

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>12 December 2024</b>
<b>Item Number:</b>	<b>7</b>
<b>Title:</b>	<b>Infrastructure Investment: Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary (Charitable Funded)</b>
<b>Responsible Executive:</b>	<b>Alex Stephen, Director of Finance &amp; Alan Wilson, Director of Infrastructure, Sustainability and Support Services</b>
<b>Report Author:</b>	<b>Julie Anderson, Assistant Director of Finance</b>

## **1 Purpose and recommendations**

**This is presented to the Committee for:**

- Assurance
- Decision

**This report relates to:**

- NHS Grampian Strategy: Plan for the Future –Places ,
- Board Annual Delivery Plan – Create Condition for Sustainable Change
- Other – Financial Governance

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective

## **2 Report summary**

## **2.1 Situation**

Work is ongoing with UCAN, one of our Charity partners, to support its goal to develop and fund a Swift Urological Response and Evaluation (SURE), formerly the Rapid Diagnostic Centre (RDC), Unit at Aberdeen Royal Infirmary.

The SURE Unit aims to enable more patients with a suspected urological cancer to be seen quicker, and to have all of their scans and/or diagnostic procedures during a single visit to hospital.

The project consists of creation and equipping of a one-stop urological cancer rapid diagnostic centre co-located with the acute urology services and the redesign and enhancement of workforce. This aligns to the long term plans and requirements of the Urology Service.

## **2.2 Background**

The 'Plan for the Future' sets out the strategy to deliver equitable access, inclusive growth and improved population health and wellbeing through the transformation of how and where we provide our health and social care services. To achieve this, we will require a very different type of infrastructure to reflect the changing patterns of service delivery, including an increasing reliance on new technology.

NHS Grampian is extremely grateful for the continued support that it receives from various charities. These charities help NHS Grampian, its hospitals and patients with important work that is not covered by core NHS funding. UCAN have been actively fundraising towards the goal of funding the SURE Unit throughout 2024. It has confirmed the following status:

- Funds raised by UCAN for the Unit: £550,000,
- Confirmation that Friends of ANCHOR has pledged to match funds raised as a 50% partner for the Project, and
- An application has been made to NHS Grampian Charity of £1million.

The application to NHS Grampian Charity is currently under consideration.

Whilst the SURE Unit does not feature in Board's Infrastructure Investment Plan its development aligns to the long term plans and requirements of the Urology Service.

The Schedule of Reserved Decisions require all infrastructure investment in excess of £1 million to be considered by the Board for approval.

## **2.3 Assessment**

The SURE Unit aims to enable more patients with a suspected urological cancer to be seen quicker, and to have all of their scans and/or diagnostic procedures during a single visit to hospital. The Unit aims to significantly reduce the time to diagnosis, which will improve cancer treatment outcomes and reduce anxiety for patients and their families across the North of Scotland.

The current configuration of the Urology space at ARI is inefficient in terms of clinical capacity, flow and is also unsuitable as it does not allow for privacy when discussing results and potentially having upsetting conversations with patients. The redesigned space will allow better patient flow and for individual rooms to protect patients' dignity and confidentiality at a difficult time for them.

The project scope to create and operate the SURE Unit consists of three components:

1. The design and build of a one-stop urological cancer rapid diagnostic centre co-located with the acute urology services at ARI.

UCAN have engaged their own design team and have been working with colleagues in relation to design assurance and deliverability. Final pre-construction designs have been confirmed.

2. Furnishing and investment in additional medical and diagnostic equipment.
3. Investment in Workforce

The planned facility within ward 211, Pink Zone Aberdeen Royal Infirmary, will benefit from being adjacent to the existing service, however it will commit potential inpatient ward space to day and outpatient activity. The estimate patient bed space is eighteen.

The readiness of the project to move to delivery stage has been supported by the Asset Management Group subject to funding and Board approval.

### **2.3.1 Quality/ Patient Care**

The Urology Department delivers all Urology inpatient and outpatient services to the populations of the Grampian, Orkney and Shetland health board areas. In addition, the department also delivers selected services to patients from Highland (robotic and stone surgery and lithotripsy) and Tayside (stone surgery, complex renal surgery and lithotripsy).

Services are predominantly delivered from Aberdeen Royal Infirmary with all major surgery taking place on this site. The Urology Department across NHS Grampian has

been expanding significantly in recent years. The number of urgent suspected cancer and routine referrals to the Urology Department is increasing, mainly due to the aging population. As urgent and suspected cancer referrals are rightly prioritised, waiting lists for routine referrals grow longer. Despite effective and efficient management, best endeavours at an operational service level, the service capacity cannot meet the increasing demand.

The Swift Urological Response and Evaluation (SURE) Unit, will be located within ARI and will enable more people with a suspected urological cancer to be seen quicker, and to have all their scans and diagnostic tests carried out during a single visit to hospital.

The SURE Unit will further enhance NHS Grampian clinical services and reputation as a hub of excellence for the diagnosis and treatment of urological cancer (including prostate, penis and testicular cancer as well as kidney and bladder). When cancer is diagnosed too late, it can advance to an incurable stage.

This plan aligns with the direction outlined in the national Endoscopy and Urology Diagnostic Recovery and Renewal plan. This national plan identifies that there is a need to increase and co-ordinate capacity across NHS Scotland and to utilise all available additional capacity including the development of Hubs.

Urology is one of the specialities with the highest volume and most varied types of cancer and there has been a 50% increase in the number of people referred with a suspected urological cancer in the last five years.

Once up and running, the SURE Unit will double the capacity of patients seen annually. The facility will serve both male and female patients. Three weeks to a diagnosis is the approximate target time to secure a diagnosis following a GP referral. The current time from referral to diagnosis is 4 – 6 months.

Surgical capacity will be improved by the increased adoption of an innovative new laser treatment which can be performed under local anaesthetic rather than general anaesthetic. TULA (tranSUREthral laser ablation), takes only 15 minutes and patients can go home the same day.

### **2.3.2 Workforce**

The Urology Service has in recent years completed workforce planning to support new ways of service delivery.

To support the successful delivery of the SURE unit, UCAN have indicated they will provide funding during the early years of the Unit for a proposed workforce plan which includes additional staff (10.5 WTE) to ensure the Unit has all of the expertise needed for a high quality service, including additional sonographers, more time from

consultant uro-radiologists and the pathology services and redesign of the current workforce to maximise the use and service delivered by the unit.

### **2.3.3 Financial**

The project consists of creation, equipping and staffing of a facility in Aberdeen with a fund-raising target set by UCAN to support delivery of the Unit.

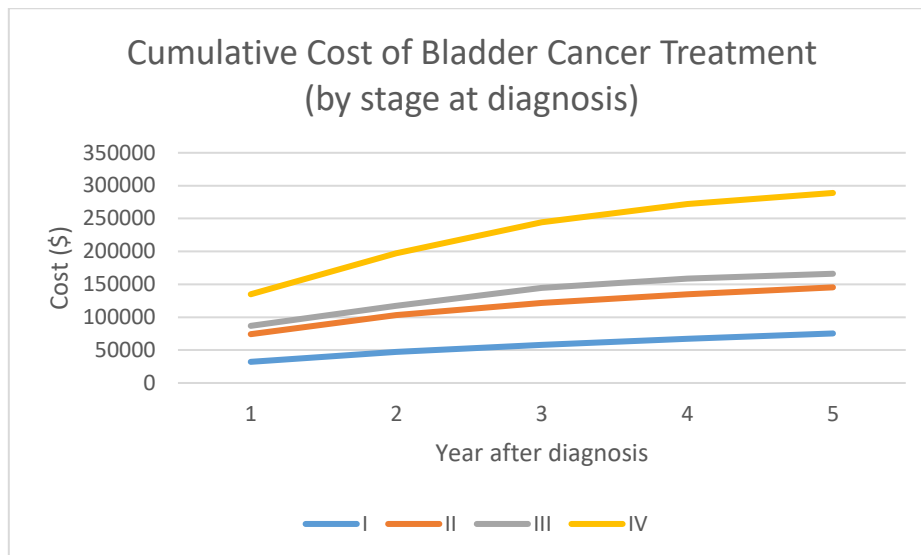
Initial investment to deliver the unit is forecast at £1.4 million inclusive of VAT. This includes works to fit-out the space within ward 211, Pink Zone £0.7m and additional diagnostic equipment and furnishing £0.7m. There is a 20 week programme of works and, subject to the dependencies set out in this paper, the unit is expected to open in Spring 2025.

UCAN in consultation with the Urology Service have instructed the works to be designed and priced and a cost report has been shared with NHS Grampian and scrutinised. An equipment list has been prepared and priced with UCAN liaising with NHS Grampian.

Ongoing annual running costs including staffing associated with the Unit are forecast to be circa £0.7m in the first full year of operation, consisting of additional staffing cost (£0.6m) and other recurring revenue costs (£0.1m) including equipment maintenance. The cost of consumables and medical supplies associated with the model of care is not yet defined. UCAN have indicated they will provide funding to support the initial three years of operation of the Unit.

The enhanced capacity associated with both physical space and service development will support the early diagnosis and treatment of patients and address service backlog and is expected to realise system efficiencies. Additionally the planned introduction of TULA will allow us to treat suitable patients in an ambulatory outpatient setting rather than in theatre.

It is well recognised that the healthcare costs associated with late (and therefore advanced) diagnosis of any cancer are substantially higher than for those cancers diagnosed early. This is a result of many factors but essentially the less invasive, and therefore cheaper, treatment options are usually only suitable for cancers that are identified early. By way of illustration the graphic below has been extracted from a recent study:



More advanced cancers tend to require extended treatment often across multiple specialties (for example Urology and Oncology) as well as requiring more imaging and lab time and it is expected that NHS Grampian will be able to develop a cross system sustainable funding arrangement for the ongoing operational costs of the facility beyond the first three years.

#### 2.3.4 Risk Assessment/Management

Urology Waiting Times are recorded on the NHS Grampian Risk Register.

Progressing to the delivery of a project funded by charitable donation prior to funding being in place carries a risk and UCAN have agreed to a staged approach to delivery of the plan to create and operate the Unit, with each stage commencing following confirmation of funds.

Project delivery risk management arrangements are in place for the project.

Unanticipated cost risks are a feature of project and risk provision has been included in the overall forecast for the project. Engagement is ongoing with UCAN to put in place a memorandum of understanding to confirm risk sharing arrangements as they relate to underwriting the costs and implementation of revised service arrangements. It is recognised that unforeseen events associated with delivering the development may occur and whilst arrangements with our Charitable partners seek to mitigate this risk, the Board may need to underwrite to ensure effective delivery of patient care.

#### 2.3.5 Equality and Diversity, including health inequalities

N/a

#### 2.3.6 Other impacts

N/a

### 2.3.7 Communication, involvement, engagement and consultation

UCAN, as a charitable trust and stakeholder partner of NHS Grampian, has worked with the Urology Service to design and fund the project scope and solution.

Since 2016 the initial and ongoing planning for the NHS GRAMPIAN National Treatment Centre (NTC) formally known as the Elective Care Programme, included the relocation of the Urology / UCAN outpatient activity. Throughout 2016-2023, the NTC Programme Board worked extensively with stakeholder engagement. This included both public and patient stakeholder representation as well as NHS Grampian Corporate Communication and Engagement Officers.

NHS Grampian Corporate Communication and Engagement Officers have been appointed to support the SURE Unit proposal as work is initiated and progresses.

Relevant specialists have been consulted in the development of the project scope and solution.

### 2.3.8 Route to the Meeting

This has been previously considered by the following group as part of its development. The group has supported the development of content, and their feedback has informed the finalisation of the documents presented in this report.

- Asset Management Group, 28 October 2024 considered a detailed business case and consider it provides assurance of readiness of the project to proceed to delivery, subject to concluding final arrangements.

## 2.4 Recommendation(s)

The Board is asked to:

**Assurance:** review and scrutinise the information provided in this paper and confirm that it provides assurance in relation to the readiness of the organisation to deliver the SURE Unit Project.

**Decision:** approve the creation of Swift Urological Response and Evaluation (SURE) Unit at Aberdeen Royal Infirmary in ward 211.

**Decision:** delegate to the Director of Finance authority to enter into a Memorandum of Understanding with our charitable partner UCAN setting out funding and risk sharing arrangements associated with the development of the SURE Unit.

**Decision:** agree, subject to charitable funding confirmation, the commencement of a programme of infrastructure works and equipping required to support the delivery of the SURE Unit at forecast value not to exceed £1.4m to be delivered by NHS Grampian.

**Decision:** agree, subject to charitable funding confirmation to support an initial period of three years, the enhancement of staffing establishment as set out in the workforce plan for project.

**Decision:** recognising the system wide patient and financial benefits associated with the creation of the SURE Unit instruct the Director of Finance to work with the relevant Service Portfolio Leads to develop a sustainable funding arrangement for the ongoing operational costs of the facility beyond the first three years of operation.

### **3 Appendix/List of appendices**

#### **Appendix 1: UCAN Case for Support – Fundraising Brief**