

# HSC Hospital Modernisation

## Frequently Asked Questions

Last updated 14 March 2019



- **How will this support the progression of the Partnership of Purpose (PoP) and when?**
  - The programme to modernise the hospital site is a 10 year programme that will support the PoP by delivering a series of interrelated projects, to extend, refurbish and rebuild areas within the PEH campus;
  - If the States approve the proposed approach in the Policy Letter, HSC will be able to progress with the first of the critical projects during 2019;
  - Work on some aspects of the transport and parking project and the staff facilities has already started.
- **How will the programme address the policy issues raised in the PoP and achieve the intended outcomes, what is the relationship for example with user-centred care and bed capacity?**
  - These PoP outcomes cannot be achieved without this investment in the site which, when coupled with modernised pathways for patient care, will support a more service user friendly facility, such as enhanced one-stop clinics.
  - Similarly, the programme will see improvements in the patient experience by making new services easier to use, tailoring the experience for patients, making better use of digital services and simplifying administration for staff and individuals;
  - The Critical Care project will see the number of critical care beds increase from the current 7 to 10 by 2021 and to 12 by 2031, and provide further opportunity to increase bed numbers, if it is required in the future.
- **How were the options appraised and how were the decisions made on which projects to include or not?**
  - During the early discussions around the PoP consideration was given as to whether a hospital, other than an emergency care service, was needed at all and if so, what alternative options were available to achieve the strategic aims of the PoP. This included considering a complete rebuild of the hospital, either on the existing site or by relocating to another. All of these options were discounted, as it was recognised that a hospital was needed for HSC to effectively and efficiently fulfil its mandate and that it was essential if Guernsey was to continue to be economically competitive;

- The projects were evaluated by stakeholders against different criteria relating to the impact they would have on the delivery and efficiency of services; the beneficial impact for service users; the contribution the projects would make to addressing identified clinical risks, and/or the potential impact of the projects in facilitating new ways of working. Then they were further reviewed based on the order in which they could be delivered. For example, the Orthopaedic Ward project cannot progress until the Women's and Children's project (W&C) is complete, as it will occupy the space currently located by the Maternity Ward, an element of the W & C's project.
- **How do we know that the suggested approach is the best public value option?**
  - At a high level, the costs of a complete rebuild of the hospital on the existing or a new site would be unaffordable and given that there has been substantial investment in the site in recent years, the most cost effective way to deliver the intended outcomes was to refurbish and rebuild on the existing site.
  - The indicative costs and benefits of the programme have been identified and quality assured by different stakeholders including health care specialists, to ensure that the best value can be derived based on the information available to date.
  - It is intended that during the subsequent detailed design work to be carried for each project and the whole development control plan that the value for money and the benefits to be realised by each project and the overall programme will be clearly demonstrated.
- **Why are we investing in care in the community at the same time as acute services, are both needed, is this good value?**
  - As above, the need for an acute hospital has been widely recognised as a requirement for HSC to deliver its mandate. Similarly, the PoP sets why we need to transform health and care services, whether hospital or community based, so that they are fit for the future and can best meet the community's needs effectively and efficiently. This is not an either or investment question, but rather how to best invest in the necessary and essential health and care services needed to support the Island.
- **What stage are each of the projects at, how are these being phased?**
  - The Programme has been divided into three phases, with the first phase involving the relocation and modernisation of the Women's and Children's ward, the development of a new wing for the Critical Care Unit (CCU) and Theatres, as well as work to establish the most suitable location for the Medical Specialist Group. Phase 1 is expected to run from 2019 -2021,

however, it is unlikely that all phase 1 projects will be completed, they will all have started;

- The remaining projects will be delivered within phases 2 and 3 subject to the programme being prioritised by the States for inclusion in the capital portfolio.
- Work on refurbishing the staff changing facilities and providing a temporary car parking area has already started, as these have been funded from existing resources.

- **What are the intended next steps?**

- Following the States approval to proceed, a specialist advisor will be contracted to help and support the development control plan, which will set out in detail what changes will be made, where and when. At the same time, the detailed business cases for each of the projects will be prepared, assured and presented to P&R for the funds to be released to progress with the works.

- **What allowances are being made for future proofing the infrastructure to adapt to new technologies and service developments?**

- The programme will allow for significant flexibility in how the new spaces created can be used in the future, should they need to be, including through enabling the possible use of robotics, for example;
- Another example would be the Theatres project that will merge the main and DPU theatre suites to allow more flexibility and efficiency in terms of staffing and equipment usage and potentially enable more surgical sessions to be carried out, if required. In particular, an increase in theatre capacity will enable more orthopaedic surgery to be conducted and help prevent future backlogs from building up. It is possible that by creating more theatre capacity that some procedures currently done off-island (for example, hip revisions) could be carried out on-island in the future.

- **Is the proposal practically deliverable in the suggested timeframes given and who will be involved?**

- Phasing the programme and the construction activities spreads the impact on the local construction industry and enables the sector to ready itself. It will also enable the States to manage its' capital portfolio more easily when considering the other large scale construction projects planned in the short to medium term, such as the changes anticipated to the education estate.
- HSC intends to continue to involve and engage with all stakeholders including politicians, the public, service users, staff and service providers, contractors and other relevant service areas from across the States.

- **Are the benefits presented realistic and have these been sufficiently tested?**
  - The benefits presented are high level at this time given the stage that the programme is in and have been tested and validated by the various stakeholder groups. The details relating to the benefits will continue to be determined and will be scrutinised in line with the States approach for capital investments.
- **What will be the impact on ongoing service provision and how will this be communicated to the public?**
  - Given the scale of change that the programme is undertaking there is likely to be some disruption to services provided at the site. However, HSC will ensure that current service provision is not hampered and that disruption is kept to a minimum. This point will be an important consideration to factor into the next phase of the detailed design work.
- **Why is a different approach to funding approvals being taken?**
  - HSC is asking the States to agree that delegated authority be given to the Policy & Resources Committee to approve the required funding for Phase 1 of up to £44.3m, so that it can quickly move forward with the critical projects to address some of the highest areas of clinical and estate risk.
- **What percentage of the Princess Elizabeth Hospital is involved in the Modernisation Programme?**
  - The total percentage of the existing PEH site that will be affected by the proposed modernisation, along with the proposed new build amounts to 30% of the total floor area.