SUPPORTING INFORMATION

Attached

- Existing Sites Potential
- Options appraisal for endoscopy, daycase x-ray and ultrasound
- Outpatients at Hinckley Health Centre
- Project Board membership

Existing sites potential, issues and restrictions

Hinckley and District Hospital (Mount Road)

The hospital was built in 1899 and provides day case surgery, endoscopies, x-ray and ultrasound. Services on this site are provided by the Alliance partnership. The day case unit uses two wards with a total bed capacity of 16; there are no overnight stays at the hospital.

The cottage hospital at Mount Road currently presents a number of issues due to its design, utilisation and maintenance needs. The site is owned by NHS Property Services. The existing lease runs until 2021.

Design
The design of the building creates significant issues both in terms of working environment and patient experience. Whilst health and safety standards are being met, the building does not allow for modern healthcare standards and staff are required to create 'work- arounds' which are not required in community hospitals elsewhere in West Leicestershire.

The CCG commissioned Design Buro to undertake a clinical audit of the hospital against standards for new health buildings. In total, 181 checks were carried out. The building was complaint on 44 measures, 31 measures had an amber warning and 106 measures were non- compliant. In all cases of non-compliance, staff work within additional protocols and procedures to minimise risk to patients. It should be noted that NHS Property Services has approved the building for meeting health and safety standards. However, the clinical audit highlights the clinical risk created by the design of the building and the responsibility put on staff to use bespoke operational procedures to minimise this risk.

The main issues highlighted in the report are:
Missing rooms/areas The following rooms are not provided:

- Pre-assessment area
- Admission suites with en-suite changing rooms
- Stage one recovery area for endoscopy
- Sub-wait area
- Discharge lounge
- Designated and dedicated contamination area for endoscopy
- Separate dirty, clean and storage areas for endoscopy
- Separate entry and exit points for endoscopy
- Other rooms as noted in the report for best practice (eg. reporting room, exit bays).

Insufficiently sized The following rooms are insufficiently sized:

- Anaesthetic room (16m2 rather than 19m2)
- Theatre size (35m2 rather than 55m2)

- Endoscopy room (20m2 rather than 30m2)
- Dirty utility room (7.5m2 rather than 12m2)
- First stage recovery area (PACU) (8.5m2 rather than 13.5m2) – only one bay
- Corridors insufficient width for two wheelchairs
- Doors insufficient width for trolley (easy passage)

Interrupted patient flow 'Patients privacy and dignity is compromised and the opportunity for cross-contamination is significantly increased.'

- Inadequate gender separation and separation of pre and post procedure patient increases risk of cross infection
- Shared sanitary accommodation and position in unit creates numerous conflicts for patients dignity and privacy
- Numerous conflicts in patient pathway compromises patient dignity and privacy. Shared patient routes during treatment pathway increases patient anxiety and possibility of cross infection.
- Access to Day Surgery Unit remote from reception.

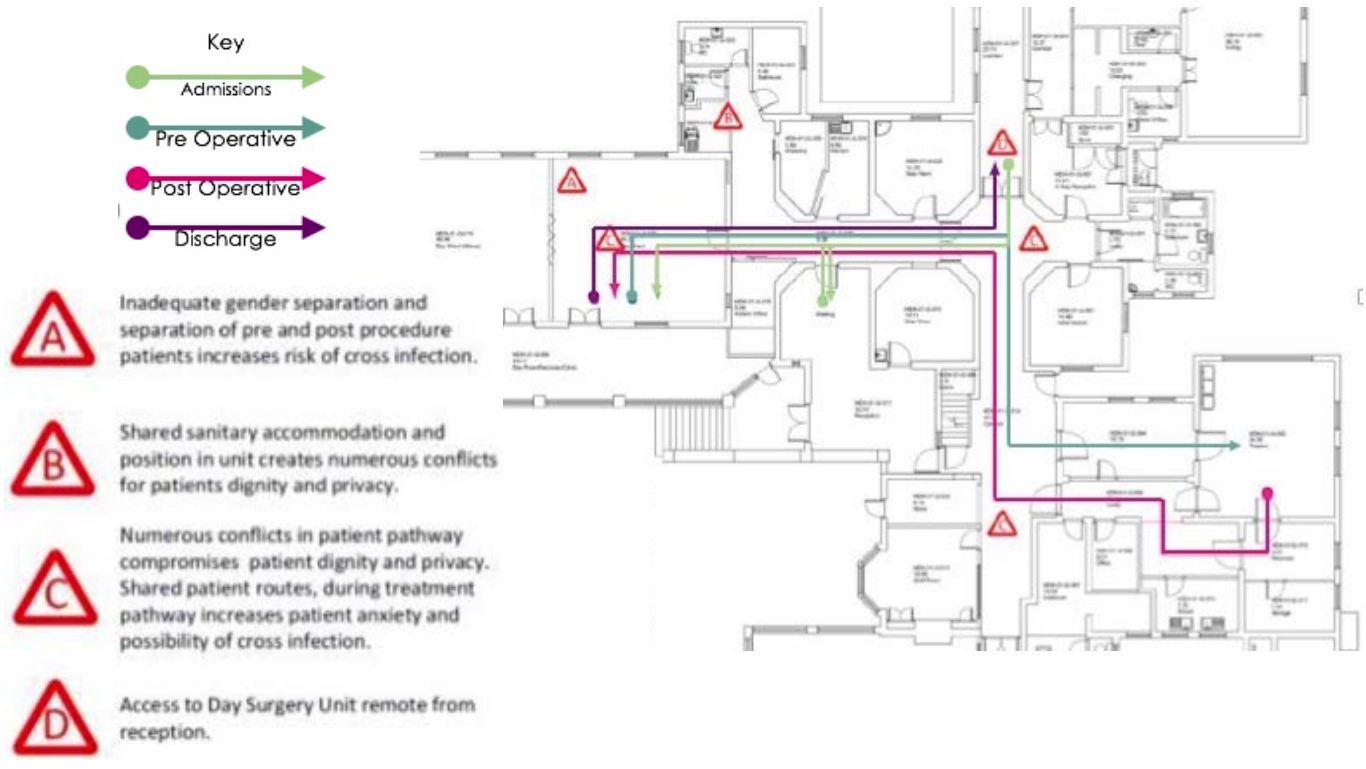
Clean and waste routes

- Theatre staff changing and staff facilities remote from theatre suite
- Patient access shared with waste route from theatres
- Clean theatre supplies shared with waste route from theatre

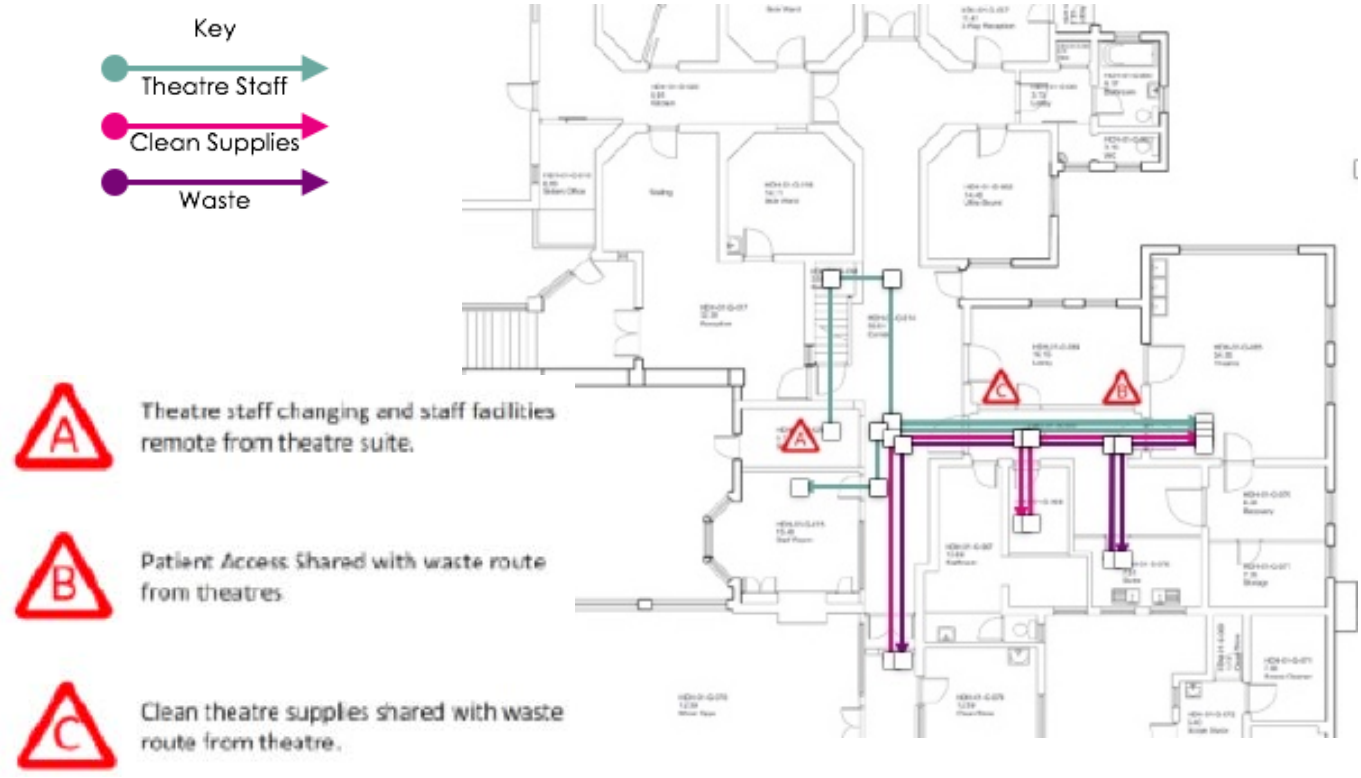
Other

- Security – eg. automated doors, CCTV from reception
- Bottled gases
- Hand washing basins – situated and to modern specification

The issues relating to patient experience are shown here, notably inadequate gender separation, shared sanitary accommodation and numerous conflicts in patient pathway compromising patient dignity and privacy.



This figure shows the conflict of clean and waste routes together with staff and patient pathways through the building.



Clinical risk. The Alliance has also carried out a risk assessment for infection control on the premises (see Appendix 2). It highlighted significant issues including:

- The sluice does not have a hand wash sink in the theatre, the nearest hand wash sink is in theatre recovery and staff are signposted to this area.
- In the day case ward, there is insufficient space within the sluice area to accommodate a commode so this is stored in the toilet next to the sluice. There is
- not a hand wash sink in the sluice area; this is located opposite the sluice in the corridor next to the store room.
- The balcony on the day case ward is mouldy at one end where there is poor
- drainage from the flat roof above. This has had remedial works several times but has not solved the problem.

- The Hinckley endoscopy unit is not suitable for JAG accreditation and it would be extremely unlikely that it could be made suitable for accreditation because of the
- current physical space that the unit occupies. The unit is unable to have a flow that
- physically separates the dirty and clean scopes within the decontamination areas.
- The scopes are unable to be cleaned using an underwater technique for the manual clean; this is due to a fixed height sink. To mitigate the manual handling risks to the
- staff, the scopes are placed in trays for cleaning this does not fully allow for underwater cleaning. This is a risk to staff health from the aerosols that are
- produced in the cleaning process and continues to pose a manual handling risk.
- There have been issues with the water quality at Hinckley, there are currently negotiations taking place to install a reverse osmosis unit (RO). This cannot be done
- as the estate currently stands. An additional room is required to house the RO unit
- and building works to link the new RO room and the decontamination AER room.
- There is currently no hand wash sink within the AER the nearest sink is on the wall between the manual cleaning room and the AER room.
- The ultrasound room does not have ventilation apart from the windows. The room in summer is very difficult to work in and becomes dusty due to having the windows
- open.

In addition to issues raised above, the CCG are also aware that:

- Wheelchair access to X-ray is via an outside route
- The void beneath the floor in the ward creates a fire risk
- No piped gases to the hospital creates difficutlies in recruitment of anaesthetists
- (modern training uses piped gases rather than bottled gases)
- Asbestos has been identified in the basement; the risk is known and managed.
- Car parking is currently free on Mount Road but there have been complaints that this is often full and used by shoppers rather than patients.

Utilisation. Much of the existing premises has been mothballed and is either used for storage of office space rather than clinical use. This is an inefficient use of space.

Maintenance. Maintenance costs for the building to maintain physical condition, meet statutory compliance and required environmental management are estimated at £1.024m. This excludes alterations to the buildings to address all the issues identified above.

Risk assessment. A risk assessment has been carried out. The risk for being unable to utilise Hinckley and District Hospital for clinical care is considered high. The risk assessment has taken into account the following factors:

a) Significant issues have been identified as part of the clinical audit and infection control report (above)
b) There is an over-reliance on staff operating protocols and procedures in managing clinical risk - the clinical risk will increase with staff turnover
c) The current design does not meet standards for Health Building Notes (HBN), Joint Advisory Group (JAG) accreditation and disability access is below modern expectations
d) X-ray equipment is coming to the end of its serviceable life (estimated end March 2018)
e) It is estimated that there will not be enough anaesthetists willing to use bottled gas to continue to provide day case surgery that requires general anaesthetic by March 2018
f) The backlog maintenance costs of £1.024m to meet statutory compliance do not address the fundamental issues of design that are the cause of high clinical risk (ie. conflict in clean and waste routes)
g) The cost of further development of the building is prohibitive
h) The basement is currently not used due to asbestos
i) The current lease runs until 2021

It is anticipated that by March 2018, the risk of continuing to provide day case surgery and endoscopy activity at Hinckley and District Hospital will be too high and as a result services will be withdrawn from the building. In the meantime, LLR Alliance will continue to operate to staffing procedures to ensure the safety of patients in Hinckley & District Hospital and infection control will be closely monitored. LLR Alliance and the CCG should be prepared to withdraw services should the risk increase significantly prior to March 2018.

Hinckley Health Centre (Hill Street)

The centre was opened in 1978. It is connected to the Hinckley and District Hospital currently and presents a number of issues due to its utilisation and configuration.
The site is owned by NHS Property Services. Tenants include the LLR Alliance (outpatients), Leicestershire Partnership Trust (NHS community services), the Centre Surgery, and Derbyshire Community Health Foundation Trust (specialist dentistry).

The design and infrastructure of the centre is considered good and allows for flexible use and adaptation.

However, the risk assessment for infection control has identified that:

- There are many carpeted areas in the department, in clinical rooms; waiting areas and corridors these are all stained.
- There is no dedicated dirty utility within the outpatient department. This is an area within the treatment room.

Utilisation

Utilisation of building varies dependent on timetable for clinics. The existing gaps in the timetable indicate that the building is not utilised to its capacity.

A further study of utilisation has been carried out (*section 9 of Review report*) showing that utilisation could be considerably increased through a reconfiguration of the current layout, with clinical rooms being increased from 37 rooms to 48 rooms.

Configuration

Currently the health centre is host to a range of services and providers. This has led to an ad hoc configuration of services with four different reception areas and confused patient flow around the building. Our study has shown that there is room for improving the current configuration of service delivery. Further to this, there are two portacabins hosting physiotherapy and occupational therapy services next to health centre.

Maintenance. Maintenance costs for the building to maintain physical condition, meet statutory compliance and required environmental management are estimated at £0.266m. This excludes alterations to the buildings to address all the issues identified above.

Hinckley and Bosworth Community Hospital (Ashby Road)

The hospital consists of two wings with a total of 42 beds. It was opened in 2004 and delivers general rehabilitation care through physiotherapy and reablement, as well as palliative and end of life care. It also currently hosts the out of hours GP support. It is on the edge of town and provides opportunity for expansion. The site is owned by Leicestershire Partnership Trust. It is also known locally as 'Sunnyside'.

Equipment

It is important that premises for the delivery of healthcare accommodate the equipment required for modern treatment. X-ray equipment (currently located at Hinckley and District Hospital) at the end of its serviceable life. When new equipment is required (estimated within two years) it will need to be installed in suitable premises. Therefore, this is an appropriate time to identify new premises for x-ray equipment. X-ray must remain next to outpatient services in order to achieve maximum use of the resource and clinical adjacency. Other equipment is portable. The capital asset register provides a list of equipment currently used at Hinckley & District Hospital.

Whilst equipment was previously purchased by primary care trusts, increasingly the responsibility falls on providers to ensure that equipment is purchased and is appropriate for clinical use.
In addition to this, the CCG wishes to see the increased use of near patient testing facilities (eg. blood tests) to ensure that services are local and responsive.

Constraints

Capital cost. Options will need to fit within the level of capital funding available. Capital funding is not held by the CCG for this work but will be part of a bidding process to NHS England (if led by the CCG) or the Trust Development Authority (if led by Leicestershire Partnership Trust).
Pragmatism. The existing buildings on both sites at Hinckley may not be able to deliver the ideal adjacencies as prescribed and compromise may be required
Revenue cost. Costs must fit within the envelope of the commissioners medium term and long term financial plan and fit with commissioning intentions.
Space. There must be identifiable and adequate space on site.
Practical issues. The number of different tenants within Hinckley Health Centre provides a range of different requirements and different business plans for the future.
Change. Staff and patients may need time to adjust to new locations of services.

Options appraisal for endoscopy, daycase x-ray and ultrasound

Endoscopy and Daycase

Benefits Criteria

The benefits criteria is set out below. These were developed by the CCG Board, the Hinckley & Bosworth Voice of the Community Group and the Hinckley Hospitals Project Board.

Four domains were used defining benefits as shown below. These were mapped to the six domains of quality health care identified by the Institute of Medicine (shown in brackets). The full definition of each criteria is set out in Appendix 1. The weightings for each domain are listed in the right column.

CRITERIA	WEIGHTING %
Clinical quality and clinical adjacencies (Safe & Timely)	30%
Quality of patient environment (Patient-centred & Equitable)	25%
Efficiency and service effectiveness (Efficient & Effective)	30%
Flexibility and risk management (Efficient)	15%

Options

Following the previous 'Case for Change' report and subsequent feedback, the options below were identified as possible options for consideration, based on two locations. To avoid confusion, Hinckley & Bosworth Community Hospital is referred to as 'Sunnyside' and the site of Hinckley & District Hospital and the adjacent Hinckley Health Centre is referred to as 'Mount Road'. A stand-alone option at Mount Road includes two options due to two possible locations for a stand-alone unit on that site.

Option description	Sunnyside	Mount Road
Combined endoscopy and day case theatre room (GA) (Stand alone)	✓ (Option 1a)	✓ (Option 2a) (Option 2b)
Combined endoscopy and day case procedure room (GA) (convert & new build)	✓ (Option 1b)	✓ (Option 2c)
Combined endoscopy and day case procedure room (GA) (convert)	✓ (Option 1c)	✓
Combined endoscopy and day case clean room (no GA) (Stand alone)	✓	✓

Feasibility

Working with estates leads from NHS Property Services and Leicestershire Partnership Trust, as well as Design Buro, the feasibility of the different options was considered on each site.

As a result the option to convert existing space within Hinckley Health Centre (Mount Road) to a day case suite was discounted, due to existing utilisation, the proposed move of x-ray facilities into the Health Centre and plans for increasing outpatient activity.

At Sunnyside, it was concluded that it was not feasible to convert existing space within Hinckley & Bosworth Community Hospital, either part conversion or full conversion into to a combined endoscopy and day case suite due to existing utilisation and plans for two 21 bed wards. Please note that further discussions are taking place with Leicestershire Partnership Trust regarding plans for two 21 bed wards (should these plans be changed, then options 1b and 1c are feasible).

Cost

Capital costs for all feasible options were estimated, ranging from £4.070m to £6.272m. A financial appraisal was then completed against each option to assess viability (based on capital outlay) and affordability (based on profitability for a provider – ensuring that services are sustainable).

As a result the options for stand-alone units at Mount Road were discounted as the capital outlay was above £6m. In addition, options for units without piped gas to the buildings (required for procedures using general anaesthetic) were also discounted as not being affordable for ongoing provision (due to estimated 20% less activity). The inclusion of piped gas is also considered as a way of future proofing for any further 'left shift' in day case activity to Hinckley.

Remaining options

The remaining options are shown in the table below. Two options were considered feasible, affordable and viable:

- Sunnyside: Combined stand alone endoscopy and day case theatre room with piped gas (Option 1a)
- Mount Road: Combined endoscopy and day case theatre room (part new build, part conversion) with piped gas (Option 2c)

At a CCG Board Development Session on 19 July it was requested that the project board also consider the options considered not feasible due to plans for two 21 bed wards at Sunnyside (Options 1b and 1c) following further discussion regarding this model. It was also requested that the options that were narrowly financially unviable (Options 2a and 2b) were included in the options appraisal. It was also asked that the 'do nothing' option was reappraised.

Option description	Sunnyside
Combined endoscopy and day case procedure room (GA) (convert)	✗* £4.070m (Option 1c)

A brief summary of each option is provided below. Further information on each option, including the full list of advantages and disadvantages against each criteria, is included at Appendix 1.

Option 0 – Do nothing

The 'do nothing' option assumes that due to the condition of the estate, in the long term all clinical activity would cease at Hinckley & District Hospital. A risk assessment has shown that clinical risk will increase year on year. Changes required to the estate are so significant that new build is recommended (see section 4.1). Activity would be repatriated to other providers (eg. GEH, UHL, UHCW, LLR Alliance in other parts of the county).

Significantly, this option would not deliver the desired 'left shift' model of care moving activity from acute to community provision. This option would also require patients to travel further for health care that could be delivered in the community, a point which patients have consistently opposed. There is a potential destabilisation of local community service providers as payment for activity is likely to move to trusts in neighbouring counties such as George Eliot Hospital and University Hospitals Coventry and Warwickshire. However, capital costs would be avoided and once accessing services, patient experience should improve due to better facilities being available further afield.

Option 1 – Sunnyside

This option allows for 'left shift' model of care. The new design would allow for all the benefits of a modern healthcare building improving privacy and dignity in patient experience. It maintains healthcare provision in Hinckley. There is room to expand car parking if required and a bus service available to the site. The estimated capital cost is £4.070m. There would be a dependency on Leicestershire Partnership Trust to lead this development as it is on their property. Funding would be via the Trust Development Authority if approved. This option improves the utilisation of the building but is dependent on a change to the model for two 21 beds wards for inpatients.

Scoring & preferred option

The Hinckley Project Board scored the option against the benefits criteria on 20 July.

As a result option 1 (Sunnyside – conversion of existing premises) was highlighted as preferred option, with option 1a (Sunnyside – stand alone new build) as the preferred option should option 1c be deemed not feasible.

Option description	Option reference	Score	Rank
Do nothing	Option 0	39%	7
*Sunnyside: Combined endoscopy and day case procedure room (GA) (convert)	Option 1c	96%	1

x-ray and ultrasound

The X-ray equipment currently being used is at the end of serviceable life (estimated two years). The size and cost of the equipment is such that once installed it should not be moved. It has been agreed that x-ray should be kept close to outpatient services, currently located in Hinckley Health Centre. Therefore, it is intended that x-ray and ultrasound move from Hinckley & District Hospital to Hinckley Health Centre. This has been confirmed as feasible. It is also intended to move the out of hours GP service to Hinckley Health Centre for improved clinical adjacency.

X-ray option 1

The first option is within Hinckley Health Centre, displacing existing rooms (additional capacity is available elsewhere in the building).

X-ray option 2

The second option is within Hinckley Health Centre, building into the existing lightwell on the ground floor.

The costs of these options are set out below:

Criteria	Option 1	Option 2
Cost	£796,000	£983,000
Utilisation	Would displace existing non-clinical space (space available in other parts of Hinckley Health Centre but would be dependent on reconfiguration – see section on Hinckley Health Centre Outpatients)	Minimal displacement of existing use but requires building into the light well
Costs include equipment costs estimated at £220k for x-ray and £80k for ultrasound.		

Preferred option for X-ray

The Hinckley Project Board agreed that Option 1 is the preferred option for x-ray.

Outpatients at Hinckley Health Centre

Drivers for change at Hinckley Health Centre

West Leicestershire CCG has also investigated the existing use of Hinckley Health Centre. The Better Care Together projections forecast an increase of 47% in outpatient appointments to be delivered at the site over a four year period, presenting a significant increase in activity and questions of whether there is sufficient space. In addition to this, there is a need to accommodate x-ray within the building, and some of the day case options have a dependency on a reconfiguration of the Health Centre (options 2a and 2c). Hinckley Health Centre also has backlog maintenance costs of £0.266m, making this an opportune time to update the premises rather than updating the Centre in its current configuration.

Existing utilisation

As part of the review we looked at the levels of activity being manged in Hinckley Health Centre and the existing timetables for clinics. We also carried out a snapshot utilisation review of each room, in partnership with LLR Alliance and Leicestershire Partnership Trust.

As a result of this, we found that the current use of the Centre is inefficient. Whilst the main infrastructure of the building is good (ie. location of central lifts and toilets), patient flow is relatively poor (eg. four separate reception areas) and the allocation of rooms to different organisations and services has been ad hoc. The floor plans (Ground and First Floor) below illustrate how existing use is relatively scattergun.

Ground Floor

First floor

Potential reconfiguration

West Leicestershire CCG asked Design Buro to present plans for the improved utilisation of Hinckley Health Centre. In doing so, the building has been divided into eight sections (four on each floor) to accommodate:

- Diagnostics (including x-ray)
- Generic outpatients
- Specialist outpatients
- Dental & podiatry
- GP surgery (including out of hours service)
- Physiotherapy
- Day surgery reception (dependent on preferred option for day case)
- Team (staffing base)

These are shown in the floor plans below:

Reconfigured ground floor

Reconfigured first floor

There are significant dependencies on other decisions (eg. physiotherapy, day surgery reception, x-ray), however this work does show how the existing estate could be redesigned to improve patient flow and delivery increased activity. Further engagement with providers and their staff would be required in taking forward any proposal to reconfigure the centre.

Potentially, Hinckley Health Centre is able to accommodate 48 clinical consulting rooms of 16sqm (HBN standards). It currently it has 37 clinical consulting rooms with many of them under-sized. These efficiencies are made from reducing the four existing reception areas to one, and to combining staff space into one shared area.

The capital cost is estimated at £2.669m (excluding equipment and diagnostics quarter). Reconfiguration of the Hinckley Health Centre could be progressed outside of Better Care Together should there be available funding to do so (eg. section 106 application).

The view of the Hinckley Project Board was that the CCG:

- Should continue to work with partners to agree proposals for changes to Hinckley Health Centre
- Should explore alternative sources of capital funding.

Project Board

Position	Name
Review Management Lead, Chief Nurse & Quality Lead WLCCG (SRO)	Caroline Trevithick
Review Clinical lead, GP (Chair)	Dr Nick Willmott now retired
Review Clinical lead, GP (Chair)	James Ogle
Project Manager	Tony Menzies
Project Support	Helen Cullinan
Member Hinckley Locality Group PPG	Alan Plumpton
Communications and Engagement Interim Director Alliance	Debra Mitchell
Strategic & Community Planning Officer, H&B Borough Council	Edwina Grant
Senior communications and engagement manager, GEM CSU	Andrea Clarke
Communications, Engagement and Involvement Manager, WLCCG	Susan Venables
Head of Financial Management, WLCCG	Gill Killbery
GP Station View Health Centre, Hinckley	Rachel Reid
GP Orchard Medical Centre	Steven Chan
GP Burbage Medical Centre	Phil Thomason
Planning & Engagement Manager, WLCCG	Soyuz Shreatha
Estates Manager, UHL	Pauline Baynes
Healthwatch	Ivan Liburd
Locality Services Manager, LPT	Mark Derwick
Head of Service Adult Services, LPT	Nikki Beacher
Head Of Estates Transformation & Property, UHL	Mike Webster
Head of Service, Adult Social Care, LCC	Jackie Wright
Consultant in Public Health	Mike McHugh
Operational Premises Manager, LPT	Vejay Patel
Interim General Manager, Alliance	Helen Mathers
Transformation Project Manager	Ross Caws
Healthwatch	Evan Rees
Head of Service Integration	Catrina Tierney-Reed