

7 December 2023



A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL

Purpose of report: To seek the committee's views on the criteria that Frimley Health NHS Foundation Trust will use to evaluate a shortlist of possible sites for a new hospital, and the committee's feedback on the Trust's approach to comprehensive engagement with patients, public, and staff.

Introduction:

1. We are delighted that we have been included in the government's New Hospital Programme, which will see us build a new state-of-the-art replacement for Frimley Park Hospital by 2030.
2. Frimley Park Hospital needs to be replaced because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65 per cent of the current hospital.
3. RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. As a result, considerable costly surveillance and maintenance works are required to ensure people's safety. By the end of 2024/25, we will have spent nearly £30 million on surveys and remedial works alone to keep our current site safe.
4. In addition to our rolling programme of inspection, repairs, and reinforcement we have also raised awareness among frontline staff to look out for signs of deterioration and report them immediately. We have tested contingency plans and shared learning with other RAAC affected organisations to reinforce safety for staff, patients and visitors.
5. The Department of Health and Social Care requires the NHS to stop using hospital buildings constructed from RAAC by 2035 but has set a deadline of 2030 for the seven most affected hospitals, which includes Frimley Park.
6. This is an incredibly challenging timescale and we are progressing a number of workstreams at significant pace, working closely with our NHS partners, local authorities, patients, communities and staff to ensure that a new hospital is ready for our patients, staff, and local communities by 2030.

A new site for the new hospital

7. Our current hospital has around 7,000 RAAC planks, including in some of our most key areas: our operating theatres, intensive care unit, wards, and corridors. These are constantly monitored and safety works undertaken to ensure that we maintain a safe environment.
8. Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option. However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services, as well as being more expensive. Most importantly, however, it would be impossible to complete a phased build by our deadline of 2030.
9. Due to the safety imperative to rebuild the hospital, we have developed a strategic outline business case and have evaluated the options and identified a 'preferred way forward' which is to have a new hospital on a new (yet to be identified) site that can deliver improved patient care and experience and meet the future health and care needs of the local and wider population.

Further challenges with our current site

10. Our current site is too small to deliver modern healthcare standards, and we cannot adequately cater for our growing and ageing population with our current buildings.
11. The current hospital is located in a dense residential area and constrained on all sides. This makes any future expansion of our buildings and services difficult to achieve. And, while significant investment has been made over the years, further investment is still required to ensure all our estate remains suitable for its purpose and in line with modern standards. For example, we have:
 - no separation for the flow of people through the building: the main hospital corridor is the only circulation route for patients, visitors, staff, and supplies
 - inpatient accommodation which is generally undersized compared to modern standards, with poor storage resulting in an overflow of equipment into corridors
 - some wards which are extremely large – caring for as many as 50 patients, without enough spacing between beds to meet modern infection prevention and control standards
 - our current provision of single rooms for patients is low, and they don't all have ensuite facilities
 - our outpatient accommodation is fragmented across the site, which can mean patients, visitors and staff having to walk further than necessary

- our planned surgery is not all carried out in one location within the hospital, which may impact how efficient the service is
- our planned care also shares limited resources – such as beds and operating theatres – with our emergency care, which increases the likelihood of people’s planned operations being postponed as a result of other demands

A new site will help us better meet the needs of our local communities

12. In addition to the issues with our infrastructure, our current site does not meet the modern standards in hospital design. Moreover, we cannot provide the standard of care for our communities that we want to.

13. We know that we can improve these areas through a new development:

- separating the flow of people through the building where possible: this will help patients and staff get where they need to be, as quickly and easily as possible
- operating unplanned emergency services and planned services on the same site, but separately, which helps us to maintain capacity for planned care
- significantly increasing the number of single rooms, which will meet modern hospital standards and improve privacy and dignity for our patients and take on board learnings from the COVID-19 pandemic around improved infection prevention and control
- reducing infection prevention and control risks caused by our current high number of bedded bays which don’t meet the modern requirements for bed spacing
- consolidating our outpatient areas to make the best use of the space available to us, which will also minimise the amount of unnecessary walking around the site for our patients and staff
- locating all our planned surgery in the same place, making our services more efficient
- making sure appropriate clinical services are located next to each other to support the sharing of expertise and streamlining joint working to provide the highest quality clinical care, for example making sure vascular, cardiology and stroke services are adjacent to each other
- ensuring our offices and other supporting accommodation are located in the most appropriate space to support our clinical services
- improving all our environments for our patients, their visitors, and our staff and volunteers
- improving our digital infrastructure, including providing services virtually for those patients who do not need to attend an appointment in person

- improving energy efficiency and sustainability through supporting the ambition to deliver ‘net zero carbon’ for the replacement hospital
- create efficiencies in procurement and construction through use of modern methods of construction

14. NHS capacity and demand modelling shows that the new hospital will need to have more beds and a footprint twice as large as the current hospital to accommodate more single rooms – developing a new hospital on a new site also allows for growth in the future, and would enable us to improve integrated working by potentially enabling some of our partners to join us on the site.

A challenging timetable

15. We are working to a challenging timeline to deliver a new hospital for 2030. While these dates may change, our current plan is:

February 2024	Propose our preferred site for the new hospital.
May 2024	Approval of our outline specification and model for the new hospital – this sets out how we will arrange our clinical services and support functions in the new building, and what they will each require.
November 2024	Completion of the final specification for the new hospital and model of care, which sets out how we will organise and deliver our services.
February 2025	Final approval of our plans to purchase the new site for the replacement for Frimley Park Hospital, including full local authority planning approval.
April 2025	Approval of our final design for the hospital, alongside final costs, timetable, and method of construction.
Summer 2025	Construction starts.
Spring 2029	Construction complete.
Summer 2029	New hospital building opens, after detailed commissioning and quality checks.

Conclusion

16. There is no practical alternative to seeking a new location for the new hospital. Compared to the option to rebuild on the current Frimley Park Hospital site, it is the only option which enables us to deliver a new hospital within the timescale required nationally, without causing significant disruption and disturbance or unmitigable safety risks to patients, and which allows us to unlock the considerable benefits, set out above, of a new replacement building, on a new site, with room to expand future services.
17. As a result, we are now actively looking at alternative locations for a replacement for Frimley Park Hospital.
18. One of our guiding principles is that we are keen for a new site to be located close to the current Frimley Park Hospital site.
19. We are committed to making sure that our patients, staff, volunteers, our local communities and other stakeholders will all have an opportunity to be involved in how we select possible sites for a new hospital.

Evaluating possible sites for the location of a new hospital

20. Over recent months, the Trust has been identifying potential sites for the location of a new hospital.
21. Through further research, scoping, due diligence, and by developing and applying some 'hurdle criteria', the Trust expects to be able to rule out sites which are not viable. Hurdle criteria are conditions which must be met for a site to be viable. The hurdle criteria we are considering include:
 - whether the site is large enough to accommodate the new hospital – we will need 130,000m² of space which is twice the size of our current premises
 - whether it is sufficiently close and easy to access, compared to the current Frimley Park site
 - whether it can be provided with the necessary power and utilities by 2030
 - whether it has a number of different tenants using it currently – potentially making the purchase too slow for our timescales
 - whether there are obvious planning difficulties or any ecological or environmental issues
 - whether the site is (or could be) accessible by public transport and road
 - the owner's willingness to sell, and the likelihood of them doing so in 2024/25
22. Having applied these criteria, we would then expect to have a number of viable sites for more detailed evaluation and welcome views from Surrey AHSC

(alongside other overview and scrutiny committees) on proportionate and appropriate engagement on the proposed criteria that we will use to assess the viable sites, to arrive at a preferred option for the location of the new hospital.

23. Our proposed approach is to:

- widely engage, within the time available, with staff, patients, stakeholders, and our local communities on development of the site evaluation criteria – and the engagement plan is attached as Appendix A for comment
- specifically engage the Surrey AHSC and other overview and scrutiny committees on the development of the evaluation criteria
- evaluate the site options using agreed evaluation criteria – with patient, staff and stakeholder representative involvement, including HOSC representation

The draft evaluation criteria we are seeking views on

24. We have developed the following example evaluation criteria that we are seeking people’s feedback on. We will also assess any relevant planning considerations, including the use of adjacent land, if it is on or near Green Belt land or Sites of Special Scientific Interest, potential planning restrictions, changing planning use, and whether the site is allocated in local plans. There are separate criteria regarding commercial and value for money considerations which we must take into account, so are excluded here (see also paragraphs 25 and 26).

We would welcome the committee’s views on the criteria below, for example:

- how appropriate the criteria are to shortlist potential sites
- whether any require further refinement
- if there are any criteria the committee think are not represented here:

Group	Evaluation criteria	Questions to test
Site location	Distance from current site	<ul style="list-style-type: none"> • How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now? • Is the staff travel required for this site option acceptable? • To what extent does this site have an impact on neighbouring hospitals, for example if patients travel to them instead?

Group	Evaluation criteria	Questions to test
	Access by car	<ul style="list-style-type: none"> To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely? To what extent does this site option offer alternative routes to and from it for blue light and emergency situations? To what extent does the site option's nearby road network mean that we can create sufficient parking spaces on the site?
	Distance from key highways	<ul style="list-style-type: none"> To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?
	Access by foot and cycle	<ul style="list-style-type: none"> To what extent does the site option have existing path and bicycle routes to and from key transport points and town centres? Is it a reasonable assumption that paths and routes could be added or adapted?
	Access by public transport	<ul style="list-style-type: none"> To what extent does this site option have existing bus routes? To what extent does the site option offer reasonable bus routes from train stations?
	Consideration of health inequalities and deprivation	<ul style="list-style-type: none"> To what extent is the site option in, adjacent to, or easily accessible from the more deprived areas of the hospital's catchment area? <p>This is to reflect that there is greater incidence of ill-health and poorer access to transport in more deprived areas</p> <ul style="list-style-type: none"> To what extent does the site option impact on health inequalities, those groups with certain protected characteristics (for example older people, or those with disabilities), or any other specific groups, for example carers.
Group	Criteria	Definition / detail
Planning and restrictions	Expansion potential	<ul style="list-style-type: none"> To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?
	Local noise and pollution	<ul style="list-style-type: none"> To what extent does the site option have sources of significant local noise and / or

Group	Evaluation criteria	Questions to test
		polluting industries or is it in an area known for high levels of noxious gases?
	Development height parameters	<ul style="list-style-type: none"> • What are the likely parameters for the site option development height? <p>Ideally for the new hospital, at least three-storey height must be achievable, with a preference for up to five storeys.</p>
Purchase	Availability of land	<ul style="list-style-type: none"> • To what extent are we sure that the site option land is available for sale?
	Appetite to sell	<ul style="list-style-type: none"> • How interested is the owner of the site option in selling?
	Readiness to sell	<ul style="list-style-type: none"> • How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?

Criteria assumed to be part of costs.

25. The site will be chosen on the basis of obtaining best value for money: the combination of cost and quality that will best meet all of the benefits we want to achieve from the project, including taking into account the outcomes from this period of engagement.
26. In order to facilitate this analysis, we will also undertake work to understand the cost likely to be incurred on each site to address issues such as the following:
- flooding – to include the cost of providing reasonable flood defences and management
 - (de)contamination – based on desktop knowledge of the site the likely cost of decontamination
 - utilities – based on discussions with network providers to understand the ability to provide the required level of electricity, gas, water and sewerage capacity (which we will need to estimate)
 - landscaping requirements and topography – based on desktop studies and potentially using 1:500 plans to ascertain the potential cost of building on or adapting the site
 - ecology, environment, and ‘biodiversity net gain’ – it is possible for a site to pass the ecology hurdle criteria set out in paragraph 21, but still hold potential costs in terms of ecology and any environmental challenges, such as complying with the Environment Act 2021 and biodiversity net gain (which

aims to make sure the habitat for wildlife is in a better state than it was before development)

27. Members are asked to note the criteria and provide any feedback to support us to make further refinements and clarifications.

Engaging with our local communities

28. We are committed to working with our patients, staff, volunteers, our local communities, Foundation Trust governors and other stakeholders throughout our work to deliver a new hospital and will be embarking on a significant communications and engagement programme to involve as many people as possible in all stages of the new hospital development.
29. Until January 2024, we will be asking people to help us refine these evaluation criteria. We will bring people together to discuss the case for change for a new hospital site and the criteria we are planning to use to evaluate potential sites we have shortlisted.
30. In so doing, we are aiming to ensure that we engage as comprehensively and fully as possible within the timescales that we must keep to.
31. In order to open the doors on a new hospital by the national deadline of 2030, we need to **identify our preferred site by February 2024**. The evaluation criteria will be formally considered and approved by Frimley Health NHS Foundation Trust Board.
32. The way we involve people will include:

Involving our patients, governors, staff, and communities

We will look to establish patient, public and staff reference groups for the life of the new hospital project. We are also setting up a communications and engagement 'steering group' – which will include patient representatives and others – to assist in developing and facilitating effective communications and providing valued guidance.

By providing us with expert advice and sharing their lived experiences of using and working in our health services, the groups will be invaluable in guiding the development of the replacement for Frimley Park Hospital throughout the programme, from now until the doors open on a new hospital.

We will also seek views and support from our Council of Governors, who will have opportunities to provide feedback on our plans for engagement and discuss any support they would like to be involved in our work, as well as feedback on the evaluation criteria.

We will also be engaging with our Foundation Trust membership to similarly provide feedback on the criteria.

Priority stakeholder site tours of the current Frimley Park Hospital site and engagement meetings

Opportunities to demonstrate to priority stakeholders the case for change and discuss the draft evaluation criteria will be created. Priority stakeholders might include, for example, HOSCs, MPs, Healthwatch, governors, staffside representatives, organisations delivering services on site, local authority planning departments, council leaders and chief executives.

Virtual and in person listening events

We will run virtual listening events where members of the public, those in patient and health-related voluntary organisations, and staff will be invited to find out more about the case for change and support the development and refinement of the criteria.

Community engagement

In addition to hosting events, we will actively engage community groups, including offering to attend existing groups and forums, provide relevant and accessible information for discussion and dissemination, and ensure opportunity to engage with the work is provided in key meetings and briefings.

We will also investigate information stands, with opportunities to discuss the project, in foyers across NHS sites and in community locations.

Online questionnaire

We also recognise that some of our patients travel from further afield to access specialist services which are commissioned nationally. At the same time, we provide community services to people locally who may not need to come to hospital for their care.

To ensure we hear from as many of our patients, communities, and staff as possible, we will also engage people online, such as through an online questionnaire on the criteria.

Working with our health overview and scrutiny committees

We will work with relevant upper tier and unitary authority overview and scrutiny committees to explain that staying on our current site is not an option to deliver a new hospital by 2030 and agree our process for selecting a new site for Frimley Park Hospital.

We will also agree with them the engagement we are planning with local people on the criteria we will use to evaluate a shortlist of potential sites, and seek the committees' feedback on our draft evaluation criteria.

Engaging with our overview and scrutiny committees

33. We recognise that any substantial variation to current health services requires consultation with local authorities. One of our guiding principles for this programme is that we remain close to the current Frimley Park Hospital site. We have identified a number of possible sites within a three-to-five-mile radius of the current hospital, which would minimise the impact of relocation on our patients, public, and staff. Given the challenging timescale, in order to meet the deadline of 2030 for safety reasons, we would welcome discussion as to whether the level of public and stakeholder engagement described in this paper to inform our site preferences is reasonable and proportionate.
34. We will keep the committee updated throughout the period of engagement until January 2024, and would welcome the opportunity to discuss the feedback, site evaluation process, and next steps in February 2024. We would also like to invite a Surrey AHSC or JHOSC scrutiny representative to be part of the site shortlisting process.
35. A full engagement plan can be found as Appendix A to this paper. Members are asked to support this approach to engagement on the evaluation criteria and for the committee to comment and provide feedback on our plans.
36. This is the first element of patient and public involvement in the development of a replacement hospital for Frimley Park Hospital, and we are committed to engaging with health overview and scrutiny colleagues and our local communities extensively throughout the life of the programme.

Conclusions:

37. FHFT, its Board, clinical advisors, and NHS partners, are unanimous that redeveloping the current hospital site is not a viable option for replacing the current building. As such, a new site must be found and extensive work is already underway to identify and carry out due diligence on potential sites.
38. The Trust is working to an incredibly challenging timescale to open the doors on a new hospital by the national deadline of 2030. This requires a preferred site to be identified by February 2024.
39. Potential sites are being identified and – by applying the 'hurdle criteria' set out in paragraph 21 – viable sites will be identified for more detailed evaluation.

40. The Trust is now seeking the advice of Surrey AHSC, alongside other relevant overview and scrutiny committees, to help refine and develop the evaluation criteria (paragraph 24) against which each shortlisted site will be judged.
41. We are also seeking feedback from the committee on our plans for engaging our patients, communities, staff, and volunteers on the new hospital site evaluation criteria, as appropriate and proportionate, taking into account the challenging timescales – and our plans for doing so are attached as Appendix A.
42. In recognition of our main catchment covering three local authority areas, if the formal duty to consult with local authorities applies, we understand it is for the local scrutiny committees to decide if they form a Joint Health Overview and Scrutiny Committee.
43. Recognising the need to move forward with our plans to identify a preferred site swiftly, we are engaging overview and scrutiny committees separately until this discussion and any agreement has taken place.

Recommendations:

44. Members are asked to
 - a) note the national deadline for eradicating RAAC from the most affected hospitals, including Frimley Park, by 2030
 - b) note that developing a replacement hospital on a new site is the only viable option to achieving this deadline
 - c) note the process and progress to date in working to identify viable site options to deliver a new hospital for local communities by 2030
 - d) provide feedback on the draft evaluation criteria for evaluating a shortlist of possible sites
 - e) provide feedback on our engagement plans
 - f) to agree that a Surrey AHSC or JHOSC scrutiny representative would like to be part of the site shortlisting process.

Next steps:

45. We continue to work at pace in establishing the necessary teams, governance, and workstreams for this significant programme. This includes ongoing recruitment into project teams, modelling demand, capacity, and resource, and continuing our search and due diligence for possible sites.

46. We will continue to engage and involve our patients, public, staff, volunteers, and stakeholders as set out in this paper over the coming months.
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Sources/background papers

Appendix A – *Communication and engagement plan for developing site evaluation criteria*

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