

Reporting to:	Trust Board – 2 February 2017
Title	CT Scanners Benefits Review and Post Project Review
Sponsoring Director	Neil Nisbet, Finance Director and Deputy Chief Executive
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Previously considered by	Initial Business Case approved by Trust Board (December 2014); Capital Planning Group (April 2014); Operational Risk Group (April 2014) and Radiology Board (April 2014). Sustainability Committee 31 st January 2017.
Executive Summary	<p>In December 2015 the Trust Board approved the business case for a replacement CT scanner and an additional CT scanner at RSH. The additional scanner, although a cost pressure at the time to the Trust, would be used to improve patient flow, allow for the repatriation of patients who had to go out of county their CT scans and provide additional capacity for the increasing demand for CT scans, especially for cancer patients.</p> <p>Radiology was required to submit a paper to the Trust Board demonstrating the Additional Market Value that the additional CT scanner had provided to the Trust since it had been commissioned.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input checked="" type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve

	<input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	The Trust Board is asked to APPROVE this paper as a reflection of the positive impact of the purchase.

1. Background

In October 2014 a paper was submitted to the Capital Planning Group with the recommendation they approve the replacement of the 10 year old CT scanner at RSH due to the fact that the system was unreliable and not fit for purpose. The same paper also requested approval to progress a business case for the purchase of an additional CT scanner. It would facilitate the repatriation of cardiac patients and future proof the service to meet increases in future demand predicted by NHS England. The Capital Planning Group approved the case for the purchase of both CT scanners, utilising the multi-system purchase offer from NHS Supply Chain. In December 2014, the Trust Board approved a business case with the proviso that Radiology submitted a further paper to Trust Board to demonstrate that the purchase of the additional CT scanner provided additional value to the Trust. It recognised there would be an initial cost pressure to the Trust, which according to the business case would be off set against the financial benefits to the Trust over the lifetime of the CT scanner.

The CT project was completed in May 2015.

The specific measurable benefits of this project were:

1. Repatriation of CT coronary angiography patients from outside the county
2. Reduction in unplanned downtime
3. Ability to scan patients with a weight of greater than 21 stones
4. Improved patient dignity

The project has delivered all the above benefits

1. All CT coronary angiography patients have been repatriated. The Scanner has additional capacity to undertake and increase in demand for this examination for new referrals.
2. There has been no unplanned down time since these two new CT scanners have been commissioned.
3. No patient with a weight of greater than 21 stone has been transferred outside the county for their scan or has been refused a scan.
4. Patient changing facilities are now available for patients to change. A cannulation room within the CT department allows patients to be cannulated prior to entering the CT scan room. This has also assisted with improved patient flow through the department.

The project was completed on time and within the costs specified. Some savings made under the multi-purchase scheme from the NHS supply chain was invested to provide a waiting area for the CT patients allowing for the segregation of in patients and out patients. A Radiologist's reporting room was provided to allow the CT scanner to have Radiologist cover during core hours and a designated area for Clinicians to discuss the outcome of the CT scans without interruption.

Since the commissioning of the two scanners there are no remaining risk or issues. The project has been completely signed off. The snagging list completed and the works signed off.

2. Project Review

A project review by the project team identified as a learning point for future schemes that even though several companies were asked to quote for the enabling work as a turnkey all of the companies omitted to include items that required upgrading due to new legislation or safety standards. These were only raised once the contract was signed. This led to multiple sets of negotiations to ensure that the project was still delivered on target at the expected quality. A checklist has now been produced that can be used for any other project that requires extensive enabling work under a turnkey.

3. Financial Information

Capital Planning paper	Capital Budget (£)	Actual spend (£)	(Over)/Underspend (£)
Capital Investment Agreed	1,197,600.00	1,006,920.00	190,680.00
Enabling Works*	206,310.00	326,141.68	(119,831.68)
Total	1,403,910.00	1,333,061.68	70,848.32

* Overspend due to utilisation of capital savings on providing improved patient and Reporting facilities

The Shrewsbury and Telford Hospital NHS Trust
Support Services Care Group
New RSH CT Scanners

	1 Scanner	2 Scanners	Change		
	£'000	£'000	£'000		
Income	2,539	3,033	495		
			0		
Pay	(358)	(411)	(54)		
			0		
Non-pay	(75)	(75)	0		
Maintenance	(61)	(81)	(20)		
Capital charges	(81)	(123)	(42)		
Total	1,964	2,343			
Total decrease/(increase) in I&E			379		
Notes					
Income is based on an average tariff price and used for external and internal activity					
Pay costs based on E Roster template using average cost per WTE and excludes reporting					
Increase in pay was offset by reduction in Fluoroscopy					
No maintenance paid in year 1, hence reduction in costs of £81k					

4. Conclusion

The additional CT scanner is bringing additional income into the Trust. This additional income is expected to offset the cost pressure to the Trust within the life expectancy of the equipment.