




TRUST BOARD COVER SHEET

Meeting and Date of meeting	Trust Board Meeting 30 th January 2025	
Title of paper	Summary Report Capital and Revenue Proposals greater than £300,000 for the period 1 st September – 31 st December 2024	
Accountable Director	Name	Elaine Wilson
	Position	Director of Planning, Performance and Informatics
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This paper sits within the Trust Board role of:	Strategy	
This paper is presented for:	Approval	
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input checked="" type="checkbox"/>	Supporting people to live long, healthy active lives
	<input checked="" type="checkbox"/>	Improving our services
	<input checked="" type="checkbox"/>	Making best use of our resources
	<input type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input type="checkbox"/>	Working in partnership
	<p><i>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).</i></p> <p><i>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</i></p>	

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 13 proposals with a capital/revenue value greater than £300,000 that have been developed between the period 1st September – 31st December 2024. Breakdown of cases as follows:

Revenue Proposals - £300,000-£1million	2 proposals
Revenue Proposals greater than £1million	3 proposals
Capital Proposals - £300,000-£1million	5 proposals
Capital Proposals greater than £1million	3 proposals

- 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 26th September 2024.

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 September – 31st December 2024 the Trust secured from the DoH a ringfenced capital allocation for the following:
 - Research & Development - £632,585
 - Tranche 6 - ICT – BloodPat - £209,123
 - Elective Care Equipment & Minor Works - £525,155 allocated in October and additional funding of £87,000 allocated in November.
 - IFRS16 leases - £286,527

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 September – 31st December 2024)

Directorate of Planning, Performance & Informatics
Corporate Planning Division
SLT – 21st January 2025
Trust Board – 30th January 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 September – 31st December 2024 (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 September 2024		
Project	Capital/Revenue Value £	Funding Stream
<i>Revenue Proposals – £300,000 - £1Million</i>		
Long Term Effects of COVID	£456,593	SPPG
AHPs for Stroke Services	£400,000	Growth Funding
<i>Revenue Proposals Greater than £1Million</i>		
SHSCT COVID 19 Testing	£1,438,716	SPPG
Domiciliary Care	£1,500,000	Growth Funding
Learning Disability Transitions Growth Pressures	£2,302,000	Growth Pressures
<i>Capital Proposals – £300,000 - £1Million</i>		
Trustwide Internal Environmental Works	£450,000 (2024/25) PLUS £171,000 (OB)	Backlog Maintenance
Special Care Baby Unit (SCBU) DHH Works	£372,680 (2024/25) PLUS OB £80,606	Charitable Trust Funds
Fire Evacuation Lift at Loane House	£450,000	Trust General Capital Allocation 2023/24
Electrocardiogram (ECG) machines	£384,079 (2024/25) Plus £23,045 OB	Trust General Capital Allocation 2023/24
Fire Code Works	£400,000 (2024/25) PLUS OB £76,000	Trust General Capital Allocation 2023/24
<i>Capital Proposals Greater than £1Million</i>		
CAH Site Wide Redevelopment Programme Business Case	Capital £2.4 billion Revenue £38.5million	DOH

Table 1 – Capital & Revenue Proposals developed since 1st September 2024

Project	Capital/Revenue Value £	Funding Stream
Diagnostic Provision at DHH	CAPITAL £393,465 (2024/25) £1,499,250 (2025/26) REVENUE £0.8775M (2024/25) £1.8513M (2025/26 ONWARDS)	Trust General Capital Allocation 2024/25 and 2025/26
MRI Lease Extension	£1,374,543 (2024/2025) REVENUE £3,400 (2024/2025) £30,800 (2025/2026)	DOH Capital

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

REVENUE PROPOSALS – £300,000 - £1Million

➤ Long Term Effects of COVID

At the request of the Department of Health (DoH), SPPG and the Public Health Agency worked with the HSC Trusts to bring forward proposals to support people who continue to experience longer term physical, mental health and cognitive effects following coronavirus infection.

The proposal to DoH encompassed 6 separate strands:

- Strand 1 - Post-COVID-19 syndrome (PCS) patients referred by primary or secondary care to a one-stop-shop MDT assessment service;
- Strand 2: - Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post-COVID-19;
- Strand 3 - Patients discharged from critical care (both COVID-19 and non-COVID-19);
- Strand 4 - Strengthening psychology support to all Trusts;
- Strand 5 - Regional MDT clinical physiology, SLT and dietetic support; and,
- Strand 6 - Signposting and access to self-management resources – this strand is being taken forward by DoH.

➤ AHPs for Stroke Services

The Trust have recognised for some time that AHP staffing levels within Stroke Services are below the recommended levels which is impacting on the ability to deliver high quality AHP care to patients who have suffered a stroke and affecting the patients potential post stroke outcomes. This has been clearly demonstrated in numerous recent SHSCT SSNAP (Sentinel Stroke National Audit Programme) performances which indicates the need for improvement. It is proposed to invest in additional AHP staffing within the Acute, Non-Acute and Community Stroke settings. This will ensure that each service area is bolstered through this investment. The following table outlines the AHP staff which the Trust consider to be a priority within these areas.

Staff	WTE	Setting	Rationale
Band 7 Orthoptist	1.0	Acute/ Non Acute	Currently no orthoptist service for SHSCT Stroke patients. Clinician priority – aid diagnosis of stroke, and early intervention visual field impairment

Staff	WTE	Setting	Rationale
Band 6 Clinical Specialist Physiotherapist	1.0	Acute	Band 6 skillset essential due to requirement for specialist assessments.
Band 6 Clinical Specialist Occupational Therapist	1.0	Acute	High turnover of new patients / new assessments on CAH site. Static posts – continuity of care, succession planning. At present all posts rotational with exception of B7 – continually training staff that rotate out of service area. Required to help work towards SSNAP guidelines.
Band 6 Speech and Language Therapist	1.0	Acute	SNAPP data inputting – will free up professional staff to do clinical work and ensuring timely input of data.
Band 3 Admin	0.15	Acute	Based on SSNAP scores and on review of skill mix in Lurgan Specialist Stroke Rehabilitation Unit, 0.8 WTE Band 6 OT would provide senior support and continuity for patients and rotational staff and would ensure more timely assessment for cognition, function and specialised seating.
Band 6 Occupational Therapist	0.8	Non Acute	Based on SSNAP scores and on review of skill mix and dependency of patients who are transferred to Lurgan Specialist Stroke Rehabilitation Unit the aim would be to increase intensity and frequency of therapy directly to patients during this stage of their recovery journey. Recognise that staffing levels would still remain below recommended levels.
Band 3 Physiotherapy	2.0	Non Acute	
Band 4 Speech & Language Therapist	0.5	Non Acute	
Band 3 Community Stroke Rehab Support	1.0	Community	New SSNAP data requirements this has added an additional admin burden to all community stroke team staff at certain times throughout the calendar month. The rehab support workers support with the data upload for each locality therefore this investment would support this additional admin need whilst supplementing direct therapy patients receive.

It should be noted:

- The proposed AHP posts within the Acute setting will enhance the current 5-day service model.
- Overall, it is anticipated that the investment will have some impact on SSNAP scores, increasing the minutes of therapy delivered.

- Proposal maximises rehabilitation with introduction of additional Band 3/Band 4 support staffing within the Non-Acute setting.
- Maximises frequency and intensity of AHP input.
- Allows additional staff to release time of more highly qualified staff.
- More access to AHPS for patients requiring support from a number of staff/disciplines.
- Takes into account that there are bigger AHP gaps within Non Acute than the Community settings.
- There are no social work or Dietetic posts included within the proposal due to insufficient investment available.
- In proportion with the investment available, there may be an impact upon length of stay and a positive impact on effective patient flow across beds, to reduce bed days patients would require inpatient rehabilitation. Please note length of stay will be difficult to influence given limitations in regional social care provisions.

While the Trust welcomes the recurrent investment from SPPG for AHPs in Stroke services, it should be noted that the allocation across the 3 Stroke areas significantly falls short of the full investment which would be required to meet with 2023 Guidelines/7 day working and to the Trust obtaining excellent SSNAP scores. The Trust plan to provide a separate paper detailing the fuller AHP staffing requirements to meet with 2023 RCP Guidelines and 7-day working for future discussion with the Commissioner should further funding become available.

REVENUE PROPOSALS – Greater than £1Million

➤ SHSCT COVID 19 Testing

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

Diagnostic planning for winter 2024/25 will again consider concurrent SARS-CoV-2, Influenza and RSV activity. Testing stratification based on clinical risk, the availability of laboratory-based PCR tests and established PCR based point of care platforms in clinical areas should form the basis for PCR testing strategy.

PCR testing will continue to be used by NI Trusts for diagnosis where needed for patients before accessing CoVID-19 treatment or for specific personal clinically directed care. Capacity will also need to be retained to ensure testing can be scaled up swiftly if a CoVID-19 wave, or a new variant, results in significantly increased

pressure on the NI Trusts. This proposal is to cover the costs associated with CoVID-19 testing as detailed below:

- **CoVID-19 Testing - Service delivery:**

Local Trusts are required to work collaboratively with multi-agency partners to put in place a range of measures in order to protect the health of the people of Northern Ireland (NI), to protect staff in the context of CoVID-19, to ensure that local services are maintained as far as possible and that enhanced Health and Social Care (HSC) arrangements are in place.

Funding requested is to cover the laboratory staff costs associated with COVID-19 testing. This proposal covers the period 1 April 2024 to 31 March 2025. The proposal is aimed at providing a COVID testing and reporting service to the whole Trust. This includes a responsive service for in-patients, community and healthcare workers. The service is provided according to regional prioritisation guidance and ensures a turnaround time within 24 hours.

SHSCT provides a CoVID-19 testing and reporting service to the whole Trust. This includes a responsive service for in patients, community and healthcare workers. The service is provided according to regional prioritisation guidance, and ensures a turnaround time within 24 hours. The laboratory provides a schedule of 7 reporting times with the additional support of a rapid service on clinical imperative cases. The service to ED and that of patient flow allow a streamlined patient pathway. The responsive 24hr turnaround time allows staff to return to work the next day following testing.

- **Multiplex Testing:**

SARS-CoV-2 is a respiratory virus that causes symptoms similar to those caused by Influenza A and B viruses. The simultaneous detection and differentiation of these three major pathogens increases overall testing capacity, conserves resources, identifies co-infections, and enables efficient surveillance of influenza viruses and SARS-CoV-2.

Multiplex assays test for more than one virus at a time. If seasonal influenza or RSV cases are high, using a multiplexed respiratory panel instead of separate tests for SARS-CoV-2, influenza, and RSV enable labs to save time and resources. Multiplex testing allows laboratories to process more tests in a given time period, using less reagents, conserving important testing materials that are in short supply. Pressure on testing in the HSC is significantly greater due to CoVID-19, this can be offset to some degree through using multiplex assays to test for CoVID-19, Flu and RSV at the same time.

The proposal is for the continued use of multiplex tests on the Cepheid GeneXpert platform from April 2024 to March 2025. As part of the UK 4Nations response to CoVID-19, there is an ongoing responsibility to test for CoVID-19. This proposal will enable this requirement to be met while also testing for winter

viruses such as RSVs and Flu A & B as part of the PHA surveillance programme for NI.

- **Point of Care Testing (LIAT)**

Funding requested is to cover the costs associated with continued Point of Care testing using the LIAT platform under Service Delivery. This proposal covers the period 1 April 2024 to 31 March 2025. The proposal is aimed at providing a rapid assessment of CoVID-19 status within the ED environment, and thus act as an enabler for the patient's journey in and out of the hospital.

This reduces the time for analysis from 7 hours to 12 minutes. Thus the patient can be triaged as part of routine clinical diagnostics allowing clinical pathways to be engaged where patients can be orientated based on their primary morbidity.

➤ **Domiciliary Care**

Domiciliary care is a critical service in respect of enabling patient flow and timely discharge from hospital. Without domiciliary care packages in place patients may remain in hospital for longer than necessary which impacts upon the patient turnover in acute settings. Likewise domiciliary care plays a function in keeping patients at home and in the community setting rather than seeking in patient care. Patients have access to care in line with their health needs and their care package is tailored specific to them. The Trust has noted that the demand for domiciliary care is growing as is the complexity of need.

The purpose of the business case is to highlight the growth in domiciliary care hours over the commissioned levels. This is due to an increase in demand for domiciliary care services as well as increased levels of complexity and acuity of patients. Coupled with an increasing ageing population which is particularly prevalent in the Southern Trust area this is contributing towards a financial gap in funding and having a significant impact on the demand for provision of domiciliary care services.

The Commissioner has indicated the availability of £1.5m recurrent growth investment available to support this. The investment as outlined in this proposal will not change the day-to-day business or function of domiciliary care services, it will however enhance the overall financial position of this service.

➤ **Learning Disability Transitioners**

People with learning disabilities have a variable range of health and social care needs and often experience greater health and wellbeing inequalities than the general population and can experience difficulty in accessing services. They are also at risk of social exclusion, affecting their quality of life through exclusion from employment, relationships and other life opportunities. Between the ages of 14-18

Adult learning disability services commencement engagement with the young adults and their families to identify needs and assist with resource planning to support the transition process between Childrens and Adults services, particularly for those service users with more complex which may require bespoke arrangements outside of mainstream service provision. Service user packages are assessed and provided as person-centred, taking into consideration the betterment of the young person to achieve their potential. In some circumstances this maybe the provision of specialist care within the family home to allow for young adults to remain within the family unit, others may require bespoke accommodation provision to promote independence and support on-going family relationships other packages are delivered to support social inclusion within the wider community through the provision of day opportunities and Day care.

The previous 2023/24 investment has evidenced a positive correlation between the provision of appropriate support and an improvement in maintaining family relationships, a reduction in incidents of challenging behaviours, improved quality of life and improved integration within local communities. The proposed 2024/25 investment will build upon the positive support of 2023/24 The 2024/25 investment will provide sustainable, appropriate and meaningful placements to 16 support service users that have transitioned from Childrens to Adult Learning Disability services through:

- Alignment of funding to address the funding deficit aligned to 2023/24 business case including reassessment of needs; and
- Assessment of 6 complex service users who transitioned from Childrens to Adult learning disability services during 2023/24 whom no funding stream has been identified.

CAPITAL PROPOSALS – £300,000 - £1Million

➤ Trustwide Internal Environmental Works - Back log Maintenance

The primary function of the Trust's Estates Services Division is to provide safe, comfortable, fit for purpose facilities for all its service users and staff. Whilst the Division seeks to provide a culture of continuous improvement, environmental sustainability and a drive to promote value for money.

Creating a welcoming environment for patients undergoing surgery / hospital admissions will have a positive impact on the patients' experience as it will help patients to relax, feel at ease and aid their recovery. Inevitably, an enhanced working environment will play a vital part in helping to maintain staff morale.

The below Trustwide facilities require internal painting in various clinical, patient facing and staff areas and refurbishment of some of the bathrooms;

- St.Luke's Hospital Site (1825), Hill Building, Pinewood and Ashley House
- South Tyrone House, E Floor (1842)
- Windsor Day Centre, (2010)
- Daisy Hill Hospital, Main Building (1902)
- Craigavon Area Hospital, Main Building (1972)

Therefore, these works will ensure our environmental audit standards are kept in the Green RAG status, along with the benefits to patients and staff.

The preferred option of Trustwide internal redecorating works will enhance St.Luke's Hospital, Longstone / Mullinure, Cedar Grove, Craigavon Area Hospital and Daisy Hill Hospital.

➤ **Special Care Baby Unit (SCBU) DHH Works**

There is a Neonatal Unit at CAH and Special Care Baby Unit (SCBU) at DHH.

At DHH there are approximately 65m² within the existing courtyard adjacent to SCBU, which could facilitate provision of parent's accommodation, supporting rooming in when necessary, improve parent satisfaction and experience when at SCBU and also a staff area.

This proposal is to seek approval for charitable funds of £364,032.50 plus £8,847.40 for furniture and equipment to provide a Transitional Care Room / Bedroom, Sitting room & Kitchenette, Expression Room, Parent Shower / Toilet and fix existing shower area and improve Storage space in SCBU at DHH. These rooms will be beneficial for both patients and staff.

➤ **Fire Evacuation Lift at Loane House**

Loane House is located on the South Tyrone Hospital site and is a rehabilitation unit for patients over the age of 65. The building includes 2 wards, a rehabilitation suite, changing rooms and stores. Ward 1 is situated on the ground floor and contains 22 beds. Ward 2 is on the first floor and currently contains 18 beds. No more patients can be accommodated on the first floor due to the lack of a fire evacuation lift however the future plans for Loane House would be to increase this to 22 beds when works to the building to address this issue are taken forward.

As the unit provides for mostly frail elderly patients, the ability amongst patients varies. Some have a restricted mobility ranging from supervision to being confined to the bed as well as having various sensory, cognitive and physical impairments which requires staff assistance in daily tasks. There is currently no dedicated fire evacuation lift on the Loane House site. There is one bed lift which does not currently meet with present fire evacuation standards and is increasingly

malfunctioning. This is having a direct impact on the quality and safety of patients in ward 2 in respect of delivery of patient's meals, admission, discharge, patient attendance for off-site appointments and attendance in the rehabilitation suite for essential therapies. Emergency evacuation is compromised in event of a life-threatening event.

The age and design of the property results in it not complying with present day fire regulations such as the staircase design which is narrow with restrictive corners putting patients and staff in ward 2 (first floor) at risk from use of restrictive fire evacuation equipment methods and the non-existence of a fire evacuation lift. The Trust acknowledge that the current bed lift is reaching its end of life and cannot be replaced it as it would leave Loane House without a lift for 3-4 months while the works would take place. There would be no access to the first floor except for via the stairs.

A SHSCT fire assessment inspection was carried out and identified several areas where remedial actions are required in respect of fire safety at Loane House, provision of a fire evacuation lift was identified as a priority. There is a requirement for the Trust to ensure the safety of patients, staff and visitors to Loane House and for Loane House to be compliant with NI Fire Order Regulations.

➤ **Electrocardiogram (ECG) machines**

ECG machines are used throughout the Southern Health and Social Care Trust (SHSCT) both in the Acute and Community environments. This business case is to highlight the current need to replace/upgrade the existing ECG machines to ensure they are compatible with the new Encompass system that is scheduled to commence in SHSCT in May 2025.

At present there are no ECG reports held electronically. All reports are currently printed off and a paper copy stored in the patient's file and the file goes with the patient to the ward and once discharged it is stored within Medical Records department. The new Encompass system will have a storage system built in which will store all electronic files so there will be no paper copies held on file once the new Encompass system goes live in May 2025.

Almost all of the current GE ECG machines except the VU360s are obsolete with limited parts available. Whilst all the ECG machines are reasonably reliable, they are at the age where displays and keyboards are failing, and it is unknown if a replacement part is available or if it is cost effective until a quote is requested.

56 ECG machines (23 high specification and 33 medium specification) and associated software have been purchased to match the funding envelope (within the Southern Trust there are 123 ECG machines in total that requires replacement). This software provides the link between the carts and Epic to send the worklist and receive back the result report.

➤ Fire Code Works

Estate Services has overall responsibility for the management of buildings, land, plant and related assets (including medical equipment) and is responsible for the safe operation and maintenance of the Trust's Estate, which consists of 289 buildings on 109 separate sites with a total floor area of c. 260,000m². The Trust's estate comprises of a range of highly complex healthcare engineering and building systems, a number of which are life critical. Such systems include Medical Gas systems, Low and High Voltage distribution, Theatre ventilation plant in addition to emergency/back-up power supplies and water systems. Lift systems are particularly vital to the transport of patients, staff and goods and are critical to the daily operation of the facilities.

Fire code works are required to rectify Fire code deficiencies within the Southern Trust building stock and to ensure the safety and wellbeing of the patients and staff as well as improving Southern Trust facilities with regard to Fire code and in a timely manner as agreed with the Northern Ireland Fire and Rescue Service as part of the Southern Trust Owned Premises Physical Fire code Compliance Strategy.

Fire control measures will be put in place to detect, warn and prevent the spread for fire within the facilities.

An ongoing and reoccurring plan of Fire risk assessments across all Trust facilities identify items of works (fire code) required to ensure the trust meets its obligations of maintenance in providing safe environments in respects to fire. This is a legal obligation under The Fire Safety Regulations (Northern Ireland) 2010.

In order to address the aforementioned deficiencies given the nature of the services provided, it is crucial that urgent remedial action is taken forward which will also demonstrate the Trust's obligation being fulfilled under its legal requirements and responsibilities. As per the aforementioned limit on major capital funding, it has been agreed that the Trust will continue to progress to address the risks on an annual basis in a piecemeal basis to try and mitigate some of the risks posed.

The Estates department has therefore prepared a phased plan of addressing these issues as funding is made available. This will include initially addressing and updating the fire strategy plan, completing fire compartmental condition surveys and fire door assessments. The upgrade and addressing of defective compartmentation of high load and risk areas of basement plant, waste and lower ground floor main storage areas and vertical circulation estate routes and final exits will be necessary.

Following completion of these areas, a systemic approach of review and upgrading the compartmentation and sub compartmentation of departments and wards will be required on a rolling basis over several years requiring a significant amount of funding.

The preferred Option is Option 3: Carry out £400k High priority fire compartmentation works in one financial year.

Due to time constraints of one financial year and limited funding, this option will achieve the maximum number of current identified compartmentation works in the limited time period of March 2025 as identified under the Trusts Fire Risk assessment procedure.

CAPITAL PROPOSALS – Greater than £1Million

➤ CAH Site Wide Redevelopment Programme Business Case

This Programme Business Case sets out the need and rationale for the redevelopment of the Craigavon Area Hospital (CAH) site with the ultimate aim to provide modern, fit for purpose hospital facilities which meet the demand for services, support the delivery of new models of care and facilitate safe, high quality patient care.

CAH is the oldest major acute hospital building in the region, constructed in the 1960's/70s, with the main acute hospital block over 50 years old, falling short of modern standards and in need of urgent replacement.

There is widespread recognition that significant investment is required for the redevelopment of the CAH site if the Southern Trust is to deliver safe, quality services to the highest standard required and to enable it to meet growing and changing demand.

It is now appropriate to take stock and re-engage on the proposed vision of services, which will inform the phased masterplan for the development of CAH, in recognition of:

- Changes in service delivery associated with the Covid 19 Pandemic
- Regional changes to service delivery models across a range of specialty areas
- Changes in clinical practice and best practice evidence now available on the future role of acute hospitals

This Programme Business Case will also seek approval to move forward to progress a number of Outline Business Cases (OBC) for consideration. This will include OBC Phase 0-Interim Ward Block as well as OBCs Phases 1, 2 and 3 site wide redevelopment.

➤ Diagnostic Provision at Daisy Hill Hospital (DHH)

The Trust currently has two MRI scanners on the Craigavon Area Hospital (CAH) site and until recently there was no MRI scanner on the DHH site. Patients requiring a MRI scan had to travel to CAH and inpatients requiring a MRI scan were transported by ambulance to CAH. This had an impact on the length of stay for inpatients and also impacted on diagnosis and treatment plans for patients. To meet the immediate need, as a temporary measure, in July 2023 a MRI Mobile with staffing (2 radiographers) was leased from Fairford Medical at DHH. This was initially for a period of 9 months, with the Trust continuing the contract with Fairford Medical to provide reporting. This was then extended to 30 September 2024. The leased option provided an element of the staffing required to operate the scanner which is operational in DHH from 7.30 am to 7.30 pm, Monday to Friday and 9 am to 5 pm at the weekends and delivers 19 sessions.

New accounting treatments for leases (IRFS16) issued by the Department of Health (DoH) meant the Trust had to bid for capital funding for any lease that is one year or over in duration. This would previously have been funded from revenue. Therefore, capital funding was required to continue to fund the lease on the mobile scanner at DHH and a separate business case has been developed. A quote has been received from Fairford Medical through PaLS which offers the option of extending the contract for 36 months with a termination option at 18 months and at any point after that with 60 days written notice to be provided.

This scanner has proven to be an asset to DHH, but the service has been restricted due to only being able to provide contrast MRI scans for patients 16 years plus and for stable patients that do not require additional monitoring as well as non-contrast scans for paediatrics 4 years plus that are stable and compliant. Due to the nature of the mobile scanner, it is not possible to scan unstable patients with additional monitoring in this small environment as there is no room for a crash team or equipment. Currently if there is an emergency the patient has to be transferred to an MRI compatible trolley, removed from the scanner, put on a trolley lift and brought to ED which is a significant distance away. This has meant some patients in DHH have had to travel to CAH for an MRI scan which has had an impact on patient flow and patient experience.

Recognising that the current MRI provision at DHH is not ideal and potentially not value for money the Trust wishes to stabilise the MRI service at DHH by putting in place an enhanced MRI service that enables greater opportunity for MRI scanning and reduces further need for transferring patients to CAH.

It is the view of the Service that the long-term plan at DHH for diagnostic provision should be to provide 2 MRI Scanners at DHH alongside 2 CT Scanners. Initially a twin diagnostic suite i.e. 1 MRI and 1 CT was prioritised as part of the ten-year capital plan for the DHH site and profiled for commencement in 2029/30 as a 4-year scheme

at an estimated capital cost of £9m. Given the current financial constraints options were considered for an interim plan until a preferred long-term plan can be implemented. This business case sets out a preferred option of 1 additional MRI scanner and associated staffing on the DHH site as well as funding of staffing and running costs of the current Modular CT Scanner.

➤ **MRI Lease Extension**

This is to extend the current lease with Fairford Medical for the Magnetic Resonance Imaging (MRI) Modular Scanner located on the Daisy Hill Hospital site (DHH).

A Business Case was initially completed for the lease of an MRI Modular Scanner at Daisy Hill Hospital for the period 17 July 2023 until the end of March 2024. This was then extended until 30 September 2024. The leased option provided an element of the staffing required to operate the scanner which is operational in DHH from 7.30 am to 7.30 pm, Monday to Friday and 9 am to 5 pm at the weekends and delivers 19 sessions. Fairford Medical provide 2 x band 6 Radiographers. However, to reduce the cost of the lease, there was an agreement made with Fairford Medical to utilise Trust own staff through a sub-contractor, Jennie Reeves, to cover some of the sessions each week.

Following new accounting treatments for leases (IRFS16) issued by the Department of Health (DoH) the Trust must now bid for capital funding for any lease that is one year or over in duration. This would previously have been funded from revenue. Therefore, capital funding is now required to continue to fund the lease on the mobile scanner.

With the current contract coming to an end, the decision is required as to whether to extend the contract with Fairford Medical. Due to the variable staffing model the current costs range between £76,080 and £83,284 per 4 weeks.

A quote has been received from Fairford Medical through PaLS which offers the option of extending the contract for 36 months with a termination option at 18 months and at any point after that with 60 days written notice to be provided.

The Trust is currently developing a business case for a permanent solution for MRI provision on DHH site. The timescale for completion for these works following approval of the business case is 1 year.