

WALTON CENTRE

BUSINESS CASE – REFURBISHMENT OF JUNIOR DRS ACCOMMODATION

Business Case Title	Free Text
Division	Corporate Services
Author	[REDACTED]
Clinical Lead	[REDACTED]
Executive Sponsor	[REDACTED]

Approvals requested:		
Meeting	23 February 2021	Agreed to Proceed
Capital Management Group (CMG)	Approval	Choose an item.
Executive Management Team (EMT)	Free Text	Choose an item.
Business & Performance Committee (BPC)	Free Text	Choose an item.
Trust Board (Board)	Free Text	Choose an item.

Investment value	CMG	EMT	BPC	Trust Board
<£50k	✓			
£50k-£150k	✓	✓		
£150k-£500k	✓	✓	✓	
>£500k	✓	✓	✓	✓

Stakeholder engagement:		
Job Title	Name	Date Circulated
Divisional Director, Neurology	TBA	Free Text
Divisional Director, Neurosurgery	TBA	Free Text
Head of IT	TBA	Free Text
Director of Estates	TBA	Free Text
Financial Accountant	[REDACTED]	Free Text
HR Lead	TBA	Free Text

CONTENTS PAGE

1. Executive Summary	Page 4
2. Case for Change	Page 4
2.1 Current Position	Page 4
2.2 Drivers for Change	Page 4
2.3 Current Issues	Page 5
3. Options	Page 5
3.1 Description of Options	Page 5
3.2 Preferred Option	Page 6
4. Detailed Analysis	Page 6
4.1 Financial Impact	Page 6
4.2 Activity Impact	Page 7
4.3 Funding Options	Page 7
5. Implementation & Delivery	Page 7
5.1 Implementation Timetable & Milestones	Page 8
5.2 Benefits to be Delivered	Page 8
5.3 Implementation Risks	Page 8
6. Conclusions & Recommendations	Page 10
7. Appendices	Page 10

Type of project: ¹

Tick

Compliance / Patient Safety/ Health & Safety	✓
Productivity/ Cost Savings	
Sustain Service/ Replace Equipment	
Clinical/Service Development	
Activity Growth	
Other (Please State)	

Strategic Aim – from Trust 5 Year Plan

Tick

Improving Quality	✓
Sustaining and Developing Our Services	
Research and Innovation for Patient Care	
Developing our Hospital	
Developing our Workforce	✓
Developing our Financial Health	
Other – (Please State)	

¹ Note – more than 1 box can be ticked

BUSINESS CASE

1. Executive Summary

Under the British Medical Association (BMA) Fatigue & Facilities charter to improve the working conditions of junior doctors (JDs) in the NHS there is a need to improve and upgrade the existing Junior Drs accommodation to provide both larger and improved facilities. In order to achieve this, it is proposed to retain the existing accommodation and extend into the Therapy changing area, which will provide a fully, self-contained, junior Drs accommodation.

As a result, the Therapy changing facilities will need to be relocated and a plan for this has been drawing up in conjunction with the agile working project.

Health Education England (HEE) has donated £30k towards works associated to the charter which has been topped up by a further £50k from Trust charitable funds.

The cost for full refurbishment is £165k inc VAT, which was deemed too high to support at previous Capital Monitoring Group (CMG), therefore a reduced specification scope has been developed, which means some, less critical areas, will be deferred until a later date, the cost of which will be £125k inc VAT.

This business case seeks approval to proceed with the revised option with further consideration being given to the original specification and cost, so as the scheme needs no future financial requirements.

2. Case for Change

2.1 Current Position

The current junior Doctor's staff accommodation incorporates 2No bedroom, a lounge area, shower and WC.

2.2 Drivers for Change

A The Trust was awarded £30,000 by HEE as a response to of the BMA fatigue & facilities charter to improve the working conditions of junior doctors (JDs) in the NHS. Burn out & a few high profile cases of deaths in young doctors informed this review. Thus, after a period of consultation, the WCFT JDs decided that improvement in their MESS facilities would be a good use of this fund for their support & wellbeing. The MESS at WCFT has been in a state of neglect for some time, the JDs feel that this would be valuable to promote team working, cohesion & provide a safe & comfortable environment for rest & study so they can practice

optimally. This will have a positive effect on the workforce & is good for patient care. In addition, a number of changes to medical training have meant that there is an increasing requirement for overnight on-call facilities so this would have had to be a part of estates review to meet service requirements.

2.3 Current Issues

The area is in relatively poor condition and is in need of refurbishment. Additionally, owing to changes to the service delivery and welfare arrangements, there is a need to expand the number of bedrooms.

Further to this, there is a need to relocate the existing Therapies' staff change facilities in order to accommodate the additional bedrooms. This has been tied into the Agile working programme and has determined that 2 No existing Anaesthetists bedrooms, located elsewhere on the 2nd floor corridor, be added in to the "new" doctor's accommodation and their current space be given over to Therapies.

3. Options

3.1 Description of Options

Option 1 – Full Refurbishment

The result will be a newly refurbished Doctor's accommodation incorporating 5No bedrooms, a lounge area, Separate shower and WC.

In order to undertake the works, it is necessary to relocate the Junior Doctor's during the refurbishment process. It is anticipated that they would temporarily relocate to the Home from Home accommodation.

Consultation between Estates and Procurement has been undertaken in order to facilitate the most appropriate delivery route. As a result, it has been determined that the contract can be awarded directly to James Mercer Group via the RISE Framework.

In addition to the HEE £30k, WCFT Charitable funds have allocated an additional £50k, giving and overall total pot of £80k (inc VAT).

Option 2 – Value Engineered (reduced) Refurbishment

This is the same as option 1, but with a reduced specification and where possible, e.g. WC and shower room upgrades being removed from the scheme and to be completed at a later date.

Option 3 – Do nothing and leave facilities as they are. This will result in the loss of the £30k from HEE and a need to release the £50k charitable funds back in the pot.

3.2 Preferred Option

Following on from previous CMG where the original business case was discussed and deemed too expensive (Option 1) and it was suggested that consideration should be given to how cost can be reduced.

This has been done (option 2) with cost being reduced from £165k Inc to £125k inc.

The do nothing option is possible but the Trust would have to relinquish monies already set aside for development work to this area.

Preferred option – After previous CMG, where the preferred was option 1, a reduced spec option 2 has been established, which is now the preferred option for this business case. In recent days, more capital monies have possibly become available, therefore, rather than reducing specification and deferring certain elements until a later date, it may be possible to revert back to option 1, instead of 2.

Preferred option – Option 2, with option 1 for reconsideration

4. Detailed Analysis

4.1 Financial Impact

Financial Summary	PYE (£k)	FYE (£k)
<u>Clinical Income</u>	-	
Elective	0	0
Daycase	0	0
Non-elective	0	0
Outpatients	0	0
Pathway Payments	0	0
PbR	0	0
Sub-total; Clinical Income	0	0
<u>Divisional Income</u>	-	
Additional activity	0	0
Other income	0	0

Sub-total; Divisional Income		0	0
Pay Expenditure:	<u>WTEs</u>		
Medical staff	0.00	0	0
Nursing staff	0.00	0	0
Other Clinical Staff	0.00	0	0
Admin & Clerical Staff	0.00	0	0
Sub-total; Pay Expenditure	0.00	0	0
Non-Pay Expenditure	-		
Direct Costs		0	0
Indirect Costs		0	0
Overheads		0	0
Sub-total; Non-Pay Expenditure		0	0

Option	Cost	Comment
Option 1	£134,882 + VAT (£161,584 inc)	includes £10k contingency
Option 2	£105,921 + VAT (£127,105 inc)	includes £5k contingency
Additional Works	£7k Contingency	Relocation of Therapy Changing

4.2 Activity Impact

4.3 Funding Options

£30k from Health Education England

£50k from Charitable Funds

5. Implementation & Delivery

In this section please record how you are anticipating how to close the project; when you will complete an evaluation, who needs to be involved, and how will you know you have sufficiently handed the project over to the business as usual users.

5.1 Implementation Timetable & Milestones

Works timetable is 5-6 weeks for works. Additionally, there will need to be decanting of Junior Drs and relocation Therapy staff changing.

5.2 Benefits to be Delivered

Add text here...

5.3 Interdependencies

Relocation of Therapy staff changing facilities and Anaesthetic on-call overnight accommodation.

5.4 Implementation Risks & Mitigation

At this stage, assuming CMG approve to proceed on 23 February, the Junior Drs would need to decant as well as the Therapist changing facilities. It is suggested Junior Doctors utilise Home from Home and Therapists utilise other changing facilities throughout the Trust until their new area can be made available.

Assuming the works can commence 1 March, it is anticipated that completion would be achieved by Mid-April.

Likelihood	Score
Probable	5
Likely	4
Possible	3
Unlikely	2
Remote	1

Impact	Score	Example Details / Descriptions
Catastrophic	5	<ul style="list-style-type: none">➤ Death at work➤ Death of service user➤ National adverse publicity➤ NHSE investigation➤ Many people involved (100+ persons)➤ Litigation expected / certain➤ High financial loss (£1m+)
Major	4	<ul style="list-style-type: none">➤ Extensive injuries – permanent injury➤ Loss of production capability – service closure➤ Long-term sickness➤ Adverse publicity➤ Moderate number involved (50 – 100 persons)➤ Litigation expected / certain

		<ul style="list-style-type: none"> ➤ Major financial loss (£50,000 - £1m) ➤ Criminal proceedings against the Trust or member of the Trust staff
Moderate	3	<ul style="list-style-type: none"> ➤ Risk to organisation ➤ Medical treatment required – semi permanent injury ➤ Contained on-site with outside assistance – disruption of services for more than 24 hours ➤ RIDDOR reportable incidents ➤ Needs careful public relations ➤ Small numbers involved (e.g. 3 – 10 persons) ➤ High potential for complaint / litigation possible ➤ Medium financial loss (£25,000 - £50,000)
Minor	2	<ul style="list-style-type: none"> ➤ First aid required / short term injury ➤ Contained on site ➤ Requiring less than 3 days sick leave ➤ Minimal risk to organisation ➤ 0 – 3 persons involved ➤ Moderate financial loss (£10,000 - £25,000) ➤ Complaint possible / litigation unlikely
Insignificant	1	<ul style="list-style-type: none"> ➤ No injuries / harm caused ➤ No risk to organisation or person involved ➤ Unlikely to instigate a complaint / litigation ➤ Low financial loss within operational areas (up to £1,000)

In terms of status, the risks should be shown in a table as follows with the appropriate RAG scores (Red, Amber, Green) details of which are contained below:

Risk	Likelihood	Impact	Score	RAG Status	Mitigation
Risk 1	2	4	8		Mitigation 1 Mitigation 2
Risk 2	3	5	15		Mitigation 1 Mitigation 2

Risk Matrix

Consequence Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	1	2	3	4	5
Unlikely	2	4	6	8	10
Possible	3	6	9	12	15
Likely	4	8	12	16	20
Almost certain	5	10	15	20	25

6. Conclusions & Recommendations

Add text here...

APPENDICES

- **Appendix 1** – Finance Templates (required for all Business Cases)



Business Case
Finance Templates.xl!

All relevant sections of this workbook should be completed prior to submission of your business case. The revenue and/or capital summary tables should also be copied and pasted into Section 4: Detailed Analysis. Please contact your Finance Business Partner (details below) to support you with this part of the case. (19/20 Payscales)

- **Appendix 2** – Capital Bid Form (if applicable)

Where your business case involves the purchase of an asset or lease >£5k you will also be required to complete a Capital Bid Form. Please contact Collette Laing to confirm the suitability of the form and associated approval route(s).

- **Appendix 3** – Add document title here....
Embed attachment
- **Appendix 4** – Add document title here....
Embed attachment