

Scarborough Hospital Transformation of Urgent and Emergency Care Outline Business Case



Strategic Objective

- There are two main strategic objectives to deliver:
 - **Capital build project that will deliver an accommodation solution to implement the Acute Medical Model and provide Level 1, 2 and 3 Critical Care facilities**
 - **Engineering infrastructure to support the new capital build and Site Development Plan**

Management Arrangements

- Project Board formed and functioning
- Project Director (Andrew) & Capital Project Managers appointed (Steve/Liz/Jo)
- Formally tendered for Integrated Design Team – (to be novated to PSCP Dec 2020)
 - IBI – Lead Design & Architecture
 - Curtins – Structural Consultants
 - Hoare Lea – M & E Consultants
- Formally tendered for PSCP (Trust Board approval pending)
- Formally tendered for Cost Consultants
 - Turner & Townsend

Programme Highlights

	Description	Key Dates
1	SOC approval letter received	End April 2020
	<ul style="list-style-type: none"> 5 options reduced to 4 options (Preferred Way Forward) to be taken forward to OBC 	
2	OBC to Trust Board for approval	25 November 2020
	<ul style="list-style-type: none"> 4 options reduced to 1 option (Preferred Option No 4) to be taken forward to FBC central approval expected 	End April 2021
3	FBC to Trust Board for approval	End June 2021
	<ul style="list-style-type: none"> finalising of Preferred Option central approval expected 	End August 2021
4	Construction phase	Dec 2021 to Dec 2023
	<ul style="list-style-type: none"> Commissioning , handover and in use 	January 2024

The Short List (Options 1 – 3)

- Business as usual - Option 1
- Do minimum - Option 2 (£39,989M)
 - 2 storey for the:
 - AMM (ground floor)
 - Plant Room (first floor)
 - Sufficient site wide infrastructure to support the build & SDP
- Do intermediate - Option 3 (£39,989M)
 - 3 storey for the:
 - AMM (ground floor)
 - Fallow floor to provide future Critical Care (first floor)
 - Plant floor (second floor)
 - Reduced essential only site wide infrastructure to support the build & SDP

The Short List contd (Option 4)

- Do intermediate + Option 4 (£49,998M) 3 storey for the:
 - AMM (ground floor)
 - Fitted out Critical Care (first floor)
 - Plant Floor (second floor)
 - Reduced essential only site wide infrastructure to support the build & SDP

Preferred Option

Infrastructure and Build Schemes

- Estate Strategy & Site Development Plan approved
- 2017 report detailing site wide improvement in engineering infrastructure requirements
- Developing plans to support the location of the new AMM Capital Build & Site Development Plan
- Infrastructure works have been categorised by order of importance to the Trust.

Infrastructure Priorities

Priority	Scheme	Option 2	Option 3 & 4	Workstage
1	HV/LV	All options	All options	FBC
2	Re-provide car parking	All options	All options	FBC
3	Steam main replacement	All options	All options	FBC
4	Cold water supply & drainage	Option 2	Reduce to Maple/Lilac storage tank	FBC (full design)
5	Mortuary	Option 2	Reserve	FBC
6	AHU (Operating Theatres 1,2 & 3)	Option 2	Removed	FBC (Theatres only)
7	2 nd VIE & oxygen ring main	Option 2	Removed	FBC
8	VT (Lift Nos 1,2,7,9,Kitchen per report)	Option 2	Removed	OBC only

Site Development Plan



The project sits within the SGH SDP and YTHFT's Estate Strategy

Acute Medical Model – key features

1. First Assessment process, identical for all presentations

2. Specialty disposition from First Assessment – *right, from the start*

3. On site 24/7 Urgent Care Centre

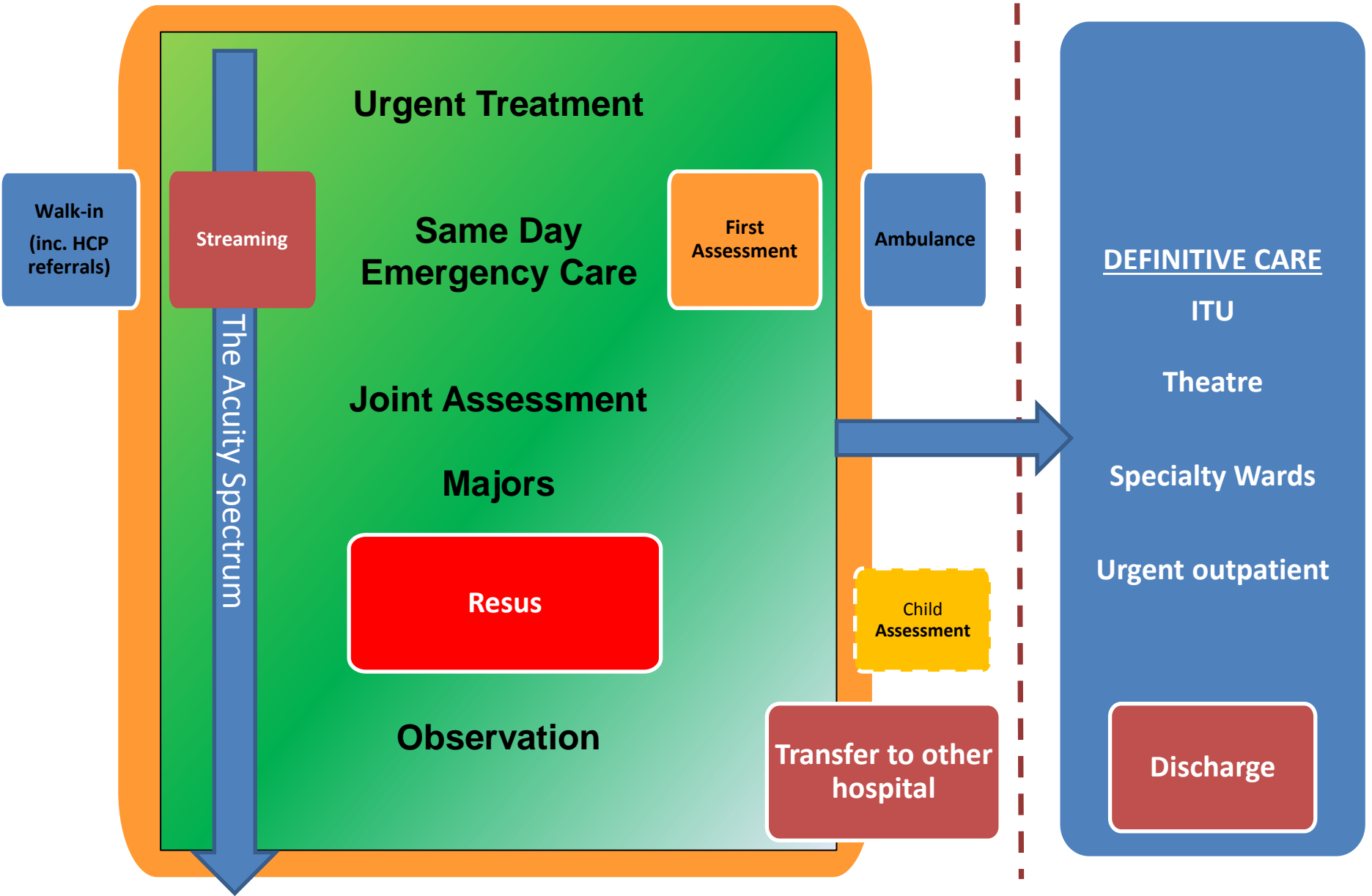
4. Potential development of generic senior team so unit functions w/out 24/7 Emergency Medicine

AMM Facility

[Animation](#)

FRONT OF HOUSE

BACK OF HOUSE



AMM Plan



DEPARTMENT KEY:

- Arrivals & Ambulance Streaming
- <24HR Zone
- Bereavement Suite
- CBRN
- Cubicle / Majors
- Diagnostics & Imaging
- Resus
- SEDC & Majors
- Staff
- UTC / SEDC / Home First
- Support
- Circulation
- Circulation - Departmental
- Vertical Circulation
- Plant

AMM Entrance

Critical Care current issues

Dispersed Level 1, 2 + 3 beds throughout the site:

- 8 non-compliant Level 2/3 beds (only 1 side room)
- 1 x 3 bed surgical hob (Maple Ward)
- 1 x 4 bed medical hob (Beech Ward)
- 1 x 6 bed Coronary Care Unit
- 1 x 3 bed Resus
- 1 x PACU bed space acts as Paeds Critical Care & ICU overflow

Current total accommodation = approx. 600m²

Chronic lack of side rooms

Severe lack of supporting accommodation i.e. offices, storage etc

No efficiency of staffing model

No cross-cover or learning/training opportunities

Several non-compliant issues i.e. ventilation, size , infection prevention etc

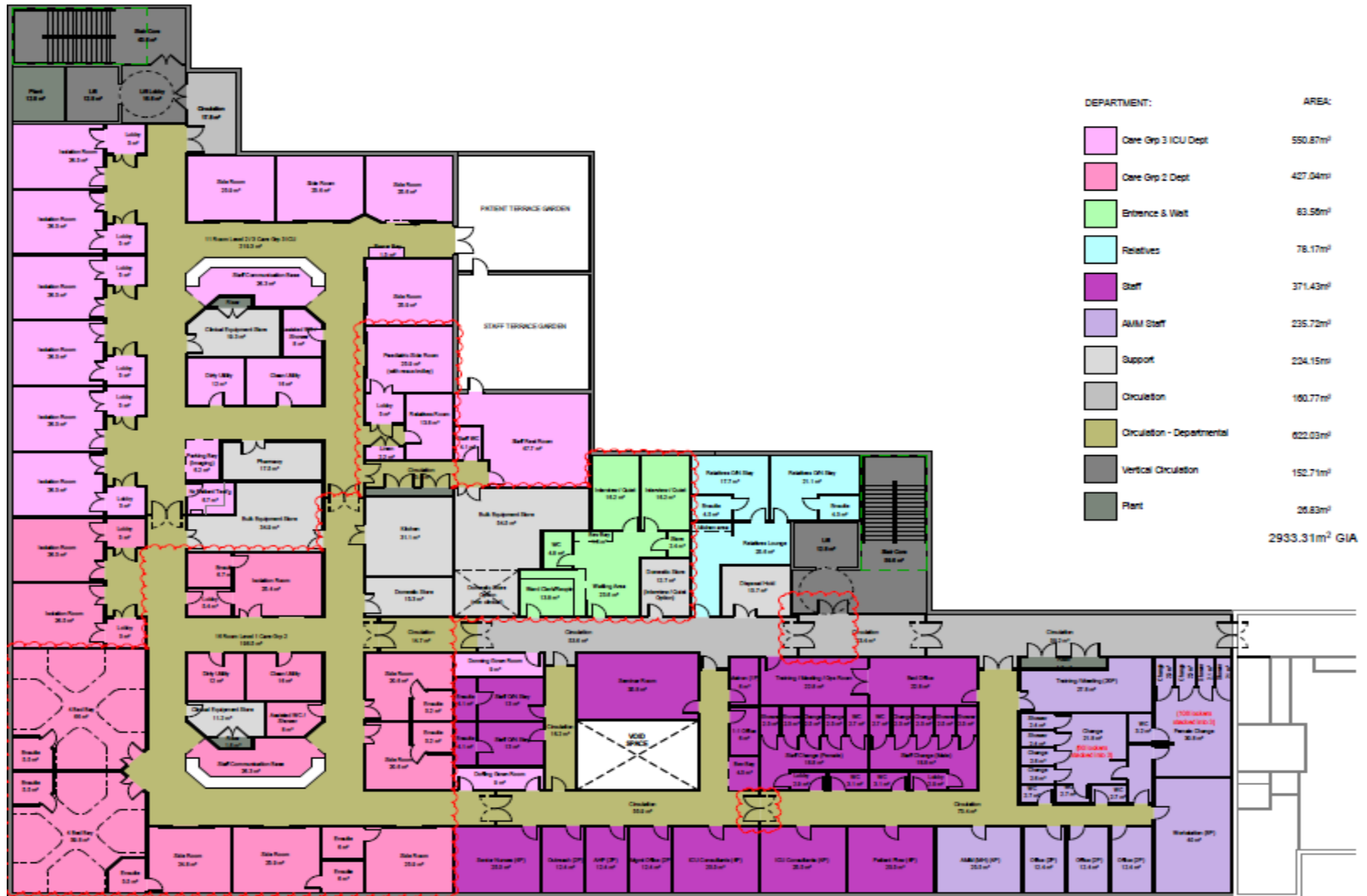
No possibility of expanding existing accommodation or of making current accom compliant.

Critical Care Floor SOA

Level 1 (1:4 nursing ratio)	16 beds	Combination of Bays and Single Rooms
Level 2 + 3 (1:2 and 1:1 nursing ratio)	11 beds	Combination of bays and single rooms to include Paediatric Room

- HBN 04-02 compliant combined level 1, 2 + 3, 27 bed critical care floor to include:
 - Highly flexible and adaptable accommodation (offices to be sized as single rooms)
 - Ease of nursing to allow flex in staffing models
 - Generous staff and relative accommodation.
 - Bays versus single room accommodation

Critical Care Floor



Economic Case

- Benefit Cost Ratio (BCR)

Economic Summary (Discounted) - £'000				
	Option 1 - Business as Usual	Option 2 - Do minimum	Option 3 - Do intermediate	Option 4 - Do intermediate+
Incremental costs - total	£0	-£24,832	-£25,321	-£23,173
Incremental benefits - total	£0	£65,655	£61,851	£93,724
Risk-adjusted Net Present Social Value (NPSV)	£0	£40,823	£36,529	£70,551
Benefit-cost ratio		2.64	2.44	4.04
Rank	4	2	3	1

The Preferred Option is Option 4 as the resultant combined assessment of costs and benefits outweigh the other options over the life of the project.

Economic Case contd

- Summary of economic Analysis

	Option 1 – Business as Usual	Option 2 – Do Minimum	Option 3 – Do Intermediate	Option 4 – Do Intermediate +
Net Present Cost	1	2	4	3
Capital Cost + Optimism bias uplift	1	3	4	2
Revenue Costs	4	1	3	2
Benefit Cost Ratio	4	2	3	1
Qualitative Score	4	2	3	1
Risk	1	3	2	4
Sensitivity Analysis 1	4	2	3	1
Sensitivity Analysis 2	4	2	3	1
Sensitivity Analysis 3	4	2	3	1
Sensitivity Analysis 4	4	2	3	1

- Throughout the analysis applied through the Comprehensive Investment Appraisal Model, Option 4 has ranked 1st in 6 out of 10 scenarios

Financial Case

- Impact on Income & Expenditure

York Teaching NHS Hospital NHS Foundation Trust
Income & Expenditure Pre and Post Service Development

Baseline (Pre Serv Dev) T1													
	Actual	Actual	Actual	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	Mar-18	Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25	Mar-26	Mar-27	Mar-28	Mar-29	Mar-30
Forecast - including inflation													
Income	489,240	517,602	556,539	570,596	580,344	587,918	593,209	598,548	603,935	609,370	614,854	620,388	625,972
Expenditure	(501,680)	(520,435)	(553,307)	(569,795)	(575,144)	(580,469)	(586,289)	(591,756)	(596,969)	(601,980)	(607,287)	(612,393)	(617,796)
Operating Surplus / (Deficit)	(12,440)	(2,833)	3,232	801	5,200	7,449	6,920	6,792	6,965	7,390	7,567	7,996	8,176
Non-Operating expenses	(7,692)	(7,019)	(5,877)	(6,245)	(8,202)	(8,472)	(8,390)	(8,281)	(8,164)	(8,079)	(8,019)	(7,968)	(7,935)
Surplus / (Deficit)	(20,132)	(9,852)	(2,645)	(5,444)	(3,002)	(1,023)	(1,471)	(1,489)	(1,199)	(689)	(451)	28	240

Post Serv Dev T1													
	Actual	Actual	Actual	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	Mar - 18	Mar - 19	Mar - 20	Mar - 21	Mar - 22	Mar - 23	Mar - 24	Mar - 25	Mar - 26	Mar - 27	Mar - 28	Mar - 29	Mar - 30
Income	489,240	517,602	556,539	570,596	580,618	589,125	595,810	603,696	609,132	614,616	620,150	625,735	631,372
Expenditure	(501,680)	(520,435)	(553,307)	(569,795)	(575,146)	(580,656)	(587,217)	(595,070)	(600,304)	(605,334)	(610,663)	(615,789)	(621,213)
Operating Surplus / (Deficit)	(12,440)	(2,833)	3,232	801	5,473	8,469	8,593	8,625	8,828	9,282	9,487	9,946	10,159
Non-Operating expenses	(7,692)	(7,019)	(5,877)	(6,262)	(8,476)	(9,487)	(10,052)	(10,091)	(9,979)	(9,896)	(9,839)	(9,792)	(9,764)
Surplus / (Deficit)	(20,132)	(9,852)	(2,645)	(5,461)	(3,004)	(1,018)	(1,459)	(1,466)	(1,150)	(614)	(351)	154	394

Financial Case Contd

- Summary of revenue implications for Option 4

Per LTFM (Excluding Assumed Income)													
	Actual	Actual	Actual	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	Mar - 18	Mar - 19	Mar - 20	Mar - 21	Mar - 22	Mar - 23	Mar - 24	Mar - 25	Mar - 26	Mar - 27	Mar - 28	Mar - 29	Mar - 30
Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Expenditure	0	0	0	0	(2)	(187)	(927)	(3,314)	(3,335)	(3,355)	(3,375)	(3,396)	(3,417)
Operating Surplus / (Deficit)	0	0	0	0	(2)	(187)	(927)	(3,314)	(3,335)	(3,355)	(3,375)	(3,396)	(3,417)
Non-Operating expenses	0	0	0	(17)	(269)	(984)	(1,565)	(1,581)	(1,409)	(1,240)	(1,076)	(917)	(763)
Surplus / (Deficit)	0	0	0	(17)	(271)	(1,171)	(2,493)	(4,895)	(4,744)	(4,595)	(4,451)	(4,313)	(4,180)

Adjusted for PDC with asset impaired at 30%													
	Actual	Actual	Actual	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	Mar - 18	Mar - 19	Mar - 20	Mar - 21	Mar - 22	Mar - 23	Mar - 24	Mar - 25	Mar - 26	Mar - 27	Mar - 28	Mar - 29	Mar - 30
Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Expenditure	0	0	0	0	(2)	(187)	(927)	(3,314)	(3,335)	(3,355)	(3,375)	(3,396)	(3,417)
Operating Surplus / (Deficit)	0	0	0	0	(2)	(187)	(927)	(3,314)	(3,335)	(3,355)	(3,375)	(3,396)	(3,417)
Non-Operating expenses	0	0	0	0	(11)	(198)	(198)	(1,039)	(1,039)	(1,039)	(1,039)	(1,039)	(1,038)
Surplus / (Deficit)	0	0	0	0	(13)	(385)	(1,125)	(4,354)	(4,374)	(4,394)	(4,414)	(4,435)	(4,455)

Concept Elevation View of Front Elevation



Concept Elevation

View of Proposed UEC Entrance



Concept Elevation

View of Ambulance Drop Off Area



Patient Roof Terrace



Concept Interior View

Main Entrance Reception & Wait



Concept Interior View

Main Entrance – Reception and Wait View



SDEC Staff Base View



SDEC Trolley Bay View



Recommendations

- Conclusion of OBC recommends Option 4 is the Preferred Option to be taken forward to FBC subject to the solution and the treatment of the funding gap
- Should Option 4 funding gap not be met, then Option 2 is recommended to be taken forward to FBC
- Initiation of FBC begins with immediate effect (no wait for OBC letter of approval)
- Ratify appointment of the PSCP

