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To:- All Committee Members

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 5TH JUNE, 2023

I am now able to enclose, for consideration at the next Monday, 5th June, 2023 meeting of the Health Overview and Scrutiny Committee, the following reports that were marked as 'to follow' on the agenda sent out recently.

Agenda No	Item
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8.	<u>Building Berkshire Together (Pages 3 - 10)</u>
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To receive an update on Building Berkshire Together

Yours sincerely

A handwritten signature in black ink, appearing to read 'Susan Parsonage'.

Susan Parsonage
Chief Executive

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WOKINGHAM HEALTH OVERVIEW & SCRUTINY COMMITTEE

Building Berkshire Together Update

Alison Foster

Programme Director

5 June 2023

OUR NEW **HOSPITAL** PROGRAMME



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Agenda Item 8.

Overview and Background

In 2019 the Royal Berkshire NHS Foundation Trust (RBFT) was placed on the New Hospital Programme (NHP) as part of the Government commitment to deliver 40 new hospitals by 2030. The Trust submitted a Strategic Outline Case (SOC) in December 2020. The options set out in the SOC were:

1. Part new build/part refurbishment on existing site – est £785m
- 2. Whole site redevelopment - est £995m
3. New hospital on a new site – est £1.3bn

The RBFT is in Cohort 4 of the NHP, which means being full adopters of the new approach to building new hospitals. This is called ‘Hospital 2.0’ and means, for example, standardised designs, centralised processes and Modern Methods of Construction (MMC). It is anticipated that, through economies of scale, there will be a significant reduction in time and cost to build new healthcare facilities.

The NHP Team have been progressing the Programme Business Case (PBC) for this approach with HM Treasury.

In March 2023, total funding allocation was agreed and was then announced on 23 May 2023 by the Secretary of State for Health and Social Care as £20bn. This is in addition to the £3.7bn already allocated in 2019 to progress the programme and complete earlier cohort builds.

The addition, and prioritisation, of RACC hospitals (Reinforced Autoclaved Aerated Concrete) may mean that some hospitals currently on the scheme may not be able to deliver before 2030, due to both constraints on the funding allocation but also supply chain issues.

Those hospitals that may deliver later, will be first on the new rolling programme of new hospitals to be funded as they will be funded up to Full Business Case (FBC) right up to then. If this is the case and a new hospital is now estimated to have a 2-3 year construction time, these schemes would be expected to be complete by 2033.

But there may be opportunities for those schemes to be funded sooner depending on individual circumstances and the potential for timelines of schemes to change.

RBFT Funding Envelope

Confirmation of RBFT's funding has been agreed centrally and is expected to be confirmed in writing imminently.

We know that the funding will reflect the New Hospital Programme (NHP) keeping some costs usually included in an allocation such as contingency and optimism bias. There will be an expectation of a reduction in time and costs through this programmatic approach in the allocation.

The Trust will be meeting with the New Hospital Programme (NHP) Team in the coming weeks to work through what the RBFT Minimum Viable Product (MPV) for our new Hospital 2.0 will be and to develop an outline plan to deliver this.

The Trust has already had a request to refresh our enabling fee's bid of £50m, submitted in August 2022 which will now start to accelerate our progress.

RBFT Progress in 2022/23

The Trust has been progressing the Outline Business Case (OBC) with the limited budget available from New Hospital Programme (NHP). This has included developing the RBFT Clinical Services Strategy (CSS) into a Clinical Model to get us to a Clinical Brief which includes a Schedule of Accommodation needed for the new hospital.

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As part of the OBC process the Trust has progressed Board approval of the Critical Success Factors (CSFs), Investment Objectives (IOs) and long list of options.

There has then been extensive engagement on this long list of options with patients, public, staff, stakeholders over the last year on this long list to get to a shortlist of options which can then be thoroughly appraised. Engagement has included a public survey collecting 3,692 responses, analysed by the University of Reading, public engagement events, staff and stakeholder workshops. The intelligence gathered has also been reviewed with wider consultations being carried out by other system partners at the same time.

The shortlist will now go through a thorough appraisal process as per the HM Treasury Green Book five case business case model (*strategic, financial, commercial, economic and management cases*).

Results From Shortlisting Process

The result of the short-listing process proposes four options for the proposed hospital redevelopment. Based on the engagement, there are two leading options which the Trust is exploring further. The Trust is seeking further input from stakeholders as it moves towards a preferred option.

- ∞ The two leading options envisage a new hospital with services delivered through integrated care pathways. As such they align strongly with the Trust's objectives as described in the Clinical Services Strategy.

While the Trust expects that the majority of acute services will be delivered from the new hospital building, the Trust is exploring ways in which integration may be better achieved through the colocation of certain services (including diagnostics) with providers of primary care, community and mental health services at a site away from the main hospital. The leading options also have good alignment with the ICS strategy and Joint Forward Plan.

Exploring Alternative Sites

As part of the options development, the Trust has also been exploring other potential sites for the new hospital and a recent site search identified two potential sites which need further investigation.

Both are in Wokingham Borough Council.

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1. Thames Valley Park (Brownfield site)
2. Thames Valley Science Park (Greenfield site).

Further work need to be undertaken to understand the viability and affordability of these sites.

Immediate Next Steps

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1. Approve the shortlist and progress full appraisal process to get to preferred option
 2. Work with New Hospital Programme on our Minimal Viable Product Hospital 2.0 (MPV)
 3. Review and update our Strategic Outline Case OC, submitting a 'lite' version and ensures strong alignment to wider system
 - ⇒ 4. Work with system partners on the next stages in developing the Clinical Model
 5. Maintain regular engagement with public and increase engagement in groups identified through the survey which were under-represented.
 6. Progress enabling works such as
 - Due diligence to establish if a hospital 2.0 can be achieved on the current site
 - Developing digital capacity and capability which enable moves
 - Exploration of the potential of benefits of investment in wider estate