



BOARD REPORT SUMMARY SHEET

Meeting: Date:	Trust Board Meeting 26 th September 2019
Title:	Summary of Capital & Revenue Proposals greater than £300,000 Draft V0.8
Lead Director:	Aldrina Magwood Director of Performance & Reform
Purpose:	For approval
<p><u>Key strategic aims:</u></p> <p>This paper provides a summary of proposals with a capital/revenue value greater than £300,000 that have been developed between the period 28th March - 26th September 2019.</p> <p>The previous report was approved by Trust Board 28th March 2019.</p>	
<p><u>Key issues/risks for discussion:</u></p> <p>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.</p>	
<p><u>Summary of SMT discussion:</u></p> <ul style="list-style-type: none"> • SMT acknowledged capacity issues associated with existing services and accommodation. • SMT noted the age of medical equipment, that some devices had now exceeded their recommended life span and the difficulties with obtaining relevant parts. • SMT noted the unmet needs of individuals and a requirement to provide a greater quality of life. • SMT acknowledged that planning processes were in place to address current deficiencies to ensure that future service needs can be fully supported. 	
<p><u>Human Rights/Equality:</u></p> <p>N/A</p>	



**Southern Health
and Social Care Trust**

**Summary Report Capital and
Revenue Proposals greater
than £300,000**

(28th March – 26th September 2019)

VERSION V0.8

**Directorate of Performance & Reform
Corporate Planning Division
SMT – 17th September 2019
Trust Board – 26th September 2019**

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 28th March to 26th September 2019 (see Table 1 below).

It should be noted that further details on each of the projects presented are available for review, as required within Full Business Cases/Strategic Outline Cases/Other Proposals as appropriate.

Table 1 – Capital & Revenue Proposals developed since 28th March 2019	
Project	Capital/Revenue Value £
<i>Revenue Proposals – Demography – £300,000 - £1Million</i>	
Mental Health Services including inflationary pressures and general demography growth	£501,732
<i>Capital Proposals £300,000 - £1Million</i>	
Additional Ambulatory Patient Clinical Area – Craigavon Area Hospital	£330,000
Replacement of Ultrasound Units within the SHSCT	£390,000
Replacement of Defibrillator Devices within the SHSCT	£469,025
Replacement of CT Scanner – Daisy Hill Hospital	£629,000
<i>Capital Proposals Greater than £1Million</i>	
Daisy Hill Hospital – Enhance the Evacuation Strategy – Outline Business Case*	£6,204,025
Craigavon Area Hospital Upgrade the Low Voltage Electrical Infrastructure - Outline Business Case	£8,762,923

****Note – this OBC should have been included in an earlier report***

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

REVENUE PROPOSALS – DEMOGRAPHY £300,000 - £1M

➤ **Mental Health Services including inflationary pressures and general demography growth – £501,732**

This investment relates to a proposal for additional staffing requirements to enhance discharge planning within the acute mental health inpatient team and the resettlement of 8 patients within the community.

The overarching aim of this service investment is the provision of suitable alternative community placements to meet individual needs and provide an improved quality of life. Placements in the community should therefore provide a permanent whole life care option that minimises the possibility of re-admission to hospital. The community placement should both promote improved health and social wellbeing through community based service provision and increase social inclusion, with greater access to the community, family and carers.

The proposal included the following objectives:-

1. To provide suitable alternative community placements for 8 Bluestone patients which meet the individuals collective needs and provides a greater quality of life and betterment
2. Promote recovery, maintain and/or build family and social connections/networks
3. Provide care and support placements to those clients with a mental health illness to enable them to remain in the community
4. Oversee discharge planning by enhancing the Acute In-patient Social Work Team to provide timely, effective discharge of a mental health patient from acute inpatient services to the community
5. Provide professional advice and supervision as appropriate to social work/social care staff
6. Provide appropriate staff to meet the demand for Designated Adult Protection Officer role

The proposal considered the following options:-

- **Option 1 – Status Quo – Do nothing**
- **Option 2** - Fund 8.00 wte Band 5 Bank Nurses for 7 months in the Inpatient Wards until discharge placements are available in community on discharge. Resettle 8 patients identified to placements within the community with the appropriate placements of care (5 months), appoint 1.0 WTE Band 7 Resettlement Officer and 1.0 wte Band 7 Social Work Team Leader.
- **Option 3** - Resettle 8 patients identified to placements within the community with the appropriate placements of care (12 months) and also appoint 1.0 WTE Band 7 Resettlement Officer and 1.0 wte Band 7 Social Work Team Leader.

The preferred option was option 2 as it is the one that is achievable within the timeframe, as it takes time to source suitable accommodation for patients with complex needs. This option will fund the following:-

- ❖ **Community Placements - Mental Health Clients**
Facilitate the discharge of 8 patients with complex needs from Bluestone Acute Mental Health Inpatient care into an appropriate community placement.
- ❖ **Resettlement Officer**
Appoint 1.0 WTE Band 7 Resettlement Officer that will provide regular assessments and evaluation of patients with a view to preventing re-admission where possible and maintain individuals in the community through both the Support and Recovery Team and the Crisis Response/Home Treatment Teams.

❖ **Hospital Social Work Team Lead**

Appoint 1.0 WTE Band 7 Hospital Social Work Team Lead, based at Bluestone Unit. The post-holder will provide leadership, supervision, support and day-to-day operational management of the Acute In-patient Social Work Team including overseeing discharge planning of identified complex delays from acute in-patient wards. They will also support the Approved Social Worker Lead/Mental Health Social Work Co-ordinator with the delivery of all performance targets, the monitoring of these and the development and implementation of any local actions that may be required.

CAPITAL PROPOSALS - £300,000 - £1M

➤ **Additional Ambulatory Patient Clinical Area – Craigavon Area Hospital – £330,000**

This proposal is to develop an additional ambulatory clinical area at Craigavon Area Hospital. This additional patient clinical area will improve patient flow and provide access to senior decision makers, reduce bed day demand, increase zero length of stay management and improve performance in the Emergency Department against the 4 and 12 hour targets. Patient experience will be enhanced with improved access, reduced waiting times and most importantly they will receive the right care in the right place at the right time.

The Business Case included the following objectives:-

1. To create an additional ambulatory patient clinical area at Craigavon Area Hospital
2. Comply with current building standards to deliver high quality clinical accommodation
3. Ensure that the project remains in budget and is completed within the allocated timeframe, to appropriate quality standards
4. To provide a solution that is feasible to implement and also one that minimises disruption and disturbance to on-going patient care

The proposed new patient clinical space will complement the existing work provided in the Clinical Decision Unit, Acute Medical Unit and the Ambulatory Assessment Unit. The new patient clinical area needs to be close to the Emergency Department for flow of patients, to Radiology for diagnostic access and to Acute Medical Unit for admission.

The development of the additional patient clinical area seeks to:-

- ❖ Support unscheduled care, reducing non-elective bed-day demand in the ambulatory care sensitive condition cohort and improving patient flow
- ❖ Improve Emergency Department access, improving performance against the 4 hour target via flow of appropriate condition to Ambulatory Emergency Care facility and reduced overcrowding in ED
- ❖ Improve patient experience and outcomes
- ❖ Improve patient flow
This project will provide “same day” emergency/urgent care services in a non-inpatient setting

➤ **Replacement Ultrasound Units within SHSCT – £390,000**

The proposal relates to the replacement of 6 Ultrasound Units with the SHSCT.

With 8 out of the 11 Ultrasound Units within the Trust being more than 5 years old, it was deemed necessary to replace as many of the Units as funding would permit in order to maintain a safe service across both aspects of the Ultrasound Service.

In 2017/18 due to poor image quality, a total of 8 Ultrasound probes had to be replaced, with the cost of replacement per probe being between £4,000 and £6,000. Poor image quality can result in missed pathology or missed foetal abnormalities. It also increases the number of re-scanning on newer equipment (*data is not recorded for re-scanning*).

In order to ensure the efficiency of the Trust's Radiology Department, the Trust procured 6 new Ultrasound Units as the new units would improve the imaging quality and ensure delivery of a continuous and timely service to SHSCT patients. Whilst this proposal would not facilitate all of the outdated equipment to be replaced, it would improve the quality of service and enhance clinical effectiveness.

➤ **Replacement of Defibrillator Devices within the SHSCT – £469,025**

This business case relates to a proposal associated with the procurement of a total of 59 new Defibrillators (with 'ETC02' parameters on all machines and 'Pacing' on selected units) across all 4 Hospital sites in order to address the existing deficiencies in terms of the sustainability of these critical pieces of medical equipment.

The majority of the Trust's defibrillators have exceeded their recommended life span of 10 years, the ability to effectively maintain the devices is hindered as current models are no longer being manufactured, there are difficulties with obtaining replacement parts and correspondence has been received from manufacturers stating that they can no longer provide support.

A total of 70 defibrillators are in situ across the Trust's 4 Hospital sites (namely Craigavon, Daisy Hill, Lurgan and South Tyrone) however the age of the devices ranges from 13 to 16 years on the Craigavon, Lurgan and South Tyrone Hospital sites, whilst the devices in DHH are in the region of 17 years old.

The Trust's ability to effectively support defibrillator provision across its facilities in order to ensure continuity of high-quality resuscitation services is of paramount importance.

➤ **Replacement of CT Scanner at Daisy Hill Hospital – £629,000**

This Outline Business Case outlines the investment required for the replacement of the current CT Scanner in Daisy Hill Hospital.

The existing CT Scanner in the Radiology Department at Daisy Hill Hospital is a 64 slice Toshiba Aquilion that was installed in December 2010 to replace a GE High Speed Plus single-slice system (3rd generation scanner). In addition to routine outpatient scanning, inpatient scanning is undertaken at Daisy Hill Hospital as well as provision of an on-call service.

Owing to the critical situation which arose due to an increased number of breakdowns, there is a high likelihood that the CT Scanner will become un-usable, either due to mechanical failure or deterioration of image quality to an undiagnostic level.

A mobile Scanner has been procured from the Independent Sector to ensure contingency arrangements are in place to sustain the acute CT service on the Daisy Hill Hospital site. The existing CT scanner will continue to facilitate acute procedures and the mobile scanner will be used to provide a reliable facility for outpatient scanning.

The objectives in the Outline Business Case were:-

- To ensure that the Trust can maintain continuity of CT Scanning services on the Daisy Hill Hospital site
- To meet the functional relationship requirements of a modern hospital in the delivery of clinical care, on completion of the project
- To ensure that the Trust can maintain achievement of performance targets set by DHSSPS
- To provide accommodation that should be 'fit for purpose', providing adequate staff facilities and good working environment
- To provide a functional layout, which will enhance workflow efficiencies, including appropriate access and promote enhanced dignity and privacy for patients

- To minimise disruption and disturbance to on-going patient care activities during the period of upgrading/installation of CT Scanning equipment

The Project Group has considered a number of options and has concluded that the preferred option is to - **Replace existing permanent CT Scanner with a medium specification Scanner in the existing accommodation of the Radiology Department**

The capital requirement of £629,000 for the purchase of a replacement CT Scanner in Daisy Hill Hospital is being sought from General Capital 2019/20.

CAPITAL PROPOSALS – Greater than £1M

➤ **Outline Business Case to Enhance the Evacuation Strategy at Daisy Hill Hospital – Capital £6,204,025 (Revenue requirement of £65,000)**

This Business Case sets out provision for 2 Evacuation Lifts (one at the North side and one at the South side) and a compliant Staircase at the South side. This will provide an appropriate means of escape for mattress evacuation at the South side in addition to enhanced provision of escape at both the North and South of the Tower Block.

The current means of emergency escape from the main Tower Block at Daisy Hill Hospital is provided by two escape staircases, as follows:-

- ❖ One staircase is situated at the North side of the Tower Block and
- ❖ One at the South side. The staircase on the South side is narrow and cannot be used for mattress evacuation.
- ❖ The South side staircase currently reaches the 6th floor. Access to the plant room located on the 7th floor is through a 'ceiling-hatch' located within the ward environment. There are currently no fire evacuation bed lifts available at Daisy Hill Hospital.
 - The main core of the Tower Block comprises 3 passenger lifts and 2 bed lifts.
 - The passenger lifts share a lobby area with an escape staircase (accessed via a single width door opening). The bed lifts do not directly access this lobby.

A new trolley/stretchers lift and escape stair was constructed in December 2013 to service the Theatre area at Level 1. The lift goes to Level 1 only.

For many patients ski sheets and ski mattresses will be suitable evacuation aids, however for a number of patients on upper floors the use of such evacuation aids would be very difficult. Patient dependency changes however on average a total of 127 high dependent patients will require either a ski pad/sheet to evacuate from the Tower Block in the event of a total evacuation.

In terms of overall consideration of the preferred option, stairs will always be necessary as a means of escape, however providing additional vertical escape capacity for patients classified as very high dependency will improve the evacuation strategy at Daisy Hill Hospital. Occupants on upper floors will be able to use stairways or lifts, or a combination of both, to descend or ascend either to a floor where there is a safe area designated as a refuge or to an exit to outside.

➤ **Outline Business Case to Upgrade the Low Voltage Electrical Infrastructure on Craigavon Area Hospital – Capital £8,762,923 (Revenue requirement of £109,985)**

This business case sets out the urgent requirement to address the resilience and capacity issues within the electrical infrastructure on the Craigavon Area Hospital (CAH) site. This is necessary due to the increasing demand for electrical power on the site.

The current electrical infrastructure at CAH is at risk of failure of supply to critical areas (as assessed by High Voltage/Low Voltage Authorised Persons) and is preventing the development of capital projects by the Southern Health and Social Care Trust and will continue to do so for the length of the programme of this project.

Following detailed assessment and evaluation of the current infrastructure, the preferred option was determined as Option 5 which involves the provision of a new additional 1600amp supply to maternity which will also feed onto the original Low Voltage ring. The option will also include the provision of the following upgrades which provides enhanced resilience:

- Stores switchboard and transformer
- CSSD transformer
- New Ramone switchboard (incl building, switchboard)
- Upgrade ward block south switchroom and link to Emergency Department
- New Ramone Substation
- Upgrade distribution boards throughout the hospital

The preferred option will enable the Trust to provide an additional electrical supply on CAH site for future service developments and remove all remaining fixed breakers, thus removing the risk. It will provide extra capacity on the High Voltage inner ring along with additional capacity on the outer High Voltage ring thereby creating a more balanced electrical network. This option will also upgrade a number of local distribution boards through a rolling programme based on a risk assessment approach.