

2019

2026

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June 2020

1. EXECUTIVE SUMMARY

Since the Trust's Estate Strategy was approved and published in November 2019, the following issues have arisen that materially change the Trust's strategy:

- the emergence of the risk of Reinforced Autoclaved Aerated Concrete (RAAC) panel failure to the original Hinchingbrooke Hospital buildings leading to NHS England and Improvement's (NHSE&I) aim to eliminate RAAC panels from the NHS estate before 2035 and the Trust's response in the form of a Development Control Plan (DCP) for the Hinchingbrooke Hospital site
- the emergence of a different strategy for the Stamford and Rutland Hospital site, including the confirmed need for a health centre to be developed with the local authority

In May/June 2020, this Addendum to the original Estate Strategy was prepared to reflect the updated plans for these sites and for use in support of any future projects / business cases including the Wards and Theatres Outline Business Case currently in development.

The purpose of this document is to highlight key issues that have emerged since the Estate Strategy was published and how the Trust proposes to respond to them by exception. This addendum also provides a status update of all capital projects highlighted in the 2019 Estate Strategy across the three main sites – Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital.

The key changes to the 2019 Estate Strategy are as follows:

Hinchingbrooke Hospital – RAAC panel risks and Site Redevelopment

A school roof RAAC panel failure in 2019 and its implications for the health and safety of occupants of such buildings prompted a review of maintenance and inspection regimes across all buildings constructed using RAAC panels. The majority of Hinchingbrooke Hospital is constructed using RAAC panels. NHSE&I, in addition to requesting affected Trusts conduct surveys and monitoring to assess and manage the risks, requested that the North West Anglia NHS Foundation Trust “develop a plan for RAAC elimination by 2035”.

In February 2020 the Trust produced a Development Control Plan for Trust Board approval which set out the Trust's plan to eliminate RAAC panels by 2035 by replacing the original main Hinchingbrooke Hospital building. Whilst structural surveys and risk mitigation actions are underway, the Trust is in the process of discussing seed funding and approval in principle from DHSC and NHSE&I for the fast-track re-provision of the facilities currently accommodated in RAAC panel buildings. The DCP estimated the overall project cost to be £734m if early stages could be fast-tracked. Assuming the Trust can progress quickly in to business case development then it aims to be able to vacate the RAAC panel accommodation before the end of 2028 as part of a multi-phase project incorporating new building and refurbishments.

Hinchingbrooke Wards and Theatres

This project is the first part of the wider DCP RAAC Panel site redevelopment project referenced above. The scheme has been developed to create a compliant 7 theatres suite and an extra 60 beds on the site in new accommodation rather than refurbishing the existing theatre suite which is of RAAC panel construction which was originally planned. The Outline Business Case is in development and is due to go through the governance steps in the summer of 2020. The Trust is in discussion with NHSE&I about capital funding as the scheme is likely to be at least double the cost of the funding already earmarked through the STP wave 4 bids back in 2018.

Stamford Medical Centre Development

There is a high level plan for a joint venture between South Lincolnshire CCG and South Kesteven District Council to develop a three storey Medical Centre on the Eastern end of the site consisting of GP services on the ground and first floor and two NWA procedure rooms on the second floor. This has changed the strategy for the site, with a greater emphasis on investment in new facilities and removing older buildings but retaining the plan to dispose of the west end of the site. The project also includes the creation of an additional car park and an extension of the current car park. The project is at a very early stage and stakeholders are currently being engaged and consulted.

Capital Programme Summary

The table below summarises the status of the capital programme.

Site	Completed	In progress	On-hold	Not going ahead
Peterborough City Hospital	<ul style="list-style-type: none"> • Additional 42 beds created within existing envelope • Ancillary Estate / ProjectCo Offices • Additional car parking provision (112 spaces) • 	<ul style="list-style-type: none"> • A new MRI facility embedded in the main PFI Hospital 	<ul style="list-style-type: none"> • A new Administration Block • A new Education Block • New residential accommodation provision • Increased Endoscopy capacity 	
Hinchingbrooke Hospital	<ul style="list-style-type: none"> • Pear Tree Ward expanded to 25 beds (recommissioning only) • Birch Ward expanded by 11 beds (minor refurb at 25% cost) • Expansion of ED into surrounding offices • 2019/20 backlog maintenance 	<ul style="list-style-type: none"> • Site redevelopment • Technical Services infill (enabling for CT) • CT infill to Courtyard (on site mid-June) • Expand AAU to create ACU • Theatre refurbishment (maintenance) • Wards and Theatres OBC 	<ul style="list-style-type: none"> • HR offices converted to 25 beds • Reprovide HR offices • Ground floor new build 30 Bed modular ward (North / East) 	<ul style="list-style-type: none"> • First floor new build 30 bed modular ward (North / East) • First floor new build 30 bed modular ward (South / West) • Additional car parking – not required • Conversion of Old Nursery to Offices

		<ul style="list-style-type: none"> • 2020/21 Backlog maintenance 		
Stamford and Rutland Hospital		<ul style="list-style-type: none"> • New medical centre (including procedure room) • Surplus land for disposal • Re-ordering of car parking 	<ul style="list-style-type: none"> • Demolition of existing theatre block (earliest date) – on hold until 2023/24 • Second MRI 	

2. INTRODUCTION

Since the Trust's Estate Strategy was approved and published in November 2019, the following issues have arisen that materially change the Trust's strategy:

- the emergence of the risk of Reinforced Autoclaved Aerated Concrete (RAAC) panel failure. RAAC panels (with a 30 year design life) formed part of the Best Buy Hospital design of Hinchingsbrooke Hospital which opened in 1984. Failures elsewhere led to NHS England and Improvement's (NHSE&I) decision to eliminate RAAC panels from the NHS estate by 2035 and the Trust's response in the form of a Development Control Plan (DCP) for the Hinchingsbrooke Hospital site. Surveys, which are still underway, have subsequently identified significant risks in SCBU and the Dining Room which have required immediate risk mitigation actions
- the emergence of a different strategy for the Stamford and Rutland Hospital site, including the confirmed need for a health centre to be developed with the local authority

This has meant the Estate Strategy would benefit from an update to reflect the current plans for these sites so it can be used in support of any future projects / business cases including the Wards and Theatres Outline Business Case currently in development, which requires an alternative, new build rather than refurbishment solution to eliminate RAAC panel concerns and the subsequent replacement of all accommodation in RAAC panels at Hinchingsbrooke Hospital..

Rather than revisit and revise the entire 2019 Estate Strategy document the Trust has produced this addendum. The purpose of this document is to highlight key issues that have emerged since the and how the Trust proposes to respond to them by exception. This addendum also provides a status update of all capital projects highlighted in the 2019 Estate Strategy across the three main sites – Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford and Rutland Hospital.

3. WHERE ARE WE NOW?

The only material change that has emerged in relation to the current estate condition affects Hinchingsbrooke Hospital. This is outlined below.

HINCHINGBROOKE HOSPITAL

RAAC panel - risk of failure

In the 1990s and again in 2002, the Building Research Establishment (BRE) described the difficulties in service of buildings constructed with RAAC roof planks and commented on cases of excessive and progressive deflections of panels, associated with widespread hairline cracking of the soffit of the planks. From tests carried out by the BRE the report concluded that RAAC planks gave adequate warning through visual deterioration before failing.

However, in 2019 a RAAC roof in a school failed and collapsed within 48 hours of cracks first appearing. Inspections by the local authority revealed some issues suggesting that there were defects in the RAAC planks that coupled with severe weather conditions giving rise to the mechanism of long term creep, and in addition economies in maintenance may have impacted on the performance of the concrete planks generally. It appears that these factors, combined with the panel defects; which included the longitudinal reinforced steel bar being of an inadequate length, very high span/depth ratios, and a poor aggregate mix, resulted in shearing of the planks and collapse.

Hinchingsbrooke Hospital's main block was constructed using RAAC panels. The following departments are housed within the main hospital block built with RAAC panels:

- Main entrance
- Emergency Department
- Maternity Services
- Children's Services
- Some outpatient services, though most are within the Treatment Centre
- Renal dialysis
- Critical care
- General medicine wards and one surgical ward
- Seven of the Trust's twelve operating theatres
- Diagnostic imaging
- Pharmacy
- Pathology
- Mortuary
- Administration and management offices
- Energy centre, estate management and facilities management

This school RAAC panel failure and its implications for the health and safety of occupants of such buildings prompted a review of maintenance and inspection regimes across all buildings constructed using RAAC panels. NHSE&I, in addition to requesting affected Trusts conduct surveys and monitoring to assess and manage the risks, requested that the North West Anglia NHS Foundation Trust "develop a plan for RAAC elimination by 2035".

In January 2020, WSP, a professional construction services consultancy was appointed by the Trust to undertake a structural review of the RAAC wall and roof panels. The objective of the inspection was to provide the Trust with a full understanding of the condition, structural performance and options for future maintenance/replacement of the existing roof and wall panels. In order to do this, a phased approach was agreed as set out below:

- Phase 0: Outline strategy: This took the form of a high-level review of the project and detailed the known issues with RAAC panels, the parameters that are used to determine the performance of the panels and the potential risks associated with the panels. It outlined the strategy approach for the future phases.
- Phase 1: Information gathering: The intention of this phase was to gain an understanding of the existing hospital building structure in its present condition. This phase included a desktop study of record information and a series of site visits to determine visible condition and accessibility of the (not visible) RAAC panels. The conclusions of this phase informed the final Phase 2 strategy.

- Phase 2: Initial investigations: Based upon the findings of phase 1 a survey of targeted areas of the hospital was carried out to understand the full detail of the panels performance in these areas. This involved two areas, one where the panel support is provided by the pre-cast frame and the other where the panels are supported by a steelwork frame. This phase will included the arrangement and interpretation of the results of; a detailed level survey, intrusive surveys to establish the construction such as bearing condition, scan surveys of reinforcement, material testing and potentially some load testing. The conclusions of this phase informed the final phase 3 strategy.
- Phase 3: Detailed investigations.

To date, phase 0 and 1 have been completed and the associated reports issued to the Trust, phases 2 and 3 are ongoing with a total of 46% of the total panels (6552) having been surveyed as at 22 May 2020. The surveys completed to date have found that the condition of panels in some areas (SCBU and the dining room to date) warranted immediate action to safeguard occupants and works to provide interim and permanent solutions to support the roof and prevent panel failure ultimately causing a collapse. These findings reinforce the need to plan to vacate the RAAC panel accommodation at the earliest opportunity before significant further deterioration given the replacement accommodation may take c8 years to deliver, including the three stage HM Treasury/DHSC capital business case process.

The latest WSP survey progress report is provided at **appendix A**.

4. WHERE DO WE WANT TO BE?

This section outlines the revised high level proposals for site development at Hinchingsbrooke and Stamford and Rutland Hospitals.

HINCHINGBROOKE HOSPITAL

RAAC Panel elimination solution

The nature of construction of a large proportion of Hinchingsbrooke Hospital means that the elimination of RAAC panels can only realistically be achieved by the reprovision of the facilities into new buildings. In order to develop a plan for eliminating the facilities, the Trust commissioned a Development Control Plan (DCP) in January /February 2020 that shows what accommodation needs replacing, the future size of that accommodation and how and where it should be reproviced, maximising the use of existing non-RAAC panel buildings, which include the PFI Treatment Centre.

High level healthcare planning was carried out to ascertain the scale and scope of facilities to be reproviced in line with STP objectives, the Trust's corporate objectives and to address population growth pressures. The planning assumptions and implications for space requirements were established for each department,

A workshop was held on 12 February 2020 attended by:

- Divisional operations director – family and integrated support services
- Deputy Chief operational officer
- Chief Operating Officer
- Head of nursing for surgery
- Divisional Operations Director for surgery
- Consultant Surgeon
- Estates and Facilities Director
- Project Manager, Capital Projects

The workshop attendees reviewed and accepted the healthcare planning assumptions and agreed the critical success factors.

A range of design options were considered at this workshop and also following it in response to the feedback received at the Trust. These options considered how best to:

- achieve the Trust's critical success factors identified above
- retain the largest amount of the existing estate without compromising adjacencies
- how best to facilitate minimum disruption
- how to ensure current access routes are optimised
- optimise the opportunity to release land of the greatest value for sale

The Trust's preferred option was 3a (see diagram) which was considered to best achieve the critical success factors. The healthcare planning work and DCP solution will form the basis for further work to progress the development of capital business cases to make the case for the reprovision of facilities currently accommodated in RAAC panel buildings.

The full DCP document is provided at **appendix B1**.

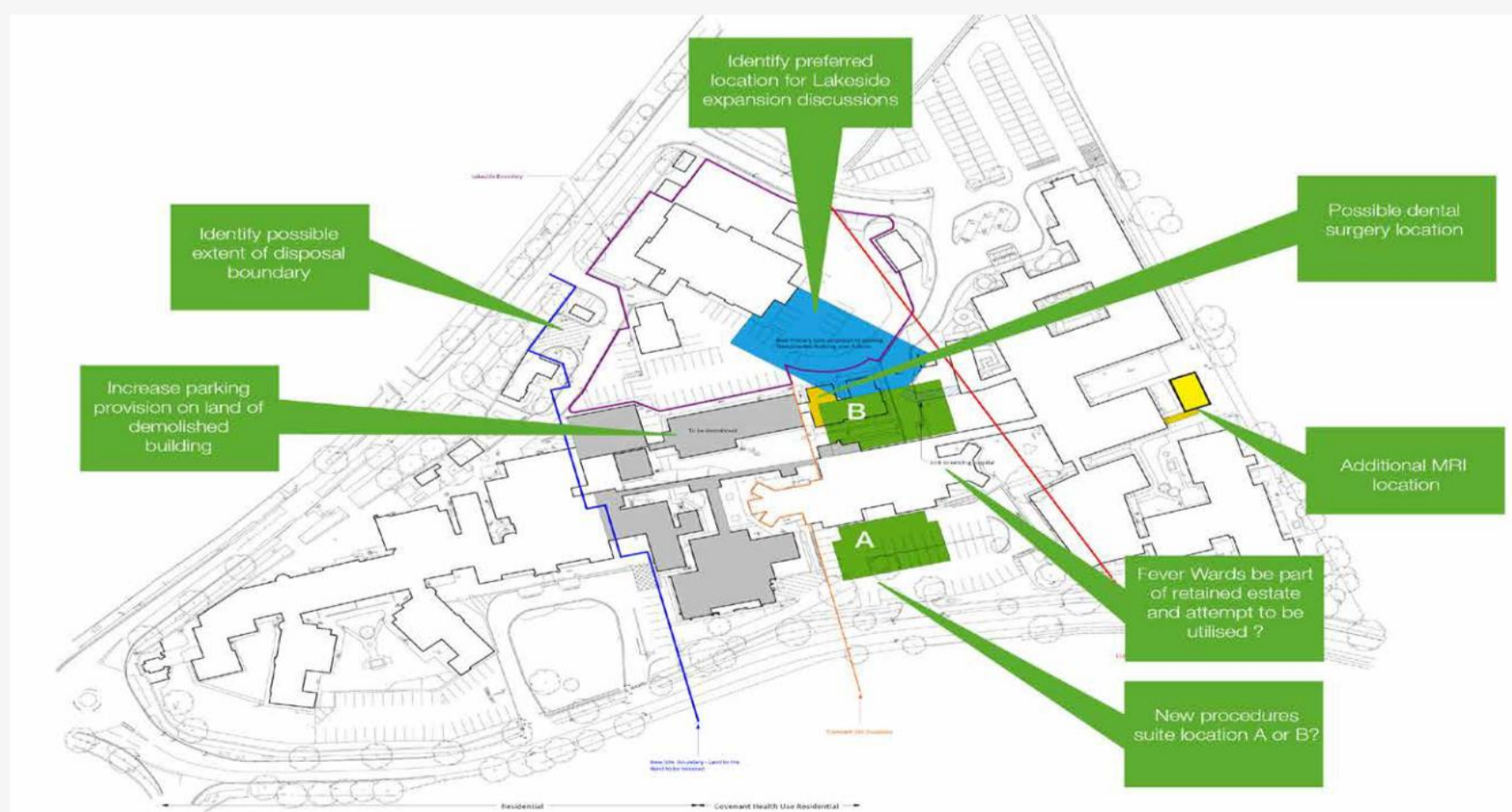
Hinchingbrooke Hospital Development Control Plan



STAMFORD AND RUTLAND HOSPITAL

The 2019 Estate Strategy proposals for Stamford & Rutland were primarily driven by the need to free land for sale to reduce the backlog maintenance burden on the site area to the West which is currently no longer used for healthcare provision. These buildings have high associated backlog maintenance figures (circa £14.88m) and are no longer an asset the Trust can meaningfully use or need and therefore they need to be disposed of in order to remove the backlog liability. In parallel discussion with Lakeside Healthcare were ongoing to investigate the expansion of their services on site and where a potential land could be purchased by them to expand. The Trust planned to retain a Procedures Suite on site. The current accommodation has levels of high and significant backlog maintenance and compliance issues which means that a substantial investment of £14.8m will be required.

The line for disposal indicated in blue was indicated to be subject to review and intended to indicate the potential opportunity. This allowed the sites development and also disposes of the building stock with the highest backlog maintenance liability, along with the historic Monument gate. There is also a liability in the disposal site as it contains some historic archaeology and also has an extent of human remains. The diagram below outlined the opportunities, including the planned disposal area to the west of the site.



Following recent discussions, there is a high level plan for a joint venture between South Lincolnshire CCG and South Kesteven District Council to develop a three storey Medical Centre on the Eastern end of the site consisting of GP services on the ground and first floor and two NWA procedure rooms on the second floor. This rationalises clinical accommodation on the site. The project is at a very early stage and stakeholders are currently being engaged and consulted. The project also includes the creation of an additional car park and an extension of the current car park. The site development areas are shown below: on the left with the draft DCP shown below with the new Medical Centre shown in blue (1), the additional car park in yellow (2) and the current car park extension (3). Land at the far (west) end of the site would be disposed of.



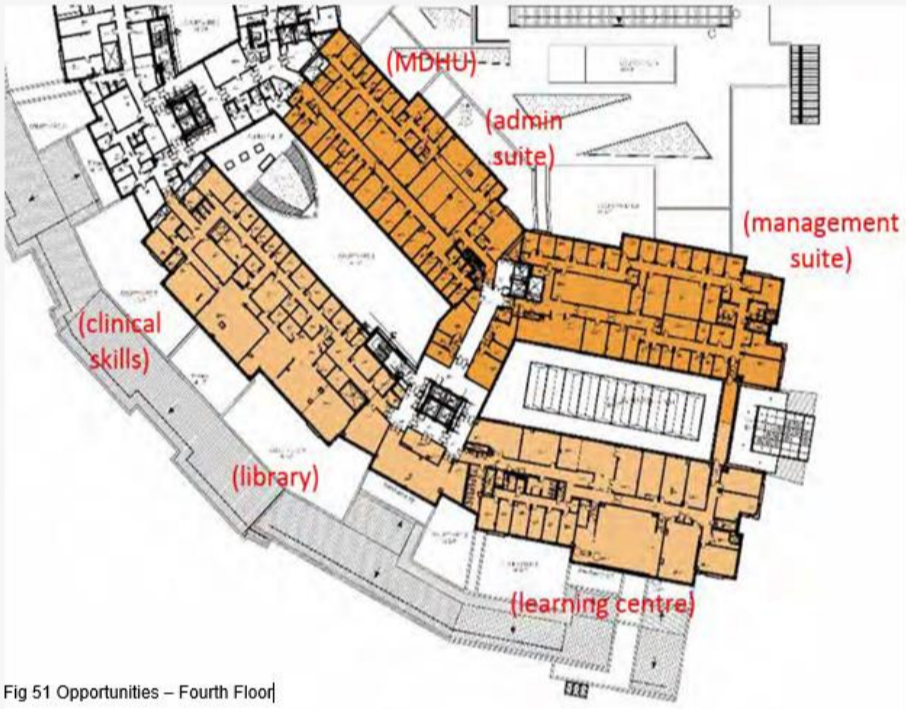
5. HOW DO WE GET THERE?

This section provides an update on the projects set out in the 2009-2026 Estate Strategy and includes the plan for the site redevelopment at Hinchingbrooke Hospital prompted by the RAAC panel issue and also the revised plan for the Stamford and Rutland Hospital redevelopment.

PETERBOROUGH CITY HOSPITAL

Trust Additional Bed Requirements

The requirement to increase the bed provision at PCH can be met within the existing PFI building. The Trust Estate Strategy indicated a need for the current bed base of 686 to grow by 175 by 2026.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>The fourth floor of the building, currently occupied by a combination of Trust offices, education /training facilities and laboratory space has been constructed on the same footprint as the wards below.</p> <p>This enables a reconfiguration to be undertaken using the office and education/training spaces to provide 4 ward templates. If the space is reprovided as ward space in line with recent refurbishment projects undertaken where some of the single bed rooms are configured as three-bedroom spaces, each ward has the potential to contain 32 beds. This would give a total of 128 beds provided via ProjectCo under the Project Agreement, variations to date.</p> <p>Across the Trust there is an opportunity to convert 4 bedded bays into 5 bedded bays and turn some underutilised spaces into single rooms. This, plus a similar strategy on MAU amounts to 56 beds. Other bed space or bed space equivalents can be created by the development of a SAU and a similar service for cardiology.</p> <p>A recent development in a potential partnering arrangement has arisen to review the utilisation of spare bed capacity in the nearby Ashlynn Grange nursing home. There is a potential to have access to 15-20 step down beds in this private facility. A review is being undertaken to test this opportunity which may be suitable for delayed transfer of care patients This would need to be supported by the local CCG.</p>	<p>An additional 66 beds on the 4th floor of the main PFI hospital (2 x 33 bed wards) has been completed to date .</p>  <p>Fig 51 Opportunities – Fourth Floor</p>

Surgical Assessment Unit

The Estate Strategy outlined the intention to incorporate a Surgical Assessment Unit within the PCH footprint.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>Two options were identified.</p> <p>Option 1: The unit would be located in the current Discharge Lounge. This function would be relocated to the estates team office adjacent to the main entrance, whilst options are being explored for the relocation of the Estates office space, the current preferred option is to investigate placing office space in the HRAD building or in modular office units.</p> <p>Option 2: Three or four surgical assessment unit beds will be provided on two surgical wards within the current bed provision. Option 2 is currently the favoured solution.</p>	<p>Option 1 has been taken forward and the Surgical Assessment Unit is located in the discharge lounge on the ground floor of Peterborough City Hospital as a temporary feature.</p>

MRI and CT Expansion

The Estate Strategy stated that following analysis from the Radiology Department, additional equipment would be required to cope with the growth in activity. The need identified included an additional one MRI (taking the total to three) and additional CT scanners (exact quantum undefined).

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>Analysis by the Radiology Department has highlighted that with the ongoing growth in activity further equipment will be required. Despite the Trust installing a second MRI at Stamford and running all machines over six days for elective and emergency work, a mobile scanner has been utilised over the Spring and Summer period. This has been located on the Stamford site and a second permanent MRI could be installed next to the current machine.</p> <p>The analysis suggests that for the Peterborough and Stamford population, there will need to be two further MRIs, taking the total to four along with further CT scanners.</p> <p>An indicative proposal has been included in the options for increasing the provision on the ground floor – subject to a review with the clinical team. The two MRI's and CT suite will displace Health Records. An initial alternative solution is to put the third MRI scanner at Stamford.</p> <p>A Radiotherapy linear accelerator expansion has already taken place recently and adds to the capacity for patient throughput increasing on the original PFI facility allowance.</p>	<p>Contractors are currently on site at PCH installing the 3rd MRI scanner – this is expected to be completed by August 2020.</p> <p>The two existing MRI scanners will be replaced by October 2020 at no capital cost to the Trust through the PFI contract.</p>

Relocation of Education and Training

The Estate Strategy outlined the intention to relocate education and training to free up space in PCH for clinical use. The department is currently located on the fourth floor of PCH, alongside Trust offices, which has been identified to be refurbished based on ward templates as the lower floors in operation.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>The following five options have been proposed:</p> <p>Option A: Located on land which could potentially be leased from Westwood Farm Properties, current site of the HRAD building, proposals have been developed to locate the displaced Education Department.</p> <p>We have indicated a three-storey building with an area of 3,870m². A possible expansion to this first phase would deliver 2,580m². As the area schedule required has not been integrated in detail and the available site is fairly unconstrained any future increase in demand and space at the feasibility stage could be easily accommodated. Locating the new build to the east of the site allows a visual connection and pedestrian access to the main hospital building which is within 30 metres.</p> <p>On the remainder of the site, we have indicated the surface car parking for potentially 188 spaces. With the addition of a deck parking solution over part of the site, these numbers would increase to 316 bays (single deck) 444 bays (two storey deck).</p> <p>Option B: The prospect has been raised to relocate the following quantum of office accommodation to the HRAD building:</p> <ul style="list-style-type: none"> • Estates (15 desks) • SPV team (7 desks) currently 3 offices on third floor of main building • Medirest (20 Desks) • Office space displaced due to bed provision on level 4 <p>Following investigation of the building layout and a site visit, this option should be discounted. There is currently a large quantity of medical records and other stores contained in the building which is essentially a shed.</p> <p>Option C: Located to the east of the main Hospital, on Trust owned land adjacent to the HRAD site, the Estates team are currently considering a modular office solution to reprovide primarily the 42 estates, SPV and Medirest desks that need to be reprovided as a result of internal reconfiguration within the Hospital. Currently these administration functions are in differing locations within the PFI</p>	<p>At present this project is on hold. Anglia Ruskin University needs to confirm its intentions and the Council will need to confirm whether it is supportive of the use of the Westwood Farm land for this purpose.</p>

<p>building. Bringing them together in one location can provide additional benefits to communication and space utilisation.</p> <p>Option D: the option has latterly been raised to relocate the Medirest (FM support) offices, currently located on the ground floor of PCH between the ED and Children's OPD out of the main building. The proposed relocation of these desks is noted as Option B+C.</p> <p>Option E: Relocate the Trust education facilities into a combined education & staff accommodation facility on the Cavell Close site. There would be the opportunity for other organisations to gain to join to create a combined education facility or for more office accommodation to be incorporated.</p> <p>The shell space vacated could either be utilised as the executive office suite (currently on the fourth floor) or as a decant ward.</p>	
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Residential / Office proposals

The Estate Strategy outlined the intention to relocate office space to free up space in PCH for clinical use and develop a combined residential/office/car parking facility. The current staff housing on site is of low density and in poor condition. This proposal offers an opportunity to increase the use of the valuable site in the ownership of the Trust and add car parking capacity.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>On the site of the Edith Cavell Close housing, a proposal (Option E) has been investigated to provide a new building which would relocate the Trust's office provision from the fourth floor of PCH, provide staff housing and on the ground floor deliver in the region of 171 car parking bays.</p> <p>The parking proposal would be at ground floor level, with two separate stair and lift cores to access the upper floor provision of staff offices, to the east (2,600m²) and housing to the west.</p> <p>The Cavell Close housing blocks each currently have a total backlog liability of circa £240k and are all generally considered to be in poor condition.</p> <p>The housing proposal contains 8 x 3 bed houses, with private amenity garden space and 16 x 2 bed apartments. The development at first floor level would also provide the requirement for children's play space and public amenity gardens.</p>	<p>This scheme is currently on hold with no action taking place.</p>

Car Parking

The Estate Strategy stated that with the additional bed requirement on site, there will be a need to increase parking provision for both staff and visitors. Several options to assess costs and viability will be investigated to achieve additional parking.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>One option will be increasing the parking in the middle of the site's surface carpark at the front of the site, currently a landscaped area, bisected by a diagonal pedestrian path towards the Hospital. Early studies indicate the addition of 157 spaces could be obtained in these locations.</p> <p>Additional parking is associated with the two new build options above. If the relocation of the education/ training building to the HRAD site was not pursued this site has potential to accommodate parking, further to negotiation with the lease holder either at grade or with the addition of a surface car park.</p> <p>The site to the east of the main hospital, Westwood 2 which currently has surface parking has also been explored for the option of providing additional parking via a deck, we anticipate 208 additional spaces could be provided.</p>	<p>A scheme has been completed with 112 car parking spaces for our patients provided at Peterborough City Hospital.</p>

Robert Horrell Macmillan Centre

The Estate Strategy stated that the Robert Horrell Centre used by Macmillan has a total backlog liability in the order of £300k

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>The Trust are in discussion with MacMillan regarding, options to address this and a business case will be developed to explore if it would be better to undertake the backlog maintenance or consider a longer term rebuild plan using charitable funds. Initial discussions suggest that a rebuild option is not currently being considered by MacMillan.</p>	<p>The 2019/20 backlog maintenance programme has been completed and the 2020/21 programme has been approved by the Board and completion is expected by May 2021.</p>

HINCHINGBROOKE HOSPITAL

Site Redevelopment

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>This is a new project that has emerged since the 2019-2026 Estate Strategy, instigated by the discovery of potential failure risks in the RAAC roof panels.</p>	<p>In January 2020, WSP, a professional construction services consultancy was appointed by the Trust to undertake a structural review of the RAAC wall and roof panels. The objective of the inspection was to provide the Trust with a full understanding of the condition, structural performance and options for future maintenance/replacement of the existing roof and wall panels. In order to do this, a phased approach was agreed as set out below:</p> <ul style="list-style-type: none"> • Phase 0: Outline strategy: This took the form of a high-level review of the project and detailed the known issues with RAAC panels, the parameters that are used to determine the performance of the panels and the potential risks associated with the panels. It outlined the strategy approach for the future phases. • Phase 1: Information gathering: The intention of this phase was to gain an understanding of the existing hospital building structure in its present condition. This phase included a desktop study of record information and a series of site visits to determine visible condition and accessibility of the (not visible) RAAC panels. The conclusions of this phase informed the final Phase 2 strategy. • Phase 2: Initial investigations: Based upon the findings of phase 1 a survey of targeted areas of the hospital was carried out to understand the full detail of the panels performance in these areas. This involved two areas, one where the panel support is provided by the pre-cast frame and the other where the panels are supported by a steelwork frame. This phase will included the arrangement and interpretation of the results of; a detailed level survey, intrusive surveys to establish the construction such as bearing condition, scan surveys of reinforcement, material testing and potentially some load testing. The conclusions of this phase informed the final phase 3 strategy. • Phase 3: Detailed investigations. <p>To date, phase 0 and 1 have been completed and the associated reports issued to the Trust, phases 2 and 3 are ongoing with a total of 46% of the total panels (6552) have been surveyed as at 22 May 2020. The surveys completed to date have found that the condition of panels in some areas (SCBU and the dining room to date) warranted immediate action to safeguard occupants with works to provide interim and permanent solutions to support the roof and prevent panel failure ultimately causing a collapse. These findings reinforce the need to plan to vacate the RAAC panel accommodation at the earliest opportunity given the replacement accommodation may take c8 years to deliver, including the three stage HM Treasury/DHSC capital business case process.</p> <p>The Trust is in the process of discussing seed funding and approval in principle from DHSC and NHSE&I for the reprovision of the facilities currently accommodated in RAAC panels. The DCP estimated the overall project cost to be £734m if early stages could be fast-tracked.</p> <p>Assuming the Trust can progress quickly into business case development then it aims to be able to vacate the RAAC panel</p>

	accommodation before the end of 2028 as part of a multi-phase project incorporating new building and refurbishments.
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Trust Additional Bed Requirements

The Estate Strategy outlined the need for additional bed provision at Hinchingbrooke Hospital.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>Pear Tree ward on the first floor which was refurbished in the last 3-4 years, but is described as mothballed some of the year, is increasingly open in part and in full for the Winter. Currently it provides extra capacity to cope with the high levels of DTOCs and is the most immediate solution to providing extra beds.</p> <p>On the first floor of the existing Main Hospital, Birch Ward [G] could provide 11 beds. The correct elective patient mix would be needed and Old Birch [H] would provide a further 15 beds. Initial discussions have indicated the 15 beds associated with Old Birch would be a clinically inefficient model to progress.</p>	<p>Pear Tree ward has been expanded to 25 beds.</p> <p>Birch ward has been expanded by 11 beds.</p> <p>Additional new provision is being provided under the Wards and Theatres project (see below).</p>

Wards and Theatres Project

The Trust has been pursuing two schemes to improve the quality of its non-PFI operating theatres and expand bed capacity following approval of a wave 3 Sustainability and Transformation Partnership (STP) bid for the capital funding. The STP application was approved by the Trust Board on 9 November 2018. It was then submitted to NHS Improvement and the Department for Health and Social Care (DHSC) in November 2018 and received approval from DHSC in December 2018.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>The existing theatres have a reported backlog maintenance bill of circa £7.3m, including functional suitability.</p> <p>Due to service needs a phased approach to the works will be required. In addition the current theatres are supported mechanically and electronically as pairs. It is therefore proposed to refurbish 2 theatres over a 3-5 year period.</p>	<p>This project has been planned as the first phase of the Development Control Plan for the site, and the solution reflects the fact that the Trust does not wish to invest heavily in RAAC panel accommodation given the new imperative to vacate this estate at the earliest opportunity. This has increased the cost of the project.</p> <p>The scheme has been developed to create fully compliant theatres and an extra 60 beds on the site. The project will ensure the following;</p> <ul style="list-style-type: none"> • Provision of a new theatre suite of 7 theatres with suitable patient flows, developed with user requirements and inputs and best practice • Air handling as appropriate to relevant theatres and giving the correct and robust air changes required • A new ward floor with 60 beds, with layouts appropriate to provision of optimal nursing • Areas fully compliant with HBN's and HTN's • Areas fully signed off by users, infection control and with appropriate fire compartmentation as agreed with the Trust's fire officer • Designated plant areas • A shell and core ground floor to provide space for future provision of services • Appropriate and robust IT and telephony infrastructure and cabling • Appropriate materials and design to ensure the Trust undertakes its Carbon Zero responsibilities • Re-provided areas for displaced services and car parking <p>On 24th February 2020 an options appraisal workshop took place with the Trust. It was agreed that the Trust would build a new block to house wards and theatres but with expansion space at the bottom in relation to the DCP, therefore the building would be:</p> <ul style="list-style-type: none"> • Ground floor – shell and core but to possibly house mortuary and pathology in the future as per the DCP • First floor – theatres (7) • Second floor – wards – 60 beds • Third floor – plant <p>The project is currently in the final stages of development of the OBC and the 1:200 drawings are now complete architecturally and the final structural and MEP inputs are in development. The OBC is due to be</p>

	<p>submitted through the governance steps in the summer 2020. It is expected that it will complete its governance by October 2020 and allow commencement of FBC in November 2020. In addition, there is an interim piece of work planned to undertake some survey/reporting for some early BREEAM credits for the Trust that will aid them in the target set by NHSI for BREEAM excellent.</p> <p>Currently, the Trust's project team is estimating the capital costs for the project and is also discussing capital funding with NHSE&I as is likely to be at least double the cost of the funding already earmarked through the STP wave 4 bids back in 2018.</p> <p>The FBC delivery programme is attached at appendix C.</p>
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Acute Medicine

The Estate Strategy outlined the need to increase the footprint/capacity of the Ambulatory Care Unit (ACU) and Acute Assessment Unit (AAU).

Original narrative from 2019-2026 Estate Strategy	May 2020 update
A high-level option has been indicated on the ground floor to potentially re-plan the AAU office and support spaces to increase the number of treatment rooms available alongside a new reception and waiting area.	Contractors are currently on site to expand the AAU and ACU. This is part of a £2.5m project which also includes the expansion of A&E. This project will provide space for an extra 10 beds and is planned to be completed by August 2020. The £2.5m is part of the £25m allocated to the Trust through wave 4 STP funding.

A&E Department Expansion

The Estate Strategy outlined the need to increase the footprint/capacity of the A&E department.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
A high-level option has been indicated on the ground floor opportunities to increase the footprint of the emergency department. This would necessitate the displacement of the leadership office suite, or some of the office space to the north of the current ED footprint, currently separated by the ambulance entrance corridor.	This has been completed and was part of the Acute Medicine project listed above.

Endoscopy

The Estate Strategy outlined the need to increase the capacity of the endoscopy suite in the PFI Treatment Centre. It is understood that the growth of the service is likely to exceed physical capacity in approximately 5 years.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
Whilst there are feasible estate options to extend into the adjacent ophthalmology department which could be explored and relocate this service, a more detailed review of the clinical options is currently underway. The avenues being explored will include but are not limited to extending the current delivery hours of the service and making use of the 5th endoscopy room at HH and / or increase capacity at Stamford & Rutland through the development of a new Procedure Room suite.	The Endoscopy suite is currently being upgraded with high quality equipment to enable the suite to operate more efficiently and is set for completion by early July 2020.

MRI and CT Expansion

The Estate Strategy outlined the need to increase the provision of CT scanners at Hinchingbrooke Hospital.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
Courtyard 9 beside the current diagnostics and imaging department could be used for a modular unit to house the new MRI and CT room. It has been confirmed at this stage that the necessary complement of support rooms surrounding the current suite would be sufficient for the increased work pattern and operating hours of service.	Contractors will start on site in early July 2020 to create the modular unit. This project is planned to be completed by early-mid September 2020. This will expand CT provision only.

Non-clinical Provision within Hospital

The Estate Strategy proposed a review of office accommodation with a view to relocating it out of the main hospital building to release space for clinical service delivery.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>Proposals to be tabled in the next stage of the report to reflect feasibility of options and potential phasing, some areas under consideration maybe subject to modular leasing arrangements.</p> <p>A survey of the old nursery building has been undertaken; a proposal has been developed to test the optimum administrative accommodation that could be provided here.</p>	<p>This project is currently on hold with no progress expected until 2022/23.</p>

Car Parking

With the additional bed requirement on site, the Estate Strategy stated that there will be a need to increase parking provision for both staff and visitors.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>Several car parking expansion options were under review. An assessment of cost and viability will be undertaken:</p> <p>Option 1 – Parking at the front of the Hospital could be provided where currently there is a landscaped setting separating the existing car parks from the visitor drop off and disabled parking. The site slopes down in this area towards the Hospital in the region of two meters. A terraced parking arrangement is proposed where we expect 160 bays could be provided, subject to detailed investigation of the current levels on site.</p> <p>Option 2 – the current staff car park (295 bays) to the north could be extended at surface level and with the addition of a first-floor deck to increase the provision to 641 bays. Note, the area of this car park highlighted in green at surface level, would likely only accommodate a further 26 spaces at grade, due to realigning the access road internally.</p> <p>Option 3 – the current patient car park (289 bays) with the addition of a first-floor deck could increase the provision to 544 bays. It could be further investigated to extend the car park to the south and west of its current footprint at grade. The extensions would need to consider the topography of the site, existing trees to be felled and the verses the overall net gain in spaces.</p> <p>Note: under the options tabled to build modular wards on the site, car parking would be removed. We anticipate this would be in the region of 29 spaces for modular wards F (next to Acer) and 54 spaces on the footprint of the ward option E, where the Woodpecker accommodation block sits (Fig 58).</p> <p>None of the options have proceeded due to the PPP not being approved and hence progressing and the merger of the two Trusts.</p> <p>The Trust does not currently envisage the disposal of any land assets as the current and future developments will require expansion space at the site to collate the clinical and associated support services.</p>	<p>No additional car parking is required at Hinchingsbrooke Hospital, at present. However the Development Control Plan outlines the intention to centralise car parking to make best use of the site and service.</p>

Stamford Medical Centre Development

The Estate Strategy proposals for Stamford & Rutland were primarily driven by realising the land for sale on the site area to the West which is currently no longer used for healthcare provision. These buildings have high associated backlog maintenance figures (circa £14.88m) but are no longer an asset the Trust can meaningfully use or need and therefore they need to be disposed of in order to remove the backlog liability. In parallel discussion with Lakeside Healthcare are ongoing to investigate the expansion of their services on site and where a potential land could be purchased by them to expand. The Trust planned to retain a Procedures Suite on site.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>The current accommodation has levels of high and significant backlog maintenance and compliance issues which means that a substantial investment of £14.8m will be required. Proposals to be reviewed following discussions with Trust as to siting of new unit for optimum use by the Trust and on a leasing arrangement by Lakeside.</p>	<p>Following further discussions and the development of a revised DCP for the site, the Trust is in discussion with local health and social care stakeholders about a 3rd party-funded development to create a new integrated community health hub in new accommodation, reduce backlog liabilities, release land for disposal. It is anticipated that feasibility work will commence in autumn 2020.</p> <p>The latest position slides for Stamford and Rutland produced by the Trust are provided at appendix D.</p>

Car Parking

The Estate Strategy noted that the site currently has some pressure on car parking spaces with an extent of misuse. However, if the two parcels of land are released for disposal this will cause a shortfall on the required provision.

Original narrative from 2019-2026 Estate Strategy	May 2020 update
<p>There will need to be a supplementary provision either on site or off site and or a Travel Plan to restrict on site parking. The adjacent supermarket Morrisons, may be an option or the Local Authority spaces nearby. A multi-storey solution would not be accepted in the context of the Listed Buildings or the likely Planning Policy in Stamford.</p>	<p>Plan have been submitted and approved to relocate 60/70 car parking spaces the existing car park from land earmarked for disposal. Planning permission for the displaced spaces has been received for the Trust to proceed with to commence in Autumn 2020.</p>