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

**September 2022**

**About this document**

These Frequently Asked Questions (FAQs) support the work we are doing to modernise our hospital and secure the funding to bring a new hospital to King’s Lynn and West Norfolk. This document will be regularly updated as the work progresses.

**We have created a visual that summarises the Modernising our Hospital programme. Link here to find out more.**

**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).

**Maximising the safety of our estate**

**Q: What is wrong with the hospital’s buildings?**  
**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 4,966 across the walls) and these planks are now more than 40 years old and have reached end of life.

Our hospital building is in a desperate state. In 56 areas of the hospital (clinical and non-clinical), 1,528 steel and timber support 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 know 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 support props and failsafes are needed to reduce the risk of plank failures and to maximise safety.

**Q: Why has the number of support props substantially increased?  
A:** The number of props has increased to 1,528 steel and timber support props in 56 areas of the hospital. This follows work to install support props on West Dereham and Brancaster Wards, our Butterfly Suite (new Maternity Bereavement Suite which opened in July 2022) 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 three-year programme which will see failsafes being installed across the entire first floor of the hospital (6 wards a year, including our operating theatres).

**Q: Which areas of the hospital have failsafes?  
A:** 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 emergency evacuation route for the hospital, the approach corridor of Necton Ward, the Neonatal Intensive Care Unit, the Maternity Bereavement Suite, Brancaster Ward and West Dereham Ward.

**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. This is consistent with our regular reporting and discussions at our public Board meetings. The CQC report 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:** The cost of keeping our whole hospital ‘safe and compliant’ is £130m. However, whilst this work is vital to allow the hospital to continue to open, it merely allows the hospital to ‘stand still’ as it does not extend its life 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 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 and the running of the hospital?  
A:** We recognise that our poor physical estate has a detrimental impact on the confidence our patients have in our hospital and their care and we are not able to give them the experience we or they would like. Patients have asked to move wards because they do not feel safe seeing the props, and ask nurses to keep the lights on at night as they are scared of what might happen to the roof. This is not the experience we want for our patients.

Our staff continue to do an exceptional job providing high quality, compassionate care in an increasingly difficult environment. But the impact of our poor estate affects morale and wellbeing and our ability to recruit and retain staff and it makes is very challenging for them to do their job, particularly with managing ward space. On an ongoing basis we need to accommodate bed closures or requests for patients to move because of the failing estate.

It also presents very real operational challenges, impacting the smooth running of our already busy hospital. The logistics and management of decanting wards to allow for failsafes to be installed and ensuring delivery of all activity due to the significant disruption remains difficult, and worsens during times of significant pressure such as managing winter pressures or COVID. Our 3 year failsafe programme will further exacerbate challenges operationally (including performance against access standards) in a hospital we have already outgrown and is running close to full most of the time.

**Work to modernise our services and estate**

**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 brand new **state-of the-art Endoscopy Unit** which opened in September 2022, modernising our facilities for patients, their families and staff and enabling all endoscopies (a procedure where organs inside your body are looked at using a long, usually flexible tube with a lens on one end and a video camera on the other) to take place in one unit. Digital design and new innovations and technology has been used to improve patient care and experience and the new facility is a ‘digital’ flagship for QEH and has set the precedent for what a new QEH could look like

- 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

-creating a **brand-new dementia-friendly ward** for QEH which opened in June 2022. West Dereham Ward has been fully refurbished and brings our frailty team together in one area of the hospital – along with the existing West Newton Ward – in one of the largest specialist frailty units in the region

-refurbishing Brancaster Ward as a **brand new, purpose-designed, maternity unit** which opened in July 2022 with services from Castleacre Ward moving into the newly-refurbished ward

It is important to note that the refurbishing work to West Dereham and Brancaster Wards are not creating extra ward space which would require additional staff. They are existing wards that have been refurbished to provide a much-improved environment for our patients to be cared for and our staff to work in.  
  
These two ward refurbishments (which involve services relocating from other areas the hospital), along with the development of the new Endoscopy Unit create the decant ward space and theatre capacity for our three-year rolling failsafe programme across the first floor of the hospital as we continue to maximise safety.

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.

A dedicated £3m Ophthalmology outpatient facility called the West Norfolk Eye Centre opened in May 2022. An important strategic development for the Trust as detailed in our Corporate Strategy, this new, bigger facility provides a specialist space for patients with eye conditions and has freed up valuable Outpatient space for other specialties in the main hospital building. The centre will improve the care provided across the area for those with eye conditions and means those who need to attend hospital are cared for in a brand new, purpose-built facility, designed specifically around their needs.

In the Autumn, our Emergency Department will be refurbished and expanded with nearly £1.8m of capital funding. With increased cubicle spaces from six to fifteen, it will allow paramedics and ambulance staff to more readily transfer the care of patients. This will enable quicker ambulance handovers which will reduce the number of ambulances waiting at the front of the hospital and enable patients to be seen and clinically assessed more quickly, improving patient safety and experience. More dedicated space will better meet the needs of patients presenting with mental health needs and who may require admission to a specialist mental health facility, and will provide privacy for patients who are experiencing early pregnancy issues. The improved space will enable walk-in patients to be triaged, seen and treated within nationally expected timescales and there will be a much improved working environment for staff.

We are progressing work to develop a state-of-the-art Diagnostic Assessment Centre which is going through local and national review processes with the Full Business Case submitted to the National team for consideration. 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 financial year and the facility would open in Spring 2024. Additional centres will be built at the James Paget University Hospitals and Norfolk and Norwich University Hospitals.

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. A decision on funding is now subject to completion of an Outline Business Case (OBC). Work on this is underway and is due to be completed within 6 months. If successful, we anticipate the hub being operational in 2024.

Finally, other investment projects will continue in-year.

**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.

**Why we need a new hospital**

**Q: Why do we need a new hospital?**  
**A:** Our hospital buildings are in a desperate state and have reached end of life - with 1,528 steel and timber support props in 56 areas of the hospital (clinical and non-clinical), we have almost three times more props than beds. We know 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 are extremely fortunate and grateful that we continue to receive a huge amount of fantastic support from our local community for a new QEH. The support is unanimous and unwavering across the communities we serve in West Norfolk, Lincolnshire and Cambridgeshire and it is helping to make a real difference as we continue to do all we can to secure the funding we so badly need to bring a new hospital to King’s Lynn and West Norfolk.

We are hugely grateful to our local MPs and councillors who continue to press the urgent need for a new hospital. For example, James Wild MP for North West Norfolk, has led an excellent debate in Parliament about our case and has also called on the Government for a new QEH in Department of Health and Social Care questions.

The Minister for Health, The Rt Hon Edward Argar MP visited QEH in June and saw first-hand the desperate state of our buildings and the challenges we have with RAAC (Reinforced Autoclaved Aerate Concrete) which was used to build the hospital. In July, the new Secretary of State for Health and Social Care, and North East Cambridgeshire MP, the Rt Hon Steve Barclay, visited the hospital for one of his first official hospital visits and was briefed on the Trust’s proactive work to maximise the safety of its ageing estate. He also spent time talking to staff and patients on the Trust’s Necton Ward, one of the clinical areas where props are holding up the RAAC affected ceiling and heard about the challenges of delivering care in such an environment from nursing leaders. Patients also told him about their hopes for a brand new hospital where props and ceiling leaks are a thing of the past.

We are also enormously grateful to our councillors who remain steadfast in their support. Earlier in the Summer we welcomed Councillor Stuart Dark, Leader of King’s Lynn and West Norfolk Borough Council and Councillor Alexandra Kemp, County Councillor for Clenchwarton and Lynn South to QEH. They viewed the state of our buildings, our work to maximise its safety with over 1,500 support props already in place and heard about the impact it is having operationally and on the experience of patients and staff.

The Save our Hospital campaign group continues to be very active in promoting the urgent need for a new hospital. We are extremely thankful for their unrelenting and active support which includes weekly demonstrations, protests to Parliament and community meetings. The group’s latest initiative is to get as many signatures as possible on a campaign letter to the Secretary of State for Health and Social Care. Follow them on Twitter @SaveOurQEH to find out more about how you can support their campaign or on Facebook where you can also find the campaign letter by clicking on the files link on the Save Our Queen Elizabeth Facebook page.

Our patients are also helping to raise awareness of the vital role QEH plays in the community too. BBC Look East interviewed local resident Ben Russell after his son was rushed to our Emergency Department with breathing difficulties. He spoke eloquently about the importance of having a fully functioning hospital in King’s Lynn due to its rural location.

**Work to plan for and secure a new hospital**

**Q: What 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 on the current site 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.

Our Strategic Outline Case (SOC) for a new Queen Elizabeth Hospital was completed in June 2022. It has been shared with the Trust’s regulator and national New Hospital Programme team for review and consideration, pending the announcement about the outcome of the Expressions of Interest process for the eight further new hospitals and confirmation that QEH will be added to the list.

The SOC sets out a robust case for change, associated indicative costs and details of how the development of our preferred new hospital scheme of a single-phase new build hospital on the existing QEH site would be managed and delivered with clear timescales for completion. It has been fully supported by our Board of Directors, external stakeholders and partners across the area following extensive engagement. This is an important milestone as we continue our work to secure the funding we desperately need for a new hospital.

We are confident we are doing all we can to secure funding and deliver a new hospital by our 2030 end of life deadline and we continue to wait to find out if we have made the longlist for the Government’s eight further new hospital schemes - we remain very much in the running for a new hospital.

**Q: What were the shortlist of possible options identified for a potential new hospital?**

**A:** A shortlist of possible options identified 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 were 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 end of life deadline, based on national expert opinion, of replacing our hospital by 2030 – and one that will bring the maximum benefits of a new hospital to 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 end of life.

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

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 a detailed assessment of a shortlist of possible options.

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 a 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:

Map

Description automatically generated

We also have a 3D model of our proposed new hospital scheme of a single-phase new build hospital on our existing site. This is exciting as it brings to life our vision for a new QEH and helps to show everyone what our new hospital could look like. The model is in our main reception area for Team QEH colleagues, patients and visitors to look at.

**Q: What are the plans for a new multi-storey car park?  
A: A:** Alongside our plans to bring a new QEH to King’s Lynn and West Norfolk, we have developed proposals for a two-phase multi-storey car park development on our current hospital site. With the increasing demand for more patient visitor and staff parking, multi-storey car parks are commonplace around the country. They are an integral feature of the majority of plans for new hospitals. QEH is no different.

Our plans for a new multi-storey car park will help address our short-term need for spaces, providing a better experience for patients, visitors and staff. Our proposal is the most effective way of using the space we have to provide parking facilities for our patients, visitors and staff. Importantly, it is a critical enabling scheme which allows us to keep the current hospital open until the new QEH opens its doors in 2029 (subject to necessary approvals and funding).

We are proposing that this happens in two phases:

* **phase one** will see a new car park to serve the current hospital (in addition to the existing main car park). This phase will be developed in such a way that the initial phase one car park can remain operational while phase two is being built
* **phase two** will follow when funding for a new hospital is announced (to replace the spaces lost when the main car park is developed).

The proposal (following an appraisal process involving staff, Governors and patient representatives) is for the development of the MSCP on the current Inspire Centre site and car park. The Inspire Centre is a Reinforced Autoclaved Aerated Concrete (RAAC) building and there are plans for its demolition early in 2023 with current Centre occupants being relocated on the QEH site. To find out more about the case for a new MSCP, click [here](http://www.qehkl.nhs.uk/tell-us-what-you-think.asp)

**Q: Have you listened to peoples’ views about the MSCP?  
A:** Yes. Between Tuesday 30 August and Sunday 11 September 2022 we held an engagement period on our proposals. Thank you to everyone who took the time to get involved and share their views. Over the coming months we will publish a report, summarising the feedback and detailing how we have responded to the views we have heard. The report, and any further updates about the car park will be available on our website.

**Q: Will the Phoenix Montessori Nursery remain on the hospital site if a new hospital is built?  
Y:** Yes. The Inspire Centre, which houses our Medical Records team, Vaccination Centre and onsite nursery will be demolished from January 2023 as it is made of RAAC and the life of the building will not be extended by installing failsafes. The affected teams and services will be reprovided on the QEH site.

**Q: When will you know if one of your bids for a new hospital has been successful?**  
**A:** We continue to wait to find out if QEH has been selected for the Government’s New Hospital Programme. A final decision on the eight further new hospital schemes is expected to be announced by the Government later in the year.

**Q: What is the Strategic Outline Case?  
A:** The Strategic Outline Case (SOC) for a new Queen Elizabeth Hospital sets out a robust case for change, associated indicative costs and details of how the development of our preferred new hospital scheme of a single-phase new build hospital on the existing QEH site would be managed and delivered with clear timescales for completion. This is an important milestone as we continue our work to secure the funding we desperately need for a new hospital.

It focuses on ensuring that QEH is best placed to continue to fulfil its role in the area while improving clinical outcomes and patient, visitor and staff experience in a hospital that is fit for many decades to come.

The SOC was completed in June 2022 and is fully supported by our Board of Directors, external stakeholders and partners across the area following extensive engagement.

The SOC has been shared with the Trust’s regulator and national New Hospital Programme team for review and consideration, pending an announcement about the outcome of the Expressions of Interest process for the eight further new hospitals and confirmation that QEH will be added to the list.

Pending all of the necessary approvals and funding, we will develop an outline and full business case that will allow enabling works for a new hospital to begin in 2025 with the doors to open on a new QEH in 2029.

Our preferred new hospital scheme is ‘investment ready’ and we are confident we have done everything possible and what has been asked of QEH to secure funding and deliver a new hospital by QEH’s end of life deadline of 2030.

**Q: What is the Case for Change for a new hospital?  
A:** We have a strong and well-known Case for Change driven by four key areas:

* The current hospital has reached end of life (national experts say the current hospital has a 2030 deadline) due to Reinforced Autoclaved Aerated Concrete (RAAC)
* Improvements recommended in patient and staff surveys - as well as in CQC inspection reports and described in the Trust’s risk register - relating to RAAC and operational impact on the running of and people’s experience of the hospital
* Challenges in workforce retention and satisfaction relating to our estate and RAAC
* The current hospital can no longer meet current or future forecast increases in demand.

**Q: Will there always be a hospital in King’s Lynn?  
A:** Our preferred new hospital scheme will help to ensure that there is always a District General Hospital in King’s Lynn and West Norfolk, delivering core services to our population. The new hospital would provide a once in a generation opportunity to transform and modernise healthcare, recognising regional historic under-investment in health and care in this part of the region. Consistent with our Clinical Strategy, it would enable QEH to become a centre of excellence for frailty and stroke, day surgery and regional anaesthesia, research and innovation, and same day emergency care.

**The cost of a new hospital**

**Q: How much will it cost to build a new Queen Elizabeth Hospital?  
A:** Our Strategic Outline Case sets out that our preferred new hospital scheme for a single-phase new build on our existing hospital site which will cost £862m (based on today’s costs).We know the ‘business as usual’ option of continuing with the status quo and with current arrangements of keeping the whole hospital ‘safe and compliant’ will cost just £52m less than the cost of a full new hospital.

**Q: If you secure the funding for a new hospital, can you build it by 2030?  
A:** Yes.Our preferred new hospital scheme of a single-phase new build hospital on the existing QEH site is ‘investment ready’ and we are confident we have done everything possible and what has been asked of QEH to secure funding and deliver a new hospital by QEH’s end of life deadline of 2030.

In February 2022, the Board approved an Estates Strategy which sets out how we would deliver our preferred hospital scheme by 2030, with building works beginning Autumn 2025.

**Q: What happens if you don’t secure the funding for a new hospital?  
A:** The reality is that without funding to build a new QEH, we may not be able to continue to deliver all core services to our population as we do now when the hospital reaches end of life by 2030. This puts at risk the delivery of our Corporate and Clinical strategies and could jeopardise the support we provide to the wider health and care system. The very worst-case scenario is that parts of the hospital may have to close – which of course we would need to take expert advice on should we find ourselves in this unthinkable position.

There is a growing realisation that building a new QEH is the only long-term sustainable solution to solving the well-documented and significant challenges we face. We continue to wait for the announcement on whether we have made the list for the Government’s further eight new hospital schemes and we remain very confident we have an extremely strong and compelling case.

Our preferred new hospital scheme of a single phase on-site new hospital is ‘investment ready’ with our Strategic Outline Case concluded. We are confident we have developed a compelling case and have done everything possible to secure funding and deliver a new hospital by 2030.

**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:**  The earliest we would expect a new hospital 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.

**The New Hospital Programme**

**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 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.

There is however a growing realisation that building a new QEH is the only long-term sustainable solution to solving the well-documented and significant challenges we face.

**Keeping updated on work to modernise the hospital and to bring a new hospital to King’s Lynn**

**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 [newhospital@qehkl.nhs.uk](mailto:communicationsqeh@qehkl.nhs.uk) and we will add you to our email list.