

## Design options

The trust has narrowed down four design options for the new hospital:

1. Refurbishing existing buildings to make them more suitable for delivering patient care.
2. Developing two storey ward accommodation, with 14 new wards, and utilising four existing wards. The listed buildings Kent House, Dorset House and Central Hall would become a central therapy mall for patients to visit throughout the day.
3. Developing two storey ward accommodation, with 16 new wards, and utilising two existing wards. The listed buildings Kent House, Dorset House and Central Hall would become a central therapy mall for patients to visit throughout the day.
4. A complete rebuild of the hospital to the south east of the existing site. While this option is the most expensive, it offers a range of options for patients and the wider NHS which the trust is keen to explore.

Our preferred option, four, is a complete rebuild – in effect, a new hospital. It addresses all of the shortcomings of the current accommodation by developing purpose-built accommodation designed to 21st century mental health care specifications. It would mean building outside the secure perimeter, which would minimise both disruption to the operation of the hospital.

## Visions and values

Our vision for Broadmoor Hospital:

“To provide a safe, secure and therapeutic environment which delivers active engagement, rehabilitation and recovery, through high quality care and treatment, for the benefit of patients, carers and the safety of the public.”

This vision is underpinned by the following core values:

- Respect
- Partnership
- Self responsibility
- Honesty
- Autonomy
- Teamwork
- Humanity
- Valuing achievements

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# Broadmoor Hospital redevelopment

Outline business case



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Broadmoor Hospital provides mental health services in conditions of high security for men from London and the South of England. It is one of three high security psychiatric hospitals in England, the other two being Ashworth and Rampton.

## Background

Built in 1863, the hospital provides beds for 244 male patients. The average patient stay is about six years.

Most of the buildings were built in the Victorian era, and while the trust continues to do all it can to address their limitations, the patient accommodation is not fit for modern mental health services and it is clear that a complete redevelopment of the hospital is crucial in the longer term.

The Commission for Healthcare Improvement (CHI) described the current hospital accommodation as 'unfit for purpose' in 2003.

The trust has now submitted an Outline Business Case for the redevelopment of the hospital, which will provide 266 beds for patients from London and the South of England. The Strategic Outline Case for the redevelopment of Broadmoor



A view of how the new hospital might look

Hospital was approved by the Secretary of State for Health in November 2005.

Since this approval, we have undertaken a substantial amount of work in the development of a vision and new clinical model for the redevelopment programme.

We recognise that Broadmoor Hospital has an international reputation and we have been fortunate to include a range of healthcare professionals from America, Australia and Europe in the development of our new clinical model.

## Outline business case

The Outline Business Case aims to deliver the agreed clinical model, and we have reviewed four short-listed options.

These range from a development within the existing secure perimeter, to a new build option to the south east of the existing hospital site.

## Clinical model

A new clinical model for the hospital's patients has been developed as part of the redevelopment process.

The innovative model has been developed following consultation across the hospital, the wider NHS and public sector and with our international panel of mental health experts.

The new model is aimed at more active engagement with patients. It will mean a clearer patient pathway, with an ongoing partnership between the hospital, medium secure units and the prison service throughout the patient's stay until discharge.

The clinical model is designed around risk reduction, and the safety of the public, patients and staff.