

The Princess Elizabeth Hospital Modernisation Programme – Project details and timescales

| Project | Issues | Proposal | Timescale |
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| Project 1 - Women's and Children's project Relocation of Maternity, Paediatric and Neonatal units. | Distance of the Maternity Ward from theatre is currently identified as a high risk by the Nursing Midwifery Council; Lack of a suitable adolescent ward has been identified as a high risk by external paediatric reviews; Recruitment and retention of suitably trained nurses for the Neonatal unit has resulted in high agency cost; and Lack of one stop clinics has had a negative impact on service user experience. | Minimise the distance of the Maternity Ward from theatre and remove the reliance on lift transport; Establish a new adolescent unit and appropriate facilities for children admitted with mental health or self-harming conditions; Create staff efficiencies by supporting dual trained qualified staff for paediatric and neonatal units; and Create an extended outpatient's service and one stop clinic for the delivery of women's and children's services. | Within Phase 1 2019-2021 Dependent on the relocation of medical stores. |
| Project 2 - New Critical Care Unit | Insufficient number of beds resulting in postponement of elective surgery; Insufficient capacity to meet future demands; and Current facility does not meet regulatory standards. | Create a new suitable unit with the correct facilities to improve patient dignity; Expand capacity and create flexibility; and Maintain location adjacent to theatres to reduce transfer risk. | Within phase 1 2019 to 2021 Dependent on planning permission |
| Project 3 - MSG Relocation | Existing Medical Specialist Group (MSG) location does not meet their | To identify and agree a future location of the Medical Specialist Group (MSG) onto the PEH | By the end of 2019 |

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| | current and future requirements; Currently on multiply sites; and Does not support one stop clinics. | campus to meet their current and future needs; • Support patient-centred care by remaining in close proximity to the hospital allowing joint appointments to be developed with one stop clinics; and • To support collaborative working with acute hospital services. To support the new location a commercial arrangement will be agreed between HSC and the MSG. | |
| Project 4 - Theatres Expansion and Refurbishment | Lack of capacity to meet current and future demands; Lack of unification within main theatres to be able to utilise all theatres for main surgery; Split sites with main theatres and Day Patient Unit (DPU) does not support staffing flexibility and efficiencies, impacting staff morale; and Current facilities have major maintenance issues that impact theatre activity. | Increase theatre capacity within a flexible facility to meet current and future surgical demands; Standardise all theatre suites; Support the merging of theatre and DPU facilities creating staffing efficiencies and improved patient pathways; Support a new pathway and increased capacity for main theatre and day theatre procedures reducing postponement of surgery, length of stay and providing improved patient outcomes; and Improve maintenance reducing theatre down time, reducing potential postponements. | Within phase 1 2019 to 2021 |
| Refurbishment of Staff Changing Facilities | Poor condition of facilities is identified in staff exit interviews, negatively impacting staff moral and retention; and Existing facilities do not support increased numbers | Modernise and refurbish staff change facilities to support the travel strategy encouraging staff to walk / cycle / run to work. (Due to the current impact on staff this project is now being funded separately by Property | Q3 2019 |

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| | of staff who wish to walk / cycle / run to work. | Minor Capital and has commenced.) | |
| Project 5 - Transport and Parking | Lack of suitable parking to meet staff and service user demand is consistently one of the main complaints received by HSC from both staff and service users. | Design a sustainable long term parking solution that meets the needs of service users and staff and supports the Healthy Living Strategy; and Establish additional temporary parking to accommodate contractors who will require parking during the Modernisation Programme. To support this, outcome a UK consultancy company has been appointed and funded by Environment and Infrastructure to undertake a detailed travel strategy. | 2019 to 2020 |
| Project 6 - Orthopaedic Ward Relocation | Orthopaedic surgical ward does not provide separate areas for trauma and elective orthopaedic surgery (mandatory within the NHS to reduce potential infection); and Lack of capacity to meet current and future demands of orthopaedic surgery. | Relocate the orthopaedic surgical ward adjacent to the general surgical ward to gain operating efficiencies; Create separate areas for trauma and elective orthopaedic surgery; Provide a flexible layout to meet current and future demands; and Provide capacity for revision of surgical cases to be undertaken on island. | Within phase 2 2022-2026 Requires Women's and Children's project to be completed. |
| Project 7 - Day Patient Unit (DPU) Development | DPU location does not support a pre admission process or a facility for the annual increase in Day Surgery identified within the British Association of day surgery (BADS) recommendations; and Current facility does not support the | Relocate DPU and develop dedicated admission and discharge areas; Create efficiencies by being in closer proximity to the new proposed theatres suite; Increase capacity to support current and future day surgery demands; Facilitate an improved admission process for elective surgery, increasing | Within phase 2 2022-2026 |

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| | merging of all theatres proposed with the new theatre suite. | staff efficiency and reducing in-patient bed demand; • Support a new pathway for patient pre-admission clinics and discharge facilities reducing postponement of surgery, length of stay and providing improved patient outcomes; and • Support the merging of theatre and DPU facilities creating staffing efficiencies and improved patient pathways. | |
| Project 8 - Private Wing Redesign | Poor facilities do not meet service user expectations and are consequently underutilised; Current facilities do not accommodate day patient service user's requirements; and Current facility is not flexible to support any requirements from Health Tourism. | Relocate and improve the private service offering to meet current and future needs; Increase use by patients with private medical insurance and those currently required to travel off island for private surgery; and Develop a suitable facility with its own identity to support future Health Tourism. | Within phase 2 2022-2026 |
| Project 9 - New Equipment library | Storage of equipment in multiple locations means an accurate asset register is not easily available; and Lack of accurate asset register and a central storage facility results in overstocking of items and an inefficient process to maintain and service equipment. | Establish a new inventory style system for equipment management within the PEH; Support efficient stock control, service, and maintenance of medical equipment; Improve sharing of equipment within wards and departments; and Reduce the number of procurement requests and overall procurement cost. | Within phase 2 2022-2026 |
| | Lack of capacity to meet current and future demands; | Increase size, refurbish, and modernise facility; | Within Phase 3 2027-2028 |

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| Project 10 - Emergency Department | Current facility does not provide a safe environment for at risk service users; and Lack of space to develop an overnight admission unit. | Redesign the department to support the delivery of efficient and safe service; and Accommodate an overnight admission unit to improve patient pathways. | |
| Project 11 - Pharmacy Improvement and Expansion | Existing pharmacy is too small and does not easily accommodate future automation proposed for prescribing and dispensing services. | Increase size, refurbish, and modernise existing pharmacy to reduce risks with the current condition of the facilities; and Accommodate automation of drug prescription (dispensing robot) reducing risk and increase efficiency. | Within Phase 3 2027-2028 |
| Project 12 - Pathology | Condition of existing facility does not meet National Audit requirements; and Size of existing facility limits options for operational efficiency improvements (e.g. merging of PEH and Burnt Lane labs). | Improve conditions within the current facility to be able to achieve National audit status; Expand facilities to meet current and future requirements; and Support the evaluation of improvements in efficiencies if joint location of PEH and Burnt Lane laboratories was undertaken. | Within Phase 3 2027-2028 Dependent on Orthopaedic Ward Relocation |

The main projects above in Figure 1 have been carefully sequenced in respect of how they ideally need to be implemented. The programme will take a period of several years to complete and will span multiple capital funding tranches. The greatest benefit is derived from delivery of the full programme, noting that there will always be multiple demands on limited capital resource. Should it not be possible to complete the entire programme, there will be a corresponding impact upon the ability to meet the stated improvements and totality of benefits envisaged; the whole programme delivers the maximum non-financial benefits but also delivers significant future flexibility with a

greater number of single rooms, better throughput and patient pathways in day surgery and theatres and resolves significant backlog maintenance risks.

The Princess Elizabeth Hospital (PEH) Modernisation Programme is designed to reflect the community's needs, increased demands, and the future health care provision for the Bailiwick. This is currently not sustainable within the present hospital infrastructure. It will bring the current hospital up to the required regulatory standards and allow services and equipment to be updated within a flexible infrastructure, and provide a modern, safe, and efficient hospital campus with ability to meet the challenges of the Islands health care needs for the future.