New build for Airedale NHS Foundation Trust

Airedale General Hospital is currently celebrating its 50th Anniversary and our colleagues across the hospital and our community teams have been showcasing how health care has changed dramatically over those 50 years and in particular, how they have coped with the very recent challenge of the Covid-19 pandemic.

While it is fantastic to celebrate significant progress made by Airedale over the last 50 years, it has also highlighted that **the hospital itself came with an expected 30 year life expectancy which it has now far exceeded** and we are really seeing the impact of that.

The design of the building has been problematic for some time and ongoing maintenance is a significant issue. **The hospital has the largest single flat roof – 30,000sq m** – which has resulted in the most roof leaks in the country (based on data national data request).

In May 2019, **an alert was issued by the Standing Committee on Structural Safety relating to aerated concrete**, whereby a roof of this construction collapsed without warning at a school. **Airedale is constructed almost entirely of Siporex, a form of aerated concrete.**

There are 7 hospitals nationally made of the same material (a number of others have small sections of aerated concrete) and of those, **Airedale's roof panels have the highest recorded deflections, a sign that the panels are under structural stress**. The panels are also some of the earliest aerated concrete and Airedale is the only hospital to have aerated concrete floor panels as well as roof and wall panels.

While we have put in place detailed monitoring and maintenance arrangements to ensure safety for our patients and colleagues, **our only solution is to build a new hospital**. It would be practically impossible to replace the floor panels in the existing buildings.

A cost benefit analysis has been completed which demonstrates **that the most cost effective solution is to build a new hospital** when compared with the option of making safe the existing building.

The proposed project is to build a new 85,000m2 hospital to replace the existing estate; only the recently constructed Emergency Department and Acute Assessment Unit will be retained. The new hospital will contain 433 beds, an increase from the 383 existing beds within the current hospital. The proposal is that these beds will be single rooms with en-suite facilities, to help with infection control and reflecting on the recent Covid-19 experience.

The ambition is to be Europe's first carbon zero hospital. This would include solar and wind power; bore holes for ground source heating and air source heat pumps; total

building management system and use of AI to monitor energy use. The vast use of renewables is possible due to Airedale's 42 acre estate.

The design has considered population growth, developing integrated service models across the integrated care system, sustainable solutions including the nation's first Carbon neutral hospital, smart technology opportunities, intelligent buildings, current guidance (HBN's/HTM's) and lessons learnt from COVID.

In order to complete the construction as quickly as possible **in line with the Prime Minister's "project speed", the hospital will be designed on the premise of repeatable rooms,** ideal for off-site modular construction, alongside Modern Methods of Construction (MMC). NHS England and NHS Improvement with the Department of Health and Social Care aim to increase the use of MMC and as such government approvals to capital business cases are under increased scrutiny to demonstrate compliance using MMC. **Our build will meet all of the criteria required under MMC.**

A second entrance onto Skipton Road will be created to resolve the access and egress problems at peak times. **With the right support and early enabling work the project could be completed as early as 2025.**

Additional financial information

The cost of design and project support to take the case to the next step is significant. Also, due to the present financial regime the Trust is unable to make investment decisions. The cost of supporting the next steps and further progression of the case is £5m, of which £1.7m would be required in 2020/21. **In addition to the design work funding is required for the enabling work in order to complete the project by 2025.**

Seed funding is required urgently to prevent further delays in progressing this project, **this is essential due to the significant safety concerns that it is aiming to address.**

PDC (Public Dividend Capital) is a charge on our assets of 3.5%. This drives **an I&E charge of up to £20m for the new hospital** which presents a significant affordability gap, alongside other charges such as depreciation. There are discussions nationally around the level of this charge and whether it should be reduced alongside the national position on interest rates. **We have been asked to model a charge of 1.5%** on this basis and need to continue to lobby for this reduction to apply.