



COVER SHEET

Meeting and Date of meeting	<i>Trust Board Meeting Thursday 3rd April 2025</i>	
Title of paper	<i>Summary Report Capital and Revenue Proposals greater than £300,000 for the period 1st January 2025 – 31st March 2025</i>	
Accountable Director	Name	<i>Elaine Wilson</i>
	Position	<i>Director of Planning, Performance and Informatics</i>
Report Author	Name	<i>Janet McConville</i>
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This paper sits within the Trust Board role of:	Strategy	
This paper is presented for:	Approval <i>(Notes on completion at end of document)</i>	
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Unscheduled Care Transformation and Reform
	<input checked="" type="checkbox"/>	Improved Access to Services
	<input checked="" type="checkbox"/>	Focus on developing services provided in the Community
	<input checked="" type="checkbox"/>	Ensure Safe Services while delivering financial recovery
	<input type="checkbox"/>	Strengthen Financial and Governance Systems
	<input type="checkbox"/>	Digital Readiness
	<input type="checkbox"/>	Sustainability of Our Estate
	<input type="checkbox"/>	Embedding Our Co-production Approach
	<input type="checkbox"/>	Delivery of Year 3 of Our People Framework



The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).

Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee

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 January 2025 – 31st March 2025. Breakdown of cases as follows:

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

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 30th January 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 January 2025 – 31st March 2025 the Trust secured from the DoH a ringfenced capital allocation for the following:

- £20k additional general capital
- £279,168 for improvements to GP Health Centres
- £2,404 additional funding for Research and Development

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

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 January 2025 – 31st March 2025)***

**Directorate of Planning, Performance & Informatics
Corporate Planning Division
SLT – 25th March 2025
Trust Board – 3rd April 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 January 2025 – 31st March 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 January 2025		
Project	Capital/Revenue Value £	Funding Stream
<i>Revenue Proposals – £300,000 - £1Million</i>		
Continuation of Outpatient COVID treatment services for non-hospitalised patients	£583,387 (2025/26)	SPPG – recurrent funding
Biologic Therapies	£73,000 (2024/25) £350,000 (2025/26 onwards)	SPPG – recurrent funding
<i>Revenue Proposals Greater than £1Million</i>		
Invest to Save Mattresses	£1,499,557 (2024/25)	SHSCT – non-recurrent funding
Winter Plan/Timely Care	£3,200,000 (2024/25)	SPPG Winter Plan – non-recurrent funding
2024/25 Children with Disabilities (CWD) Pressures Support including Short Breaks	£278,000 (2024/25) £2,662,000 (2025/26 onwards)	SPPG – recurrent funding
<i>Capital Proposals – £300,000 - £1Million</i>		
Point of Care Testing Urinalysis & Urine Testing Devices	£464,735 (2025/26)	Capital Lease IFRS 16
Purchase of the Arc, Bessbrook	£330,000	General Capital 2024/25
Replacement Theatre equipment	£343,237	General Capital 2024/25
<i>Capital Proposals Greater than £1Million</i>		
Replacement of POCT Blood Glucose / Ketone Testing Devices in SHSCT (as part of	£3,441,611	Capital Lease IFRS 16

Table 1 – Capital & Revenue Proposals developed since 1st January 2025

Project	Capital/Revenue Value £	Funding Stream
regional procurement exercise).		

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

REVENUE PROPOSALS – £300,000 - £1Million

➤ **Continuation of Outpatient COVID treatment services for non-hospitalised patients**

This business case is to continue to commission a regional triage and provision of antiviral treatment service through the Urgent Care Centre in the Southern HSC Trust. This service was commissioned non-recurrently in 2024/25 and it is now proposed that the service is put in place on a substantive basis from April 2025.

In July 2021, the Chief Medical Officer (CMO) and the Chief Pharmaceutical Officer (CPO) wrote to the then HSC Board with a request that the HSCB and PHA work together with HSC Trusts to:

‘Develop and implement a pathway for the proactive identification of individuals in prioritised clinical cohorts to enable subsequent referral for timely treatment with COVID Therapeutics’.

Outpatient COVID Treatment (OCT) services were established in all five HSC Trusts in December 2021. These services received and triaged referrals and decided on suitability for treatment and the therapy to be provided. Each Trust then arranged for eligible patients to receive treatment either by an antiviral oral medication or through a monoclonal antibody treatment delivered by IV infusion. In February 2023, the CMO/CPO requested that options be considered for a service to be based in primary care as part of a move to business-as-usual arrangements. At this time a decision was made to retain the Trust delivered services during 2023/24 and the Primary Care Task and Finish Group considered an option for a primary care-based service to be commissioned from April 2024. The Southern Trust were chosen to commission a regional service.

➤ **Biologic Therapies Infrastructure**

This business case has been developed to seek funding from the Commissioner (SPPG) to enhance staffing structure within Rheumatology, Dermatology and IBD - biologics to meet the demand.

The delivery of biological therapies to patients in the Southern Trust is a growing service area with increasing demand due to technological advancements in treatment and success rates.

The number of patients meeting the criteria for treatment with biologic therapies increases year on year. Funding for drugs is uplifted on an annual basis to meet demand. It is essential that investment in infrastructure also keeps pace with increasing demand to ensure that a safe and timely service can continue to be provided to these vulnerable groups of patients.

REVENUE PROPOSALS – Greater than £1Million

➤ **Invest to Save Mattresses**

Investment is proposed to purchase a mix of multiple pressurised mattresses to provide the opportunity to reduce the current rental expenditure in the Trust whilst maintaining flexibility and responsiveness to meet fluctuations in demand. This business case seeks £1.5 million investment in Trust owned stock to support a return to balance.

The Trust has a duty of care to support the service user function and physical needs which can be determined through a Manual Handling Risk Assessment (MHRA). Some assessments will confirm the need for specific mattresses (pressurised mattress systems) to support patient manoeuvring for which the Southern Trust will require access to a variety of community pressurised mattresses systems to support demand. As of 30 June 2024, there were 548 Trust owned pressurised mattresses systems, which is not sufficient to meet the demand within the community setting for the Southern Trust area.

A number of small investments in Trust owned stock have been undertaken between 2014-2021 which have not been sufficient to reduce reliance on rentable stock due to rising demand and aging stock which requires on-going replenishment. As a result, the Trust is heavily reliant on rental stock to meet current demand which has resulted in significant rental expenditure, rendering the Southern Trust as an outlier in relation to regional position.

➤ Winter Plan/Timely Care 2024/25

This business case sets out the proposed arrangements the Southern Trust has put in place to respond to anticipated additional pressures during the winter months 2024/25.

Winter is typically a period when demand for services is significantly greater than the capacity within our hospitals and supporting community services. In order to protect services, the Trust prepares an annual winter plan to outline proposals to address the predicted increase in demand for our services, particularly within our Emergency Department.

In developing our plan, the Trust have taken cognisance of National and Regional Priorities and have developed a work programme entitled “Timely Care”. Captured under three pillars the Timely Care Programme acknowledges that provision of unplanned acute care services is not exclusive to one directorate, rather a collaboration of all operational directorates to ensure services are “joined up” and enabled to provide timely access for all patients requiring unplanned assessment, treatment, and care.

The 3 Pillars of the Timely Care Programme are as follows:

- **Pillar 1: Avoidance of Overnight Admission.** Actions / workstream include:
 - Nursing/Care Home alternative pathways
 - UUC Screening at the Front Door
 - SDEC pathways- Consultant Led Care with a focus on Medical/Surgical Ambulatory, Cardiology, Respiratory and Frailty at the front door. Culminating in the establishment of the SDEC Hub
 - Post Triage screening identification of clinical conditions suitable for alternative UCC or secondary care pathways and Ambulatory pathways direct from triage. *(where available)*

- **Pillar 2: Timely Care for Inpatients** - specific actions, focused on patients, to facilitate and enable “Today’s Care Today” by reducing wasted time from the patient’s perspective. This will include workstreams / actions using SAFER principles.
 - Ward MDT working centred around daily board rounds which are fully attended at appropriate times of day, are scripted and led by ward managers with appropriate training and organisational support to improve the patient experience.
 - Timely access to diagnostics (imaging and investigations). Specifically, bloods being completed before 12 midday and processed by labs for action. Improved turnaround to inpatient MRI, CT and NOUS, ECHO and telemetry.
 - AHP access to reduce IHAP delays, specifically social work and OT.

- Weekday MDT planning to increase and maximise both simple and complex weekend discharges.
- Control Room development to support the above with a clear line of sight and accountability from ward to Control Room which includes all services on the hospital site and provides a hospital site management function 7 days per week.
- **Pillar 3: Discharge Support.** Actions / workstream include:
 - Single Discharge Team to facilitate timely discharge of both simple and complex discharges.
 - Early Review Team, early and timely review of packages of care
 - Domiciliary Digital Enabled Care (Care Line Live)
 - Community Capacity - additional care home capacity in the community alternative to hops beds.
- **2024/25 Children with Disabilities (CWD) Pressures Support including Short Breaks**

In line with the Ministerial direction to improve services for children with a disability the Trust seek funding to enhance the range and provision of services which includes:

- Increasing residential provisions (five proposals)
- Increasing short breaks (fourteen proposals)
- Providing family support (eighteen proposals)

These proposals will be provided via statutory, independent and community and voluntary providers. This business case builds on CYE funding available regionally in 2024/2. Given the challenges of feasibility / deliverability and subsequent associated spend within the short timeframe remaining in this financial year, the Southern Trust identified an additional funding requirement of £0.278m to improve services for CWD in the Southern Trust from 2024/25.

In view of the business case forthcoming, the Trust had already considered a range of proposals and commenced work and discussions with providers to ascertain capacity and feasibility. It is envisaged that the totality of the proposals offers greater opportunities, scope and breadth for Children with Disabilities in terms of access to services which meets with their healthcare needs.

CAPITAL PROPOSALS – £300,000 - £1Million

➤ Point of Care Testing Urinalysis & Urine Testing Devices

Point of Care Testing (POCT) also referred to as 'Near Patient Testing' is defined as the analysing of patient samples outside of a conventional Laboratory environment.

To facilitate a new contract for POCT Devices and associated consumables with regards to Urinalysis and Urine Pregnancy Testing to be awarded, each HSC Trust was asked to develop a business case illustrating the financial costs associated with the number of consumables required over a 5-year period.

This form of testing encompasses the testing of body fluids such as blood or urine (however can include other modalities such as transcutaneous measurements or the analysis of exhaled air). There is a variety of analytical equipment utilised for this testing which includes single use visual inspection testing strips, hand-held strip readers to desktop analysers. Testing is usually performed by clinical staff as opposed to Laboratory staff and is used to support the clinical management of patients.

POCT devices are utilised throughout healthcare and within the Trust devices are located across numerous clinical areas including Emergency Departments, Theatres, Recovery Ward, Intensive Care Unit, Maternity Departments and Wards. At the present time, there are a total of 125 POCT Automated Strip/Cassette Readers in operational use for the purpose of urine pregnancy testing and urinalysis testing.

The preferred option was a new Regional Contract which will the provision of an effective service to patients with robust mechanism in place to procure urinalysis strips/pregnancy testing cassettes with new technological POCT devices in operational use. It will reduce patient safety risk as the will not be a requirement for manual/visual inspection of strips/cassettes and results will be automatically transmitted to electronic patient record. It will enhance compliance with National Guidelines and governance measures.

➤ Purchase of the Arc, 13 Clogharevan Road, Bessbrook

The Southern Trust has leased the ARC premises from 1 November 2009 and now proposes to purchase it. These facilities provide a Day Opportunities service to Adults with Learning Disability who have a forensic presentation and acts as a base for all Forensic Day Opportunities Trustwide. Day Opportunities provides social inclusion, active citizenship, work and training opportunities for adults with a diagnosis of a Forensic Learning Disability.

The site is approximately 7.5 acres and has a range of buildings which are designed to meet service specification including greenhouses for horticulture, canteen area for meal provision, a range of outbuildings for animal husbandry and other buildings which are used for office space and educational purposes. Some of the site is divided into pens for animals as it is also a registered farm and other areas are used for growing flowers and vegetables. There are approximately 50 service users who use the facilities and 10 staff located on site.

➤ **Replacement Theatre equipment**

Purchase of medical equipment for Theatres within the Southern Trust

There is a need to replace equipment within Theatres in the Southern Trust. Such equipment includes colonoscopes, bronchoscopes and stacking equipment in order to maintain equipment standards, support the delivery of activity associated with Endoscopy, Gynaecology, General Surgery and Urology and to ensure the service is Encompass ready come Go Live in 8th May 2025

The preferred option is to purchase two replacement Colonoscopes; two Bronchoscopes; one Tontarra Stack plus one Olympus 290 stack system.

CAPITAL PROPOSALS – Greater than £1Million

➤ **Replacement of POCT Blood Glucose / Ketone Testing Devices in SHSCT (as part of regional procurement exercise).**

The current contract for POCT Blood Glucose / Ketone Testing, has been in place since August 2017 and is due to expire in August 2025; therefore, a new contract must be in place in advance of expiration to ensure continuity of service.

The Procurement and Logistics Service (PaLS), Business Services Organisation (BSO) on behalf of Health and Social Care Northern Ireland (HSCNI) has formed a Contract Adjudication Group (CAG) to commence work on a regional tender for Point of Care Testing (POCT) Blood Glucose/Ketone Testing for the five main Hospital Trusts and the Northern Ireland Ambulance Service (NIAS).

Currently the Southern Trust has the NeoH device (unconnected glucose/ketone meter) in the community, and the Precision Pro meter (connected glucose/ketone meter) for use in the Hospital setting. Governance for the NeoH meters is non-existent as they are unconnected, and it is impossible to provide any oversight for this service. This device is mostly used to check for diabetic ketoacidosis (DKA) in

people with diabetes. DKA can affect anyone with diabetes, but it is most common with type 1 diabetes. With type 2 diabetes, DKA is less common.

With the new tender, it is envisaged that all meters, whether used in the community or the Trust, are connected, to improve the overall governance of the service. Results from POCT devices can now be transmitted directly to the electronic patient record, thus removing the requirement of staff to record results on hardcopy and negating the patient safety risks associated with transcription errors and results going missing.