

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Wycombe Tower
Board Lead	Chief Commercial Officer
Type name of Author	Commercial and Property Services Team, Director of Strategy
Attachments	
Purpose	Approval
Previously considered	

Executive Summary

The Trust has a clear vision for the development of Wycombe hospital so that it remains a focal point for the local population. However, the poor and deteriorating condition of the Wycombe tower, which is the oldest part of the Wycombe hospital site, is of immediate concern given its poor condition and that it houses critical infrastructure to the running of the hospital. This paper seeks approval for an immediate start to a programme to decant the Wycombe Tower and redevelop the site to provide modern healthcare facilities over the next five-year period.

Decision	The Board is requested to approve the decant of the Tower, moving services out in phases as soon as alternative provision of accommodation is sourced and capital funds are available.
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Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
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Implications / Impact

Patient Safety	New and refurbished estate that is compliant and safe.
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any redevelopment plan will resolve BAF and Risk register for the Wycombe site over the next 5-10 years.
Financial	Risk reduction and efficiencies can be seen with modern fit for purpose buildings and environments. However, FRIS16 implications need to be understood. Treasury business case standards will be required.
Compliance <small>Select an item. Select CQC standard from list.</small>	New and refurbished buildings will satisfy the CQC standards.
Partnership: consultation / communication	Strategic partnership involvements are required externally and well as consultation internally.
Equality	Equality of healthcare is one of the reasons to pursue the clinical and Estate strategies.
Quality Impact Assessment [QIA] completion required?	Quality impact assessments will be required with each future business case.

1 Background

The Wycombe Hospital site is located in the centre of the town and is strategically important in serving some of the most deprived communities in the county. The Trust has a clear vision for development of integrated hospital and community services located on that site so that it remains a focal point for the local population, including in the last few years expanding the breadth of services available through its urgent treatment centre and a GP surgery on site.

The Trust completed a detailed appraisal, comprising of a programme business case for both of its two main hospital sites in Wycombe and Aylesbury and has a clear roadmap for bringing its facilities into suitable condition for modern healthcare. Wycombe Hospital Tower is the oldest part of the Wycombe hospital site and is of immediate concern given its poor condition and that it houses critical infrastructure to the running of the hospital. This paper seeks approval for an immediate start to a programme to decant the Wycombe Tower and redevelop the site to provide modern healthcare facilities over the next five-year period.

2 Problem

Wycombe Hospital has been developed over the last fifty years organically in four phases. Phases 1 to 3 buildings were built between the mid-1960s and the mid-1970s. Phase 4 of the site was built decades later through a PFI agreement. The Wycombe estate overall has nearly £100 million of 'backlog maintenance' on the site. Wycombe Tower houses an ICU; 3 operating theatres; an endoscopy suite; various administrative and training areas, helpdesk and telephony, and a cardiac ward.

The cardiac unit has some of the best clinical outcomes in the country, despite having to manage and mitigate significant risks with ventilation, poor lay out and failing flooring. These structural deficiencies have led to an unresolved improvement action from the Care Quality Commission. Modern fire regulations determine that no inpatient care can be provided above the second floor. Plant facilities in the Tower are also an issue with resilience of the utilities a concern if they break down.

We are continually assessing through surveys both the external and internal structures of the Tower. The tower's external structure has come to the end of its life and is currently protected by a scaffold encasing the building to make it safe. The internal structure is also being assessed continuously due to water ingress that is causing leaks, exterior cladding degradation, obsolete infrastructure, poor ventilation and internal noncompliance of the services in the building. The tower is costing the trust approximately £2M per year to maintain it to a safe standard (including scaffolding and repairs) and ensure that that clinical services can continue to be safely delivered from there whilst we seek alternative accommodation.

We need to start decanting services out of the Tower now as a recent survey indicated that the Tower will become clinically untenable in five years. If we take no action now, the building will cost so much to maintain and be so compromised that clinical services will not be able to be delivered safely from there. It will no longer be fit for clinical use.

3 Possibilities

A Wycombe site that is fit and appropriate for the 21st century is a core part of our strategy to serve the local community. We need to consider how best to address the immediate concern of the Wycombe Tower to ensure key services such as theatres, ICU, cardiac, stroke and maternity are delivered in facilities that the community deserve and expect.

As a first part of a strategic phased plan process, the programme business case was presented to the Board in July 2022 and identified different options for clinical use of the site. Further work with health planners has narrowed these options into a discrete set of principles

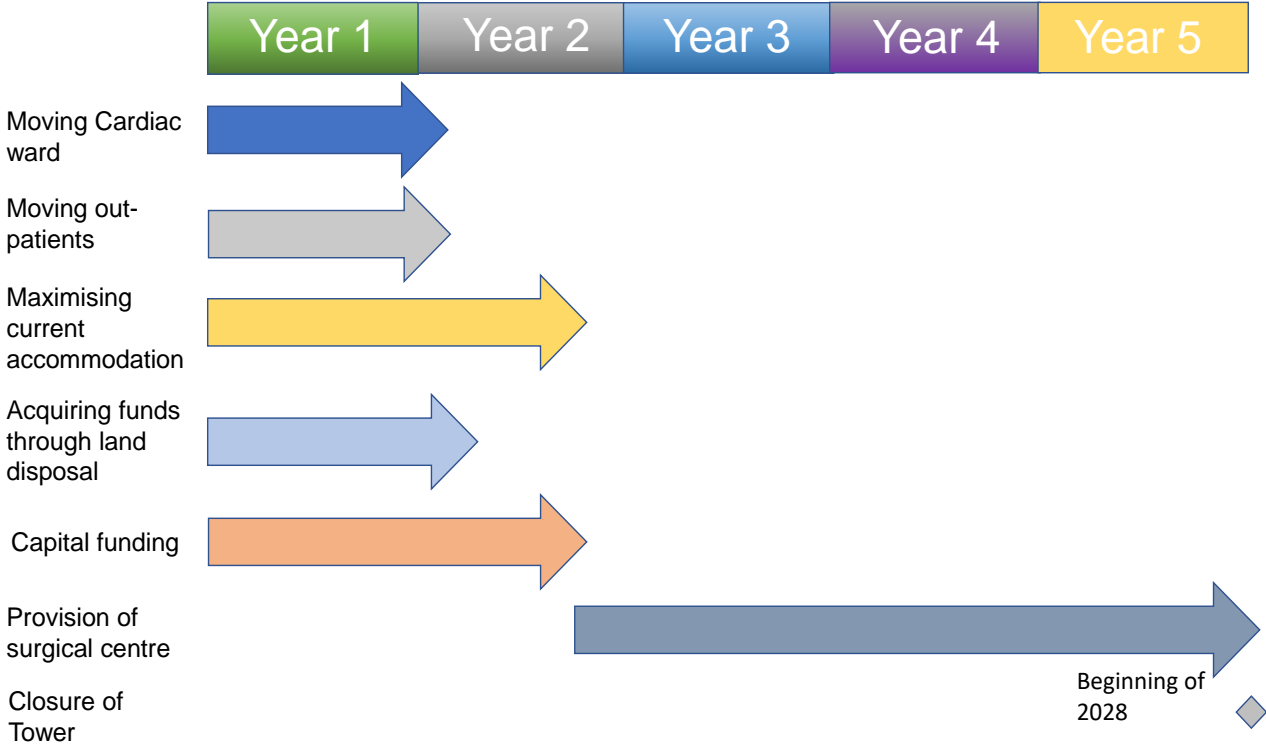
Overarching criteria that we will use for the decant of services are as follows:

- **Clinical need** – is the environment safe and accessible for patients?
- **Deliverability** – is the solution plausible, can it be delivered, is it best value for money?
- **Timescales** - can the alternative solution be developed in line with the timescales set for the decant?
- **Affordability** – given the limited funds available, is the proposal affordable?

It is clear that the highest priority service for a decant move from the Tower is the cardiac ward which is not CQC compliant and needs to be urgently re-housed. We also need to address significant concerns with the infrastructure of our theatres and will seek to apply for national funding for a new planned care centre. This will drive productivity, quality and efficiency towards meeting national targets for surgery.

We will seek to move some out-patients services to better quality environments on the Wycombe site and consider other models such as “health on the high street” where applicable to do so. We will endeavour to maximise the use of current buildings on the site so that it minimises expenditure and upheaval on the site. Any opportunities for disposal of excess land will be taken into consideration to invest in site development and new facilities.

Below is an indicative plan of the timescales and steps required to decant the Tower.



Though costs have not been completely scoped out yet, the next stage is to work up specific business cases for each element. Indicative costs for key elements of the decant are as follows

Moving Cardiac ward out of tower	£8M
Maximising current accommodation	£20M
Provision of Surgical Centre	£172M (under review)

The total programme cost will be in the region of £200 million.

4 Proposals, conclusions recommendations and next steps.

We recommend to the Board that we begin the programme of decanting the building now because over the next 5-year period, the building will be in such a compromised condition caused by deterioration of the internal structure that it may not be possible to keep it running through patching it alone and potentially will no longer be suitable for clinical use.

Whilst we have made an application to the New Hospital Programme, the associated decant plan will require more capital that is available through the Trust's annual allocations. As such, the full programme will need to be built in partnership with colleagues in the Integrated Care Board (ICB) and NHS England, South East.

5 Action required from the Board/Committee

The Board is requested to approve the decanting of the Wycombe Tower as a key priority for 2023/24, and delegate to the Finance and Performance Committee oversight of the detailed programme plan, including resourcing, in quarter 1.

