Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID
FINANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25th February 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Proposal for Demountable Solutions Unit at Prince Philip Hospital for two Laminar Day Surgery Unit Flow Theatres, a Dual Endoscopy Suite and Modular Ward Facility
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
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Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBR REPORT

Sefyllfa / Situation

Due to the impact of COVID-19, Hywel Dda University Health Board (HDdUHB) is endeavouring to meet the demands of Scheduled Care services in 2020/21 which is creating significant internal pressure across HDdUHB.

Scheduled Care services across HDdUHB have been severely restricted, and have only been able to treat cancer and urgent care during the pandemic. .

Plans to partially recommence elective Trauma and Orthopaedic (T&O) services in November 2020 have been paused due to the lack of ring-fenced, green beds at acute hospital sites. The consensus is that the safety of our patients would be at too great a risk to undertake treatment with the established set up in the current climate.

Endoscopy services are currently experiencing a 46.2% decrease in the average number of patients seen on a weekly basis from 93 patients per-week (2019/20) to 50 patients per-week (2020/21). This is due to aerosol generating procedures (AGP) intra operative requirements.

The HDdUHB proposed model, involving Demountable Solutions Units, will build more resilience into the Scheduled Care services by increasing day surgery and ambulatory service capacity in Prince Philip Hospital (PPH). This provides recovery capacity to recoup speciality-based treatment capacity lost, ultimately returning to and improving pre-COVID-19 pathway figures in the long term. This particularly applies to the restart of Orthopaedic inpatient surgery which can be increased if the large part of the day surgery work is re-established via the modular build, thus releasing both main theatre and inpatient beds.

There will be significant benefits to the patient and referral to treatment and the newly stratified waiting list reductions for patients who are listed for elective Schedule Care procedures.

External suppliers will be approached regarding the provision of the Demountable Solutions Units via a competitive tendering exercise.

Cefndir / Background

The current COVID-19 climate has resulted in a reduced capacity within Scheduled Care services across the region as resources have been redeployed across HDdUHB and between specialties in response to the emergent situation. This has also exposed limitations of our existing estate regarding challenges in creating protected green pathways. This reduced capacity, across all sites, has especially contributed to the lack of Planned Care procedures conducted. Consequently, the saturation of this capacity and the subsequent addition of new patient referrals has inevitably led to delays in procedures and significantly increased patient waiting times. This report demonstrates how HDdUHB plans to increase capacity levels and alter patient pathways, subsequently providing a pathway across to address the growing backlog of patients waiting for access to treatment.

The Demountable Solutions Unit is a bespoke, modular unit tailored to the ongoing demands of Endoscopy and further Planned Care procedures across HDdUHB. The proposed bespoke build will span across 709.9 square metres and will occupy two brand new Laminar Flow Theatres, an Endoscopy Dual Procedure Suite and a Modular Hub, situated at PPH.

Table 1.0 demonstrates the pre-COVID-19 and current bed capacity at PPH. Ward 6 is currently funded at 21 beds, with the ability to flex to 24-28 beds. Currently, 28 beds are being utilised by Medicine, in order to support current Unscheduled Care demands across HDdUHB. These Unscheduled Care demands have resulted in Medicine occupying Ward 6, thus T&O procedures have been temporarily ceased. HDdUHB is aware of the urgency for elective T&O procedures to restart and the need to improve Orthopaedic services has led to the exploration of options which will enable a ring fence/green pathway solution for T&O services across Carmarthenshire, whilst also increasing capacity.

Table 1.0 *Pre-COVID-19 and COVID-19 Bed Capacity at Wards 6 & 7 in PPH*

Pre COVID	Beds	Service
Ward 6	21	Orthopedics
Ward 7	6	Urology / General Surgery
Ward 7	16	Medicine
	6	Endoscopy
	6	Day Surgery Unit (DSU)

COVID	Beds	Service
Ward 6	28	Medicine
Ward 7	14	Green Pathway (Breast / Gynaecology / Colorectal / GS /USC Cancer Cases
	8	Non-Staffed
	6	Endoscopy
	0	DSU

**It should be noted that Ward 7 was suspended during the two-week Christmas period*

Reasoning for PPH as the prime location

The proposed unit, located at PPH, best fits HDdUHB's current and medium-term strategy and will enable increased access to day surgery and endoscopy capacity in Carmarthenshire to better reflect both pre and post COVID-19 levels of demand. Prior to the COVID-19 pandemic, PPH provided a dedicated elective orthopaedic service for patients across the Health Board area and the proposed development of the demountable unit on the PPH site will facilitate increased access to inpatient theatre capacity for orthopaedic patients without the necessity for major service change. Although Withybush General Hospital (WGH) had been considered a potential location due to its footprint, the logistical, financial and service change consequences associated with relocation of the PPH based orthopaedic service (with 16 consultants and supporting theatre and ward infrastructure) to WGH, would render it unfeasible as a practical short-medium term solution.. Similar challenges were raised in respect of Bronglais General Hospital (BGH). Glangwili General Hospital (GGH) was not deemed feasible due to the footprint of the site.

Although the primary focus and drive is to treat HDdUHB's current backlog of patients, PPH's location would also offer opportunities for this additional capacity to be utilised to support regional solutions to help address the backlog of procedures which has developed as a consequence of the pandemic. Further enhancing the current PPH facility as a specialist environment for T&O and DSU procedures would signpost PPH as a prime location to support post-pandemic recovery of planned care treatments for patients across South West Wales. It is anticipated that neighbouring health boards would have the opportunity to utilise this capacity as part of a broader regional recovery plan with appropriate contracting arrangements in place which would provide an opportunity to generate long-term revenue for HDdUHB.

Asesiad / Assessment

SUMMARY OF OPPORTUNITY

HDdUHB is currently underperforming on Scheduled Care services across all sites. The reduction in performed procedures has accumulated to significantly increase the backlog across all specialties within Scheduled Care which continues to increase as new referrals are received. As a direct consequence of the COVID-19 pandemic, the volume of patients recorded on waiting lists awaiting access to care represents the highest ever reported figure.

The Demountable Solutions Unit has been designed in line with current COVID-19 guidelines and being an independent modular unit, creates a COVID-19 green environment that can maximise throughput of patients. The two Laminar Flow Theatres can operate simultaneously, thus increasing the rate in which patients are treated, positively impacting the waiting list.

As the Demountable Solutions Unit is a separate unit, HDdUHB could maximise provision across a 5-day working period, with the scope to increase to 6 days. Estimating 5 procedures, per theatre, per day are undertaken within the proposed unit, will enable 100 patients to be seen on a weekly basis, ultimately allowing an additional 4,200 patients to be seen on an annual basis (based on a 42-week period). Introducing a 6-day working week within the unit, it is estimated that an additional 840 patients will be seen on an annual basis (see table 1.1.).

Table 1.1 *Estimated throughput within Demountable Solutions Unit based on 5&6 Day Working Week*

	Patients per session	Sessions per day	Session per week	Patients per week	Patients per year
5 Day Week	5	4	20	100	4200
6 Day Week	5	4	24	120	5040

The proposal will accommodate the new Day Surgery Unit and Endoscopy Department in one Modular Unit on PPH site. The new space will enable an additional 6 Endoscopy sessions a week and increase the DSU sessions by 10 a week. The benefits are threefold:

1. All appropriate Orthopaedic day cases can be carried out in a dedicated DSU laminar flow theatre, consequently freeing up space in main theatres and T&O wards to treat a greater number of inpatients. Once current demand is satisfied, the facility can be utilised to create revenue for HDdUHB and elevate the Orthopaedic department as a 'go-to' location in Wales.

2. Increased Endoscopy sessions will result in a higher number of patients treated within a facility fit for purpose.

3. The vacated departments within the main hospital site can be utilised for an array of opportunities, e.g., a dedicated Unscheduled Care (USC) ward and/or a relocated critical care unit.

1. Orthopaedic Benefits

Currently, the Orthopaedic Department have only 3 sessions a week dedicated to day cases within a DSU setting. Therefore, high numbers of day case patients are required to be seen via an inpatient pathway. The proposal looks to increase the DSU sessions by a net of 10 sessions. Allocating 2.5 sessions a week (10 sessions every 4 weeks) to Orthopaedics will reduce the total weeks required to see the current level of patients from 142 weeks to 78 weeks, saving 64 weeks.

Table 1.2 *Estimated T&O throughput within Demountable Solutions Unit*

		No. Sessions per week					
Total Day Cases Carmarthenshire	**Average Pts per list**	**PPH DSU**	**GGH DSU**	**Demount-able Solutions Unit**	**Total**	**Total pts seen per week**	**Weeks to clear total pts**
1279	3	2	1	0	3	9	142.11
1279	3	2	1	2.5	5.5	16.5	77.52
					Total weeks saved		**64.60**

**Figures as at 29/01/2021*

Conducting these procedures in the DSU would release the equivalent sessions in the main theatre enabling more inpatient procedures to be performed. This arrangement has the added benefit of patients being treated in an environment tailor-fitted to their day case requirements and reduces the likelihood of cancelations due to the lack of bed capacity in the main hospital. The success of this proposal would mean additional revenue for HDdUHB from neighbouring

Health Boards as part of a regionally coordinated recovery plan for post-pandemic planned care.

HDdUHB will have the ability and capacity to create a protected orthopaedic ward in PPH. Developing a ring-fenced orthopaedic centre, catered to the current service demands, will allow for increased capacity for patient recovery and will allow clinical staff to begin undertaking elective T&O procedures.

2. Endoscopy Benefits

With specific reference to Endoscopy patients, as of 01/02/2021, the current waiting list for patients requiring diagnostic endoscopy and physiological measurement is 1079. The Demountable Solutions Unit will allow for an increased rate of treatment for those requiring Endoscopy services, as the unit offers a highly improved environment for conducting Endoscopy related procedures. Currently, Endoscopy services within PPH are experiencing a 60-minute turn-around per patient, due to the airflow within the environment. For Endoscopy related procedures carried out in the Demountable Solutions Endoscopy Unit, we estimate a 20-minute turn-around period. By significantly reducing these turn-around times, this will increase the rate at which patients can be treated annually.

Table 1.3 *Estimated Endoscopy throughput*

Total Patients	Average Pts Per session	No. Sessions per week	No. Pts seen per week	Weeks to clear
1079	5	13	65	17
1079	5	20	100	11
Benefit		**7**	**35**	**6**

By increasing the number of sessions provided each week by 7, an additional 35 patients can be seen each week. The benefit to the current waiting list of 1079 would be a reduction of 6 weeks waiting time. Based on a 42-week working year, this would equate to an additional 1470 patients a year, enabling the unit to offer surplus capacity to the patient population across Hywel Dda and, potentially, the South West Wales region.

3. Vacated PPH Areas

3.1 Multi Specialty Ward Area

If Endoscopy were to relocate their services into the proposed Demountable Solutions Unit, the vacated area within PPH will be utilised to specifically treat USC patients, along with various urgent procedures. A 14 bedded surgical ward is proposed for the area and the table below outlines the proposed staff model. A breakdown of costing for this staff level has been completed and can be provided, which totals £1,254,331 per annum. Further discussions would be required to calculate the cost to refurbish and equip the area to specialise in USC treatment.

Table 1.4 Staffing Model for 14 bed surgical ward

	Shift	Monday- Friday	Weekend
Clinical Lead	8-4	1	0
Trained	Early	3	3
	Late	3	3
	Nights	2	2
Untrained	Early	3	2
	Late	3	2
	Nights	2	2

3.2 Relocated critical care unit.

As the current location of the DSU within PPH is in close proximity to the Intensive Therapy Unit (ITU), there is scope to expand the current service in this area when the DSU moves to the Demountable Solutions Unit. Further discussion is required as to level of service, and the cost of staff, refurbishment and equipment.

Further benefits to DSU offerings

Other specialties will benefit from the DSU if the additional 10 sessions are divided between them. For example, the table below demonstrates the number of weeks it would take to clear the current number of patients on the specialty's waiting lists.

Table 1.5 Weeks to clear waiting list with current DSU Sessions

	TOTAL DAY CASE PATIENTS	Average Pts per list	CURRENT TOTAL DAY CASE SESSIONS	DAY CASE PTS PER WEEK	WEEKS TO CLEAR DAY CASE
General Surgery	1045	3	3.75	11.25	93
Urology	673	6	1.5	9	75
Breast	24	2	0.5	1	24
Colorectal	101	1	0	0	0
Gynaecology	374	4	2	8	47
Orthopaedics	1279	3	3	9	142
Total Sessions			**30**		

**Figures as at 13/01/2021, Open pathway and non-USC patients*

As can be seen from the table below, the additional sessions will significantly impact the weeks taken to clear the patients currently on the waiting lists, providing dedicated sessions for Colorectal and saving weeks for each of the others. On a working hypothesis of a 42-week working year, 3 extra sessions would clear a year's worth of General Surgery patients.

Table 1.6 Weeks to clear waiting list with additional DSU Sessions and weeks saved

	TOTAL DAY CASE PATIENTS	Average Pts per list	EXTRA SESSIONS	TOTAL DAY CASE SESSIONS	DAY CASE PTS PER WEEK	WEEKS TO CLEAR DAY CASE	DIFFERENCE IN WEEKS
General Surgery	1045	3	3	6.75	20.25	52	**41**
Urology	673	6	1	2.5	15	45	**30**
Breast	24	2	0.5	1	1	12	**12**
Colorectal	101	1	2	2	2	51	**-51**
Gynaecology	374	4	1	3	12	31	**16**
Orthopaedics	1279	3	2.5	5.5	16.5	78	**65**
Total Sessions			**10**	**40**			

**Figures as at 13/01/2021, Open pathway and non-USC patients*

The weeks saved are significant and it must be noted that the proposal looks to substantially improve patient experience and, in correlation, the reputation of HDdUHB. By providing a dedicated DSU facility, patients can be assured their appointments will be honoured and would be highly unlikely to be cancelled due to lack of bed capacity. Coinciding the DSU with appointment reminding technology will reduce do not attends (DNAs) and impact the waiting list in a positive way.

Proposed Restructure at PPH Following Introduction of Demountable Solutions Unit

As previously highlighted, the COVID-19 pandemic dramatically increased the requirement for Unscheduled Care beds across HDdUHB. The knock-on effect of repurposing beds to support this effort has had a detrimental impact on Scheduled Care services provided across HDdUHB. Recognising that the pressures of COVID-19 will be apparent for the foreseeable future, added to the urgency to resume an effective Scheduled Care service, has led to the following proposal of bed allocation within PPH.

In order to increase capacity for Scheduled Care, the table below shows the pre-COVID-19 and the post-COVID-19 bed position under the proposal of the Demountable Solutions Unit.

Table 1.7 Proposed Bed Restructure at PPH following the introduction of Demountable Solutions Unit

PPH					
Speciality	Pre-COVID-19 Beds	Ward Area	Post-COVID-19 Beds	Speciality	Additionality
T&O	21	**Ward 6**	28	Medicine	0 (7 bed flexi in ward area)
Medicine (16) USC (6)	22	**Ward 7**	25	T&O	3
DSU	6	**DSU**	0	Vacant	
Endoscopy	6	**Endoscopy Area**	0	Vacant	
Total in PPH	**64**		**55**		**3**
Demountable Solutions Unit					
Speciality	Pre-COVID-19 Beds	Ward Area	Post-COVID-19 Beds	Speciality	Additionality
	0	**Demountable DSU**	12	DSU	6

	0	**Demountable Endoscopy Suite**	6	Endoscopy	
Total in Demountable	**0**		**18**		**6**
Grand total	**64**		**73**		**9**

DSU and Endoscopy will relocate to the Demountable Solutions Unit, vacating their rooms within PPH.

The Demountable Solutions Unit will house two new day theatres (DSU) and an Endoscopy Suite. As Endoscopy will relocate their current staff and equipment, no additional beds will be required, however, the DSU will double its capacity – moving from one theatre to two – and will therefore double its bed requirement, resulting in a 6-bed additionality.

The Demountable Solutions Unit theatre and endoscopy solution can provide infrastructure to address waiting lists in a safe and compliant clinical space. As the unit is separate from PPH, this allows HDdUHB to maximise capacity for inpatient procedures taking place in PPH. Those patients who require elective day surgery procedures will relocate from PPH theatres to the Demountable Solutions Unit, thus releasing the main theatres capacity at PPH. This will ultimately draw day cases away from the ward areas within PPH and will allow an increased number of inpatient procedures to be conducted within PPH main theatres.

CASE FOR CHANGE

The proposed development is reliant on securing funding from Welsh Government. The funding required will be used to improve elective Scheduled Care services and release capacity across HDdUHB, through utilising the proposed Demountable Solutions Unit for elective Day Surgery across a 3-year period. For the avoidance of doubt, this paper is not advocating that current pressures are solely due to the impact of COVID-19; however these are compounded by the demand HDdUHB Scheduled Care faces with regards to a restriction in capacity. The increase of beds and capacity in the service inevitably leads to an increase in staff costs and have been calculated and justified in the following section.

Staffing Levels to Facilitate Restructure

Endoscopy

The proposed plan involves moving the current Endoscopy service to the Demountable Solutions Unit. The current Endoscopy department contains two procedure rooms; one fully functional and one suboptimal room which can be used for a limited selection of procedures. Currently the department is performing between 13 and 14 sessions per week (due to COVID-19 guidelines). The new unit will encompass two fully functioning rooms, allowing for the complete variety of procedures to be performed in both, resulting in a total of 20 sessions per week run by the department. A small addition to staff budget and a capital investment in equipment would be incurred to deliver the increased service.

Endoscopy Staffing:

By relocating the current Endoscopy Department to the Demountable Solutions Unit, the following costs are proposed:

Table 1.8 Additional Endoscopy Staffing Costs

Funded Establishment	Additional staffing requirements	Additionality £
Band 5	1	33,951
Band 3 HSDU Support	1	23,498
Total	**2**	**57,449**

From discussions with the Endoscopy Department, we have been assured that with the two fully functioning procedure rooms and the addition of a Band 5 post, 20 sessions could be provided utilising their established staff base. The additional Band 3 post is proposed to support the decontamination of the scope equipment given increased service and the external location of the Demountable Solutions Unit. The staff member would be based in HSDU. The additional staff cost is £57,449. The administrative/receptionist responsibilities would be shared between Endoscopy and the Day Surgery Unit. The costings for which would encompass the established Endoscopy administrative staff and the proposed staff outlined in the DSU staff costings below.

Endoscopy Equipment:

As the Demountable Solutions Unit is separate from the main building at PPH, the need for additional equipment to assist with the turnaround time required for HSDU to transport and decontaminate the equipment before the next procedure has been raised. The costs of the proposed additional equipment required for the Demountable Solutions Unit are estimated below.

Table 1.9 Additional Endoscopy Equipment Costs

Equipment Description	Quantity	Est £	£
Camera System (Stack)	1	83294	83,294
Flushing	1	2581	2,581
Gastroscope	2	35487	70,974
Colonoscope	2	39774	79,548
Printer	1	1957	1,957
Total exc. VAT			238,354
Discounted estimate			236,397
VAT			47,279
Total			**283,676**

Emergency Endoscopy:

It has been highlighted that in the case of emergency endoscopy cases, there will be a need for a partial service to be provided within the main building at PPH. The Endoscopy Department receives approximately 20-25 emergency endoscopy referrals a month, resulting in 240-300 per year.

With Endoscopy relocating to the Demountable Solutions Unit, Endoscopy staff would respond to emergency referrals within the main building at PPH as is currently conducted, although now traveling from the Demountable Solutions Unit.

Total Endoscopy:

Table 2.0 Total Endoscopy Costs

Endoscopy Cost	£
Staff	57,449
Equipment	283,676
Total	**341,125**

Thus, the total proposed cost of moving Endoscopy to the Demountable Solutions Unit would be **£341,125.**

Day Surgery

The current DSUs at PPH and GGH each undertake 10 sessions at full capacity, thus totalling 20 sessions across Carmarthenshire. The proposed Demountable Solutions Unit, providing two Laminar Flow Theatres, increases the Day theatres on PPH site from one to two, creating an additional 10 sessions on the site of PPH.

Although not central to this specific proposal, the proposed development will subsequently provide scope for a range of illustrative scenarios to facilitate additional capacity. Whilst these would be subject to further exploration and appropriate levels of engagement with relevant stakeholders, opportunities may include:

Relocation & Concentration of Day Surgical facilities onto a single site in Carmarthenshire:
Using the established budget of staff and consumables, possible relocation of the 20 sessions currently provided at GGH (10 sessions) and PPH (10 sessions) to the Demountable Solutions Unit based at PPH. This option will have little to no additional costs, thus remaining in the current DSU established budget. With improved economies of scale, relocating both DSUs to the Demountable Solutions Unit would release prime clinical space within their respective hospitals to accommodate alternative/additional services.

Additional Day Surgical Capacity:
Alternatively, with the current 10 sessions provided at GGH remaining in situ whilst adding the Demountable Solutions Unit's two Modular Theatres on the PPH site, an additional 10 sessions would be added to HDdUHB's Day Surgery capacity within Carmarthenshire. These 10 sessions have the capacity to facilitate a variety of specialties which would benefit from a day surgery setting and would be allocated to provide the best value to the patient waiting list and referral to treatment times.

HDdUHB has the opportunity within these scenarios to reallocate the provision of Day Surgery cases. Currently, up to 40% of main theatre capacity, and the corresponding bed capacity, is allocated to Day Surgery. By relocating day surgical work from main theatre facilities to the Demountable Solutions Unit, the inpatient capacity is released, as would be the available beds.

As previously outlined in the report, the pressure on all areas of Scheduled Care has been unprecedented over the past year. The opportunity to expand the provision to patients who have been delayed access to care is an urgent priority. With the released space, HDdUHB could begin to allocate main theatre sessions to a range of specialties, prioritising urgent cases that have built up from the backlog compounded by the COVID-19 pandemic.

For illustrative purposes, the outline cost of providing additional Day Surgical capacity through the provision of 10 additional day surgery sessions is described below:

Please note, the Consultant Anaesthetist has been costed at 12.5 sessions to incorporate pre- and post-operative time requirements.

Table 2.1 Total DSU Staffing Costs (5 Day Service)

Monday to Friday working - 5-day 2 session option						
Staff Description	WTE	Hours	Headroom 26.9%	Total WTE	Midpoint (including oncosts)	Total cost £
Consultant Anaesthetist	***12.5 sessions***	***46.875***		***1.25***	***126,705***	***158,381***
Band 6 Anaes	1.5	*56.25*	*0.40*	1.90	42,101	80,139
Band 6 Scrub	1	*37.5*	*0.27*	1.27	42,101	53,426
Band 5 Scrub	1.5	*56.25*	*0.40*	1.90	33,951	64,626
Band 5 Recovery	1	*37.5*	*0.27*	1.27	33,951	43,084
Band 5 Ward	2	*75*	*0.54*	2.54	33,951	86,168
Band 3 HCSW	1	*37.5*	*0.27*	1.27	25,812	32,755
Band 2 HCSW	1	*37.5*	*0.27*	1.27	23,498	29,819
Band 2 porter - **shared asset**	1.5	*56.25*	*0.40*	1.90	23,498	44,728
A&C Band 2 Reception - **shared asset**	1.02	*38.25*	*0.27*	1.29	23,498	30,415
Band 2 Commodities - **shared asset**	1	*37.5*	*0.00*	1.00	23,498	23,498
TOTAL	**12.52**	***469.5***		**15.62**		**647,040**
NON-PAY	Approx. 64% of current	300K				**300,000**
TOTAL PAY & NON-PAY						**947,040**

The Demountable Solutions Unit provides the potential to increase the service further by expanding it to a 6-day working week adding an additional 2 sessions to the service. The costing for the additional working day and 2 sessions would be as follows:

Table 2.2 Total DSU Staffing Costs (Saturday Service)

Saturday - 2 session option						
Staff Description	Hours	WTE	Headroom 26.9%	**Total WTE (including headroom)**	Midpoint (including oncosts)	**Total cost £**
Consultant Anaesthetist	***2.5 sessions***			***0.25***	***126,705***	***31,676***
Band 6 Anaes	9.5	0.25	0.07	0.32	42,101	13,535
Band 6 Scrub	9.5	0.25	0.07	0.32	42,101	13,535
Band 5 Scrub	9.5	0.25	0.07	0.32	33,951	10,915
Band 5 Recovery	9.5	0.25	0.07	0.32	33,951	10,915
Band 5 Ward	19	0.51	0.14	0.64	33,951	21,829
Band 3 HCSW	9.5	0.25	0.07	0.32	25,812	8,298
Band 2 HCSW					23,498	0
Band 2 porter **- shared asset**	9.5	0.25	0.07	0.32	23,498	7,554
A&C Band 2 Reception - **shared asset**	9.5	0.25	0.07	0.32	23,498	7,554
Band 2 Commodities - **shared asset**					23,498	0
TOTAL	**85.50**	**2.28**	**0.61**	**2.89**		**125,810**
NON-PAY	Approx. 64% of current					**tbc**
TOTAL PAY & NON-PAY						**125,810**

Thus, the total costs of running the Demountable Solutions Unit as a 5 day, and 6 day service are highlighted below:

Table 2.3 Total DSU Staffing Costs (5&6 Day Service)

Staff Description	Total cost 5 day working week £	**Total cost Saturday 2 session £**	Total cost 6 day working £
Consultant Anaesthetist	***158,381***	***31,676***	***190,057***
Band 6 Anaes	80,139	13,535	93,674
Band 6 Scrub	53,426	13,535	66,961
Band 5 Scrub	64,626	10,915	75,540
Band 5 Recovery	43,084	10,915	53,998
Band 5 Ward	86,168	21,829	107,997
Band 3 HCSW	32,755	8,298	41,053
Band 2 HCSW	29,819	0	29,819
Band 2 porter **- shared asset**	44,728	7,554	52,283
A&C Band 2 Reception - **shared asset**	30,415	7,554	37,969
Band 2 Commodities - **shared asset**	23,498	0	23,498
Staff Total	**647,040**	**125,810**	**772,850**
Non-pay	**300,000**	**tbc**	**300,000**
TOTAL	**947,040**	**125,810**	**1,072,850**

Costing

HDdUHB's Scheduled Care Team and Finance Department have worked closely to devise a proposed model. Below are the costs associated with the rental of:

- Two Laminar Flow theatres
- Two Endoscopy Procedure Rooms
- Patient Reception/Facilities

Table 2.4 Demountable Unit Solution Costs (3-year period)

ESSENTIAL INFRASTRUCTURE RENTAL OVER 3 YEAR (156 WEEK) PERIOD	TOTAL	WEEKLY
Unit rental (comprising of 2 Day Case Laminar Flow Theatres & 2 Endoscopy Procedure Rooms, wards, patient reception/facilities and welfare space)	£6,822,396.00	£43,733.31
Backup Generator	£113,311.00	£726.35
UPFRONT INSTALLATION COSTS	**TOTAL**	**WEEKLY**
Delivery, Setup, Enabling Works, Commissioning, Project Management, CDM, Fibre Connections, Service Provisions, Removal Costs and Unit Facilitator	£1,973,380.00	N/A
GRAND TOTAL	**£8,909,087.00**	**£44,459.66**

Costs are exclusive of VAT

Total Costing of Proposal

Understandably there is a significant cost to deliver the entirety of the benefits this plan proposes. In summary these costs are collated below:

Table 2.5 Total Proposed Cost

Annual Costs	Year 1 (£)	Year 2 (£)	Year 3 (£)	Total (£)
Endoscopy Staff	57,449	57,449	57,449	172,347
SDU Staff (5-day)	947,040	947,040	947,040	2,841,120
Rental	2,274,132	2,274,132	2,274,132	6,822,396
Backup Generator	37,770	37,770	37,770	113,311
One off Costs				
Demountable Solutions Unit Installation	1,973,380	N/A	N/A	1,973,380
Endoscopy Equipment	283,676	N/A	N/A	283,676
DSU Equipment (TBC)				-
Grand Total	**5,573,447**	**3,316,391**	**3,316,391**	**12,206,230**

External suppliers will be approached regarding costs and designs via a competitive tendering exercise – the above having been collated to provide an estimate of the project costs.

RISKS AND NEXT STEPS

RISK 1: Staffing Levels

A significantly large risk to the project would be in regard to the recruitment of staff to manage the additional activity produced in both PPH and the Demountable Solutions Unit. That stated, the aim of the project is to increase capacity and improve the service to patients within HDdUHB. The key to successfully deliver this objective is investment in additional workforce capacity. In order to efficiently carry out services within PPH and the Demountable Solutions Unit, HDdUHB must seek to accommodate a sufficient volume of ward staff, theatre staff and anaesthetists. HDdUHB is aware that the recruitment of additional staff to support this comes with significant pressures and costs. The detailed proposed costing of staff has been outlined above.

The report acknowledges that staff costs will be recurring and believes the proposed level of capacity will benefit the patients of HDdUHB for years to come, therefore justifying the increase to the Day Surgery Unit budget. Furthermore, the wider team understands the need to be agile and diverse when discussing staffing levels in order to successfully deliver the highest level of patient-centred care.

RISK 2: Transportation of Recovering Patients

Risks relating to the transportation of recovery patients to and from the Demountable Solutions Unit have been raised in the interest of the best level of patient care. This report proposes the Unit to be stand-alone, therefore a connecting pathway to transport recovery patients to and from the wards/theatres at PPH will not be present. Every effort will be made to utilise the Demountable Solutions Unit in line with its prescribed design - as a designated Day Surgery Unit - scheduling patients to be treated and discharged within the day. However, a contingency plan must be established for any patient whose treatment leads to an inpatient requirement, thus requiring the patient to be transported to the main hospital building.

HDdUHB has discussed utilising ambulance services whilst transporting patients, however is aware of the need to ensure there are sufficient levels of the required staff at PPH to accommodate this. HDdUHB has taken this risk into consideration and is fully aware that action in PPH will be taken to successfully accommodate patients.

RISK 3: Unscheduled Care Pressures

Now, more than ever, HDdUHB is facing the reality of Unscheduled Care pressures, detrimentally impacting the operational efficiency of Scheduled Care services. Significant risk will always be present around the requirement for extra capacity with relation to Unscheduled Care services, therefore as a health board, HDdUHB can only assume that opening an added service area will bring with it challenges when seeking to maintain these beds for RTT patients. By releasing capacity within PPH, the aim is to provide ‘protected’, ring-fenced wards for Scheduled Care services in order to mitigate the risk associated with the demands of Unscheduled Care and ensure Scheduled Care services continue to operate efficiently.

RISK 4: Reputational Risk

It is imperative to consider the risks surrounding the reputational damage if HDdUHB does not successfully accommodate the proposed activity at PPH. The ability to successfully deliver the additional services is essential, as it centres on credibility to achieve the highest level of patient centred care. To mitigate the risk associated, HDdUHB will continue to review

the internal and external activity currently commissioned as part of Transforming Clinical Services and contracting arrangements.

As part of the transition arrangements, all material and pertinent issues will be captured. There will be a fortnightly update, which will be fully RAG rated and monitored against the Transition Plan. For assurance, all parties will be fully sighted on any potential issues during the transition/repatriation, in order for risks and mitigations to be captured, and the appropriate remedies put in place to ensure delivery of the programme.

Argymhelliad / Recommendation

Finance Committee is requested to scrutinise the financial implications in support of the proposal, subject to confirmation of Executive Team support on 24th February 2021, and subject to securing funding from Welsh Government.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.3 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board. 5.5.6 Reviewing financial proposals for major business cases (and investment decisions) and their respective funding sources.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	5. Timely Care 3.1 Safe and Clinically Effective Care 2.1 Managing Risk and Promoting Health and Safety 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve Population Health through prevention and early intervention Develop a sustainable skilled workforce Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Incorporated within the report
Rhestr Termau: Glossary of Terms:	Incorporated within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Executive Team (24.02.2021)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Impact included within the body of the report
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Impact included within the body of the report
Gweithlu: **Workforce:**	Impact included within the body of the report
Risg: **Risk:**	Impact included within the body of the report
Cyfreithiol: **Legal:**	Impact included within the body of the report
Enw Da: **Reputational:**	Impact included within the body of the report
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

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