



HSE Board Briefing Template

Subject: National Programme for delivery of replacement and additional critical care capacity. Proposal for development at St. James's Hospital: Strategic Assessment Report.

Submitted for meeting on: 13 January (EMT), 10 February (ARC), 24 February 2023 (Board)

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Why is this information being brought to the Board's attention?

For consideration and approval to proceed. The total capital cost of this proposal is in excess of [REDACTED]. Projects of such scale and value require specific approvals at various stages of the project lifecycle in accordance with the current Public Spending Code. The first stage of the process involves the preparation and approval of a Strategic Assessment Report (SAR) for the project.

Is there an action by the Board required, if so please provide detail?

This transaction was approved by EMT and ARC, it is recommended that HSE Board members consider the strategic context for the capital investment proposal as set out in this paper and in the attached SAR at Annex 1 and endorse the case that is being made for Critical Care Capacity Development at the St. James Hospital Site in the context of Phase 2 implementation of the Strategic Plan for Critical Care December 2020. At this preliminary stage the initial cost estimate for the range of options to deliver the proposal is [REDACTED]. Formal approval of the SAR (Decision Gate 0) will be requested from the Department of Health in order to proceed to the next stage of the process namely, the preparation of a Preliminary Business Case. In developing the Preliminary Business Case, a multi-criteria analysis of the options to deliver the proposal will be undertaken leading to a preferred option. Approval of the Preliminary Business Case (Decision Gate 1) will lead to the development of a Project Brief and this will provide greater visibility of cost and timelines for completion. Following approval of the Project Brief and Procurement Strategy (Decision Gate 2 pre-tender approval) tenders will issue and following final approval of the costs associated with the tenders (Decision Gate 3), the project will commence.

Please indicate which of the Board's objectives this relates to;

- The development and implementing of an effective Corporate Governance Framework, incorporating clinical governance and a performance management and accountability system;
- Developing a plan for building public trust and confidence in the HSE and the wider health service;
- Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the Sláintecare Implementation Strategy;
- Exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget.

Brief summary of link to Board objectives.

This project will enable the implementation of government health policy by ensuring appropriate levels of critical care beds at St. James's Hospital as one of the five key sites identified in the Strategic Plan for Critical Care and as part of the overall strategy to increase Ireland's Critical Care capacity to 446 beds (Health Service Bed Capacity Review 2018; Strategic Plan for Critical Care 2022; Sláintecare's Implementation Strategy and Action Plan 2021 - 2023).

The capital investment required for the preferred proposal will be determined at Project Brief stage (between Decision Gate 1 'approval in principle' and Decision Gate 2 (pre-tender approval)) but cost estimates of the options set out in the SAR are of the order of [REDACTED]. The final capital investment required to deliver the proposal will be determined following return of tenders at Decision Gate 3.

The HSE as Sponsoring Agency will have primary responsibility for evaluating, planning and managing this public

investment project within the parameters of the Public Spending Code. The Board will require assurance that processes underpinning these responsibilities are robust and that risks associated with large capital projects such as cost and completion time are mitigated.

Background - provide context in order to ensure that the Board fully understand the issue.

The Health Service Bed Capacity Review 2018 set out an increased requirement for adult critical care beds to reach 340 by 2031 from a baseline of 237. Critical Care capacity going into the COVID pandemic was at 255 beds and was one of the lowest reported as 5 critical care beds per 100,000 of the population (2016) when compared with an OECD average of 22 countries at 12 beds per 100,000 (OECD Policy Brief on the response to the COVID-19 crisis. April 2020).

In December 2020, the Minister for Health announced the Strategic Plan for Critical Care that would see adult critical care capacity increase to 446 beds in two phases and with a significant increase in capacity at five key sites. The total number of beds on these sites were further refined in February 2022 (HSE Critical Care Capacity Development Plan February 2022) and are set out below:

Beaumont Hospital: From end of Phase 1 at 27 beds to total of 49 by end of Phase 2

Cork University Hospital: From end of Phase 1 at 23 beds to total of 57 by end of Phase 2

Mater Misericordiae University Hospital: From end of Phase 1 at 51 beds to total of 63 by end of Phase 2

St. James's Hospital: From end of Phase 1 at 36 beds to total of 55 by end of Phase 2

St. Vincent's University Hospital: From end of Phase 1 at 28 beds to total of 47 by end of Phase 2.

The response to the National Report is to be addressed in two distinct Phases.

In Phase 1, funding was provided for a permanent increase of beds across a large number of individual hospital sites, as an immediate response to the Pandemic (43 beds), as well as additional critical care developments at Tallaght University Hospital (12 beds), MMUH (16 beds), SJH (1 bed), CUH (3 beds), SVUH (10 beds). The Phase 1 projects are now largely complete.

Phase 2 is to provide for significant increase in critical care capacity at the five key sites. In so doing it may also support the delivery of a number of health strategies including national transplant programmes, the Trauma Strategy and the Cancer Strategy as well as supporting the Critical Care Programme's hub and spoke model. The Strategy also supports improvements in critical care retrieval services and in education initiatives designed to ensure an available trained workforce to meet the planned increase in capacity and these initiatives are being progressed as funding becomes available.

This paper addresses the first of the Phase 2 projects, critical care provision to be located on St. James's Hospital campus.

St. James's Hospital SAR (Annex 1)

The HSE's 'Critical Care Capacity Development Plan February 2022' identifies the total critical care bed numbers at SJH should be increased from 36 to 55. The existing critical care accommodation in SJH is sub optimal and in the wrong configuration to align with best practice clinical service provision, and therefore needs to be replaced in its entirety. Current critical care facilities at St. James's do not meet current critical care unit building standards (HBN 04-02) and this creates challenges in managing infection. In addition, there are insufficient numbers of airborne isolation rooms available in the Unit and this too creates challenges for managing patients who are vulnerable to airborne infection. The Strategic Plan for Critical Care 2020 recognised the need to replace these facilities at the same time as critical care bed numbers were being increased.

This paper addresses the initiation of the replacement of existing and additional Critical Care beds.

The SAR, as per PSC requirements, considered a long list range of Options, including from a Do-nothing scenario, Lease/ Rental, to consideration of alternative locations within the SJH campus. Within the context of this consideration of alternatives the SAR for SJH considers a number of associated deficits within other critical care areas of the hospital. The National Burns Centre at SJH needs to be replaced. In 2021, SJH commissioned an independent review of the National Burns Centre which found a significant infrastructural deficiencies and

divergence from best practice modern standards. The SJH Options also include for replacement accommodation for other critical care areas including cardio-thoracic critical care beds, the Coronary Care Unit and an existing Hyper-acute Stroke Unit. The accommodation in the existing Cardio-thoracic unit is sub optimal and is located on a proposed site for the new Critical Care development and will then need to be replaced as part of the overall project.

At this initial stage it is envisaged that the new Critical Care development will include the following facilities to support appropriate service configuration and delivery and protect future service developments.

- A replacement National Burns Unit including beds and Burns theatres (15 beds).
- A new Critical Care Unit, which will also replace existing sub-optimal beds, to bring the total number of general critical care beds on site to 55.
- A replacement Coronary Care Unit (11 beds).
- A replacement Hyper-Acute Stroke Unit (6 beds).

The proposed developments are in line with the Development Control Plan for the campus and include enabling and site preparation works to support orderly development, maintain service delivery and achieve key clinical adjacencies on this busy acute hospital campus.

At the next stage and as part of developing the Preliminary Business Case, the long list of options considered as part of the SAR multi-criteria analysis will be considered further and will set out the preferred option to deliver the proposal. Approval of the Preliminary Business Case (Decision Gate 1) will lead to the development of a Project Brief which in turn will provide greater level of cost and programme certainty.

Project Objective / Rationale

In seeking to progress the implementation of the Strategic Plan for Critical Care, the SAR for SJH considers to achieve key clinical adjacencies and maximise the development potential of the site.

The development of the project will also consider several core infrastructural deficits at SJH which currently impact the capacity and quality of services across all areas of critical care. As part of the long list option appraisal the SAR addresses the replacement of other critical care infrastructure including the Burns Unit, Coronary Care Unit and Acute Stroke Unit at St James's Hospital.

The SAR demonstrates the feasibility of the proposed development and will be consistent with the existing health policy of tri-location of maternity and paediatric services at SJH (CHI & Coombe). It has considered overall masterplanning requirements, feasibility studies undertaken and options to satisfy the service need.

The latest Public Spending Code sets out the current process for the delivery of such major public investment projects. It sets out the roles and responsibilities for both Sponsoring Agencies such as the HSE and Approving Authorities in that regard and provides detail on the requirements at each stage of the project lifecycle. There are now six stages and four Decision Gates in the project lifecycle, three ex ante and three ex post as follows;

1. Strategic Assessment Report (SAR)
 - Decision Gate 0 – Current Stage
2. Preliminary Business Case (PBC)
 - Decision Gate 1 – Approval in Principle
3. Final Business Case (FBC), including detailed design, procurement strategy and tendering
 - Decision Gate 2 – pre-tender Approval
 - Decision Gate 3 – Approval to Proceed (Contract Award)
4. Implementation
5. Review
6. Ex Post Evaluation

This paper relates to the Strategic Assessment Report (SAR) – Decision Gate 0 (item 1 above).

As the project progresses through the project lifecycle it will be referred to ARC and the Board again for endorsement at three further stages in addition to this paper, namely for endorsement of the Preliminary

Business Case (Decision Gate 1) and for endorsement of the Final Business Case which comprises two approval gates (Decision Gate 2 and Decision Gate 3).

Highlight any implications that the Board should be made aware of in its consideration such as;

- **Current status**

Seeking HSE Board Approval of the Strategic Assessment Report (SAR) for SJH Critical Care and in so doing further the implementation of the Health Service Capacity Review 2018, the Strategic Plan for Critical Care 2020, and Sláintecare's Implementation Strategy and Action Plan 2021-2023.

- **Budget**

This is a large, complex project. The SAR recommends a number of options to deliver the project with preliminary capital costs ranging between [REDACTED]. A multi-criteria analysis of the options will be undertaken as part of the development of the Preliminary Business Case leading to a preferred option. Further cost certainty will be developed at the initial stages of the design and planning processes through the development of the Project Brief.

The proposed project will also involve additional operational revenue which will be further analysed at PBC stage.

- **Source of Funding**

The project is included in the HSE Capital Plan, with appropriate allocations to enable initiation. Greater definition and allocations will be included in due course to reflect the developed understanding from the PBC stage work.

- **Programme**

The programme to enhance capacity is a priority for Government. Preliminary programmes and timelines will be reviewed as part of consideration of options during the PBC process. Early delivery of new facilities and enhanced capacity is recognised as a key clinical and operational priority.

- **Resources**

Additional WTE staffing will be required to open the new facilities. Revenue costs, estimated by the HSE's Healthcare Pricing Office (HPO), are currently in the order of [REDACTED] depending on the level of Critical Care bed planned. Critical Care beds are staffed at a higher nurse per bed ratio than a standard inpatient bed. SJH participates in the HSE's specialty costing programme and any proposed revenue costs will be assessed against appropriate benchmarks and agreed staffing ratios.

- **Impact to delivery of services**

The proposed facility will provide compliant, appropriately located, key clinical capacity in the correct configuration to support key health service delivery. It will significantly assist in achieving improved outcomes.

- **Corporate Plan**

Aligned with HSE Corporate Plan & Service Plan

- **Sláintecare**

Aligned with Sláintecare on delivery of services. Aligned with the Strategic Plan and the capacity plan; on delivery of beds and services - HSE Critical Care Capacity Development Plan February 2022 and Strategic Plan for Critical Care, December 2020

- **Social factors (e.g., impact on specific area such as the elderly, disabilities)**

The provision of the new facility will significantly improve the quality of the environment in which care is delivered to patients, and enhance the experience of patients, family members, and staff.

- **Legal factors**

Legal arrangements in relation to the forms of contracts, grant arrangements etc will be considered further as the project proposals advance.

Sustainability:

The new Critical Care Infrastructure will be designed to fully support Government and HSE climate action and decarbonisation ambitions and commitments.

Conclusion

The Strategic Assessment Reports (SAR) for SJH has been prepared by the Hospital in accordance with the current Public Spending Code requirements. It sets out the scope of the project and the potential options

considered. It also examines the cost and benefits arising. It recommends that the Approving Authority grant formal approval to progress to the next stage of the project lifecycle process where the options will be further tested and developed.

As noted above, the SAR for SVUH is being brought to the Board under separate cover, and a further three SAR reports will be brought to the Board to support the delivery of the National Strategic Plan for Critical Care.

Recommendation

The Board are asked to approve the attached Strategic Assessment Report for submission to the Department of Health for their formal review and approval to progress to the next stage of the project lifecycle.