NHS Grampian

Meeting:	**Grampian NHS Board**
Meeting date:	**5 August 2021**
Item Number 10	
Title:	**Infrastructure Investment - Eye Outpatient Department and Sale of Surplus Property**
Responsible Executive/Non-Executive:	**Alan Gray, Director of Finance** **Adam Coldwells, Deputy Chief Executive/ Director of Strategy**
Report Author:	**Garry Kidd, Assistant Director of Finance** **Vanessa Sandison, Divisional General Manager**

1. Actions Recommended

Eye Out Patient Department

The Grampian NHS Board is asked to approve the following recommendations:-

- Authorise the Chief Executive and Board Chair or Vice Chair to appoint a Principal Supply Chain Partner for the backlog maintenance work necessary to allow the Eye Out Patient Department to re-commence their full range of services, including invasive procedures, in their accommodation located in phase 1 at ARI ; and

- Allocate a budget of £0.4m for fees, to develop a robust design, cost estimate and timeline, to inform a business case with final recommendations, to be available for Board approval prior to commencement of the construction stage.

In considering the above, members are asked to note the following:-

- The requirement to progress improvements in the accommodation occupied by the Eye Out Patient Department located in phase 1 at ARI to support invasive surgical procedures and injections;

- The current contingency arrangements in place using the short stay theatre ; and

- The scope of the work to be carried out in phase 1 at ARI will be limited to an upgrade of the ventilation system and other essential work necessary to allow the EOPD to become fully operational. Any remaining backlog maintenance works necessary will form part of a significantly larger scheme to cover the whole building, plans for which are under development but investment will require to be prioritised alongside the availability of resource to meet all infrastructure demands.

Sale of Surplus Property

- Authorise the Director of Finance to complete the sale of surplus land at May Baird Avenue on the Royal Cornhill Site; and

- Authorise the Director of Finance to finalise arrangements and complete the sale of the old Inverurie Health Centre Site.

2. Strategic Context

The Board's Asset Management Plan and associated Infrastructure Investment Plan, sets out priorities for investment in infrastructure linked to NHS Grampian's clinical strategy and supporting the strategic theme of delivering high quality care in the right place through providing safer, effective and sustainable services.

The matters outlined for Board approval in this paper relate to planned investment in infrastructure, consistent with our strategic themes that will deliver the following benefits:

- improvements in patient experience and environment (person centred),
- improved access, quality and efficiency of key diagnostic and clinical processes (effective), and
- reduction in the level of backlog risks and enhance statutory compliance (safe).

3. Key matters relevant to recommendation

3.1 Eye Out Patient Department

3.1.1 Background

The Eye Out Patient Department performs approximately 15,000 eye injections and 3,000 cataract surgeries per annum and is located in Level 3 Phase 1 building (Yellow zone) at Aberdeen Royal Infirmary. The accommodation is designed to maximise the flow of patients through the service, wherever possible ensuring that necessary scans, pre and post-procedure review are carried out in the same location and on the same day as the procedure itself, minimising the impact on some of our most vulnerable and visually impaired patients.

In June 2020, an Incident Management Team (IMT) was 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.

3.1.2 Risks and Impact on Service

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. Intra operative infections in the eye can be life-changing often resulting in loss of vision in the affected eye.

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, there are other risks associated with these contingency arrangements that must be addressed:

Service Efficiency

- All eye injections and cataract surgery must be performed in a facility that guarantees a minimum level of 15 air charges per hour. The use of the short stay theatre was possible due to the consolidation of activity for the main users of this facility i.e. ENT/General Surgery and Gynaecology in to the main theatre suite during the COVID response period. Demand remains low mainly due to the pressure elsewhere on bed capacity but as services re-mobilise, there will be growing demand from these other specialties to utilise the short stay theatres again, with a knock on impact on waiting times if we are unable to accommodate this.

- 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.

- 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.

Patients

- 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.

- Growing waiting list for cataract surgery and potential impact on waiting times in other specialties (ENT/General Surgery and Gynaecology) if unable to free up the short stay theatre.

3.1.3 Proposed Scheme

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 will 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.

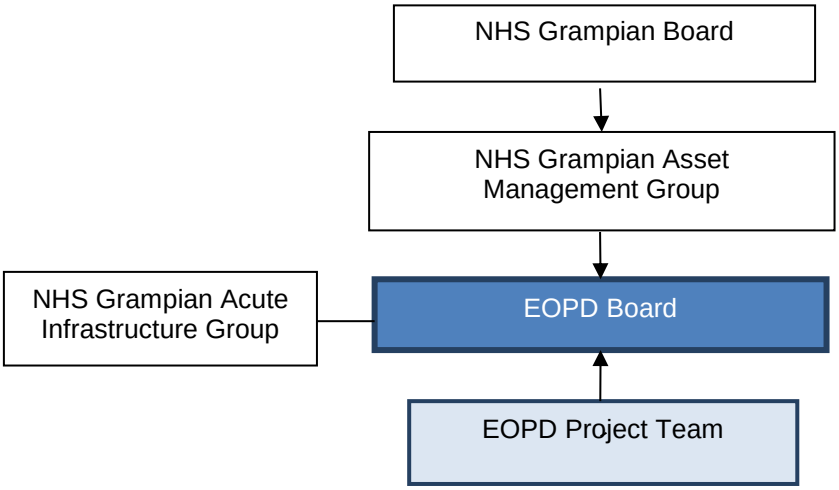
In addition to the specific issues related to ventilation other issues relating to the electrical wiring and distribution, water quality and drainage have also recently been highlighted and it is proposed that the scope of the project should also include a review of the potential cause and any work necessary to resolve these matters to a standard that will ensure the objective of re-instatement of invasive procedures in the EOPD.

The scope of the work will be limited to an upgrade of the ventilation system and other essential work necessary to allow the EOPD to become fully operational. Any remaining backlog maintenance works necessary will form part of a significantly larger scheme to cover the whole of the phase 1 building, plans for which are under development but investment will require to be prioritised alongside the availability of resource to meet all infrastructure demands. All replacement air handing units will be capable of being retained in situ and will not need to be replaced again as part of the larger scheme.

3.1.4 Project Management Arrangements and Timescales

The project will follow an agreed project management approach reporting in to the agreed organisation structures as shown in the diagram below.

Project Management Structure and Governance Arrangements



Ms Vanessa Sandison, Divisional General Manager, will be the Senior Responsible Officer for the project. The project Board will be responsible for ensuring delivery of the projects objectives and membership will include a senior clinician from the EOPD service, The Division of Surgery Clinical Lead and senior representation from Infection Prevention and Control, Estates, Finance and service planning.

The project team will be responsible for day to day delivery of the scheme and membership will include operational representatives from each of the affected services, infection prevention and control, estates, finance, service planning and service management.

3.1.5 Procurement

The procurement options available include tendering the work directly, procuring through the Board's existing measured term framework contract or to utilise the Scottish Governments Frameworks 3 procurement route.

Both the direct tender and measured term options will require the design team and works contractors to be separately procured and given the highly specialised nature of both the design and installation work and the complexity of managing implementation across a live functioning building, the recommendation is to use the Frameworks 3 procurement route. This will allow a main contractor and associated appropriately specialised design team to be appointed at the same time and under the same contract to ensure that the appropriate working relationships and focus are established and are retained throughout the project. Using this route will also allow a shorter procurement timescale.

The Frameworks approach involves a mini competition to appoint a Principal Supply Chain Partner (PSCP) from a list of organisations previously appointed to the National Framework following a full EEC tendering process led by Health Facilities Scotland. The appointed PSCP will be required to support the Board through each stage throughout the design, construction and commissioning phases of the project

A separate exercise, again using a mini competition to select from a previously procured National framework, will also be undertaken to appoint an independent project cost advisor. The cost advisor will support the Board providing an independent view on affordability and cost at each stage of the project.

The first task for the PSCP will be to develop the engineering and building designs and produce robust project cost estimates and associated timeline sufficient to inform a business case that will be presented to the Board for final approval to proceed. It is estimated that an initial outlay in fees payable to the PSCP and the Board's cost advisors to support the work involved in this stage will be no more than £0.4m. Provision has been made in the Board's infrastructure programme to cover these initial fee costs in 2021/22.

The following table provides indicative timescales for completion of key milestones for delivery of the project, although these may be subject change following the more detailed design stage work mentioned above.

Issue of High Level Information Pack	5 August 2021
Appointment of PSCP	17 September 2021
Initial design phase complete and Business Case to Board for approval	2 December 2021
Place order for AHU's *	6 December 2021
Commence construction and installation	1 April 2022
Practical completion	30 June 2022

*Note lead time of procurement of AHU's currently 16 to 20 weeks

3.2 Disposal of Surplus Property

The process for disposal of two surplus properties is at an advanced stage.

3.2.1 May Baird Avenue

A firm offer has been received for the disposal of the surplus property at May Baird Avenue on the Royal Cornhill site. All suspensive conditions are satisfied and legal due diligence is ready to complete pending Board approval.

The Terms are compliant with the NHS Scotland Property Transaction Handbook (which audits transactions) to be able to demonstrate Best Value. This incorporates recommendations from our Property Advisor (J&E Shepherd), Independent Valuer (District Valuer, Valuation Office Agency) and Legal Advisors (Central Legal Office).

3.2.2 Old Inverurie Health Centre

The property has been fully marketed to both public and private sector and a firm bid has been received, following a closing date. The legal process is ongoing and completion of the transaction is anticipated within the next several months whilst conditions of the bid are purified. Provisional terms have been agreed which represent Best Value and at a level likely to be in excess of that which will require Board approval

The Terms are compliant with the NHS Scotland Property Transaction Handbook (which audits transactions) to be able to demonstrate Best Value. This incorporates recommendations from our Property Advisor (J&E Shepherd), Independent Valuer (District Valuer, Valuation Office Agency) and Legal Advisors (Central Legal Office).

4. Risk Mitigation

Approval of the recommendations as outlined will assist in mitigating the Board strategic risks:

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

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

Responsible Executive Director	**Contact for further information**
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Date 26 July 2021