



**Hinckley Day Case – Options Appraisal for
Proceeding with a Suitable Stage 2 Design Solution**

CLIENT NAME: NHS Property Services

PROJECT NAME: Hinckley Day Case

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EXECUTIVE SUMMARY

This report presents an appraisal of design solution options for the redevelopment of the Hinckley District Hospital site to deliver a modern, fit-for-purpose Day Case Surgery facility. Commissioned by NHS Property Services (NHSPS) and developed in collaboration with the Integrated Care Board (ICB) and University Hospitals Leicester (UHL), the appraisal evaluates seven options against clinical, operational, planning, and financial criteria.

The existing hospital, originally constructed in 1898–1900, is no longer suitable for modern healthcare delivery due to outdated infrastructure, poor layout, and significant backlog maintenance liabilities. The building fails to meet current standards for infection control, accessibility, and patient dignity, and poses a risk to service continuity.

The appraisal considered a range of options, from minimal intervention (Option 1 – Do Nothing) to full redevelopment (Options 5–7). Key evaluation criteria included alignment with business case objectives, clinical model compatibility, planning considerations, cost, and public feedback.

Key Findings:

Options 1–4, which involve retaining or partially converting the existing hospital, were discounted due to high costs, buildability issues, and failure to meet critical business case objectives and clinical requirements.

Option 5 – Full demolition and new build with entrance at the rear – emerged as the preferred solution. It fully meets all business case objectives.

Aligns with the clinical model and operational requirements.

Is deliverable within the funding envelope (£10.5m).

Option 6 was deemed unviable due to unacceptable compromises in clinical functionality and space.

Option 7, while incorporating planning feedback, involves trade-offs in operational efficiency and was less favoured by stakeholders.

Recommendation:

Proceed with Option 5 – a new-build Day Case Surgery unit with a rear entrance – as it best satisfies the strategic, clinical, and financial goals of the project. The design will incorporate heritage-inspired architectural elements to reflect the character of the original hospital while delivering a high-quality, sustainable healthcare environment.

1. INTRODUCTION

The existing Community Hospital building was developed between 1898-1900- the building has been substantially extended since its original development, and it is no longer suitable for the delivery of modern healthcare due to its dated design, layout and construction. The building is unable to continue to support Day Case Surgery services going forward in its current condition and configuration. There is a high risk of service failure as a result of the physical environment and the District Hospital building is no longer fit for purpose in the context of current models of care.

Specifically, the existing building is compromised in several areas:

1. The existing layout is inefficient and does not provide the necessary standards of privacy and dignity (including lack of single sex recovery space, toilets and circulation areas etc that require lists to be single sex) or infection control. This would be a poor quality internal environment that adversely impacts staff recruitment and retention, and the overall patient experience.
2. Re-using the current building would result in services remaining in a poor quality outdated building where there is circa. £5.5m of backlog maintenance liability and circa. 1300 sqm of vacant space.
3. The existing Hospital buildings are outdated and no longer suitable for modern healthcare provision.
4. The existing layout would not meet the current requirements for a modern Day Case facility. In particular due to insufficient room sizes as required by HBN standards, existing layout not designed to cater for modern Day Case service provision.
5. Current space would be an obstacle for less mobile staff and patients, thus erecting barriers for accessibility.
6. An NHS asset will go unused and fall further into disrepair. To do nothing would lead to loss of service provision to the local area and wasted funding opportunity.
7. It would not be possible to re-introduce healthcare services into the building in its current condition without significant mechanical and electrical upgrades. There is currently no space available to provide these upgraded services e.g. the roof would require significant structural alteration to accommodate plant and external floor space that can be used for this is not readily available.
8. Poor quality sanitary facilities risk of cross infection that can only be mitigated using inefficient and costly practices, policies and procedures.
9. No piped medical gases and this limits the procedures that are possible and the theatre's capacity.
10. No Clean Room to expand the Day Case Surgery offer.

NHSPS commissioned WT Partnership and the associated members of the design team to undertake an options appraisal, reviewing the design, cost and programme implications of different approaches for developing the proposed Day Case Surgery unit. This appraisal considered various options, some of which included retaining the existing Community Hospital building on the site's frontage. The options were evaluated by the Integrated Care Board (ICB), University Hospitals Leicester (UHL), and NHSPS to determine the optimal solution for the site, considering patient journeys and service provision by design, heritage considerations, funding constraints, speed of delivery, and access, and parking provision for patients, ambulances and NHS colleagues. The outputs from this exercise are detailed below.

2. BUSINESS CASE OBJECTIVES

The ICB are seeking the provision of a modern, fit for purpose, building for Day Case Surgery services. This is currently proposed to be achieved by demolishing the currently unoccupied and inactive District Hospital in its entirety and constructing a new-build modular facility in its place.

NHS Property Services working collaboratively with the Leicester, Leicestershire & Rutland Integrated Care Board (LLR ICB) and WT Partnership, are seeking to redevelop the Hinckley District Hospital site to provide a new Day Case Surgery and Clean Room building on the Hinckley Hospital site to enhance Day Case services in the LLR Integrated Care System area. The investment objectives originally stated in the Short Form Business Case, written by NHSPS and approved by NHS England on 28/03/2024 are as follows:

1. Increase capacity to more than double the delivery of Day Case surgeries in the Hinckley area to circa 2,000 patients per annum and provide circa 2,000 Clean Room treatments per annum.
2. Maintain day case surgery in an accessible, community based “cold” site location for the population of West Leicestershire that is growing at a rate above the national average.
3. Ensure that the scheme does not exceed the funding envelope
4. Deliver a solution by the end of March 2026.
5. Improve the quality and safety of Day Case Surgery facilities for patients and staff within the Hinckley area.
6. Provide an environment for Day Case Surgery that meets modern healthcare requirements, is compliant with HTM¹/HBN² and does not require “work arounds” for staff and patients.
7. Increase the efficiency with which the NHS estate in Hinckley is used, through reducing the total floor area of the existing Hospital by 1200sqm and eliminating vacant space by 2025/26.

¹ Health Technical Memoranda – <https://www.england.nhs.uk/estates/health-technical-memoranda>

² Health Building Notes – <https://www.england.nhs.uk/estates/health-building-notes>

8. Improve the environmental performance of the service via a Net Zero Carbon “in operation” building with BREEAM Excellent and EPC A+ ratings.
9. Eliminate backlog maintenance and provide a fit for the future affordable building.

In addition to the objectives, UHL require that the building works in synergy with the adjoining new-build CDC and existing healthcare facilities to create a ‘campus’ feel to the overall site. The key driver for this requirement is the operational efficiencies involved in localising multiple healthcare solutions as well as minimising and simplifying the way patients, visitors and staff travel around the site.

3. OPTIONS REVIEW

The following options have been developed with the aim of balancing the needs of UHL and the feedback received from HBBC on 25th October 2024. The main points of the feedback received were as follows:

- The development would need to complement or enhance the character of the area.
- An active frontage on the Mount Road elevation.
- The development should demonstrate that the facilities are accessible to the community which they intend to serve by a range of sustainable transport modes and not make access / parking any worse.
- The development proposals should make every effort to retain the significance of locally listed heritage assets.

For the scope of this appraisal, the following options have been considered against the business case objectives:

1. Do Nothing but repurpose building in current form.
2. Convert the Existing Hospital buildings for Day Case Surgery.
3. Convert the front historic part of the Hospital and extend it for Day Case Surgery with patient entry from Mount Road.
4. Convert the front historic part of the Hospital and extend it for Day Case Surgery with patient entry from the North Elevation near the car park.
5. Demolish the existing hospital and develop a new build with entrance to the North elevation.
6. Demolish the whole hospital and develop a new build with entrance at the south elevation (fully incorporating feedback, no compromise of operational parameters).
7. Demolish the whole hospital and develop a new build with entrance to the south elevation (fully incorporating feedback but trading off operational parameters).

3.1. Option 1 – Do Nothing but Repurpose Building in Current Form

Option Summary: It is not possible to achieve any of the objectives set out in the business case apart from *Maintain day case surgery in an accessible, community based “cold” site location for the population of West Leicestershire that is growing at a rate above the national average.*

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 1 – Do Nothing									

Conclusion: Doesn't meet the Business Case Objectives or clinical requirements. Option rejected.

3.2. Option 2 – Convert the Existing Hospital Buildings for Day Case Surgery

Option Summary: This option retains the existing hospital entrance on Mount Road and refurbishes the currently vacant internal space. It includes removing the link between the Hospital and Health Centre to create car parking. While most of the original structure would be preserved, significant challenges make this option unviable from a financial perspective.

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 2 – Convert Existing Building									

Challenges:

1. The long corridor disrupts efficient clinical workflows.
2. The building's age and structure limit adaptability, compromising room sizes, layouts, and compliance with HBN standards.
3. Patient privacy is at risk due to movement between procedure and recovery areas across shared corridors.
4. Preparation and changing areas are not suitably located near procedure rooms.
5. Upgrading outdated electrical and mechanical systems would be costly and impractical.
6. The building's unknown condition poses risks of hidden costs and delays.
7. Firestopping upgrades to meet current standards are challenging.
8. Vehicular access to Mount Road cannot be improved.
9. Roof space is insufficient for new plant installation.

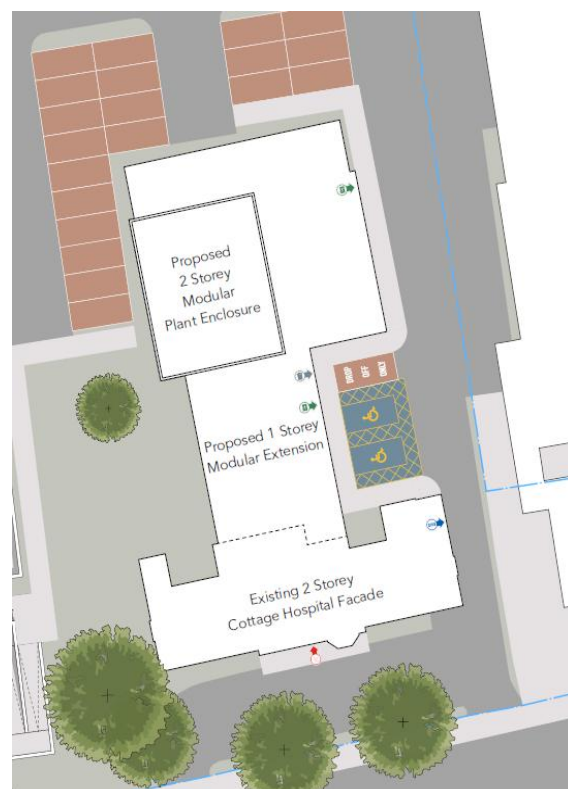
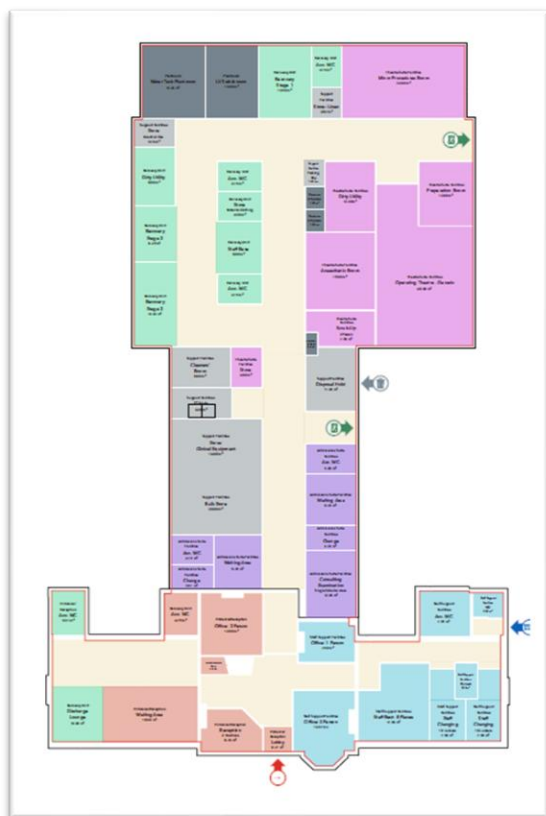


Conclusion: Doesn't meet the relevant Business Case Objectives or clinical requirements. Option Rejected.

3.3. **Option 3 – Convert the Front Historic Part of the Hospital and Extend it for Day Case Surgery with Patient Entry from Mount Road**

Option Summary: This option retains the original Cottage hospital frontage on Mount Road and adds a new extension at the rear. The main entrance remains on Mount Road, with the existing building repurposed for staff administration and patient waiting areas. All clinical services would be housed in a new, purpose-built facility.

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 3 – Convert Existing w/ Mount Road Entry	Green	Green	Red	Yellow	Yellow	Yellow	Red	Red	Red



Conclusion: Doesn't meet the Business Case Objectives or clinical requirements. Option rejected.

3.4. **Option 4 – Convert the Front Historic Part of the Hospital and Extend it for the Day Case Surgery with Patient Entry from the North Elevation near the Car Park.**

Option Summary: This option combines partial retention with new build. The existing front façade on Mount Road is preserved and linked to a new structure behind. Unlike Option 3, the main patient entrance is relocated to the north side, accessed via a new car park. The retained building will house staff admin and clinical storage, while the Mount Road entrance may serve staff and deliveries. All clinical areas will be delivered in a new, purpose-built facility meeting healthcare standards.

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 4 – Convert Existing w/ North Elevation Entry									



Conclusion: Doesn't meet the Business Case Objectives or clinical requirements. Option rejected.

3.5. Option 5 – Demolish the Existing Hospital and Develop a New Build with Entrance to the North Elevation.

Option Summary: Bespoke design developed to meet Business Case objectives, ensuring optimal space utilisation and patient flow without compromise. The main entrance is located on the northern elevation, facing the main car park, with an adjacent ambulance bay providing safe and convenient access to and from the Day Case Centre.

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 5 – Demolish the Existing Hospital and Develop a New Build w/ Entrance on the North Elevation									



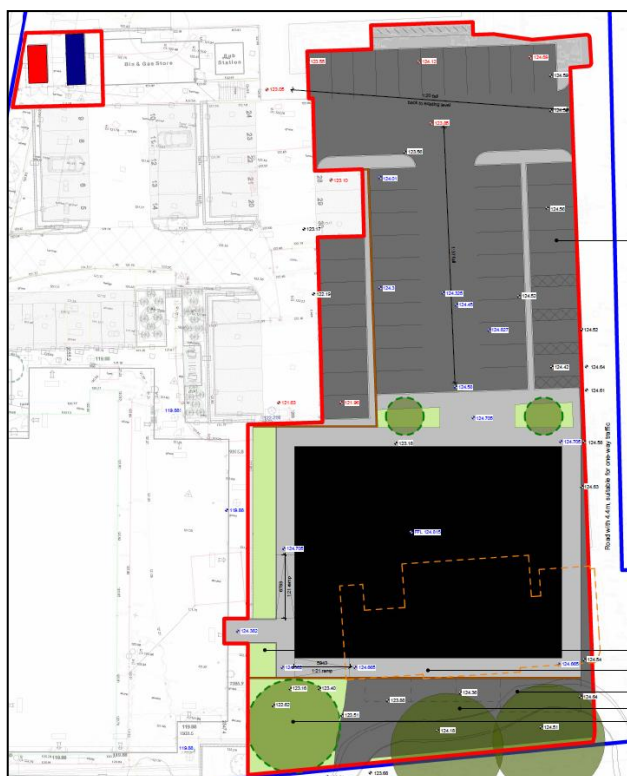
Conclusion: Meets the Business Case Objectives. Options progressed. Cost review exercise under-taken, see below.

		Based on 925m ²
Works Value:		£7.21 M
£/m ² cost		£7.79 K
Project Cost excluding VAT		£10.25 M

3.6. Option 6 – Demolish the Whole Hospital and Develop a New Build with Entrance at the South Elevation (fully incorporating feedback, no compromise of operational parameters)

Option Summary: This option primarily consists of squaring off the building layout and moving the building North by circa 15-20 feet to enable a primary frontage to be created on the Mount Road elevation. This will include an ambulance bay and patient drop-off.

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 6 – Demolish the Existing Hospital and Develop a New Build w/ Entrance to the Front									



Conclusion: This option has been rejected as it created a sub optimal layout from a clinical operational perspective with clinical use being required at first floor. This Option has not been costed because it does not align with the requirements of the end user.

3.7. Option 7 – Demolish the Whole Hospital and Develop a New Build with Entrance at the South Elevation (fully incorporating feedback but trading off operational parameters).

Option Summary: These proposals broadly consist of retaining the building shape from option 1 but recessing it slightly to facilitate an active frontage to the Mount Road elevation. The internal layout is re-configured to take into account the new active frontage.

Hinckley Day Case – Options Appraisal for Proceeding with a Suitable Stage 2 Design Solution

Business Case Objective	1	2	3	4	5	6	7	8	9
Option 7 – Demolish the Existing Hospital and Develop a New Build w/ Entrance on the North Elevation									



Conclusion:

Business Case Objectives met. Option progressed. Cost review exercise under-taken, see table below.

		Based on 925m2
Works Value:		£7.25 M
£/m2 cost		£7.84 K
Project Cost excluding VAT		£10.29 M

4. REVIEW AGAINST BUSINESS CASE OBJECTIVES

Business Case Objective	Option 1 – Do Nothing	Option 2 – Convert Existing	Option 3 – Convert existing w/ Mount Road Entry	Option 4 – Convert existing w/ North Elevation Entry	Option 5 – Demolish existing for new build	Option 6 – Demo existing, new build w/ planners feedback & operational	Option 7 – Demo existing, new build w/ planners feedback
1. Increase capacity to circa 2,000 patients per annum and provide circa 2,000 Clean Room treatments per annum.							
2. Maintain day case surgery in an accessible, community based “cold” site location.							
3. Ensure that the scheme does not exceed the funding envelope							
4. Deliver a solution by the end of March 2026.							
5. Improve the quality and safety of Day Case Surgery facilities for patients and staff within the Hinckley area.							
6. Provide an environment for Day Case Surgery that meets modern healthcare requirements, is compliant with HTM /HBN and does not require “work arounds” for staff and patients.							
7. Increase the efficiency with which the NHS estate in Hinckley is used, through reducing the total floor area of the existing Hospital by 1200sqm and eliminating vacant space by 2025/26.							
8. Improve the environmental performance of the service via a Net Zero Carbon “in operation” building with BREEAM Excellent and EPC A+ ratings.							
9. Eliminate backlog maintenance and provide a fit for the future affordable building.							

5. CONCLUSION

Following a comprehensive appraisal of seven design options for the redevelopment of the Hinckley District Hospital site, Option 5—complete demolition and construction of a new Day Case Surgery unit with a rear entrance—has been identified as the preferred solution. This option fully meets the business case objectives, aligns with the clinical model, remains within the funding envelope, and received the strongest support during public consultation.

Options 1 through 4 were discounted due to significant limitations in cost, compliance, and clinical functionality. Option 6 was deemed unviable due to unacceptable compromises in space and layout, while Option 7, though more aligned with planning feedback, involved trade-offs in operational efficiency and was less favoured by stakeholders.

Option 5 offers a purpose-built, future-proof facility that supports modern healthcare delivery, integrates with the wider site, and reflects the heritage of the original hospital through thoughtful architectural detailing. It represents the most balanced and deliverable solution in terms of clinical performance, cost-effectiveness, and community value.