

**Trust Board Report**

<b>Meeting Date:</b>	27 <sup>th</sup> January 2014
<b>Title:</b>	Business Case for the refurbishment of Wolverhampton Eye Infirmary
<b>Executive Summary:</b>	This Business Case outlines the need for extension and refurbishment to Wolverhampton Eye Infirmary to improve waiting room facilities and clinical space.
<b>Action Requested:</b>	Approval
<b>Report of:</b>	Head of Estates Development
<b>Author:</b> <b>Contact Details:</b>	Mike Goodwin Tel 01902 695947 Email: mikegoodwin@nhs.net
<b>Resource Implications:</b>	Total funding of £1,006,204 is required over two years (2013/14 and 2014/15). A contribution of £200,000 from Ophthalmology Charitable funds and donations will be made resulting in a capital requirement of £806,204. There are no revenue costs (with the exception of capital charges associated with this project).
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	Capital Review Group 15 <sup>th</sup> January 2014. Trust Management Committee 24 <sup>th</sup> January 2014.
<b>Appendices/ References/ Background Reading</b>	Attachment 1 – Business Case for the refurbishment of Wolverhampton Eye Infirmary.
<b>NHS Constitution:</b> (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

**Background Details**

<b>1</b>	Attachment 1 – Business Case for the refurbishment of Wolverhampton Eye Infirmary.
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**TITLE OF PROPOSAL: Expansion of patient waiting room and clinical capacity within the Wolverhampton Eye Infirmary (WEI)**

**1. EXECUTIVE SUMMARY**

The WEI was transferred to the New Cross Hospital site in January 2007. The building accommodates the following services:-

- Outpatients – new and review
- Laser treatments
- Ophthalmology imaging
- Day Surgery Theatres
- Minor Ops Room
- Mary Jones Ward
- Limited inpatient activity accommodated on ward A23
- Intraocular injection service for Lucentis and Ozurdex
- Pre assessment
- Optometry
- Orthoptics
- Artificial Eye Service
- Health Records Department

In addition to the on site services detailed above, the directorate provides off site services of both medical and nursing staff, by way of a service level agreement to Cannock, Walsall and Bridgnorth hospitals.

At the time of moving to the New Cross facility, the annual rate of outpatient activity was 56,000. In 2012/13 the outpatient activity was 106,000

The service has outgrown it's capacity due to:-

- Increased referral rates – Choose and Book
- Introduction of Lucentis and more recently Ozurdex - intraocular injection treatments
- Aging population
- Stafford and Cannock complex cases being treated at WEI

There is a need to expand the footprint at WEI to adequately accommodate the following services:-

- Increased and improved waiting area for patients
- Provision of a dedicated injection room for Intraocular injections
- Provision of Vision lanes to allow efficient eye testing prior to consultations and interventions
- Increased outpatient clinic rooms

**2. PROJECT LEAD (ACCOUNTABLE OFFICER)**

Marion Washer – Group Manager for Ophthalmology Services

**3. BACKGROUND INFORMATION**

**3.1** There has been significant growth in the Ophthalmology Service since the transfer from the old Eye Infirmary site at Compton to the RWT site. Details of year

on year growth are detailed in table 1.

Year	New OPD referrals	Review OPD appointments	Laser Procedures Attendances	Minor Ops Attendances	Intraocular Injections Lucentis Ozuredex
2009/10	23740	78162	2311	1305	1880
2010/11	29515	91164	2322	1392	2984
2011/12	29596	94078	2439	1404	3830
2012/13	30446	108026	2216	1464	4493
2013/14 April /Sept	15452	55559	1128	544	2685

**Table 1**

There has been no expansion of footprint since the service transferred to the RWT site and there are now significant pressures in relation to accommodating the outpatient capacity waiting room, clinic room.

**3.2.** The introduction of Lucentis and Ozurdex intraocular injections for the treatment of Age related Macular Oedema, and more recently Diabetic Macular Oedema as an NHS treatment. This service requires the availability of a clean room and should be undertaken in the minor ops room. However, the minor ops capacity has been exhausted which has resulted in most of the intraocular injections being performed in valuable theatre space and at weekend at overtime rates. The building is desperately in need of an injection room in order to adequately deliver the injection service now and ensure it is future proof for the next 5 – 8 years.

3.2.1 In addition, further NICE guidance for the use of Lucentis in Retinal Vein Occlusion was released in May 2013. This will place further pressure on the service in terms of our capacity requirements.

3.2.2 The intraocular service to patients currently involves two visits to the hospital i.e one review appointment and a second appointment for the intraocular injection. A dedicated injection room would allow the service to be converted to a 'one stop service' for these patients. This would create an improved quality service to our patients and efficiencies for the CCG.

3.2.3 The Orthoptic service is situated on the first floor of the building. It is predominantly a paediatric service but there are some adult attenders. This service has grown significantly since the introduction of 'choose and book'. It receives a significant number of out of area referrals and the associated income. The service has had to expand its clinics into the evening which has mixed reviews from the parents of small children. Additional accommodation to be identified within the building to allow a more efficient service to our patients.

- 3.2.4 The patient waiting room space for patients is inadequate for the needs of the daily workload, it is uninviting, cramped and unsafe for some patients with severe low vision. The majority of the patients attending this facility are middle aged to elderly and have some degree of vision impairment.
- 3.2.5 The Health Records team for the WEI was moved into clinical capacity upon transfer from Compton in 2007. It is situated in the midst of the clinical area and is taking up considerable space that could be better utilised for clinical activity. Furthermore, it poses a security risk with regard to the storage of medical notes. This problem has been risk assessed and is currently sitting on the Ophthalmology risk register as an amber risk

#### **4. OTHER ACTIVITY EXPANSION OPPORTUNITIES**

The directorate was approached by Telford and Wrekin CCG in September'13 to explore opportunities for WEI to deliver an outreach OPD service for them through a service level agreement. Our contracting team are currently working with T&W to identify potential activity levels.

If this becomes a viable project, patients requiring interventional surgery will be treated at WEI.

There is potential for other CCGs to explore outreach services from us too. Interest has been shown from Powis CCG.

#### **5. CASE FOR IMPROVEMENT**

There is a need for expansion of the WEI, to provide additional facilities to appropriately accommodate patients and create a facility that is future proof for the next five years.

This can be accommodated in the following ways:-

- Transfer the Health Records team into an adjoined fabricated building extension at the side of the WEI, or a closely located existing building.
- Reconfigure the main health records room into additional waiting room space for patients and vision lanes.
- Reconfigure the existing clinic room space to create a dedicated two bed Injection room with appropriate privacy between the two beds, to allow a one stop service for this patient category.
- Provision of an advice/discharge room for patients who have undergone intraocular injections.

#### **6. OBJECTIVES**

- a. Create an improved environment for patients who are often elderly and experience impaired vision.
- b. Create essential facilities to enable a more efficient service to patients.
- c. Create the security of medical notes and other confidential information by re-locating Health Records.
- d. Provide a 'one stop' service to all patients requiring intraocular injections, through the provision of an Injection room.

e. Provide an efficient and cost effective service to our patients.

## **7. OPTIONS**

### **7.1 Option 1 – Do nothing**

This option would not :-

- Would not accommodate improved patient pathways
- Would not allow for future growth in activity
- Will not support a cost effective service
- More efficient ways of working
- Will not address the lack of waiting room space for patients
- A good patient experience

### **7.2 Option 2 – Extend the current facilities to achieve the following:-**

- Accommodate improved patient pathways – in particular, a one stop service for patients requiring intraocular injections.
- Delivery of a more cost effective service.
- Provision adequate and appropriate waiting room space for patients.
- Provision of a dedicated intraocular room.
- Provision of efficient vision lanes in a more centralised area which will reduce patient movement to a minimum
- A more secure facility for the storage of patients' medical notes
- Comply with the Trust's vision of 'continuously striving to improve patient experience and outcomes'.
- Secure accommodation of future growth for the next five years

**Preferred Option – Option 2 :**

## **8. PROPOSED PROGRAM OF WORKS**

To be provided by Estates

**9. NON-FINANCIAL OPTION APPRAISAL**

	<b>Option 1</b>	<b>Option 2</b>
<b>Objective 1</b>	0	3
<b>Objective 2</b>	1	3
<b>Objective 3</b>	0	3
<b>Objective 4</b>	0	3
<b>Objective 5</b>	1	3
<b>TOTAL</b>	<b>2</b>	<b>15</b>

**10. FINANCIAL IMPACT**

**10.1 Capital**

**10.2 Revenue**

See attached financial proforma

**11. PUBLIC CONSULTATION– (determine which level of consultation, if any, is appropriate)**

N/A

**12. EQUALITY IMPACT ASSESSMENT**

N/A

### 13. BENEFITS

<b><i>Benefit</i></b>	<b><i>Measure and approach</i></b>	<b><i>Date benefit will be realised</i></b>	<b><i>Responsible for Review</i></b>
Improved and future proof capacity to deliver an efficient , quality service to patients	Adequate capacity for all patients to be seen/reviewed/treated in a timely manner, though an appropriate pathway	Upon Expansion of WEI	Group Manager and Matron
Introduction of improved patient pathway for Intraocular injection service	Adoption of a one stop service  Audit	Upon Expansion of WEI	Group Manager and Matron
Improved security of medical notes and other confidential information	Secure isolated facility, away from the clinical environment	Upon Expansion of WEI	Group Manager and Matron
Improved patient experience and outcomes	One stop service for patients undergoing intraocular injection treatments  Improved waiting room facilities	Upon Expansion of WEI	Group Manager and Matron
<i>Reduced movement of patients within the department due to spread out services</i>	<i>Re-location of affiliated services within the department</i>	<i>Upon Expansion of WEI</i>	<i>Group Manager and Matron</i>

### 14. RISK MANAGEMENT APPROACH (of the preferred option) – complete a risk log/assessment of all key risks – [hyperlink](#)

<b>Risks</b>	<b>Consequence</b>	<b>RAG</b>
Poor patient experience	Complaints and possible tarnished Trust reputation	Yellow
Inability to improve patient pathways	Less efficient service , CCG pressures to deliver reduced costs of service	Amber
No capacity for current and future growth	Loss of activity and income	Amber



15. DETAILED IMPLEMENTATION PLAN – [hyperlink to Project Plan Template](#)

<b>Key Actions</b>	<b>Person responsible</b>	<b>Timescale</b>
Present Business Case to Division 1 for approval.	<i>Group Manager and Matron Theatres / ICCU Service Group</i>	June 2013
Present Business Case to the Contracts and Commissioning group	<i>Group Manager and Matron Theatres / ICCU Service Group</i>	June/July 13
Present Business Case to the TMT	<i>Group Manager and Matron Theatres / ICCU Service Group</i>	July/Aug 13
Estates checks and Tendering process	Mike Goodwin Director of Developments	Aug/Sept 13
Award of building contract	Mike Goodwin Director of Developments	Nov 13
Commence building works	Mike Goodwin Director of Developments	December 13
Completion and commissioning of new build extension		March 2014




**AGREED BY:**

	Date
IT Strategy Group	
Medical Procurement Group	
Capital Review Group	
Division One	
Estates & Facilities Procurement	
Others – please state	

	Date
Medicines Management NICE Implementation Group	
Division Two	
Human Resources Education	

**APPROVED BY:**

Divisional Director .....  ..... 3.12.13  
 Divisional Manager .....  ..... 3/12/13  
 Divisional Accountant .....  ..... Head of Nursing

**APPROVED BY:**



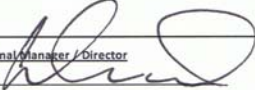
Contracting & Commissioning  
 .....Name.....Date.....

**APPROVED BY**

Trust Management Team  
 .....Name.....Date.....

**APPROVED BY**

Trust Board .....  
 .....Name.....Date.....

Business Case: 44402 - Wolverhampton Eye Infirmary (WEI) Expansion		The Royal Wolverhampton 				NHS Trust	
Version: 967		Ref: 1.0		Capital Ref: 44402			
<b>CAPITAL COST:-</b>							
	Capital	Life	Capital	Life	Capital		
	£	Years	£	Years	£		
	Year 1		Year 2		Total		
Building Costs	865,204	25	0		865,204		
Professional Fees and Charges	93,000	25	0		93,000		
Equipment (FF&E)	48,000	7	0		48,000		
<b>TOTAL CAPITAL</b>	<b>1,006,204</b>		<b>0</b>		<b>1,006,204</b>		
<b>ACTIVITY &amp; OTHER INCOME:-</b>							
	Activity		Tariff		Income		
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	
	FYE		FYE		Recurring		
Description			£	£	£	£	
Activity Income must be entered by Point of Delivery							
<b>TOTAL INCOME</b>					<b>0</b>	<b>0</b>	
<b>REVENUE COST:-</b>							
<i>Note: All entered as minus values (-£)</i>							
<b>Pay Costs</b>							
Description	Department	Date wef	Pay Band	PAs/ Other	Cost per WTE £	WTE	Spend
							Year 1 Year 2
							£ Recurring £
Pay - Direct Clinical						0	0 0
Pay - Clinical Support						0	0 0
<b>Total Pay Costs</b>						<b>0</b>	<b>0 0</b>
<b>Non Pay Costs</b>							
Non Pay - Direct Clinical						0	0 0
Non Pay - Clinical Support						0	0 0
<b>Total Non Pay Costs</b>						<b>0</b>	<b>0 0</b>
<b>TOTAL CLINICAL AND CLINICAL SUPPORT COSTS</b>							
						<b>0</b>	<b>0 0</b>
<b>TOTAL CONTRIBUTION TO TRUST OVERHEADS AS PERCENTAGE (Should be 20% or above)</b>							
						<b>0</b>	<b>0</b>
<b>OVERHEAD COSTS:-</b>							
<b>TOTAL OVERHEAD COSTS</b>							
						<b>0</b>	<b>0</b>
<b>TOTAL EBITDA MARGIN AS PERCENTAGE (Should be 10% or above)</b>							
						<b>0</b>	<b>0</b>
<b>CAPITAL CHARGES:-</b>							
<i>Note: All entered as minus values (-£)</i>							
Depreciation						0	(45,185)
Rate of Return						(17,609)	(34,426)
<b>TOTAL COST OF CAPITAL</b>						<b>(17,609)</b>	<b>(79,612)</b>
<b>NET SURPLUS MARGIN AS PERCENTAGE (Should be 3% or above)</b>							
						<b>(17,609)</b>	<b>(79,612)</b>
<b>Clinical / Corporate Finance Manager</b>				<b>Divisional Manager / Director</b>			
Name: 				Name: 			
Date: 3/12/13				Date: 3/12/13			