**Modernising our Hospital ‘Frequently Asked Questions’ (FAQs)**

**April 2022**

**Q: What is the Modernising our Hospital programme?**

**A:** Investing in the modernisation of our estate is central to the delivery of the Trust’s Corporate Strategy and achievement of our vision to be the best rural District General Hospital for patient and staff experience**.**

Our long-term ambition is to bring a new hospital to King’s Lynn for the patients we serve across West Norfolk, Lincolnshire and Cambridgeshire. We have outgrown the hospital’s footprint (38% more floor space is needed) which makes it challenging to perform optimally. Our aim is to ensure a safe and fit for purpose hospital for patients, their families and staff for many years to come.

We want to become a centre of excellence for frailty and stroke, day surgery and regional anaesthesia, research and innovation, and same day emergency care - which is consistent with our clinical strategy - and provide outstanding care in world-class facilities that meet the needs of our growing and ageing population.

We have three clear strands of work underway:

* a rolling programme of ongoing maintenance and repair of our estate to maximise safety (ongoing)
* modernisation of the hospital through a programme of service improvements, further improving patient and staff experience (short and medium-term)
* securing funding to bring a new hospital to King’s Lynn and West Norfolk for the patients we serve (long-term).

**Q: What is wrong with the hospital’s building?**
**A:** QEH is a RAAC (Reinforced Autoclaved Aerated Concrete) hospital, which was built in 1980 and designed to last 30 years. RAAC is a lightweight form of concrete used to manufacture pre-cast planks which have been used to build the hospital. 79% of the hospital buildings have RAAC planks (10,829 RAAC planks across the roof and 4966 across the walls) and these planks are now more than 40 years old and have reached the end of their life.

Our hospital building is in a desperate state. In 56 areas of the hospital (clinical and non-clinical), 1,528 steel and timber props have now been installed to reduce the risk of plank failures in the roof to maximise the safety of the building. The hospital has almost three times more props than beds and we believe we are the most propped hospital in the country.

The Government is committed to eradicating RAAC in hospitals by 2035. Our deadline at QEH, based on national expert opinion, is 2030.

**Q: Are the hospital buildings unsafe?**
**A:** We are taking proactive steps to maximise safety at our hospital. A dedicated team of surveyors and technicians are monitoring and carrying out emergency repairs on a rolling basis. Ongoing surveys of the roof and wall planks are in place to identify where failsafes are needed to reduce the risk of plank failures and to maximise safety.

**Q: Why have the number of failsafes substantially increased?
A:** The number of steel and timber support props has increased following work to install support props on Brancaster Ward, our Butterfly Suite (new Maternity Bereavement Suite due to open in May) and our Neonatal Intensive Care Unit. It will continue to increase over the coming months as we carefully monitor our buildings, carry out emergency repairs and begin a rolling programme which will see failsafes being installed across the entire first floor of the hospital (6 wards a year, including our theatres).

**Q: Does the Care Quality Commission recognise the issues with the buildings?
A:** Yes. The Care Quality Commission’s inspection report published in February 2022 recognised the well-known challenges we have with our hospital buildings and highlighted the safety of our roof structure as our most substantial risk, which is consistent with our reporting and discussions at our public Board meetings. It also described that we have mitigations in place and plans to address these risks both in the short and longer-term and it acknowledged the crucial work we are doing with ongoing monitoring and emergency repairs at the hospital that continue on a rolling basis to reduce the risk of plank failures and to maximise safety.

**Q: How much will it cost to install all of the failsafes needed across the hospital’s buildings?
A:** We estimate that it will cost £130m in total to install failsafes across all of our buildings which will not extend the life of the hospital beyond 2030. The business case for £90m funding to install failsafes over the next 3 years has been approved by our Trust Board and is now going through the approval process with NHS England and NHS Improvement. Subject to approval, this will allow £30m for the first year (2022/23) to begin with a rolling programme of failsafes to be installed across the entire first floor of the hospital (6 wards a year including our theatres) as we continue to address the challenges with our buildings and RAAC (Reinforced Autoclaved Aerated Concrete).

This investment is to maximise safety and does not create additional ward space or capacity.

In addition to the RAAC challenges, the hospital also has a backlog of building maintenance requirements of £86m. 80% of this encompasses high (£61m of which is associated with the roof) or significant (£8m) risk. This is being managed through our Estates Strategy which sets out a clear programme of work to deliver the activity required. We are doing all we can to maximise the safety and compliance of the hospital.

**Q: What impact is the state of the buildings having on patients and staff?
A:** We recognise that our poor physical estate has a detrimental impact on the confidence our patients have in our hospital and their care, on staff morale and their wellbeing (as reported in the latest National NHS Staff Survey) and on our ability to retain and recruit new staff.

It also presents very real operational challenges, impacting on the smooth running of our hospital.

**Q: Why do we need a new hospital?**
**A:** Our hospital buildings are in a desperate state and have reached the end of their life - with 1,528 steel and timber support props in 56 areas of the hospital (clinical and non-clinical) which is almost three times more props than beds, we believe we are the most propped hospital in the country.

However, whilst installing failsafes reduces the risk of plank failures, it **does not** extend the life of the hospital. The Government is committed to eradicating RAAC in hospitals by 2035. Our deadline at QEH, based on national expert opinion, is 2030.

The Trust Board at the Queen Elizabeth Hospital is very clear that a new hospital is the only long-term sustainable solution to the challenges we face.

We want to become a centre of excellence for frailty and stroke, day surgery and regional anaesthesia, research and innovation, and same day emergency care - which is consistent with our clinical strategy - and provide outstanding care in world-class facilities that meets the needs of our growing and ageing population.

We also want to become the best rural District General Hospital for patient and staff experience and a new hospital is central to achieving this ambition.

**Q: Is there support from the local community for a new hospital?
A:** Yes. We have unanimous support from our health and care partners across Norfolk and Waveney, Lincolnshire and Cambridgeshire as well as our key partners and stakeholders that a new hospital is desperately needed and is the only long-term sustainable solution to the challenges we face.

In March 2022, James Wild MP for North West Norfolk led an excellent debate in Parliament about our case, and in April, Councillor Jo Rust and the Save our QEH Hospital campaign group led a protest with campaigners from outside Westminster, which was supported by our local MPs James Wild MP, Duncan Baker MP for North Norfolk and Jerome Mayhew MP for Broadland.

On Tuesday 26 April 2022 a motion tabled by Councillor Kemp at the Borough Council of King’s Lynn and West Norfolk full Council meeting called for the need for a full replacement rebuild of QEH. We are grateful to members for unanimously supporting the motion, with an amendment proposed by Council Leader Stuart Dark which called for the Government to make a positive announcement on QEH’s bid at the very earliest opportunity.

**Q: What is the work you are doing to bring a new hospital to King’s Lynn and West Norfolk?
A:** In September 2021, we submitted two Expressions of Interest to the Department of Health and Social Care in a bid to be one of the Government’s eight further new hospital schemes - one for a single phase full new build and one for a multi-phase build, part new build and part refurbishment.

We submitted two options to give us the very best chance of securing the funding we badly need - whilst a single-phase new build would cost less and deliver much greater benefits and is our preferred option, we understand the restraints on national capital budgets – a multi-phase development would provide a scalable option that still delivers some benefits and would be a vast improvement on our current estate.

The Trust’s Expressions of Interest have been reviewed and considered by the NHS regionally ahead of a decision nationally by the Department of Health and Social Care. We remain very confident we have an extremely strong case which we will continue to press on all fronts.

**Q: What were the shortlist of possible options identified?**

**A:** A shortlist of possible options identified for a potential new hospital were:

* a single-phase new build hospital on the existing QEH site, expected to be operational in 2029
* a multi-phase development (part new-build, part refurbishment), expected to be operational in 2033 (at the earliest)
* considering whether a new hospital would be built on the existing hospital site or elsewhere.

Workshops were held in September and November 2021 to review the options and a range of internal and external stakeholders, including Heads of Service and Divisional Leadership Teams, Governors, Non-Executive Directors and Healthwatch Norfolk were involved in these important discussions.

All options were assessed using clear success criteria which have been informed by local and national measures.

**Q: Why is your preferred option a single-phase full new build?**

**A:** Whilst a multi-phase development would provide a scalable option that still delivers some of the benefits and would be a vast improvement on our current estate, a single-phase new build would cost less and deliver much greater benefits. It is also the only solution that meets our deadline, based on national expert opinion, of replacing our hospital by 2030. It will also bring the full range of benefits of a new hospital for our patients and staff.

This is because our hospital is a RAAC (Reinforced Autoclaved Aerated Concrete) hospital, which was built in 1980 and designed to last 30 years. RAAC is a lightweight form of concrete used to manufacture pre-cast planks which have been used to build the hospital. These planks are now more than 40 years old and have reached the end of their life.

The Government is committed to eradicating RAAC in hospitals by 2035. Our deadline at QEH, based on national expert opinion, is 2030.

**Q: Do you have a preferred option for a new hospital?**

**A:** Yes. At the Trust Board Meeting on 7 December 2021, the Board approved the preferred option of a single-phase full new build on the existing hospital site based on the technical detail and information presented to them following the completion of detailed assessment of a shortlist of possible options. This option will bring the maximum benefits to patients and staff and is the only option that ensures our 2030 end of life deadline for our current hospital can be met.

This is consistent with our preferred Expression of Interest (EOI) which we submitted to the Department of Health and Social Care in September 2021 alongside an alternative EOI for a multi-phase development (part new-build and part refurbishment) in a bid to become one of eight further new hospital schemes.

**Q: What would the preferred option for new hospital built on the current site look like?**

**A:** The proposed site development ‘masterplan’ for a new hospital that would be built on the current site (our preferred option) can be seen in the image below:



**Q: Do you know how you will deliver your preferred new hospital scheme?
A:** In February 2022, the Board approved an Estates Strategy which sets out how we would deliver our preferred new hospital scheme of a single-phase new build on the existing QEH site by 2030, with building works beginning Autumn 2025.

An overall ‘site masterplan’ is now in place which means any investment we make now is in keeping with our preferred new hospital scheme so will not be money wasted.

**Q: When will you know if one of your bids for a new hospital has been successful?**
**A:** We expect to find out soon if we have been selected to go through to the next stage of the assessment process for the Government’s New Hospital Programme and feature on the longlist, with a final decision on the eight further new hospital schemes expected to be announced by the Government later in the year.

**Q: What is the Strategic Outline Case?
A:** The Strategic Outline Case (SOC) sets out a robust case for change, and a preferred way forward with associated indicative costs for a new hospital, including how the development would be managed and delivered with clear timescales for completion. Work continues on the SOC which remains on track to be competed and considered by the Board in June 2022.

**Q: What is the Government’s New Hospital Programme?**
**A:** It is the biggest hospital building programme in a generation with 40 new hospitals to be built across the country by 2030. This will help to build a better NHS and transform NHS services for local communities.

During summer 2021 the Government announced a selection process for a further eight new hospitals. Expressions of interest were invited from mental health, community and acute NHS trusts by 9 September 2021. We have submitted two expressions of interest for a new hospital as part of this process which have unanimous support from our health and care partners across Norfolk and Waveney, Cambridgeshire and Lincolnshire and all our key partners and stakeholders.

**Q:** **What criteria will the Government use to choose eight further new hospitals to be built?**
**A:** The Government has said it will prioritise plans for:

* Services which transform joined up care for people and provide an effective working environment for NHS staff
* Fair allocations of investment to level up across regions and provide value for money
* Stronger and greener NHS buildings that make the most of modern methods of construction to support sustainable, greener and efficient design.

**Q: If you are successful in securing funding for a new hospital, it will be a while until it is ready. What will happen to the hospital in the meantime?
A:**  If we are successful in securing funding for a new hospital, the earliest we would expect it to open its doors is 2029 due to the time it would take for necessary planning, approvals, and building.

We will therefore continue to require significant ongoing funding to complete the installation of failsafes across the whole estate to maximise safety as well as continuing to fix a backlog of building maintenance requirements, and to continue to significantly modernise our hospital through new and ongoing projects in the meantime.

**Q: What work is happening to modernise the hospital?**

**A:** In 2021/22 we delivered a £38m capital programme which allowed us to take forward a number of really exciting projects that are significantly modernising our hospital and further improving the experience of our patients, their families and staff. This capital allocation as a ratio to our turnover is one of the largest in the country, recognising the significant investment need at QEH and the confidence in our ability to deliver the required modernisation quickly.

These projects include a new Outpatient Unit called The Emerson Unit which opened in January 2022, providing an enhanced environment and a better experience for patients, their families and staff and bringing together outpatient services across antenatal care, obstetric ultrasound and pregnancy day assessment unit, as well as our pain management service, gynaecology, rheumatology and urology teams; building a state-of the-art Endoscopy Unit due to open Summer 2022 which will modernise our facilities for patients, their families and staff and will enable all endoscopies to take place in one unit; refurbishing West Dereham Ward into a dementia-friendly care of the elderly ward opening in May 2022, and refurbishing and converting Brancaster Ward into a maternity ward, opening in July 2022.

All of these projects have focussed on maximising the safety of the building and improving the environment and facilities for staff and patients, except for our new state-of-the art Endoscopy Unit which will provide increased capacity, allowing a greater number of patients to be treated.

This work has also created the necessary space for the installation of failsafes (to reduce the risk of RAAC plank failures) in order to maximise safety of the building. Failsafes have already been installed in the gym, the large internal corridor that links the first floor with the ground floor of the hospital which is used as the evacuation route for the hospital in an emergency, the approach corridor of Necton Ward, the Neonatal Intensive Care Unit, the Maternity Bereavement Suite and Brancaster Ward.

We have invested almost £6m during 2021/2022 to further improve our digital maturity, with Electronic Prescribing, Single Sign On and a new Radiology Information System now in place. Work is also underway to support the implementation of a system-wide electronic patient record which will transform how staff access patient records, making it quicker and easier for staff to get the information they need for each patient, allow a smoother patient journey and allow for further improvements to patient care.

We are investing £4m during 2022/2023 in an electronic patient and observations and bed management system (POMS), also known as Electronic Observations (e-Obs). The investment will bring improvements in patient care by digitising patient observations to support swifter clinical decision-making and improve patient safety and outcomes, provide secure mobile clinical messaging to medical and nursing staff, and support bed management enabling a more efficient use of resources. The investment is in line with the local Integrated Care System strategy and the Trust’s own digital plan.

A dedicated £3m Ophthalmology outpatient facility is nearly complete. An important strategic development for the Trust as detailed in our Corporate Strategy, this new, bigger facility will be able to respond to the increasing number of patients requiring ophthalmology services and ensure more patients receive care and treatment more quickly. It will enable us to offer an additional 2,000 appointments and undertake 2,000 more intravitreal (IVT) injection procedures each year. It will be known as the West Norfolk Eye Centre and will be ready for use in May 2022.

We are progressing work to develop a state-of-the-art Diagnostic Assessment Centre which will soon go through local and national review processes. If funding and planning is approved, the centre will allow more people to be seen more quickly and enable the rapid diagnosis of disease, including cancer. The centre will be equipped with state-of-the art imaging equipment including MRI and CT scanners, X-Ray and Ultrasound machines. It is one of three centres across Norfolk and Waveney that, subject to the necessary approvals, will transform patient care by early 2024. We expect work to begin onsite at QEH this Autumn and the facility would open in Spring 2024. Additional centres will be built at the James Paget University Hospital and Norwich University Hospital.

We are also bidding for national capital funding to support the development of an elective surgical hub on site to enable us to treat more patients more quickly, supporting elective recovery. Whilst initially focused on Orthopaedics, the hub will enable us to flexibly use our capacity to meet demand. If successful, we anticipate the hub being operational in early 2024.

Finally other investment projects continue in-year – including a new Maternity Bereavement Suite due to open this summer and two new MRI scanners to replace outdated equipment by the end of 2022/early 2023.

**Q: Won’t spending money on the hospital now to modernise it reduce your chances of getting the funding for a new hospital?
A:** No. We would like to reassure you that there is absolutely no evidence to suggest this is the case. The reality is that whilst we are doing all we can, we are not yet on the longlist for a new hospital and we need to continue to invest and modernise our hospital for patients now, rather than turn down much needed capital for QEH, which will benefit our patients, their families and staff who deserve to be cared for and work in better facilities and environment than we have now.

Any investment we make now is in keeping with our preferred new hospital scheme and ‘masterplan’ for our site moving forward, so will not be money wasted.

**Q: Who is overseeing the work for modernising the hospital?**
**A:** There is a New Hospital Programme Board, which meets monthly and includes Executive, Clinical, Non-Executive, Lead Governor, Regulator and James Paget Hospital representation. This Board regularly reports to the Hospital Management Board, to the Finance and Activity Committee for assurance and to the Trust Board.

A Communications and Engagement Group oversees appropriate communications and engagement activity. It meets monthly and includes representatives from our local community, patients, Healthwatch, the Borough Council, members of staff, and Governors.

**Q: How can I keep updated on progress being made?**
**A:** We will keep our patients and the local communities we serve across Norfolk, Lincolnshire and Cambridgeshire informed of developments via regular newsletters, via local media and social media updates, and the latest information can be accessed via our website at <http://www.qehkl.nhs.uk/NewQEH.asp>.

If you would like to sign up to our monthly newsletter about how we are modernising our hospital and the progress being made to secure funding for a new hospital, please email us at communicationsqeh@qehkl.nhs.uk and we will add you to our email list.