

Meeting: Trust Board Meeting in Public

Date: 24 September 2025

Approval Report

Agenda item	Endoscopy Investment Short Form Business Case
Board Lead	Charmaine Hope – Chief Estates and Facilities Officer
Author	Rupert Mills – Programme Manager, Capital Development
Appendices	Endoscopy Investment Short Form Business Case <i>All appendices available in the Reading Room</i>
Onward governance	n/a

Report overview

This paper seeks Trust Board approval of the £20m Endoscopy Investment Business and onward submission to NHSE in September 2025. The scheme is the first step in the Wycombe Hospital Development programme, critical to decanting the Phase 1 Tower Block and securing modern, fit-for-purpose facilities.

Members should note the key risks and interdependencies: the case relies on a wider programme of works (Shell & Core and Infrastructure business cases, due December 2025) and on final confirmation of workforce model, income assumptions, and VAT/CDEL treatment. Planning consent is targeted for December 2025 and programme slippage would risk funding.

Executive Management Committee discussed the case and noted the further ongoing work to seek to improve the revenue position. Site visits remain ongoing to understand alternative service models that may deliver efficiencies and improve the financials within the case.

Trust Board is asked to approve the business case for onward submission, note the interdependencies and outstanding assumptions, and endorse continued oversight through Programme Board governance to ensure benefits are delivered.

Previously considered	Wycombe Hospital Development (WHD) August Programme Board Executive Management Committee – 16 September 2025 Finance & Business Performance Committee – 23 September 2025
Decision	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Acknowledge the business case interdependencies and assumptions listed in 2a. Business Case Interdependencies and 2b. Assumptions. Acknowledge the options appraisal completed as part of the Endoscopy Investment Business Case and approve the preferred option. Approve delegated authority be given to the Executive Team to incorporate changes that may improve the financial case ahead of submission to NHSE at the end of September. Approve the business case for onward submission to NHSE.
Relevant strategic priority	

Outstanding Care Healthy Communities Great Place to Work Net Zero

Relevant breakthrough objective – 2025/26

<input type="checkbox"/> Reduction in emergency admissions	<input checked="" type="checkbox"/> Supporting people to live healthier lives	<input type="checkbox"/> Zero tolerance to bullying	<input type="checkbox"/> Governance / Statutory Requirement
<input checked="" type="checkbox"/> Reduction in elective waiting times			

Implications / Impact

Quality	Quality and safety are considered as part of the project planning and design development.
People (BHT colleagues)	The project will provide modern, fit for purpose facilities, contributing to increased colleague satisfaction and recruitment and retention and reduced sickness absence.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	<p>Principal Risk 7: Failure to provide adequate buildings and facilities</p> <p>The delivery of the capital programme will support a reduction in risk across the Trust through provision of modern, fit for purpose accommodation and eliminating critical infrastructure risk where possible.</p> <p>The project has a standalone risk register.</p>
Financial	<p>Capital cost of the project is £20m – phased £8m in 25/26 and £12m in 26/27 to align with national funding allocation.</p> <p>Revenue consequences are pending further work on assumptions noted in 2b.</p>
Compliance Select an item. Select CQC standard from list.	CQC, HSE Regulations, HTM and HBN Standards, JAG.
Partnership: consultation / communication	<p>Engagement with ICB and NHSE on capital allocation and project objectives, Council on planning, BHT colleagues on design.</p> <p>Further consultation and engagement with internal and external stakeholders is in progress as part of development of the Comms & Engagement Plan.</p>
Equality	Considered as part of the design development.
	Increased capacity will support access to services and health inequalities.
Equality Quality Impact Assessment [EQIA] completion required?	Yes – included in business case submission.

Executive Summary

This paper asks Trust Board to approve the Endoscopy Investment Business Case ahead of onward submission to NHSE in September 2025. It is the first step in the wider Wycombe Hospital Development (WHD) programme, critical to decanting the Phase 1 Tower Block and delivering a modern, fit-for-purpose clinical building.

Endoscopy capacity remains one of the Trust's most pressing constraints. Despite 7-day operation and >85% utilisation, BHT cannot consistently meet DM01 standards or cancer pathway targets. The current Wycombe unit is in poor estate with JAG accreditation deferred for ventilation, privacy, and flow reasons.

The proposed solution is a new six-room elective endoscopy unit, delivered as a modular build, adjacent to the PFI Phase 4 footprint. Two rooms will re-provide existing capacity and four will add net new capacity, delivering up to 36 additional lists each week. This will reduce reliance on outsourcing (c. £1.2m p.a. saving), improve patient experience and dignity, and support nurse-led services and training capacity.

This case is one part of a larger plan. Two further business cases — the Shell & Core Box and the Infrastructure Business Case — will be needed to deliver the wider clinical building. Both are planned for Trust Board in December 2025. A full-building planning application will be submitted on 19 September 2025, with determination targeted for December 2025.

Procurement is underway through the NHS SBS Modular Buildings Framework under a Pre-Construction Services Agreement (PSCA) with MTX Contracts Ltd. RIBA Stage 4 design will complete January 2026, with construction start Q1 2026 and practical completion April 2027.

Capital costs are £20.0m including VAT, with 15% contingency/optimism bias and phased spend of £8m/£12m across 2025/26–2026/27. Funding is via DHSC PDC. Workforce costs (~£690k p.a.) are expected to be offset by outsourcing savings and workforce redesign. VAT recovery is being validated and will be confirmed prior to the case being submitted to NHSE.

It should be noted that the Endoscopy case is being presented for approval in parallel to the two further cases being developed to meet the NHSE timeline for funding and should the other two cases not be approved, the Trust would need to look at alternative options or decline the national funding.

Private patient and out-of-county income modelling, recovery area staffing model, and reconciliation of endoscopy funding against the total Level 01 fit-out remain in development and will be finalised ahead of the December business cases. Approval now keeps us on track to meet programme milestones and secure national funding for the wider redevelopment.

Trust Board is asked to:

- Acknowledge the business case interdependencies and assumptions listed in **2a. Business Case Interdependencies** and **2b. Assumptions**.
- Acknowledge the options appraisal completed as part of the Endoscopy Investment Business Case and approve the preferred option.
- Approve delegated authority be given to the Executive Team to incorporate changes that may improve the financial case ahead of submission to NHSE at the end of September.
- Approve the business case for onward submission to NHSE.

Report

1. Purpose

The purpose of this paper is to summarise the key information associated with the Endoscopy Investment Business Case, in the wider context of a capital programme and strategic necessity to decant Phase 1 – Wycombe Tower.

2. Background

The following assumptions, clarifications and interdependencies have all been highlighted at the Wycombe Hospital Development (WHD) Programme Board.

It is anticipated that during the presentation of this case to Trust Board on 24/09, an agenda item will be reserved to in-depth discussion as to the implications of the business case interdependencies, and assumption within this paper.

a. Business Case Interdependencies

The new-build endoscopy unit is proposed to sit within a larger strategic development on the Wycombe Hospital site, focussed on enabling the decant of Phase 1 – Wycombe Tower. This would be delivered through three plus business cases.

The full development opportunity includes a five-storey clinical building (plus a plant floor) and infrastructure enhancements on the Wycombe Hospital site. Working within a pre-construction services agreement (PCSA) with MTX Contracts Ltd - a Stage 02 design ('test-fit') output has been delivered for the building, which demonstrates the viability of:

- Level 00 Cardiac & Stroke Receiving Unit with Cath Labs + Imaging (MRI + CT) Rooms
- Level 01 Endoscopy Unit
- Level 02 Theatres (six theatres + ancillary accommodation)
- Level 03 + 04 Wards
- Level 05 Plant + Building Services

Subsequently the design team have developed a planning pack for the full building which is due for submission to Buckinghamshire Council on Friday 19 September 2025.

As there is no funding identified for any areas other than a new Endoscopy unit, the project proposes to deliver Level 00, 02, 03 and 04 as Shell & Core, with fit out to follow. As future national funding opportunities arise, this can be fitted out per the test fit design, and with further clinical engagement.

EMC is thus asked to recommend the Endoscopy Unit business case to F&BP and Trust Board for approval and onward submission to NHSE - with the acknowledgement that there is a further commitment to delivering the two business cases associated with designing and construction a larger box (Shell & Core Box Business Case) and the necessary Wycombe Hospital Infrastructure enhancements (Infrastructure Business Case).

Both of these cases would be internal and are proposed to be submitted for approval at the December Trust Board. Should the other two cases not be approved, the Trust would need to look at alternative options or decline the national funding.

b. Assumptions

Further work remains ongoing to seek to improve the financial case, which includes the following:

- Opportunities for activity-based income from private patients within the unit;
- Opportunities for activity-based income from county border patients;
- The use and staffing models for Endoscopy Rooms at Stoke Mandeville (which are not directly part of this business case) will be considered to provide further departmental efficiency.
- A review of the proposed model for recovery areas and associated staffing requirements for the new Endoscopy Unit following further site visits – with a view to understanding alternative service models that may deliver efficiencies and improve the financials within the case.

Trust Board should also note:

- The £20m of endoscopy funding will not fully capture the costs of delivering the design, construction and fit-out of the Endoscopy Unit proposed as part of the business case. Commercial analysis – from the programme professional team – is underway to identify the extent of funding that will be required to be included in the internal business cases (Shell & Core + Infrastructure) in order to fully fund Endoscopy.
- The case is being submitted ahead of RIBA Stage 04 being completed, and this has been agreed as an acceptable position with NHSE, as the design will be completed a) ahead of receiving a memorandum (MOU) of understanding; and b) ahead of the submission to Trust Board in December.
- Once a completed RIBA Stage 04 and design derogation schedule are signed-off and submitted to NHSE, the funding – via an MOU – would be released.

It is anticipated that the above assumption will be addressed ahead of, and as part of, the business cases submitted to Trust Board in December 2025.

c. Strategic Case

Buckinghamshire Healthcare NHS Trust faces a sustained capacity gap in endoscopy services. Despite operating four rooms across Wycombe and Stoke Mandeville Hospitals on a seven-day basis and exceeding national utilisation benchmarks, the Trust does not consistently meet DM01 diagnostic standards or cancer pathway timelines. The current Wycombe facility operates in outdated estate with JAG accreditation deferred for estate-related reasons, including ventilation, privacy, and flow issues.

The proposed scheme delivers six new endoscopy rooms in a purpose-built, modular facility connected to the Phase 4 PFI estate. Two rooms will re-provide capacity from the Tower Block and four rooms will be net new capacity, enabling up to 36 additional lists per week. This investment aligns with the NHS Long Term Plan, BOB ICS diagnostic strategy, and Thames Valley Cancer Alliance priorities. It will improve patient experience, enhance privacy and dignity, strengthen workforce recruitment and retention, and secure JAG accreditation at a higher rating.

d. Economic Case

The business case assessed a range of options, from doing nothing through refurbishment and new-build solutions. The preferred modular build option demonstrates the strongest strategic fit and the best value for money, balancing capital cost, speed of delivery, and flexibility for future expansion. The modular approach enables accelerated procurement and construction, reducing time to benefit realisation.

Economically, the scheme avoids £1.2m per annum in outsourcing costs, increases productivity through better room utilisation and booking efficiency, and supports workforce development, including nurse-led services and training lists. The economic appraisal shows a positive Net Present Value over a >10-year period, with benefits sustained into the 2030s. The “do nothing” scenario would result in rising breaches of national standards, increased outsourcing costs, and reputational damage.

e. Commercial Case

Delivery will use the NHS SBS Modular Buildings Framework, allowing direct appointment of a contractor-led design team and enabling programme acceleration. A pre-construction services agreement is already in place, with design developed to RIBA Stage 3 and Stage 4 to conclude by January 2026.

The building will be fully compliant with HBN/HTM guidance, designed for a 60-year life, and is targeting BREEAM Excellent (currently tracking 75.3%). A Deed of Variation with the PFI operator is being progressed to enable connection into the Phase 4 estate, with early legal engagement indicating this is low-risk. This approach mirrors recent successful schemes across BOB ICS and offers both cost certainty and programme assurance.

f. Financial Case

Capital finance input has confirmed the £20.0m capital cost (incl. VAT), with optimism bias and a planning contingency applied in line with Green Book guidance. Cashflow is phased £8m/£12m across 2025/26 and 2026/27. VAT recovery assumptions are being validated with the Trust’s VAT adviser, and final confirmation will be provided prior to NHSE submission. The scheme is fully funded through DHSC PDC, subject to CDEL allocation confirmation. Workforce revenue costs are estimated at £690k p.a. and are expected to be offset by £1.2m annual outsourcing savings and workforce redesign benefits.

g. Management Case

The scheme is overseen by the Wycombe Hospital Development Programme Board, chaired by the Chief Estates & Facilities Officer, with representation from Finance, Operations, Clinical Leadership, and Programme Management. The Programme Execution Plan is in place with clear governance, reporting lines, and change control processes.

Planning submission is due 19 September. A Planning Performance Agreement is being implemented to ensure timely determination by December 2025. Staged design freezes are being applied to control scope creep and maintain cost certainty. Subject to planning and business case approvals, construction will commence in January 2026, with completion and commissioning of the endoscopy unit targeted for April 2027. Phased room commissioning through 2030/31 will match workforce availability and demand growth, ensuring sustainable utilisation of the facility.

3. Recommendation

In support of a strategic necessity to decant the Phase 1 – Wycombe Tower, the Board should consider the information included in this paper and the Business Case ahead of onward submission to NHSE in September to meet the funding timeline.

Through the capital projects reporting process, and the monthly Programme Board meetings, it is anticipated that there would be a rigorous and senior level scrutiny of the continued delivery of key benefits outlined in the business case.

4. Action required from the Board

The Board is asked to:

- Acknowledge the business case interdependencies and assumptions listed in **2a. Business Case Interdependencies** and **2b. Assumptions**.
- Acknowledge the options appraisal completed as part of the Endoscopy Investment Business Case and approve the preferred option.
- Approve delegated authority be given to the Executive Team to incorporate changes that may improve the financial case ahead of submission to NHSE at the end of September.
- Approve the business case for onward submission to NHSE.