

WHITTINGTON HEALTH

Estate Strategy

2016-2021



Version	Date
Final – for approval at Trust Board 03.02.16	27.01.16

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1.0 Executive Summary

1.1 Our estate strategy

We have a clear vision for our estate – to support excellent healthcare with high quality, patient focussed environments. Our estate strategy sets out our plan to make sure we have the right facilities to deliver our services, both now, and in the future.

Our five year strategy provides a framework for future decision making on the future development and management of the Trust's estate for the period 2016 to 2021. The strategy provides a review of the Trust's current estate, analysis of how our estate needs to develop to support the delivery of our five year clinical strategy, and sets out what is required and how this could be delivered.

This document replaces our previous estate strategy, written in 2013.

1.2 Where are we now – the challenge?

We need a modern estate that is designed to deliver our clinical services and enables us to provide care, where and when people need it. We are committed to providing our patients, staff and communities, with care in buildings that are fit for the provision of modern healthcare services.

Our analysis shows that our estate provides a good foundation for meeting our patient's future needs and for developing the opportunities identified in this strategy.

Hospital site: Our hospital site, located in Archway, is the main site for delivery of our acute clinical services. The site is bisected by an access road and the majority of clinical and patient activities take place south of this road. This area will continue to be the focus for our acute clinical services.

The hospital site has a number of clear investment needs, including backlog costs to bring the estate up to national condition B standard of c. £16.4m. An additional investment of c.£40m is needed to deliver a fully sustainable and functional site and enable us to meet national guidelines regarding patient space, privacy and dignity.

The area north of the access road is primarily used for non clinical services and offers a flexible space that could be redeveloped to improve and enhance the services we offer, without impacting on our existing clinical activities.

Community estate: Our community estate is mainly spread throughout Haringey and Islington. As part of our remit to deliver community services in these areas, we inherited occupancy rights for a number of properties from two Primary Care Trusts (PCTs) in 2013. Our community buildings require an investment of c.£6.5m to bring them up to national condition B standard.

As local authorities and clinical commissioning groups (CCGs) begin to look at how health services are delivered locally, there is an opportunity for us to work closer with these partners to reconfigure our services to deliver better care for patients in improved environments.

It is important to note that our community estate is also part of a national review of public sector health and social care assets. The Department of Health (DH) has asked for a CCG led strategic estates plan, and we are working closely with our CCGs to ensure our vision aligns closely.

1.3 Where do we want to be and what is required - building our future together?

To ensure we have the right buildings and estate in place to support our patients, we must understand the demands that will be placed upon our services over the next five years. A number of drivers have been explored and shape the themes around which this strategy is based.

Drivers

- **Clinical strategy:** Our clinical strategy (2015-2020) focuses on our development as an integrated care organisation, with seamless delivery of care across acute and community sites in Islington and Haringey. The Clinical Strategy describes the following mission, vision and strategic goals.

Our mission: “Helping local people live longer, healthier lives.”

Our vision: “Provide safe, personal, co-ordinated care for the community we serve.”

Our strategic goals:

1. To secure the best possible health and wellbeing for all our community
 2. To integrate/co-ordinate care in person-centred teams
 3. To deliver consistent high quality, safe services
 4. To support our patients/users in being active partners in their care
 5. To be recognised as a leader in the fields of medical and multi-professional education, and population based clinical research
 6. To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population.
- **Stakeholders:** We want to work with our community and stakeholders at every stage to help us shape and deliver services that are fit for the future. We been working with staff, patients and other key stakeholders to understand their views on the future direction of our estate to help inform our strategy.

Initial conversations have uncovered a range of views, however, there is a universal acknowledgement of the need for investment and change, supported by innovative and creative thinking.

As an active member of the Haringey and Islington Estates Group, which brings together representatives from CCGs, local authorities and local provider trusts, we are working to develop an integrated approach to the future development of the overall estate. A number of work streams are being considered including: integrated networks/hubs, shared administrative functions and premises, provider plans and Haringey Council commercial premises.

- **National, local and Trust Drivers:** national, local and Trust service drivers are summarised in the table below:

Figure 1.1 national, local and Trust service drivers

Quality Expectations from patients and regulators Competition for patients Care close to home High quality emergency and urgent care New investigations and treatments	Financial Reduce income and expenditure (I&E) deficit Limited access capital to support investment Population growth Need value for money in procurement
Meeting local health needs Rising activity levels Health inequalities Relatively young population Ethnic diversity Prevention of ill health	Staff Need to attract and retain high quality staff Need high quality facilities to train & develop staff
	Structural Improve integration in acute & community estates Working with partners in health & social care

Estate strategy principles

This estate strategy outlines our commitment to providing high quality patient focussed environments, whilst balancing service delivery, affordability and risk. The key principles underpinning our estates strategy are described in Fig 1.2 below:

Figure 1.2: Estate strategy principles

Estate Strategy Principles
Patient centred Improve the estate to be patient and client centred with ease of access to care, both physical access and transportation access; supporting the co-location of services to enable integrated care through the development of integrated networks/hubs.
Quality Improve the quality of the estate to meet patient and staff expectations.
Effective use of assets Maximise the effective use of the estate to support clinical service delivery.
Design Ensure that our estate has flexible and modern space in all our buildings.
Capacity Ensure that the Trust's estate has the capacity to meet demand for healthcare in the right places.
Statutory and non-statutory compliance Continue to manages estates risks and meet all necessary standards.
Future sustainability Ensure that the delivery of the estate strategy supports the future sustainability of the organisation in terms of quality, financially, effective working and environmental sustainability.
Partnerships and engagement Maximise the opportunity of partnerships and engagement with our local community and ensure Trust plans align with wider health economy plans.

1.4 What is required and how do we get there?

What is required?

From the analysis of where we are and where we want to be to deliver the best service to patients, there are five key deliverables required:

- Targeted investment in the hospital site is required to ensure the estate supports the delivery of high quality clinical services. Many of the buildings require redevelopment or refurbishment.
- Investment in, and reconfiguration of, the community estate portfolio is required to support the development of integrated networks/hubs; provision of high quality clinical and patient care environments; and more efficient service delivery.
- Investment is required to maintain and develop high quality training and education and research facilities.
- Investment is required to ensure that our staff have access to low cost, high quality staff residences.
- Investment and a change in working practices is required to enable non-clinical support and corporate services accommodation to be reconfigured and used more efficiently.

This strategy concludes that the current estate offers a number of development opportunities which could be delivered on the hospital site or within the community, which would support Whittington Health deliver its mission to ‘help local people live longer, healthier lives’, and support the investment requirements identified.

How do we get there?

To deliver our plan of a modern estate, we need:

- To consider entering into partnerships that will allow us to secure the funding we need to improve services within the current challenging public capital funding environment.
- To investigate the possible release or the redevelopment of under used buildings, to enable the necessary redevelopment for clinical services.
- To explore partnerships with other providers to develop under used buildings, helping to secure future income and sustainability.
- To develop a detailed prioritisation of requirements, scoping of options and preparation of business cases.
- To deliver informed estate efficiencies, as part of good practice and to support the reduction of our operating deficit.
- To invest in information technology (IT) as a key part of changing working practices and helping to reduce occupancy levels.
- To invest in change management to support planned changes in working practices.
- To continue to engage with stakeholders, the public and interest groups, and secure their support.

1.5 Conclusion

This strategy confirms that there are a number of opportunities open to the Trust that will allow us to create the high quality, patient focussed environments we need. Our strategy provides high level direction for estate development, allowing flexibility to accommodate evolving service delivery plans.

There are a number of steps we will need to agree and undertake to deliver the planned and possible developments that have been identified.

- The Board to decide whether and how to proceed with the procurement of a partnership delivery vehicle.
- To prioritise and scope Development Control Plan projects.
- To improve the extent, accuracy and currency of estate data.
- To invest in Information Technology – a key element in the success of proposed developments and changes in working practices of staff.
- To invest in change management activities aligned with estate, stakeholder engagement and technology work streams to offer the best chance of successful transformation.
- To continue to engage and communicate with stakeholders.

2.0 Where are we now?

2.1 Trust profile

Whittington Health NHS Trust is an integrated care organisation providing hospital and community care services to a population of approximately 500,000 people living in the north London Boroughs of Islington, Haringey, Barnet, Enfield, Camden and Hackney. We have an annual income of c. £295 million and employ over 4,400 staff. Acute services are provided at its St Mary's site, (Fig 2.1), the Whittington Hospital, and in more than 39 locations across the community (Fig 2.2).

Clinical performance – our clinical performance for 2014/15 against national targets demonstrated increasing improvement and compliance with targets, including in our emergency department, ambulance turnaround and 18 and six week treatment targets.

Financial performance – in common with many other NHS organisations, we are faced with financial challenges, with a £7.3million deficit in 2014/15 and a projected deficit of £15m for 2015/16.

2.2 Islington and Haringey key facts

Population is projected to increase 6% between 2011 and 2021 (total population) and 11% in the over 65 population across both boroughs¹.

Age profiles in Islington and Haringey show similarities and have higher proportions of younger people than other London boroughs. There are strong parallels in terms of age demographic. This has implications on the type and volume of services we provide and those provided by other health and social care partners.

Life expectancy has marked inequalities: the poorest in Islington will live for 6.3 (men) and 8.3 (women) fewer years than the richest.

Ethnicity is diverse across both boroughs, with more than 100 languages spoken in Haringey.

Health and wellbeing issues show poor performance in areas relating to smoking-related conditions and deaths, substance misuse and mental health issues in young people.

CCGs (Islington and Haringey) have aims to address the key health and wellbeing issues in each borough, especially by prevention.

2.3 Our services

We provide a range of acute and community integrated services through seven Integrated Clinical Service Units (ICSUs). These ICSUs provide services across the hospital, community settings and in the home to fit the needs of patients. The ICSU structure was put in place in summer 2015, partly in response to our clinical strategy.

¹ GLA 2014 Round SHLAA Capped Householed Size Model Short Term Migration Scenario Population Projections (April 2015)

Figure 2.1: Integrated Clinical Service Units



2.4 Our estate

Acute site

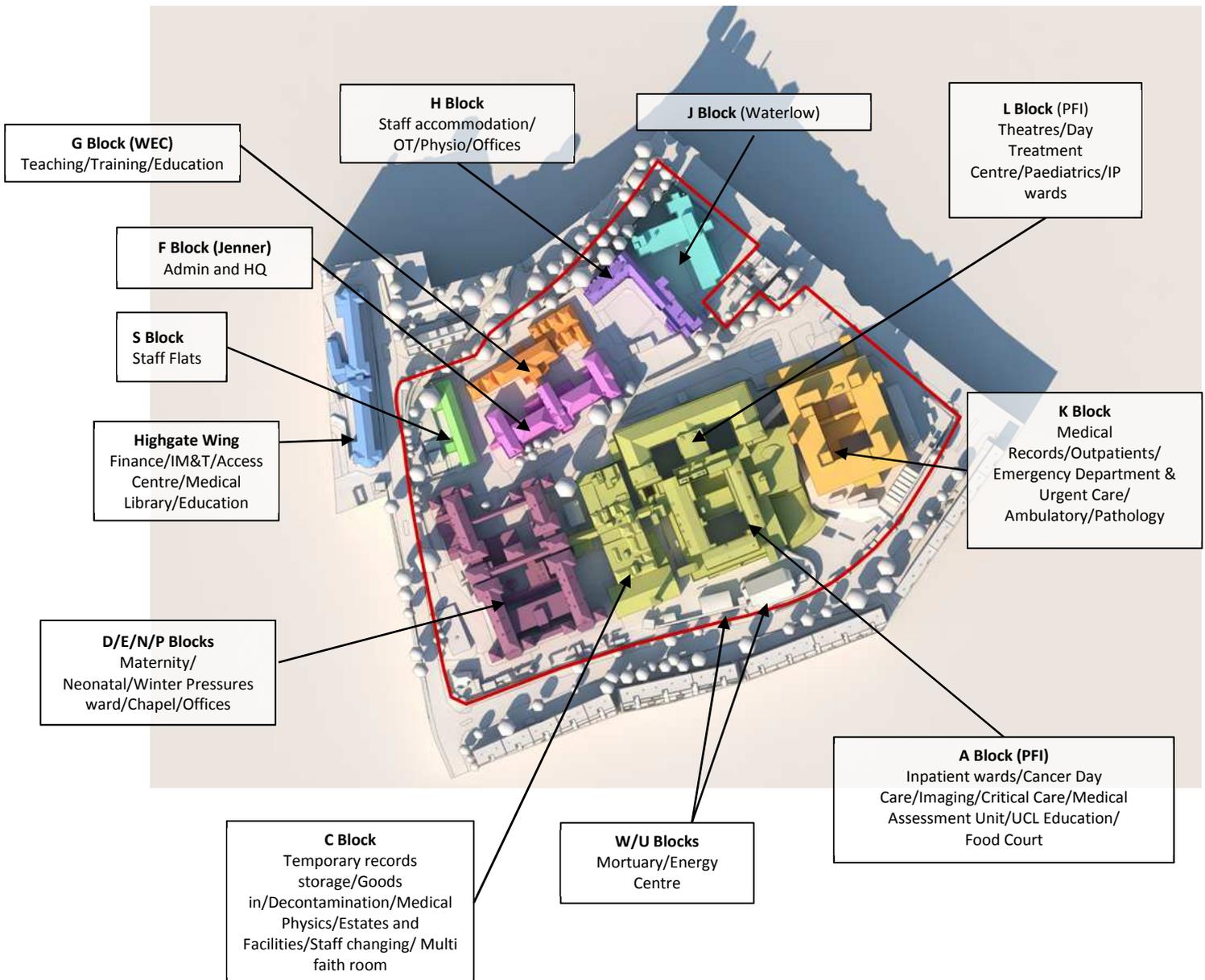
The Whittington Hospital site is located in the Archway/Highgate area of north London, within the London Borough of Islington, close to Archway Underground Station. The overall site area is approximately 4.6 hectares. The map at Fig 2.2 shows the main buildings at the hospital site, which provide floor space of over 70,000sqm. Buildings within the red line are owned by Whittington Health with the exception of Blocks A and L. Blocks A and L are operated under a 28 year arrangement with a special purpose vehicle formed to develop and maintain facilities on the site under a Private Finance Initiative (PFI) contract. This agreement ends in October 2034.

In addition to the hospital site, we offer staff accommodation under a partnership agreement with London Strategic Housing at a site nearby at Sussex Way, N19, and accommodate some corporate services in Highgate Wing, which is owned by a private landlord.

The site is bisected by a middle access road. Most clinical and patient activities take place south of this road. Buildings on the north of the site provide HQ, education, meeting or residence functions; the only clinical functions are outpatient Physiotherapy and Occupational Therapy services. The area north of the access road offers immediate opportunities for redevelopment to improve and enhance our services, without causing significant disruption to our existing activities. Specific opportunities have been identified and these are explored in detail in Section 4.

The Net Book Value of the hospital site buildings is £99.9m and £31.1m for the land.

Figure 2.2: Whittington hospital site – key buildings



The community estate

Whittington Health occupies space in more than 39 properties located primarily in the London boroughs of Islington and Haringey, with smaller satellite sites for specific services located in the London boroughs of Camden, Barnet and Enfield. Figure 2.3 shows the location of the community premises by tenure and the borough boundaries of Islington and Haringey. Outside the main Whittington Hospital site we have nine freehold premises and occupy space in eight Local Improvement Finance Trust (LIFT) premises, as well as space in other rented properties. The Net Book Value of the freehold community premises is £8.5m for land and £21m for buildings.

We want to work collaboratively to achieve:

- More effective use of our existing estate to meet health and social care needs, including primary and community based care improvements
- Reduced running costs
- A reconfigured estate to better meet commissioning needs
- Agreements to share property (particularly between health and social care and wider public sector)
- Use of surplus estate to generate capital for reinvestment or a revenue stream
- Effective future investment.

2.5 Detailed estates information and performance

To understand how our estate can best support the delivery of the clinical strategy and service priorities, reviewing the amount, location and type of accommodation for services is part of best practice estate management.

The Trust has data on the specifics of occupation and performance of the estate. This information includes:

- Tenants and third-party occupiers
- Estates Return Information Collection (ERIC) data on age, performance and costs, with comparisons to a cohort
- Six facet information on the condition and utilisation for acute and community sites
- Backlog maintenance
- Capital developments
- Estates costs
- Estates and facilities risks
- PLACE (Patient-Led Assessments of the Care Environment) assessment
- Environmental performance
- Town planning considerations.

Key findings from the estates information are described below:

- Our current estates portfolio consists of a mixed position, with many buildings requiring significant improvement or redevelopment to address substantial functional suitability deficiencies. Our estate has developed in a reactive way as a result of historical artefact rather than as a response to delivering a clinical strategy.
- Overall total backlog costs for our estate (including uplift for works costs) are c. £23m.
- The majority of backlog maintenance costs relate to the hospital site in Blocks C, D, E, F, H and K.
- There are significant backlog maintenance and quality costs associated with the following community premises: The Northern; Hornsey Rise Health Centre; Highbury Grange Health Centre; Crouch End; and Lansdowne Road.
- There are backlog maintenance issues associated with Finsbury Health Centre.

- Around a third of the hospital site was built pre 1948, with 18% built after 2005.
- We occupy space in more than 39 community premises, 9 of which are freehold and 8 are Local Improvement Finance Trust (LIFT) premises.
- LIFT premises provide higher quality environments, but are significantly higher cost per square metre than our other estate.
- We have a number of tenants in freehold properties who often provide complementary services.
- Nationally collected estates performance and cost data suggests we generally perform well – we are close to median values across a number of measures, with the main areas of lower performance relate to space per patient and single bedrooms.
- The 2014 Patient-Led Assessments of the Care Environment (PLACE) assessment shows that the main areas for improvement, in relation to the average, are privacy and dignity, and general building maintenance.
- Sustainability has been a priority for us and there has been some effective work done to minimise waste, promote efficiency, and contribute to the local community. We are also pursuing individual projects that improve environmental performance, such as RE:FIT.

2.6 Summary

Our existing data shows that our estate provides a good platform for developing the opportunities identified. Staying the same is not an option and whilst there is investment required to deliver high quality clinical environments, there is significant potential within the existing estate to generate efficiencies and create investment opportunities.

3.0 Where do we want to be?

This section of the document outlines the factors that will drive changes to our estate in the future, as a result of enabling the delivery of our clinical strategy; listening to our stakeholders; addressing issues with the existing estate; or responding to developments in the healthcare environment and best in class healthcare estates developments.

3.1 Our corporate mission and vision

Our mission and vision are to *'provide safe, personal, coordinated care for the community we serve in order to achieve its mission of helping local people live longer, healthier lives'*.

3.2 Our clinical strategy 2015-2020

We have developed a five year clinical strategy (2015-2020) to focus on the development of an integrated care organisation that incorporates delivery of care across the acute and community sites in Islington and Haringey.

The goals of our clinical strategy are:

- To secure the best possible health and wellbeing for all our community
- To integrate/co-ordinate care in person-centred teams
- To deliver consistent high quality, safe services
- To support our patients /users in being active partners in their care
- To be recognised as a leader in the fields of medical and multi-professional education, and population-based clinical research
- To innovate and continuously improve the quality of our services to deliver the best outcomes for our local population.

High-level consultations with the newly formed Integrated Clinical Service Unit (ICSUs) were conducted in summer 2015 to inform the development of the estate strategy. These snapshots highlighted estate implications that may arise from ICSUs achieving the clinical strategy and aligning with our strategic priorities. They were used to inform the development the service drivers outlined in this section.

Our estate development solutions will need to be aligned to an integrated care approach to allow for a coherent response to efficiency and clinical requirements. Our estate strategy provides a clear framework to support the detailed planning process of matching service requirements to estate responses.

Any changes to our community estate must also align to wider public sector estate initiatives being led by CCGs, local authorities and others.

3.3 Corporate objectives

Our mission and vision is underpinned by four corporate objectives, which also serve as themes in this Estate Strategy:

- Deliver quality, patient safety and patient experience
- Develop and support our people and teams
- Develop our business to ensure we are financially sustainable
- Further develop and expand our partnerships and engagement.

3.4 Stakeholder engagement

We understand the importance of both working with our stakeholders and keeping them informed. We have been talking to many of our stakeholders during the development of the estates strategy in order to inform the shape our future direction.

Engagement has taken many forms, from informal drop-in sessions for staff, visitors and patients in the Whittington hospital reception area, to more formal meetings with MPs, the media and the Defend the Whittington Group. We are also an active member of the Haringey and Islington Estates Group which brings together representatives from the CCGs, local authorities and local provider trusts to develop an integrated approach to the future development of the overall estate. This is described in more detail below and in section 4.

The findings from these engagement opportunities demonstrate a wide spectrum of views on the future of our estate (see Appendix C). There is recognition of the need for investment and change, supported by innovative and creative thinking.

We will continue to engage as delivery plans are developed.

- **Clinical Commissioning Groups (CCGs)**

Strategic priorities

The strategic drivers for Islington CCG and Haringey CCG are described below.

- Offer person-centred care through improved integration of services across health & social care, across physical health & mental health, across adults & children's
- Transform inpatient care for residents experience mental illness; deliver parity of esteem
- Transform urgent and emergency care across acute & community pathways
- Transform primary care through common standards and reduced variation; ensure accessible, coordinated, proactive care
- Ensure services are high quality, cost effective, clinically safe delivering a positive experience of care
- Improve use and impact of public estate supported by devolution pilot
- Connect health and care providers and patients by developing an integrated digital care record and person held record
- Improve capacity and capability of health and care workforce

CCG estates planning

Local Strategic Estates Plans

In June 2015, the Department of Health and NHS England asked Clinical Commissioning Groups to develop Local Strategic Estate Plans. Subsequently, NHS Planning Guidance 16/17-20/21 outlines a NHS England priority to ensure CCG's local estates strategies support the overall goal of utilising opportunities reinvestment.

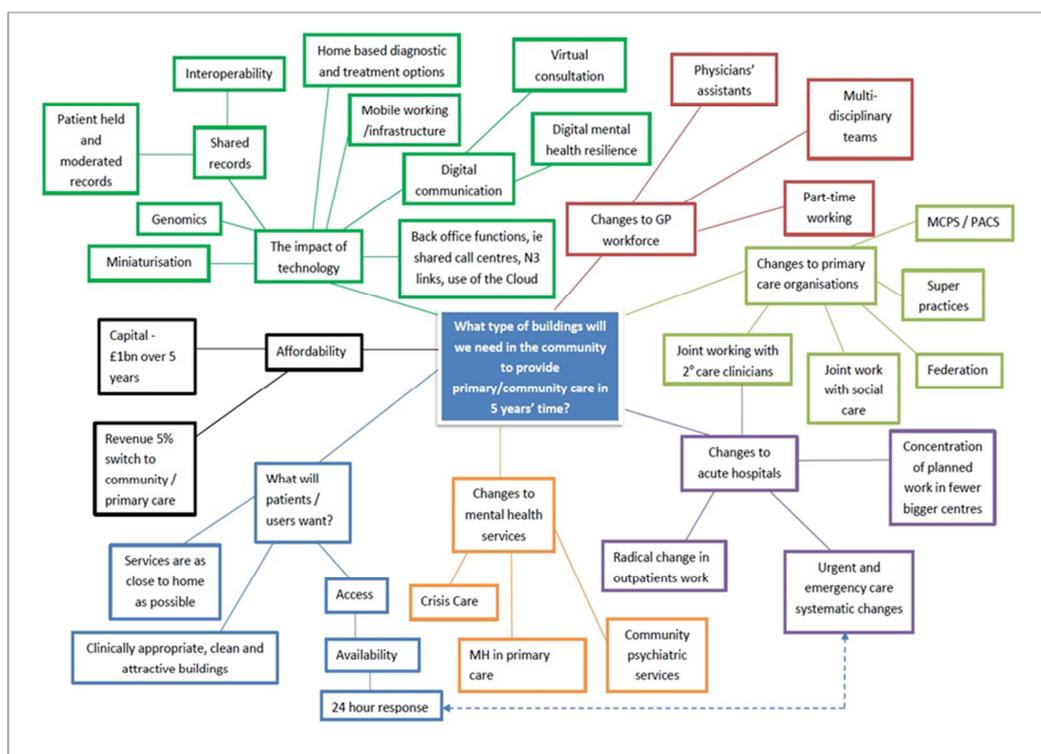
The Local Strategic Estate Plan is intended to support the health economy to create a fit for purpose estate at less cost, specifically addressing:

- changes in demography and population demand;
- changes in the way that health care services are provided – specifically reflecting plans for integrated health and social care, greater levels of care within communities and new commissioning models;
- challenges in funding and affordability.

Representatives from CCGs, local authorities and local provider trusts have been meeting as the Haringey and Islington Estates Group to develop a joint Haringey and Islington strategic estates plan.

Some of the complexities of the issues that have been identified by Community Health Partners (CHP), who are supporting CCGs with estates strategy development, are described in the following figure. These issues are not specific to Haringey and Islington, but provide an overview of some of the issues the strategy may need to address.

Fig 3.2 CCG Estates Strategy Development – complexities map



The Group has to date identified a number of priority works streams, including the following:

Integrated Networks/Hubs	<ul style="list-style-type: none"> Define primary care infrastructure investment required to accommodate population demand, GP capacity and service developments – specific to each borough. Identify future integrated networks/hubs and service reconfiguration required to enable new models of care.
Administrative	<p>Evaluate use of public sector estate for back office functions considering if:</p> <ul style="list-style-type: none"> Partners could successfully consolidate back office functions across borough and/or across organisations. IT could better support flexible working so staff can access the systems and resources they need regardless of the building they are in.
Provider Plans	<ul style="list-style-type: none"> Reduce variability in quality of estate and increase utilisation.
Haringey Council Commercial Premises	<ul style="list-style-type: none"> Identify if any planned release of Council owned commercial premises would meet a future health or care need.

A strategic outcome matrix has been drafted to quantify the impact an estates opportunity could have on Islington and Haringey residents. A shared outcome matrix provides a means of aligning consideration of estates opportunities across dispersed decision makers. It is proposed that the matrix is used when considering investment in property, relocation of service or other estates related decisions - each category being ranked on a scale of 1 to 3. The output of the matrix would then be incorporated into existing governance arrangements for formal consideration and approval. The Haringey and Islington Strategic Estates working group is intending to seek approval from Health and Well-being Boards in Haringey and Islington for this approach.

Fig 3.3 Proposed Haringey and Islington Estates Group strategic outcome matrix

		Category	Characteristics Considered
Health and Care Outcomes 60%	Quality		Meets an urgent space requirement that would improve patient care
	Individual health & well-being		Impacts life expectancy and years of ill-health
	Health inequalities		Considers areas of greatest health inequalities and meets community needs
	Access to care		Increases access (at least 6 days, 8a-8p) and transportation access
	Co-location		Supports person-centred care across health and social care, mental health and physical health, adults and children
	Training and workforce		Improves ability to train staff or improve capacity
	IT		Reduces static storage or supports IT systems for shared records
Financial Sustainability 40%	Cost effectiveness		Repurposes existing building to avoid investment in new premises, increases utilisation of existing suitable premises
	Capital flexibility		Results in cash flow from sale either from sale or reduces lease expenses
	Sustainability		Practice size, financial position, external support required
	Environmental impact		Decreases environmental impact of building (carbon footprint, traffic congestion, air pollution, greenhouse gas emissions, staff travel)
	Readiness		Offers reasonable timeline for planning or funding approval, premises improvements and consultations for change in services

▪ North Central London devolution pilot

North Central London (NCL) Clinical Commissioning Groups and Councils, in discussion with local Providers, have recently been successful in bidding to establish a NCL devolution pilot for estates. The pilot aims to develop the estate needed for new models of care, by optimising assets to reinvest in health and care and support wider benefits for local communities

The principles and objectives of the pilot are described as follows:

- Better health and care outcomes for the residents of NCL through the transformation of health and social care delivery, based in fit for purpose estate
- Partnership working between commissioners and providers to align incentives for estate release and support the delivery of new models of care; and
- Optimising the use and costs of health and care estate.

This pilot aims to:

- Develop a shared vision for local and sub-regional development opportunities with health and care partners, Government and national bodies.
- Develop a vision for the NCL estates collaboration that supports individual and local community wellbeing, working with local and sub-regional health and care systems.
- Release capital and revenue by identifying opportunities for transformed health and care estate, including the potential for co-located services.
- Contribute to the financial and service sustainability of NCL's health and care economy.
- Work with the London Land Commission to create opportunities for new housing and better coordinate across boundaries to promote housing and development.
- Bid for and secure funding and resources to improve the performance of local health and care economies across the sub-region.

Whittington Health is keen to work as part of the health and social care system to support quality of care across NCL. However, we believe that any resources released from our own portfolio of estates, should be used to support the delivery of the Trust's Estates strategy.

3.5 Estate strategy principles

This estate strategy is intended to provide the infrastructure to support delivery, providing estate solutions whilst also balancing service delivery, affordability and risk. Key principles underpinning our estates strategy are described in Fig 2.4:

Figure 3.4: Estate Strategy Principles

Estates Strategy Principles
<p>Patient centred Improve the estate to be patient/client centred with ease of access to care both physical access and transportation access; supporting the co-location of services to enable integrated care through the development of networks/hubs.</p>
<p>Quality Improve the quality of the estate to meet patient and staff expectations</p>
<p>Effective use of assets Maximise the effective use of the estate to support clinical service delivery.</p>
<p>Design Ensure that our estate has flexible and modern space in all our buildings</p>
<p>Capacity Ensure that the Trust's estate has the capacity to meet demand for healthcare in the right places</p>
<p>Statutory and non-statutory compliance Continue to manages estates risks and meet all necessary standards</p>
<p>Future sustainability Ensure that the delivery of the Estate strategy supports the future sustainability of the organisation in terms of quality, financially (reduced expenditure and contributing to a reduction in debt), effective working and environmental sustainability</p>
<p>Partnerships and engagement Maximise the opportunity of partnerships and engagement with our local community and ensure Trust plans align with wider health economy plans.</p>

3.6 National drivers for change

The NHS is undergoing one of the most radical transformations in its history. In developing a strategy, it is important to be aware of the direction of national policy and the key national drivers of change. Transformation will have an impact on the estate of the Trust in terms of location, amount and style of facilities.

Although there is increasing demand for healthcare fuelled by a rising population and long-term and complex health conditions, alongside an increasing focus on quality and standards, there is no real growth in funding. Transformation programmes are expected to change “how and where” NHS Trusts deliver their services. This is coupled with significant financial and performance challenges posed by existing needs to produce efficiency savings.

A summary of the national drivers for change is provided below.

Figure 3.5: National drivers for change in healthcare

A number of factors are driving an increasing focus on quality and efficiency	
Overall	<ul style="list-style-type: none"> • Rising demand for healthcare faster than population growth Increasing focus on quality and driving quality through standards • Continuation of central designation process for specialist services • Increasing competition in healthcare provision
Emergency	<ul style="list-style-type: none"> • Rising emergency admissions across the UK with various policies in place to mitigate this Increased focus on standards especially senior presence and co-dependencies • Keogh work likely to lead to 'designation' of major emergency centres²
Elective	<ul style="list-style-type: none"> • Separation of emergency and elective activity to get better outcomes and efficiency • Significant growth in outpatients³ • Increased tendering of services to external providers • Consolidation and specialisation to make most effective use of staff and equipment
Women and Children	<ul style="list-style-type: none"> • Birth rate increases minimal across the UK (increases locally will be high) • Increased consolidation and networking of maternity services to meet standards • Increased consolidation and networking of inpatient paediatric services to meet workforce requirements
Integrated Care	<ul style="list-style-type: none"> • Further pooling of money between health and social care (Better Care Fund⁴) • Movement towards capitation payments for cohorts of patients and provider partnerships to provide care for these cohorts • Increased GP responsibility for co-ordination of integrated care (e.g. named GP)
Cancer	<ul style="list-style-type: none"> • Cancer Centres to deliver specialised cancer care to populations of over 1,000,000 • Cancer Units to treat common cancers only with surgical sub-specialisation with sufficient volumes of activity • Close integration of primary and secondary care

3.7 Best in class accommodation

The purpose of the estate strategy is to support the delivery of the clinical strategy with new and refurbished accommodation that is effective and efficient, drawing upon the latest thinking in healthcare estates development.

We will apply this thinking across all types of accommodation as follows:

The model of care – consideration will be given to how a further physical separation can be achieved between planned and unplanned and between admitted and non-admitted patients to maximise productivity of each element. This would enhance the integrated pathways provided by the Trust. For example, the North Middlesex Hospital's PFI development was designed with such a split.

² Transforming Emergency and Urgent Care Services in England, NHS England (2013)

³ HES Hospital Outpatient Summary Report (2012-13)

⁴ Health, wellbeing and adult social care, Local Government Association (2014)

Inpatient accommodation – the we will continue to improve inpatient accommodation ensuring the appropriate mix of single room and bay accommodation when refurbishing or developing our estate. We will also look to benefit from the evidence-based research and design work carried out under the Department of Health’s cost reduction programme for Repeatable Rooms and standardised components to reduce design time and costs and provide best practice design. A 7% capital cost saving was achieved by Scarborough Hospital on such a project.

Main Theatres – we will consider development options for main theatres, including whether barn theatres such as those used at Broadgreen in Liverpool and the Robert Jones and Agnes Hunt Orthopaedic Hospitals can be implemented to support increased productivity, improved operational discipline, sharing of best practice/learning and reduced infection rates (0.3% vs national average of 1%), staff retention and satisfaction whilst enjoying comparable running costs to traditional theatres.

Outpatient Accommodation – outpatient clinic provision and space requirements across the Trust will be reduced to the minimum by the use of a range of techniques: one stop shops to support consultation, diagnosis and possible treatment all in one visit; generic shared clinic accommodation such as at North Middlesex Hospital; consideration of 3 session days and weekend opening; consideration of the need for follow up appointments in every case; text reminders to reduce DNAs as used by Nottingham University Hospitals; and the use of self-check in points.

IT-enabled services –to reduce space requirements we will continue to explore using information technology such as: mobile technology to reduce/change office accommodation requirements; and consultations over Skype and the telephone to avoid the need for patients to physically attend appropriate appointments. For example, Barts Health Trust has developed a formal cancer surveillance programme to provide specialist follow-ups at a distance. We will also work to enhance its virtual ward model of care.

Office accommodation – we recognise that under-utilised or poorly used office space represents a major opportunity. By moving towards, or exceeding Cabinet Office efficiency targets for new premises of 4 desks for every 5 WTE staff and allowing no more than 8m² per desk space we will reduce space requirements. New working practices such as hot desking and home-working supported by appropriate technology will be supported. For example, the Nuffield Orthopaedic Centre provided all corporate space including that for Trust Executives as open plan, and by identifying opportunities to vacate surplus space the Civil Estate vacated 28% of its properties and reduced its space use by 20%.

Space utilisation - In North Manchester a space utilisation study of six buildings led by the CCG identified wasted space costing £900,000 per annum and considerable capacity for accommodating additional services.

Minimising storage requirements - through the implementation of a materials management solution which could offer opportunities to reduce storage provision and release space

3.8 Summary of service drivers

The national, local and trust service drivers are summarised in the table below:

Figure 3.6: Service drivers

<p>Quality</p> <ul style="list-style-type: none"> Expectations from patients and regulators of a high quality service Competition for patients based upon patient choice The need to provide care close to home Continued access to high quality emergency and urgent care The availability of new investigations and treatments
<p>Staff</p> <ul style="list-style-type: none"> The need to attract and retain high quality staff The need for high quality facilities to train and develop staff
<p>Financial</p> <ul style="list-style-type: none"> The need to reduce the I&E deficit Limited access to Public Dividend Capital to support investment Population growth not being matched by similar increases in funding The need to obtain value for money through smart procurement
<p>Meeting local health needs</p> <ul style="list-style-type: none"> Rising activity levels The prevalence of health inequalities A relatively young population An ethnically diverse population The need to support prevention of ill health
<p>Structural</p> <ul style="list-style-type: none"> The need to continue to integrate services across the acute and community estates Working in partnership with other members of the local health and social care economy

3.9 Where do we want to be?

Our estate strategy links the service drivers, principles and corporate objectives to describe how the estate needs to evolve. These themes provide assurance that the estates plans directly support the clinical strategy by being linked to at least one of our corporate objectives. Figure 3.5 summarises and links the strategic drivers with the estate principles, to describe appropriate estate responses

Figure 3.7: Where do we want to be?

Service Drivers	Estate Principles	The Vision: Where do we want to be?	Measures of success
Quality <ul style="list-style-type: none"> ▪ Expectations from patients and regulators of a high quality service ▪ Competition for patients based upon patient choice ▪ The need to provide care close to home ▪ Continued access to high quality emergency and urgent care ▪ The availability of new investigations and treatments 	<ul style="list-style-type: none"> Patient centred Quality Capacity 	Theme 1: Deliver quality, patient safety and patient experience We will provide clinical services in high quality accommodation that supports the provision of safe, personal, coordinated care for the community we serve.	<ul style="list-style-type: none"> ▪ Locality based integrated networks/hubs in place for service delivery across Islington & Haringey ▪ Children’s services delivered from ‘fit for purpose’ accommodation ▪ Maternity & neonatal unit redeveloped ▪ Fit for purpose environments for: theatres; wards; outpatients and ED
Staff <ul style="list-style-type: none"> ▪ The need to attract and retain high quality staff ▪ The need for high quality facilities to train and develop staff 	<ul style="list-style-type: none"> Design 	Theme 2: Develop and support our people and teams We will have an estate that supports the recruitment, development and retention of our employees and enables them to work effectively in teams.	<ul style="list-style-type: none"> ▪ Access to low cost, high quality staff accommodation
Financial <ul style="list-style-type: none"> ▪ The need to reduce the I&E deficit ▪ Limited access to Public Dividend Capital to support investment ▪ Population growth not being matched by similar increases in funding ▪ The need to obtain value for money through smart procurement 	<ul style="list-style-type: none"> Effective use of assets Statutory and non- statutory compliance Future sustainability 	Theme 3: Develop our business to ensure we are financially sustainable We will have generated additional (capital and revenue) income and minimised our costs through the effective and efficient use of our estate assets in order to make our healthcare services financially sustainable.	<ul style="list-style-type: none"> ▪ Non-clinical support space utilisation - reduce footprint by 20%? ▪ Comply with all legal and regulatory requirements ▪ Capital investment programme in place and funded to enable refurbishment and redevelopment ▪ Carbon reduction target (27% reduction between 2015 and 2020)
Meeting local health needs <ul style="list-style-type: none"> ▪ Rising activity levels ▪ The prevalence of health inequalities ▪ A relatively young population ▪ An ethnically diverse population ▪ The need to support prevention of ill health 	<ul style="list-style-type: none"> Partnerships and engagement 	Theme 4: Further develop and expand our partnerships and engagement We will have continued to develop partnerships with other organisations in the local healthcare community in order to provide a wide range of effective services to our patients and users.	<ul style="list-style-type: none"> ▪ Partnerships in place
Structural <ul style="list-style-type: none"> ▪ The need to continue to integrate services across the acute and community estates ▪ Working in partnership with other members of the local health and social care economy 			<ul style="list-style-type: none"> ▪ WH estates as local community asset

4.0 What is required and how do we get there?

4.1 Introduction

Section 4 describes how we will work towards achieving the objectives outlined in the preceding chapter using the themes identified, looking at essential and potential developments and identifying what is required and how we can get there.

4.2 What is required – overview

Analysis of our hospital site shows that clinical services are predominately provided in accommodation south of the access road running through the campus. The clinical strategy and drive for care closer to home means there is opportunity to deliver some outpatient clinics off site, releasing space for other uses. There are other opportunities to release space in non-clinical departments such as pathology (laboratories) and medical records. Furthermore a Trust-wide analysis of non-clinical support accommodation is needed to identify ways to minimise this expensive accommodation and support appropriate modern work practices and the location of clinical and ancillary services such as education can be reviewed to improve adjacencies and utilisation.

Improved provision and use of the estate on the hospital site could release space on the site for other uses that would align with our mission, whilst supporting investment in the estate, supporting the financial sustainability of the Trust and, ultimately, safeguarding our future and services.

Any change on the hospital site is inextricably linked to the provision of community services and the associated estate. Our community estate is complex and reliant on multiple interrelating dependencies with partnering organisations such as NHS England, GPs, CCGs and local authorities across Islington, Haringey and Camden. The need to rationalise the community estate and improve the efficiency of usage is recognised.

4.3 Backlog investment

The Trust Six Facet survey informs the investment required to ensure existing accommodation is maintained at an appropriate standard (level B). The total backlog cost across the hospital and community premises sites at 2016 is circa £23m. See appendix D for further detail.

4.4 Theme One: Deliver quality, patient safety and patient experience

- **Required Investment**

Whilst the six facet survey assesses functional suitability, it does not fully identify the investment required to deliver full functional suitability, particularly where a reconfiguration of the services and expansion of overall space may be required.

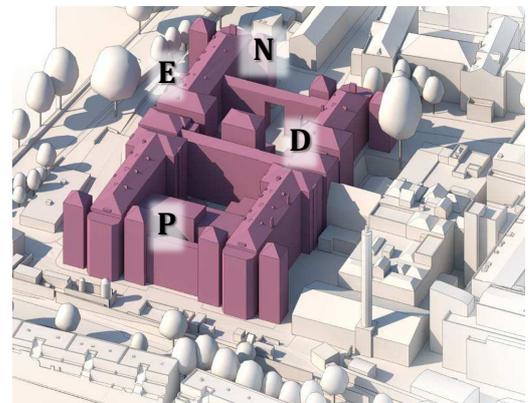
The following projects have been identified as important to a modern, fit for purpose healthcare estate that meets current health building standards and that provides appropriate facilities for the number and type of patients expected in the period 2016-2021. Some projects are in the early planning phases with funding streams yet to be identified.

Maternity and neonates business case improvements and further phased investment

Indicative capital cost estimate: £22M

Our clinical strategy recognises that the estate needs to respond to changes in models of care and consequent reconfiguration of services. We are waiting for NHS TDA approval for a Full Business Case for a staged redevelopment of its maternity and neonatal services. This redevelopment will consolidate to a single area providing improved facilities for mothers and babies. Further staged investment over the next five years will be required to complete the necessary improvements to the accommodation.

Figure 4.4: P,E,N & D Blocks including Maternity & Neonatal

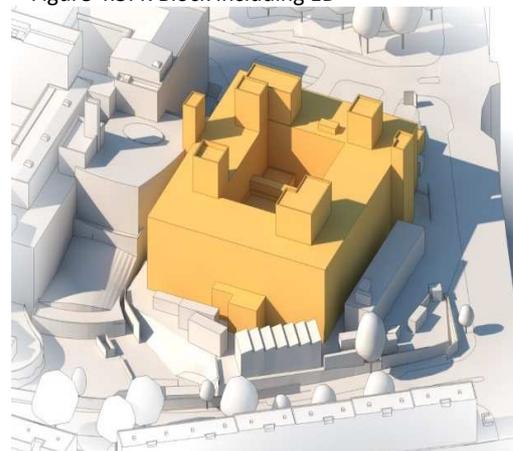


Emergency department (K Block)

Indicative capital cost estimate: £2.4M

The emergency department requires refurbishment to maintain privacy and dignity and observation compliance standards. A department refresh will contribute to delivery of safe quality care, gender segregation compliance and paediatric pathway compliance. It will also help address capacity issues caused by seeing 90,000 attendances in a unit designed for 60,000.

Figure 4.5: K Block including ED



Wards improvements (L Block)

Indicative capital cost estimate: £8M

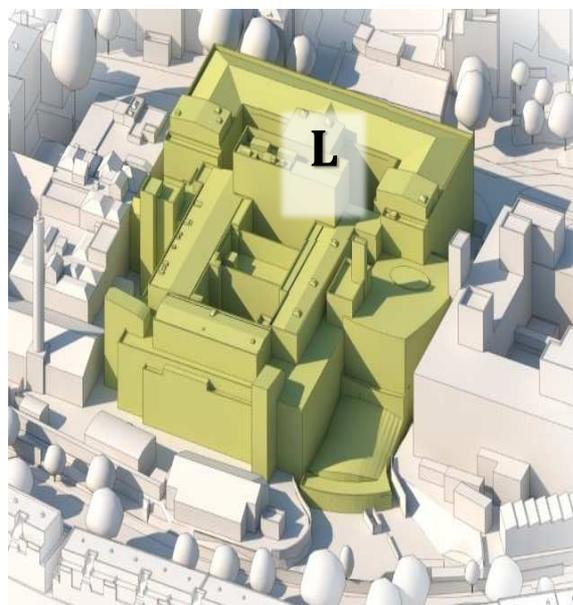
A ward refurbishment programme, within the confines of the overall strategic estate plan will reduce issues associated with the lack of privacy and dignity and provide dementia friendly environment to those patients requiring specialist care. We will be able to re-size wards for specialty split, make better use of staff and provide modern and fit for purpose patient environment.

Theatres improvements (L Block)

Indicative capital cost estimate: £7m

With an aging theatre block, there is an on-going challenge to ensure a patient environment that is: safe; suitable; supports an improved patient experience of the hospital and its services; meets mandatory and statutory requirements, including Care Quality Commission (CQC) Outcome 10. Refurbishing the current theatre department and replacing older/less appropriate accommodation with a modern environment will enable incorporation of improved infection control and other safety and energy efficient measures which will help provide safer, resilient and more suitable environments for staff and patients. Utilisation analysis has shown that the current theatres are under-utilised. This requires further analysis to establish the number of theatres required in a refurbished theatres suite.

Figure 4.6: A & L Blocks, including Wards and Theatres



Children's services (cost to be determined depending on agreed service model and locations(s))

Children's services are delivered by multi-disciplinary teams (MDTs) on the hospital site (emergency, ambulatory and inpatient care) and in the community at multiple sites in Islington, Haringey and Camden with current larger networks being Bounds Green and St Ann's in Haringey, and the Northern in Islington. There is a need to consider a more consolidated, cross-borough, multi-disciplinary service for the best support of children with long-term conditions and their families.

We are currently exploring opportunities to relocate services to fit for purpose environments in the most suitable locations for service users.

▪ Service Development Opportunities

A number of opportunities were identified in high-level consultation with the ICSUs and key stakeholders. They outline opportunities that may exist to enhance or expand existing services. Each opportunity will need further in-depth analysis and to comply with the approvals process for capital projects.

Dedicated Endoscopy unit

The Endoscopy Unit is currently based on the hospital site within the Day Treatment Centre in C Block and has achieved national quality accreditation from the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy, acknowledging Whittington Health provides quality and safety in patient care. National Bowel Screening programmes are leading to an increase in demand and the Trust has identified that within two years the current facilities may have outgrown capacity. A business case is required to develop a service to meet future capacity requirements and maintain JAG compliance. This could involve the creation of a dedicated Endoscopy unit, perhaps co-located with the endoscope washers in C Block, which are also subject to review regarding replacement.

Outpatients

The outpatient department on the hospital site is currently delivered from three floors of K Block and is quite congested during clinics and under-utilised at other times. The clinical strategy recognises the changing focus for outpatient services and the impact changing demographics will have on future needs for services. This includes delivery of non-emergency ambulatory care services, with the option to incorporate multiagency working and achieve wider health and social care improvements as part of integrated care pathways. The estate implication is that some outpatient services may move to the community. This provides an opportunity to review the schedule of hospital-based outpatient clinics and consolidate into an efficient, smaller unit. Such a unit would incorporate:

- A design that is compliant with the latest HBN guidance, improving the physical space for clinics and flexible to provide general and specialist clinics in the same location
- Improved patient wait areas to support flow and movement through the department
- A separate but co-located paediatric outpatient department
- The option to incorporate integrated therapy outpatients as part of the detailed design for both adults and paediatric outpatient facilities.

Further work is required to fully scope and model future outpatient activity to ensure the number and type of rooms and the detailed design meet longer term service needs. We are keen to deliver quality integrated services and therefore recognise the importance of achieving current strategic aims of both Whittington Health and our commissioners to deliver care closer to home and within the community so opportunities to relocate some clinics to community settings will also be explored as part of this provision.

Space released in K Block from the improvements to outpatient services would offer the opportunity to re-locate other services to improve adjacencies and utilisation. There is scope to accommodate services from the northern part of the acute site to K Block, but all potential options will need to be explored.

Step-down and rehabilitation inpatient service

Indicative capital cost estimate: £4.6M

We are the main provider of services for frail aged across the local community. There are opportunities to develop and deepen the integrated team across Islington and Haringey providing services in homes, at care homes and through current GP practices. The benefit would be reducing admissions and presentation to acute site services, keeping acute beds available for acutely ill patients. Admissions trends are increasing in frailer and sicker patients who require longer length of stay (LOS), putting pressure on acute bed availability. The issue is further compromised by access to limited step down facilities within the community. This results in the occupation of acute beds by patients with lower acuity waiting for discharge to such a facility. This ultimately results in medical patients occupying additional space on surgical wards. Our estate strategy proposes an opportunity to develop a step down/rehabilitation facility on the hospital site, possibly linked to the development of a Health/Wellbeing village described in section 4.6.

4.5 Theme two: Develop and support our people and teams

Staff residences

We are committed to ensuring that our staff have access to low cost, high quality accommodation which will help retention and recruitment. There are 70 rooms on site which currently which need improvement and investment and 12 family flats. We will explore opportunities with local partners to reprovide this accommodation and consider redevelopment opportunities for H block.

Education & Training - re-provide facilities

Our clinical strategy includes the ambition to be recognised as a leader in the fields of medical and multi-professional education.

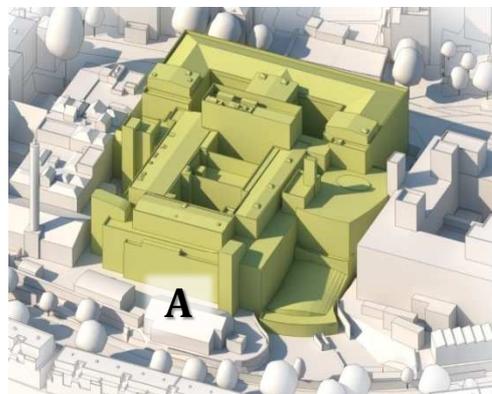
Education and Training services are currently provided in Highgate Wing and Blocks G and A. There is an opportunity to relocate education and training facilities in one place, closer to clinical services, in pursuit of excellent education provision. This would accommodate and expand the current simulation services and associated existing post graduate education centre (WEC) facilities into a modern and appropriate setting. It could allow for training a wider range of staff and income generation through external

Figure 4.7: Block G Whittington Education Centre and Highgate Wing



training. The Trust could continue to provide specialist medical, nursing and therapy training in one location, improve participant experience, provide quality research space, carry out environmental improvements, co-locate departments and improve space utilisation. Relocating the existing education and training facilities to C Block or A Block would release current facility in Highgate Wing and G block for alternative use.

Figure 4.8: A Block



Research expansion

As with the proposal above, an opportunity to be recognised as a leader in population-based clinical research exists on the Whittington Hospital site. Improving research is an explicit aim of the clinical strategy. Currently, we are participating in studies that involve fewer than 100 patients, primarily focusing on a small number of studies generated via pharmaceutical companies and from the NHS NIHR (National Institute for Health Research). The research function generates enough income to fund itself but expansion is needed to become a leader in the field. We aspire to develop research capabilities and grow incrementally to rival local trusts. The vision is to provide clinical research based on Phase 3 or 4 clinical studies (these are drugs or other treatments that are nearing roll-out, rather than experimental). The requirement is to expand current provision to a small clinical trials unit, which would include a laboratory, administrative space and access to four clinical day space beds. This unit must be on the acute site.

Expansion of research facilities will also enable the Trust to conduct research to add to the evidence base of the cost-benefit aspects of integrated care and provide leadership in this field.

4.6 Theme three: Develop business to ensure we are financially sustainable

Health / Wellbeing Village

There is scope to rationalise services on the less clinically intensive part of the hospital site and develop this part of the site to support both the Trust's workforce strategy, by including improved, replacement residential accommodation for staff, and other developments complementary to our mission and vision. This opportunity would enable us to work with partners (public or private sector) to shape a concept that supports our services, benefits the community, provides needed services and provides a potential income for the Trust while retaining ownership of the land. The investment could potentially be supported financially by other commercial developments subject to detailed investment appraisal.

Islington Council previously consulted on proposed residential-led development options for the hospital site in the Site Allocations document, adopted in June 2013. The document is part of Islington's statutory Local Plan and is used to inform decisions on planning applications.⁵

One concept known to have market interest is a Health/Wellbeing Village, which could include a wide range of facilities to form a mixed use development such as:

- Step up / step down beds
- Nursing home
- Rehabilitation
- Dementia facilities
- Palliative care
- Private patients facilities

Implementing this vision would remove accommodation that is largely non-clinical, in relatively poor condition (with an associated backlog maintenance liability) and does not provide good value for money. The current, non-clinical functions such as office accommodation could be relocated to lower cost, more efficient space (either on or off-site).

Development of the hospital site as described could enable a transformation of the clinical services estate by funding the required investment in maternity and neonatal, theatres, wards, ED, outpatients, and other service development opportunities described in section 4.2

This concept would need to be scoped in greater detail to assess the benefits, interest and investments required by the Trust and by any potential partners.

Medical records reduce and relocate to create space for new business opportunities

Medical records are located across two sites at Whittington hospital (K Block outpatients and C Block). IT developments will reduce the reliance on paper records in the next five to ten years. We would like to reduce and consolidate medical records off site, acknowledging that this would require a phased approach over a five year period. This will release high cost space in clinical blocks to be utilised for clinical service delivery or non-clinical support functions. A business case exploring cost and options will be required.

⁵ Whittington Hospital, pages 25-26, [http://www.islington.gov.uk/publicrecords/library/Planning-and-building-control/Publicity/Public-consultation/2013-2014/\(2013-09-09\)-Site-Allocations-\(adopted-June-2013\).pdf](http://www.islington.gov.uk/publicrecords/library/Planning-and-building-control/Publicity/Public-consultation/2013-2014/(2013-09-09)-Site-Allocations-(adopted-June-2013).pdf)

4.7 Theme Four: Further develop and expand our partnerships and engagement

Pathology

Develop partnership off-site approach to pathology provision, retaining on-site Hot labs

Indicative capital cost estimate: £0.9M

Our Pathology services are provided in a poor environment with insufficient capacity. The phlebotomy area requires expansion to meet demand and provide facilities that enhance quality service provision. The anti-coagulation service has seen a 20% growth in activity with concomitant impacts on capacity and the patient experience

In the wider NHS, there is a trend of centralising pathology services for better efficiency, diagnosis and patient outcomes. These circumstances give us an opportunity to undertake a feasibility study that will explore whether pathology should undergo a refurbishment or explore partnership arrangements with other pathology service providers to provide outreach services. An offsite solution with some pathology investigations carried out in a hot-lab on site would release space to enable improvements in the patient experience and allow the space in K Block to be used for other purposes.

Community premises – developing integrated models of care and ways of working

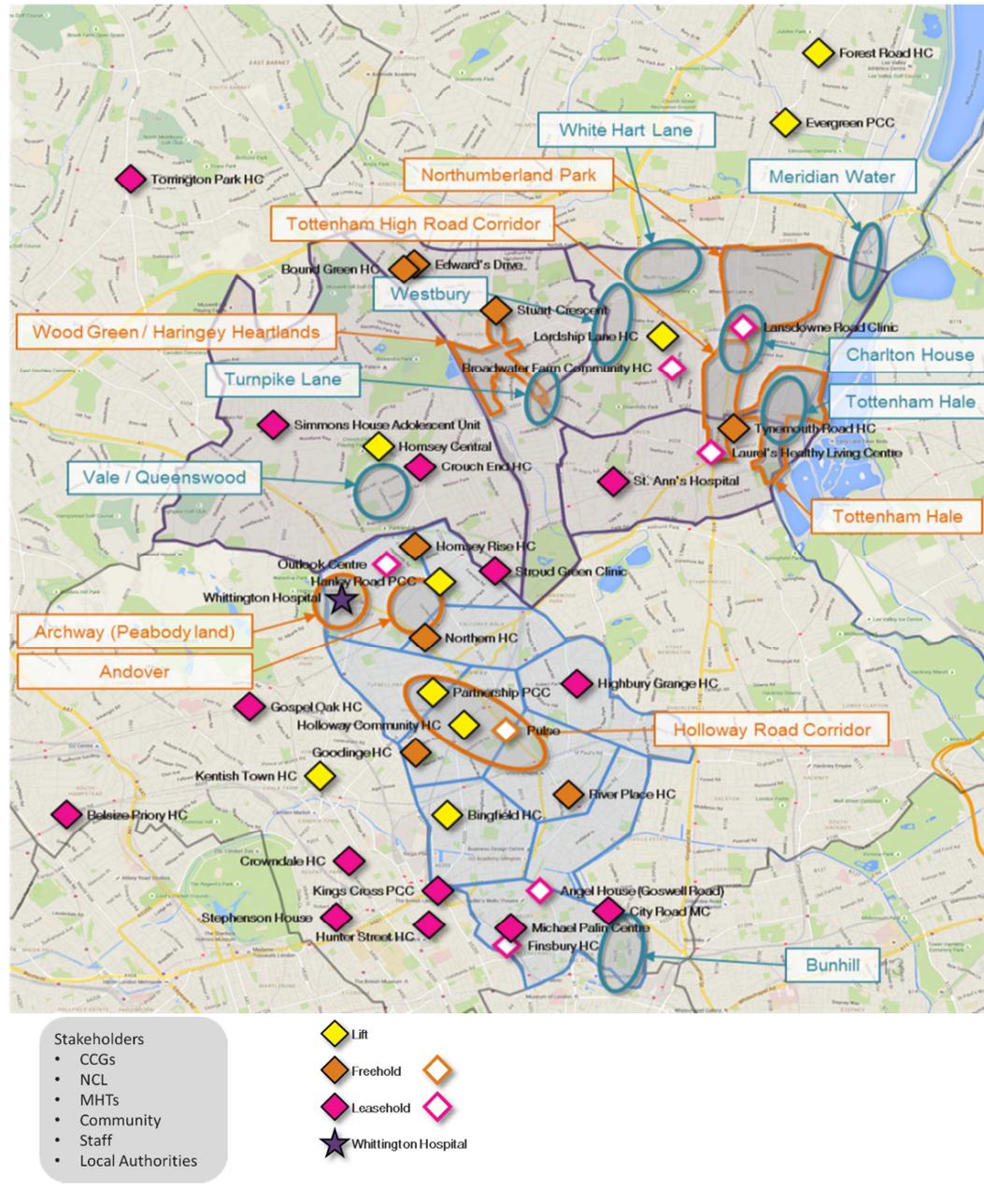
As described in section 3.4, we are an active member of the Haringey and Islington Estates Group which brings together representatives from the CCGs, local authorities and local provider trusts to develop an integrated approach to the future development of the overall estate.

Figure 4.6 below highlights the locations of strategic development areas in Islington and Haringey identified by Whittington Health and partner organisations (NHSE, local CCGs and local authorities). Given the level of complexities and overlap in delivering services, many organisations are moving toward a network model of care. This approach aligns with one of the work streams identified by Health and Care Systems Leaders Estates Review Group and described in section 3.4.

An integrated network model will benefit patients served by Whittington Health by:

- Providing an appropriate response to the clinical strategy to expand on existing peripatetic work styles of community staff thereby enhancing integrated care
- Centralise and co-locate dispersed community nursing staff to allow working as part of larger multi-disciplinary teams. This in turn will enhance the delivery of services and improve the delivery of integrated clinical pathways
- Provide scope for additional rationalisation and savings from the estate by reducing the need for office space through peripatetic working and premises sharing, and for clinical space through MDT working and in-home services.

Figure 4.9: Community: Identifying key strategic locations for WH and partner organisations



It is assumed that the development of the integrated network/hub model will enable us to significantly reconfigure the community estate. Integrated networks/hubs serving populations of 50-60,000 could generate a reduction in the number of community premises from 20 to 8-9 sites (this excludes current premises currently providing single service specialist services (e.g. dental and CAMHS level 4).

Additional specialist service sites may be required to accommodate specific needs (e.g. access). For example, relocation of Haringey sexual health services to a more cohort specific, accessible accommodation would be a priority.

Delivering a more efficient, integrated network/hub based provision of services will require:

- Investment in information technology (IT): our staff in the community use technology to enable a peripatetic working style. IT developments expected in the next financial year (2016/17) should enable staff to expand this style of working for the benefit of patients and staff.
- A change in working practices to reducing the need for office space through peripatetic working and premises sharing, and for clinical space through MDT working and in-home services.

The changing current and future work styles of community staff will enable us to occupy fewer community premises in the future.

Although some enabling investment may be needed, there is potential to reduce the running costs and current backlog maintenance costs across community properties. This in turn will provide the opportunity to increase the delivery of integrated care by providing one-stop shops, clinics and co-located multidisciplinary teams.

Our reconfiguration of the community estate will need to be linked to the Haringey and Islington Estates Group review work and the assessment criteria described in section 3.4. It is important to note that in any changes to the community estate, the Trust will undertake consultation with the local public, patients, tenants and commissioners to help develop and support the implementation of plans.

4.8 Summary of investment requirements and opportunities

Our current estates portfolio cannot remain the same:

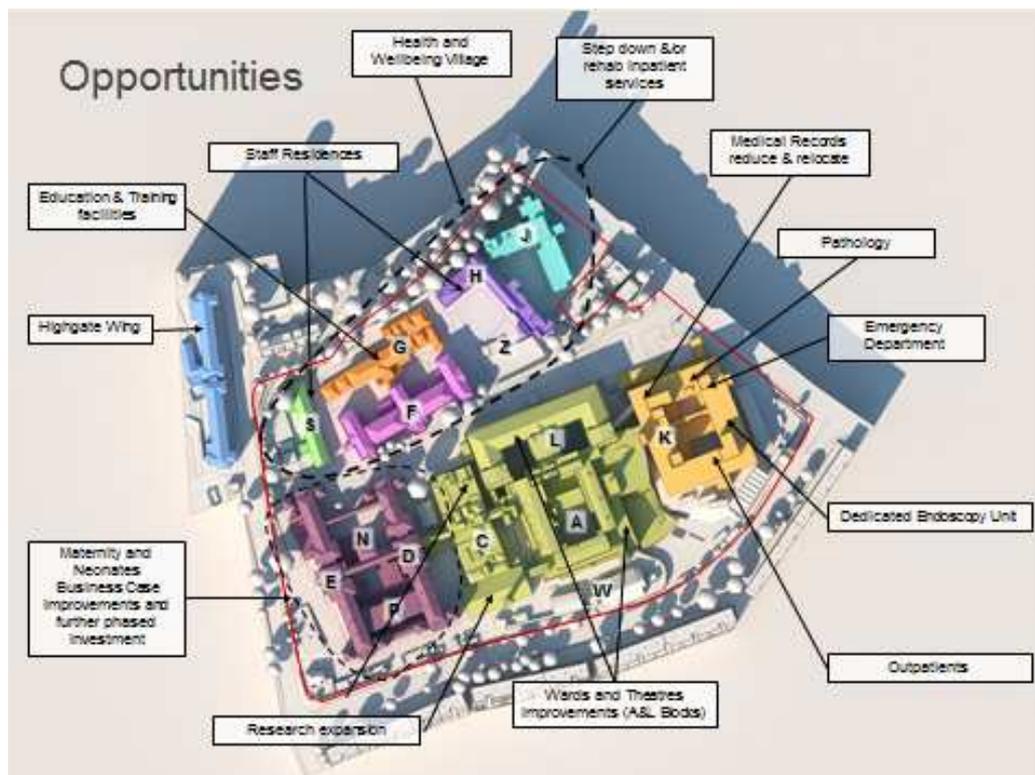
- Targeted investment in the hospital site is required to ensure the estate supports the delivery of high quality clinical services.
- Investment in, and rationalisation of, the community estate portfolio is required to support the development of integrated networks/hubs; provision of high quality clinical and patient care environments; and more efficient service delivery.
- Investment is required to maintain and develop high quality training and education facilities.
- Investment is required to deliver high quality staff residences.
- Investment and a change in working practices is required to enable non-clinical support and corporate services accommodation across the Trust estate to be rationalised and used more efficiently.

In addition, we believe that the current estate offers a number of service development opportunities which would support Whittington Health deliver on its mission to 'help local people live longer, healthier lives'.

Hospital site opportunities

The opportunities identified are detailed in the Development Control Plan for the hospital site below.

Figure 4.10 Hospital site Development Control Plan



Community site opportunities

A number of community based opportunities have been identified, including:

- Significant property developments in Archway (Peabody site) and Tottenham (the Spurs development) could provide opportunities for purpose built accommodation.
- Proposed housing developments in: Finsbury Park, Clerkenwell, Bunhill, Wood Green/Haringey Heartland, Tottenham High Road Corridor, Northumberland Park and Seven Sisters Corridor will generate requirements for additional health services.
- The need for significant improvements in the primary care estate, (supported by central funding) provides opportunities for the development of integrated networks/hubs.
- Rationalisation of local authority estate and expertise in efficient back office working provides opportunities to integrate non-clinical support accommodation.
- Local health care provider developing estate plans provide opportunities to review synergies and relocation of services relating to the St Ann's site and the Kings Cross St Pancras site.

4.9 How do we get there – summary

Delivery of the estates strategy will require:

- Consideration of a partnership delivery vehicle, which will enable the funding of required and potential developments within the current challenging public capital funding environment.
- Possible release and/or the redevelopment of assets, to enable the necessary redevelopment on some sites.
- Exploring partnerships with other providers to develop our buildings to enable future income and sustainability.
- Detailed prioritisation, scoping of options and preparation of business cases.
- Delivery of estate efficiencies to deliver revenue savings, as part of good practice and to support the reduction of our operating deficit, informed by high quality estates data and prioritisation of community premises.
- Investment in information technology as a key enabler to changing working practices to deliver efficiencies in estate usage.
- Investment in change management to support change in working practices.
- Stakeholder engagement and support.

5.0 Conclusion

There is a need to change the estate to support the clinical strategy, reduce the cost of occupation and release capital for re-investment in modernising the retained estate.

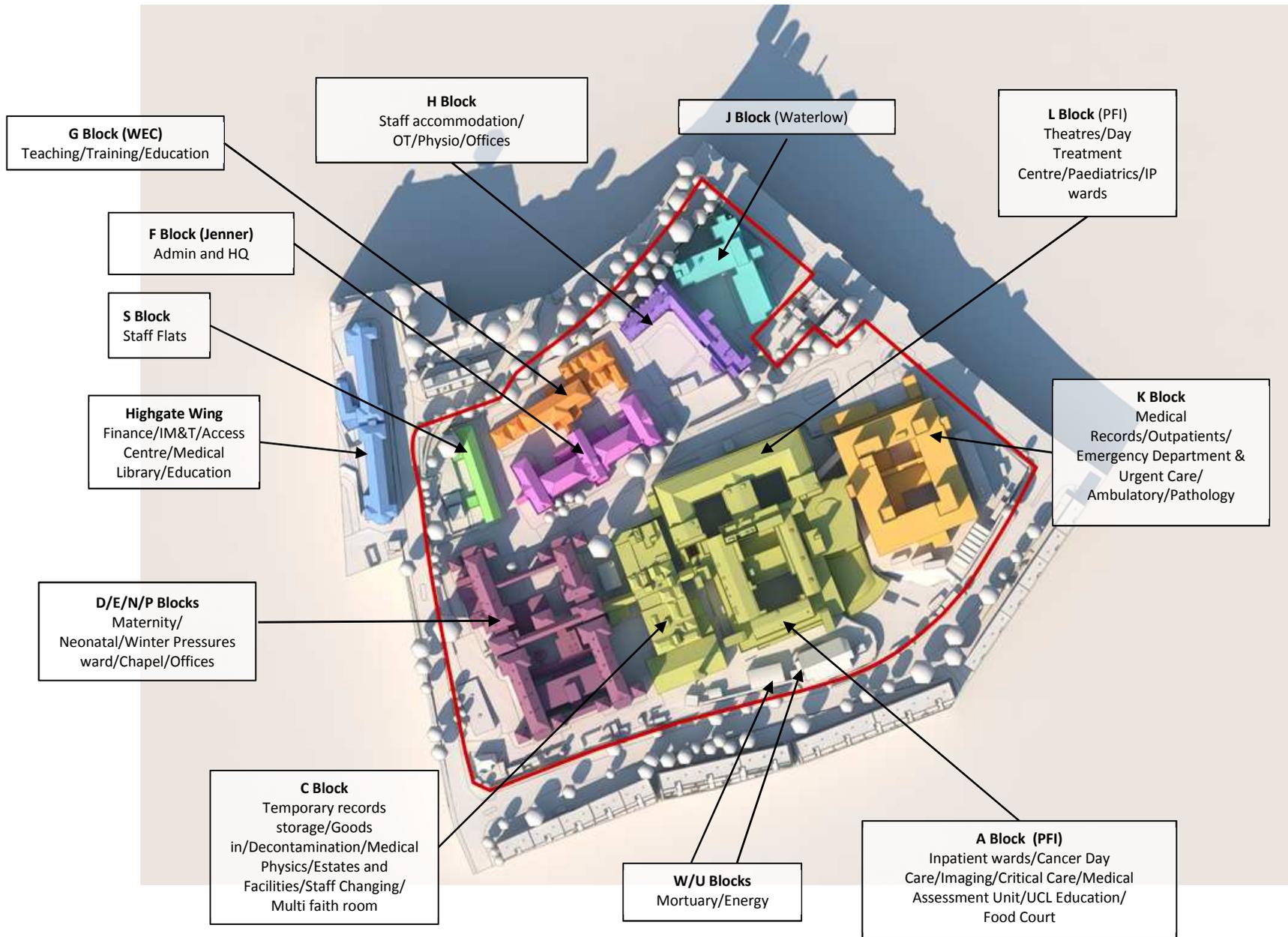
We have a clear vision for our estate and have identified a number of opportunities open for us to transform the way our estate delivers care to our patients – ensuring it is well used to deliver a consistent and an excellent environment in a way that we can afford.

This strategy provides high level direction for estate development, allowing flexibility to accommodate evolving service delivery plans.

There are a number of steps the Board are asked to consider and subject to approval, undertake to deliver the planned and possible developments that have been identified in this estate strategy.

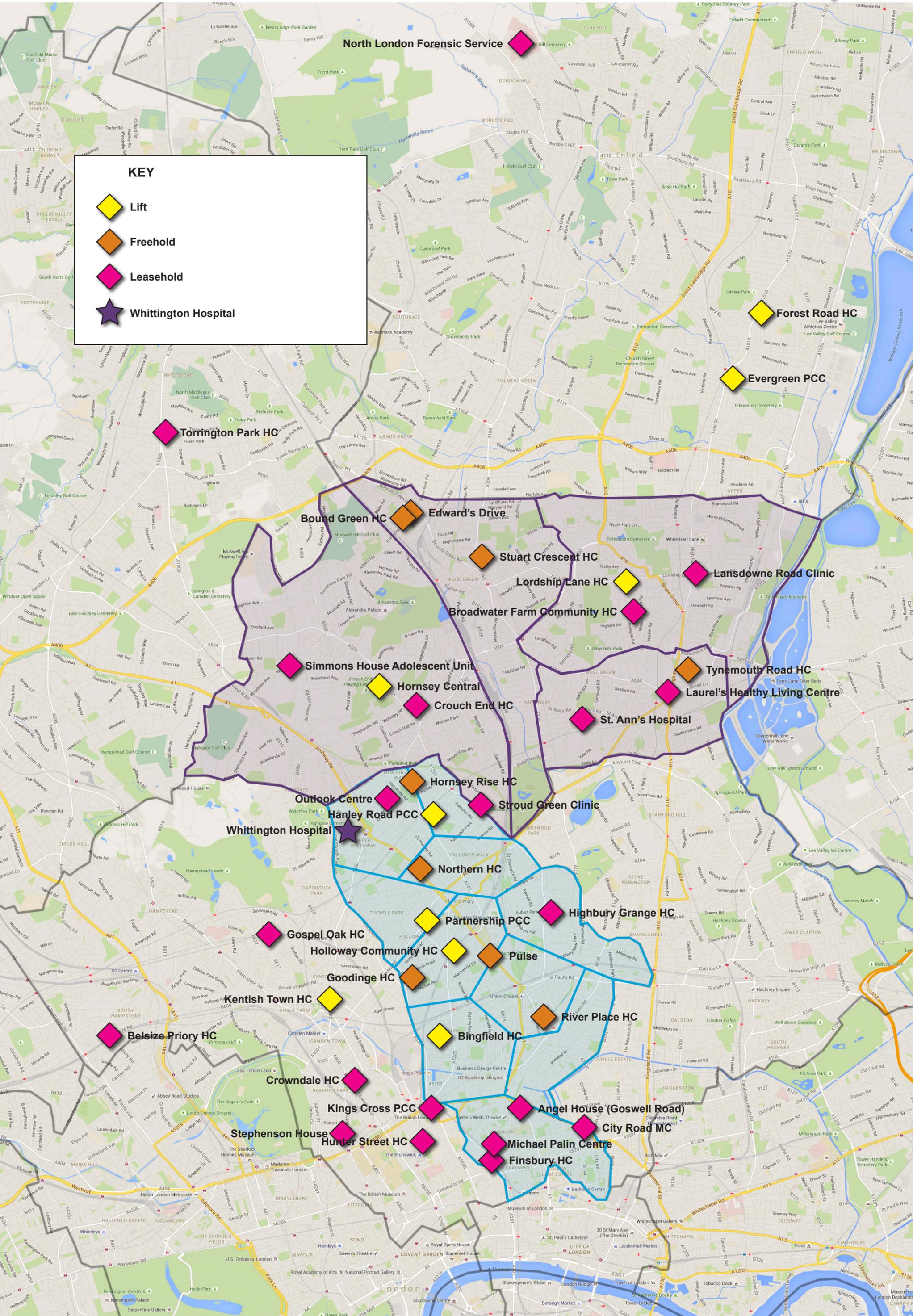
Next Step	Timeframe
Our Board to consider whether and how to proceed with a partnership delivery vehicle for the Estate Strategy projects, to enable preparation of an Outline Business Case which specifies the partnership arrangement.	February to April 2016
Prioritise and scope Development Control Plan projects.	February to April 2016
Delivery of immediate estate efficiencies to deliver revenue savings, as part of good practice and to support the reduction of our operating deficit <ul style="list-style-type: none"> ▪ informed by improved high quality estates data ▪ informed by prioritisation of community premises. 	2016/17 January to April 2016 January to April 2016
Investment in information technology a pivotal enabler for the success of the proposed developments and to supports the required changes in working practices of Whittington Health staff.	April 2016: Develop plans in response to prioritised DCP projects
Investment in change management activities aligned with estate, stakeholder engagement and technology work streams to offer the best chance of successful transformation.	February 2016 - ongoing
Wider engagement and communication with stakeholders as plans and ideas evolve.	February 2016 - ongoing

Appendix A Whittington hospital site – key buildings



Appendix B Premises map - community sites

Ordnance Unity Centre 



KEY

-  Lift
-  Freehold
-  Leasehold
-  Whittington Hospital

- North London Forensic Service 
- Forest Road HC 
- Evergreen PCC 
- Torrington Park HC 
- Bound Green HC 
- Edward's Drive 
- Stuart Crescent HC 
- Lordship Lane HC 
- Lansdowne Road Clinic 
- Broadwater Farm Community HC 
- Simmons House Adolescent Unit 
- Hornsey Central 
- Crouch End HC 
- St. Ann's Hospital 
- Tynemouth Road HC 
- Laurel's Healthy Living Centre 
- Whittington Hospital 
- Outlook Centre 
- Hornsey Rise HC 
- Stroud Green Clinic 
- Hanley Road PCC 
- Northern HC 
- Highbury Grange HC 
- Gospel Oak HC 
- Holloway Community HC 
- Pulse 
- Goodinge HC 
- Kentish Town HC 
- River Place HC 
- Belsize Priory HC 
- Bingfield HC 
- Crowndale HC 
- Kings Cross PCC 
- Angel House (Goswell Road) 
- City Road MC 
- Stephenson House 
- Hunter Street HC 
- Michael Palin Centre 
- Finsbury HC 

Community Engagement Summary

**Estates strategy 2015
Drop-in sessions**



Whittington Health atrium Friday 9 October 2015, 12.00-2.00pm	Page 3
Whittington Health atrium Friday 16 October 2015, 12.00-2.00pm	Page 5
Whittington Health atrium Friday 23 October 2015, 12.00-2.00pm	Page 7
Whittington Health atrium Friday 30 October 2015, 12.00-2.00pm	Page 9
Whittington Health atrium Friday 6 November 2015, 12.00pm-2.00pm	Page 11

Whittington Health atrium Friday 9 October 2015

Quotes

- 'Something needs to be done. Doing nothing is not an option.'
- 'Do not sell any land that belongs to the nation. Invest in our properties.'
- 'Rationalise accommodation to retain staff.'
- 'Let's have transparency, openness and honesty in the process please.'
- 'Waterlow is a money pit sitting on prime real estate.'
- 'Waterlow is an eyesore.'
- 'We should be a one-stop shop. Good for patient experience.'
- 'Our biggest risks are staffing [turnover?]
- 'Whatever you decide, keep it a positive message, and not bad news about money.'
- 'PFI – it's business! Doesn't bother me.'

Comments

Set up NHS gyms

Onsite gym/spa – in commercial partnership with e.g Virgin Active. Renovate accommodation. Income renewals would provide support for WH. Bring in private medicine partnership.

Bring in private work.

Sell the Waterlow building. Cut a deal with developers and use it for nursing accommodation.

Use the Waterlow to generate income from the private sector.

Housing for staff – turn old buildings into accommodation.

Would like to see the buildings used for medical purposes, not commercial. i.e wouldn't want to see a Waitrose.

Upgrade nursing accommodation. Improve physiotherapy building. Improve access to shops, i.e provide a M&S or Waitrose on site

Redevelop Waterlow – it's a six floor building. Provide space for private practice, dental practice, diagnostic unit, fertility unit – which is big business, big opportunity. Provide two floors for intermediate care.

Rationalise medical buildings. Staff accommodation to retain staff.

Turn the Waterlow into a place for providing minimal or no nursing care, plus have a social housing aspect.

The Northern was the first hospital built by public donations. Selling wouldn't be popular with the public. Cheap accommodation for staff is crucial. Shouldn't have to resort to private revenue streams.

Provide a nursery for staff. Attract a private provider.

ED needs substantial environmental change to really meet future needs, plus we need a bigger Resus unit.

River Place Health Centre has been my GP for over 25 years. It has Dental which is great for children. In short, River Place WORKS.

[From patient] worried about hospital closing down. Outpatients out of hospital and community – better combined together.

[From patient] Don't let the older buildings fall down. If not needed by community, sell them off. Or keep them if community has money to keep them.

[Haringey resident] Why are consultants sent to work in a community setting? Can't Skype or teleconferencing be useful? Don't sell land, co-create staff housing. Recreate weekend SP service at the hospital or in health centre.

[Patient and local resident for 43 years] Closed GP surgery. Islington closed. Have to go to Muswell Hill and need two weeks' wait. Very hard for older people.

[Patient] Highly populated area – need a hospital. Accessibility is critical. Keep Whittington local.

Summary

Call for redevelopment and bringing in commercial partners:

- Onsite gyms

- Private practice

- Accommodation for staff

- Nursery for staff

Strong call for redevelopment of buildings to provide staff accommodation or for purely clinical and non-commercial purposes.

Or redevelop buildings to provide space for intermediate/minimal care

Whittington Health atrium Friday 16 October 2015

Quotes

- 'Ridiculous that the Waterlow building is empty. Can you use space for more services?'
- 'Waterlow is wasted. In the interim, use it for meter parking for patients during the day.'
- 'Can you do up Waterlow unit? Could make more from residences.'
- 'Keep ownership of site. Doesn't need to be healthcare – whatever maximises income.'
- 'Consolidate community sites. Silly having lots of sites.'
- 'Use space on hospital site to build flats and make money.'
- 'Love the Jenner Building - keep it. Could make into flats.'

Comments

Shouldn't cut down sites – cuts down access. Mental health requirements. More services in community. Better for relationships. Criteria for who you work with. Using site commercially – influence them to promote public health.

Need both – community and hospital. Depends on patients. Need hospital for intense care. Need strong bridge between all sites. Have to keep hospital site. In future, might need space for projects. Better for community team to have office at hospital for discharge, coordinate patients.

Anywhere cheaper for residences? Build flats – biggest income.

Space for education. Training will take place in clinical areas – no time to go to another location. Wards are patient friendly and education friendly. Infrastructure to support education.

Look at the Royal Free and integration of education across clinical hospital sites. Meeting rooms used for patient sessions. Work on patient info. Dedicated spaces for patient education sessions. Expand – more of a role across North London, potential income. Long-term conditions. Prefer, as Haringey resident, to keep hospital site.

Tried private patients before, didn't work, but didn't set it up properly. Lease land to private hospital. As a Highbury resident don't mind as long as doesn't have negative impact on NHS services. Nowhere in north London (trachea vented patients) nursing home? None in London. Intensive therapy nursing community care, expensive to do.

Gym.

Keep site, but have partnership to get cash in. Remote working/GP hubs.

Shouldn't sell Jenner building, very nice. Strategy meeting, written 20 page response to clinical strategy. Use outpatient clinics when not running clinics. (Duncan Carmichael).

Put a multi-storey car park on Waterlow site. What about disabled parking? If we sell land, money will go back to government, not Trust. Better accommodation for nurses. Staff here, some paying

£1,200 a month for accommodation (£400 a room, without bills). Rent accommodation at market rate. Small express shop to serve accommodation.

Improve theatre changing rooms. Disgusting, specifically male. Not properly cleaned. One of worst seen in any hospital. Painted, but needs refurbishing. Infection risk.

Access to interpreting department. Need ID card to gain entry – difficult for patients in physio department. SH to sit with team.

Summary

Need both hospital and community sites. Would be useful for community to have space in hospital for discharging patients.

Education – should be integrating training across all clinical space/using outpatient clinics. Could gain income from providing training across north London, especially for long-term conditions.

Make the site work for us and bring money back into the Trust.

Whittington Health atrium Friday 23 October 2015

Quotes

- 'We should be providing health' (i.e through onsite gym)'
- 'Stop providing nursing/doctor accommodation.'
- 'Keep what you have and find other ways to generate income.'
- 'Selling off buildings restricts the Trust – never get it back.'
- 'Old and confusing buildings but I like them!'
- 'Put staff canteen on top floor with a view to attract public and earn money!'
- 'Make nurses' accommodation decent. They have demanding jobs, work hard and are likely to be underpaid.'
- 'That site...needs to be fixed!'
- 'Be careful who you get into bed with.'

Comments

Need a gym that will make money and provide health. We should be providing health. Expensive housing that we can charge a lot of rent for.

Gym. Don't mind using estate to generate income.

Jenner Building totally overcrowded especially kitchen. Improve existing building. Cleaning in Jenner building – so many people using it, it needs cleaning every day.

Shop on site – good for staff. Need affordable housing for staff.

More housing for NHS staff. Not enough wards. Not sure we should be selling buildings.

Turn the Waterlow into a nurses home. Don't mind if we sell off buildings. A Tesco Local or Sainsbury would be absolutely brilliant.

Population increase in 10-20 years' time – impact on NHS. Need buildings inside hospital. Building of large shops etc on site would impact on patient rehab. Using Waterlow for residential purposes to attract nurses, doctors etc into area as house prices/rent are increasing. More linking of external/community services with hospital services – clinical D/C and supports planning. New MDTs in central locations and working far more closely with substance misuse services and new ideas to reduce hospital frequent attenders through above MDTs.

Storage of medical records. E.g. being sent off site and paying to get them back.

Don't mind Trust selling off land if enough space/office and that money comes into the Trust not to national level.

Knock Waterlow down for supported accommodation or for an outpatient gym.

Turn unused area/house into property estate either for sale or staff housing estate.

Luxury flats and staff accommodation on site. Get money back into organisation. Not private or commercial use.

Knock the Waterlow down and build homes for staff.

Waterlow unit – eyesore. Sell?? Affordable housing for staff.

Knock buildings down and build housing, if it provides affordable housing for staff. Commercial business, i.e. Tesco, Waitrose etc.

Housing for staff on site. Not commercial store. No to elderly. Staff need housing close to work.

[Public] Don't mind selling land if money comes back to NHS.

Space in physio could be shared with community. At the Northern, there's a lack of clinical space. Booking needs to be flexible to use clinic space more effectively. Haringey and Islington could share mores sites. Difficult to use the space available effectively.

Can Occupational Health go into another area – the building is excess. Waterlow should be turned into nurses homes, generate income. Could sell and invest income.

Build flats in Waterlow – own the lease. Doctors' residence on ground floor – sold and income from the lease could be £1m a year. Gym does not bring money. Joint venture with BMI. Clinical trial unit, dedicated unit.

Summary

Better linking of community with hospital – more effective use of space in physio building with community services.

Turn the Waterlow into affordable housing for staff.

Lease housing on Waterlow site to generate income.

Both for and against bringing a commercial store onto site with some arguing site should be used for purely non-commercial, healthcare purposes.

Whittington Health atrium Friday 30 October 2015

Quotes

- 'Don't sell any assets – use the main areas differently i.e. low cost housing.'
- 'Sell the freehold community sites to raise money for the Trust.'
- 'Short-termism is not good for the NHS – don't sell off any buildings.'
- 'Never sell the land – have a social conscience.'
- 'If buildings are a millstone financially around the neck of the Trust, then emotions need to be put aside. The logical resolution is to develop real estate.'
- 'Selling H block would meet significant resistance.'
- 'It is a disgrace how the building is used currently – the upstairs space is completely wasted on the acute site.'
- 'That's the way things are now – you need to sell things off to make money for the Trust.'
- 'I don't like the idea of private housing on the site – it should all be relevant to health.'
- 'There are enough supermarkets in the area – we definitely don't need another on the site.'
- 'A supermarket would be a great idea for the site, useful for patients and nearby residents and make money for the Trust – this is a 2 for 1 deal.'

Comments

Refurbish the Jenner building. Sell the land off at the Waterlow Building. Redevelop buildings S/F/G/Z/J and sell them to be developed as a rehabilitation centre or nursing home so that people can be discharged from the hospital and rehabilitated on the same site.

Have a shared development on the Waterlow footprint. Go into a commercial partnership and mix private residential with staff accommodation.

Put a bar and a gym on the site.

The Hornsey Central site is underused and needs to be bought back into the main site

Have a private annex on the Waterlow site, but also create more beds for patients. Also create a private sports facility.

Put a health promotion centre on the site along with a gym.

Medical records are currently stored offsite at Iron Mountain – this is concerning and should be bought back onsite.

Gym facilities would be good, current classes such as ballet are not taken up by staff.

Car parking needs to be extended – also don't go down the PFI route.

Build a proper nursing home on the Waterlow site. Have a gym on the site, we are meant to be healthy. Improve the bathrooms dramatically and replace old windows to save money.

We could develop better staff accommodation and improve intermediate care as there are a lack of beds in the borough. We could do a deal with the council perhaps – there is an intermediate care review happening in Islington and some neighbouring boroughs have no beds for this use (Hackney, Haringey). We need better food stalls across the main site too.

Redevelop the H/J area to include a Children's Hospital

Summary

Call for redevelopment and bringing in commercial partners:

- Onsite gyms

- Private practice

- Accommodation for staff

- Nursery for staff

However it would be selling the soul of the hospital to sell off areas of the acute site.

Whittington Health atrium Friday 6 November 2015

Quotes

- 'Keep it in the public sector!'
- 'Don't sell buildings! Once they've gone, they've gone.'
- 'It's short-termism to flog off public land.'
- 'It's an absolute shame the Waterlow has been left as is.'
- 'We should make better use of what we've got.'

Comments

[Public] Utilise the Whittington site for the NHS. Properties down the Holloway Road worth more per square foot than the Whitt site. Sell these. Keep properties near transport links, get rid of the rest. Offering pro bono consultancy – Robert York Starkey, Amicrest Holding plc.

Demolish the Waterlow building. Should sell land to refurbish dilapidated buildings.
Have a patient focused community place, student accommodation, social working?

[Public] Have you thought to build a unit for junior doctors/consultants to use when on night duty, i.e. a proper rest issue. Have 'pods'. Sell land – okay if sell off debt, not if it increases admin costs. Also hospital needs segways/buggies to get down corridors!

If anything is empty, we should sell it. Think about shared ownership and offer to key workers.

Waterlow - convert to flats and rent/lease out to private. Gyms – subsidised for staff.

[Patient] Would welcome a mall/some shops. There's nothing here, either at hospital or in Archway.

[Patient. Former engineer/worked in construction – would like to see maps] Very positive about Hornsey. Parkinson Disease [specialty?] needed on site. Having to go to Edgware to see a Parkinson's Disease nurse.

[Patient] Turn Waterlow into flats and create nursing and on call accommodation. Have a gym. Create a family drop-in centre.

Don't flog off public assets for private development. Too short term. Own land, lease arrangements.

As a community based respiratory physio, makes use of the gym at WH, alongside running the singing group there. Pull down physio building. Redevelop it. Massive opportunity to build amazing gym, consulting rooms, clinic rooms. Could have a properly built gym, plus nurses' accommodation. It's important for patients to have options in community i.e. use of gyms at health

centres, otherwise patients tend not to continue their care plans if have to go to other commercial gyms.

Physio – need to overhaul the building, but appreciative of the privacy for patients with proper consulting rooms. As much as the community health centres are bright and new, often they only have curtains dividing consulting areas, which leaves very little privacy for patients. It's important that physio remains on acute site as community orthopaedic patients value the link with the hospital coming here. The acute site is just as much 'community' as far as local (i.e. Highgate) residents are concerned.

[Patient] Concern about motorcycle bay – is it staying? However innocent your proposal might be, it'll be hijacked by Defend the Whittington.

[Patient] Don't sell anything. Would like to see shops here, very useful.

Knock down Waterlow, rebuild it. Turn it into staff accommodation. We're paying rent to use offices on Highgate Hill, when we could be using the Waterlow. No sense in that. Could convert it to one central admin block. Don't want anything sold off.

[Patient] Overall the building needs modernising. A new development that could upgrade older departments such as the maternity wards is much needed.

[Carer] Okay to sell as long as the money doesn't end up in a quango, but is kept in the Trust. The Waterlow could be used for parking.

[Patient] Intermediate care home. Help people out of hospital into convalescence home. Any plans – implications of travel/distance. Investors – care about how solid their investments are.

Poor sign posting throughout the hospital, lots of patients/relatives in wrong places around the hospital. We spend a lot of time showing relatives to the correct place they should be. Poor parking facilities for staff.

Summary

Convert the Waterlow into accommodation for staff or an intermediate care home.

Don't sell off anything – keep it public.

Renovate the Physio building. Could be a great centre with a fantastic gym and other facilities.

Bring in some shops.

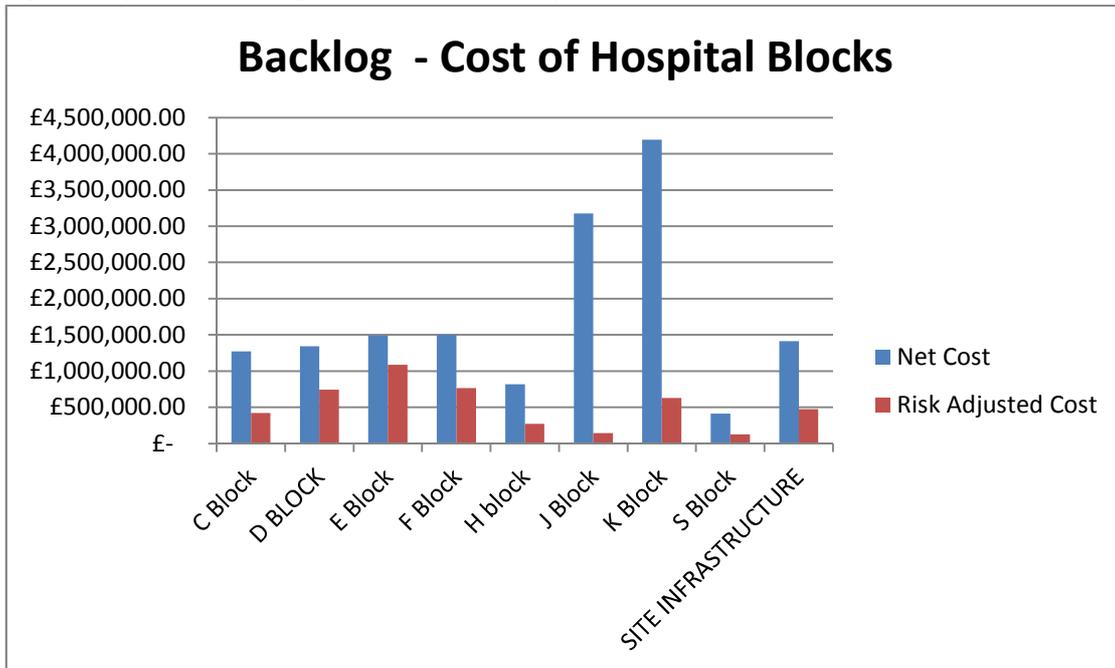
Appendix D: Whittington Health Backlog Costs

The Trust Six Facet survey informs the investment required to ensure existing accommodation is maintained at an appropriate standard (level B). The backlog costs at 2016 are described below:

- **Hospital site:**

Net cost (building works only): £16,389,810 / Risk adjusted cost: £4,956,096

Fig E.1 Hospital site backlog costs – net and risk adjusted



- **Community Premises:**

Backlog cost (building works only): £6,519,672 / Risk adjusted cost: £32,166

Fig E.2 Community Freehold premises backlog cost

