

April 2006

Consultation Paper

Proposal for a New Children's Hospital



*Delivering Better Services for Mothers,
Babies and Children*

www.nhsggc.org.uk

NEW CHILDREN’S HOSPITAL CONSULTATION

A. BACKGROUND AND PURPOSE

- 1.1 Following consultation on the NHS Greater Glasgow Maternity Services Strategy, the Minister for Health endorsed the strong clinical consensus that bringing together maternity, adult and children’s services (triple co-location) onto a single hospital site, offered significant service benefits. He therefore approved £100 million of public funding to build a new children’s hospital and established a Ministerial Group to oversee the appraisal of site options for the new hospital.
- 1.2 The purpose of this paper is to set out for formal consultation our proposals on the siting of the new children’s hospital, to deliver the fully integrated services and the transfer of services from the present Yorkhill site.
- 1.3 The paper has seven further sections:

- B. Clinical Benefits of our Proposals**
- C. Planned Facilities and Investment**
- D. Case for the Preferred Site including Access**
- E. Implications for Staff**
- F. Engagement Activity to date**
- G. Consultation Elements**
- H. Conclusion**

B. CLINICAL BENEFITS OF OUR PROPOSALS

- 2.1 The proposed transfer of services to a new children’s hospital on the Southern General site has a number of clinical benefits. These are briefly summarised below.
 - for mothers, we will be able to provide the full range of specialist services to care for them, including intensive care, by teams on the same site as the specialists in maternity services;
 - for babies, we will be able to provide the full range of specialist care in brand new facilities designed for the 21st century. This will include a new neonatal intensive care unit;
 - for young people, we will be able to provide access to adult and children’s specialists on the same site, as well as creating dedicated facilities in which their care can be provided;
 - for children with serious head injuries, we will be able to bring together the specialists in intensive care and neurosurgery to provide care by a single team on one site.
- 2.2 So, for a whole range of patients from babies to pregnant women we will be able to provide better facilities and co-located teams of specialist staff able to meet all of their needs in seamless services.

C. PLANNED FACILITIES AND INVESTMENT

- 3.1 The development on the Southern General site to achieve fully integrated adult, maternity and children's services will be in three parts.
- 3.2 The first element will be a modern maternity hospital, able to deliver 5500 women. We are reviewing the detailed design of this facility which will be achieved through a further upgrading of the present maternity hospital but the final facility will include:
- co-location of gynaecology and obstetric services;
 - extended and upgraded delivery facilities;
 - a major new neonatal unit;
 - an expanded outpatient department and state-of-the-art ultrasound facilities;
 - modernised obstetric and gynaecology theatres.
- 3.3 The second element will be a children's hospital which we will design and build to provide the full range of clinical services currently provided at Yorkhill including:
- National services, including:
 - cardiac surgery;
 - ECMO;
 - renal transplantation;
 - bone marrow transplantation;
 - molecular genetics laboratory services;
- and a number of small and highly specialised services in areas such as cleft lip and palate surgery, endoprosthetic bone replacement and complex airways management.
- The children's hospital also provides a full range of secondary services including:
 - surgical paediatrics;
 - medical paediatrics;
 - plastic surgery;
 - orthopaedic surgery;
 - nephrology;
 - haematology;
 - ENT surgery;
 - cardiology;
 - cardiac surgery;
 - intensive care unit;
 - high dependency unit;
 - short stay facilities.
 - The hospital also provides a full range of outpatient clinics with some outreach into the community.
- 3.4 We agree with the Ministerial Group recommendation that we need to design our facilities to reflect the broader national picture - it is important that national strategies be concluded for tertiary paediatric services, particularly neurosciences and oncology, so that our new hospital can be designed for the future.

The Ministerial Group has proposed, while retaining separate entrances and identities for the women and children's hospital, we review the opportunity to design the upgraded maternity unit to provide linked critical care, theatre and labour ward facilities adjacent to the linked children's hospital facilities. We are currently reviewing the potential to design the maternity hospital upgrade in this way.

- 3.5 Finally, the Southern General site will have a major new acute hospital, adjacent to the maternity and children's services. We intend to design this new hospital to physically link at an appropriate point to the maternity and children's facilities.

This development means that the Southern General site will provide the following adult services:

- Accident and Emergency;
- National, Regional, Accident and Trauma Centre;
- Medical Specialties:
 - Receiving Medicine;
 - General Medicine;
 - Coronary Care Unit and Cardiology;
 - Respiratory Medicine;
 - Neurology/Neurosciences;
 - Intensive Therapy Unit/High Dependency Unit;
 - Renal Medicine;
 - Dermatology;
 - Rehabilitation and Assessment;
 - Care of the Elderly
- Mental Health:
 - Acute Psychiatry Adult and Child;
 - Perinatal Mental Health
- Surgical Specialties:
 - Surgical Receiving;
 - Gastro-Intestinal Surgery;
 - Colorectal Surgery;
 - Orthopaedics and Trauma;
 - Vascular;
 - Urology;
 - Ear, Nose and Throat Surgery
- Regional/National Services:
 - Spinal Surgery;
 - Spinal Injuries Unit;
 - Neurosurgery;
 - Oral and Maxillary Facial Surgery;
 - Head and Neck Cancer;
 - Renal Transplant.

D. CASE FOR THE PREFERRED SITE INCLUDING ACCESS

- 4.1 We undertook a two-stage process with the objective of identifying the best NHS site option for a new children's hospital to be constructed within the next five years and co-located with maternity and adult acute inpatient services. We wanted the process of site identification to be open, transparent and public, enabling interrogation and engagement by a wide range of relevant stakeholders.
- 4.2 Our proposed process started with two parameters:
- the site must have adequate available space to enable construction to start in 2007/08;
 - the site must offer the potential to co-locate with maternity and adult inpatient acute services.
- 4.3 The first event in our process was intended to shortlist potential sites which could meet the parameters outlined above. The second event in our process was to evaluate shortlisted sites against key weighted criteria for hospital siting and derive a score for each potential site.
- 4.4 The first event had two parts. Firstly, an appraisal of each site to establish whether it had adequate developable land for the new children's hospital. The sites that met that criterion were then considered against the Board's acute services plans to establish which could also meet the requirement to achieve co-location with adult and maternity services.
- 4.5 Over 400 individuals and organisations were invited to participate in the event including clinical staff, political interests, charities and voluntary organisations. Around forty people attended, mainly NHS staff and representatives of voluntary organisations.
- 4.6 The event opened with a presentation setting out the vision for the new hospital and how the detailed planning would be taken forward after a site had been identified. Two further presentations gave an overview of the option appraisal process. These presentations also included the rationale for the requirement that land needed to be available in 2007. The timetable we used to illustrate that point is reproduced below.

	2005	2006	2007	2008	2009	2010
1. Site Option Appraisal	OCT ██████					
2. Clinical Stakeholder Engagement	OCT ██████	MAR ██████				
3. Service Design		JAN DEC ██████				
4. Outline Business Case	NOV ██████	SEPT ██████				
5. Design and Facility Brief		MAY DEC ██████				
6. Full Business Case		DEC ██████	APR ██████			
7. Design and Construction				████████████████████		
8. Handover and Commissioning						██████

- 4.7 The presentation also explained the space parameter for the planning footprint of 40,000m². This is the present size of Yorkhill and although we can assume reductions for further improvements to efficiency, clinical change and repatriation of activity, we also need to assume growth for the revised upper age limit and additional development of regional and national services in Glasgow. A comparison to other recent and planned children's hospitals was also used as a basis for the footprint.
- 4.8 The available sites were then presented showing existing buildings, agreed developments, available developable land and the footprint required for the new children's hospital. This review highlighted the fact that only Gartnavel and the Southern General Hospitals had enough available, developable land.
- 4.9 In the case of Glasgow Royal Infirmary, the available footprint would have required an additional ten storeys, on top of the planned new acute hospital facilities, giving a building of seventeen storeys. We heard clear planning advice that such a development was unlikely to get planning permission. The Glasgow Royal Infirmary site presentation also clearly highlighted that, in addition to the planning problems, there was no possibility of a physical link between a development on the available site and the Princess Royal Maternity, which is located at the other end of the Glasgow Royal Infirmary site. Further, it was clear that a children's hospital developed as part of a multipurpose stack would not have a distinct identity and the land constraints would create significant problems in any co-location of ancillary charitable facilities.
- 4.10 In the case of the Southern General site, it was clear from the material presented that the available land is adjacent to the present maternity hospital and there is also substantial further developable land.

- 4.11 The second part of the event began with a presentation which set out the Board's approved acute strategy. This element concluded with the clear outcome that only the Glasgow Royal Infirmary and Southern General sites offered the required adult and maternity services to co-locate with the new children's hospital.
- 4.12 This first event closed with a summary of the outcome as indicating that an appraisal of sites identified only Gartnavel and the Southern General could meet the criterion of developable land by 2007, the presentation of the acute services material highlights the fact that there are only two sites which can offer the required co-location with adult and maternity services. Drawing these two strands together it was clear from this event that only the Southern General site could meet what is required.
- 4.13 Following the conclusion of the event we decided to redesign the second event to focus on appraising the Southern General against a developed set of key criteria. This was important to give an opportunity to discuss points raised at the first event which were not directly related to site and co-location considerations.
- 4.14 The second event was redesigned to enable a wide range of stakeholders to consider the performance of the Southern General against the key criteria for the siting of a children's hospital. The event was in three parts:
- discussion and finalisation of draft criteria;
 - presentation on the new Southern General site;
 - scoring groups.

Five criteria had been determined and sent to scorers in advance of the event. These were presented, questioned and discussed. The only proposed amendment was to increase the weightings for clinical effectiveness and access and decrease the weightings for research and education, staff and physical location. The final five criteria and their weights were:

1. Clinical Effectiveness: Weighting 40
2. Access for Patients and Relatives: Weighting 20
3. Research and Education: Weighting 10
4. Staff: Weighting 10
5. Physical Location: Weighting 20

- 4.15 A detailed presentation was made on the new Southern General Hospital. The future complement of 1500 beds was described in terms of the services which will be on the new campus. A number of presentations were then made of the site layout illustrating the large footprint of space available at 2007 to locate a new children's hospital between the maternity and new acute hospital buildings with substantial further space offering the potential for the development of ancillary accommodation. The available space demonstrated how a distinct, self-contained children's hospital could be delivered on the site but with the potential for direct physical links to adult and maternity services. A series of three-dimensional views of the overall site were presented illustrating all of the new and retained buildings including the potential children's hospital.

4.16 The presentation moved to cover access and transport including presentation of the table below which illustrates the extent to which access is a West of Scotland and national issue rather than a local one.

Where do patients come from?	
52% of patients are from within GGNHSB 48% of patients are from other NHS Boards	
Patient Distribution	
<u>NHSGG (of which)</u>	<u>Other NHS Board (of which)</u>
North Glasgow 20%	Argyll and Clyde 28%
West Glasgow 25%	Ayrshire and Arran 13%
South East Glasgow 18%	Forth Valley 8%
South West Glasgow 20%	Lanarkshire 36%
East Glasgow 17%	Other non NHSGG Boards 15%

4.17 Finally, the presentation covered a range of developments which will significantly improve access to the Southern site including:

- the new Clyde bridge at Finnieston with four lanes, two reserved for public transport (completion 2006);
- the M74 extension (completion 2008);
- the proposed crossrail link between the centre of Glasgow and Glasgow Airport;
- the proposed light railway transit system (trams) along the south and north sides of the Clyde.

4.18 Following the above presentation scorers divided into five groups to consider and complete the scoring sheet and the outcome of the scoring concluded that the Southern General performed well as a potential site for a children's hospital.

4.19 Finally, it is important to highlight that on the primary factor of clinical effectiveness, scored by mainly clinical staff, the Southern General site scored an average of 80 out of 100 across the five groups.

4.20 We produced a detailed report on the outcome of the option appraisal for the Ministerial Group which has since fully endorsed its conclusion that the Southern General is the best site.

E. IMPLICATIONS FOR STAFF

5.1 There are currently 2953 staff working on the Yorkhill site including:

Medical	306
Nursing	1350
Therapy Staff	251
Pharmacy	55
Other Clinical	277
Administration	482
Other support	232
Total	2953

5.2 The staff who provide the current services at Royal Hospital for Sick Children are the most critical resource to the continued provision and development of the highest quality children's services. Our intention is that all children's hospital staff on the Yorkhill site will have the opportunity to be redeployed into the new hospital at the Southern General, which will provide an improved working environment and staff facilities.

F. ENGAGEMENT ACTIVITY TO DATE

6.1 We have already undertaken a wide range of engagement and consultation on maternity and paediatric services. This section summarises the extensive consultation which has already taken place.

6.2 In terms of the Maternity Services Strategy, detailed pre-consultation following Scottish Executive guidelines on consultation and public involvement took place in 2003. An independently chaired Working Group was set up to carry out the pre-consultation and their report can be accessed by clicking on the following link:

[http://www.show.scot.nhs.uk/ggnhsb/AbtBoard/Papers/2003/10-oct/21/03-62\(2\).pdf](http://www.show.scot.nhs.uk/ggnhsb/AbtBoard/Papers/2003/10-oct/21/03-62(2).pdf)

6.3 An extensive formal public consultation on the Maternity Services Strategy followed between late 2003 and early 2004. More details on that process are set out in Greater Glasgow NHS Board paper 2003/62 which can be accessed by clicking on the following link:

[http://www.show.scot.nhs.uk/ggnhsb/AbtBoard/Papers/2003/10-oct/21/03-62\(1\).pdf](http://www.show.scot.nhs.uk/ggnhsb/AbtBoard/Papers/2003/10-oct/21/03-62(1).pdf)

6.4 With the Ministerial announcement that £100million was to be made available to build a new children's hospital, NHS Greater Glasgow undertook the extensive appraisal of site options for the hospital – as outlined in the previous section. The engagement process, supported and advised by the Ministerial Group, was organised as follows:

- an open, transparent and public, two-stage process with the objective of identifying the best NHS site option;
- designed to enable detailed interrogation of a long list of potential sites and then of the shortlisted sites against key criteria for siting a children's hospital;

- over 400 key stakeholders, identified as having an interest in the site options, were personally invited to attend the events (this list was drawn from NHS Greater Glasgow's Involving People database which holds details of over 3000 organisations and individuals, together with the network of community groups linked specifically to the Royal Hospital for Sick Children);
- invitations asked those wishing to participate to notify NHS Greater Glasgow of any assistance required to attend the workshop;
- briefing packs developed for participants and sent out in advance of events including information on access and transport links, activity information at Yorkhill, new South Glasgow hospital site plan and list of proposed services, breakdown of areas served by children's hospital;
- an advert was placed in two regional papers inviting general public to attend;
- dedicated microsite was developed within NHS Greater Glasgow's website to inform the public of the site selection process and invite comments;
- a media statement was issued after each event to publicise outcome and posted on website;
- staff were invited to participate in the event and kept informed of the outcome via electronic Core Brief and Staff News.

G. CONSULTATION ELEMENTS

7.1 The consultation this paper triggers is intended to meet the requirement for NHS Boards to consult on major service change.

7.2 Our proposed methods of consultation are:

- consultation document to be issued to all key stakeholders with invitation to comment;
- opportunity to key stakeholders to have face-to-face briefings with key project leads;
- summary leaflets/posters to be distributed widely (GP surgeries, hospital waiting areas, pharmacies, opticians, nursery schools, education departments, libraries, mother and toddler groups);
- letter to Scottish NHS Boards inviting them to comment and making offer of support to run public meetings in their area. NHS Boards will also be sent a supply of consultation material and asked to make it available in key locations;
- major public workshop to enable direct engagement in discussion on the key consultation issues;
- briefing packs to be prepared ensuring participants in workshop are well-briefed and have clear understanding of issues to be discussed;
- briefing packs for Community Engagement Team to enable them to discuss the children's hospital with community groups as part of their ongoing programme of work;
- briefing packs for media to include latest impressions of New South Glasgow Hospital;
- staff briefing sessions to be organised for those affected by change;
- wider NHS Greater Glasgow and Clyde staff to be informed and invited to comment by means of Core Brief, Staff News and intranet;
- NHS Greater Glasgow and Clyde website to be updated.

7.3 We propose that this consultation not only cover the new location at the Southern General, but also take the opportunity to seek views on some of the qualitative issues to have emerged from the site option appraisal.

7.4 Young People's Services

The Royal Hospital for Sick Children currently provides care for patients up to 12 years of age. Children of 13 years and above requiring care are generally treated in the city's adult hospitals.

With this proposal, we now have an opportunity to extend the age group to be treated in the children's hospital up to those up to 16 years of age – giving this important group of patients dedicated facilities to meet their particular needs.

Building a new children's hospital will not just be about bricks and mortar – we will also take forward new models of care. In the case of young people, we propose to develop services so that the transition to adult care for those with chronic health problems is a seamless one.

7.5 Proposed Pattern of Emergency Services for Children

The Accident & Emergency (A&E) Strategy for Glasgow sees two major adult A & E departments with full orthopaedic trauma support to deal with the most serious cases at Glasgow Royal Infirmary and Southern General and a dedicated children's A & E based at the Children's Hospital.

In addition, all adult sites will have minor injuries units (for the treatment of minor limb injuries, sprains, wounds requiring dressings or stitches, minor burns, particles in the eye or minor injuries to the ears and nose).

To ensure that children with minor injuries can be seen quickly – and locally - we propose that they attend Minor Injuries Units located throughout the city, which will have appropriately trained staff and facilities to treat children.

The only exception to this would be if your local hospital is the Southern General where children with minor injuries would be seen at the Children's Hospital A&E Department.

All children with more serious injuries and illnesses will be treated at the A&E Department in the Children's Hospital.

7.6 Impact on Maternity Services in the West of the City

With the transfer of services from the Yorkhill campus, alternative arrangements will be made to provide locally accessible antenatal care for expectant mothers in the west of Glasgow.

This issue will be addressed as part of the detailed planning for the closure of the Queen Mother's Hospital that needs to get underway shortly. We would welcome your views to help shape the planning of this service in the future.

7.7 How can we Engage with Users?

We know that many individuals, patient representatives, voluntary organisations and children's charities will want to be involved in the development of the new hospital. Of particular importance will be the question of how to engage directly with children and young people to ensure they have their say.

This consultation represents the beginning of that process.

NHS Greater Glasgow and Clyde has a dedicated Community Engagement Team whose specific role is to build and maintain dialogues with local communities and to engage with them on major service developments.

These experienced staff will guarantee to meet every patient group, carer group and support group associated with the children's hospital in a three-month period over the summer to discuss how best to involve users over the longer-term on the design and development of the children's hospital.

In addition, a clinical advisory structure will be set up to allow staff an opportunity to influence the model of care and patient pathways in the new hospital. Groups will be established around the following areas:

- inpatient/ward activity;
- outpatients and therapy services;
- front door services, including A & E;
- theatres and day care;
- critical care;
- diagnostic services.

Contributions from all staff groups will be encouraged and meaningful input from service users and parents will also be sought.

H. CONCLUSION

- 8.1 This paper has outlined our proposals for the new children's hospital, for consultation and for ongoing engagement. We welcome responses to these proposals by **2nd June 2006**. You can either e-mail your comments to us at childrenshospital@nhsggc.org.uk or write to:

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Head of Board Administration
NHS Greater Glasgow and Clyde
Dalian House
350 St Vincent Street
Glasgow
G3 8YZ

- 8.2 Our website <http://www.nhsggc.org.uk/childrenshospital> provides access to the range of background material referred to in this paper. If you have any queries or points for clarification please e-mail us at childrenshospital@nhsggc.org.uk