

# **STATES OF JERSEY**

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## **DAY SURGERY UNIT EXTENSION AND ACCIDENT AND EMERGENCY EXTENSION PHASE 1: APPROVAL OF DRAWINGS**

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**Lodged au Greffe on 19th April 2005  
by the Health and Social Services Committee**

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**STATES GREFFE**

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion –**

- (a) to approve drawings Nos. 1712/01 – 06, 11 – 01A, 11 – 02F, 11 – 03E, 11 – 04E, 11 – 05C, 12 – 01B, 12 – 02C, 12 – 03B, 13 – 01C and 13 – 02C relating to the Day Surgery Unit extension and the Accident and Emergency extension Phase 1;
- (b) to authorise the Greffier of the States to sign the said drawings on behalf of the States.

**HEALTH AND SOCIAL SERVICES COMMITTEE**

## **REPORT**

The Health and Social Services Committee is planning to combine two of its capital projects to create a second Day Surgery Unit theatre and provide an extension to the General Hospital to provide space to decant its General and Acute Administration and Personnel Department. The latter to provide the space required to decant Radiology reception and administration and to extend the Accident and Emergency Department (A&E Extension Phase 2) which is in its 2006 Capital Programme.

### **The case for an extension to Day Surgery Unit**

The existing Day Surgery Unit (DSU) opened in 1997. The benefits of having a dedicated DSU in Jersey have been demonstrated by its success to date and have included national recognition at a number of conferences and meetings. When provided appropriately, day surgery is better for the patient and more cost-effective than using main theatres and wards.

Presently approximately 60% (5,000 cases per annum) of all elective (non-emergency) surgery is performed as a day case in Jersey, which is in keeping with the U.K. benchmark of 62%. However, only 70% (3,500 cases per annum) of these procedures are undertaken in the DSU and the remainder go through the main theatres and wards.

The principle reason for this is simply that the DSU is operating at capacity. As a result 30% of day case patients are treated utilising the main theatres and occupying in-patient beds. This equates to 1,500 bed days being lost which could otherwise have been available for medical emergencies or for tackling surgical waiting lists.

In short an additional 1,500 cases per year could be immediately undertaken once the second DSU theatre is commissioned.

### **The case for an extension to Accident and Emergency Department**

The Accident and Emergency Department (A&E) was designed and built in the 1960s and is now inadequate to provide a modern front line diagnostic and treatment service. Last year the Department treated 32,000 new cases with a further 6,000 follow-up cases.

Over the last 2 to 5 years, A&E Departments in the U.K. have benefited from a massive injection of funding to cope with a development of initiatives such as –

- Emergency nurse practitioners (who require space in which to work).
- Separate major and minor treatment areas to allow effective streaming.
- Clinical decision units (a more sophisticated version of the old fashioned observation ward), which have been shown to reduce the number of admissions to in-patient hospital beds as well as greatly improve the quality and safety of clinical assessment (head injuries, overdoses, chest pain, headache etc.).
- Create the clinical space necessary to treat patients in comfort and privacy.
- The provision of adequate paediatric facilities.
- The provision of adequate resuscitation facilities to treat life-threatening emergencies.
- Appropriate educational and I.T. facilities within the Department so that staff can stay on the Unit to deal with emergencies.

Over the last 2 years, Jersey's A&E Department has benefited in some minor upgrading and alterations to create a small children's waiting and treatment area and a minor capital project to rebuild the resuscitation unit is now complete. Also several of the doctors and administration rooms have been temporarily relocated in a portacabin

located in the main car park. While freeing up some space the portacabin is only a temporary situation and becomes intolerably hot in the summer.

To provide the space required to extend the A&E Department it is necessary to relocate the existing Radiology Department's reception and administration to the space currently occupied by the General and Acute administration and personnel team.

Phase 1 of the A&E extension will provide the new space required to vacate the General and Acute administration and personnel teams by constructing a new three-storey extension over the existing Medical Library.

### **The case for combining the 2 Capital Projects**

During feasibility stage of planning, it became clear that the extra space required for the second DSU theatre would require extending out the first-floor level across the roofs of existing buildings between the rear of the Granite Block and the Pathology Department. The size and length of the extension was impinging on both the above buildings and it was proving impossible to satisfy the Fire Officer's requirements on maximum distances from exit stairs.

The only other available space was the adjacent proposed A&E Phase 1 extension over the Medical Library which has proved to be both accessible and beneficial to the DSU layout.

It also became clear that by building an infill block between the proposed A&E Phase 1 building and the Gwyneth Huelin Wing several other advantages were achieved –

- Additional space created to overcome loss of one floor to the DSU extension and provide space for some growth.
- Improved access between the proposed A&E Phase 1 extension, the Gwyneth Huelin Wing and the old Granite Block.
- Best use of land.
- Improved overall scheme aesthetically.
- Improved waterproofing capabilities when connecting to the Granite Block.

The new DSU extension will provide a new second day surgery theatre alongside the existing theatre. It will involve the construction of a first-floor extension to the rear of the existing unit to create a new minor ops theatre, 2 consulting rooms, a rest room, day room, disabled W.C. and storage. The existing minor ops theatre space will be used to create the new second day surgery theatre which will be connected to the existing recovery room via a new link corridor. Additional bed/trolley space will be created on the first floor of the new extension over the Medical Library. Many other areas within the existing unit are being altered and upgraded to improve the flow of patients, improve staff facilities, and construct a new plant room at roof level.

The A&E Phase 1 extension and infill block will provide, in addition to the first floor extension to the DSU, all the office, meeting/interview rooms, storage and archive rooms required to vacate the Granite Block space required for Radiology and A&E Departments.

A planned enabling works contract was carried out at the end of 2004 which was to install piles in the basement along with a supporting column to first floor level and the installation of additional columns in the Medical Library. The piles were difficult to install due to the confined spaces available and by installing early, considerably reduced the risk of delay to the main contract which is hoped to start in June/July 2005.

Funding will be provided by the Committee's 2003 capital bid for the Day Surgery Extension and its 2004 capital bid for A&E Extension Phase 1 along with savings made on the Committee's Overdale Assessment and

Rehabilitation Unit.

The staffing of this project is covered by the Committee's approved medical manpower levels and the revenue costs will be covered by savings being made in the energy saving measures being taken across the whole Department.