### Executive Summary and recommendation(s)

The James Paget University Hospitals NHS Foundation Trust’s vision is to develop a health campus at the main hospital site. The Site Development and Estate Strategy is prepared to support this vision and was approved by the Board of Directors on the 24 March 2016. The Site Development and Estate Strategy has been updated in 2018 to include:

- Add sustainability objectives to minimise our adverse impact on the environment.
- Add new recommendations by Sir Robert Naylor.
- Add reference to the NHS Fire Year Forward View.
- Add support for the wider Norfolk and Waveney STP estates plans.
- Update ERIC Return data.
- Update Emergency Floor upgrade and expansion.
- Update proposals for inpatient ward upgrades.
- Add low carbon travel, transport and access.
- Update proposals for the former Lowestoft Hospital site.
- Update Education & Training proposals including office development.
- Add proposals for a Care Home Development.
- Omit proposals to expand the Louise Hamilton Centre.
- Update Communications and Engagement Plan.
- Update Implementation Schedule.
<table>
<thead>
<tr>
<th>Strategic Ambition and Board Assurance Framework (BAF) links</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Ambitions</strong></td>
</tr>
<tr>
<td>1. Deliver the best possible level of safe and effective care</td>
</tr>
<tr>
<td>2. Provide education, support and development for our staff to deliver excellence in practice and be the employer of choice</td>
</tr>
<tr>
<td>3. Effectively manage our financial resources, our estate and our infrastructure to ensure we are sustainable</td>
</tr>
<tr>
<td>4. Actively participate in innovation, research and partnerships to transform our services</td>
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<tr>
<td><strong>BAF reference(s)</strong></td>
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| This paper provides assurance against the Trust ambition(s) identified | X |
| This paper is to close a gap in control/assurance in relation to the ambition(s) | X |

| Legal/regulatory (regulatory/legislation requirement with specific reference where appropriate) | N/A |

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<thead>
<tr>
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<tr>
<td>The strategy identifies a number of improvements to the hospital which will have a positive impact to patients, visitors and staff. This will be achieved by significantly improving both inpatient and outpatient facilities over a 10 year period</td>
<td>Positive</td>
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<thead>
<tr>
<th>Assurance process and frequency of monitoring</th>
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<tbody>
<tr>
<td>Finance, Performance &amp; Strategic Planning Committee to monitor and assure capital expenditure and ensure that financial risks are managed.</td>
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<tr>
<td>Space Utilisation Committee to oversee Site Strategy and prioritise objectives.</td>
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<td>Six-monthly update to Board of Directors on progress with implementation of the strategy.</td>
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**Explanation of Board action required:**

**Information:** no discussion required. Update to ensure Board has sufficient knowledge on subject matter and to provide assurance on progress

**Discussion:** when seeking Board members’ views, potentially ahead of final course of action being agreed

**Decision:** when being asked to choose between alternative courses of action

**Approval:** positive resolution required, to confirm paper is sufficient to assure the Board in its ongoing monitoring role or to address a gap in control
### Site Development and Estate Strategy

**Document Control:**

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<th>Head of Estates and Planning</th>
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<tr>
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<td>Refresh of Site Development and Estate Strategy for 2018.</td>
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# EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

The James Paget University Hospitals NHS Foundation Trust’s vision is to develop a health campus at the main hospital site. The Site Development and Estate Strategy has been prepared to support this vision and it will also help the Trust implement a number of recommendations published in 2017 by Sir Robert Naylor on behalf of the Secretary of State for Health.

The NHS Fire Year Forward View sets out a vision for the NHS’s future direction; improving public health, patient centred care and integration of services across health and social care.

The Estates Strategy makes recommendations for developing a modern, fit for purpose Estate over the next ten years which is aligned with the wider Sustainability and Transformation Plans for health and care services within Norfolk and Waveney.

The James Paget University Hospital is owned by the Trust and dates back to 1976, its 30 year design life is now exceeded and an extensive programme of backlog maintenance and capital development is required to ensure it remains fit for purpose.

The Newberry Child Development Centre is owned by the Trust and is in good condition but the building is overcrowded and its distance from the main campus presents operational challenges.

The former Lowestoft Hospital site is owned by the Trust. It was selected for redevelopment and/or land disposal as part of a wider review of the healthcare system in 2014 when a £6M Health Campus was created in South Lowestoft. The site is now awaiting disposal and benefits from the sale of this property are earmarked for reinvestment in the Emergency Department at the James Paget University Hospital.

A small number of hospital services are provided from leased clinical space within the Beccles Memorial Hospital, Norfolk Coastal Centre and at the Kirkley Healthcare Campus. These buildings fall outside the direct control of the Trust and are not covered in the scope of works detailed in the Trust’s Site Development and Estates Strategy.

Implementation of the Site Development and Estate Strategy is expected to support the Trust’s strategic intentions and will:

- help us to improve our capability and capacity;
- support the NHS Fire Year Forward View which sets out a vision for the NHS’s future direction; improving public health, patient centred care and integration of services across health and social care;
- support the wider Norfolk and Waveney STP estates plans;
- ensure that land and property are used effectively to support commissioners’ and the Trust’s own priorities to best meet patient needs;
- provide and maintain an appropriate level of affordable NHS healthcare facilities in the right locations, which are fit for purpose, safe and compliant with legislation and relevant guidance;
- achieve continuous improvement and better efficiencies from the performance of the estate;
- help deliver the Trust’s sustainability objectives by taking all reasonable steps to minimise our adverse impact on the environment;
- improve efficiencies in the cost of construction; and
- identify and release surplus land for development or disposal.
The following key priorities for the Trust have emerged following consultation:

- expansion of the ‘Emergency Floor’ to allow further integration between services provided;
- disposal of the former Lowestoft Hospital site;
- establishing a detailed plan for the upgrade of inpatient ward areas;
- explore opportunities to expand office and training facilities;
- rationalisation of land and car parking facilities on the site;
- consolidation of Outpatient areas into a fit-for-purpose centralised Outpatient Facility; and
- review the suitability of staff accommodation to ensure that we make best use of the available land space and improve both the quality and suitability of staff accommodation to assist with staff recruitment.

Other areas to be reviewed during the life of the Strategy also include:

- relocating or upgrading the existing facilities for private patients;
- increasing Research and Development capacity; and
- commercial opportunities to be explored to support financial viability.

The key concepts and principles that are integral to and underpin the priorities are:

- zoning of space to improve patient flow and the ability to find services;
- ensuring the safety of patients and to enhance the patient experience;
- ensure efficiency in service delivery;
- flexibility of space; and
- the demarcation of parcels of land to be used for other developments and to exploit commercial opportunities.

In December 2015 NHS Organisations and Local Authorities in different parts of England came together to develop Sustainability and Transformation Plans (STPs) for the future of health and care services in their area. STP’s are five-year plans covering all aspects of NHS spending in England.

Each individual provider has its own Estates Strategy and the creation of a Norfolk and Waveney STP Estates Strategy has been undertaken collaboratively to build and support individual Trust plans.

Where there are significant benefits associated with site development, the Trust is exploring delivery arrangements via a Strategic Estates Partnership (SEP) to increase the capital sum available to enable us to deliver cost effective site development that may not have otherwise been affordable. This methodology is endorsed by The King’s Fund in its publication ‘King’s Fund: NHS Estates Evidence Review’ (2016).
1.0 INTRODUCTION

1.1 Background

In five to ten years’ time the James Paget University Hospitals NHS Foundation Trust (JPUH) needs to be operating from an estate which is fit for purpose and which enables the delivery of high quality, safe, sustainable and affordable clinical services to its patients.

The joining up of health and social care is easier when services are co-located. The Trust has a significant advantage over many smaller acute providers in that it has a significant amount of developable land and a number of development options within and adjacent to the hospital site.

This leads us to a vision of developing a health campus at the James Paget University Hospital. The exact range of services on site will depend in part, by the local health and social care strategic direction and patient movement and demographics.

The Site Development and Estates Strategy is a plan for the current and future development/management of our Trust’s Estate. It has been written in collaboration with the Trust’s clinical directorates and support departments, with reference to the Trust’s Five Year Strategic Plan and other Trust core strategies, estate condition surveys and commissioning intentions. It has been drawn up in line with the Department of Health Guidance, ‘Developing an Estate Strategy’ which recommends that it should cover a period of five to ten years and it should culminate in the production of a high-level written document.

The James Paget University Hospitals NHS Foundation Trust is currently based at three sites all of which are freehold and the property of the JPUH Foundation Trust:

Location Key:

1. James Paget University Hospital
2. Former Lowestoft Hospital
3. Newberry Child Development Centre
1.2 **Principle Legislation or Guidance Referenced**

‘The NHS five year forward view’ (2014).

‘HBN 00-08, Strategic framework for the efficient management of healthcare estates and facilities’ (2014).


‘King’s Fund: NHS Estates Evidence Review’ by The King’s Fund (2016).


1.3 **Trust Values**

This Strategy conforms to the Trust’s values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Strategy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

1.4 **Distribution Control**

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

2.0 **STRATEGIC OBJECTIVES**

The implementation of the Site Development and Estate Strategy will support the Trust’s priority strategic intentions and will:

- help us to improve our capability and capacity;
- support the NHS Fire Year Forward View which sets out a vision for the NHS’s future direction; improving public health, patient centred care and integration of services across health and social care;
- support the wider Norfolk and Waveney STP estates plans;
- ensure that land and property are used effectively to support commissioners’ and the Trust’s own priorities to best meet patient needs;
- provide and maintain an appropriate level of affordable NHS healthcare facilities in the right locations, which are fit for purpose, safe and compliant with legislation and relevant guidance;
- achieve continuous improvement and better efficiencies from the performance of the estate;
- help deliver the Trust’s sustainability objectives by taking all reasonable steps to minimise our adverse impact on the environment;
- improve efficiencies in the cost of construction; and
- identify and release surplus land for development or disposal.
3.0 STRATEGY ROLES AND RESPONSIBILITIES

3.1 Board of Directors

The Board of Directors is accountable for ensuring the Trust consistently maintains quality and safety standards and that the Trust continuously seeks to improve the quality of its services provided. This includes that the Board of Directors will drive forward and commit to building a culture of listening, transparency and accountability - listening to concerns from whatever source but particularly patients, carers and staff is a critical element in detecting problems in order to respond early.

3.2 Chief Executive

The Chief Executive has overall accountability for the management of risk and maintaining a sound system of internal control that supports the achievements of the Trust policies, aims and objectives, thereby achieving compliance with external regulators in relation to quality and safety.

3.3 Executive Lead for Site Development (Director of Finance)

The Director of Finance has delegated responsibility for Site Development and Estate Strategy and will be responsible for ensuring this strategy is delivered.

3.4 Head of Estates and Planning

The Head of Estates and Planning will be responsible for developing systems and processes for delivery of the Trust’s Site Development and Estate Strategy and ensuring alignment with the Patient Safety, Clinical Effectiveness and Transformation agendas.
4.0 THE JAMES PAGET HOSPITALS TRUST ESTATE

4.1 Current position

James Paget University Hospital
Lowestoft Road
Great Yarmouth
NR31 6LA

Current Position

The James Paget University Hospital was constructed to the floor model of a “Best Buy Standard Hospital”. The initial construction commenced in September 1976 with the opening of the hospital site in August 1981 at a cost of £8,000,000 (Phase 1).

A second phase of construction commenced in February 1982 and was completed in December 1984 at a cost of £4,500,000 (Phase 2). This project delivered additional ward areas on the north and south elevations of the main hospital site.

All “Best Buy Standard Hospitals” were constructed using economical construction methodology having a design life of 30 years. This original design life is now exceeded so an extensive programme of maintenance and capital development is needed each year to ensure that the hospital remains fit for purpose.

Whilst there has been ongoing plan of capital investment since the site opened there are known concerns relating to the design and age of the building which have yet to be resolved. These items are listed in detail within the Property Appraisal (Six Facet) Survey data.
Former Lowestoft and North Suffolk Hospital  
Tennyson Road,  
Lowestoft,  
NR32 1PT

Current Position

The former Lowestoft Hospital is located in the Lowestoft town centre on a 1.75 acre site. The hospital consists of a number of buildings with construction dating from the late 1800’s to the late 1960’s.

The site became the responsibility of the JPUH in 1997 after the closure of the Anglian Harbours Trust. A major capital investment was undertaken in 2000 which consisted of a refurbishment of the Ward areas and other infrastructure improvements.

The site was selected for redevelopment and/or land disposal as part of a wider review of the healthcare system. In October 2014 a new £6m Healthcare Centre was opened in South Lowestoft and services were transferred from the former Lowestoft Hospital site to the new Kirkley Healthcare Campus. In December 2016 the site was fully vacated and the site was left unoccupied awaiting disposal or redevelopment.

In early 2017, the Trust entered into discussions with the Commercial Directorate at the Department of Health. A potential source of government funding was identified via the Accelerated Construction Scheme. This scheme included access to £2 billion of new public sector borrowing to make public land with outline planning permission available to construction companies.

The Accelerated Construction Scheme is managed via Homes England with the objective of increasing the number of new homes being built in England. Homes England agreed to work with the Trust to convert the former hospital site to housing. Unfortunately the local planning authority required a number of the historical buildings to be retained along with the open vista to the front of the site, it was confirmed on the 16th April 2018 that a housing development would not be viable because, Homes England are only able to progress viable schemes as we have no gap funding available.

The vacant site is now awaiting disposal.
Newberry Child Development Centre
Lowestoft Road
Great Yarmouth
NR31 6SQ

Current Position

The Newberry Child Development Centre was constructed in the early 1990’s as a purpose built Community Paediatric Outpatient Centre. Whilst the building is generally in good condition the site location is approximately 1.4 miles from the main James Paget Hospital campus.

The distance from the main campus presents problems to patients and staff who would benefit from accessing all services from one dedicated centralised outpatient location.

In addition, the building occupancy levels have increased significantly since construction and many parts of the Newberry site are now overcrowded.
Estate Performance and Utilisation (Source: ERIC Return data 2016/17)

The following ERIC (Estates Return Information Collection) is a collection of data published by the Health and Social Care Information Centre on behalf of the Department of Health.

<table>
<thead>
<tr>
<th>Areas</th>
<th>Unit</th>
<th>JPUH</th>
<th>Lowestoft</th>
<th>Newberry</th>
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</thead>
<tbody>
<tr>
<td>Gross internal site floor area</td>
<td>M²</td>
<td>59,458</td>
<td>5,776</td>
<td>678</td>
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<tr>
<td>Occupied floor area</td>
<td>M²</td>
<td>59,458</td>
<td>845</td>
<td>678</td>
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<tr>
<td>NHS estate occupied floor area</td>
<td>%</td>
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<td>Site heated volume</td>
<td>M³</td>
<td>161,880</td>
<td>13,058</td>
<td>1,760</td>
</tr>
<tr>
<td>Building footprint</td>
<td>M²</td>
<td>32,780</td>
<td>3,400</td>
<td>604</td>
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<tr>
<td>Site land area</td>
<td>Hectare</td>
<td>16.99</td>
<td>0.76</td>
<td>0.22</td>
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<tr>
<td>Clinical Space</td>
<td>M²</td>
<td>40,066</td>
<td>845</td>
<td>678</td>
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<tr>
<td>Non-clinical Space</td>
<td>M²</td>
<td>19,392</td>
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<th>Newberry</th>
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<tr>
<td>Not functionally suitable occupied floor area</td>
<td>%</td>
<td>42.00%</td>
<td>100.00%</td>
<td>0.00%</td>
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<tr>
<td>Not functionally suitable patient occupied floor area</td>
<td>%</td>
<td>39.00%</td>
<td>100.00%</td>
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<th>Newberry</th>
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<tr>
<td>2015 to 2024</td>
<td>%</td>
<td>3.00%</td>
<td>0.00%</td>
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<tr>
<td>2005 to 2014</td>
<td>%</td>
<td>8.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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<tr>
<td>1995 to 2004</td>
<td>%</td>
<td>8.00%</td>
<td>0.35%</td>
<td>4.00%</td>
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<tr>
<td>1985 to 1994</td>
<td>%</td>
<td>9.00%</td>
<td>0.00%</td>
<td>96.00%</td>
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<tr>
<td>1975 to 1984</td>
<td>%</td>
<td>72.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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<td>1955 to 1964</td>
<td>%</td>
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<td>3.10%</td>
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<td>1948 to 1954</td>
<td>%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>pre 1948</td>
<td>%</td>
<td>0.00%</td>
<td>81.05%</td>
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<tr>
<th>Combined Heat and Power</th>
<th>Unit</th>
<th>JPUH</th>
<th>Lowestoft</th>
<th>Newberry</th>
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<td>How many CHP units operated on the site</td>
<td>No.</td>
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<td>0</td>
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<tr>
<td>Full load rating of the CHP electrical generator plant</td>
<td>kW</td>
<td>460</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Fossil energy input to the CHP system/s</td>
<td>kWh</td>
<td>9,973,072</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Thermal energy output of the CHP system/s</td>
<td>kWh</td>
<td>4,979,156</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Electrical energy output of the CHP system/s</td>
<td>kWh</td>
<td>3,071,437</td>
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<th>Energy</th>
<th>Unit</th>
<th>JPUH</th>
<th>Lowestoft</th>
<th>Newberry</th>
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<tr>
<td>Energy cost (all energy supplies)</td>
<td>£</td>
<td>£934,277</td>
<td>£35,252</td>
<td>£8,933</td>
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<td>Electricity consumed - utility</td>
<td>kWh</td>
<td>2,741,675</td>
<td>80,079</td>
<td>35,842</td>
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<tr>
<td>Gas consumed - utility</td>
<td>kWh</td>
<td>23,214,343</td>
<td>595,121</td>
<td>69,048</td>
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<tr>
<td>Oil consumed - utility</td>
<td>kWh</td>
<td>55,161</td>
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<th>Unit</th>
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<th>Lowestoft</th>
<th>Newberry</th>
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<td>Water Cost</td>
<td>£</td>
<td>£115,573</td>
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<tr>
<td>Sewerage Cost</td>
<td>£</td>
<td>£95,362</td>
<td>£1,191</td>
<td>£435</td>
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<td>Water volume</td>
<td>M³</td>
<td>87,374</td>
<td>660</td>
<td>191</td>
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4.2 Trust Priorities

A broad range of principles for site development was established in 2016 after a review of previous site development plans and Trust strategies. As a result, a number of key priorities for the Trust were agreed:

- expansion of the 'Emergency Floor' to allow further integration between services provided (i.e. Emergency Department, Children’s and Young Peoples Emergency Unit, Early Admissions and Discharge Unit, Short Stay Medical Unit, Ambulatory Care and GP Services). In 2017 the Trust secured a £1m investment through central NHS funding. The Trust matched funding and work commenced on the project in Q2 of 2017/18;
- disposal of the former Lowestoft Hospital site. In 2017 the Trust worked with Homes England regarding redevelopment of the site for housing. It was confirmed on the 16th April 2018 via Homes England that plans to redevelop the site would not proceed because gap funding is required. In response the Trust is making arrangements for disposal via alternative routes during 2018/19;
- establishing a detailed plan for the upgrade of inpatient ward areas, with a specification that will include the creation of additional single occupancy side rooms and improved welfare facilities for patients;
- explore opportunities to expand office and training facilities;
- rationalisation of land and car parking facilities on the site, with the identification of areas for alternative use/development.
- consolidation of Outpatient areas into a fit-for-purpose centralised Outpatient Facility within easy walking distance of car parking and public transport;
- reviewing the suitability of staff accommodation to ensure that we make best use of the available land space and improve the quality and suitability of staff accommodation to assist with staff recruitment; and

Other areas to be reviewed during the life of the Strategy also include:

- relocating or upgrading the existing facilities for private patients, (e.g. to private contractor standards), to maximise a revenue stream for the Trust. The future model for private patients would need be to established via an individual Transformation Project;
- increasing Research and Development capacity; and
- commercial opportunities to be explored to support financial viability.
4.3 Concepts and Principles

Key concepts and principles that are integral to and underpin the priorities within this Strategy are:

- zoning of space in the Trust to improve patient flow and the ability for patients to find services. The efficient running of a hospital is heavily influenced by clinical adjacencies; this was explored in the 2014 Estates Strategy report and remains a priority for the Trust. The current adjacencies for the hospital are as set out in Figure 1 and Figure 2 below and these support the aspiration of the Trust to move to a more zoned structure for its services;
- ensuring the safety of patients and to enhance patient experience;
- ensure efficiency in service delivery;
- flexibility of space; and
- the demarcation of parcels of land to be used for other developments and to exploit commercial opportunities.

![Figure 1](image-url)
4.4 Commercial Opportunities

The NHS financial constraints mean that the Trust has to look at the long term sustainability, both for patients and staff. In working in partnership with commercial companies further opportunities can be sought to provide a more cost effective service, maintaining the quality and care needed by our patients.

Opportunities can be used to enhance services or areas that require improvement as recommended in the detailed in the Trust’s Commercial Strategy. The Commercial Strategy covers all the James Paget University Hospital’s commercial activities, ranging across all of the following areas:

- Facilities Services (catering, cleaning, linen etc.)
- Procurement
- Estates
- Information Technology (IT)
- Transformation
- Research and Development
- Education and Training
- Private Patients
- Pharmacy
- Fundraising
- Sustainability and Transformation Plan (STP)
- Scanning documents
- Charity Fundraising
The Site Development and Estate Strategy shall address the key estate priorities required to deliver the objectives of the Trust’s Commercial Strategy.

Where there are significant benefits associated with site development, the Trust is exploring partnering arrangements to increase the capital sum available to enable us to deliver cost effective site development that may not have otherwise been affordable.

The Trust has identified that the appointment of a Strategic Estates Partner (SEP) could be the best process to assist with estates rationalisation, capital programme planning, financing, procurement and construction project management together with a range of options for delivering Hard and Soft FM.

To date:

a) We have consulted with other NHS organisations regarding the benefits and risks associated with partnering arrangements;

b) We have taken legal advice regarding the procurement process.

c) We have followed legal recommendations and commenced a soft market testing exercise;

d) We have published on contracts finder to invite potential partners;

e) We delivered a Strategic Estates Partnership Market Assessment Day on the 23rd June 2017 and held a second meeting on the 18th August 2017; and

f) In 2018, we have entered into a formal procurement process for the appointment of a Strategic Estates Partner.

4.5 Masterplan and Site Development Options Appraisal

The Masterplan and Site Development Options Appraisal sets out a vision for the future for the James Paget main hospital site. It reflects supports and articulates the strategic objectives, key concepts and principles and key estate priorities over a five to ten year period.

Historically, additions to the hospital have lacked cohesion and forethought to future development of the wider site. The Masterplan sets out a number of options that knit into one another to form a cohesive plan with scope for future development. The proposals also aim to glue fragmented existing elements of the site, circulation and facilities into proposed new zones of expansion. Alongside this, existing parts of the hospital will be reconfigured to align with the Masterplan, which centres heavily on the ‘user experience’ - patients, visitors and staff - aiming to make their use of the site, its buildings and facilities and the journeys between them logical and simple to navigate.

We have a unique opportunity to outline a succinct plan for our existing estate, an estate that has the scope to expand as well as generate revenue from such expansion.

The Trust commissioned a high level Masterplan exercise in November 2015, based upon the Trust’s priorities. The Masterplan was refreshed in May 2018 to include a revised implementation schedule (Section 6.4) and revised construction costs which have increased as a result of inflation.
4.6 Property Appraisal (Six Facet) Survey

The Trust commissioned a full Property Appraisal (Six Facet) Survey in December 2015 which surveyed, audited and reviewed a range of estate areas to help inform the objectives of the Site Strategy.

The six facets that form the Property Appraisal (Six Facet) Survey are as follows:

1. Physical Condition
2. Statutory Compliance
3. Space Utilisation
4. Functional Suitability
5. Quality
6. Environmental Management

The survey was undertaken in accordance with guidance contained within the NHS Estates publication HBN 00-08 “Strategic framework for the efficient management of healthcare estates and facilities”.

The key objectives of the survey are to:

a) to provide a baseline assessment of the Estate to help determine investment priorities and opportunities for Estate rationalisation; and
b) to obtain a detailed assessment of the Estate for operational maintenance purposes so that maintenance and minor capital programmes can be established.

The Property Appraisal (Six Facet) Survey is subjected to an internal desk top review as part of the Trust’s annual Estates Return Information Collection (ERIC) returns. This process identifies increases to estimated construction costs due to annual inflation. In addition, Capital Projects which have been completed in the past financial year are reviewed and where improvements to the building have been undertaken the backlog maintenance costs associated with the work are removed from the Backlog Maintenance estimates.

To ensure accurate information the Property Appraisal (Six Facet) Survey is typically refreshed at intervals of 4 years.
5.0 KEY ESTATE PRIORITIES

5.1 Consolidation of Outpatient Areas

Current position

Outpatient Services are currently delivered from at least 15 separate areas dispersed across 2 floors of the main hospital site. In addition, Community Paediatric Services are provided from the Newberry Child Development Centre which is located 1.4 miles from the main hospital campus.

Approximately £2.7m of capital expenditure has been invested in Outpatient Services in the last 7 years. Services delivered include:

- Pre-Assessment
- Orthopaedics
- Gynaecology
- Therapies/Hearing/Dental Clinics
- Urology
- Ophthalmology
- Fertility Services
- Oncology
- Vascular
- Cardiology
- General medicine
- Neurology
- Rheumatology
- Diabetes and endocrine disorders
- Community Paediatric Services
- Dermatology
- Endoscopy
- Phlebotomy
- Pain Clinic
- Audiology
- Surgical Outpatients
- Colorectal
- Breast
- Plastic surgery
- Trauma
- Gastroenterology
- Hepatology
- Respiratory
- Sleep and lung function
- Paediatric Outpatients (The Cove)

In some areas there is need to mix of inpatient and outpatient activity due to the specialist nature of the service or equipment i.e. Magnetic Resonance Imaging (MRI) Scanning. The hospital currently has one permanent MRI scanner that is over 10 years old and is earmarked for replacement. The existing MRI scanner serves 20% inpatient and 80% outpatient activity.

The hospital also utilises a portable MRI scanner which is positioned outside the main hospital building in a dedicated trailer. Whilst this is a nationally recognised remote MRI solution our patients are exposed to the elements when accessing this mobile facility.

The location for a new scanner (and possibly a second unit if demand warrants) shall be considered as a priority when planning centralised Outpatient Services.

Drivers for change

Outpatient Services are identified as a key priority for the Trust. The challenges posed by current out-patient arrangements include the following:

- services are dispersed throughout the hospital, giving rise to some problems regarding access, (e.g. patients having to attend hospital several times to access different Out-patient Services), or having to walk from one area of the hospital to another to undergo different tests;
- patients have to travel significant distance to access the more frequently used services, (e.g. Phlebotomy);
- it can be difficult for patients to find their way around the hospital and there is a considerable need for effective signage;
• there are accommodation pressures for services that are in high demand (e.g. Pre-Assessment, Audiology, Orthopaedics, Ophthalmology, Diabetes, Endoscopy, Neurology, Sleep and Lung Function testing);
• the Trust is at risk of losing its Endoscopy Joint Advisory Group (JAG) accreditation if improvements are not undertaken to improve the layout of the facilities to account for increasing patient activity;
• some facilities are inappropriately positioned and there are dignity and privacy issues in some areas;
• some departmental consulting rooms/areas are not fit for purpose, (e.g. areas are small, lack flexibility and do not have appropriate welfare facilities);
• the quality of the environment in some departments is lacking, (e.g. areas are tired and outdated, have inadequate lighting, lack of ventilation, inappropriate seating and child play areas); and
• inefficient use of space through duplication of accommodation, (e.g. general consultation rooms, WC’s, stores, etc.).

Many of the points above also reflect the feedback from the patient feedback process.

The provision of a patient centred Outpatient Service providing one-stop clinics in a setting that is fit for purpose has previously been considered. The patient benefits identified from this approach are: -

• the ability to access diagnosis and treatment services in as few visits as possible and, wherever possible, in a single visit;
• increased join up and information between the hospital and patients’ GPs;
• provision of a better out-patient setting, centred on patients’ needs and fit for purpose;
• interdependencies in relation to expertise, treatment, nursing, diagnostics, surgery and development of systems to access information about patient appointments, issuing reminders and alerts and the updating of personal records.

Service benefits will include: -

• a reduction in the amount of clinic time and administrative procedures through minimising the number of Outpatient visits required;
• provision of Outpatient Clinics that meet all Care Quality Commission (CQC) requirements and best practice;
• improved patient information through electronic patient updates; and
• optimising clinic space to meet specialised facilities and volume and provide headroom to enable further efficiencies or potentially increase activity and associated income.

**Options for change**

To help resolve the challenges set out above, it is recommended that there should be improved zoning of the hospital between unscheduled and scheduled care. To achieve this will require the development of a separate Ambulatory Planned Care Centre at the James Paget University Hospital site. Zoning could deliver the patient and service benefits set out above, deliver accommodation efficiencies and also help patients and staff more easily find their way around the hospital.
It is considered that, with the right design and an accurate understanding of the needs of the various services, a significant number of Outpatient Services could be co-located in a separate Outpatients Centre. The unit should be more than one storey high to maximise the use of the building footprint, to enable the co-location of all required Outpatient Services, to locate individual services on a separate floor of the unit, (e.g. Endoscopy, Paediatric, etc.) and to future proof the building for any anticipated increase in demand. The Trust has already completed buildings at multi-storey level with the new Day Care Theatre Suite (4 storeys high including a plant room floor).

The Trust commissioned a piece of work in 2014 that proposed a location for a new Outpatients Centre, on part of the currently unused hospital site. This is preferable to remodelling/refurbishing existing accommodation or car parking space as it avoids a significant amount of disruption to staff and patients and to existing services, whilst work is underway.

The preferred location for the new Outpatients Centre is land to the north of the main hospital building, adjacent to the existing Dermatology Department. This site offers a number of benefits, including:

- it is adjacent to existing car parking that can easily be designated as patient parking rather than a staff facility. There is also space to extend the car parking facility if required, either at surface level or multi-deck;
- Outpatients can access the site from the Brasenose Avenue direction, using an existing access road. There is scope to increase the width of this road if necessary to improve access arrangements, particularly as part of this road adjoins land already in the Trust’s ownership;
- traffic congestion currently experienced at the entrance to the hospital from the A47 would be alleviated; and
- improved public transport facilities could improve patients accessing the new centre.

Development of this part of the site for an Outpatients facility was also included in a strategic review of the hospital back in 2007. A review in 2017/18 suggests that this is still a suitable location for a new Outpatients unit and this has been further supported through consultation with key hospital staff.

A new Outpatients facility will also help the Trust to maximise its commercial opportunities in that a range of retail services could be based within the centralised unit. These could potentially link to the Trust’s Commercial Strategy by including a refreshment facility, supplementary to the current plans for the main entrance area, a retail outlet for newspapers, magazines, etc., an optician’s and a pharmacy to avoid patients having to come into the main hospital building or visit alternative off-site provision. These commercial facilities could also be accessed by the general public and residents from Brasenose Avenue and adjoining areas.

Incorporating services currently delivered from the Newberry Child Development Centre within the proposed centralised Outpatients facility would offer significant benefits to patients and would enable the building to be considered for alternative use.

The Masterplan vision is to create an Outpatient village, formed of a number of pavilions of care set within a park, with external and internal spaces that are fit for purpose and cater to the requirement for non-institutionalised areas of care, relaxation and contemplation.
5.2 Emergency Floor Upgrade and Expansion

Current position
The Emergency Floor is located towards the south-east corner of the hospital. Services are available 24/7, 365 days a year. The Emergency Floor consists of:

- GP Services;
- Emergency Department (including Majors, Minors and Children’s A&E);
- Emergency Assessment and Discharge Unit;
- Ambulatory Care Services;
- Ward 16 (Short Stay Medical Unit); and
- Operation Centre/Discharge Hub

The existing Emergency Floor is designed to treat 60,000 attendances each year with patients brought to the hospital by ambulance, self-referred, referred by GPs or by the out-of-hours team. The Trust has projected (based on historical information) over 78,000 attendances for 2018/19.

In order to meet rising demand the Trust, (with our CCG and community partners) have initiated a number of schemes, both internally and externally to reduce demand and safely manage the expected number of patients.

<table>
<thead>
<tr>
<th>Year</th>
<th>Minors</th>
<th>Ambulance Arrivals</th>
<th>CYP</th>
<th>Total ED Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>35,331</td>
<td>16,381</td>
<td>13,719</td>
<td>67,431</td>
</tr>
<tr>
<td>2013/14</td>
<td>34,761</td>
<td>18,998</td>
<td>13,967</td>
<td>67,726</td>
</tr>
<tr>
<td>2014/15</td>
<td>35,802</td>
<td>20,241</td>
<td>13,940</td>
<td>69,983</td>
</tr>
<tr>
<td>2015/16</td>
<td>37,416</td>
<td>19,801</td>
<td>14,245</td>
<td>71,462</td>
</tr>
<tr>
<td>2016/17</td>
<td>38,153</td>
<td>21,092</td>
<td>14,993</td>
<td>74,598</td>
</tr>
</tbody>
</table>
These include communication campaigns around appropriate use of alternative care providers such as 111, Dentists, Pharmacies and GP Services. In addition the Trust has invested in Ambulatory Care Services to reduce demand on the front door, with Ambulance protocols to directly refer into Ambulatory Care Services rather than the Emergency Department; a pilot phase of a Surgical Assessment Unit and direct Gynaecological referrals.

A Multi-Agency Urgent Care Board chaired by the CCG retained GP for Urgent Care, has been developing new initiatives to support a reduction in demand. However, with an ever increasing population (and the building of thousands of new dwelling within the local area) an increase in frailty and high levels of local deprivation, all demand management schemes, have only enabled a slowing down of demand, rather than stabilising further emergency growth.

Responding to the need to expand the capacity of the existing Emergency Department, due to increased levels of activity, £980,000 was invested in 2013 for the delivery of four new resuscitation bays and associated facilities and additional treatment rooms.

Further investment of £2.0m was approved in 2017/18 with 50% funded by directly the Department of Health and 50% match funded by the Trust. This funding has enabled the creation of:

- a dedicated GP Streaming Environment;
- expansion of the Ambulatory Care environment;
- relocation of the Operation Centre to a new location having an integrated Discharge Hub;
- relocation of the telephony switchboard to provide additional clinical space for the future expansion of Majors; and
- Future designs for expansion of Majors, Minors, Children’s A&E and the waiting area.

**Drivers for change**

The services provided in the Emergency Floor are a key priority for the Trust. The attendance data clearly identifies that the current accommodation is of insufficient size and is in need of re-configuration to support service delivery requirements.

Following consultation with key staff, the following issues were also highlighted:

- patients are, at times, scattered around the hospital occupying beds already earmarked for patients following surgery. This leads to operations being cancelled;
- the waiting areas are often under pressure and overcrowded;
- the current configuration of ED compromises patient flow and the ability to triage effectively;
the patient flow between ED and EADU could be improved, i.e. EADU patients should be admitted into EADU direct, but there are instances where patients have to wait in ED and transfer to EADU when space becomes available;

- cubicle spaces are constrained and, due to their configuration, there are potential privacy and dignity issues; and

- there is no direct access to the first floor of the hospital from ED/EADU and patients have to travel considerable distance to access the first floor wards.

Some of the above points above also reflect the feedback from the patient feedback process.

**Options for change**

In order to address the issues of space and configuration, a number of options have been considered and discussed with key staff as part of the consultation exercise. The work associated with Phases 1 and 2 commenced in Q3 of 2017/18.

These include:

**Phase 1**  Creating a new GP Streaming Environment.

**Phase 2**  Increasing the size and capacity of the Ambulatory Care Unit by utilising non-clinical space. This requires the relocation of the Operations Centre which can then be linked to an Integrated Discharge Hub.

**Phase 3**  Expanding the size and capacity of the Majors area by utilising space previously occupied by non-clinical services. This requires the relocation of the Telephony Switchboard and Equipment to support clinical expansion.

**Phase 4**  Upgrade of Minors and Children’s Young Persons area by utilising space previously occupied by Majors.

**Phase 5**  Increasing the size of the Waiting Area and improving the quality of the Reception Desk.

**Phase 6**  Relocate the Clinical Decision Area with creation of integrated staff environment.

The consultation exercise undertaken with key staff from the Trust supports the expansion of A&E Services into the vacated Outpatient areas.

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**Emergency Floor Upgrade and Expansion**

**Work completed to date:**

- Multi-Disciplinary Team has been appointed to help establish the concept designs and to approve detailed technical designs.
- A feasibility study has been completed which identifies the patient flow and preferred layouts of each zone within the Emergency Floor.
- A full Business Case has been prepared to support Capital Investment and funding has been secured for Phases 1 & 2.
- Work associated with construction of Phases 1 and 2 commenced in Q3 of 2017/18.
- Detailed designs for Phase 3 have been prepared.

**Next steps:**

- Prepare Full Business Case to support Capital Investment for future Phases
- Identify new source of funding and schedule of works for Phases 3, 4, 5 and 6
5.3 Upgrade of Inpatient Ward Areas

Current position

The hospital wards were designed and built 30 years ago, with six bedded bays without dedicated sanitary facilities. This does not meet the expectations of patients today.

Consequently, there are 23 inpatient ward areas (excluding private facilities) identified for upgrading, 6 on the ground floor and 17 on the first floor. Seven of these areas were last upgraded in 1981, one in 1996, six in 2001 and the remaining between 2003 and 2010.

One of the wards, Ward 16, was upgraded in 2009 and is an example of the standards that our patients should expect. Ward 16 has the following key features: -

- four bedded bays and single occupancy rooms;
- individual patient entertainment systems;
- spacious, light and airy environment; and
- private sanitary facilities for each bay.

This environment is conducive to improving patients’ experience and meets the expectation of our clinicians. We recognise that different patients have different needs and that the ward areas need to be sensitive to this. For example, the demographic changes expected over the next 20 years mean we will need to develop an environment that particularly meets the needs of the older person.

Interior Designers were appointed in 2017 to prepare a colour strategy that meets the needs of patients having Dementia. The colours also help the Trust fulfil recommendations contained in the Patient-Led Assessments of the Care Environment (PLACE).

The colour schemes were reviewed by a multi-disciplinary team and a painting programme was established for Inpatient Ward with all appropriate Wards to be repainted in the new colour scheme between February and October 2018.

Architectural design work was also undertaken in 2017/18 to establish the feasibility of major improvements to welfare facilities within existing Ward areas (i.e. can ensuite toilets and showers be provided within the constraints of the existing building).

Drivers for change

The upgrade of Wards areas to meet the needs of our patients and staff is one of the key priorities for the Trust.

Whilst the revised painting programme will make immediate improvements to Ward areas in 2018 there remains a wider requirement to reconfigure the physical layout to meet modern expectations and standards.

The upgrade of Wards presents a number of challenges, both from a patient experience perspective and operationally. The full upgrade of each Ward area will require a construction period of approximately 18 weeks. During this construction period major alterations will be required between the ground and first floor.

The objectives of the full Ward upgrade programme will address the following issues: -

- lack of private sanitary facilities in the bed bays;
• lack of patient entertainment system – most wards share one television per six bedded bay which does not provide a positive viewing experience. Patients furthest away from the television may have difficulties seeing or hearing and there is no individual choice of channel/programme;
• areas need to be more dementia and elderly friendly;
• there are typically 32-34 beds per ward (4 x 6-bed bays and a number of side rooms. The optimum number of beds is 28, which is more operationally efficient;
• WCs and basins are currently located at the entrance to the bays. This is not ideal as staff have to continually walk back to the entrance to wash their hands and it could present an infection risk. The best location for basins in the wards is to be considered further and agreed;
• Nurse call systems are old and in poor condition consistent with their age and, due to a lack of availability of component parts, they cannot be repaired or modified and do not meet modern nursing requirements;
• other than Ward 16, there is no ability to close off bays to support infection control
• lack of storage facilities for linen, stock and waste - large waste storage bins are positioned in the link corridors, which can cause obstruction and are unsightly; other spaces are inappropriately used for storage;
• location and use of nursing stations – desks are located at the entrance to corridors and are not ideally located for observing patients throughout the wards;
• flooring – in poor condition consistent with age, in some locations bitumen adhesives may contain traces of asbestos;
• lighting – in poor condition consistent with age, existing surface mounted fluorescent fittings does not offer the benefits of modern low energy high output LED lighting; and
• windows – in poor condition consistent with age, single-glazed timber framed some are constructed using Asbestos containing materials and they are not energy efficient.

The support for a ‘Ward 16 type’ specification was highlighted and confirmed by a consultation exercise with key staff from the Trust in 2016. It should be noted that the cost of upgrading Ward 16 was £2.2m, which was largely due to the provision of a specialist ventilation system. It is not proposed to replicate this throughout the remaining wards.

The estimated total cost for redeveloping a typical 28 bed Ward areas is estimated at approximately £1.3m.

Options for change
The full upgrade and redesign of the existing inpatient Ward areas can be delivered through a phased approach, with the need to ensure there are sufficient decant facilities throughout the period of the upgrade programme and that there are the optimum beds available at programme close. A standard specification has been prepared and shall be ‘rolled out’ to ensure the programme is implemented as efficiently as possible. Any emerging issues and cost constraints can be identified and resolved as the programme progresses.
Due to the complexities of the project and the substantial building works necessary to add ensuite facilities and make other layout changes it is essential that the programme of Ward upgrades is aligned to the wider Capital Programme. Essentially, construction work needs to be planned between the ground and first floors to allow contractors clear access to both areas so that work can be completed safely with the least disruption to patients.

The ward upgrades will also need to address issues identified from the Property Appraisal (Six Facet) Survey and there may be bespoke issues affecting individual wards outside the general specification.
5.4 Staff Accommodation

Current position

The hospital currently has 184 residential properties to the north of the site, as listed below:

<table>
<thead>
<tr>
<th>Property Type</th>
<th>Property Details</th>
<th>No of Property Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2-storey, 4 sharing unit, 4 bedrooms, shared kitchen, bathroom, common room shared by all Type A properties</td>
<td>18 (accommodates 72)</td>
</tr>
<tr>
<td>B</td>
<td>2-storey, 3 sharing unit, 3 bedrooms, shared kitchen, bathroom, lounge</td>
<td>21 (accommodates 63)</td>
</tr>
<tr>
<td>C</td>
<td>2-storey, 2 sharing unit, 2 separate bedrooms/lounges, shared kitchen and bathroom</td>
<td>9 (accommodates 18)</td>
</tr>
<tr>
<td>D</td>
<td>1 bedroom flat</td>
<td>3</td>
</tr>
<tr>
<td>F</td>
<td>2 bedroom flat, Small 2/3 bedroom house</td>
<td>5</td>
</tr>
<tr>
<td>G</td>
<td>Large 3 bedroom house</td>
<td>12</td>
</tr>
</tbody>
</table>

Residential properties occupy an area of 5.5 acres and are rented by both staff and students (from the UEA and UCS). There have also been occasions when the properties have been used by people whose relatives have been admitted to the hospital.

The properties are in a condition consistent with their age and are in need of upgrade to modern standards (e.g. fire alarms, electrical supplies, kitchen and bathroom replacements). The estimated cost for this work is highlighted in the Trust's Property Appraisal (Six Facet) Survey.

Upgrade of Inpatient Ward Areas

Work completed to date:

- A multi-disciplinary team agreed the standard scope of work and general design principals for Ward redevelopment in June 2016.
- Interior Designers prepared a Dementia friendly colour strategy in 2017 which is being implemented in 2018.
- Architects prepared a concept design for full Ward 4 upgrade in 2017.
- Architects prepared the Technical Design in 2018 for the commencement of full ward redevelopment programme.
- A business case for the commencement of full ward redevelopment programme has been prepared and submitted to support Capital Investment.
- A revised 10 year plan has been developed for the upgrade of inpatient Ward areas.

Next steps:

- Identify source of funding to deliver the capital programme.
The residential units have a high level of occupancy and generate significant income for the Trust (£692k for 2014/15). A market appraisal is carried out on a regular basis and this indicates that the rent is comparable with rental properties on the external market.

**Drivers for change**

The properties are in a poor state of repair and have significant backlog maintenance issues with most accommodation units requiring new windows, doors, fire alarm systems, sanitary ware, kitchens, bathrooms and flooring.

In the past, the size and coastal rural location of the hospital has impacted upon the ability to recruit staff into both clinical and non-clinical staff positions. One of the Trust’s objectives has been to reduce the use of agency nursing staff through a proactive recruitment programme, including overseas recruitment. Being able to offer a good standard of accommodation as part of a recruitment package may help the Trust to attract more staff to work at the hospital.

As a University Hospital, a good standard of student accommodation could encourage more students to reside on the hospital site.

The current layout of the residential estate does not represent the most efficient use of space and there are opportunities for maximising this area in terms of property density, as well as more commercially driven delivery options.

**Options for change**

Whilst the demand for on-site accommodation remains the same, if not more, it is the type of accommodation that is no longer appropriate. The Trust has reviewed its accommodation requirements going forward and anticipates that 200 units are still required, but that an increase to 250 should also be considered.

The type of accommodation considered appropriate is modular hotel style units with a self-contained room with en-suite and study area and with communal kitchen and lounge areas. A central commercial launderette facility could also be considered. There is still a need for family accommodation (approximately 25 units as currently provided) but these could be provided through a flexible configuration of the modular layout, rather than the construction of individual houses.

An options appraisal on the development of the existing residential area was commissioned in November 2015. The brief for the appraisal included the exploration of a number of options as set out below: -

- staff and student accommodation of 200-250 units, as outlined above;
- residential car/bicycle/motorbike parking;
- accommodation to be designed as efficiently as possible to minimise the footprint and land-take;
- energy efficient solutions to be considered (e.g. improved insulation, solar panels, etc.);
- residential properties to be designed to Building Regulation/Code Level 4 or Passivhaus;
options for the remaining site to include: -
  o disposal to obtain a capital receipt to fund other development priorities
  o alternative development, for example: -
    - residential for sale or rent, taking into account current market conditions and the appropriate mix of house/flat units;
    - commercial retail opportunities, to supplement facilities identified elsewhere on the site;
    - other public services delivered by or in conjunction with other public sector partners;
    - a hotel facility to accommodate partners and families of patients, parents of children being cared for in the hospital, delegates on hospital business such as conferences, training courses, or interviews and members of hospital staff;

the options appraisal to recommend the most appropriate options for developing the site to meet the requirements set out above and to maximise the financial return for the Trust.

**Staff Accommodation**

**Work completed to date:**

- The Site Strategy Masterplan identifies high level costs and concept design principals for redeveloping a wide range of sustainable accommodation units to meet the needs of staff and visitors to the hospital.
- Innovative forms of accommodation have also been considered including ‘ZEDpods’ which provide modular high performance, low energy housing delivered on existing carparks and hard-standings.

**Next steps:**

- Soft-market testing and developer engagement will help to further inform the delivery options for the residential part of the existing site and will test the results of the options appraisal exercise carried out.
- Review options appraisal and agree priorities for inclusion in feasibility study.
- Undertake a feasibility study to inform the delivery options and to test the high level assumptions set out in the Masterplan and supporting documents.
- Prepare Full Business Case to support Capital Investment.
5.5 Former Lowestoft Hospital Site

Current position
The former Lowestoft Hospital site occupies a 1.75 acre town centre site the building is unoccupied. The majority of building services have been isolated (i.e. natural gas, water supplies and the majority of electrical supplies) and the site has been secured.

A potential source of government funding was identified in 2017 via the Accelerated Construction Scheme. This scheme included access to £2 billion of new public sector borrowing to make public land with outline planning permission available to construction companies.

The Accelerated Construction scheme is managed via Homes England with the objective of increasing the number of new homes being built in England. Homes England agreed to work with the Trust to convert the former hospital site to housing.

Unfortunately the local planning authority required a number of the buildings of local historical interest to be retained along with the open vista to the front of the site. It was confirmed on the 16th April 2018 that a housing development would not be viable because, Homes England are only able to progress viable schemes as we have no gap funding available.

The former Lowestoft Hospital site is now awaiting disposal and the Trust will ensure best value is achieved. Proceeds from the site are earmarked to be re-invested into Emergency Department improvements.

Drivers for change
The hospital site is over 100 years old and all buildings are in a poor condition, having significant backlog maintenance issues. These include the presence of Asbestos Containing Materials in roof voids and service trenches. Other concerns include the poor condition of roofs, gutters, windows, doors, floors, floor coverings, lifts, water systems, heating systems, alarm systems, fire compartments, etc.

The Naylor report recommends that Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff, where there is a need.

Options for change
A number of options have been considered for redeveloping the former Lowestoft Hospital site. These included redeveloping the site for use as Housing with Care or Residential Housing.
Development Options for the former Lowestoft Hospital Site

Work completed to date:

- In early 2017, the Trust entered into discussions with the Commercial Directorate at the Department of Health. A potential source of government funding was identified via the Accelerated Construction Scheme.
- The Accelerated Construction scheme is managed via Homes England with the objective of increasing the number of new homes being built in England. Homes England agreed to work with the Trust to convert the former hospital site to housing.
- Unfortunately the local planning authority required a number of the buildings to be retained along with the open vista to the front of the site, it was confirmed on the 16th April 2018 that a housing development would not be viable because, Homes England are only able to progress viable schemes as we have no gap funding available.
- The vacant site is now awaiting disposal in accordance with advice from the Commercial Directorate at the Department of Health.
- An external company has been appointed to manage the disposal.

Next steps:

- Asbestos Renovation and Demolition Survey to be completed in advance of disposal.
- Formal disposal in accordance with Department of Health guidance.
5.6 Rationalisation of Land and Sustainable Transport

**Current position**

The hospital site has a number of external spaces that are not utilised, could have additional/alternative use, or could be more efficiently configured.

The following table lists the above areas with their current use: -

<table>
<thead>
<tr>
<th>Area</th>
<th>Location Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Residential accommodation</td>
</tr>
<tr>
<td>2</td>
<td>Predominantly residential accommodation; some office accommodation</td>
</tr>
<tr>
<td>3</td>
<td>Unutilised land to the north of the Busy Bees Nursery</td>
</tr>
<tr>
<td>4</td>
<td>Car Park F</td>
</tr>
<tr>
<td>5</td>
<td>Perimeter land adjacent to the A47</td>
</tr>
<tr>
<td>6</td>
<td>Car Park A</td>
</tr>
<tr>
<td>7</td>
<td>Unutilised perimeter land adjacent to the A47</td>
</tr>
<tr>
<td>8</td>
<td>Car Park B</td>
</tr>
<tr>
<td>9</td>
<td>Car Park C</td>
</tr>
<tr>
<td>10</td>
<td>Unutilised perimeter land to the south of the site</td>
</tr>
<tr>
<td>11</td>
<td>Southside complex</td>
</tr>
<tr>
<td>12</td>
<td>Unutilised land adjacent to the training centre</td>
</tr>
<tr>
<td>13</td>
<td>Car Park E and solar ‘farm’</td>
</tr>
<tr>
<td>14</td>
<td>Former bowling green (no longer in use) and Burrage Centre</td>
</tr>
<tr>
<td>15</td>
<td>Car Park G</td>
</tr>
<tr>
<td>16</td>
<td>Construction compound</td>
</tr>
<tr>
<td>17</td>
<td>Construction parking compound</td>
</tr>
<tr>
<td>18</td>
<td>Unused land at the north east corner of the main hospital building</td>
</tr>
</tbody>
</table>
Car Parking

The car parks on the site provide 1,410 parking spaces for patients, visitors and staff combined (the Trust employs in excess of 2,600 members of staff, 75% of whom travel to work by private car as the sole driver).

Entries to the main public car park tend to spike in July, due to the hospital’s catchment zone being in a well-known holiday area and the population almost doubling during the summer months.

Car parking is all at surface level and is dispersed around the perimeter of the site in 7 separately defined areas, as detailed below.

<table>
<thead>
<tr>
<th>Car Park</th>
<th>Use</th>
<th>Location</th>
<th>No of spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Public</td>
<td>East of the site, in front of the current main entrance; accessed via the A47; barrier controlled</td>
<td>250</td>
</tr>
<tr>
<td>B</td>
<td>Public</td>
<td>South-east corner of the site, adjacent to the main patient and visitor car park; accessed via the A47; barrier controlled</td>
<td>84</td>
</tr>
<tr>
<td>C</td>
<td>Staff</td>
<td>South of the site, adjacent to the administration block; accessible from all entrance points onto the site via the perimeter road; barrier controlled</td>
<td>107</td>
</tr>
<tr>
<td>D</td>
<td>Renal patients only</td>
<td>South of the site, servicing the renal unit; accessible from all entrance points onto the site via the perimeter road</td>
<td>14</td>
</tr>
<tr>
<td>E</td>
<td>Staff</td>
<td>Entire western edge of the site; accessible from all entrance points onto the site via the perimeter road; barrier controlled</td>
<td>520</td>
</tr>
<tr>
<td>F</td>
<td>Staff and patient/visitor overflow</td>
<td>North-east of the site adjacent to the main patient and visitor car park; accessed via the main perimeter road; barrier controlled</td>
<td>315</td>
</tr>
<tr>
<td>G</td>
<td>staff</td>
<td>Residential car parking to the far north of the site, accessed from the perimeter road or the Brasenose Avenue entrance; barrier controlled</td>
<td>120</td>
</tr>
</tbody>
</table>

Low carbon travel, transport and access

The health and care system accounts for a significant proportion of road traffic in England. 5% is attributed to NHS related travel which is responsible for 13% of the NHS carbon footprint.

The NHS Sustainable Development Unit promotes alternative forms of transport such as use of electric vehicles, public transport, walking to work, running and cycling. It is important that the Site Strategy supports these healthy objectives because they help the Trust to minimise its adverse impact on the environment.

Drivers for change

Car parking:

- the A47 entrance to the site, being the main patient and visitor entrance for car parking, becomes congested at busy times of the day. This can lead to traffic congestion forming on the A47 and potentially impacting upon ambulance access;
• patient and visitor car parking is all currently located at the front of the hospital and there can be considerable distances to be travelled by patients accessing Outpatient Services more to the rear of the site;
• there are capacity issues on certain days of the week when a significant number of clinics are in use (mainly Tuesday and Thursday);
• there is considerable pressure on the staff car parking facilities from January – March as few staff take annual leave during this time; and
• total car parking on the site measures 36,545m². This equates to approximately 20% of the whole site area. Car parking is all at surface level and configuration is, in some cases, inefficient. A redesign of these areas could provide additional spaces.

Low carbon travel, transport and access:

• Public transport links are good but the bus stop facilities are not adequate for the volume of passengers.
• Bicycle parking areas are insecure making staff reluctant to use them.
• Staff changing rooms and shower facilities are not adequate for the number of staff wishing to walk, run or cycle to work.

Rationalisation of land:

• under-utilised or inefficiently configured spaces can restrict the efficient operation of parts of the hospital site. Identifying opportunities for rationalisation can help to support the key site development priorities for the Trust;
• optimising the use of space can release areas of land that may have a more commercial interest. These may provide a capital receipt/revenue stream that can support the Trust in delivering its site development priorities; and
• a more holistic approach to the potential development of the site through a long-term Masterplan can prevent smaller scale remodelling or piece-meal development that may lack strategic overview and compromise the overall concept and future service development needs.

Options for change

The development of the hospital site, guided by the identification of key areas of land above, is articulated through the Masterplan and Site Development Options Appraisal. The Masterplan considers a range of new uses, including inpatient and outpatient facilities, residential accommodation, car parking and commercial opportunities.

<table>
<thead>
<tr>
<th>Area</th>
<th>Development Proposals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>Redevelopment of the 5.5 acre residential part of the site to the north of the hospital, as detailed in 5.4 above; and Suggested new developments may include the creation of a Care Home facility.</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>Development of a flagship building on this prime and highly visible, part of the site. Suggestions for the new development include the creation of a Research and Development Centre, Education and Training Centre, Children’s Hospital, Eye Hospital or a combination of these, etc. Developments must be financially supported through a charity campaign, through sponsorship, or through investment from other interested parties. This option proposes the relocation of the Busy Bees Nursery to a suitable alternative site on the hospital campus.</td>
</tr>
<tr>
<td>5, 7 &amp; 10</td>
<td>To remain as green spaces/wildlife areas. These areas can be considered for redevelopment should additional space be required in the future.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| 6 & 8 | Redeveloped to improve site access and reduce congestion on the A47 junction.  
In addition the following benefits have been identified: -  
• provide a more prominent and welcoming entrance to the hospital site;  
• maximise space and deliver improved disabled and public parking areas;  
• rationalise transport routes;  
• improve pedestrian flow;  
• provide improved bicycle storage facilities supported by additional changing rooms and suitable showering facilities within the hospital;  
• improve the bus stop and increase capacity for public transport;  
• Provide charging points for electric vehicles; and  
• deliver easily identifiable access routes. |
| 9 & 11 | The existing Southside office complex is a series of demountable “Porta-cabin” style units that are in poor condition. This building is now over utilised and accommodates twice the number of staff for which it was originally designed.  
At certain times of the year, it can be a challenging environment in which to work (e.g. too hot in the Summer and cold in the Winter).  
A new, fit for purpose, administrative building could be provided in this area promoting a physical separation between clinical and non-clinical activities. The Busy Bees Nursery could also be relocated to this area of the site allowing further development of Areas 3 and 4.  
An alternative option could be to relocate the administrative staff to the main hospital building into vacant spaces that remain after the centralisation of Outpatient Services. Other options include: -  
• explore the viability of partnership arrangements to utilise shared office accommodation (e.g. ECCH, CCG, etc.); and  
• review the availability of leased office accommodation. |
| 12 | This area is to be reserved for expansion of the existing Education and Training Centre building or for the provision of new office accommodation. |
| 13 | To be developed for additional staff car parking should capacity be required as a result of other proposals. This could be achieved by: -  
• modifications to facilitate car parking beneath the existing solar panels;  
• extension of the car park onto the approach to the helipad using a ‘Grasscrete’ solution (cellular grassed paving in concrete or plastic). |
| 14 | To be considered for future development as a private patient clinic/hospital and leisure facility should existing training facilities be expanded or provided elsewhere on site. |
| 15 | To be re-designated as short term public parking for the proposed new centralised Outpatient Facility. |
| 16 & 17 | To be redeveloped as a new centralised Outpatient Facility as detailed in section 5.1 of this report. |
| 18 | To form part of the improved public parking and access arrangements. |
Rationalisation of Land and Sustainable Transport

Progress to date:

- Reviewed public transport arrangements with Norfolk County Council and assist with the improvements at the A47 entrance.
- Full business case approved for the creation of a temporary overflow carpark at a cost of £180K. This will provide an adequate decant area to support the future redevelopment and expansion of public car parks.

Next steps:

- Review interdependencies with operational teams and prioritise the proposals outlined in the Masterplan.
- Identify suitable locations for secure bicycle storage facilities together with supporting changing rooms and shower facilities.
- Expand car parking facilities and install infrastructure to recharge electric vehicles.
- Liaise with Norfolk County Council regarding improvements to the facilities for public transport.
- Open dialogue with Great Yarmouth Borough Council regarding alternative use for the FATO (Final Approach & Take Off).
- Review and determine the programme for delivery, taking into account emerging priorities, operational requirements and financial constraints and opportunities.
- Undertake a feasibility study to inform the delivery options and to test the high level assumptions set out in the Masterplan and supporting documents.
- Prepare Full Business Case to support Capital Investment.
5.7 Review of Private Patient Facilities

Current arrangements
The Charnwood Suite on the first floor, west side, of the hospital provides services to private inpatients. Ophthalmology inpatients are also admitted to the Charnwood Suite, partly due to the fact that the nurses on the Charnwood Suite have ophthalmology experience. The suite accommodates approximately 9 beds.

There is also a small Private Outpatient Facility (East Point Consulting Rooms) with dedicated waiting area, w/c and four consultation rooms on the ground floor, east side of the main hospital.

Drivers for change
The current inpatient facilities date back to circa 1990 and, consequently, are now looking tired, are not reflective of current expectations of private patients and do not meet modern private healthcare standards. As a result, the hospital is not able to maximise its commercial opportunities for private healthcare on the site.

The facilities are also used for non-private patient admissions during busy periods to relieve bed pressure elsewhere on the hospital site. This can cause difficulties with scheduling and patient perception.

Options for change
There are a number of opportunities available to the Trust to develop private healthcare facilities. These include:

- consider accommodating both Outpatient and Inpatient facilities in a fit for purpose standalone facility, designed to modern private healthcare standards;
- review all areas of the main hospital campus which may be suitable for a private patient facility; and
- explore partnering opportunities with other interested parties.

The inclusion of a leisure facility (gym) on the hospital site has also been proposed, to enhance facilities available to staff, particularly those residing on site and for the provision of medical services, e.g. physiotherapy. This proposed facility could also be useful for dedicated private sports therapies.

Private Patient Facilities

Work completed to date:
- The Site Strategy Masterplan identifies high level costs and concept design principals for redeveloping Private Patient Facilities at the Trust.

Next steps:
- Identify potential commercial partners and establish viability as part of a Transformation project.
- Undertake a feasibility study to inform the delivery options and to test the high level assumptions set out in the Masterplan and supporting documents.
- Prepare Full Business Case to support Capital Investment.
5.8 Education and Training

Current arrangements

The University of East Anglia (UEA) Medical School opened at the James Paget University Hospital in 2002 and in 2006 we obtained University Hospital status. This development has delivered tremendous benefits for our patients in raising the quality of care and the profile of the Trust with its high quality of medical education, with the establishment of the Faculty of Health at the University of East Anglia and our excellent links with the Norwich Medical School here at the James Paget University Hospital.

It has highlighted the importance of the JPUH as a teaching and training centre and the key role it plays both in developing a new generation of health professionals and continuing to develop a hospital workforce that is ‘fit for purpose’. It also gives us the opportunity to recruit the best staff to work here, providing excellent services to the people in Great Yarmouth and Waveney.

It is a joint venture with the University of East Anglia, Norfolk and Norwich University Hospital, Queen Elizabeth Hospital, King’s Lynn, Ipswich Hospital, Norfolk Mental Health and General Practitioners in the area.

The Education and Training facilities are currently dispersed in two locations on the hospital site campus. The majority of training rooms and staff are based in the main Education and Training Centre which was opened in 2006 whilst the Apprenticeship Team and larger conference and meeting rooms are located in the Burrage Centre which was converted into a new conferencing, research and library facility in 2013.

Drivers for change

The current training facilities are dispersed across the hospital campus. In addition, some training rooms have been converted to office accommodation and training rooms are regularly booked as general meeting rooms.

There are aspirations for the Trust to further develop its links with the UEA to provide additional and improved training facilities. This could include a “medical immersive simulation ward” which can be used to provide an experiential training environment offering new opportunities for income generation.

Options for change

There are a number of opportunities available to the Trust for developing Education and Training facilities on the James Paget Hospital site:

- utilise space left vacant through the relocation of Outpatient areas in the main hospital to the new centralised Outpatient Facility;
- increase the size of the existing Education and Training Centre by approximately 90% by developing the adjacent land (Area 12 on the plan in section 5.6); and
- provide Education and Training facilities as part of a flagship building on the north-east corner of the site (Areas 3 & 4 on the plan in section 5.6). This could potentially attract funding/sponsorship from commercial organisations.

#
5.9 Research and Development

Current arrangements
The Research and Development (R&D) Department is currently dispersed around the hospital site. Staff are currently based in the Burrage Centre, at the Southside complex, in the Sandra Chapman Centre and in two offices in the main building.

The Department has grown over recent years and the service is projected to expand further in the next 3-5 years. The R&D Department generates income for the Trust.

Drivers for change
The current arrangements present management challenges as the staff are dispersed across a wide area of the hospital campus.

The R&D Department is income generating and this could be further maximised. The Trust is currently turning down some studies due to a lack of staff and accommodation.

There are aspirations for the Trust to lead on its own research, with other hospitals contributing, which would allow further access to research grants. A more centralised R&D Department would increase efficiencies in that all staff would be based together, with central equipment storage facilities.

Satellite R&D facilities need to be retained in some specialties such as the Sandra Chapman Centre due to the nature of the research and within Ophthalmology due to the specialist nature of Ophthalmic equipment.

The R&D Department processes its own samples and would benefit from a dedicated laboratory space. A centralised R&D Department would also be a significant benefit to patients who have difficulty locating the existing dispersed services.
Options for change

There are a number of opportunities available to the Trust for developing Research and Development facilities on the James Paget Hospital site:

- incorporating a Research and Development Department in the Centralised Outpatients Facility;
- utilise space left vacant through the relocation of Outpatient areas in the main hospital to the new centralised Outpatient Facility;
- co-locate a centralised Research and Development Department with training facilities, with a potential expansion of the current training building on the south-west corner of the site; and
- to provide Research and Development facilities as part of a flagship building on the north-east corner of the site (Areas 3 & 4 on the plan in section 5.6). This could potentially attract funding/sponsorship from other organisations.

5.10 Care Home Development

Current arrangements

The Trust has a Discharge Hub in operation which is used to discharge medically fit patients to appropriate place for care. Occupancy in local Care Homes is high and capacity is limited which causes delayed transfers of care and capacity concerns within the hospital.

Deaths relating to Dementia or Alzheimer’s disease in East Anglia equate to 72.3% compared to an average across England of 71%. Demand for specialist Care Home facilities in East Anglia is expected to increase.
Drivers for change

The vast majority of Dementia cases are incurable, but there are treatments and adjustments which specialist Care Home can provide which help these individuals to live a more comfortable life.

Many Care Homes today are well set up to deal with residents having Dementia needs, but with the East of England being an outlier for these diseases, facilities are in high demand and supply is insufficient to deal with current and future needs.

The UK population demographics identify an increasing population; as a result the number of people requiring places in Care Homes is now estimated at 500,000 in the UK alone.
Options for change

There are a number of opportunities available to the Trust for developing additional Care Home provision for the James Paget University Hospital Trust:

- Commission care home beds in the community via the existing 48 providers;
- As a sole entity, develop a new purpose-built 80 bed Care Home (specialising in Dementia care) in the vicinity of the James Paget University Hospital;
- Establish a joint venture partnership which works jointly with County Councils and a 3rd Party Commercial Delivery Partner to develop an 80 bed Care Home (specialising in dementia care) within the vicinity of the James Paget University Hospital site responsible for providing:
  - Step down / short stay care beds (potentially for a period of up to four weeks); and
  - Longer term public / privately funded care beds for dementia patients

Care Home Development

Work completed to date:

- The viability of the project has been established as part of a Transformation project.
- A Full Business Case has been drafted to support Capital Investment.
- Potential commercial partners have been identified.

Next steps:

- Identify possible locations for the development and the source of funding.
- Complete Business Case processes and demonstrate case for change.
- Confirm external partners.
6.0 IMPLEMENTATION AND MONITORING OF THE STRATEGY

6.1 Monitoring and Approvals

Ambition 3 of the Board Assurance Framework articulates the risk that the strategy will need to be fully costed to ensure that the risk of affordability for the Trust is clearly understood and mitigated.

The priorities identified in the Site Development and Estate Strategy will be subject to formal approval by the Space Utilisation Group and financial approval by the Hospital Investment Committee. All projects will be completed in accordance with the Trust’s Standing Financial Instructions.

The Head of Estates and Planning will provide regular update reports to the Space Utilisation Group and the Health, Safety and Staff Welfare Committee.

The Health, Safety and Staff Welfare Committee will be required to review and approve all building designs and will ensure adequate arrangements are in place for the safe and effective management of all construction works.

The Director of Finance will provide scheduled update reports to the Hospital Management Board regarding key priorities, costs and progress.

6.2 Transitional Arrangements

It is expected that some capital developments shall need to be completed during the transitional period in the next two financial years whilst the Strategy Estates Partner is selected and appointed.

During this period other developments and full business cases may be approved. This may include works recommended by external bodies such as the Care Quality Commission or other external bodies in response to specific health, safety or operational concerns.

It is essential that all capital developments undertaken during the transitional period are considered against the full context of the Site Strategy to ensure that long-term plans are not disrupted. The following capital developments are currently scheduled during the transitional period in 2018/19:

- Emergency Floor
  - Provide new GP Streaming area in Emergency Department.
  - Expand the capacity of Ambulatory Care.
  - Create additional space to expand A&E Majors.

- Upgrade of Foyer
  - Modify the Staff Canteen to enable members of the public to access services.
  - Enhance facilities for Charitable and Corporate functional space for health promotion to benefit patients.
  - Improve Retail and Catering Outlets within the Main Foyer.
  - Provide additional Accessible and Public Toilets in the Main Foyer.
  - Provide ‘Changing Places’ Accessible Toilet in the Main Foyer.
  - Main Entrance Façade and Internal Rationalisation.

- Upgrade of In-Patient Wards
  - Undertake Dementia Improvements to all Ward areas.
  - Commencement of full ward redevelopment programme.
6.3 Communications and Engagement Plan

The aim of the communications and engagement plan is to involve staff, clinical commissioning groups, patient and public representatives and other stakeholders in the development of proposals identified within the Site Strategy and Masterplan.

External Communications and Engagement

The Trust has worked closely with the Commercial Directorate at the Department of Health regarding opportunities for site development and property disposals. Links with Homes England were established in 2017 and have been used to assess housing redevelopment opportunities for the former Lowestoft Hospital Site.

A number of meetings have taken place Waveney District Council in the past 18 months regarding the ambitions of the Site Strategy and the redevelopment of the former Lowestoft Hospital site. In the same period the Trust met with representatives from Highways England, Great Yarmouth Borough Council and Norfolk County Council to discuss the details of the Site Strategy and to identify opportunities to improve road and public transport access to the James Paget hospital site. Opportunities for expansion into the Beacon Park Development Zone have also been explored with regards to both clinical and administrative space.

In 2017 discussions took place with representatives from the University of East Anglia (UEA) and University Campus Suffolk (UCS) regarding funding opportunities to expand the hospitals Education and Training Centre facilities. To date, external funding has not been identified from within the education sector so it has been agreed to incorporate the expansion of the Education and Training Centre and creation of a Corporate Headquarters building within the procurement exercise for a Strategic Estates Partner.

Strategic Estates Partner

A Strategic Estates Partnership Market Assessment Day was published via ‘Contracts Finder’ website. The Strategic Estates Partnership Assessment Day took place in June 2017 and the Trust received interest from the following suppliers:

- Cityheart
- Serco
- Capita
- Norfolk Property Services
- Morgan Sindall
- Bilfinger – Apliona
- Telereal Trillium

The presentation gave an overview of the Trust’s Site Development and Estates Strategy together with a list of the main construction projects detailed in the supporting Masterplan. Attendees were informed that participation in the market assessment did not include or preclude any organisation from participating in any future procurement exercise.

The Trust has entered into a formal Tendering process in 2018 to identify the preferred Strategic Estates Partner.
Internal Communications and Engagement

Engagement with internal stakeholders commenced in 2015 with consultation occurring with a wide range of staff and teams from all specialties. During this engagement we reviewed patient feedback from a range of sources, including national surveys, to ensure that our plans prioritise patients’ needs.

The information gathered from internal engagement meetings has been used to populate the recommendations and ‘drivers for change’ identified within the Site Strategy.

The Council of Governors participated in an engagement exercise during January 2016 with the objective of prioritising outline plans from a patient and staff perspective. The findings of this exercise have been used to help shape the Masterplan priorities and their comments are included in the following pages.

Governors Priorities for Outpatient Services
Governors’ Priorities for Inpatient Services
Governors' Priorities for Commercial Opportunities
### 6.4 Implementation Schedule

The following table identifies the proposed implementation timescale and list of key activities over the next 10 years.

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Start</th>
<th>Finish</th>
<th>Status (RIBA Plan of Work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Floor</td>
<td>Mon 30/10/17</td>
<td>Fri 14/02/20</td>
<td>7. In use</td>
</tr>
<tr>
<td>GP Streaming</td>
<td>Mon 30/10/17</td>
<td>Fri 23/02/18</td>
<td>5. Construction</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>Mon 26/02/18</td>
<td>Fri 27/07/18</td>
<td>4. Technical Design</td>
</tr>
<tr>
<td>Majors</td>
<td>Mon 09/07/18</td>
<td>Wed 19/12/18</td>
<td></td>
</tr>
<tr>
<td>Minors</td>
<td>Mon 01/04/19</td>
<td>Fri 02/08/19</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Mon 05/08/19</td>
<td>Fri 06/12/19</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td>Clinical Decision Area &amp; Staff Change</td>
<td>Mon 09/12/19</td>
<td>Fri 14/02/20</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td><strong>Upgrade of Foyer</strong></td>
<td><strong>Mon 09/07/18</strong></td>
<td><strong>Fri 11/10/19</strong></td>
<td></td>
</tr>
<tr>
<td>Retail &amp; Catering Outlet</td>
<td>Mon 09/07/18</td>
<td>Fri 17/08/18</td>
<td>4. Technical Design</td>
</tr>
<tr>
<td>Public Toilets</td>
<td>Mon 20/08/18</td>
<td>Fri 21/12/18</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td>Main Entrance Façade &amp; Internal Rationalisation</td>
<td>Mon 01/04/19</td>
<td>Fri 11/10/19</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td>** Upgrade of In-Patient Wards**</td>
<td><strong>Wed 11/07/18</strong></td>
<td><strong>Fri 15/10/27</strong></td>
<td></td>
</tr>
<tr>
<td>Ward 02</td>
<td>Wed 11/07/18</td>
<td>Fri 21/12/18</td>
<td>4. Technical Design</td>
</tr>
<tr>
<td>Ward 03</td>
<td>Mon 01/04/19</td>
<td>Fri 02/08/19</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 15 &amp; Ward 07</td>
<td>Mon 06/04/20</td>
<td>Fri 16/10/20</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 04</td>
<td>Mon 05/04/21</td>
<td>Fri 06/08/21</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 05</td>
<td>Mon 09/08/21</td>
<td>Fri 10/12/21</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 06 &amp; Ward 09</td>
<td>Mon 02/05/22</td>
<td>Fri 11/11/22</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 06 &amp; Ward 18</td>
<td>Mon 03/04/23</td>
<td>Fri 13/10/23</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 11A</td>
<td>Mon 01/04/24</td>
<td>Fri 02/08/24</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 11B</td>
<td>Mon 05/08/24</td>
<td>Fri 06/12/24</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 12 &amp; Ward 16</td>
<td>Mon 07/04/25</td>
<td>Fri 17/10/25</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 01, ACU &amp; EADU</td>
<td>Mon 06/04/26</td>
<td>Fri 16/10/26</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Ward 10 &amp; Ward 17</td>
<td>Mon 05/04/27</td>
<td>Fri 15/10/27</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td><strong>Car Park</strong></td>
<td><strong>Mon 04/03/19</strong></td>
<td><strong>Fri 26/03/21</strong></td>
<td></td>
</tr>
<tr>
<td>Car Park 1 - Public A, B, C</td>
<td>Mon 04/03/19</td>
<td>Fri 24/04/20</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td>Car Park 2 - Staff</td>
<td>Mon 27/04/20</td>
<td>Fri 26/03/21</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td><strong>Office &amp; Training Accomodation</strong></td>
<td><strong>Mon 01/04/19</strong></td>
<td><strong>Fri 25/03/22</strong></td>
<td></td>
</tr>
<tr>
<td>Education &amp; Office Block</td>
<td>Mon 01/04/19</td>
<td>Fri 27/03/20</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Office Block &amp; Nursery</td>
<td>Mon 30/03/20</td>
<td>Fri 26/03/21</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>James Paget Institute</td>
<td>Mon 29/03/21</td>
<td>Fri 25/03/22</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td><strong>Outpatient Village</strong></td>
<td><strong>Mon 01/07/19</strong></td>
<td><strong>Fri 23/06/23</strong></td>
<td></td>
</tr>
<tr>
<td>MRI Suite</td>
<td>Mon 01/07/19</td>
<td>Fri 26/06/20</td>
<td>2. Concept Design</td>
</tr>
<tr>
<td>Main OPD &amp; Endoscopy</td>
<td>Mon 29/06/20</td>
<td>Fri 25/06/21</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Pre-Assessment, ENT &amp; Department of Medicine</td>
<td>Mon 26/10/20</td>
<td>Fri 24/06/22</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Paediatric OPD, Gynaec OPD &amp; EPAU</td>
<td>Mon 27/06/22</td>
<td>Fri 23/06/23</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td><strong>Mon 27/12/21</strong></td>
<td><strong>Fri 08/05/26</strong></td>
<td></td>
</tr>
<tr>
<td>Staff Residential Accomodation</td>
<td>Mon 17/12/21</td>
<td>Fri 22/12/23</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Hotel Accomodation</td>
<td>Mon 25/12/23</td>
<td>Fri 20/12/24</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td>Housing Development</td>
<td>Mon 23/12/24</td>
<td>Fri 08/05/26</td>
<td>1. Preparation and brief</td>
</tr>
<tr>
<td><strong>Private Patient Suite</strong></td>
<td><strong>Mon 11/05/26</strong></td>
<td><strong>Fri 07/05/27</strong></td>
<td></td>
</tr>
<tr>
<td>Private Patient Suite</td>
<td>Mon 11/05/26</td>
<td>Fri 07/05/27</td>
<td>1. Preparation and brief</td>
</tr>
</tbody>
</table>

Status is based on “RIBA Plan of Work” this is the definitive UK model for the building design and construction process issued by the Royal Institution of Building Architects. Please note start and finish dates for above projects are provisional and some schemes listed are awaiting approval by the Investment Committee.

---

**Title:** Site Development and Estate Strategy  
**Author:** David Adams, Head of Estates and Planning  
**Issue:** May 2018  
**Ref:** STR/BOD/DA1505/02  
**Next Review:** February 2021  
**Page:** 47 of 52
7.0 LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Equality Impact Assessment</td>
</tr>
</tbody>
</table>
Appendix 1 - Equality Impact Assessment

<table>
<thead>
<tr>
<th>Policy or function being assessed: Site Development and Estates Strategy</th>
<th>Department/Service: Estates and Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment completed by: Head of Estates and Planning</td>
<td>Date of assessment: 15/05/2018</td>
</tr>
</tbody>
</table>

1. Describe the aim, objective and purpose of this policy or function.

| To establish a strategy and Masterplan for development of the hospital campus |

2i. Who is intended to benefit from the policy or function?

| Staff X | Patients X | Public X | Organisation X |

2ii. How are they likely to benefit?

| Improved hospital facilities |

2iii. What outcomes are wanted from this policy or function?

| A plan of capital investment and site development over the next 5 to 10 years. |

For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:

3. Are there concerns that the policy/function does or could have a detrimental impact on people due to their race/ethnicity?

| No |

| The proposals in this strategy will have a positive impact on people from different race/ethnicity (benefits include: improved zoning and co-location of departments together with improved directional signage). |

4. Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender?

| No |

| The proposals in the strategy will improve ward layouts and help provide services for people of all genders (benefits include better w/c facilities on wards, improve sleeping accommodation, better outpatient areas, etc.). |

5. Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability? Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).

| No |

| The strategy identifies a number of changes to significantly improve access for people who may have disabilities. (benefits include improved parking and pedestrian walkways, reduced travel distances, better access to public transport and parking facilities, improved disabled w/c facilities, improved ward layouts, dementia friendly, etc). |

6. Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation?

| No |

<p>| The proposals in this strategy will improvements for all people regardless of sexual orientation. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The strategy identifies a number of improvements to both inpatient and outpatient facilities to assist people attending hospital as a result of pregnancy or maternity (e.g. centralised outpatient facilities, improvements to maternity ward layouts, provision of onsite accommodation for family members, etc.).</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The proposals in this strategy will improvements for all people regardless of religion of belief.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The strategy does not provide any detrimental impact to people due to their transgender.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Are there concerns that the policy/function does or could have a detrimental impact on people due to their age?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The strategy identifies a number of improvements to the hospital which will have a positive impact to people of all ages. This will be achieved by significantly improving both inpatient and outpatient facilities over the 5 to 10 year period. Improvements include dementia friendly wards, centralised outpatients, dedicated children’s A&amp;E facilities, etc.).</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The strategy does not provide any detrimental impact to people due to their marriage of civil partnership.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The strategy identifies a number of improvements to the hospital which will have a positive impact to all people (e.g. patients, visitors, staff).</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The strategy facilitates changes and improvements for all groups and is expected to have a positive impact to all people.</td>
<td></td>
</tr>
</tbody>
</table>
14. **Specific Issues Identified**

Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment.

<table>
<thead>
<tr>
<th>No issues have been identified as being discriminatory/promoting detrimental treatment.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1. Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Not applicable</td>
</tr>
<tr>
<td>3. Not applicable</td>
</tr>
</tbody>
</table>

15. **Proposals**

How could the identified detrimental impact be minimised or eradicated?

Not applicable

If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?

No

16. **Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?**

No

17. **Policy/Function Implementation**

Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust.

Please print:

**Name of Director/Head of Service:** David Adams  
**Title:** Head of Estates and Planning  
**Date:** 15/05/2018

**Name of Policy/function Author:** David Adams  
**Title:** Head of Estates and Planning  
**Date:** 15/05/2018

(A paper copy of the EIA which has been signed is available on request).
18. **Proposed Date for Policy/Function Review**  
   March 2019

   Please detail the date for policy/function review (3 yearly): Feb 2021

19. **Explain how you plan to publish the result of the assessment?** (Completed E.I.A’s must be published on the Equality pages of the Trust’s website).

   Standard Trust process

20. **The Trust Values**

   In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.

   They are that all staff intend to do their best by:
   - **Putting patients first**, and they will:
     - Provide the best possible care in a safe clean and friendly environment,
     - Treat everybody with courtesy and respect,
     - Act appropriately with everyone.
   - **Aiming to get it right**, and they will:
     - Commit to their own personal development,
     - Understand theirs and others roles and responsibilities,
     - Contribute to the development of services
   - **Recognising that everyone counts**, and they will:
     - Value the contribution and skills of others,
     - Treat everyone fairly,
     - Support the development of colleagues.
   - **Doing everything openly and honestly**, and they will:
     - Be clear about what they are trying to achieve,
     - Share information appropriately and effectively,
     - Admit to and learn from mistakes.

   I confirm that this policy/function does not conflict with these values. ☑