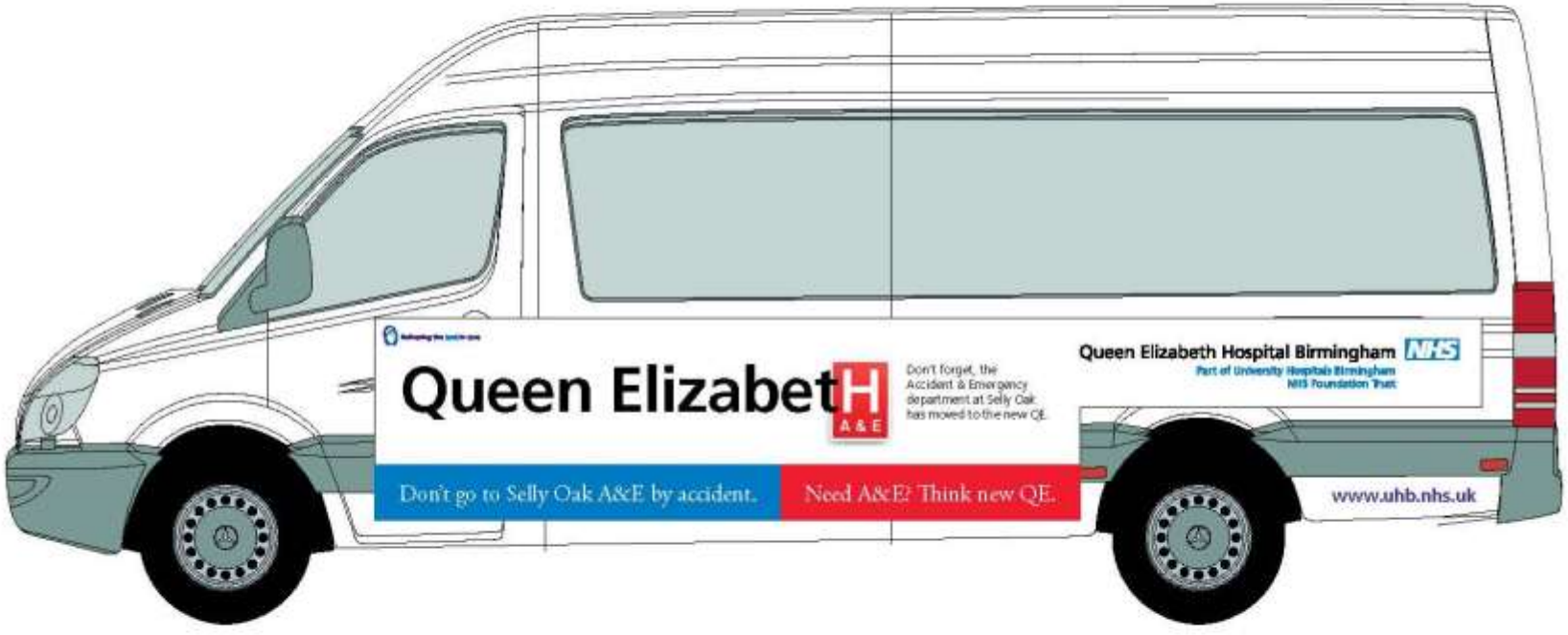
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Any Questions?