

## Annex 6 – Draft Estates Strategy

## Estates Strategy Summary of 'work in progress'

### East Kent Hospitals University NHS Trust



12 September 2008  
IBP Version

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## 1. Progress to date

This paper is a summary of work in progress on the re-drafting of the Trust's Estate Strategy for the next 5 year planning period. It introduces the core principles that could be applied, reports on the present cost of occupancy and highlights known deficiencies that will inform an investment plan for this period. It is not yet intended to be an accurate blueprint for future service and estate plans but an early indication of how each hospital site might develop. This is an important feature as it will ensure that major development plans are considered against a plan that recognises all future needs for investment on each site.

The backdrop to this paper is that EKHT has successfully undertaken a major reconfiguration of its clinical services across all 5 sites. This has seen the development of 2 A&E sites with the full support of trauma, orthopaedic, surgical, medical, gynaecological, maternity and child health services at the Queen Elizabeth the Queen Mother Hospital (QEPMH) and the William Harvey Hospital (WHH). It has also seen the centralisation of specialist services such as renal, vascular, urological, haemophilia, radiotherapy, clinical haematology and neurosciences at Kent and Canterbury Hospital (KCH), alongside the development of innovative models of care for emergency, women's and child health services, in the form of the Emergency Care Centre, the Midwifery Led Birthing Unit and the Child Ambulatory Care Centre. This model supports the provision of a full medical service on site. The reconfiguration has meant the Trust has implemented a network of inpatient hospital services across 3 sites in addition to out patient and diagnostic services being provided from two community hospitals at Buckland Hospital, Dover (BHD) and the Royal Victoria Hospital, Folkestone (RVH).

The final pieces of the estates reconfiguration to support this network are being undertaken during the end of 2007/08 and in to 2008/09 with the centralisation of head and neck services at the WHH, the opening of renal dialysis units at KCH, Maidstone Hospital and the WHH, the opening of an endovascular theatre at KCH, the opening of a new ITU at KCH and the establishment of new pacing facilities at the WHH.

The Trust has also agreed to invest significantly in both BHD and RVH to support the PCT in its wish to offer services as locally as possible and with a view to extending out patient and diagnostic provision to people in both localities.

Finally, the Trust has invested significantly in information technology so that over 90 clinical areas across its 5 sites are now able to benefit from wireless technology, staff can access systems remotely and digital video technology which has enabled cross site multi disciplinary meetings. All of these developments offer flexibility to staff and the organisation, encourage and save time in terms of travel between sites.

This extensive investment has enabled the Trust to:

- ◆ Increase the number of single rooms by approximately 10%;
- ◆ Reduce the level of backlog maintenance by over 25% or £10 million (upon completion of the Royal Victoria Hospital upgrading);
- ◆ Improve some critical clinical adjacencies such as moving SCBU at QEPMH next to the children's and maternity facilities;
- ◆ Introduce robotic technology in pathology and pharmacy to increase accuracy and efficiency;
- ◆ Develop state of the art NICU and SCBU facilities for East Kent babies;
- ◆ Enlarge and improve local cancer and radiotherapy services to the residents of East Kent;
- ◆ Repatriate volumes of work from London to support the care of East Kent patients in East Kent; and
- ◆ Use its bed stock more flexibly to respond to growth and reductions in demand during the year.

- ◆ In addition to reconfiguring our services, the Trust has been driving through a programme of improving patient safety and efficiency throughout the organisation. This programme has moved the Trust to a position where it:
  - is within the top 25% of Trusts in relation to length of stay performance;
  - is within the top 25% of Trusts for day case rates;
  - has increased theatre efficiency by 5%;
  - has delivered on the 18 weeks targets (90% of admitted patients to be treated within 18 weeks and 95% of non-admitted to be treated within 18 weeks) by March 2008;
  - significantly reduced its Health Care Associated Infection (HCAI) rates and moved the organisation to be within the top 25% of Trusts; and
  - Has reduced internal demand for radiology and pathology by 10%.

By improving current practices internally and in discussion with the PCT and social services, the Trust has made progress with the first 3 phases of the length of stay work to reduce the bed numbers by 300 from over 1400 in January 2006 to the current 1069 (excluding maternity beds). This has helped to improve the quality of care we are able to provide but also the efficiency of our services. There are implications on the acuity of patients in hospital and this has begun to be addressed as part of the nurse staffing review.

Clinical and managerial leaders are now developing plans for phase 4 which will require transformational change to support a lower length of stay, further reduction in bed numbers. The table below sets out a suggested final bed numbers plan as per the existing Trust strategy but is based on a number of key assumptions. These assumptions are:

1. The bed numbers in the table were set for the long term strategy work based on the known activity levels in January 2007. This precedes work on 18 weeks and bed numbers may need to change to reflect increased demand for Trust services from within and outside of East Kent.
2. The bed numbers assume working across 3 acute sites as per the Trust strategy.
3. The 3 sites would continue to provide core clinical services across those sites.

The bed numbers are therefore a guide to set the context for the overall estates strategy. If the assumptions above or other factors change the split between sites and / or the overall number may need to change to reflect these

Site	Target bed numbers	Current bed numbers	Planned reduction
<b>Total</b>	<b>925</b>	<b>1069<sup>1</sup></b>	<b>(144)</b>

<sup>1</sup> Excluding maternity beds. If they were added in the total bed base as of July 2008 would be 1118 beds.

## **2. Introduction**

- 2.1 The Estates Strategy sets out a 5 year plan to provide high quality facilities that will be responsive to changing service needs and demands and be compliant with current relevant standards and guidelines.
- 2.2 The Estates Strategy is being developed in the context of the Trust Plan to achieve and maintain Foundation Trust Status.
- 2.3 The Strategy will address the known weaknesses at each site and also report on progress to deal with particular site issues at Royal Victoria Hospital, Folkestone and Buckland Hospital, Dover.
- 2.4 The Strategy will also address the new standards relating to bed spacing and minimum single beds on each of the inpatient sites with the subsequent effect on the clinical estate, having due regard to the size of ward accommodation in relation to an efficient and productive ward.

## **3. Brief Analysis of the Existing Estate**

- 3.1 The previous Estates Strategy was completed in April 2004 and all the estate investment plans, described at that time, have either been completed or will be complete in the summer of 2008. This Estates Strategy builds on the successful work to date and describes future needs and investment plans.
- 3.2 This Estates Strategy is also based upon the detailed Risk Adjusted Maintenance report which was published in June 2006. This report highlighted the need for particular investment to meet major and minor investment plans and to bring each of the sites up to a satisfactory standard normally Condition B. Since June 2006 the Trust has continued to invest upwards of £2 million per year and the updated summary of investment needs (both low and high risk) across the site is as follows:

Site	Description	Total Area M <sup>2</sup>	Number of Beds <sup>2</sup>	Condition £000	Statutory Services £000
William Harvey Hospital	District General Hospital	60767	412	4,000	1,067
Queen Elizabeth The Queen Mother Hospital	District General Hospital	48479	373	1,800	223
Kent and Canterbury Hospital	Acute Hospital	58604	284	6,562	826
Royal Victoria Hospital♦	Community Hospital	10360	n/a	4,842	237
Buckland Hospital▪	Community Hospital	14898		4,522	554
Off Site Properties	n/a		n/a	130	30
<b>Total</b>				<b>21,856</b>	<b>2,937</b>

Notes:

1. ♦ The investment of £3.2 million in the retained estate and sale of surplus will result in the Royal Victoria Hospital being condition B by April 2009.
2. ▪ Currently the Trust is developing a strategic plan for the future services at Buckland Hospital. This will either result in a £20 million investment in the existing site or provisions of an alternative facility in the centre of Dover and subsequent closure of Buckland Hospital

At each site the 'condition' of blocks can be further broken down as defined by the Department of Health Estate Strategy exemplar.

For investment purposes those areas presently defined as C or D are listed below. The suffix 'X' denotes that the building block should be demolished as investment to upgrade is not worthwhile.

<sup>2</sup> Excluding maternity beds

**William Harvey Hospital** : no building blocks at Condition C

**Queen Elizabeth The Queen Mother Hospital**

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Care of Elderly Wards	Care of Elderly Wards	C	170	B	inc
Old O.P.D. / Medical Records	Old O.P.D. / Medical Records	C	100	B	10
Pathology Laboratories	Pathology Laboratories	C	88	C	250
St Peter's Road Wing inc Main Corridor Link	St Peters Road Wing	C	780	C	86
<b>Total</b>	<b>QEQM Hospital, Margate</b>		<b>1138</b>		<b>346</b>

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Devon House, Margate	Devon House, Margate	C	130	D	36
Sea-Bathing Nursing Home, Margate	Sea-Bathing Nursing Home, Margate	D	280	C	88
<b>Total</b>	<b>Off Site Properties</b>		<b>410</b>		<b>124</b>

<b>OVERALL TOTAL COST £K</b>		<b>1548</b>	<b>470</b>
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**Kent and Canterbury Hospital**

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
1937 Building	1937 Building Main Block	C	1129	C	350
1937 Building	Ante Natal	CX	554	C	45
1937 Building	Labour Ward (now Birthing Unit)	CX	650	C	40
1937 Building	Margaret James Ward (now offices)	CX	1250	C	112
1937 Building	Nursery	C	215	B	5
1937 Building	S.C.B.U.	C	88	B	6
1937 Building	Tower Ward	CX	1000	C	52
1937 Building	Transformer House	C	52	A	0
1937 Building	Trust Offices	C	270	B	129
<b>Total</b>	<b>1937 Building</b>		<b>5208</b>		<b>739</b>



### Kent and Canterbury Hospital cont'd

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Accident Centre	Admin / Medical Physics	CX	650	C	73
<b>Total</b>	<b>Accident Centre</b>		<b>650</b>	<b>73</b>	

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Headway House Hut	Headway House Hut	CX	180	B	12
<b>Total</b>	<b>Headway House Hut</b>		<b>180</b>	<b>12</b>	

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Medical Photography	Medical Photography	CX	45	B	8
<b>Total</b>	<b>Medical Photography</b>		<b>45</b>	<b>8</b>	

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Out Patients Department	Cytology Unit (now IT)	CX	160	B	9
Out Patients Department	Estates Transformer	C	50	N/A	N/A
Out Patients Department	Pathology Lab Store Hut	CX	35	B	1
Out Patients Department	Planning & Information Portakabin	CX	55	C	5
Out Patients Department	Social Workers Hut	CX	80	C	14
<b>Total</b>	<b>Out Patients Department</b>		<b>380</b>	<b>29</b>	

<b>OVERALL TOTAL COST £K</b>		<b>6463</b>	<b>861</b>		
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### Royal Victoria Hospital

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Ancillary Accommodation	Ancillary Accommodation	C	1000	B	0
Houses	Houses	C	440	B	0
Main Building	Main Building	C	2420	C	61
Nurses Home & O.P.D.	Nurses Home & O.P.D.	C	620	C	155
Outbuildings	Outbuildings	DX	0	B	0
<b>OVERALL TOTAL COST £K</b>			<b>4480</b>		<b>216</b>

### Buckland Hospital

Block	Department	Physical Condition	Cost £K	Stat & Non-Stat Req's	Cost £K
Matron's House	Matrons House	DX	7	N/A	N/A
Pathology	Pathology	DX	5	N/A	N/A
Menzies	Menzies	C	685	C	15
Main Block	Main Block	C	1370	C	135
Maternity / Neurology	Maternity / Neurology	C	510	C	192
Minor Injuries / OPD / Facilities	Minor Injuries / OPD / Facilities	C	2150	C	185
<b>OVERALL TOTAL COST £K</b>			<b>4727</b>		<b>527</b>

The further information provided in these tables highlights the need to address the poor quality of the estate in the Kent and Canterbury 1937 block and the single storey building adjacent to it.

The relevant estate categories used in the NHS Estate Strategies are as follows:

*Physical condition*

- A - the element is as new and can be expected to perform adequately to its full normal life;
- B - the element is sound, operationally safe and exhibits only minor deterioration;
- C - the element is operational but major repair or replacement will be needed soon, that is, within three years for building and one year for an engineering element;
- D - the element runs a serious risk of imminent breakdown;
- X - a rating added to C or D to indicate that it is impossible to improve without replacement.

*Energy performance*

- A - 35-55 GJ/100 cu m
- B - 55-65 GJ/100 cu m
- C - 65-75 GJ/100 cu m
- D - 75-100 GJ/100 cu m

*Compliance with fire, statutory and non-statutory standards*

- A - a new building which complies with all statutory requirements and Firecode guidance;
- B - existing buildings which comply with Firecode guidance and statutory requirements;
- C - a building which fall short of A or B;
- D - areas which are dangerously below either A or B.

*Functional suitability*

- A - high degree of satisfaction;
- B - acceptable/reasonable: no major change necessary;
- C - below an acceptable standard;
- D - unacceptable in its present condition;
- X - supplementary rating added to D to indicate that the facility is so below standard ( or so impossible to improve) that nothing but a total rebuilding will suffice.

*Space utilisation*

1	-	Empty
2	-	Under-used
3	-	Adequate

- 3.3 The Estates Strategy also uses data from the annual ERIC returns which were reported to the Trust Board in March 2008. These show that across many indicators the Trust is performing well and has an Estate which is efficiently run and with a low energy footprint.
- 3.4 The Risk Adjusted Backlog report highlighted buildings that are unlikely to be used in the long term and require redesigning or phasing out of operation over the next strategic period. This analysis also helped to identify potential investment needs for the planned retained estate but especially highlighted the need to form coherent Estates Strategies for the Royal Victoria Hospital, Folkestone and Buckland Hospital, Dover. The Estates Strategy will report, in detail, on work carried out on these two sites and the objective of rationalising healthcare provision in Folkestone and Dover. Analysis of occupancy costs for the Trust estate shows that the fixed cost for the occupied space is low in comparison with a cluster group which indicates further need for investment.

## Cost of Occupancy

FIXED ASSET COSTS					
	GIA M <sup>2</sup>	Capital Charge £'s / M <sup>2</sup>	Rent & Rates £'s / M <sup>2</sup>	Leases £'s / M <sup>2</sup>	Fixed Assets £'s / M <sup>2</sup>
Median	110,173	121.15	13.10	1.90	136.15
"N"	78	63	63	51	68
<b>EKHT</b>	<b>203,957</b>	<b>107.34</b>	<b>13.00</b>	<b>3.08</b>	<b>123.41</b>

OCCUPANCY COSTS			
	Fixed Assets £'s / M <sup>2</sup>	Operations £'s / M <sup>2</sup>	Occupancy £'s / M <sup>2</sup>
Median	136.15	74.56	210.71
"N"	68	78	78
<b>EKHT</b>	<b>123.41</b>	<b>60.63</b>	<b>184.04</b>

OPERATIONAL COSTS							
	Energy £'s / M <sup>2</sup>	Water & Sewage £'s / M <sup>2</sup>	Waste £'s / M <sup>2</sup>	MTCE £'s / M <sup>2</sup>	Grounds £'s / M <sup>2</sup>	Cleaning £'s / M <sup>2</sup>	Operations £'s / M <sup>2</sup>
Median	18.24	2.48	2.98	22.65	0.79	27.42	74.56
"N"	78	78	73	78	77	78	78
<b>EKHT</b>	<b>12.10</b>	<b>2.80</b>	<b>2.53</b>	<b>16.20</b>	<b>0.56</b>	<b>26.43</b>	<b>60.63</b>

**Notes:**

A) Comparison made with Large and Medium Acute Trusts outside London – ERIC Data 2006 /2007.

B) "N" Denotes the number of returns in the comparison group.

- 3.5 Total occupancy costs have risen by only £7/m<sup>2</sup> since the last Estates Strategy was published in April 2004. This is due in part to the extended GIA of completed investments but also reflects an efficiently run operation.
- 3.6 New Standards for the design of inpatient wards to assist in the control of infection, improved privacy and dignity and manual handling will significantly impact on existing ward space functionality and highlight the need for further investment in ward areas on all three sites. Almost all of the Trust's existing wards do not meet these requirements either in basic layout, adequate number of single rooms or in terms of available floor area per bed. These areas will therefore need to be substantially upgraded, replaced, or as a minimum, beds removed to create more bed space. To improve privacy and dignity and reduce HAI's the recommendation from the Department of Health and NHS Institute is to increase bed spaces to 3.6 m<sup>3</sup> and introduce, as a minimum, 50% single rooms.

<sup>3</sup> Infection Control in the Built Environment : Department of Health, Ward Layouts for Single Rooms and Space Flexibility : Department of Health, Control of Infection, Facilities : NHS Institute

- 3.7 This strategy is a 'first cut' which identifies possible bed configurations if the new guidance for bed spacing is implemented in each existing ward. This will not always be practical due to the need to maintain an efficient and productive ward with a bed base of 28-32 beds. (Depending on specialty) The next iteration of this strategy will be to further test each ward design in detail; this will lead to derogation from standards in some areas in order to provide an efficient design.

## **4. Development of the Estate - Principles**

### **4.1 Core Principles**

Clarity around the network of hospital services EKHT provides across East Kent, alongside the drive for efficiency and resulting improvement in patient safety and the Trust's financial position has enabled us to underpin our Estates Strategy for 2008 to 2014 with a set of core principles that will enable the Trust to continue to move forward. The core principles are to:

- 4.1.1 Improve bed provision by increasing the percentage of single rooms, and ensuring better spacing between beds on wards thereby increasing privacy and dignity and reducing further the incident of HCAI, and developing clear plans to increase the number of isolation rooms available on each sites
- 4.1.2 Establish a strategy for delivering local "plug in" and "front door" diagnostic facilities throughout East Kent enabling greater direct access for primary and secondary clinicians.
- 4.1.3 Use modern IT solutions to support improvements in patient outcome and experience including, for example, implementing tele-monitoring in single rooms and ensuring all in-patient and day case beds to have access to modern internet and entertainment systems.
- 4.1.4 Plan to optimise the use of specialised estate and facilities by extending the working day.
- 4.1.5 Develop stand alone and ward based education, training, post graduate and research facilities on site to enable the Trust to develop multi professional development.
- 4.1.6 Explore partnership arrangements to enable a greater proportion of the Trust's services to be provided from community settings but also to explore whether the Trust's estate could be better utilised to provide more clinical space in an efficient setting, rather than administrative functions.
- 4.1.7 Deliver the latest design standards in new flexible and refurbished facilities using these to improve patient outcomes and experience with staff satisfaction.
- 4.1.8 Continue to look to rationalise the Trust's estate to reduce the asset base and provide capital receipts for further investment.

4.1.9 Facilitate efficient service provision through good design; and

4.1.10 To minimise the running costs associated with the Trust estate through improved design; particularly looking to reduce the carbon footprint.

## 4.2 Explicit Targets

By 2010 / 2011 the Trust should:

4.2.1 Achieve a 50% mix of single ensuite rooms and 50% 4 bed bays (where possible) for all inpatient facilities, each with sanitary facilities thus promoting privacy and dignity.

4.2.2 Increase the number of fully compliant isolation rooms with negative air pressure on each acute site by a further two rooms taking the Trust total to 10 rooms

4.2.3 Eradicate 70% of the current backlog maintenance across the organisation.

4.2.4 Move to 100% of the Trust's buildings being either condition A or B, including the removal of all temporary buildings.

4.2.5 Ensure all Trust buildings are DDA compliant (across all 5 sites).

4.2.6 Review the current accommodation within which community child health services are delivered and where appropriate, re-provide them within a mix of modern, fit for purpose, local, and multi professional facilities serving distinct geographical areas.

4.2.7 Redesign and rebuild or refurbish current outpatient facilities within the five hospitals to enable delivery of ambulatory models of care.

## 5. Proposed Investment Plan

5.1 The proposed investment plan has been developed to meet the targets and core principles set out in the previous section. This investment plan, once implemented, designs out either by demolition or refurbishment some £15 million of estate condition backlog.

Additional investment over the next strategic period will result in the current estimated backlog investment need of some £24 million being reduced even further to acceptable levels.

<b>Backlog Reduction by Investment programme</b>	<b>(£ million)</b>
Royal Victoria	4.7
Buckland	5.4
Kent and Canterbury	3.5
William Harvey	1.3
Queen Elizabeth The Queen Mother	0.4
<b>Total Reductions over next 5 years</b>	<b>15.3</b>

5.2 The table below outlines the planned capital investment over the next 5 year planning period. The major investment plans centre on the need to improve ward accommodation across each site. Other schemes which have been identified by members of the Clinical Management Board and the Facilities Directorate are as follows:

- (1) Royal Victoria Hospital –the final phase in 2009/10 to complete this project.
- (2) Buckland Hospital - planned investment over 4 financial years to refurbish or replace the hospital has been included.
- (3) Construct a new Car Park at the Kent and Canterbury Hospital on land vacated by the poor quality accommodation behind the 1937 block.
- (4) An investment of £1 million has been included for additional car parking development land presently owned by Canterbury City Council.
- (5) As well as a new bed-base at the William Harvey Hospital 1000m<sup>2</sup> of offices has been allowed for which will free up some ward related space and allow for the planning of the removal of the Mersham Suite.
- (6) A small allowance has been made for the demolition of Brook and Bethersden Wards.
- (7) Allowance to rebuild the CDU facility in the A&E has been included on the site of the present Brook and Bethersden Ward, this may allow for an extension to A&E as well and this area of the hospital will need to be carefully planned.
- (8) William Harvey X-ray – an allowance for a new mammography suite and office support has been included. Also noted is the possible expansion in nuclear medicine although this will need to be confirmed.
- (9) William Harvey Pathology department – a small extension has been allowed for to increase the area for cellular pathology.
- (10) A new day surgery unit has been included at the QEQM site. An investment has been allowed for based on the successful day surgery unit at the Kent and Canterbury Hospital. The present facility is inadequate and does not encourage an efficiently run operation as at the William Harvey and the Kent and Canterbury sites.
- (11) Three new x-ray rooms and associated offices in the ground floor courtyard at QEQMH, which is presently storage, have been allowed for in 2013/14.
- (12) Finally, an allowance has been made to demolish old ward blocks and improve site access on the Queen Elizabeth the Queen Mother site.
- (13) A study has been commissioned into the funding/construction options for the provision of a new nursery on the WHH site. As private funding is entirely possible, a projected capital expenditure is not shown at this stage.

All the other schemes are related to improving the bed spaces and creating additional (en suite) single bedrooms.



### 5.3 Draft Investment Plan Financial Flows

Ref	Site	Descriptions	Service Need	Estate Needs	Investment £millions
01	Royal Victoria Hospital	The investment of £3.2 million into the existing buildings to provide a modern community hospital Sale of surplus estate	Meets local service delivery needs	<ul style="list-style-type: none"> <li>◆ Sale of surplus estate</li> <li>◆ Estate brought up to modern standards and backlog eliminated</li> </ul>	3.2
02	Buckland Hospital	Community Hospital remodelled to meet new service model or service re-provided in alternative town centre location	New service model developed to meet local needs	<ul style="list-style-type: none"> <li>◆ Rationalisation or upgrading of existing estate or sale and relocation to new facilities</li> </ul>	20.0
03	Kent and Canterbury Hospital	<b>Phase 1 and 2</b> New 120-bed ward facilities * Refurbishment of ward space in core 1937 building to replace redundant single storey 1937 annexes	Meets new standard for control of infection, privacy and dignity and health and safety criteria	<ul style="list-style-type: none"> <li>◆ Improved functionality to inpatient wards</li> <li>◆ Elimination of estate backlog and associated risks</li> </ul>	25.1
		<b>Phase 3</b> New Car Park	Replaces existing car parking on site of proposed facilities	<ul style="list-style-type: none"> <li>◆ Meets site demand for car parking</li> </ul>	2

\* The detailed analysis of the bed requirement for each of the main sites is available for inspection; however the work to align optimum bed spacing to ward efficiency and productivity will be carried out before the next iteration of this Strategy. The proposals show a pragmatic approach to improving the ward environments over time by a mix of building new and refurbishment of existing

Ref	Site	Descriptions	Service Need	Estate Needs	Investment £millions
04	William Harvey Hospital cont'd	New 48-bed ward block * (see 5.3 for phasing detail)  Demolition of redundant wards	Meets new standard for control of infection, privacy and dignity and health and safety criteria  Environment does not comply with standards and Trust objectives	<ul style="list-style-type: none"> <li>◆ Improved functionality to inpatient wards</li> <li>◆ Elimination of estate backlog and associated risks</li> <li>◆ Elimination of poor functionality and related backlog</li> </ul>	9.5
05	William Harvey Hospital	A&E and CDU Facilities  X-ray additions  Pathology	enables service capacity to be met New mammography suite and nuclear medicine room to meet service demands Cellular pathology	<ul style="list-style-type: none"> <li>◆ New facility</li> <li>◆ Rationalisation and refurbishment of existing space</li> <li>◆ Small extension</li> </ul>	2.1  0.7  0.5

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\* The detailed analysis of the bed requirement for each of the main sites is available for inspection; however the work to align optimum bed spacing to ward efficiency and productivity will be carried out before the next iteration of this Strategy. The proposals show a pragmatic approach to improving the ward environments over time by a mix of building new and refurbishment of existing

Ref	Site	Descriptions	Service Need	Estate Needs	Investment £millions
06	Queen Elizabeth The Queen Mother Hospital	New ward block *	Replaces existing sub-standard ward accommodation with modern fit for purpose environments that meet guidance for control of infection, privacy and dignity and health and safety criteria	<ul style="list-style-type: none"> <li>◆ Replaces poor building stock and associated backlog.</li> <li>◆ Current space standards are non-compliant</li> </ul>	11.9
		Demolition of redundant ward buildings			
		New Day Surgery Unit	Enables the Trust to meet waiting time initiatives and increase the amount of day surgery undertaken with subsequent drop in length of stay periods	◆ New facility	4.9
		X-ray	Increases current capacity and access to diagnostic services	◆ New Facility	5.5

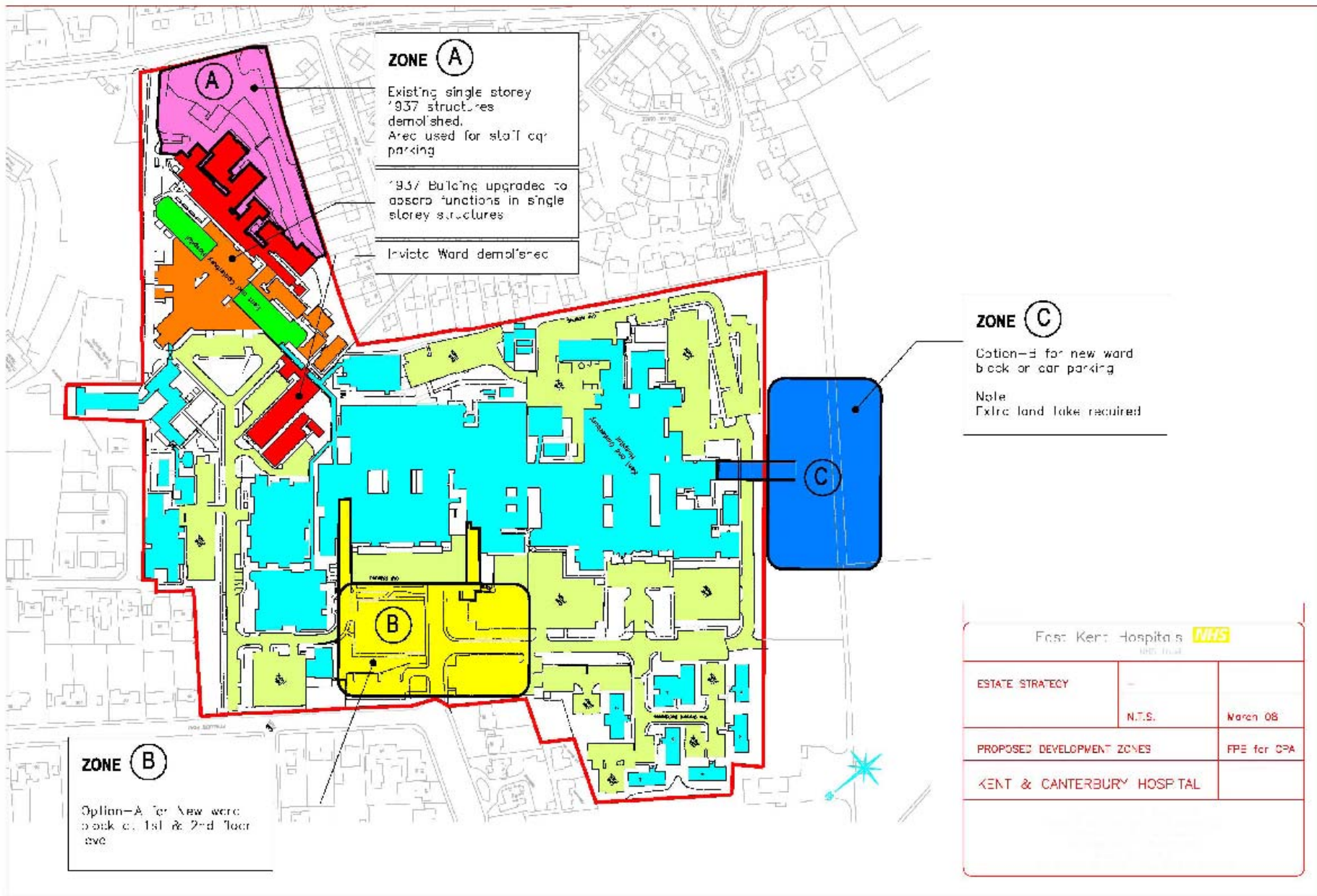
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Ref	Scheme	Description	Cost (£ millions)	2009/10 Year 1	2010/11 Year 2	2011/12 Year 3	2012/13 Year 4	2013/14 Year 5	2014/15 Year 6
01	<b>RVH Folkestone</b>	Residual investment	1.1	1.1					
02	<b>Buckland Hospital</b>	New Facilities	19.4	7.9	10.2	1.3			
03	<b>Kent and Canterbury Hospital</b> Phase 1 Phase 2  Phase 3	New Ward Block (120 beds) Demolish single storey 1937 structures/Refurbish 1937 main building New car park on demolished 1937 structures	15.5 9.6 2.0		5.0	9.0 5.0	1.5 4.6 2.0		
04	<b>Kent and Canterbury Hospital</b> Land Purchase	Additional land for car parking development	2.0						2.0
05	<b>William Harvey Hospital</b> New Ward Block/Offices	New 48-bed ward block and 1000m2 offices (to free up ward related space)	9.2			5.0	4.2		
06	<b>William Harvey Hospital</b> Demolitions	Brook and Bethersden Kings C2	0.3				0.3		
07	<b>William Harvey Hospital</b> New CDU/A&E additions	Extend existing A&E.CDU facility on site of Brook and Bethersden	2.1				2.1		
08	<b>William Harvey Hospital</b> X-ray	Construct digital Mammography Suite and associated office support and provide second nuclear medicine room within x-ray area	0.7			0.7			
09	<b>William Harvey Hospital</b> Pathology	Extend existing facility – 100m2 <sup>4</sup>	0.5	0.5					

<sup>4</sup> Further details are awaited on this scheme which may need to include additional facilities

Ref	Scheme	Description	Cost (£ millions)	2009/10 Year 1	2010/11 Year 2	2011/12 Year 3	2012/13 Year 4	2013/14 Year 5	2014/15 Year 6
10	<b>Queen Elizabeth The Queen Mother Hospital</b> New Ward Block	Option 1 – 34 beds Option 2 – 78 beds extra over Option 3 – 139 beds extra over Add SCBU and Delivery Suite	4.4 5.7 7.9 4.2				5.7 2.0	2.2	
11	<b>Queen Elizabeth The Queen Mother Hospital</b> New Day Surgery Unit	Day Surgery Unit based on KCH model	4.9	2.5	2.4				
12	<b>Queen Elizabeth The Queen Mother Hospital</b> X-ray	3 x new x-ray rooms and associated offices to courtyard area (now storage)	5.5					5.5	
13	<b>Queen Elizabeth The Queen Mother Hospital</b> Demolitions	Demolish old ward blocks and remedial site works/access	2.0				1.0		1.0
<b>Totals</b>				<b>12.0</b>	<b>17.6</b>	<b>21.0</b>	<b>23.4</b>	<b>7.7</b>	<b>3.0</b>





**ZONE A**

Existing single storey 1937 structures demolished. Area used for staff car parking

1937 Building upgraded to absorb functions in single storey structures

Invasive Ward demolished

**ZONE C**

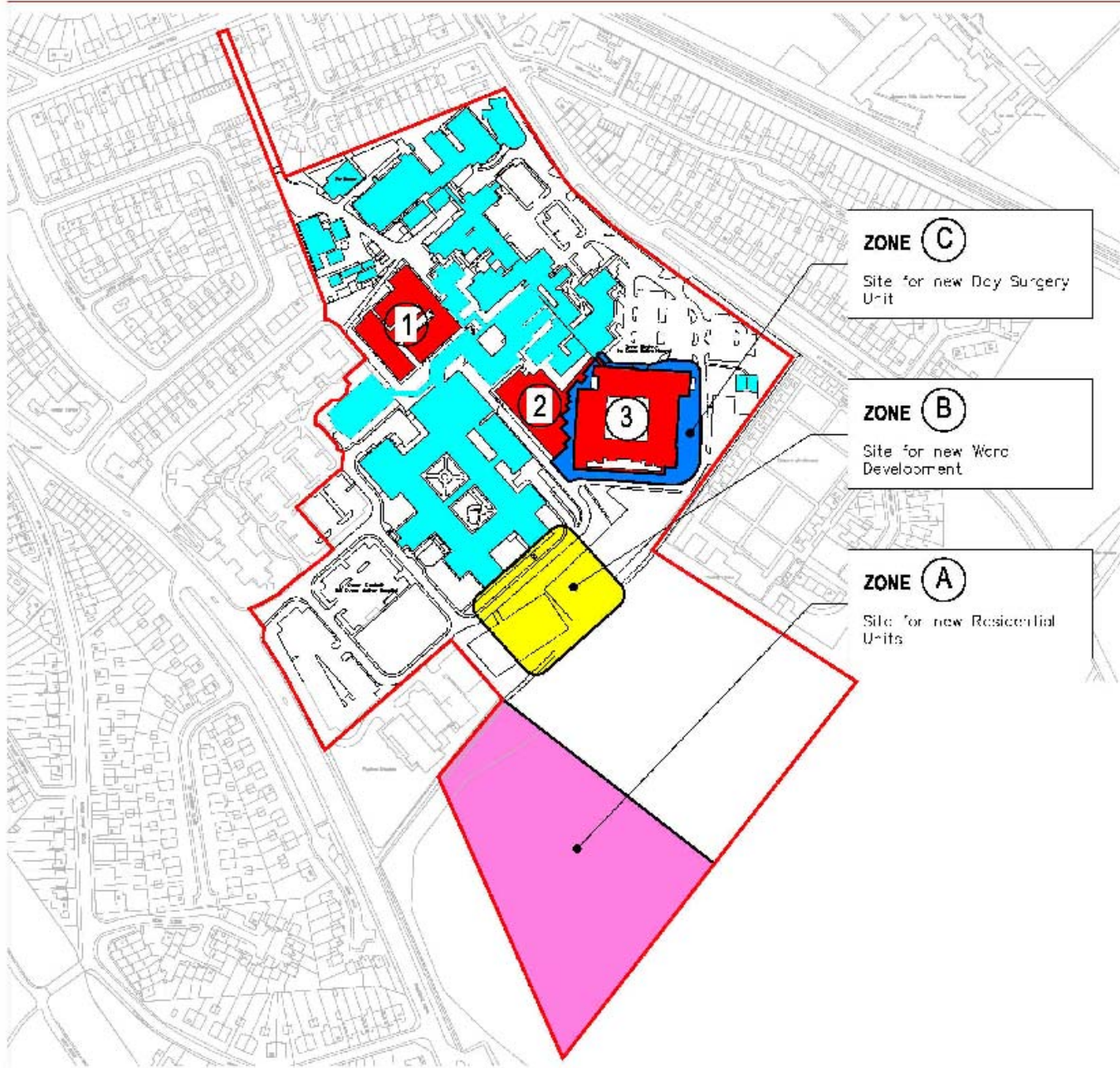
Option-d for new ward block or car parking

Note  
Extra land take required

**ZONE B**

Option-A for New ward block on 1st & 2nd floor site

East Kent Hospitals <b>NHS</b> NHS Trust		
ESTATE STRATEGY	-	March 08
	N.T.S.	FPE for CPA
PROPOSED DEVELOPMENT ZONES		
KENT & CANTERBURY HOSPITAL		



**DEMOLITIONS**

- ①  
 Wards:— St. Augustine's  
 Richborough  
 Rec. ver
- ②  
 Wards: Decl  
 Minster  
 Sandwell
- ③  
 Women's -ealth

**ZONE C**  
 Site for new Day Surgery Unit

**ZONE B**  
 Site for new Wcra Development

**ZONE A**  
 Site for new Residential Units

East Kent Hospitals <b>NHS</b> <small>FOUNDATION TRUST</small>		
ESTATE STRATEGY	OEOM/S/C1	
	N.T.S.	March 08
PROPOSED DEVELOPMENT ZONES		FPE for CPA
Q.E.O.M HOSPITAL, MARGATE		



