

20 Sept 2002

## **West Suffolk Hospital Draft Five Year Development Plan**

### **Executive Summary**

The West Suffolk Hospital was constructed in 1974 on the current Hardwick Lane site. The change in population numbers and expectations of service delivery has changed considerably since the date of opening. The hospital has had to change considerably over the years, both in its physical build and operational policies. The demands on the hospital today are still changing, as would be expected, and will continue to do so for the foreseeable future. We are however, currently in a phase of significant change with the result that special measures need to be taken.

Both 2 and 5 year operational plans have been formulated by the hospital, but to date these plans have not been formally documented. A recent meeting between the hospital's Facilities Director and the local planners identified the wish for this to be done in order to enable the planning office to see the overall picture. The point was also made that the planning process would benefit greatly if such plans were to take into account all aspects of possible impact on the local environment during design phase.

This document has subsequently been produced which lists all known future developments, both funded and envisaged, ties them together where possible, thus producing an overall development strategy document.

### **Introduction**

In 1948, the date for the introduction of the NHS, the East Anglian Regional Hospital Board became responsible for the running of the hospitals for a population of 1 ¼ million in an area which included Norfolk, East & West Suffolk, Cambridgeshire, Ely, Huntingdonshire and Peterborough. The population during the mid 1960's was 1,735,000 and was expected to increase to 2,100,000 by 1981; it now stands at some 7,375,000 for the Eastern Region!!

In 1962 the then Ministry of Health published "A Hospital plan for England and Wales" this document put forward firm proposals for major development at Bury St Edmunds.

The WSH was constructed during 1974 at a cost of £5,000,000, during 1975 an additional wing, the JCDH and geriatric extension was constructed at a cost of £1,160,000.

The main hospital having some 562 beds compared with the today compliment of 710.

The present hospital site covers approximately 19 hectares, the original covering only 14.

The term "best buy" was first used in 1967, when a mandate was given to the DoHSS. The planning principles were:

1. That as many patients as possible should be investigated and treated in the community by family doctors, helped by local authority nurses and health visitors.
2. That when admission was essential, the stay should be made as short as possible by good management and planned early discharge.

There were six objectives:

1. Function – to provide a basic hospital service, which compliments integrated community health services in an area.
2. Economy – to build hospitals as economically as possible without creating increased maintenance and revenue costs.
3. Efficiency – to design hospital as complete units, placing individual departments in good functional relationship with one another. This ensured that when patients had to receive hospital attention, it should be possible by the maximum use of out-patient, diagnostic and treatment facilities, including day beds, to treat more of them as out-patients.
4. Quality – to build hospitals to a standard no higher than that required by clinical and amenity needs.
5. Environment – to create hospitals, which engender a sense of well being for patients and staff.

6. Speed – to design and build hospitals as rapidly as possible, making optimum use of planners and designers.

### **Current Development Plan**

The Trust has formulated a five-year development plan detailing both the funded, short term (2 years) and longer term (5 years) issues that have been identified. The Plan is unfortunately the subject of constant change in order to ensure it fulfils the demands of the NHS today with its many different priorities and ever-changing environment.

#### **Part 1 - Short Term (within 2 years) - In Progress:**

As previously stated the plan is compiled in two parts. The first part is the short term plan and currently comprises the following:-

##### 1. Car Parking

The current car parking within the site totals circa 1000 spaces. Generally this is adequate apart from occasions of peak activity. There are therefore a number of relevant schemes currently under design at various stages.

- a. Adjacent to wards G4/5/6&7, on the western side of the site, a 100 space scheme has been designed which includes for road widening along the site boundary. The road widening aspect of the scheme is part of the Trust's longer term desire to provide two way traffic flow around the whole site thus easing congestion and enhancing the patient/visitor experience when visiting the hospital. The scheme design, in it's current format, unfortunately broaches the boundary fence line and impacts on four cedar of Lebanon trees. The design is therefore now in the process of being re-worked in order to minimise tree loss and indeed identify if they can be retained.
- b. Three further schemes are in the early stages of design looking to maximise land usage and retain specimen trees wherever possible.  
These schemes are :-
  - i) Extension of the existing car park E to the north and west. This is an area of plantation with few specimen trees and would undoubtedly have the least environmental impact. A survey of the area would be conducted to identify any specimen trees and whether or not they could be incorporated within the car park design. It is currently understood that this scheme could be progressed fairly rapidly subject to the above survey being completed. An additional 250 spaces is easily achievable in this area.
  - ii) Behind the recently completed Wedgewood building, adjoining car park C extending north toward the main hospital. This could provide up to circa 50 spaces, depending on the layout and space available. A survey of this area would also be conducted, as above, to identify any specimen trees and whether or not they could be kept within the car park design. Again, rapid progress is anticipated taking into account the proposed imminent extension to the day surgery unit.
  - iii) The third scheme currently under consideration is an extension of the temporary car park opposite car park C both in a northerly and westerly direction. It is recognised that the area to the west is an arboretum area with a mixture of trees and an extremely extensive and detailed tree survey would be required. An order has already been placed for this survey. Squaring the footprint of this car park would provide an additional 60 spaces.

Each of these schemes will maintain traffic flow around the site, having reasonable to good access to the main trunk road. Good access to facilities at the rear of the trust would also be achieved. There would inevitably be some impact on trees currently located within the proposed footprints, but it is hoped any such impact would be minimised.

The trust must supply adequate parking for patients, visitors and staff. Car park management changes on the site have generally addressed the patient/visitor problems in that car parking for this group of people is now more readily available at the front of the hospital. There is however still a dire shortage of adequate parking for staff and professional visitors and it is hoped that these schemes together will address such issues for the foreseeable future.

## 2. Diagnostic Treatment Centre

A recent press release announced the successful conclusion to a £5.6 million bid by the Trust to carry out significant alterations to its service delivery both in terms of quality and capacity. The bid was submitted to the DoH during mid July, with approval being given during late August. The bid therefore covered a group of schemes which collectively are known as the Diagnostic and Treatment Centre. Once completed this facility will be used not only by West Suffolk Hospitals NHS Trust, but also by neighbouring trusts in the delivery of their services. The main objective of the Diagnostic and Treatment Centre is to reduce patient waiting times and lists. This will be achieved by:-

- a. Carrying out an additional 2,000 cataract procedures every year. These operations will be day surgery type activity with patients being admitted, operated on and discharged normally within 4 hours. The existing Day Surgery Unit will be extended at the rear, in a southerly direction, with the addition of a two storey block. This block will consist of two additional operating theatres at ground level and full ophthalmic outpatient clinic at first floor level. Variations in ground level within the proposed footprint enable the design to be planned such that future extension of the first floor outpatient area could be accommodated if required. The design will also incorporate some circa 50 additional parking spaces as per 1.b.ii) above. This new facility is planned to open in August 2003.
- b. Carrying out an additional 800 hip and knee replacements every year. This will be achieved by the construction of a further ultraclean operating theatre. The hospital currently operates 8 operating theatres within the main hospital, 2 of which are already Ultraclean units. The addition of a third Ultraclean theatre must be within the existing theatre complex and as such will be located adjacent to theatre 8 in the remaining courtyard space. The construction will be similar to theatre 8, which was completed and handed over early 2002. This design results in the theatre being constructed on stilts at first floor level. The void created underneath the theatre will be utilised for storage if funding allows such a development. If funding is not immediately available this area may be developed at some future date. The current target date for completion and handover is August 2003.
- c. A new orthopaedic outpatients department will be required in order to facilitate some of the above. The Trust has not yet identified a suitable location for this facility, but it will almost certainly be within the main hospital building and could well be the development of a previously vacated area or internal courtyard.
- d. Minimising the number of blocked beds by the introduction of an additional 40 beds within the recently vacated ward G8. These beds to be utilised to free up trust surgical and medical beds thus negating the need to send delayed transfer of care patients to Walnutree hospital in Sudbury. This project will commence during September 2002, with proposed completion and operational handover by the end of November 2002.

- e. Providing additional inpatient accommodation in the currently vacant winter pressures ward, F10. This ward will be re-furbished and provide an additional 23 beds to the trust stock. This work will start during the autumn of 2002, with a target completion late March 2003. A temporary ward will also be required to cater for further additional operating procedures being planned within the Trust. This activity will be generated by backfilling main theatre availability once ophthalmic surgical procedures move from the main theatres to the day surgery unit. This is being achieved in the immediate short term through the use of a mobile elective surgery unit being positioned at the DSU two days per week. In the medium term the mobile unit will be replaced with a semi permanent equivalent, and finally, the long term solution will be the opening of the DSU extension as detailed at 2.a.ii). In order to service this ward with such things as portering, meals, linen, cleaning etc. it must be positioned adjacent to the hospitals main circulation corridors. The size of the ward is such that this can only be achieved by locating the ward at the existing JCDH entrance. This will also facilitate relatively easy connection into the hospital's hot water, electricity and medical gas supply systems. Again due to land levels, the ward will be raised at one end allowing for future storage or offices below. It is anticipated that this ward will be open and operational by Dec 2002.

### 3. Oncology Services

The current cancer service is over subscribed and spilling out of its current accommodation within ward G1. Through a partnership with MacMillan cancer care the trust is currently drawing up designs for an in/outpatient department that will be developed adjacent to G1, extending out in a westerly direction, whilst maintaining patient flow from the existing unit, which will be retained. A re-design of the existing car park arrangements in the area will be required incorporating a new dedicated patient drop off and pick up road as most of the treatments carried out within the building will be of a day case nature. Tree loss will be minor with exterior planting included for patient enjoyment and screening whilst undergoing treatment. Construction may be complete by the autumn of 2003.

### 4. Diabetes

On completion of the DSU extension and the move of ophthalmology into the new unit, the existing ophthalmology unit will be re-developed into a new diabetes screening and treatment clinic.

### 5. Renal Dialysis

A Renal Dialysis unit is to be provided in conjunction with Addenbrookes hospital where patients currently receive treatment. This development will allow local dialysis within part of the vacated ward G8 area. Access would be via a drop off area with ramped entrance on the Hospital side of the building.

### 6. Urology

A new purpose built urology outpatients department is to be designed and built within the remaining area of the recently vacated ward G8. This proposal together with the delayed transfer of care and renal dialysis will utilise G8 in it's entirety.

### 7. Estates Works Department

An extension to the Estates workshop is required due to increased workload around the site. This workshop extension will initially be single storey, with the option to add a second storey at a later date. The initial development will see an extension to the existing workshop facilities at ground floor level, with a second phase, probably within 2 years providing first floor office accommodation to both Trust facilities managers and contractors working on site. This will

obviate the need for contractors site huts littered around the site as at present. Charging the contractors rent for such facilities will also provide the Trust with a small additional much needed income.

#### 8. Storage

Bulk equipment storage on the site is currently a major problem. Every ward and department within the hospital possesses equipment, which is either used very rarely or is stand by replacement for use in case of emergency or breakdown. Many wards and departments are cluttered with such equipment, which can be a health and safety risk apart from making the hospital look extremely untidy. A storage building is therefore proposed, large enough to house all such equipment in a state that it can be readily be withdrawn and used. This new store must be in close proximity to the main hospital building with access for electrically driven road tugs allowing easy movement of heavy and bulky items. The location being proposed for this building currently houses a number of corrugated steel sheds, and a redundant generator building complete with external fully bunded bulk oil tank. The construction of such a store would therefore not only fill a much needed gap in hospital facilities, but would also tidy up an area which is currently somewhat neglected.

#### 9. Creche

This is an externally funded initiative, which has previously been refused planning permission. When considered in terms of the overall design strategy it is accepted that the current proposed location of this facility is less than ideal. Visitors would be required to travel right around the site in order to gain access to the unit, adding to the already identified traffic congestion problems. The location and design of the unit will therefore be reviewed prior to a planning application being made.

#### 10. Office accommodation

There is an immediate need for additional office accommodation. Overcrowded offices are a common feature throughout the Trust as accommodation within the main core of the hospital generally tends to be utilised for clinical purposes. In addition to this already unacceptable overcrowding situation, space and support facilities will need to be provided for the staff required to carry out the extra activities already identified. It is therefore proposed to install a 2 storey portable type of building in one of internal courtyards. The courtyard being considered for this purpose already houses a single storey portable building. The intention is that the unit would contain offices together with an open plan area, and would accommodate 12 to 14 people on each level. In the longer term, this unit could be used as a decant facility to enable maintenance work to be carried out.

#### 11. Occupational Therapy (OT)

The Joyce Cochram Day Hospital (JCDH) which is managed and operated by the OT department, albeit in a different part of the hospital, has been temporarily relocated in G8. The OT department, in it's present location adjacent to Physiotherapy is to be redesigned incorporating the JCDH. This will provide a fully integrated unit greatly easing it's management and operation.

#### 12. Miscellaneous

Some large items of new equipment are shortly to be installed at the hospital:-

- a. A new "state of the art" X-Ray machine is to be installed in X-Ray room 3.
- b. A new MRI scanner is to be installed, replacing the unit currently located at the hospital, which was managed and operated under contract.

Significant investment is being made for theatre instrumentation. This will not only cover the extra activity in the Day Surgery, Main Theatres and outpatients, but will enable a longer turn around time between the hospital and Sterile Services Department (SSD). New washer

disinfectors are being procured which will greatly improve the de-contamination processes. A new tracking system is to be utilised which will track instruments full circle – SSD to SSD.

### **Part 1 - Short Term (within 2 years) - Planned:**

#### 13. Pre-operative assessment centre

This is required in order to the fast track pre-operative assessment and administration of patients prior to surgical procedures being carried out. Such a facility would greatly accelerate the current pre-operative processes thus leading to a greater throughput of patients, with a resultant reduction in waiting lists and times. No clear brief has yet been drawn up in respect of location or operation of such a facility, but it would ideally be located in the close proximity of the central theatre suite.

#### 14. Dermatology Unit

Detail to be confirmed

### **Part 2 – Long term (within 5 years)**

The second part of the development plan identifies the longer-term requirements of the hospital and proposed new builds and alterations, that have not yet been funded or finalised.

#### 1. Multi Storey Car Park

Serious consideration is being given to the possibility of installing a second deck on the main car park at the front of the hospital, Car Park A. Whilst providing much needed additional parking, as already identified, this would also greatly improve disabled access to the main hospital entrance. To maximise the potential of this scheme it would be necessary to secure the two way traffic flow throughout the site as detailed at 1.a. above

#### 2. Sterile Services Department (SSD) and Electro Biomedical Equipment (EBME)

These services are both currently located off site at Hospital Rd. The land on which they are situated is owned by the Local Health Partnership and is in the process of being developed. A suitable site within the West Suffolk Hospital boundary must be identified for these services at some time in the future. It is possible that consideration be given to co-locating both departments in one 2 storey building in a non-sensitive area of the site.

#### 3. Mortuary and Body Store

The location and capacity of the existing mortuary and body store is less than ideal. The location is such that it provides very little patient dignity when deceased patients are collected, by funeral directors. Unfortunately the current capacity is wholly inadequate during the winter months, resulting in the need to hire a portable body store from late October to March. This unit affords even less patient dignity. The long term aim therefore, is to have a mortuary and body store large enough to cater for year round demand, located away from the main hospital building such that transfer of deceased patients will not be witnessed by patients, visitors or staff. Completion of such a facility would have the added benefits of freeing up core space in the main hospital for development, whilst at the same time reducing revenue costs by obviating the need to hire a portable unit every winter. The exact location and operation of such a facility has not yet been finalised or funded.

#### 4. On site accommodation

It is envisaged as part of the long-term plan to provide additional on-site residential accommodation. It is intended that any new on-site accommodation will be in the vicinity of the existing units at the northern boundary. It is recognised by the hospital that the area of

land on the western boundary is a particularly sensitive area in respect of the local environment. It is the intention of the Trust to develop an overall plan for this area such that it becomes an amenity for all users of the hospital and may well include for the provision of on site accommodation and the crèche.

#### 5. Endoscopy

A substantial extension to the accommodation occupied by the endoscopy department is urgently required. A flat roof adjacent to the existing unit may well be utilised for this purpose. This will enable increased activity, update facilities and greatly improve the decontamination facilities and processes.

#### 6. Office accommodation

The short-term need for additional office accommodation has already been identified, see Part 1.8. An administration block, built as a second storey extension to the existing estates workshops and main stores complex is envisaged, thus providing this much needed office space, without impinging on any of the clinical areas within the main hospital building.

#### 7. Emergency Assessment Unit

An Emergency Assessment Unit may be developed in the vacated PGME/Suffolk college area when decanted into the new Drummond Building. This will link with A & E, fracture clinic and X-Ray. It will release an area within existing ward F2 for other use, perhaps increasing bed stock. An assessment of the full requirements is under way.

#### 8. Combined Waiting Area

A combined waiting area may be developed for X-Ray, Pathology and Pharmacy thus reducing personnel and providing a one-stop reception area. Again releasing valuable space within existing departments for future expansion. It is proposed this facility could go in the courtyard that would join up all three services. A single storey glazed atrium/conservatory type structure would be best suited. This would negate the need for costly forced air ventilation to some of the surrounding rooms.

#### 9. Nuclear Medicine

Detail Required as to requirement

### **Part 3 – Rolling Programme: -**

A rolling programme is required to constantly develop, maintain and improve our facilities.

- Windows
- Roof Repairs
- Sub Main electrical distribution upgrade
- Nurse Station replacement
- Internal/External Painting
- Building Management System upgrading
- Clinical Equipment and Non-Clinical Equipment
- Ward Refurbishment x 2 per year
- Health & Safety programme
- Fire Safety upgrading

### **Part 4 – Facilities Initiatives**

- Patient Power, this will provide TV and telephone to every bed head by end of 2003. Current refurbishment areas are wired and ready for installation. All costs will be

born by the trust chosen supplier “Wandsworth”, who in turn recoup expenditure through rentals and call costs.

- Brighter Living – committee set up to improve the overall site appearance for staff and patients alike. Funded £20k per year and spent on items such as plants, pictures, art work, upgrading staff rooms, water coolers etc.