Northern Health and Social Care Trust

Trust Board Capital Business Case Briefing Paper	
Reference Number:	TB147/11/K
Date of Meeting:	24 November 2022
Presenting Director:	Neil Martin
Subject:	Women & Children's Unit Strategic Outline Case
Purpose/Action Required:	For Approval by Trust Board to allow submission to DoH and SPPG
Background:	**Background** This Strategic Outline Case has been prepared using the DoH Better Business Case Guidance. It sets out a compelling case for the development of a new Women & Children's Unit on the Antrim Hospital site to increase service capacity and provide fit for purpose accommodation for hospital based Maternity, Gynaecology, Paediatrics, Neonatal and Breast Assessment Services who provide care to patients within the Northern Health and Social Care Trust area. In particular there is a need to ensure the physical infrastructure is in place to support the long-term sustainability of services, and as such the options have been developed in line with the proposed consultation of Maternity and Paediatric Services, with data modelling (based on 2019/20 data) used to support the high level schedule of accommodation for these options. **Options** The Options Framework was used to assess a wide range of options for the longlist, with six options including the 'Do Nothing' and 'Do Minimum' shortlisted. The 'Preferred Way Forward' has also been identified at this stage:

Option 1	**Do Nothing** No Change to Accommodation
Option 2	**Do Minimum** New W&C Unit on site below ED on Antrim Hospital site to replace current accommodation in Antrim Hospital plus additional capacity for rightsizing accommodation/ service development. (No change to sites of service provision). Part refurb and part new build, multiple phased construction.
Option 3	New W&C Unit on Antrim Hospital on site below ED with connections to main hospital with additional physical capacity to accommodate:

	• centralisation of obstetric births in Antrim Hospital Part refurb and part new build, multiple phased construction.
Option 4	New W&C Unit on Antrim Hospital on site below ED with connections to main hospital with additional capacity to accommodate: • centralisation of obstetric births in Antrim Hospital • centralisation of all paediatric inpatient activity in Antrim Hospital Full new build, single phased construction
Option 5	New W&C Unit on Antrim Hospital site on site below ED with connections to main hospital with additional capacity to accommodate: • Centralisation of all NHSCT births in Antrim Hospital Full new build, multiple phased construction
Option 6	New W&C Unit on Antrim Hospital site on site below ED with connections to main hospital with additional capacity to accommodate: • Centralisation of all NHSCT births in Antrim Hospital • centralisation of all paediatric inpatient activity in Antrim Hospital Full new build, single phased construction

At SOC stage, the 'Preferred Way Forward' was noted to be **Option 4: New W&C Unit on Antrim Hospital on site below ED with connections to main hospital with additional capacity to accommodate the centralisation of obstetric births in Antrim and the centralisation of all paediatric inpatient activity in Antrim. Undertaken with full new build and single phased construction.**

The key milestones for this at this current stage are:

Milestone	Anticipated Date
SOC Submitted to DoH in Five Case Model	November 2022
Letter of Commissioner's Support received	January 2023
Approval of SOC by DoH	March 2023
OBC Submission to DoH	June 2023
OBC Approval	December 2023
Commencement of Design Stage	January 2024
FBC Approval	September 2025
Commencement of Enabling Works Construction	September 2025
Core Construction Begins	April 2026

	Core Construction Ends April 2029 **Commissioning Complete** September 2029
Benefits:	The main benefits for a new Women and Children's Unit on the site below ED on Antrim Hospital are outlined below: • To provide high quality, safe, effective women and children centred care in an integrated facility that delivers both clinically effective and safe outcomes • To improve quality of service by having fit for purpose accommodation which complies with HTMs, HBNs and all relevant environmental, DDA and building standards, thereby supporting the delivery of clinical care pathways. • To provide sufficient capacity for current and future women and children's service models across inpatient, outpatient and ambulatory care. • Improved service user experience in Northern Trust for people accessing maternity, gynaecology, paediatrics, neonatal and breast assessment services. • To improve accessibility to hospital based women and children's services and reduce health inequalities by providing access to services within the Trust of residence e.g. providing women with a choice of birth location through the development of a Midwifery-Led Unit
Total Capital Costs:	<table><tr><th>High Level Capital Costs</th><th>Option 1 Status Quo</th><th>Option 2</th><th>Option 3</th><th>Option 4</th><th>Option 5</th><th>Option 6</th></tr><tr><td>Total Capital Cost excl OB</td><td>-</td><td>156,710</td><td>180,343</td><td>182,675</td><td>187,335</td><td>184,404</td></tr><tr><td>Total Capital Cost incl OB</td><td></td><td>181,269</td><td>208,600</td><td>209,649</td><td>216,688</td><td>211,633</td></tr></table> **Preferred Way Forward- Option 4** £210m (OB adjusted but excluding inflation) with estimated completion of the scheme by September 2029.
Affordability:	Additional recurrent revenue costs have been calculated for each of the options ranging from £3.725m to £4.75m. Additional recurrent revenue costs of £4.75m have been calculated for the preferred way forward at current market rates. At SOC stage the additional revenue costs for all the 'Do Something' options calculated are high level projections as a result of increased estates related running costs and domestic

	and support services costs due to the increased footprint of the new building. Estimated revenue costs for equipment maintenance have also been included. Revenue costs for additional activity and future demand have not been included and will be explored and included in the outline business case when more detailed information becomes available. Non-recurrent revenue costs have also been estimated and included for each of the options.
Risks:	The key risks associated with the project as identified at SOC stage are noted below:

Risk Category and Risk Description	Potential Impact	Mitigation
Risk Category: Business Risk There is the risk of negative publicity associated with changing service models and potential for consolidation of hospital based services.	Lack of public acceptability of the proposals during any consultation required resulting in delay to funding approvals.	• Prior to any final decision being made the Trust will carry out a full 12 week public consultation to gather feedback from all those affected and all interested parties. In keeping with the legislative requirements, the Trust will complete and consult on an Equality Impact Assessment (EQIA) and Rural Needs Impact Assessment before making any final decision the Trust will take into account feedback received from the consultation process.
Risk Category: Service Risk There is the risk the project will not receive the necessary capital and revenue funding.	Current hospital service models would remain unchanged and the maternity, gynaecology, paediatrics, neonatal and breast assessment services will continue to be delivered from accommodation that does not meet the current standards.	• Close liaison with SPPG Commissioner • Close liaison with Department of Health in relation to affordability.
Risk Category: Service Risk	The project does not progress beyond business case stage and	• Working closely with DoH and SPPG during the

	There is the risk of Project Delay- delay in approval, procurement and other issues.	will not be completed within target date. The objectives of the SOC will not be met. Due to the time lapse the proposed service model may not be valid.	development of the business case. • Management and escalation of issues.
	Risk Category: Business Risk There is the risk that the facility will not meet stakeholders' expectations.	Service model and expected benefits not achieved in full.	• Involvement of stakeholders from an early stage to ensure requirements are clearly defined. • The Trust has a Personal & Public Involvement (PPI) Strategy for involving users in the development of services.
	Risk Category: External Risk There is the risk that the Northern Ireland Protocol will impact on the ability to procure suitable resources and costs may fluctuate beyond those previously anticipated.	Increased costs incurred as part of scheme which may result in reduction of specification to stay within affordability envelope.	• Continual review of impact of protocol with regards to costs
	Risk Category: External Risk There is a risk that further amendments to legislation, Health Building Notes (HBNs) and Health Technical Memorandums (HTMs) will result in increased costs.	Increased costs incurred as part of scheme which may result in reduction of specification to stay within affordability envelope.	• Work in partnership with CPD-HP colleagues, reviewing anticipated legislation and adjust budget/brief accordingly.

Conclusion:	This SOC proposes a new Women and Children's Unit located on the site below ED on Antrim Hospital site for Maternity, Gynaecology, Neonatal, Paediatrics and Breast Assessment services. The Preferred Way Forward (Option 4) has been costed at £210m (OB adjusted but excluding inflation) with estimated completion of the scheme by September 2029.