

**Board of Directors
Tuesday 25 October 2022
Refurbishment of Wensleydale Ward**

Agenda Item Number:	9.0
Presented for:	Discussion/ Approval
Report of:	Refurbishment of Wensleydale Ward
Author (s):	Managing Director
Report History:	None
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Links to HIF's Objectives

Deliver an efficient and effective service offering to Harrogate and District Foundation Trust	√
Create strong sustainable partnerships	√
Develop sustainable organisational systems	√
Develop and maintain a strong, efficient and agile workforce	√
Strengthen the local community through collaboration	

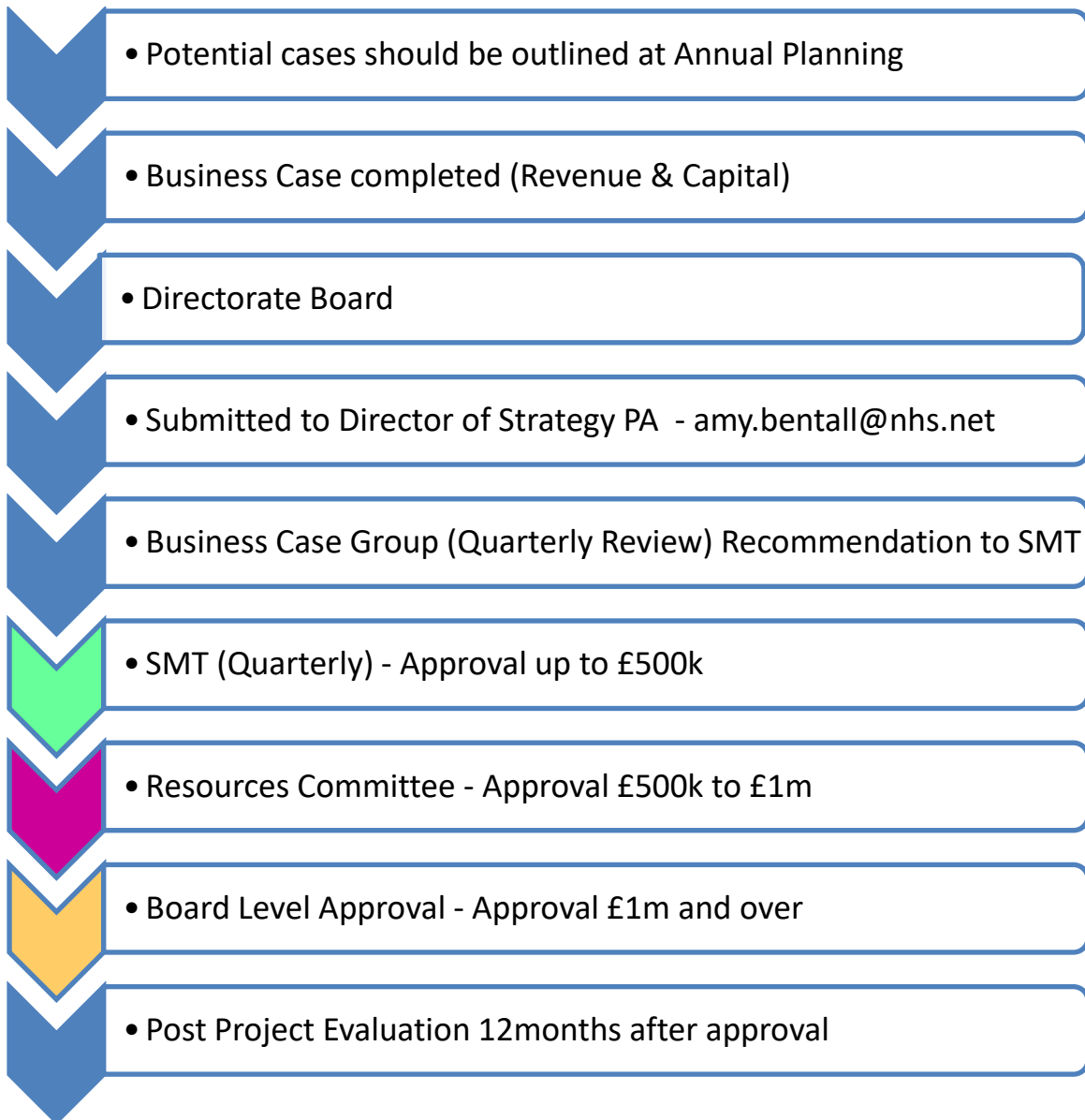
Recommendation:

The Board of Directors is asked to confirm agreement to the business case for the refurbishment of Wensleydale Ward

1.0 Background

- 1.1 The HDFT Board of Directors approved the attached business case to refurbish Wensleydale Ward at its meeting in September 2022.
- 1.2 The responsibility for the delivery of the project will transfer to HIF at tender stage and will be managed on site through to completion.
- 1.3 This case is therefore presented to the HIF Board of Directors for discussion and agreement.
- 1.4 The scheme is due to start on site in April 2023, with completion by the end of December.

Business Case Process



The Business Case Review group will ensure Business Cases are accurate, address the necessary issues and will make a recommendation to SMT

1. Proposed Scheme/Project	Implementation of new Bed Configuration/Upgrade of Wensleydale Ward
2. Date of Request	28 September 2022
3. Lead Director (sponsor)	Chief Operating Officer, HDFT
4. Directorate	Long Term and Unscheduled Care
5. Directorate Board Approval	24 March 2022
6. Scheme/Project Lead	XXXXXXXXXX

7. Summary (What is the case demonstrating?)

Executive Summary

This Business Case will consider the works required to upgrade Wensleydale to ensure the accommodation is fit for purpose to deliver high quality inpatient care. The refurbishment will support changes to the configuration of ward accommodation across the HDH site required in order to ensure the Trust is best placed to meet the evolving demands of patient care in future years as well as providing resilience to respond to any further escalations in Covid-19, and to protect against non-elective pressures.

Work is currently being undertaken to review the future staffing models to be implemented across the wards, a separate Business Case is currently being developed to detail these requirements, therefore this case relates only to the capital works required to upgrade Wensleydale Ward.

8. Proposal (Is the proposal needed? Future aims and objectives?)

Background Information

The outbreak of Covid-19 necessitated a number of changes to the provision of ward and departmental accommodation across the HDH site. The changes were undertaken rapidly in order to react to the acute situation created by the pandemic, but this has prompted further consideration of the bed model and ward configuration that the Trust should adopt going forwards. Discussions have been held across the Trust to agree a number of core principles relating to the future bed configuration, these are:

- Maintain a 10 bedded unit for private patient care in the future.
- Deliver 35 beds worth of care in the community through the ARCHs model.
- Rehabilitation unit remains on the HDH site in Rowan Ward.
- Development of acute respiratory care area alongside a coronary care unit
- Geographical grouping of acute care close to front of hospital.
- Aim to have an empty ward for at least 8 months of year

- Deliver a 'ring-fenced' elective orthopaedic area.
- Cluster elective care close to theatre complex where possible
- Assumed no growth on 2019/20 activity

As noted above, one of the key aims of the reconfiguration would be to locate acute care at the front of the hospital, this would necessitate the use of Farndale and Wensleydale Wards for this purpose.

Farndale Ward was fully refurbished to modern standards in 2010; however, Wensleydale (and Swaledale) Ward have only received minor cosmetic upgrade works over the past 40 years and would require significant works to ensure a suitable environment is provided to meet the proposed use.

Current Position

Prior to the Covid-19 outbreak, Wensleydale and Farndale wards were used to provide care for both elective and trauma Orthopaedic patients, with Swaledale Ward being used primarily for escalation.

In order to respond to the challenges of the Covid-19 pandemic, a number of changes were made to the ward configuration across the Trust. For the majority of the response to Covid-19, Wensleydale Ward was used as an Elderly/Medical care ward, whilst Farndale Ward has been a Medical Assessment ward as well as the Coronary Care Unit. Changing the specialties delivered from Wensleydale Ward served to highlight a number of the deficiencies associated with this accommodation which makes it completely unsuitable for delivering care to elderly medical patients. Some of the issues experienced on the ward were caused by the aging infrastructure, such as, the extremely high temperatures caused by the old heating system which has very limited local control, and the solar heat gain caused by the old single glazed windows. In addition, the layout of the ward offered poor visibility into patient bays and there were issues with a lack of security controls which increased the risk of patients absconding. In addition to the specific deficiencies outlined above the general condition of the ward is outdated, the bathroom facilities are not fit for purpose and there are areas of damaged flooring and poor decoration which need to be addressed.

Objectives and Criteria

The following objectives and criteria have been identified as being applicable for this project:

Objective

- Ensure that the chosen option provides the required facilities and bed capacity to meet the predicted future activity demands.

Criteria

Ensure that the chosen option provides the required number of inpatient beds across the HDH site, including on any ward where refurbishments are carried out.

Implement new guidance on ventilation (HTM-03 Specialist Ventilation for Healthcare Premises).

Ensure that the facilities can support the delivery of high quality inpatient care.

Objective

- Ensure that services are appropriately located and readily accessible.

Criteria

Acute medical services including ED, SDEC and acute medical wards to be grouped close together towards the front of the hospital.

The chosen option should allow for the provision of acute respiratory care area alongside a coronary care unit.

Objective

- Ensure that the chosen option is achievable.

Criteria

Consider the availability/and potential to recruit the clinical colleagues required to implement to the chosen option.

Ensure the minimum disruption to patients, visitors and staff whilst works are carried out.

Ensure that the chosen solution does not impact on the ability of the Trust to implement its future capital plans.

Ensure that the chosen option is affordable both from a capital and revenue perspective.

9. Options Appraisal (Range of options considered considering cost/benefits/risk)

Options Identification

A number of options have been considered for the future configuration of beds at Harrogate District Hospital post Covid-19.

Option1: Do Nothing - return to pre Covid-19 ward configuration with no works.

Option 2: Implement the proposed new ward configuration with no capital works.

Option 3: Implement the proposed new ward configuration with a minor upgrade of Wensleydale Ward.

Option 4: Implement the proposed new ward configuration with refurbishment works to Wensleydale Ward only.

Option 5: Implement the proposed new ward configuration including a refurbishment of Wensleydale and Swaledale Wards.

Options appraisal

Option 1: Do Nothing: return to pre Covid-19 ward configuration with no works.

Under this option no capital works would be undertaken and in patient specialities would return to the ward accommodation occupied prior to the pandemic.

This option would not allow for the co-location of the Acute Care service at HDH, or for the improvement in the ward accommodation at the Trust and therefore has not been shortlisted for further consideration.

Option 2: Implement the proposed new ward configuration model with no capital works undertaken.

This option would see the implementation of the new ward configuration with no refurbishment works carried out in either Wensleydale Ward or Swaledale Ward.

Both Wensleydale and Swaledale wards have only received minor cosmetic upgrades since their original construction, although still not ideal this was a largely manageable issue when the wards accommodated elective Orthopaedic patients. However, since the outbreak of the Covid-19 pandemic, Wensleydale Ward has been used as an Elderly Medical Ward. The use of the ward for this function has highlighted numerous issues that make the environment unsuitable for caring for Elderly medical patients for the long term. Some of the issues include overheating on the ward in the summer months which is linked to the outdated infrastructure including the windows and ventilation. In addition, there is limited/no visibility into bed bays and side rooms which impacts on the ability of the clinical team to observe and care for patients.

In addition, the layout and location of the ward creates an increased risk of patients absconding from the ward. The age and capacity of the existing door security system means that it is not possible to increase security on the existing wards.

Option 3: Implement the proposed new ward configuration with a minor upgrade of Wensleydale Ward.

This option would see a minor upgrade of Wensleydale Ward similar in scope to the recent works that have been undertaken on the Abbey Wing Wards. This work would primarily focus on an environmental upgrade of the wards covering works such as redecoration, new flooring, lighting and possibly minor refurbishment of specific rooms. The mechanical and electrical infrastructure and the layout of the ward would not be altered during this works.

Although this option would provide an improvement to the environment on the ward, it would not address a number of the issues that have been highlighted during the pandemic and the minor refurb would not support the provision of a Cardio-Respiratory ward, therefore this option is not recommended for further consideration.

Option 4: Implement the proposed new ward configuration model including a refurbishment of Wensleydale Ward.

Under this option, works would be undertaken to fully refurbish Wensleydale and all of the existing partition walls, fixtures and fittings would be stripped out and re-provided. It is proposed to extend the ward over one flat roof to provide some additional floor space to deliver the required facilities.

The works would provide a total of 26 beds which will include an 8 bedded High Observation Unit Cardio-Respiratory unit made up of two 3 bed bays and two side rooms. The other 18 beds will form a medical short stay unit. Other accommodation to be provided on the ward includes:

Ward Manager Office
Clinical Office
Staff Base
Clean Utility/Omniceil
General Store
Dirty Utility
Staff Room
Kitchen
Linen Room
Domestic Room
Ward Shower Rooms
Patient/Staff WC's

A significant amount of work has been undertaken to develop the feasibility layout for the refurbished ward and a good level of engagement has been achieved with clinical colleagues to develop a solution which should support the delivery of high quality inpatient care and encourage new ways of working. In order to provide the required facilities within a constrained space, it has been necessary to make some derogations away from the recommendations in the Health Building Note. However, these have been discussed with the Clinical teams and there is agreement from all parties that the proposed option meets the needs of the services.

As part of the design, allowances will be made to adopt the latest recommendations from HTM 03-01-Specialised Ventilation for Healthcare premises, with the provision of clean supply air from high level with low level extraction, to allow clinical colleagues working in the ward to remain in the clean air path.

A separate project will be taken forward to review the works required to carry out a minor refurbishment of the accommodation on Swaledale Ward.

Option 5: Implement the proposed new ward configuration model including a refurbishment of Wensleydale and Swaledale Wards with extensions over existing flat roofs.

Under this option a full refurbishment of both Wensleydale and Swaledale Wards will be undertaken. All of the existing fixtures, fittings and internal partitions walls will be stripped out to allow a complete refurbishment providing the following accommodation:

Wensleydale Ward would be refurbished to provide a dedicated Cardio-Respiratory Unit providing a total of 26 beds which will include eight High Observation Bay (HOB) Beds via a 6 bed bay and two side rooms. In order to provide the required bed numbers and associated support accommodation work will be undertaken to extend the ward across two flat roofs which adjoin the ward currently.

Swaledale Ward will be refurbished to create an Acute Frailty Unit providing a total of eight beds in two 4 bed bays. A separate Same Day Emergency Care (SDEC) consisting of four treatment spaces will also be provided.

Each Ward will have its own dedicated staff base, clinical office and storage. Shared accommodation including a clean and dirty utility and ward kitchen will be provided on the link corridor between the two wards.

An exercise was undertaken to provide a cost estimate for these works which showed it would not be possible to undertake these works within the available capital budget, therefore this option has not been shortlisted for further consideration.

Preferred Option

The preferred option is **Option 4: Implement the proposed new ward configuration model including a refurbishment of Wensleydale Ward.**

10. Viability (Potential Supplier? Value for money?)

It is currently proposed to procure the works to refurbish Wensleydale Ward as part of a larger package of works that also includes the creation of an Urgent Treatment Centre (UTC) within ED2. This is due to the fact that both these developments are located within the same area of the hospital, with Wensleydale Ward at first floor level directly above ED2.

The planned refurbishment works of Wensleydale Ward will cause disruption to ED2, this is because the redundant services to Wensleydale Ward, including pipework and drainage, are located in the ceiling void above ED2 and have to be accessed from below to be removed. These works would necessitate the temporary closure of ED2 and so the works to refurbish this space and create and create the UTC were planned to happen at the same time to minimise the overall disruption.

Work is also ongoing to build a large roof top plant room (linked to the SALIX Project – see below) above Wensleydale Ward which will accommodate the Mechanical and Electrical plant required to serve the new facilities on both Wensleydale Ward and UTC. The work to connect the services in both projects will require a high level of coordination and therefore it appropriate to have all this work under the management of one main contractor.

Work is still being undertaken to design and procure both projects in parallel although discussions are still on going with regards to the makeup of the Trusts Capital Investment Programme for 2023/24. It is possible to undertake the refurbishments of Wensleydale Ward and ED2 as separate Capital Projects but should it become necessary to delay the undertaking of the UTC project it should be noted that there would still be a requirement to close the ED2 space in order to undertake work to strip out Wensleydale Ward's redundant M&E services. The Trust's Design Team are currently working through the implications of this in order to provide an estimation of when and for how long it would be necessary to close ED2..

In terms of contractor procurement, it is currently proposed to use the YORBuild3 public sector procurement framework. The framework is fully compliant with OJEU and NHS procurement rules and all contractors on the framework have undertaken a thorough assessment process covering proficiency, price and quality. This framework has previously been successfully used by HDFT to undertake the construction of the new build Endoscopy Department. Following initial discussions with the YORbuild Framework manager, it is not envisaged that there will be a problem identifying suitable Building and M&E Service's contractors to undertake this work.

As with all construction projects being undertaken in the current climate, there are unknowns relating to the availability and cost of some materials, this will be monitored and managed as closely as possible during the project. The Trust will also appoint an independent Quantity Surveyor as part of the Design Team in order to provide independent financial analysis and confirm that tenders received from contractors represent value for money.

XXXXXXXXXX Carbon Reduction Project

HDFT was awarded over £XXXXXXXXXX in early 2021 to undertake a range of works across the site designed to assist with the decarbonisation of the site. A number of the packages of work in the XXXXXXXXXXXX project will have a direct impact on the refurbishment of Wensleydale Ward.

A new roof top plant is currently being constructed to house new Air Handling Units (AHU's) to serve the Day Surgery Unit. This solution has been pursued in order to avoid a long shut down of the DSU theatres, which would have been required if the existing AHU's were replaced in situ. The new Plant Room will also be used to house the equipment required to serve Wensleydale Ward and the UTC.

In addition to the Plant Rooms, work will also be undertaken as part of the XXXXXXXXXXXX project to replace all the existing single glazed windows on Wensleydale Ward. There are a number of options for how the window installation could be undertaken and this will be discussed with Imtech/Breathe imminently.

Impact on other services

The construction works on Wensleydale Ward, particularly the work to strip out existing Mechanical services will have a direct impact on Day Surgery Theatre 3. This is because the majority of existing services to Wensleydale Ward are fed from below the ward, some of which pass directly through the Day Surgery Unit. As the detailed design for Wensleydale Ward is progressed, the impact of the works will be clarified, allowing discussions to take place with Day Surgery and other adjacent clinical departments in order to mitigate the impact of the works.

11. Financial Analysis

A summary of the Capital costs associated with the preferred option are detailed below, the costs below are feasibility budget costs and will be under review as the detailed design for the project is developed. These costs are based on a start on site in Q1 2023:

Element	£
Works cost	XXXXXXXXXX
VAT#	XXXXXXXXXX
Fees	XXXXXXXXXX
Equipment	XXXXXXXXXX
Direct Contracts	XXXXXXXXXX
Contingency	XXXXXXXXXX
Total Scheme Cost	XXXXXXXXXX

Assuming the works will be procured by Harrogate Integrated Facilities.

Digital Exemplar

The Trust have identified Wensleydale as the Trusts Digital Exemplar Ward and have been successful in a bid for funding of £xxxxxxx in support of this. Wensleydale Ward will be the place where new and innovative digital technology will be piloted/trialled and depending on outcomes rolled out more widely across the Trust. It will be the Trusts demonstrator inpatient ward for digital technology and aligns fully with the digital strategy to provide a:

- Digitally enabled and empowered workforce
- Digitally connected and informed patients
- Future proof and secure digital infrastructure

This also supports the HCV ICS digital strategy and in particular supports the elective recovery programme by reducing the unnecessary time spent by clinical/nursing staff walking between physical areas to ascertain patient needs, thus returning time to patient care and supporting the reduction in length of stay.

The Trusts Digital Project Management Team have been successful in a bid for funding of £xxxxxxx to support the inclusion of digital technologies on Wensleydale Ward.

Capital

	Total £'000	Planned Profile of Change			
		2021/22 £'000	2022/23 £'000	2023/24 £'000	Later Years £'000
Expenditure	0		0	0	0

Capital Notes (including reference to the funding source):

Revenue

	Total Change				Planned Profile of Change			
	Current £'000	Revised £'000	Change		2021/22 £'000	2022/23 £'000	2023/24 £'000	Later Years £'000
			£'000	WTE				
(a) Non-recurring			0		0	0	0	0
(b) Recurring								
Income								
NHS Clinical Income			0					
Non-NHS Clinical Income			0					
Other Income			0					
Total Income	0	0	0		0	0	0	0
Expenditure								
Pay								
Consultant			0					
Nursing			0					
Other (please list):			0					
			0					
			0					
	0	0	0	0.00	0	0	0	0
Non-Pay								
			0					
			0					
Other (please list):			0					
			0					
			0					
	0	0	0		0	0	0	0
Total Operational Expenditure	0	0	0		0	0	0	0
Impact on EBITDA	0	0	0	0.00	0	0	0	0
Depreciation			0					
Rate of Return			0					
			0					
Overall impact on I&E	0	0	0	0.00	0	0	0	0
Less: Existing Provisions	n/a		0					
Net impact on I&E	0	0	0		0	0	0	0

Revenue Notes (including reference to the funding source):

12. Delivery (Is it achievable? Capacity to deliver the project? Robust systems and processes in place?)

Capital Solution

The delivery of the preferred option represents a complex capital project, particularly considering the other capital projects being undertaken around the same time, which could impact upon the Wensleydale Refurbishment.

The proposal is to procure the works via the YORbuild 3 public sector works framework using a two stage tender approach. This should allow a contractor to be brought on board during the design process which will allow their input in the deliverability of the design, and to allow any specific challenges to be raised and addressed at an earlier stage.

It is clear that the works could have a significant impact on clinical activity in neighbouring departments. The likely impact will be further clarified over the coming months as the design is developed. Ongoing communications with adjacent Clinical departments and the wider Trust as a whole will be crucial to ensuring the smooth running of the project.

Operational/Staffing

The staffing implications associated with the new ward will be detailed as part of the wider ward staffing model, following the completion of the ongoing acuity review.

Programme

The key programme dates associated with the works are detailed below:

Co-ordinated Detailed Design: June – October 2022

Pre Tender Estimate: October 2022

Two stage procurement process (Stage 1): September – November 2022

Two stage procurement process (Stage 2): November 2022 – March 2023

Mobilisation: March 2023

Start on Site: April 2023

Contract Period: 30 weeks

Completion: End of October 2023

Commissioning period: 4 weeks

Ward Operational : End of November 2023

13. Recommendation

The recommendation is to progress with the implementation of option 4: Implement the proposed new ward configuration model including a refurbishment of Wensleydale Ward.

Checklist

Colleagues are asked to ensure that consideration has been given to the following and is addressed in the business case.

Questions to be answered (If applicable)	✓
Is additional space required for the workforce, where is this and has it been agreed	Addressed as part of the design proposals
Are additional Electrical sockets/network points available?	This will be addressed through the refurb works
Is sufficient Wi-Fi available?	Yes
Is IT equipment required (eg phone/laptop/desktop)?	Yes, budget has been included in the equipment costs, meetings will be held with IT to agree the requirements
Data storage/server requirements identified.	Identified and will be addressed through the build
Is there adequate furniture available?	New equipment will be purchased as required
Are licences required for any of the IT software and costs identified?	Potentially yes, will be addressed with IT.
Are new uniforms required?	N/A
Delivery and installation requirements	Detailed programme to be developed
Interdependencies on other business cases	CT/ED2 Ward Staffing/acuity review Digital Exemplar Ward Bid
Impact on other services	During the works there will be noise, interruption to services, access required to adjacent departments
Energy implications (increase in electricity, gas, water consumption)	N/A
Maintenance requirements	Maintenance on any new equipment purchased will be picked up with Avensys
Any contract implications	N/A
Future replacements included on operating plans	
Infection Prevention and Control implications	Consultants will be held with IPC to approve the design proposals
Procurement regulations	Using compliant procurement framework
Radiation and non-ionising protection implications	N/A
Current asset number, location and net book value of equipment or building etc	

Contract variations need to be considered if the case impacts HIF

Should be minimal impact on HIF but this will be discussed in more detail