



Building for our Future Programme Summary

Transforming our services and redeveloping our hospitals to provide outstanding, modern, safe and sustainable healthcare in East Sussex





Introduction

Building for our Future (BFF) is our overarching programme to transform service delivery and provide an estate that is fit for purpose, value for money and flexible to adapt to the changing models of care and needs of the local population. The aim of our BFF programme is to transform our services and facilities to provide outstanding healthcare.

We are proud to be a part of the Government's New Hospital Programme.



**This is more than a building programme.
Patients and sustainability are at the heart
of our plans.**

Setting the scene

We are a high performing organisation, however we have reached a point where outdated and under invested sites are hampering patient experience, productivity, access, ability to recruit and the ability to deliver modern healthcare models.

To drive the full benefit of the core transformation programmes and long-term sustainability, we need a modern layout with an up-to-date and flexible digital infrastructure.

The Building for our Future programme brings together our plans to address the significant challenges in trying to deliver 21st century healthcare, from buildings that are no longer fit for purpose and with constrained finances. In this summary document, we set out the strategy and case for change, and the benefits expected from transformation.





About us

We are one of the largest organisations in East Sussex with an annual income of £657 million and we are the only integrated provider of acute and community care in Sussex.

Our extensive health services are provided by over 8,300 dedicated colleagues working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.

In 2020 the Care Quality Commission (CQC) rated us as 'Good' overall, and 'Outstanding' for being Caring and Effective. Conquest Hospital in Hastings and our Community Services were rated 'Outstanding' and Eastbourne District General Hospital was rated 'Good'.

Our two acute hospitals have emergency departments and provide 24 hour a day care, offering a comprehensive range of surgical, medical, outpatient and maternity services, supported by a full range of diagnostic and therapy services. Our centres for urology and stroke services are at Eastbourne, while our centres for trauma services and obstetrics are at Conquest Hospital.

At Bexhill Hospital we offer a range of outpatients, day surgery, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we offer outpatient, rehabilitation and intermediate services.

At Uckfield Hospital we provide day surgery and outpatient care. We also provide rehabilitation services jointly with East Sussex County Council Adult Social Care.

In the community, we deliver services that focus on people with long term conditions living well outside hospital, through our integrated locality teams working with district and community nursing teams. Community colleagues also provide care to patients in their homes and from a number of clinics, health centres and GP surgeries.



Strategic aims

“Better Care Together for East Sussex” is our strategic plan that sets the overall direction for our services; enabling our residents to access the best care in the most appropriate place – at home, in the community or when they need to come into hospital. This plan is built on four strategic aims and six commitments:



Improving the health of communities



Collaborating to deliver care better



Empowering our people



Ensuring innovative and sustainable care

Our strategic commitments





The challenges

We have two major challenges: the local population is expected to rise by around 14% over the next 25 years, with a significantly higher rate of growth in the older population aged over 70. Additionally, much of our current infrastructure has been assessed to be in a generally poor condition requiring major repair or replacement.

The Building for our Future programme will ensure that our infrastructure is an enabler to driving transformational change. Surveys of our estate completed in August 2019 highlighted that “major repair or replacement is needed in the short to medium term or there is a serious risk of major failure or breakdown”.

Our level of critical infrastructure risk (CIR) is the 10th highest when compared to other NHS hospital trusts in England. The total backlog rectification cost for us for the next 10 years (as identified at August 2019) is over £300 million. Of this total backlog, the cost of the CIR is over £64 million — this is more than 20 times our current baseline annual capital programme, which delivers roughly £3 million to £4 million per year of critical backlog related improvements.



- **Backlog maintenance** represents the amount of capital investment needed to bring deteriorating assets, including buildings, back to a suitable and appropriate standard. It includes all improvements needed regardless of their risk to safety and resilience but excludes refurbishment or improvement. It is reduced or eliminated through capital investment or disposal.
- **Critical infrastructure risk (CIR)** is a subset of the total backlog maintenance and represents high and significant risk backlog relating to physical condition and statutory compliance. It represents the amount of capital investment needed to eliminate safety and resilience risks from the operational estate.

The expenditure required to remove all of our critical infrastructure risk (CIR) will increase to over £220 million over the next 10 years if there is no investment.

The age and standard of the current hospital buildings presents challenges for the consistent delivery of safe, effective, responsive and efficient care and limits the ability for us to innovate, transform and implement new models of care in line with current clinical standards.

The survey of our estate acknowledged that due to changes in service provision, work practices and expansions of teams, many of our buildings are simply too small for function or were constructed and designed for another function which does not provide a suitable layout and space for services.

The functional suitability challenges include:

- poor clinical adjacencies across the trust, which impact on patient experience and productivity; insufficient single rooms which has an impact on infection control management, privacy, dignity and confidentiality
- theatre suites require modernisation which has an impact on theatre efficiency
- our emergency departments are over-crowded, small assessment units are fragmented across our sites resulting in poor patient experience and flow, high occupancy rates for inpatient beds leaves no capacity to accommodate additional patients during a surge, resulting in the use of areas that were not designed for inpatient use. Additionally, the increase in demographic growth of the elderly population will result in severe overcrowding.



Transforming clinical services to improve health and care

Although our ageing hospital buildings present a significant challenge, we acknowledge that the delivery of modern healthcare is not just about the bricks and mortar of hospital buildings. Alongside the plans to redevelop the physical fabric of our hospitals, clinical transformation projects have been established to consider how our traditional models of care can be improved to better reflect the changing needs and expectations of our patients and service users.

Each transformation project is working towards the delivery of new models of care, with an emphasis on ensuring:

- patients can be seen promptly by the appropriate clinician whether on an emergency or planned care pathway
- faster access to diagnostics, to ensure patients are treated by the right team with the fewest interventions
- better integrated multi-disciplinary teams that work seamlessly within the hospital and the community
- strengthened support and management for patients at home so they don't need hospital treatment
- adoption of more digital solutions in the appropriate pathways to help avoid unnecessary trips to hospitals, for example using virtual consultations.

An increase in clinical space

- An increase in the proportion of clinical space within our hospitals from 53% to around 70%.
- Increase in the number of hospital beds by 13% from the baseline in 2019.
- Increase the proportion of single rooms across our hospitals from the current 18% to a minimum of 70%.
- Increase the number of outpatient consulting rooms across our hospitals by 28%.

More same day care

- New integrated emergency floors to see and treat people on the same day.
- More people seen as day cases.
- More phone and video appointments enabling support closer to home.

More integration of hospital and community pathways

- Seamless pathways between hospital and community services.
- An integrated rehabilitation model that delivers responsive rehabilitation services locally.
- Development of new roles to support integrated care pathways.

Enabling transformational change

Providing new facilities offers the opportunity to redesign the layout of services in a coherent and efficient way to make the best use of the available infrastructure, enhance clinical adjacencies and enable the delivery of new models of care.

It will also ensure that any future capital investment our infrastructure has a long-term benefit, as opposed to continuing to invest in maintaining existing estate that is ultimately substandard and non-compliant with current building standards for acute hospitals. Our rationale and case for change has four main aspects:

- The layout of our hospital buildings are not designed for modern healthcare and limit the opportunity for transformational change to deliver clinically sustainable services that continue to meet the needs of the population in the long term.
- Our hospital buildings are old and require significant repairs to address critical infrastructure risks. These will increase year on year if not addressed and create immediate and long-term operational and financial risks.
- Our hospital buildings hinder further service efficiencies and limit our ability to achieve long-term financial sustainability.
- Our digital maturity has been assessed as level zero and requires significant infrastructural upgrades in order enable digital transformation and innovation.

In 2019, we estimated that approximately £600m of capital would be required to address the backlog maintenance and enable the transformation of clinical services to meet modern standards.

Firming up our hospital redevelopment plans

Funding from the Government's New Hospitals Programme (NHP) provides an opportunity to reconsider, remodel and redesign our estate, and if successful, will provide the significant capital funds needed to enable transformation of the hospital estate in the long term.

We are within Cohort 4 (full adopters) of the NHP Programme and the scheme will begin in the latter half of the decade.

Our strategic outline case (SOC) for the redevelopment of the hospital estate has been submitted to the NHP team for consideration and approval.

To secure the funding, we had to go through a three-stage process:

Stage 1

Strategic outline business case (SOC)

Stage 2

Outline business case (OBC)

Stage 3

Full business case (FBC)

Each business case builds on the last, but the staged approach enables appropriate investment decisions to be made.

We have completed Stage 1, which is the scoping phase for the project, which leads to the production of the strategic outline business case.

The purpose of this stage is to:

- reaffirm the strategic context for the project
- make the case for change
- determine the preferred way forward.





Residential strategy

We recognise the importance of the provision of suitable and sufficient high-quality residential accommodation. It is viewed as a significant contributory factor in aiding and improving recruitment and retention of many staff groups who want to live and work near the two main acute hospital sites in Hastings and Eastbourne.

Both sites have extensive residential units, but they have seen limited investment over the years. The housing stock has deteriorated and we are exploring avenues to remedy the situation.



Net zero carbon

The proposed hospital redevelopment options will be assessed to predict their operational carbon emissions and the measures proposed to reduce these in line with an energy hierarchy. We will select the most suitable technology for each site to best deliver its commitment to reducing carbon emissions and minimise the environmental impact of the buildings.



Digital strategy

Our digital strategy will support the delivery of modern, digitally enabled healthcare to improve patient experience and enable the achievement of greater efficiencies for operational delivery. We will:

- support 'digital by default' across all services, giving patients more choice, enabling greater levels of personalised care, providing individuals with access to a digital patient record and empowering them to manage self-care
- work with partners across the Integrated Care System to deliver a long-term strategy for a Local Health and Care Record
- support implementation of digitally enabled flexible working, providing a reliable infrastructure and new technologies that empower colleagues to work remotely and enhance their daily working practices
- collaborate with other trusts to ensure adoption of innovative practices and technology, and contribute towards sustainable care.

Main benefits

The main benefits of the Building for our Future programme include the following:



Enhanced clinical outcomes

- Better co-location of interdependent services will improve clinical adjacencies, improve access and flow to and around the hospital sites and enable more effective delivery of clinical care resulting in better clinical outcomes.



Reduced operational costs

- Different ways of working enabled by improved infrastructure and improved access and flow to and around the hospital sites will reduce building running costs.
- The cost of serviceable efficiencies will reduce through better building design.
- Improved facilities and clinical adjacencies will improve utilisation of theatres and outpatient facilities.
- There will be a reduced reliance on temporary staffing due to improved worker satisfaction.



Flexibility to incorporate future changes

- Improved mechanical and electrical infrastructure will enable digitisation and adoption of further digital innovation in the future.
- Flexible design will enable us to accommodate further changes to services to meet changing demand and clinical requirements.



Improved patient experience

- Improved clinical adjacencies will minimise attendances through one stop shops and minimise journeys between departments for patients.
- Improved physical environment and facilities including an increased number of single rooms, will deliver more appropriate environments for care delivery and enhance privacy and dignity resulting in improved patient experience.
- Digitally enabled facilities that transform the way patients are cared for.



Workforce satisfaction

- Improved facilities for colleagues will improve recruitment and retention.
- Improved clinical adjacencies will reduce fragmentation, enhance team working and job satisfaction.
- Improvement in skill mix through better ways of working, new roles and pathway redesign will provide opportunity for colleague development and enhance satisfaction.



Clinical and financial sustainability

- New and improved health and wellbeing settings will increase access to high quality care that ensures improved health outcomes for local people.
- A greener, healthier environment for patients and colleagues.

Next steps

We have submitted our strategic outline case and must now await approval from the national New Hospital Programme in order to proceed to the next stage. In the meantime, we are continuing to review our options and explore opportunities to fine-tune our ambitions to deliver excellence in healthcare.

We will work closely with stakeholders and the public to develop more detailed plans as part of the next stage of business case development.

At this stage, we will review the preferred way forward, taking account of any changes to the strategic context, and develop detailed plans and costs to deliver the agreed improvements.

Subject to approval of this strategic outline case and 'funding in principle' being agreed by regulators, building work could commence in 2025/26 and the vast majority of the redevelopment would be completed by 2030.

Contact

We welcome your feedback on this document and the programme. Please email esht.buildingforourfuture@nhs.net or post to:

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