

Refurbishment of Women's Unit Phase 3 (Gynaecology Ward) – business case

Trust Board Report

Meeting Date:	28 April 2014
Title:	Business Case for refurbishment of Women's Unit Phase 3 – Limited refurbishment of the Gynaecology Ward (D7).
Executive Summary:	Partial refurbishment of the Gynaecology Ward – D7 in order to improve the quality of the environment and to meet infection prevention standards.
Action Requested:	Approval
Report of:	Lewis Grant
Author: Contact Details:	01902 695983 Lewis.grant@nhs.net
Resource Implications:	Funding is available in the Capital Programme.
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Approved at Contracting & Commissioning 11 th February 2014. Approved at Capital Review Group 12 th February 2014. Approved at Trust Management Committee 21 st March 2014.
Appendices/ References/ Background Reading	Attachment 1 – Business Case for refurbishment of Women's Unit Phase 3 – Limited refurbishment of the Gynaecology Ward (D7).
NHS Constitution: (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"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1	Phase 3 of the refurbishment of the Women's Unit, the gynaecology ward, has been delayed due to a lack of decant facilities and the Directorate's desire to have a break from the disruption of building work in the block for a short period. Since the original decision to refurbish the Gynaecology Ward in its entirety, there have been changing priorities within the Trust, and with the possibility of future expansion of the block it has been agreed with the Estates Development Team that a partial refurbishment of the Gynaecology Ward will take place only at this time. This work will be able to be undertaken whilst the ward continues to function and a decant facility will not be required, however during this time no medical outliers will be able to be accommodated. Only areas which are unlikely to be affected by any future building works are being refurbished, and therefore to complete the refurbishment of the
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	<p>ward further work will be required at a later date to include the update of the Gynaecology Assessment Unit.</p> <p>The ward environment is substandard and presents a number of Infection Prevention challenges at present which will be addressed by the refurbishment. The ward provides poor quality accommodation in comparison to other ward stock within the Trust.</p>
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FULL BUSINESS CASE

TITLE OF PROPOSAL:

Refurbishment of Women's Unit Phase 3 – Limited refurbishment of the Gynaecology Ward (D7)

PROJECT LEAD (Accountable Officer):

Helen Read, Directorate Manager, Obstetrics and Gynaecology
Damian Murphy Clinical Director, Obstetrics and Gynaecology
Julie Plant, Matron, Gynaecology
Tony Hartley, Project Manager, Estates

BACKGROUND INFORMATION:

The Trust agreed to embark on a phased refurbishment project of the existing Women's Unit to address functional and operational issues within the building to improve the environment in which patients are cared for and meet the expectations of women and their families. Phase 1 and 2 are complete.

Phase 3 the refurbishment of the gynaecology ward has been delayed due to a lack of decant facilities and the Directorate's desire to have a break from the disruption of building work in the block for a short period. Since the original decision to refurbish the Gynaecology Ward in its entirety, there have been changing priorities within the Trust, and with the possibility of future expansion of the block it has been agreed with the Estates Development Team that a partial refurbishment of the Gynaecology Ward will take place only at this time. This work will be able to be undertaken whilst the ward continues to function and a decant facility will not be required. Only areas which are unlikely to be affected by any future building works are being refurbished, and therefore to complete the refurbishment of the ward further work will be required at a later date to include the update of the Gynae Assessment Unit.

The ward environment is substandard and presents a number of Infection Prevention challenges at present which would be addressed by the refurbishment. The ward provides poor quality accommodation in comparison to other ward stock within the Trust.

CASE FOR IMPROVEMENT:

ENVIRONMENT:

The poor condition of the ward has been revised and discussed during Safety and Quality rounds.

Currently the ward environment sits as a risk on the Directorate risk register, risk number 2706. The Directorate remains amber for the environment on the CQC scorecard.

The Directorate has also received a number of informal complaints relating to the environment of the Gynaecology Ward. The ward regularly fails infection prevention audits as the ward is old and does not comply with current standards. Work will be undertaken to address the infection prevention issues raised throughout the ward to include flooring, walls and other areas highlighted by IP. In addition the following areas will be refurbished:

RECEPTION:

At present the ward has no reception for greeting patients. Patients on arrival book in at the nurse's station which often is very busy with nurses, doctors and admin staff congregating. This creates a poor public perception of the ward on entry to the ward, with patients and relatives having to wait to be greeted and seen by staff, there is also no privacy provided at the desk which results in patient details and discussions taking place within this public area. This will be addressed as part of the refurbishment by creating a designated reception at the front entrance of the ward affording privacy for patients on entry to the ward, and a designated base for patient medical records and reception staff. The nurses station will remain but will become a medical and nursing workstation.

BATHROOM & TOILETS:

A number of the bathrooms/shower rooms have already been refurbished and made into wetrooms, these will provide facilities for the ward whilst the older bathrooms and showers are refurbished.

CONSULTING ROOMS:

The existing day room and one of the storage rooms both of which are large rooms with good natural light will become consulting rooms where intimate examinations can take place. The existing consulting rooms which are not fit for purpose will be changed into storage rooms.

CLEAN AND DIRTY UTILITIES

These rooms do not meet the current infection prevention standards and are therefore to be refurbished.

The revised schedule of work to refurbish the ward therefore includes:

- Upgrading of toilet and bathroom facilities
- Creation of ward reception area for greeting patients and relatives on entry to the ward and away from the nursing/medical station.
- Creation of 2 newly sited Consulting Rooms that have natural light and are larger than the current ones, this is being facilitated by swapping the purpose and specification of these rooms with other rooms.
- Improved facilities for staff changing and toilets
- Upgrade of dirty and clean utility to meet PEAT standards
- Replacement flooring where necessary.
- Painting of walls and the removal/replacement of wooden wall bumpers.
- Other issues as highlighted by the IP Team.

Financial Information

See attached financial proforma

Options

The following options have been considered:

Option 1 – Do nothing

The risks associated with this options are:

- Does not resolve the IP, environmental and safety concerns relating to the Gynaecology Ward
- Does not remove the Gynaecology Ward environment from the Directorates risk register
- The ward will not be of the same standard as the other wards within the unit
- The ward will not have enough functional toilet/bathroom space

Option 2 – Refurbish the Gynaecology Ward

This is the preferred option by the Directorate.

The benefits associated with this option are:

- Enables the ward area to meet the needs of modern healthcare and IP standards.
- Resolve the IP, environmental and safety concerns relating to the Ward
- Removes the ward environment from the risk register

There is a risk that the service will be negatively impacted during the refurbishment resulting in a poor experience for patients to mitigate this risk the Project Manager will liaise as a minimum weekly with the Ward Manager, and more often should the situation require.

OBJECTIVES

Operationally the drivers for change for this business case are:

- To improve patient experience
- To improve the patient and staff environment
- To ensure continued compliance with statutory standards

NON FINANCIAL OPTION APPRAISAL

The following table summarises how this phase of the preferred option will address the key objectives outlined above:

KEY: 0=objective will not be achieved 1=objective will be partially achieved
2=objective will be mostly achieved 3=objective will be fully achieved

	Option 1	Preferred Option: Option 2
To improve patient experience	0	3
To improve the patient and staff environment	0	3
To ensure continued compliance with statutory standards	0	3
Total	0	9

FINANCIAL SUMMARY (Financial proforma attached)

PUBLIC CONSULTATION

N/A

EQUALITY IMPACT ASSESSMENT

N/A

BENEFITS (of the preferred option)

<i>Benefit</i>	<i>Measure & Approach</i>	<i>Date Benefit will be realised</i>	<i>Responsible for Review</i>
Improved patient experience and environment	Patient survey – before and after refurbishment / complaints	1 month after completion	PPI team
Compliance with Infection Prevention Guidance	IP performance report	1 month after completion	Infection Prevention Team

RISK MANAGEMENT APPROACH (of the preferred option)

A Risk Log has been developed for the Project. Below are the key risks that are specific to the project.

Risk	Control Measure	Residual Risk
Disruption to clinical, operational and services leading to complaints by service users and staff	Liaising with clinical teams to ensure minimum disruption	Poor communication between large team
Requirement to undertake more work on building services that envisaged leading to rising costs	Tony Hartley (Project Manager) will review scope of work and ensure that a tight rein is kept on work	None
Rise in infection due to ongoing construction work whilst maintaining service provision	Liaise closely with both clinical and infection prevention teams to ensure that appropriate measures are in place to mitigate the risk	None

SUBMITTED BY:

Helen Read: Group Manager
 Damian Murphy: Clinical Director
 Tracy Palmer: Matron
 Tony Hartley: Project Manager

APPROVED BY:

Divisional Director.....
 Ian Badger *[Signature]* 31.1.14.
 Divisional Manager.....
 Lewis Grant *[Signature]* 31.1.14.
 Divisional Accountant.....
 Mark Worton *[Signature]* 31.1.14.
 Head of Midwifery & Gynaecology.....
 Debra Hickman

Date:.....

APPROVED BY:

Contract & Commissioning.....Name.....Date:.....

APPROVED BY:

Capital Review Group.....Name.....Date:.....

APPROVED BY:

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

APPROVED BY:

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

Business Case: 4923R - D7 Gyneae Ward Refurbishment (previously A4)

Version: 3 Ref:

CAPITAL COST:-	Capital	Life	Capital	Life	Capital
	£	Years	£	Years	£
	Year 1		Year 2		Total
Building Cost	494,321	20	0		494,321
Professional Fees and Charges	48,000	20	0		48,000
Equipment (FF&E)	14,400	7	0		14,400
TOTAL CAPITAL	556,721		0		556,721

ACTIVITY & OTHER INCOME:-	Activity		Tariff		Income	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
		FYE		FYE		Recurring
<u>Description</u>			£	£	£	£
Activity Income must be entered by Point of Delivery						
TOTAL INCOME					0	0

REVENUE COST:-							Spend		
<i>Note: All entered as minus values (-£)</i>							Year 1	Year 2	
Pay Costs	Description	Department	Date	Pay Band	PAs/ Other	Cost per WTE	WTE	Year 1	Year 2
								£	£
<u>Pay - Direct Clinical</u>								0	0
<u>Pay - Clinical Support</u>								0	0
Total Pay Costs								0	0
<u>Non Pay Costs</u>									
<u>Non Pay - Direct Clinical</u>								0	0
<u>Non Pay - Clinical Support</u>								0	0
Total Non Pay Costs								0	0
TOTAL CLINICAL AND CLINICAL SUPPORT COSTS								0	0

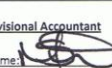
TOTAL CONTRIBUTION TO TRUST OVERHEADS AS PERCENTAGE (Should be 20% or above)	0	0
	N/A	N/A

OVERHEAD COSTS:-		
TOTAL OVERHEAD COSTS	0	0



TOTAL EBITDA MARGIN AS PERCENTAGE (Should be 10% or above)	0	0
	N/A	N/A

CAPITAL CHARGES:-		
<i>Note: All entered as minus values (-£)</i>		
Depreciation	0	(29,173)
Rate of Return	(9,743)	(18,975)
TOTAL COST OF CAPITAL	(9,743)	(48,148)

NET SURPLUS MARGIN AS PERCENTAGE (Should be 3% or above)	(9,743)	(48,148)
	N/A	N/A

Divisional Accountant
 Name: 
 Date: 21/1/14

Divisional Manager / Director
 Name: 
 Date: 31/1/14

 21/1/14
 31-1-14