

# ROYAL UNITED HOSPITAL BATH

## ESTATES STRATEGY & DEVELOPMENT CONTROL PLAN



Version 2, December 2011

## RUH Estate Strategy 2010

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## 1. Profile of the Trust

The Royal United Hospital Bath NHS Trust provides general acute and emergency care for a population of around 400,000 in Bath and the surrounding towns and villages of North East Somerset and Western Wiltshire.

The Trust occupies a 52 acre site about one and half miles from Bath city centre and became a National Health Service Trust in 1992. The Trust provides 560 beds and a comprehensive range of acute services including medicine and surgery, services for women and children, accident and emergency services and diagnostic and clinical support services. This includes a new Neo-Natal Intensive Care Unit and a radiotherapy service with linear accelerators.

The Trust employs around 3,800 staff (wte), some of whom also provide Out-Patient diagnostic services and Day Case surgery at local community hospitals in Bath, Bath & North East Somerset, Somerset and Wiltshire. This fulfils part of the Trust's aim to provide high quality care to people in their local communities.

The hospital provides healthcare to the population served by three Primary Care Trusts, NHS Bath & North East Somerset (Sirona), NHS Wiltshire and NHS Somerset. The hospital has 17 theatres: 8 main theatres (one of which is 24 hour emergency), 4 day surgery theatres, 1 eye theatre, 1 oral surgery theatre and 3 gynaecology/urology theatres in the Princess Anne Wing.

The Trust is in the later stages of an application to be an NHS Foundation Trust and the Estates Strategy reflects this vision and describes an investment plan which will form part of the Integrated Business Plan, being the application for Foundation Trust status.



## 2. Introduction

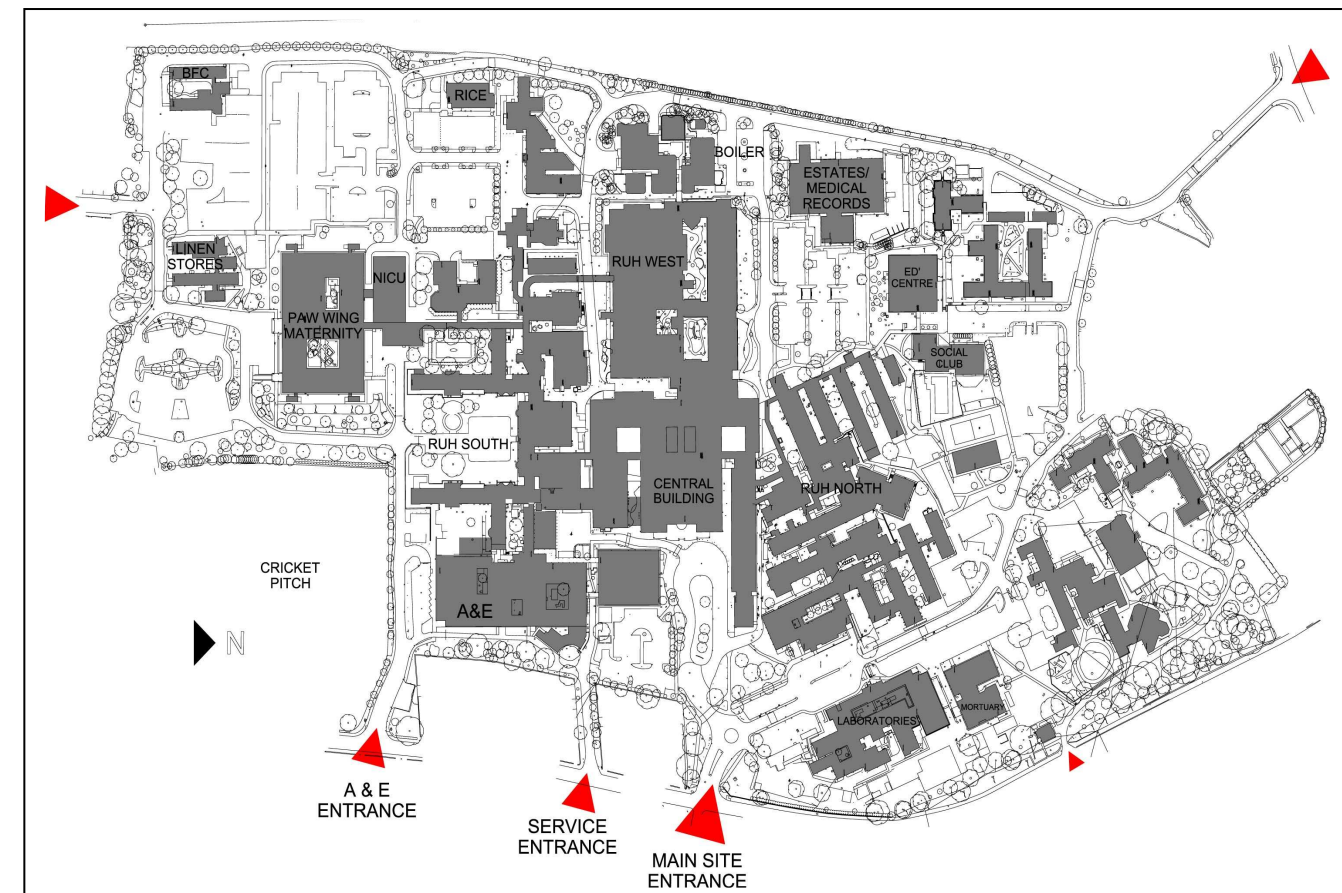
The Estates Strategy sets out a new 5 year plan to provide a quality built environment that will be responsive to changing service needs, promote compliance with legislative standards and provide the best environment for clinical care. The document describes the current condition of the building fabric, engineering infrastructure and with other relevant surveys, confirms where investment is needed to significantly reduce backlog maintenance and provide new facilities.

The Estates Strategy reflects the broad service strategy of concentrating on 3 key areas for patient delivery as described in our annual Business Plan: emergency medicine, care of the elderly and cancer services. The strategy supports the priority objectives outlined within the '5 pillars' concept ie, the pillar associated with the built environment, It has the capacity to increase performance and quality, enhance the reputation of the Trust creating confidence in clinical services and to encourage staff development and recruitment. The proposal does not increase bed numbers but reflects the move to reduce the bed base through improved length of stay. However, the current 'clinical village' model of 16+ in-patient and out-patient departments will be examined in detail as a separate project within the QIPP Programme. It is possible that utilization of space may be improved as a result but the impact on the overall site strategy will be small.

The Estate Strategy considers where investment should be prioritised in a Development Control Plan (DCP) which aims to be both practical and affordable and within the current bed stock. It has been drafted with the assistance of Nightingale Associates architects and site master planners. The estates workshop (which involved many RUH stakeholders) in November 2009 informed this Plan, as did current thinking on service strategy and the proposed capital programme for the next 5 years.

The Estates Strategy is being developed in the context of the Trust Plan to achieve and maintain Foundation Trust status and the proposed investment plan will inform the long term financial model (LTFM) contained within the integrated business plan (IBP). This strategy presumes that the provision of pathology services at the RUH remains and provides land for future investment to re-provide services presently provided at the RNHRD<sup>1</sup> supporting the merger of these two Trusts.

**Right:** Fig A shows the existing Royal United Hospital which covers the majority of the estate of approximately 52 acres. Land for the mental health facility, managed by Avon & Wiltshire Partnership Trust, and the Combe Park houses were originally part of the estate. The land occupied by the Lansdown Cricket Club is owned by the RUH but is leased to the club on a long term basis.



<sup>1</sup>RoyalNationalHospital for Rheumatic Diseases in Bath

### 3. Progress to Date

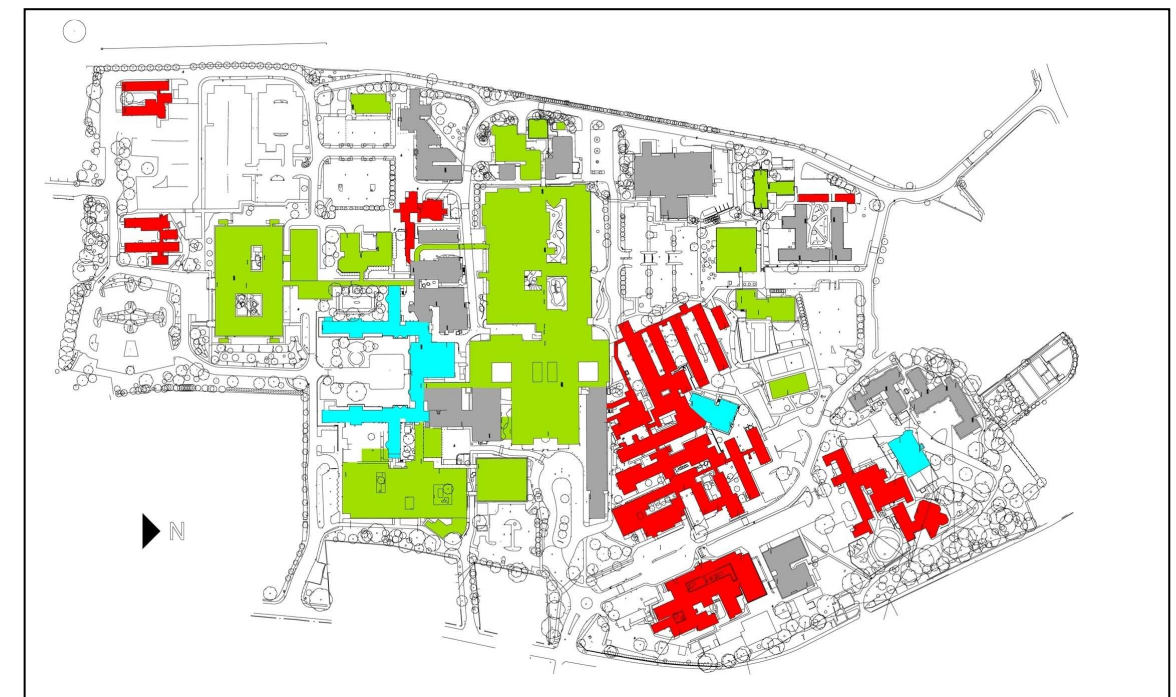
The Trust Board agreed that the 'Emerging Hospital Strategy' which was previously adopted should be dropped in favour of a DCP which recognises the current financial climate and service priorities. Therefore, phased capital expenditure will be dependent upon that generated from our own balance sheet, an adjustment to our Public Dividend Capital (PDC) in 2011/12 and targeted borrowing when our legacy debt is fully repaid. There will also be a continuing need for charitable support around a partnership agreement which has been successful in funding the new NICU.

The Capital Review Group has accepted a financial report that recommends increased spending on the RUH estate to bridge the gap between current investment and the backlog maintenance total. In essence, this means an investment of £5M - £6M each year, with the remaining being invested in medical equipment and the IT infrastructure. The Condition Survey reported that this rate of annual investment would enable the Trust to largely eradicate 'High' and 'Significant' risks within 2 years. Almost £15M of backlog maintenance relates to 'RUH North' so a plan to replace this part of the hospital has significant benefits. The backlog maintenance bill was reported as £41.8M in 2008/09 but the subsequent investment in 2009/10 has reduced this figure to £38.8M in April 2010 and to around £36M in November 2011. The £5.1M additional PDC in 2010/11 has funded the replacement of the aging boiler house with a new Energy centre based around a 2 MW Combined Heat & Power plant. The Trust has therefore determined that the reduction of the backlog maintenance bill is a priority and this Estate Strategy must address that.

An Estates planning workshop with members drawn from a wide range of disciplines in the RUH was held in November 2009, with support from Nightingale Associates. The inadequacy of the current estate was highlighted and possible options for development discussed. Even at this preliminary stage, it was clear that a solution that demolished RUH North, enabling a new block to be built on this site, was the most practical solution. The DCP describes how this can work in practice.

Key estate surveys have been completed and have informed this strategy. These are:

Transport & Parking Strategy	Oct 2006
Electrical Infrastructure Report	Feb 2009
Fire Risk Assessment/Action Plan	Mar 2009
DDA Report	Apr 2009
Habitat Survey	Apr 2009
Topographical Survey	May 2009
Estate Condition Survey	Jun 2009
Bio-Diversity Action Plan	Jul 2009
Property Valuation Survey	Mar 2010 (annually updated)
Estate Condition Survey Review	Jun 2010
HTM Compliance Review	Sep 2011
BNP Paribas Report on land use	October 2011



**Above:** Drawing illustrating the general condition of the estate. Red indicates a building at the end of its lifespan. Grey indicates aging building stock which although serviceable requires substantial maintenance and / or is not to current building standards. Blue indicates a building which is under a restriction, e.g. - listing.

#### 4. Core Principles

A set of core principles is proposed to guide future estate investment:

1. The over-riding objective of the DCP should be to improve the built environment; providing first class facilities for the delivery of healthcare. In so doing it will meet the requirements of one of the '5 pillars' i.e. physical environment.
2. The design of new facilities will maximise clinical adjacencies delivering environments that promote efficient pathways of care. Other weaknesses in the hospital environment such as the need for a multi-faith prayer centre (ideally located in a more accessible location) will also be addressed.
3. Fine tuning of the plans will be possible to enable 'graduated care' to be delivered where appropriate.
4. Investment in the estate year on year is acknowledged in order to reduce the level of backlog maintenance. The rationale for this is made in the Finance report of March 2010, presented to the Capital Review Group. This does not preclude the construction of new as long as this replaces obsolescent stock.
5. The number of single rooms should increase from its current 21% to the recommended 50% within a realistic timescale, allowing for the construction of a new clinical block to replace RUH North (assuming a reduced bed base supports this investment). All new single rooms will, wherever possible, contain en-suite facilities.
6. The consideration of the need to construct 2 or 3 isolation rooms with negative pressure ventilation.
7. Priority areas for replacement are RUH North, Pathology Laboratories and clinical facilities in RUH South. This acknowledges the key role that our own pathology laboratories make to the hospital and an acceptance that appropriate investment is required.
8. A broad service strategy that recognises growth will centre on emergency medicine, elderly care and cancer services.
9. Investment in the built environment that will improve patient safety, patient care and promote a 'healing environment' as evidenced by the work of Roger Ulrich<sup>2</sup> which has been published by the DH and the former NHS Estates.
10. The new standard for ward design requires the distance between each bed to be 3.6M. This will be adopted as the design standard for new build as it increases the room available for nursing/rehabilitation and promotes good infection control.
11. Plans that adhere to the RUH Single Equality Scheme and the legislative requirements of The Equality Act 2010.
12. A review of out-patient space to verify that the 'clinical village' model adopted at the RUH is still the best way to deliver this service in terms of efficiency, care quality and affordability. This work is a QIPP work stream as at December 2011. The outcome of this work stream may impact upon space planning details which could affect the overall DCP.
13. Recognition that signage and architecture can improve way finding around the RUH site. The new wayfinding system introduced in the Spring of 2011 will be maintained, reflecting future changes to the built environment.
14. The rationalisation of the car parks for visitors by reducing the number available and making access more obvious and understandable.
15. Building on the success of the NICU design, the Trust will use this project as an exemplar in low carbon footprint design, to strive for the highest classification of BREEAM<sup>3</sup> or equivalent practical standard in subsequent refurbishment or new-build projects.

<sup>2</sup>Dr Roger Ulrich is Professor of Architecture in the Centre for Health Systems and Design at Texas A&M University. He has published widely in scientific and design journals on the subject of healthcare design. He worked collaboratively with the DH to promote evidence-based design and promote better design standards in NHS capital projects.

<sup>3</sup>Building Research Establishment Energy Assessment Model. New to healthcare design, the model encourages NHS Trusts to aim for 'excellent' rating for new build and 'very good' for refurbishment projects. The model is very demanding and requires the design team to look at sustainability standards which are much wider than mere building design and engineering services.

## 5. Town & Country Planning Issues

The RUH Site is surrounded by residential accommodation which has grown significantly since the original hospital was built in the 1920s. Planning consent, therefore, has to be handled carefully and with the full support of the Local Authority and residents. To assist with this a Planning Position Paper is drafted each year by our Planning Advisors and forwarded to the Planners at BANES in order to describe our proposed development within the financial year. This is a 'live' document that has been well received helping the Trust gain four out of four planning applications to date. Similarly, a Facilities Consultative Committee is held bi-monthly with local residents and councillors to promote a good relationship between us and our neighbours providing the opportunity to describe planning visions for the future and cover issues such as car parking, noise and access arrangements across the site.

BANES Planning Department have welcomed an approved Estates Strategy which describes a vision for the future and puts into context the various planning applications which will be made by the Trust. We are far more likely to receive consent if the broader picture is understood and revised as service strategies dictate.

The temporary planning consent for the St John's car park expires in April 2012 and we have to be mindful that the Manor House is a Grade 2 listed building and requires special consent for any works that are carried out.

The height and mass of the central core however, provides the hospital with a useful precedent for additional buildings of similar mass, replacing single storey buildings which are inherently inefficient. Having regard to the topography of the site, we would wish to work with the local planning authority and other stakeholders to design new buildings that sit well with the existing infrastructure and enhance the layout of the hospital site. It is clear, though, that Town & Country Planning on a site such as the RUH is a major issue and one that must be addressed carefully within the DCP.

## 6. Transport and Parking

Messrs Mouchel produced a Transport & Parking Strategy in October 2006. It is now out of date and they have therefore been commissioned to work with us on a new edition which reflects the pressures around the RUH site from car parking and also the strategic context in Bath itself. An integral part of the strategy is the adoption of initiatives to reduce the number of cars entering the site, whether staff or visitors. The Trust will continue to carry out yearly transport audits to prove a modal shift away from cars to other forms of transport. An audit was completed in November 2009 in support of our planning application for NICU.

A new car parking permit system will reduce the impact of cars on this site. With the promotion of cycling, investment in cycle racks and showers, the continued availability of the Park & Ride service and bus season tickets for staff we are in a good position to provide evidence that we are doing all we can to reduce the impact of cars. Regular audits which prove change in modal shift are required and it is only through carrying out these surveys that we will be able to secure planning consent for major development in the future.

The other area that needs work in this next year is a survey of the number of disabled spaces required for a hospital of this size. Informal evidence would suggest that the current parking area at the front of the hospital is inadequate. At present there are far too many small car parking areas around the site which are not understood by visitors and a rationalisation of car parking space is needed. These should be sited near the main entrance, making access more easily understood. The overall vision for the site must be to create a simpler layout of buildings, car parking spaces and green spaces so that the patient journey is better understood and more attractive.

**Right:** Fig' B shows the existing car-parks highlighted in blue.

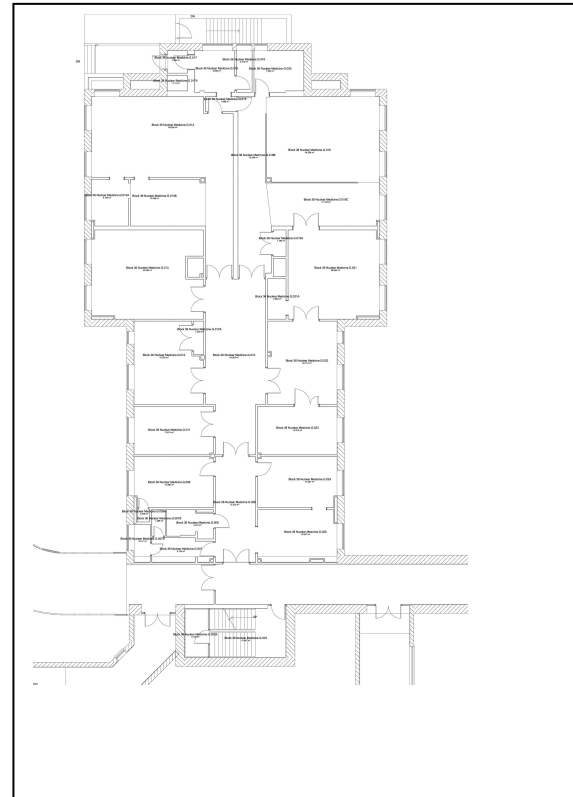


**Fig B: Existing Car-parks**

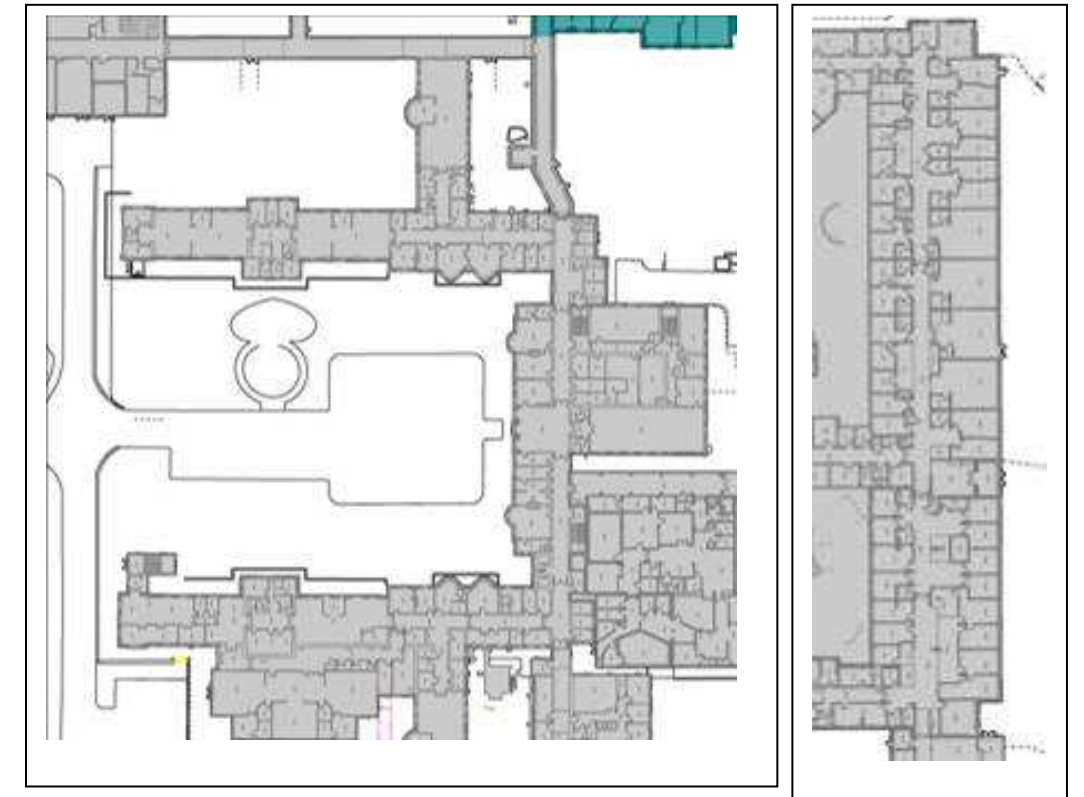
**7. Site Infrastructure**

Looking around the site it is possible to see when capital monies became available as the different styles of buildings present themselves. There are too many infill buildings and a large degree of congestion, notably around the Postgraduate Medical Centre and the Fracture Clinic/Emergency Department. The vision for the future must be to remove the many ad hoc buildings erected in these areas to bring space into the site and to reduce the difficult maintenance issues that arise through complicated junctions between various buildings. The issues that need addressing, in particular, are the poor building fabric of RUH North, the Pathology Lab and the internal layout/siting of the Nuclear Medicine department, which is some distance from the remainder of the cancer services. The present layout of the RUH South wards, which being of “Nightingale” design, are inadequate and cannot be converted into 4 or 6 bedded bays is also an issue that needs to be addressed. The underused Wolfson Centre provides real opportunities for re-ordering and a priority use must be the Qulturum enabling the construction of the new Path Lab.

Finally, the high voltage cable network, being rated at 6.6 kV is an anomaly and we should work with Western Power Distribution to upgrade this to an 11 kV network which will provide greater resilience and current carrying capacity without investment in high voltage cables.



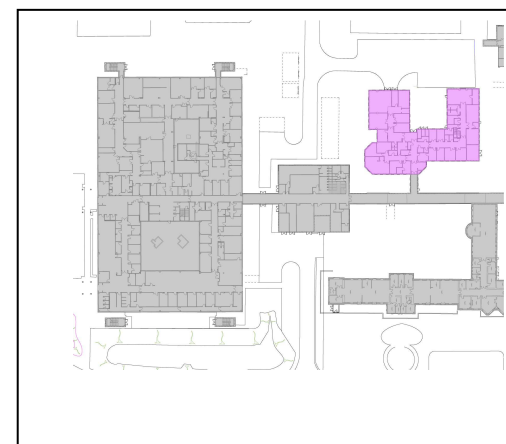
**Fig C:** Plan of existing Nuclear Medicine Department



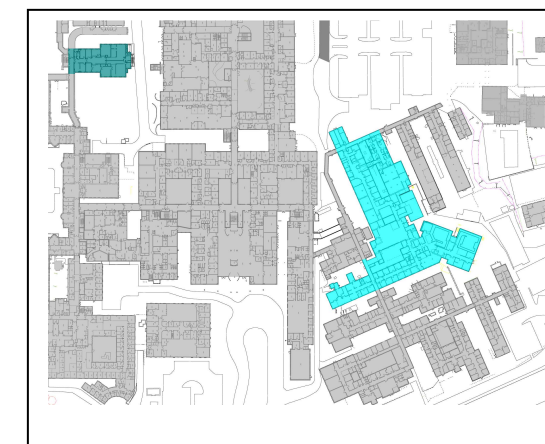
**Fig D:** RUH South; narrow wards unable to accommodate 4-6 bed bays compared with modern deep plan of RUH West.



**Fig E:** View of existing RUH North blocks



**Fig F:** Location of Wolfson Building highlighted pink



**Fig G:** Locations of existing Nuclear medicine and Oncology Departments

## 8. Landscape

There has been significant investment in garden maintenance and design over the last 2 years from NHS funds and the Hospital Friends. This is important as gardens breathe life into the site providing an oasis for reflection and comfort for patients. Investment emphasises our desire to provide a pleasant site which is well cared for, reflecting the high quality of clinical care.

There are, however, too many car park spaces around the site and insufficient green spaces for quiet relaxation. The sheer number of separate buildings produces a security hazard and prudent demolition would not only provide green space but also improve security for staff and property.

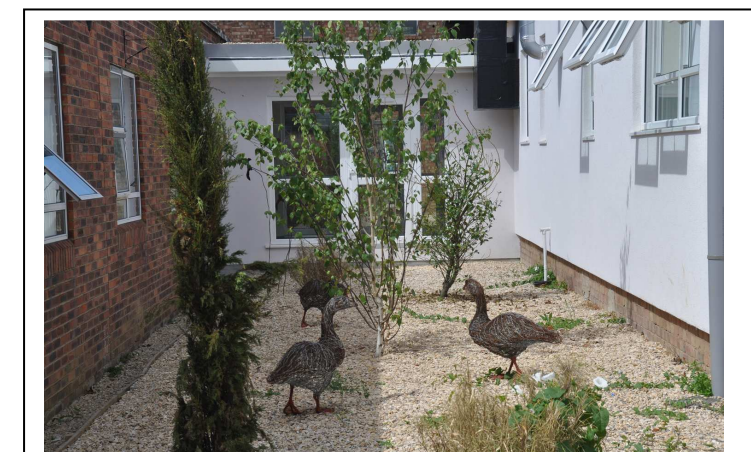
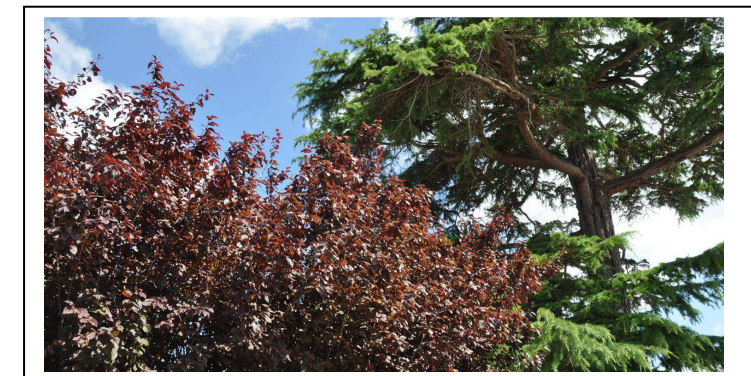
Finally, there is the issue of smoking on site which is encouraged through the poor layout of building stock and formal/informal rights of way across the site, allowing members of the general public to wander through at will. The Estates Strategy should promote walking where possible but also provide as secure a site as possible for those who work and are being cared for at the RUH.

### 8.1 Biodiversity Action Plan

In 2009, The RUH commissioned Avon Wildlife Trust (AWT) to produce a Biodiversity Action Plan (BAP) and an Extended Phase 1 Habitat Survey. The reports were completed in July 2009 and April 2009 respectively. These two documents have been produced to meet the requirements of the Natural Environment and Rural Communities Act (NERC) 2006. The NERC Act aims to raise the profile and visibility of biodiversity, clarify existing commitments and to make it a natural and integral part of policy and decision making. The RUH (via AWT) is also currently undertaking a bat survey to investigate the potential of our site to harbour bats, often a pre-condition of planning applications.

As a result of the BAP, several action points were produced some of which have been completed:

- Leave fallen dead wood in place where possible (the best example of which is to the rear of the accommodation blocks)
- Removal of Japanese knotweed (by our grounds contractor using a long term herbicide injection technique)
- Not dumping piles of chippings on site in wild areas – this is now mostly stored in the compost bins or used very soon after it has been produced.
- Investigate potential for trees and buildings to support bats.



**Above: Three examples of landscape used within the existing estate.**

Going forward, there are many recommendations for the RUH to consider that seek to conserve biodiversity by creating new habitats and improving the management of our existing habitats:

- Installation of bat boxes on mature trees
- Promotion of badger awareness at the RUH and protection of setts.
- Adapting grounds maintenance operations (minimise mechanical cutting and flailing, less frequent mowing in some areas on site, introduction of native plant species)
- To lay hedges at PAW boundary
- Include elements of this plan in our contractor's handbook to raise awareness of their potential impact.
- To raise awareness amongst staff, patients, visitors to our notable veteran trees and other important wildlife stock.

As part of the overall Estate Management at the RUH, the BAP needs to be integrated at a number of levels from refurbishment of buildings and land areas, general maintenance operations and in the design of new building stock. Capital redevelopment projects will certainly fall under this remit. Under the NERC Act, consideration needs to be given to enhancing and preserving biodiversity. This can be achieved by following action points such as:

- Replacing scrub land when lost to development initiatives
- Highlighting the importance of the NERC Act to builders, developers and planners with regards to protecting and maximising the nature conservation value of new developments and renovations (e.g. informing about presence of badgers, slow worms, bats, nesting birds etc).

In summary the RUH needs to be able to demonstrate that whilst it may have a BAP and the associated surveys, it also needs to ensure it can demonstrate that it is addressing the points raised in the BAP and that the awareness of Biodiversity is properly considered within the broad remit of estate management. There is a possibility that DEFRA may be contacting local authorities, hospitals etc. to assess progress in relation to meeting the principles of the NERC Act.



**9. The Current Estate (2010/11)**

Site Area	Buildings	Bed Number	Asset valuation for Capital Charges		RATEABLE VALUE	RATES BILL
			£	Date	£	(£ pa)
52 acres 21 hectares	Gross area 92,314m <sup>2</sup>  Heated vol. 290,210m <sup>3</sup>	560	129,689,000	April 2011	2,960,000	1,232,016

**9.1 Occupancy Costs (2010/11)**

	GIA	Cap Charge	R & Rates	Fixed Costs
		£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>
Median	120,683	119.10	17.60	136.70
RUH Bath	92,314	98.60	13.73	112.33
"N"	76	76	39	76

	Energy	Wat/Sewage	Waste	Mtce	G & G	Cleaning	Operations
	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>
Median	21.12	3.09	3.68	27.47	0.84	36.41	92.61
RUH Bath	21.37	4.40	4.72	20.72	0.84	38.96	91.01
"N"	76	76	72	76	75	76	76

	Fixed	Operational	Occupancy
	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>	£'s / M <sup>2</sup>
Median	136.70	92.61	229.31
RUH Bath	112.33	91.01	203.33
"N"	76	76	76

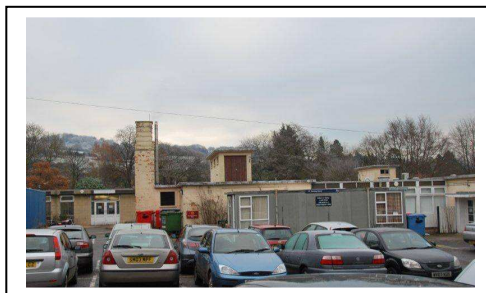
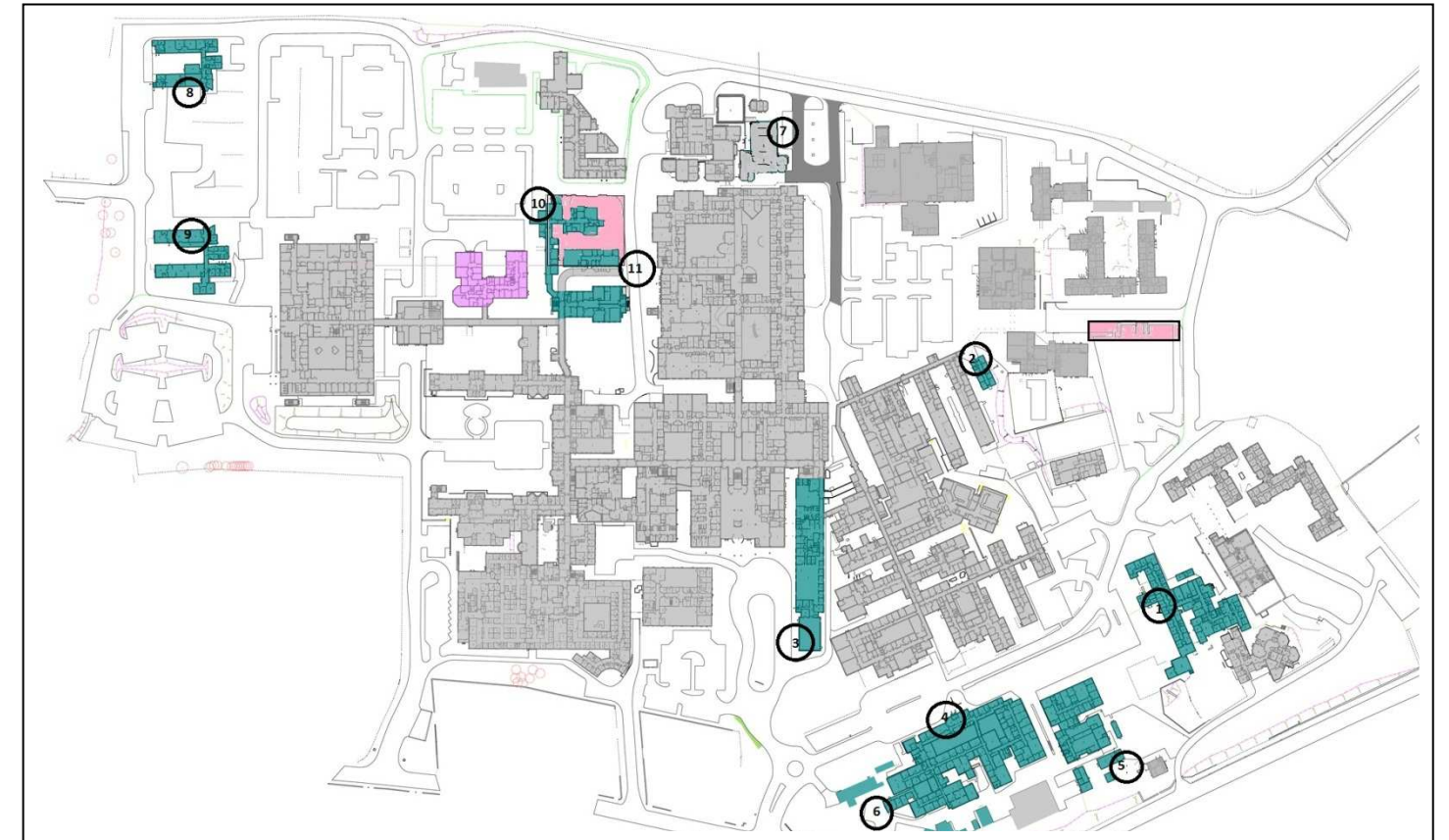
**Notes)**

- 1) Figures derived from ERIC data collection 2010 2011
- 2) Comparison made with all Large and Medium Acute Trusts
- 3) "N" denotes the number of returns in the comparison group

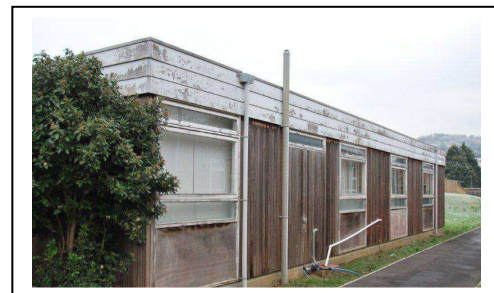
(Occupancy cost in 2009/10 was £184.26/Sq M)

**9.2 No. of Blocks valued with Life <10 years:**

1. JohnApley Building. For demolition 2013
2. The Hut. Demolished 2011
3. Physiotherapy & Hydrotherapy. Maintenance investment curtailed
4. Cellular Pathology & Central Labs. For demolition 2013
5. Mortuary. For demolition 2013
6. Path Store. For demolition 2013
7. Boiler House. Re-fit incl. CHP completed Nov 2011
8. Bath Fertility Centre. For demolition 2013
9. Linen Stores. For demolition 2013
10. Friends former building. Demolished 2011  
Widcombe Ward (no photograph). For demolition 2012



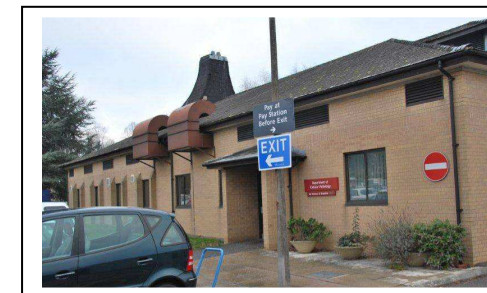
**Fig 1:** John Apley Building



**Fig 2:** The Hut



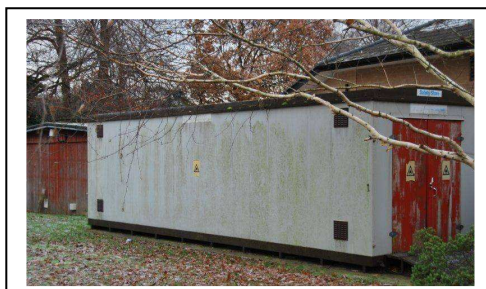
**Fig 3:** Physio & Hydrotherapy



**Fig 4:** Cellular Pathology



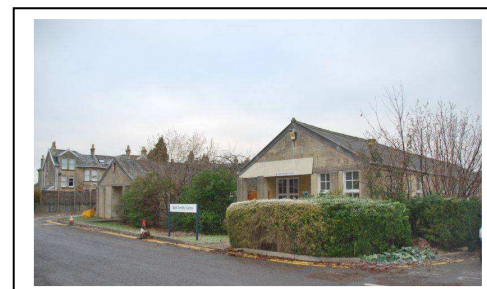
**Fig 5:** Mortuary



**Fig 6:** Pathology Store



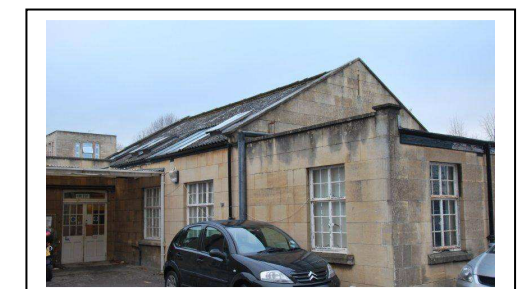
**Fig 7:** Boiler House



**Fig 8:** Bath Fertility Centre / Forever Friends Former Building



**Fig 9:** Linen Stores



**Fig 10:** Forever Friends

**9.3 Summary of Backlog work by category (November 2011)**

Category		Backlog Costs (£'000)
1	Structure	19,592
2	External Fabric	1,778
3	Roofs	819
4	Internal Fabric & Fixtures	7,969
5	External Building Works	299
6	Energy Centre Systems	716
7	Heating Systems	45
8	Hot & Cold Water Systems	113
9	Ventilation Systems	2,326
10	Medical Gas Pipeline Systems	125
11	Lifts & Hoists	160
12	Fixed Plant and Equipment	355
13	Electrical Systems	1051
14	Alarms & Detection Systems	50
15	Communication Systems	105
16	Miscellaneous	180
17	Compartmentation	280
18	Fire Doors	
19	Means of Escape	229
20	Alarms & Detection Systems	80
21	Textiles & Furniture	
22	Flammable Storage	
23	Compliance with Firecode	
24	Electrical Supply & Distribution	43
25	Asbestos	
26	Control of Legionella	
27	Health & Safety At Work Act	83
28	Food Hygiene	
29	COSHH	
30	Disability Discrimination Act	435
31	Pressure Systems	
32	Equipment in Confined Spaces	
33	Safe Temperatures	3
<b>Total</b>		<b>36,837</b>

Total – Backlog costs	35,683
Total – Fire costs	589
Total – Other compliance costs	564

#### 9.4 Summary of Condition of Existing Estate

The condition of the existing estate is therefore well known and good progress has been made to date to eradicate the high risks and make significant inroads into the remaining estate risks. We are also aware of the investment that is needed to maintain our compliance of statutory legislation including fire, security and the Equality Act 2010.

A large part of the backlog maintenance figure reflects the poor condition of RUH North, the Pathology Laboratory and the ward accommodation in RUH South. A Development Control Plan that deals with these three areas will also eradicate much of our backlog maintenance and bring it in line with the rest of the UK hospital estate. We are fortunate in having sufficient land at the RUH to deal with any development matters and as long as we meet planning requirements we should be able to develop plans which satisfy our needs and sit well with the local community.

The initial part of the Estates Strategy must therefore be seen in the context of the whole where assurance can be provided that future investment will not sterilise the site, recognises the need to eradicate much of the poor quality stock and leave room for either a fresh car parking strategy or possible disposal of part of the estate.

Statutory compliance matters have been addressed over the last two years. Comprehensive reports and risk assessments have been commissioned for Fire Safety and Disability access and the annual maintenance programme includes investment in both these areas. The annual Firecode Certificate has been signed off each year without any major qualifications and progress on reducing the risk assessments is monitored by the regular Fire Safety Committee. A Compliance review was commissioned in November 2010 to provide assurance on:

- HTM 01 Decontamination
- HTM 02 Medical Gases
- HTM 03 Heating & Ventilation Systems
- HTM 04 Water Systems
- HTM 05 Fire Safety
- HTM 06 Electrical Services
- HTM 07 Environment & Sustainability
- HTM 08 Specialist Services

The report provides a significant level of assurance and an action plan which addresses minor points has been drafted and is being actively managed by the Head of Estates. The targeted investment plan for the RUH includes reference to the requirements of all statutory legislation.

## 10. Where Do We Want to Be?

It is clear that significant investment is needed on the site to improve the quality of the built environment. In recognising that judicious investment in appropriate areas will improve this significantly and reduce the backlog maintenance, it is worth examining which areas should receive targeted investment.

### 10.1 Cancer Services

It is suggested that the way forward would be to bring together the cancer services, such that 1) radiotherapy treatment, 2) radiotherapy planning, 3) nuclear medicine, 4) chemotherapy treatment, 5) in-patient facilities (the present William Budd ward), 6) patient information for cancer sufferers and 7) other support services, are brought together in one area of the hospital. The proposed Development Control Plan describes such an area in what is presently the RUH North of the site. This re-development can be designed in phases such that demolition of parts is followed by construction over a 4 year period. As a result the required cash flow works in tandem with the practical constraints of the site.

### 10.2 Pathology Laboratory

An area that needs urgent refurbishment or replacement is the Path Lab. Looking at the site, the most obvious place to rebuild this would be adjacent to Bath & Wessex House as there are good pedestrian and vehicular access routes in this part of the site. The first Estates Strategy described how the conversion/extension of the Wolfson Centre could be an answer but further investigation has ruled out this option due to the domestic scale of the building and the insufficient soffit height for air conditioning ductwork.

Consequently, new plans have been drafted for a 3 storey development on the site of the former orthopaedic theatre and Widcombe Ward. This new block promotes increased efficiency and productivity in all pathology disciplines and vastly improves clinical adjacencies with the patient areas of the hospital.

### 10.3 RUH South

A new Estate Strategy must also propose changes to relocate the existing "Nightingale" wards from RUH South to other parts of the estate, re-using these spaces for other functions such as out-patients or offices. However, the former Victoria Ward has been successfully re-ordered to create a medical short stay ward and base for the DATE team. A refurbishment contract has also been let to convert the former Hamilton Ward for a dermatology out-patient centre, thus enabling the early demolition of part of RUH North. The proposed start date for this refurbishment is December 2011. Out-patient activities are currently distributed across the site, due to the 'clinical village' design approach. Although this offers some advantages it is not easy for patients to discern different parts of the estate and does not encourage back-office efficiency. Grouping more out-patients in RUH South would assist this process and enable the demolition of RUH North. This will be examined in greater detail in the QIPP project to examine out-patient services at the RUH.

### 10.4 Bed Numbers

It is assumed that the current bed numbers remain as no new-build is included apart from the replacement of William Budd ward. RUH South would house 3 wards:

- MAU and SAU on the ground floor.
- MSS will replace Victoria Ward (incl the annexe)
- The former Hamilton Ward is converted into a Dermatology Unit
- Helena Ward is converted into the Diabetes OPD
- Marlborough Ward is converted into the Orthodontics OPD in due course

## 10.5 The site

A new DCP should illustrate how the hospital site can be re-ordered to provide:

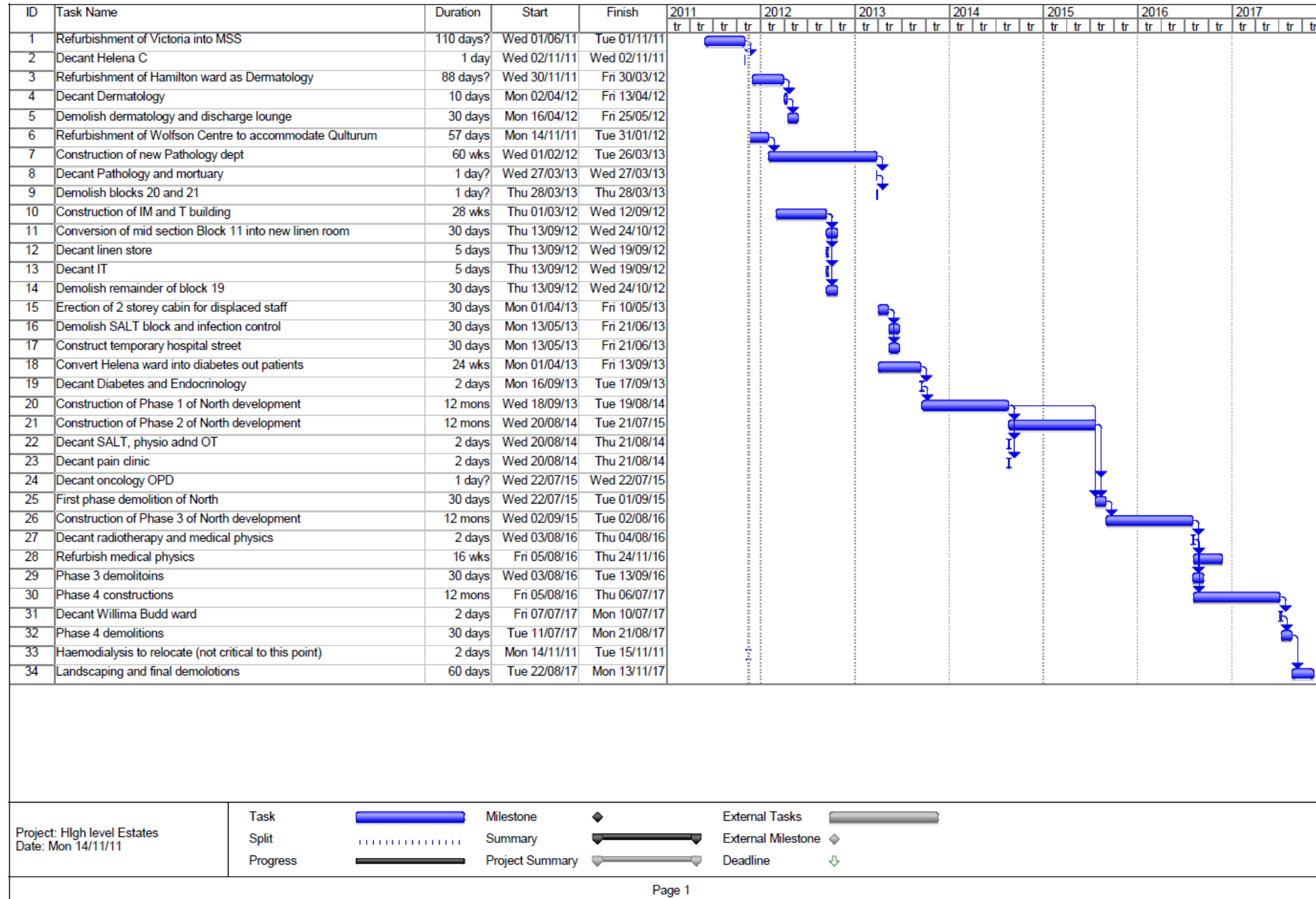
- Patient/visitor car parking which is sited as near as possible to the main entrance with easy access and egress.
- Re-siting major goods receipt areas (stores/linen/catering supplies) in one place allowing separation of good vehicles from cars. This is possible through the construction of a new IT& Medical Records Building which will enable the linen stores to be moved to the present medical records store. This development will then enable the demolition of the linen stores and the John Apley building.
- Identify attractive land (with separate access) for disposal.
- Introduction of more green spaces around the site.
- Promotion of clinical adjacencies
- Making the site 'friendlier' and less threatening for patients.

## 11. Sequential programme for re-development

The proposed Development Control Plan seeks to address all these issues; the initial sequential programme is as follows:

1	Demolish blocks 39,12 & 4
2	Demolish SALT block & information control block 26
3	Refurbish Wolfson Centre block 42 to create Qulturum
4	Demolish part of 29 i.e. EAP, Microbiology/Cytology/Blood Sciences
5	Construct path lab and new IT/Medical Records building
6	Construct temporary hospital street
7	Demolish blocks 19, 20 & part 21
8	Construct Pain Clinic/Oncology opd/cancer info services/patient affairs & re-locate the Friends storeroom/Hydrotherapy pool
9	Construct Nuclear Med Dept., Med Physics, shell fit-out for Oncology Ward (new William Budd Ward)
10	Construct Therapies dept. i.e. Physio, OT, SALT and Discharge Centre
11	De-cant Pain Clinic
12	Helena ward is converted to a Diabetes/Endocrinology OPD
13	Marlborough Ward is converted to an Orthodontics OPD
14	De-cant Oncology OPD
15	De-cant Radiotherapy waiting into former Oncology waiting area
16	Demolish remaining blocks; 21,22,24,25,26 and part 16 (OPD consultants office &Radiotherapy waiting)
17	Construct Oncology, Chemotherapy and day-case Radiotherapy waiting area Oncology waiting area
18	Construct Oncology ward and complete ward fit-out from earlier phase.
19	Demolish blocks 13, 14, 15 & 16.
20	MEMS transfers to former Nuclear Med Dept.
21	Haemodialysis to move off-site (although this could happen at any point) or to another area yet to be confirmed.
22	Complete landscaping and car parking following demolition of blocks 28 & 29
23	Convert mid-section of block 11 to create linen store cleaning offices
24	Demolish block 53

11.1 Programme



**12. Estates Investment Plan**

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Strategic Estates</b>						
Hamilton	800					
Victoria enabling	Incl in 'other'					
Victoria	Incl in 'other'					
IM&T/Medical Records/Linen storage	352	825	825			
Other estates strategy investment	7,880					
Pathology	1,500	6,500	3,000			
Cancer unit design/enabling			2,000			
Pain Clinic; Oncology OPD; Cancer Information; Patient Affairs; relocate Friends storeroom and Hydrotherapy				3,000	4,700	2,884
Nuclear Medicine; Medical Physics; Oncology Ward				3,000	3,000	
Therapies				3,000		
Medical Physics refurbishment					1,300	
Operational Estates investment		1,000	600	1,000	1,000	1,000
Theatre/ward upgrading				1,800	1,800	1,800
Linac enabling		251				
Qulturum	Incl above					
Gamma Camera enabling		150				
NICU	Incl above					
<b>Strategic Estates Exchequer requirement</b>	<b>10,532</b>	<b>8,726</b>	<b>6,425</b>	<b>11,800</b>	<b>11,800</b>	<b>5,684</b>

(Updated 3.2.12)

### 13. Summary

The Estate Strategy, which incorporates the proposed Development Control Plan is a key Trust document which sets out our response to changing service needs and also addresses known weaknesses in the RUH Estate. It describes a vision for the phased development of the hospital, underpinning one of the '5 pillars' which the Trust Board have adopted i.e. the improvement of the physical environment in order to improve patient care, safety and the working conditions of our staff.

The plan has evolved from discussions with service leads and careful interpretation of our needs by Nightingale Associates, healthcare architects and master planners. Their solution for a phased development illustrates how a new site plan can be adopted which is both 'buildable' and financially affordable albeit against reasonable assumptions made.

The Strategy describes how the site itself can be improved through the introduction of a more structured car parking layout, additional green spaces and the possible disposal of underused land which will provide additional capital. This capital has not been factored into the financial model at this stage as it is subject to planning consent and a favourable market position.

The adoption of this plan, which will be updated annually, provides a blueprint for future capital and maintenance investment ensuring that through careful consideration, no land will be sterilised through bad planning or ill-conceived plans that do not support the declared strategy.