Northern Health and Social Care Trust

Trust Board Briefing Paper	
Reference Number:	TB153/12/F
Date of Meeting:	26th October 2023
Presenting Director:	Suzanne Pullins Executive Director of Nursing, Midwifery and AHPs and Divisional Director Paediatrics, Women's Services and Corporate Support (SRO)
Subject:	Alongside Interim 3 bedded Midwife Led Unit Business Case
Purpose: Approval/Noting	For approval
Background:	This business case seeks capital funding to create an Alongside Interim Midwife Led Unit (AMU) alongside the existing Consultant led unit, in proximity to the maternity service footprint in Antrim Area Hospital. A recent 14 week public consultation seeking views on the transformation of acute maternity services within the Northern Trust was carried out between November 2022 and March 2023 which resulted in the Department of Health (DoH) approving the recommendation that all inpatient services and consultant-led births should be consolidated on the Antrim Area Hospital site on a permanent basis. In a DoH letter of 8th June 2023 noted that the approval was subject to: *"the development of an alongside interim 3 bedded Midwife Led Unit on the Antrim site to offer additional capacity in advance of the new build Women and Children's Unit planned for 2027/28. It is understood this Trust capital development will fall within the Trust delegated limits. This is not required to be in place before the planned service consolidation but the business case process should be expedited to ensure the unit is operational on the Antrim site by end of June 2025 at the latest"* Through engagement with the service the minimum requirements for the unit have been agreed as 3 birthing suites, 2 of which must include a birthing pool and necessary supporting accommodation to include dirty utility, clean utility and a clinical assessment room.

Details of the Investment Proposal:

Capital Development have developed the business case in conjunction with relevant maternity colleagues supported by colleagues from Health Estates and input from other Trust stakeholders, such as, support services, ICT, telephony, Estates Services.

Investment Options

Three options, including the 'Do Nothing' have been shortlisted following evaluation of the options long-list. Ordinarily for a business case of this level of expenditure at least three "Do something" shortlisted options would be assessed. In this scenario however none of the other options explored in the long list met the DoH condition of the facility being in place by end of June 2025. As such the shortlisted options are:

Option 2	**Do Nothing**
Option 3	**Creation of a 3-suite AMU using part of OPD4 with extension on Level A of the main hospital**
Option 4a	**Creation of a 3-suite AMU via a new modular unit in the staff car park in the future location of the 72 bedded ward linked to the hospital adjacent to level A staff entrance**

Following appraisal of shortlisted options against monetary and non-monetary benefits, the preferred option was noted to be **Option 3:**

Creation of a 3-suite AMU using part of OPD4 with extension on Level A of the main hospital

Benefits

The main benefits of the proposal for in Interim AMU unit on the Antrim Area Hospital site are outlined below:

- Providing equity of access to women as in other Trust areas. Women will have "choice" between pathways, obstetric led care or midwifery-led care
- Deliver improvements in safety in relation to clinical outcomes for women assessed as low risk.
- Provides fit for purpose, quality accommodation for the midwifery team to meet the additional capacity requirements following the transfer of all consultant led births from Causeway to Antrim.
- The Trust will meet the Maternity Strategy 2012-2018 in respect of providing a midwife-led unit adjacent to consultant led services.

Capital Costs

The Trust, following approval of the case at Trust Board meeting, will be in liaison with DoH re the release of the capital funding.

Capital Costs for each of the 2 shortlisted options are below:

Capital Costs - Opt 3 Preferred	Total Excluding Inflation £	Total Including Inflation £
Works Costs	£2,083,140	£2,158,517
Fees	£385,380	£399,325
Non-works Costs	£52,078	£53,963
Equipment Costs	£494,685	£515,840
PM Costs - Health Estates	£67,702	£70,151
PM Costs - Trust	£0	£0
Subtotal	**£3,082,985**	**£3,197,796**
Optimism Bias	£515,161	£533,802
Total	£3,598,147	£3,731,598

Capital Costs - Opt 4a	Total Excluding Inflation £	Total Including Inflation £
Works Costs	£2,075,245	£2,150,337
Fees	£383,920	£397,812
Non-works Costs	£51,882	£53,758
Equipment Costs	£494,686	£515,840
PM Costs - Health Estates	£67,446	£69,886
PM Costs - Trust	£0	£0
Subtotal	**£3,073,179**	**£3,187,633**
Optimism Bias	£452,212	£468,575
Total	£3,525,391	£3,656,208

Of the shortlisted Options, Option 3 the preferred option, has very slightly higher costs before accounting for optimism bias. Optimism bias cost is also higher for Option 3 due to design complexity and innovation with mix of combining modular units, part-refurbishment and part new build extension. After accounting for optimism bias and inflation Option 3 capital costs are higher than Option 4a by £75k.

Revenue Costs

The additional recurrent revenue requirement for Option 3 is £349,620 and for Option 4a is £357,073 as shown in the below table.

With regard to the additional recurrent revenue required, Trust finance colleagues have noted that there will be an additional funding requirement with SPPG colleagues (via RCCE). The intention is to engage further with SPPG following SMT approval of the business case and prior to approval at Trust Board. There

are additional staffing costs (3.0wte) included at a cost of £189k. The Workforce Plan is included in Appendix 3 of the business case.

Recurrent Revenue Costs	Option 1 (Current OPD 4 area costs) £	Option 3 Preferred £	Option 4a £
Additional clinical staff - 3 WTE midwives		£189,063	£189,063
HLP	£19,986	£34,145	£36,765
Water	£2,163	£3,695	£3,978
Rates	£6,800	£11,617	£12,508
B&E Maintenance	£27,915	£47,693	£51,351
Cleaning Costs	£39,641	£83,248	£83,248
Additional Portering Costs		£25,146	£25,146
Additional ICT/Telephony Support Costs		£2,050	£2,050
Additional Equipment Maintenance		£49,469	£49,469
Total	£96,505	£446,125	£453,578
Additional revenue above base case		*£349,620*	*£357,073*

Options Appraisal summary

Option 1 is 'status quo' doing nothing. The net present costs for Option 1 are the current overhead costs for the OPD4 area, which is the preferred location for the proposed alongside Interim 3 bedded Midwife Led Unit.

Option 3 is the creation of a 3-suite AMU using part of OPD4 with extension on Level A of the main hospital and 2 additional modular units for displaced consultation rooms from OPD4 and office portacabin.

Option 4a is the creation of a 3-suite AMU via a new modular unit in the staff car park in the future location of the 72 bedded ward linked to the hospital adjacent to level A staff entrance.

The net present costs of each of the options along with their benefit score, cost per benefit and risk are summarised in the table below.

Option 3 has the lowest net present cost of the 2 'do something' options and also has the highest benefit score. It therefore has the lowest cost per benefit of the 2 'do something' options and is the preferred option.

	Option 1	Option 3	Option 4a
Net Present Costs (OB adj capex and opex)	£2,582,422	£11,618,930	£11,894,228
Benefit Score	250	875	815
Cost per Benefit Score	n/a	£13,279	£14,594
Risks	n/a	M	M/H
Conclusion	n/a	1	2

Risks

The key risks associated with the preferred Option 3 have been summarised below:

Risk Description	Likely Impact and Probability of Risk	Mitigations/Management Measures
1. There is the risk that the project will not receive the necessary capital and revenue funding from the Department and SPPG.	H (L) M (P)	Considered as medium risk. With regard to the capital requirement a condition of the DoH approval of the service model changes in Causeway was for the Trust to develop an AMU on the Antrim Site. As such DoH have included the project in the 10 year capital plan and are planning for the investment. However, with regard to the revenue, agreement is to be reached with the Commissioner hence both options considered “medium” risk with regard to the revenue. With regard to mitigations regarding the revenue discussions are taking place with the Commissioner as part of RCCE.
2. There is a risk that the project will not be delivered within the timeframe.	H (L) H (P)	Is considered to be high risk due to the varying time of works involved and the sequence of works to dovetail to meet the June 2025 timeframe. As mitigations the appointed ICT will liaise closely with HE and the Trust to develop a programme at the earliest possible stage with critical path identified tracking at each stage and highlighting as early as possible any areas of concern.

3. There is a risk that services may be disrupted on site during the enabling works and delivery of this project causing services to be withdrawn.	H (L) M (P)	Has been noted as medium to high risk due to the connections required into the main hospital into a clinical area at two points. To mitigate the likelihood and impact of the risk there will be close monitoring of the project throughout. Breakthroughs would take place out of core hours of operation in OPD4.
4. There is a risk that the planning application maybe delayed and/or planning permission may not be provided to enable the project to be delivered within the June 2025 timeframe.	M (L) L (P)	Is considered low risk (when compared with option 4) due to the positioning and scale of the development. In terms of mitigations early and continuous engagement with the required statutory authorities to ensure risks are clearly identified and mitigated will be ensured. The Trust does not anticipate any risks that would significantly impact on the successful delivery of the project.
5. The impact to the Trust in terms of the ability to progress with the 10 year capital plan.	L (L) L (P)	Is considered to be low risk in terms of both the W&C Unit proposed investment and other investments. The Interim AMU will not deliver the full benefits of the AMU proposed in the new development in terms of meeting standards, adjacencies and future capacity requirements. The project does not impact on other site developments proposed in the Site Strategic Development Plan.
Overall Risk	**M**	

Action Required: For consideration and approval by Trust Board