

Business Case Template Capital Oversight Group

Scheme Title	Discharge Lounge – Capital Bid
Divisional Lead	Steve Jenkins – Divisional General Manager
Clinical Lead	Ben Owens – Clinical Chair
Divisional Finance Manager	Claire Haynes
Revenue funding requested for project	Not required
Capital funding requested for project	£1.57m (externally funded)
Charitable funding requested for project	No
Date project presented at Operations Meeting/recommended for progression to IGG	1 st Feb 2023
Date project approved	1 st Feb 2023
Executive Signature	
Type of Case:	Growth <input type="checkbox"/> Service Development <input checked="" type="checkbox"/> Efficiency Plan <input checked="" type="checkbox"/> Compliance / Safety <input type="checkbox"/>

To ensure inclusion in the next meeting please complete this form and return to:

Michael.powell5@nhs.net

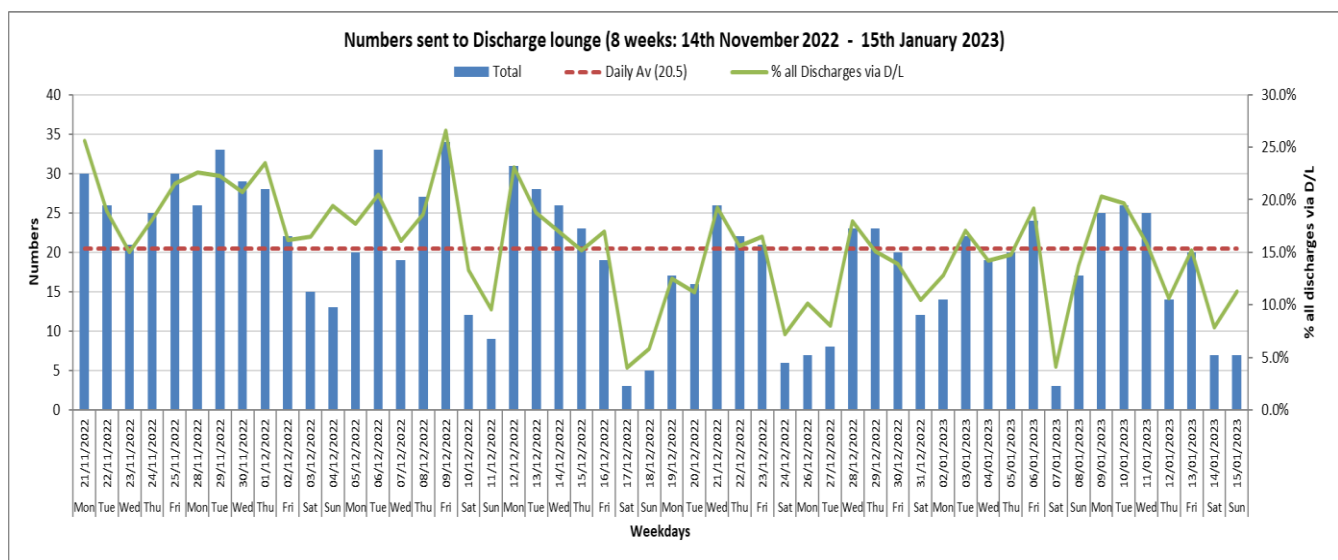
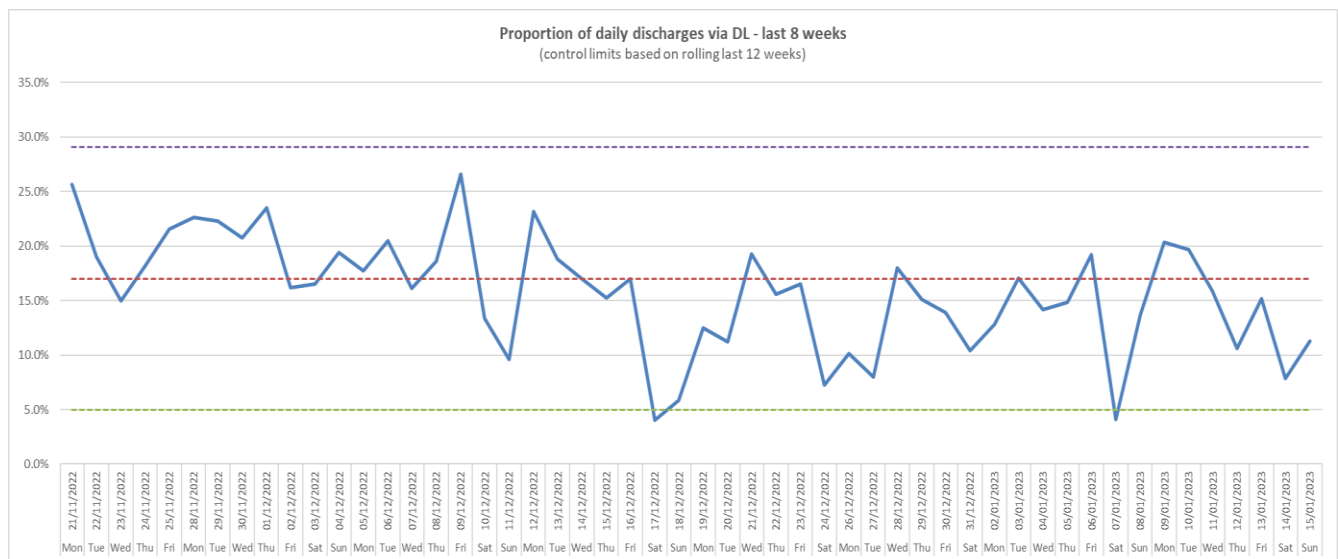
Managers should complete all sections. Any additional supplementary information should be attached as an Appendix in the **Business Case+** document

Summary of Proposal

The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds and decompress the Emergency Department.

Sherwood Forest Hospitals submitted a bid nationally for £1.57m of capital in support of enhancing the discharge lounge at Kings Mill Hospital and creating a discharge lounge at Newark Hospital.

Currently 10-15% of Trust discharges are moved to the discharge lounge, with the increase in capacity, we would be able to facilitate a significant increase in these levels to allow circa 45% of discharges saving a mean of 2 hours per patient from a bed capacity perspective, support reduction in ED crowding by facilitating timely moves from ED awaiting transfers to reduce the mean time in department and support Ambulance turnaround times.



The benefits of the creation of this space will:

- Contribute to the delivery of 76% 4 hour target
- Improved efficiency of the Discharge lounge

- Increased early discharge from wards before and improved pre-noon discharge performance
- Reduction in mean time patients spend in ED
- Improvement in patient flow across the Trust
- Release estate to increase acute bed base by 8 beds
- Patients will have a more positive and comfortable experience of the Discharge lounge

The proposal is to refurb the existing unused estate (Old Ward 3) to increase current capacity from 8 x chairs / 1 x trolley, 0 x bed spaces with no isolation requirement) to:

- 4 isolation cubicles,
- 12 bed spaces in 3 bays (ability to flex as required)
- 25 chaired space (including “3 red chairs”) at Kings Mill Hospital and
- 8 x spaces at Newark Hospital.

The Trust has been successful in obtaining external capital funding for the £1.57m to complete the works. There is no request for additional revenue at present. Initially the intention is to staff the Discharge Lounge at the current staffing model which is:

- 1 x RN and 1 x HCA – 7am – 7pm
- 1 x RN and 1 x HCA – 9am – 9pm
- Monday to Friday only

We envisage that we would be able to accommodate up to 35 patients per day on the current staffing. Anything over 35 its envisaged that delays would be introduced with the collection of patients.

A service improvement workstream which includes demand modelling has been created to look at maximising the benefits and opportunities an extended discharge lounge will deliver in efficiencies elsewhere in beds and ED crowding so we will fund any increases by redeployment of existing funding.

How does the Proposal fit with the Trust’s Strategic Objectives?

To provide outstanding care	The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds. It is a designated area for patients that are waiting for their medications or transport when they are medically fit to leave the hospital to their planned discharge destination. The discharge lounge will maximise hospital wide patient flow, reduce ED overcrowding and provide a comfortable area for patients to await their onward destination.
To promote and support health and wellbeing	A fit for purpose discharge lounge which is resourced appropriately will support staff to feel listened to and valued.
To maximise the potential of our workforce	Improvement in patient flow across the Trust
To continuously learn and improve	The increase in capacity will contribute to the delivery of 76% 4 hour target, improve the efficiency of the Discharge lounge,

	drive and Increase in early discharge from wards before and improved pre-noon discharge performance.
To achieve better value	The main purpose of the Discharge Lounge is to help the hospital flow by creating acute beds and decompress ED.
Will this proposal impact on quality and service development for the wider community. Please detail below.	
No	
Benefit /Risk to the Trust- If Financial Risk and Service Benefit, please summarise issues (Including mitigations & exit strategy) in the Business Case+ document	
Financial Benefit	<input checked="" type="checkbox"/>
Service Benefit	<input checked="" type="checkbox"/>
Financial Risk and service benefit	<input type="checkbox"/>
Is the proposal to commission /expand a service?	
No	<input type="checkbox"/>
YES	<input checked="" type="checkbox"/> - Please contact the Resuscitation Department in the initial business planning
Have you considered the impact on environmental sustainability in this case? Please describe any impact here:	
N/A	
Does the proposal mitigate a risk on the Risk Register?	
No	<input type="checkbox"/> - Please expand
YES	<input checked="" type="checkbox"/>
Is this in line with the Trust's risk appetite as defined in the Risk Management and Assurance Policy? ('Respond to the risk' - Section 6 of the Policy - click here)	
Risk 1429: Overcrowding in ED due to High Volume and delayed patient transfer from ED to admission area – 20	
Divisional Finance Manager to complete finance template and insert here ACUTE MEDICINE SERVICE LINE BUSINESS CASE PROPOSAL DISCHARGE LOUNGE - REFURBISHMENT OF CURRENT ESTATE 1. INVESTMENT REQUIREMENT	

	Capital	Revenue			
Discharge Lounge Refurbishment of Current Estate	22/23	WTE	22/23	23/24	Supporting Notes
Works Costs	(£737,000)				
Fees	(£125,000)				
Non-Works Costs	(£54,000)				
Equipment Costs	(£208,000)				
Optimism Bias	(£25,000)				
Planning Contingency	(£100,000)				
VAT	(£251,000)				
Sub Total - Capital	(£1,500,000)				
Capital Funding					
DHSC PDC funded capital expenditure	£1,500,000				
Sub Total - DHSC PDC Funded Capital Expenditure	£1,500,000				
Capital Charges					
Revenue implications of capital - Estates				(£32,300)	40 Year Life Cycle
Revenue implications of capital - Equipment				(£29,714)	7 Year Life Cycle
Interest costs of borrowing					
Sub Total	£0			(£62,014)	
Grand Total	£0			(£62,014)	

Has funding been identified YES NO

If YES, please provide Budget Codes _____ External Capital Funding

If funding has **NOT** been identified where do you expect funding to be sourced/provided?

What is the nature of funding required?

Capital
 Revenue
 Both

Does the scheme require any training or project management to be carried out? Please summarise any costs for training in the Business Case+ document

NO
 YES- Training
 YES- Project Mt

Does the scheme require a Quality Impact Assessment (QIA)? If Yes, please include in the Business Case+ document	
YES	<input type="checkbox"/>
NO	<input checked="" type="checkbox"/>

The project must be considered by various corporate departments before it is able to proceed. Please complete the Corporate Services checklist. If further detail or explanation is required, please provide this within the Business Case+ document.

Corporate Services Checklist				
Have you consulted with?	YES	NO	N/A	Further detail included in Business Case+ document
Commercial- is a commercial contract or SLA with an external provider required? Are negotiations with the Commissioner required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procurement- if support required, Procurement Business Partner to describe procurement route option and sign off in Business Case+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHIS- has approval been sought from Digital Strategy Group? Please evidence DSG case and outcome in Business Case+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Services- are there any Pharmacy, Diagnostic, Pathology, Admin, etc implications? Summarise requirements in Business Case+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Governance- If there are any implications, please summarise in Business Case+	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Devices Equipment Group- if the project involves medical equipment, please confirm MDEG approval. Summarise ranking assumptions in Business Case+	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space Management Group- does the project require additional space? Outline requirements, cost and consent in Business Case+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estates FM Support- changes to opening times, additional FM support, cleaning, portering. Summarise PFI variation implications and costs in Business Case+	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources- does the project involve	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

recruitment of staff? If staffing change, recruitment or TUPE is required, HR Business Partner to describe costs and options in Business Case+				
Decontamination (Medical equipment) Have IPC and Decontamination requirements undergone review with appropriate Service Leads.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business Case+	
Financial Risk AND Service Benefit- please summarise issues (including mitigations and exit strategy)	N/A
Commercial- is a commercial contract or SLA with an external provider required? Are negotiations with the Commissioner required?	N/A
Procurement- if support required, Procurement Business Partner to describe procurement route option and sign off	Procurement involved in the project group to establish equipment requirements
NHIS- has approval been sought from Digital Strategy Group? Please evidence DSG case and outcome	NHIS involved in the operational group to establish wifi and device requirements
Support Services- are there any Pharmacy, Diagnostic, Pathology, Admin, etc implications? Summarise requirements	N/A
Information Governance- If there are any implications, please summarise	N/A
Medical Devices Equipment Group- if the project involves medical equipment, please confirm MDEG approval. Summarise ranking assumptions	N/A
Space Management Group- does the project require additional space? Outline requirements, cost and consent	Old Ward 3 and space at Newark – Estates involved and supportive.
Estates FM Support- changes to opening times, additional FM support, cleaning, portering. Summarise PFI variation implications and costs	Old Ward 3
Human Resources- does the project involve recruitment of staff? If staffing change, recruitment or TUPE is required, HR Business Partner to describe costs and options	N/A

Project Management & Training- please summarise costs	N/A
Quality Impact Assessment- please insert here if required	N/A
Administration staffing - Do you foresee any impact on administration roles as a result of this proposed change? If so, what additional support will be needed?	N/A

CURRENT VERSION