

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	The Sheil Community Hospital
Centre ID:	OSV-0000624
Centre address:	College Street, Ballyshannon, Donegal.
Telephone number:	071 985 1300
Email address:	donnaj.reid@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 May 2017 10:30	22 May 2017 18:00
23 May 2017 09:00	23 May 2017 13:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Governance and Management		Compliant
Outcome 11: Information for residents		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. As part of the thematic inspection process, providers /persons in charge attended information seminars organised by the Health Information and Quality Authority (HIQA). Evidence-based guidance was also available from HIQA to guide the provider/person in charge on best practice in dementia care.

The person in charge submitted a self-assessment on dementia care. The inspector met with residents and staff members. The inspector tracked the journey of four residents with dementia, observed care practices and reviewed documentation such as care plans, medical records, staff files, key policies for the provision of dementia care and the self assessment questionnaire. The inspector used an observational tool (QUIS) in which social interactions between residents and care staff was observed. The inspector noted that interactions between staff and residents were very positive with staff giving undivided attention to residents in a pleasant warm way. The collective feedback from residents who could communicate with the inspector was one of satisfaction with the service and care provided. Arrangements were in place to support the civil, religious and political rights of residents with dementia. The inspector saw that the person in charge had applied to register residents for postal voting.

The inspector found the person in charge and staff were committed to providing a high quality service for residents with dementia. Many staff had attended training in different areas of dementia care, for example, enhancing the wellbeing of residents with dementia', 'Experiencing the dementia bus' and the centre had trained two staff as dementia champions. The overall atmosphere was domestic like in nature, bright, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around and corridors were clutter free and flooring was well maintained. However, residents were accommodated on the second floor and did not have open access to an enclosed safe garden area. There was good evidence of continuity of staff and many staff had worked in the centre for many years. The staffing levels and size of the unit allowed for supervision of and time to spend with the residents. Colours and signage was used to support orientation. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and the adequate level of staffing to chat and spend time with residents. A homemaker was on duty to organise and plan to meet the social needs of residents. All staff fulfilled a role in meeting the social needs of residents. Staff spoke with displayed a good knowledge of residents preferred social activities.

There were 16 residents in the centre. The centre although registered for 18 had reduced one multi occupancy room to a four bedded. The person in charge has been a person in charge for many years and had ensured that systems and measures were in place to manage and govern this centre. With regard to the self assessment, the person in charge had rated that the centre was substantially compliant with outcomes on health and social care needs, safeguarding and safety, residents' rights, dignity and consultation, complaints procedure and management, suitable staffing and moderately non complaint with regard to safe and suitable premises. The inspector found there were issues of non compliance in relation to the design and layout of areas of the premises as regards the requirement to protect and promote the privacy and dignity of residents as some residents were accommodated in multi-bedded rooms. Additional training on the new safeguarding policy was required with regard to Outcome 2.

At the feedback meeting at the end of the inspection, the findings were discussed with the person in charge. Areas requiring improvement post this inspection in order

to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People including ensuring that all staff are trained on the safeguarding policy and progressing the new build.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' healthcare needs were met. There was good access to medical and allied healthcare services. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences to enhance mental wellbeing. All residents had a care plan for each assessed need. This was developed on admission and reviewed when any changes occurred. From talking with staff and residents the inspector found that staff provided care in a person centred way and tried to assist the resident to maintain their independence. Risk assessments and care plans were reviewed on a four monthly basis or in response to the changing needs of residents.

Residents had access to General Practitioner (GP) services of their choice and could retain their own GP if they so wished. An out-of-hours service was also available. On review of a sample of resident's medical files the inspector found that GPs reviewed residents regularly. A full range of services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, chiropody, tissue viability, optical and psychiatry of later life. Residents' records supported that residents had been referred to these services as required and reviews were noted in residents' notes. An admission policy was available. A clinician always completed a pre admission assessment prior to admission to ensure that the centre had the appropriate staffing facilities and equipment to meet the assessed needs of the resident.

The inspector reviewed policy and practice around systems to ensure that the nutritional needs of all residents were well met. All residents were appropriately assessed for nutritional needs on admission and were reviewed regularly. The care plans of those residents with dementia which were reviewed contained relevant assessments including risk in relation to safe swallowing and adequate nutritional intake. Most staff had received training in dysphasia. Good communication existed between nursing and catering staff to ensure they had up to date knowledge of the residents needs. While there were no residents with pressure ulcers on the day of inspection, pressure ulcer prevention and management practice was in place for residents assessed as being at risk with appropriate aids such as specialist mattresses or cushions. The inspector reviewed the file of a resident who had, had a pressure ulcer in the past and found that

this had now resolved and was well managed.

The menu was varied and kitchen staff confirmed that fresh meat, vegetables, fish and fruit was available daily. Scones, brown bread and homemade cakes and deserts were available. Likes and dislike were recorded and residents told the inspector that these were respected. Residents on a modified diet could choose from the same menu and these meals when served were well presented. Weights were recorded monthly and more regularly according to clinical need. Residents who required support at mealtimes were provided with timely assistance from staff. Those with any identified nutritional care needs had a nutritional care plan in place. Residents who was assessed as at risk of nutritional deficit or had unintentional weight loss triggered a referral to a dietician.

A comprehensive policy was in place on the delivery of care at end of life care. A number of staff had undertaken training in end of life care. In the sample of care plans reviewed there was evidence of discussion with residents about their wishes and there was also evidence where appropriate of input from the families and significant others.

There was good evidence that practice and systems to prevent unnecessary hospital admissions. The centre was well supported by community palliative care services. There was good evidence of written and verbal communication between the acute hospital and the centre. Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital held on file together with nursing, medical transfer letters and discharge summaries from the acute hospital back to the centre.

Processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. A comprehensive medication policy was available. Medicine prescription and administration records for residents were legible and well maintained. These included a photograph to assist with identity of the resident, weight, date of birth, General Practitioner name and any known allergies.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse. Staff spoken to by the inspector confirmed that

they had received training on safeguarding vulnerable adults and were aware of the different forms of abuse and the reporting structure within the centre. Regular refresher training was scheduled. A copy of the new policy on safeguarding was available. Residents spoken with stated they felt safe in the centre and informed the inspector that they were well cared for.

The inspector reviewed the measures that were in place to safeguard residents' money and found that systems were in place to protect residents' finances. No monies were kept at the centre on behalf of residents. Two residents' finances were managed by HSE financial services. When the resident required a specific sum of money for example to pay the hairdresser, the staff request a cheque from HSE financial services to be made payable directly to the hairdresser. The accounts are audited independently each year by an external auditing firm.

A policy was in place to guide staff and staff had been trained on the restraint policy. Risks on the use and non-use of the bed rails were evaluated prior to their use. There was evidence of consideration of least restrictive alternatives to restraint for example supervision by staff, tactile alarm mats, lo-lo beds. The inspector found the management of restraint was regularly monitored. Where bedrails were used as positioning aids this was documented as an enabler in care plans

Two staff did not have up to date manual handling training. The action with regard to this deficit is detailed under the outcome on Staffing. This action was also contained in the previous action plan.

There was a policy on managing responsive behaviour and staff had attended training in dementia care and management of responsive behaviour. Residents appeared relaxed, calm and content during the inspection. Staff spoke of their knowledge from attending dementia care training and of the importance of maintaining calm, noise free environment and allowing resident's choice of daily routines. The inspector observed this taking place in practice. Nursing staff spoken with were clear of the importance of assessing and managing responsive behaviour and screening for infections, constipation, and changes in vital signs would form part of the assessment. Care plans included distraction techniques to guide staff in the management of responsive behaviour. There was evidence of access and referral to psychiatry of later life services and ABC (assessment) charts were used to record episodes of responsive behaviour.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted on the organisation of the centre. Residents and relative consumer meetings are held monthly and were facilitated by the activities coordinator. Minutes were available of these meetings, which showed a general discussion of the running on the centre and residents described a good level of satisfaction with the care and service they were receiving. Staff displayed a good knowledge of residents' needs and were eager to ensure that residents' views were respected and were involved in the running of the centre. An independent advocate was available with their contact details on display. Some of the residents, due to their deteriorating health condition were unable to communicate with the inspector and express their views of the service provided. Those residents who shared their opinions with the inspector were complimentary of the services received. There was evidence that they had choice in regard to their daily routines such as getting up or participating in activities.

The person in charge was well known to the residents who confirmed that they met her regularly. Staff described informal individual consultation with residents which occurred on a daily basis. An activity schedule was in place and a home maker works full-time in the centre. She is assisted by all staff. An assessment of all residents preferred activities had been completed. This informed the activity schedule. Scheduled activities included music, reminiscence, this was person centred for example a lobster pot was available for a resident who had worked as a fisherman. Hand massage, poetry, proverbs, and reading the local and national newspapers. The homemaker had completed Sonas (a therapeutic activity for residents who are cognitively impaired) training and she informed the inspector that individual and group sonas are scheduled regularly. Baking took place once a week and residents baked the birthday cakes. Some residents chose to spend time in their bedrooms watching TV or with visitors or friends according to their own individual preferences. Those residents with more cognitive impairment were observed to receive one-on-one attention from staff. The activities coordinator and staff had organised a candle lit dinner for staff and their relatives. Residents spoken with were very complimentary of this event. There were no restrictions on visitors attending the centre. A priest attended the centre on a weekly basis to celebrate Mass. Other pastoral services could also be made available if required. Arrangements were in place to facilitate residents to vote if they wished. The inspector noted that the centre had registered residents for postal voting. The community was actively involved in the centre and various arts sessions were organised for Bealtaine, including drama and music. Residents had access to radio, TV and could use the centre telephone if required. A quarterly newsletter is prepared detailing any changes in the centre and locality. Details of audits undertaken and any improvements as a result of these audits are documented together with any training that staff have recently attended.

The inspector observed staff providing assistance to residents where required and noted that the manner and attitude of staff was pleasant with a good rapport between staff and residents. Most staff had undertaken training in dementia care and management of responsive behaviour. Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated that

interactions between staff and residents were very positive. There were no task orientated activities observed, staff utilised any opportunity for a positive meaningful engagement.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of the last inspection a complaint with regard to the care of a resident was documented but in order to ensure that the complainant had been appropriately responded to, to include details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied with the outcome of the complaint records need to be more comprehensive and time lines needed to be documented. This had been addressed

On this inspection, the inspector found evidence of good complaints management. There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process. The inspector reviewed the complaints log and found that all complaints to date had been investigated and responded to and whether the complainant was satisfied with the outcome of the complaint. However, there was no evidence whether the complainant was informed of the appeal process in case they wished to utilise same

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management system. Staff delivered care in a respectful, timely and safe manner. The ethos of the centre was person centred and not task focused.

Many of the care staff spoken with had worked in the unit for several years. There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that a high proportion of staff had attended dementia training and this was an on-going process. There were 16 residents in the centre, 12 residents were assessed as maximum dependency, two as high dependency and two as medium dependency.

There were two nurses and a clinical nurse manager was shared with the rehabilitation unit and the person in charge Monday – Friday from 8:45 -21:15. Two nurses were generally on duty Saturday and Sunday. There were two health care assistants rostered to care for residents up until 17:30 hrs with one from 17:30 until 21:00hrs. On night duty there were two staff, one nurse and one care assistant. In addition to nursing and care staff, a half time maintenance person, a full-time homemaker, laundry, catering and administrative staff were also available. The inspector noted that the day room was supervised at all times and there was adequate staff on duty to assist residents at meal times. The inspector was provided with copies of the staff rota and found the staff number and skill mix on duty reflected the planned rota.

Schedule two documents to be held in respect of each member of staff were not complete. In two nursing staff files reviewed, there was no documentary evidence of their qualifications as a nurse but their PIN numbers were available and up to date. A staff training and development programme was in place. Staff had access to a range of education, including training in specific dementia care training courses, nutritional care, management of responsive behaviour infection control, medication management and end of life care. The homemaker had completed training in Sonas and art therapy for the older persons. Staff had also attended specialised academic courses on gerontology and on line medication training. Safe moving and handling training had expired for two staff. The person in charge had requested training in this area and future dates were identified for training.

An action was outlined in the last report with regard to refresher training in safe moving and handling, while moving and handling training had occurred on various occasions, refresher safe moving and handling training for two staff had expired.

The person in charge and provider confirmed that all staff had a completed vetting disclosure and documents on files reviewed confirmed this. There was a record maintained of the professional registration numbers (PIN) of all nurses employed and these were all up to date to December 2017.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was clean bright and well maintained. The person in charge explained to the inspector that the long term plan for the Shiel Community hospital is for the development of a new community nursing unit in Ballyshannon which will replace the Shiel Community Hospital and the Rock Nursing Unit (both units are currently located in Ballyshannon). A site has been identified and preliminary site works have been completed. National financial approval has been granted, plans have been developed and planning permission has been applied for. The centre will provide long stay, short stay, day care and palliative care accommodation. Once this centre has been completed it is envisaged that the centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations and the National Standards for Residential Care Settings for Older People in Ireland.

The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. However, staff have made significant efforts to ensure the centre is homely and to protect the dignity and privacy of residents. Screening curtains were in place in all shared rooms and 'care in progress notifications' were in use. Bed occupancy has been reduced to 16. The four bedded multi occupancy room has a large en-suite toilet and wet room style shower accessible within the confines of the bedroom.

Corridors were clutter free and residents were observed to be walking along the corridors. A sitting room with a kitchenette adjacent to it provided a pleasant area for residents to relax. A separate domestic style dining room with a dresser was also available for residents.

There was appropriate equipment for use by residents. Staff were trained to use equipment, and equipment was appropriately stored.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the time of the last inspection, fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or how long the fire drill took. The inspector found on this inspection that regular fire drills were occurring and appropriately recorded. Staff spoken with were aware of the procedure to be followed in the event of a fire occurring.</p>
<p>Judgment: Compliant</p>

<i>Outcome 08: Governance and Management</i>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the time of the last inspection, the auditing system required review to ensure that it was centre specific and that breaches were being detected. This had been addressed. The audit system has been reviewed and is now more centre specific. Additionally, the registered provider had not ensured that an annual review of the quality and safety of care delivered to residents in the designated centre was carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. This has been addressed. A quarterly review in the form of a news letter is carried out and shared with the residents and their representatives. These are collated for the annual review and are freely available throughout the centre.</p>
<p>Judgment: Compliant</p>

<i>Outcome 11: Information for residents</i>
<p>Theme: Governance, Leadership and Management</p>

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of the last inspection, the contract of care required review to ensure it was clear with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident. The inspector found on this inspection that the contract had been reviewed and amended to include fees payable by the resident for any service that was subject to an additional fee.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Sheil Community Hospital
Centre ID:	OSV-0000624
Date of inspection:	22 and 23 May 2017
Date of response:	26 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no evidence whether the complainant on a complaint reviewed was informed of the appeal process in case they wished to utilise same.

1. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

The complaints form will be reviewed and amended to include the notice that 'the complainant has been informed of the appeal process'.

Proposed Timescale: 30/06/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Two staff did not have up to date manual handling training.

2. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

At the time of the inspection 2 staff had not had up to date manual handling training but received it on the 15/06/2017. All staff have up to date manual handling training

Proposed Timescale: 15/06/2017

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Schedule two documents to be held in respect of each member of staff were not complete. In two nursing staff files reviewed there was no documentary evidence of their qualifications as a nurse.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

All nursing staff files will be reviewed and checked for documentary evidence of their nurse qualification certificates.

Proposed Timescale: 01/09/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The Sheil Hospital and the HSE is committed to addressing the residential care needs as highlighted above. Design plans have been submitted for a new 80 bedded nursing unit comprising of 52 residential beds, 8 Dementia specific beds and 20 short stay assessment beds. These plans have been submitted for planning permission and planning approval is expected by August 17. A detailed design will then follow with construction anticipated in Q1 & Q2 -2018 subject to funding and normal HSE approval.

Proposed Timescale: 30/03/2020