

**REPORT TO THE PUBLIC TRUST BOARD MEETING
29 November 2012**

Title	Estate Strategy
Lead Director	John Watson, Director of Operations
Author(s)	Jeff Calver, Associate Director of Estates
Purpose	For approval
Previously considered by	Interim Estate Strategy to TMT 21 May and Trust Board 31 May.
<p>Executive Summary</p> <p>This report outlines a proposed Estates strategy for Board consideration. The strategy covers two overlapping objectives:</p> <ul style="list-style-type: none"> • To ensure and deliver the best value for money in estate costs • To optimally utilise the estate at IHT 	
Related Trust Objectives	Sub-objectives
1. To provide safe, reliable, personal & responsive emergency care, planned care, maternity & children's care;	Effective Financial Management
Risk and Assurance	
Related Board Assurance Framework Entries	<ul style="list-style-type: none"> • Upgrade aging lift with associated risk of failure within Maternity Block (127) • Pharmacy chemotherapy service at risk due to poor condition of unit and exceeding capacity (293) • Failure to provide Nationally compliant Cancer Services (53)
Legal Implications/Regulatory Requirements	Health & Safety Executive, CRC, Environment Agency.
<p>Action Required by the Board The Trust Board is asked to receive and ratify this strategy.</p>	

The Ipswich Hospital

NHS Trust



estate strategy

November 2012



Version and document control:

Version number	Date of issue	Change Description	Author
2012 DRAFT	19/10/2012		J Calver

Table of Contents

Executive Summary	5
1. Introduction	9
1.1 The Estate Strategy	9
1.2 The Trust	9
2. Aspirations for the Estate	12
2.1 Strategic Objectives	12
2.2 Environmental Strategy	13
3. Options and Implementation	14
3.1 Implications of Service Strategy and Business unit Plans for the Estate	14
3.2 Proposals for Delivering the Estate Strategy	14
3.2.1 Site Rationalisation	14
3.2.2 Improvement and Developments	15
3.3 Strategic and Local Planning Issues – Links with Local Authority Development Plans	15
3.3.1 Consistencies with the Development Plan for Ipswich	15
3.3.2 Site Development Plan	16
3.3.3 Efficient Use of the Site	16
3.3.4 Transport Infrastructure and Travel Plan	16
3.3.5 Phasing Measures	17
3.4 Capital Investment Programme	18
3.5 Summary Disposal and Proceeds of Sale	18
4. The Current Issues	19
4.1 The Estate	19
4.2 Property Schedule with Values	19
4.3 Estate Occupancy Costs	19
4.4 Results of 6 – Facet Surveys	19

4.5	Environmental Impact Assessment	19
	4.5.1 Display Energy Certificates (DECs)	19
	4.5.2 Carbon Reduction	20
4.6	Risk Adjusted Backlog	20
4.7	Infection Control	20
4.8	Performance Criteria	20
5.	Risk Management Strategy	24
6.	Energy Strategy	25
	Appendix 1 – Tables and Figures of Information	27
	Appendix 2 - Drawings	44

Executive Summary

Introduction

The Trust's estate is a 46 acre single site. The site has developed over the last 50 years in an incremental fashion and thus like many hospital sites does not benefit from an optimal configuration. It also has a diverse mixture of estate buildings in terms of design and quality that reflects the time period when constructed.

The Trust seeks to provide a high standard of clinical care to the people of Ipswich and East Suffolk and to support this objective we require an Estate that is fit for purpose and has facilities that are safe and support high quality clinical care

The Trust recognises the importance of the medium – longer term strategy; however it is also important to consider the short term impact of changes to services to achieve the necessary improvements in clinical quality and safety and to deliver short term financial targets, without undermining longer term strategic solutions.

Our Estate Strategy

The first level objective clearly has to be to secure optimal levels of efficiency and to minimise clinical risk of the estate through redesign, better working practices and use to support best clinical evidence. The financial constraints being faced across the NHS and the wider public sector make it essential to consider scope for infrastructure rationalisation to enable long-term and short-term financial balance. The Heath Road site, with its 46 acres offers significant opportunity to add further value.

The key difficulty with formulating a detailed estate strategy at this time is uncertainty about the future configuration of health services in Suffolk, and more broadly in the East of England. Policy initiatives seeking 'care closer to home', integration vs competition dynamics, and the financial squeeze on health funding mean the shape of Ipswich hospital might be radically different within the next decade. Nonetheless in tandem it can also be argued that specific services are very likely to always be required at the Heath road site focused on acute 24/7 emergency services. There is increasing evidence nationally of local health economies having to consider fundamental acute service rationalisations as the only way to balance quality and financial requirements, with a smaller number of larger Acute Emergency Centres supported by a network of Ambulatory and Intermediate care units. An almost symbiotic relationship thus then develops between shifting more services into the community in parallel with more concentration of acute emergency services. In Suffolk an argument could be made that this may also become inevitability.

However as yet there is no defined Suffolk wide Acute services strategy for which Estate planning for the Heath road site could be based, but it is worth Ipswich Hospital appreciating that the Heath road site may well have a long term future as the key Acute Emergency site in Suffolk because of its location adjacent and within the largest population centre in Suffolk. Nonetheless the level of uncertainty and the financial environment make developing a detailed Estates strategy at this time challenging. Some key principles and more immediate strategic estate priorities though can be discerned and are outlined in the next sections.

Principles

The following principles are used in developing the overall estate strategy and can be used as a test for assessing any proposals for estate development:

- **Minimise Risk of Harm** – to identify areas of potential clinical or safety risk and develop plans to address them and maintain the Trust’s estate and facilities to provide an appropriate physical environment for the delivery of high quality services.
- **Enhance Staff/Patient Experience** – to identify and deliver plans to address areas of concern to staff and patients and mitigate the Trust’s estate and facilities risks including relevant hygiene, infection and safety issues and further develop the Trust’s estate and facilities as required both for new and changed modes of service delivery and to enhance the staff and patient experience.
- **Maximise Cost Effectiveness** – to rationalise and review estate usage to promote optimum utilisation of Trust’s facilities and resources from an estate perspective and ensure maximum cost effectiveness in estate usage by identifying and managing the Trust’s strategic property interests, including acquisition, disposal, legal, planning and landlord and tenant issues. Establish and manage an effective structure of financial controls for the Trust’s estates maintenance.
- **Deliver Carbon Reduction Targets** – The NHS has made a commitment to deliver carbon reduction targets. This will include prioritising the exit from carbon inefficient buildings, as well as investing in carbon reduction technology.

Key Strategic Objectives

The immediate Estate strategy is made up of the following 8 components which will direct the development of local work plans.

1. Prioritise the finalisation of estate plans for identified risk areas

Plans for the following clinical services identified as key risks on the Board Assurance Framework, recognising the other strategic objectives below, will be developed as a matter of priority:

- Services hosted in the maternity tower
- Endoscopy
- Oncology day unit capacity
- Chemotherapy cytotoxic preparation facility

2. Enhance the overall quality of the environment

Focus on improvements which improve the general and clinical environment and deliver improvements in patient experience and customer service. Examples include creating a more welcoming entrance and improvements to flow and signage as well as further roll out of the enhancing the Healing Environment Programme

3. Consolidate clinical services onto the South and Central zones.

The intention is to liberate as much of the North end of the estate as possible. The North end has some of Ipswich Hospital’s oldest and poorest building stock, particularly blocks 48 and 58. In addition the Old Laundry site remains largely vacant. Furthermore by liberating the North end of the site opportunities present to release value from this by selling the land or accommodating other partner organisation onto the campus. The one exception to this may be the further development of Woolverstone Wing but this does not compromise the general direction of travel to liberate the North end. By bringing related services closer together in the South and Central zones benefits can be realised in operational flow and/or patient experience. Facilitating this will require excellent progress in reducing the space required to deliver in-patient and outpatient services

through the Transformation programme thus enabling Ipswich Hospital to manage with a smaller footprint of space. In addition some capital will be required to facilitate the move of some North end services.

As part of this objective an assessment will be made of whether it is practical in the near future to move clinical services out of the maternity block. Currently the space and funding that may be required to facilitate this (i.e the equivalent of 3 wards, a Theatre suite and a Neo-Natal unit as a minimum) appears prohibitive in the short to medium term, and thus Ipswich Hospital may be best advised to further secure the medium term future of the Maternity block which the current Lift replacement and Fire Protection works is a key contribution. Nonetheless this assessment will be completed with detailed the options and recommendations to the Board in early 2013.

4. Development of the Education Centre

Education and research are a key part of the Trust's strategy, and bringing together all these functions will facilitate the development of an excellent education and research facility with the ability to offer training beyond traditional catchments.

5. Sustainability

Continue to implement sustainable services and review and further improve on environmental impact in line with the Climate Change Act. This includes development of the Trust's Green Travel Plan and additionally the further development of Ipswich Hospital car parking strategy.

6. Heath road as an East Suffolk health campus

East Suffolk has approximately 55 health facilities. Government advisors such as McKinsey have highlighted that the NHS must better coordinate its usage of estate in order to liberate costs. Given the 46 acres available at Heath Road and the potential to liberate large parts of the site the opportunity to consolidate much more of East Suffolk health building requirement in one location is clear. Furthermore all facilities could then benefit from Ipswich Hospital's investment in Biofuel energy. The Trust will therefore seek a broader East Suffolk health economy estates strategy in conjunction with partner organisations that helps maximise the potential of the 46 acre Heath Road site and liberates health economy costs elsewhere. The Trust will actively pursue the development of a 'health campus' on the site through the consolidation of primary care facilities.

At the same time Ipswich Hospital strategic review of its future is highlighting the potential for further acute services consolidation in Suffolk. The heath Road site therefore may need in future to accommodate more of Suffolk's acute 24/7 services. It is important that the site development keeps such options open and development is considered with this particular potential in mind.

7. Storage, Office and administration space

Administration services are currently scattered throughout the site, and may not sit in the area most relevant to the function. Consolidation of 'back-office' functions in non-clinical areas and the development of 'hot-desking' and 'bookable rooms' for clinical staff with only an occasional need for an office will be considered. Considerable space can be liberated by injecting further pace into electronic medical records thus reducing storage requirements. Enhanced materials management will also reduce storage requirements and may free key space for development in the South and Central zones.

8. Estate Strategic Partner

The Trust has an efficient and relatively low cost Estates function. The staff remain employed by the Trust and this has retained flexibility and loyalty. Innovative initiatives such as the Biofuel generator and Voltage optimisation have progressed at Ipswich Hospital well before the majority of other non PFI hospitals. Nonetheless the service does not have all the 'commercial acumen' it requires now and in future. Therefore the Trust is looking to work with a suitable 'strategic estates partner'. This will better enable the Trust to drive potential site improvements to release further value from the 46 acre site. The partnership will look to exploit any potential developments to maximise commercial opportunities and provide resource and financial funding where traditionally it would not have been available. A potential Joint Venture may provide for 50/50 benefits with Ipswich Hospital reduces the risk and cost associated with developing its own commercial department.

Following a review of the key risks as identified on the Board Assurance Framework (BAF), feedback from patient experience groups, and the Trust's Estates work stream Group, the Trust will develop an over-arching estates work plan, alongside the capital investment plan' to support the implementation of this strategy.



1. Introduction

1.1 The Estate Strategy

The NHS Plan (2002) set out the key objectives and the direction for NHS service delivery over a ten year period. To deliver a modern NHS, fit for the 21st century, buildings and equipment are required that are in the right place, in the right condition, of the right type and which will be able to respond to future service needs.

The purpose of the Estate Strategy is to be an informative document which provides information on the current estates portfolio, a framework for development which will underpin the Trust's Service and Business Units Strategy, and to support business cases for future service developments.

The Estates Strategy will be an important factor in the delivery of the Trust's medium to long term Service and Business Units Strategy. It will therefore need to be developed and amended as the Trust's other strategies are evolved. Appendices contain information referenced in the Estate Strategy document.

1.2 The Trust

The Ipswich Hospital (hereby referred to as the Trust) is geographically located in the Suffolk county town of Ipswich, the fastest growing urban centre in East Anglia; and administratively within the boundaries of NHS Suffolk, Suffolk County Council and NHS East of England.

The Trust is a vibrant single-site medium-sized local acute hospital, renowned for providing a high standard of specialist healthcare services to the residents of Ipswich and East Suffolk, and some specialties to Suffolk, North Essex and beyond. The Trust is well established as the principal face of the NHS in the area and the local community is very attached to us. The Trust is highly regarded by local GPs for the level of clinical expertise offered in a number of areas. The Trust provides specialist ('Acute Secondary Care Services') healthcare to a core catchment population of approximately 356,000 people living in Ipswich and East Suffolk. Some of these services, such as midwifery, are provided in the community as well as in hospital, and as we develop closer working with local GPs we will see an increasing emphasis on providing services in this way. Our more specialised services, including spinal, radiotherapy and gynaecological cancer surgery, are provided to a population in excess of 500,000 within our extended catchment area covering West Suffolk, North Essex and Mid Essex.

The Trust is located on the north-eastern outskirts of Ipswich as shown on the map (Appendix 2)

The Trust's estate is based on a 46 acre single site. The site has developed over the last 50 years and has a diverse mixture of estate buildings in terms of design and quality that reflects the time period when constructed.

The Trust has been seeking to improve the quality of the existing estate portfolio over the last three years at the same time rationalise its operational footprint with a view to supporting and improving the efficiency and effectiveness of its clinical services and related support functions, and also to support the development of the local health economy.

Key activities undertaken to date on realising our estate strategy are:

- Rationalisation of our operational footprint and improvements to the quality of the estate portfolio. The Trust has developed and constructed the Garrett Anderson Centre under the PFI initiative which opened in June 2008 and this has provided a modern prestige development consisting of an Emergency Department, Critical Care Unit, 40 Bed Short Stay Ward and Four Day Surgery Theatres. The completion of this development has enabled clinical areas at the south of the site to be freed up and services located in poor building stock at the North of the Site to be relocated into these vacant spaces. The vacated poor building stock at the north of the site has resulted in 2.3 acres of the site being made available to the Mental Health Trust - Norfolk and Suffolk Foundation Trust (NSFT) Trust via a lease agreement to build a new development thereby enabling their old out of date facilities to be closed upon completion of construction. The co-location of this facility provides mutual support to clinical functions and to the efficiency and effectiveness of each Trust with the potential use of shared functions and support services such as Restaurant, Kitchen, Chapel, Pharmacy etc.
- Implementation of remedial actions to secure fire safety compliance of the maternity tower block. The tower block will also have additional fire compartmentalisation provided and lift replacement
- Implementation of a planned programme of backlog maintenance. Key projects in this programme are the replacement of the old outdated assets.
- Improvements to privacy and dignity layouts on the wards
- Setting of a carbon baseline and the implementation of a number of measures to reduce our carbon footprint, including the continuing implementation of the Trust's Green Travel Plan. The Trust has committed to the NHS Carbon Challenge and is working with the Carbon Trust to develop a programme to reduce its carbon footprint in line with government targets. A Carbon reduction plan has been produced. The Trusts current baseline carbon footprint is 10,425 tonnes (uplifted from 9,600 tonnes to include the GAC building which was occupied during April/June 2008) based on base year of 2008 and is seeking to reduce this by 20% by 2014 whilst building a platform to achieve the government's ultimate target of 80% (using a base year of 1990) reduction by 2050. The Trust has developed a Travel Plan that has been agreed with the local Borough Council. Implementation of the Travel Plan has commenced and notable achievements are the provision of new bus station on site, improvements to site access arrangements, launch of a car share scheme for staff and a joint initiative to implement "Hospitalrides" a car share scheme for patients.
- Completion of a six facet survey of the Trusts Property Portfolio consisting of reviewing Physical Condition, Functional Suitability, Space Utilisation, Quality, Compliance with Statutory and Non-Statutory Guidance and Environmental Performance. The review of space utilisation was integral to the release of 2.3 acres of the North End of the site for the SMHP development mentioned above. The Trust plans to carry out further work on space utilisation.

The Trust has an approved capital programme and in 2012/13 the key schemes for delivery are improvements to Electrical Infrastructure, Replacement Flat Roofing and Flooring Works which will reduce the risk adjusted backlog.

The Trust has developed a five year plan for the development of the Trust's Estate portfolio which is critical to supporting the Trusts business and service plans.

The Trust board has also approved for completion by March 2013 a new cardiology suite and the refurbishment of our existing HSDU department.

Other key aspirations for the Trust as part of our Estate Strategy is the leasing or selling of the old laundry site at the north end of the estate for third party user, to review all clinical / medical functions out of the Maternity Tower. If Clinical services are re-located then the Maternity Tower can then be utilised for administration and management functions as these functions do not require the same level of fire protection as clinical / medical functions where inhabitants are predominantly non-ambulant and the potential for closure of blocks 58 and 48 located in the north end of the site.

The Trust has discussed and agreed an improvement programme to address issues identified in the Regulatory Reform (Fire Safety) Order 2005 risk assessments, whilst it develops the longer term re-provision of Maternity facilities. This project has been implemented and started in June 2012.

The Trust has carried out a 6 Facet Survey of the site which takes into account the following elements:-

- Physical Condition
- Functional Suitability
- Space Utilisation
- Quality
- Compliance with Fire and Health & Safety
- Energy Performance

The 6 Facet Survey has informed the Strategy in respect of Risk Adjusted Backlog, Fire Compliance and Disability Access issues and development of Performance Indicators.



2. Aspirations For the Estate

The Trust's Vision

The Trust's vision is to be the provider of choice by placing the patient at the centre of everything we do, based on principles of quality and safety, access and accountability within a continuously improving environment.

Business Strategy

The Trust's overarching business strategy is one of rationalisation. An increasing percentage of our patients are living with one or more major disease groups and related pathways: cancer, heart disease, stroke, together with respiratory illness and diabetes. We will continue to place an emphasis on what we currently do best, that is, diagnosis and treatment of conditions that require the specialist expertise and facilities of an acute hospital, but we will do so in a way that recognises the ongoing needs or the clinical backdrop, of patients and the part their carers play in supporting them.

In order to achieve this we recognise the need to change the way we deliver our services; some services may experience an increase in activity due to demographic growth whilst some will experience a decrease in response to market changes. We expect our workforce to decrease overall with some disciplines growing and others decreasing to match the demand for our services and our efficiency improvements. The Trust is planning for the loss of some specialised services to either tertiary centres or as part of a regional centralisation. Our rationale for this strategy is:-

- The current economic climate and the restricted funding likely to be available to the NHS
- Our existing debt and loan repayment schedule
- The limited capital we have to invest in new services whilst servicing our debt

The Trust's strategy is to develop our services and maintain our position in the area for providing acute and specialised services to the wider community. In addition we will begin a transition towards the provision of more services in community-based settings. The Trust is open to entering into formal joint ventures; however, this will only be done where the expected income is sufficient to ensure a financially sustainable service.

2.1 Strategic Objectives –

Achievement of our vision is underpinned by three strategic objectives which are:

- Be the first choice provider of local services
- Develop local Centres of Clinical Excellence, e.g. Oncology / Radiotherapy, Stroke, Cardiac Services, and continue to foster innovation and change
- Be in the top 10% of hospitals for providing an excellent patient experience, harm-free and with positive clinical outcomes
- Develop innovative integrated care, so that patients only visit the hospital when necessary, e.g. Patients suffering long term conditions
- Be in the top 10% of hospitals assessed against Net Promoter, Friends and Family Indicator
- Achieve a year on year surplus to reinvest in improving services.

2.2 Environmental Strategy

The Ipswich Hospital NHS Trust recognises that it has a duty to ensure that its activities do not adversely affect the environment.

In recognition of the commitment to this environmental policy the Trust will:-

- Ensure waste is minimised and where possible recycled
- Operate within the conditions of current legislation, and fulfil its duty of care to all staff and others affected by its work;
- Educate and inform staff to enable them to be environmentally aware;
- Use every available means to prevent pollution of the environment by emission to air, and water;
- Develop and maintain an emergency plan to minimise the effect of environmental incidents;
- Use energy and resources in the most efficient way and seek to reduce consumption by good management and investment in energy saving technology.

The NEAT (NHS Environmental Assessment Tool) software used to provide the Energy Performance information shown in sections 2.5.6 and 2.6 has now been discontinued and replaced by The Building Research Establishment Environmental Assessment Tool (BREEAM).

All new developments will use the BREEAM (British Research Establishment Environmental Assessment Method) methodology. The Trust is committed to reducing its Carbon footprint and has signed up to the NHS Carbon Challenge programme to achieve the government's set target for the NHS to meet the government carbon reduction targets



3. Options & Implementation

3.1 Implications of Service Strategy and Business Unit Plans for the Estate

The Trust has undertaken a review of its estate and assets and has used this information to contribute to a strategic review of future requirements; however a further through review of space utilisation is to be carried out. This review has been informed by the Trust Clinical and Service Strategy. To provide safe, reliable, personal and responsive emergency care, planned care, maternity and children's care

These are the local acute services that the Trust offers to its population and represent the vast majority of its services. We will ensure that patients using these services have a superb experience, both in terms of outcome, safety and overall "customer" experience. In emergency care for instance we want patients to be assessed quickly, with more than 30% of GP referred patients to be treated and sent home without the need for hospital admission but where treatment is required, to be placed in the appropriate care setting as quickly as possible. Treatment and further diagnosis and resultant treatment will be conducted without delay, culminating in a smooth transfer either back to the patient's home or to an appropriate care setting. We will work with carers, GPs and support agencies to maintain patients at home and prevent avoidable readmissions.

In planned care we want patients to book outpatient appointments easily and conveniently and attend an appointment at a location as convenient as possible to them. Where they need a planned treatment, they should be able to attend hospital with the confidence that they will not be cancelled, and that treatment will take place on a timely basis without undue delays on the day, with around 80% of planned operations taking place on a day case basis, rising to 90% by March 2015. We will find new ways of ensuring safe follow-up for patients, reducing the need for them to attend the hospital unless absolutely necessary.

In maternity services, we will ensure that choice of place of birth continues (we have an excellent record of over 5% home births), that staffing levels meet national standards as a minimum, and that we offer 1:1 care in labour with appropriate consultant support on the labour ward.

In children's services we plan to strengthen our inpatient services and will continue to offer level 2 neonatal intensive care services. These core services therefore will be driven by the principles of "right first time" and "no delays", including during the course of the patient's stay in hospital.

The potential proposals for the site have been mapped on site development plans

3.2 Proposals for Delivering the Estate Strategy

3.2.1 Site Rationalisation

The Trust is seeking to rationalise the estate portfolio by the closure of older parts of the estate at the north of the site with a view to progressively migrating clinical services where possible to the south of the site. The key projects to deliver the Strategy are detailed below –

- Closure of the old Laundry building to provide potential re-development or leasing opportunities
- To review and rationalise the remainder of the building stock at the north of the site (excluding Oncology development) with a view to migrating to other locations on the site.
- To continually review provision of alternative car parking arrangements to improve access to the site.
- To constantly review occupancy and functional suitability across the entire site to ensure maximum efficient and effective use of the estate

3.2.2 Improvement and Developments

The Trust has identified a range of other site issues that will need to be resolved over the next 9 years. This list will be progressively refined and developed based on the Service Strategy and Business Unit business cases.

The Trust seeks to ensure that all new developments comply with current NHS guidance for the Estate i.e. Hospital Building Notes (HBN), Hospital Technical Memoranda (HTM).

Schemes included in 5 Year Plan (base year 2011)

- Review of relocating maternity services from its existing block, which is currently housed in a 1960s tower block that has many challenging features in respect of fire compliance and clinical functionality. The move should also address the centralised delivery suite concerns.
- Electrical Infrastructure.
- Upgrade to HSDU.
- Development of Cytotoxic preparation facility.
- Relocation of clinical services from the North of the site.
- Development of the old laundry site (possible sale or lease).
- Completion of additional parking facilities on the demolished Minsmere site.
- Completion and service implementation in Cardiac Services (Cardiology to Foxhall)
- Refurbishment or re-provision of the Endoscopy Unit.

3.3 Strategic and Local Planning Issues - Links with Local Authority Development Plans

3.3.1 Consistencies with the Development Plan for Ipswich

New development within the Hospital site requiring planning permission needs to accord with the Development Plan for the area, unless material considerations indicate otherwise. Therefore, to help ensure that the Trust's proposals are consistent with the Development Plan, it has actively engaged in the plan making process.

The Statutory Development Plan for Ipswich currently comprises the Regional Spatial Strategy for the East of England (RSS14) (2008) and the Ipswich Local Plan 2011 (Formerly Local Development Framework)..

Regional Spatial Strategy

The RSS covers the period up to 2021 and identifies Ipswich as a key centre for development and change. The Plan also seeks to ensure that new buildings are accommodated in ways which are best served by physical and social infrastructure including health care provision.

The RSS makes provision for a minimum of 20,000 new homes in the Ipswich Policy Area with further significant levels of housing planned for the Trust's wider catchment area.

The continued growth of Ipswich will place demands on the Hospital's acute and other health service roles, which need to be considered as part of each Estate Strategy review.

Local Planning Policy

Ipswich Local Plan 2011 (Formerly Local Development Framework) published by Ipswich Borough Council (IBC) states the importance of providing adequate health infrastructure, including GP surgeries, clinics, health centres and hospitals, to ensure the health and well being of the Ipswich Community. The Plan recognises the current rationalisation of both the Trust's and Suffolk Mental Health Partnership NHS Trust's (now Norfolk and Suffolk NHS Foundation Trust) estate to implement necessary modernisation..

The Plan includes policy CS19: PROVISION OF HEALTH SERVICES which, in relation to the Heath Road campus, states:

The Council supports the bringing together of health sector facilities onto the Heath Road Hospital site.

Proposals for development at Heath Road shall be accompanied by a strategy that includes a satisfactory travel plan and measures to address local car parking issues.

The Plan goes on to state that the Heath Road campus is a strategic health facility and as such it is important that any rationalisation of uses on the site takes place in the context of a planned strategy for healthcare provision which also takes account of future growth in Ipswich and the wider Ipswich Policy Area. It also stresses that it is essential for travel implications to be fully considered and measures provided to encourage the use of sustainable modes of transport. Measures should also be put in place to tackle existing parking issues and regular monitoring should be undertaken to ensure the effectiveness of these measures.

In summary, the Local Plan is supportive of the health campus concept subject to the inclusion of suitable transportation measures.

3.3.2 Site Development Plan

The Development Plan represents an illustration of the main development proposals contained in the Clinical and Estate Strategy. It is intended to be an indicative and flexible document to be reviewed on an annual basis in line with the Estate Strategy itself.

The Development Plan and related development projects will be informed by a number of complementary guiding principles as summarised below.

3.3.3 Efficient Use of the Site

Parts of the site are currently underused and contain some low level buildings, which do not make the best use of their footprint. Others are also coming to the end of their lifespan. These buildings will gradually be redeveloped or refurbished and phased over a period of time. The redevelopment process is in part being informed by condition surveys to determine which buildings should be retained and refurbished and others that require comprehensive redevelopment. An audit of all mobile buildings has been conducted to identify their current use with a view to relocate any occupants and remove these buildings from site

Redevelopment options will include the potential to fully utilise building footprints to make the most efficient use of available space by applying a suitable plot ratio. Similarly, new development on existing open areas will be designed to optimise the use of the site and allow for additional storeys where appropriate.

3.3.4 Transport Infrastructure and Travel Plan

The Estate Strategy and related Site Master plan, is supported by a Travel Plan which was approved by the Trust Board to help manage traffic demand. Travel Plans are encouraged by Government planning and transport policy driven by the following overall objectives:

- To promote more sustainable transport choices for visitors and employees
- To promote accessibility by public transport and
- To reduce the need for travel, especially by car.

Government Guidance on 'Planning and Climate Change' places an even greater emphasis on conserving energy and resources and promoting 'greener' forms of travel.

However, given the nature of the use of the site including its Emergency Department role, the continued essential operational requirements of the Hospital will need to be met. This will necessitate the provision of sufficient on site car parking provision to meet the requirements of patients, visitors and essential staff. Also, as the Hospital is a significant generator of travel, viable and efficient transportation facilities are required, which provide for a variety of alternative transport modes in addition to essential car users needs, all of which need to be planned for.

The key aim of the Travel Plan is to provide for the essential operational needs of the hospital including the provision of safe and sustainable transport to, from and within the site, whilst seeking to reduce the reliance on car borne trips as a mode of travel.

Consequently, an important element of the site Master plan concept is the provision of suitable transportation infrastructure to support the operation of the Hospital based on the principles of the Travel Plan. In this regard, a new through route bus link is proposed to allow for the routing of local services including park & ride buses to enter and exit at Heath Road and Woodbridge Road entrances respectively. This will also allow for the provision of bus stops at strategic locations within the site. Part of this strategy has been implemented in association with the Garrett Anderson Centre, which includes bus stops, 'real time' information displays and circulation routes. However, even with the provision of various Travel Plan initiatives aimed at promoting non car based use, the Hospital will continue to attract a significant number of cars onsite and consequently the Master plan allows for the provision of additional parking space to be provided.

3.3.5 Phasing Measures

A further planning consideration is the development of phasing measures as part of an overall implementation strategy. Therefore, a strategic phasing plan will be produced to determine how the development of the site will evolve during 2012/13. At the more detailed level, phasing measures will be produced to allow for the continued operation of the Hospital during construction periods including decanting measures and temporary parking provision to maintain the Trust's planning obligations.

3.4 Capital Investment Programme

The Trust recognises the need to invest in the Estate and will develop a capital programme that will address backlog and compliance issues, as well as meeting the needs of the Trust's Service and Business Units Strategy.

The current anticipate capital investment programme can be obtained upon request from the Trust Finance department.

3.5 Summary Disposal and Proceeds of Sale

The Trust will continue to review options in respect of the opportunities to release land for either sale or lease. The Site Development Plan identifies, at present, that the majority of the site is required for health related services. The planning approach to the site is to develop a Health campus approach that will allow flexibility to suit organisational change in the future.

4.0. The Current Estate

4.1 The Estate

The Trust occupies an 18.50 hectare site on the north-eastern outskirts of Ipswich. Much of the external area is taken up by over 2000 parking spaces which are provided for patients, staff, and visitors. Accommodation is provided on the Heath Road site in 88 blocks made up of a variety of building types and age. Together these blocks have a gross internal area of 95,287 sq metres. There is also a link road and car parking at Pearson Road.

4.2 Property Schedule with Values

The Trust property portfolio is allocated block asset numbers and this schedule shown in Table 1 along with Net Book Values at 31/03/2012.

The total net book value of Buildings and External Works was £105,251,950.

Total value of land at 31/03/2012 was £17,100,000

4.3 Estate Occupancy Costs

The Trust's estate occupancy costs are shown in Table 2. This table shows the actual cost in the year 2011/12 and the cost per square metre by cost element. Figures are input to ERIC at the end of June each year, and not usually published formally until the autumn.

4.4 Results of 6-Facet Surveys

To provide a baseline for developing the Estate Strategy, the NHS Estates document *Estate Code (DOH Guidance)* stresses the need for Trusts to be aware of the condition of their Estate in each of 6 facets. These are:-

- Physical Condition
- Functional Suitability
- Space Utilisation
- Quality
- Compliance with Fire and Health & Safety, both Statutory and non-Statutory.
- Environmental Performance

A summary of the 6-facet survey results for each block is shown in Table 3 as well as action plan for dealing with blocks with Physical Condition C and D is in Table 5.

4.5 Environmental Impact Assessment

The following information is taken from the Trust's submission to the Department of Health using the NHS Environment Assessment Tool (NEAT). This software is a tool designed to assess the impact of healthcare facilities on the environment. As can be seen in Table 7 in the appendices, the weighted scores give the Trust a total score of 68.59 which gives a VERY GOOD rating and only just falls short of being EXCELLENT.

4.5.1 Display Energy Certificates (DECs)

Under The Energy Performance of Buildings (Certificates and Inspections) Regulations 2007 all occupiers of public buildings of >1000m² are required to carry out DEC assessments and display the results in a prominent place.

This obligation came into force on 1 October 2008 and the certificates must be renewed annually.

The latest site-wide DEC completed in October 2009 and shows the very good performance of the Trust building stock, enhanced by the use of low carbon steam heat recovery from the incinerator.

The Trust has now carried out individual building DEC assessments and these are displayed around the Trust in accordance with the regulations.

4.5.2 Carbon Reduction

The UK Government has placed an emphasis on the public sector setting a leading example on Climate Change and has set a long term goal to reduce CO₂ emissions by 80% by 2050 in the Climate Change Bill. **The Climate Change Act** sets legally binding emissions reductions of 34% by 2020 and 80% by 2050 over a 1990 baseline.

The Ipswich Hospital is participating in the Carbon Trust NHS Carbon Management Programme and has published a Carbon Management Plan to deliver a 20% reduction in CO₂ emissions by 2014 against the baseline of 2008 Carbon Reduction Commitment:

The Carbon Reduction Commitment is a mandatory “cap & trade” emissions trading scheme for organisations like this Trust whose total electricity consumption is greater than 6,000MWh.

4.6 Risk Adjusted Backlog

In 2004 NHS Estates issued two documents, Best practice advice: “Establishing and managing backlog” and” A risk-based methodology for establishing and managing backlog”.

The methodology involves assessing the site to find all jobs classed as Backlog Maintenance, then finding the risk score from the consequence and likelihood scores. The result is then ranked as High Risk, Significant Risk, Moderate Risk or Low Risk. Finally the cost to repair is estimated and applied.

To get an overall risk adjusted figure for Backlog Maintenance the following formula is applied to each block, (Cost of moderate and low ranked jobs/Remaining life of block) + Cost of High and Significant ranked Jobs.

The adjusted figures for each block are totalled to give an overall Risk Adjusted Backlog Cost. These will be updated in due course to take account of current investments and inflation.

The High and Significant Risk ranked jobs are listed in Table 4. These jobs are sorted by Risk. Moderate and Low ranked are in Appendix 5.

The risk adjusted backlog figures will change and be amended as parts of the estate are closed, and work in progress jobs are completed. Also indexation will be applied to the estimated cost.

4.7 Infection Control

The Trust has infection control as one of its highest priorities. Representatives within the Estates function are members of the Hospital Infection Control Committee (HICC) and regular and close liaison takes place with the infection control team in relation to all estate works.

4.8 Performance Criteria

The Performance Indicators (PI's) listed in table A are designed to allow informed judgement on the efficiency and condition of the Estate. All are based on indicators that are expressed as ratios of the Trust's building and

land areas. A simple traffic light exercise classifies performance management information into three categories.

Table A

IPSWICH HOSPITAL NHS TRUST - 2009/2010

PI SUMMARY	Trust PI	Grouping PI (Percentile Bands)		
		33%	34%	33%
Space Efficiency				
Income £10/m ²	234	234	235 and 276	277
Activity/100m ²	96	95	96 and 109	110
Asset Value £10/m ²	140	131	132 and 165	166
Occupancy Cost £/m ²	188	176	176 and 211	212
Asset Productivity				
Asset Value £10/m ²	140	131	132 and 165	166
Capital Charges £/m ²	115	119	120 and 143	144
Total Backlog £/m ²	75	63	64 and 165	166
Rent & Rates £/10m ²	136	0	1 and 146	147
Asset Deployment				
Land £/m ²	197	166	167 and 265	266
Building £10/m ²	109	84	95 and 117	118
Equipment £/m ²	115	152	153 and 204	205
Capital Charges £/m ²	115	119	120 and 143	144
Estate Quality				
Asset Value £10/m ²	140	131	132 and 165	166
Depreciation £/m ²	78	78	79 and 95	96
Critical Backlog £/m ²	48	16	17 and 47	46
Risk Adjusted Backlog £/m ²	29	20	21 and 61	62
Cost of Occupancy				
Rent & Rates £/10m ²	136	0	1 and 146	147
Energy/Utility £/10m ²	196	230	231 and 265	266
Maintenance Costs £/10m ²	203	240	247 and 318	319
Capital Charges £/m ²	115	119	120 and 143	144

Groupings: Trust Cluster & Type: Top - Acute

The figures and radar charts are produced by The Information Centre for Health and Social Care from a variety of sources.

The Trust's PIs and the national PI percentile groupings are listed in table 6.

The PI's represent:

- Green - no or very limited problems
- Amber – some problems
- Red – serious concerns

In all areas the Trust has Red PI's. Which indicates the Trust is either below or above national middle 34% percentile group

Space Efficiency shows income as red but improved from last year and almost in the median quartile.

The Asset Productivity and Deployment sections have seen Capital Charges reduced to below median level.

Equipment values, although increased, are still below the median.

The Estate Quality PI suggests that further investment to reduce critical Backlog is required although it is now almost in the median quartile.

As regards Cost of Occupancy our Maintenance Costs are still very low and decreasing.

The use of radar capacity charts using Performance Indicators demonstrates the potential for a trust to improve its asset management against similar organisations and the national average for its cluster. They also assist Trusts, Commissioners, and other interested stakeholders to compare high level performance and will provide a basis for identifying potential areas for improvement as well as role models.



5. Risk Management Strategy

The Trust has a published Risk Management Strategy which has been ratified by the Trust Board. It states that:-

“The Ipswich Hospital NHS Trust is committed to ensuring the safety of patients, staff and the public through an integrated approach to managing risk, regardless of whether the risk is clinical, corporate or financial.”

The management of non-clinical risk is part of the remit of the Nursing and Quality and follows the principles described above.

Health and Safety, fire safety and security are all included in this non-clinical function and follow well established risk management principles.

Risk assessments are completed for all E&F activities and functions and identified risks are reduced to the lowest level as far as is reasonably practicable.

Specific funding is provided to address non-clinical risks found, but where unacceptable risks are identified which are beyond the ability or resources of the E&F Departments these are assessed using the Trust Risk Classification Matrix and submitted for inclusion on the Trust Risk Register to develop business cases to resolve.

Fire safety in any healthcare premises has always been given a high priority and the recent introduction of the Regulatory Reform (Fire Safety) Order 2005 (RRO) has reinforced this view.

The Trust has updated its Regulatory Reform (Fire Safety) Order 2005 risk assessment and has a plan of works to address issues identified.

The Suffolk Fire and Rescue Service are being consulted to ensure an integrated approach that will give confidence that the risk of fire is minimised and the Trust meets its statutory obligations

6. Energy Strategy

Position – at January 2000

Energy Use per 100 cuM heated volume

The ERIC return data for 2000 is as follows:-

Electricity	Gas	Steam	Total GJ	Heated Vol	GJ/100 CuM
39232	79268	75500	194000	256010	75.78

Position at April 2011

Electricity	Gas	Steam	Total GJ	Heated Vol	GJ/100 CuM
51210	41606	70850	163666	228873	71.50

The Trust has not achieved the NHS target for existing premises of 65 Gigajoules per 100 cubic metres of heated volume primarily due to the prolonged and severe winter conditions experienced last year driving the utilisation of natural gas for space heating to 167% of last year's uptake.

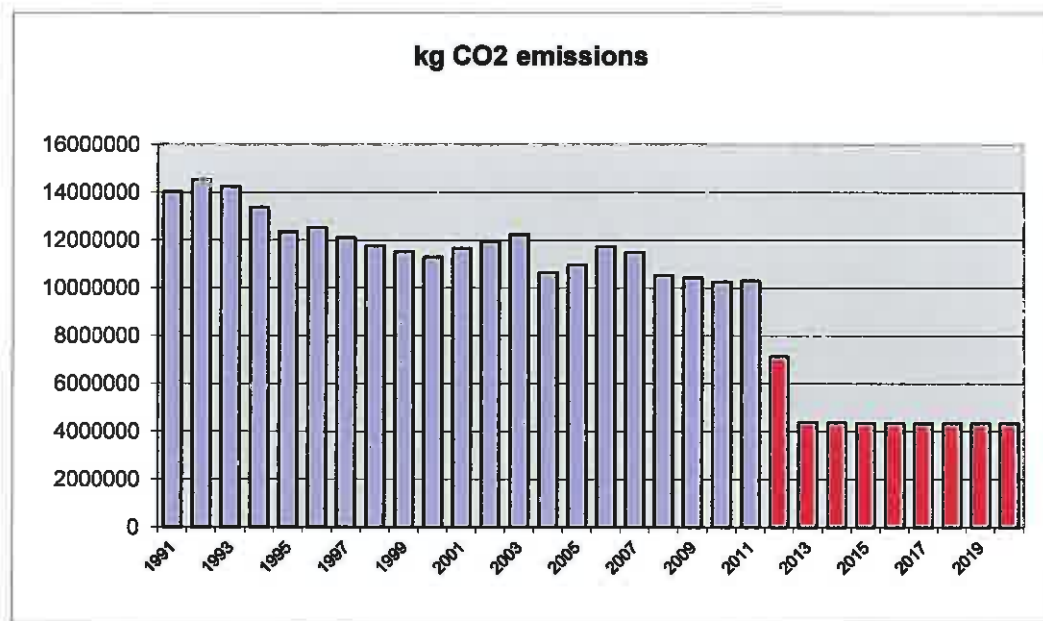
Carbon Emissions

Carbon Footprint

As at April	Gas kWh	kg CO ₂	Other sources CO ₂	Electricity kWh	kg CO ₂	Total CO ₂	Reduction % (from 1990)
1991	46791612	8656448	837703	8290909	4518545	14,012,697	
1992	49532651	9163540	812572	8347919	4549616	14,525,728	
1993	47578522	8802027	788195	8534459	4651280	14,241,501	
1994	42525734	7867261	764549	8687309	4734583	13,366,393	
1995	34808949	6439656	741612	9493779	5174110	12,355,378	
1996	34460860	6375259	719364	9968468	5432815	12,527,438	
1997	31014774	5737733	697783	10387144	5660993	12,096,510	
1998	27913297	5163960	676850	10854565	5915738	11,756,548	
1999	25121967	4647564	656544	11397293	6211525	11,515,633	
2000	22609770	4182807	636848	11875980	6472409	11,292,064	
2001	22781570	4214590	617742	12513230	6819710	11,652,043	
2002	22873780	4231649	599210	13073110	7124845	11,955,704	
2003	24093395	4457278	581234	13223282	7206689	12,245,201	
2004	15875173	2936907	563797	13105018	7142235	10,642,939	
2005	15611149	2888063	546883	13830820	7537797	10,972,742	

2006	16942681	3134396	530476	14807930	8070322	11,735,194	
2007	17702124	3274893	514562	14128950	7700278	11,489,733	
2008	12989652	2406073	499125	13970070	7616762	10,521,960	
2009	13534046	2506911	310769	13951801	7606785	10,424,466	
2010	12337997	2285367	399832	13888457	7572265	10,257,464	
2011	11557157	2140732	404280	14225085	7755785	10,300,797	-1.2%
2012	11326014	2095313	396194	8535051	4634533	7,126,039	-49%
2013	11099494	2053406	388271	3556271	1931055	4,372,732	-68%
2014	10877504	2012338	380505	3627397	1969676	4,362,520	-68%
2015	10659954	1972091	372895	3699944	2009070	4,354,056	
2016	10446755	1932650	365437	3773943	2049251	4,347,338	
2017	10237819	1893997	358128	3849422	2090236	4,342,361	
2018	10033063	1856117	350966	3926411	2132041	4,339,123	
2019	9832402	1818994	343946	4004939	2174682	4,337,623	
2020	9635754	1782614	337068	4085038	2218175	4,337,857	-69%

The projections shown in RED text assume successful completion of projects included in the Carbon Plan, in particular the Energy Centre which will produce low carbon electricity.



The CO₂ emissions reduction achieved so far is therefore 1.2 % against the Climate Change 1990 baseline which is on target to reach the 34% required by 2020. It is envisaged that by 2014 a carbon saving of at approximately 68% will be achieved.

A further Energy Awareness campaign during 2012 will support this aim.

Appendix 1 – Tables and Figures of Information

Table 1 - Valuations of Estate

Figure1 – Age profile

Table 2 – Estate Occupancy costs

Table 3 – Six facet survey report

Table 4 – Backlog maintenance

Table 5 - Action Plan for Blocks with Physical Condition C and D

Table 6 – Capital investment plan

Figure 2 – Radar charts

Table 7- Environmental Impact score

Figure 3 – Environment assessment graph

Table 1 - Valuations of Estate Note that the threshold (T/H) value is £5,000

Block No	Block Name	Notes	NBV
1	Nucleus 1		£ 18,020,920.00
2	Education Centre		£ 2,354,680
3	Outpatients & Pathology		£ 9,031,765
4	ENT & Speech Therapy		£ 681,036
5	X-Ray Store		£ 15,769
6	Pathology Store		£ 39,581
7	Gas Store & Pharmacy Store		£ 19,288
8	Estate & Facilities		£ 298,094
9	Generator Sub Station		£ 105,653
10	Bin & Gas Bottle Store		£ 37,766
11	Hospital Street		£ 140,392
12	Medical Secretaries		£ 455,444
13	Integrated Discharge Planning Team		£ 240,269
14	Maternity Block		£ 6,554,527
15	Antenatal Clinic		£ 743,944
16	Nurse Changing		£ 35,242
18	Staff Bungalows		£ 125,535
19	Doctors Home		£ 326,744
21	Decant Portakabins		£ 40,978
22	North Comms Room		£ 64,881
28	Decontamination Unit		£ 3,489
32	Chapel		£ 39,169
33	Corridor & North Offices		£ 381,396
34	Kitchen & Staff Restaurant		£ 1,993,298
36	NHS Supplies Stores & Medical Records		£ 300,129
39	Estate & Facilities (Carpenters Workshop)		£ 10,474
40	Old PHLS Garage		£ 8,924
41	ERICA & Drug Information		£ 101,423
42	Store (Generator)		£ 10,580
45	OCS Portakabin		£ 20,510
46	Cancer Information Centre	DONATED	£ 105,116
48	North Offices & Computer Suite		£ 1,661,053
49	Rigby Ward		£ 585,607
50	Portakabin 1459		£ 110,777
53	Creche		£ 232,872
54	Tank Tower		£ 63,508
56	Boilerhouse		£ 421,463
57	Incinerator	LEASED	
58	Old Stores		£ 81,397
59	Old Laundry		£ 1,133,889

Block No	Block Name	Notes	£	NBV
60	North Generator (Comms Cabin)		£	22,667
62	Planning & Information		£	126,980
63	Estate & Facilities Portakabins		£	23,719
67	Oil Tanks		£	93,293
68	Gas House (1)		£	5,539
70	Gas House (2)		£	1,428
71	Ambulance Station		£	489,484
72	Mortuary & Telephone Exchange		£	545,339
73	Nucleus 2		£	1,945,881
74	Diabetes Centre	DONATED	£	239,293
75	Diabetes Centre Extension		£	525,370
76	Junior Doctors Home		£	872,777
79	Garrett Anderson Centre	PFI	£	20,792,580
80	Nucleus 3		£	7,341,893
81	Oncology		£	5,317,186
82	Sexual Health & Trust HQ		£	631,169
83	Orthopaedic Portakabins		£	70,077
84	Pathology Extension		£	1,819,792
85	Neurology Portakabin	DONATED	£	10,887
87	Renal Unit		£	885,599
88	Portakabin (OPD & Amb)		£	39,540
89	Pump House		£	9,924
90	Waste Disposal Compound		£	5,231
91	Police Portakabin		£	26,017
92	Gas Bottle Store		£	6,978
94	V.I.E. Plant		£	25,587
95	Linac Rooms - Oncology		£	749,474
96	Parentcraft Block		£	149,555
97	Framlingham Ward	LEASED	£	1,118,954
98	Ophthalmic Day Theatres	LEASED	£	848,481
99	External Works		£	13,913,674
				£105,251,950.00

Figures 1 Age profile

The current age profile, as shown in figures 1 and 2, underlines the fact that the bulk of the area of the estate was constructed between 1965 and 1994

Figure 1

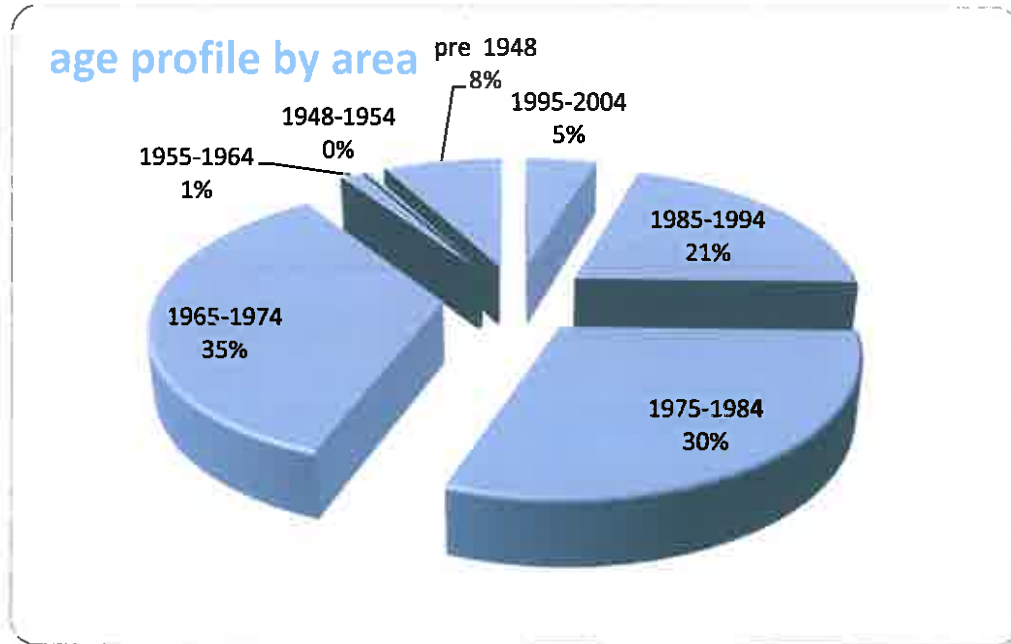


Table 2 – Occupancy Costs for the Estate

Estate Occupancy Costs		
<i>based on site average annual cost per square metre (ERIC 2011/12)</i>		95,287.12
01/04/2012	Cost	Cost per sq m
Business Rates	£986,104	£10.35
Capital Charges BIF & Land 3.5% Return	£ 4,181,757.94	£ 43.89
Capital Charges BIF Depreciation	£ 5,746,303.19	£ 60.31
Total Capital Charges		£ 104.19
All Energy	£1,836,867	£ 19.28
Water & Sewage	£251,976	£ 2.64
		£ -
Total Utilities		£ 21.92
Maintenance *	£2,567,187	£26.94
Total Maintenance		£ 26.94
Property Insurance	£25,000 00	£0.26
Waste Disposal	£172,564	£1.81
TOTAL		£165.48

*Total pay and non-pay cost for the provision of building and engineering maintenance services, to maintain the whole of the building fabric, sanitary ware, drainage, engineering infrastructure, systems and plant etc. both internally and externally to the buildings. Include labour and material costs for all directly employed and contract staff including contract support costs, fees, and any pay elements for Directors, senior managers associated in maintaining the Organisations premises inclusive of fixed and portable engineering assets. Exclude costs associated with medical devices (except medical gas systems), pathology, microbiology diagnostic equipment, direct patient connected equipment, IT equipment and telecoms equipment and storage costs. Include all capital investment costs expended in support of the maintenance function but exclude all capital modernisation works involving adaptations, improvements and/or alterations including items that will be redefined as revenue to capital in the final accounts. Cost of directly employed staff will be gross cost including all direct labour costs and on costs due to Chargehands, Supervisors, proportions of PTB/A&C staff time. Apportionment for staff that carry responsibility for several roles have been allowed for in the above.

Table 3 – Summary of Six facet survey report by Block

Block Num.	Block Name	Build Date	GIA sq m	Physical Condition	Functional Suitability	Space Utilisation	Quality	Compliance	Energy Performance
01	Nucleus 1	1984	18,094.59	C	B	F	C	B	B
02	Education Centre	1979	3,064.38	C	B	F	C	B	B
03	Outpatients & Pathology	1972	12,897.23	C	B	D	C	B	C
04	ENT & Speech Therapy	1982	758.61	B	B	F	B	B	C
05	X-Ray Store	1981	128.20	C(X)	B	F	C	B	B
06	Pathology Store	1972	139.53	B	B	F	B	B	B
07	Gas Store & Pharmacy Store	1972	68.02	B	B	F	B	B	C
08	Estate & Facilities	1984	744.87	B	B	F	C	B	C
09	Generator Sub Station	1972	183.97	B	B	F	B	B	C
10	Bin & Gas Bottle Store	2010	56.55	A	A	F	A	A	N/A
11	Hospital Street	1980	365.33	C	B	F	B	B	C
12	Medical Secretaries	1983	591.35	B	B	F	C	C	C
13	Integrated Discharge Planning Team	1983	327.16	B	B	F	C	C	C
14	Maternity Block	1971	8,162.07	C	B	F	C	C	C
15	Antenatal Clinic	1971	1,173.19	B	B	F	B	B	C
16	Store	1976	115.29	B	B	F	B	B	C
18	Staff Bungalows	1965	281.19	C	B	F	C	B	C
19	Doctors Home	1930	1,040.81	C	B	F	D	B	C
21	Decant Portakabins	2004	137.96	C(X)	A	U	C	B	C
22	North Comms Room	2006	63.40	A	A	F	A	A	C
28	Decontamination Unit	2004	6.25	A	A	F	A	A	N/A
32	Chapel	1968	144.81	B	A	F	B	B	C
33	Corridor & North Offices	1968	686.43	C	B	F	B	B	C
34	Kitchen & Staff Restaurant	1968	2,052.05	B	A	F	B	B	C
35	Kitchen Store	1968	26.64	B	A	F	B	C	B
36	NHS Supplies Stores & Medical Records	1957	933.34	C	C	F	C	B	C
37	Estate & Facilities (Painters)	1957	28.49	B	A	F	C	C	B
38	Estate & Facilities (Builders Store)	1957	18.03	C(X)	A	F	C	C	B
39	Estate & Facilities (Carpenters Workshop)	1957	139.26	C	A	F	C	C	C
40	PHLS Garage	1957	33.60	C(X)	A	F	C	C	B
41	ERICA & Drug Information	1950	312.54	C(X)	A	F	C	B	C
42	Store (Generator)	1950	31.41	B	A	F	B	B	C
45	OCS Portakabin	1982	21.84	B	A	U	C	B	C
46	Cancer Information Centre	2004	100.00	B	A	F	A	A	C
47	Renal Portakabin	2004	15.46	B	A	F	C	B	C
48	North Offices & Computer Suite	1910	2,934.63	C	B	D	C	B	C

Block Num.	Block Name	Build Date	GIA sq m	Physical Condition	Functional Suitability	Space Utilisation	Quality	Compliance	Energy Performance
49	Rigby Ward	1898	903.45	C	C	F	B	B	C
50	Portakabin 1459	2005	27.35	B	A	F	B	B	C
51	Portakabin 1370	2005	15.80	B	A	F	B	B	C
52	Portakabin 1460	2005	27.35	B	A	F	B	B	C
53	Creche	1980	634.19	C	A	F	B	B	C
54	Tank Tower	1965	144.00	C	A	F	B	N/A	B
55	Generator	1995	30.52	B	A	F	B	B	B
56	Boilerhouse	1965	785.95	B	A	F	B	B	B
57	Incinerator	1995	995.74	N/A	A	N/A	N/A	N/A	B
58	Old Stores	1898	1,546.56	D(X)	A	F	C	C	C
59	Laundry	1965	2,161.39	C(X)	A	U	D	B	C
60	North Generator (Comms Cabin)	2006	14.54	A	A	F	B	A	N/A
62	Planning & Information	1920	232.33	B	A	F	B	B	C
63	Estate & Facilities Portakabins	1985	121.91	C	A	F	C	B	C
64	Catering Generator	2009	29.30	A	A	F	A	A	N/A
65	GENERATOR OPD	2010	33.04	A	A	F	A	A	N/A
66	GENERATOR NUCLEUS 1	2010	27.39	A	A	F	A	A	N/A
67	Oil Tanks	1965	-	A	A	N/A	A	A	N/A
68	Gas House (1)	1965	54.00	B	A	F	B	C	A
69	GENERATOR NUCLEUS 3	2010	16.24	A	A	F	A	A	N/A
70	Gas House (2)	1938	24.25	B	A	F	B	C	A
71	Ambulance Station	1979	917.90	B	A	F	B	N/A	C
72	Mortuary & Telephone Exchange	1972	729.73	C	B	D	C	C	C
73	Nucleus 2	1985	2,131.63	B	B	F	C	B	B
74	Diabetes Centre	1985	281.14	B	A	F	B	B	B
75	Diabetes Centre Extension	2006	331.00	A	A	F	B	B	B
76	Junior Doctors Home	1985	1,111.17	C	A	F	C	B	C
77	Estate & Facilities Store	1965	28.23	B	A	F	C	B	A
78	Mammography Portakabin	2012	32.25	A	A	F	A	A	B
79	Garrett Anderson Centre	2008	9,365.09	A	A	F	A	A	A
80	Nucleus 3	1988	7,269.87	B	B	F	B	B	B
81	Oncology	1991	4,508.06	B	A	F	B	B	B
82	Sexual Health & Trust HQ	1991	637.85	B	A	F	B	B	B
83	Orthopaedic Portakabins	2004	56.60	B	A	F	B	B	C
84	Pathology Extension	1992	1,484.55	B	A	F	B	B	B
85	Neurology Portakabin	1985	55.83	B	A	F	B	B	C
86	Gas House (Laundry)	1992	7.77	B	A	F	B	C	A
87	Renal Unit	1998	674.42	B	A	F	B	B	B
88	Portakabin (OPD & Amb)	1996	46.32	B	A	F	B	B	C

Block Num.	Block Name	Build Date	GIA sq m	Physical Condition	Functional Suitability	Space Utilisation	Quality	Compliance	Energy Performance
89	Pump House	1996	17.62	B	A	F	B	B	A
90	Waste Disposal Compound	1996	9.33	B	A	F	B	B	C
91	Police Portakabin	1996	27.56	B	A	F	B	B	B
92	Gas Bottle Store	1998	12.01	B	A	F	B	B	A
93	Pharmacy Bin Store	2001	21.44	B	A	F	B	B	A
94	V.I.E. Plant	2001	44.04	A	A	F	B	A	N/A
95	Linac Rooms - Oncology	2001	450.36	B	A	F	B	B	B
96	Parentcraft Block	2003	104.00	B	A	U	B	B	B
97	Framlingham Ward	2003	801.05	B	A	F	B	B	B
98	Ophthalmic Day Theatres	2004	426.52	B	A	F	B	B	B

Key to Six Facet Summary

Physical Condition: Buildings are rated on the condition of the building elements and electrical and mechanical systems	
A	As new and can be expected to perform adequately over expected life
B	Sound, operationally safe and exhibits only minor deterioration
C	Operational but major repair or replacement will be needed soon, that is, within three years for building elements and one year for engineering elements
D	Runs a serious risk of imminent breakdown
Functional Suitability: Refers to internal space relationships, support facilities and location	
A	Very satisfactory, no change needed
B	Satisfactory, minor change needed
C	Not satisfactory, major change needed
D	Unacceptable in its present condition
Space Utilisation: Each block is rated as to how intensively the space is used, does usage vary over time, and how does available space compare with national guidance	
E	Empty
F	Fully Used
U	Under used
D	Over crowded
Quality: The quality of each block has been assessed in terms of amenity, comfort engineering, and design	
A	Excellent Quality
B	A facility requiring general maintenance investment only
C	A less than acceptable facility requiring capital investment
D	A very poor facility requiring major capital investment or replacement
Statutory and non-Statutory Fire and Health & Safety Compliance: Assessment has been made to rate compliance with current Fire, and Health & Safety regulations and recommendations	
A	Excellent Quality
B	A facility requiring general maintenance investment only
C	A less than acceptable facility requiring capital investment
D	A very poor facility requiring major capital investment or replacement
Energy Performance: Energy usage for each block has been analyzed per unit volume	
A	35-55 GJ per 100cu m
B	56-65 GJ per 100cu m
C	66-75 GJ per 100cu m
D	76-100 GJ per 100cu m

Table 4 – Backlog Maintenance

At 31st March 2012

Backlog Tasks Rated Critical

ID	Building	Block No	Rem life	Background	Conseq Score	Likely Score	Risk Score	Risk Rank	Est. Total at 31/03/2012
153	OPD	03	19	M130 PHYSIO P/RM - CONTROLS COVERTED TO BMS	4	3	12	SIGNIFICANT	£5,239.65
85	Maternity Block	14	25	M011 RENEW MAIN PLENUM DUCTWORK	4	3	12	SIGNIFICANT	£10,479.32
30	North Offices	48	12	B032 RECORD STORE ROOF	3	4	12	SIGNIFICANT	£1,027.38
118	North Offices	48	12	B026 CORR ROOF	3	4	12	SIGNIFICANT	£17,465.52
39	Whole Site	99	23	M091 MACERATORS	3	4	12	SIGNIFICANT	£3,218.19
162	Whole Site	99	23	E094 ADDL SKTS AT BEDSIDE	3	4	12	SIGNIFICANT	£18,585.05
156	OPD	03	19	E098 +E103 REPL MAIN ELEC DIST + GENERATOR	4	4	16	SIGNIFICANT	£137,569.89
28	Whole Site	99	23	Electrical Infrastructure	4	4	16	SIGNIFICANT	£1,648,608.96

The overall totals and Risk Adjusted figures are below,

Risk Rank	Total
LOW	£1,184,799
MODERATE	£2,750,629
SIGNIFICANT	£1,842,194
Grand Total	£5,777,622

Calculated Risk Adjusted Backlog	£ 2,028,097
---	--------------------

Table 5 -Action Plan for Blocks with Physical Condition C and D

Block Num	Name	Function	Year Built	Physical Condition	Time	Comments
01	Nucleus 1	Wards, A&E, Theatres, HSDU, Clinics etc	1984	C*	7 years	Business case for refurbishment
02	Education Centre	Nurse Education, PGME	1979	C	2 years	Business case for refurbishment. Some work in progress
03	Outpatients & Pathology	Clinics, Diagnostic Imaging, Retail Units, Pharmacy, Offices, Day Unit, Laboratories	1972	C*	7 years	Business case for refurbishment
11	Hospital Street	Loading Bays, Corridors	1980	C*	7 years	Business case for refurbishment
14	Maternity Block	Maternity and Gynae. Wards, Day Unit, Theatres, Neo-Natal Unit	1971	C*	5 years	Outcome dependant on current structural life and fire precautions. Work begun in 2012
18	Staff Bungalows	Staff Accommodation	1965	C	3 years	Business case for refurbishment
19	Doctors Home	Staff Accommodation, Offices	1930	C*	7 years	Business case for refurbishment
33	Corridor & North Offices	Offices, Corridor	1968	C	4 years	Business case for refurbishment/rationalisation
36	NHS Supplies Stores & Med Records	Supplies Stores, Medical Records	1957	C*	9 years	Business case for refurbishment
39	Estate & Facilities (Carps Workshop)	Workshops, Offices	1957	C	3 years	Business case for refurbishment
48	North Offices & Computer Suite	Storage, Workshops, Computer Suite, Offices, Corridors, Clinics	1910	C*	9 years	Business case for refurbishment/rationalisation
49	Rigby Block	Clinics	1898	C*	5 years	Business case for refurbishment. Work in progress

Block Name	Name	Function	Year Built	Physical condition	Time	Comments
53	Crèche	Nursery	1980	C	3 years	Business case for refurbishment
54	Tank Tower	Water Tower	1965	C*	9 years	Business case for refurbishment
63	Estate & Facilities Portakabins	Workshops, Offices	1985	C	3 years	Business case for refurbishment
72	Mortuary & Telephone Exchange	Mortuary and Switchboard	1972	C*	5 years	Business case for refurbishment. Service Desk & Switchboard merger.
76	Junior Doctors Home	Staff Accommodation	1985	C*	9 years	Business case for refurbishment/replacement
21	Decant Portakabins	Offices	2004	C(X)	3 years	Linked to redevelopment of Laundry area
40	ex PHLS garage	Storage	1957	C(X)	4 years	Demolish
41	ERICA	Offices	1950	C(X)	4 years	Demolish
59	Laundry	Storage	1965	C(X)	1 year	Potential sale
5	X-Ray Store	Storage	1981	DD	1 year	Demolish
58	Old Stores	Storage	1898	DD	4 years	Energy centre within this block serves north end
* denotes extensive areas that require specific elements to be upgraded over a 9-year period (base year adjusted 2012)						

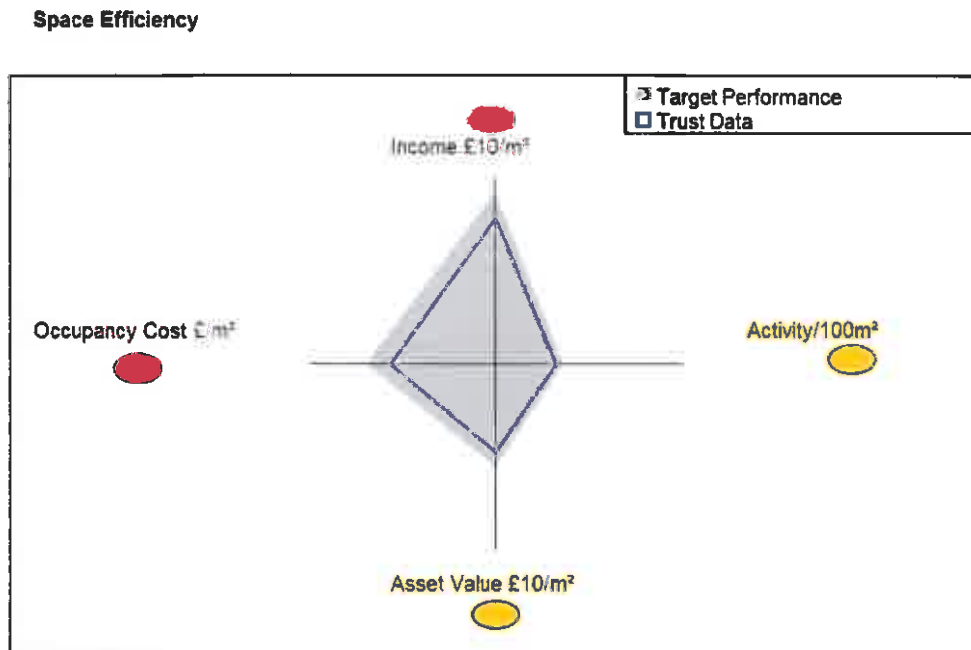
Table 6 – Capital Investment Plan

Link to the capital finance plan will be supplied by finance department upon request

Figure 2 – Radar charts

This PI relates the estate and its annual occupancy cost to the output of the Ipswich Hospital NHS Trust

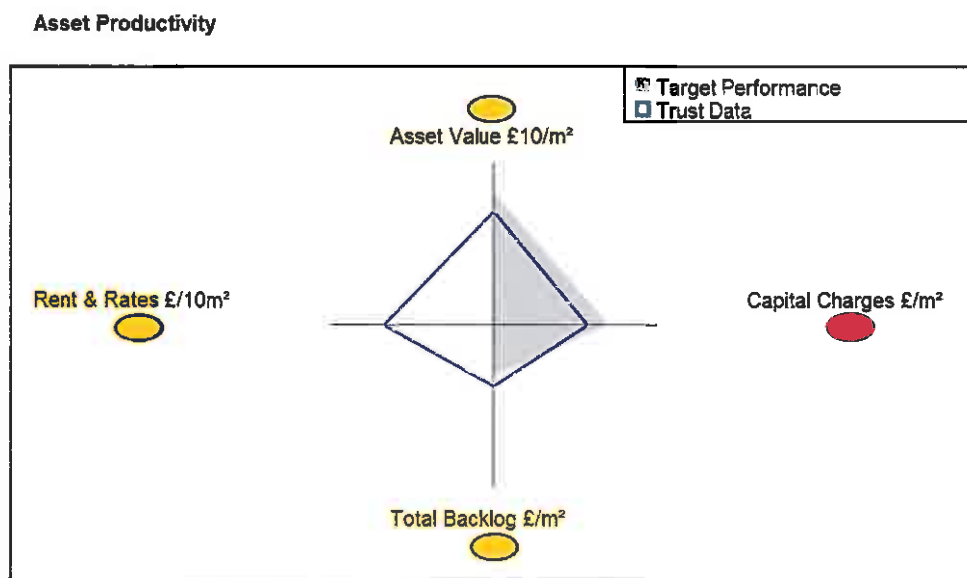
This chart shows that Income and Occupancy costs are all lower than the national target performance indicator middle percentile band



Asset Productivity

This PI demonstrates the actual cost of owning/renting assets.

The chart shows the Capital Charges are below the national target performance indicator middle percentile band



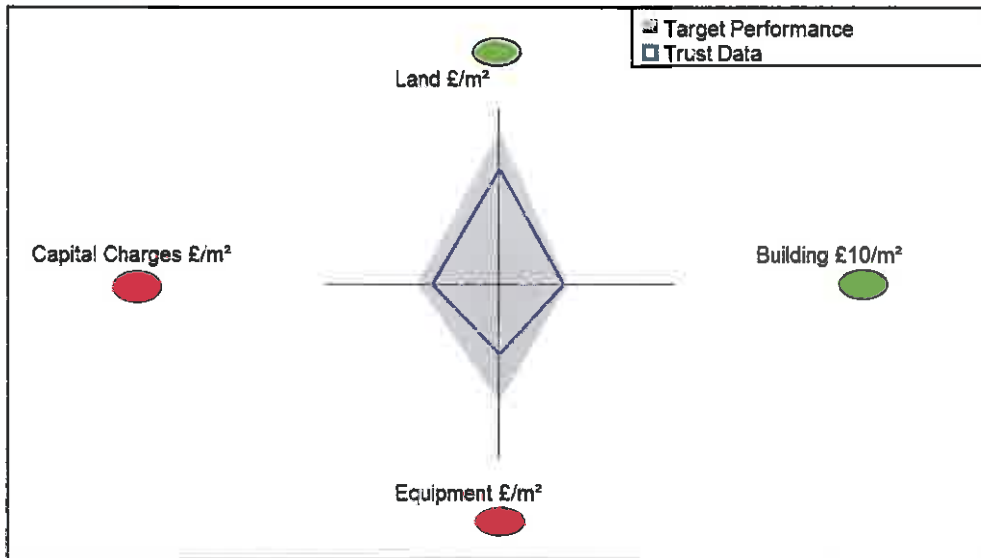
Please Note: Rent & Rates element is distorted by Foundations Trusts entering zero values within the data set

Asset Deployment

This PI aims to compare the makeup of the asset base

The chart shows Capital Charges and Equipment are below the national target performance indicator middle percentile band

Asset Deployment

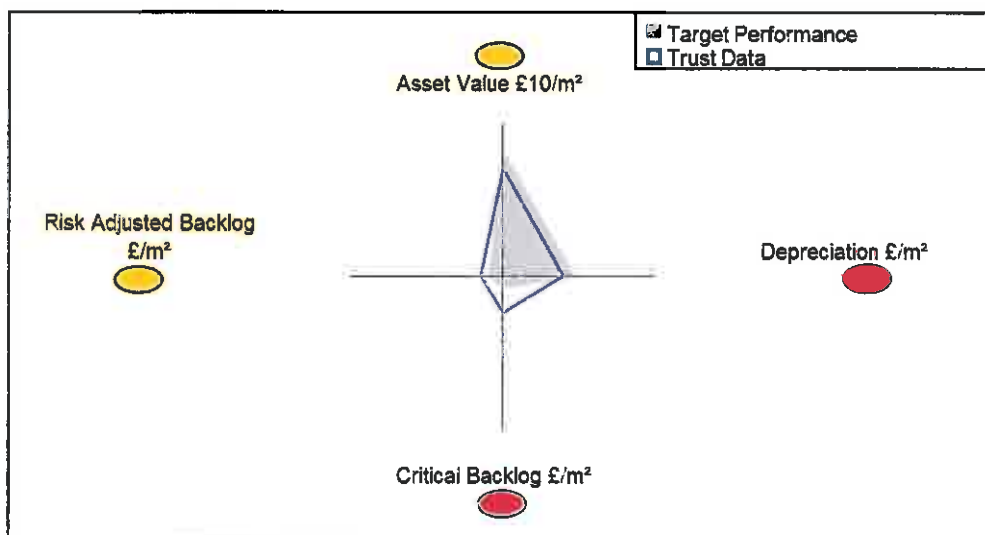


Estate Quality

This PI gives a balanced view of the overall condition of the estate relative to value and age

The chart shows Depreciation is below and Critical Backlog above the national target performance indicator middle percentile band

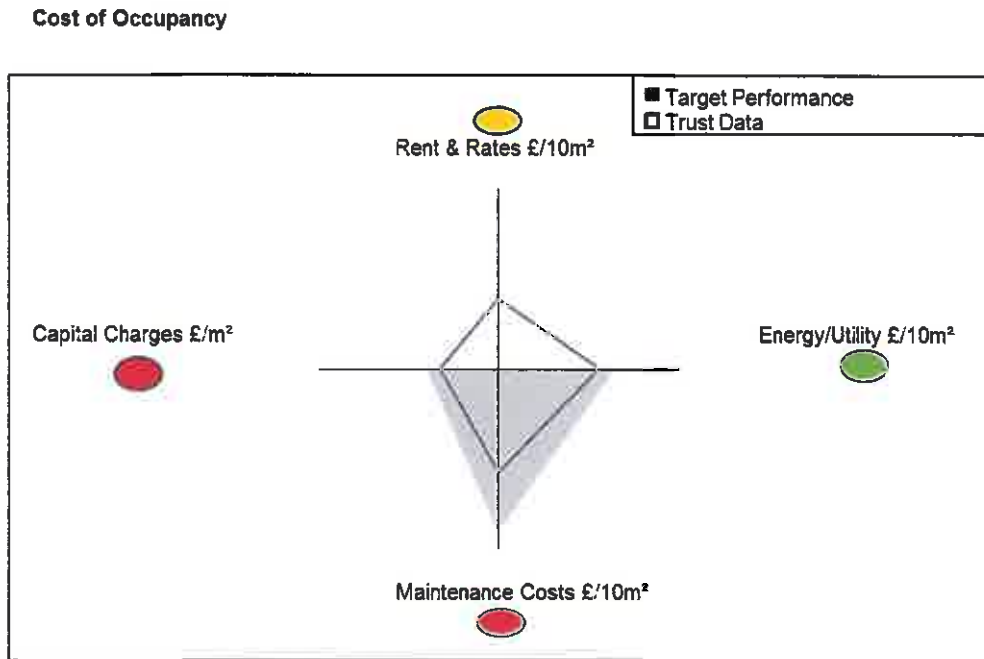
Estate Quality



Cost of Occupancy

This PI identifies the profile of occupancy costs

This chart shows that Capital Charges, Maintenance Costs and Energy/Utility costs are lower than the national target performance indicator middle percentile band



Please Note: Rent & Rates element is distorted by Foundations Trusts entering zero values within the data set

Table 7- Environmental Impact score

Trust (RGQ) IPSWICH HOSPITAL NHS TRUST
Site (RGQ01) THE IPSWICH HOSPITAL NHS TRUST
Generated Date 7/6/2011

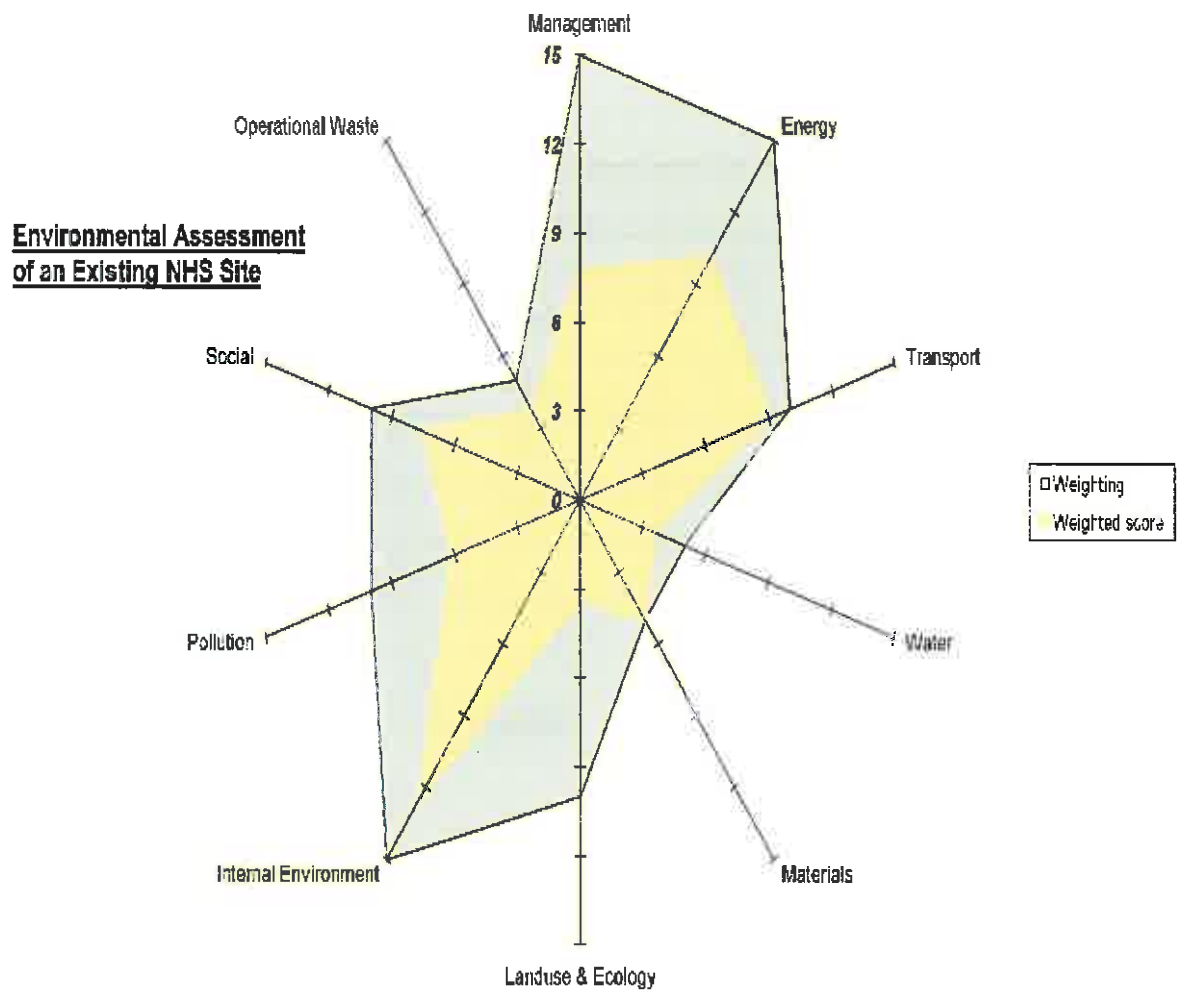
	Score	Weighting	Weighted score
Management	52%	15	7.73
Energy	67%	15	10.12
Transport	91%	10	9.09
Water	69%	5	3.46
Materials	100%	5	5.00
Land use/Ecology	33%	10	3.33
Internal Environment	83%	15	12.50
Pollution	61%	10	6.11
Social	75%	10	7.50
Operational Waste	75%	5	3.75
		Total	68.59

Total Score **68.59** **Rating** **Very Good**

Thresholds		
	%	Rating
	0	Fail
more than	25	Pass
more than	40	Good
more than	55	Very Good
more than	70	Excellent

Figure 3. – Environment assessment graph

Figure 3 is a graphical representation of the table showing the element scores. The yellow section shows the current score and the green section is the improvement possible.



Appendix 2 – Drawings

- Ipswich location map
- Site development plan – Heath Road

The Ipswich Hospital NHS Trust
 Heath Road, Ipswich IP4 5PD
 Tel: 01473 712233 Fax: 01473 703400

The Ipswich Hospital NHS Trust

Public Transport

By Rail (extra):
 Or ONE Anglia www.oneanglia.com
 Buses:
 Route 65 (Superoute) from Railway station to Hospital via town centre.
 Ipswich Buses routes 31 and 11 from town centre (Tower-Rainwater).
 UK Bus routes 54, 55, 75 from town centre (Cable Marine).

SECTION DETAIL

The Ipswich Hospital

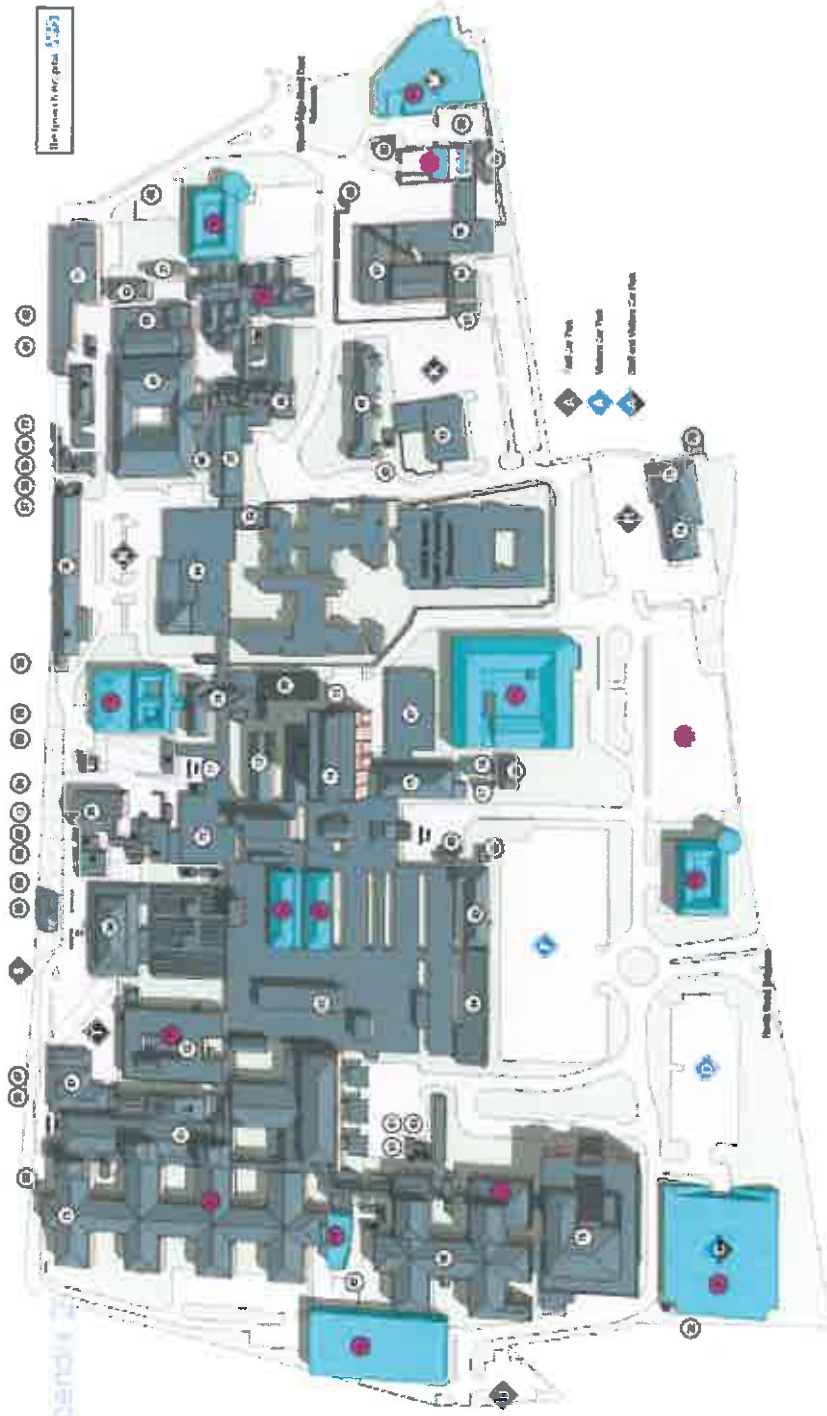
© Ipswich Hospital NHS Trust. All rights reserved. © Crown Copyright. All rights reserved.

May 2004

THE IPSWICH HOSPITAL NHS TRUST ESTATE STRATEGY November 2012

Appendix 2

Ref: Ipswich Hospital 5/12/12



Room Numbers

Proposed units

- 11 Medical
- 12 Nurse Education Centre (N.A.E.)
- 13 Capabilities Department & Technology
- 14 G.V. and Special Therapy
- 15 Secondary Inpatient
- 16 Pharmacy Store
- 17 Day Store and Pharmacy Store
- 18 External and Practice
- 19 Secondary Sub Station
- 20 Central Laundry Bldg
- 21 Hospital Discharge Planning Team
- 22 Laundry Unit
- 23 Hospital Office
- 24 Emergency Unit Store
- 25 Cycle Store
- 26 Diabetic Residential Home

Existing Buildings

- 27 Diabetic Residences
- 28 New Operating Room
- 29 Diagnostic Imaging
- 30 Diagnostic Imaging
- 31 Canteen
- 32 Canteen and North Office
- 33 Canteen and Reception
- 34 Medical Records Store
- 35 Medical Records and Store
- 36 Estate and Facilities - Personnel
- 37 Estate and Facilities - Builders
- 38 Estate and Facilities - Carpenter

F.A.S. Store

- 42 Area
- 43 Security
- 44 Holiday Shop
- 45 Pharmacy
- 46 Pharmacy
- 47 Cancer Information Centre
- 48 North End Offroad and Computer Suite
- 49 Dermatology, Occupational Health and Chiropractic Clinic
- 50 Pharmacy
- 51 Pharmacy
- 52 Pharmacy
- 53 Pharmacy
- 54 Pharmacy
- 55 Pharmacy
- 56 Pharmacy
- 57 Pharmacy

North Wing

- 60 North Wing
- 61 Storage and Materials
- 62 Estate and Facilities - Repairs
- 63 Estate and Facilities - Repairs
- 64 Estate and Facilities - Repairs
- 65 Estate and Facilities - Repairs
- 66 Estate and Facilities - Repairs
- 67 Estate and Facilities - Repairs
- 68 Estate and Facilities - Repairs
- 69 Estate and Facilities - Repairs
- 70 Estate and Facilities - Repairs
- 71 Estate and Facilities - Repairs
- 72 Estate and Facilities - Repairs
- 73 Estate and Facilities - Repairs
- 74 Estate and Facilities - Repairs
- 75 Estate and Facilities - Repairs
- 76 Estate and Facilities - Repairs
- 77 Estate and Facilities - Repairs
- 78 Estate and Facilities - Repairs
- 79 Estate and Facilities - Repairs
- 80 Estate and Facilities - Repairs

Other Buildings

- 81 Canteen
- 82 Canteen and North Office
- 83 Canteen and Reception
- 84 Medical Records Store
- 85 Medical Records and Store
- 86 Estate and Facilities - Personnel
- 87 Estate and Facilities - Builders
- 88 Estate and Facilities - Carpenter
- 89 Estate and Facilities - Repairs
- 90 Estate and Facilities - Repairs
- 91 Estate and Facilities - Repairs
- 92 Estate and Facilities - Repairs
- 93 Estate and Facilities - Repairs
- 94 Estate and Facilities - Repairs
- 95 Estate and Facilities - Repairs
- 96 Estate and Facilities - Repairs
- 97 Estate and Facilities - Repairs
- 98 Estate and Facilities - Repairs
- 99 Estate and Facilities - Repairs
- 100 Estate and Facilities - Repairs

Approved by: Name: Title: Date:	Approved by: Name: Title: Date:
Date: Time: Location:	Date: Time: Location:

