NHS Grampian

Meeting:	**NHS Grampian Board**
Meeting date:	**2 December 2021**
Item Number:	**8**
Title:	**Infrastructure Investment – Eye Out Patient Department update on progress**
Responsible Executive/Non-Executive:	**Alan Gray, Director of Finance and Adam Coldwells Deputy Chief Executive**
Report Author:	**Garry Kidd, Assistant Director of Finance**

1 Purpose

This is presented to the Board for:

- Endorsement

This report relates to a:

- Emerging issue

This aligns to the following NHSScotland quality ambitions:

- Safe - reduction in the level of backlog risks and enhance statutory compliance
- Effective - improved access, quality and efficiency of key diagnostic and clinical processes
- Person Centred - improvements in patient experience and environment

2 Report summary

2.1 Situation

On 5 August 2021, the Board agreed to the appointment of a Principal Supply Chain Partner to progress the upgrade of ventilation and other essential infrastructure improvements within Phase 1 of ARI. The scope of the work was limited to an upgrade of the ventilation system and other essential work necessary to allow the Eye Out Patient Department to become fully operational and re-introduce invasive procedures.

An initial budget allocation of £0.4m was approved to cover the initial design fees and to inform a business case with final recommendations, to be available for approval at the December 2021 Board meeting, prior to commencement of the construction stage.

The purpose of this paper is to inform Board members of the need to extend the programme for the initial design stage to allow sufficient time in the process for additional survey and planning considerations, identified following more detailed review and consideration of the plans during the design development process, by the

Boards specialist technical staff and the contractors Mechanical and Engineering advisers.

2.2 Background

At the August 2021 meeting the Board received a briefing on the results of an Incident Management Team (IMT) set up to investigate an increase in the infection rate impacting on patients who had undergone particular treatment in the Eye Out Patient Department (EOPD). The outcome of the IMT focused on the ageing ventilation plant in the phase 1 building, the associated risk of unpredictable dust discharge and recommended that the ventilation system supplying the EOPD should be replaced. Consequently, use of the accommodation for invasive procedures was suspended and contingency arrangements implemented, involving the temporary transfer of invasive procedures (cataract and eye injections) to the short stay theatres (Rotunda, Orange Zone). These issues have been reported through the Clinical Governance route.

A feasibility study was commissioned to consider options to improve the ventilation system serving the EOPD to a level that would allow the re- instatement of invasive surgical procedures and injections. The resulting option appraisal concluded the only option that would remove all hazards associated with the ventilation plant, including the residual risk of unpredictable dust discharge, is to replace 5 of the existing air handling units (AHU's) which are beyond their normal expected lifecycle (one is 30 years old and the others are 50 years old). Installation of the new units will guard against future unpredictable dust discharge and will ensure compliance with the required standard for minor surgical procedures of 15 air changes per hour. To minimise disruption to services the new units could be located under a canopy on the roof of the building.

The scope of the work will include all extract fans, heating and cooling functions, a new low temperature heating mains and cleaning of all existing ductwork. In addition to the specific issues related to ventilation other issues relating to the electrical wiring and distribution, water quality and drainage were also highlighted and it was agreed that the scope of the project should also include a review of the potential cause and any work necessary to resolve these matters to a standard that will ensure the objective of re-instatement of invasive procedures in the EOPD.

2.3 Assessment

The design stage of the project can be split in to two main areas of work. The specification and design of the Air Handling Units and the review and design of solutions to any issues with the supporting electrical distribution, water quality and drainage systems.

The design of the Air Handling Units is well progressed and market testing is underway with a final price expected to be available for consideration in early December. The review of the supporting infrastructure has however identified the need for some further in depth surveys of key issues affecting the condition and safety of the electrical supply, the scale of asbestos removal required within the affected plant rooms and the need to more clearly understand the future occupancy of the

building to ensure the efficacy of design. It is also now clear that in addition to building warrant, planning permission will also be required for the proposed scheme.

The necessary work to conclude these issues is now underway and it is expected that the business case with clear recommendations will now be available for the February 2022 Board meeting. This additional work includes a detailed assessment of the condition and safety of the electrical installation within the whole of the Phase 1 block and further engagement with clinical service leadership and the main contractor to finalise assumptions around the necessary decanting of services during delivery of the works programme and the planned future use of the building to inform the final design specification for the housing of the AHU's on the roof.

2.3.1 Quality/ Patient Care

The key issue highlighted by the IMT, and which prevented the continued use of the EOPD accommodation for invasive procedures, was the risk of unpredictable dust discharge from the ageing plant through the ventilation system and either being inhaled by staff or patients or contaminating the procedure being undertaken whilst airborne.

A contingency was agreed, moving all eye injections and cataract surgery procedures to the short stay theatre. Although this arrangement mitigates the risk of dust discharge during invasive procedures, the contingency arrangements are disruptive to patients and prevent other specialties from using the short stay theatres with knock on implications to re-mobilisation and waiting times. Patients requiring injections need to attend on a monthly basis and the process requires an initial review by a nurse or consultant, then a scan, then travel to theatre and back again for review. The short stay theatre is located down two floors and a lengthy walk along the main corridor from the rest of the EOPD service. Visually impaired patients are therefore required to walk or be assisted to travel between locations twice in the same day. As mentioned above the service sees 15,000 patients per annum.

Currently only three days are available to the EOPD service within the short stay theatre compared to the 5 day service that would be available within the EOPD accommodation. Clinical priority is given to maintaining monthly eye injections with resultant impact on throughput of cataract surgery.

2.3.2 Workforce

The EOPD team are split across the two locations and unable to maximise service efficiency e.g. cataract pre and post-operative consultation need to be scheduled on different days rather than same day.

2.3.3 Financial

The plan is to re-instate the invasive procedures within the accommodation originally designed to maximise patient flow. This will involve the refurbishment and replacement of existing infrastructure. There will be no additional revenue consequences other than depreciation on capitalised expenditure which is contained within the Boards current financial plan.

2.3.4 Risk Assessment/Management

Progressing this scheme will assist in mitigating the Board strategic risk:

No. 2515 *There is a risk that our infrastructure will not be fit for purpose nor compliant with statutory requirements if we do not have an adequate medical equipment, information technology and backlog maintenance programme and plan for redesign and transformation of services*. Failure to progress will result in existing infrastructure not being able to support our objectives for future patient care

2.3.5 Equality and Diversity, including health inequalities

Will improve access for visually impaired patients.

2.3.6 Other impacts

None

2.3.7 Communication, involvement, engagement and consultation

The planning for the resolution of the issue has involved a wide engagement with all relevant individuals and the changes were communicated to patients.

2.3.8 Route to the Meeting

This matter has been considered by the short life group and the planning to resolve the issue has been overseen by the NHS Grampian Asset Management Group.

2.4 Recommendation

The Board is asked to endorse the proposals contained in this paper i.e. that the business case with recommendations will now be available for the February 2022 Board meeting. Members are also asked to note the additional work commissioned to inform the final design and the business case. Specifically:-

- A detailed assessment of the condition and safety of the electrical installation within the whole of the Phase 1 block; and

- Further engagement with clinical service leadership and the main contractor to finalise assumptions around the necessary decanting of services during delivery of the works programme and the planned future use of the building to inform the final design specification for the housing of the AHU's on the roof

Future reporting – to request that another report on this subject be brought back to the Board in February 2022.