

## SHP News

### SHP commissioned for comprehensive HBN Review

SHP has recently participated in a wide ranging review of Hospital Building Notes with other leading UK healthcare planning specialists. This has led to a comprehensive set of updates being recommended to the Department of Health and Central Office of Information.

The project involved an intensive review of the following HBNs in 2 batches:

Batch 1	Batch 2
HBN 02 01 Cancer Care	HBN 01 01 Cardiac Care
HBN 07 01 Satellite Renal	HBN 04 02 Critical Care
HBN 07 02 Main Renal	HBN 10 01 Surgical Procedures
HBN 07 03 Renal Transplant	HBN 10 02 Day Surgery
HBN 09 03 Neonatal Unit	HBN 10 02A Endoscopy
HBN 12 01 OPD: Consult, Exam and Treatment	HBN 03 01 Mental Health (inc ICU)
HBN 12 01C ENT/ Audiology	HBN 03 03 Medium Secure Unit

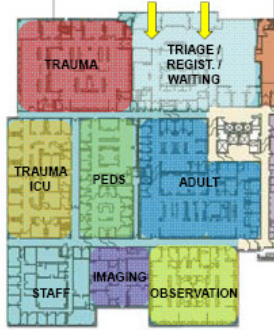
### SHP Goes East

#### Cleveland Clinic - Abu Dhabi advisory appointment

Chris Wood has joined forces with design colleagues at Aedas Architects to support the development of this \$2.5 billion hospital development in the Middle East. His role has been to undertake due diligence reviews of the clinical design and to provide healthcare planning advice to the team. The Cleveland Clinic Abu Dhabi Hospital, located on Al Sowah Island near the heart of the city will offer advanced medical technologies, high performance facility design and unprecedented levels of patient care. The clinic due for completion in April 2011 involves 220,000 sq.m of floor space providing the following:

- Patients Tower
- Diagnostic and Treatment
- Clinic
- ICU
- Administrative Building
- Pools & Roof Gardens

### SHP Goes West



#### Chicago

##### Visit to John H Stroger, Jr. Hospital of Cook County Emergency Department

A team from SHP attended the International Healthcare Symposium in Chicago in September 2009 which included amongst other things a study tour of this new large Emergency Department.

As the oldest public hospital in the United States, this 89 year old hospital needed a 21st century facility to optimize patient care and financial performance within a limited amount of space that will be easily adaptable for the future.

The new Emergency Department manages up to 120,000 adult attendances per annum.

The new Emergency Department has a clinical triage area at the front of A&E for paediatric and adults, using dedicated triage bays to improve patient privacy.

The Department provides 64 adult treatment bays which are divided into 3 PODs using an emergency severity index (ESI) to clinically triage patients; POD 1 fast track/asthma and gynae including 10 chairs for asthma patients, POD 2 ESI 1-2 levels and POD 3 ESI 3 with psychiatrics. A separate paediatric area is provided and managed by the emergency team, along with a 25 bed observation area for chest pain, cellulites, diabetes and asthma, also run by the emergency team. The department has the ability to flex capacity according to demand and to close down each POD in the event of disease outbreak or other infections.

The new build has increased the number of isolation rooms and provides 4 individual resuscitation bays with an additional isolation resuscitation bay.

Site specific issues in the existing Emergency Department:

- No decontamination area
- Open triage with no privacy
- Inadequate resuscitation with lack of privacy

**Key Lessons Learnt:**

- Nursing substations closer to patients i.e. distributed
- Open window/visibility to monitor waiting room
- Bed side registration, rather than private area

#### The Productive Estate—In Summary

The key to improving productivity of the NHS estate lies in:

- a) Understanding current utilisation . The current information methodology does not address Clinical productivity, Added value to the service delivery process, or real time utilisation of space.
- b) Understanding and challenging clinical models, performance and opportunities to rationalise; and
- c) Developing affordable 'best fit' solutions.

**We believe that at SHP we are uniquely equipped to support trusts with this agenda for change**

# STRATEGIC HEALTHCARE PLANNING

## Improving productivity of the NHS Estate

Strategic Healthcare Planning Ltd  
January 2010

Supporting healthcare organisations through change

### The Challenge

The challenge to most NHS Estate leads is to substantially contribute to the improving the Trusts financial, business and service performance; resolving pressure on demands on the NHS estate ; and achieving change with minimal capital expenditure.

### The Approach

The approach requires a structured process that:

- Gets the right answer for the organisation;
- Takes key stakeholders along with it; and
- Stands up to scrutiny.

### Added Value

Added value in this context is the contribution that spaces directly or indirectly make to the care delivery process. This might be for outpatients, inpatients or day case services. The survey process within the productive estate model will identify a hierarchy of spaces; assessing their added value to the care process; and expressing the relative scale of accommodation within this hierarchy. This will enable an objective view to be formed on the relative importance of spaces in the context of care delivery.

### Clinical Productivity

The productive estate process would involve benchmarking clinical productivity providing evidence to constructively challenge underlying clinical productivity, models of care and other organizational inefficiencies. The model will bring together activity, productivity and estate metrics.

### Real Time Utilisation

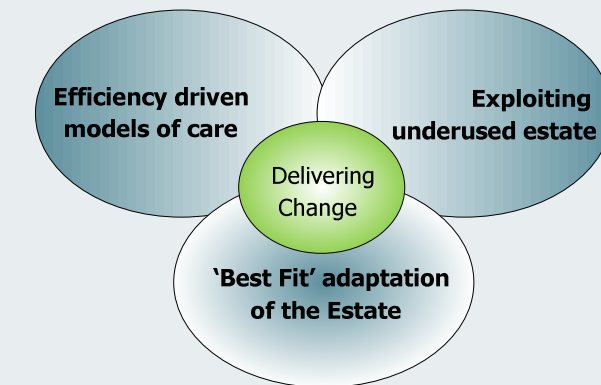
Planned use of space is often at variance with the actual use. The survey work within the productive estate model will assess real time use of spaces on a snap shot basis as well more extensive studies if required to compare with scheduled time use. This will identify opportunities for generic rather than dedicated and exclusive space requirements.

## The Productive Healthcare Estate

### Introduction

The current QIPP drive within the NHS is amongst other things placing innovation and productivity at the heart of efficient healthcare delivery. This coupled with the general revenue outlook, tough CIPs and lack of capital for investment is creating a major challenge to improve the productivity of the NHS Estate.

SHP has in response to these challenges developed a suite of products that benchmark clinical productivity, measure estate utilisation with business metrics and develop low cost capital solutions to service change.



### Premises Assurance Model

The forthcoming Premises Assurance Model will no doubt target utilisation performance amongst a wider set of estate standards. The productive estate approach will enable Trusts to get ahead of the game and more importantly investigate potential efficiencies as a matter of urgency.

### The Outcomes

- A comprehensive data base of relevant estate utilisation and productivity information;
- An agenda of 'opportunities' to address specific local service needs; and
- A set of lowest capital cost options to change the estate for maximum economic advantage.

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### In this Issue:

#### Productive Estate

The current driving force

#### Clinical Productivity

Generating the evidence for constructive challenge

#### Added Value to Service Delivery

How spaces contribute to the care delivery process

#### Real Time Utilisation

Planned use of space

#### The Change Agenda

The key to effective asset utilisation

#### Our Approach

Exemplar SHP process

#### SHP Credentials

SHP can help

#### Healthcare Planning

The advantages of choosing SHP for support

#### SHP Client Base

UK Project Map

#### SHP News

HBN Review Commission  
SHP Goes East!  
SHP Goes West!

#### Consultancy Team

Meet the Team at Strategic Healthcare Planning

Or visit our website at  
[www.shp-uk.com](http://www.shp-uk.com)

# The Productive Healthcare Estate (continued)

## The Change Agenda

The change agenda for the estate is driven by both service and estate issues..



### Current acute service drivers are typically:

- Delivering key business results;
- Achieving activity and waiting targets;
- Absorbing increases in clinical activity;
- Improving patient safety;
- Improving the patients' experience;
- Changing models of care;
- Service rationalisation;

### Current estate drivers are typically:

- Engaging the estate with core Trust business;
- Achieving Premises Assurance Model requirements;
- Ensuring effective use of clinical facilities / minimizing under-used space;
- Contributing to 'Lean' process reengineering initiatives;
- Flexibility to meet changing demands;
- Reducing overhead costs;
- Realising CIP targets;
- Implementing the consumerism agenda including single gender accommodation;
- Reducing estate liabilities.

## A Structured Process

The key to effective asset utilisation is the need to identify options in both service and facility terms and to develop a preferred way forward. This requires a structured process that:

### *Gets the right answer for the organisation*

Engaging with the process of improving estate utilisation needs to be specifically targeted at the Trusts business and service plans. It needs to be relevant, informed and focused on specific solutions.

### *Takes key stakeholders along*

The increasing involvement of key stakeholders in Trust plans whether they be commissioners or other public sector or voluntary bodies means that resultant plans from estate rationalisation or service change need to be developed within a positive environment. The evidence from the productive estate process will assist in supporting the winning of hearts and minds involved in the change process

### *Stands up to scrutiny*

The evidence generated by our proposed approach to estate surveys will provide a platform for robust negotiation with clinical colleagues and other internal stakeholders as well as outside scrutineers of Trust plans.

## SHP Credentials

SHP is an established national leading healthcare planning organization. Our core business and span of expertise across service, capital and estates planning makes us ideally suited to this type of work. We have a broad geographical base of NHS clients as illustrated by the adjacent project map.

The expertise that we can bring to this approach is based on our recent experience of:

- Estate Strategy Development;
- Strategic Site Planning;
- Utilisation studies of healthcare buildings;
- Activity and capacity benchmarking and planning;
- Acute service activity modeling associated with site rationalisation;
- Development of Schedules of Accommodation;
- Healthcare technical feasibility studies;
- Investment option appraisals.

## Our Approach

The Productive Estate can be applied on a block by block or department by department basis, however opportunities are more, likely to be maximised if undertaken on a whole site or whole Trust basis.

The typical process would be based on the following 3 strand approach with SHP undertaking appropriate elements of the work in conjunction with the Trust. The balance of input between SHP and the Trust will depend on the internal resources available.

### The service strand will typically involve:

- Data collection;
- Validation of activity and capacity requirements through analysis and benchmarking;
- Identification of future models of care;
- Definition of service options.

### The estate strand will typically involve:

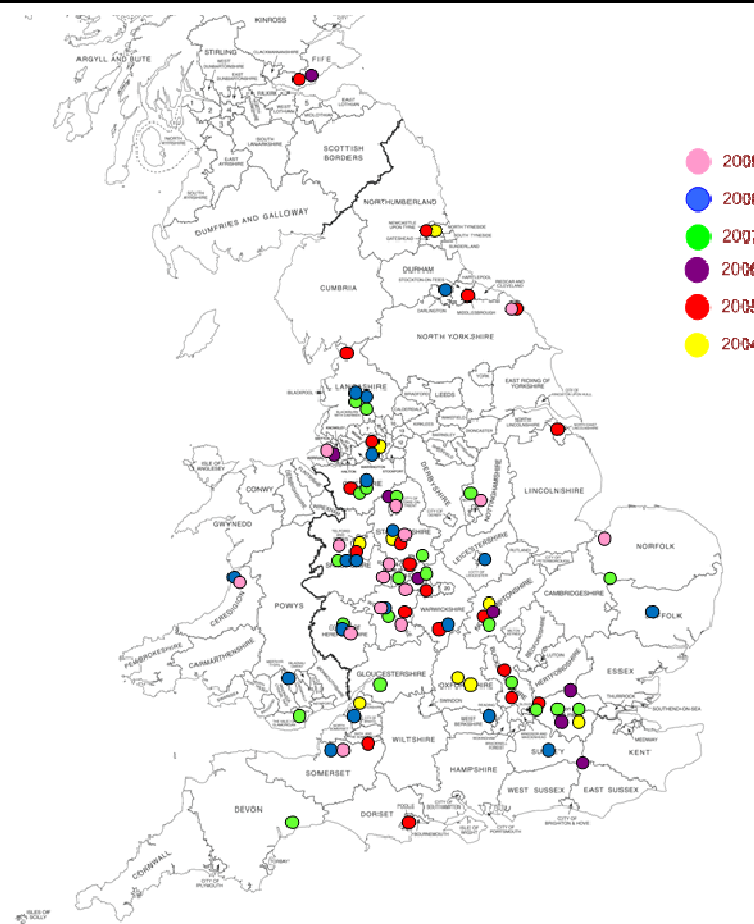
- An enhanced utilisation survey to collect and analyses data in relation to productivity;
- Desk top analysis of the survey with plans;
- Exploration of potential for physical adaptability and options including 'best fit – low cost' adaptation.

### Joined up planning and delivery:

- Options defined in both service and facility terms;
- Structured identification of preferred option;
- Delivery monitoring framework;
- Presenting compelling and coherent evidence based on credible metrics and benchmarking;
- Pitching reports at the right audience.



## Map of SHP Client Base and NHS Projects



## The 'Added Value' of Good Healthcare Planning Support

NHS organisations have a critical mission of delivering change within highly constrained resources and challenging timescales. Engaging a Healthcare Planning consultancy can add tangible value to the delivery of service, capital and estate led initiatives. As an established leading national practice Strategic Healthcare Planning can:

- ◆ Achieve the best value for money from investments
- ◆ Reduce the overall timescales for projects
- ◆ Improve the quality of outcome from capital schemes
- ◆ Navigate the gap between clinical aspiration and business drivers
- ◆ Focus the priorities of the estate and capital investment

Strategic Healthcare Planning is committed to making a difference to healthcare delivery and we provide a comprehensive range of services across the spectrum of service capital and estates planning. We are uniquely equipped to offer a fully integrated service and can support you all the way on your 'journey'.

### Achieve the best value for money from investments by:

- Realistically assessing capacity requirements for facilities through:
  - Analysis of future trends, more progressive models of care;
  - Benchmarking clinical delivery performance;
  - Improved utilisation; and
  - Translating this analysis into an appropriate level of functional content for schemes.
- Constructively challenging the clinical brief and 'wish lists' within capital projects;
- Applying sound planning principles of generic flexible and multi-purpose spaces within facilities and reducing overall area accordingly;
- Applying principles of future flexibility to the design brief that can achieve day by day, year on year and longer term adaptability of the facility reducing overall life cycle costs of the facility;
- Reducing room sizes where clinically acceptable based on evidence of previous projects;
- Applying challenging but achievable area allowances for circulation and communication to planned schedules of accommodation to encourage efficient design development;
- Realistically applying 'best fit' strategies for refurbishment work based on evidence of clinical functionality within other healthcare facilities;
- Rigorously controlling to changes in scheduled areas, maintaining an audit trail of decision making and accountability for area 'creep'.

### Reduce the overall timescales for projects by:

- Efficient development of early briefing materials through intuitive understanding of department needs and reference material from other projects;
- Close liaison with the design team and involvement as a proxy for the client to support 'right first time' solutions for departments;
- Supporting sign off processes at key stages to ensure continuity of the preconstruction process.

### Improve the quality of outcomes from capital schemes by:

- Relating the clinical brief to the organisation's quality agenda and objectives;
- Applying recognised standards to space and functionality planning based on evidence;
- Bringing national and international best practice to bear on models of care;
- Ensuring the design development process makes the absolute best use of space and adjacency opportunities.

### Navigate the gap between clinical aspiration and business drivers

- Relating the clinical brief to the organisation's business objectives;
- Constructively challenging the aspirations of clinical teams for space and facilities;
- Managing team expectations throughout the development of capital projects;
- Providing evidence to support efficient healthcare delivery to assist in convincing clinical teams;
- Provide simulation modelling if required.

### Focus the priorities of the estate and capital investment.

- Ensuring coherent thinking around the strategy for estate development, clinical zoning and estate liabilities;
- Ensuring that service led investment resolves related estate liabilities;
- Ensuring consistency between the Estate strategy, development control plan and service led development strategies;
- Critically reviewing 'short term fixes' in the context the longer term investment requirements for the Trust.