

Case study: Hull University Teaching Hospitals NHS Trust

Introduction

Hull University Teaching Hospitals NHS Trust is an acute trust operating in the city of Hull and the East Riding of Yorkshire. Prior to April 2019, it was known as Hull and East Yorkshire Hospitals NHS Trust.

The trust is based on two sites, Hull Royal Infirmary and Castle Hill Hospital, and is one of the five largest trusts in England. It provides acute care for a local population of approximately 600,000 and provides tertiary services to approximately 1.2 million people.

The problem

The trust is facing capital infrastructure challenges across buildings, IT and equipment which are impacting on the delivery of their services.

The Trust has a significant backlog maintenance burden associated with its asset base. In building and plant terms alone this is estimated at over £60m, of which £30m is of high and significant risk.¹ The Hull Royal Infirmary Tower Block is responsible for 80% of the Trust's high and significant backlog. However, clinically, this is the centre for all emergency admissions, including operating theatres, critical care facilities, wards and clinical support services. Although significant investment has secured its future in the short term, the trust needs to ensure an effective backlog maintenance reduction programme in the long term.

Equipment failures and upgrades as a result of failure are identified as a key risk in the short term. In 2017/18, the Trust was required to replace an MRI scanner at a value of just over £1.6m and a replacement Linear Accelerator costing £1.7m.

The impact

In 2018, existing gamma cameras, used to take pictures of organs or disease using radio tracers, were operating at around 30% capacity due to regular and sustained equipment downtime. This has an impact on the ability to push patients through their clinical pathways, and significantly extends patient treatment times. The cost of replacing the three cameras is estimated in excess of £4m, but the medical equipment allocation was fully committed in 2018/19.

The Trust also needs to invest in its IT network. Failure of any part of this infrastructure would be critical for the Trust and is reflected as a high risk.

The solution

¹ http://documents.wilmingtonhealthcareintelligence.com/Estate%20Strategy%202017-22_21-03-2019-14-45-06-29.pdf.pdf

The trust's Capital Resource Allocation Committee (CRAC) undertook an exercise to quantify the funding requirements for the next three years (to 21/22). These assessments were based on a "do minimum" basis:

- Investment totalling £33m was assessed as being required for equipment replacement. This did not make any provision for expansion.
- the IT programme, focusing on the replacement of the existing network and on essential system replacements to meet nationally mandated timescales for system architecture and capability, requires £17m over the next three years
- A backlog maintenance investment programme, which would bring the condition of the Trusts estate to condition B over 10 years, would cost a further £7m per year.

Over the 3 year period capital investment needs of approximately £71m was identified. However, the Trust has internal sources of funding totalling approximately £11.4m to use for capital expenditure in 2019/2020. Over a 3 year period this equates to circa £30m of funding, a funding shortfall of £41m over the period.