



TRUST BOARD COVER SHEET

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|  | <p>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</p> <p>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</p> | |
| Meeting and Date of meeting | <p style="text-align: center;"><i>Trust Board Meeting</i> <i>Thursday 25th September 2025</i></p> | |
| Title of paper | <p><i>Summary Report Capital and Revenue Proposals greater than £300,000 for the period 1st April 2025 – 31st September 2025</i></p> | |
| Accountable Director | Name | <p style="text-align: center;"><i>Elaine Wilson</i></p> |
| | Position | <p style="text-align: center;"><i>Director of Planning, Performance and Informatics</i></p> |
| Report Author | Name | <p style="text-align: center;"><i>Janet McConville</i></p> |
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| This paper sits within the Trust Board role of: | <p style="text-align: center;">Strategy</p> | |
| This paper is presented for: | <p style="text-align: center;">Approval</p> <p style="text-align: center;"><i>(Notes on completion at end of document)</i></p> | |
| Links to Trust Strategic Priorities  | <input checked="" type="checkbox"/> | Collaborative Working |
| | <input checked="" type="checkbox"/> | Learning Organisation |
| | <input checked="" type="checkbox"/> | Safety, Quality & Experience |
| | <input type="checkbox"/> | Community First |
| | <input type="checkbox"/> | Whole-Life Approach |

1. Reason for Presentation of Paper / Report

Approval of Report by Trust Board.

2. Detailed summary of paper contents:

This paper provides a summary of 9 proposals with a capital/revenue value greater than £300,000 that have been developed between the period 1st April 2025 – 31st September 2025. Breakdown of cases as follows:

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|--|---|
| Revenue Proposals - £300,000-£1million | 2 |
| Revenue Proposals greater than £1million | 3 |
| Capital Proposals - £300,000-£1million | 4 |
| Capital Proposals greater than £1million | 0 |

All papers have been approved via the Strategic Investment Committee internal approval process prior to funding being committed.

The previous report was approved by Trust Board at its meeting on 3rd April 2025.

3. Areas of improvement/achievement:

Business cases are developed in line with the Trust's "Business Cases Development & Approvals Process" with cases submitted to the Trust's Strategic Investment Committee, those above the Trust's delegated limit of £5M seeking capital funding are tabled for sign off and approved for onward submission to the Department of Health to seek the capital funding.

During the period 1st April 2025 – 31st September 2025 the Trust secured from the DoH a ringfenced capital allocation for the following:

| | |
|--|--------------------|
| General Capital | £4,523,121 |
| DHH LV | £2,000,000 |
| Backlog maintenance | £2,750,000 |
| Tranche 1 Small projects - £320k Small projects block - Medcon V15 Upgrade & Nexsan Replacement | £370,410 |
| Bloodpat | £143,582 |
| Tranche 4 ICT-NIPACS | £97,022 |
| General x-ray room ED | £255,000 |
| Fracture Clinic Room-Plain Film | £240,000 |
| GP Improvement Scheme Trust Owned - Warrenpoint HC | £646,091 |
| GP Improvement Scheme Trust Owned - Richhill HC | £287,850 |
| Research and Development | £377,318 |
| | £11,690,394 |

4. Areas of concern/risk/challenge:

Each project has a risk management process in place to identify and seek to manage/mitigate any impact on successful delivery of the investments proposed.

5. Impact on Statutory Duties: Provide details on the impact of the following and how.

| <i>Financial Impact</i> | <i>Safety and Quality Impact</i> |
|----------------------------------|--|
| Yes, there are Financial Impacts | No, there are no Quality, Safety or Experience Impacts |

6. Risk Assessment (Risk level and state if a risk assessment be completed)

Risks associated with each business case and considered within the individual business cases and escalated as appropriate for each project.

7. Other Business Intelligence/data (If appropriate)

Not applicable

8. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

| | |
|----------------------------------|--|
| Corporate Risk Register | Not Applicable - Business Case development itself is not included on the Corporate Risk Register. Risks associated within individual business cases will be considered on a case by case basis and escalated as appropriate |
| Board Assurance Framework | Business Cases are approved at the Strategic Investment Committee. Progress against strategic projects are reported through the Strategy & Transformation Committee. |
| Equality and Human Rights | Not Applicable – the completion of business cases does not have a specific impact on equality or human rights responsibilities of the Trust. The impact of Equality and Human Rights of individual projects will be considered within the business cases in line with the responsibilities of the Trust. |

Reasons for Paper Presentation

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|-----------------|---|
| Approval | <i>Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.</i> |
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Southern Health
and Social Care Trust

***Summary Report Capital
and Revenue Proposals
greater than £300,000
(1st April 2025 –September 2025)***

**Directorate of Planning, Performance & Informatics
Corporate Planning Division
SLT – 16th September 2025
Trust Board – 25th September 2025**

Introduction

This Paper provides Trust Board with a summary of business cases with a capital/revenue value greater than £300,000 that were developed during the period 1st April 2025 – 8th September 2025 (see Table 1 below).

It should be noted that further details on each of the business cases are available on request.

| Table 1 – Capital & Revenue Proposals developed since 1st April 2025 | | |
|--|--|---|
| Project | Capital/Revenue Value £ | Funding Stream |
| <i>Revenue Proposals – £300,000 - £1Million</i> | | |
| CT Imaging | Waiting List Transformation Funding FYE – £1,532,836 | SPPG – recurrent revenue |
| Maximising Core MRI Imaging Capacity – Southern Trust | £768,434 FYE | SPPG – recurrent revenue |
| <i>Revenue Proposals Greater than £1Million</i> | | |
| Support for COVID testing in labs | FYE £1,481,248.00 | SPPG – non recurrent revenue |
| Timely Care - Unscheduled Care Growth Funding | FYE £ 2,900,000 | SPPG - recurrent revenue |
| Urgent Care Out of Hours Service | FYE £3,922,411 | SPPG/DoH have requested business case. No identified funding source as yet. |
| <i>Capital Proposals – £300,000 - £1Million</i> | | |
| Replacement Air Handling Unit (AHU) in Central Sterile Services Department Craigavon Area Hospital | Capital: £870,000 OB - £130,500 | Backlog Maintenance ringfenced funds 2025/26 |
| Phase 1 of Replacement Patient Monitoring Systems | £329,511 PLUS OB £23,066 | General Capital 2025/26 |
| Phase 1 Replacement Patient Monitoring Systems | £329,511 PLUS OB £23,066 | General Capital 2025/26 |
| Replacement CT Scanner, DHH | £364,500 PLUS OB £21,870 | General Capital 2025/26 |
| <i>Capital Proposals Greater than £1Million</i> | | |
| Nil | | |

The sections below provide a brief overview of the proposed capital and revenue developments.

REVENUE PROPOSALS – £300,000 - £1Million

Maximising Core CT imaging Capacity

The purpose of this business case is to secure the recurrent funding to provide 9,000 additional CT scans, a target as set by the Commissioner.

The Southern Trust recognises that there is currently a modular CT scanner at DHH which is not commissioned to carry out CT scanning as it had been purchased at risk for resilience planning if the CT Scanner in the main x-ray department failed. It is proposed to deliver the additional 9,000 CT scans by using this modular scanner at DHH and that the funding available would be utilised immediately to take forward the permanent recruitment of staff and to fund the operational running costs.

Following approval of this business case the Trusts current CT scanning SBA level will increase from 31,641 to 40,641 and in essence funding elements of current un-commissioned activity, whilst making best use of equipment and facilities which are already available to the Trust. This will also offer future stability and a sustainable solution for the Southern Trust and its Radiology service.

Maximising Core MRI Imaging Capacity

The purpose of this business case is to secure permanent recurrent funding to increase staffing levels to manage the unfunded growth in imaging for both red flag and time critical, expand imaging provision and fund a proportion of 'un-commissioned' sessions.

This initiative will aid the delivery of the updated Elective Care Framework (ECF) recommendations and the associated funding and implementation plan through the provision of additional core capacity to support the reduction and maintenance of imaging waiting times within the Trust.

It is intended that this investment will deliver 9 additional MRI sessions per week over a 50-week year.

It is expected that this investment will deliver an additional 2,700 patients per year by March 2029 (on a phased basis over 3 years).

REVENUE PROPOSALS – Greater than £1Million

Support for COVID testing in labs

Testing for CoVID-19 remains a critical part of the transition to living with CoVID-19 and it is imperative that the Southern Trust is sufficiently staffed and funded in order to meet the continued demand for CoVID-19 tests, coupled with the seasonal increase in Flu testing, to ensure fast turnaround times to enable timely treatment responses.

This business case includes the staffing and consumables required in 2025/26 to put in place a range of measures in order to protect the health of the people in the Trust. This includes using multiplex testing which enables the Trust to meet the responsibility to test

for CoVID while also testing for winter viruses. The point of care testing within ED reduces the time for analysis from 7 hours to 12 minutes, providing a rapid assessment of CoVID 19 status.

Timely Care - Unscheduled Care Growth Funding

This Business Case has been developed to progress the initiatives under the Timely Care programme targeted at reducing the ambulance waiting times as per trajectories as agreed by SPPG.

The Trust is already engaged in a transformation process to remodel the entire pathway for patients requiring unplanned acute (including emergency) assessment and intervention. This work programme, titled 'Timely Care,' is the Trust's key process to address the priorities set out in the recent GIRFT Review of Emergency Medicine in relation to unscheduled care pressures.

The Timely Care programme involves community and hospital services working collaboratively to ensure patients can access appropriate care in the right place, by the right staff, and in a timely way.

In taking the programme forward, the Trust designed and implemented a number of workstreams under the following 3 key 'pillar' areas:

- Pillar 1 Admission Avoidance and Decongestion of ED
- Pillar 2 Timely Care/ Hospital Flow
- Pillar 3 Timely Discharge

Urgent Care Out of Hours Service

The Urgent Care Out of Hours service is for people who need urgent medical treatment but cannot wait until their GP practice opens.

The SHSCT Urgent Care OOH service has been the focus of concern in previous years, however through sustained focus and service improvements current issues relate to the significant level of over-expenditure. Over-expenditure has occurred due to underfunding by SPPG, the underfunding has been acknowledged by SPPG/DoH.

The 2024/25 SHSCT Savings plan introduced a reduced rota for a 10-week period between July and October 2024. The change forced the service to enact contingency measures 98 times (2024/25) and impacted the performance of the service. Overall, this had a destabilising impact on the service.

During July 2024 the Department of Health wrote to HSC Trusts in relation to rates paid by HSC organisations to GPs working in the Out of Hours service. It was acknowledged that rates of pay for these staff were set some time ago and have not been uplifted in the intervening period. Consequently, this has led to a divergence across Trusts in the rates being paid, as market forces have required Trusts to pay rates in excess of the regionally agreed rate.

DoH advised HSC Trusts to work to develop proportionate business cases for submission to DoH, through SPPG. Approval of the business cases would allow regional rates to be added to the HSC Pay circulars, allowing rates to be uplifted annually in line with any Review Board on Doctors and Dentists Remuneration (DDRDB) uplifts.

This business case sets out what is needed to provide a robustly staffed Urgent Care OOH service fit for purpose. This will provide a responsive service able to cope with new and increased demand, whilst allowing SHSCT to develop and embed innovative practice through working with ED, NIAS and service partners. The enhanced staffing and stability would future-proof the service for further development of multi-disciplinary working a full integrated 24/7 Urgent Care service with a single point of contact.

CAPITAL PROPOSALS – £300,000 - £1Million

Procurement of Automated Blood Culture Equipment

This business case sets out the requirement to replace three pieces of automated blood culture and analysis equipment within the Craigavon Area Hospital Pathology and Laboratory Services and ensure continued provision of high-quality automated blood culture and analysis, in compliance with the UK Standards for Microbiology Investigations.

Use of this equipment, which requires to be replaced from April 2026, leads to faster and more reliable clinical decisions and helps to guide antibiotic therapy and infection control precautions.

Replacement Air Handling Unit (AHU) in Central Sterile Services Department Craigavon Area Hospital

This business case sets out the need to install a replacement Air Handling Unit (AHU).

The existing AHU serving the CSSD is located in a plant room within the building. Due to the age (20+years old) and condition of the existing ventilation systems, the AHU now substantially exceed their original useful life and are in urgent need of major replacement as they are no longer fit for purpose or able to meet modern HTM requirements/energy efficiency standards. With replacement parts becoming increasingly difficult and at times impossible to acquire, this is adding to the hospitals inability to effectively maintain the existing plant.

The CSSD in CAH has significantly increased in size over the years and the Air Handling Plant is not sufficient to serve all areas. It is therefore essential that the AHU is replaced with a larger more energy efficient unit to accommodate the increased services in CSSD and also serve the new Rapid Endoscope Washer Disinfectors (EWD) in the washroom.

Phase 1 of Replacement Patient Monitoring Systems

A patient observation monitor tracks specific vital signs as follows: heart rate, respiratory rate, oxygen saturation, temperature, blood pressure, pain, and blood glucose. These measurements provide crucial information about a patient's physiological condition.

Currently there are 2 central stations and 71 patient observation monitors in the Southern Trust which are outdated (aged 10+ years) and not fit for use, with one monitor having been identified in the course of an ICU Serious Adverse Incident as not able to provide crucial information on a patient timeline due to age and lack of functionality. In addition, contrary to standardised aspirations of EPIC, the Southern Trust is the only Trust in Northern Ireland who do not have access to modern, up-to-date and technology advanced patient monitors

It is the aim to replace monitors in all ATICS areas ie Theatres, Day Units and Intensive Care Unit (ICU) in Craigavon Area Hospital and South Tyrone Hospital on a phased basis. This business case will seek funding to commence the first phase will be to replace 2 central stations and 19 monitors in ICU and some areas within the recovery ward in Craigavon Area Hospital.

Replacement CT Scanner, Daisy Hill Hospital

The current CT Scanner, sited within the Main X-Ray Department at Daisy Hill Hospital, has been problematic and unreliable since it was installed in July 2024 with 29 incidents of downtime, affecting 2,200 patients, whose appointments had to be cancelled and rescheduled elsewhere in the Trust.

This business case seeks the funding to purchase a replacement CT Scanner to provide a reliable and effective CT Scanning Service at Daisy Hill Hospital.