

Board of Directors
31 January 2024

Title:	RAAC Eradication from Harrogate District Hospital (HDH) Block C, Therapy Services
Responsible Director:	Matt Graham, Director of Strategy
Author:	Matt Graham, Director of Strategy

Purpose of the report and summary of key issues:	<p>To seek Board approval of the Business Case to eradicate RAAC from Block C, Therapy Services, by demolition and rebuild of the Block with an estimated capital cost of £xxxxxxx including £xxxxxxx national RAAC capital funding.</p> <p>This will enable the Business Case to be submitted to NHS England for approval and allocation of capital funding.</p>	
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	X
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	X
	An environment that promotes wellbeing	X
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	CHS8 RAAC Roofing at HDH	
Report History:	Resources Committee, 31 Mar 24	
Recommendation:	The Board is recommended to approve this Business Case to eradicate RAAC from Block C, Therapy Services, by demolition and rebuild of the Block with an estimated capital cost of £xxxxxxx including £xxxxxxx national RAAC capital funding.	

RAAC Programme
Short Form Business Case Template
£5m - £15m Schemes / Fail-Safe Investment +£5m

SECTION 1: SCHEME OVERVIEW

SCHEME DETAILS

PROJECT DESCRIPTION	Region:	North East & Yorkshire
	STP / ICS Name:	Humber & North Yorkshire
	Lead Organisation for the Scheme:	Harrogate and District NHS FT (HDFT)
	Title of the Scheme:	RAAC Eradication from Harrogate District Hospital (HDH) Block C, Therapy Services
	One Line Description of the Scheme:	To eradicate 1266 RAAC panels by demolition HDH Block C, Therapy Services, and rebuild of a new block in its place.
	Specific Sites for Investment:	HDH
	Other Organisations Impacted by this Scheme:	None

BRIEF SCHEME OVERVIEW	<p>All clinical and administrative services provided from Block C, Therapy Services at HDH are being relocated to new locations in the community or on the HDH site as part of the 23/24 HDFT RAAC Programme of Works (PoW) approved by NHS England on 20 Dec 23.</p> <p>This scheme is to undertake the demolition of Block C and rebuild of a new 2 storey (plus provision for roof top plantrooms), 4000sqm block in its place. This will eradicate 1266 RAAC panels and also eradicate £ XXXXXX of non-RAAC related backlog maintenance which would otherwise be required to Block C (as identified by the 7 Facet survey undertaken in 2022). For demolition, the scheme includes:</p> <ul style="list-style-type: none"> • Project planning of the demolition • Planning application for demolition • Pre-demolition surveys (eg asbestos) • Retraction of all services (IT, electric, water) • Reprovision of a main server room for the HDH site which is located in Block C • Demolition of Block C and removal of all waste. <p>For the rebuild the scheme includes:</p> <ul style="list-style-type: none"> • Project planning of the design and build of the new block • Design of the shell of the new block, including essential services • Build of the new block up to the point it is ready for fit out as clinical space. <p>The cost of the scheme is £ XXXXXX, including £ XXXXXX of central funding.</p> <p>The fit out of the new block will be developed as a separate scheme, addressing wider site strategy requirements such as the development of the imaging department, and</p>
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	increasing elective capacity. These will be undertaken as separate projects using non-RAAC capital funding.
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LEAD ORGANISATION DETAILS

SENIOR RESPONSIBLE OFFICER (SRO) DETAILS	Title	Director of Strategy
	Name	Matt Graham
	Organisation	HDFT
	Office tel.	07780 702124
	Mobile tel.	07780 702124
	e-mail	matthew.graham3@nhs.net

APPENDICES CHECKLIST

APPENDIX	COMPLETED / ATTACHED (Y/N)
Appendix 1 – Schedule of Works	To be completed
Appendix 2 – OB Forms	Not Applicable (TBC)
Appendix 3 – Key Estates Information	Yes
Appendix 4 – VFM template	To be completed
Appendix 5 – Site Plan showing the location of Block C	Yes

SECTION 2: RAAC PROGRAMME SPECIFIC INFORMATION REQUESTS

<p>RAAC Buildings Eradicated</p> <p>Please provide the numbers of buildings from which RAAC is to be eradicated through the scheme</p>	<table border="1"> <thead> <tr> <th colspan="4">Number of Buildings from which RAAC Removed</th> </tr> <tr> <th>Building Name</th> <th>2024/25</th> <th>2025/26</th> <th>2026/27 onward</th> </tr> </thead> <tbody> <tr> <td>Block C</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Number of Buildings from which RAAC Removed				Building Name	2024/25	2025/26	2026/27 onward	Block C	1														
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<p>Number of RAAC planks impacted</p> <p>Please set out the number RAAC planks impacted by the scheme(s) of works.</p>	<p>1266 RAAC panels</p>																								
<p>Value of Backlog Maintenance eradicated</p> <p>Please provide the value of reduction of cost to eradicate backlog maintenance. Works costs only as per the ERIC definitions.</p>	<table border="1"> <thead> <tr> <th colspan="4">Backlog Maintenance Eradicated (£k)</th> </tr> <tr> <th>Current Rating</th> <th>2024/25</th> <th>2025/26</th> <th>2026/27 onward</th> </tr> </thead> <tbody> <tr> <td>High</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Significant</td> <td>922</td> <td></td> <td></td> </tr> <tr> <td>Medium</td> <td>544</td> <td>42</td> <td>176</td> </tr> <tr> <td>Low</td> <td>216</td> <td>63</td> <td>155</td> </tr> </tbody> </table> <p>Total xxxxxxx</p> <p>NB. The figures above relate to the value of backlog maintenance work currently required to HDH Block C as assessed by the most recent (2022) 7 Facet Survey. This figure excludes the cost of replacing the RAAC roof which was not assessed by the 7 Facet Survey.</p>	Backlog Maintenance Eradicated (£k)				Current Rating	2024/25	2025/26	2026/27 onward	High				Significant	922			Medium	544	42	176	Low	216	63	155
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<p>m2 Cost for Failsafe</p> <p>Please set out the costs per m2 of the failsafe systems associated with the scheme.</p>	<p>Not applicable – no failsafe systems included in this scheme.</p>																								
<p>RAAC Risk reduction profile</p> <p>Please set out the risk rating associated with the building as the scheme progresses.</p>	<table border="1"> <thead> <tr> <th colspan="6">Building RAAC Risk Rating</th> </tr> <tr> <th>Building Name</th> <th>Current Rating</th> <th>2023/24</th> <th>2024/25</th> <th>2025/26</th> <th>2026/27 onward</th> </tr> </thead> <tbody> <tr> <td>Block C</td> <td>High</td> <td>High</td> <td>Low</td> <td>Eradicated</td> <td>Eradicated</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>The 23/24 scheme to relocate all clinical services out of Block C will reduce the risk to Low by removing patients and staff from a RAAC roofed building. This 24/25 scheme will eradicate the RAAC and so eradicate the risk from 25/26 onwards.</p> <p>The other RAAC at HDH (energy centre, estates workshops and stores, two corridors, two plant rooms and two fire-escapes) is not affected by this scheme. A separate business case will be submitted for funding to address these areas.</p>	Building RAAC Risk Rating						Building Name	Current Rating	2023/24	2024/25	2025/26	2026/27 onward	Block C	High	High	Low	Eradicated	Eradicated						
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SECTION 3: PROJECT DELIVERY OVERVIEW

DELIVERABILITY ASSESSMENT

<p>DELIVERY AND TIMETABLE</p> <p>Please set out the anticipated commercial and procurement route, and provide a simple timeline with key milestones for the procurement and delivery of the scheme</p>	<p>The scheme will be delivered under the P23 framework and [REDACTED] has been appointed as Principal Supply Chain Partner.</p> <table border="1" data-bbox="580 412 1517 927"> <thead> <tr> <th>Task</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Pre-construction period starts</td> <td>Nov 23</td> </tr> <tr> <td>Demolition planning application</td> <td>Jan 24</td> </tr> <tr> <td>Demolition surveys</td> <td>Feb-Mar 24</td> </tr> <tr> <td>Mini-GMP for demolition</td> <td>Mar 24</td> </tr> <tr> <td>Rebuild planning application</td> <td>Mar-Jun 24</td> </tr> <tr> <td>Complete decant of services from Block C</td> <td>Apr 24</td> </tr> <tr> <td>Tender demolition contractors</td> <td>Mar-Apr 24</td> </tr> <tr> <td>Pre-demolition works</td> <td>Apr-Jun 24</td> </tr> <tr> <td>Demolition of Block C</td> <td>Jun-Sep 24</td> </tr> <tr> <td>Complete rebuild pre-construction period</td> <td>Jul 24</td> </tr> <tr> <td>GMP for rebuild</td> <td>Jul 24</td> </tr> <tr> <td>Mobilisation for rebuild</td> <td>Jul-Sep 24</td> </tr> <tr> <td>Rebuild of Block C Shell</td> <td>Sep 24- Aug 25</td> </tr> </tbody> </table>	Task	Date	Pre-construction period starts	Nov 23	Demolition planning application	Jan 24	Demolition surveys	Feb-Mar 24	Mini-GMP for demolition	Mar 24	Rebuild planning application	Mar-Jun 24	Complete decant of services from Block C	Apr 24	Tender demolition contractors	Mar-Apr 24	Pre-demolition works	Apr-Jun 24	Demolition of Block C	Jun-Sep 24	Complete rebuild pre-construction period	Jul 24	GMP for rebuild	Jul 24	Mobilisation for rebuild	Jul-Sep 24	Rebuild of Block C Shell	Sep 24- Aug 25
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<p>RISKS TO DELIVERY</p> <p>Please set out the potential risks to delivery and mitigating actions to address these.</p>	<ul style="list-style-type: none"> • Completion of service decant on time to enable demolition – plans for decant are already well developed and enabling works start imminently. There has been extensive clinical and operational engagement with teams about their future locations. • Access for HGV onto and off the site to remove debris from demolition and to deliver materials for the rebuild – mitigated by one way system and timing arrivals to avoid the busiest times for patients • Approval of planning for the rebuild – the new building is replacing an existing building and is between two taller buildings. Its design is planned so the highest areas are furthest away from the site boundaries. • Affordable GMP for rebuild cannot be agreed – current costs included allowances for risk through optimism bias and planning contingency. Risk is expected to be reduced through the pre-construction phase and value engineering will be undertaken to ensure an affordable and value for money build. 																												
<p>PLANNING ASSUMPTIONS</p> <p>Please set out the current planning position, and the steps that will be taken to ensure appropriate planning permission is in place.</p>	<p>Advice from our planning consultants [REDACTED] is that demolition will be possible under permitted development and we have applied to North Yorkshire Council for confirmation. This will be in place before demolition itself begins.</p> <p>Planning permission for the build of the new block will be sought, via our planning consultants, from North Yorkshire Council.</p>																												
<p>PROVIDER CAPACITY AND CAPABILITY</p> <p>Please provide a brief overview of the experience of the SRO and Exec Team accountable for the project.</p>	<p>SRO is an experienced NHS Executive Director with good experience of oversight of major projects.</p> <p>The project will be managed by the Trust's estates team (part of our wholly owned subsidiary Harrogate Integrated Facilities). The estates team is led by an experienced engineer and estates professional who previously worked for the subsidiary of QE Hospital Gateshead.</p>																												

	<p>The Trust team (including HIF) is supported by external consultants Turner and Townsend for project management, cost and value for money advice.</p> <p>Pre-construction is being delivered by a consortium of architects and consulting engineers led by XXXXXX under a XXXXXX contract.</p>
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SECTION 4: FINANCIAL OVERVIEW
 These Tables can be provided in Excel Form. If a proposal involves multiple Providers, these Tables will need to be completed for each individual Provider.

FUNDING SOURCES		
PLEASE SET OUT ALL FUNDING SOURCES FOR THE PROJECT	DHSC PDC £	XXXXXX
	Other (please specify) £	XXXXXX
	Total £	XXXXXX

Financial tables redacted

Notes:

1. There is no incremental revenue impact of this scheme since it replaces Block C with a new building shell. The incremental income and costs will be addressed in future business cases for the fit-out of the building.
2. There is no operating income associated with this business case because it is only to replace the current Block C with a new building shell. Separate business cases are being developed to fit out the building to provide new theatres, treatment rooms, day case ward and imaging department; these business cases will include income from patient care activities.
3. There are no employee operating expenses associate with this business case because it is to replace the current Block C with a new building shell. Separate business cases are being developed to fit out the building to provide new theatres, treatment rooms, day case ward and imaging department; these business cases will include employee expenses for the delivery of patient care activities.

STATEMENT OF COMPREHENSIVE NET INCOME – to be completed by Finance following Trust Board Whole Trust Position including the Investment over the Appraisal Period					
	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 – 2034/25 £'000	Total £'000
Operating income from patient care activities					
Other operating income					
(Employee expenses)					
(Operating expenses excluding employee expenses)					
Less Cash Releasing Benefits					
Operating surplus / (deficit)					
Finance Income					
(Finance Expense)					

(PDC Dividends Payable)					
Investment Revenue					
Other Gains / (Losses) (including disposal of assets)					
Gains / (Losses) on transfers by absorption					
Retained surplus / (deficit)					
Adjustments (including PPA, IFRIC 12 adjustment)					
Adjusted financial performance retained surplus / (deficit)					

SECTION 5: FIVE CASE MODEL PROJECT DETAIL

STRATEGIC CASE

<p>a) Please set out the strategic rationale and case for change.</p>	<p>Block C, Therapy Services, at Harrogate District Hospital (HDH) has an entirely RAAC roof consisting of 1266 panels, which is approximately 50% of all the panels on the HDH site. The aim of this business case is to eradicate this RAAC by the relocation of all services currently in Block C, followed by its demolition and rebuild. Having relocated the services, the rebuilt block unlocks a central area of the HDH site which will provide the opportunity to:</p> <ul style="list-style-type: none"> • Deliver a new imaging department to improve quality, patient experience and productivity of diagnostic services at HDFT. • Deliver new day case theatres, treatment rooms and ward to increase elective activity in order to reduce patient waiting times for elective care
<p>b) Please explain how this scheme will contribute to the delivery of the programme aims.</p>	<p>The aims of the national RAAC programme are to reduce the risk from RAAC in the NHS and ultimately to eradicate RAAC from the NHS estate. By eradicating the 1266 RAAC panels in HDH Block C, this scheme will reduce the amount of RAAC at HDH by 50%. It will eliminate the risk from RAAC in Block C which significantly reduces the risk from RAAC at HDH overall.</p>
<p>c) Provide confirmation of stakeholders e.g. support from clinicians, commissioners and STP / ICS accountable officers (formal letters of support to be appended to this business case template).</p>	<p>To be completed following Trust Board approval.</p>
<p>d) Please outline the investment objectives for the project.</p>	<p>To eradicate RAAC from HDH Block C (1266 panels, 50% of RAAC at HDH) and to reprovide space for subsequent strategic developments. The current priorities are improving imaging services and increase elective capacity.</p>
<p>e) Please confirm fit with estate strategy.</p>	<p>The proposed approach of demolition and rebuild fits with the Trust's estates strategy.</p> <p>Block C, Therapy Services, is centrally located in the HDH site with internal access from the main hospital street and external access from a perimeter road (see Appendix 5). Redevelopment of this location through this scheme unlocks this area of the site to enable significant improvements to quality, patient experience and productivity in imaging services and increased elective capacity.</p> <p>HDH is a landlocked site surrounded by roads, residential areas and the Harrogate "Stray" which is protected by its own act of Parliament and is managed by the Duchy of Lancaster. There is no scope to expand the site and it is already intensively developed with very little undeveloped space. Site utilisation stands at 100%, as outlined in ERIC and Model Hospital information. The ability to unlock a central area of the site through this scheme offers an exceptional opportunity to improve and expand our services. It also provides space for further opportunities to redevelop other areas of the site.</p>

ECONOMIC CASE	
a) Please submit a VFM template with this business case template.	See Appendix 4 – <i>to be completed following Trust Board approval</i>
b) Please provide an incremental VFM analysis that shows the VFM ratio (Net Present Social Value) for Business As Usual and the preferred option and provide an explanatory narrative on the VFM analysis.	<i>To be completed following Trust Board approval</i>
c) Provide a narrative on: <ul style="list-style-type: none"> - The options considered to achieve the scheme’s objectives, including business as usual. - The process through which the long-list of options was narrowed down to the preferred option. - The main costs, benefits and risks for the Business As Usual and preferred option. - The appraisal period for the scheme. 	<p>Options considered:</p> <ol style="list-style-type: none"> 1. Do Nothing. Due to the presence of RAAC in Block C, do nothing was discounted as an option. 2. Do Minimum – Failsafe Works. A do minimum option of implementing failsafe works to the whole of Block C was considered. Block C is an old part of the site with a sub-optimal layout for the delivery of clinical services and requiring significant backlog maintenance (xxxxxxx), not including the requirement to address the risk from RAAC. This does option does not address the sub-optimal layout, the backlog maintenance nor unlock a key area of the site for future development (see above on Estates Strategy and site plan in Appendix 5). The cost of option 2 is estimated to be £ xxxxxxxx, including £ xxxxxxxx for relocation of the services. While this is less than Options 3 and 4, it does not eradicate the RAAC and does not deliver any of the benefits of Option 4. 3. RAAC Eradication by full Roof Replacement on the Existing Building. This option retains the existing Block C with its current sub-optimal layout for the delivery of clinical services. It does not address backlog maintenance in Block C and does not unlock a key area of the HDH site for future development. To implement this option all services would need to be relocated out of the building for the duration of the works in the same way as for option 4. The cost of option 3 is estimated to be £ xxxxxxxx, including xxxxxxxx to relocate the services. While this is similar to the cost of demolition and rebuilding of a single storey 2000sqm block in Option 4, it does not deliver any of the clinical or operational benefits of Option 4 and does not address the xxxxxxxx of backlog maintenance. Therefore Option 3 was not our preferred option. 4. RAAC Eradication by Demolition and Rebuild. In this option Block C is demolished and rebuilt which eradicates the RAAC, eradicates xxxxxxxx of backlog maintenance and unlocks a key area of the site for redevelopment in future schemes. As for the other options, relocation of the services will cost xxxxxxxx. The cost of demolition and rebuild of the building shell is estimated at xxxxxxxx for a single storey 2000sqm or xxxxxxxx for two storey 4000sqm, so total costs of xxxxxxxx or xxxxxxxx respectively. The strategic benefits of this option, coupled with a very similar cost to Options 3 make it our preferred option. The trust would contribute its own capital, in addition to RAAC funding to deliver the second storey.

<p>d) Confirm inflation, VAT, depreciation, PDC are excluded from the economic analysis.</p>	<p>Yes</p> <p>Harrogate Integrated Facilities, the trust's wholly owned subsidiary, provides the trust with an operated healthcare facility. The VAT position of HIF is regularly reviewed by our advisors "Liaison Finacial" and has been confirmed by HIF's auditors.</p>
<p>COMMERCIAL CASE</p>	
<p>a) Please set out the commercial and procurement route, e.g. P22.</p>	<p>P23. Principal supply chain partner, [REDACTED] has been appointed.</p>
<p>b) Set out the basis of the negotiated position, including the final price for the works.</p>	<p>As part of the P23 process [REDACTED] has produced cost estimates for the demolition and rebuild of Block C. These have been reviewed by the Trust's project manager and cost advisors, Turner and Townsend, and are the basis of the capital funding requested in this business case.</p> <p>As the pre-construction period progresses these cost estimates will be refined and guaranteed maximum prices (GMP) agreed with [REDACTED] for the demolition and rebuild of Block C. The programme plan includes timescales and deadlines for negotiation and agreement of the GMPs.</p>
<p>c) Confirm status of any legal documentation or processes required for the scheme to be delivered in full and what (if anything) remains to be agreed.</p>	<p>Permitted development approval for demolition of Block C – already applied for in anticipation of buiness case approval because confirmation of planning approval is on the scheme's critical path.</p> <p>Planning permission for rebuild of Block C – our planning consultants are in informal discussion with North Yorkshire Council planners. The application for planning permission will be submitted in March 2024 with the expectation of a 15 week decision process leading to a decision in Jun 24.</p> <p>P23 GMPs to be agreed with [REDACTED] for demolition and rebuild of Block C – programme plan includes timescales and deadlines for negotiation and agreement.</p>
<p>d) We assume that Modern Methods of Construction (MMC) will be used for new builds. Please provide details of how MMC will be utilised.</p>	<p>An optioneering report has been produced by [REDACTED] considering a modular construction and a steel frame construction. Based on the following considerations a steel frame has been recommended:</p> <ul style="list-style-type: none"> • Size limitations of the modules makes it difficult to create spaces of the required sizes for optimum clinical spaces, flow through the facility and minimum clear ceiling height of 3m. • Modular construction reduces future flexibility for change of use and expansion. • Site restrictions make installation of modules complex and challenging • Modular approach is significantly more expensive than steel frame approach. <p>On the basis of the above, a steel frame construction has been chosen for the rebuild of Block C.</p>
<p>e) Confirm contribution to carbon reduction plan (if applicable).</p>	<p>The rebuilt Block C will contribute to the Trust's carbon reduction plans since it will be more energy efficient than the building it replaces.</p>

FINANCIAL CASE	
a) Please provide narrative to support the detail provided in Section 4 (above).	<p>The costs shown in section 4 are made up of:</p> <ul style="list-style-type: none"> • £ xxxxxxx of demolition costs. This includes xxxxxxx for removal of asbestos and relocation/disconnection of services (IT, electricity, water, gas) and xxxxxxx for the demolition • xxxxxxx to build the shell of a new, two storey, 4000sqm building. This includes costs for stair cores, lift and plant rooms. <p>The figures include:</p> <ul style="list-style-type: none"> • Optimism bias at 10% of the works, fees and non-works costs • Planning contingency at 2.5% of the works, fees, non-works costs and optimism bias • Inflation is included in the works and fees costs; inflation on the non-works costs, optimism bias and planning contingency is added at 5%
b) Please explain any incremental revenue consequences of the investment and how they can be mitigated.	There are no incremental revenue consequences of this scheme. Subsequent business cases for the fit-out of the floors as clinical space will address their incremental revenue consequences.
c) Are there any cash flow issues, such as fees, enabling works, that require early funding?	No. Funding for all fees and enabling works are included in this business case.
d) Confirm that the project can be managed within existing funding envelopes.	Yes
e) Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable.	There are no recurrent revenue costs of this scheme. Subsequent business cases for the fit-out of the floors as clinical space will demonstrate the affordability of their recurrent revenue costs.
f) Confirm the trust has assessed and is able to fund lifecycle costs to keep the facility at condition B.	Yes.
MANAGEMENT CASE	
a) Confirm the arrangements for the management and delivery of the scheme.	<p>The scheme will be managed and delivered by our P23 principal supply chain partner, xxxxxxx (the senior supplier) overseen by the estates and engineering teams in the Trust's wholly owned subsidiary, Harrogate Integrated Facilities (HIF) (project executive). The Trust's Planning Team will act as senior customer for the project to ensure that clinical and operational requirements are met.</p> <p>A project governance structure is in place to manage the project which feeds into the Trust's overall governance via the Environment Board which is chaired by the Director of Strategy, who is the Executive Director lead for the Trust's estates capital programme. The Environment Board is responsible for governance of the estates capital programme and feeds into the Trust's Senior Management Team and Resources Committee.</p>
b) Confirm the key risks to delivery and measures to mitigate and manage these risks.	See section 3 above

<p>c) Set out the benefits realisation strategy and how the Trust intend to monitor and report on benefits.</p>	<p>The main benefit of this scheme is the eradication of 50% of the RAAC on the HDH site which will be achieved by demolition and rebuild of Block C.</p> <p>An additional benefit is that the scheme unlocks a central area of the HDH site for further development through separate schemes to improve the quality, patient experience and productivity of imaging services and to increase elective capacity in order to reduce patient waiting times for planned care.</p>
<p>d) Set out the expectations for Post-Project Evaluation, and the expected timescales for the review of delivery.</p>	<p>The Trust has an established Post Project Evaluation process. PPEs are completed 12 months after completion of the project and, for major projects, reviewed by the Audit Committee.</p>

Appendix 1 – Schedule of Works (to be attached by Trust)

Appendix 2 – OB Forms (to be attached by Trust)

Appendix 3 – Key Estates Information

KEY ESTATE METRICS	
Total Area of Building m ²	4000
New build clinical GIA m ² and % of total GIA	3300 (82%)
New build non-clinical GIA m ² and % of total GIA	700 (8%)
Refurbishment clinical GIA m ² and % of total GIA	Not applicable
Refurbishment non-clinical GIA m ² and % of total GIA	Not applicable
No. of beds and type	Not applicable
PFI Estate Implications <ul style="list-style-type: none"> - Is the build on an existing PFI Estate? - Does the build interface with any PFI Estate? - Are there any other implications with the PFI Contract that need to be considered? 	No PFI implications
MMC (Modern Methods of Construction) Status. Percentage to be achieved and brief overview	None
Summary of any significant derogations and assurance (derogations template is available)	None
£ Reduction in BLM	xxxxxxx
Any temporary accommodation required – provide details	No – relocation of services within the existing Trust site or to permanent new locations
Is a land purchase required – provide details	No
Is this an owned or leased facility – provide details if leased	Owned
Stage of design development and trust approval (please attach design drawings)	RIBA 2 Demolition and rebuild of shell approved by Trust Board Drawings of new building shell to be provided
Estimated average lifecycle costs £/m ² over asset life	TBC