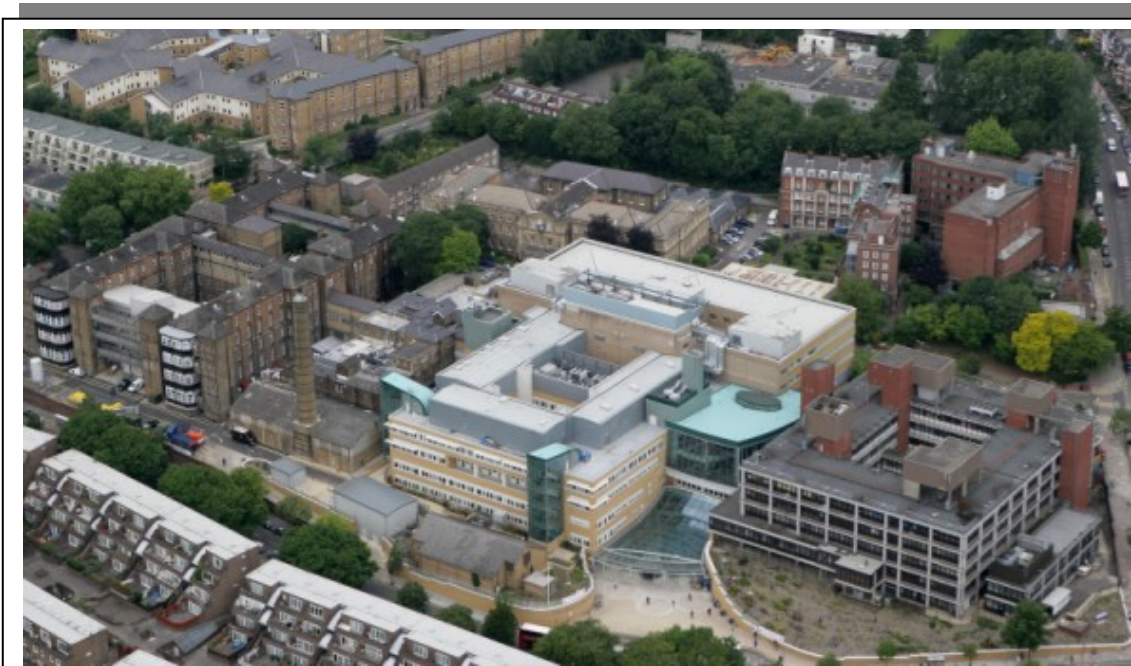


Whittington Hospital NHS Trust

Estates Strategy

2009-2014



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| Section | Title | Page Number |
|----------------|--|--------------------|
| 1 | Executive Summary | 2 |
| 2 | Introduction | 4 |
| 3 | Where are we now? | 5 |
| 3.1 | Current estate | 5 |
| 3.2 | Site plan | 5 |
| 3.3 | Condition appraisal | 7 |
| 3.4 | Environmental impact | 10 |
| 3.5 | Patient experience | 11 |
| 3.6 | Estate occupancy costs | 11 |
| 3.7 | Estate value | 11 |
| 3.8 | Service profile | 12 |
| 3.9 | Residential accommodation | 12 |
| 3.10 | Progress against 2008/9 estate development objectives | 13 |
| 3.11 | Conclusion | 14 |
| 4 | Where do we want to be? | 15 |
| 4.1 | Strategic Objectives | 15 |
| 4.2 | Role of the Estates Strategy | 16 |
| 5 | How do we get there? | 17 |
| 5.1 | Investing in the estate | 17 |
| 5.2 | Priorities for 2008/9 | 18 |
| 5.3 | Monitoring progress | 21 |
| 5.4 | Risk management | 21 |
| | Appendices | |
| A | Environmental targets | 22 |
| B | Occupancy costs | 23 |
| C | Estate performance | 24 |
| D | Backlog summary | 28 |
| E | DV report | 29 |
| F | Capital programme | 30 |
| G | Environmental performance | 36 |
| H | Accommodation | 40 |
| I | Trust KPI | 46 |
| J | History of the hospital | 55 |
| K | A brief history of development control and block descriptors | 56 |

1. Executive Summary

- 1.1 The objective of this Estates Strategy is to support the delivery of the Trust's Business Plan and in so doing deliver both national and local health objectives.
- 1.2 The Whittington Hospital is situated in the London Borough of Islington and is located on a site of 4.6 hectares between Dartmouth Park Hill to the west, Highgate Hill to the east, a primary school to the north and Magdala Avenue to the south. The site is densely developed with a mix of Victorian and contemporary hospital buildings. It provides a range of in-patient wards, ambulatory services, the emergency department, residential accommodation, administration and other support departments.
- 1.3 The six facet survey undertaken in 2007, and subsequently updated, shows:
- The majority of the estate backlog (80% by value) lies in blocks C, D, E, K and H;
 - That functional suitability is an issue in blocks D and E;
 - The functional suitability in L block (PFI) is poor and is related primarily to single sex accommodation issues;
 - The site is well used (80%);
 - The Trust can address 20% of it's outstanding regulatory works by investing in D block;
 - Almost 50% of the estate has an energy performance of B or better;
 - J block is impaired and estimated to cost c£10m to bring back into use.
- 1.4 The key drivers for change in the Trust estate over the five years of the Strategy are:
- Ensuring the Whittington Hospital is the 'hospital of choice for local people'.
 - Implementation of 'Healthcare for London' and its impact on services provided at the Whittington Hospital.
 - Estate developments playing a full part in supporting financial strategies.
 - Meeting targets for energy efficiency and sustainability.
 - Providing a safe, clean, accessible and attractive NHS estate in order to provide a suitable environment for health care and to sustain the Trust's reputation with local people.
- 1.5 The aim of the estates strategy is to support the Trust to deliver the Trust's objectives. The trust has ten strategic objectives, which provide the building blocks for delivering the trust's vision. The ten objectives are given as:
- i) To consistently meet regulated standards of clinical care, delivered through a framework of well governed systems and processes;
 - ii) To improve operational management to achieve resource efficiencies and continuous service improvement;
 - iii) To deliver excellence in customer care by being caring and responsive in every patient contact;
 - iv) To provide a sustainable environment for the delivery of healthcare, by modernising and improving the clinical estate;
 - v) To position the Whittington as the hospital of choice for local people, through being an integral part of the local community's health resource;
 - vi) To employ competent, motivated staff who place the interests of patients first
 - vii) To achieve recurrent financial balance and a surplus on an annual basis;
 - viii) To collaborate with other agencies to shape the delivery of healthcare in the locality.
 - ix) To reduce hospitalisation (admissions and length of stay);

-
- x) To develop and deliver a sustainable programme of teaching and research activities by strengthening academic links with educational partners.
- 1.6 In supporting these objectives, the estates strategy has identified the following priorities for investment:
- To improve and expand facilities with a focus on: maternity and NICU; Health Care Associated infection and meeting patient expectations.
 - To eradicate backlog maintenance to provide a sustainable environment for the delivery of healthcare.
 - To improve the performance and efficiency of the estate's buildings with a focus on the carbon reduction strategy.
- 1.7 The five-year capital programme shows the prioritisation of investment against the business plan, with investment planned for 08/09 as follows:
- Backlog maintenance;
 - Improving the performance and efficiency of the estates' buildings;
 - Service improvements:
 - Development of Endoscopy Processing Unit
 - Development of Instrument R&D point in Theatres
 - Purchase of 2 endoscopy washer
 - Relocation of in-patient physiotherapy gym
 - Completion of midwifery-led birthing unit
 - Laboratory upgrade
 - Ward upgrades
 - Improvements to antenatal outpatient accommodation.
- 1.8 A number of additional areas have been identified which will require further consideration and development work before an investment decision can be taken. A future decision to invest in these areas could impact on the current 5-year capital programme as described in Appendix F. Areas for further consideration identified at this stage are as follows:
- Development of Training and Education Centre;
 - Strategy for provision of on-site residences;
 - Long-term solution for storage of records;
 - Rationalisation of non-clinical office accommodation.
- 1.9 Furthermore, any future development plans for the Whittington site will need to be reviewed in the light of the current North Central London reconfiguration discussions which also include: other Trusts in the local health economy; commissioning organisations including Islington and Haringey PCTs; and both the Universities, Middlesex and University College London.
- 1.10 The Trust has made a large investment in PFI redevelopment on the main site and seeks to ensure maximum return in terms of activity volumes, overall throughput and patient/staff satisfaction
- 1.11 In addition, the Trust will support the regenerative initiatives hosted by the London Borough of Islington and will work in partnership with public, private and not-for-profit sectors to achieve civic and community benefits as part of its Corporate & Social Responsibility obligations.

2. Introduction

This document sets out the Whittington Hospital Estates Strategy 2009-2014. The Trust is required to;

- i) develop a Board approved estate strategy;
- ii) use the strategy to support business case development;
- iii) satisfy the National Audit Office by producing a strategy.

2.1 What is an Estates Strategy?

2.1.1 An estate strategy is a plan for the current and future development/management of the hospital's estate.

2.1.2 A well thought-out estate strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs.' (Developing an Estates Strategy, NHS Estates, 2005)

2.1.3 The purpose of the strategy is to describe the current performance of the estate, the priorities for investment and how they will support the Trust to achieve its corporate objectives.

2.2 Structure of the strategy

2.2.1 This document is structured to answer the following three questions:

2.2.2 Where are we now?

- The condition and performance of the existing estate.

2.2.3 Where do we want to be?

- The changes required to deliver the trust's business plan and improve trust key estate performance indicators.

2.2.4 How do we get there?

- A five year investment plan aimed at supporting the delivery of the Trust's objectives, addressing backlog and plant replacement issues, reducing carbon emissions and improving the condition of parts of the estate.

2.3 Monitoring Progress and Risk Management

2.3.1 The strategy provides a series of targets, in terms of estate performance indicators, that will enable the trust to monitor progress, and allocate resources towards achieving its key objectives.

2.3.2 Consideration has been given to the impact of investments not taking place as described and these risks are included in the Trust Risk Register and the Board Assurance Framework.

3 Where are we now?

3.1 The current estate

- 3.1.1 The Whittington Hospital is situated in the London Borough of Islington and is located on a site of 4.5744 hectares between Dartmouth Park Hill to the west, Highgate Hill to the east, a primary school to the north and Magdala Avenue to the south. It occupies a single site between the urban centres of Archway to the south (¹/₄-km) and Highgate Village to the north (¹/₂-km). The closest underground station is Archway on the Northern Line and numerous bus routes pass or terminate close to the hospital.
- 3.1.2 The site is densely developed with a mix of Victorian and contemporary hospital buildings. It provides a range of in-patient wards, ambulatory services, the emergency department, residential accommodation, administration and other support departments. There is one grade II listed building (The Jenner building).
- 3.1.3 Highgate Wing lies in the Borough of Camden and is also located within a conservation area. This building is currently leased from a private landlord.
- 3.1.4 The buildings have a total floor area of 69,109m² with a value in existing use of £67m (DV report 2005). The estate is due to be revalued in 2009.
- 3.1.5 The postal address of the hospital is:
The Whittington Hospital
Magdala Avenue
London
N19 5NF

3.2 Site plan

- 3.2.1 The estate consists of:
Highgate Wing, Dartmouth Park Hill (leased from a private Landlord)
Block A – In-patient, diagnostic and critical care (PFI)
Block C – Main Boiler House/Goods In/CSSD
Block D – Ward Areas
Block E – Ward Areas
Block F - Administration
Block G - Teaching
Block H – Nursing Acc/Social Services/Physiotherapy/Occupational Therapy
Block J – Waterlow Unit
Block K – ED/Diagnostics/Pathology/Outpatients
Block L – Ward Areas and Day Treatment Centre
Block M – In-Patient Therapy Unit
Block N – Chapel and Clinical Offices
Block P – Ward Areas
Block Q – Occupational Health
Block R – Oil Storage
Block S – Doctors Accommodation
Block U – Energy Centre
Block W – Mortuary
Block X - Medical Records Store

3.2.2 The general layout of the site is shown in below. Figure 3 shows an aerial view of the hospital.

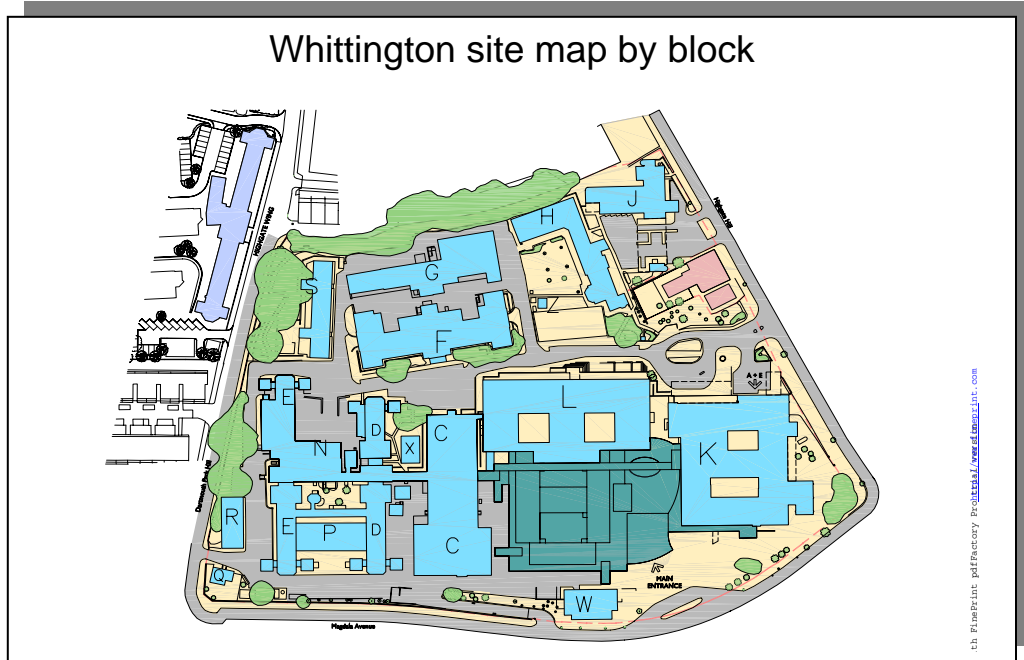


Figure 3; Site plan identifying blocks by letter

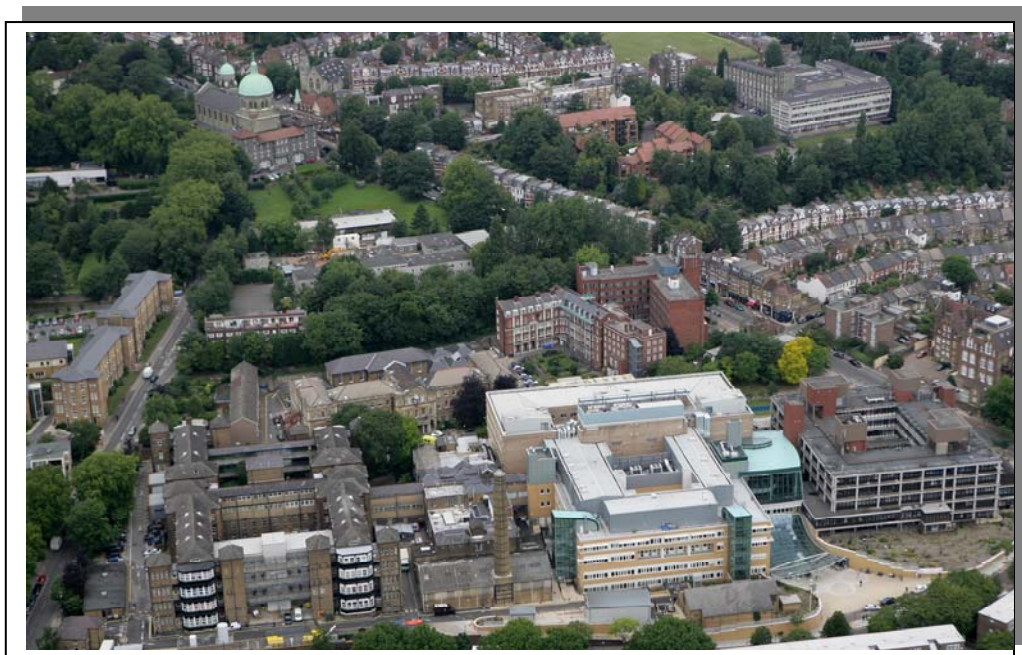


Figure 4: Aerial view of site – looking north (July 2007)

3.3 Condition Appraisal

3.3.1 Six Facet Survey and Estate Key Performance Indicators

In 2007 the Trust commissioned a six-facet survey. This survey has been updated to reflect investment made during 2008/9 and is summarised in the table below.

| Measure | Condition | Backlog by value | |
|-------------------------------|---|---|---|
| 1. Physical condition | A=18.6% B=56.8% C=2.8% D=21.6% E=0.2% | Whole site backlog H backlog C, D, and E backlog K backlog L backlog Site backlog | £12.67m £0.68m £4.92m £3.5m £0.75m £0.75m |
| 2. Functional suitability | A=0.4% B=73.4% C=25.2% D=1.0% | Whole site backlog C, D and E backlog L backlog | £4.27m £2.53m £2.47m |
| 3. Space Utilisation | Empty=12.4% Underused=3.2% Fully Used=79.2% Overcrowded=5.2% | Whole site backlog D and E backlog L backlog | £4.4m £1 m £2.8m |
| 4. Quality of the Environment | A=0% B=87.4% C=12.6% D=0% | Whole site backlog C, D, and E backlog L backlog | £220,000. £75,000 £82,000 |
| 5. Statutory Requirements | A=0% B=85.1% C=14.9% D=0% | Whole site backlog D Backlog F Backlog U backlog Site backlog | £800,000 £125,000 £125,000 £115,000 £383,000 |
| 6. Environmental performance | A=1.2% B=46.5% C=52.1% D=0.2% | Whole site backlog K backlog L backlog | £400,000 £184,000 £265,000 |

Table 1; Summary of conclusions from the 2007 Trust six-Facet Survey-detailed in appendix B

3.3.2 The survey illustrates:

- The majority of the backlog (80% by value) lies in blocks C, D, E, K and H
- That functional suitability is an issue in D and E
- The functional suitability in L block (PFI) is poor and is related primarily to single sex accommodation issues
- The site is well used (80%)
- The Trust can address 20% of it's outstanding regulatory works by investing in D block
- Almost 50% of the estate has an energy performance of B or better
- J block is impaired and estimated to cost c£10m to bring back into use.
- Total site backlog estimated to be £24m (excluding 'J' block)

3.3.3 Historical Investment

The table below shows the capital investment made over the past 5 years

| | 2004/5 | 2005/6 | 2006/7 | 2007/8 | 2008/9 | Total by type |
|------------------------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Medical Devices | 1,500 | 720 | 2,000 | 2,070 | 600 | 6,890 |
| IM&T | 450 | 144 | 2,100 | 1,340 | 742 | 4,776 |
| Non-estates total | 1,950 | 864 | 4,100 | 3,410 | 1,342 | 11,666 |
| Backlog | 316 | 35 | 1,422 | 1,690 | 1,601 | 5,064 |
| Legal | 108 | 0 | 648 | 457 | 371 | 1,463 |
| Improvement | 516 | 690 | 626 | 2,959 | 1,570 | 6,038 |
| Estates Total by year | 940 | 725 | 2,696 | 5,106 | 3,542 | 12,565 |
| Total CRL | 2,890 | 1,589 | 6,796 | 8,516 | 4,884 | 24,231 |

3.3.4 Physical Condition

3.3.4.1 In the past 5 years the trust has invested £5.064 million on backlog, £1.4 million on legal and statutory improvements and £6 million was spent by the trust on improvements associated with delivery of the trust business objectives.

3.3.4.2 The current estimate of condition backlog is £13.22m. The six-facet survey shows that blocks C, D, E, H, and K contain most of the backlog (by value).

3.3.4.3 The Waterlow Building (J block) was transferred to the ownership of the trust in 1999 as part of a property swap with the Camden and Islington Mental health trust. At the time it was intended that departments in the Highgate Wing on Dartmouth Park Hill would relocate to the Waterlow building upon completion of a new purpose build mental health unit, also on Dartmouth Park Hill. In the event this transfer did not take place due to the poor condition of the Waterlow building. Ownership of Highgate Wing was transferred to a private landlord with the Whittington Hospital NHS Trust as tenants.

3.3.4.4 In 2007 J block was impaired and it remains empty. Access is maintained for Hospital Radio, which retains a base in the building, and for mobile phone companies that have aerial arrays on the roof. In addition a number of departments store archived records that are accessed from time to time.

3.3.4.5 No backlog costs are contained in the 6-facet survey for J block. However separate indications are that the cost to bring the building back into use would be in the region of £10m

3.3.5 Functional Suitability

3.3.5.1 The opening of the new wing (A block) in 2006 allowed several wards to transfer from old open nightingale style stock, into new purpose-built accommodation, that has a high proportion of single rooms and four bed bays with single sex ensuite facilities.

3.3.5.2 In 'L' block there is a predominance of mixed sex accommodation. Although the PFI consortium manages this building, the cost to convert the wards in order to be suitable for single sex accommodation will fall to the trust. This work is seen as a priority for 2009/10.

3.3.5.3 In 'D' and 'E' block the issues are different. These blocks are the remains of the old Victorian Hospital and consequently the wards are open plan 'nightingale' type. Although single sex is not an issue here, the predominance of open wards means that the accommodation falls short of the standards expected in a modern health care facility. The sum identified, as backlog, is the additional amount required over and above the pure condition backlog to reconfigure wards to create a predominance of 2 and 4 bed bays with en-suite sanitation.

3.3.6 Space Utilisation

3.3.6.1 The delivery of the cost improvement programme is dependant on efficiencies made through improved length of in-patient stay and the further reduction in bed base in 2009/10. Significant progress is being made with addressing the remaining mixed sex wards and patient care will be delivered through more modern single sex accommodation within 'L' block.

3.3.6.2 A programme of works is planned for 2009/10 that will improve single sex compliance on 'L' and reduce bed numbers by 9 beds.

3.3.7 Quality of the environment

3.3.7.1 The six-facet survey demonstrates that the opening of 'A' block has significantly improved the quality of inpatient and diagnostic accommodation.

3.3.7.2 Investment in the quality of the environment over the passed 5 years has resulted in an improvement to amenity, appearance and comfort engineering.

3.3.8 Statutory requirements

3.3.8.1 Investment in new facilities has significantly improved the accessibility of the trusts services for both patients and staff.

3.3.8.2 The Trust commits an annual sum from its Capital Resource Limit to legal and statutory compliance schemes, in terms of both Fire and Health & Safety.

3.3.8.3 Statutory backlog lies mainly with the energy centre, blocks C, D, and E and with site externals.

3.3.9 Environmental Performance

3.3.9.1 In terms of energy consumption, the trust performs well from 31,740 sq metres of its properties, with a performance rating of 56 to 65GJ/100 m³ (rated 'B' for performance). The remaining 35,535 square metres attract a rating of 66 to 75GJ/100 m³ (rated 'C' for performance).

3.3.9.2 Energy Performance Certificates have been produced for the family flats in S Block, to facilitate change of tenants and Display Energy Certificates have been produced, as site wide assessments for 2008.

3.3.9.3 Individual building Display Energy Certificates will be produced for October 2009. Currently the site is rated 'E' (101 – 125) against a typical standard of 100. Figures used for the assessment were taken from 2007-2008 ERIC returns. The Trust is preparing to become part of the Carbon Reduction Commitment and has recorded, for 2007-08, Carbon Dioxide Emissions from electricity and gas of 9,391 tonnes.

3.3.9.4 The Trust has developed and adopted a Carbon Reduction Strategy intended to meet the government targets for carbon reduction. The strategy sets out a plan that will deliver a reduction in carbon emissions of 900 tonnes over five years from 2009/10 to 2014/15. The strategy addresses all the main elements expected within such a document. A case for investment in measures to reduce direct emission of carbon into the atmosphere is made over the 5-year period and this investment is identified within this estate strategy.

3.3.10 Estate KPIs (Radar Charts Appendix I)

3.3.10.1 Detailed analysis of benchmarked estates performance indicators is contained in appendix I and is summarised in the table below:

| Performance indicator | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|--|---------|---------|---------|---------|
| Income £10/m ² | 170 | 258 | 262 | 261 |
| Activity/100m ² | 70 | 85 | 85 | 87 |
| Asset Value £10/m ² | 156 | 185 | 141 | 140 |
| Occupancy Cost £/m ² | 143 | 214 | 210 | 213 |
| Capital Charges £/m ² | 98 | 149 | 146 | 134 |
| Rent & Rates £/10m ² | 175 | 180 | 203 | 291 |
| Land £/m ² | 557 | 430 | 427 | 415 |
| Building £10/m ² | 87 | 127 | 79 | 82 |
| Equipment £/m ² | 127 | 151 | 189 | 168 |
| Depreciation £/m ² | 56 | 89 | 86 | 73 |
| Critical Backlog £/m ² | 111 | 63 | 50 | 37 |
| Risk Adjusted Backlog £/m ² | 114 | 68 | 53 | 47 |
| Total Backlog £/m ² | 167 | 258 | 247 | 194 |
| Energy/Utility £/10m ² | 127 | 215 | 191 | 183 |
| Maintenance Costs £/10m ² | 140 | 259 | 247 | 314 |

3.3.10.2 The Whittington Hospital performance indicators are generated through the ERIC system. (Full details of the KPIs are contained in **Appendix I**). In comparison with peers, the trust performs well (green) in two measures; capital charges and maintenance costs. The trust performs less well (amber) in eight measures: Income; rent and rates; equipment; depreciation; backlog; and energy and utilities. The trust underperforms (red) in five measures: activity; asset value; occupancy costs; land value; and building costs. The performance indicators confirm that the Trust has higher than desirable backlog figures.

3.4 Environmental Impact

3.4.1 The Whittington Hospital occupies 4.29 hectares. The total heated volume of the estate is 164,262m³ distributed across a number of multi-level buildings all of varying ages and construction. The site is bounded by residential streets to all sides and is close to the A1 main road.

3.4.2 The hospital is a focus for activity 24 hours a day, 365 days of the year. It is inevitable that it does have an impact on the borough and our immediate neighbours.

- 3.4.3 In line with government policy, the Trust has developed a Carbon Reduction Strategy that is aimed at reducing carbon emissions from trust activity. The strategy identifies investment needed in adopting physical changes to the estates and changes to infrastructure to reduce carbon emissions by 10% based upon 2007 emissions (900 tonnes). The key points of the strategy are contained in Appendix A.
- 3.4.4 The hospital is a significant user of fossil fuels as well as water. **Appendix G** contains the hospital energy characteristics.
- 3.4.5 Much of the estate heating requirements are met through centralised steam raising plant and distributed throughout the site via common infrastructure. Due to the centralised nature of the main boiler plant and subsequent distribution, some energy is lost. In 2007 the trust approved a plan to decommission the steam boilers and to install a series of decentralised LPHW boiler systems for those blocks still supplied by steam.
- 3.4.6 K Block, L Block, and A block receive hot water and heating services from modern dual fired boiler plant run from the PFI provider. The Trust will continue to decentralise heating and hot water services to outlying buildings during 2009/10.
- 3.4.7 The hospital uses a building management system to monitor electricity use, heating temperature regulation and environmental control. The system is also used for monitoring consumption of energy and utilities and setting targets to reduce consumption and impact of the Trust on the wider environment.

3.5 Patient Experience

- 3.5.1 The Trust is investing in a range of systems which gather information on patients' perceptions of the Trust and the services that are provided. Information gathered from trust membership, and via the PALS service suggests that:
- for many visitors parking transport to and from the trust is an issue;
 - that the environment of the maternity wards and ancillary areas is a cause for complaint;
 - Overheating of wards is a concern.
- 3.5.2 As a result of governor concern, a project to improve access to services will be started in 2009/10 looking at such issues as Wayfinding, rest areas, and refreshment points and so on.
- 3.5.3 As the patient experience system is rolled out and embedded within the organisation more information will become available about what concerns our patients and visitors.

3.6 Estate occupancy costs (Appendix B)

- 3.6.1 The Estate costs amount to c£16.419m each year, of which £3,926m represents the non-pay cost to maintain the estate, with a further £4.158m paid to the PFI consortium as part of the unitary charge.

3.7 Estate Value

- 3.7.1 The District Valuer (DV) has provided an assessment of the value of the hospital both in terms of existing use and open book value. The DV report is summarised in **Appendix C**. The estate value (worth in existing use) was estimated to be £61 million in 2005. The estate is currently undergoing a revaluation and details of this will replace those currently presented when they become available in 2009.

3.8 Service Profile

The Whittington Hospital NHS Trust is a medium sized acute general teaching hospital, with a core of 385 beds (including labour ward/recovery and NICU/SCBU cots), and an additional 69 beds/cots which provide additional capacity/decant capacity as required. (See appendix H). The Whittington Hospital provides a wide range of services including:

- accident and emergency care
- critical care
- acute inpatient medical care
- acute inpatient surgical care
- care of the elderly services
- day surgery and medical day case procedures
- obstetrics and neonatal services
- paediatrics
- direct access imaging and pathology services
- outpatient services and the management of chronic diseases.

3.8.1 Activity levels for 2008/9 were as follows:

| | |
|-------------------------------|--|
| Inpatient and Daycase (FCEs): | 48,273 (of which 16,952 were day cases) |
| Outpatients (attendance): | 324,382 |
| A&E Department (attendance): | 77,386 |

3.7.3 The Trust is also one of the largest centres for training and accreditation of health professionals of varied disciplines in addition to its more widely recognised role in undergraduate education.

3.9 Residential Accommodation

3.9.1 The Trust has sufficient accommodation for single medical staff and key workers, split between an on-site residence ('H' block – 79 single rooms and 'S' block – 5 family rooms and seven, three bed cluster flats), and 124 units in 6 bedroom cluster flats in Sussex Way

3.9.2 In addition to this, the trust offers 5 flats suitable for families in 'S' block (doctors residence).

3.9.3 The rental profile for 2009/10 is as follows:

| Location | Cost per Month (£) |
|---|--------------------|
| Sussex Way | 522 |
| Nurses Home (undecorated – qualified staff) | 223 |
| Nurses Home (decorated - qualified) | 263 |
| Nurses Home (undecorated – students) | 191 |
| Nurses Home (decorated – students) | 229 |
| Nurses Home double | 382 |
| Drs Residence (Flats 1,2,7, and 8) | 1,070 |
| Drs Residence (Flats 5 and 12) | 894 |
| Drs Residence (rooms) | 314 |
| Guest day rate | 16 |

3.10 Progress against 2008/9 estate development objectives

3.10.1 In 2008/9, the aims of the trust in terms of estate development were as follows:

| 2008/9 Aim | Outcome |
|---|--|
| To open a new Day Treatment Centre | The unit was opened in April 2008 |
| To redevelop and expand neonatal intensive care unit | A new special care baby unit opened in November 2008, |
| To open a new segregated paediatric emergency department | The new Paediatric Emergency Department opened in December 2008 |
| Healthcare acquired infection; investment in old Victorian stock will not only improve the standard of accommodation at the trust can offer patients, but will also allow the introduction of finishes, fixtures and fittings that will enable improved levels of cleaning helping to deliver on this important objective | Investment was made in refurbishment of ED with new floors, walls and wash hand basis (£113,000) The trust mop and mattress decontamination centre was refurbished (£100,000) A new equipment washer was installed and commissioned in March 2009. The service is expected to start in April 2009 (£177,000) |
| Improving the energy efficiency; primarily through the reduction in building stock of poor quality, and through the replacement of obsolete steam raising boiler plant with modern decentralised systems. | Phase I of boiler decentralisation was completed with the nurses home and Jenner/Trevor Clay installed with new boilers.(£1,200,000) |
| Reducing backlog maintenance; through investment of block capital and the £23.5 million maternity development, significant amounts of backlog will be reduced | Improvements were made to some maternity wards, the Labour Ward and a new Midwifery day unit opened in October 2008. The creation of a Midwifery-led Birthing Unit began and will open in May 2009. Long term plans for maternity have been revised further. |
| Full compliance with the Health and Safety and Fire requirements; through investment of the £23.5 million maternity development fund, full compliance with health and safety and the requirements of Firecode will be achieved. | Works to 'K' block were completed to address risks arising from an inspection under the RRO. Long term plans for maternity have been revised further. |
| To improve Functional Suitability and Space Utilisation and Quality; by investing in maternity services considerable improvements in both functional suitability and space utilisation are anticipated | Construction of a new Midwifery lead Birthing Unit (MLBU) was started.(£1,000,000) Long term plans for maternity have been revised further. |
| To improve access for disabled people. | Installation of new automatic doors to the Jenner Exit, the Jenner Building and the Highgate Wing was completed. |

- 3.10.2 The trust made considerable progress against the 2008/9 objectives. As well as investing in improvements to infrastructure and the physical environment, the trust was able to address service improvement needs including expanding capacity in women's' and children's' services through the Special Care baby Unit, the Maternity Day Unit and the Midwifery Led Birthing Unit.

3.11 Overall Conclusion

- 3.11.1 The accommodation is made up of from buildings ranging in age from Victorian to those constructed in the present day.
- 3.11.2 Those buildings constructed in the Victorian era are in the poorest condition and have not been modernised to meet present day standards.
- 3.11.3 The trust achieved its annual objectives in 2008/9 in terms of estate investment both in infrastructure and improvement. This has resulted in a significant improvement in the key performance indicators evidenced in the radar charts provided through the ERIC returns.

4. Where Do We Want To Be?

4.1 Meeting the Strategic Objectives of the Trust's Business Plan

- 4.1.1 The Whittington provides a range of acute services, which complement those of the major acute and specialist hospitals within the local health economy. This portfolio of services provides an ideal basis on which to develop, in partnership with both commissioners and providers of healthcare, as 'the hospital of choice for local people'.
- 4.1.2 The Trust's business plan identifies the key strategic themes that will underpin the Trust's successful development as follows:
- The care is at the right time, in the right place by the right people through the development of integrated care and service delivery with community and tertiary care healthcare partners.
 - The provision of planned treatment on a one-stop and day case basis wherever possible.
 - The improvement and expansion of maternity and neonatal facilities to meet the increased demand for these services.
- 4.1.3 The trust has ten strategic objectives, which provide the building blocks for delivering the trust's vision. The ten objectives are given as:
- i) To consistently meet regulated standards of clinical care, delivered through a framework of well governed systems and processes;
 - ii) To improve operational management to achieve resource efficiencies and continuous service improvement;
 - iii) To deliver excellence in customer care by being caring and responsive in every patient contact;
 - iv) To provide a sustainable environment for the delivery of healthcare, by modernising and improving the clinical estate;
 - v) To position the Whittington as the hospital of choice for local people, through being an integral part of the local community's health resource;
 - vi) To employ competent, motivated staff who place the interests of patients first
 - vii) To achieve recurrent financial balance and a surplus on an annual basis;
 - viii) To collaborate with other agencies to shape the delivery of healthcare in the locality.
 - ix) To reduce hospitalisation (admissions and length of stay);
 - x) To develop and deliver a sustainable programme of teaching and research activities by strengthening academic links with educational partners.
- 4.1.4 The Trust's business plan identifies a number of service development plans, which are aimed at improving the Trust's market position and are consistent with the strategic vision. The developments identified are:
- Addressing Health Care Associated Infection;
 - Investing in neonatal care and maternity services;
 - Working in partnership with primary and community care to provide seamless services in the most appropriate setting;
 - Utilisation of day treatment centre capacity;
 - Investment in paediatric urgent care;
 - Responding to the recommendations of 'Healthcare for London';
 - Continuing the programme of improved bed utilisation;
 - Improving the non-clinical systems for planned care services (transformational redesign programme).

4.2 The role of the Estates Strategy

4.2.1 The estates strategy has been developed to support the Trust to achieve its corporate objectives through the identification of the following priorities for investment:

- To improve and expand facilities with a focus on: maternity and NICU; Health Care Associated infection and meeting patient expectations.
- To eradicate backlog maintenance to provide a sustainable environment for the delivery of healthcare.
- To improve the performance and efficiency of the estate's buildings with a focus on rationalisation of the estate
- To use the estate to deliver key targets in the Carbon Reduction Strategy, particularly the reduction of direct carbon emissions over the next 5 years.

5. How do we get there?

5.1 Investing in the Estate

5.1.1 The main vehicle for investment in the Trust estate over the next five year period will be the capital programme. The current 5 year capital programme reflects the Trust's priorities as identified within the Trust's business plan and described within this strategy. (See Appendix F for the full 5 year capital programme).

5.1.2 Financial Summary for 2009/10-2013/14

| Capital Programme | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|
| Main Programme | 4,800,000 | 5,000,000 | 5,200,000 | 5,400,000 | 5,600,000 |
| Addition to CRL for IFRS changes | 1,550,000 | 1,550,000 | 1,550,000 | 1,550,000 | 1,550,000 |
| NWL decontamination fund | 50,000 | | | | |
| Totals | 6,400,000 | 6,550,000 | 6,750,000 | 6,950,000 | 7,150,000 |

| Applications | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
|--|------------------|------------------|------------------|------------------|------------------|
| Main Programme | | | | | |
| Premises, Health and Safety, Backlog and DDA | 1,045,000 | 2,230,000 | 3,195,000 | 2,787,000 | 4,068,000 |
| Medical Equipment | 1,351,000 | 772,000 | 1,177,000 | 1,148,600 | 1,388,000 |
| IM&T | 313,000 | 450,000 | 450,000 | 450,000 | 450,000 |
| Projects/Equipment requiring business cases | 2,874,000 | 2,265,000 | 1,080,000 | 1,685,000 | 450,000 |
| IFRS | 877,000 | 877,000 | 877,000 | 877,000 | 877,000 |
| Cumulative Total | 6,460,000 | 6,594,000 | 6,779,000 | 6,947,600 | 7,233,000 |
| Over / under commitment | -£60,000 | -£44,000 | -£29,000 | £2,400 | -£83,000 |

5.1.3 In addition to investing in the estate, the Trust allocates annual sums within the capital programme for medical equipment replacement and for initiatives to support the implementation of the Trust's IM&T strategy.

5.2 Priorities for 2009/10

| | 09/10 £000s |
|---|------------------------|
| Capitalisation of leases | 877 |
| IM&T | 850 |
| Medical Equipment | 1,351 |
| Sub total non estate schemes | 3,078 |
| Estate's Plant and Backlog | |
| Endoscopy decontamination unit+ washer costs | 1,003 |
| Legal and Statutory schemes | 240 |
| Fire compliance | 50 |
| Backlog and Plant replacement | 20 |
| H&S | 75 |
| Carbon reduction inc. Boiler house decentralisation | 200 |
| Improvement schemes | |
| Decant ward | 120 |
| Single sex project | 1,000 |
| TSO | 40 |
| Relocation of in-patient physiotherapy | 120 |
| NWL stores development | 75 |
| Sub total estate schemes | 2,943 |
| Total capital expenditure | 6,021 |

A number of other schemes currently identified for future years are detailed in appendix F

5.2.1 Improving and expanding facilities

5.2.1.1 Analysis of data gathered in the preparation of this strategy has led to the following priorities being identified for 2009/10:

- Development of Endoscopy Processing Unit
- Development of Instrument R&D point in Theatres
- Purchase of 2 endoscopy washer
- Relocation of in-patient physiotherapy gym
- Completion of midwifery-led birthing unit
- Laboratory upgrade
- Ward developments and upgrades
- Improvements to antenatal outpatient accommodation

5.2.1.2 A number of additional areas have been identified which require further consideration and development work before an investment decision can be taken. A future decision to invest in these areas could impact on the current 5-year capital programme as described in Appendix F. Areas for further consideration identified at this stage are as follows:

- Development of Training and Education Centre
- Strategy for provision of on-site residences
- Long-term solution for storage of records
- Rationalisation of non-clinical office accommodation.

5.2.2 Eradicating backlog maintenance

5.2.2.1 Analysis of data gathered in the preparation of this strategy has led to the following priorities being identified for 2009/10:

- Rolling maintenance of the existing estate and investment in estate infrastructure
 - Key clinical space (blocks C, D and E) require investment to address functional suitability, condition, environmental performance
 - Investment required to eliminate backlog and meet statutory compliance targets should be focussed on blocks C, D, and E.

5.2.3 Improving the performance and efficiency of the estate's buildings

5.2.3.1 A detailed response to the government required for the NHS to reduce carbon emissions has been prepared by the trust. The carbon reduction strategy (CRS) identifies in detail the measures to be taken by the trust to reduce carbon emissions.

5.2.3.2 In relation to the estate strategy it is important to identify the impact of the CRS on capital investment and the changes to project outcomes expected.

5.2.3.3 As well as ensuring that there will be a regular annual sum of £50,000 invested directly in measures designed to reduce the emission of carbon dioxide, other capital projects must be assessed in order to establish that they have effectively addressed carbon reduction.

5.2.3.4 All schemes must have an environmental impact assessment (EIA) statement that will identify whether the investment being made is being effectively used to reduce carbon emissions. The statement will be used to ensure that measures such as energy efficient lighting, double glazing, draft proofing, lagging and water saving measures are being incorporated into schemes.

5.2.3.5 Given that scheme life ranges from 10 to 30 years the lifecycle impact of carbon reducing measures will be used to increase scheme funding if there is a shortfall.

5.2.3.6 As well as ensuring that all schemes have an EIA, schemes specifically targeted at reducing carbon emissions will be undertaken. These have been identified as:

- Completion of Boiler decentralisation (Phase one) - 180 tonnes CO₂
- Voltage reduction at HV transformers - 375 tonnes CO₂
- Waste Management improvements in segregation
- Electric Charging points for cars
- Automatic Metering System (AMR)
- In the first instance the CRS is designed to achieve the existing government targets of Carbon reduction by 2015. The investment plan for subsequent years to 2014 to achieve these is as follows :

| Scheme | 2010 /11 | | 2011/12 | | 2012/13 | | 2013/14 | | Programme completion | |
|---|------------------|---------------------------------|------------------|---------------------------------|------------------|---------------------------------|------------------|---------------------------------|------------------------------|------------------------------|
| | Capital £'000 | Carbon reduction (Tonnes) | Capital £'000 | Carbon reduction (Tonnes) | capital £'000 | Carbon reduction (Tonnes) | Capital £'000 | Carbon reduction (Tonnes) | Total Investment £'000 | Carbon reduction (Tonnes) |
| Boiler decentralisation phase I (completion) | | | | | | | | | £200 | 180 |
| Boiler decentralisation phase II | £750 | 180 | | | | | | | £750 | 160 |
| Voltage Reduction | | | | | | | | | | 375 |
| Housekeeping | | 80 | | 60 | | 60 | | 50 | £25 | 250 |
| Renewable energy sources | £40 | 10 | | | | | | | £40 | 10 |
| Water conservation | £30 | | £30 | | £30 | | | | £90 | |
| Waste Management | £10 | | £10 | | £10 | | £10 | | £50 | |
| Water fountain conversion | £20 | | | | | | | | £20 | |
| Electric points for cars | | | | | | | | | £5 | |
| Conversion to LED lighting | £15 | 12 | £15 | 12 | £15 | 12 | £15 | 12 | £60 | 48 |
| Metering | £5 | * | | | | | | | £15 | |
| Total (£'000) | £870 | 282 | £55 | 72 | £55 | 72 | £25 | 62 | £1,255 | 1,043 |

5.3 Monitoring progress

5.3.1 Estate Performance Criteria

The Trust has established a range of criteria for monitoring estate performance. This performance will be monitored through the Estates Strategy Group that meets three times a year to monitor performance and to review the strategy. The main KPIs remain the radar charts that are produced from central returns annually, one year in arrears. Key measures and targets are;

| Performance indicator | Performance measure | 2007/8 | 2013/14 |
|-----------------------|---------------------|--------|---------|
| Capital Charges | £/m ² | 134 | 130 |
| Rent and Rates | £10/m ² | 291 | 240 |
| Critical Backlog | £/m ² | 37 | 0 |
| Risk Adjusted backlog | £/m ² | 47 | 0 |
| Total Backlog | £/m ² | 194 | 90 |
| Energy | £10/m ² | 183 | 150 |
| Maintenance costs | £10/m ² | 314 | 300 |

5.4 Risk Management

5.4.1 Consideration has been given to the impact of investments not taking place as described and a proposal for managing these risks identified.

5.4.2 The risk of not investing is included in the Trust Risk Register and the Board Assurance Framework.

Appendix A Environmental targets

The trust has set targets in line with its Carbon Reduction Strategy. These are summarised below:

| | Indicator | Base position (2007/08) | Current position (2009) | End 2009 | End 2010 | End 2011 | End 2012 | End 2013 | End 2014 | End 2015 |
|--------------------------------|--|-------------------------|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Operational Waste | 10% reduction in household waste by 2015 (base 2007/8) | 738 tonnes | 779 tonnes | 730 tonnes | 715 tonnes | 700 tonnes | 685 tonnes | 670 tonnes | 665 tonnes | 664 tonnes |
| | 10% Reduction in Clinical waste annual tonnage by 2015 (base 2007/8) | 350 tonnes | 361 tonnes | 350 tonnes | 340 tonnes | 335 tonnes | 330 tonnes | 325 tonnes | 320 tonnes | 315 tonnes |
| | 45% of waste to be recycled by 2015 (base 2007/8) | 8% | 12% | 14% | 20% | 25% | 30% | 35% | 40% | 45% |
| Energy | 10% reduction in Carbon Dioxide emissions from Gas , Electricity and Oil usage by 2015 | 8,896 tonnes | 9,850 tonnes | 8,896 tonnes | 8,629 tonnes | 8,362 tonnes | 8,273 tonnes | 8,184 tonnes | 8,095 tonnes | 8,006 tonnes |
| Water | Reduce water consumption to below benchmark set by ERIC data | 736 ltr/bed/day | 715 | 710 | 680 | 650 | 640 | 635 | 630 | 625 |
| Transport | All pool cars to be LEV/ZEV by 2015 | 0 | 0 | 2% | 4% | 4% | 15% | 30% | 60% | 70% |
| | 25% of staff to actively car share | 0 | 0 | 1% | 2% | 3% | 5% | 10% | 15% | 20% |
| | All staff who cycle to have access to secure parking, lockers and showers. | 0 | 5% | 15% | 20% | 50% | 55% | 60% | 70% | 80% |
| Management (Purchasing Policy) | Increase the number of contracts for environmentally friendly products | 0 | 0 | 10% | 20% | 30% | 40% | 50% | 60% | 70% |
| | Encourage reuse of office paper across all directorate | 1 directorate | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 6 |

- Emissions continued to increase because of electricity consumption through to January 2009 before being brought under control and following few months saw decreases in electricity consumption and hence carbon dioxide emissions.

Appendix B Estate occupancy costs

The cost of occupancy of the estate is summarised in the table shown below.

| Estate occupancy costs 07/08 | | | | | | | | | | |
|------------------------------|----------|------------|------------|--|--------------------|------------------------|----------------------------|----------------------------------|------------|--------------------------------------|
| Property | Rates | Utilities | Pay costs | Total Estates Maintenance Non-pay costs | Capital charges | PFI unitary Payment | Income (from Leases) | Expenditure through leases | Total | Capital Value (EUV) 2006 level |
| Whittington Hospital | £828,000 | £2,103,000 | £1,275,000 | £3,926,000 | £3,816,000 | £4,158,000 | -£317,000 | £630,000 | 16,419,000 | £65,747,029 |

Figure B1

Appendix C Current Estate performance

1.0 6-Facet Survey

A 6-facet survey was commissioned and completed in 2007 and provides the basis for annual updates to April 2009.

- Age profile of buildings Figure C1
- Physical condition Figure C2
- Statutory compliance Figure C3
- Functional suitability Figure C4
- Space utilisation Figure C5
- Energy performance Figure C6
- Quality of the Environment Figure C7

2.0 Summary

- i) 30% of the Trust estate is over 60 years old
- ii) 25% of the estate is at or below the minimum condition
- iii) 15% of the estate is at or below the minimum statutory requirement
- iv) 24% of the estate is functionally not suitable
- v) 20% of the estate is inappropriately utilised
- vi) 51% of the estate is poor performing in terms of energy utilisation
- vii) 13% of the estate is less than acceptable for quality of the environment
- viii) The majority of the estate identified in (i) to (vii) is contained within the Victorian ward accommodation, blocks C, D and E.

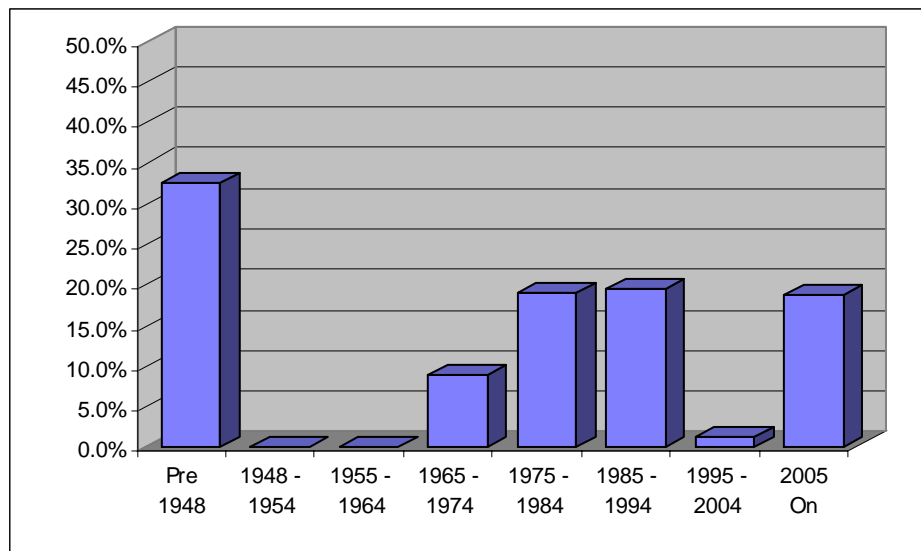


Figure C1: Age profile of estate by percentage as at March 2009

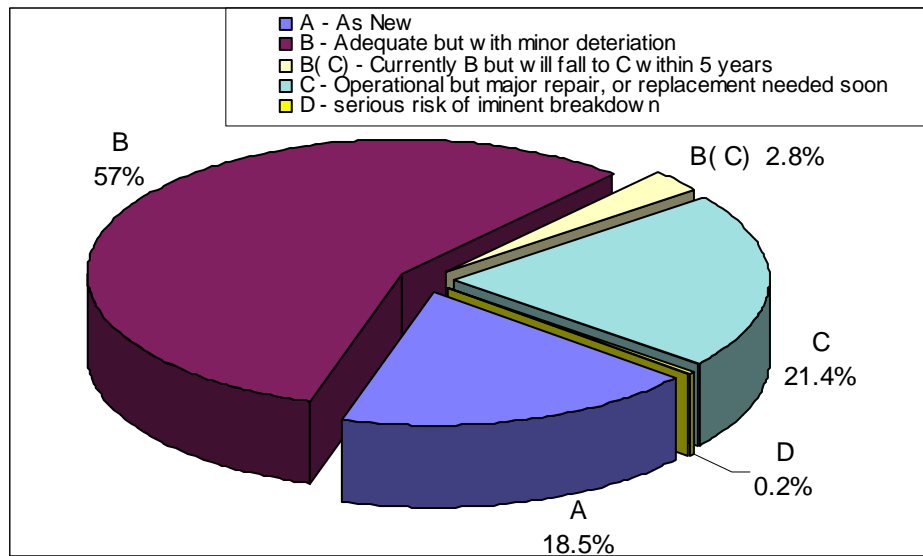


Figure C2: Physical condition

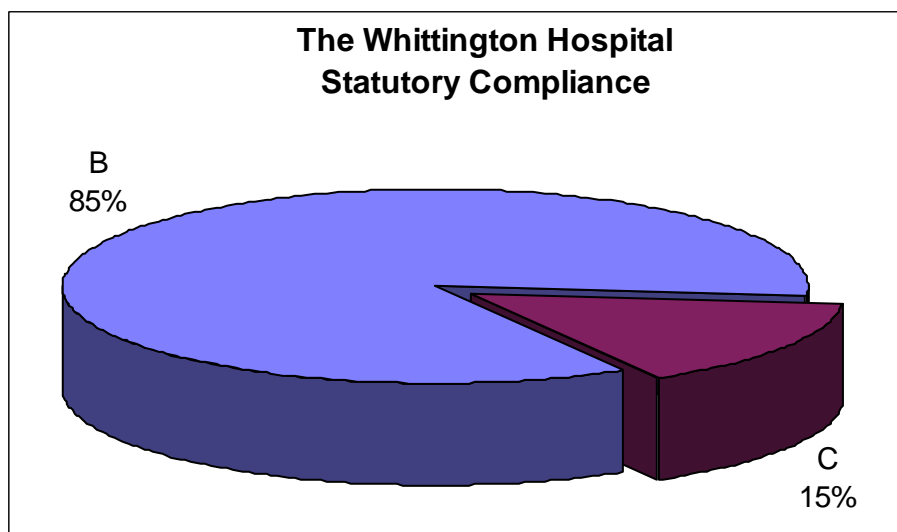


Figure C3: Statutory compliance

Key

- A - Complies fully with current mandatory fire safety requirements and statutory safety legislation
- B - Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature.
- B(C) - Currently as B, but will fall below B within five years due to deterioration or knowledge of impending mandatory safety requirements or legislation
- C - Contravention of one or more mandatory fire safety requirements and statutory safety legislation, which falls short of B
- D - Dangerously below conditions A and B

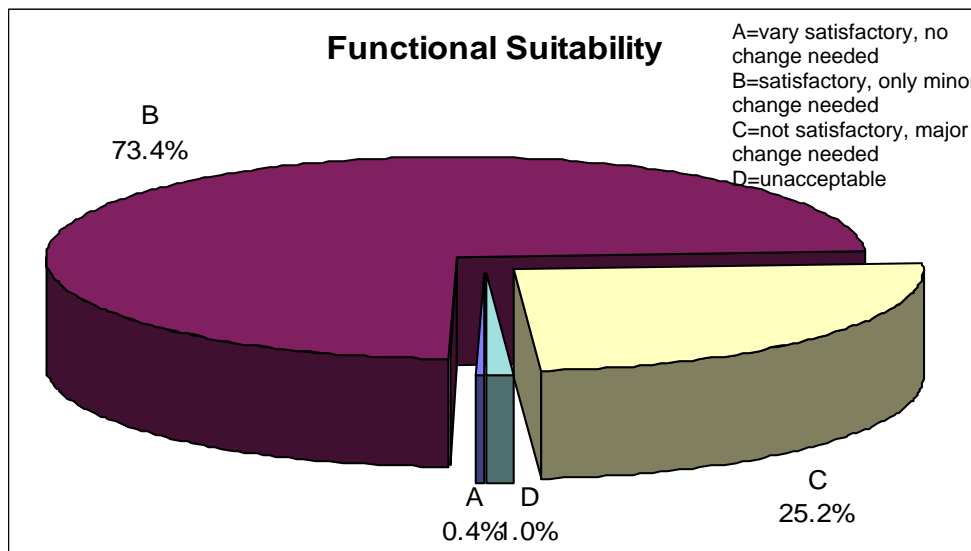


Figure C4: Functional suitability

- Category A – Very satisfactory, no change needed
- Category B – Satisfactory, minor changes needed
- Category C – Not Satisfactory, Major changes needed
- Category D – Unacceptable in its current condition

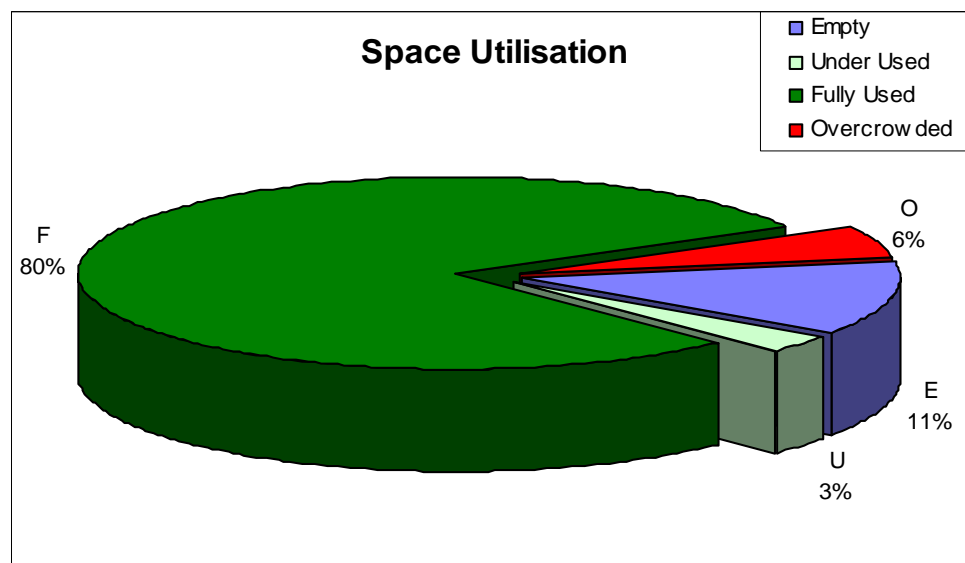


Figure C5: Space utilisation

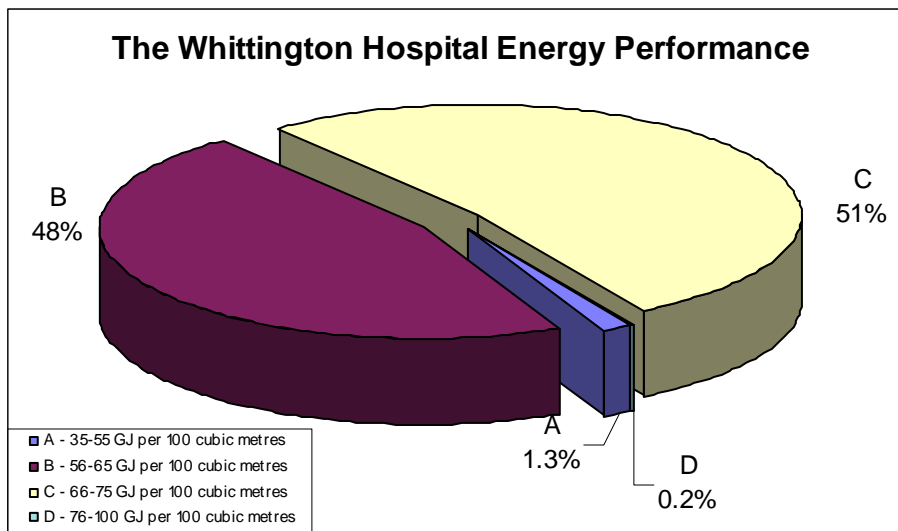


Figure C6: Energy Performance

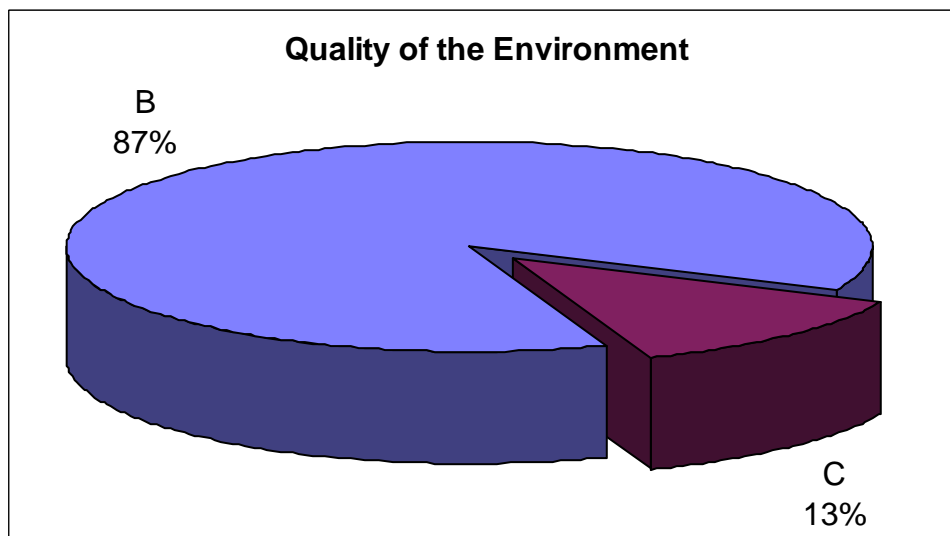


Figure C7: Quality of the Environment

Key

- B - A facility requiring general maintenance investment only
- C - A less than acceptable facility requiring capital investment

Appendix D – Backlog costs

BACKLOG COSTS - WHITTINGTON HOSPITAL (From 6-facet survey Updated April 2009)

| BLOCK | CONDITION | QUALITY | STATUTORY | ENVIRONMENT | FUNCTIONAL SUITABILITY | SPACE UTILISATION | BLOCK TOTALS |
|-------|-------------|----------|-----------|-------------|------------------------|-------------------|--------------|
| A | £38,657 | £300 | £0 | £0 | £0 | £0 | £38,957 |
| C | £2,293,117 | £6,000 | £1,000 | £25,000 | £0 | £0 | £2,325,117 |
| D | £1,080,955 | £64,000 | £105,800 | £25,000 | £426,000 | £1,135,800 | £2,837,555 |
| E | £1,545,776 | £4,000 | £20,000 | £20,000 | £2,101,600 | £0 | £3,691,376 |
| F | £1,027,020 | £3,500 | £105,000 | £9,600 | £52,000 | £0 | £1,197,120 |
| G | £373,853 | £0 | £41,400 | £20,000 | £0 | £0 | £435,253 |
| H | £681,830 | £1,000 | £0 | £23,300 | £30,500 | £0 | £736,630 |
| J | £0 | £0 | £0 | £0 | £0 | £0 | £0 |
| K | £3,499,902 | £53,800 | £0 | £184,000 | £14,500 | £225,000 | £3,977,202 |
| L | £748,366 | £82,500 | £12,100 | £265,000 | £2,470,000 | £2,880,000 | £6,457,966 |
| M | £5,580 | £2,500 | £0 | £0 | £0 | £162,000 | £170,080 |
| N | £44,680 | £1,500 | £0 | £0 | £304,500 | £0 | £350,680 |
| P | £4,500 | £0 | £0 | £0 | £0 | £0 | £4,500 |
| Q | £39,120 | £0 | £2,200 | £2,200 | £25,500 | £0 | £69,020 |
| R | £44,565 | £0 | £0 | £5,000 | £0 | £0 | £49,565 |
| S | £244,602 | £0 | £14,880 | £30,000 | £60,000 | £0 | £349,482 |
| U | £0 | £0 | £115,000 | £0 | £0 | £0 | £115,000 |
| W | £212,371 | £1,000 | £13,400 | £3,000 | £25,500 | £0 | £255,271 |
| X | £0 | £0 | £0 | £0 | £0 | £0 | £0 |
| Z | £72,715 | £0 | £0 | £0 | £0 | £0 | £72,715 |
| SITE | £713,000 | £0 | £383,000 | £0 | £0 | £0 | £1,096,000 |
| TOTAL | £12,670,608 | £220,100 | £813,780 | £612,100 | £5,510,100 | £4,402,800 | £24,229,488 |

Appendix E District Valuer's report - summary

| DISK FILE NAME | ORG REF | BLOCK NAME | GIA sm | TOT FLR | N.R.C. STRUCT | N.R.C SERVS | N.R.C EXT.WK S | WORTH IN EXIST USE | ANNUAL DEPREC | EQ LIFE | LAND VALUE | LAND AREA | OMV | OMV incl POTENTIAL | PROP TYPE |
|-------------------|------------|--------------------------------|-----------|------------|------------------|----------------|----------------------|-----------------------|------------------|------------|---------------|--------------|------|-----------------------|--------------|
| | | | s.m. | FLOOR | £K | £K | £K | £K | £ | YRS | £K | (Ha) | £K | £K | |
| WHT01001 | RKE | BLOCK A WARD | 2171 | 4 | 0.00 | 0.00 | 0.00 | 0.00 | NON-OP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01002 | RKE | BLOCK B WARD | 2270 | 4 | 1098.91 | 664.11 | 88.15 | 2331.88 | 79671 | 23.42 | 480.72 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01003 | RKE | BLOCK C WARDS/BOILERS | 3421 | 3 | 1991.11 | 1381.10 | 168.61 | 4265.29 | 173875 | 20.36 | 724.46 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01004 | RKE | BLOCK D WARD | 3240 | 4 | 1933.78 | 917.17 | 142.55 | 2993.50 | 116000 | 25.81 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 FPD |
| WHT01005 | RKE | BLOCK E WARD | 3292 | 4 | 2002.04 | 1152.07 | 157.71 | 4008.96 | 129071 | 25.66 | 679.14 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01006 | RKE | BLOCK F ADMIN | 4319 | 4 | 1860.57 | 746.22 | 130.34 | 3651.76 | 131634 | 20.79 | 914.63 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01007 | RKE | BLOCK G EDUCATION | 1168 | 2 | 428.38 | 181.05 | 30.47 | 887.25 | 31806 | 20.12 | 247.35 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01008 | RKE | BLOCK H NURSES | 3393 | 5 | 2248.53 | 430.38 | 133.95 | 3531.39 | 82044 | 34.28 | 718.53 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01010 | RKE | BLOCK K DIAGNOSTICS | 12443 | 5 | 5272.03 | 4068.00 | 467.00 | 12442.07 | 397644 | 24.66 | 2635.05 | 0.00 | 0.00 | 0.00 | 0.00 FPD |
| WHT01011 | RKE | BLOCK M REHAB | 887 | 2 | 547.27 | 133.94 | 34.06 | 903.10 | 26637 | 26.85 | 187.84 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01012 | RKE | BLOCK N CHAPEL/PARENTCRAFT | 868 | 3 | 323.95 | 172.59 | 24.83 | 705.18 | 20136 | 25.89 | 183.82 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01015 | RKE | BLOCK P STORE | 269 | 1 | 131.48 | 15.03 | 7.33 | 210.80 | 5617 | 27.39 | 56.97 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01016 | RKE | BLOCK Q POLICE HOUSE | 130 | 2 | 42.07 | 14.13 | 2.81 | 86.54 | 2149 | 27.45 | 27.53 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01017 | RKE | BLOCK R TANKS | 190 | 1 | 63.62 | 11.98 | 3.78 | 119.61 | 3485 | 22.78 | 40.24 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01018 | RKE | BLOCK S Drs RESIDENCE | 986 | 3 | 426.21 | 217.56 | 32.19 | 884.76 | 25799 | 26.20 | 208.80 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01019 | RKE | BLOCK T XRAY/PHARMACY STORE | 536 | 2 | 340.47 | 113.15 | 22.68 | 589.81 | 14863 | 32.05 | 113.51 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01020 | RKE | BLOCK U SUB STN. A | 62 | 1 | 18.32 | 4.15 | 1.12 | 36.72 | 1513 | 15.59 | 13.13 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01021 | RKE | BLOCK V | 18 | 1 | 5.32 | 268.14 | 13.67 | 290.94 | 18403 | 15.60 | 3.81 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01022 | RKE | BLOCK W MORTUARY | 290 | 1 | 283.24 | 184.90 | 23.41 | 552.97 | 19133 | 25.69 | 61.41 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01023 | RKE | BLOCK X RECORDS STORE | 94 | 1 | 9.40 | 1.75 | 0.56 | 31.61 | 1170 | 10.00 | 19.91 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01025 | RKE | BLOCK Z SUBSTN B | 16 | 1 | 4.73 | 3.91 | 0.43 | 12.46 | 576 | 15.75 | 3.39 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT010XX | RKE | BLOCK L GT. NORTHERN | 11172 | 5 | 12118.26 | 6861.15 | 948.97 | 22294.27 | 693634 | 28.73 | 2365.89 | 0.00 | 0.00 | 0.00 | 0.00 FH |
| WHT01999 | RKE | BLOCK OP LAND | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | 2.51 | 0.00 | 0.00 | |
| TOTALS | | | 51235 | | 31149.69 | 17542.48 | 2434.62 | 60830.87 | 1974860 | 25.89 | 9686.13 | 2.51 | 0.00 | 0.00 | |

*To be updated on completion of 2009 valuation

| Scheme | Location | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|--------|----------|---------|---------|---------|---------|---------|
|--------|----------|---------|---------|---------|---------|---------|

H&S, Backlog, Plant Replacement

| Rolling Replacement Programme | | | | | | |
|---|--------------|---------|---------|---------|---------|---------|
| Project management costs | Trust wide | 160,000 | 160,000 | 160,000 | 160,000 | 160,000 |
| Roofing | Trust wide | 20,000 | 120,000 | 100,000 | 100,000 | 100,000 |
| Asbestos management programme | Various | 10,000 | | | 15,000 | |
| Fixed wiring backlog | Various | 35,000 | 50,000 | 75,000 | 80,000 | 80,000 |
| Security equipment | Various | 75,000 | 50,000 | 50,000 | 50,000 | 50,000 |
| Flooring replacement | Various | 20,000 | 30,000 | 30,000 | 30,000 | 50,000 |
| Legionella Works | Main Site | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 |
| H&S miscellaneous arising from risk assessments | Various | 45,000 | 45,000 | 45,000 | 50,000 | 50,000 |
| RRO 2005 regulations/ fire risk assessments | Trust wide | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
| Laboratory improvement works | 'K' block | 60,000 | 175,000 | 250,000 | 200,000 | 200,000 |
| Boiler House Decentralisation (Ph 2) | Boiler House | 200,000 | 800,000 | | | |
| Rolling refurbishment to residences | Nurses Home | | 75,000 | 100,000 | 100,000 | 125,000 |
| Rolling refurbishment to Jenner | Jenner | | 75,000 | 125,000 | 100,000 | 100,000 |
| Energy Conservation measures | Various | | 50,000 | 50,000 | 50,000 | 50,000 |

| | | | | | | | |
|---|--------------------------------|---------|--|---------|---------|---------|-----------|
| External roadway repairs and resurfacing | Various | | | 50,000 | 50,000 | 50,000 | 50,000 |
| Nurse Call ward by ward replacement | Various | | | 45,000 | 46,000 | 47,000 | 48,000 |
| Split System Replacement Programme + backlog works | Various | | | 20,000 | 25,000 | 25,000 | 25,000 |
| OPD rolling refurbishment | 'K' block all levels | | | 100,000 | 300,000 | 150,000 | 150,000 |
| Hot and Cold water services | Various | | | | 29,000 | 40,000 | 40,000 |
| Sanitary Ware | Various | | | | 30,000 | 30,000 | 30,000 |
| D Block Lift replacement/lift replacement programme | Various | | | | 120,000 | 250,000 | 250,000 |
| K Block AHU Replacement programme | | | | | 100,000 | 100,000 | 110,000 |
| ED refurbishment | ED | | | | | 150,000 | 150,000 |
| NICU/SCBU refurbishment (5-year) | 'D' block | | | | | | 100,000 |
| Fire escape refurbishment | E to D blocks (N&S) and Jenner | | | 50,000 | 50,000 | 50,000 | 50,000 |
| Fabric externals | Various | | | | | | 1,900,000 |
| Irregular maintenance/new build projects | | | | | | | |
| Various schemes to help comply with DDA | Main Site | 25,000 | | 20,000 | 20,000 | 30,000 | 30,000 |
| Wayfinding | trust wide | | | 10,000 | 10,000 | 10,000 | 10,000 |
| Pest proofing | Trust wide | | | 20,000 | 20,000 | 20,000 | 20,000 |
| Oil pipeline to generators project | Oil farm | 10,000 | | | | | |
| GNB fire alarm replacement | 'L' block | 100,000 | | | | | |

| | | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|--|
| K' block fire alarm replacement | 'K' Block | 60,000 | | | | | |
| Old Reckitt light touch refurbishment | 'D' block | 120,000 | | | | | |
| Vacuum pumps labour wards | 'E' block | 15,000 | | | | | |
| Replacement of panic alarm systems - Trust Wide | Trust wide | | 20,000 | | | | |
| Working at Height Compliance | Trust wide | | 10,000 | | | | |
| Medical gas Compliance and Plant Replacement | D' | | 50,000 | 120,000 | 60,000 | | |
| Obstetric Theatre ventilation plant | 'E' block | | 90,000 | | | | |
| Refurbishment of Cearns | 'E' block | | | 1,000,000 | | | |
| Generator Replacement | Energy Centre | | | 150,000 | | | |
| HV ring main unit replacement sub station 'b' | Sub station B | | | 50,000 | | | |
| Murray Ward Refurbishment | 'K' block | | | | 750,000 | | |
| GMs discretionary capital | Various | | | | | | |
| Total | | 1,045,000 | 2,205,000 | 3,195,000 | 2,787,000 | 4,018,000 | |

| Scheme | Location | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|--------|----------|---------|---------|---------|---------|---------|
|--------|----------|---------|---------|---------|---------|---------|

Projects/Equipment requiring business cases

| Estate Infrastructure and Construction | | | | | | |
|---|------------------------|---------|---------|---------|---------|---------|
| Stores relocation to enable neuro-physio transfer from L2 'D' | C' block/ 'D' block | 125,000 | | | | |
| Endoscopy washers | 'C' block | 180,000 | | | | |
| Relocation of 'scope processing unit | Theatres | 723,000 | | | | |
| Relocation of TSO | Jenner | 40,000 | | | | |
| UPS system for Critical Care | A' block | 30,000 | | | | |
| OPD phase III | K' block L2 | 70,000 | | | | |
| Completion of MLBU | E' block | 134,000 | | | | |
| SSD instruments R&D based in Theatres | TBC | 75,000 | | | | |
| Privacy and dignity project | GNB | 900,000 | | | | |
| UPS for NICU and SCBU | NICU 'D' block south | 35,000 | | | | |
| Installation of sluice | Reckitt link 'P' block | 50,000 | | | | |
| UPS ED K block | K block | | 40,000 | | | |
| Training and education centre | 'G' block | | 400,000 | 400,000 | 400,000 | 400,000 |
| Maternity General Improvements to Antenatal (includes entrance and storage to labour wards) | D and E Blocks | | 750,000 | | | |

| | | | | | | | | | |
|--|---------------------------|------------|--|--------|--|--|---------|--------|--|
| Relocation of Hospital Radio from Waterlow | Waterlow to Highgate Wing | | | 30,000 | | | | | |
| Lean buisness management (IM&T training rooms, clinical oncology, non-clinical support services) | TBA | | | 30,000 | | | | | |
| Installation of a/c unit for main automated analyser room 21. | Biochemistry | | | | | | 5,000 | | |
| Peadiatric Outpatient expansion | 'L' block | | | | | | 225,000 | | |
| Bariatric fridge extension | Mortuary | | | | | | 25,000 | | |
| Alteration to the 'Blood Cubicles' to create a specialist reporting area | Imaging | | | | | | | 50,000 | |
| New breast screening service | TBA | | | | | | | | |
| Fertility Services redevelopment | K' block | | | | | | | | |
| IM&T | | | | | | | | | |
| Wireless network | Trust-wide | 170,000 | | | | | | | |
| Patient Survey system | Trust Wide | 80,000 | | | | | | | |
| Wireless tablets | Trust wide | 30,000 | | 30,000 | | | | | |
| iCHART paperless record in ED | ED | b/f 2008/9 | | | | | | | |
| Blood products tracking system | Haematology | 125,000 | | | | | | | |
| M Job planning software | Trust Wide | 41,000 | | | | | | | |
| Patient wrist bands | Trust Wide | 11,000 | | | | | | | |
| Imaging reporting | Imaging | 15,000 | | | | | | | |
| Anglia reporting | Trust Wide | 40,000 | | 40,000 | | | | | |

| | | | | | | | | |
|--|-------------|--|-----------|-----------|-----------|-----------|--|---------|
| RFID tagging for medical equipment and blood transfusion | Trust wide | | | 50,000 | 50,000 | | | |
| e-prescribing | Trust wide | | | 195,000 | | | | |
| e-rostering software | Trust wide | | | 200,000 | | | | |
| Electronic Patient Record in ITU | ITU | | | 200,000 | | | | |
| E-vital signs | Trust-wide | | | 100,000 | | | | |
| Nurse Visibility Alert System (AWARIX) | Trust-wide | | | 100,000 | | | | |
| Business Intelligence reporting tool | Trust-wide | | | 100,000 | | | | |
| New Switchboard\Unified Comms Platform | Switchboard | | | | 400,000 | | | |
| New PAS (McKesson contract ends 03/12) | Trust-wide | | | | | 750,000 | | |
| e-document management | Trust-wide | | | | 230,000 | 280,000 | | |
| | | | 2,874,000 | 2,265,000 | 1,080,000 | 1,685,000 | | 450,000 |

APPENDIX G Environmental Performance

1.0 Energy, Utilities & waste arising

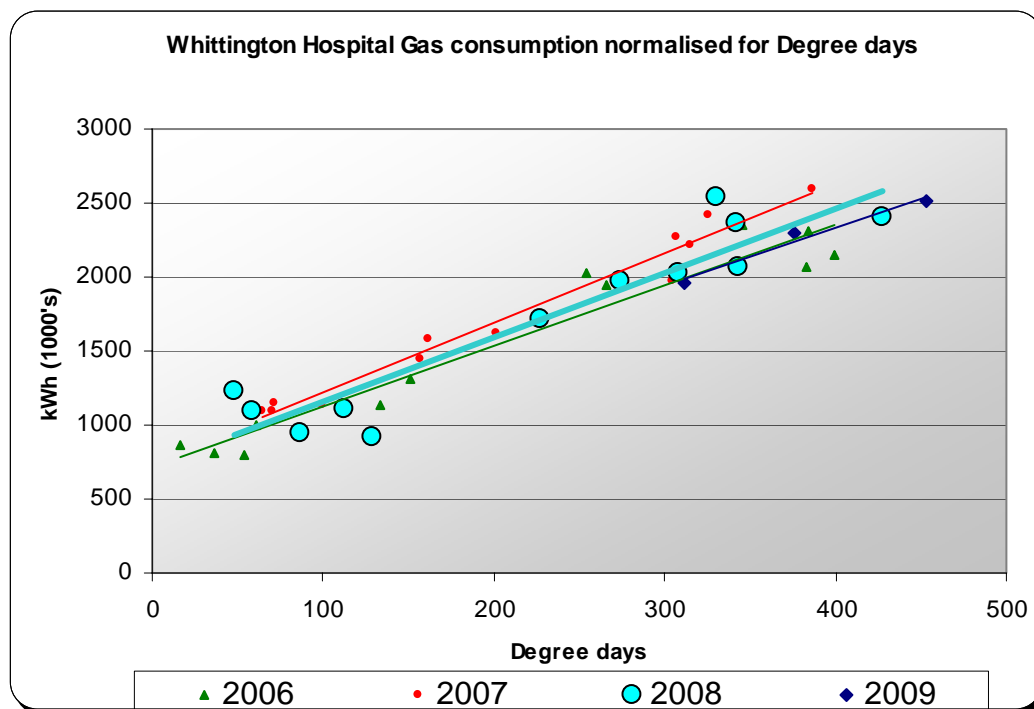


Figure G1: Normalised Gas Consumption 2006 - 2009

Figure G1 illustrated the effective gas consumption used for heating, normalised on a base of 18.5-degree days. 2006 to 2007 saw a rise in gas consumption for heating and hot water as the new acute wing became occupied and fully operational. Initially the new build did not operate as efficiently as predicted. For 2008 the development of heating and hot water for L Block and K block supplied from the new boilers within the new build, and the beginning of the Decentralisation project meant that efficiency savings began to manifest themselves. The first quarter of 2009 (Jan-Mar) show further efficiency gains as decentralisation project moves forward.

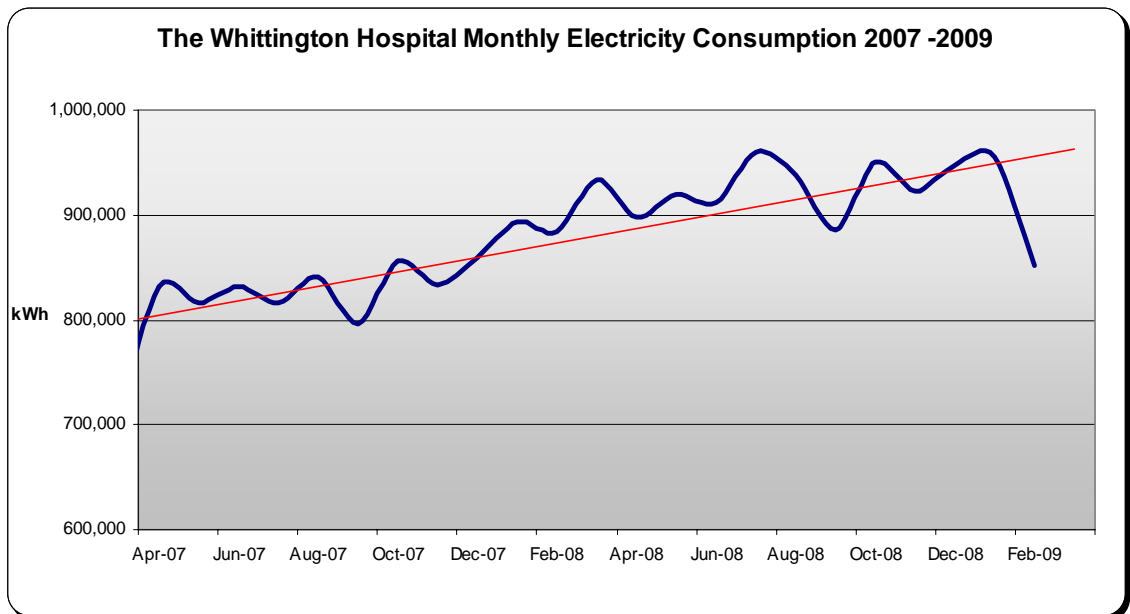


Figure G2: Electricity consumption 2005 to 2009

As in earlier years, electrical consumption has continued to rise year on year. There would have been an upward pressure on consumption as the new build became fully operational but that would have occurred late 2006 and early part of 2007. Only recently has there been any indication that this trend has reversed.

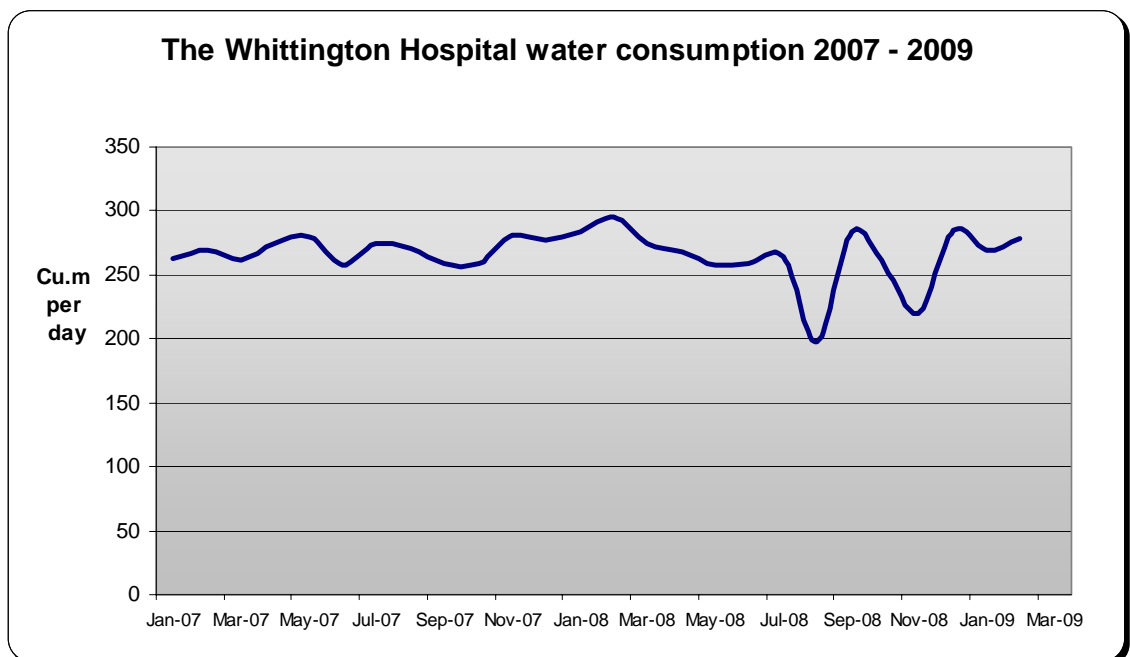


Figure G3: Water consumption 2005 to 2009

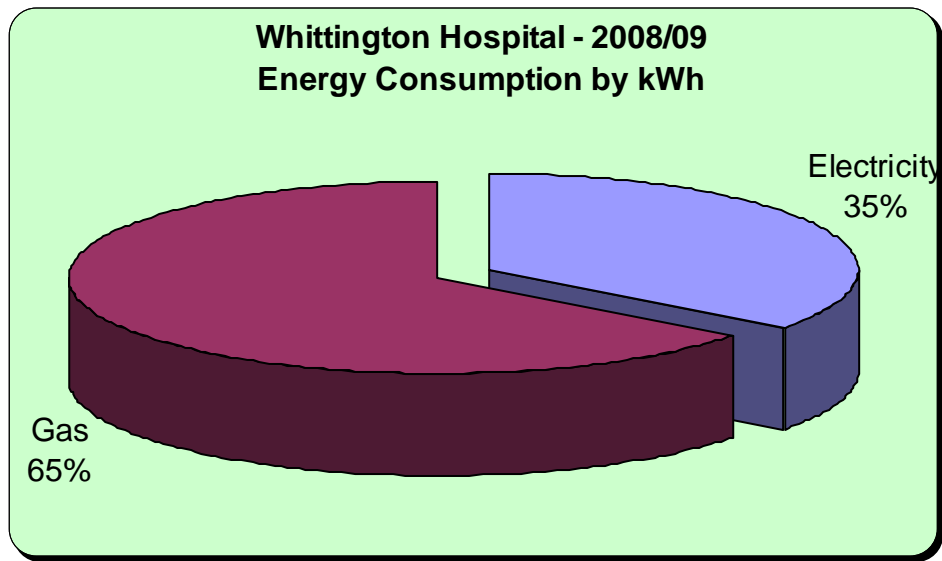


Figure G4: Gas/electricity consumption comparison

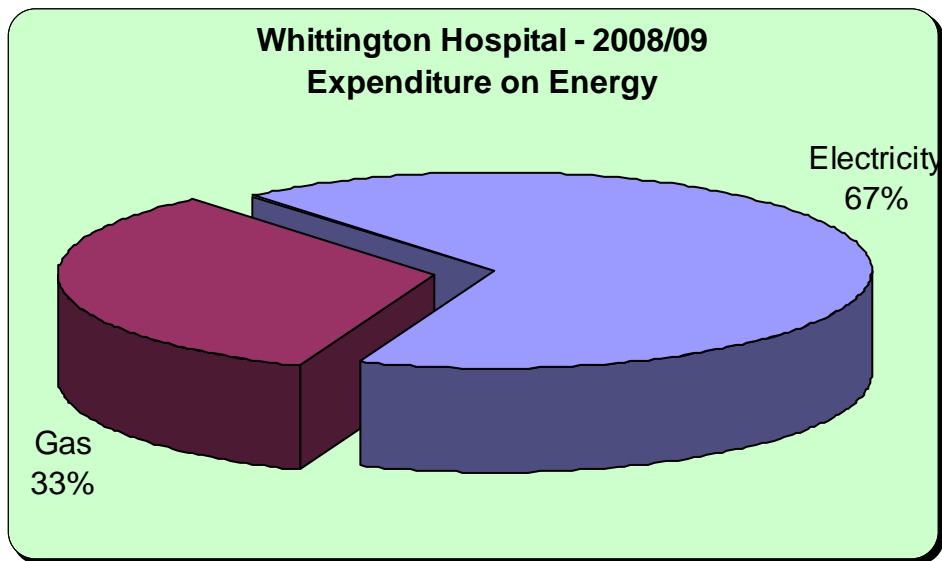


Figure F5: Gas/electricity expenditure comparison

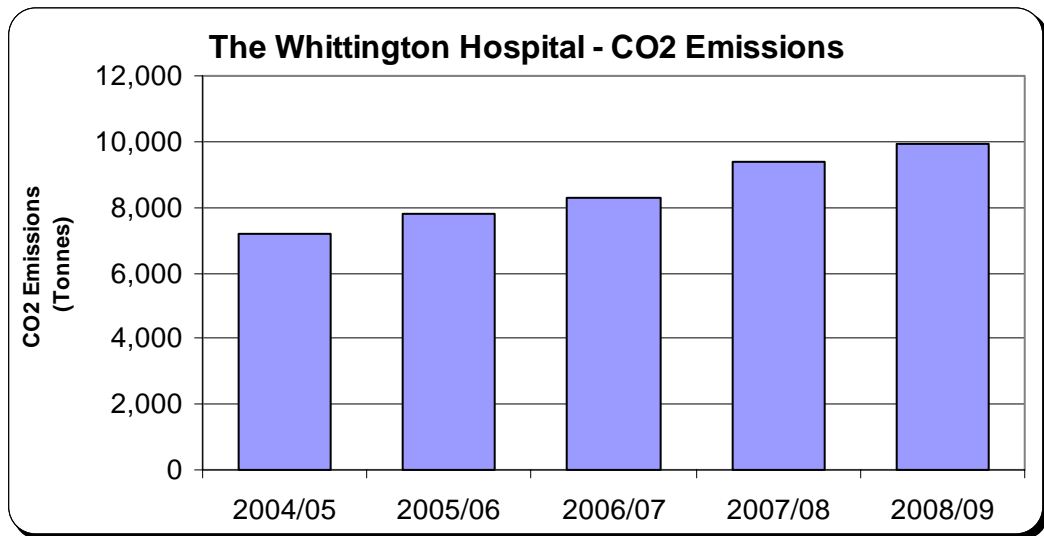


Figure G6: Carbon Dioxide gas emissions

Appendix H - Accommodation

| Function | Inpatient Beds | Functional Content 2009 | | | Comments |
|----------|--|-------------------------|------------------------|------------|--------------------------------------|
| | | Location/Level | Function/ Ward Name | No of beds | |
| 1.1 | Surgical | Blk L: L4 | Betty Mansell | 20 | |
| | | Blk L: L5 | Coyle | 24 | |
| | | Blk L: L5 | Victoria | 26 | |
| | | Blk L: L5 | Thorogood | 10 | |
| | | | | | |
| | | | Sub-total | 80 | |
| 1.2 | Medical | Blk A: L4 | Nightingale | 21 | |
| | | Blk A: L4 | Mercers | 16 | |
| | | Blk A: L2 | Montuschi | 18 | Includes 6 bedded coronary care unit |
| | | Blk L: L6 | Meyrick | 25 | |
| | | Blk L: L6 | Cloudesley | 25 | (inc 18 bed stroke unit) |
| | | Blk L: L6 | Cavell | 24 | |
| | | D Sth: L3 | Reckitt | 16 | |
| | | | | | Sub-total: |
| 1.3 | Decant Ward/ Additional capacity | D Sth L4 | Eddington | 20 | |
| | | D Sth: P3 | Reckitt Link | 18 | |
| | | D Sth L5 | Old Reckitt | 20 | |
| | | E Sth P4 | Cellier Link | 8 | additional maternity capacity |
| | | D Nth L4 | SCBU | 3 | additional cot capacity |
| | | | | | |

| | Function | Functional Content at March 2008 | | | Comments |
|-----|------------------|----------------------------------|-----------------------------|------------|------------------------------------|
| | | Location/Level | Function/ Ward Name | No of beds | |
| 1.4 | Acute Admissions | Blk A: L2 | Mary Seacole | 15 | |
| | | | Sub-total: | 15 | |
| 1.5 | ED | Blk K: L2 | Isis ward | 8 | Observation beds |
| | | | Sub-total: | 8 | |
| 1.6 | Paediatrics | Blk L: L4 | Ifor | 23 | |
| | | | Sub-total: | 23 | |
| 1.7 | Maternity | E Nth: L3 | Labour ward | 8 + 3 | 8 labour rooms and 3 recovery beds |
| | | E Nth: L4 | Murray ward | 18 | |
| | | E Sth: L2 | Midwifery-led Birthing Unit | 5 | 5 birthing rooms |
| | | E Sth: L3 | Cearns ward | 15 | |
| | | E Sth L4 + P4 (part) | Cellier ward | 22 | |
| | | | Sub-total: | 71 | |
| 1.8 | Neonates | D Nth: L3 | NICU (ITU + HDU) | 28 | 23 cots 5 transitional care |
| | | D Nth: L4 | SCBU + transitional care | | |
| | | | Sub-total: | 28 | |
| 1.9 | Critical Care | Blk A: L2 | ITU and HD | 15 | |
| | | | Sub-total: | 15 | |

| | Function Diagnostic and Treatment | Functional Content at March 2008 | | | Comments |
|------|--|----------------------------------|---|-------------|---|
| | | Location/Level | Function/ Ward Name | Description | |
| 2.1 | Operating facilities | Blk L: L2 + C Nth | 6 theatres | - | |
| 2.2 | Imaging | Blk A: L3 | GP X-ray/US/ Nuclear/Mammo | - | |
| | | Blk K: L2 | X-ray/CT | - | |
| 2.3 | Pathology | Blk K: L5 | Haematology/ Chem/Histo/ Micro | - | |
| 2.4 | Pharmacy | Blk K: L1 | Main pharmacy | - | |
| | | Blk A: L1 | Satellite/retail | - | |
| | | Blk K: L1 | Bulk stores | | |
| 2.5 | Mortuary/Post mortem | Blk W: L1 | Viewing area/body store/pm tables | | Overflow facility located adjacent to block Q |
| 2.6 | Medical photography | Blk A: L3 | Digital imaging | | |
| 2.7 | Rehabilitation | P L1 | IP Physio (neuro gym) | | To be relocated to C block Level 3 |
| | | Blk H: L1 + L2 | OT/Physio (gym + OP + offices) | | |
| 2.8 | Social Work | Blk H | Social work | | |
| 2.9 | Day Treatment Centre | Blk L: L3 | 5 theatres, 2 Endoscopy rooms + 40 recovery spaces | | |
| 2.10 | Paediatric Ambulatory Care Unit | Blk L: L4 | PACU | | |
| 2.11 | Endoscopy | Blk L: L3 | Endoscopy | | |
| 2.12 | Medical Investigation | Blk K: L3 | 3 EEG, 2 ECG, Cardiac exercise, 1 lung function, 1 echo (Total 8 existing) | | |
| 2.13 | Outpatients | Blk K: L1 | Clinic 1A,;Medicine | | |

| | Function | Functional Content at March 2008 | | | Comments |
|------|---------------------------|----------------------------------|---|---|----------|
| | | Location/Level | Function/ Ward Name | Description | |
| | | BIK K: L3 | Clinic 3A: Medicine: Chest + Cardiac | | |
| | | | Clinic 3B: Medicine/ Diabetes | | |
| | | | Clinic 3C: Ophthalmology | | |
| | | | Clinic 3D: Rheum/Renal/Nephrology | | |
| | | BIK K: L4 | Clinic 4A :Surgery | | |
| | | | Clinic 4B: Gastro/ENT/Urology/Bariatrics | | |
| | | | Clinic 4C: Women's health | | |
| | | | Clinic 4D: Paeds | | |
| | | BIK E Sth: L5 | Antenatal Clinic | | |
| | | BIK E Nth: L5(part use) | Antenatal Clinic | | |
| 2.14 | Emergency Dept | BIK K: L2 | Emergency Department | <ul style="list-style-type: none"> • 4 resus spaces • majors • minors • | |
| | | BIK K: L2 | Paeds ED | 4 cubicles | |
| 2.15 | Thalassaemia Day Unit | BIK A: L4 | Thalassaemia Unit | | |
| 2.16 | Oncology Day Unit | BIK A: L4 | Oncology Day Unit | | |
| 2.17 | Phlebotomy | BIK K: L5 | Blood tests | | |
| 2.18 | Older People Day hospital | BIK L: L6 | Day Hospital | | |
| 2.19 | Occupational Health | BIK Q: L1 + L2 | | | |

| | Function Ancillary and Support | Functional Content at March 2008 | | | Comments |
|------|---------------------------------------|----------------------------------|--|--|--|
| | | Location/Level | Function/ Ward Name | | |
| 3.1 | Sterile Services | Blk C Nth: L3/4 | TSSU | | Assume outsourced and storage/distribution only on site. |
| | | Blk D Sth: L2 | Medical packs | | |
| 3.2 | Decontamination | Blk C Level 2 | Endoscopy decontamination facility | | To deliver compliant unit |
| 3.3 | Staff Changing | Blk C Nth: L3 | | | |
| 3.4 | Medical records | Blk D Nth: L2 Secondary store | | | |
| | | Blk K: L1 Main store | | | |
| | | Blk X: L2 Secondary store | | | |
| 3.5 | Clinical Administration | Blk HGW: L6 Oncology | | | |
| 3.6 | Corporate Admin | Blk HGW: L1-5 | | | |
| | | Blk F: L1-3 | Trust Offices; Consultant offices; Medical secretaries | | |
| 3.7 | Catering | Blk C Sth: L3 | Chilled food store | | |
| | | Blk A: L1 Restaurant | N19 Restaurant | | |
| 3.8 | Chapel/Religious Facilities | Blk C Nth: L3 | Multi-faith room | | |
| | | Blk N: L3 | Christian Chapel | | |
| 3.9 | Medical Physics | Blk C Sth: L4 Workshop/offices | | | |
| 3.10 | Patient Liaison | Blk A: L0 | | | |
| 3.11 | Volunteers Office | Blk A: L0 | | | |
| 3.12 | Social club | Blk F: Basement | Sandwich bar and Pub | | |
| 3.13 | Main entrance | Blk A: L0 | | | |
| 3.14 | Retail | Blk A: L1 Coffee Bar | Coffee Bar | | |
| | | Blk A: L1 Café | Café | | |
| | | Blk A: L1 Shop | Convenience store | | |
| 3.15 | Estates/Works | C Block | | | |
| 3.16 | Boiler House | Blk C Sth: L1 | | | |
| 3.17 | Stores/supplies | Blk C Sth: L3 (main store) | | | Being relocated to level 2 |
| 3.18 | Equipment store | Blk N: L2 | Bed store | | Reduced requirement following |

| | Function Ancillary and Support | Functional Content at March 2008 | | | Comments |
|------|-----------------------------------|----------------------------------|-----------------------------------|--|---|
| | | Location/Level | Function/ Ward Name | | |
| | | | | | implementation of managed bed service. |
| 3.19 | Linen | BIK C Sth: L2 | | | |
| 3.20 | Telephone services | BIK K: L1 | Telephone exchange | | |
| 3.21 | Security | BIK K: L2 | Security base | | |
| 3.22 | Training/Seminar | Archway, Holborn Union Building | Postgraduate Centre | | Provision of enhanced facilities could be developed in conjunction with university partners |
| 3.23 | Computer Suite | HGW: L1 | McKesson training suite | | |
| 3.24 | Docs' Mess Room | BIK C: L3 | | | O/Night/On call Common Room |
| 3.25 | Hospital at Night | BIK C: L3 | | | |
| 3.26 | Hospital Radio | BIK J: L0 | Radio service | | |
| 3.36 | Patient Transport | BIK K: L2 | Non-urgent patient transportation | | |
| 3.27 | Residential accommodation | BIK H: L3 | Individual units | | |

Appendix I Trust Performance Indicators (2007-2008)

1.0 Data sources and Definition of terms

- 1.1 Floor Area, Backlog, Maintenance & Energy Utility information comes from the ERIC returns and the references change each year.
- 1.2 Other data comes from the Trust Financial Returns to the DH. See Appendix A for details of information sources.
- 1.3 Below is the Definition of Terms.

| | |
|------------------------|---|
| Income | Total income for the Trust |
| Activity | Finished Consultant Episodes |
| Capital Charges | Capital Charges for the Trust |
| Rent & Rates | Rent & Rates for the Trust |
| Maintenance Costs | Engineering, Building and Ground Works costs |
| Energy & Utility Costs | Energy & Utility costs (including water & sewage) |
| Occupancy Costs | Capital Charges, Rent & Rates, Maintenance, Energy & Utility Costs |
| Critical Backlog | Cost to eradicate High and Significant Risk Backlog maintenance costs. |
| Risk Adjusted Backlog | Total backlog cost adjusted to account for risk in accordance with the document "A risk based methodology for establishing and managing backlog". |
| Total Backlog | Cost to eradicate all high, significant, moderate and low risk backlog and achieve acceptable condition A or B standards |
| Land Value | Land asset value |
| Building Value | Building asset value |
| Equipment Value | Equipment asset value |
| Asset Value | Total Land, Building and Equipment asset value |

- 1.4 The following Performance indicators and radar charts are compiled from data for the year 2007/2008. In order to compare like for like data has been taken from the basic cluster, filtered for Medium Acute Hospitals in London. This group includes the following:-
- North Middlesex University Hosp NS Trust
 - Kingston Hospital NHS Trust
 - Queen Elizabeth Hospital NHS Trust
 - Bromley Hospitals NHS Trust
 - Whipps Cross University Hosp NHS Trust
 - The Lewisham Hospital NHS Trust
 - Mayday Healthcare NHS Trust
 - The Whittington Hospital NHS Trust
 - Newham Healthcare NHS Trust
- 1.5 Data quality remains an issue with these performance indicators. There is no way of verifying the quality of returns from other hospitals in the peer group. Data is included from all trusts, regardless of whether it is complete or accurate. It has been noted in previous years that this distorts the resultant charts, and is therefore conclusions drawn should be carefully interpreted.

2.0 Trust Performance

THE WHITTINGTON HOSPITAL NHS TRUST - 2007/2008

| PI SUMMARY | Trust PI | Grouping PI (Percentile Bands) | | |
|--|----------|--------------------------------|-------------|-----|
| | | 33% | 34% | 33% |
| Space Efficiency | | | | |
| Income £10/m ² | 261 | 226 | 227 and 264 | 265 |
| Activity/100m ² | 87 | 92 | 93 and 107 | 108 |
| Asset Value £10/m ² | 140 | 184 | 185 and 250 | 251 |
| Occupancy Cost £/m ² | 213 | 229 | 230 and 251 | 252 |
| Asset Productivity | | | | |
| Asset Value £10/m ² | 140 | 184 | 185 and 250 | 251 |
| Capital Charges £/m ² | 134 | 129 | 130 and 140 | 141 |
| Total Backlog £/m ² | 194 | 90 | 91 and 200 | 201 |
| Rent & Rates £/10m ² | 291 | 246 | 247 and 561 | 562 |
| Asset Deployment | | | | |
| Land £/m ² | 415 | 671 | 672 and 785 | 786 |
| Building £10/m ² | 82 | 108 | 109 and 146 | 147 |
| Equipment £/m ² | 168 | 135 | 136 and 149 | 150 |
| Capital Charges £/m ² | 134 | 129 | 130 and 140 | 141 |
| Estate Quality | | | | |
| Asset Value £10/m ² | 140 | 184 | 185 and 250 | 251 |
| Depreciation £/m ² | 73 | 71 | 72 and 88 | 89 |
| Critical Backlog £/m ² | 37 | 1 | 2 and 42 | 43 |
| Risk Adjusted Backlog £/m ² | 47 | 5 | 6 and 50 | 51 |
| Cost of Occupancy | | | | |
| Rent & Rates £/10m ² | 291 | 246 | 247 and 561 | 562 |
| Energy/Utility £/10m ² | 183 | 157 | 158 and 202 | 203 |
| Maintenance Costs £/10m ² | 314 | 290 | 291 and 346 | 347 |
| Capital Charges £/m ² | 134 | 129 | 130 and 140 | 141 |

Groupings:

Trust Cluster & Type: Basic - Medium Acute London

Figure 1; Whittington Hospital Estate KPI Summary

3.0 Radar Charts

3.1 Space Efficiency

Space Efficiency

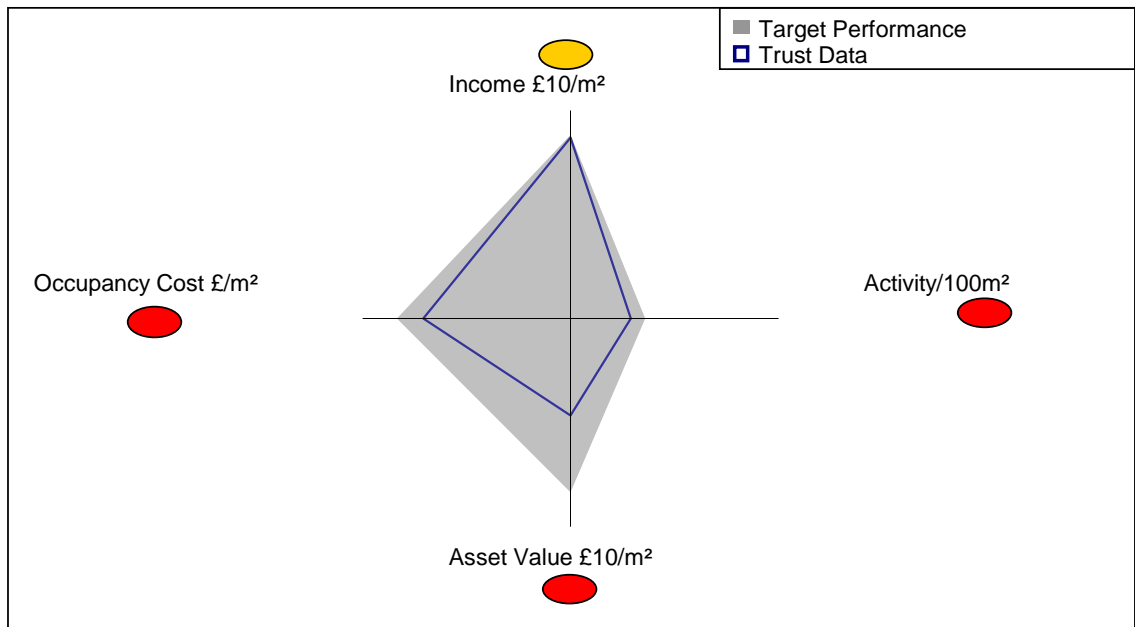


Figure 2; Space Efficiency Radar Chart (2007-08)

- 3.4.1 The aim of the Space Efficiency chart is to relate the estate and its annual occupancy cost to the output of the Trust.
- 3.4.2 The chart above indicates that for 2007-2008 the Whittington Hospital Trust is generally using floor space efficiently, because its income, activity levels and asset values are all good, relative to gross internal floor area. Occupancy costs per m² have fallen because of the increase in floor area from the PFI development has led to a more efficient use of space demonstrating the impact that a well designed modern building can have over older building stock.
- 3.4.3 Activity per 100m² has remained the same as last year reflecting the increased activity with the increase in floor area of the PFI development.

3.2 Asset Productivity

Asset Productivity

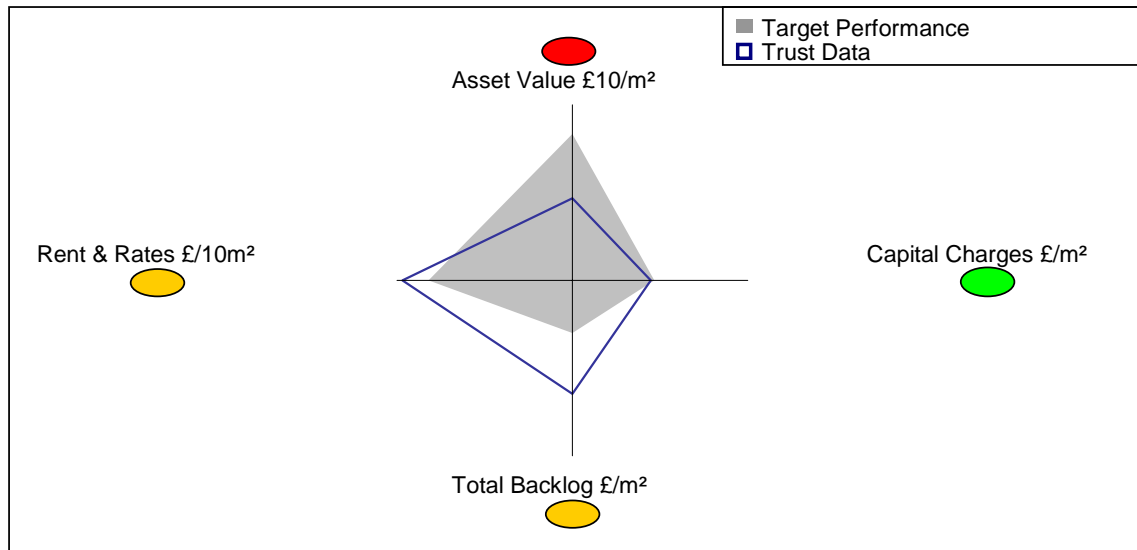


Figure 3; Asset Productivity (2007-08)

- 3.4.1 The Asset Productivity chart demonstrates the actual cost of owning/renting assets. High backlog suggests some parts of the estate are at the end of their designed life with increasing replacement pressures. It is noted that two Trusts reported Total backlog under £2m producing a reduced average for the group.
- 3.4.2 The comparison of total backlog with other Trusts is a similar picture to last year. It has fallen by £11 /m² from last year. The recent 6-facet survey in the current year highlighted further items reflecting the poor condition of the Waterlow unit (for example) that now remains empty and impaired.

3.3 Asset Deployment

Asset Deployment

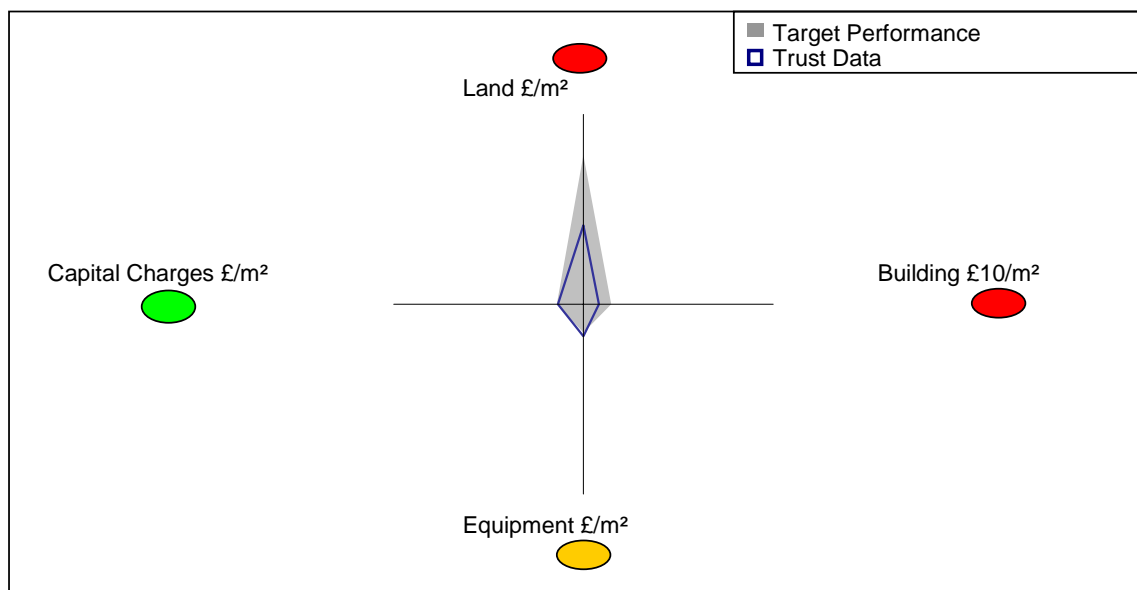


Figure I4; Asset Deployment (2007-08)

3.3.1 Asset Deployment compares the make up of the asset base.

3.3.2 The above chart shows that the Trust utilises less land for its needs than the rest of the cluster group. With the occupation of the New Acute Wing the floor area available to the Trust has increased by more than 12,000 m² from the previous year. The value of the building has not appeared on the books as this was a PFI development and this has led to a realignment of the Trusts performance indicators. Because of the increase in square meterage building value per m² has fallen to £79/m² from £127/m² in the previous year, hence the movement when compared to other Trusts. Capital charges have also moved from £149/m² to £146/m², but still similar to other Trusts in the cluster.

3.4 Estate Quality

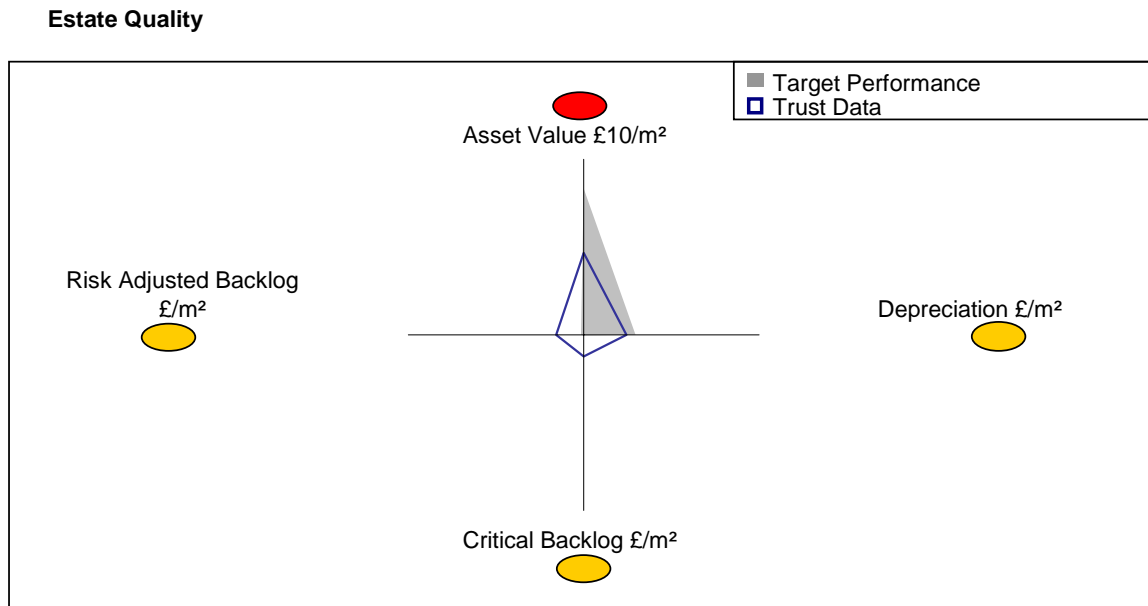


Figure 5 Estate Quality (2008-08)

- 3.4.1 Estate Quality gives a balanced view of the overall condition of the Estate relative to age and value.
- 3.4.2 Critical Backlog has fallen from £63/m² in 2005-06 to £50/m² by the end of 2006-07 indicating the effect of the capital programme for that year and also the increase in floor area of the new Acute Wing, although there is still a significant way to go in reducing this backlog. The poor reporting of backlog maintenance data from other Trusts in 2005-06 hamper comparisons with other Trusts. Risk adjusted backlog has also been reduced from £68/m² to £53/m² for the same reasons. Although completion of the New Acute Wing has improved the site overall, low asset values indicate the need for priority refurbishment/replacement of the older part of the site, west of L Block.

3.5 Cost of Occupancy

Cost of Occupancy

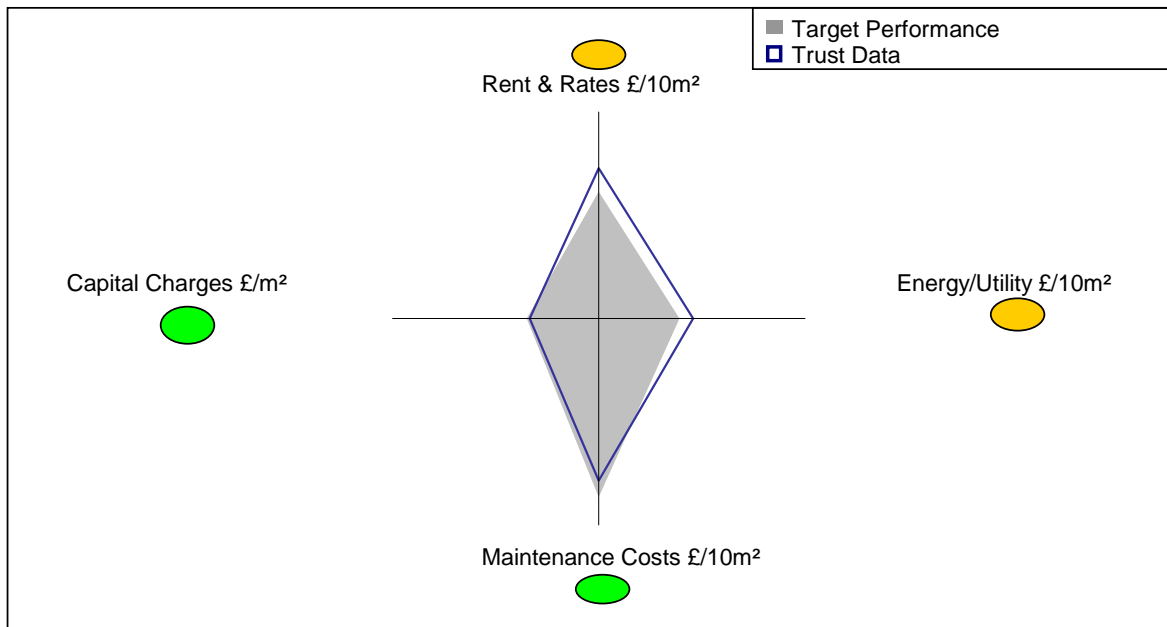


Figure 6; Cost of Occupancy (2007-08)

- 3.5.1 Cost of Occupancy is used to identify the profile of occupancy costs (revenue).
- 3.5.2 Energy costs continue to rise sharply. The Whittington is still on a par with other Trusts. Higher than expected energy usage by the New Acute Wing during its bedding down year have kept the Trusts performance marginally higher than average. The maintenance costs are light and may lead to a rise in the backlog maintenance expenditure requirement if these costs are allowed to fall back further. With regards to the level of capital charges these figures suggest an adequate performance.

4.0 Trust Performance comparison 2004 to 2007

4.1 This chart is compiled from the annual KPIs for the last four years. The colours indicate where the Trust stood in comparison with other medium acute trusts in London at that time. The table shows the movement of the indicators as the configuration has changed.

| Performance indicator | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|--|---------|---------|---------|---------|
| Income £10/m ² | 170 | 258 | 262 | 261 |
| Activity/100m ² | 70 | 85 | 85 | 87 |
| Asset Value £10/m ² | 156 | 185 | 141 | 140 |
| Occupancy Cost £/m ² | 143 | 214 | 210 | 213 |
| Capital Charges £/m ² | 98 | 149 | 146 | 134 |
| Rent & Rates £/10m ² | 175 | 180 | 203 | 291 |
| Land £/m ² | 557 | 430 | 427 | 415 |
| Building £10/m ² | 87 | 127 | 79 | 82 |
| Equipment £/m ² | 127 | 151 | 189 | 168 |
| Depreciation £/m ² | 56 | 89 | 86 | 73 |
| Critical Backlog £/m ² | 111 | 63 | 50 | 37 |
| Risk Adjusted Backlog £/m ² | 114 | 68 | 53 | 47 |
| Total Backlog £/m ² | 167 | 258 | 247 | 194 |
| Energy/Utility £/10m ² | 127 | 215 | 191 | 183 |
| Maintenance Costs £/10m ² | 140 | 259 | 247 | 314 |

Figure 7; Three year performance comparison

- 4.2 The biggest changes have been the increase in floor area of 12,000 m² in 2006-07 and the impairment of J Block.
- 4.3 **Income** per m² has risen each year to 2006-07, then stabilised. The rise in 2006/07 was offset by the increase in floor area.
- 4.4 **Activity** has shown a year on year increase in real terms but, again, affected by the increase in floor area for 2006/07.
- 4.5 **Occupancy costs** have increased, with only a small fall with the occupation of the new acute wing giving better efficiency.
- 4.6 We can see that the **land value** per m² of floor area has fallen with the opening of the new Acute Wing although the hospital occupies the same land area throughout.
- 4.7 **Rent and rates** have risen alongside the increase in floor area and also in real terms.
- 4.8 **Building values** have been affected by the impairment of the Waterlow unit and the fact that although the New Acute Wing added 12,000 m² to the floor area, the building value has not appeared on the books as it was a PFI construction.

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- 4.9 **Backlog** costs have fallen due, in part, to the capital programme and the New Acute Wing, which has not added to the backlog requirement. The increase in total backlog from 2004/5 to 2005/6 results from the deterioration of the Waterlow unit and areas west of L Block and the reappraisal of the costs to rectify.
- 4.10 **Energy costs** have risen dramatically as a result of the increasing costs in the electricity and gas markets, up over 70% in the 3-year period. The fall in 2006/07 is due to the increase in floor area without a full year's energy consumption of the new Acute Wing, as it was only in operation for the last 5 months of the year.
- 4.11 **Maintenance costs** were recorded as being too light in 2004/05 but have improved to near normal levels for the last two years.

Appendix J A brief history of the Hospital

- 1.0 There has been a hospital on the Highgate site occupied by the Whittington Hospital since 1473, when a hospital was built for lepers.
- 2.0 The nucleus of the present hospital was formed in 1848, when the existing Smallpox and Vaccination Hospital at Kings Cross was demolished to make way for a new main line station. The Great Northern Railway Company built a new hospital on Highgate Hill as part of the price for the site at Kings Cross.
- 3.0 The Jenner building (as it is now known) is a Grade II listed structure.
- 4.0 The hospital campus was extended when two further wings, 'Archway', and 'Highgate' were built as workhouse infirmaries, as a result of the Metropolitan Poor Act of 1867.
- 5.0 In 1948 the hospital became part of the NHS. The name Whittington was chosen because of the association of Dick Whittington with the Highgate area of London.
- 6.0 In 1948, the hospital was the largest in Europe with just under 2,000 beds. Services were also provided at the Royal Northern Hospital on Holloway Road and a number of other similar outlying sites.
- 7.0 Since the 1980s, the site and services have been rationalised. Emergency services were transferred from the Royal Northern Hospital and the clinical services were withdrawn from the Highgate Wing. The Royal Northern finally closed in 1993 and both the Archway and Highgate campuses transferred to the education and mental health sectors respectively.
- 8.0 In 2009 the Whittington campus consists of:

The Whittington hospital

- Main centre for clinical care, including Emergency Department, Outpatients, imaging and diagnostics, theatres and in-patient wards.

Highgate Wing

- The Whittington Hospital leases the building fronting Dartmouth Park Hill from a private Landlord as administrative offices.

Archway Wing

- The Whittington Hospital leases a post-graduate education centre on the site. The freehold of this wing now lies jointly with University College London and Middlesex University and is being developed as a major health education campus.

Appendix K A brief History of Development Control and block descriptors

- 1.0 The Whittington Hospital is typical of an acute teaching hospital site that has undergone piecemeal development since the 1970's.
- 2.0 Prior to 1975 very little alteration to the original Victorian layout occurred. There was some infill building and in the 1920s the Nurse's home was built.
- 3.0 Two '*phase 1*' developments were planned and built 15 years apart - the outpatient and diagnostic block, opened in 1977 and the inpatient and theatre block, opened in 1992. These are block K and block L respectively. The mortuary block (block W) was constructed in 1988.
- 4.0 *Blocks A, K & L* – currently form the core of the hospital. Block K contains the Emergency Department, outpatients, pharmacy, pathology and records department. It is the largest block on site and there is significant maintenance backlog in parts although some floors have been refurbished to a good standard in recent years. Block L contains the main theatre suite, in-patient wards and a new Day Treatment Centre. Block A was completed in 2006. It was constructed under a Private Finance Initiative contract and contains inpatient wards, a Critical Care Unit, a coronary care ward, a state-of-the-art imaging department, a retail floor end new entrance.
- 5.0 Block C – this block contains the main energy plant, Sterile Services Department, Medical Physics Department, workshops and support staff accommodation.
- 6.0 Blocks D and E – these blocks house medical wards, Neonatal Intensive Care Unit (NICU), delivery rooms, maternity wards, and an obstetric theatre.
- 7.0 Block S contains doctor's residential accommodation.
- 8.0 Block P connects the south side of D and E blocks. The link block opened in November 2001. It formed part of the enabling works to allow A, B and M blocks to be demolished to make way for new Block A. It provides extended ward accommodation to existing wards in D & E.
- 9.0 Blocks F & G – contain office and educational facilities. Block G is leased to Middlesex University. Block 'F' is listed.
- 10.0 Block H contains residential accommodation, physiotherapy services and social work services.
- 11.0 Block J (the Waterlow Building): This building is currently vacant.
- 12.0 Highgate Wing – leased by the Whittington Hospital from a private landlord.