

# Vascular Business Cases

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## Executive Summary

## Paper F

### Context

Three vascular business cases were presented to IFPIC for review and approval prior to proceeding to Trust Board on 6<sup>th</sup> August 2015. The business cases have been completed to the agreed timeframe for the August Trust Board submission.

Whilst developed as business cases in their own right, with financial viability reconciled for each, the relocation of vascular services off the Leicester Royal Infirmary (LRI) to the Glenfield Hospital (GH) is a key enabler to achieve the relocation of ICU level 3 adult services, as it will vacate space at the LRI. The component vascular business cases are:

- ICU Enabler 1: Vascular Ward FBC
- ICU Enabler 2: Vascular Angiography and VSU FBC
- Vascular Hybrid Theatre FBC

The timing of delivering the vascular service move is imperative to achieving the ICU level 3 relocation moves by the target date of July 2016.

The NTDA is fully sighted on the approach to both the ICU level 3 adult services project and the vascular business cases as a key enabler, and has confirmed their support in writing.

A Business Justification case for the move of ICU level 3 adult services from the Leicester General Hospital (LGH) to the LRI and GH was presented to IFPIC on Thursday 30<sup>th</sup> July, where it was reviewed and approved.

IFPIC supported the onward submission of these cases to the Trust Board, on the condition that they were accompanied by an addendum which covered:

- An update on the revenue costs and associated capital charges of the ICU and Vascular projects
- Confirmation of how increased costs will be incorporated into the Long Term Financial Model (LTFM)
- Confirmation of how value for money is being achieved with respect to capital costs
- An assessment of the return on investment for the Hybrid Theatre with up to date projected activity figures including identification of the breakeven point, and an assessment on the implication of not undertaking this scheme

It was agreed at IFPIC that the addendum would be circulated on Tuesday 4<sup>th</sup> August 2015.

Following discussion at IFPIC, the amendments to the following have been made:

**1. Checklists:**

- Will it be affordable?
- How will the project contribute to the deficit reduction?

**2. Business cases:**

- Finance case : Section 1.5
- Revenue costs : Section 3.2.2 (Tables 13 and 15)
- Summary of FBC position compared to OBC : Section 3.2.3 (Table 16)
- Affordability : Section 5.5
- Long Term Financial Model: Section 5.5.1

## Questions

1. Is the Trust Board able to approve the business cases to enable the construction phase to commence?
2. Do the business cases align with the Trust's vision and strategic objectives?
3. Are the business cases financially viable in their own right?
4. What are the key risks associated with the vascular business cases that Trust Board should be sighted on?

## Conclusion

1. The Trust Board will have the addendum requested by IFPIC which provides key updates to the three checklists and business cases. This provides sufficient information to review and approve the cases.
2. The three vascular business cases are key enablers to the ICU level 3 adult services project and therefore need to be considered within this strategic and clinical context. The cases support the reconfiguration of UHL and the vision to become smaller and more specialised.
3. The addendum will articulate how the Trust plans to manage the increased revenue costs associated with both the ICU and the vascular moves.
4. The key risks for the vascular moves are:
  - A purchase order needs to be placed with the construction company two working days after the Trust Board in the context of the availability of capital,
  - Challenging timescales will need management to prevent delay.

## Input Sought

We request that Trust Board consider and approve:

- The three component vascular business cases as follows:
  - ICU Enabler 1: Vascular Ward FBC
  - ICU Enabler 2: Vascular Angiography and VSU FBC
  - Vascular Hybrid Theatres FBC

## For Reference

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken:

Healthwatch representation sits on the ICU Project Board.

4. Results of any Equality Impact Assessment, relating to this matter:

This will be carried out once design has commenced.

5. Scheduled date for the next paper on this topic: [TBC]

6. Executive Summaries should not exceed 1 page. [My paper does not comply]

7. Papers should not exceed 7 pages. [My paper does comply excluding appendices]