

Whittington Hospital NHS Trust

Estates strategy

2008-2014



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1. Trust Statement

The key drivers for change in the Trust estate over the five years of the Strategy will be:

- i. Enabling delivery of the Whittington Hospital Integrated Business Plan
- ii. Healthcare for London and its impact on services provided at the Whittington Hospital.
- iii. Estate developments playing a full part in financial strategies e.g. space utilization and disposal/letting of surplus land and premises.
- iv. Meeting targets for energy efficiency and sustainability.
- v. The requirements of the Planning Authorities in respect of planned developments, including the Green Travel Plan.
- vi. Management of key risks related to the backlog maintenance and functional unsuitability of NPSM.

The Trust has developed the Whittington Promise that commits the hospital to 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. This will contribute to the delivery of the strategy of being the Hospital of Choice for Local People.

The Trust and local PCTs made a large investment in the PFI redevelopment of the Whittington and will be looking to secure maximum return in terms of activity volumes, overall throughput and patient/staff satisfaction.

There remains the need for investment to complete the renewal of the estate and reduce backlog that is now over £35m. Major investment is required, and the business case for this is included in the Trust's Integrated Business Plan. The business plan addresses both the need to develop accommodation, which enables the growth strategy of the trust in future years and the flexibility required to address the changes in service configurations that may result from the Healthcare for London strategic review.

A new Development Control Plan for the Whittington is required and this will need to reflect the development plans of other Trusts in the local health economy, stakeholder organisations e.g. Islington and Haringey PCTs, and both the Universities, Middlesex and University College London.

The Trust will play a full role in 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

2.1 This document sets out;

- i. The condition and performance of the existing estate
- ii. The changes required to deliver the trust's IBP
- iii. A strategic investment programme including plans to rationalise the estate
- iv. Plans for improvements in key estate performance indicators

2.2 The strategy is primarily concerned with the use of the estate and assets set against the capital investment required over the next five years to ensure that the Trust can achieve its strategic objectives.

2.3 The strategy will provide 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.

2.4 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

2.5 This strategy has been developed from a business planning exercise in accordance with the NHS Executive's Estates code over the past year. This exercise has addressed three fundamental questions for the trust:

- i. Where are we now?
- ii. Where do we want to be?
- iii. How do we get there?

3. Summary

3.1 Where are we now?

3.1.1 The table summarises the conclusions from 2007, six-facet survey

Measure	Condition	Comment
1. Physical condition	A= 17% B=57% B(C) = 3% C=22% D= 1%	Combined backlog estimated at £18 million. Nurses home and water low unit estimated backlog £4.7 million; blocks C, D, and E combined backlog estimated at £5.5 million.
2. Functional suitability	A=0% B=74% C=26% D=0%	Combined backlog estimated at £10.6 million. Blocks D and E combined backlog estimated at £3 million. The balance of the rest is set against the Great Northern Building (L. block), estimated at £7 million.
3. Space Utilisation	Empty=17% Underused=4% Fully used =72% Overcrowded=7%	Combined backlog estimated at £4.4 million. £1 million estimated to be in D block. The balance of the rest is set against the Great Northern Building (L. block) estimated at £2.8 million
4. Quality of the Environment	A=0% B=86% C=14% D=0%	Combined backlog estimated at £220,000. Approximately £75,000 is set against C, D, and E Block's. Approximately £82,000 set against The Great Northern Building (L. block)
5. Statutory Requirements	A=0% B=80.4% C=19.6% D=0%	Combined backlog estimated to be £800,000. £125,000 is set against D and E Block. £115,000 is set against remedial works required in the Energy Centre.
6. Environmental performance	A= 1.3% B=46% C=52.5% D= 0.2%	Combined total backlog is approximately £400,000, the bulk of which (£265,000) is set against The Great Northern Building

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

3.1.2 The survey shows;

- i. The majority of the backlog lies in blocks C, D and E, as well as the Nurses Home and the Waterloo Building
- ii. That functional suitability is at its poorest in blocks C, D and E
- iii. The site is well used, but has an opportunity to exploit space created by the opening of 'A' block
- iv. Quality of the environment is has been improved by the opening of the 'A' block
- v. The Trust can address 25% of it's outstanding regulatory works by investing in C, D, and E
- vi. Energy performance is poorest in the older Victorian part of the estate including C, D, and E
- vii.

3.1.3 Conclusions

- i. The Trust should look to invest in those parts of the estate that are the poorest performers; in this case blocks C, D and E and where this investment is congruent with the Integrated Business Plan.
- ii. Both the Waterloo Building and the Nurses Home carry significant backlog and if they can be demonstrated to be surplus to requirements then a disposal option should be considered.

3.2 Where do we want to be?

- 3.2.1 The objective of the strategy is to support the delivery of The Trust Integrated Business Plan (IBP) and in so doing both national and local health objectives.
- 3.2.2 Section 5 of the IBP identifies that the current quality of some the estate is a weakness. It recognises that maternity services have the potential for growth and development.
- 3.2.3 This strategy identifies that those parts of the estate in which maternity services are accommodated require investment in order to provide accommodation that meets service and customer need.
- 3.2.4 The investment, particularly in maternity services, will improve the quality of the estate, deal with significant amounts of the identified backlog, improve the energy performance of the estate, and reduce the Trust carbon footprint.
- 3.2.5 The aim of redevelopment should be to deliver the objectives set out in the Integrated Business Plan and in so doing;
- i. Deliver the service development in the IBP
 - ii. Improve patient privacy and dignity
 - iii. Increase capacity of the hospital
 - iv. Enhance the user experience
 - v. Reduce backlog
 - vi. Eliminate overcrowding
 - vii. Enable us to deliver authorised services
 - viii. Deliver the Whittington Promise
 - ix. Reduce the impact on the environment
 - x. Improve the functional suitability
 - xi. Ensure a seamless transition from old to new part of the hospital

3.3 How do we get there?

- 3.3.1 To support the business objectives identified within the IBP, investment in the estate is required.
- 3.3.2 A do minimum option should address the backlog issues on C, D and E block, and provide improved accommodation addressing quality and functional suitability issues.
- 3.3.3 A phased capital programme spread across five years will ensure that maximum use is made of space freed by the opening of 'A' block and

reduce the investment in decanting options that ultimately would be surplus to requirements.

- 3.3.4 The option of selling both the Waterlow Building and the Nurses Home should be considered at an early stage in planning. The capital receipt can be fed into a five year programme and linked to affordable borrowing in order to establish a portfolio of developments that are sustainable and deliver a standard of accommodation required from a modern health care facility.
- 3.3.5 The programme should start with design feasibility in 2008/9, and the first significant investment starting in 2009/10.

4. Where are we now?

4.1 The current estate

- 4.1.1 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 ($\frac{1}{4}$ -km) and Highgate Village to the north ($\frac{1}{2}$ -km). The closest underground station is Archway on the Northern Line and numerous bus routes pass or terminate close to the hospital.
- 4.1.2 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).
- 4.1.3 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.
- 4.1.4 The buildings have a total floor area of 56,287m² with a value in existing use of £67m (DV report 2005)

4.2 How to find us

- 4.2.1 The postal address of the hospital is:
The Whittington Hospital
Magdala Avenue
London
N19 5NF



Figure 2; Geographical location, including bus and rail links.

4.3 Site plan

4.3.1 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
- Block J – Waterlow Unit (vacant)
- Block K – ED/Diagnostics/Pathology/Outpatients
- Block L – Ward Areas and Day Treatment Centre (PFI)
- 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

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

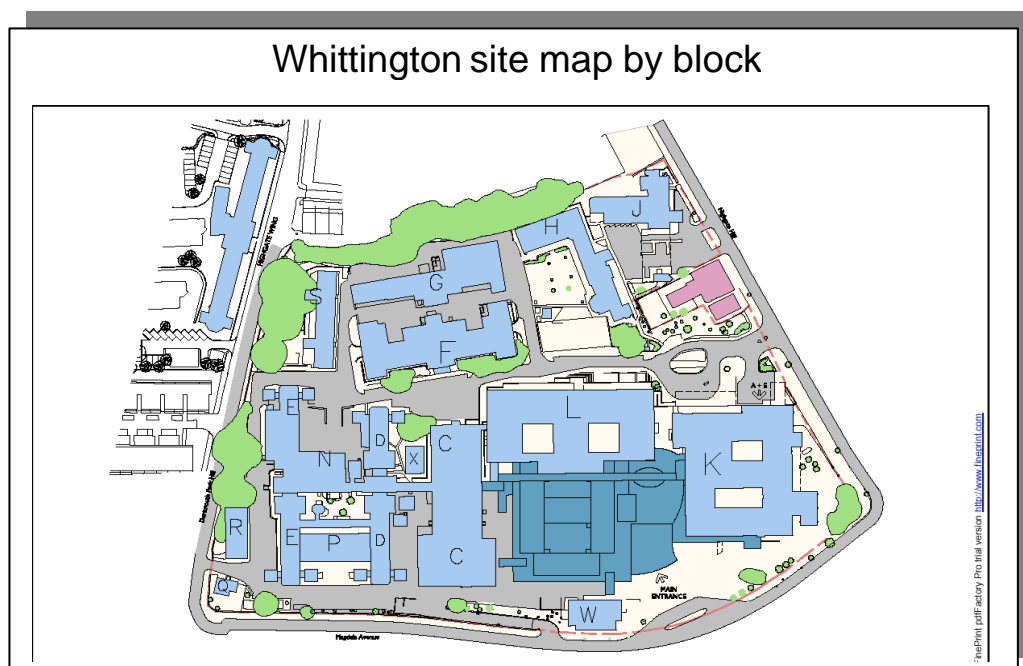


Figure 3; Site plan identifying blocks by letter



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

4.4 Condition Appraisal

4.4.1 Physical Condition; The trust has invested £5.982m in backlog in the past five years. The current estimate of backlog maintenance, including all statutory compliance issues is £19.349m. Investing in improving and increasing capacity in maternity will mean that significant backlog will be reduced and improve the trust estate key performance indicators for estate backlog. The five-year capital plans shows that capital redevelopment work to the value of £2,021m has been undertaken in blocks C, D and E. However the six-facet survey shows that they remain the most significant challenge in terms of investment and improvement, with a current backlog of c£10million.

4.4.2 Functional Suitability; The opening of the new wing has 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 en suite facilities.

4.4.3 Space Utilisation; The delivery of the cost improvement programme is dependant on the efficiencies made through improved length of in-patient stay and the further reduction in bed base in 2008/9. The three remaining mixed sex wards will close and patient care will be delivered through more modern single sex accommodation within the Great Northern building.

4.4.4 Quality of the environment; The six-facet survey demonstrates that the opening of the new acute core (block A) has significantly improved the quality of inpatient and diagnostic accommodation.

4.4.5 **Statutory requirements;** Investment in new facilities has significantly improved the accessibility of the trusts services for both patients and staff. The Trust commits an annual sum from its Capital Resource Limit to improve access points to the Trust. A new web portal is due to go live in March of 2008 which will provide members of the public with detailed information on service delivery points and routes to them from all major transport hubs. Statutory backlog lies mainly with the energy centre, blocks C, D, and E and with site externals.

4.4.6 **Environmental Performance;** The Trust performs well from about half of its properties , with a performance rating of 56 to 65GJ/100 m³ (rated 'B' for performance) with half attracting a rating of 66 to 75GJ/100 m³ (rated 'C' for performance). Energy Performance Certificates and Display Energy Certificates will be required from 2008, and an A to E rating will be applied after validation.

4.4.7 The Whittington Hospital performance indicators are available for comparison through the ERIC system. In comparison with peers, the trust performs well in 5 measures (income, asset value, energy, maintenance and depreciation), performs at least as well as peers in eight measures (Occupancy cost, capital charges, total backlog, building, equipment, rates, physical backlog and H&S backlog) and under performs in two, land and activity costs. The performance indicators confirm that the Trust has higher than desirable backlog figures.

4.5 Environmental Impact

4.5.1 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.

4.5.2 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

4.5.3 To address this and other environmental issues the Trust is updating its environmental strategy using the new Environmental Assessment Toolkit in 2008/9. Environmental targets are outlined in **Appendix A**

4.5.4 The hospital is a significant user of fossil fuels as well as water. **Appendix F** contains the hospital energy characteristics.

4.5.5 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. Infrastructure support is detailed in **Appendix I**

4.5.6 K Block, L Block, and A block receive hot water and heating services from modern dual fired boiler plant run from the PF I provider. The Trust will continue to decentralise heating and hot water services to outlying buildings during 2008/9 and 2009/10, using additional capital from the Department of Health, which is the subject of a board supported bid.

4.5.7 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.

4.6 Estate occupancy costs (Appendix B)

4.6.1 The Estate costs amount to c£9.3 million each year, of which £440,000 represents the non-pay cost to maintain the estate.

4.6.2 The investment in the estate from revenue is approx. 60% Planned Preventative Maintenance and 40% reactive maintenance (£ 264,480 and £176,320 respectively of the Estates Non-Pay costs)

4.7 Estate Value

4.7.1 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.

4.8 Service Profile

4.8.1 The Whittington Hospital NHS Trust is a medium sized acute general teaching hospital of 420 beds, providing 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.

4.8.2 Activity levels for 2006/07 were as follows:

Inpatient and Daycase (FCEs): 32,311 (of which 12,825 were Day cases)
Outpatients (attendance): 282,983
A&E Department (attendance): 84,890

4.8.3 Training & Education

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.

4.9 Residential Accommodation

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

4.9.2 The development of maternity accommodation identified in the Integrated Business Plan recognises that the sale of the Waterlow Unit and the Nurses Home are required to facilitate access to capital.

4.9.3 The Trust is planning to close the Nurses Home and offer the 79 residents alternative accommodation in Sussex Way. This provides 124 flats clustered in groups of six around shared catering facilities. It was opened in 2002 and is subject to an agreement between The Trust and London Strategic Housing. Occupancy at Sussex Way runs at approximately 50% (Trust staff), with the balance of rooms being let to non-trust staff identified as key workers.

4.10 Conclusion

4.10.1 The Whittington Hospital delivers a range of services to a diverse population in the north of London.

4.10.2 The accommodation is made up of from buildings ranging in age from Victorian to those constructed in the present day.

4.10.3 As might be expected those buildings are constructed in the Victorian era in the poorest condition and have not been modernised to meet present day standards.

4.10.4 Analysis of the key estate drivers leads to the conclusion that investment in the Victorian style is required to deliver the objectives set out in section 5 of the Integrated Business Plan.

5. Where Do We Want To Be?

5.1 Strategic Objectives of the Trust IBP

5.1.1 Section 5 of the Integrated Business Plan identifies service development plans, which are intended to deliver the trust's strategic objectives. The focus of the developments in the context of this strategy are focused on investment in accommodation and associated with a delivery of Women's and Children's Services. The aim of redevelopment should be to deliver the objectives set out in the Integrated Business Plan and in so doing;

- xii. Deliver the service development in the IBP
- xiii. Improve patient privacy and dignity
- xiv. Increase capacity of the hospital
- xv. Enhance the user experience
- xvi. Reduce backlog
- xvii. Eliminate overcrowding
- xviii. Enable us to deliver authorised services
- xix. Deliver the Whittington Promise
- xx. Reduce the impact on the environment
- xxi. Improve the functional suitability
- xxii. Ensure a seamless transition from old to new part of the hospital

5.2 Estate development

5.2.1 Data analysis from the six-facet survey concludes that investment to meet future clinical needs should be centred on blocks, 'C', 'D' and 'E'

5.2.2 These blocks are the oldest, have the poorest energy performance, the largest share of the estate backlog, and they are poorly configured with an overall low rating for both functional suitability and quality.

5.2.3 **Appendix G** profiles the hospital accommodation as it is currently configured, and how it will be profiled to meet the Trust aims to improve and expand maternity services.

5.3 Building space

5.3.1 Analysis of data gathered in the preparation of this strategy leads to the conclusion that:

- i. Space on the site is fully used.
- ii. Key clinical space (blocks C, D and E) require investment to address functional suitability, condition, environmental performance
- iii. Investment required to eliminate backlog and meet statutory compliance targets should be focussed on blocks C, D, and E

5.4 Priorities to be delivered

- 5.4.1 From the work completed in developing this strategy, and the priorities identified in the Integrated Business Plan the Trust has compiled a list of priorities that address the needs of the estate set in the context of foreseeable health priorities over the next 5 years. These are:
- i. Opening a new Day Treatment Centre; this work is underway already as part of the existing PFI project and is due to open in March of 2008
 - ii. Redevelopment and expansion of the neonatal intensive care unit and maternity accommodation; this work is planned to take place over five years starting from 2008/9 and completing in 2013/14. An investment of £23.5 million is planned which will deliver improved and expanded standards of accommodation.
 - iii. Opening a new segregated paediatric emergency department; construction work for this is underway and is due to complete in May 2008
 - iv. Making best use of beds; the improvements into management of patient pathways will mean that the trust can operate from a reduced bed base, thereby creating access to the vacated Ward is allowing delivery of the maternity objectives
 - v. 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
 - vi. 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.
 - vii. Reducing backlog maintenance; through investment of block capital and the £23.5 million maternity development, significant amounts of backlog will be reduced.
 - viii. 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.
 - ix. 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.

- x. To improve access for disabled people.

6. How do we get there?

6.1 Strategic options for estate change

6.1.1 From the work carried out in the preparation of this estate strategy the conclusion reached is that in order to deliver on the strategic aims of the Integrated Business Plan investment in estate and infrastructure is required to promote and help sustain the planned growth of maternity services.

6.1.2 For options for development should be considered. A do minimum consideration which addresses the need for inward investment in the estate to create accommodation fit for purpose has been assessed and represents a scheme that is affordable and deliverable. Other options regarding either whole or part new build should be further tested to establish affordability parameters.

6.2 Do minimum delivery – the capital investment programme

6.2.1 The Trust has a five-year programme outlining the areas for investment of both block capital and business case projects. This is summarised in **Appendix D**. The maternity investment plan is reproduced below.

Reference	Detail	2008/9	2009/10	2010/11	2011/12	2012/13
B/2008/125	Eddington Ward refurbishment and infrastructure renewal		1200			
B/2008/126	Old Montuschi and Reckitt refurbishment over 2 years		1200	1400		
B/2008/127	Semple and Murray refurbishment over 2 years		1200	1200		
B/2008/130	Birthing Unit and Labour Ward refurbishment				2000	
B/2008/131	Caerns, Caerns link and Betty Mansell refurbishment			4000		
B/2008/132	Labour ward and theatres refurbishment and expansion				2000	3000
B/2008/133	NICU, SCBU, antenatal refurbishment				2000	3000
B/2008/134	Feasibility, design and business case development	410				
B/2008/135	Childrens OPD expansion		300			
		410	3900	6600	6000	6000

Figure 5; Maternity redevelopment investment plan (£000)

6.3 Summary of disposals and sales proceeds

6.3.1 In order to fund the proposed capital investment, both the Waterlow Building, and the Nurses Home will be sold.

6.3.2 The Waterlow building is currently empty, however the Nurses Home is still occupied. The staff will be relocated to alternative accommodation on Sussex Way.

6.3.3 The therapy accommodation and the Social Work Department, provided in the nurses' home currently, will be relocated into space vacated in existing accommodation made available by the opening of the new wing.

6.5 Forecast effect of environmental strategy for improving environmental performance.

6.5.1 The most significant impact of the new proposals on the environmental strategy will be the refurbishment of existing Victorian buildings to comply with the latest requirements of part L of the building regulations. This standard in itself will see a significant improvement in the internal environment, and the amount of energy used in maintaining comfort conditions.

6.5.2 This is seen as giving the trust a significant boost in its plan to deliver a reduction in the emission of greenhouse gases to the environment.

Environmental targets

The trust has set targets associated with the NEAT strategic objectives. These are summarised below:

	Indicator	Base position	Current position	End 2008	End 2009	End 2010	End 2011	End 2012	End 2013	End 2014
Operational Waste	40% reduction in household waste by 2010 (base 2000)	677 (tonnes)	590	560	530	400	395	390	385	380
	25% of waste to be recycled by 2010 (base 2000)	0	8%	14%	20%	25%	30%	35%	40%	45%
Energy	1% reduction in total energy consumed each year to 2014	26,000,000 (kWh)	29,390,000*	29,100,000	28,810,000	28,500,000	28,230,000	27,950,000	27,675,000	27,350,000
Water	Reduce water consumption to below benchmark set by ERIC data	890 ltr/bed/day	746	720	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%
Energy (Carbon Emissions)	15% reduction on CO ₂ emissions by 2010	7,500 (Tonnes)	7,816*	7,300	6,700	6,200	6,150	6,100	6,100	6,100
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 increased 2006 & 2007 due expansion of site. Opening of PFI development 12,000 m²

Estate occupancy costs

B1 The cost of occupancy of the estate is summarised in the table shown below.

Estate occupancy costs 07/08							
Property	Rates	Utilities	Total Estates Maintenance Non-pay costs	Capital charges	Income (from Leases)	Total	Capital Value (EUV)
Whittington Hospital	£732,024	£1,130,114	£440,799	£7,103,000	-£187,000	£9,218,937	£65,747,029

Figure B1

Appendix C

Current Estate performance

A 6-facet survey was commissioned and completed in 2007 and provides the Trust with detailed information;

- 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

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. 20% of the estate is at or below the minimum statutory requirement
- iv. 30% of the estate is functionally not suitable
- v. 26% of the estate is inappropriately utilised
- vi. 53% of the estate is poor performing in terms of energy utilisation
- vii. 14% 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

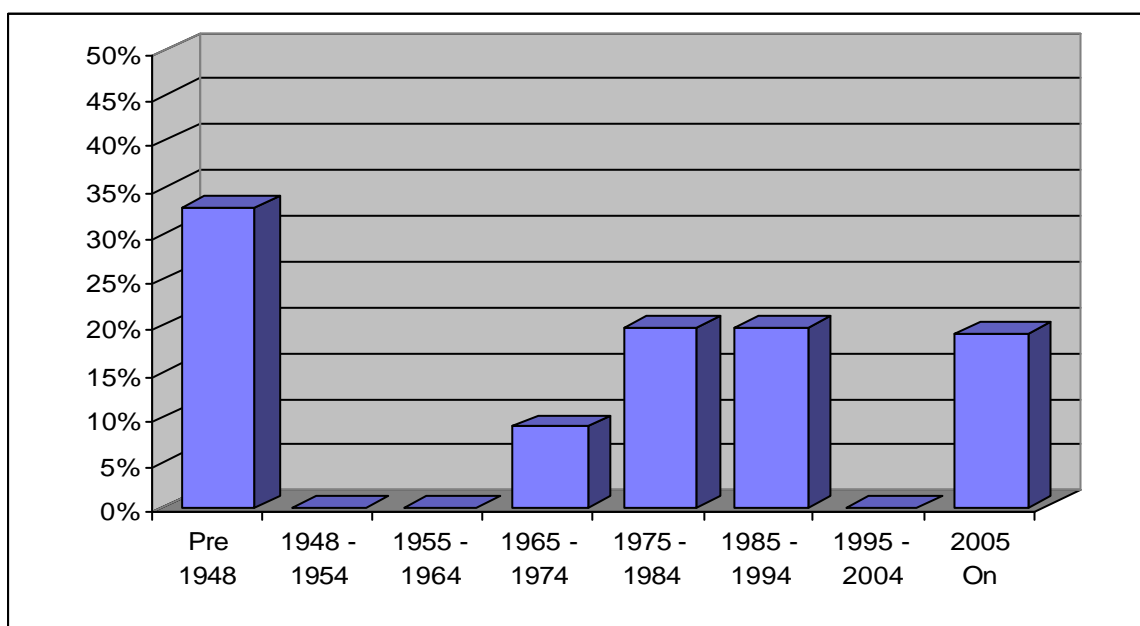


Figure C1: Age profile of estate by percentage as at January 2008

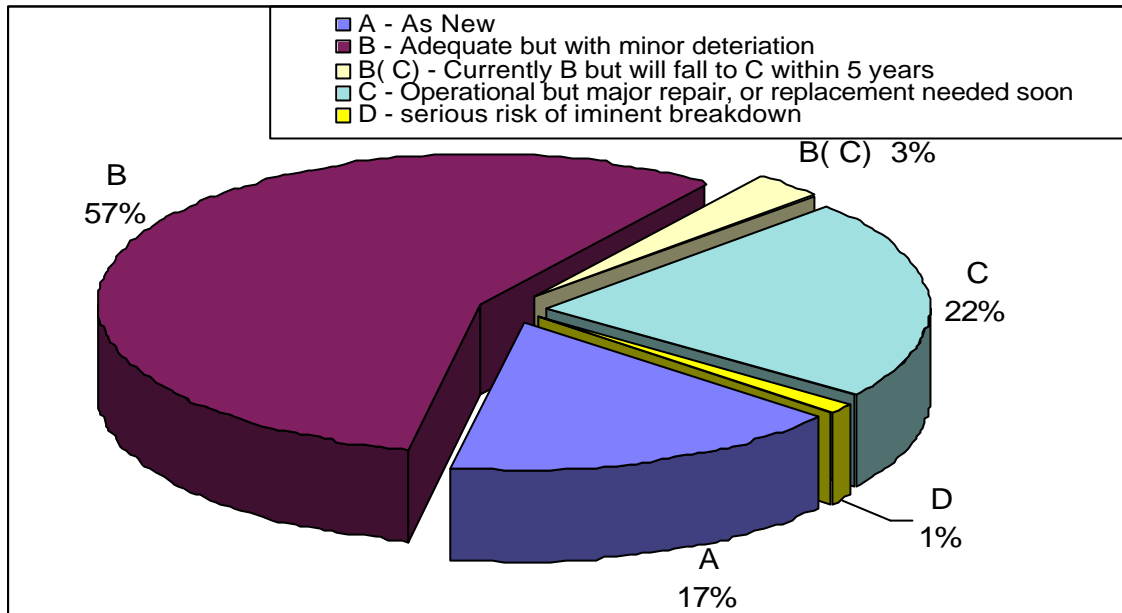


Figure C2: Physical condition

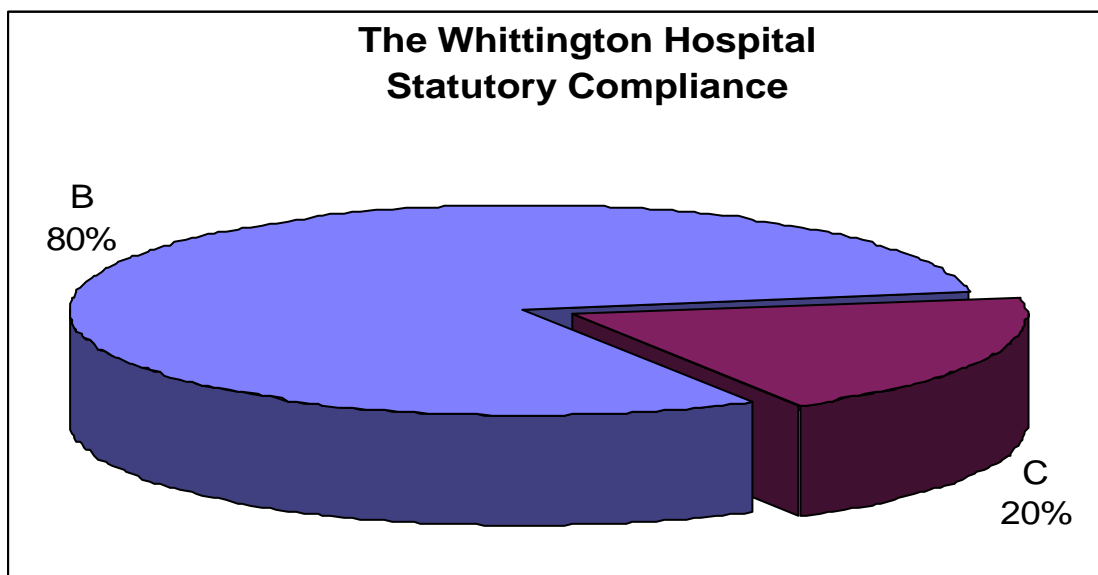


Figure C3: Statutory compliance

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

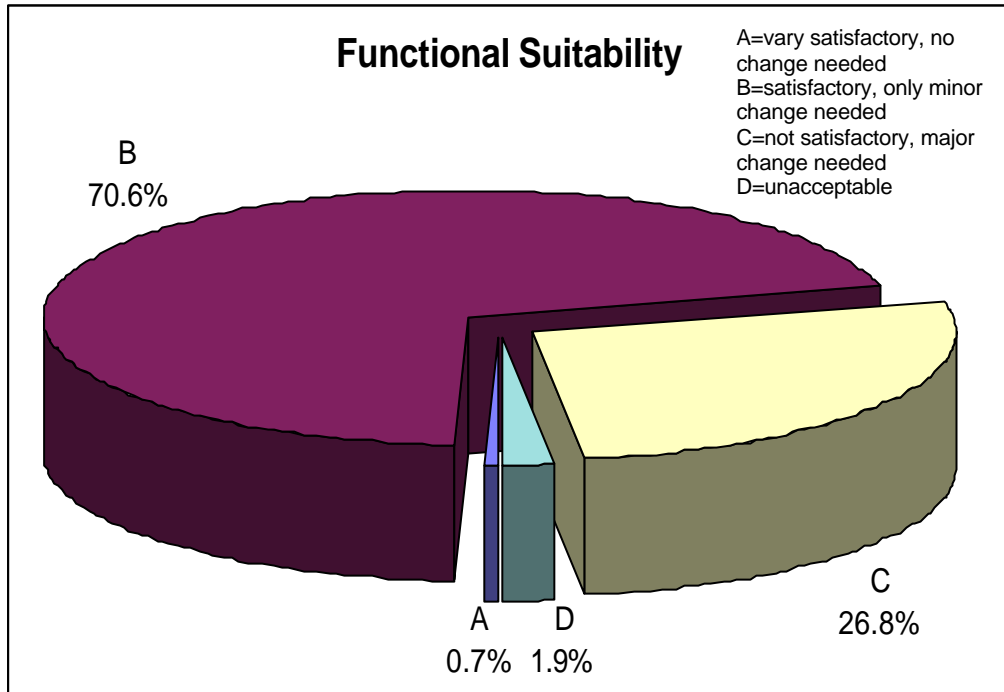


Figure C4: Functional suitability

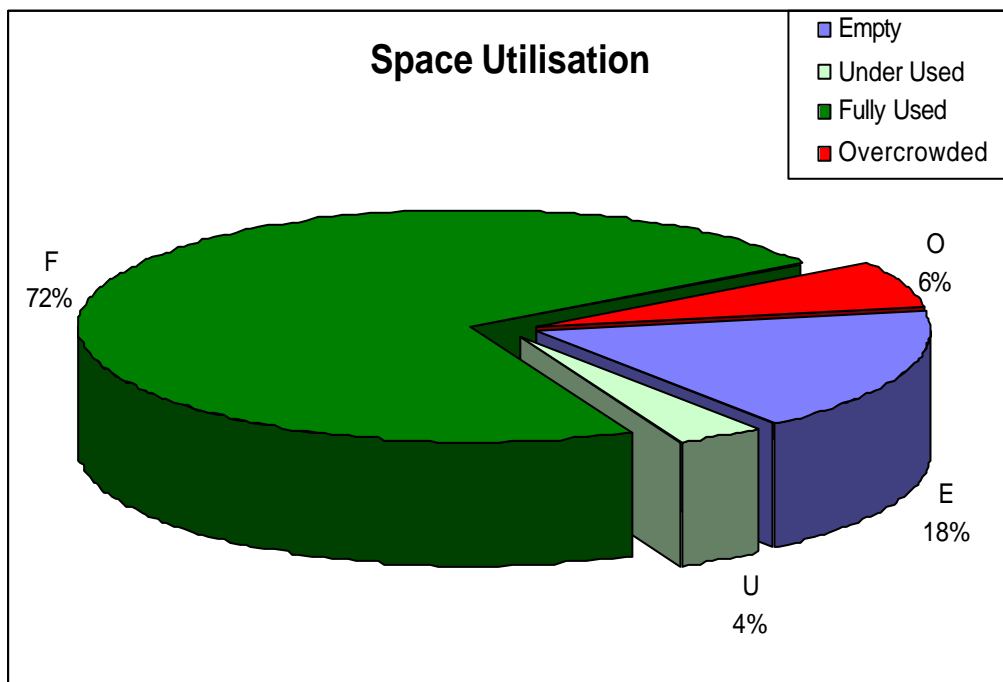


Figure C5: Space utilisation

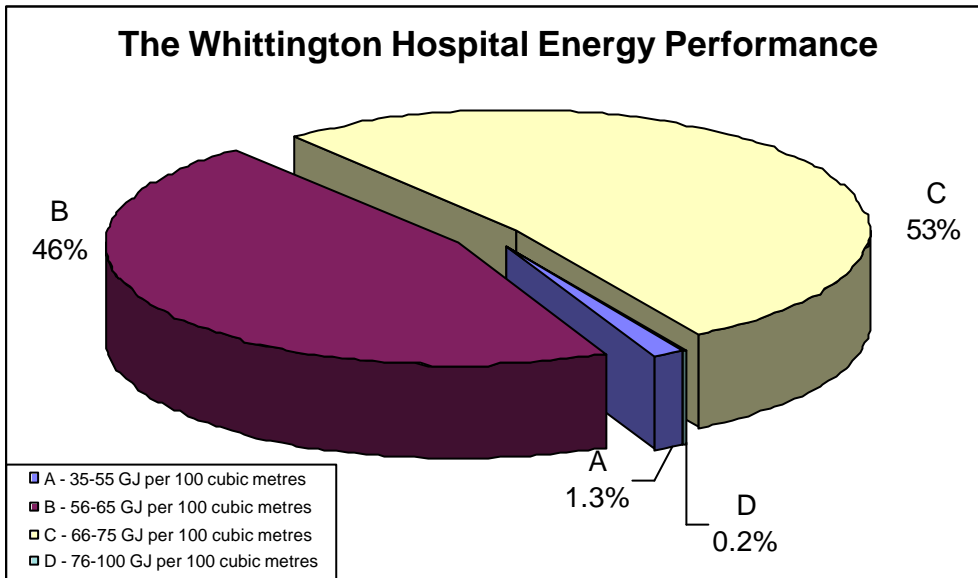


Figure C6: Energy Performance

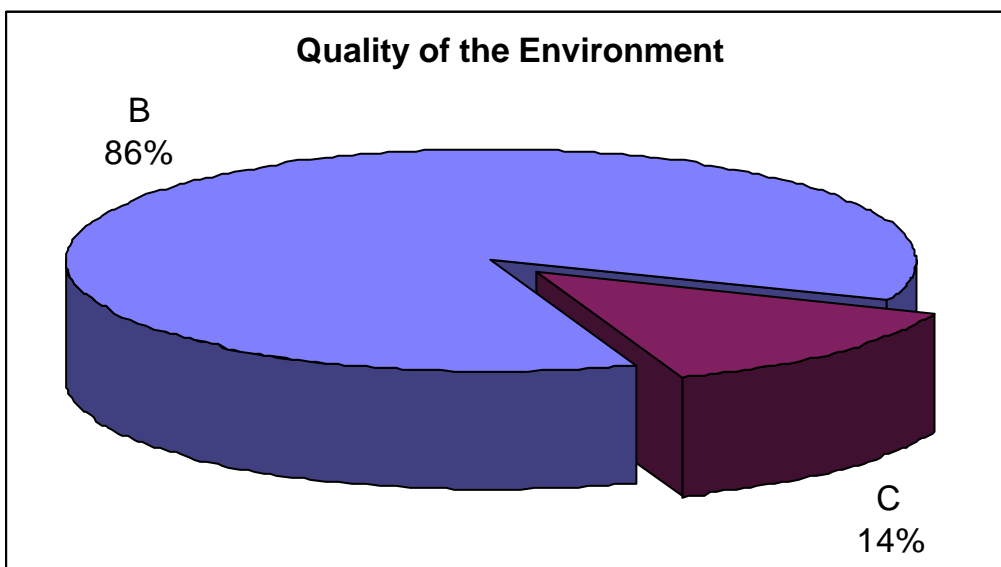


Figure C7: Quality of the Environment

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

BACKLOG COSTS - WHITTINGTON HOSPITAL

Appendix D

BLOCK	CONDITION	QUALITY	STATUTORY	ENVIRONMENT	FUNCTIONAL SUITABILITY	SPACE UTILISATION	BLOCK TOTALS
A	£271,042	£300	£0	£0	£0	£0	£271,342
C	£2,503,245	£6,000	£1,000	£0	£0	£0	£2,510,245
D	£923,676	£64,000	£105,800	£0	£426,000	£1,135,800	£2,655,276
E	£2,006,782	£4,000	£20,000	£0	£2,557,700	£0	£4,588,482
F	£1,118,340	£3,500	£105,000	£9,600	£52,000	£0	£1,288,440
G	£373,853	£0	£41,400	£8,100	£0	£0	£423,353
H	£714,310	£1,000	£0	£23,300	£30,500	£0	£769,110
J	£4,032,796	£0	£5,000	£0	£0	£0	£4,037,796
K	£3,800,922	£53,800	£0	£84,000	£14,500	£225,000	£4,178,222
L	£1,068,311	£82,500	£12,100	£265,000	£7,157,500	£2,880,000	£11,465,411
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	£0	£0	£0	£44,565
S	£311,133	£0	£14,880	£11,200	£60,000	£0	£397,213
U	£0	£0	£115,000	£0	£0	£0	£115,000
W	£212,371	£1,000	£13,400	£1,600	£25,500	£0	£253,871
X	£50,000	£0	£0	£0	£0	£0	£50,000
Z	£72,715	£0	£0	£0	£0	£0	£72,715
SITE	£713,000	£0	£383,000	£0	£0	£0	£1,096,000
TOTAL	£18,310,940	£220,100	£818,780	£405,000	£10,653,700	£4,402,800	£34,811,320

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	PROF 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	

APPENDIX F

Five-year investment plan

Financial Summary

Capital Programme	Allocation 2008/09	2009/10	2010/11	2011/12	2012/13
Main Programme	£ 3,600,000	£ 5,000,000	£ 5,000,000	£ 5,000,000	£ 5,000,000
Phase 2 Maternity/NICU	£ 410,000	£ 3,800,000	£ 6,800,000	£ 6,300,000	£ 6,150,000
PFI residual Interests	£ 1,100,000	£ 1,139,000	£ 1,180,000	£ 1,220,000	£ 1,265,000
Additions to the CRL					
Environmental fund allocation (subject to confirmation)	£ 600,000				
Totals	£ 5,710,000	£ 9,939,000	£ 12,980,000	£ 12,520,000	£ 12,415,000

Applications	2008/09	2009/10	2010/11	2011/12	2012/13
Main Programme					
Premises, Health and Safety, Backlog and DDA	£ 3,830,000	£ 2,480,000	£ 1,495,000	£ 2,395,000	£ 2,160,000
Medical Equipment	£ 370,000	£ 1,550,000	£ 1,175,000	£ 1,606,500	£ 1,252,000
IM&T	£ -	£ 869,000	£ 2,375,000	£ 800,000	£ 1,700,000
Main programme total (includes £600K environmental 08/09))	£ 4,200,000	£ 4,899,000	£ 5,045,000	£ 4,801,500	£ 5,112,000
Phase 2 Maternity/NICU	£ 410,000	£ 3,900,000	£ 6,800,000	£ 6,500,000	£ 6,000,000
PFI residual interest	£ 1,100,000	£ 1,139,000	£ 1,180,000	£ 1,220,000	£ 1,265,000
Cumulative Total	£ 5,710,000	£ 9,938,000	£ 13,025,000	£ 12,521,500	£ 12,377,000

Over / undercommitment	£ 1,000	-£ 45,000	-£ 1,500	£ 38,000
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APPENDIX G

Environmental performance

Energy, Utilities & waste arising

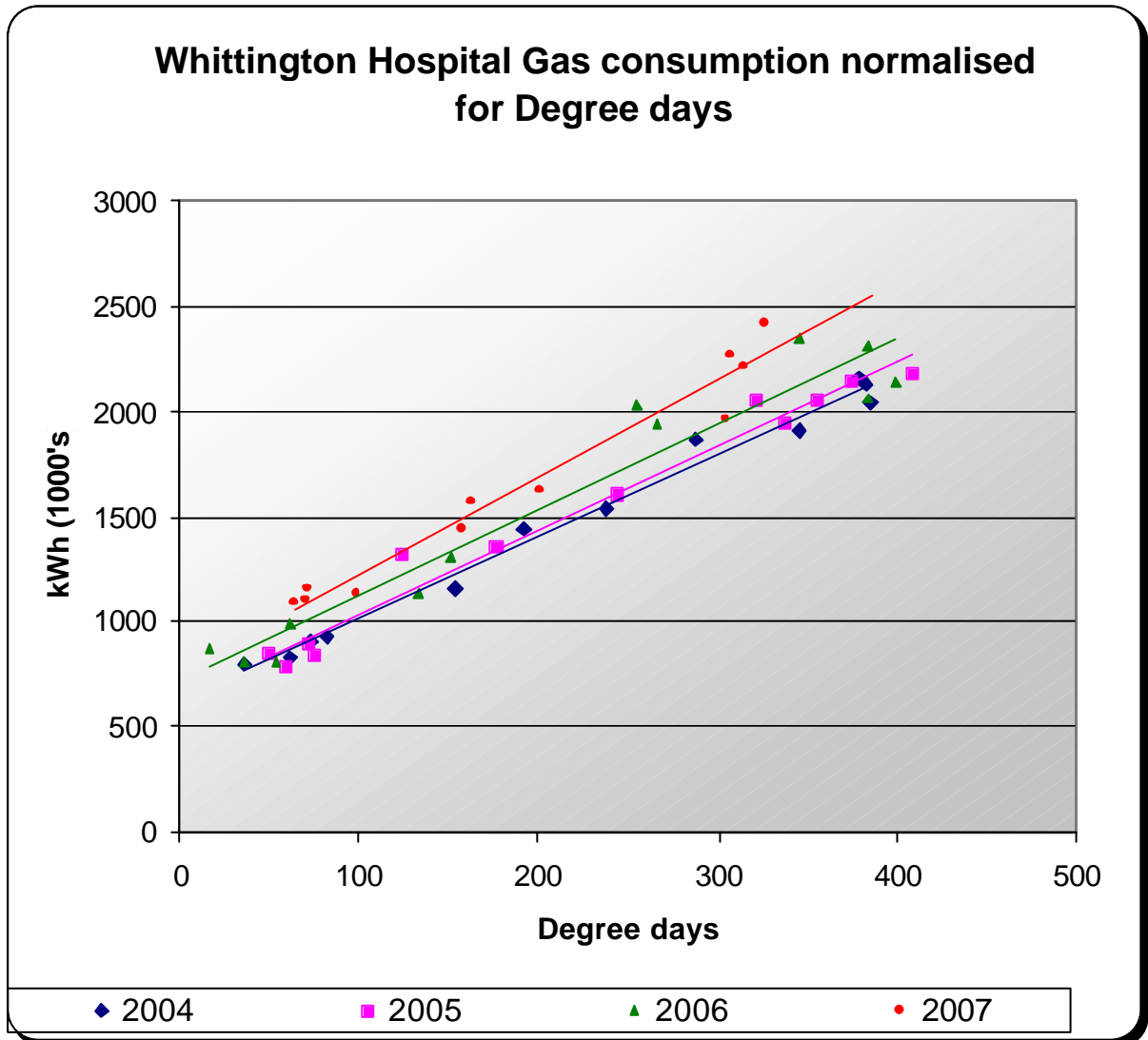


Figure G1: Normalised Gas Consumption 2004 - 2007

Figure G1 illustrated the effective gas consumption used for heating, normalised on a base of 18.5-degree days. The graph shows the effect of the construction and use of the New Acute Wing. 2006 saw the completion and commissioning of hot water and heating systems for the building, and 2007 represents the first full years occupation by Trust departments. Gas consumption has risen by 15% – 20% to cope with the increase in demand for heating and hot water from the New Acute Wing.

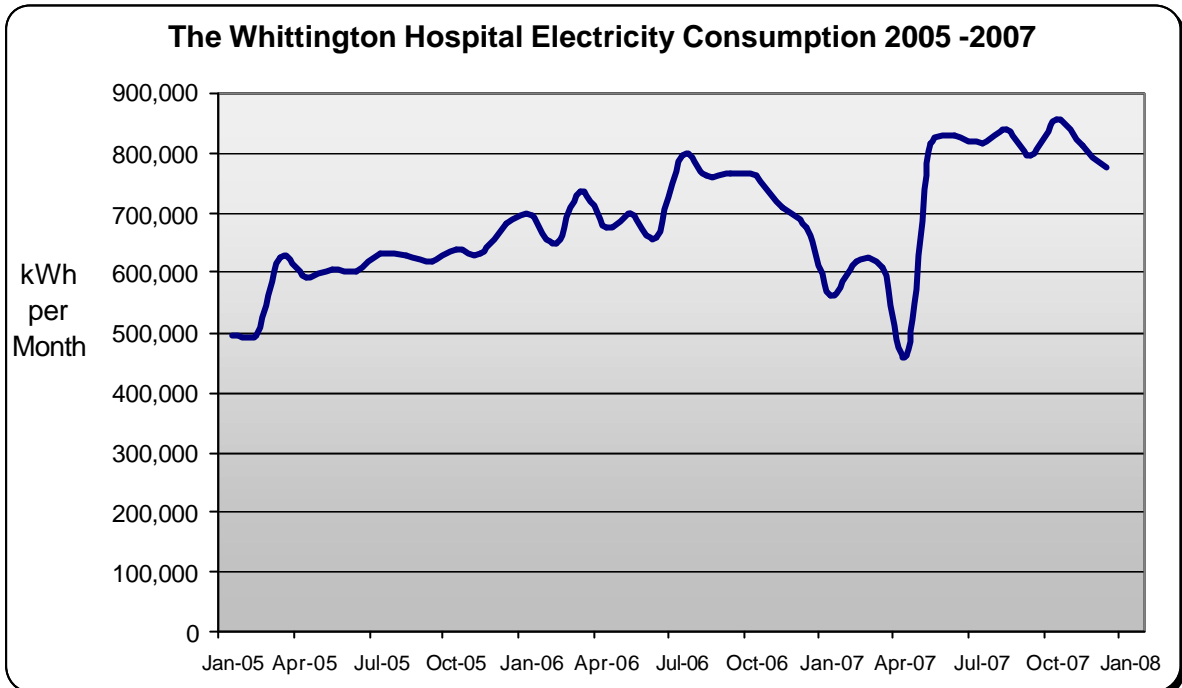


Figure G2: Electricity consumption 2005 to 2007

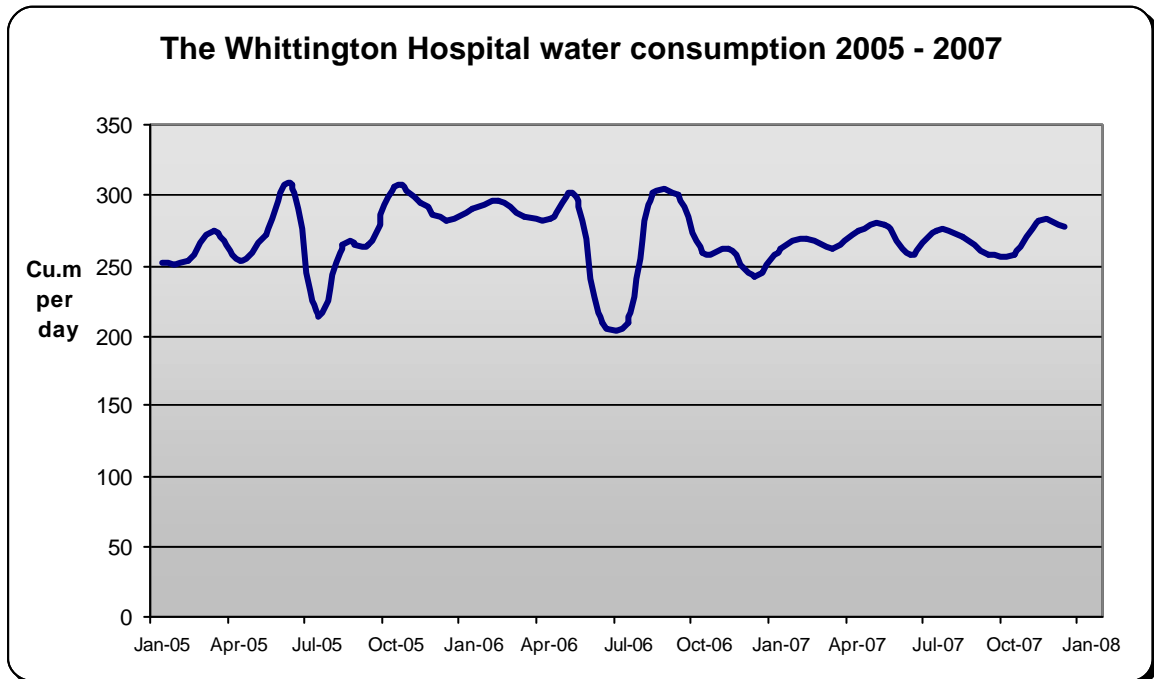


Figure G3: Water consumption 2005 to 2007

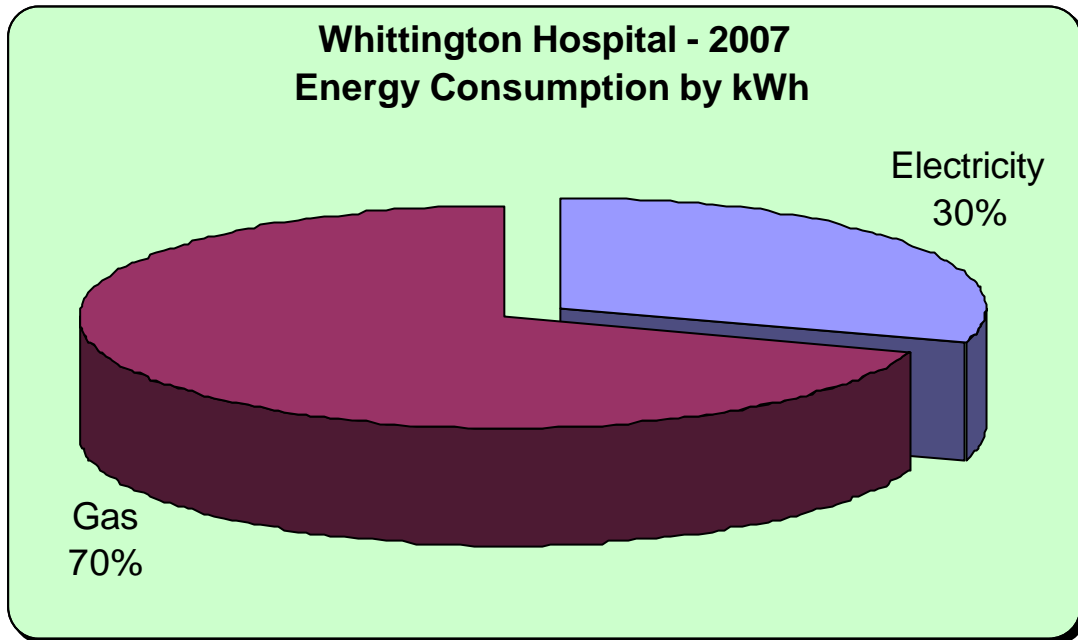


Figure G4: Gas/electricity consumption comparison

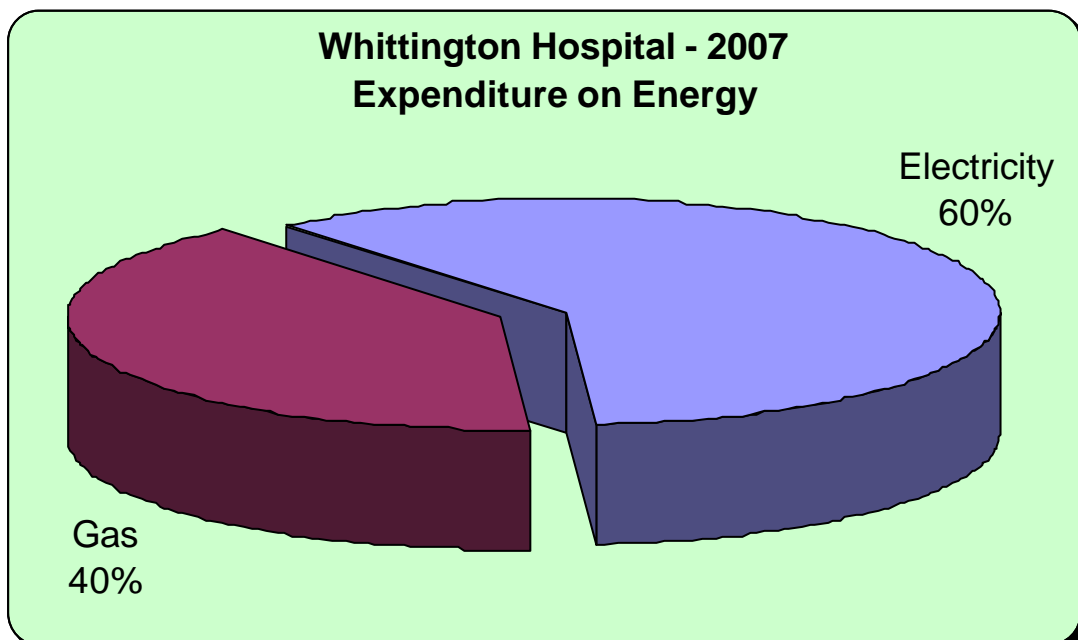


Figure F5: Gas/electricity expenditure comparison

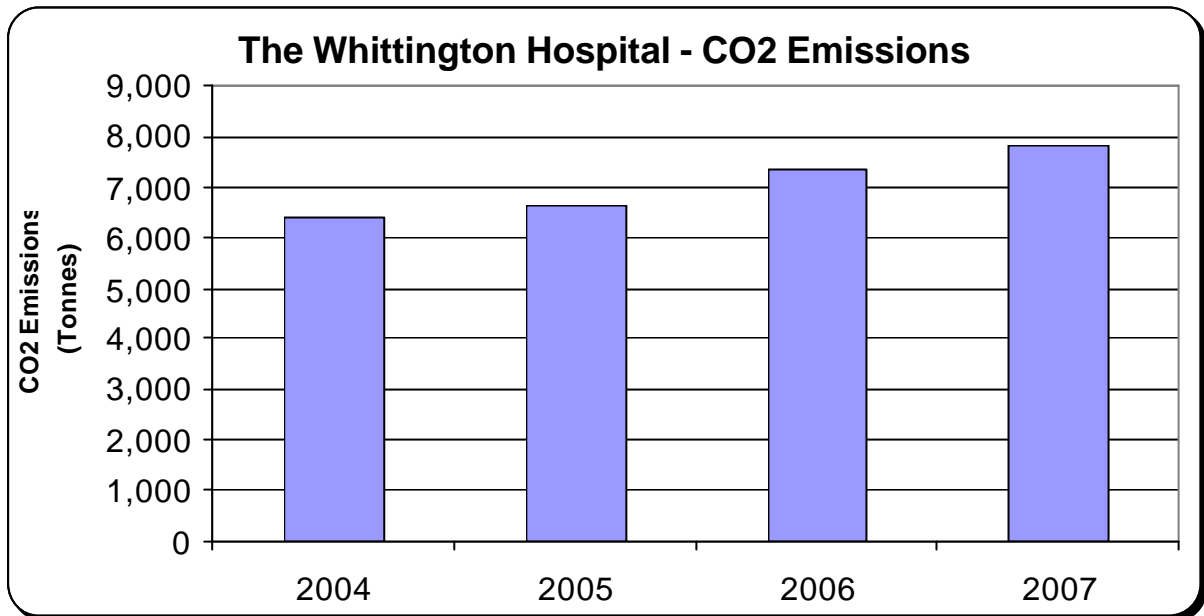


Figure G6: Carbon Dioxide gas emissions



Figure G7: Clinical waste arising

Appendix H - Clinical Accommodation Analysis

	Function Inpatient Beds	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/ Ward Name	No of beds			
1.1	Surgical	Blk L: L4	Highgate Hill Treatment Centre	12	Closed	Decant ward	+ 6 acupuncture beds
		Blk L: L5	Coyle	24	As existing	As existing	
		Blk L: L5	Victoria	26	As existing	As existing	
		Blk L: L5	Thorogood	10	As existing	As existing	
		D Sth: L3	Betty Mansell	16	Closed	NICU	Ward + GAU
			Sub-total	88			
1.2	Medical	Blk A: L4	Nightingale	21	As existing	As existing	3 4-bed bays, 8 side rooms
		Blk A: L4	Mercers	15	As existing	As existing	+ 1 sleep study room
		Blk A: L2	Montuschi	18	As existing	As existing	Includes 6 bed CCU
		D Sth: L5	Reckitt	20	Closed	Maternity Beds	
		E Nth: L5	Semple (diabetes, etc.)	Closed	Closed	Maternity beds	
		E Sth L4 + P L4	Eddington	15	Closed	Maternity Beds	
		D Sth L4	Old Montuschi	Closed	Closed	Maternity Day Service	
		Blk L: L6	Meyrick	28	As existing	As existing	
		Blk L: L6	Cloudesley (inc 18 bed stroke unit)	27	As existing	As existing	
		Blk L: L6	Cavell	28	As existing	As existing	
			Sub-total:	172			

	Function	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/Ward Name	No of beds			
1.3	Acute Admissions	Blk A: L2	Mary Seacole	15	As existing	As existing	
1.4	ED	Blk K: L2	Isis ward	8	As existing	As existing	Observation beds
		Blk K: L2 back	Isolation Beds	closed	9 additional beds	9 additional beds	
			Sub-total:	23			
1.5	Paediatrics	Blk L: L4	Ifor	23	As existing	As existing	
			Sub-total:	23			
1.6	Maternity	E Nth: L4	Murray (antenatal)	18	As existing (18)	Labour Ward	
		E Sth: L3	Cearns ward	13	As existing	NICU	Includes 5 side rooms
		P L3	Caerns link	17	As existing	NICU	Includes 5 side rooms
		E Nth: L3	Labour ward	12	As existing	As existing	Currently 6 side rooms, 4 HDU beds, and a 2 bedded area
		E Sth: L2 + P L2	MAU/McCarthy	Closed	Midwifery-led Birthing Unit	As existing	
			Sub-total:	60			
1.7	Neonates	D Nth: L3	NICU (ITU + HDU)	27 cots	As existing	Antenatal Clinic	
		D Nth: L4	SCBU + transitional care (5)	+ 5 transitional care		Antenatal Clinic	
			Sub-total:	27 + 5			
1.9	Critical Care	Blk A: L2	ITU	15	As existing	As existing	
			Sub-total:	15			

	Function	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/Ward Name				
2.1	Operating facilities	Blk L: L2 + C Nth	6 theatres (1 ultra clean)	-	4 Theatres	As existing	2 day theatres in Block L converted to endoscope decontamination facility and TSSU receiving unit
					TSSU/medical packs	As existing	
2.2	Imaging	Blk A: L3	GP X-ray/US/ Nuclear/Mammo	-	As existing	As existing	
		Blk K: L2	X-ray/CT	-	As existing	As existing	
2.3	Pathology	Blk K: L5	Haematology/ Chem/Histo/ Micro	-	As existing	As existing	
2.4	Pharmacy	Blk K: L1	Main pharmacy	-	As existing	As existing	
		Blk A: L1	Satellite/retail	-	As existing	As existing	
		Blk K: L1	Bulk stores		As existing	As existing	
2.5	Mortuary/Post mortem	Blk W: L1	Viewing area/body store/pm tables		As existing	As existing	Overflow facility located adjacent to block Q. Additional capacity required to decant this store.
2.6	Medical photography	Blk A: L3	Digital imaging		As existing	As existing	
2.7	Rehabilitation	P L1	IP Physio (neuro gym)		As existing	As existing	
		Blk H: L1 + L2	OT/Physio (gym + OP + offices)		As existing	Closed	
2.8	Social Work	Blk H	Social work		As existing	Closed	
2.9	Day Treatment Centre	Blk L: L3	5 theatres + 40 recovery spaces		As existing	As existing	

	Function	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/Ward Name				
2.10	Paediatric Ambulatory Care Unit	BIK L: L4	PACU	8 spaces	As existing	As existing	1 side room used for sleep studies
2.11	Endoscopy	BIK L: L3	Endoscopy		As existing	As existing	
		D Nth L5	Moved to L:L3		Closed	Offices	
2.12	Medical Investigation	BIK K: L3	3 EEG, 2 ECG, Cardiac exercise, 1 lung function, 1 echo (Total 8 existing)		As existing	As existing	? need for expansion
2.13	Outpatients	BIK K: L1	Clinic 1A Medicine		As existing	As existing	Additional space required?
		BIK K: L1	Clinic 1B Ortho/ Fracture		As existing	As existing	
		BIK K: L3	Clinic 3A Medicine: Chest + Cardiac		As existing	As existing	
		BIK K: L3	Clinic 3B Medicine/ diabetes		As existing	As existing	
		BIK K: L4	Clinic 4A Surgery		As existing	As existing	
		BIK K: L4	Clinic 4C Women's health		As existing		
		BIK L: L4	Clinic 4D Paeds		As existing	As existing	
		BIK E Sth: L5	Antenatal Clinic		As existing	Maternity Beds	

	Function	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/Ward Name				
2.14	Emergency Dept	BIK K: L2	Emergency Department	<ul style="list-style-type: none"> • 4 resus spaces • majors • minors 	As existing	As existing	Additional Resus. spaces?
		BIK K: L2	Paeds ED	4 cubicles	As existing	As existing	
2.15	Thalassaemia Day Unit	BIK A: L4	Thalassaemia Unit	10 spaces	As existing	As existing	
2.16	Oncology Day Unit	BIK A: L4	Oncology Day	10 spaces	As existing	As existing	
2.17	Phlebotomy	BIK K: L5	Blood tests		As existing	As existing	
2.18	Older People Day hospital	BIK L: L6	Day Hospital		As existing	As existing	
2.19	Occupational Health	BIK Q: L1 + L2			As existing		

	Function	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
	Ancillary and Support	Location/Level	Function/Ward Name				
3.1	Sterile Services	Blk C Nth: L3/4	TSSU		Closed	Closed	Assume outsourced and storage/distribution only on site.
		Blk D Sth: L2	Medical packs		Closed	Rehab	
3.2	Decontamination		Endoscopy decontamination facility		Blk L: L2	Blk L: L2	To deliver compliant unit
3.3	Staff Changing	Blk C Nth: L3			As existing	As existing	
3.4	Medical records	Blk D Nth: L2			As existing	As existing	
		Blk K: L1 Main store			As existing	As existing	
		Blk X: L2			As existing	As existing	
3.5	Clinical Administration	Blk HGW: L6	Oncology		As existing	As existing	
3.6	Corporate Admin	Blk HGW: L1-5			As existing		

	Function Ancillary and Support	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/Ward Name				
		Blk F: L1-3	Trust Offices; Consultant offices; Medical secretaries		As existing	As existing	
3.7	Catering	Blk C Sth: L3	Chilled food store		As existing	As existing	
		Blk A: L1 Restaurant	N19 Restaurant		As existing	As existing	
3.8	Chapel/Religious Facilities	Blk C Nth: L3	Multi-faith room		As existing	As existing	
		Blk N: L3	Christian Chapel		As existing	As existing	
3.9	Medical Physics	Blk C Sth: L4 Workshop/offices			As existing	As existing	
3.10	PALS	Blk A: L0			As existing	As existing	
3.11	Social club	Blk F: Basement	Sandwich bar and Pub		As existing	As existing	
3.12	Main entrance				Blk A: L0	As existing	
3.13	Retail	Blk A: L1 Coffee Bar	Coffee Bar		As existing	As existing	
		Blk A: L1 Café	Café		As existing	As existing	
		Blk A: L1 Shop	Convenience store		As existing	As existing	
3.14	Estates/Works		Existing 250m ²		As existing	As existing	
3.15	Boiler House	Blk C Sth: L1			Close	Decentralised	
3.16	Stores/supplies	Blk C Sth: L3 (main store)			As existing	As existing	
3.17	Equipment store	Blk N: L2	Bed store		As existing	As existing	Reduced requirement following implementation of managed bed service.
3.18	Linen	Blk C Sth: L2			As existing	As existing	
3.19	Telephone	Blk K: L1	Telephone		As existing	As existing	

	Function Ancillary and Support	Functional Content at March 2008			At start of Maternity/NICU redevelopment (2010)	Proposed 2013	Comments
		Location/Level	Function/Ward Name				
	services		exchange				
3.20	Security	BIK K: L2	Security base		As existing	As existing	
3.21	Training/Seminar	Archway, Holborn Union Building	Postgraduate Centre		As existing		Provision of enhanced facilities could be developed in conjunction with university partners
3.2	Computer Suite	HGW: L1	McKesson training suite		As existing	As existing	
3.33	Docs' Mess Room	BIK C: L3			As existing	As existing	O/Night/On call Common Room
3.34	Hospital at Night	BIK C: L3			As existing	As existing	Potential to merge Mess/H@N to single out of hours facility
3.35	Hospital Radio	BIK J: L0	Radio service				
3.36	Patient Transport	BIK K: L2	Non-urgent patient transportation		As existing	As existing	
3.37	Residential accommodation	BIK H: L3	Individual units			Closed	
		BIK S: L1-3	Cluster flats			As existing	

Appendix I

Site infrastructure developments

1.0 Introduction:

- 1.1 It is likely that in the coming years the nature and distribution of buildings on the Whittington Hospital site will be subject to major change. It is imperative that the engineering infrastructure is developed in a timely manner that ensures it's ability to provide robust, efficient services capable of meeting the demands of the site in its fully developed configuration.

2 Energy:

- 2.1 The hospital is served by a central steam producing boiler house located to the west of A block and occupying the southern end of 'C' block.
- 2.2 The steam raising plant is elderly, inefficient and at the end of its life. The steam distribution system is itself a source of significant energy loss by virtue of the run distances involved in serving the site from one end to the other. The boiler house building itself is in poor condition.
- 2.3 The indications are that long-term retention of the central boiler house and the site wide steam distribution system is not the energy infrastructure solution of choice and will be replaced by a decentralised system.
- 2.4 The opportunity has been taken, in developing the energy centre for the new building, to incorporate within it capacity to allow it to serve 'L' and 'K' blocks allowing these two buildings to become independent of the existing steam boiler house.
- 2.5 At the present time the existing steam raising boiler house continues to serve remaining buildings to the south west of the site as well as blocks F, G and H to the north of the site.
- 2.6 The Trust has been successful in bidding for additional capital to start the process of decentralisation. This work is divided into two phases spread across two years. Phase one will see the Jenner Building, Trevor Clay Centre and the Nurses Home provided with individual stand alone boiler plant to provide heating and hot water services. Phase two will start in 2009/10 and will deal with delivery of heating and hot water to the remaining in patient areas, including C,D and E blocks, or the successor buildings identified as necessary by the site Development Control Plans.

3. Electrical Distribution:

- 3.1 Two 1500kVA transformers are located in a single sub-station off Magdala Avenue. These transformers provide electrical power to the whole site. They were designed and installed as part of the original PFI scheme with sufficient headroom to permit further expansion of services in C, D, and E block.

Appendix J

Trust Performance Indicators (2006-2007)

Section 1; 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 2006/2007. 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:-
- i. North Middlesex University Hosp NS Trust
 - ii. Kingston Hospital NHS Trust
 - iii. Queen Elizabeth Hospital NHS Trust
 - iv. Bromley Hospitals NHS Trust
 - v. Whipps Cross University Hosp NHS Trust
 - vi. The Lewisham Hospital NHS Trust
 - vii. Mayday Healthcare NHS Trust
 - viii. The Whittington Hospital NHS Trust
 - ix. 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.

Section Two; Trust Performance

THE WHITTINGTON HOSPITAL NHS TRUST - 2006/2007

PI SUMMARY	Trust PI	Grouping PI (Percentile Bands)		
		33%	34%	33%
Space Efficiency				
Income £10/m ²	262	224	225 and 257	258
Activity/100m ²	85	87	88 and 108	109
Asset Value £10/m ²	141	187	188 and 223	224
Occupancy Cost £/m ²	210	214	215 and 236	237
Asset Productivity				
Asset Value £10/m ²	141	187	188 and 223	224
Capital Charges £/m ²	146	138	139 and 152	153
Total Backlog £/m ²	247	68	69 and 241	242
Rent & Rates £/10m ²	203	211	212 and 347	348
Asset Deployment				
Land £/m ²	427	640	641 and 750	751
Building £10/m ²	79	106	107 and 139	140
Equipment £/m ²	189	127	128 and 153	154
Capital Charges £/m ²	146	138	139 and 152	153
Estate Quality				
Asset Value £10/m ²	141	187	188 and 223	224
Depreciation £/m ²	86	81	82 and 86	87
Critical Backlog £/m ²	50	27	28 and 45	46
Risk Adjusted Backlog £/m ²	53	34	35 and 94	95
Cost of Occupancy				
Rent & Rates £/10m ²	203	211	212 and 347	348
Energy/Utility £/10m ²	191	183	184 and 201	202
Maintenance Costs £/10m ²	247	226	227 and 262	263
Capital Charges £/m ²	146	138	139 and 152	153

Figure I1; Whittington Hospital Estate KPI Summary

Section 3; Radar Charts

Space Efficiency

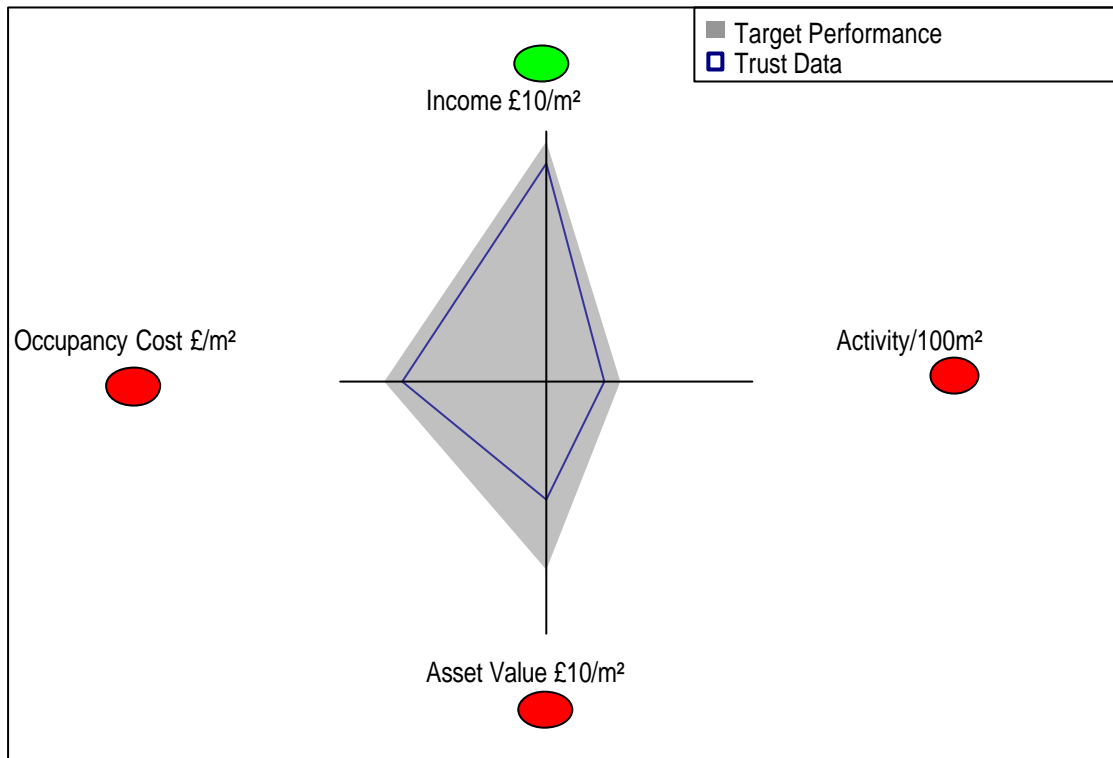


Figure I2; Space Efficiency Radar Chart

- 3.1 The aim of the Space Efficiency chart is to relate the estate and its annual occupancy cost to the output of the Trust.
- 3.2 The chart above indicates that for 2006-2007 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 usage, and hence the improvement when compared to other Trusts from previous years.
- 3.3 Activity per 100m² has remained the same as last year reflecting the increased activity with the increase in floor area of the PFI development

Asset Productivity

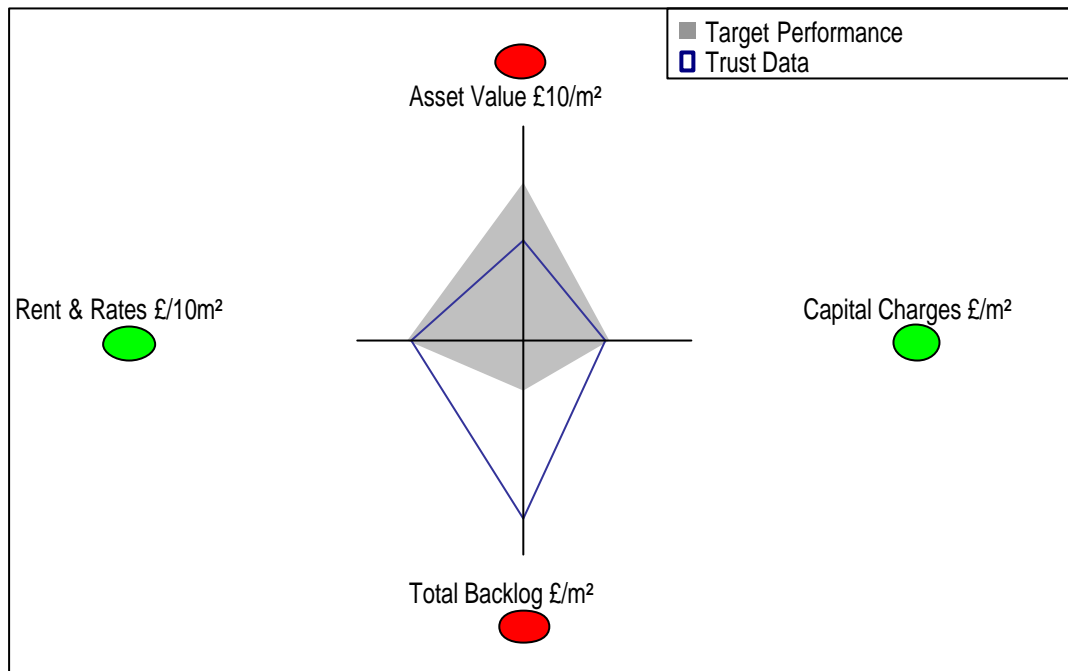


Figure I3; Asset Productivity

- 3.4 The aim of the Asset Productivity chart is to demonstrate 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.
- 3.5 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.

Asset Deployment

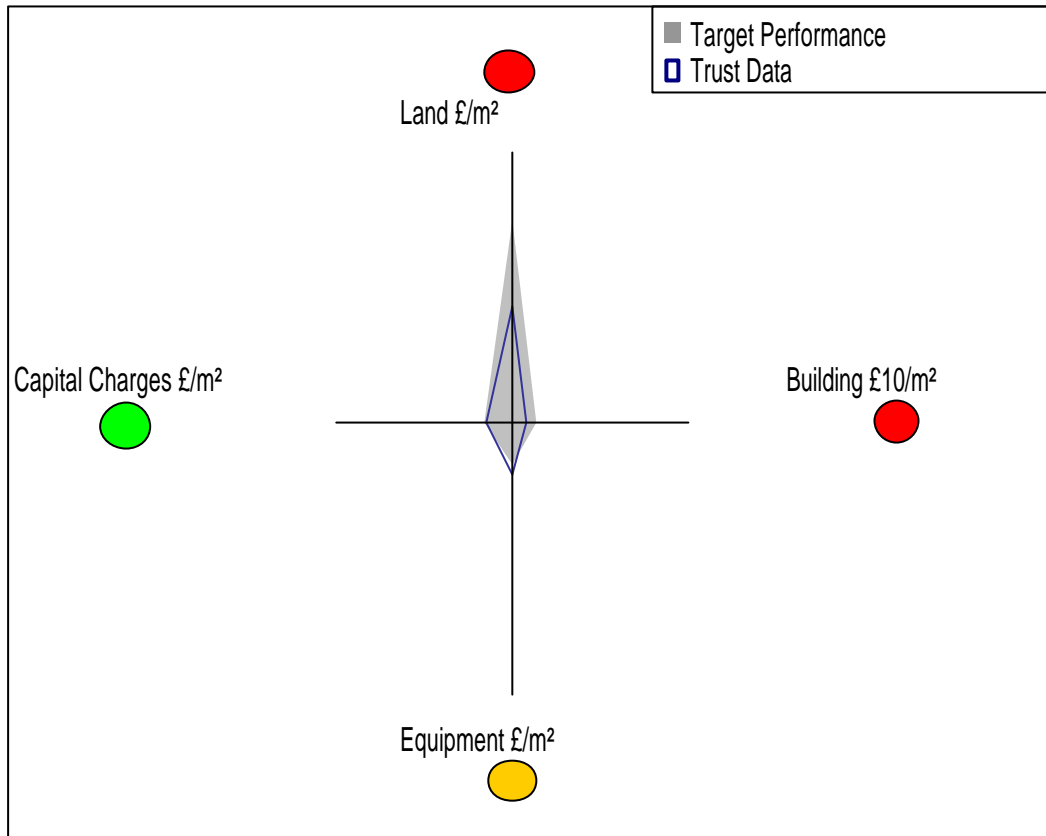


Figure I4; Asset Deployment

- 3.6 Asset Deployment compares the make up of the asset base.
- 3.7 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.

Estate Quality

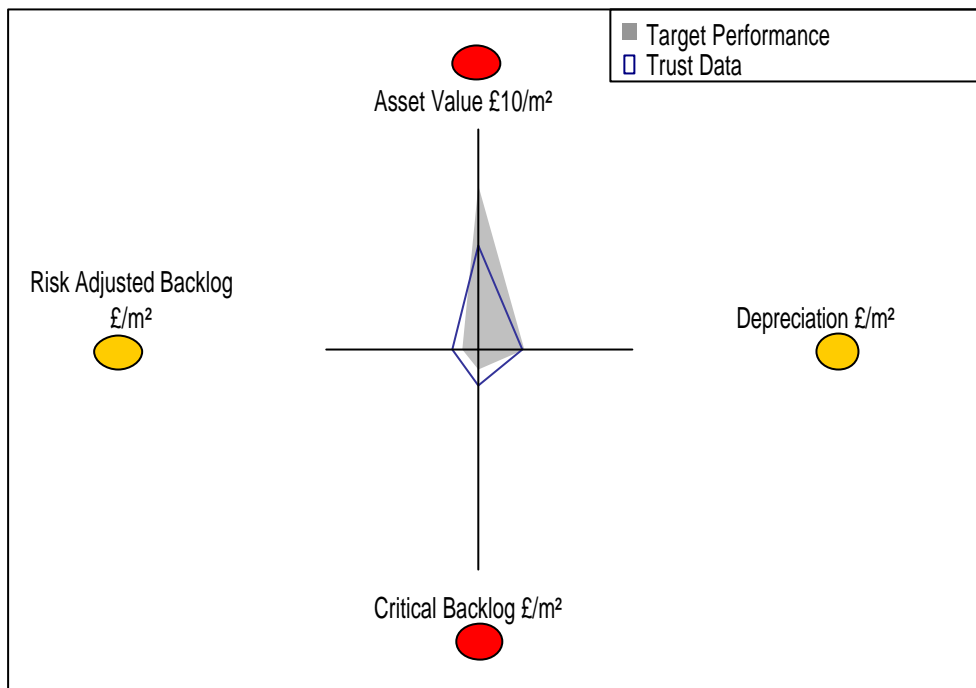


Figure I5 Estate Quality

- 3.8 Estate Quality gives a balanced view of the overall condition of the Estate relative to age and value
- 3.9 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.

Cost of Occupancy

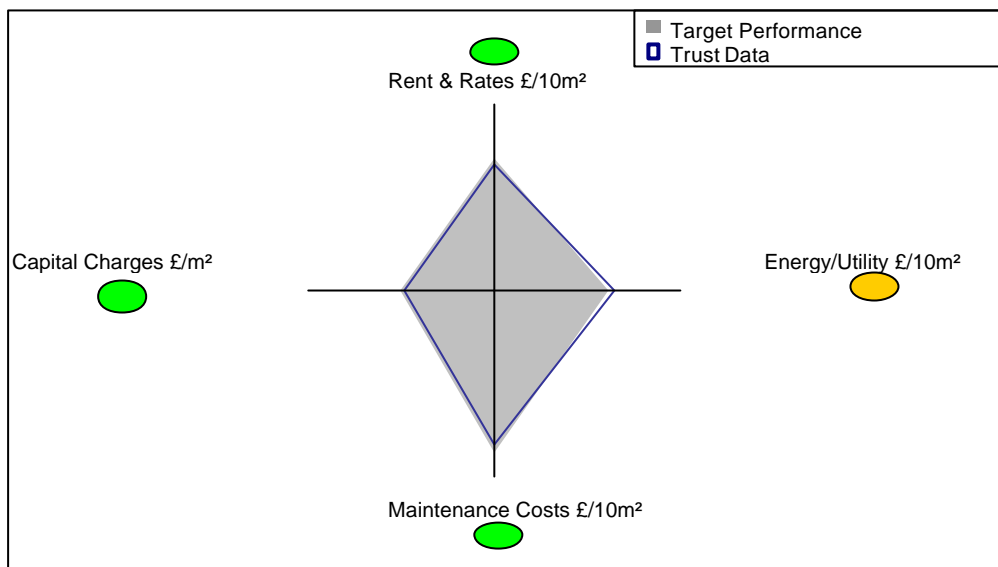


Figure I6; Cost of Occupancy

- 3.10 Cost of Occupancy is used to identify the profile of occupancy costs (revenue).
- 3.11 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.

Section 4; Trust Performance comparison 2004 to 2007

4.1 This chart is compiled from the annual KPIs for the last three 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
Income £10/m ²	170	258	262
Activity/100m ²	70	85	85
Asset Value £10/m ²	156	185	141
Occupancy Cost £/m ²	143	214	210
Capital Charges £/m ²	98	149	146
Rent & Rates £/10m ²	175	180	203
Land £/m ²	557	430	427
Building £10/m ²	87	127	79
Equipment £/m ²	127	151	189
Depreciation £/m ²	56	89	86
Critical Backlog £/m ²	111	63	50
Risk Adjusted Backlog £/m ²	114	68	53
Total Backlog £/m ²	167	258	247
Energy/Utility £/10m ²	127	215	191
Maintenance Costs £/10m ²	140	259	247

Figure 17; 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 the Waterlow Unit (J Block)
- 4.3 **Income** per m² has risen each year. 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.
- 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 years 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 K

A brief history of the Hospital

- i. There has been a hospital on the Highgate site occupied by the Whittington Hospital since 1473, when a hospital was built for lepers.
- ii. 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.
- iii. The Jenner building (as it is now known) is a Grade II listed structure.
- iv. 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.
- v. 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.
- vi. 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.
- vii. 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.
- viii. In 2008 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 L

History of Development Control and block descriptors

- i. The Whittington Hospital is typical of an acute teaching hospital site that has undergone piecemeal development since the 1970's.
- ii. 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.
- iii. Two '*phase 1*' developments were planned and build 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.
- iv. *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.
- v. Block C – this block contains the main energy plant, Sterile Services Department, Medical Physics Department, workshops and support staff accommodation.
- vi. Blocks D and E – these blocks house medical wards, Neonatal Intensive Care Unit (NICU), delivery rooms, maternity wards, and an obstetric theatre.
- vii. Block S contains doctor's residential accommodation.
- viii. 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 the new ACAD building. It provides extended ward accommodation to existing wards in D & E
- ix. Blocks F & G – contain office and educational facilities. Block G is leased to Middlesex University. Block 'F' is listed
- x. Block H contains residential accommodation, physiotherapy services and social work services. Patient services will be accommodated in the

-
- proposed redevelopment of the Victorian wings. This building will be emptied for disposal
- xi. Block J (the Waterlow Building) This building is currently vacant, and is planned for disposal in 2009/10
 - xii. Highgate Wing – Leased by the Whittington Hospital from a private landlord.
 - xiii. Highways and Parking – the development plan for the Whittington will result in a much more compact site which will reflect government and local authority policy on reducing car use. Only essential user and drop off parking will be permitted on site
 - xiv. Town Planning – The Whittington Hospital does not envisage any major difficulties in obtaining planning approval for its development proposals. The local authority is very supportive of the Whittington Hospital's plans as part of the regeneration of the local area. Retention is planned of the listed building block F and no significant changes to densities are proposed or adverse impact on nearby housing. Local authority preference for any surplus land is likely to be for housing. Discussions with The London Borough of Islington have shown that there is a demonstrable will on the part of planning officers to work with the Trust to maximise capital receipt on sale of land.
 - xv. Decanting strategy – The space released by the opening of the new wing means that delivery of the proposed £23.5 million development can be achieved by a series of refurbishments and decants. This minimises investment in improving accommodation for short-term decants, and ensures better value for money for the investment.