

Health Scrutiny Committee

12 October 2022

West Suffolk Foundation Trust – Future System Programme

Information in this report was produced on behalf of:

Lead Officer:	Craig Black, Executive Director of Resources, Email: craig.black@wsh.nhs.uk
By:	Gary Norgate, Director, Future System Programme, Email: gary.norgate@wsh.nhs.net
Date Submitted:	26 September 2022

Introduction

1. The current West Suffolk Hospital on Hardwick Lane was constructed in 1974. Following assessment by technical experts it has been given an updated life expectancy of 2030. In recent years it has become evident that future investment will have an increasingly diminishing return. Furthermore, the Hospital was built using materials known as Reinforced Autoclaved Aerated Concrete (RAAC) planks and is consequently exhibiting many of the issues seen nationwide with this method of construction. A mitigation programme is underway to proactively assess risks and address issues where possible, however, with this inevitable deterioration in mind, the Hospital was named within the Government’s Hospital Infrastructure Programme as one that should be replaced.
2. A dedicated project team was established to realise this generational opportunity and, following a presentation to the Health Scrutiny Committee in November 2020, has been working, with support and scrutiny from a Health Scrutiny Task and Finish Group, to develop the clinical, physical and economical design of the new facility.
3. In line with the intentions outlined last year, the project team have embedded an ethos of truly inclusive and representative co-production and with this approach in mind, this paper seeks to update the Health Scrutiny Committee on progress and next steps.

Project Milestones

Milestone	Due Date	Outcome
Submit agreed strategic outline business case (SOC)	December 2020	Case was completed and submitted on time. The formal appraisal and sign-off is being held by the New Hospital Programme (NHP) until the authorisation of the overall 40 hospital business case.
Acquire Hardwick Manor	November 2020	Site was successfully acquired on time
Establish preferred site for the new hospital	November 2020	Following extensive site appraisals, Hardwick Manor was identified as our preferred site.
Co-produce Clinical Visions	November 2020	Each of our clinical specialities co-produced a vision for their services and how they would need to develop over time
Co-produce outline Schedule of Accommodation	February – July 2021	Having co-produced their visions, the co-production teams reconvened to translate their visions into individual schedules of accommodation.
Co-refine Schedule of Accommodation	August – December 2021	Having developed individual schedules, the co-production teams reconvened and sought to consolidate and refine their requirements.
Co-produced Clinical model and schedule of accommodation complete	7 th December 2021	Following the previously mentioned phases of co-production, we now have an agreed clinical model and SOA that will be used to inform our physical design.
Pre planning public engagement – phase 1	June to July 2022	An initial round of pre-planning public engagement, comprising face to face and virtual meetings supported with both digital and print media, was held to explore our choice of preferred site.
Pre planning public engagement – phase 2	October to December 2022	The second round of pre planning public engagement sought to share and gather feedback on the proposed massing and positioning of a new hospital on Hardwick Manor
Outline planning application submitted	March 2022	The Trust's application for outline planning permission was submitted and validated on time in March 2022
Outline planning application determined	September 2022	The complexity and magnitude of the application has driven a decision to extend the consideration period and we now expect a determination in November 2022
1:200 Designs	March to October 2022	1:200 designs were completed on time in September 2022
Development of National Standards	August to December 2022	On Track
Treasury to receive national business case	December 2022	On Track
Application of national standards to WSFT context	January to October 2023	On Track
Outline Business Case completed and submitted.	December 2023	On Track

4. The table above illustrates the key strands of work undertaken in the last year. The highlights since the last presentation include the completion of co-produced 1:200 architectural designs, two rounds of planning consultation lead by the local planning authority and significant engagement with the national hospitals programme to influence common central design standards.
5. The key change in previously supplied dates reflects the influence of the National Hospitals Programme and the need for all schemes within the “40 Hospitals Programme” to be coordinated, working together to create standard design elements that can be procured at scale.
6. Although this work appears to delay the previously communicated schedule, the reality is that spending time contributing to the production of national building blocks will greatly accelerate the process of authorisation, meaning that the ultimate delivery date for a new hospital remains unchanged.

Outline Planning Application

7. An initial round of public consultation generated feedback relating, primarily to traffic, the ecology and the visual impact of the new hospital.
8. In light of this feedback, changes were made to; the height of the proposed hospital, the method of accessing the site from Hardwick Lane, the treatment of potential flood waters and the way in which the impact of building of Hardwick Manor would be compensated.
9. The majority of said statutory consultees have removed previous objections based on the changes made. A small number of the public continue to flag concerns relating to visual and ecological impact and Highways have raised an additional request for modelling the impact that a new hospital would have upon three local road junctions.
10. The planning application remains on track to be determined in Autumn of this year.

Clinical Co-Production

11. The Future System Team has committed resources to working with The New Hospitals Programme and other schemes on the co-production of a series of standard ‘products’ that will inform the way in which new hospitals are delivered. This work is underway and our engagement will ensure our lessons are shared and that the integrity of our own co-produced design is protected.
12. An independent assessment of the Future System demand and capacity model has been completed by consultants Grant Thornton. The methods and approaches within the model were largely endorsed, with some welcome recommendations about topics to look at in more detail, in particular the future demand for outpatient services. This model is now being synthesised into a wider piece of work aiming to understand the demand and capacity requirement of the Integrated Care System (ICS) which will, in turn, provide the basis for the construction of initiatives aimed at containing demand and ensuring any future hospital and other facilities remain sustainable.
13. The Trust has explored, and piloted, the delivery of the Denosumab injection in the community. The FS clinical team assisted with the project and have now published a report highlighting the key lessons learned from the pilot and will seek to apply them to any future developments of this nature. The main areas for

improvement were around project participation and hygiene, readiness of the service for transfer and understanding the true costs of service delivery.

14. The community workstream will now look at other outpatient services and, armed with the lessons of the Denosumab trial, will be identifying other services that may be better delivered outside of an acute hospital setting.
15. Having concluded the development of 1:200 designs, the Clinical team are now working with staff to review and co-refine the design of integrated staff hubs - shared areas outside of the clinical spaces which might include showers, lockers and space for rest, recuperation and collaboration. These actions showcase the team's ongoing commitment to the process of co-production.

Programme Business Case (PBC)

16. The Programme Business Case (PBC) sets the approach, strategic fit, benefits and budget for the entire New Hospital Programme, i.e. it is the case for all 40 / 48 projects in the programme.
17. The initial PBC for the overall New Hospitals Programme, of which West Suffolk is a part of, has been signed off. This formally establishes the New Hospitals Programme as a national programme and agrees the spend of the £3.7bn budget allocation on the completion of Cohort 1 (projects such as Liverpool which are already 'in-flight') and Cohort 2 (7 smaller agile projects such as the new cancer hospital at Addenbrookes) schemes.
18. The next step will be the presentation of a budget and schedule for Cohort 3 (relatively developed schemes such as West Herts & Whipps Cross) and 4 (relatively immature projects such as West Suffolk and James Paget) schemes.
19. The original budget allocation for the 40 hospital schemes was £12.5bn. £3.7bn was released to cover funding requirements until 2025 with the outstanding amount set to be released as part of the public spending review expected in that same year. This new revised budget is likely to request a higher amount that reflects the expanded scope of the schemes, the 8 new projects and factors such as inflation.
20. The presentation is likely to be made to the Major Projects Review Group (MPRG) in December and the output should be a clear understanding of the overall capital envelope. It is also expected that this meeting will decide on how to resolve the issue of replacing RAAC hospitals (both those within the NHP and those, like QE Kings Lynn, that are not) and a decision on the outstanding eight programme slots for which several Trusts have been applying.
21. In preparation for this presentation, NHP have announced an exercise to establish the optimum scope of a "new hospital". This exercise will work with five schemes over the next four weeks to assess the various design options for each and arrive at an optimal configuration upon which additional layers of value can then be added and justified. This work will establish an extra level of detail to that provided by each scheme's "preferred way forward" and will allow the creation of a more informed program budget for consideration by Treasury. The preferred way forward is the term used to describe the best of those options analysed within the strategic outline business case. In the case of The Future System Programme, the preferred way forward is the construction of a new hospital on the site of Hardwick Manor.
22. West Suffolk have been selected as one of these five schemes and will provide a benchmark for all "greenfield builds".

Next Steps

23. The final quarter of 2022 represents a significant watershed for the Future System Programme in which the following matters should be concluded or will have made significant progress:
- a) Our application for outline planning permission should have been determined;
 - b) The first of the nationally co-produced design standards will have been released;
 - c) The programme business case for Cohort 3 and 4 schemes should have been heard and the size of the capital envelope known;
 - d) Recommendations on the movement of services from acute to community settings should be ready for public consultation.

Officer recommendations

24. The Committee is asked to note the steps being taken by West Suffolk NHS Foundation Trust to ensure the widest possible group of stakeholders are fully engaged in the co-production of the physical and clinical design of a new Health and Care facility for the people of West Suffolk.

Glossary

1:200 - Architectural drawings are done in scales that are smaller than the real size. Floor plans are commonly produced at 1/50th (1 to 50) or 1:100 (1 to 100) of their actual size. Site plans are often drawn at 1:200th (1 to 200) which will include significant detail on layout.

Co-production - Co-production is not just a word, it's an ethos that acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, in practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.

Denosumab – injection used to treat bone loss and osteoporosis

Environmental Impact Assessment – the Environmental impact analysis (EIA) is the assessment of the environmental consequences of our plan and policies and occurs prior to the decision as to whether we move forward with the proposed development of our preferred site.

Healthwatch Suffolk – Part of the national Healthwatch network that promotes equality and integrity in Healthcare.

ICS - Integrated Care System - In the Suffolk and North East Essex integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Local services can provide better and more joined-up care for patients when different organisations work together in this way.

National Hospitals Programme - The National Hospitals Programme (NHP) is the body established to oversee the building of the 40 new hospitals. Its goals are to co-ordinate activities and bring benefits from the sharing of lessons and the development of common designs and building blocks.

RAAC Planks – Reinforced Autoclaved Aerated Concrete (RAAC). RAAC planks are a lightweight form of concrete were predominantly used in the construction of public sector buildings throughout the 1960-80s. With an expected life-span of 30 years, these planks have proven susceptible to water damage and can deflect (where bearing points move), shear (where bearing points crack and fall) and delaminate (where the iron core of the plank rusts and pushes the surrounding concrete away).

Schedule of Accommodation – The schedule of accommodation is the itemised list of accommodation facilities required to realise the clinical outcomes co-produced by the design teams.

West Suffolk NHS Foundation Trust – The West Suffolk NHS Foundation Trust is the NHS organisation that provides health and care services at the West Suffolk Hospital and in the local community.

Supporting information

The following link provides access to a case study of how co-production techniques were used to build a Hospital in Texas.

Link to Texas Case Study: [How our community designed a better hospital](#)