



*Our community,
we care, you matter.*



Frequently Asked Questions from Staff and the Public

October 2017

Site Related

Q. There is a problem with parking on the current Balfour site – will there be more spaces on the new site?

As part of the preparation for the business case for the new hospital and healthcare facilities a Traffic Impact Assessment survey was undertaken based on the numbers of patients, visitors and staff expected at the new site. This suggested that a total of 300 spaces are required. Based on this information 320 spaces will be provided on the new site, which is significantly more spaces than at present, with room for expansion should this be required in the future.

We will also be actively looking at public transport links into the site and pedestrian routes so they are available for those who need to or want to use these forms of transport. In line with public sector policy on green initiatives the Board will continue to encourage walking and cycling.

Q. Will you make sure there is plenty accessible parking?

There are set planning requirements in respect of the provision of accessible parking spaces. In addition we are very aware that as a health facility we will need a higher number of accessible spaces and are planning our overall accessible parking provision on this basis.

Q. Will there be a drop off area that you can drive a patient into that is near the GP, Dental and Outpatient areas?

Yes there will be dedicated drop off zones.

Q. What's happening to the old buildings on the Balfour site?

This is being discussed at the moment but they will be surplus to our requirements and any funds raised from their disposal will go to the Scottish Government.

Q. Will the Hospital be able to expand in the future?

The Robertson design for the new building includes identified areas for future expansion zones. In the first instance there are a number of internal spaces that can be converted from non clinical to clinical space without the need to extend the building footprint. However should further accommodation be required the horseshoe element of the building could be extended towards its opposite end to provide additional clinic space on the ground floor and additional in-patient accommodation on the first floor. Also, expansion of the Radiology department, should developments in technology and services require additional space, can be achieved by expanding the department footprint towards Foreland Road. These and other areas where the footprint could be expanded are illustrated below.



Clinical Areas

Q. Do we have to have single rooms, why can't we have shared bays?

National policy in Scotland is that all newly built hospitals have 100% single room provision. Although this is very different from what our patients are used to, it does have advantages, such as for infection control, and not needing to move male and female beds around between bays to make provision for new admissions. The design of the new building incorporates features to ensure that patients do not feel isolated and staff retain good observation and communication with all patients. The design incorporates social areas such as a dining/sitting area for patients who wish to spend time outside their rooms, but still in a safe clinical setting.

We are continuing to explore technology that would allow all alarms and buzzers to go directly to a hand set in the nurse's pocket as well as to a central base to further enhance patient and staff communication in the future.

Q. What are the bed numbers and how have you calculated the number required?

For the Outline Business Case in 2014 the Board's Director of Public Health commissioned a study by national experts of our activity and anticipated future requirements based on our bed usage, demographics and population profile. This information indicated that the new facility should have 47 inpatient beds, 2 assessment bays and a significant increase in day care and outpatient spaces. During the preparation of the Full Business Case in 2016, Information Services Division (ISD) Scotland undertook a refresh of the bed model. The model was updated with a further 3 years of hospital activity data and has the ability to take account of population growth, length of stay, bed occupancy and the percentage of patients whose discharge is delayed, projected to 2037.

The model was used to develop a range of population and bed occupancy scenarios projected to 2022, 2027, 2032 and 2037. These scenarios demonstrate that, with the exception of the most extreme scenario, which was run as a stress test, the bed model of 47 beds and 2 assessment bays is robust. However bed modeling techniques have limitations and figures projected beyond 15 years into

the future are less reliable, therefore NHS Orkney will look to revisit the bed model and run the scenarios with up to date data every three to five years.

On a day to day basis each ward in the new building will be a separate area but will have the ability to flex with its neighbouring ward and share beds depending on which area is busiest or quieter. This will give us the flexibility we need to manage our patient numbers. Clinical pathways are also being redesigned to ensure that where appropriate, people receive their treatment in community settings and stays in hospital only occur when clinically required.

In summary the 47 in-patient beds will be made up of 22 Acute beds, 16 Rehabilitation beds, 4 Cancer & Palliative Care beds, 4 Maternity beds, and 1 Mental Health Transfer bed. There will also be 2 assessment bays. In addition the new building will accommodate the Emergency Department, Renal Unit, Day Unit, Outpatients, and Day treatment areas.

Further information on the bed model and scenarios are included in the Full Business Case which can be accessed via the New Hospital and Healthcare Facilities page ([Publications/ Information /Newsletters](#)) on the NHS Orkney web page. (<http://www.ohb.scot.nhs.uk/>).

Q. How will the bed numbers cope with the ongoing problem of delayed discharges?

The issue of patients who no longer need to be in hospital but who require ongoing support or rehabilitation either in a community setting or at home is a UK wide issue for health and social care services. The integration agenda in Scotland places strategic responsibility for some hospital functions to be provided under the remit of an Integrated Joint Board. Such a body has been established jointly between NHS Orkney and Orkney Islands Council and has the role of ensuring people do not get admitted to hospital when they can be treated at home, and that people are able to be discharged once their hospital treatment is finished.

NHS Orkney and Orkney Island Council staff continue to be involved in the service modeling and focus on the development of community based services which will support patients in their own homes and communities. This includes a continued emphasis on

- a rehabilitation and enablement approach
- prevention of admission and early supported discharge
- reducing delayed discharges

There is recognition that these changes cannot be achieved by any one team on their own but requires an organisational wide integrated approach.

Q. Why is there no Physio Gym?

A 70m² large treatment room is provided which meets all the clinical requirements for cardio rehabilitation and exercise classes. The room can also be partitioned off into 3 smaller rooms if the whole area is not required so that others can access the space and we can maximize its use.

Q. Will there be an in-patient mental health facility?

There is currently no in-patient mental health facility in the Balfour Hospital. Patients who need to be admitted into this type of setting should be cared for by a whole team of specialist mental health staff with a wide range of expert skills. Due to the wide range of staff who make up these teams it is not possible to provide and maintain this type of very specialist care in Orkney. Patients needing this type

of care will continue to be cared for by skilled specialist teams in Hospitals such as the Royal Cornhill in Aberdeen.

Q. What provision will be made for Mental Health Patients awaiting transfer to the Royal Cornhill or elsewhere?

A priority for the health board is to provide safe and appropriate care and treatment for patients with mental health conditions. The arrangements currently in place in the Balfour Hospital will continue in the new hospital. The new emergency department will provide a place of safety, (as defined by the Mental Health (Care and Treatment) (Scotland) Act 2003). There will continue to be a designated transfer bed, where people can be cared for while awaiting transfer to specialist in-patient care at the Royal Cornhill Hospital in Aberdeen.

Q. Is there a helipad?

We had originally intended that there would be one, however once we examined the requirements in detail and consulted with the Civil Aviation Authority, Scottish Ambulance Service, Environmental Health and our own Consultants, it was decided that there was no clinical benefit in having one when the airport is so close. Few flights would actually use it, as the majority of our air transfers are by fixed wing aircraft which need the runway at the airport.

Q. Will all the equipment that has been donated over the years be transferred?

All equipment, whether purchased by NHS Orkney or donated, will be examined to determine whether it will be transferred, replaced, or whether it is no longer required due to changes in treatment and care.

Q. Will the Macmillan Unit be as private as it is now?

The Unit, which will care for cancer and palliative care patients, will continue to be a separate unit and will have its own private entrance. The privacy and dignity of people receiving treatment in this unit will be maintained. The bed flexibility provided by the design ensures that the unit will continue to maintain privacy and dignity of all its patients and indeed for all patients across the new facility. The unit will continue to provide a calm environment for all its users, their relatives and carers.

Q. Is there bedspace for relatives?

Yes – each patient bed room will have space for a “put you up” type bed and there is also a dedicated single room with ensuite toilet and shower which can be used by relatives.

Staff Areas

Q. Open plan office spaces are being planned for the new building, how will these work?

The majority of office space will be provided within a zoned area in the main hospital and healthcare building, on an open plan basis, in line with current national guidance. We very much recognise that this will require a change in working practices so have been meeting with all staff teams who will be office based so that they can identify their requirements. In addition there are examples of open plan offices elsewhere in the NHS which we are learning from. Key priorities are the management of noise, information security, and the ability to have confidential conversations.

Support Services

Q. Is it true that Switchboard is becoming fully automated?

The switchboard will continue to be a staffed facility.

Q. Will Catering be going out to tender?

No, NHS Orkney will continue to provide all catering services for patients, staff and visitors.

Information and Technology

Q. Will there be increased WiFi and mobile technology?

Yes. There will be WiFi access points at regular intervals and improved mobile phone connectivity, there will also be an increased focus on the use of mobile technology. Free Wifi access will also be available to patients and visitors to the new facility.

Q. Will IT Technology be the same as the rest of NHS Scotland?

IT requirements are a huge focus for the Project as we very much want to be able to utilise the technology that will improve service provision for patients and staff. We continue to speak to other Boards who are building new hospitals, and are incorporating proven IT solutions in our IT planning and design so that the new building benefits from the experience of other projects across NHS Scotland.

Q. The Board is moving to Electronic Patient Records – how it will work?

As part of the overall e-Health Strategy set out by the Scottish Government, NHS Orkney is already on this journey with an update to its patient administration system which went live in June 2015. Building a new health facility for the future presents a unique opportunity to progress this e-Health agenda in Orkney, with a timeline coinciding with the opening of the new facility. We will be developing new ways of working and electronic recording as we move towards the transition into the new facility.

Design

Q. What heating and energy will be used in the new building?

The primary power source for the new facilities is electricity from the grid powering heat pumps, with oil fired boiler plant as the backup system to provide resilience and to ease any operational spikes. The main plant is twin air to water heat pumps which are externally mounted and extract heat from the air and transfer that heat to circulating water. Each of the external units is connected to internally mounted water to water heat pumps which distributes the heated water through a second heat pump cycle. This increases the temperature of the circulating water to normal heating system levels which then feeds the heating and hot water demands of the building. There are also roof mounted solar panels designed to supplement the power drawn from the grid. This design meets the energy and carbon reducing targets that we as a Board need to comply with.

Q. How was the design of the building developed?

The Robertson design for the new facility is based on the detailed clinical briefs in which we set out our clinical and operational requirements. These clinical output specifications are based on all the information gathered from staff and public and have been signed off by clinical leads, ward, and service managers. We have specified every room in every department (including their sizes); which room needs to have access to which other room or space, and which departments must be next to each other. All the information provided by staff, patients and the public has been used to inform the functionality and design of the building.

Q. Are there meeting rooms available for public use?

Yes, meeting rooms/conference facilities in the new building will be available for public use and will have video conferencing and smart boards that can be used for presentations. These rooms will be able to link with staff, patients, and/or public in the outer isles or on mainland Scotland.

Q. Are there rest areas for staff?

As well as the restaurant and soft seating and vending areas, there are two separate staff rest room areas – one in the Emergency Department for use by Scottish Ambulance Service staff and on call staff, and a separate staff rest room area in the main building near clinical areas. In addition rest rooms are also provided in Theatres and in the Central Decontamination Unit.

Q. Although Building Standards set out what types of building materials should be used, how can you guarantee it will survive the Orkney climate?

Our tender documentation set out the requirements we expected all contractors to comply with, including our weather conditions, and the final tenders submitted for the project were evaluated against these criteria amongst others. These requirements now form part of the building contract and are monitored on site by an Independent Tester whose role includes ensuring that the construction materials and methodologies used meet our contract specifications. Further scrutiny during the construction period is provided by the Board's appointed Clerk of Works.

General Project Queries

Q. How many NHSO staff are actually working full-time on the Project?

The full time members of the Project Team are:

Ann McCarlie; Project Director

Albert Tait; Commercial Lead

Rhoda Walker, Clinical Programme Lead

Jim Taylor, Technical Lead

Debbie Lewsley, Project Administrator

In addition the full time project team is supported by an extended project team which includes Malcolm Colquhoun, Head of Hospital & Support Services, Christina Bichan, Head of Transformational Change and Improvement, Julie Nicol, Head of Organisational Change and Learning, Tom Gilmour,

Head of eHealth and IT, David Cowan IT Manager, Derek Lonsdale, Head of Finance, and Alan Scott, Estates Manager.

The Project Team also benefits from input from Mandy Ward, Hotel Services Manager, Mark Rendall, Operational Fire Health & Safety Manager, and Stewart Walls, Health & Safety Advisor. As the construction progresses the team will call on input from a range of clinical and operational services as planning for the transfer of services and occupation of the building is developed.

Q. What will the new Hospital be called?

We have not yet decided on a name and we are inviting the public to be involved in choosing the most appropriate name. At our stall at the 2017 County Show we received just over 190 suggestion slips with 89% favoring “Balfour Hospital” or “The Balfour”. This feedback will be included in the process to name the new building.

Q. Will there be a shop?

A shop is included in the in the reception area of the building.

Q. Does the 25 year contract guarantee the state of the building at handover?

Yes, as the contract sets out the maintenance and replacement requirements to be met by Robertson throughout the 25 year period.

Q. If the building expands in the next 10-20 years does it affect the 25 year contract with Robertson?

Any changes to the scope and conditions of the contract will be negotiated and agreed prior to those changes taking place.

Q. Will there be a Chapel and Memory Garden?

There will be a multi faith area to provide quiet, reflective or spiritual space.

Q. Will there be funding for staff training?

Service leads are working on service models going forward. Skill requirements identified through this process are being e addressed through our usual human resources workforce planning processes. In addition there will be a comprehensive programme of familiarisation sessions for each department so that staff are totally familiar with the layout of the new building and its functionality before we formally move in.

Q. How much input did staff and public have in the final design?

Even before we went out to bidders with proposals, staff were heavily involved in developing the clinical output specifications which formed the design brief. These clinical specifications and room data sheets, which identify what is needed in every room in the facility, were approved and signed off by senior charge nurses, senior managers and senior clinical leads. These specifications formed the core of the Robertson design which was evaluated against the clinical and operational functionality and adjacencies set out in the specifications.

Following the appointment of Robertson as the Preferred Bidder, the plans were shared with staff and the public. Due to the nature of the competitive dialogue and design process which was undertaken to that stage, the design of the building was very nearly complete. However staff had the opportunity to

review and comment on the clinical and functional design features and a number of changes were made to ensure that the design met our clinical and operational requirements. The public had the opportunity to view the overall building design and comment as part of the normal planning process. This included a number of opportunities for the public to view the design and plans based on the input and detailed requirements provided by staff, patients and public as part of the development process.

Q. Will the appointed contractors employ local people?

Part of the contract that the Board has entered into with Robertson sets out a range of community benefits which includes jobs created for local people and the use of local apprentices during the construction period and beyond. In addition Robertson has contracted with a number of local firms and businesses providing construction and support services on site.

Q. How will you make sure that the building can be adapted for any changes in building regulations, IT, services etc?

The Project Team and the Board's appointed advisors worked with a number of agencies, including the Scottish Futures Trust, Architecture and Design Scotland and Health Facilities Scotland during the course of the design stage and during competitive dialogue to ensure that any foreseen changes in legislation, health & safety, infection control and building regulations were incorporated. Similarly, any emerging technologies in terms of IT, clinical technology or practices continue to be monitored to see which apply to local services.

Q. Entertainment centres at each bed are so expensive to use – will you have these?

No, we will not have bedside pay-for-view services as you may have seen or experienced in other hospitals. Instead all patients will be able to use their own devices such as laptops, tablets and smart phones to access entertainment and other services through the hospital public wifi system. In addition we intend that all in-patient rooms and some treatment areas such as the Renal Unit will be provided with Freeview TVs.

Q How is the construction being funded?

The new facilities are being provided under an NPD (Not for Profit Distribution) contract. The Scottish Government has allocated significant funding to NHS Orkney to make advance pre-payments of service charges during the early years of the contract. Robertson will construct and maintain the building for the 25 year contract period and then hand it back to the Board in good condition. The advance pre-payment of service charges means that the Board will only be paying for the maintenance aspects of the building over the 25 year contract period.

October 2017

If you would like further information please contact the Project Team
Email - ork-hb.projectteam@nhs.net Telephone – 888207/888902