

NEWS & NOTES

Royal Lancaster Infirmary Phase III Development

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INTRODUCTION

Phase III has long been the subject of discussion and planning. Files in the Health Authority offices go back well into the seventies when one of the main deficiencies of the acute hospital service was identified as its fragmentation across several small sites. A nucleus development was proposed in 1977 on the RLI site and whilst the detailed content of this may have changed over time, this design has formed the basis for the development of the District General Hospital (DGH) services and has a start date in the regional capital programme of April 1992.

Whilst some progress has been made, for reasons of financial stringency, in centralising the acute services, with the closure of Beaumont Hospital and rationalisation of services in 1990, the opportunity to develop this further by concentrating and improving surgical services on the main DGH site is one of the main benefits Phase III offers.

WHAT WILL THE SCHEME PROVIDE?

Presentations have been given by the architects, Tom Mellor & Partners, on the design of Phase III and the models and plans of the development have been displayed in the staff restaurant. These show the location as being on the site currently occupied by the maternity car park extending south to the site of the existing School of Nursing Annexe. The new block will initially be connected to the old part of the hospital by an extension of the link corridor beneath the maternity unit. The main departments of the block are accommodated on two floors, but because of the sloping site, beneath these and adjacent to the link corridor is the new Hospital Sterilising and Disinfecting Unit (HSDU). External as well as internal design is an important feature and the architects have deliberately developed the character and utilisation of materials already established in Phase II (the Department of Medicine for the Elderly, which won a design award), in the mortuary and in the Social Club.

Whilst the shape of the proposed development has not changed greatly, the content has been modified with time. The original scheme would have answered many of the Acute Unit's current problems but costs at that stage meant that the plans were altered with a reduction in planned beds and in operating theatres. More recently, the detailed content was reviewed as part of the 'Mereworth' exercise to include an orthopaedic ward in Phase III, allowing the closure of Ward 7, but this was at the expense of a Day Surgical Unit. Plans have been developed to provide this elsewhere on the site.

After all the discussion the new development will house the following:-

adult acute surgical beds
childrens beds
elderly severely mentally ill beds

} totalling 203

childrens out-patients

3 operating theatres
Accident & Emergency – with 1 major treatment room

6 radiographic rooms
nuclear medicine

} in a radiology department

orthopaedic out-patients

HSDU – for the processing of sterile instruments.

The detail of the bed disposition is being discussed with the Unit Medical Advisory Group and the impact of those discussions may well have effects on relocating other acute services. As yet final decisions have not been taken.

ENABLING WORKS

Before work on the main building can commence substantial enabling work will be required to clear the site. Considerable thought has gone into providing suitable locations for Occupational Health, the School of Nursing Annexe and the Oesophageal Manometry Service, all currently located in the building to be bulldozed to make way for the scheme. The solutions have been left in the hands of local officers who in consultation with the users are aiming to clear the building by early 1992.

Likewise it is appreciated that car parking on the RLI site is a continuing difficulty. The loss of the maternity car park and the use of part of Ashton Road car park as a contractors compound would be intolerable without providing some extra space and this is planned by extending the facility behind the Department of Medicine for the Elderly (DME) and by careful redesign of the remaining space in the Ashton Road car park.

The starting point for the main contract will be the construction of a new perimeter road, which will be two-way and lead into the heart of the RLI site for deliveries and access to many departments.

ASSOCIATED SCHEMES

The existing goods receipt and distribution point is inadequate to cater for the additional departments on site. Plans are being developed to relocate part of this function in the delivery yard and the design solution is being pursued by local planners.

Also inadequate for the new level of activity on this site will be the works department service support accommodation; a service centre is to be developed as part of the scheme. The joiners shop is to be relocated to allow this

and one of the sadder implications of the scheme is the demolition of the squash club, which stands in the way.

The catering department has recently been upgraded to demanding standards to comply with legislation and will have capacity for Phase III. The dining room and coffee lounge facilities are to be extended to cater for the additional staff members on the site. This is part of the main contract.

HOW WILL WE MANAGE THE SCHEME?

The scheme has been planned by a project team chaired by a regional officer and including representatives of the architects, quantity surveyors and users both local and regional including medical representation.

The team will continue to exist but will be complemented by the Commissioning Team, which is much more locally attuned.

One of the first priorities is the appointment of a project and commissioning manager who will have the responsibility for managing all aspects of the commissioning process. He can only do this with the help of a team of officers and by working in close association with the ultimate users. An appointment to this post is proposed for October 1991 after which consultation on a support structure and on report and approval systems will take place. Besides the obvious role of overseeing and contributing to the progress of the scheme this manager will have responsibility for the public relations aspect of the task, the supplies and equipping of departments, the writing of operational policies and making sure that working systems integrate with those in

the rest of the unit. All of these are not done in isolation but with the assistance of representative users working as a closely knit team.

TIMESCALE OF THE WORK

Given the start date of April 1992, the enabling work is already well into the planning stages, control plans being devised to make sure there are no delays. The first job of the contractors will be to construct the new perimeter road which will be two-way and lead directly from the main Ashton Road, nearer to Ripley School, providing access to many departments and also facilitating deliveries. Alterations to the car park east of Ashton Road, the demolition of the squash club, joiners shop and School of Nursing Annexe and the construction of the service centre and medical gas connections are the first physical alterations to the landscape. It is estimated that this may take nine months and we shall not see a start on the main Phase III building until January 1993. The last part of the scheme is the alteration to the coffee lounge and dining room, with overall completion programmed for 1995.

These dates will be refined but provide a guide to what can be expected. Not least is the final task of commissioning the new building when it is handed over.

The disruption and disturbance to the running of the hospital during the scheme itself will be considerable. Noise, dirt and congestion will feature prominently in our lives but by reminding ourselves of the improvements which will be offered to the people of Lancaster and the area we hope to conclude on the opening that it has all been worth it!

SECTION		DATE OF POSSESSION	CONTRACT PERIOD
ONE	Work to Car Park East of Ashton Road	April 1992	1 1/2 months
TWO	New Perimeter Road, Car Park, Engineering and Landscaping	April 1992	9 months
	Demolish Squash Court and Joiners Shop		
	Service Centre (Engineering)		
	Remove Large Trees, Demolish Nurses Training School		
	New Services Duct and Medical Gases Connections		
THREE	Screen Off Kitchen Access Corridor to Provide Internal Access to Dining Room	January 1993	30 months
	Strip Out Manifold Room		
	Construct Main Phase III Building		
	Completion of Car Park East of Ashton Road		
	Wearing course to Access Road		
FOUR	Alterations to Boilerhouse	June 1994	3 months
FIVE	Coffee Lounge Extension	October 1994	3 months (Completion January, 1995)
SIX	Alterations to Existing Dining Room	January 1995	3 months

Table 1 Royal Lancaster Infirmary - Phase III Sectional Completion: 22nd April 1991

Westmorland General Hospital – Commissioning Programme Underway

Building work on the new Westmorland General Hospital has now been completed and the keys were officially handed over to Unit General Manager Stephen Evans on Wednesday 26th June, 1991.

The hospital now enters an intensive five months commissioning period to make the building ready for patients. A detailed commissioning programme has been drawn up, with the aim of having all services open by early December.

A security company has been employed to control access to the site throughout the commissioning period, during which new equipment valued at £2.5 million will be moved into the building.

The commissioning programme is already well underway. Members of the commissioning team have moved into offices within the "administration" block. Teams of domestic staff are deployed on cleaning duties throughout the building. The new hospital switchboard is live and is manned from 8.30 a.m. to 4.30 p.m. (tel. 732288).

The handover of the hospital has already attracted considerable public interest, the news being featured in the Westmorland Gazette, BBC Radio Cumbria and Border TV within a week of handover.

An extensive programme of visits is being arranged for all staff, details having been circulated by the commissioning team. Anyone who has not already had a visit can arrange one by contacting the commissioning officer, Derek Holt, on the above number.

Over the next few months, activity will focus on the installation of specialist equipment, notably X Ray equipment, delivery of furniture, testing of engineering services and systems and training of staff.

A series of public open days are being planned for the autumn, and initial approaches have been made regarding the possibility of a Royal Opening in May/June next year.

Anyone wanting further information about the new hospital is encouraged to contact the Unit General Manager, Stephen Evans, at Westmorland County Hospital, or the commissioning officer, Derek Holt at Westmorland General.

Postgraduate Centre Library Orders

May 1991

Care of the Long-Stay Elderly Patient **Denham**

July 1991

Report of the Inquiry into Child Abuse in Cleveland 1987

Laparoscopic Biliary Surgery **Cuschieri, Berci**

AIDS and Surgery **Sims, Jeffries**

Surgery of the Stomach, Duodenum and Small Intestine

Scott, Sawyers

Statistical Methods in Medical Research **Armitage, Berry**

Respiratory Medicine **Brewis, Gibson, Geddes**

Sarcoidosis **Scadding**

Essentials of Respiratory Disease **Cole**

August 1991

New Drugs **Feely**

Housing and Health **Lowry**

Child Health in a Multicultural Society **Black**

Letter to the Editor

Sir, – In my recent analysis of variation in general practice requests for Pathology tests, I presented figures from 1988. I have recently looked again at the pattern of requests for Haematology tests from 11 of the surgeries studied. The figures are from the last financial year and show a very similar pattern with a 5 fold variation between the heaviest and lightest user.

It might have been supposed that increased awareness of working practices and costs would lead to a more even pattern but there is so far no evidence to support this,

D W Gorst
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