Northern Health and Social Care Trust

Capital Business Case Briefing Paper	
Reference Number:	TB154/10/D
Date of Meeting:	23rd November 2023
Presenting Director:	Diane Spence, Director of Community Care
Subject:	Cookstown Treatment Room – Medium to Long Term GMS Accommodation Needs
Purpose: Approval/ Noting	To provide a summary of the Cookstown Health Centre Treatment Room Redesign Capital Business Case for NHSCT Board Approval
Background:	Cookstown Health Centre provides accommodation for Mid Ulster Health Care GP Practice, which is located at 52 Orritor Road, Cookstown BT80 8BN. The focus of this business case is primarily on the premises requirements for the provision of Treatment Room services in the Mid Ulster Health Centre. The current layout of the Treatment Room is open plan with 4 clinical areas where patients are treated. Patients requiring treatment must sit in an open area with through access to other treatment room areas and as a result they have no privacy or confidentiality. There is no way for a nurse to have a private conversation with the GP or their Manager and no opportunity to privately raise their concerns/incidents if the person they are speaking about is in the room. The room is too small to allow for the door to close when a patient and GP/Nurse are in the room. All conversations can be overheard when patients are receiving treatment, this is particularly problematic as most of the patients know each other. There is insufficient ICT points to allow for safe and accurate IT recording. The Trust have identified a number of options which are scoped out in the attached business case to provide additional capacity in the existing health centre to enable them to improve the working environment for Treatment Room services in the short to medium term.

Benefits:	This proposal will provide: More effective service delivery by redesigning and increasing the existing space to provide 4 separate treatment rooms. The improved level of space and layout will help staff deliver safer services by reducing IPC and Health and Safety risks. The re-design will improve privacy for service users and as a result improve the experience for service users. The new layout will provide improved accessibility for all patients, family and carers, ensuring the space meets DDA recommended guidelines.
Total Capital Costs:	**Option 1:** Do nothing – no monetary capital or revenue costs associated with this option. **Option 2 : Remodel of the Existing Treatment Room** The total capital costs of this option are **£376,370** The cost components of this scheme is detailed in the Table below.

Option 2 ~ Capital Costs	£
Structure	98,800
Finishes	24,700
Mechanical	61,750
Electrical	49,400
Contingency	12,350
Storage Equipment	18,000
Jx Board / Emergency Call	15,000
Sub Total	**280,000**
Statutory & Design Fees	66,000
F&F & ICT & Telecoms	30,370
Total	376,370

Option 3:

	Remodel of the Existing Treatment room and Provide an Extension to the Building. The total capital costs of this option are **£592,070.** The cost components of this scheme are detailed in the Table below.

Option 3 ~ Capital Costs	£
Structure	160,000
Finishes	40,000
Mechanical	100,000
Electrical	80,000
Contingency	20,000
Storage Equipment	30,000
Jx Board / Emergency Call	15,000
Sub Total	**445,000**
Statutory & Design Fees	99,000
F&F & ICT & Telecoms	48,070
Total	592,070

The costs of Options 2 and 3 are split over 2 financial years with a completion date of November 2024 for Option 2 and January 2025 for Option 3:

	2023/24	2024/25	Total
Option 2 – Refurbish Existing Footprint	41,269	335,101	**376,370**
Option 3 – Refurbish Existing Footprint and Provide an Extension	59,797	532,273	**592,070**

Affordability:	Total Capital funding required is £592,070; £59,797 required in 2023/24 for Design fees and £532,273 in 2024/25 with completion expected by January 2025. This will be funded through the NHSCT 2023/24 Capital Resource Limit via SPPG. As the GP area of the Trust owned Health Centre increases the income payable to the Trust will increase by an estimated

	£4,208 per annum. Note that this is an estimated figure based on the increased space and the exact charges payable will need to be calculated. This will be offset by additional revenue costs to the Trust of £4,716 due to the reconfiguration and extension to the existing treatment room. The extension of 26m² will create net additional revenue of £508 per annum. Option 3 requires the decant of staff to a modular building for the duration of the works (26 weeks). The estimated cost of hiring a modular portacabin is £45,500 and will be payable from Revenue funds during 2024/25. Funding has been identified by the Community Care Directorate. The financial appendices contain the capital charges calculation. The asset costs will be added to the Trust's balance sheet on completion and the annual depreciation charge for the preferred option is £29,624 Table 4.1 below provides a summary of the current costs and funding for the preferred option. The financial appendices contain the figures for the 25 year period.

Risks:	• A delay in the time between the business case stage and the commencement of the works could push the project outside of agreed funding timeframes.
	  ○ In order to mitigate against this risk, there will be communication and engagement from the outset of the project with all of the key stakeholders involved, including the GP practices, NHSCT service teams, NHSCT Estates Department, SPPG
	
	• The procurement of materials may be delayed or may be 'special order' items which could take a greater length of time to source.
	  ○ In order to mitigate against this risk, the plans will be finalised and agreed in advance and the design team will place the required orders and keep track of scheduled delivery dates for materials.
	
	• Issues arise on-site during the improvement works that cause delay to the build.
	  ○ In order to mitigate against such issues, the Estates Department will undertake to make any preparations or engage the appropriate people prior to commencement of the works, to ensure that they do not impact on the execution of the works and the timescale for completion of the work.

	• The cost for completion of the works could exceed the costings indicated in advance. o In order to mitigate against this risk, a detailed breakdown of all of the proposed costings has been provided by the NHSCT design team based on the outline plan drawings to ensure that all required elements have been included in the initial planning and indicated within the business case. • Disruption to patients and staff during works. o In order to mitigate this the NHSCT will carefully manage the works programme to keep disruption to a minimum.
Conclusion:	The preferred option is Option 3: This option will deliver the benefits outlined above. It will ensure that service users receive their treatments with less disruption and improved confidentiality with the provision of 4 separate clinical rooms. The new rooms will provide privacy for more intimate procedures. Infection prevention and control can be managed more effectively as storage space will be created which ensures that with limited stock will have to be kept in each clinical area. Noise levels will be reduced as a result of the new design thus improving communication promoting a better working environment for staff. **This briefing papers seeks approval from the Executive Team to proceed with option 3 as set out above.**