

WESTMORLAND GENERAL: THE MAKING OF A NEW HOSPITAL

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Westmorland General Hospital is nearing completion. The culmination of over ten years of effort directed towards the planning, design and construction of a modern hospital will be achieved in autumn 1991 when the first patients are received into the wards and departments. As the first major hospital development in South Lakeland for over 80 years, Westmorland General Hospital will provide an increased range of services for people living in the Kendal area.

A BRIEF HISTORY OF THE KENDAL HOSPITALS

Westmorland General will replace three of the four existing hospitals in the Kendal Unit – Westmorland County, Kendal Green and Meathop.

Westmorland County Hospital started life as the 'Kendal Memorial Hospital.' It was built in 1870 at a cost of £2,500 and provided 25 beds for the care of the sick and poor. The building was extended in the 1880s and is still in use today as the Physiotherapy Department and Pathology Laboratory. The present hospital was built between 1906 and 1908 at a cost of £16,500, funded by public donations, and has been extended considerably during the last 80 years.

Kendal Green Hospital was originally the 'Kendal Union Workhouse' described in a 1909 report on Poor Law Relief as 'an old, irregular and straggling collection of buildings obviously not designed for any such purpose but apparently added to from time to time as occasion might suggest.' It used to house 335 inmates and now provides 69 beds for short term and continuing care of elderly people.

Meathop Hospital, near Grange over Sands, opened in 1890 as a sanatorium and in 1909 a home for 25 patients was added, taking the total capacity to 145. It now provides 41 beds for orthopaedics and continuing care of elderly.

WHY BUILD A NEW HOSPITAL?

There are three reasons for developing a new hospital in Kendal:

The limitations of the existing sites

As outlined above, the existing buildings are of considerable age; Westmorland County and Kendal Green Hospitals are on cramped sites which cannot be developed, whilst Meathop Hospital is geographically isolated and poorly served by public transport.

The need to maintain and develop local services

Kendal lies between two District General Hospitals, Royal Lancaster Infirmary (21 miles to the south) and

Furness General Hospital (32 miles to the west). Whilst being fairly well located to meet the needs of people living in the main centres of population, the geography of the district and the sparsity of the population in some areas means that, without facilities in Kendal, a visit to hospital would entail many hours of travel at considerable expense and inconvenience to patients, their families and friends.

A major shortcoming is the single operating theatre at Westmorland County Hospital which severely restricts the volume of work in surgical specialties necessary to achieve optimum use of the available beds. Other gaps in services include the lack of day case beds, pressures on outpatient facilities and the absence of any services for people with a mental illness.

The advantages of rationalisation

At the present time access to diagnostic services such as X-Ray entail ambulance journeys for patients at Kendal Green and Meathop Hospitals. By concentrating services onto one site, Westmorland General will provide these patients with improved access to such facilities in a more modern environment. Rationalisation also brings with it the benefits of more efficient use of resources.

WHY DOES IT TAKE SO LONG?

Planning and designing a hospital is not an easy task and usually takes ten years from inception to completion; Westmorland General has been no exception. Many individuals need to contribute to the design philosophy, and to reach agreement on the content and layout of a new hospital is a protracted procedure.

There are seven stages in the procedure for progressing and managing hospital building schemes:

Approval in Principle

Any decision to commit resources to a capital development must first be approved by the Regional Health Authority and the Department of Health. This is known as Approval in Principle and entails the submission of a detailed option appraisal culminating in a description of the proposed scheme.

Budget Cost

This entails further development of the selected option from which the design team can develop an appropriate building solution. It also includes an estimate of the overall capital and running costs.

Design

This covers the detailed briefing of the design team and the preparation of production information. Once this stage is

completed the brief is frozen and the content of the scheme cannot normally be altered.

Tender and Contract

This includes selection of a firm to construct the scheme at a competitive price and within the works cost, which for Westmorland General Hospital, in January 1983, was £16 million. The approved sum, subsequently uplifted only for the effects of inflation, incorporates design fees, works costs and equipment. The final cost of the scheme will be approximately £24 million, including the staff residences.

Construction

The objective is to achieve satisfactory completion of the works, on time and within the approved sum.

Commissioning

The engineering and environmental services installations are usually commissioned by the contractor in association with the user

The operational commissioning – making ready for full operation of transferred services and the admission of patients from day one – is undertaken by Unit and District officers through a commissioning team.

Evaluation

The importance of this stage is frequently underestimated, all endeavour being focussed upon running the new hospital. Evaluation in use should be undertaken during the first few months after opening, providing feedback for improvements to the design and operation of future Health Service buildings.

CHOOSING A SITE

Prior to 1974, the then Manchester Regional Hospital Board had already identified a prospective site for a new hospital in Kendal on part of the Helme Lodge Estate. The 1974 reorganisation of the NHS changed the administrative structure, placing Kendal within East Cumbria Health District, part of Northern Regional Health Authority. The proposed site was not considered suitable for development mainly because part of it was occupied by the house, Helme Lodge, which was a listed building. A number of possible sites were considered, including the development of Westmorland County Hospital to incorporate the nearby Inghamite Chapel, now a private housing development. A feasibility study by regional officers showed that whilst the comparatively small and inaccessible Helme Lodge site was far from ideal, the use of the existing hospital site with some small extensions was quite impossible for the development of a new hospital. Enquiries about purchasing the Helme Lodge site revealed that this had subsequently been bought by a long standing former tenant of the estate, who did not now wish to sell. Regional officers then investigated other possible sites, culminating in the selection of the land now being developed at Burton Road, Kendal.

THE 'ON/OFF' SAGA

All this happened over a decade ago, and in September 1980 the Project Team was advised that planning approval had been obtained from the District Council and the purchase price had been agreed with the vendor. The project team, comprising representatives of Northern Region, Cumbria Area Health Authority and East Cumbria Health District (until the 1982 NHS restructuring when Kendal Hospitals were

transferred to South Cumbria Health Authority) commenced the task of detailed content and design in the late 1970s. The team, with input from consultants and unit officers as required, met on 36 occasions between November 1979 and February 1984.

The original start on site was planned for December 1985. Then a series of delays occurred:

June 1984 – Region delayed by one year all schemes due to start after April 1985. Planning continued but the start was deferred until December 1986.

March 1985 – The start date was set at January 1987 with handover in June 1990.

May 1986 – The start date was revised to October 1986. On evaluation, the tenders received were greatly in excess of the approved sum. The specifications, mainly for technical services and finishes, were reviewed and the cost reduced. The start date was revised again to April 1987.

Oct 1986 – Region called for a review of the bed complement to reflect changing patterns of care and shorter periods of hospital stay.

Nov 1986 – Region questioned whether the new hospital would be the best means of meeting the health needs of the population of Kendal and deferred action on the tender for four months.

Dec 1986 – A public meeting was held, seeking a campaign to ensure that the hospital was built as promised and without further delay.

It was finally agreed that the scheme should proceed on the understanding that the bed complement would be reviewed in the light of current demand for services.

The decade between the planning and design stages and the construction stage has seen many changes in clinical practice which influence the need for inpatient facilities. For example, advances in medical technology, changes in patterns of care, increasing numbers of day cases and shorter hospital stays mean that a greater number of patients can be treated in the same number of beds or conversely, the same number of patients can be treated in fewer beds.

Taking these factors into account, a paper setting out revised bed numbers for Westmorland General Hospital was accepted in 1988. As construction was underway it was essential to ensure that these changes could be accommodated without altering the overall design of the building. The net effect of the changes to the bed complement are shown overleaf:

The effect of the revised bed allocations upon the scheme has been minimal, requiring the deletion of equipment in certain elderly care wards to provide additional day space. The remaining space, created by relocating and increasing the

1990 Current bed allocation (A)	WGH 1991 Original Plan (B)	Speciality	WGH 1991 Proposed bed allocation (C)	Change A to C
34	46	General Medicine	41	+ 7
-	4	Coronary Care	4	+ 4
-	-	Rheumatology	2	+ 2
-	-	Dermatology	3	+ 3
22	37	General Surgery/Urology	23	+ 1
7*	4	Childrens Surgery	4**	- 3
-	6	Day Case Ward	9	+ 9
30	30	Orthopaedics & Trauma	30	-
15	15	Gynaecology	14	- 1
106	128	Care of the Elderly	108	+ 2
-	40	Elderly Mentally Ill	39	+39
<u>214</u>	<u>310</u>		<u>277</u>	<u>+63</u>
Current Total	Original Total		Proposed Total	

*The 7 beds currently available are used on a 1 week in 4 basis and not occupied for the remaining 3 weeks.

**These 4 beds will be used for Childrens Surgery for 1 week in 4. For the remaining 3 weeks they will supplement the General Surgery/Urology beds.

*Current, planned and proposed bed allocations
in Kendal hospitals.*

capacity of the Day Case Ward, will be used as a Clinical Investigation Unit providing facilities for mammography screening and diagnosis, pulmonary function testing, cardiac investigations, vascular assessment and genito-urinary medicine.

The content of the scheme can thus be summarised as follows:

Acute Services

- 130 acute beds including 4 coronary care and 9 day case beds
- 3 X-Ray Rooms
- 2 Operating Theatres
- An Outpatients Department
- An Accident and Emergency Department

Elderly Care

- 108 beds and a 30-place day hospital

Elderly Mental Illness

- 39 beds and a 25-place day hospital

Mental Illness

- A 20-place day hospital

Support Services

- Including: Pathology, Pharmacy, Rehabilitation, Medical Records, Theatre Sterile Supply Unit, Education Centre, Mortuary, Stores, Staff Residences, Boilerhouse, Works Department, Electronic Workshop.

A bungalow is to be built on the site to accommodate relatives of seriously ill patients or of people admitted to hospital whilst on holiday in the area. The bungalow is being supported and partly funded by the League of Friends and will replace the existing facility at Westmorland County Hospital.

CONSTRUCTION WORK COMMENCES

After a chequered history, the contract was let to Fairclough Building in June 1987 and work started on site on 7 September. The location of the hospital in Kendal created a particular challenge for the architect

because of the sensitivity to building design in the South Lakes area. Northern Region instructed the architect to 'design a village' – a collection of buildings which would be in sympathy with the architecture of the surrounding area and blend into the landscape.

The design solution is a number of one and two storey buildings clustered around a four storey ward block which has been designed into the natural fall of the land. A pleasing variety of roof heights and pitches and the roughcast rendered walls reflect the traditional style of building in South Lakeland. The interior walls are constructed of solid blockwork, accounting for a large proportion of the 750,000 blocks used in construction. This improves the privacy within the building but does make it difficult to comply with later requests for modifications to departments by combining rooms or changing the layout, the expense and upheaval being prohibitive.

Another problem concerned the location of the hospital in relation to the one-way traffic system around the town centre. Kendal is renowned for traffic bottlenecks and the absence of a river crossing at the southern end of the town would have required most road users to negotiate the heavily congested town centre in order to reach the hospital. After much local lobbying, a scheme to provide another road bridge, accessed via Romney Road, gained a place in the County Council's capital programme and work is now well advanced. The Romney Road Link will be completed in advance of the hospital's opening and will ensure that road users have easier access to Westmorland General.

The Lake District weather has been surprisingly kind to the contractor. The site, however, was full of surprises, particularly during the preliminary works. Having removed 400,000 sq ft of top soil a variety of stones, boulders and alluvia were exposed, being remnants of the glacial era. One granite boulder, weighing approximately 7 tons, has been placed near the site entrance and is to be used as a mount for the hospital's name.

As work progressed down the natural fall of the land many thousands of gallons of water were released, thought to have been trapped within the strata for millions of years. A spring emerged and has been retained on the site . . . subject to confirmation of water purity, perhaps this could be sold, helping to balance the Unit's budget in coming years!

The architect has put the sloping land to good use by keeping the principal entrances at ground floor level with the main entrance at level 2 rather than at the base of the main ward block. Access to stores, kitchen and restaurant are at level 1 whilst the entrances to day hospitals, rehabilitation, accident and emergency and outpatients department are at level 2.

COMMISSIONING THE NEW BUILDING

The overall management and co-ordination of this process is undertaken by a commissioning team drawn from general management, senior medical and nursing staff and a range of specialist senior managers. Most of the detailed day-to-day work is done by a small group of officers dedicated full time to commissioning. In Kendal this comprises a commissioning officer, capital equipment officer, personnel officer, a ward sister seconded to the team and secretarial/clerical support.



The Westmorland General

Several elements are involved in bring a new hospital into use:

Operational Systems

The preparation of operational systems is one of the most important tasks in the commissioning process, fashioning and describing the way in which the hospital will operate, albeit within the design and constraints set by earlier planning decisions. Many systems determine what equipment should be obtained or how each member of staff is to be deployed and what standard of service is to be provided to patients. About 90 Operational Systems will have been written by the time Westmorland General Hospital opens. In the main, each system will have been written in advance of the author being able to 'walk the department' and assess the changes which may be necessary to current working methods arising from the design, larger (or smaller) workspaces, new/enhanced services and changed technology.

Revenue Consequences

The financial implications of major capital schemes are known as Revenue Consequences of Capital Schemes (RCCS), covering both staff and non-staff budgets. The RCCS allocation is fixed by Region and is only uplifted for the effects of inflation. The Government's estimate of the rate of inflation can vary from the true rate and this factor can create difficulties in balancing the budget. The staffing element of the RCCS is usually set at an early stage in the scheme. Because of the lengthy gestation period associated with large capital projects there is inevitably some debate about staffing levels once Heads of Services begin to establish their Operational Systems. It is not uncommon for managers to request more money for staffing as the opening date for the hospital draws near. However, all that can be realistically achieved is some 'fine tuning' of budgets by

virement within the total RCCS allocation.

The non-staff costs are equally important and a vital task for the unit accountant and unit general manager is to estimate accurately the costs of utilities and consumables, reflecting them in departmental budgets. The RCCS allocation for Westmorland General is of the order of £2.6 million, at 1990/91 prices, of which approximately 75% is for additional staff.

Staffing

A hospital's most important resource is the staff and a significant part of the commissioning process is to match existing staff into new structures, recruiting additional staff where necessary. It is important to establish dialogue with staff in order to deal with their aspirations and anxieties in relation to the development. In Kendal a Staff Consultative Committee has been formed and open meetings held for all staff at each of the three sites affected by the transfer of services.

Equipping

Equipping a new hospital building is an aspect of commissioning usually fulfilled by the Capital Supplies section of the Regional Health Authority. The complexities of equipping a hospital are compounded by rapidly advancing technology particularly in electromedical equipment. The equipment budget for Westmorland General Hospital is approximately £2.5 million. This is to purchase all furniture and those fittings not included in the contract, ranging from surgical instruments to kitchen utensils, from desks to waste paper bins. Any items of existing equipment that can be reasonably and safely transferred to the new hospital also need to be identified and arrangements made for their transfer. The Capital Equipping Manager is often faced with

changing demands in the light of advancing technology. This might mean a difference of £10,000 or £20,000 on the purchase price but the increase can only be found at the expense of other items.

Post Handover Activities

Once handover is achieved, the pace of commissioning activity greatly increases. The first tasks include organisation of site security, cleaning and curtain hanging. All engineering services and systems must be tested and any defects resolved. All furniture and equipment must be placed in position and wards and departments stocked with consumables. Other tasks include the organisation of induction and training courses to familiarise all transferring staff with their new environment, testing of fire procedures and open days for staff and the general public. Some post handover building work has to be undertaken including the installation of X-Ray equipment and minor alterations. In the case of Kendal, two particular problems have been identified in the inadequacy of car parking and the lack of provision for information technology, including the Patient Administration System. Resources have been earmarked for these purposes and a programme of work is currently being negotiated.

Transfer of Services

Once the above has been achieved the all-important task of transferring patients and staff can commence. This aspect can be likened to moving house on a grand scale with the added requirement to maintain continuity of patient care throughout the transition to the new hospital. Meticulous attention to detail is required, involving careful co-ordination

of a range of agencies, including the ambulance service, medical and nursing staff.

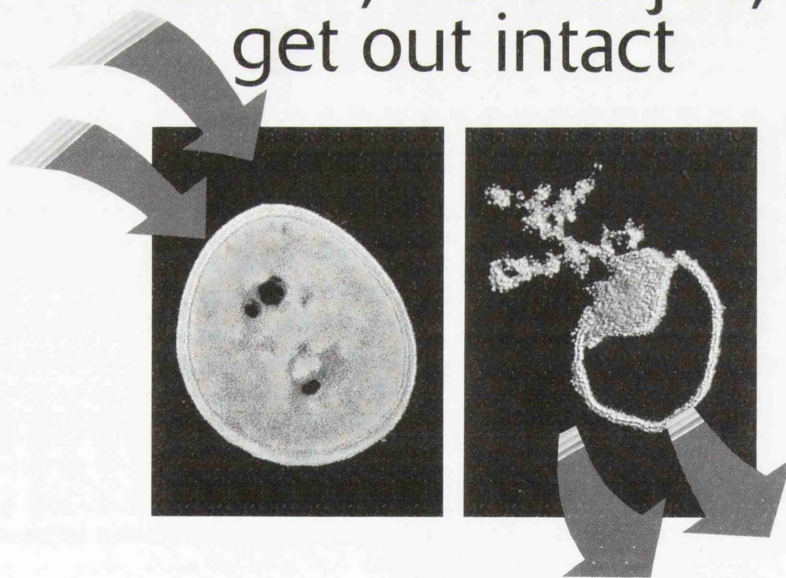
The Official Opening

The final touch in the commissioning process comes with the official opening of the hospital, which usually occurs some months after the first patients have been admitted. Most major hospital developments are opened by a member of the royal family or a person prominent in public life. It is hoped that Westmorland General Hospital will be graced by a royal opening. The protocol and protracted preparations for such visits constitute a massive amount of work and will ensure that commissioning staff continue to enjoy a hectic schedule.

INTO THE TWENTY-FIRST CENTURY

As this article has described, Westmorland General Hospital has been a long time in the making. Over the last decade the project has faced many obstacles and it is a tribute to the strength and persistence of managers, staff and the local community that the hospital is soon to become a reality. Kendal hospitals have a long history of public service and occupy a special place in the life of the community as manifested in the dedication of staff and the generous support of individuals and organisations, notably the League of Friends. The reorganisation of services will be a major upheaval but the staff in Kendal are committed to achieve a smooth transition. Whilst there will be some sadness at the closure of the current hospitals, the opening of Westmorland General affords a wonderful opportunity to build upon the quality of existing services throughout the 1990s and into the next millenium.

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