

SOP31

Standard Operating Procedure for New Ward Opening/Closures/Additional Ward Capacity/ Decanting

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1.0 Procedure Statement (Purpose / Objectives of the Procedure)

To provide operational guidance to ensure that the opening of a new ward/decant/additional capacity and decanting is a safe environment for patients and staff which is fit for purpose prior to, during and after occupation this includes temporary moves both the location/area moving to and leaving/decanting.

In adhering to this procedure, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Accountabilities

Communication to all workstreams mentioned in this document will need to be sent out, prior to the wards opening or closing, to ensure there is enough time to ensure all processes are in place.

If wards on the decant schedule are delayed, ensure communication to all workstreams are sent at the earliest opportunity to ensure systems can be updated.

Executives

Decision to open a ward/department will be made by executive team.

Divisional Medical Director for Division 1/2/3

Divisional Medical Directors will ensure there is a medical rota in place to support the ward on occupation.

Divisional Head of Nursing (HON) for Division

Divisional HONs will agree nurse skill mix/establishment requirement and support staff (e.g., Ward Clerk/ Ward Hostess). Divisional HONs will liaise with pharmacy, Allied Health Professionals, and other services relevant to ward specialism to inform them of ward opening/closing and to agree cover.

Matron Group

Matrons will support the ward by providing availability of base ward and/or Clinical Nurse Specialist staff to support the off duty until substantive staff can be recruited to if required.

Matron

The matron will ensure that the ward is ready to open or close with minimal notice and that the ward is maintained and clean ready for occupation.

Ward Manager

The Ward Manager will ensure that the ward/department is ready to open or close with support from their matron.

Infection Prevention and Control (IPC)

The IPC team will visit the ward/department at least 72 hours prior to the opening/move to ensure the environment and equipment is clean and in a good state of repair.

Pharmacy

Pharmacy colleagues will ensure that the stock requirements have been agreed and will be in place on ward occupation and returned as necessary on closure.

ePMA and Pharmacy Clinical Informatics Team

The ePMA and Pharmacy Clinical Informatics Team will ensure that data is mapped correctly between PAS and the EPMA/Ascribe systems and other clinical systems such as Vitals Clinical

Information Technology (IT)

IT will ensure that all relevant equipment and systems are in place and ready.

Finance

Decision to open a ward/department will be made by executive team, in line with SFIs
Operational teams will work with finance to identify any net costs.

Finance will also work with Workforce team to link ESR and Cost Centre, who will in turn link with E-roster.

The finance team will provide stock requisition code and approve decant area for ordering and authorisation.

Allied Health Professional (AHP) Groups

AHP colleagues will inform AHP heads of service (Dietetics, Occupational Therapy, Physiotherapy, Speech and Language) regarding the ward opening/closure.

Estates & Facilities

Hotel Services ensure the ward/department is cleaned prior to opening/closing and will notify Estates Management and capacity teams, Heads of Nursing, AHP Groups, Pharmacy, IT of any significant programmes of ward decants. Estates will fix identified jobs prior to opening/closure of a ward/Department.

Procurement

Procurement colleagues will support with the ordering and chasing of equipment and returns as required.

Materials Management (Central Stores)

Central Stores will provide the required supply of consumables for the ward on the day of opening.

Data Quality/PAS and Clinical Coding

The Data Quality Team, PAS Inpatient Team and Clinical Coding Department will ensure all admissions/transfers and discharges are recorded correctly to ensure all systems & clinical systems are reflective of each other and provide an up to date and accurate bed state on PAS, EPMA, Vitals, Tele tracking.

3.0 Procedure/Guidelines Detail / Actions

This SOP has been developed to ensure that the ward/department is ready to open or close with minimal notice. The ward is maintained and clean ready for occupation. This includes temporary moves both the location/area moving to and leaving/decanting.

Matron responsible for the area

Will ensure prior to opening a ward/department will contact IT, Pharmacy, AHPs Finance, Data Quality and Clinical Coding, Estates and facilities, Infection Prevention, Waste Management Team and Hotel Services to inform them of ward/department opening or closure including date if known and to ensure the area is clean prior to opening/closing.

They will ensure:

- Off Duty for nursing staff is in place.

- Supporting services are aware and ready to step in/ or step down once the ward is open or closed (more detail about each below).
- The ward has the correct equipment in place, and this is in good working order, including consumables, on occupation and closure. Environmental monitoring has taken place including ward medicine fridge and ambient temperature in the treatment room which needs to be monitored for 24 hours and be in correct temperature range before medication is stored in the area.
- Pharmacy to be contacted by Matron a minimum of 72 hours prior to the ward opening to allow ward medication storage areas to be assessed by pharmacy as suitable and to receive medication prior to the ward/department opening and the safe return of pharmacy if the ward/department is closing.
- Notify switchboard/resuscitation/Critical Outreach teams that a new ward/department has opened or closed.
- Check for any outstanding estates or environmental issues and that these have been risk assessed if need addressing prior to opening/closing a ward/department.

Band 7 Ward Manager

To ensure that the ward/department is ready to open or close the ward manager will contact the Health Roster /E-Rostering team are contacted to help facilitate a roster for the ward being opened.

- Roster generated, ensuring weekly contact with the ward staff until the ward is open, where applicable.
- If registrants are moved to a new area, and they are an assessor of a student on placement then the student must move with the member of staff
- Staff briefing so they are aware of the process of opening once requested.
- Ensure there is a secure area for patient records that is lockable.
- To ensure interpreting service details are available if required to communicate change of location with patients.
- Staff that are pregnant involved in opening or closing a ward are risk assessed to tasks to be carried out.

Medication storage areas checked and signed off by ward manager and pharmacy prior to the ward opening, this must include as a minimum:

- Adequate cupboard space for storing medicines and fluids. All medication cupboards are lockable, and the keys are available including drug cupboards and fluid stores.
- A controlled drug cabinet is present and meets the required standard.
- Medication fridge is clean, defrosted, lockable and has been in situ for at least 24hr before use. The fridge has been monitored for 24 hours prior to medication being stored and is in the correct temperature range.
- Ambient temperature of the treatment room has been monitored for at least 24 hours prior to medication being stored and is in the correct temperature range - if temperature exceed 25C Pharmacy will advise the ward manager to contact estates to arrange for air conditioning units to be installed.
- Treatment room door that have a key coded lock, and the code has been changed in the last three months.
- Drugs trolleys are clean, empty and are pad locked by chain to a wall.
- All patients own bedside medication lockers are in good working order, empty, lockable and the keys are available on the ward for staff to use.
- There are 2 iBINs in the treatment room, one to receive delivery of medicines and one to return medicines. The iBINs are in good working order, fixed to the floor, empty, lockable and have keys.

- Controlled stationary has been obtained and locked away securely on the ward.
- Ward stock order book
- Controlled drugs order book
- Controlled drugs record book
- Ward stock list
- Paper secondary charts have been obtained for
 - Insulin
 - Warfarin
 - Fluids
 - Dressing charts
 - Blank treatments sheet for business continuity
- Signature list of staff allowed to order ward medication has been completed.
- Signature list has been completed in CD order book so staff can order controlled drugs from pharmacy once open.
- Daily check lists have been set up with assigned roles for:
 - Controlled drugs count and check
 - Fridge and ambient temperature monitoring
 - Stocked Resus Trolley, Sepsis box and Hypo box are in place, checked and in date
 - Any medicines and medicines-related consumables that are on the ward are stored correctly, required for use and are in date.
- Amend ward location in CareFlow Connect team name (team settings) and update 'smart list' with new location.

Infection Prevention

Whilst visiting the ward/department at least 72 hours prior to the opening/move to ensure the environment and equipment is clean and in a good state of repair will ensure:

- Sluice master/slop hopper are working
- Stocked with Soap, paper towels and gel dispensers
- Danicentres stocked with PPE, Masks, and visors available
- Window ventilation, up to date PPE posters, isolation posters for side rooms and hand hygiene posters displayed, clinical and domestic waste bins available, sharp boxes, linen available and that cleaning products and spillage kits are available.

Information Technology

IT will provide equipment and systems are in place and ready to use for opening a ward/department ensuring where applicable:

- Vitals iPod (one per six patients plus one for side rooms and one for spare to charge) on adult inpatient wards.
- ePMA tablets (one ePMA tablet per drug trolley plus two spare tablets. Wards are responsible for purchasing their own ePMA tablets, power cables and docking stations. See [MP09, Electronic Prescribing and Medicines Administration \(ePMA\) Policy](#)
- For a new ward that requires EPMA- the ward/Division/Directorate will be responsible for raising an order to pay for additional GETAC tablets as indicated in [MP09 Appendix 7](#).
- Computers on wheels there should be minimum of 2 and should increase according to the bed occupancy and geographical size of ward/department.
- Desktop computers at least 3 (one for ward administration use, at least one for nursing staff and at least one for medical use) the number of devices should increase with the bed occupancy and geographical size of the ward.

Pharmacy

Pharmacy to be contacted by Matron ideally a minimum of 72 hours prior to the ward opening to allow ward medication storage areas to be assessed by pharmacy as suitable and to receive medication prior to the ward/department opening and the safe return to pharmacy if the ward/department is closing.

New Ward Opening

- The opening ward pharmacy drug keys will be stored under the ward location in the Out of Hours Mediwell located on C21.
- Pharmacy requires 2 weeks' notice to perform the medicines management assurance checks described above and assemble and put away ward stock. Without two weeks' notice it may not be possible to complete the checks before the ward opens and any stock will be sent to the ward in ward boxes for nursing staff to put away in the treatment room.
- Pharmacy will complete the medicines management assurance checks described above. Where the ward does not meet the minimum requirements for medicines storage Pharmacy will inform the ward manager and the matron and advise on corrective actions required.
- Pharmacy will provide stock medicines which are relevant to the specialty of the ward opening, Pharmacy will review stock lists once specialty and length of time open is confirmed.
- A controlled drugs order will need to be arranged separately by the ward manager with the pharmacy team, sample signatures for all staff ordering controlled drugs must be obtained and signed off by the ward manager in the back of the controlled drugs order book
- Pharmacy will provide a Controlled Drug Order Book with blank nurse signature list attached, Controlled Drug Register, Patient's Own Controlled Drug book and a red delivery bag.
- Pharmacy will provide a pharmacy stock requisition book.
- Pharmacy will provide a Cardiac Arrest Box.
- Pharmacy aims to provide a daily ward-based Pharmacy service Monday to Friday. Note that Pharmacy do not have a pool of bank staff to draw from and if additional beds are opened without allocated pharmacy resource, pharmacy review of patients will be prioritised across all wards based on acuity of patients.
- Pharmacy will provide a weekly medicine stock top up.

ePMA and Pharmacy Clinical Informatics Team (Requires two weeks' notice prior notice)

- Will ensure data is mapped correctly between PAS and the EPMA/Ascribe systems.
- Check whether the new ward areas have a corresponding ward location and cost center in EPMA and Ascribe.
- Liaise with the Data Quality and the PAS teams to ensure the appropriate cost centers have already been created in PAS.
- Ensure finance are made aware of the changes and that the monthly reports reflect this.
- If applicable create a new cost center and ward location in EPMA and Ascribe- ensuring they are mapped to the PAS data.
- If applicable ensure e-discharge and EPMA is activated for the new ward location.
- Work with IT to facilitate the activation of EPMA hardware/software on the new ward location.

Finance

To Contact Division Finance manager to request Stock requisition code and on ward closure inform relevant Finance Manager code is no longer needed.

Approve decant area (e.g., B7) for e-Series / Solo ordering/Authorisation level.

Estates and Facilities

On notification of a ward/department opening/decant this will enable Estates to determine what timeframes are needed in each area. This will identify if 1, 2 or 4 weeks decant is required depending on ward area and if any recent upgrades had been undertaken previously.

- Ward Manager to contact estates prior to decant.
- On receipt of the order Estates Management will request a meeting with the Senior Sister at the ward location and pull all jobs of the system including any Fire RA jobs, Environmental and in some cases New Works.
- Estates will raise any jobs not previously identified, the Estates Team will liaise with Ward Manager or delegated person to generate one order to cover all items ensuring there is no duplication on the system, this work will be pre-arranged and scheduled to be completed on the agreed date and timeframe. Please note if clinical have tight deadlines the likelihood of making much impact reduces however one day does allow IP issues in most cases to be addressed.
- Estates will ensure that any Wards closed permanently or temporary are properly locked down to ensure no person can enter if not authorised to do so either by:
 - Access control, this will however stop everyone entering unless specific names are identified to access the areas or a chain and padlock with the key given to senior sister, this can be arranged via 88999 again priority B if short notice or C if not.
 - Wards Fire safety check is required to be undertaken prior to closure or opening of wards ([Appendix 1](#)).

Procurement

Contact Division Finance manager to request Stock requisition code and on ward closure inform relevant Finance Manager code is no longer needed.

Materials Management (Central Stores)

To provide usual supply of consumables for the ward/department on day of opening ([Appendix 2](#)). New wards should identify and inform Materials Management Team the name(s) of a liaison person via email who will collaborate with them to ensure stock is available for the date of the opening.

On closure consultation with Infection Prevention Team if stock requires to be discarded.

Data Quality/PAS and Clinical Coding

The Data Quality Team, PAS Inpatient Team and Clinical Coding Department need to be aware of any changes to wards to ensure all admissions/transfers and discharges are recorded correctly to ensure all systems & clinical systems are reflective of each other and provide an up to date and accurate bed state on PAS, EPMA, Vitals, Tele tracking.

- Ensure the correct \electronic systems are updated:
 1. PAS - Assign patients to their actual physical location e.g., if on A7 then assign to A7 (ward transfer) but remain under the same consultant/specialty.
 2. Vital Pac - Assign patients to their actual physical location e.g., if on A7 then assign to A7. Informatics and Governance need to be informed of change as it could have an impact on reports generated for a particular area.
 3. Tele-tracking Should automatically update on ward transfer if patients have Safe Hands badge in place.

4. EPMA – Assign patients to their actual physical location e.g., if on A7 then assign to A7. If PAS is updated, then Vitals and ePMA will be updated automatically. This is the way the process should be followed. If patients are pulled into Vitals or ePMA before updating PAS, then this will cause issues further downstream.

Information Technology Software Services (Requires a two weeks' notice)

- Inform Software Service Delivery Manager on 8888 Option 1, option 1 or via rw-h-tr.itservicedeliveryteam@nhs.net To provide access to routine applications i.e.,
- PAS,
- CWP,
- E- Discharge,
- Teletracking,
- Safe Hands,
- Vitals,
- Health Roster,
- Ward Handover/ Safety briefing
- IT to be informed of Closure date.

Technical Services

- Inform Technical Service Delivery Manager on 88888.
- To aid with configuration/ reconfiguration of printers.
- To provide assistance with telephones.
- To provide basic maintenance/performance of existing hardware. IT to log if IT equipment is being moved from one department to another, to ensure we have tracking information.
- IT to be informed of Closure date.
- IT to facilitate the move of EPMA hardware devices (WOWs, desktops, and GETAC tablets) if required. The ward needs to establish whether the devices are staying on the ward or are they being taken to the new areas. An audit trail needs to be documented to ensure EPMA hardware (WOWS, desktops and GETACS) is accounted for.
- IT to activate EPMA hardware on the new ward location.
- If applicable, temporarily relocate the EPMA Business Continuity Machines.

Catering

Catering to be contacted by Matron ideally a minimum of 72 hours prior to the ward opening to allow ward food storage areas delivery and arrange staffing prior to the ward opening.

Stock requirements have been agreed and will be in place on occupation and returned as appropriate on closure.

Linen

To provide daily basic ward supply of linen following notification of new ward opening.

Linen supplier to be informed of closure date.

Housekeeping

- To ensure ward is clean prior to occupation, A daily housekeeping service will be provided once the ward is opened, and the catering team have been informed.
- To ensure ward has a tea trolley and kitchen supplies, i.e., Cereals, bread, milk, butter, cakes, and biscuits.

- Housekeeping to be informed of Closure date. All linen should be managed as per [IP05 linen policy](#) and dirty linen bagged appropriately and sent for laundering.

Allied Health Professional Services

All referrals to any AHP service will be made via tele tracking (Physiotherapy, Occupational therapy, Dietitians, Speech and Language Team), the teams will then prioritise accordingly. If required the teams are available via bleeps, along with Diagnostic radiology.

Ward(s)

- To request Synergy to supply linen to new ward.
- To complete ward opening/closing checklist ([Appendix 3](#)).
- To confirm new ward is safe to occupy or depart.
- Pharmacy to complete safe medication storage assessment.
- To make up beds ready for patients/ strip beds on closure.
- To ensure Safe Hands board is working and Ward Login available.
- To report estates issues on new ward as required.
- To complete new ward opening/closing equipment checklist ([Appendix 4](#)).
- To obtain keys for new ward/ To return keys and ensure ward locked on departure.
- To ensure or door codes are correct and working.
- To ensure generic ward login to access PC's ePMA devices etc. is known.
- Availability of contact details of interpreting services for patients

Capacity Team:

Once the Capacity Team have been informed that the ward is to be opened, they will liaise with AMU/SEU to identify suitable patients are referred and in a timely manner to ensure they can be admitted to the ward safely and efficiently by the staff.

They will ensure that members of the Health & Social Care Team are aware, specifically social colleagues.

A Patient Flow Assistant is allocated to the ward.

Capacity Team to be informed of closure date.

4.0 Equipment Required

Equipment identified to open/close/decanting of a ward or department refer to [appendix 3](#).

5.0 Training

No training required please refer to appendices for checklists to guide staff on opening/closing/decanting wards and departments.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
	There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

8.0 Maintenance

To be updated 3 yearly by Capacity Matron

9.0 Communication and Training

Communication to all staff on approval of the document summarising the SOP to be disseminated via communication team

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Equipment/medication storage	Ward/manager/Matron/Quality Team	Leadership/Emergency equipment audit /IP Environment audit	monthly	Senior Nurses/Midwives/AHP and matrons group
Audit		Opening and closing wards		Matron

11.0 References - Legal, professional or national guidelines must underpin policies and be referenced here.

- [HS01 Management of Health and Safety Policy](#)
- [HS03 Sharps Safety Policy](#)
- [HS10 Waste Management Policy](#)
- [HS26 Fire Policy](#)
- [MP01 Prescribing, Storage and Administration of Drugs](#)
- [MP09 Electronic Prescribing and Medicines Administration Policy](#)
- [IP08 Infection Prevention Operational Policy](#)
- [IP05 Linen Policy](#)
- [CP 11 Resuscitation Policy](#)
- [CP57 Prescription and Administration of Emergency Oxygen in Adults](#)
- [CP61 Management of the Deteriorating Patient](#)
- [OP07 Health Records Policy](#)
- [OP12 IT Security Policy](#)
- [OP14 – Catering Policy Incorporating Food Hygiene Policy, Hospitality Policy and the Trust’s Food and Drink Principles](#)
- [OP15 Integrated Supplies and Procurement Department Procurement Policy](#)
- [OP91 Data Quality Policy](#)
- [OP92 Clinical Coding Policy](#)

Part A - Document Control

Procedure/ Guidelines number and version SOP31 Version 1.0	Title of Procedure/Guidelines Standard Operating Procedure for New Ward Opening/Closures/ Additional Ward Capacity/ Decanting	Status: Final		Author: Head of Nursing - Quality For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1	Sept 2023	Katrina Creedon	To give guidance to staff when a ward is opened/closed or decanted
Intended Recipients: Clinical teams and support services involved in working in, supplying or managing a ward/department this includes nursing, Midwifery, Allied Health Professionals, Pharmacy, Electronic Prescribing Teams, Information Technology, Data Teams Including Clinical Coding, Infection Prevention, Catering.				
Consultation Group / Role Titles and Date: Matrons, Senior Nurses, Midwives, Health Visitors and Allied Health Professionals group 14 th of February 2023 Circulation on updated template 15 th of September 2023 to the following: Divisional Heads of Nursing Ward Managers Matrons Director of Pharmacy CNIO Information Technology Team Catering Manager Facilities Manager AHP Lead Clinical Procurement Lead Head of Health Records				
Name and date of group where reviewed		Matrons, Senior Nurses, Midwives, Health Visitors and Allied Health Professionals group October 5 th 2023 Trust Policy Group – December 2023		
Name and date of final approval committee		Trust Management Committee – January 2024		
Date of Procedure/Guidelines issue		December 2023 (Chair's approval TPG)		

	December 2023)
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	December 2026
Training and Dissemination: Via communications on approval of Standard Operating Procedure to all clinical and support services	
<p>To be read in conjunction with:</p> <ul style="list-style-type: none"> • HS01 Management of Health and Safety Policy • HS03 Sharps Safety Policy • HS10 Waste Management Policy • HS26 Fire Policy • MP01 Prescribing, Storage and Administration of Drugs • MP09 Electronic Prescribing and Medicines Administration Policy • IP08 Infection Prevention Operational Policy • IP05 Linen Policy • CP 11 Resuscitation Policy • CP57 Prescription and Administration of Emergency Oxygen in Adults • CP61 Management of the Deteriorating Patient • OP07 Health Records Policy • OP12 IT Security Policy • OP14 – Catering Policy Incorporating Food Hygiene Policy, Hospitality Policy and the Trust’s Food and Drink Principles • OP15 Integrated Supplies and Procurement Department Procurement Policy • OP91 Data Quality Policy • OP92 Clinical Coding Policy 	
<p>Initial Equality Impact Assessment: Completed Yes Full Equality Impact assessment (as required): Completed No If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.</p>	
Contact for Review	Head of Nursing - Quality
Monitoring arrangements	Via audits performed monthly whilst ward/department is open
<p>Document summary/key issues covered. To provide operational guidance to ensure that the opening of a new ward/decant/additional capacity and decanting is a safe environment for patients and staff which is fit for purpose prior to, during and after occupation</p>	
Key words for intranet searching purposes	Opening Ward, Closing Ward Decanting Ward

Description	Qty	PackSize	DLO/Label	NSVCode	LastIssued	DateIssued	Comment	Req
WINTER PRESSURE WARD TBC								
LEFT CUPBOARD (LOC B)								
GLYCERYL TRINITRATE 400microgram S/L SPRAY (200-dose)	1	1 pack		WOL243C	1	17/12/2020		
IPRATROPIUM 250microgram/1mL NEBULISER SOLUTION (20)	1	20 neb		WOL559C	20	17/12/2020		
SALBUTAMOL 100microgram INHALER (200-dose)	1	1 inh		WOL988D	1	17/12/2020		
SALBUTAMOL 2.5mg/2.5mL NEBULISER SOLUTION (20 nebs)	1	20 neb		WOL989D	20	26/12/2020		
SALBUTAMOL 5mg/2.5mL NEBULISER SOLUTION (20 nebs)	1	20 neb		WOL990D	20	26/12/2020		
VOLUMATIC (1)	1	1 inh		WOL645E	1	17/12/2020		
MIDDLE CUPBOARD LEFT								
TABLETS AND CAPSULES								
AMOXICILLIN 500mg CAPSULES (21 caps)	2	21 cap		DUX714Q	42	29/12/2020		
ASPIRIN 75mg DISPERSIBLE TABLETS (28 tabs)	1	28 tab		WOL371A	28	26/12/2020		
AMIODARONE 200mg TABLETS (28 tabs)	1	28 tab		WOL285A	28	17/12/2020		
BISOPROLOL FUMARATE 1.25mg TABLETS (28 tabs)	1	28 tab		WOL532A	28	29/12/2020		
CARBAMAZEPINE 100mg TABLETS (84 tabs)	1	84 tab		WOL749A	84	17/12/2020		
CHLORPHENAMINE 4mg TABLETS (28)	1	28 tab		WOL892A				
CIPROFLOXACIN 500mg TABLETS (10 tabs)	2	10 tab		WOL942A	20	17/12/2020		
CLARITHROMYCIN 500mg TABLETS (14 tabs)	1	14 tab		WOL998A	14	17/12/2020		
CLOPIDOGREL 75mg TABLETS (28 tabs)	1	28 tab		WOL323D	28	29/12/2020		
CO-AMOXICLAV 500/125 TABLETS (21)	1	21 tab		WOL079B	21	26/12/2020		
CO-CODAMOL 30/500 TABLETS (30 tabs)	1	30 tab		WOL116B	30	17/01/2020		
CO-CODAMOL 8/500 TABLETS (32 tabs)	1	32 tab		WOL017F	32	17/12/2020		
CODEINE PHOSPHATE 30mg TABLETS	1	28 tab		WOL255G	28	17/12/2020		
CYCLIZINE 50mg TABLETS (100 tabs)	1	100 tab		WOL199B	100	26/12/2020		
DEXAMETHASONE 2mg TABLETS (50 tabs) (FMD)	1	50 tab		WOL775A	50	26/12/2020		
DEXTRO ENERGY TABLETS (Original) (14 tabs)	1	14 tab		WOL379L	14	17/12/2020		
DIHYDROCODEINE 30mg TABLETS (100 tabs)	1	100 tab		WOL441B	100	17/12/2020		
FLUCLOXACILLIN 500mg CAPSULES (28 caps)	2	28 cap		DUX607P	56	17/12/2020		
FLUCONAZOLE 50mg CAPSULES (7 caps)	1	7 cap		WOL889B	7	17/12/2020		
FUROSEMIDE 40mg TABLETS (28 tabs)	2	28 tab		WOL110C	56	17/12/2020		
IBUPROFEN 400mg TABLETS (24 tabs)	1	24 tab		WOL441C	24	19/12/2019		
LEVETIRACETAM 500mg TABLETS (60 tabs)	1	60 tab		WOL743C	60	17/12/2020		
LEVOFLOXACIN 500mg TABLETS (10 tabs)	1	10 tab		DVT239J	10	17/12/2020		
LEVOTHYROXINE 25microgram TABLETS (28)	1	28 tab		WOL760C	28	26/12/2020		
METRONIDAZOLE 400mg TABLETS (21 tabs)	1	21 tab		DUX947O	21	17/12/2020		
OMEPRAZOLE 20mg CAPSULES (28 caps)	1	28 cap		WOL407D	28	26/12/2020		
PARACETAMOL 500mg SOLUBLE TABLETS (24 tabs)	1	24 tab		WOL515D	24	17/12/2020		
PARACETAMOL 500mg TABLETS (100 tabs)	2	100 tab		WOL517D	200	26/12/2020		
PHENYTOIN SODIUM 25mg CAPSULES (28 caps)	1	28 cap		WOL619D	28	17/12/2020		
PREDNISOLONE 5mg TABLETS (28 tabs)	4	28 tab		WOL771D	112	17/12/2020		
SANDO-K EFFERVESCENT TABLETS (100 tabs)	1	100 tab		WOL010E	100	26/12/2020		
SENNA 7.5mg TABLETS (60 tabs)	1	60 tab		WOL027E	60	26/12/2020		
SENNA 7.5mg TABLETS (60 tabs)	1	60 tab		WOL027E	60	17/12/2020		
TRIMETHOPRIM 200mg TABLETS (14 tabs)	1	14 tab		WOL471E	14	17/12/2020		
WARFARIN 1mg TABLETS (28 tabs)	1	28 tab		WOL685E	28	17/12/2020		
WARFARIN 3mg TABLETS (28 tabs)	1	28 tab		WOL614E	28	17/12/2020		
WARFARIN 5mg TABLETS (28 tabs)	1	28 tab		WOL650E	28	17/12/2020		
MIDDLE CUPBOARD RIGHT								
(INHIXA) ENOXAPARIN 20mg (2,000units)/0.2mL SYRINGE (10)	4	10 syrin		DVU130B	20	26/12/2020		
(INHIXA) ENOXAPARIN 40mg (4,000units)/0.4mL SYRINGE (10)	8	10 syrin		DVU130D	60	26/12/2020		
(INHIXA) ENOXAPARIN 60mg (6,000units)/0.6mL SYRINGE (10)	1	10 syrin		DVU130F	10	26/12/2020		
(INHIXA) ENOXAPARIN 80mg (8,000units)/0.8mL SYRINGE (10)	1	10 syrin		DVU130H	10	26/12/2020		
(INHIXA) ENOXAPARIN 100mg (10,000units)/1mL SYRINGE (10)	1	10 syrin		DVU130J	AH 10	26/12/2020		
COMBUR-7 TEST STRIPS (100 strips)	1	1 box		WOL151T	1	17/12/2020		
DIAZEPAM 5mg RECTAL TUBES (5 x 2.5mL)	1	5 enema		DUX459W	5	17/12/2020		
GLUCOSE GEL (3x25G)hypostop	1	1 pack		WOL423H	1	17/12/2020		
INSTILLAGEL SYRINGE (10 x 11mL)	1	10 syrin		WOL767C	10	17/12/2020		
LABELS:DRUGS ADDED TO THIS INFUSION (white)(500)	1	500 label		WOL584S	500	09/11/2020		
LACTULOSE SOLUTION	1	300 mL		WOL702C	300	26/12/2020		
MOVICOL SACHETS (20 sachets)	1	20 sach		WOL851C	20	26/12/2020		
MRSA PACK	1	1 pack		WOL287M	1	17/12/2020		
PEPTAC LIQUID	1	500 mL		DUX591T	500	26/12/2020		
PERFORMA STRIPS (INFORM II) (50)	1	1 pack		WOL631Q	1	17/12/2020		

PHOSPHATES ENEMA (1 x 133mL enem)	2 1 enema	WOL627D	
RIGHT CUPBOARD LEFT			
ANTIBIOTIC INJECTIONS			
AMOXICILLIN 1g INJECTION (10 vials)	2 10 vial	WOL646J	20 17/12/2020
BENZYL PENICILLIN 1.2g INJECTION (25 vials)	1 25 vial	WOL869Q	25 17/12/2020
CEFOTAXIME 1g INJECTION (10 vials)	1 10 vial	WOL417Q	10 17/12/2020
CEFTRIAXONE 1g INJECTION (10 vials)	1 10 vial	WOL608R	10 17/12/2020
CEFUROXIME 750mg INJECTION (10 vials)	2 10 vial	WOL954G	20 17/12/2020
CLINDAMYCIN 600mg/4mL INJECTION (5 amps)	2 5 amp	WOL003B	10 17/12/2020
CO-AMOXICLAV 1000/200 INJECTION (10)	2 10 vial	WOL071B	20 26/12/2020
FLUCLOXACILLIN 1g INJECTION (10 vials)	2 10 vial	WOL883B	20 17/12/2020
GENTAMICIN 80mg/2mL INJECTION (10 amps) (FMD)	2 10 amp	WOL149T	20 26/12/2020
LEVOFLOXACIN 500mg/100mL INFUSION (10 bags)	1 10 bag	DVU209Z	3 27/12/2020
RIGHT CUPBOARD RIGHT			
MEROPENEM 1g INJECTION (10 vials)	2 10 vial	WOL935C	20 17/12/2020
TEICoplanin 200mg INJECTION (1 vial)	10 1 vial	WOL281E	2 26/12/2020
TEICoplanin 400mg INJECTION (1 vial)	10 1 vial	WOL282E	2 26/12/2020
VANCOMYCIN 1g INJECTION (10)	1 10 vial	WOL649F	10 17/12/2020
WATER FOR INJECTIONS (50 x 10mL amps)	6 50 amp	WOL580G	250 26/12/2020
SODIUM CHLORIDE 0.9% INJECTION (50 x 10mL amps)	6 50 amp	WOL088L	250 26/12/2020
INJECTIONS			
ADRENALINE 1 in 1,000 (1mg/1mL) INJECTION (10 amps)	1 10 amp	WOL206A	10 17/12/2020
CHLORPHENAMINE 10mg/1mL INJECTION (5 amps)	1 5 amp	WOL889A	5 17/12/2020
DEXAMETHASONE(base 3.3mg/1mL INJ (as Na phos)(10)	3 10 amp	WOL296G	30 17/12/2020
DIGOXIN 500microgram/2mL INJECTION (5 amps)	1 5 amp	WOL032H	5 17/12/2020
GLUCOSE 50% INJECTION (1 x 50mL vial) door	1 1 vial	DUX368E	1 17/12/2020
HYDROCORTISONE SODIUM SUCCINATE 100mg INJ (10 vials)	1 10 vial	WOL390C	10 17/12/2020
HYOSCINE BUTYLBROMIDE 20mg/1mL INJECTION (10 amps)	1 10 amp	WOL420C	10 17/12/2020
METOCLOPRAMIDE 10mg/2mL INJECTION (10 amps)	1 10 amp	WOL044D	10 17/12/2020
NALOXONE 400microgram/1mL INJECTION	1 10 amp	WOL262D	10 17/12/2020
OMEPRAZOLE 40mg INFUSION (5 vials)	2 5 vial	WOL408D	10 17/12/2020
ONDANSETRON 4mg/2mL INJECTION (5 amps)	2 5 amp	WOL413D	5 26/12/2020
PABRINEX IV HIGH POTENCY INJ (6 pairs amps)	2 6 pair	WOL864W	12 17/12/2020
PHENYTOIN 250mg/5mL INJECTION (5 amps)++TE	1 5 amp	WOL620D	5 17/12/2020
PHYTOMENADIONE 10mg/1mL INJECTION (10 amps)	1 10 amp	WOL635D	10 17/12/2020
SODIUM VALPROATE 300mg/3mL INJECTION (5 amps)	1 5 amp	WOL161S	5 24/12/2020
DECANT WARD 2019 ON B12			
IV FLUIDS			
GLUCOSE 5% INFUSION (20 x 500mL bags) 0063	1 20 bag	WOL206C	20 30/12/2020
GLUCOSE 5% INFUSION (10 x 1L bags) 0064	1 10 bag	WOL205C	10 30/12/2020
GLUCOSE 5% INFUSION (20x100mL) PVC FREE	1 20 btl	WOL214R	20 30/12/2020
SOD CHLOR 0.18% GLUC 4% 10 X 1L 1254	1 10 bag	WOL218C	10 30/12/2020
METRONIDAZOLE PLUS 500mg/100mL INFUSION (ECOFLAC)	1 20 bag	DUX005K	20 30/12/2020
SODIUM CHLORIDE 0.9% INFUSION (10x250mL) PVC FREE	2 10 bag	WOL100R	10 30/12/2020
SODIUM CHLORIDE 0.9% INFUSION (20x50mL) PVC FREE	2 20 bag	WOL107R	40 30/12/2020
SODIUM CHLORIDE 0.9% INFUSION (20x100mL) PVC FREE	2 20 bag	WOL108R	40 30/12/2020
SODIUM CHLORIDE 0.9% INFUSION (10 x 1L bags)	3 10 bag	WOL097E	20 30/12/2020
SODIUM LACTATE COMPOUND INFUSION (HARTMANN'S) (10 x 1L)	1 10 bag	WOL153B	10 30/12/2020
There are no fluids with potassium			

WARD OPENING/CLOSING CHECKLIST	
WARD NAME: _____ DATE: _____	
<u>Walk round Ward Check</u>	
<p>Kitchen / Catering Department (Ext 88761/88614) (check contents and cleanliness of food fridges, ensure drinks trolley is in place and in working order and stocked. Ensure Cupboards are stocked with cereals and bread, cutlery, crockery, snacks etc.)</p> <p>Toilets (check clean and in working order)</p> <p>Sluice / Sinks / Commodes (check clean and in working order, check Macerator is working)</p> <p>Linen room (Ensure linen room is tidy, with appropriate linen racking)</p> <p>Resus Trolley (open seal and check all contents, dates and obtain drug box from pharmacy/ or return on closure, check defibrillator is in place and working and resuscitation posters are in place)</p> <p>Hypo Box (open seal and check all contents and they are in date)</p> <p>Sepsis Box (open seal and check all contents and they are in date)</p> <p>Fire Extinguisher (ensure Fire extinguisher on ward are in date and sealed)</p> <p>Swan Box (ensure SWAN box in place and fully stocked EXT 85091)</p> <p><u>Bedside Check</u></p> <p>Nurse Call Buzzers (check nurse call and emergency buzzers are all working and in good condition)</p> <p>Oxygen and Suction points (Check all Oxygen points and suction equipment is in place, ensure oxygen nipples in place, ensure grab bags with oxygen equipment is in place where present)</p> <p>Bed/Chair/Table/locker/curtains</p>	

(check all bed spaces have bed/chair/table and locker and curtains and that windows and doors have blinds in-situ and in working order)

Ward Paperwork

- Identify Ward Cost Code and file paperwork for authorisation (Matron to contact Finance Manger)
- Ensure Health & Safety Risk Assessment folder in place and Risk Assessments completed and on Share-point
- Identify Nurse establishment Inc. Ward Hostess & Ward Clerk
- Ensure Fire Safety Risk Assessment undertaken and appropriate Fire Plan displayed
- Ensure PALS poster in place
- Ensure Cleaning Poster in place
- Ensure COSHH Folder in place and up to date
- Ensure Allergen/menu Folder in place and up to date
- Pharmacy receipt folder
- Stock delivery folder
- Fridge/CD/Crash Trolleys/Sepsis/Hypo box checklist
- Ensure falls signage is in place
- Ensure ward has a supply of stationary

Pharmacy

New Ward Opening

- The opening ward pharmacy drug keys will be stored under the ward location in the Out of Hours Mediwell located on C21.
- Pharmacy requires 2 weeks' notice to perform the medicines management assurance checks described above and assemble and put away ward stock. Without two weeks' notice it may not be possible to complete the checks before the ward opens and any stock will be sent to the ward in ward boxes for nursing staff to put away in the treatment room.
- Pharmacy will complete the medicines management assurance checks described above. Where the ward does not meet the minimum requirements for medicines storage Pharmacy will inform the ward manager and the matron and advise on corrective actions required.
- Pharmacy will provide stock medicines which are relevant to the specialty of the ward opening, Pharmacy will review stock lists once specialty and length of time open is confirmed.
- A controlled drugs order will need to be arranged separately by the ward manager with the pharmacy team, sample signatures for all staff ordering controlled drugs must be obtained and signed off by the ward manager in the back of the controlled drugs order book

Appendix 2

- Pharmacy will provide a Controlled Drug Order Book with blank nurse signature list attached, Controlled Drug Register, Patient's Own Controlled Drug book and a red delivery bag.
- Pharmacy will provide a pharmacy stock requisition book.
- Pharmacy will provide a Cardiac Arrest Box.
- Pharmacy aims to provide a daily ward-based Pharmacy service Monday to Friday. Note that Pharmacy do not have a pool of bank staff to draw from and if additional beds are opened without allocated pharmacy resource, pharmacy review of patients will be prioritised across all wards based on acuity of patients.
- Pharmacy will provide a weekly medicine stock top up.

Wards decanting /relocating

- Ward checked thoroughly for any patient records prior to decanting/relocating.
- Ensure there is a secure area for holding patient records which is lockable.
- Patient records are transported in a secure and confidential manner.
- The opening ward pharmacy drug keys will be stored under the ward location in the Out of Hours Mediwell located on C21.
- Pharmacy will complete the medicines management assurance checks described above. Where the ward does not meet the minimum requirements for medicines storage Pharmacy will inform the ward manager and the matron and advise on corrective actions required. The ward manager will arrange with Pharmacy to transfer controlled drugs to the new ward, a nurse and a pharmacist will do this.
- Wards will move their own medication (except controlled drugs) and controlled stationary to the decant ward. Medicines security must be maintained at all times during movement and Pharmacy can supply green boxes to support the move and carrier bags for the patient's dispensed medication. As a general rule:
 - Pharmacy Ward Stock:
Ward moves under four weeks - Ward to use pharmacy stock on decant ward and only transfer specialty medicines
Ward moves over four weeks - Ward to transfer all of their own pharmacy stock to new ward

Ward Closing

- Ward checked thoroughly for any patient records prior to ward closing by the ward/unit manager.
- The ward manager will arrange with Pharmacy to remove all

Appendix 2

Controlled Drugs and Controlled Drug stationary and return them to Pharmacy.

- Pharmacy and the ward manager will decide if the Pharmacy ward stock is to be removed or left on the ward.
- The ward Pharmacy drug keys will be returned to the Out of Hours Mediwell on C21 when the ward closes.

ePMA and Pharmacy Clinical Informatics Team (Requires two weeks' notice prior notice)

- Will ensure data is mapped correctly between PAS and the EPMA/Ascribe systems.
- Check whether the new ward areas have a corresponding ward location and cost centre in EPMA and Ascribe.
- Liaise with the Data Quality and the PAS teams to ensure the appropriate cost centres have already been created in PAS.
- Ensure finance are made aware of the changes and that the monthly reports reflect this.
- If applicable create a new cost centre and ward location in EPMA and Ascribe- ensuring they are mapped to the PAS data.
- If applicable ensure e-discharge and EPMA is activated for the new ward location.
- Work with IT to facilitate the activation of EPMA hardware/software on the new ward location.

Who to contact:

Pharmacy (Ext 85133)

(Contact pharmacy for emergency stock, CD's, Ordering and CD books)

Phlebotomy (EXT 85673/85038)

(contact Phlebotomy for daily staff for bloods)

Hotel Services / Domestics (Ext 85029)

(Contact to order Linen and ensure designated domestic staff)

Telephones

(Contact Switchboard to ensure telephones numbers in place and working)

Glucose Meter

(Contact (POCT ext 88260, Monday to Friday) to allocate a Roche Accu-Chek Inform II Glucose Meter & Docking station)

VitalPac (Mags Holt Bleep 7285)

(Ensure stock of Vital Pacs and all working)

Appendix 2

<p>EPMA (88073) (Contact EPMA team to supply EPMA tablets)</p> <p>Health Roster (EXT 85252) (email health roster rwh-tr.HealthRoster@nhs.net staff names and create new ward)</p> <p>Clinical Coding Dept (Ext 88095) (Contact Clinical coding to inform of new ward)</p> <p>Datix (Email Governance rwh-tr.RWTDatix@nhs.net to organise Datix access)</p> <p>Hydrop (Email Hydrop rwh-tr.Waterflushing@nhs.net to organise access)</p> <p>Audits (contact EXT 705978 to set My Assurance / Inphase Health Assure accounts or close)</p> <p>Therapy Staff (EXT 85594) (Email to inform of ward opening/closing and allocate therapy staff)</p> <p>Capacity/Patient Flow (EXT 85780) (Email to inform of ward opening/closing and allocate patient flow rwh-tr.CapacityTeam@nhs.net)</p>	
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Appendix 3

New ward opening/ closing equipment checklist – This is all equipment that should be in place on the ward arrival and departure

Equipment/bay	All Present (please tick)	Comments
<p>Kitchen area : (check contents and cleanliness of food fridges, ensure drinks trolley is in place and in working order and stocked)</p> <ul style="list-style-type: none"> • Crockery • Jugs • Drinking glasses • Cutlery • Drinks trolley • Beverages • Snacks • Utensils • Breakfast supplies/bread/butter/milk 		
<p>Bed Spaces: (check all working and in good condition)</p> <ul style="list-style-type: none"> • Bed • Table • Locker • Chair • Bed curtains • Window/door blinds • Call bell • Pillow/s • Suction/Yanker suction • Rebreath mask / nasal specs • Oxygen • Oxygen nipples • Oxygen tubing 		
<p>Sluice: (Check all clean and in working order)</p> <ul style="list-style-type: none"> • Commodes • Macerator • Bedpans • Linen skips • Urine bottle holders • Bleach/wipes • Pulp supplies 		

pg. 1 New ward opening/ closing equipment checklist – This is all equipment that should be in place on the ward arrival and departure

Appendix 3

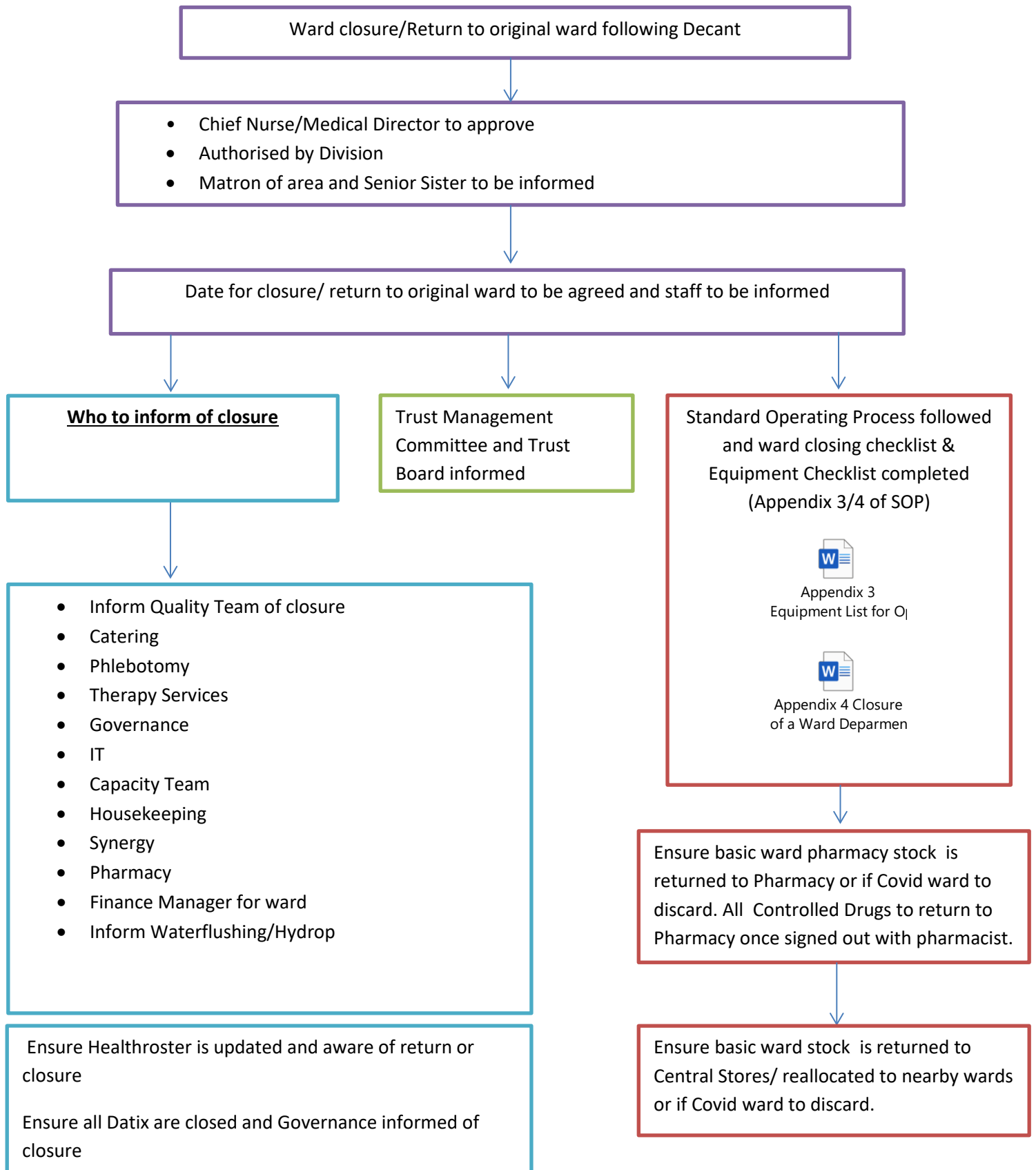
<p>Linen Room</p> <ul style="list-style-type: none"> • Linen • Pillows • Nighties/PJ's/Gowns or theatre gowns • Linen Rack 		
<p>Clean Utility (Ensure all clean and in working order)</p> <ul style="list-style-type: none"> • Racking for stock • Pharmacy Green Box • Pharmacy Delivery & returns Bins • Pharmacy fridge • Sink • CD Cupboard • COSHH cupboard • The opening ward pharmacy drug keys will be stored under the ward location in the Out of Hours Mediwell located on C21 for closure return to Out of hours Mediwell located on C21 • Pharmacy will provide a Controlled Drug Order Book with blank nurse signature list attached, Controlled Drug Register, Patient's Own Controlled Drug book and a red delivery bag. • Pharmacy will provide a pharmacy stock requisition book • Pharmacy will provide a Cardiac Arrest Box. • Pharmacy can supply green boxes to support the move and carrier bags for the patient's dispensed medication. As a general rule: • Pharmacy Ward Stock: • Ward moves under four weeks - Ward to use pharmacy stock on 		

Appendix 3

<p>decant ward and only transfer specialty medicines</p> <ul style="list-style-type: none"> • Ward moves over four weeks - Ward to transfer all of their own pharmacy stock to new ward 		
<p>IT Equipment: (Ensure all working and clean)</p> <ul style="list-style-type: none"> • PC's • Ipad for patient communication • Printers • Telephones • Safehands Board • COWs • ePMA tablets and charging points (at least 3) • Vital Pacs and charging cables (at least 4) 		
<p>Other Equipment:</p> <ul style="list-style-type: none"> • Resus trolley (1) • Obs machines (4) • Tympanic (wards own) • Notes trolley (2) • Basic documentation • Pat slide (1) • Dressing trolleys (3) • Glucose machine (1) • Drugs trolley (2) • COSSH cupboard (1) • Hoist / Sara steady (1) • Rotunda or Molift (1) 		
<p>Check Completed Name: Date: Role: Signature:</p>	<p>Keys and area received Name: Date: Role: Signature:</p>	

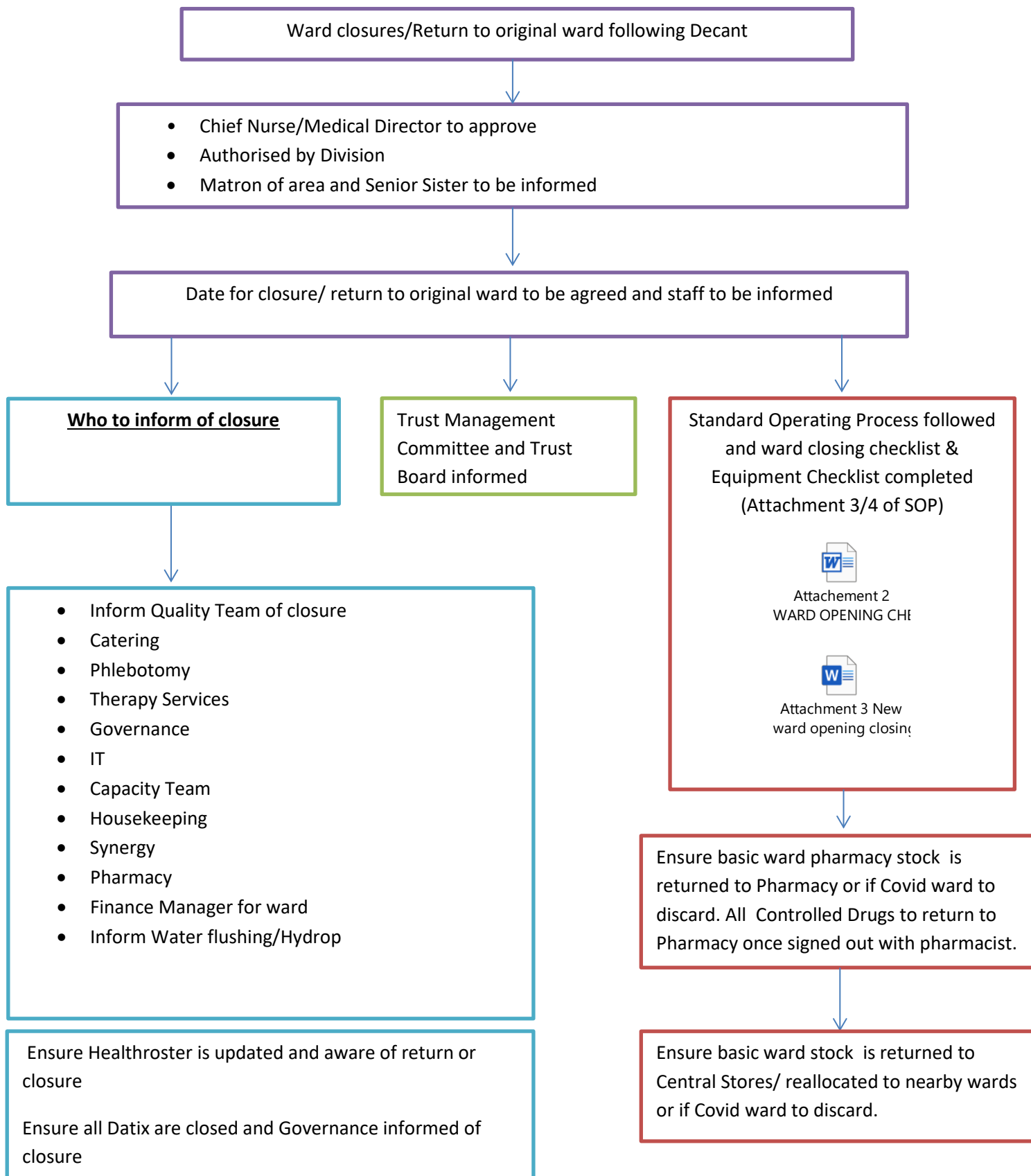
Closing new ward/ Decant/ Winter pressures Flow Chart

This flow chart only covers adult, children inpatient wards on Healthroster



Closing new ward/ Decant/ Winter pressures Flow Chart

This flow chart only covers adult, children inpatient wards on Healthroster



4.2 Fire Safety Routine Inspection Checklist

1. Means of Escape	YES	NO	N/A
Are all gangways, escape routes and staircases free from obstruction?			
Are all doors used for means of escape available for use?			
Are floor surfaces on escape routes free from tripping & slipping hazards?			
Are fire doors kept shut and automatic doors unobstructed?			
2. Fire Alarm	YES	NO	N/A
Are the fire alarm call points clearly visible and unobstructed?			
Are all detector heads uncovered?			
3. Fire Safety	YES	NO	N/A
Does portable electrical equipment display a valid PAT test label?			
Are combustible materials clear from heaters, cookers and light fittings?			
4. Firefighting			
Is the firefighting equipment unobstructed, mounted and available to use?			
Has the equipment been inspected within the last 12 months?			
Is the pin and safety tag in place?			
Is the pressure gauge, where fitted, in the green area?			

Contact list for Opening/Closing/Decanting a Ward

Services	EXT No	Email Address
Matrons		rwh-tr.RoyalWolves-Matron@nhs.net
Infection Prevention Team		rwh-tr.InfectionPrevention@nhs.net Extension 88754 Reactive mobile – 07500 954410
Information Technology	88888	rwh-tr.ITHelpdesk@nhs.net
Software Service Delivery Manager	88888	Option 1, Option 1
Technical Service Delivery Manager	88888	
ICT Systems & Applications Services, Service Desk		rwh-tr.SoftwareServices@nhs.net
Teletracking	88888	rwh-tr.SoftwareServices@nhs.net
Data Quality Team	81705	rwh-tr.dataquality@nhs.net
PAS Inpatient Team		rwh-tr.dataquality@nhs.net
Clinical Coding Department	88094	rwh-tr.clinical-coding@nhs.net
Catering	88614	rwh-tr.Catering@nhs.net
Switchboard	0	
Phlebotomy services	85673	rwh-tr.Phlebotomy-Team@nhs.net
Pharmacy EPMA Team	88071	rwh-tr.pharmacyepmasupport@nhs.net
	88066	rwh-tr.pharmacy-ward.distribution@nhs.net
Ward Distribution Team Clinical Pharmacy Team	88059	

Contact list for Opening/Closing/Decanting a Ward

Radiology	85922	rwh-tr.RadiologyPACSAdmin@nhs.net
Therapy Services	85666	rwh-tr.therapiesstaffbase@nhs.net
Security	84382	
POCT	88260	rwh-tr.POCT@nhs.net
Clinical Coding	88095	rwh-tr.clinical-coding@nhs.net
Hotel Services	85038/ 85029	rwh-tr.housekeepingnx@nhs.net
Porters	85039	rwh-tr.porteringdepartment@nhs.net
Estates	88999	rwh-tr.8999helpline@nhs.net
Capacity Team	85780	rwh-tr.CapacityTeam@nhs.net
Linen Room	88900	
Dietitian	85335	rwh-tr.dietitian@nhs.net
Materials Management		rwh-tr.MaterialsManagement@nhs.net