

**ESTATE STRATEGY  
2012-2017**



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# 1. Executive Summary

In 2010, an Estate Strategy was prepared for St George's Healthcare NHS Trust to cover the period 2010-2015. This strategy now provides an update on the progress of plans outlined in that document, as well as examining the impact of new estates drivers which have emerged since the 2010 Strategy was approved.

## 1.1 Update on the 2010 Plans

Since the Estate Strategy was approved, three planned disposals have been completed, generating capital and facilitating improvements to the quality of the environment. In addition, a number of the planned capital projects have been completed to upgrade and extend areas of the hospital. The most notable project currently in development is the development of a Children's and Women's Hospital in the Lanesborough Wing.

## 1.2 New Drivers for Change and Responses

*The draft Trust Strategy: the next decade (2012-2022)* outlines a number of plans which focus around enhancement of community, local hospital and specialist services. In order to facilitate this, a number of projects are planned to improve the quality of existing accommodation for many services, as well as re-designing patient pathways.

In addition to new strategic drivers, the Trust is continuing to see an underlying increase in activity across all areas due to demographic changes. Where possible, the Trust will look to absorb this increase primarily through service re-design rather than build more facilities. The Trust is driving to improve productivity in a number of areas, including community services, thereby releasing space for future expansion. However in some instances an estates solution is required as increases in capacity cannot be absorbed.

The Trust has also developed a Quality Improvement Strategy, with which all estates developments much adhere. This strategy involves improving patient safety, outcomes and experience, all of which must be achieved by future capital developments.

The Better Services Better Value (BSBV) review has examined options for ensuring that services in South West London are able to cope in increasing demand placed on the local NHS by a growing and ageing population.

If the review's recommendations are implemented, it is expected that activity at St George's will increase. This specifically relates to maternity, paediatrics, emergency care, acute care and renal service. In addition, the review recommends a major shift in outpatients activity from acute hospital settings into the community. In response to this, the Trust is developing a number of plans to increase capacity on the Tooting campus site. These will be delivered in parallel with its Service Improvement programme which is aiming to increase operational productivity.

Overall in the next 5 -10 years St George's estate will need to change and is likely to have the following features:

- About the same number of inpatient beds, but more will be needed if BSBV goes ahead
- Less outpatient space on the Tooting site
- Enhanced, better utilised community facilities
- Improved facilities for children, women, renal, cancer, trauma and critical care
- A coherent approach to the use of space in association with St George's University of London
- A rationalised estate with fewer peripheral buildings on the Tooting campus
- Benefits from commercial developments such as greater provision for private patients.

All of the changes resulting from the Trust Strategy (2012-2022) have been reflected in the Development Control Plans (Appendix 1). They have also all been evidenced to align with the key strategic aims of the Trust Strategy: the next decade (2012-2022) and the key themes of the 2010 Estate Strategy (Appendices 3 & 4 respectively). It should be noted that the Trust is working with a limited capital budget, and therefore the changes outlined in this document will need to be prioritised, as shown in chapter 6.

## 2. Introduction

The aim of this addendum is to provide an update to the existing Estate Strategy which covered the period 2010-2015.

A number of new estates drivers have emerged since the current Estate Strategy was approved by the Board in 2010.

The Trust is intending to prepare a comprehensive combined Estate Strategy for St George's University of London Medical School and the Trust, reflecting the new joint estate management arrangements across the main campus. This will take place in the summer 2013.

In the meantime, though, other than providing a brief update on the projects planned in the 2010 Estate Strategy, this addendum will document the updated position reflecting the Trust Strategy (2012-2022).

In this document the drivers for change and the Trust's high level plans for accommodating them within its estate are shown.

This addendum confirms the impact the proposals will have on other planned investments and the rest of the estate.

This addendum includes an update to the Trust's capital programme showing how it will be affected by the new plans.

An updated Development Control Plan is also included with high level drawings highlighting the impact of the proposals upon the estate over the next 15 years.

This addendum will not provide an update to the other contents of the 2010-2015 Estate Strategy. These will be updated as part of the comprehensive joint review in conjunction with St George's University of London.

Alongside development and implementation of the estates plans outlined in this document, the Trust will look to continually redesign services and pathways of care through its Improvement Programme. This programme will need to ensure that the Trust is able to reduce the number of outpatient appointments on the acute site, reduce the number of admissions and particularly re-admissions, and reduce lengths of stay. These improvements in productivity will reduce the overall additional capacity required on the Tooting campus thereby minimising the requirement for further capital developments.

### 3. Update on 2010 Estate Strategy

The 2010 Estate Strategy detailed a number of plans and aspirations for the future. These are summarised below, along with an update on how these projects have progressed:

#### 3.1 Disposals

**Wolfson Neurorehabilitation Centre** – services have been decanted from the Wolfson Centre to the main hospital site as an interim solution, which allowed disposal of the Wolfson site in March 2012. Ward based services are now in Lanesborough Wing and outpatient services in the former Training and Development Department. Plans are being made to transfer this service to Queen Mary's Hospital, Roehampton.

**The Bolingbroke Hospital** – disposal of this site was completed as planned in February 2011.

**Ingleby House** – this was sold to a developer in March 2012, who intends to develop a patient hotel on the site.

**Maybury Street Car Park** – the Trust is exploring options for developing a multi-storey car park (detailed in section 3.4). Once completed, consideration will be given to the disposal of part of the Maybury Street car park. The site disposal will be challenging and will need to ensure that the scheme has necessary planning approvals. The disposal will assist in funding the 5 year capital programme, and will take place in 2014/15.

#### 3.2 Completed Projects

**Accident & Emergency** – additional facilities have been provided including a new CT scanner, additional resuscitation spaces, an overhead x-ray system and lift alterations to improve access. Other improvements include provision of a dedicated children's area, refurbishment of the reception and waiting area and 20 new examination spaces in the Urgent Care Centre (UCC). These have enabled the Tooting Walk-In Centre to be incorporated within the A&E department, to create an integrated UCC.

**GICU/HDU** – some limited expansion has occurred, increasing capacity for Trauma.

**Neonatal ICU and Special Care Baby Unit Refurbishment** – the expansion is complete.

**Simulation and Training Service** – the creation of Simulation facilities in St George's University of London has been completed.

**Breast Diagnostic Unit** – improvements have been completed and services transferred to the Rose Centre.

**Day Surgery Unit** – single sex recovery accommodation has been provided.

**Theatre Central Store** – complete.

**Richmond Ward (AMU Expansion)** – the expansion and refurbishment of this ward has been completed, providing more single rooms.

**Thomas Young Ward (Wolfson Neurorehabilitation)** – refurbishment of this area has been carried out, and the wing is currently being used as accommodation for bed-based services decanted out of the Wolfson Neurorehabilitation Centre. Some of these neurorehabilitation beds are planned to be relocated to a permanent location at Queen Mary's Hospital, at which point some space will become available for use by this service.

**Children's Garden** – a new children's garden was created for the Lanesbrough wing.

In addition to those specified in the 2010 Estate Strategy, the following projects have also been completed:

**Bereavement Service** – this has been re-provided on the Grosvenor Wing ground floor, creating an improved working environment for staff and additional facilities for users.

**Macmillan Information and Support Centre** – the refurbished Grosvenor Wing ground floor has also become home to this new service, providing facilities which enable staff to provide those affected by cancer with information and support.

**Ruth Myles Ward** – a number of modifications have been made to the ward to reduce the spread of multi-resistant pseudomonas.

**Foetal Medicine Unit** – a refurbishment has been completed to provide 3 new examination rooms, to manage increasing activity and reduce waiting times.

**Fracture Clinic** – this has been relocated from A&E to Clinic 2, St James Wing, to facilitate the next phase of A&E/Trauma works.

**Clinical Decisions Unit** – refurbishment of this unit has been completed, to provide improved facilities and single sex accommodation.

**The Phoenix Centre** – refurbishment of the Training and Development centre has been completed to temporarily house the Neurorehabilitation outpatient service.

**Pre-Operative Assessment Unit** – all pre-operative clinics are now provided in this unit, following integration of the walk-in centre into the UCC.

### 3.3 Ongoing Projects

**Energy Centre Refurbishment** – the Trust is in the process of appointing a Private Sector Partner to redevelop and operate the Energy Centre on a managed basis. The intention is to improve energy performance and reduce costs without a capital outlay. The Trust is currently reviewing tender submissions following an Official Journal of the European Union (OJEU) notice.

**Optimising Opportunities with the University** – the Trust has begun to progress this by the appointment of a Joint Director of Estates and Facilities for both the University and the Trust. It is planned that a Joint Estate Strategy will be prepared in summer 2013.

**Chest and Breast Block Demolition** – this is planned for 2013/14 to clear this part of the site for alternative use. Breast services have already been decanted to facilitate this, and the decant of the chest clinic to space within the main complex is planned for early 2013.

**Development of the Children's and Women's Hospital** – the Trust have secured a Procure 21+ supply chain partner and is in the process of finalising the Outline Business Case for the first of several developments in the Lanesborough Wing that will improve these services on a phased basis. Subject to timely SHA business case approvals, it is anticipated

that the construction phase of the Children's Hospital will commence in 2013.

**Helipad** – planning permission for the building of a helipad to support the trauma service has been granted. Construction is due to start in 2013 and the helipad will be operational later in the year.

**Grosvenor Wing Levels 1&2** – plans to convert this to inpatient accommodation (providing approximately 58 beds) have not yet been implemented. The space has been identified to accommodate a new renal unit, which will allow the existing service to be re-provided in better quality accommodation and accommodate increased activity if needed. Plans to convert Level 1 to renal inpatient beds have been worked up, with works to Level 2 also planned if the BSBV strategy is implemented. The Trust is in the process of identifying alternative accommodation for services which will be displaced by this.

**St James' Wing** – plans for improvement have not been implemented due to limited decant facilities and this remains an aspiration. A refurbishment is planned to consolidate and improve staff changing facilities, and provide new reception and recovery facilities and a holding bay, in line with patient pathway redesign. Aspirations for the future also include relocation of the haematology / oncology OPD service from Lanesbrough to the St James' Wing.

**Backlog Maintenance** – the 2010 report set out that the total backlog maintenance was estimated at £35.1m. Since the publication of the 2010 Estates Strategy, there has been significant investment in the estate. There has also been a reduction in the overall estate following the sale of the Wolfson and Ingleby House, and the closure of the Central Pharmacy Stores which will be demolished.

This has reduced the reported total backlog maintenance by £4.3m. In addition to this, there has also been investment in the renewal of the roof to Lanesborough Wing and refurbishment of 15 lifts across the site. This has further reduced maintenance backlog.

The programme has been re-assessed following these changes, and now incorporates additional items that have arisen in the two years since the survey was carried. This also now reflects the significant investment required

in the Energy Centre and the site infrastructure.

The updated estimate of total backlog maintenance is £36.1m (see appendix 2 for a breakdown). In addition, the Trust will incur £0.61m of backlog from community premises being transferred to the Trust (see appendix 2 and section 3.5 for detail). This will significantly be reduced by £4.1m following the demolition of the Chest and Breast block, a further £7.5m when the new Energy Centre is procured and £11.1m following the planned refurbishment Lanesbrough Wing.

In addition to those specified in the 2010 Estate Strategy, the following projects are also ongoing:

**Hybrid Theatre** – this is in the early stages of development and will provide a high - specification facility for vascular services. Completion is planned for 2013.

**Critical Care/ HDU/GICU** – some refurbishment of Holdsworth Ward was completed in November 2012 which has improved quality and provided some additional HDU beds. Provision of additional beds within the existing Critical Care Unit is planned for October 2013. In addition, the Trust is investigating options to expand the GICU department in order to provide additional capacity. Critical care capacity is currently being assessed to ensure it meets the Trust's future needs.

**Jungle Ward** – refurbishment of this will provide some additional capacity until the redevelopment of the Children's Hospital is complete, and is planned for completion in early 2013.

**Pharmacy Refurbishment (Phase 2)** – due for completion by summer 2013.

**Protein Reference Unit Refurbishment** – due for completion in March 2013.

**Viewing Room Garden** – improvement works due for completion in March 2013.

**A&E Staff Accommodation** – re-provision due for completion in March 2013.

**Haemato-Oncology Outpatients (HOOP)** – the Trust is developing plans to relocate the HOOP service from the Lanesborough Wing to c.370m<sup>2</sup> of space on the ground floor of the St

James Wing. This area will be refurbished and extended to accommodate this. The current accommodation is felt to be unsuitable as it lacks privacy, which is particularly an issue for patients receiving bad news. This project is planned for completion in January 2013.

### 3.4 Plans for the Future

Other projects are being planned, subject to approval of business cases and/or prioritisation using the newly developed capital investment framework (detailed in chapter 6).

**Milk Kitchen and Gwillam Reception** – the milk kitchen is currently located on the 4<sup>th</sup> floor of the Lanesbrough Wing, and the Trust is looking to relocate this in order to comply with statutory regulations. In addition, a combined reception desk for the Gwillam Ward and Carmen Suite is planned in order to improve security. A bid for funding for both of these schemes has been submitted, and a decision is expected in January 2013. If successful, works are expected to be completed by summer 2013.

**Pathology Hub** – this will be located on the St George's Tooting Campus, and will also serve Kingston Hospital NHS Trust, Croydon Health Services NHS Trust and St Helier (part of Epsom and St Helier University Hospitals NHS Trust). The FBC is expected to be completed in January 2013, with work being carried out later in the year.

**Moorfields Eye Services** – the Trust is currently developing plans for the relocation of the Moorfields services out of the Lanesborough Wing to accommodate the Children's and Women's Hospital development. A feasibility study has identified four options in three areas of the site which could accommodate a 1,200m<sup>2</sup> Moorfields Outpatients Department, and floor plans have been drafted which indicate that a surgery block could be created between the Day Surgery and Rose Centre. This three-storey building would be 918m<sup>2</sup> and could accommodate one theatre, six consulting rooms and administration space.

**Neuro-Surgery Beds** – the Trust are investigating options for the provision of additional neurology beds on the site. One option for this would be to locate these within the Day Unit, and relocate part of the Day Unit to the Atkinson Morley Wing.

**Lymphoedema Outpatients** – the Trust are looking to develop additional and more appropriate facilities for lymphoedema outpatients. It is possible that this could be accommodated within the current cardiac management offices in the Atkinson Morley Wing.

**Surgical Admissions Lounge** – plans are currently being developed to provide a dedicated surgical admissions lounge on the first floor of Grosvenor Wing, co-locating it with theatres. This would enable conversion of the current admissions lounge to a surgical discharge facility.

**Hand Management Unit** – the Trust are looking at options to provide additional capacity for the new Hand Management Unit (built in 2005).

**Minor Ops Theatre** – the Trust have identified a requirement for a new minor-ops theatre, and are currently reviewing site options.

**MRI Scanner** – a new MRI suite is planned in Lanesbrough wing, which will involve replacement of the current scanner and provision of a second. This will enable the department to cope with increasing demand.

**Radiology Beds** – options are currently being investigated to provide approximately eight radiology day beds within the radiology department. This will negate the need for patients to be admitted before being seen in radiology, improving departmental efficiency and reducing the pressure on inpatient beds across the site.

**Endoscopy** – in order to increase capacity in the endoscopy department, plans are under development to build a first floor extension adjacent to the department which will accommodate two additional rooms.

**Theatre Sterile Services Unit (TSSU)** – the Trust are looking at options to provide additional TSSU capacity on-site, in order to alleviate pressure on the existing unit.

**Surgical Assessment Unit** – following a review of its compliance with Adult Emergency Standards across London, the Trust have identified the need for a Surgical Assessment Unit. The Surgical Division is currently conducting a scoping exercise to assess the space available to co-locate the SAU within

A&E, and works may take place in future to provide such a facility on the Tooting Campus.

A summary of the ongoing and planned projects, as well as how they align to the four key themes of the draft Trust Strategy (2012-2022) and the 2010 Estate Strategy is included in Appendices 3 and 4.

### 3.5 Commercial Developments

A number of commercial developments are planned to the West of the site within the next 15 years, as detailed below. The planned locations of these are shown in Appendix 1 (Development Control Plans) and preliminary designs are shown in Appendix 5.

#### Private Patients Unit

As planned in the 2010 Estate Strategy, the Trust has investigated the opportunity to develop a Private Patients Unit on the site.

A feasibility study has been carried out to determine the most appropriate size and location for such a unit.

A solution for the location has been found, placing it adjacent to the Atkinson Morley Wing on an area currently used for parking. It would be connected to the main hospital with a bridge link into the Atkinson Morley Wing.

The Trust is currently in the early stages of the procurement process, and is developing a specification before entering into a dialogue with potential bidders. It is planned that the new Private Patients Unit would be delivered by 2015/16 through a Public Private Partnership.

#### The Patient Hotel

The Trust sold Ingleby House, which had been used for residential accommodation, to a developer in March 2012. They are now considering redeveloping the building for use as a patient hotel and are in tripartite discussion with the Trust and potential Private Patient development partners.

#### New Multi Storey Car Park



The 2010 Estate Strategy recognised that car parking is strictly limited in comparison to the number of site users.

The Trust has carried out a feasibility study to determine a design solution for a new multi-storey car park to relieve pressure on parking around the site and free space to accommodate clinical service developments.

A solution for the location has been found, placing it on the south-western boundary of the site alongside Blackshaw Road on the site of the current Chest Clinic, which will be relocated, and former Breast Screening Service. It would be connected to the main hospital with a bridge link extending to the Atkinson Morley Wing.

It is planned that the new multi-storey car park would be delivered through a Public Private Partnership. The project is planned for completion in 2014.

### 3.6 Community Premises

When the 2010 Estate Strategy was prepared, the Trust was on the verge of integrating with Community Services Wandsworth. As well as the overarching Trust Strategy there are two specific drivers for change in community premises:

- Future ownership of the estate
- Rationalisation of the community estate

#### **Rationalisation of the community estate –**

The Trust is working with NHS Wandsworth, as the current commissioner and landlord, to rationalise use of the community estate. The Trust has transferred services to other sites and as a result no longer utilises the following premises:

- Dawes House
- St. Christopher's Health Centre
- Tooting Bec Medical Centre
- Wimbledon Bridge House
- Barnes Medical Records

The clinical services from these have been re-accommodated in the community, and the headquarters functions have been centralised at the Tooting site.

**Future ownership of the estate –** None of the community estate from which St George's runs community services are currently owned

by the Trust, but it is planned that they will take ownership of the following premises in April 2013:

- Doddington Clinic
- Stormont Health Centre
- Tooting Health Centre
- Eileen Lecky Clinic

The formal Property Transfer schedule has been submitted to the Department of Health and this will be receiving formal approval in Mid-January. The properties are transferring across to the "receiving bodies" under the terms of a transfer scheme, which will cover all assets and liabilities and the final submission of a document to support this process will be submitted to the Department of Health by the end of January. It is anticipated that these buildings will incur £605,980 of backlog maintenance.

The remaining premises will be dealt with as part of the transfer of the PCT's estate to NHS Property Services (PropCo) in accordance with the DH guidance *PCT Estate: Future Ownership and Management of Estate in Ownership of Primary Care Trusts*.

Whilst these are the buildings that will transfer to the Trust in April 2013, the Trust would want to keep an ongoing dialogue with PropCo about the potential for others to transfer in due course e.g. Queen Mary's Hospital and St John's Therapy Centre.

The Trust will work with NHS commissioners and providers and social care to further review the provision of services in the community.

In doing so it will seek to strengthen the community services already provided from the St John's Therapy Centre and Queen Mary's Hospital, Roehampton. The Trust is also in ongoing discussions with commissioners and clinical services (such as Outpatients) to ensure that the space it occupies in these properties is fully utilised and that they accommodate the most appropriate services.

The Trust will continue to work with local CCGs to explore other estates opportunities. The Trust have identified some local care centres where there may be opportunities, including Mitchum Local Care Centre and Nelson Hospital in Merton,

In addition to these, qualitative improvements to the community estate will be required. The Trust intends to develop a comprehensive plan

of these works once Primary Care intentions  
are known and future estate ownership has

been stabilised.

## 4. New Drivers for Change and the Responses

The key driver for change is the draft Trust Strategy which covers the years 2012 to 2022. In addition to this, the Better Services Better Value (BSBV) review is currently under development, and if approved this will have a significant impact on the Trust. The content, impact and Trust responses to both of these have therefore been reviewed in this chapter.

### 4.1 Trust Strategy (2012 – 2022)

Since February 2012, the Trust has been developing a high level strategy to set out the direction of travel for the next ten years. The strategy builds on the previous one, and provides a framework for the development of clinical services, teaching, training and research. The strategy was approved by the Trust Board in November 2012.

The Trust's **mission** is:

To provide excellent clinical care, education and research to improve the health of the population we serve.

Its **vision** is to be:

An excellent integrated care provider and a comprehensive specialist centre for south west London, Surrey and beyond with thriving programmes of education and research.

It aims, by 2022, to remain the hospital in London with the widest range of specialist services on one site, uniquely placing it to look after patients with complex clinical needs. Its vision can be summarised in the following key statements:

- Renowned integrated services enabling people to live at home
- Providing the highest quality local hospital care in the most effective and efficient way
- A comprehensive regional hospital with outstanding outcomes
- Thriving research, innovation and education driving improvements in clinical care
- A workforce proud to provide excellent care, teaching and research

- Transformed productivity, environment and systems.

The Trust has identified a number of actions it needs to undertake in order to achieve its vision by 2022. As a result, the following 7 key strategic aims have been developed:



The overarching aim is to improve the experience, outcomes and safety for those the Trust provides services for. The first three of these strategic aims relate directly to the provision of clinical services, and can be characterised as follows:

- **Community Services**  
A strong focus on keeping people out of hospital, with as much care as possible in or near people's homes.
- **Local hospital services**  
Further improve the quality of local hospital services, including improving facilities for expectant mothers and increasing capacity for deliveries if required.
- **Specialist services**  
Expand and develop key services to provide the best outcomes for the patients with the most complex needs, specifically the following:
  - Cardiovascular
  - Neuroscience
  - Cancer

- Renal
- Major Trauma & Stroke
- Women and Children
- Surgery

In order to achieve these strategic aims the Trust has identified a number of actions it needs to undertake. These are wide-ranging and cover all elements of the Trust's operations. A number potentially have implications for the estate and these are outlined below:

- **Design care pathways to keep more people out of hospital**

The Trust is looking to design care pathways to keep more people at home, thereby providing more care in a community setting. This will involve the following; integrating services for older people, for those with long term conditions and for children; using more telehealth and up-skilling primary care/community teams and by its clinicians working in community settings. Diabetes and Sexual Health services will be amongst the next cohort of services planning to implement such changes to deliver more care in the community.

It is anticipated that all of the pathway redesign work will require less outpatient space at St George's Hospital and will also reduce the requirement for inpatient beds. This will necessitate that the community estate is used more productively, and improvements are made to ensure that this estate is fit for purpose.

For St George's, commissioner's modelling assumptions state that there will be a 25% reduction in outpatient activity delivered in an acute setting by 2013/14. 15% of activity will be provided by primary care or will be avoided altogether, and 10% will continue to be provided by the Trust but in community settings at 80% tariff. This will result in a much reduced need for outpatient space at St George's Hospital. The degree of impact on community sites depends on the extent to which this change can be absorbed through better use of existing community facilities.

The Trust will need to continue to work with commissioners and NHS Property Services Ltd (PropCo) in future to effectively rationalise this estate in line with draft local service models.

The Trust is planning to conduct an in-depth review of this estate and the capital projects required once primary care commissioning intentions are known and future ownership arrangements have been confirmed.

- **Enhance maternity services**

The Trust will enhance its maternity services to ensure it fully meets standards for staffing levels, offer more home and midwife-led births, and improve the facilities for expectant mothers at St George's. The department will be expanded, as the service is already operating above its capacity and demographic growth is expected to continue. If the Better Services Better Value (BSBV) review is implemented, capacity at St George's will be increased further than currently planned, to support an increased number of deliveries.

- **Enhance services and facilities for the care of children**

The Trust has opened a paediatric assessment unit linked to the A&E Department to provide urgent diagnosis and treatment for children. It also plans to establish the Children's and Women's Hospital in Lanesborough Wing as the leading centre for south west London.

- **Improve the experience of patients needing planned surgery**

The Trust will look to separate elective and emergency pathways to reduce the number of times that planned surgery is cancelled due to bed pressures. It will also support the development of a planned care centre for south west London if the current BSBV recommendations are approved for implementation.

- **Redesign models of care for people with urgent and emergency health needs**

The Trust will increase its focus on admission prevention from A&E, the prevention of re-admissions following

discharge and reducing time spent in hospital. This will help offset against the expected growth over the forthcoming years.

An external review of Adult Emergency Standards has recently taken place across London which sets out a number of clinical standards with which Trusts should comply. These have yet to become a mandatory requirement, however the Trust have reviewed their compliance with these. The main estates impact of these standards is the requirement for a Surgical Assessment Unit, which is not currently offered at the Trust. The Surgical Division is currently conducting a scoping exercise to assess the space available to co-locate the SAU within A&E, and works may take place in future to provide such a facility on the Tooting Campus.

- **Expand cardiovascular and neuroscience services**

The Trust is a major provider of cardiovascular and neuroscience services with excellent clinical outcomes for its patients. It will look to expand its reach for these services beyond the current catchment population. This will be primarily done through changing ways of working, and it is expected that the estates impact of this development will be minimal.

- **Promote the Trust's reputation as a leading centre for cancer services**

The Trust provides definitive treatment for the majority of cancer patients who access its services, and for some tumour types it is the regional or supra-regional centre. It will work with other partners in the London Cancer Alliance to develop and further improve its cancer services.

It is planned that outpatient services for those with cancer are improved. In the first instance, the Trust is looking to provide upgraded facilities in the St James' Wing in order to facilitate this. In the longer term St George's will look to develop a dedicated cancer centre on the site.

- **Develop our reputation as a centre for specialist surgery**

Surgery is a significant proportion of our work at St George's. The Trust will continue to be the hospital of choice for complex specialist surgical services. At this stage it is not anticipated that this will have a major estates impact.

- **Plan for the future of renal services**

The Trust plans to re-provide renal services in better quality accommodation Grosvenor Wing. The process of developing concept designs is currently underway, and it is anticipated that up to 58 beds will be provided across the 1<sup>st</sup> and 2<sup>nd</sup> floors of Grosvenor Wing. The BSBV review will potentially lead to an increase in renal patients seen at St George's, which will be accommodated within the development on Level 2..

- **Further develop our role as a major trauma centre**

The Trust is one of four major trauma centres in London and will build on its success by building a helipad to make it quicker for patients to be transported to the site. It will develop an academic base to drive further improvements in outcomes, and also work to establish itself as a centre of excellence for both rehabilitation and Burns. In addition, an expansion of the critical care facilities is planned over the rooftop outside the GITU to accommodate additional activity generated through the presence of the helipad.

The Trust has planning permission to develop the helipad and construction will start in 2013.

- **Develop our key specialist children's services**

As well as developing the Trust's role as the inpatient centre for local children's services, it will build on its strengths in a range of specialist children's services. The future provision of specialist children's services is under review and the Trust will work with its partners across south London to ensure that the highest quality services are provided to children in the south Thames region.

The Trust plans to develop a Children's and Women's Hospital in Lanesborough Wing and this will provide care for local children and those needing specialist care.

- **Ensure infrastructure and facilities support the delivery of excellent education**

The Trust needs to invest in its education facilities, infrastructure and communications to be a leading edge education provider. It plans to invest in the IT infrastructure and upgrade education facilities. The Trust is working with SGUL to improve the quality and utilisation of space in Hunter and Jenner wings, thereby releasing some space for use by the Trust. This should allow relocation of teaching services currently in the Education Department to Hunter Wing, resulting in floors 4 and 6 of Hunter Wing being entirely dedicated to teaching. This will create opportunities for the Trust to redevelop the space currently occupied by the Education Department.

- **Improve our buildings and the environment**

The Trust aspires for its services to be provided from buildings that are designed to match the patient flows and enable co-location of clinical teams. It aspires to improve the ward environment by increasing the number of single rooms, affording greater privacy and dignity and supporting infection control. This increase, however, will require a corresponding increase in space, and a new block for inpatient beds would therefore be required. A possible location for this is the area currently occupied by Knightsbridge Wing, which is planned for demolition. The Trust will also develop the Children's and Women's Hospital in Lanesborough Wing, and improve facilities for cancer, renal, maternity, trauma and critical care services.

The Trust will work towards achievement of the single rooms target through the service developments listed herein and a rolling works programme in the other inpatient areas.

- **Work with partners to develop the SW London pathology service**

The Trust has been working across south west London on how we can improve the quality, consistency and cost effectiveness of our pathology services. The Trust has agreed that a single south west London service, with a hub based at St George's and spokes at neighbouring hospitals is the best way to do this, and is committed to working with others to deliver this. Submission of the Full Business Case for this Pathology Hub to the Trust Board is planned for January 2013, with work being carried out later in the year.

- **Develop a private patients facility**

The Trust is working with the independent sector on options to develop a facility for private patients. The income we generate will support NHS services.

All of the projects outlined above are planned regardless of whether BSBV is approved. They are shown in the Development Control Plans (DCPs) in Appendix 1, which give a representation of what the estate on the Tooting campus will look like in 5 and 15 years time.

The main developments which will be complete by 2017 are the Children's and Women's hospital, Private Patient's Unit and helipad which will all be complete. In addition, the new energy centre, pathology hub, hybrid theatre and GICU/HDU expansion will be complete, and the haematology/oncology OPD service will have been relocated. It is planned that by 2017, the former chest and breast block will have been demolished and construction of the new multi-storey car park will be complete. It is also planned that teaching services will have been relocated from the Education Department to Hunter Wing.

By 2027, the multi-storey car park will be complete and site of the current Maybury Street car park Bronte House and Clare House (approx. 14,576m<sup>2</sup>) will have been disposed of. These buildings accommodate back-office functions which will be moved to office accommodation on- or off-site. In addition, the site will have undergone significant rationalisation, with the removal of temporary buildings across the Tooting

Campus. the Knightsbridge Wing development area would offer the ability for future expansion, as will redevelopment of the Phoenix Centre. Medical records will be stored electronically, and the current storage building will have been converted into clinical accommodation or a Welcome Centre. Road re-alignments, improvements to pedestrian areas and alterations to exit roads will be carried out to improve accessibility to and around the site.

#### 4.1 Better Services Better Value

The Better Services Better Value programme has been reviewing health services in south west London. This is referred to in the draft Trust Strategy but its precise nature and timing are not certain. If the recommendations outlined in the review are implemented this will have a significant impact on the Trust.

The review has been instigated to ensure that services in future can cope with increasing demand pressures caused by an ageing population whilst operating on a clinically and financially sustainable basis.

Doctors, from hospitals and general practices, alongside patient representatives, nurses and therapists, led six clinical working groups to look at the following areas:

1. Planned care
2. Urgent, unscheduled and emergency care
3. Maternity and newborn care
4. Children's services
5. Long-term conditions
6. End of life care

After a detailed options appraisal process, the preferred option recommended by the Programme Board and accepted by the Joint Boards of South West London Primary Care Trusts is recommending:

- Major, sustained improvements in GP and community services – many more services delivered in GP surgeries, community settings and people's homes, including specific support for people with long term conditions and people nearing the end of their lives.
- Centralising emergency care in three expanded emergency departments in south west London, to be located at Croydon, Kingston and St George's Hospitals, each with an integrated

urgent care centre and children's A&E. St Helier Hospital to retain a stand-alone urgent care centre which could treat up to half of its current A&E patients

- Centralising maternity care in three expanded, obstetric-led maternity units with one to one midwife care, to be located at Croydon, Kingston and St George's Hospitals, with co-located midwife-led units
- A state-of-the-art planned care centre at St Helier Hospital, for non-emergency surgery for patients across south west London, kept separate from emergency care, so that emergencies do not disrupt planned operations
- Dedicated children's assessment wards at Croydon, Kingston and St George's Hospitals, able to provide assessment and treatment to most children with urgent health problems. For the sickest children and those requiring a longer hospital stay, specialist paediatric staff will be centralised at St George's Hospital.

In making its recommendation, the BSBV Programme Board took account of the scoring panel outcome and the financial appraisal, both of which scored this option much higher than the others.

Whilst precise dates have not been set, a full public consultation process is expected in due course. Following the conclusion of the public consultation the Trust will work with the BSBV programme team to plan and implement the proposed changes accounting for any changes that are introduced as a result of the process.

If the BSBV review does go ahead, activity at St George's is expected to increase. The key areas which will see changes, as well as the Trust's provisional response to these, subject to the outcome of the public consultation and confirmation of activity flows and clinical models, are as follows:

- **Maternity** – an estimated 2,000 extra births a year will need to be accommodated from 2016/17 if BSBV is approved, which will result in the need for more beds, theatre space and neonatal cots. In order to

accommodate this, an extension to the Lanesborough Wing could be built in addition to the planned improvements to maternity accommodation. This would be linked to the existing Children's and Women's Hospital in the wing and would accommodate additional delivery rooms and another theatre. .

- **Paediatrics** – a new Children's and Women's Hospital is already planned in the Lanesbrough Wing. If additional capacity is required, this could be accommodated within the planned development or within an extension to the wing. Details of how capacity will be increased will be developed as additional requirements become defined, as the most appropriate clinical model for paediatric inpatient services is still under consideration. Potentially St George's could be for longer-stay admissions only, with shorter stays for assessment being accommodated at each hospital's Paediatric Assessment Units. Current activity modelling suggests that bed requirements will increase from the current 57 beds up to 85.
- **Emergency Care** – if the BSBV recommendations are implemented, it is estimated that attendances at the St George's A&E department will increase by 27% between 2011/12 and 2016/17 to 154,363. In order to accommodate this, the existing A&E department in St James' Wing could be extended, displacing some of the adjacent outpatient accommodation to alternative locations in the hospital if needed.
- **Renal** – it is possible that renal activity will increase at the Trust if plans to cool St Helier go ahead. Additional renal capacity would be accommodated within Level 2 of the planned unit being re-provided in the Grosvenor Wing to improve accommodation for renal patients.
- **Surgery** – It is anticipated that there will be an 11% increase in surgery, in part due to the increased A&E activity. There is also a need to develop a Surgical Assessment Unit to meet the

needs of the Adult Emergency Standards

- **Impact Acute beds** – underlying population growth, QIPP changes and the changes recommended by BSBV will increase the pressure on Acute beds at St George's. The Trust aim to absorb some of this activity by reducing lengths of stay and numbers of re-admissions. The numbers of additional beds required overall will be determined by the degree of length of stay reductions which can be achieved. Current modelling suggests that in future the Trust could require as much as three extra acute wards at St George's in addition to the maternity and paediatric facilities.

The impact of the BSBV review (if approved) on the Tooting campus estate is shown in the DCP in Appendix 1. This involves extensions to the maternity department and A&E, expansion of paediatrics and relocation and expansion of the renal department. The DCP also identifies a potential site for additional inpatient wards if required.

## 4.2 Other Drivers

### Opportunities with St George's University of London

In addition to the plans outlined in the draft Trust Strategy (2012-2022), St George's aims to work with St George's University of London to optimise the use of the Tooting campus. The appointment of a joint Director of Estates for the Trust and SGUL will facilitate mutually beneficial estates changes, ensuring that both organisations are operating out of high quality, rationalised estate. A joint estate strategy will be prepared in summer 2013 to identify opportunities for joint working. Initial discussions with the HEFCE (Higher Education Funding Council for England) have indicated that space metrics suggest that the university has opportunities for further rationalisation of space, which could therefore be released for use by the Trust.

### Population Growth

The Trust also expects to see an increase in activity across the site due to underlying demographic growth. It is anticipated that



much of this will be absorbed by reducing numbers of admissions and average lengths of stay; however some additional beds may still be required. The number of beds required, and how this will be affected by the implementation of the BSBV strategy, is shown in appendix 6. These additional beds will be accommodated in the new block necessitated by an increase in single rooms, potentially on the site of the current Knightsbridge Wing.

### **Electronic Records**

The move towards replacement of physical medical records with an

electronic records system will release 854m<sup>2</sup> of space currently used for records storage. The Trust are currently investigating options for use of this space, which include clinical accommodation or a Welcome Centre.

A summary of how all of the ongoing and planned projects align to the key themes of the draft Trust Strategy (2012-2022) and the 2010 Estate Strategy are included in Appendices 2 and 3.

## 5. Impact upon Planned Investments

The Trust's capital programme for the period 2013/14 to 2017/18 has yet to be approved by the Trust Board. This will include some significant investments that need to be carefully considered in the light of the changes outlined in section 4. The Trust will continue to test the robustness of all future investments in light of potential developments in the local health economy. All proposed developments will also be subject to business case appraisal and approval.

### Children & Women's Hospital

Current Women's and Children's services are delivered in a poor environment with facilities in need of major refurbishment. Continued delivery of services in a poor environment exposes the Trust to the real risk of an unsafe model of care, compromised infection control standards, unsustainable workforce and therefore a downgrading of service provision at St. George's Healthcare NHS Trust.

To address this, a phased, five year, c.£50m refurbishment of Children's and Women's Hospital has been in development for several years and is due to start on site in April 2014.

The Trust have appointed a P21+ partner for the Children's Hospital development, and have completed development of the 1:50 designs. The Outline Business Case is expected to be completed by March 2013, with construction commencing in April 2014.

The scope and approach has been considered in the light of the potential BSBV reconfiguration and the draft Trust Strategy

(2012-2022). Areas have been identified into which expansions of both Maternity and Paediatric services could be built should there be an increase in activity as a result of BSBV implementation. These are shown on the Development Control Plan (DCP) in section 7.

The Trust will monitor developments in relation to BSBV and consider how alternative scenarios can best be accommodated on a value for money basis. It is anticipated that this will be possible given the key milestones in the BSBV and Children's and Women's hospital programmes.

### Helipad

The Trust has received planning approval for a helipad to be constructed on St James's Wing to support its Trauma Centre designation. This is unaffected by the plans outlined BSBV.

### Renal Department Relocation

The renal department is currently accommodated within a very poor quality facility. It is planned that this will be relocated to Grosvenor Wing to improve the accommodation and therefore the quality of the service which can be provided from it.

If the plans recommended in the BSBV review are implemented, the renal service at St Helier will be unsustainable and it is anticipated that some of this activity will transfer to St George's. This will support the Trust's strategy of consolidation and expansion of key specialist services. The plans highlighted in the BSBV review have been taken into account when planning the renal department upgrade and it will be possible to incorporate an expansion of the department into the development if required.

## 6. Capital Investment Framework

The Trust has developed a Capital Investment Framework to determine how much it can afford to invest in capital assets, and to evaluate the priorities for the use of funding. This framework identifies the investment requirements as:

- Replacement and Renewal of Existing Assets
  - Medical Equipment
  - Site Infrastructure
  - Information Technology
- Developments (subject to investment tests and Business Case approval)

The Trust has determined that funding priority should be given to investment in replacement and renewal of any assets which have been assigned a high score on the Trust risk register. These will be determined each year. It is recognised that many capital developments will involve some replacement and renewal of existing assets, in which case a judgement will be made regarding apportionment of funding.

Any funding remaining following identification of replacement and renewal requirements will be available for investment in the creation of new assets and developments (subject to prioritisation and Business Case approval). If the level of funding required for a project is

greater than this surplus, alternative sources of funding will be sought (see below). Every proposed development will be required to pass five capital investment tests to ensure that it meets the strategic needs of the Trust, improves quality and efficiency and reduces the Trust risk. Developments must also be reviewed in terms of non-financial constraints (such as the site, infrastructure and management capabilities).

The framework identifies the sources of funding for capital investments as follows:

- Depreciation
- Revenue Surplus
- Charitable Grants
- Asset Disposals
- Department of Health Capital Loans
- Lease Financing

A scoring methodology has been developed in order that developments can be assessed on the basis of their benefits and costs, and prioritised accordingly. Capital developments will be prioritised on the basis of this score.

A comprehensive Capital Investment Plan, which prioritises schemes and identifies all sources of funding for the next five years, is currently being developed on the basis of this framework. An indicative plan for total spending based on funding from depreciation alone is shown in the table below:

	2012/13	2013/14	2014/15	2015/16	2016/17
	£m	£m	£m	£m	£m
Capital resource available*	23.4	19.6	19.6	19.6	19.6
<b>Breakdown in a typical year</b>					
					£M
- Site improvement projects					5.0
- Medical equipment					5.0
- ICT renewal					2.5
- Available for developments					7.1

\* Excluding any new borrowing, land disposals or charitable funding

## **Appendix 1 – Updated Development Control Plan**

In the light of the proposals outlined in this document, the Trust's Development Control Plan for the main St George's Hospital Tooting Campus has been updated and is shown on the following pages.

The DCPs show the likely shape of the estate in 5 and 15 years, as well as additions which would be expected if the recommendations outlined in the BSBV review are implemented.

## Appendix 2 – Backlog Maintenance

The table below shows the total block costs and is ordered by Cost per m<sup>2</sup>

Block No.	Block Name	GIA (m <sup>2</sup> )	Block Total
CBC	Chest & Breast Clinic	1468	£4,114,700.00
CLR	Clare House	3000	£1,272,710.00
ENC	Energy Centre (Boiler House) and Site infrastructure)	2400	£7,500,000.00
LNS	Lanesborough Wing	36714	£11,050,681.00
EDC	Education Centre	860	£240,400.00
BRH	Bronte House	690	£152,460.00
P	Portacabins (23No).	2875	£606,315.00
GVR	Grosvenor Wing	9300	£1,935,550.00
KNB	Knightsbridge wing	9100	£1,883,315.00
STJ	St James Wing	25974	£5,107,059.00
MXF	Maxillo Facial Dental Unit	3514	£480,225.00
GUM	GU Medicine	1450	£98,780.00
AMW	Atkinson Morley Wing	23238	£949,100.00
HOT	Hotung Centre	310	£9,340.00
STE	External Grounds	129802	£698,600.00
			£36,099,235.00

In addition, the table below shows the backlog maintenance associated with the community estate being transferred to the Trust:

Block No.	Block Name	GIA (m <sup>2</sup> )	Block Total
STO	Stormont Clinic	261	£45,250
TOO	Tooting Clinic	512	£310,950
DOD	Doddington Clinic	268	£27,740
EIL	Eileen Lecky Clinic	248	£222,040
			£605,980.00

## Appendix 3 – Supporting Delivery of the Trust Strategy (2012-2022)

This section highlights how each of the ongoing projects and future plans supports the delivery of the draft Trust Strategy (2012-2022). The Trust's key strategic aims are:

1. Design care pathways to keep more people out of hospital
2. Redesign and reconfigure our local hospital services to provide higher quality care
3. Consolidate and expand our key specialist services
4. Provide excellent and innovative education to improve patient safety, experience and outcomes
5. Drive research and innovation through our clinical services
6. Improve productivity the environment and systems to enable excellent care
7. Develop a highly skilled, motivated and engaged workforce

### Ongoing Projects:

Project	Trust Strategic Aim						
	1	2	3	4	5	6	7
Energy Centre Refurbishment						✓	
Optimising Opportunities with the University				✓	✓	✓	✓
Chest and Breast Block Demolition & Service Relocation		✓				✓	
Development of the Children's and Women's Hospital		✓	✓			✓	
Helipad		✓	✓			✓	
Hybrid Theatre			✓			✓	
Critical Care & HDU		✓	✓			✓	
Jungle Ward Expansion		✓				✓	
Pharmacy Refurbishment (Phase 2)		✓				✓	
Protein Reference Unit Refurbishment					✓	✓	✓
Viewing Room Garden		✓				✓	
A&E Staff Accommodation				✓		✓	✓
Milk Kitchen		✓				✓	
Gwillam Ward Reception		✓				✓	
Pathology Hub		✓				✓	
Haematology Outpatients (HOOP)		✓				✓	

Key Strategic Aims:

1. Design care pathways to keep more people out of hospital
2. Redesign and reconfigure our local hospital services to provide higher quality care
3. Consolidate and expand our key specialist services
4. Provide excellent and innovative education to improve patient safety, experience and outcomes
5. Drive research and innovation through our clinical services
6. Improve productivity the environment and systems to enable excellent care
7. Develop a highly skilled, motivated and engaged workforce

Plans for the Future

Project		Trust Strategic Aim						
		1	2	3	4	5	6	7
Private Patient's Unit			✓				✓	
Grosvenor Wing Level 1 (Renal Unit)			✓	✓			✓	
St James' Wing redevelopment			✓	✓			✓	✓
New Multi Storey Car Park							✓	
Patient Hotel							✓	
Relocation of Moorfields				✓			✓	
Relocation of Education Department to Hunter Wing					✓	✓		✓
Paediatric Assessment Unit		✓	✓				✓	
BSBV	Renal Expansion		✓	✓			✓	
	Maternity Extension		✓				✓	
	A&E Extension		✓				✓	
	Paeds Expansion		✓				✓	
	New Inpatient Wards		✓				✓	
Community Estate Improvements		✓					✓	
Neuro-Surgery Beds			✓	✓			✓	
Lymphoedema Outpatients			✓				✓	
Surgical Admissions Lounge			✓				✓	
Hand Management Unit			✓				✓	
Minor Ops Theatre			✓				✓	
MRI Scanner Replacement and Addition			✓	✓	✓		✓	
Radiology Beds		✓	✓				✓	
Endoscopy			✓				✓	
TSSU							✓	
Surgical Assessment Unit (SAU)			✓		✓		✓	

## Appendix 4 – Supporting the Aims of the 2010 Estate Strategy

The four strategic themes which were set out in the 2010 Estate Strategy are that the Trust wanted to be:

1. Organisationally, part of a leading, integrated healthcare system
2. Operating from an environmentally sustainable estate
3. Deliver robust operational, financial performance from a well utilised estate
4. Continuously improve facilities and the Trust environment

The table below highlights how each of the ongoing projects and future plans supports the Trust in meeting these.

### Ongoing Projects:

Project	Theme			
	1	2	3	4
Energy Centre Refurbishment		✓	✓	
Optimising Opportunities with the University	✓		✓	
Chest and Breast Block Demolition & Service Relocation		✓	✓	
Development of the Children's and Women's Hospital	✓		✓	✓
Helipad				✓
Hybrid Theatre				✓
Critical Care & HDU	Short Term			
	Medium Term			✓
	Long Term			
Jungle Ward Expansion				✓
Pharmacy Refurbishment (Phase 2)				✓
Protein Reference Unit Refurbishment				✓
Viewing Room Garden				✓
A&E Staff Accommodation				✓
Milk Kitchen				✓
Gwillam Ward Reception				✓
Pathology Hub				✓



Key Strategic Themes:

1. Organisationally, part of a leading, integrated healthcare system
2. Operating from an environmentally sustainable estate
3. Deliver robust operational, financial performance from a well utilised estate
4. Continuously improve facilities and the Trust environment

**Plans for the Future:**

Project		Theme			
		1	2	3	4
Private Patient's Unit				✓	✓
Grosvenor Wing Level 1 (Renal Unit)					✓
St James' Wing redevelopment					✓
New Multi Storey Car Park				✓	
Patient Hotel		✓			
Relocation of Moorfields				✓	✓
Relocation of Education Department to Hunter Wing					✓
Paediatric Assessment Unit		✓			✓
BSBV	Renal Expansion	✓		✓	✓
	Maternity Extension				
	A&E Extension				
	Paeds Expansion				
	New Inpatient Wards				
Community Estate Improvements		✓		✓	✓
Neuro-Surgery Beds					✓
Lymphoedema Outpatients					✓
Surgical Admissions Lounge					✓
Hand Management Unit					✓
Minor Ops Theatre					✓
MRI Scanner Replacement and Addition					✓
Radiology Beds		✓		✓	✓
Endoscopy					✓
TSSU					✓
Surgical Assessment Unit (SAU)		✓			✓

## **Appendix 5 – Preliminary Design of Commercial Developments**

## Appendix 6 – Additional Bed Requirements

The table below demonstrated the number of additional beds required over the next five years in order to accommodate increases in activity. This shows how this can be reduced as a result of reducing admissions and lengths of stay, as well as the impact of BSBV:

	12/13	12/13	Model 1	Model 2	Model 3	Model 4
	Current physical bed capacity. Excludes critical care and maternity	SLA planned activity. No LOS reduction	16/17 Just growth and no LOS reductions	16/17 Growth + QIPP + more tertiary activity + 3% a year LOS reduction	16/17 Growth + QIPP + BSBV and no LOS reduction	16/17 Growth + QIPP + BSBV + 3% a year LOS reduction
Inpatient beds	777	785	849	742	930	831
Change in beds from current capacity		8	73	-35	153	54
Comments				3% a year LOS reduction is 11.1% in 4 years	Includes 28 paed beds	Includes 28 paed beds

Note: Capacity excludes critical care & maternity includes Caesar Hawkins Ward







