



Trust Board Capital Business Case Briefing Paper	
Reference Number:	TB/151/12/E
Date of Meeting:	22/06/23
Presenting Director:	Diane Spence
Subject:	The provision of fit for purpose accommodation in the Robinson Community Hospital
Purpose/Action Required:	To provide a summary of the Capital Business Case for Trust Board Approval
Background:	The Robinson Hospital is almost 90 years old and whilst the building is in good condition many of the systems and facilities are now outdated. There is limited en suite bathroom facilities within the existing hospital layout with only 2 single rooms that have en suite facilities making it difficult to ensure patient privacy and to maintain patient dignity. Storage space is limited and results in equipment being stored in inappropriate areas of the hospital. In order to provide the highest standards of environmental cleanliness the hospital must be reconfigured to increase the en suite facilities for patients and handwashing facilities for staff. The Robinson Trust wish to make an investment of £2.2m through existing Charitable Funds to support the refurbishment and upgrade of the Robinson Community Hospital. A scheme was developed, with the business case approved to upgrade the facility through Trust Board in May 2021. Unfortunately, the plan could not be progressed as a result of increased costs and the fact that the refurbishment plan required the hospital to be closed for one year and a suitable option to re-provide the beds in an alternative facility could not be found. The Trust agreed with Robinson Trustees to pause the scheme whilst the Trust considered options to deliver a



	scheme within the funding envelope available and that would not reduce the community bed stock during the refurbishment. The review sought to reduce the scope of the scheme to an affordable level and to ensure that the hospital could be kept open, with a reduced capacity, during the refurbishment works. The revised proposal was developed which includes a 210m² new build extension to the existing hospital, with a 75m² undercroft extension to accommodate a new plant room. At the Project Team meeting on 12th January 2023 this was the suggested approach tabled and following discussion Robinson Trustees were content with this approach. The design has subsequently been developed and business case developed.
Benefits:	The new build will increase the number of en suite bedrooms which will improve toileting arrangements. The en suite facilities will increase from 2 to 7 which will ensure that service users receive an enhanced level of privacy and dignity. The new bedrooms will comply with modern IPC standards by providing sufficient space in clinical areas, particularly for each bed space. The refurbishment will include a dementia-friendly design which will take account of modern improvements in treating people who are living with dementia. The design supports effective team collaboration and cohesiveness by enabling the ward manager's office to be relocated onto the ward footprint, and the ability to locate the staff base in the ward to support the operational team. The installation of a new plant room will improve the current conditions, ensure compliance to current Health Technical Memoranda (HTM) standards, and will provide compliant sources for any further refurbishment of the existing ward services in the future.



	The creation of a rehabilitation room will help to improve outcomes for service users by providing therapy in an improved designated space where rehabilitation can be delivered more effectively whilst also improving the staff and service user experience.																																												
Total Capital Costs:	The table below illustrates the projected capital for the preferred option categorised by the construction and fee elements. <u>CAPITAL COSTS</u> <table><tr><th>-</th><th></th><th>Option 3</th><th></th></tr><tr><td>Works</td><td></td><td>£1,125,750</td><td></td></tr><tr><td>Abnormals</td><td></td><td>£375,000</td><td></td></tr><tr><td>Fees</td><td></td><td>£208,263</td><td></td></tr><tr><td>Non Works Costs</td><td></td><td>£28,143</td><td></td></tr><tr><td></td><td></td><td>£48,774</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>Sub Total</td><td></td><td>£1,785,930</td><td></td></tr><tr><td>Optimism Bias</td><td></td><td>£208,458</td><td></td></tr><tr><td>Inflation (Health Estates Estimate)</td><td></td><td>£127,031</td><td></td></tr><tr><td>Total Capital Costs</td><td></td><td>£2,121,419</td><td></td></tr></table>	-		Option 3		Works		£1,125,750		Abnormals		£375,000		Fees		£208,263		Non Works Costs		£28,143				£48,774						Sub Total		£1,785,930		Optimism Bias		£208,458		Inflation (Health Estates Estimate)		£127,031		Total Capital Costs		£2,121,419	
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Affordability:	The capital costs of the project will be funded from charitable trust funds that exist for use in the Robinson Memorial Hospital. The Trust currently manages a number of Charitable Trust funds for the Robinson Memorial Hospital with a combined balance, as at May 2023, of £1.58m. The remainder of the funding required for the preferred option is held privately by the Robinson Board of Trustees who have confirmed in writing that over £600k of charitable trust funding is available to fund the scheme. Capital costs for the preferred Option 3 are £2,121,422 when the scheme of works will have completed. During the refurbishment the hospital capacity will be reduced to 16 beds. The division will use the staff salary cost reduction from 21 to 16 beds to resource the non-recurrent costs associated with the re- provision of the 5 beds in the Independent Sector.																																												



Risks:	The risks associated with option 3 have an overall rating of medium. It is however expected that the project can be delivered within the level of funding available and that it can be delivered without having a detrimental impact on community bed flow during any works required. It is expected that this option will help to maintain buy in and engagement from staff throughout the development process without negatively impacting on other services on the Robinson site. It is expected that this option will minimise the risk of delays in the planning and delivery of the project by contractors and will also allow for the re-provision of beds to maintain community bed capacity in the independent sector.
Conclusion:	Approval is sought to proceed with the preferred option outlined in the business case, i.e. Option 3: Extension with bed re-provision in the Independent Sector This option includes the proposed extension of the existing Hospital to increase the number of ensuite facilities and to improve the patient, family and staff experience. Option 4 is unaffordable and option 2 will not meet the objectives of the scheme.