STATES OF JERSEY

HOSPITAL PRE-FEASIBILITY SPATIAL ASSESSMENT PROJECT: INTERIM REPORT

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by the Council of Ministers

STATES GREFFE

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REPORT

Introduction

P.82/2012 – *Health and Social Services: A New Way Forward* proposes "requesting the Council of Ministers to co-ordinate the necessary steps by all relevant Ministers to bring forward for approval proposals for the priorities for investment in hospital services and detailed plans for a new hospital (either on a new site or a rebuilt and refurbished hospital on the current site), by the end of 2014".

This report sets out the progress to date in developing proposals for a new hospital. This provides context to States Members considering the wider transformation proposed within P.82/2012.

Strategic context – the case for change

P.82/2012 sets out the vision of an integrated system and a programme of change that will meet the challenges facing the Island's Health and Social Services.

Central to the development of these initiatives is the need for a Hospital which is fit for purpose, capable of sustaining the general and acute care requirements for the population and one that is embedded in the proposed new system for health and social care. P.82/2012 makes clear that a new hospital will be required within 10 years.

A new hospital is required because it is becoming increasingly inappropriate to provide clinical services in the existing facility which neither meets current building and operational standards nor caters for current and projected clinical demands.

In particular, the following aspects are causes for concern –

- The existing provision of functional types, sizes and relationships of rooms do not meet current healthcare design guidance concerning space standards, control of infection, support for privacy and dignity and current best working practices.

- The numbers of beds available and the provision of single bedroom accommodation with en-suite facilities do not meet current emergency demand, nor projected daily demands whilst operating at recognised best practice occupancy rates.

The constraints imposed by the current hospital facility, which comprise a disparate collection of buildings and associated infrastructure of varying vintages from the mid-1800s to the present day, leads to inefficiencies in linking the various clinical services throughout the hospital and restricts the opportunities for adapting the existing facilities to meet current and future demands.

The new hospital will need to address a number of pressing issues, which fall into 2 key groups –

1. Responding to the strategic imperatives of developing an integrated care service on the Island where the acute hospital and community-based health services are designed to complement and support one another as part of an integrated care strategy.

2. Responding to the very obvious physical requirements for a new hospital to address the following key issues with the current hospital infrastructure –

    - Inefficient and aging design – poor clinical adjacencies
    - Poor space standards compromising effective care delivery
    - Inadequate provision to control the potential spread of infection
    - Lack of flexibility in the use of space
    - Inadequate separation of clinical and non-clinical movements
    - Poor gender separation and lack of privacy and dignity
    - Deficient supporting mechanical and engineering infrastructure
    - Poor provision of fire control and escape measures such as compartmentalisation to allow progressive horizontal evacuation.

P.82/2012 sets out a Vision for the new hospital, but acknowledges the central role that acute services, in particular within the General Hospital, will play during the transitional 10 year period before a new hospital can be developed, and recognises the need to ensure that hospital services remain viable and sustainable. It also recognises the urgent need for significant investment in the hospital's buildings, many of which are no longer fit for purpose, and in critical infrastructure such as patient information systems that will support effective patient care and strong clinical governance.

This investment will be needed in any approach to service redesign adopted, and could take the form of a major programme of redesign and refurbishment or a full replacement on the existing site or at another location. A hospital estates 'pre-feasibility' study was therefore commissioned to consider functional requirements and redevelopment options.

Hospital Pre-Feasibility Spatial Assessment Project

Following a competitive procurement process, W.S. Atkins International Limited (a highly experienced hospital planning consultant), in association with local quantity surveyors, was appointed in May 2012 to undertake a Pre-Feasibility Spatial Assessment Project to –

1. <u>Conduct Service Activity Analysis</u>

    - Develop a "statement of business need" – setting out and verifying the future spatial requirements of the General and Acute Hospital service.

    - Establish a nominal blueprint for the additional capacity requirements.

2. Undertake Site Option Assessment

- Establish assessment criteria to evaluate site options.
- Identify suitable potential sites for a detailed options appraisal, establishing site constraints, opportunities and costs of shortlisted sites.
- Recommend a preferred option including a supporting business case and funding submissions.

Key Findings from Service Activity Analysis

W.S. Atkins undertook a review of Hospital activity. Their key findings were that –

- The analysis of current activity based on 2011 data clearly demonstrates that there is considerable pressure on the bed complement to cope with current demand. In addition, the composition of the current bed stock does not allow the flexibility required of the modelled bed numbers to operate at those levels, both now and in the future. Re-provision of a flexible bed base (utilising single rooms with en-suite facilities) is an imperative, and the occupancy and utilisation assumptions must be met in the future to allow sufficient capacity to cope with future demand.

- The hospital currently has a total bed/cot complement of circa 245 (excluding day-case beds/trolleys) of which 168 are adult acute public beds (87 medical and 81 surgical). Significant demographic pressures will require that bed numbers would need to rise to 360 beds by 2031 and 418 beds by 2040 if strategies are not put in place to treat and care for patients in an alternative manner.

- If the community and other strategies described in P.82/2012 are achieved, future bed requirements are significantly reduced. This achievement would reduce the total number of beds required by 2031 to 294 beds and a total of 304 beds by 2040.

- The current hospital is approximately 38,000m^2 in area. W.S. Atkins' work to define the future business need for the acute hospital indicates that a new hospital would require a significant increase in area just to meet current hospital space standards. The total area of the proposed new hospital, assuming community and other strategies described in P.82/2012 are fully implemented, is approximately 64,000m^2.

- States Members should be aware, when considering P.82/2012, that the impact of not implementing community-based care strategies has a significant effect on the hospital size. If P.82/2012 is not approved, the increase in the hospital area requirements would rise by 9,200m^2 to give a total area requirement of circa 72,500m^2.

- W.S. Atkins suggests the additional capital cost of this larger hospital would be circa £60 million, together with significant associated revenue costs. This strongly supports the argument for investment in community-based strategies proposed within P.82/2012.

- W.S. Atkins then used the acute service activity analysis to inform an accommodation schedule that could then be used to assess the suitability of sites against the future business need.

Requirement for transitional capacity in the current hospital

The hospital's services cannot stand still during the 10 year transitional period – some issues need to be addressed urgently, and strategic investment is required during the next 10 years.

It is important to note that W.S. Atkins concluded that current over-occupancy and poor configuration of wards means that the current hospital is running with a shortfall of 25 acute beds at peak times, and this is expected to increase to a shortfall of 52 beds by 2017.

This means that any solution for a new hospital will still require transitional provision of circa 50 additional beds to enable the existing hospital to continue, during the development of the new hospital, without being in permanent bed crisis.

A separate study is being undertaken by W.S. Atkins to recommend appropriate transitional arrangements to address this shortfall, and proposals will be brought to the States for funding the necessary investment which will be required in the short term.

Process for identifying a preferred site for the new hospital

W.S. Atkins undertook a review of the benefits and risks associated with a long list of potential sites, and presented the risks and benefits and costs of shortlisted sites to the Ministerial Oversight Group appointed to oversee the Health and Social Services transformation in September 2012.

Given the long-term significance of the development, the Ministerial Oversight Group are reviewing the site selection issues with the Minister for Planning and Environment, and have requested further work to review and develop optimal site configurations for each of the shortlisted sites in preparation for a consultation exercise, prior to proposing a preferred site to the States. For reasons of commercial sensitivity, it is important that the potential sites under review remain confidential for the time being.

It is anticipated that a preferred site will be proposed to the States in the early part of 2013 to enable a detailed feasibility study to be commenced, and detailed plans for a new hospital (either on a new site or a rebuilt and refurbished hospital on the current site) brought to the States for consideration by the end of 2014.

It is important to note that the process followed will differ depending on the site identified. Alternatives to the current site, for example, may require an amendment to the Island Plan which would need to be proposed by the Minister for Planning and Environment. This would require a formal process including public consultation, a

public inquiry and/or a States debate, something that would take a minimum of 7 months.

The next steps proposed for identifying the preferred site for the hospital are currently envisaged as follows –

Confirmation of configuration of shortlisted sites for evaluation	November 2012
Consideration of preferred options by the Ministerial Oversight Group	December 2012
Public consultation on the proposed sites	January 2013
Preferred site location proposed and process established to agree site	April 2013
Hospital development proposals considered by the States	September 2014

Scale of costs for a new hospital

Whilst no preferred site has yet been identified, the indicative range of costs of shortlisted options has been assessed by W.S. Atkins, who summarised the capital construction and development costs (excluding land and related costs) as being £389 – £431 million.

These figures represent a firm indication of the scale of costs at this pre-feasibility stage, but are still under review. The costs will also be refined during feasibility and once a preferred site and scheme has been developed.

The figures represent the indicative base costs presented by W.S. Atkins. W.S. Atkins conducted several cost sensitivities, and the Ministerial Oversight Group requested other sensitivities, which result in variations to the above figures, but did not alter the overall scale of cost shown.

Summary

P.82/2012 makes clear that the development of a new or refurbished hospital is central to the transformation proposed for Health and Social Services.

The Hospital Pre-Feasibility Spatial Assessment Project has clearly identified the future activity, size, scale and range of costs of a new or refurbished hospital, based on the assumption that community and other strategies identified within P.82/2012 are implemented.

This indicates that a hospital of approximately 304 acute beds will be needed by 2040.

Crucially, the project has also identified the additional cost of a new hospital, if P.82/2012 is not implemented, at £60 million and additional relevant revenue costs. This strongly supports the case for change set out in P.82/2012.

Finally, the need for additional investment during the transitional period is critical. Temporary transitional bed capacity of at least 50 beds will be required before a new hospital is developed.