Mid-Nottinghamshire
Integrated Care Partnership
Creating happier, healthier communities together

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Estates Strategy

Estates Strategy - 2021 to 2026

Foreword

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Welcome to Sherwood Forest Hospitals NHS Foundation Trust's Estates Strategy for the period 2021 to 2026.

This document details how we will manage our estate over the next five years and the changes we propose to make to meet our vision of *"Healthier communities and outstanding care for all".*

The NHS is facing, and will face huge pressures as the country emerges from the Covid-19 virus pandemic, and more than ever, our estate needs to be fit for purpose to effectively support clinical delivery. Many things will now change but ensuring a safe and sustainable environment, maintaining our facilities and delivering excellent services is still at the core of what we do in the management of our estate. Our estate will both be an enabler and driver for change, supporting the delivery of our current and future strategic objectives.

The vision for our three sites at King's Mill, Newark and Mansfield is that *"Our estate and built environment supports the delivery of outstanding healthcare for our patients and communities".*

This estates strategy complements our other Trust strategies and addresses the challenges set by the NHS Long Term Plan by capturing the Trust's future plans for the estate.

Whilst we currently have a good quality estate, this strategy commits us to fulfil our ambition of providing, developing and maintaining a more efficient, high quality, sustainable and flexible estate that has high levels of utilisation. It captures the current condition and suitability of our estate and outlines how we will improve the estate and work with the Integrated Care System, Integrated Care Partnership and our many stakeholders to do so.

Well designed, well maintained and well used buildings help support clinical services, promote confidence, and can act as a stimulus for the wider growth and prosperity of the region. The estate also needs to change to embrace new ways of working and the opportunities of the digital age.

The Trust has made considerable progress in recent years towards environmental performance improvements, with 100% of our electricity coming from renewable sources. We are also now generating electricity on site at King's Mill Hospital as part of an innovative project using underground Coal Mining Methane (CMM) reserves, a legacy of the area's mining heritage.

Our estates strategy puts our patients first and will be flexible in the ever-evolving healthcare landscape. It will also enable effective communications, allowing our staff and stakeholders to understand our estate and our priorities for change and improvement.

This is not a static document and will be subject to further iterations over the next five years.

I would encourage people within the Trust and our stakeholders in the wider healthcare environment to use and support this estates strategy.

Claire Ward, Chair, Sherwood Forest Hospitals NHS Foundation Trust

July 2021

Executive summary

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

This estates strategy is a key component of the Trust's overall vision. It represents our plans for future development and for the transformation of the estate, to enhance the experience of patients, visitors and staff.

Our response

We are responding to the challenge of a growing and ageing population; increasing service user expectations; continued financial austerity; and the hugely significant impact of Covid-19, causing rapid changes to the way we deliver our services.

The estate strategy has been developed in accordance with the process described by the NHS Estates' guidance, 'Developing an Estate Strategy' and is presented in a way that answers three key questions:

It is intended to be a focused and dynamic document that demonstrates our commitment to providing an estate that is:

"Efficient, high quality, sustainable and flexible which is responsive to the strategic and clinical objectives of the Trust today and in the future."

The Trust is committed to providing an estate that is:

- Supportive of the delivery of outstanding healthcare for our patients and communities
- Utilised to the highest levels achievable, cost effective, life-cycled and both sustainable in terms of both energy and the environment
- Functionally suitable for the delivery of high quality healthcare services
- Shaped and developed by partnership working with the ICS, ICP and our other estates stakeholders, using the best data and information available
- Fully compliant with all statutory regulations and provides the highest level of accessibility for patients, visitors and staff that will be socially inclusive and Equality Act compliant
- Designed and maintained to deliver a high quality clinical environment in spaces that are flexible, future-proofed and which can quickly react to global health issues
- An inclusive environment i.e. one that can be used by everyone regardless of age, gender, ethnicity or disability
- Managed effectively in terms of our PFI contract for maximum value to the Trust.

The opportunity

The strategy tells the story about how we intend to use our estate to respond to our vision to provide ***"Healthier communities and outstanding care for all"***, in particular how we are planning the use of our estate to support the Trust's Five Year Strategy as well as responding to the "new world" post Covid-19.

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It is made up of numerous elements of both "strategic investment " and "business as usual" activities required to transform our hospital sites. These combine to deliver our estates strategic objectives, which are:

- Efficient and effective estate management for whole system benefit
- High quality, fit for purpose and compliant
- Sustainable and low carbon solutions
- Flexible, collaborative and technology driven
- Responsive, evidence based and standardised delivery.

"Everything we do aims to put excellent healthcare at the heart of the community"

Headline facts for our estate

The diagram below shows some key facts about our estate:

Total hard FM running cost in 17/18 **£105 per m²**	CQC assessment in 18/19 rates all sites as Outstanding	Total energy cost for King's Mill in 18/19 **£4,305,299**
The Trust was the top performing Trust in the Midlands in 18/19	Total clinical space across all sites **100,639 m²**	Total soft FM running costs in 17/18 **£112 per m²**
Total gross internal floor area **138,082 m²**	Total maintenance cost in 18/19 **£6,706,137**	Total energy cost for Newark in 18/19 **£291,776**
Total outstanding backlog maintenance 18/19 **£15.98m**	The Trust occupies **19.2%** more space than national standards	PLACE assessment score **99.56%**, 1.5% above the national average

1. Introduction

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

The Trust provides hospital services for approximately 420,000 people across Nottinghamshire, including the towns of Mansfield, Ashfield, Newark and parts of Derbyshire and Lincolnshire.

The Trust employs more than 4,500 people across King's Mill and Newark General Hospital sites and also run some services from Ashfield Community Health Village and other premises, including Byron House and Byron Court (remote IT premises).

1.1 Impact of covid-19

The impact that Covid-19 will have on the NHS into the future will be substantial and far reaching. This estates strategy reflects as accurately as it can at this stage, what the implications may be in the short, medium and long term.

1.2 Alignment with our Five Year Care Strategy

This estates strategy has been produced to compliment the Trust's Five Year Strategy which is closely aligned with the NHS Long Term Plan and five year forward view report. It also builds on the principles of our Integrated Care System (one of the first to be developed in England) where integration means closer working across the NHS, local government and voluntary sector partners.

Aligning with the Trust's vision and strategic objectives, the existing estate will become more efficient, better utilised, more specialised and better equipped to support the Nottinghamshire Integrated Care System, Mid Nottinghamshire Integrated Care Prartnership and our six Primary Care Networks (PCNs).

1.3 Why does the Trust need an Estate Strategy?

This estate strategy sets out how the Trust will maintain a fit-for-purpose estate that enables delivery of high quality, safe and effective care, aligned to our Five Year Strategy. It has been developed to provide a framework to advise the Trust's Board in considering estate investment and reconfiguration decisions and to support the delivery of our priorities. It provides a plan for developing and managing the estate over the next five years and is designed to meet the Trust's service and business needs.

1.4 Scope of the Estate Strategy

The scope of the estate strategy includes all of the estate we use to deliver our services. This includes our hospitals at:

- King's Mill Hospital
- Mansfield Community Hospital
- Newark General Hospital.

1. Introduction

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Also included is the Trust's non-clinical properties at Byron House and Byron Court.

It should be noted that the Trust has now vacated Ashfield Community Hospital (Ashfield Wellbeing Centre, Kirkby-in-Ashfield) except for some out-patient activity with NHS Property Services and a couple of rooms for community paediatrics. This building is not included in the scope of this estates strategy.

1.5 Methodology

This document has been written in collaboration with the Trust's Estates & Facilities Team, clinical directorates and support departments.

1.6 Who is this document for?

This estates strategy provides the framework for a coherent approach to estate management and evidence based decision making across the Trust and will:

- Assist all Trust staff who are involved in estate related issues to understand the corporate vision and their role in achieving this
- Assist our NHS and public sector partners as we move forward with our ambition to work more collaboratively
- Form the basis for interaction and communication with other key stakeholder groups.

1.7 Ownership

The Chief Executive, on behalf of The Trust, has responsibility for ensuring that there is an appropriate estate strategy approved by the Trust Board.

The Associate Director of Estates and Facilities is responsible for carrying out regular reviews of the strategy, and its implementation.

2. Strategy purpose

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

This strategy is forward-looking, based on national policy and reflects the health and social care needs of the Nottinghamshire ICS, mid-Nottinghamshire ICP, and the impact of COVID-19 on how we are working and will work in the future. Below, we have set out the approach that we have taken to develop the estate strategy.

2.1 Developing the strategy

All NHS Trusts have a statutory responsibility for the management of their assets and a well devised estate strategy is an essential element of that process. NHS Estates has issued guidance to Trusts to assist them to develop their Estate Strategies, entitled **Modernising the NHS –"Developing an Estate Strategy".**

This strategy is a long term plan for managing the estate in an optimum way in relation to clinical and business needs. It is required to be able to deliver a modern NHS fit for the 21st century, where buildings and equipment are in the right place, in the right condition, of the right type and are able to respond to future service needs. It includes:

- The analysis of the current estate and how it performs
- Proposed changes to the estate over the next 5 years
- Proposed performance improvements
- Core 'business as usual' functions for the management of the estate
- A comprehensive strategic investment programme.

The Estate Strategy has been developed in accordance with the process described by the NHS Estate guidance, which asks 3 principal questions in relation to the Trusts estate, set in the context of its objectives and clinical need:

2.2 Estates strategy step by step

2.2.1 Where we are now?

This initial step is aimed at developing a comprehensive understanding of how well the current estate performs and supports the delivery of services, using estates appraisal methods and asks the following questions:

- What are the key metrics of the current estate?
- How well (or otherwise) is the estate performing or managed?

2. Strategy purpose

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

- What are the known risks and issues with the estate?
- What are the quality indicators saying?
- Describe the context of the current estate.
- How does the current estate limit or enhance the delivery of clinical services?

2.2.2 Where do we want to be?

This step includes a detailed review of the known and anticipated clinical service plan, ICS and Department of Health and Social Care changes, alongside the the Trust's Five Year Strategy, financial position and service requirements.

The aim is to develop a clear understanding of current operational issues and of the factors likely to drive change and investment in the estate, as well as to assess the potential for expansion or contraction in terms of estate needs.

This estates strategy assumes an awareness of these supporting documents including:

Internal	Internal
• Trust Five Year Strategy • Annual Plan • Financial Strategy • People, Culture & Improvement Strategy • Diagnostic Equipment Strategy • Allied Health Professionals Strategy 2019 - 2021 • Sustainability Management Strategy/Green Plan • Education / Organisational Development Strategy • Digital Strategy • Information Management & Technology Plan (IM&T) • Travel Plan.	• Nottingham and Nottinghamshire Integrated Care System (ICS) Estates Strategy July 2019 • Nottingham and Nottinghamshire Integrated Care System (ICS) Primary Care Strategy 2019/2020 – 2023/2024 • Nottinghamshire Integrated Care Partnership Plans & Priorities • Nottinghamshire Health & Wellbeing Strategy • ICS Population Health Management Approach • 'Tomorrow's NUH' - Nottingham University Hospital • Newark & Sherwood Local Development Framework adopted March 2019.

Table 1 – Supporting documents

2. Strategy purpose

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Dialogue and engagement with our key stakeholders has enabled us to better understand the limitations posed by the current estate configuration and condition and to develop potential solutions for improvement. The underpinning strategies, aimed at setting the future direction of clinical services, will be part of an iterative process of re-visiting and checking alignment throughout the life of the estates strategy.

The output from this stage is a schedule of key strategic aims and developments for the Trust, focused on meeting the aims and objectives set out earlier. There should also be strong correlation to the Trust's vision and values, its priorities and a direct correlation to addressing the areas identified as requiring improvement in the initial assessment of the current estate.

2.2.3 How are we going to deliver the change?

This final step in the strategy development process takes the information, data and output from previous stages to develop key strategic themes and deliverables, which include capital investment plans, a rolling programme of estates improvements, planned and reactive maintenance schedules and the activities needed to improve the value and performance of our PFI contract.

2.2.4 Triangulation and iteration: Keeping it aligned

At each stage, reference is made to the supporting strategies and plans of the Trust, to ensure we align the outcomes for maximum benefit. The estates strategy is designed to fit as part of a suite of aligned documents.

2.2.5 Review process

Throughout the development of the estates strategy, we review the position of reference data, the targets we develop and also 'sense check' the emerging reconfiguration programme to ensure all are prudent, operationally sound and based upon firm foundations.

It is essential that such key proposals are also discussed with senior colleagues and stakeholders, ensuring a shared understanding of the drivers, priorities and rationale behind them.

2. Strategy purpose

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

3. Strategic overview

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

This section provides a strategic overview of the Trust. It describes the strategies that inform and influence how we manage and operate our estate and gives an overview of the health landscape we operate in.

3.1 Sherwood Forest Hospitals NHS Foundation Trust

Sherwood Forest Hospitals was established as a Trust in 2001 and became a Foundation Trust in 2007. Working alongside the mid-Nottinghamshire health and social care community, the Trust delivers a full range of acute services and some community services for approximately 420,000 people across Mansfield, Ashfield, Newark and parts of Derbyshire and Lincolnshire.

3.2 Headline facts

The Trust employs more than 4,500 people across King's Mill Hospital (KMH), Mansfield Community Hospital (MCH) and Newark General Hospital (NGH) and also runs some services from Byron House and Byron Court (remote IT premises).

Key facts include:

- King's Mill Emergency Department saw 102,000 patients in the last year
- 412,000 outpatients were seen across the Trust's three sites in the last year
- The Trust's estate has a gross internal floor area of 138,082m² across its three sites.

In addition, the Trust has been rated as one of the cleanest in the country in the latest Patient Led Assessment of the Care Environment (PLACE) survey. We scored 100% for cleanliness at King's Mill Hospital, 99.35% for Newark General Hospital and 99.86% for Mansfield Community Hospital against the national average of 98.06%. This is alongside high scores for food, privacy, condition, appearance, dementia care and disability.

3.3 Trust performance

Our Annual Report and Accounts for 2019/2020 outlines our performance as an organisation.

Key themes reflected in this estates strategy are helping to embed system-wide approaches to health and social care; sharing responsibility for the health and wellbeing of our communities; and increasingly utilising shared resources to deliver care.

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Some of our key achievements in the period 2019/2020 were:

Safety, quality and patient experience

- The May 2020 Care Quality Commission (CQC) report assessed the Trust as **Good Overall** and **Outstanding for Care**. King's Mill Hospital, where 90% of our services are delivered, was given an **Outstanding** rating overall.
- Seven services visited by the CQC were assessed as **Good Overall** (use of resources requires improvement)
- Critical Care was assessed as **Outstanding.**

Staff Engagement

- The Trust was the **top acute Trust in the Midlands** for overall engagement and **11th best in England** (out of 89 acute Trusts nationally)
- The Trust was the top acute trust in the Midlands and joint **8th best in England** as a place to work and to receive treatment
- The Trust was the top acute trust in the Midlands and joint **6th best in England** for staff satisfied with their quality of work and care they provide
- Our response rate was **6th best** acute trust in England
- The Trust had **more substantive doctors and nurses** than ever before.

Access

- **94.2%** of patients on the emergency care pathway were treated within four hours
- There were **improvements** in all cancer, elective and diagnostics standards compared to previous years
- There were **no patients** waiting 52 weeks for elective treatment as at 31 March 2019.

Table 2 – Trust Performance – key achievements

3. Strategic overview

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3.4 The Trust's strategic objectives

The Trust's Five Year Strategy has **five strategic objectives,** as outlined below. These objectives share many similar themes and thoughts with The NHS Long Term Plan (January 2019). The principles of system-wide care and wellbeing of our communities has informed the development of our Five Year Strategy.

The challenges and priorities in the NHS National Plan are relevant to us, however the setting in which we provide care is distinct to our location and our strategic objectives.

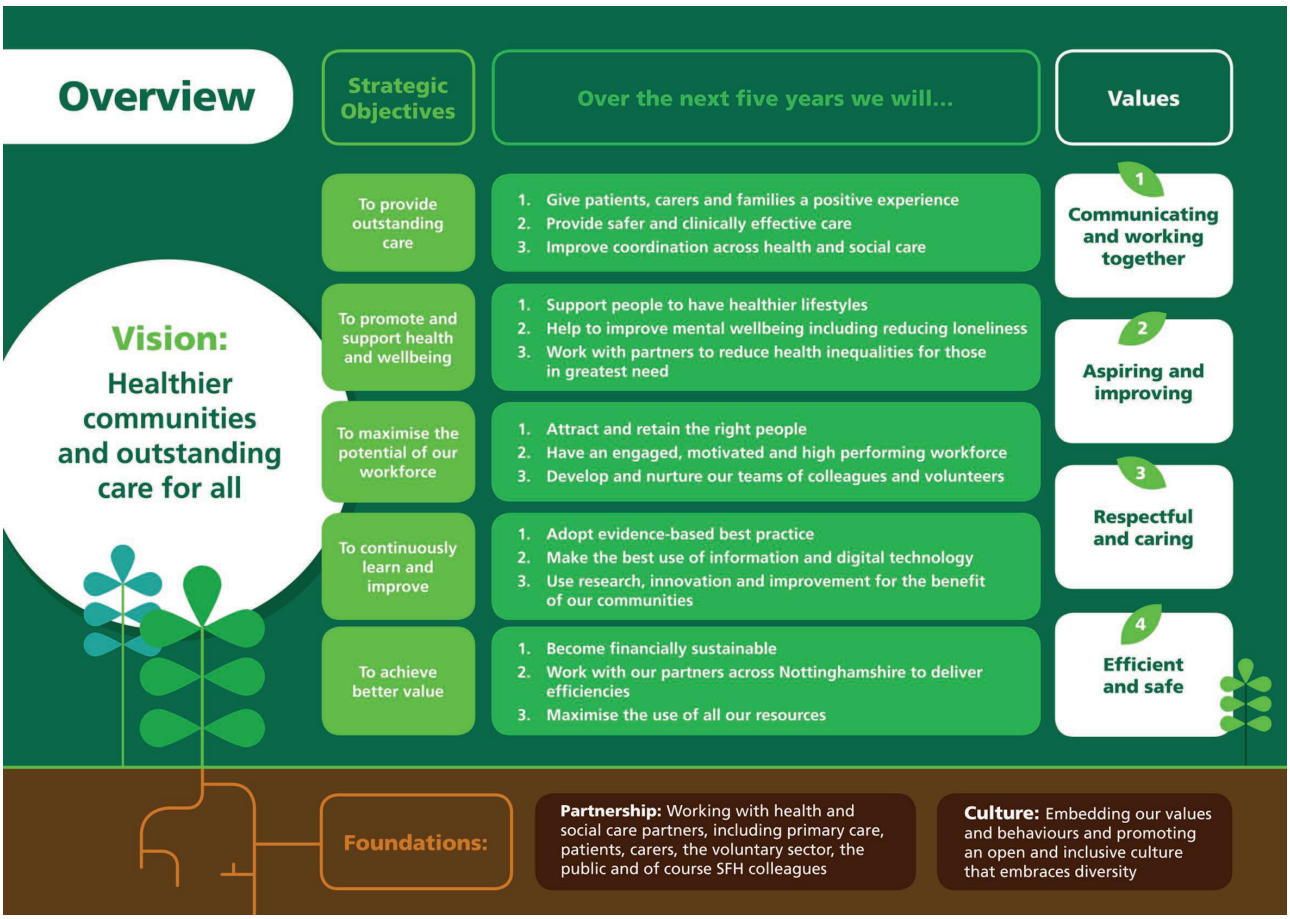

Figure 2 – Trust Strategic Objectives

3. Strategic overview

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3.5 Strategic overview on a page

The diagram below shows how the estates strategy links to the Trust's vision, five Year Strategy and wider health strategies in the NHS, Integrated Care System and Integrated Care Partnership, as well as the Trust's supporting strategies.

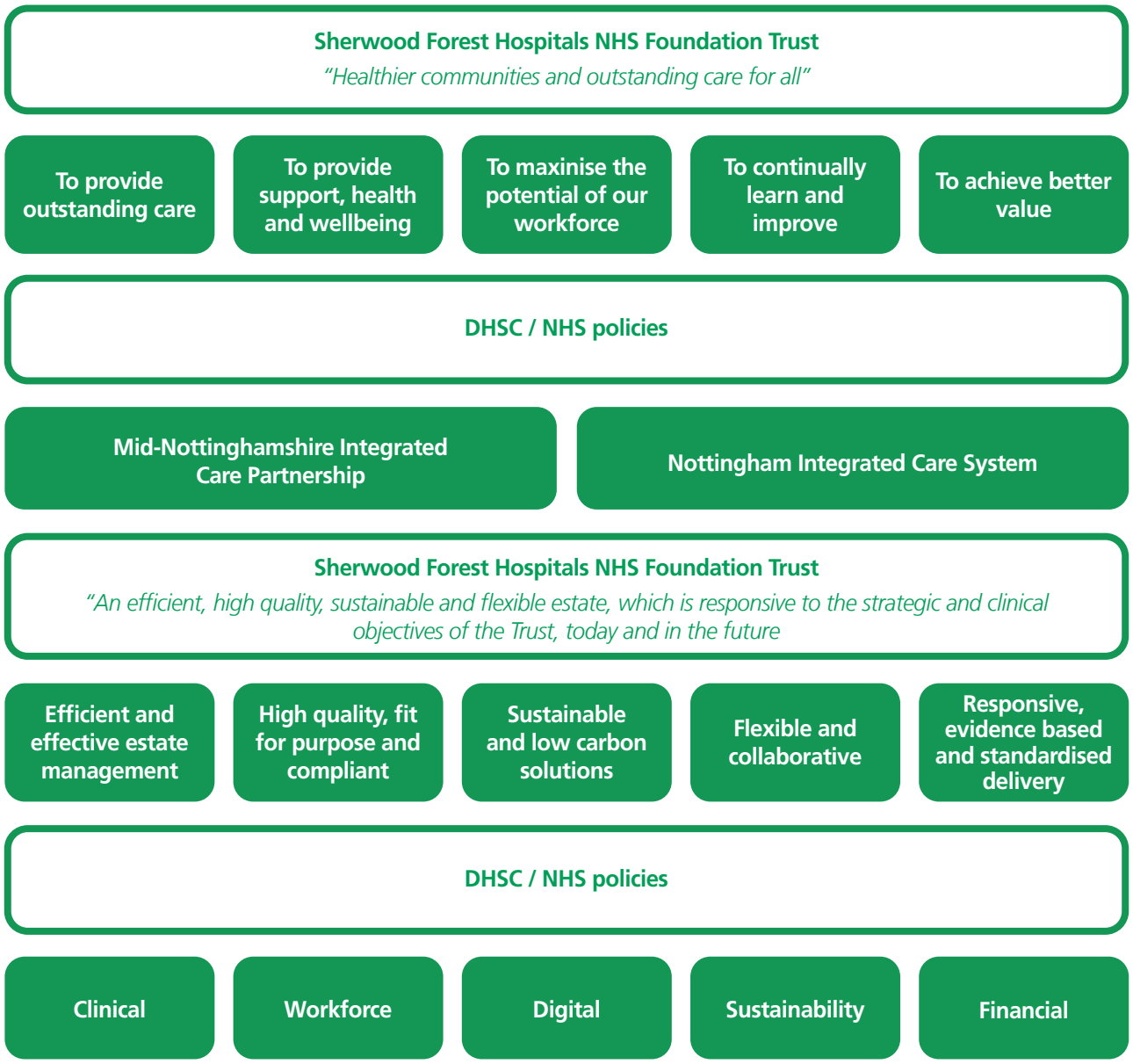

Diagram 1 – Strategic overview on a page

3. Strategic overview

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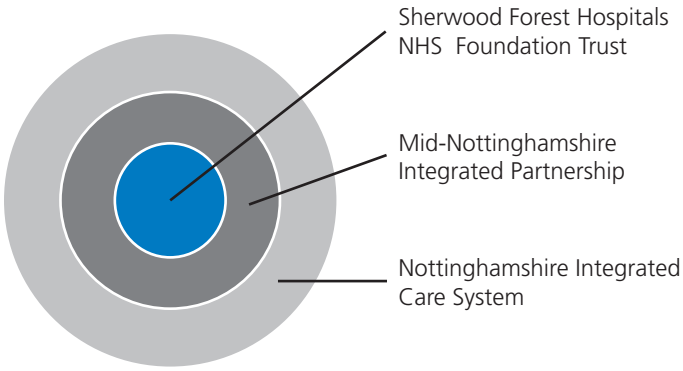
3.6 Integrated Care System

The Trust is part of the **Nottinghamshire Integrated Care System (ICS)**, working particularly closely with partners in mid-Nottinghamshire as an anchor organisation. The system structure is shown below.

The ICS brings together the local NHS, councils and the voluntary sector to create an Integrated Care System that works in collaboration for the people of Nottingham and Nottinghamshire. It looks after the entire system across Nottingham and Nottinghamshire, setting the goals for the ICPs and the strategy for success.



3.6 Integrated Care Partnership

There are three ***Integrated Care Partnerships (ICP)*** in the Nottinghamshire ICS and the Trust is a leader within the Mid-Nottinghamshire ICP. This ICP brings together the NHS in Newark & Sherwood and Mansfield and Ashfield, Local Authorities, Nottinghamshire County Council, the Trust and other partners to make local decisions to improve care for specific groups of patients.

Working closely with Primary Care Networks (PCNs), the ICP ensures partners collectively meet the needs of local communities, share expertise and information across primary and secondary care and provide the best possible care in the home, community and hospital.

A key aim of the ICP will be to ensure that all the partners' estates are used to meet citizen's needs and to ensure care is PLACE centred (in the community near the patient). This will have ICP estates challenges but will allow the ICP to better use community spaces such as libraries, health centres and the like.

The following ICP Breakthrough Objectives for 2020/21 have been agreed by the ICP Transformation Board:

- To give every child the best start in life
- To promote and encourage healthy choices, improved resilience and social connection
- To support our population to age well and reduce the gap in healthy life expectancy
- To maximise opportunities to develop our built environment into healthy places
- To tackle physical inactivity by developing our understanding of barriers and motivations.

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The Trust will use its estate to the benefit of the ICP and where possible allow other partners to use space and facilities within the Trust's estate which in turn will allow them to disinvest in their own estates and dispose of unsuitable properties.

This approach will allow the Trust to maximise the utilisation and value of its high quality PFI estate.

3.7 ICS estates strategy

The Nottinghamshire ICS Estates Strategy, prepared in July 2018 and developed further in 2019, outlines the strategy for Nottinghamshire's health estate, utilisation and capital investment.

The ICS Estates Strategy addresses the challenges faced by partners at a system level and provides a route map for collaboration. As a key partner within the collaboration, the SFHFT Estates Strategy aligns with the aims of the ICS strategy as outlined below.

An Estates planning group is in place reporting to the ICS planning group. Nottingham University Hospitals NHS Trust's Chief Executive Officer is the ICS Estates SRO and SFHFT Associate Director of Estates & Facilities is a member of the Estates planning group.

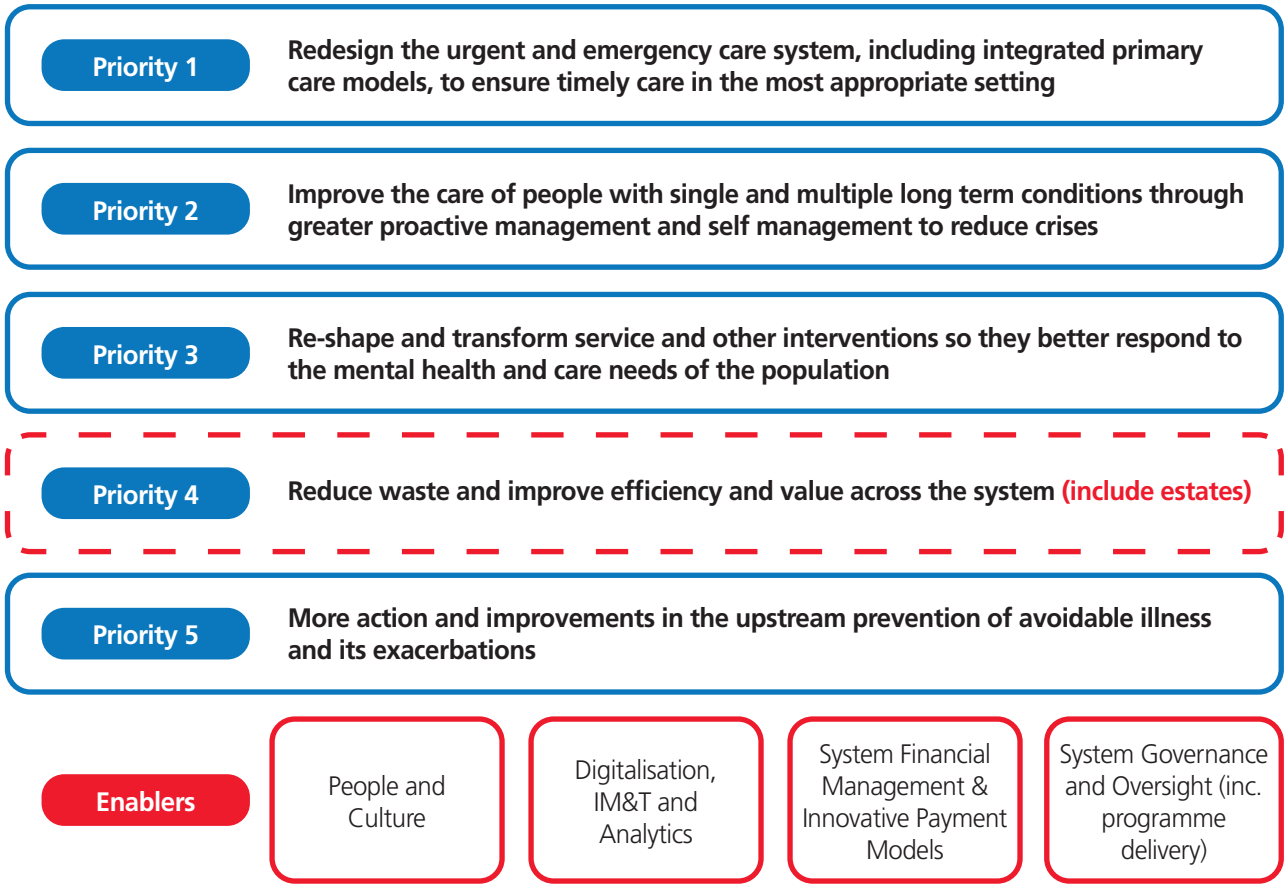

Figure 3 – ICS Priorities

3. Strategic overview

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The next five years

The ICS estates strategy provides a single understanding of the system strategy and sets out the priorities and actions that will need to be taken to balance the pressures of continued growth in patient demand from an ageing and growing population and a requirement to maintain delivery against national access and quality standards, within overall budgets.

The ICP Estates planning group will also help to set the direction of travel over the next five years by looking to utilise better community and neighbourhood assets, pool ideas/opportunities about assets and look beyond the traditional NHS Estate view.

3.8 Quality strategy

The Trust's Quality Strategy 2018-21, **"not just good care, but the best care that can be provided"**, reflects our ambition for sustainable, high value, high quality services delivered in partnership with other health and social care providers across Nottinghamshire.

As we move forward we will witness a much closer alignment between quality, activity and financial planning to boost our combined efforts to deliver safe, effective and financially sustainable services in the longer term.

Improving the quality of care we deliver is about making our care safe, effective, patient-centred, timely, efficient and equitable. It is intended that we use the Quality Campaigns to monitor service improvement, to demonstrate that high quality care and services are being provided and highlight areas where further improvements are required.

3. Strategic overview

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3.8.1 Quality campaigns

Our four 'advancing quality' campaigns are:

Campaign one

A positive patient experience

By 2021 we aim to: (i) have moved beyond a paternalistic approach to a model of care that is genuinely patient centred and making progress towards models of care developed in partnership with service users and (ii) to consistently achieve and maintain service user recommendation ratings at or above 98%

Campaign two

Care is safer

By 2021 we aim to: (i) have the lowest number of serious incidents of any East Midlands NHS acute care provider and (ii) achieve 12 consecutive months or more without a Never Event

Campaign three

Care is clinically effective

By 2021 we aim to: (i) benchmark in the top quartile for lowest Length of Stay and (ii) benchmark in the top quartile for lowest rate of readmissions within 28-days of discharge for the same HRG

Campaign four

We stand out

By 2021 we aim to: (i) be rated outstanding by the Care Quality Commission and (ii) at a system level, to keep patients with long term conditions well, as independent as possible and avoid foreseeable crisis points which often result in hospital admission.

The Quality Strategy is underpinned by the Advancing Quality programme, which is the improvement programme that tracks progress and achievement of the objectives and reports through to the Trust Quality Committee and the Board of Directors.

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3.9 Financial challenge

The Trust has operated at a financial deficit for several years and, along with other organisations in the health sector, faces financial challenge as demographic growth and demand for services out-strip the resources available year on year. In addition to the pressures caused by increasing demand, the financial challenge relating to our PFI contract continues and it remains important for the Trust to obtain the best possible value for money through scrupulous contract management. The Trust reported a deficit of **£15.9m in 2019/20**, which included **£26.7m** of national funding made available to support the delivery of operational plans (Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Threshold (MRET) funding). This national funding was conditional on the delivery of a 'control total' deficit of **£42.3m** excluding PSF, FRF and MRET. The Trust is currently going through a performance improvement plan and a settlement agreement in relation to our PFI contract. This process will address the performance issues with the operators and provide financial compensation to the Trust. An agreement is expected later in 2021.

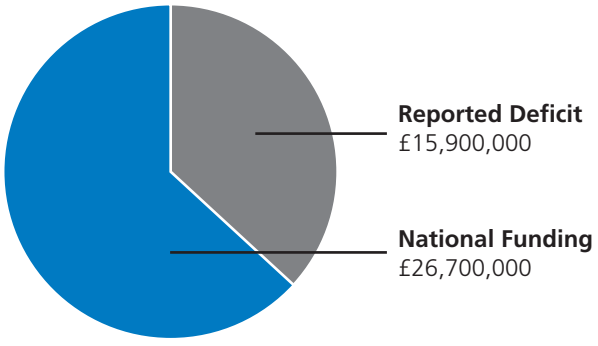

Figure 4 – 2019/20 Financial Overview

For 2020/21 the Trust was initially set a Financial Improvement Trajectory (control total) as a maximum deficit of **£29.3m**, before Financial Recovery Fund allocations.

3.9.1 Savings delivered

The Trust has successfully delivered a number of transformational initiatives that have improved patient care as well as reducing our costs. These Financial Improvement Plans (FIPs) delivered **£12.8m of savings in 2019/20.** The key improvements realised include clinical productivity gains, medical and nurse agency cost reductions, and PFI maintenance savings. Plans are in place to continuously improve on our 2020/21 success and deliver further savings. Delivery will be underpinned by the same robust governance process seen in 2020/21.

The amended financial arrangements for the NHS for the period between 1 April 2020 and 31 July 2021 seek to support NHS organisations in the management of COVID-19. During this period support will be provided to enable all organisations to break-even and some of the financial risks that are traditionally managed by the organisation will be eased. However, it is crucial that the Trust continues to manage expenditure appropriately and it is expected that the recovery and restoration of services following the peak of Covid-19 will require further efficiency savings to be made.

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3.9.2 PFI contract

The PFI contract (2005 to 2043), includes Central Nottinghamshire Hospitals (CNH) as the Special Purpose Vehicle (SPV) with Medirest and Skanska (SFS) as the project service providers.

As a result of the adoption of International Financial Reporting Standards (IFRS) in 2009/10, the PFI scheme is included within the Trust's Statement of Financial Performance (SOFP). This continues to have a significant adverse impact on the SOFP, because the associated value of the building is low in comparison to the remaining debt outstanding.

Borrowings on the SOFP associated with PFI have reduced to £249.6m (compared to £259.6m in 2018/19). Overall, the scale of the PFI liability, along with the increasing income and expenditure deficit reserve, is the reason that the total taxpayers' equity amounts to a negative £195.0m. Payments of £45.9m were made in year relating to the PFI, of which £34.5m (2018/19 £35.3m) was recognised in the Statement of Comprehensive Income (SOCI).

The table below highlights the overall 2019/20 Unitary Charges of £52.9m per Hospital site including variations and Deed of Variation.

Site	Soft FM	Hard FM	Contingent rent	Interest	Balance sheet capital	Total
King's Mill Hospital	£13.4m	£5.8m	£8.2	£5.4m	£10.4m	£43.2m
Mansfield Community Hospital	£1.9m	£0.8m	£0.7m	£0.4m	£0.9m	£4.7m
Newark General Hospital	£1.9m	£1.0m	£0.7m	£0.5m	£0.9m	£5.0m

Table 3 – Unitary charges 2019/20

An independent benchmarking report undertaken in July 2020 details that the soft FM delivery is being delivered efficiently on this healthcare project. The report identified service staffing, service efficiency and service demands, as the three key themes relating to soft FM delivery. They found that the increase in demand has driven growth in the staffing levels and service demands. Costs relating to the delivery of soft FM are "good" and just under the "average" against other similar healthcare projects.

3. Strategic overview

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The report found that the soft FM provider, Medirest, are delivering a level of service that is above the scope of services set out within the contract. This suggested that the current service specifications could be updated in advance of any market testing taking place.

3.9.3 Key enablers

At this time it is unclear how the financial framework will be revised beyond the interim arrangements, or whether the Trust will be issued a revised Financial Improvement Trajectory for the remainder of 2021/22. It is however likely that the Trust will need to consider:

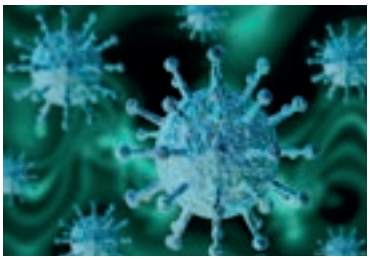
Delivery of a Financial Improvement Programme (FIP) target, to realise sustainable and recurrent efficiencies and remove unwarranted costs. Although the value of this requirement is unknown, it will likely include a requirement to reduce or remove additional expenditure introduced to manage the initial impact of Covid-19

- Management of a recovery phase, which will require the re-introduction of services which were scaled back during the initial Covid-19 response and a need to manage an increased backlog of patients.

- A key part of our strategy is to build on the work during 2019/20 to make sure we are working with partners to make decisions across the Nottinghamshire ICS that are the best for our patients and community rather than what is best for individual organisations. In keeping with strategic objective five 'To achieve better value' we have pledged to maximise the use of resources across the system and work with partners in the development and delivery of system wide transformation plans.

3.10 Covid-19

The Trust's response to COVID-19 has included the rapid deployment of digital technology to support more mobile working, remote consultations and a greater degree of flexibility in how staff approach their work. There are changes that the Trust has seen as positive and will keep, with the accelerated adoption of new technologies is something that we should learn from. The crisis and our response to it has underlined the importance of rapidly delivering



Electronic Patient Records (EPR), improving communication and connectivity between colleagues, patients and the wider public and using information more effectively. This is vital as we seek to appropriately target messages and treatment to the right people at the right time, whether we are facing a pandemic or not.

One immediate impact that will continue for some time to come is "social distancing" and this will impact on how we use our estate in the short to medium term. It should be noted that recent Government advice on the lessening of social distancing parameters will assist in bringing flexibility back into certain operations and interaction, however this will still impact on us for the foreseeable time.

Another impact has been amendments to Health Technical Memoranda's (HTMs) such as the use of medical gases and of course the opportunities for home working for certain sections of our workforce.

3. Strategic overview

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Covid-19 has also required the Trust to revisit our assumptions in our key business cases in areas such as surgery and theatres critical care and sterile services.

We recognise that much has changed during the pandemic and the full long term impact of it is not yet clear. It is therefore vital that we regularly review all our strategies, enabling us to adapt our plans in response to any shifting priorities and any new opportunities that arise such as teleconferencing and on line clinical consultations.

3.11 Clinical aspirations

The Trust wants local communities to live healthier lives for longer and has set out in our five year strategy the values, strategic and clinical objectives to deliver our vision. Supporting this is the Nottinghamshire ICS clinical strategy which will create a long term plan for clinical services across Nottingham and Nottinghamshire. The strategy will drive some of the changes that need to happen to services across the system to make sure care is delivered in the right place, that there is a sustainable healthcare model and that personalisation, prevention and early intervention are embedded in all service delivery.

We will work in partnership with others to better support people to stay healthier at home and for those who need community or hospital services, they will be able to access them more easily and quickly. We believe our focus on health and wellbeing will reduce the gap between the health and care experiences of those from our most deprived areas and those from more affluent communities.

Through increased use of digital technology, we will support patients and carers to better manage their health and access care more conveniently, whether that is in the home, community or hospitals.

By collaborating with partners, we will be able to combine our resources; be they workforce, buildings or money to provide better care, where it is most needed, and to provide the best possible value across our Integrated Care Partnership (ICP). We will have a much closer relationship with primary care, sharing expertise, best practice, resources and insight into the needs of the local communities.

All of this is underpinned by a compassionate culture which embraces inclusivity, diversity and encourages openness, learning and improvement.

3.12 People culture and improvement strategy

The Trust's people culture and improvement strategy centres around enabling dedicated people to deliver Healthier Communities and Outstanding Care for all. The strategy has been developed in a collaborative way within the Trust, with input from the Trust Board, senior leaders and the wider workforce.

The strategy sets out how the contribution of every member of staff will be maximised and how our strategic Priority number two will be met, which is to support each other to do a great job.

The delivery of the strategy is carried out through the development, implementation and evaluation of a number of individual annual plans. Each year a new set of plans is created in order to build on what has been delivered previously.

3. Strategic overview

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Year one of the three year workforce plan describes the number of staff, types of jobs and skills we need in a workforce that can deliver the Trust's strategy and priorities. The plan describes these in sufficient detail to be able to be used as an implementation guide.

Recognising the challenges we face in developing sustainable, high quality services, the estates strategy reflects a number of initiatives from our workforce strategy to be factored into the future shape of our estate, all aligned to the Trust's Strategic Plan.

These include:

- Nursing staffing levels
- Newark General Hospital strategy
- Recruitment and retention of nursing and medical staff
- Training and development strategy
- Flexible workforce and flexible working options
- Seven day working
- Sickness, absence, health & wellbeing
- Performance management.

The workforce plan also takes account of the changes across the local health and social care system.

It is expected that our overall workforce will remain constant, with a drive to recruit more clinical staff to replace agency staff. Back office staff numbers will be aligned to the ICS requirements going forward.

3.13 Model hospital

The Model Hospital is a free digital tool from NHS Improvement that enables trusts to compare their productivity and identify opportunities to improve. It is currently available to all NHS provider trusts.

The Trust uses the data that is published on an annual basis for an overview on the services provided as well as for benchmarking on the PFI project.

3.14 Digital strategy

Our digital strategy for 2021 - 2026 "Informed decisions, digitally connected care" is based around five key strands and links back to our five year strategy's fourth strategic objective to "make the best use of information and digital technology".

The digital strategy also identifies the need to move away from the piecemeal purchasing and deployment of technology and fragmented information flows, instead taking a strategic, longer term approach that enables us to make the best use of information and digital technology. This includes setting a new vision, defining our priorities and being realistically ambitious about what we can achieve in the coming years.

3. Strategic overview

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Vision: Informed decisions and digitally connected care

Objectives	Approach	Outcomes
Deliver EPR	• Clinically lead • Mobile first • Phased, modular and interoperable	Citizens have the information they need, when they need it
Connect digitally with patients and partners	• Citizen ownership of health and care record • System-wide demand and capacity management • Clinical information shared across the ICS	All health and care colleagues have the information they need, easily accessible
Support our colleagues	• Digital Transformation Unit for delivery and education • Right devices to meet individual needs • Prioritising user experience	All health and care colleagues have the right tools to do their jobs
Unleash information for insight	• Ensure consistent connectivity across all our sites • Up to date software and systems • Cyber secure	Reliance on paper is significantly reduced
Foundations	**Partnership** Working closely with partners to ensure information follows the citizen, supporting patient care, professional practice, coordination of services and health management	**Culture** Digital transformation is about people and not products, so behavioural change is vital

Figure 5 – Digital Strategy 2020 to 2026

4. Local context

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

This section provides an overview of the localities in which the Trust serves with key demographics, facts and figures to provide a broad understanding of current and future service demand.

4.1 Overview

The health of people living in mid-Nottinghamshire is generally worse than the national average. Mansfield is one of the **20%** most deprived districts in England, and approximately **20% of children (7,800**) live in a low-income household. Life expectancy has significant variation across the locality, being approximately 10.2 years less for men and 7.3 years lower for women in the most deprived areas when compared to the least deprived areas.

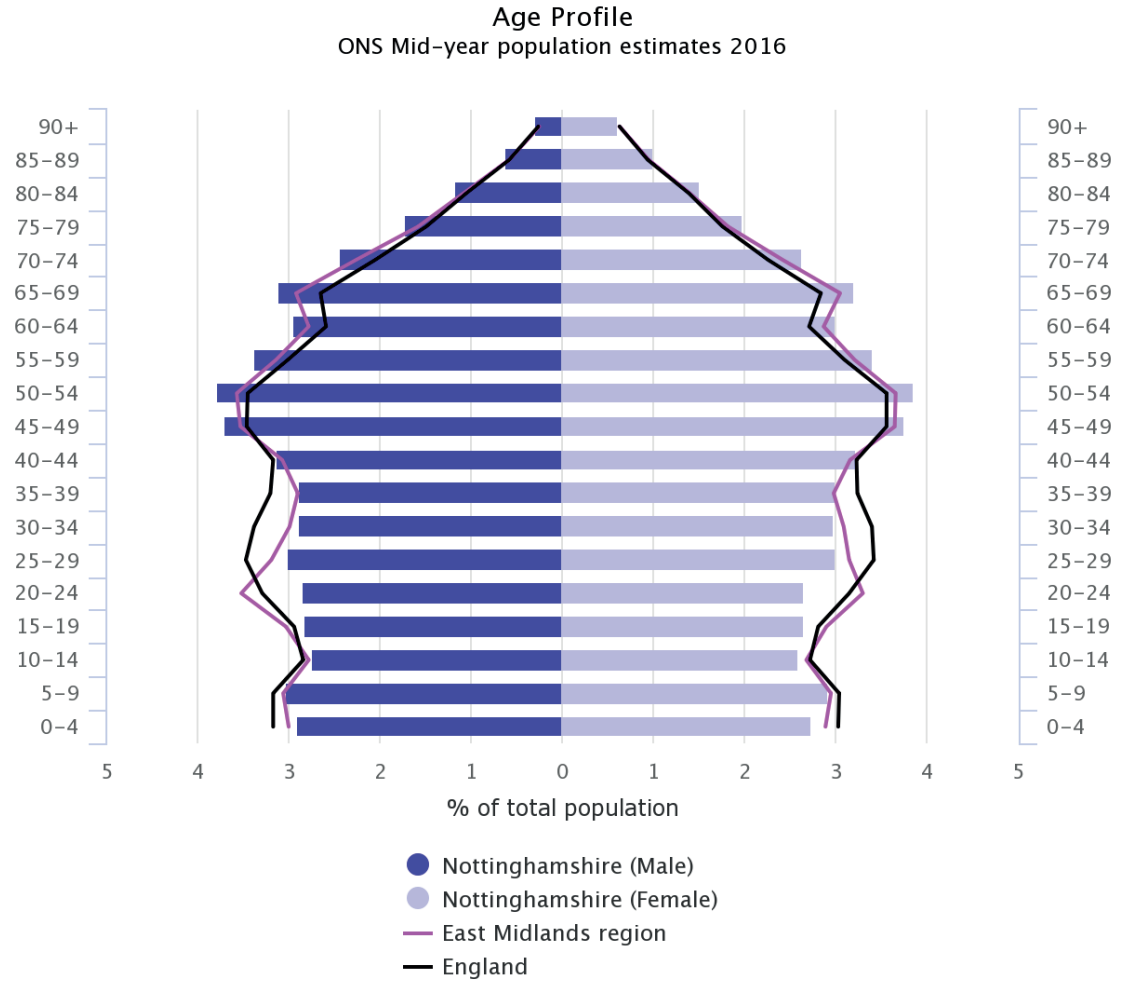


Figure 6 - Nottinghamshire Age Profile (2016)

4. Local context

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Levels of smoking, obesity, alcohol related harm, diabetes and respiratory disease are higher than the average for England. For Mansfield, early deaths from heart disease, stroke and cancer are higher than the average rate for England, but in Newark & Sherwood they are at or below the national average.

4.2 Demographics

4.2.1 Joint strategic needs assessment Sherwood Forest Hospitals

A Joint Strategic Needs Assessment (JSNA) is a statutory requirement, as set out in the Health and Social Care Act 2012, placed upon the Directors of Public Health, Adult and Children's Services in all local authorities to guide the commissioning of local heath, wellbeing and social care services.

The JSNA provides a systematic method for reviewing the short and long term health and wellbeing needs of a local population and is an important starting point for strategy development and commissioning decisions.

The JSNA was last updated in 2019, to address the needs of the population and future demographic changes.

4.2.2 Nottinghamshire area

The total population within the Greater Nottingham, Mid-Nottinghamshire and North Nottinghamshire catchment area is in excess of 1.1m people. The age profile and structure of this local population is broadly similar to the national average for England. The Trust's primary commissioners are Mansfield & Ashfield Clinical Commissioning Group (CCG) and NHS Newark & Sherwood CCG and the Trust predominantly provides services for the populations of Mid-Nottinghamshire.

The map below shows the catchment area for the Trust sites:

Figure 7 – Catchment areas for Trust sites

4. Local context

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

4.2.3 Newark and Sherwood

The population of Newark and Sherwood in 2018 was 121,600. The health of people in Newark and Sherwood is varied compared with England average.

Life expectancy is 8.4 years lower for men and 8.3 years lower for women in the most deprived areas of Newark and Sherwood than in the least deprived areas.

The table below details projected age groups in Newark and Sherwood CCG over the period 2016-2041. The population pattern for Newark and Sherwood shows a small increase in under 19s and a larger increase in 65+, with 20-64 remaining relatively stable over this period 2016 to 2041.

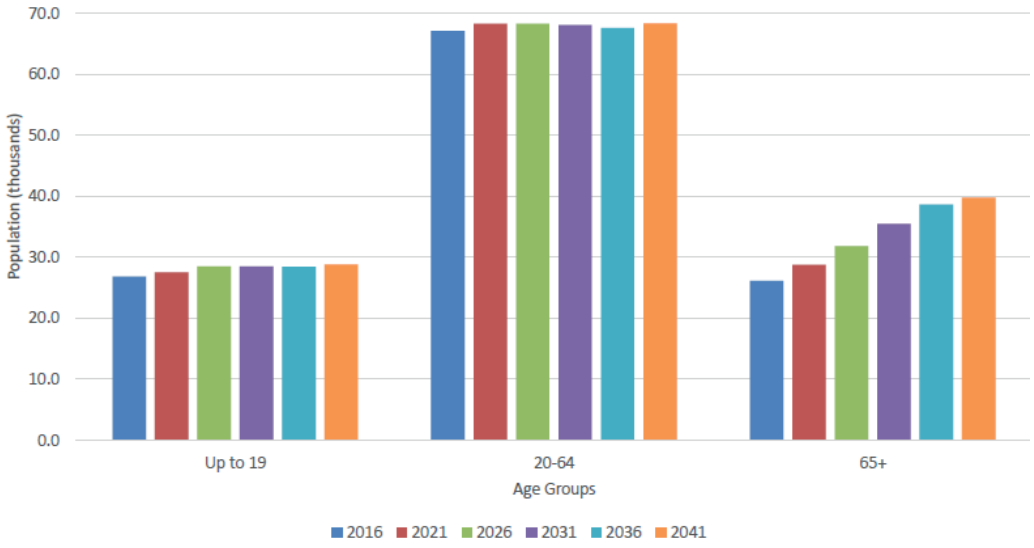
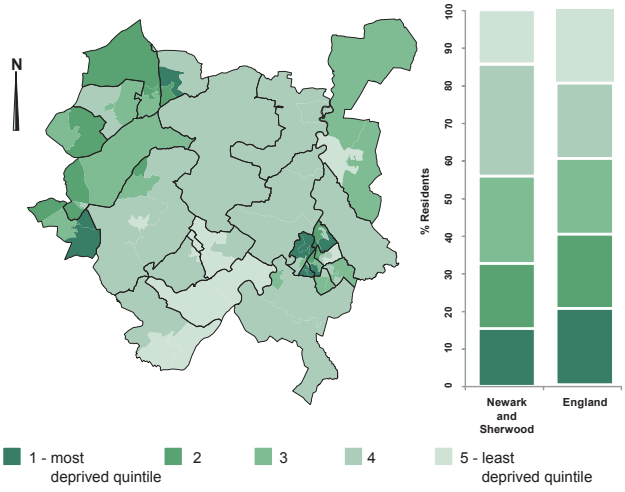


Figure 8 – Newark & Sherwood Age Groups

Deprivation levels for the area can be used to identify communities who may be in the greatest need of services. The maps and charts show the index of multiple deprivation 2015 (IMD 2015).

This map shows differences in deprivation in the district base on national comparisons, using national quintiles (fifths) of IMD 2015:



4. Local context

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

4.2.4 Mansfield and Ashfield

The population of Mansfield and Ashfield in 2018 was 108,900 and 127,200 respectively. The table below details projected age groups in Mansfield and Ashfield CCG over the period 2016-2041. This shows that under 19s and 20-64 age groups remain comparatively static over the period, with growth of the 65+ age group over this period 2016 to 2041.

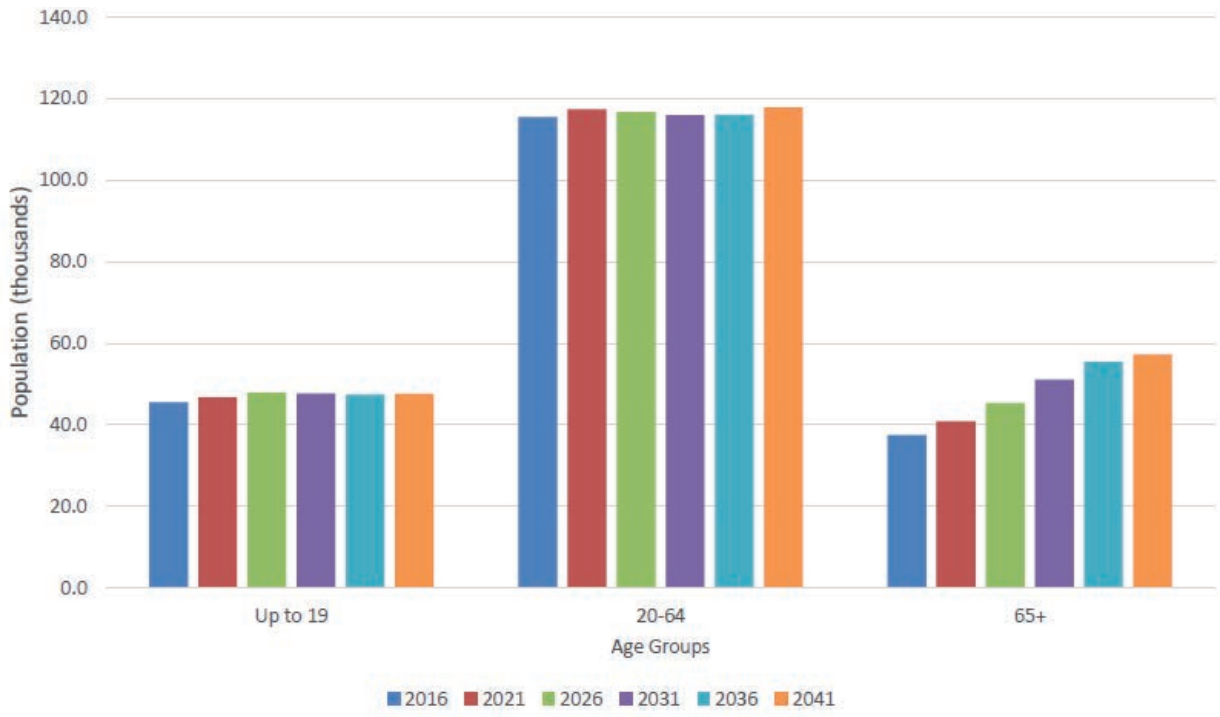


Figure 10 – Mansfield and Ashfield Age Groups

The health profile for Mansfield and Ashfield shows that the districts have:

Rates of cancer and adult obesity higher than the national average

Childhood obesity rates (at Year 6) that are worse than the average for England

Levels of physical activity in adults worse than the average for the region and England

Mortality rates from cancer, including rates for those under 75, worse than both the local and England averages

Life expectancy rates are lower than the regional average and

Employment rates that are worse than the England average.

4. Local context

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Key health indicators in Mansfield and Ashfield in comparison to the regional and national averages (Source: Public Health England profiles 2019) are shown in the table below.

Health summary indicator	Mansfield	Ashfield	Region	England
Life expectancy at birth (male)	77.7	78.2	79.4	79.6
Life expectancy at birth (female)	81.1	81.6	82.9	83.1
Under 75 mortality from all causes	402	373.3	334.5	331.9
Mortality rate from all CVD	76.6	88.5	73.5	71.7
Mortality rate from cancer	157.2	147.4	133.4	132.2
Smoking prevalence in adults	23.1	16.6	16.8	14.4
Percentage of physically active adults	68	60.6	65.7	66.3
Percentage of adults classified as obese or overweight	68.9	69.4	64.4	62
Year 6 prevalence of obesity	20.9	22.9	19.9	20.1

Table 4 – Health Indicator Summary Mansfield & Ashfield

4. Local context

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Mansfield is ranked 46 out of 317 Lower Tier local authorities in England. This puts Mansfield in the top 20% of most deprived districts in the country. The graph below details the areas:

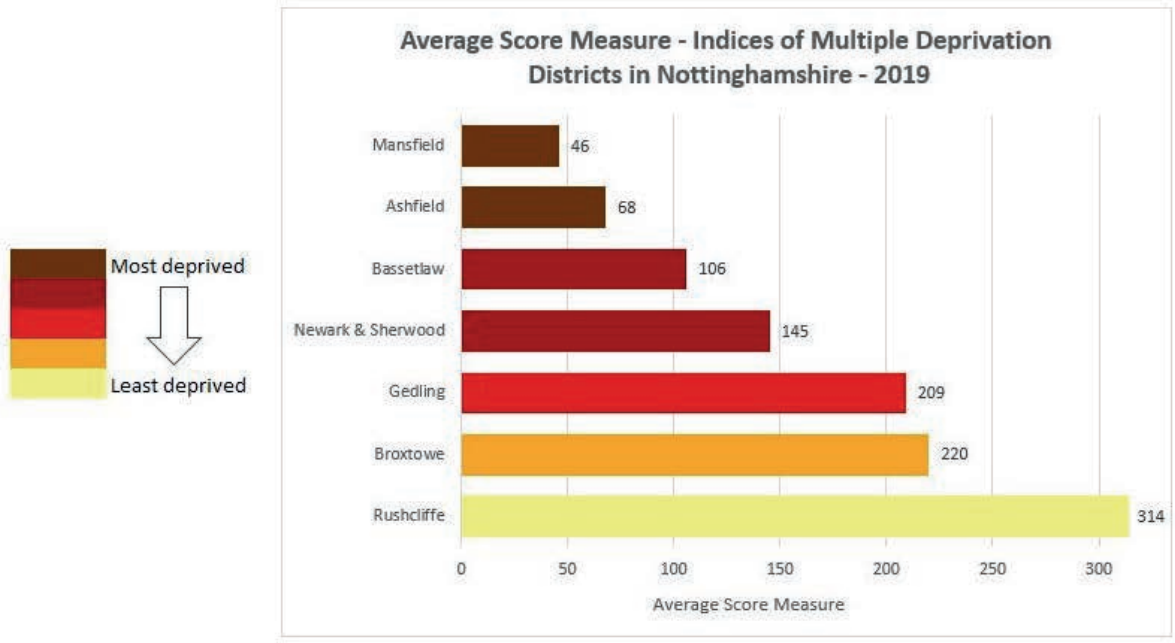


Table 5 – English indices of Deprivation (2019) Average Score Measure

4.2.5 Future trends

There are currently 1.1m people in the Nottingham and Nottinghamshire ICS area. This is set to increase by 3% by 2024 and by 10% by 2039.

Nottinghamshire ICS intelligence suggests that the number of people living with multi-morbidity prevalence will also rise dramatically across our population significantly increasing the complexity of those people who do need health and care support. The number of people with four or more diseases will more than double in the next 20 years and 2/3 of these will have mental ill-health as well as physical ill-health. By 2039 moderate frailty will increase by 96% and severe frailty by 117%.

4.2.6 Future housing developments

Future developments in the region are expected to have a positive impact on the county's economy and employment levels.

In terms of housing development, Newark and Sherwood District Council's Amended Core Strategy sets out the high level approach to new development in the district including strategic sites. Future housing developments are mainly centred in the Newark area.

It must be noted that the above could be impacted by the many changes we will see across the UK due to the impact of Covid-19. The estates & facilities team will closely monitor changes to future housing developments and the potential impact on the Trust's estate.

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

The aim of this section is to provide a comprehensive summary of our current estate, by site and its performance against benchmarks and peer Trusts.

A considerable amount of detailed information is required to support the operational and strategic roles of estate and facilities management. The information is used to help assess risk levels, set investment priorities and opportunities for rationalisation, and to inform a five year programme of maintenance and minor capital projects.

The Trust uses published Model Hospital data to assess how we are performing against a peer group and more detailed data on this is included in Section 6 – How is the estate performing? The Model Hospital figures aid the Trust with benchmarking how they are performing and are published annually. The Trust also uses Estates Return Information Collection (ERIC) return data and data from the PFI Contractors to analyse their current position.

In generally terms, our engineering and compliance is good but improvement is required in the "softer" areas of the estate such as accessibility, signage, way finding and community gardens.

There are some significant risks in our estate at present, including:

- The overall condition of our retained estate
- Sterile services provision – currently one of the oldest parts of the retained estate
- PFI Contractor performance
- Accessibility generally across the estate.

5.1 Gross internal floor area

The Trust's estate has a total gross internal floor area of **138,082m²** consisting of building stock that is of varied age, design, configuration and condition. The table below summarises the size of the estate:

Parameter	King's Mill	Newark	Mansfield Community	Totals
Gross internal floor area/m²	119,383m²	12,681m²	6,018m²	**138,082m²**
Occupied floor area /m²	118,843m²	12,681m²	6,018m²	**137,542m²**
Land area owned / hectares	24.43ha	2.39ha	Owned by NHSPS	**26.82ha**
Clinical space /m²	87,898m²	8,663m²	4,078m²	**100,639m²**

Table 6 – Size of the Trust's Estate

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

The pie charts below show the split for each site between the gross internal area and the area used as clinical space.

5.1.1 King's Mill Hospital

King's Mill Hospital has 74% of its gross internal floor area used as clinical space and 26% as non-clinical space.

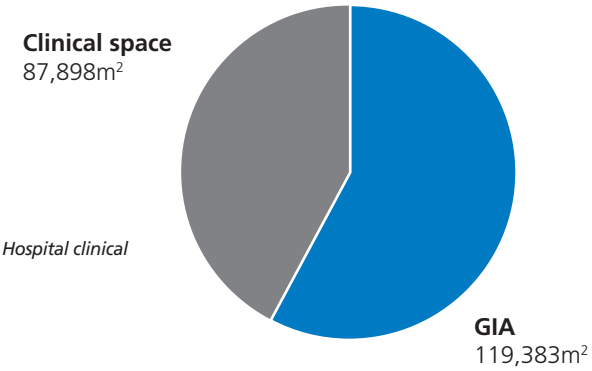


Figure 11 – King's Mill Hospital clinical space breakdown m²

5.1.2 Newark General Hospital

Newark General Hospital has 68% of its gross internal floor area used as clinical space and 32% as non-clinical space.

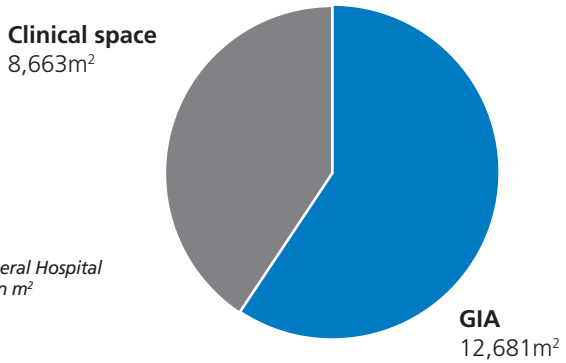


Figure 12 – Newark General Hospital clinical space breakdown m²

5.1.3 Mansfield Community Hospital

Mansfield Community Hospital has 68% of its gross internal floor area used as clinical space and 32% as non-clinical space.

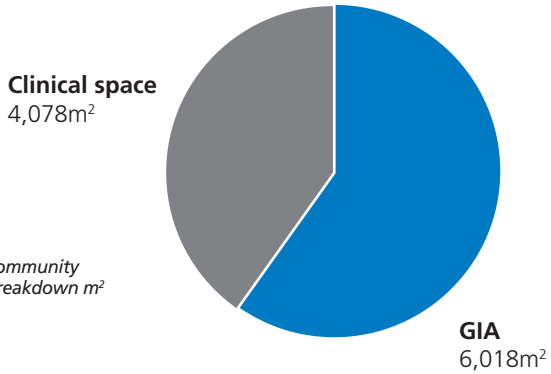


Figure 13 – Mansfield Community Hospital clinical space breakdown m²

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.2 Overview

We presently operate from three hospital sites:

- King's Mill Hospital
- Newark General Hospital and
- Mansfield Community Hospital.

The Trust also provides a limited range of outpatient services from Ashfield Health Village, which is outside the scope of this strategy.

We have invested considerably in the estate in recent years, particularly at King's Mill Hospital where some 80,000m2 of new hospital accommodation was built in 2005 under a PFI contract which runs from 2005 to 2043. Mansfield Community Hospital has also benefited from PFI investment.

The PFI investment was transformational for the Trust, with the wholesale replacement of life expired, poor quality assets that were simply unsustainable and not capable of improvement. Whilst we are currently challenged by the revenue implications of these investments, we must not lose sight of the huge quality gains that have been achieved and the costs and disruption that would have been incurred in any piecemeal site redevelopment.

The liability for our retained estate does however remain a risk to the Trust, with some areas of the estate following below acceptable standards and not being suitable for current and future needs.

In light of the mix of new build and retained estate on our sites we currently have mixed performance across a range of indicators, suggestive of the need to rationalise and resolve legacy issues.

5.3 King's Mill Hospital

King's Mill Hospital is the largest and most intensely used site in the Trust's portfolio. This site is an acute general district hospital, which was re-opened in 2011 and is the newest development under the Trust. Despite the PFI investment there are still areas on site that are not considered fit for purpose, most notably these include theatres, imaging, pharmacy ADU and CCSD. King's Mill Hospital was rated 100% for cleanliness by PLACE in 2020. The site is located 15 miles north of Nottingham in the town of Mansfield and is located just off the King's Mill Reservoir.

The site includes residential accommodate operated via a discrete PFI agreement with Paragon Housing.

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.3.1 Key facts - Area

Parameter	King's Mill
Gross internal floor area/m²	**119,383m²**
Occupied floor area /m²	**118,843m²**
Land area owned / hectares	**24.43ha**
Clinical space /m²	**87,898m²**

5.3.2 Services

This hospital provides a wide range of services and is the main acute site for the Trust. Some key facts on this site include:

- 650 inpatient beds
- Deals with 30,000 inpatients per annum
- 106,000 emergency cases per annum
- 77,000 day cases
- Delivers 3,100 babies per annum.

Figure 14 – King's Mill Hospital

5.3.3 Building stock

King's Mill is made up of 18 buildings that age from 1970 to 2005 as shownin the following figure.

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.3.4 Parking

Current parking provision at King's Mill Hospital consists of:

- 2,564 spaces
- 90 designated disabled spaces
- 3 electric charging points.

5.3.5 Backlog maintenance

The current backlog maintenance cost for the retained estate at King's Mill Hospital stands at **£13,870,800** which is broken down as follows:

- Significant risk - £3,463,400
- High risk - £1,078,200
- Moderate risk - £7,220,200
- Low risk - £2,109,000

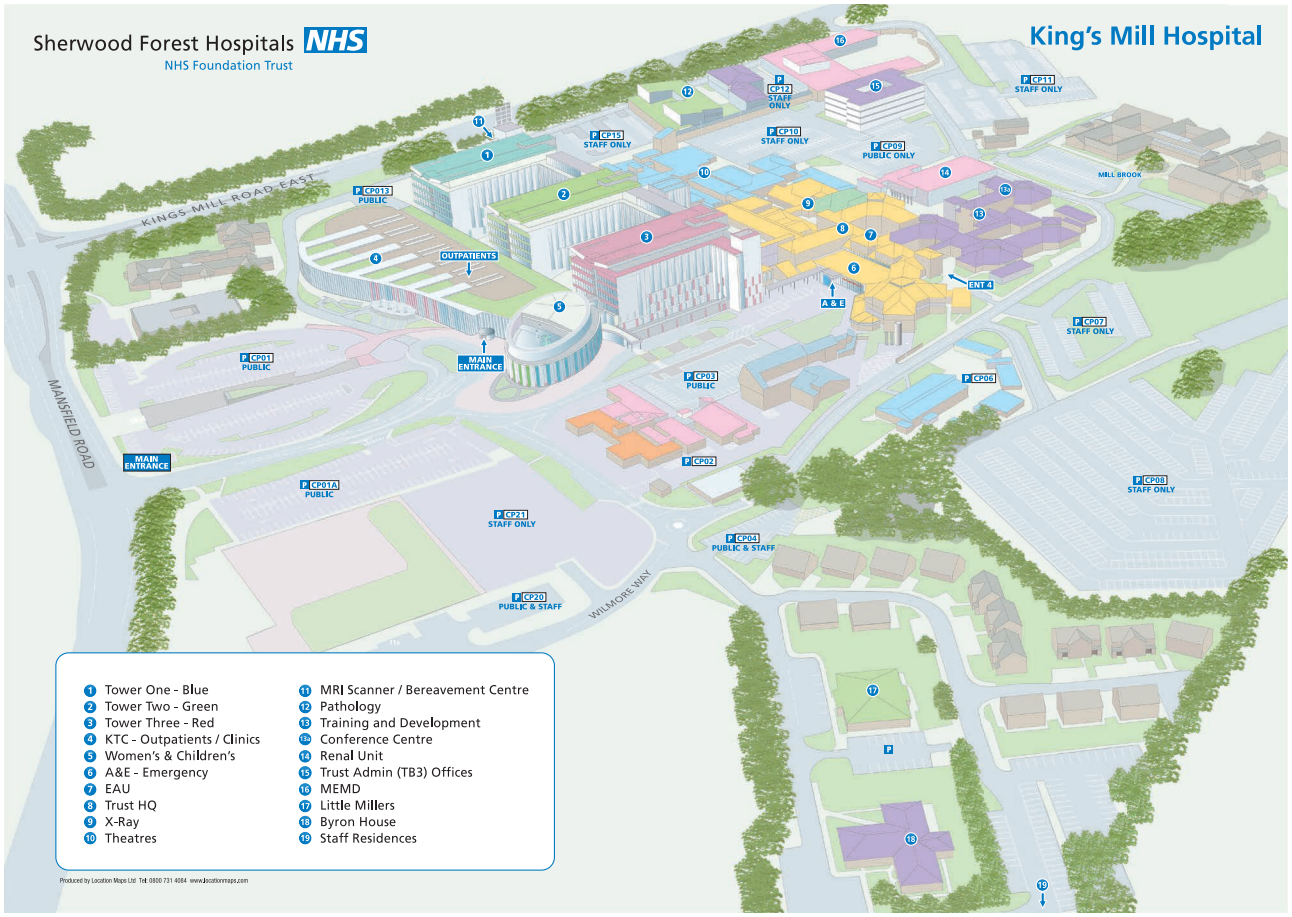


Figure 16 – King's Mill site

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.3.6 PFI cost

King's Mill's new facilities were procured under a PFI contract. Some key costs from this are listed below:

Area of cost	Value
Income offset against contract	**£1,401,187**
Declared PFI saving	**£521,752**
Repayment of finance lease liability	**£8,926,650**
Interest expense	**£5,729,882**
Capital lifecycle maintenance	**£1,228,085**

Table 6 – Key PFI costs

5.3.7 Running costs

The running costs for the site are split into contractor costs for the PFI buildings and Trust costs for the retained estate. The contractor costs under the PFI contract are shown below:

- Estates and property maintenance costs - **£5,756,152**
- Energy costs - **£4,249,299**
- Cleaning services - **£3,750,938**
- Soft FM (hotel services) - **£2,048,567.**

The Trust costs for the retained estate are shown below:

- Estates and property maintenance costs - **£318,985**
- Soft FM (hotel services) - **£2,461,902**

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.3.8 Strengths, weaknesses, opportunities and threats (SWOT)

To support the preparation of this estates strategy a SWOT analysis has been developed to inform the Trusts overall position and future planning:

Strength	Weakness
• PFI new build facilities in good condition • Key ICS/ICP facility • Excellent provision of care (excellent CQC ratings) • Modern, clean and welcoming facility • PFI estate maintained to a good standard	• High PFI costs contributing to financial deficit • Still elements of retained estate in poor condition and expensive to maintain • Lack of car parking • Only 74% of the GIA used for clinical space

Opportunity	Threat
• Space to take some services from Mansfield and Nottingham University Hospital • Improve retained estate to Level B and transfer to PFI Contract • Reduced energy consumption • Opportunity to increase number of Electric parking bays • Opportunities for carbon reduction – Green Plan	• Impact of COVID-19 on the estate • Ongoing PFI unitary charges • Continuing under-utilisation of the estate • Inability (due to lack of funding) to improve retained estate to Level B • Lack of robust contract management for PFI contract reduces value for money for the Trust

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.4 Newark General Hospital

Newark General Hospital is situated 21 miles north of Nottingham and 24 miles east of King's Mill. The hospital occupies a site of 2.3 hectares and is in the centre of Newark-on-Trent. Newark General is made up of four sections, ancillary facilities, old estate, Eastwood Centre and new estate. Newark General Hospital was rated 98.35% for cleanliness from PLACE in 2020 and given a good rating by the CQC in 2020. Car parking is limited at Newark, however Sherwood District Council aims to improve access to car parking through working with the ICS.

This hospital had an investment of £600,000 in 2016 through the PFI contract, which saw a redevelopment of the hospital's urgent care centre and increased links with the community through greater involvement from family doctors.

5.4.1 Key facts - Area

Parameter	Newark
Gross internal floor area/m^2	**12,681m^2**
Occupied floor area /m^2	**12,681m^2**
Land area owned / hectares	**2.39ha**
Clinical space /m^2	**8,663m^2**

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Figure 18 – Newark General Hospital

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.4.2 Building stock

The Newark site provides **8,663m²** of clinical space and **4,018m²** of non-clinical space. Newark General consists of eight buildings that were built between 1881 and 1995, the pie chart below shows the age profile.

5.4.3 Parking

Current parking provision at Newark General Hospital consists of:

- 197 spaces
- 20 designated disabled spaces.

5.4.4 Backlog maintenance

The current backlog maintenance cost for Newark General Hospital stands at **£2,110,500** which is broken down by:

- Significant risk - **£208,000**
- High risk - **None**
- Moderate risk - **£1,437,300**
- Low risk - **£465,200**

5.4.5 Running Costs

The running costs for the site are split into contractor costs for the PFI buildings and Trust costs for the retained estate.

The Contractor provided costs under the PFI contract are shown below:

- Estates and property maintenance costs - **£389,373**
- Energy costs - **£291,776**
- Cleaning services - **£432,290**
- Soft FM (hotel services) - **£197,397**.

The Trust provided costs for the retained estate are shown below:

- Estates and property maintenance costs - **£32,003**
- Soft FM (hotel services) - **£247,457**

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.4.6 PFI cost

Newark General Hospital's new facilities were procured under our PFI contract. Some key costs from this are listed below:

Area of cost	Value
Income offset against contract	**£86,478**
Declared PFI saving	**£74,548**
Repayment of finance lease liability	**£656,397**
Interest expense	**£423,286**
Capital lifecycle maintenance	**£90,916**

Table 7 – Key PFI costs

5.4.7 Strengths, weaknesses, opportunities and threats (SWOT)

To support the preparation of this estates strategy a SWOT analysis has been developed to inform the Trust's overall position and future planning:

Strength	Weakness
• Strong links with community and sense of affiliation • Fully occupied floor area (as per trust data report 03/07/19)	• High PFI costs contributing to financial deficit • Overall quality & condition below average (higher CIR than our other sites) • Amount of retained estate and cost to retain • Only 68% of GIA used for clinical space

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Opportunity	Threat
• Provide more local services • Development of adjacent Council owned land for car parking • Improve retained estate to Level B and transfer to PFI contract • Reduced energy consumption • Opportunity to increase number of electric parking bays • Opportunities for carbon reduction – Green Plan	• Impact of COVID-19 on the estate • Ongoing PFI unitary charges • Continuing under-utilisation of a deteriorating estate • Inability (due to lack of funding) to improve retained estate to Level B • Lack of robust contract management for PFI contract reduces value for money for the Trust

Figure 20 – Newark General Hospital site

5. Where are we now?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

5.5 Mansfield Community Hospital

Mansfield Community Hospital lies 1.7 miles from King's Mill Hospital, has a footprint of 1.5 hectares and a gross internal area of 14,759m2. It has two inpatient wards used by the Trust, and outpatient clinic facilities. The site was completely redeveloped as part of the PFI contract, and a cost recharge mechanism is in place, with SFHFT holding the Project Agreement on behalf of NHS Property Services, being the head tenant and recharging respective organisation for use of facilities accordingly.

Mansfield Community Hospital provides 48 geriatric and ortho-geriatric rehabilitation beds, and short term and respite care for people with chronic neurological conditions (16 beds). The Sherwood Rehabilitation Unit, a specialist multidisciplinary rehabilitation team, based at Mansfield Community Hospital. It provides step-down care for patients leaving King's Mill Hospital.

5.5.1 Key facts - Area

Parameter	Mansfield Community Hospital
Gross internal floor area/m^2	**12,681m^2**
Occupied floor area /m^2	**12,681m^2**
Land area owned / hectares	**2.39ha**
Clinical space /m^2	**8,663m^2**

5. Where are we now?

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Figure 22 – Mansfield Community Hospital

5.5.2 PFI cost

Mansfield Community Hospital has 68% of its gross internal floor area used as clinical space and 32% as non-clinical space.

5.5.3 Building stock

This site was previously a community hospital managed by the Primary Care Trust, Central Nottinghamshire Healthcare in the 1990s. This used to be a mixture of old Victorian workhouse buildings, with new wards being added in the 1980s. The PFI scheme saw most of the Victorian buildings demolished and the wards refurbished to the current condition.

5.5.4 Backlog maintenance

Backlog maintenance at Mansfield Community Hospital is currently the responsibility of NHSPS, as this facility is leased from NHS Property Services. If the Trust acquires this site as planned, then it will inherit the backlog liabilities.

5.5.5 Running Costs

- The running costs for this site are shown below:
- Annual Total Rent Charges - **£915,632.71**
- Annual Total Service Charges - **£1,519,507.47**
- Annual Total Facilities Management - **£2,435,000.00**

Note: The cost above are forecasts for the year 2020/21, these are reviewed and re calculated and the end of the year.

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5.5.6 Strengths, weaknesses, opportunities and threats (SWOT)

To support the preparation of the Estates Strategy a SWOT analysis has been developed to inform the Trust's overall position and future planning:

Strength	Weakness
• PFI investment in new facilities maintained to a good standard	• Not owned by the Trust – restricted by lease with NHSPS • CQC rated as "requiring improvement" • Annual rent & service charges • Limited range of services • Only 67% of GIA used for clinical space

Opportunity	Threat
• Transfer ownership from NHSPS to the Trust • Improve retained estate to Level B and transfer to PFI contract • Reduced energy consumption • Opportunity to introduce electric parking bays • Opportunities for carbon reduction – Green Plan	• Inherit backlog maintenance costs if acquired from NHSPS • Further deterioration of retained estate

5. Where are we now?

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5.5.7 Acquisition of Mansfield Community Hospital (MCH)

The Trust wishes to acquire Mansfield Community Hospital (MCH) from NHS Property Services to achieve better use of resources, more appropriate location of clinical services, better use of the MCH estate and save money through a system-based approach to healthcare efficiencies.

A business case has been prepared that sets out the case for transferring ownership of MCH land and buildings and has been developed by the Trust with the support of NHS Property Services.

The Mid Nottinghamshire Integrated Care System (ICS) are both sighted on and support this proposal.

By acquiring Mansfield Community Hospital the Trust will realise a number of benefits:

- Strategically efficient placement of community services in the right locality
- Strategically efficient placement of in-patient services, appropriately co-located adjacent to related activities at King's Mill Hospital
- Better system utilisation of the MCH asset
- Operationally efficient use of resources deployed to align with ICS and SFHFT Strategy
- Immediate benefit that the Trust can respond more rapidly than NHSPS to ICS opportunities and therefore clinical service opportunities realised quicker.

Approval by the Trust Board to transfer the asset is expected by Q3/4 2021.

5.6 Byron House, King's Mill Hospital

This location was built in 2002 under a PFI scheme along with accommodation for Leicester Housing Association, now known as P A Housing, as an out-of-hours facility. The land this building sits on is freehold leased by SFH to Leicester Housing and the building is leased from LHA to the Trust on a 25 year lease, repayment terms capital and interest. This unit is currently occupied by Nottinghamshire County Council for their emergency duty team, occupational health and NHS PS teams. It also provides learning disabilities and adult mental health services. This unit has a GIA of 504m^2.

5.7 Byron House, adjacent to Newark General Hospital

This property is owned and managed by Nottinghamshire Healthcare Trust and is subject to PFI. SFH occupy a portion of this building for physiotherapy services and pay a service charge of £4,690 per calendar month under an ITA. The total area for this property is 1,131m^2 with 256 m^2 of occupied space.

5.8 Byron Court, Arnold, Nottingham

This location is a part of an older Victorian building on an industrial estate. The property is on a lease from Bizspace to the Trust, acting as host for Nottingham Health Informatics (NHIS). The occupied area is 580m^2 and provides a hub for NHIS servicing the south of the county.

5. Where are we now?

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5.9 Headline observations

There are a wide range of issues faced by the Trust along with varying degrees of risk exposure.

The key things to note are:

- Utilisation studies show that the Trust occupies too much clinical space in relation to income and clinical activity
- There are significant opportunities to repatriate clinical and non-clinical activity to our sites and improve utilisation
- Premises and occupancy costs are high, but indicate a high quality provision
- There is an urgent need to address high and significant backlog maintenance needs in our retained estate, which are distorted by the urgent need to replace the Pharmacy ADU and CSSD
- Further investment and attention is required to reduce energy & utility costs
- We have a high quality PFI estate but a deteriorating retained estate.

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The physical condition of the estate is a product of the age, use, design, construction and maintenance of the assets that make up the estate. This section provides a snapshot of how our estate is performing in relation to our peers.

The Trust evidences some excellent quality of care and high patient safety and continually strives to attain the highest possible standards across its estate. This includes prioritising works against the physical estate in order to address emerging risks and implement time sensitive solutions to meet its varying needs.

To assist with this the Trust utilises a number of data collection metrics to report internally and externally on the condition and performance of our sites, buildings and infrastructure.

The Trust use published Model Hospital data to assess how we are performing against a peer group. The Model Hospital figures are published annually and aid the Trust with benchmarking how they are performing. The Trust also uses Estates Return Information Collection (ERIC) return data and data from the PFI Contractors to analyse their current position.

Information is collected and reported on age profile, running costs, space utilisation and benchmarking against other Trust sites, as well as the status of key compliance areas. In addition, focussed assessments such as the Premises Assessment Model (PAM) and the Patient Led Assessments of the Care Environment (PLACE) help inform where investment is required.

6.1 Current estate

6.1.1 Estate condition

The Trust's estate is split into two categories, PFI and retained estate.

All estate within the PFI contract is maintained to physical Condition B, this makes up 70% of the overall estate. The remaining 30% of the estate is retained, managed by the Trust and is graded in condition C and D (including operating theatres, central sterile services, ADU pharmacy, mortuary and imaging).

Under Schedule 38 of the PFI contract, the Trust has opened a variation for a feasibility study, to detail the condition of the retained estate and what is required to bring this up to condition B. This study will be used to assess what works are required to bring the retained estate to condition B, and when it is carried out, these parts of the estate will then be included in the PFI contract.

The physical condition profile examines the building structure and fabric together with mechanical and electrical engineering installations. It shows what proportion of the building area is in each of five categories and the backlog cost to upgrade these areas to acceptable standards (that is at least Estate Code ondition B). Categories for physical condition are as follows:

A - Buildings where elements are as new and can be expected to perform adequately for their full normal life. No immediate expenditure is required except for routine operational maintenance.

B - Building is in an acceptable condition for its use. Operationally safe and exhibits only minor deterioration. No immediate major expenditure required except that for minor repairs, upgrading and routine operational maintenance. Buildings in

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this category have a life expectancy of at least 10 years for existing use without major repairs and upgrading.

C – Buildings that are operational but where major repair or replacement will be needed soon. That is within three years for building elements and one year for engineering.

D - Buildings that are not in an acceptable condition for existing use and elements of which run serious risk of imminent breakdown.

E – A rating added to C or D to indicate that it is impossible to improve the element without replacement.

6.2 Backlog maintenance (detailed)

The table below scores the Trust against a benchmarked value from the NHS Model Hospital, which is the pre-set medians for the estates peer group. The median is the midpoint of all comparable Trusts and gives a high level indication of areas requiring improvement as well as highlighting categories where the Trust is currently performing well.

The Trust performs well in Total Backlog Maintenance Costs and Total Critical infrastructure costs in comparison to the peer median groups.

The Trust performs well in comparison to the NHS Model Hospital Benchmark, the values are listed in the table below.

Backlog	Trust Value	Peer Median	Model Hospital Benchmark Value
Total backlog maintenance cost £	£15.98m	£21.03m	£21.03m
Total backlog maintenance £/m²	£116/m²	£200/m²	£200/m²
Total critical infrastructure risk	£4.75m	£9.78m	£9.78m
Total critical infrastructure risk £/m²	£35/m²	£89/m²	£89/m²

Table 8 – Backlog Maintenance & CIR benchmarks

Note: All figures have been taken from the Model Hospital Sherwood Forest Hospital NHS Trust Estates & Facilities Report 11 September 2020

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Despite having made significant investment in our estate through our PFI scheme, we still retain legacy estate that lowers the overall performance of the Trust and causes us to incur excess costs. Our backlog maintenance is adversely affected by the condition of the Pharmacy Aseptic Dispensing Unit (ADU) & Clinical Sterile Services Department (CSSD) building at King's Mill Hospital, which is in poor condition and is critical to the delivery of clinical services and hence has a high risk profile.

6.2.1 Fire safety

Estates and facilities produces a Fire Safety Management Annual Report which informs the Trust Board of the current state of fire safety provision in all premises owned or managed by the Trust and indicates where further fire safety related improvements are necessary. In addition, a review of our PFI estate by our PFI contractor has confirmed that our buildings are fire compliant.

The Trust complies with Health Technical memorandum 05-01 which requires healthcare organisations both under law and under the guidance recommended within Fire Code, to provide effective annual training in fire safety and how to respond to an outbreak of fire. This applies to all staff without exception.

The Trust has a well-established fire safety training programme in addition to providing an input to the professional mandatory training days managed through the training, education and development department.

The current fire policy document for our estate (version 6) was approved on 22 November 2018 and signed by the Chief Executive and is available to all staff via the intranet.

6.2.2 Schedule 38 (retained estate)

Schedule 38 of the PFI Project Agreement refers to payment provisions within the agreement.

Due to the provisions of Schedule 38 an element of the Unitary Charge Payment (some £400,000 per annum plus indexation) is made to cover maintenance of the retained estate for individual items not exceeding £1,300.

(Prior to indexation). The effect of this is to transfer the financial risk of failure of a very wide range of individual elements falling within the low and moderate backlog maintenance categories from the Trust to the PFI Provider. Maintenance items over £1,300 in the retained estate are the Trust's responsibility.

The level of backlog maintenance reported is the physical backlog maintenance status, rather than a cost to the Trust. The payments made in respect of Schedule 38 payments are an on-going investment to partially reduce the levels of backlog incrementally each year. Whilst the aim is to reduce the Unitary Charge (revenue) by reducing sums due under Schedule 38, the risk of increased capital requirements should be noted.

Our aim is to secure strategic capital to help address the maintenance needs of the retained estate and bring this up to condition B, to allow its transfer to the PFI contract.

6. How is the estate performing?

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6.3 Running Costs (detailed)

The Trust's running costs of our PFI project are split into two categories:

- PFI Trust provided services
- PFI contractor provided services

Mansfield Community Hospital running costs are not detailed in the tables below, as these are included in the lease agreement with NHSPS for that site. The table below shows a combined (Trust and Contractor) breakdown of the PFI service costs (running costs):

Category	King's Mill	Newark General
Estates & property maintenance costs	£5.9m	£421k
Water & sewage costs	£366k	£26k
Elect-bio medical equipment maintenance cost	£1.7m	£247k
Other soft FM (hotel services) costs	£4.5m	£445k
Energy costs (all energy supplies)	£4.2m	£292k
Waste cost	£317k	£19k
Cleaning service costs	£3.7m	£432k
Inpatient food service costs	£2.5m	£280k
Laundry and linen service cost	£1m	£68k
Portering service cost	£2m	£222k

Table 9 – PFI Trust service costs (running costs)

Note: All figures have been taken from the Model Hospital Sherwood Forest Hospital NHS Trust Estates & Facilities Report 13 January 2021.

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6.4 Utilisation & adjacencies

6.4.1 King's Mill Hospital

In 2018 a high level utilisation review of King's Mill Hospital was carried out which found that there were a considerable number of bedrooms and clinical rooms being used for other purposes, mainly as offices, storage or just lying empty throughout the building, thereby encroaching on the clinical environment.

In particular the review found that:

- Some spaces that were originally clinical (in particular en-suite single rooms), were being used for other purposes such as staff offices
- Ward spaces are flexed up and down, in particularly for winter
- No wards were sitting empty that could otherwise be used to support the wider system
- Many instances of old equipment being stored in useable spaces
- Services could be delivered in the community (i.e. GUM but would need to be part of a wider strategy with partners and there would be significant costs in converting any vacated spaces back to wards).

There is at least one former ward that the Trust would ideally want to convert into office space, which would take pressure off other parts of the estate and potentially enable spaces currently being used as offices elsewhere, to be converted back to their original clinical purpose. There are however significant capital costs involved in doing this.

The recommendations from the King's Mill report have been reviewed and are being considered.

6.4.2 Newark General Hospital

A 2016 utilisation review of Newark General Hospital reviewed the floor space on the ground floor and the first floor to identify what areas were either empty, under used, fully used or overcrowded.

The review found that:

- Storage of medical records was wasting space (using corridor space and offices as overspill, and departments such as OPD were having to use clinical space for storage)
- Office space was underutilised
- The phlebotomy room within the OPD was inadequate for both size and function
- The OPD reception, waiting and children play take up a large amount of area of the department's overall space
- The main entrance reception had a large capacity and is vastly underutilised in terms of its space and layout
- The therapies department within Byron House is not ideally located and although the space is suitable within the building, storage space is an issue and is impacting on the facilities
- Castle Ward on the first floor is vacant therefore totally underutilised
- Staff commented that departments were under staffed and therefore the department could not run certain clinics or make best use of all rooms
- There is potential to improve the utilisation of several areas and departments with slight changes and modification.

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The recommendations from the Newark report have resulted in the Trust increasing surgical capacity at Newark. The Trust is also investigating the best way to take forward an electronic records storage system.

The table below outlines the utilisation of Newark General Hospital in 2016:

Utilisation	Floor Area m^2	% of useable floor area
Empty	434	7%
Under used	3,282	52%
Full used	2,062	32%
Overcrowded	589	9%
Total area	**6,367**	**100%**

Table 9 – PFI Trust service costs (running costs)

6.4.3 Mansfield Community Hospital

There is no utilisation data available to the Trust for Mansfield Community Hospital as this site is leased from NHSPS.

6.4.4 Ward occupancy

Ward occupancy rates for General and Admissions (G&A) over the last two years have averaged at 87.2% against a target occupancy of 92%. These figures exclude maternity, CCU and NICU.

6.4.5 Clinical adjacencies

There are areas of poor clinical adjacencies between key departments, primarily within the retained estate. The various departmental areas within the retained estate tend to be less efficiently laid out as compared to the PFI estate, as they are based on historic and out-of-date designs. This space inefficiency is further exacerbated by the lack or absence of operational adjacencies either within or between departments.

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6.5 Summary position

Our PFI estate is of the highest quality, and our backlog and Critical Infrastructure Risks (CIR) are within our retained estate. Whilst we are now making progress in reducing our CIR level, sustained investment or removal of legacy infrastructure remains a key priority. A recent re-assessment of our backlog maintenance has re-categorised some fields which now fall into CIR, although on a like-for-like basis we have reduced our CIR each year since 2013. The Trust's ambition is to reduce backlog maintenance to zero on the retained estate so that management can transfer across to the PFI contract.

Despite having made significant investment in our estate through our PFI scheme, we still retain legacy estate that lowers the overall performance of the Trust and causes us to incur excess costs. Our cost to address CIR is adversely affected by the condition of the Pharmacy ADU & CSSD building, which is in poor condition and is critical to the delivery of clinical services, and hence has a high-risk profile.

The following provides a summary of the current position:

Utilisation – Utilisation of core patient accommodation is very good and activity has been rising which has resulted in improved productivity of our built assets.

However, the utilisation of our retained estate requires significant improvement. Our percentage of non-clinical accommodation, excluding the retained estate is good compared to our peer group. Utilisation at Newark General Hospital and Mansfield Community Hospital has significant scope to be improved, dependent upon demand and there are utilisation opportunities at King's Mill Hospital, whereby space could be utilised by the wider Nottinghamshire healthcare system to improve utilisation levels.

Quality & condition – Our core patient estate is in excellent condition and is of a very high quality due to our previous PFI investment. Our retained estate, whilst not having benefited from significant investment, is in reasonable condition but increasing utilisation without investment will increase our Critical Infrastructure Risk profile as dependencies increase. The overall quality and condition of Newark General Hospital is below average and will require investment in the medium term to ensure sustainability

Critical infrastructure risk – Our CIR profile for the core patient estate is excellent, with standards maintained as provided for by our PFI agreement. Our retained estate has significant issues due to the essential nature of services provided within them (e.g. theatres, CCU, ASDU, CSSD). Newark General Hospital has a higher proportion of CIR attributed to it, due to the age and overall condition of built assets.

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Overall capacity – There is the potential for further clinical services to be relocated to King's Mill Hospital and our joint work with NUH and partners is further expected to inform this process. Our commitment to provide local services in Newark needs to provide additional capacity that needs to be scaled towards demand.

Cost – Our overall cost compared to our PFI peer group is adversely affected by the Schedule 38 requirements relating to our retained estate. We benefit from very high quality patient facing accommodation and a high standard of service provision, which pushes our operational performance costs up. Whilst we perform well across a range of cost indicators compared to our PFI cohort, as expected our costs appear high against overall NHS Acute provision.

6.6 Benchmarking

Many of the indicators the Trust uses are significantly affected by the combination of both the new PFI asset and a significant retained estate, with both elements having quite different characteristics.

This makes comparison more challenging against a national picture and in setting targets for improvement, reference is made to other NHS Foundation Trusts, known to Sherwood Forest Hospitals NHS Foundation Trust who also have Acute PFI facilities but have completed the rationalisation of their asset base to remove retained estate and legacy issues.

6.6.1 Model Hospital

The NHS Improvement Model Hospital performance report for the Trust is generated using the 2018/19 Estates Return Information Collection (ERIC) and compares Trust performance against a national benchmark and more importantly against PFI peers.

The table below compares the Trust's performance against its PFI peers and the Model Hospital benchmarks.

The recommendations from the Newark report have resulted in the Trust increasing surgical capacity at Newark. The Trust is also investigating the best way to take forward an electronic records storage system.

The table opposite outlines the utilisation of Newark General Hospital in 2016:

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Cost efficiency	Trust value	Peer median	Model hospital benchmark (£)
Estates & facilities cost £/m²	£407	£424	£396
Hard FM cost £/m²	£105	£100	£100
Soft FM cost £/m²	£112	£136	£148
Estate & facilities cost £/WAU	£657	£534	£392
Hard FM cost £/WAU	£169	£120	£91
Soft FM cost £/WAU	£657	£534	£392
Estate & property maintenance £/m²	£49	£39	£35
Grounds & garden maint. £/m²	£1.31	£1.32	£0.79
Portering £/m²	£17	£19	£17
Total energy £/unit	£0.07	£0.07	£0.06
Amount of non-clinical space %	26.7%	31.7%	32.4%
Amount of empty space	0.8%	0.9%	0.6%
Amount of underutilised space	3.4%	1.6%	0.0%
Occupied floor area m²/WAU	1.72	1.38	1.15

Table 11 – Peer Median and Model Hospital Benchmarking

Note: All figures have been taken from the Model Hospital Sherwood Forest Hospital NHS Trust Estates & Facilities Report 13 January 2021

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6.6.2 So how do we perform?

As expected, the Trust's overall estates & facilities cost per m2 is above the national benchmark of £396/m2 at £407/m^2 (2016/17 £416/m^2). This is attributable to the PFI premium, which includes risk, SPV costs and lifecycle. The Trust has little influence over this excess with £13m of the Trust's deficit relating to the PFI premium.

In return for this the Trust enjoys a high quality estate and risks relating to the Trust are managed by the private sector partner.

6.6.3 Conclusion

There are a number of Trust services that fall below the national benchmark which should be expected when operating a significant PFI scheme. When these costs are compared against PFI peers only, the Trust's performance is in the main performing reasonably well, scoring below benchmark values for the peer group in some instances but above in others.

Work is on-going with the PFI contractor to continue to deliver efficiency savings where possible and is a standing agenda item at the Joint Liaison Committee (JLC). Estates & facilities remain engaged with the Trust's Clinical Consumables group to tackle variable spend areas including waste, linen and laundry and utilities.

The next opportunity to review and benchmark the £18m per annum Soft FM services with Project Co. will be 2022. The Trust will therefore actively pursue the best option available to maximise value for money for soft FM at this review. This will positively influence any sub-optimal soft FM delivery to drive improved performance.

6.6.4 PFI contract

A recent review of the PFI contract, from an independent advisor, has led all parties involved in the PFI project to acknowledge that changes are necessary to move forward and make improvements in the project. They have agreed to move away from the previous "systems and processes" approach and towards a more "contractual systems and processes" approach. This should better align the operational running of the project with the contract. A number of improvements have been agreed to drive value out of the PFI contract and will be reviewed and actioned by all parties involved.

The table opposite details the PFI costs from the Model Hospital and this data set uses the same peer group as detailed in the Model Hospital section of this report.

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PFI cost metrics	Trust value	Peer median	Model hospital benchmark value
Finance costs £/m²	£191/m²	£175/m²	£239/m²
Estates & property maintenance cost £/m²	£49/m²	£39/m²	£46/m²
Energy cost £/m²	£35/m²	£30/m²	£33/m²
Waste cost £/m²	£2.56/m²	£3.78/m²	£4.58/m²
Grounds & garden maintenance £/m²	£1.37/m²	£1.37/m²	£1.65/m²
Portering service £/m²	£18/m²	£19/m²	£17/m²
Other hard FM (estates costs £/m²)	£1/m²	£1/m²	£1/m²
Other soft FM (estates costs £/m2)	£38/m2	£39/m²	£38/m²

Table 12 – PFI Cost Metrics

6.4.5 PFI comparator data

An analysis of site level data has been carried out to show our overall 2018/19 performance across a range of metrics. In selecting the peer group data, we have used eight PFI sites for comparison. These are listed above in the Model Hospital and have used the same peer median and benchmark value as the Model Hospital.

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PFI cost metrics	Trust value	Peer median	Model hospital benchmark value
Finance costs £/m²	£191/m²	£175/m²	£239/m²
Estates & property maintenance cost £/m²	£49/m²	£39/m²	£46/m²
Energy cost £/m²	£35/m²	£30/m²	£33/m²
Waste cost £/m²	£2.56/m²	£3.78/m²	£4.58/m²
Grounds & garden maintenance £/m²	£1.37/m²	£1.37/m²	£1.65/m²
Portering service £/m²	£18/m²	£19/m²	£17/m²
Other hard FM (estates costs £/m²)	£1/m²	£1/m²	£1/m²
Other soft FM (estates costs £/m²)	£38/m²	£39/m²	£38/m²

Table 12 – PFI Cost Metrics

All figures have been taken from the Model Hospital - MH_RK5 Sherwood Forest Hospital NHS Trust doc, using 2019/20 data. High Level efficiency indicators.

The table below details high level performance indicators that show we occupy excess for the volume of clinical activity we complete and that the Trusts income is lower against both benchmarked groups.

KPI	Activity (FCE)/100m2	Income £10/m2	Occupancy cost £/m²	Risk Adjusted Backlog £/m²
SFHFT	86	343.7	398	28
Top ½ (NHS)	99	327	297	15
PFI peer group	85	258	299	18

Table 14 – Clinical activity, income and occupancy benchmarking

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6.5 Compliance

The Trust manage compliance through monthly reporting by the service providers on the PFI contract, this is monitored by the PFI performance team.

They also have a quarterly estates governance group that review the statutory compliance matrix, the Trust use DATIX and a risk register to control risks and action plans. Any significant risks are then reviewed by the Board Risk Committee on a monthly basis.

The Trust also has Sodexo AE in place, who undertake independent reviews on SKANSKA performance on a yearly basis. The SKANSKA compliance manager also performs yearly audits on compliance performance. The Trust regularly reviews SKANSA performance through the PFI contract meetings.

6.6 Care Quality Commission (CQC)

The most recent CQC report on use of resources and combined rating for quality and resources for the Trust was published by the CQC on 14 May 2020 and resulted in an overall rating of "Good" but with a "Requires Improvement" for use of resources. The overall summary of ratings is shown below:

The overall quality rating combines the five trust-level quality ratings of safe, effective, caring, responsive and well-led.

Individual ratings at our three hospital sites were:

King's Mill Hospital - **Outstanding**

Mansfield General Hospital - **Requires Improvement**

Newark General Hospital - **Good**

Overall **Good**	• Safe — Good • Effective — Good • Caring — Oustanding ★ • Responsive — Good • Well-led — Good
• Use of Resources	Requires improvement
Good	**Combined Rating**

Latest Inspection: 14 Jan to 12 Feb 2020

Table 15 – CQC Ratings May 2020

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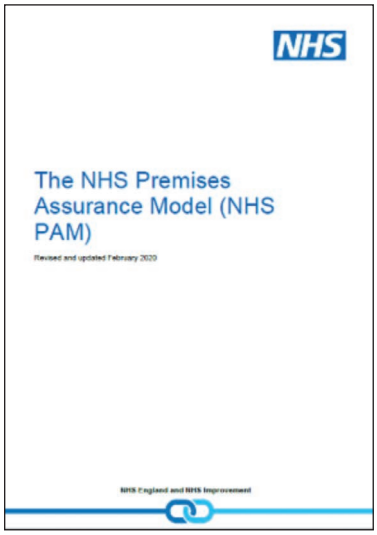
6.7 PREMISES ASSURANCE MODEL (PAM)

This model supports boards, directors of finance and estates and clinical leaders to make more informed decisions about the development of their estates and facilities services and provides assurances that the estate is safe, efficient, effective and of high quality. The most current Premises Assurance Model (PAM) assessment for the Trust, based on the Department of Health's 2014 published PAM framework was carried out in November 2018



Very significant improvements have been made to the PAM score / position by the Trust and the Estates & Facilities Department.

There has been a 19.8% improvement since the last assessment and no serious/ significant risks have been identified. Only one moderate risk was identified which was the fragility of some retained estate, mainly regarding the CSSD / Sterile Services. (Note: the PAM will be refreshed later in 2020).

6.8 Patient led assessment of the care environment (PLACE)

April 2013 saw the introduction of the Patient Led Assessment of the Care Environment (PLACE) process which is now firmly embedded as the recognised system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care. Good environments for healthcare matter and PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

The assessments take place every year and results are reported publicly to help drive improvements in the care environment. The results will show how hospitals are performing nationally and locally, against others in their peer group. The results are reported to the Trust's Board each year, together with a more detailed report on progress and any issues arising from the assessments.

Our PLACE results are used to inform the priorities of the Trust, and the focus of our estates & facilities team each year and in the longer term. The results of our most recent inspection in 2019 are shown below. That year saw our standards continue to improve, with the Trust out-performing the national average in all categories.

6. How is the estate performing?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

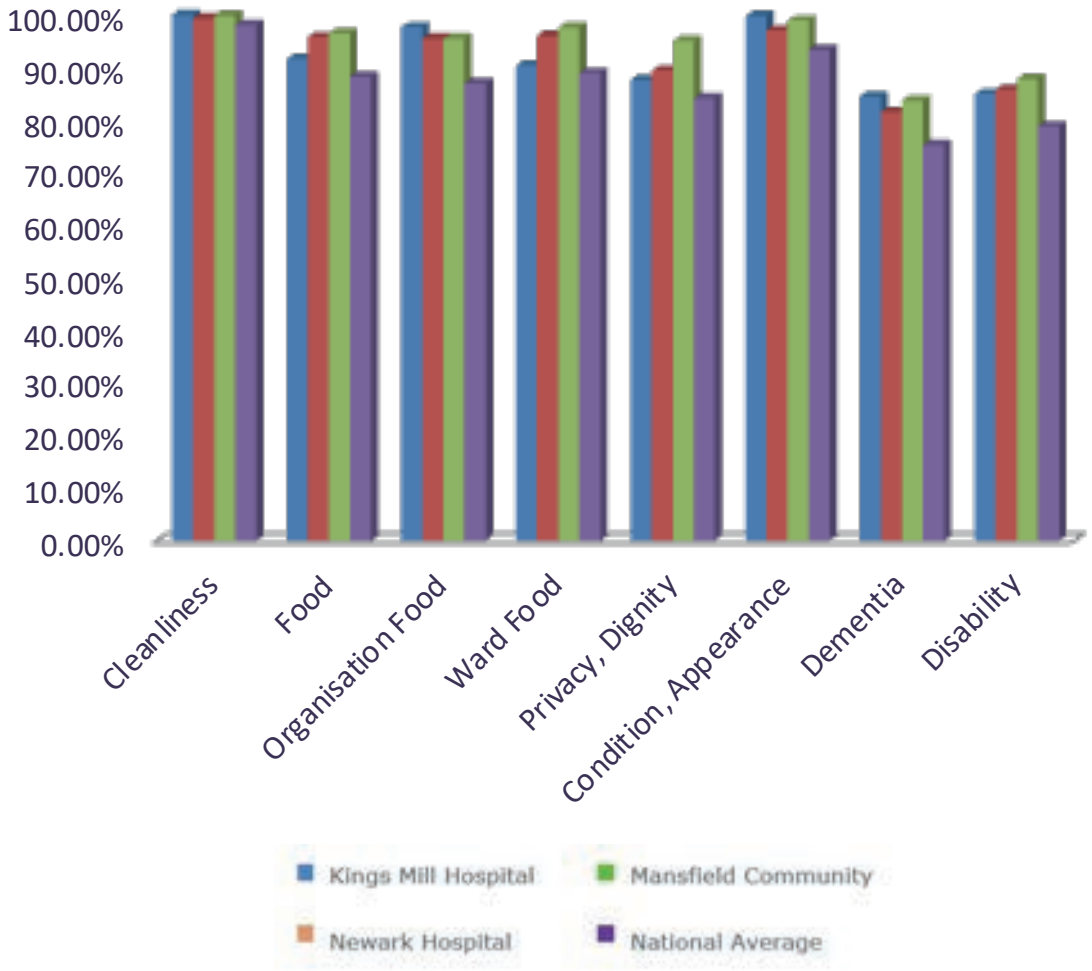


Table 16 – Trust PLACE scores 2019

6. How is the estate performing?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

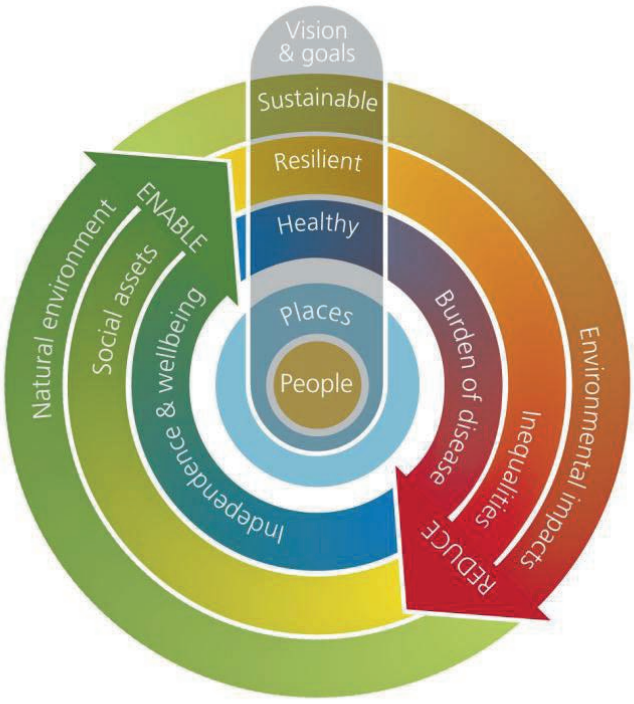
6.9 Sustainability

The NHS Sustainable Development Unit has produced an NHS Carbon Reduction Strategy for England, which is the main source of central guidance for NHS organisations. This Strategy delivers a framework for all Trusts to work to and provides support in various forms to ensure success.

The case for sustainability in healthcare is clear and there is sound evidence that taking action to become more sustainable can achieve cost reductions and immediate health gains. The key drivers for this strategy are drawn from the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020.

The Trust remains committed to reducing its impact on the environment and continually seeks opportunities to improve health, conserve energy and reduce carbon emissions. All Trusts across the NHS are expected to reduce their estate running costs and carbon emissions and Sherwood Forest Hospitals is committed to reducing its impact on the environment and demonstrating good corporate citizenship by reducing carbon dioxide emissions to 80% below 2007 levels by 2050.

The Trust is currently only measuring energy, water and waste as this is the only data available. We therefore need to establish consistent monitoring arrangements so reductions in emissions associated with travel and procurement can also be measured.



Sustainable, Resilient, Healthy People and Places, Sustainable Development Unit, 2014

6. How is the estate performing?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

The King's Mill Hospital facilities provide energy efficient accommodation. The challenge to be met is improving energy efficiency in the retained estate and at Newark General Hospital.

Trust sustainability achievements

Since 2015 the Trust has continued to reduce its overall energy emissions (expressed as tCO2e in the table below).

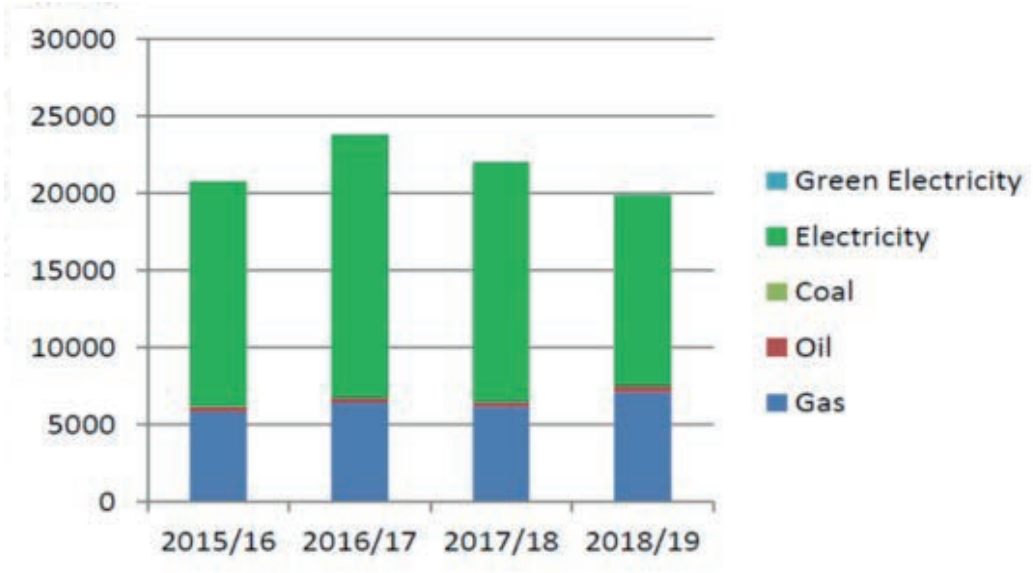


Table 17 – Reduction in overall energy consumption

Recycling amounts continue to grow as shown in the table below and we continue to reduce the amount of waste requiring high temperature disposal:

Waste recycled	13/14	14/15	15/16	16/17	17/18	18/19
Tonnes	140.00	149.56	321.16	323.00	326.00	368.15
tCO^2e	2.94	3.14	6.42	6.78	7.31	7.503

Table 18 – Increase in waste recycled

6. How is the estate performing?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

6.9.1 NHS carbon reduction

As a member of the Government's Carbon Reduction Commitment (CRC) Energy Efficiency Scheme, the Trust is required to report its emissions annually to the Department of Energy and Climate Change.

Our carbon footprint has been calculated using the Sustainable Development Unit's reporting template. The template performs a series of calculated results using data inputted and Carbon Factors using HM Treasury definitions and format.

The Trust's calculated $tCOe^2$ emission for 2007/2008, based on the energy and waste figures only, was 15,306 $tCOe^2$. The Trust's target emission for the year 2020/21 is 10,232 $tCOe^2$.

6.9.2 Environmental performance

The Trust has made considerable progress in recent years, both through the PFI scheme and through internal initiatives and improvement schemes, towards environmental performance improvements. An example of this progress is that electricity used on all our sites now comes from 100% renewables.

An environmental strategy group was formed in 2016 to establish a clear, coordinated approach to managing the environmental impacts of the Trust's activities and to ensure the Trust achieves a standard of sustainable development that will have positive impacts on health, expenditure, efficiency and the environment. Work stream plans are reviewed and progress monitored on a quarterly basis through the environmental strategy group.

An awareness campaign began in 2015 following the first roadshow for NHS Sustainability Day. Our campaign embraced the suggestions of attendees at the event, and good practice available from the NHS sustainable development unit.

We continue to make good progress towards improving our sustainability credentials and performance and we are actively engaged in an innovative project (Alkane) where King's Mill Hospital benefits from underground Coal Mining Methane (CMM) reserves, a legacy of the area's mining heritage, to generate electricity on site. The system is the largest geothermal lake loop in Europe and fulfils King's Mills entire needs for cooling and supports the gas heating system when the capacity is available. Benefits include an annual saving of 25,900 GJ of energy, which is an 11% reduction on 2011 measured consumption. This equates to a carbon reduction of 2,078 tonnes (again an 11% reduction) and an energy cost saving of £126,480 per annum.

In addition, sustainable design principles are already built into the investments we make in our hospital sites and we continue to push the sustainability agenda forward in all estates matters.

6. How is the estate performing?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

6.10 Risks

Estates and facilities produce risk reports for the Trust's Risk Committee to enable them to take assurance as to the effectiveness of risk management arrangements within the estates and facilities department.

In addition, the estates governance group (who reports to the estates committee) undertakes a bi-monthly review of corporate estates & facilities risks. Risks are reported by level of risk with a typical graphical summary shown below:

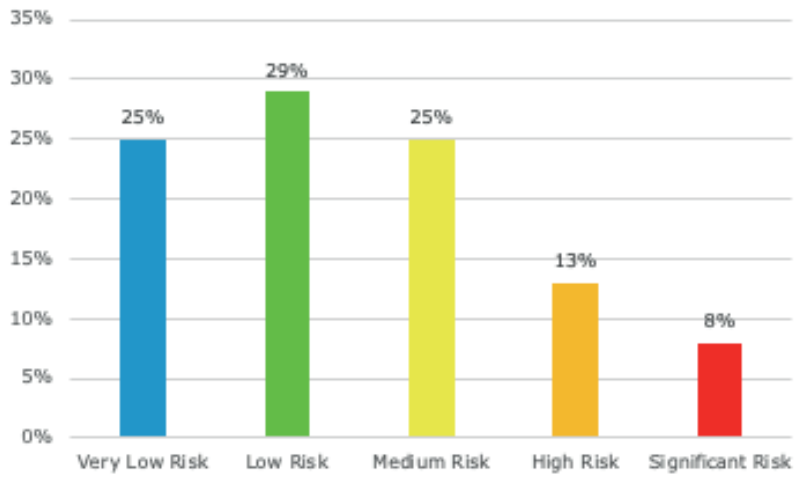


Figure 24 – Estates and Facilities Risk Reporting example

6.11 Conclusion

In overall terms our estate performance varies from good to in need of some improvement over the areas of performance outlined in this section.

Key highlights are:

- Our overall estates condition is good but with pockets of poor/unsuitable buildings
- Backlog maintenance is an issue within our retained estate
- Running costs are variable with areas of good performance but also areas requiring improvement
- Utilisation remains a key area for improvement, particularly at King's Mill, however this could be to the advantage of the wider healthcare system of Nottinghamshire, whereby capacity could be used by other providers.
- Compliance in physical buildings is good but "softer" areas such as accessibility and signage require improvement
- Whilst improving, the Trust's carbon emissions need to reduce further.

The performance data included in this section has been used to inform the estates strategic objectives in the following "Where do we want to be" section of the estates strategy.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

This chapter sets out our vision for the future estate. It identifies the changes needed in the utilisation, capacity and performance of the estate to achieve our vision.

7.1 Vision

As we look ahead over the next five years and beyond, the Trust has agreed a strategic direction to become a clinically and financially sustainable organisation. We will be an anchor organisation within the ICS and ICP, positively contributing to the overall healthcare system.

The Trust's vision for the estate is to be *"An efficient, high quality, sustainable and flexible estate which is responsive to the strategic and clinical objectives of the Trust, operating as an ICS anchor organisation. The Trust will work with its partners today and in the future, to increase the utilisation of fixed assets across the System"*.

The core principles of the estate strategy are based upon it being both an enabler and driver for change, supporting the delivery of current and future clinical services through alignment with the clinical and other associated Trust, ICS and ICP strategies and our key role as an anchor organisation within the ICS and ICP.

Over the next five years it is our ambition to have an estate which is fit for purpose, fully utilised and enables the delivery of high quality clinical services for our patients.

This means an estate which is in good condition, flexible to respond to emergencies, functionally suitable for the services being provided, is environmentally sustainable, harnesses technology, is accessible to local people and is designed around changing service needs and the Nottinghamshire ICS and Mid Nottinghamshire ICP priorities.

"Where do we want to be" in relation to our Estates Strategic Objectives is outlined below, with further detail in the sections overleaf:

Efficient and effective estate management for whole system benefit

High quality, fit for purpose and compliant

Sustainable and low carbon solutions

Flexible, collaborative and technology driven

Responsive, evidence based and standardised delivery

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

7.2 Efficient and effective estate management for whole system benefit

This objective is about:

Maximising the utilisation of our estate

Managing our contracts to achieve best value from them

Using accurate property data to manage the performance of our buildings, services and contracts

Developing our estate in ways which facilitate improved effectiveness, safety, and staffing efficiency in delivery of clinical services.

We will achieve this by:

7.2.1 Maximising the utilisation of our estate

The following principles will be adopted:

- **Re-utilising existing buildings** where replacement is required, minimise new builds and maximise demolition of life-expired estate
- **Divest surplus / underutilised estate** for use by the wider healthcare system e.g. ICS and ICP
- **Improving adjacencies** and quality of theatres, ITU and imaging by re-provision and learning through Covid-19
- **Re-designating** areas of King's Treatment Centre to improve utilisation but minimise disruption to current accommodation and cost of change
- **Relocating** non-intensive services / low utilisation services from PFI areas
- CSSD & Pharmacy ADU to be located in an existing building - not a new build PFI asset but one with **suitable adjacencies**
- **Enabling** use of retained estate capacity for repatriation or for others (cost reduction).

Utilisation is also about reducing the amount of our estate that we use for non-clinical activities and this will also form part of our strategy and, along with increasing utilisation of our PFI assets will avoid further increasing our gross internal area with new build assets, and minimise costly moves and changes within the current provision.

7.2.2 MANAGING OUR CONTRACTS TO ACHIEVE BEST VALUE FROM THEM

One of our key objectives will be to maximise the value of our contracts, particularly our PFI contract, with focus on increasing utilisation, improving the robustness of contract management and driving better value for money.

We want to be proactively managing our contracts and adopting an **"intelligent client"** approach in the way we work with our providers and contractors.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

We want to work with our PFI Provider to optimise the use of asset capacity to avoid marginal cost of surplus capacity.

We also want to ensure that any value testing is completed in line with the contract agreement and that the relevant benchmarking and/or market testing is followed.

7.2.3 Using accurate property data to manage the performance of our buildings, services and contracts

We want to have the best, most current and suitable information and data to allow us to make the optimal investment decisions on the best way forward for our estate.

Accurate and easily obtained estates data is key to understanding the issues our estate faces and where we should be directing our capital investment and maintenance monies. We aim to have effective property systems that provide robust, current and accurate data to help the Trust make informed, evidence based decisions on our estate.

We will continue to develop and improve our Estates CAFM System that supports all Estates functions.

7.2.4 Developing our estate in ways which facilitate improved effectiveness, safety, and staffing efficiency in delivery of clinical services

Our estate will be developed to make it the right size and configuration to meet the needs of our clinical services.

It will also be flexible and adaptable to meet the challenges of future health pandemics similar to Covid-19 and evolving Nottinghamshire ICS and ICP strategic objectives and priorities.

It will provide the optimal layouts and facilities for our staff to carry out their work in the most effective and efficient ways, building in flexibility in the use of space at every opportunity.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

7.3 High quality, fit for purpose and compliant

This objective is about:

Providing good quality, fit-for-purpose buildings that meet the needs of service users and their carers

Seeking to invest in our estate to maintain consistent high levels of performance, compliance and health & safety compliance

Having a health & safety culture to include learning, training, audits and near misses

We will achieve this by:

7.3.1 Providing good quality, fit-for-purpose buildings that meet the needs of service users and their carers

We want to continue to operate and maintain a high performing, safe and compliant estate that provides value for money in the services provided across our hospitals. Our aim is also to ensure that as much money as possible is available to support the delivery of care, through the elimination of waste, duplication and inefficient use of resources in our estate and how we operate it.

The following will support providing good quality, fit-for-purpose buildings across our estate.

7.3.1.1 Planned and reactive maintenance

The environment in which we provide our clinical services will be maintained to a very high standard and support our staff to deliver high quality care.

We will retain 100% statutory compliance at all times and in carrying out our maintenance we will reflect the principles of our Green Plan and our journey to a carbon neutral estate.

7.3.1.2 Planned and reactive maintenance

The environment in which we provide our clinical services will be maintained to a very high standard and support our staff to deliver high quality care.

We will retain 100% statutory compliance at all times and in carrying out our maintenance we will reflect the principles of our Green Plan and our journey to a carbon neutral estate.

7.3.1.3 Backlog on retained estate

We wish to reduce Critical Infrastructure (CIR) backlog liability and address the maintenance issues within our retained estate which are currently circa £12m. When these have been carried out and condition level B attained, we will transfer ongoing planned and reactive maintenance to our PFI Provider, enabling more of the retained estate to be included in the PFI service provision for maintenance.

We will review the backlog maintenance on the retained estate and assign priorities to each item, to determine when these items are actioned.

We also want our estate to promote staff and patient wellbeing through the physical environment and assets that we provide.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

The ability of our environment to positively impact on how our staff perform and our patient experience will be a key component of how we shape our estate for the future. We will maximise the use of our out-door space to provide community gardens and areas for both staff and patients to enjoy.

7.3.2 Seeking to invest in our estate to maintain consistent high levels of performance, compliance and health & safety compliance

We want to identify the right projects to take forward at the right time to deliver our strategic objectives and meet the clinical needs of our hospitals.

We will prioritise schemes with divisional colleagues that demonstrate system benefit, using a process of developing projects in line with our estate strategic objectives, using a gateway approach which will allow estates and facilities to take control of the process from start to finish. Estates and facilities will also proactively engage with clinical services to understand their needs in terms of buildings and facilities.

Estate business-as-usual capital will be approved in a similar way and we will demonstrate benefits for the system of modest capital investment – for example by allocating capital at King's Mill Hospital we will identify the opportunities and potential savings this will open up for the system. In particular, by investing capital at Sherwood Forest Hospitals, this could allow Nottingham University Hospital to create capacity and undertake estate rationalisation and drive improved utilisation of the PFI estate at King's Mill Hospital

Business cases will be developed for all our key investments and these will be approved by the Trust's Board. At all stages in the investment process we will comply with all Health & Safety regulations to maintain a compliant estate.

In terms of addressing our £4.75m high and significant backlog maintenance items, we have identified £1.425m of our 2021/22 Capital programme to address critical infrastructure risk.

7.3.3 Having a health & safety culture to include learning, training, audits and near misses

We want to promote a health & safety culture throughout the Trust that embeds a culture of safety driven by our leaders, including regular training and awareness raising through adopting best practice and behavioural based safety techniques. Adopting this approach will continually focus our colleagues' attentions and actions on their, and other's, daily safety behaviour.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

7.4 Sustainable and low carbon solutions

As an anchor organisation within the ICP, we recognise our impact on the local environment and population. We understand the need to minimise our impact by being a sustainable and clean organisation.

This objective is therefore about:

Delivering a 5 year Green Strategy and plan to meet government targets

Minimising the impact on our local populations

Focusing on a low carbon footprint, sustainable construction practise and waste minimisation

Ensuring all estate investment consider Whole Life Costs (WLC)

Improving the environmental sustainability of the estate in line with NHS objectives and targets

We will achieve this by:

7.4.1 Delivering a 5 year green strategy and plan to meet government targets

By the third quarter of 2021/22, the Trust will have a five year net zero Green Strategy in place to improve estate performance and meet government sustainability targets.

We will continue to invest in innovative schemes to lower our energy consumption and costs, as well as promote good housekeeping practices and awareness amongst patients, visitors and our staff.

7.4.2 Improving the environmental sustainability of the estate in line with nhs objectives and targets

We will follow the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020 to improve the environmental sustainability of our estate.

The Trust will reduce estates running costs and the impact we have on the environment in terms of managing scarce resources.

7.4.3 Focusing on a low carbon footprint, sustainable construction practice and waste minimisation

The UK Government has committed to reaching net zero carbon by 2050 and the Trust's ultimate goal will be to achieve that target by 2040 or earlier. The Trust Board approved the net-zero Green Plan in May 2021 and set out commitments to reducing the impact of its activity on the environment

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Our new investments will be designed to meet BREEAM (Building Research Establishment Environmental Assessment Model) good standards and we will deal effectively with all types of waste, re-cycling wherever possible.

BREEAM®

7.4.4 Ensuring all estate investment consider whole life costs (WLC).

We shall ensure that we understand and budget for the whole life costs of our assets and investments by modelling both capital costs and revenue costs (maintenance, lifecycle replacement, running costs etc.) over the whole life span of an investment.

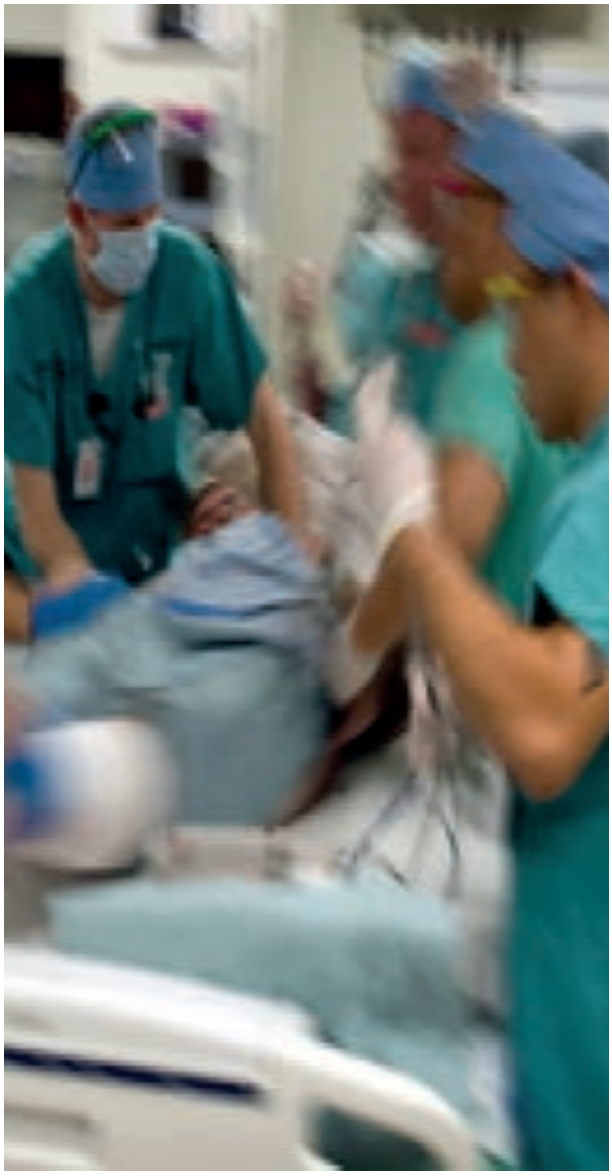
7.4.5 Accessing sustainable funding

We will actively access central funds from the sustainability sector to invest in sustainability improvement projects.

7.4.6 Partnership working

We will work with local bus companies to maximise the opportunities for staff and patients to use public transport to visit our hospitals.

This will be supported by encouraging our staff, where appropriate, to work from home and minimise travel to and from our hospital sites.



7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

7.5 Flexible, collaborative and technology driven

This objective is about:

Being adaptable and able to quickly respond to situations such as Covid-19

Being responsive to the changing needs of the developing service requirements of both the Trust and the local health economy, harnessing digital technologies and solutions wherever possible

Enabling agile and technology enabled working techniques (clinical and non-clinical)

Supporting collaboration, co-location and co-working through active participation in ICS / ICP / OPE

We will achieve this by:

7.5.1 Being adaptable and able to quickly respond to situations such as Covid-19

In responding to the "new world" post Covid-19, we want to be quicker to adapt to rapidly evolving situations and have the ability to implement estates solutions quickly and cost effectively with minimum disruption.

We want to have an estates and facilities function that combines flexibility and adaptability with capacity to cope with unforeseen future situations.

There are many issues, evolving and still unknown, that the Trust will need to address over the coming years as the full impact of Covid-19 is understood.

Some of the known issues that we need to address in the short to medium term are:

- Making sure the emergency department is right sized and fit for purpose
- Making sure the intensive treatment unit is right sized and fit for purpose
- Becoming carbon neutral and increasing or improving health promotion (walking, cycling, or using public transport)
- Understanding the impact on bed numbers, wards and high dependency unit, to ensure optimal size and configuration
- Being able to quickly set up temporary facilities
- Implementing and updating social distancing requirements
- Understanding the impact of the backlog of other illnesses
- Understanding the impact on non-medical space (estates and facilities and admin functions working from home)
- Keeping the workplace clean and preventing transmission by touching contaminated surfaces
- Before reopening, making sure that any office, ward or areas that have been closed or partly operated are clean and ready to start
- Installing new signage to reinforce measures to tackle Covid-19

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

- Maximising home working
- Maintenance, lifecycle replacement, running costs etc. over the whole life span of an investment.

7.5.2 Enable agile and technology enabled working techniques (clinical and non-clinical)

We want our staff to have the right tools, skills and support to work in an agile way, using the latest technology to support home and remote working, cutting down on travel to and from our hospitals and reducing the amount of space we require on site, especially in relation to non-clinical services.

A good example of where we want to be is the estates and facilities team's ability to work from home, accessing key systems and data to carry out their day-to-day functions.

7.5.3 Support collaboration, co-location and co-working through active participation in ICS / ICP / OPE

As a key partner in the Nottinghamshire ICS and Sherwood Forest Hospitals being key fixed point assets, we will help deliver the following ICS priorities from their review of their 2018 estates strategy:

- Estates efficiency approach
- Updated ICS governance and how it supports delivery of estates plans
- Stronger coherence between the clinical services strategy and the estates strategy capital investment plans
- Increased focus on maximising disposals and the Naylor target (for partners).

The ICS / ICP meet regularly to align priorities and opportunities with senior key estate stakeholders to discuss System utilisation, collaborative working, opportunities to work together, funding and joint bidding initiatives.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

7.6 Responsive, evidence based and standardised delivery

This objective is about:

Responding to clinicians and the wider ICP to deliver estate investments that respond to the health economy's needs

Ensuring we have a safe and compliant property portfolio for patients, visitors and staff

Delivering evidence based, capital projects that support estate and corporate objectives

Following standardised processes and procedures to deliver both BAU functions and capital projects

We will achieve this by:

7.6.1 Working with clinicians and the wider ics and ICP to deliver estate investments that respond to the health economy's needs

We want to be working closely with the ICS, ICP and clinicians to understand their strategic needs at both a system level and individual hospital site level, fully understanding their estates needs now and in the future to make the right investments in our estate at the right time.

7.6.2 Ensuring we have a safe and compliant property portfolio for patients, visitors and staff

We want to continue to have a safe and compliant estate for patients, visitors and staff, meeting all current statutory regulations and pro-actively managing new and evolving regulations that could impact on our estate.

We will work with our regulators to ensure we fully meet, if not exceed, the standards expected of a well-run, high performing NHS Foundation Trust. These standards ensure we provide high quality, safe, effective care in an economically sustainable manner.

We will ensure effective and clear signage/ wayfinding is installed in all our hospitals to the benefit of all patients and visitors of all backgrounds and ethnic groups.

7.6.3 Delivering evidence-based capital projects that support estate and corporate objectives

We will adopt an evidence based approach to developing and approving our capital projects. Projects will not be taken forward unless they are based on the Trust's estates strategic objectives with sound evidence of the benefits they will deliver.

Developing and approving capital projects through our initial project identification followed by our business case approach will require the necessary evidence to be in place before a project can proceed. Capital projects will be delivered in line with our capital procedures manual.

7. Where do we want to be?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

7.6.4 Following standardise processes and procedures to deliver both BAU functions and capital projects

We want to have a responsive estates and facilities team that adopts a standardised and consistent approach to the way it delivers its services in terms of facilities management, estates management and project management.

Changes to our processes and how we respond to future delivery will take place post Covid-19.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

This section sets out the journey the Trust has to take in order to respond to the Estate Strategic Objectives:

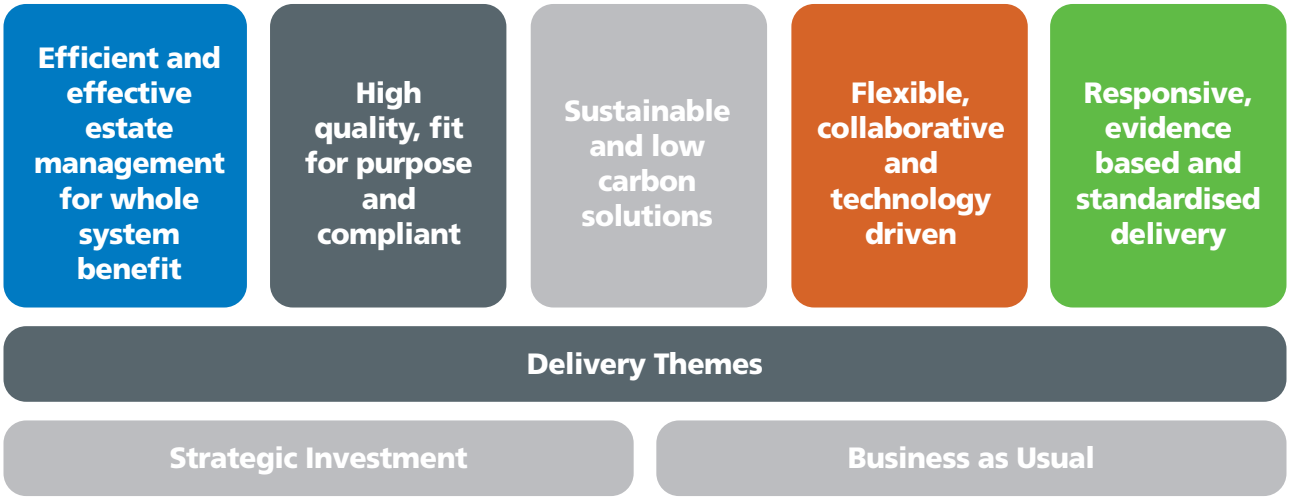
- **Efficient and effective estate management for whole system benefit**
- **High quality, fit for purpose and compliant**
- **Sustainable and low carbon solutions**
- **Flexible, collaborative and technology driven**
- **Responsive, evidence based and standardised delivery**

The Trust has identified the need for flexibility, changing property from being a constraint to a driver and enabler for change, and in doing so the delivery of the estates strategy is based upon two themes:

- **Strategic investments** in the estate include projects to increase utilisation, develop new facilities, maximise the value of our PFI contract for system benefit and improving our retained estate.
- The ongoing **"business as usual"** functions to operate and maintain a high performing, safe and compliant estate.

The following section, as set out in the diagram below, is structured around the above two themes and outlines what we will do to deliver our objectives in terms of structuring our estates and facilities team, the key projects and initiatives we need to deliver and how we will know we have been successful.

"An efficient, high quality, sustainable and flexible estate which is responsive to the strategic and clinical objectives of the Trust, operating as an ICS anchor organisation. The Trust will work with its partners today and in the future, to increase the utilisation of fixed assets across the system".



8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

8.1 Strategic investment

8.1.1 Identifying projects

Way of Working

A key principle of this estates strategy is to ensure the Trust's significant investments are managed effectively through the adoption of a streamlined 'way of working' for the delivery of the projects, so that over the next five years:

- Money is well-invested, on well-evidenced and justified projects and programmes
- Proposals are thoroughly assessed and align with corporate, system and estate strategy objectives
- Investment is delivered to a high standard
- Projects and programmes are delivered on time, to budget and of appropriate quality
- Benefits are clearly-defined from the outset and tracked to assess whether all project objectives have been met
- Projects have been through the appropriate approval process
- Capital spend assessments take a longer term view and are more accurate
- Communication with our stakeholders is clear across all projects and programmes.

We will identify the right projects to take forward at the right time.

This way of working provides a framework for ongoing due diligence across the project and programme lifecycle as shown in the table below, which reflects the Royal Institute for British Architecture (RIBA) workstages:

Way of Working		Description
Pre kick off	**Setup**	Project initiation – analyse evidence, identify project need and ensure strategic alignment
Stage 0	**Strategic business case**	Options appraisal – principle achieves decision approval
Stage 1	**Options appraisal**	Feasibility – outline proposals
Stage 2	**Commit to invest in solution**	Approval of detailed design of solution
Stage 3	**Detailed design sign off**	Procurement and costing
Stage 4	**Commit to deliver**	Project delivery – establish service
Stage 5	**Practical completion**	Project close down – manage delivered solution and performance
Stage 6	**Project closed**	Post project review, lessons learned & tenant satisfaction survey.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Project controls

This way of working will be promoted by estates and facilities management to ensure that the right projects and programmes (strategic investments) are delivered to time, to cost and quality, and will be supported by the decision making process as outline above, combined with proactive stakeholder engagement from inception, to delivery and in-use.

Quality control

Quality in construction projects require a collaborative approach. We will work with our delivery partners to ensure robust mechanisms are implemented as a core part of our project initiation, capturing essential quality and performance data from the outset that provides evidence based assurance that our investment has been delivered satisfactorily and that our customers can feel safe, secure and warm in their homes.

Establishing a '**golden thread**' throughout the design, construction and occupation of our buildings through the provision of critical technical information is essential to the safe and efficient operation of our buildings once they are handed over.

We will ensure that the essential building information is requested, collected, approved and handed over to those that need it now, and in the future, in a useable way that gives confidence and assurance that the necessary quality has been achieved and is sustainable for the benefit for the Trust and the wider health system.

Business case led

Business cases will be developed for all our key investments and these will be approved by the Trust's Board.

Business cases impacted by Covid-19 will be re-assessed in light of learning from the impact of the virus and the need to adapt to a "new normal".

A robust, evidence based business case will be prepared for all key developments and approved by the Trust's Board.

Key projects

The key investments to our estate will be:

- Surgery & Theatres and Critical Care Unit redevelopment at King's Mill Hospital
- U&EC - ED expansion build, including expanded AECU and a frailty unit
- Acquiring Mansfield Community Hospital from NHSPS
- Sterile Services – options paper to be developed
- Extension for a new MRI static scanner suite.

Further detail on these projects is included in Appendix 4.

In addition to the above investment business cases, estates and facilities in conjunction with our stakeholders at our hospital sites will continue to identify a pipeline of future projects to meet the Trust's strategic objectives.

Key future projects being considered are

- Radiology extension & reconfiguration
- Wards 2 & 3 King's Mill Hospital
- MEMD equipment library
- ED complete overhaul
- Moving ITU into the PFI towers
- New Pharmacy ADU
- Sexual Health Space

8. How are we going to deliver our objectives?

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Key projects that have obtained business case approval and support our estates strategic objectives will be delivered by estates and facilities.

8.1.2 CAPITAL INVESTMENT

The Trust requires a total capital investment of **£144m** (excluding VAT) over the period 2020 to 2026 to address its estates strategic objectives. The principle areas of investment against our estates objectives are outlined below.

Efficient and effective estate management for whole system benefit:

Investment	Programme	Budget Cost
Theatre and Critical Care replacement (ICU) new build	OBC being reviewed re COVID n19 learning	£58m
Permanent Endoscopy expansion (KMH KTC)	1st April 2022 – 31st December 2023	£5m
Tower stack reconfiguration (KMH) for improved utilisation	1st April 2022 – 31st December 2023	£3.2m
Access enabling works / signage	1st April 2021 – 31st December 2025	£0.9m

High quality, fit for purpose and compliant:

Investment	Programme	Budget Cost
KMH Sterile Services re-provision	1st April 2022-31st March 2024	£3.7m
KMH ADU re-provision	1st April 2023 – 31st March 2024	£2.9m
Upgrade spine corridors, including asbestos abatement	1st April 2023 – 31st March 2025	£10.0m
SFHFT acquisition of MCH – BLM investment	1st April 2021 – 31 March 2025	£3m
ED AECU/Resus works	1st April 2021 – 31st December 2021	£1.6m
Respiratory Support Unit (KMH	1st April 2022-31st October 2022	£1.7m
Backlog Maintenance / Schedule 38 on-going maintenance	1st April 2021 – 31st December 2025	£4.4m

8. How are we going to deliver our objectives?

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Sustainable and net zero carbon solutions:

Investment	Programme	Budget Cost
LED lighting upgrades	1 April 2020 – 31 March 2025	£0.06m
Vegetation planting	1 April 2020 – 31 March 2025	£0.03m
Car charging facilities	1 April 2020 – 31 March 2025	£0.03m

Flexible, collaborative and technology driven:

Investment	Programme	Budget Cost
Digitisation - risk assessment	1 April 2020 – 31 March 2025	£7.2m
Digitisation - ED and maternity dictation	1 April 2020 – 31 March 2025	£5.0m
E-prescribing	1 April 2020 – 31 March 2025	£3.2m
I.T. hardware / virtual desktop / storage / mobile I.T. devices	1 April 2020 – 31 March 2025	£2.4m

Responsive, evidence based and standardised delivery:

Investment	Programme	Budget Cost
Flexible endoscopy, including nasopharyngeal laryngoscopes	1 April 2020 – 31 December 2025	£2.6m
MCH fire works	1 September 2019 – 30 April 2021	£1.6m
MRI scanner new build	1 April 2020 – 31 March 2025	£3.7m
Mortuary AHU	1 April 2020 – 30 April 2021	£0.3m
Histopathology AHU	1 April 2020 – 30 April 2021	£0.3m

Table 18 – Capital Investment requirements per Estates Objectives

The Trust will deliver £144m of capital investment, through 46 projects over the next five years.

8. How are we going to deliver our objectives?

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8.1.3 Securing capital

The Trust wants to secure the required investment in its estate to meet its strategic objectives.

The ICS prioritise capital spend and the Trust, like all other providers, has to bid for capital. To secure that capital, the Trust will produce compelling, system wide business cases that will enable System wide change and recognise the utilisation levels at our hospital sites.

Whilst capital funding is currently restrained, a number of routes exist to secure funding, as outlined below:

- **Internally generated capital** – considered viable, however progress would be limited within each year without external resource, leading to an elongated programme and loss of key benefits. Possible in conjunction with external borrowing
- **Public dividend capital** – this is the Department of Health and Social Care's equity interest in defined public assets across the NHS
- **Fund through the existing PFI Project Agreement** by a Variation Bond - considered viable, although expensive and would require Treasury sign off. Would lead to increased unitary charge and life cycle payments and may not deliver value for money
- **Health Infrastructure Plan (HIP)** investments in the NHS Estate - allocations for phases 1 have been set and Trust have been short listed for phase 2. The Trust will establish how to meet the success criteria for future phases of HIP investment
- **ICS / ICP / STP funding** - future bidding round will be announced to access funding for system wide initiatives
- **Public/Private Partnerships** - the Trust will explore, in conjunction with our regulators, innovative partnerships to realise the significant capital investment ask outlined.

The Trust, where appropriate, will investigate the above routes to securing capital to meet its capital investment requirements. As well as business-as-usual capital, Transformational capital is required to deliver the changes outlined in this Estates Strategy, so the Trust will continue to access Sustainability grants and transformation partnership/ICS funding, by demonstrating how investment schemes can increase PFI utilisation and enable system wide change.

The Trust will consider all options open to it to secure funding to deliver its strategic objectives. Innovative and alternative funding sources are covered in section 8 of this strategy.

8.1.4 Capital funding for Covid-19

As per NHS guidance with effect from 19 May 2020, all COVID-19 cases requiring national PDC (Public Dividend Capital) funding will require national pre-approval.

Capital expenditure relating to Covid-19 will have to meet the following criteria:

- All bids must be clearly and directly linked to second phase capacity plans
- Bids should be additional expenditure related directly to the COVID-19 response.

The Trust will follow the guidance for capital funding for Covid-19, using the Capital Authorisation template and process.

8. How are we going to deliver our objectives?

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8.1.5 Capital project management

The Trust has a Capital Procedures Manual that provides guidance and support in delivery of capital projects. This will be used in delivery of all capital projects by all parties involved in the process. In addition, estates and facilities have a project management process map outlining the required activities by all parties over the five stages of carrying out a capital project.

The Trust recognises challenges in the timely and cost effective delivery of some recent capital schemes. Following a lessons learned exercise the Trust has embarked upon strengthening capability of the estates capital projects team and employed new procurement strategies to ensure schemes are delivered to meet the needs of patients and divisional colleagues. Early results from P22 and other alternate procurement frameworks has been encouraging and will be considered for future, more significant, schemes.

This will continue to be used and underpin how the Trust effectively delivers capital projects.

The Trust will use its Capital Procedures Manual to deliver capital projects on time, to cost and to the expected levels of quality.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

8.2 Business-as-usual

Maintaining a safe, compliant and fit-for-purpose estate is the core building block of any estate strategy and any NHS Trust. Here we have set out how we will do this through our estates and facilities team and our core business-as-usual responsibilities.

8.2.1 Identifying projects

While the Chief Executive and the Trust Board carry ultimate responsibility for the safe and secure healthcare environment, the diagram below represents the professional approach adopted to enable the ongoing management of the Trust's estate.

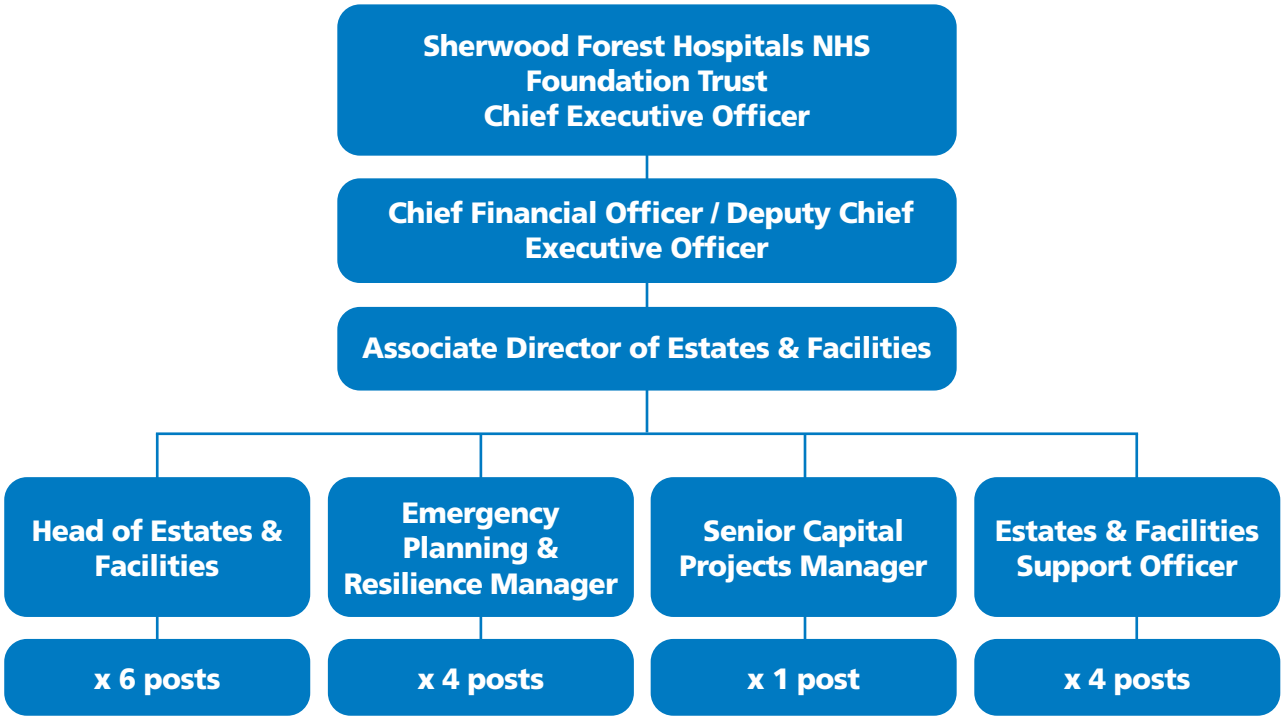

Figure 25 – Estates & Facilities Structure

In order to deliver our objectives, we need the right people with the right skills, carrying out the right functions with the right property support tools, all functioning as a high performing estates and facilities team.

In addition, we will require additional resource to deliver transformational capital projects coming forward, including those with the following specific skills in:

- Contract management
- Capital management oversight (including project and programme management)
- Facilities management
- Estates management functions in relation to acquiring mansfield community hospital.

8. How are we going to deliver our objectives?

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A description of each role within estates and facilities is provided in the table below:

Role	Responsibilities
Trust Board	The Trust Board has overall accountability for all the activities of the organisation, which includes the management and maintenance of the Trusts estate and facilities. The Trust Board delegates the responsibility for the management and maintenance of the estate and facilities to the Chief Executive.
Chief Executive	The Chief Executive has the ultimate managerial responsibility for the management and maintenance of the estate and facilities and delegates the operational day to day responsibility and authority to the Associate Director of Estates & Facilities who will manage, maintain and control the estate as set out in this Estate Strategy.
Associate Director of Estates and Facilities	The Associate Director of Estates & Facilities is the principal advisor on all land, property, estate and facilities matters to the Chief Executive and the Trust Board.
Head of Estates and Facilities	The Head of Estates and Facilities provides strategic and operational management of the estate, deputising for the AD of Estates & Facilities where required.
Emergency Planning and Resilience Manager	The Emergency Planning and Resilience Manager is responsible for maintaining and implementing the Trust's Emergency Plan.
Senior Capital Projects Manager	The Senior Capital Projects Manager is responsible for overseeing the capital investment programme of works and ensuring this meets the required time, cost and quality parameters.
Estates and Facilities Support Officer	The Estates and Facilities Support Officer role provides project and administrative support to the senior management team and manages the administration and business support functions for the estates and facilities team.
All Staff	It is the responsibility of all Trust employees and other staff using the Trust's premises to: • Recognise their duty under legislation to take reasonable care for their own safety and the safety of others at all times • Be familiar with all Trust and Estates and Facilities policies and procedures and complete all statutory, mandatory and role specific training.

Table 19 — Estates & Facilities roles & responsibilities

8. How are we going to deliver our objectives?

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Estates and facilities will deliver its services based on agreed roles & responsibilities for its team and those involved in the management of our estate.

8.2.2 PFI structure and how the relationship will work

To maximise the value of our PFI contract, the Trust will develop the working relationship with our provider to one of maturity based on the principles of an intelligent client and the NHS Guidance on PFI management. A more collaborative approach will be taken for this relationship to build a better way of working together for mutual benefit.

The Trust will build a stronger working relationship with our PFI provider based on a robust Intelligent client approach and NHS guidance on PFI management.

To improve the value the Trust obtains from its PFI contract, we will:

- Put in place robust contract management processes and procedures, reporting to the Finance Committee
- Move the Trust to a more "intelligent client" function that pro-actively manages the PFI contract from a position of knowledge and strength
- Carry out regular operational monitoring, including identifying rectifying actions and improvement plans (to ensure the correct performance is being achieved)
- Obtain better, more accurate data and information on the contract (including the performance indicators and financial aspects).

Through reviews of the performance of our PFI contract, a number of improvement actions have been identified that will be implemented:

Unavailability
• Review Helpdesk Instruction Sets to quickly ascertain whether an "event" has the potential to lead to a breach of an availability condition, to enable the response to be prioritised accordingly • Finalise Skanska Facilities Services response paper to confirm where responses in person will be implemented to helpdesk requests or where responses are required as a result of interrogation of the helpdesk callers responses to the Instruction Set questions • Agree response and rectification times in line with helpdesk prioritisation.
Schedule of accommodation
• Agree the criteria between the parties on which areas should be included with the revised document.
Schedule of programmed maintenance
• Implement agreed grading system for ppm activity to confirm the impact of the ppm against Trust activity • Update Schedule of Programmed Maintenance proposal for agreement.
Schedule 14 consecutive v Schedule 38 concurrent
Continue with the application of consecutive Response and Rectification times for the entire estate whilst considering the proposal to reduce the Urgent response and rectification times from 10 hours to 8 hours across the estate.

Table 20 — Improvement actions for our PFI Contract

8. How are we going to deliver our objectives?

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The Trust will maximise the value from our PFI contract by implementing a number of improvement activities including robust contract management.

8.2.3 Working in partnership with our stakeholders

The Trust will continue to meet regularly with local and national partners to discuss and review estates planning and developmental matters, including the One Public Estate (OPE) agenda. On-going dialogue will also continue at both strategic and operational levels with the ICS, ICP and Nottingham University Hospitals NHS Trust to help ensure synergy in estates planning, opportunities and delivery upon joint initiatives for service delivery and optimisation of our estates.

We will continue with these key discussions as we work collaboratively to achieve better outcomes, service alignment and greater efficiencies.

8.2.4 How we will work with the ICS

The ICS aims to build on its 2019 estates strategy with its stronger focus on rationalisation processes and linking capital requirements to clinical services strategy and agreeing priorities to support a system capital planning approach. Availability of capital resource within the ICS however remains a limiting factor and presents a significant risk. Internal capital investment funds will be used to support vital operational issues and external funding sources will be required to support the ICS's ambitious transformational needs. The Trust will continue to be represented on the ICS Estates Group.

The Trust fully supports the ICS approach and will work collaboratively with all partners including Citycare, local authorities and the One Public Estates (OPE) programme, to strengthen system working.

8.2.5 Capital planning

The Nottinghamshire ICS Capital Departmental Expenditure Limit (CDEL) has been set at £85.3m for the three provider organisations.

This envelope was set at £85.3m across the three provider organisations in the ICS.

In response to the letter the ICS and provider organisations have been asked to work together to produce revised plans for their 2020/21 capital spend consistent with the available envelope, taking account of expected slippage and a list of emergency capital PDC requirements. The prioritisation of capital expenditure across the organisations will consider system priorities and it is critical that organisational plans align to ICS transformation initiatives and the System estates strategy.

The Trust will fully participate in the capital planning process at ICS level to maximise System benefit.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

8.2.6 How we will work with the ICS

As an anchor organisation within the ICS, the Trust will work in partnership with the ICS on the following:

- The Trust will participate in developing a framework for system principles and behaviours for all partners to work to
- The strategic estates group and estates planning group will identify high level opportunities for consideration – for example buildings that could be exited, opportunities for joint working and estates efficiencies
- The Trust will work with all ICS partners to support a shared understanding of the resources available through SHAPE / ePIMs / Spectrum, to inform a strategic approach across the system
- The Trust will work with all ICS partners to develop a greater understanding of system demand and capacity to support estates planning.

The Trust will work in partnership with the ICS to strengthen System working.

8.2.7 How we will work with the ICP

The ICP estates vision is to ensure that all the partners' estates are used to meet patient objectives.

The wider ICP estate is seen as an intrinsic enabler to bring about the ICP's priorities and the Trust as a key member of the ICP estates planning group, which includes OPE and district councils, will work collaboratively with all ICP partners.

As the ICP looks to utilise better community and neighbourhood assets, the Trust will be looking to pool ideas about assets and look beyond the traditional NHS estate view. In addition, as there is scarce capital in the system, the Trust will actively seek partners who will allow us to take schemes forward.

The Trust will work in partnership with the ICP to strengthen system working.

8. How are we going to deliver our objectives?

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8.3 Supporting initiatives

Outlined below are the key initiatives and opportunities that the trust will drive forward to realise its estates strategic objectives:

8.3.1 One public estate (OPE)

OPE is about system-wide land and property collaboration to generate opportunities for co-location, improvements to service delivery and financial savings.

We will continue to support the OPE programme, giving consideration to the needs and opportunities presented through proactive collaboration.

We recognise that the opportunities for secondary care OPE collaboration is fairly limited, but consideration will be given to how services can be delivered closer to local communities, from a variety of premises in public ownership.

Similarly, we will engage with stakeholders to seek opportunities where our estate may better meet their needs, produce synergies and help the release of premises elsewhere. This collaborative approach through the OPE programme is to ensure that property decisions are public service led, and deliver wider benefits than any single entity can achieve.

The Trust is also open to considering opportunities for public sector partners to let and share space within our three Hospital sites to allow us to maximise the utilisation of our estate, for full system benefit.

The Trust will fully participate in the OPE programme to help deliver wider benefits for the public sector.

8.3.2 Estate opportunities with Nottingham University Hospitals (NUH) NHS Trust

NHS
Nottingham
University Hospitals
NHS Trust

Following the decision in 2016 not to formally merge with Nottingham University Hospitals NHS Trust, we have given renewed emphasis to how we may work collaboratively as the key providers of acute services in Nottinghamshire. NUH has identified significant capital requirements to address backlog maintenance requirements at both QMC and City Hospital and to support the realignment of clinical services across Nottingham. Through both the ICS / ICP process and engagement between our organisations at strategic and operational levels we have started to develop service proposals that make best use of our existing estates, that minimise the capital investment required at either site and provide real opportunities for efficiency.

With modest capital investment, we are confident that we can address the legacy issues within our retained estate and create capacity to enable land sales, service relocation and support the estates challenges faced by our STP partners.

8. How are we going to deliver our objectives?

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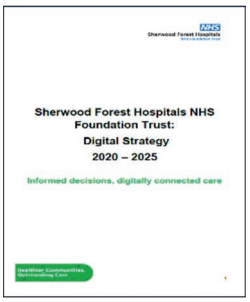
We expect further clarity and detailed proposals of potential joint working to emerge during 2020. This estates strategy acknowledges the potential for joint working and whilst details are not yet known, we have ensured we do not preclude options for increased utilisation at our sites or commit to strategic developments until such discussions have concluded.

The Trust will work jointly with NUH to increase utilisation at our hospital sites.

8.3.3 Accelerated use of digital solutions

The Trust's digital strategy for 2020 – 2025 "Informed decisions, digitally connected care" has five key strands that will impact in different ways on our estate:



1. **Delivery of Electronic Patient Records** - Paper will be phased out over time meaning less physical storage space will be required in the future. There will initially be a rapid reduction in new paper records. Paper is still currently being stored off site but electronic records will negate this need in the future, meaning savings to our estates running costs.

2. **Connecting digitally with patients and partners** - More virtual outpatient appointments will mean less footfall and potentially less space required at our hospitals. Some of our staff will be working less in our hospitals (for example office based teams including estates and facilities) and working more at home, helping to reduce the need for additional car parking and/or adjust the balance of car parking between staff and patients.

3. **Supporting our colleagues** - Providing the right digital tools and upskilling our staff in using them will reduce the administrative burden on our colleagues through automating processes, supporting decision-making and providing clear information. Cultural and behavioural change will underpin the digital strategy and allow the positive impacts on our estate to be realised.

4. **Unleashing information bringing insight to our decision making** - We have access to significant sources of data, which will continue to increase as we capture more information digitally. How we use this information and harness artificial intelligence (AI) in the future will support evidence based decision making for our estate. We need to have access to relevant, current and robust property data that can be analysed to give us the optimal solutions for our estate.

5. **Improving our digital infrastructure** - A dramatic increase in the number of electronic car charging points will happen and may require a dedicated car park for electric cars. Our bandwidth capacity at all our sites will require to be assessed and brought up to a resilient state to meet the demands of our new digital strategy. Our mobile phone reception will also require updating to plug gaps in services, through better WiFi but also possibly new infrastructure networks.

Digitisation will, in time, impact positively on the average length of stay in our hospitals and the space we need, impacting on the future estate requirements.

8. How are we going to deliver our objectives?

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8.3.4 Information management

The Trust recognises that it needs to improve how it gathers, analyses and uses data and information to make informed, evidence based decisions on its estate.

The complexity and rise of data in healthcare means that artificial intelligence (AI) will increasingly be applied within the field. Hospitals are looking to AI software to support operational initiatives that increase cost savings, improve patient satisfaction and satisfy their staffing and workforce needs. Businesses are developing predictive analytics solutions that help healthcare managers improve business operations through increasing utilisation, decreasing patient boarding, reducing length of stay and optimising staffing levels.

As well as utilising our property information system MICAD, the Trust will understand how artificial intelligence (AI) can improve its decision making in relation to managing its estate. Over the next year, estates and facilities will develop a strategy to harness the power of AI to support its estates management activities.

8.3.5 Updating our estates information database

We have made significant progress in updating and refining our estates information, working with our PFI provider to ensure we collect data in the appropriate format and to agreed standards and definitions. We will complete further work on several aspects of our 7-facet information and have now established our use of the MiCad system, as the leading NHS FM asset management tool to help us improve our data collection.

We have refreshed our backlog maintenance data using a series of desktop workshops, involving key internal stakeholders with detailed knowledge of each aspect under consideration. In conjunction with our PFI provider, we are planning data collection for functional suitability, space utilisation and energy performance at individual asset level, to supplement the data we already hold.

The Trust will continue to update and optimise its estates information to help make evidence based investment decisions.

8.3.6 Sustainability

The Trust will minimise damage to the environment and our local community from our activities and promote sustainable environmentally friendly practices, continually minimising environmental impact by:

- Ensuring compliance with all relevant legislation
- Proactively managing energy, utilities and waste
- Designing upgrades and new works to incorporate low energy technologies, use or renewable energy and LED lighting
- Reducing the use of plastics and anaesthetic gases
- Driving value for money through dynamic procurement of utilities
- Pioneering geothermal technologies (such as Alkane at King's Mill Hospital)
- Exploring options for combined heat and power systems at King's Mill and Newark General Hospitals

8. How are we going to deliver our objectives?

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- Working in partnership with identified stakeholders in local strategic partnerships to ensure that collaboration promotes the sustainability agenda
- Pursuing active communications around environmental initiatives to engage all staff, visitors, patients and Trust members who visit the Trust's facilities
- Reviewing and benchmarking progress against targets using the Good Corporate Citizenship assessment model, NHS annual returns (ERIC) and NHS Improvement returns
- Ensuring all capital schemes will be rated as BREEAM excellent for their sustainability credentials.

In addition we will follow guidance in the NHS Operational Plan 2020-2021 to help improve sustainability through purchasing renewable electricity, building to net zero carbon standards, replacing lighting with LED alternatives, reducing plastics, reducing desflurane to under 20% and cutting business and fleet emissions.

The refurbishment of the existing estate and the planning and design of new buildings represents a significant opportunity to build in the most sustainable and energy efficient measures and all developments will be assessed to ensure options are evaluated on a whole life cost basis. Going forward, all capital projects will address sustainability issues.

8.3.7 Green plan

Guidance requires that each Trust should have a Green Plan (formerly Sustainable Development Management Plan) in place. Green Plans help identify waste reduction opportunities, financial savings and address national priorities such as carbon reduction.

The Sustainable Development Unit and NHS England and NHS Improvement have produced a new Green Plan guide and resources, which the Trust will use to plan our sustainability work and deliver environment, social and financial value.

Our Green Plan which was ratified by the Trust's Board in the first quarter of 2021/22, includes an action plan for energy, water and waste reduction, travel and transport modal shift to cycling, walking, public transport and car sharing and reduction in the carbon impact of our supply chain and purchasing decisions. We will also establish the true cost of carbon by integrating carbon into our finance models and procedures so this can be accounted for within the Trust's financial systems.

The Trust will develop and implement carbon reduction plans to address the major components of NHS carbon emissions including direct energy consumption, procurement, transport (including business, commuting and patient travel), food and waste.

8. How are we going to deliver our objectives?

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8.3.8 Soft FM

We want to deliver soft FM services that realise tax payer value in all services provided. While our service providers will deliver a level of service in line with the PFI agreement, we will work with the PFI provider to ensure effective management of the existing contract terms and we will regularly review the specification of soft services on the PFI agreement. We will ensure that any value testing is completed in line with the contract agreement and that the relevant benchmarking and/or market testing is followed.

The next opportunity to review and benchmark the £18m per annum soft FM services with Project Co. by 2022. The Trust will therefore actively pursue the best option available to maximise value for money for soft FM at this review. This will positively influence any sub-optimal soft FM delivery to drive improved performance.

The Trust will deliver soft FM services regularly benchmarked and market tested to ensure value for money is obtained.

8.3.9 Waste management

We will use a safe, compliant and efficient waste management process to deal with all types of clinical and non-clinical waste at our hospital sites. Recycling of waste where ever possible will be a priority. We shall use the guidance provided by the NHS Clinical Waste Strategy June 2020 to help shape our own approach to effectively dealing with waste on our hospital sites.

Maximising recycling and ethically dealing with waste at all our hospital sites will be key priorities for the Trust.

8.3.10 Open spaces and garden areas

We will use the open spaces in our courtyards at King's Mill Hospital and Mansfield Community Hospitals for activities that support health and wellbeing. This will build on the success of the vegetable garden at Newark General Hospital, which is maintained by patients as part of their rehabilitation and funded by the Friends of Newark General Hospital.

Figure 26 – Our Hospital garden areas

Retaining, protecting and maximising the benefits of our open spaces and garden areas will support the health and wellbeing of staff and patients alike.

8.3.11 Car parking

In response to changes introduced to working patterns at our hospital sites as a result of Covid-19, the Trust is developing a smarter working strategy, which will set out our longer term approach to flexible/agile working.

This strategy will encourage a balance of working from home and working on site where possible, thus reducing the pressure on / future need for car parking spaces. A more detailed plan for car parking at each of our three hospital sites will be developed when the smarter working strategy is complete later in 2020.

We will maximise the opportunity to install electric vehicle charging points in all our car parking areas.

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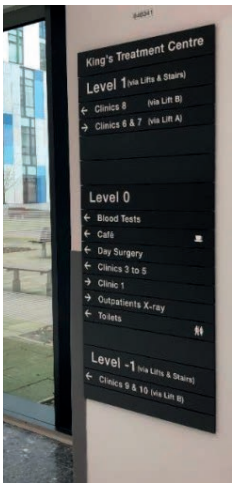
8.3.12 Cycling and walking to work

There is more the Trust needs to do to improve access and interest in cycle to and walk to work schemes and to make it easier for colleagues to work from home, when appropriate.

Building on the greatly increased amounts of walking and cycling seen since the start of Covid-19, we will develop a bespoke cycling and walking to work plan for each of our three hospital sites. This will address issues such as cycle lanes, provision of showers and bike storage and safe walking routes.

Promotion of cycling and walking to work will improve health outcomes and positively impact the local environment.



8.3.13 Wayfinding/ signage

The Trust aims to provide accessible site wayfinding signage across all its hospital sites.

The Trust will follow the guidance in the NHS Wayfinding document which sets out the basic requirements for developing and implementing a wayfinding strategy.

This involves setting out agreed policies for all of the primary issues that affect how people navigate their way around a hospital building.

Existing signage at King's Mill Hospital was reviewed early in 2020 in the wider concept of wayfinding and guidance provided by a specialist consultant on the suitability of existing signage and options available to improve across the site.

A wayfinding strategy / plan will improve the way staff and patients navigate their way around our hospital buildings.

8.3.14 Equality act

Under the Equality Act all reasonable effort must be made to make information and facilities accessible to disabled users. These principles are built into everything that the estates and facilities team do and is an integral part of our business-as-usual and strategic investments. We will work towards making our estate DDA compliant for our staff and patients.

We will work towards making our estate DDA compliant for our staff and patients.

8.3.15 Accessibility and movement

Accessibility to our hospital sites by patients and visitors is often by car as many do not have any viable alternatives to this form of travel. This may be because they are elderly, infirm and ill or are travelling from a location where there is no reasonable alternative mode of transport.

There are also many members of staff who either need to use their cars as part of their job or do not have any viable alternative way of accessing the site.

Where possible we will investigate alternative modes of transport such as bus, cycling and walking to reduce car journeys and we will promote these alternatives at every opportunity.

8. How are we going to deliver our objectives?

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8.4 Evaluation and review

Proper and effective challenge of the performance of the estate provides the cornerstone of effective estate management. Every property asset should be subject to full scrutiny in accordance with the estate strategy and supporting reconfiguration delivery programme. Additional challenge may result from the need to review discrete groups of property assets either on a geographical or service basis.

One of the key actions of this strategy is to establish clear and meaningful Key Performance Indicators (KPIs) and management information to enable us to measure the performance of our property assets, and delivery against our objectives.

Our aim to set ambitious and challenging targets for the delivery of the estate strategy delivery; targets that stretch the service and generate growth and value for the benefit of our patients, staff and the wider healthcare system.

8.4.1 Success criteria

In determining the success criteria for the estates strategy, a range of indicators have been considered, to provide a cohesive and overarching assessment in non-technical terms. These are:

Success criteria	Description
A built environment that enhances care and quality	Building upon our PFI investments, to provide facilities that enhance and promote the ability of clinical services to deliver the best possible outcomes and experiences for people using our services.
Maximising the benefits achieved from our PFI investment and ongoing partnership	Ensuring we achieve high utilisation of our prime assets and achieve value for money from the unitary charges we pay
Optimised revenue expenditure on the built environment	Annual & lifecycle costs shown against agreed national benchmarks for quality and cost
Deliver a 'right-sized' estate	Ensure our assets match the clinical activity of the Trust, to contribute to our overall efficiency and sustainability, in line with efficiency metrics
Identify and develop opportunities for collaborative working	Cost avoidance and improved utilisation of assets with the ICS, ICP, OPE and Nottingham University Hospitals and other key stakeholders
Optimal Capital Procurement	Delivering new developments and improvements to key time, quality and cost targets, measurable against national benchmarks

8. How are we going to deliver our objectives?

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Success Criteria	Description
Reduced backlog maintenance requirements	Reducing reliance on our retained estate, improving its condition where required and reduce future liabilities
Measurable improvement in Care Environment Quality Standards	Assessing our current environments against a set of core quality standards for an efficient care environment (What does good look like?)
Achieve sustainability and carbon reduction targets	Measured against national benchmarks and NHS targets
Achieve 100% statutory compliance (including Health & Safety)	Measured against compliance requirements and Health & Safety guidance

Estates & facilities management will develop these KPIs in readiness for 2021/2022 delivery and they will be measured against on a quarterly basis.

8.4.2 Reporting mechanism

Being able to accurately show outcome performance and concisely report in detail the causes, including root causes behind the data is crucial. Understanding the exceptions, positive and negative, and being able to explain what makes them exceptions, the lessons learned and how this knowledge has been applied is the driver behind measuring performance, and the subsequent reporting of those measures for information and discussion.

These metrics drive our processes, our actions and our continuous improvement in a way that allows us to report and show outcomes and improvement both currently and as a trend across time. Honesty, transparency and being able to show an audit trial to all data is therefore the guidance in the use, compilation and reporting of any performance measure.

Investment plans and the performance monitoring for assets will be reported regularly to the Trust's senior management team. Reports will include financial and quality out turns against plans.

8.4.3 Property review / challenge process

Based on best practice property asset management, going forward estates and facilities will continue to review all Trust assets on an ongoing basis. Part of this process relates to setting, monitoring and reporting against performance targets.

For this estate strategy to achieve its objectives, its ambition needs to be accompanied by year-on-year delivery of significant, meaningful and measurable benefits to the Trust. The Trust needs to be capable of demonstrating these benefits through its own performance measures and to satisfy both external scrutiny and comparison against external benchmarks.

It embraces external assessment, to meet statutory performance obligations and internal challenge in terms of a performance measurement framework.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Put simply, the approach is to assess how well the Trust performs against a clear set of performance criteria which reflect the Trust priorities in terms of efficiency, effectiveness and added value.

Estates and facilities will ensure that the structure for and disciplines around corporate property management are maintained and refreshed annually.

8.4.4 Post project evaluation

To learn from experience, all major projects will be evaluated. In accordance with current guidance and good practice, projects will be evaluated in three stages:

1. Monitor progress and evaluate the project outputs on completion of the new facilities. This will take place at each stage as new facilities are completed

2. Initial post-project evaluation of the service outcomes six to twelve months after all the relevant facilities have been commissioned

3. Follow-up post-project evaluation to assess longer-term service outcomes two years after the facilities have been commissioned.

The evaluation process will be overseen by the relevant project board. At each stage of the evaluation, a formal report will be issued. At each stage, the project evaluation on completion will determine what went well during the procurement of the new facilities, what went less well and what lessons may be learnt from the process, and will be addressed by reviewing:

- To what extent relevant project objectives have been achieved
- To what extent the project went as planned
- Where the plan was not followed, why this happened
- What learning may be transferred to other projects, internally or externally?

An evaluation of key projects will be carried out on their completion to assess if they have delivered the benefits they said they would and to understand what lessons can be taken forward for future projects.

8.4.5 Estate performance targets

The estates and facilities team will continue to measure the performance of the estate using the key indicators from the Model Hospital Estates & Facilities reporting system as shown in Section 6 of this estates strategy.

Performance of our PFI estate will continue to be monitored on the metrics as shown in Section 6 of this estates strategy.

Performance of our estate will continue to be measured against the Model Hospital and PFI Contract benchmarks.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

8.5 Risk management

Evaluation of risk is an important part of effective property asset management. estates and facilities have taken a "strategic and proactive" approach to risk management and will continue to identify and prioritise risks to allow them to be escalated, where appropriate, onto the Trust's Corporate Risk Register.

Overall risk will be mitigated by the inherent incremental and flexible approach of the estates strategy. The approach will ensure that where appropriate schemes can be modified or halted as the need changes or if the anticipated capital, revenue or workforce do not become available.

The incremental factors noted above will enable development to follow the available funding. If it reduces, the plans can slow down and it is possible to adjust priorities. If funding improves, the plan can speed up and a number of independent schemes can be progressed in parallel.

All schemes will be the subject of individual business cases.

The approval of an estates strategy is an important step in the development of a strategic and annual capital plan. This will improve the control of annual capital expenditure against sources of income.

The above approach is therefore sustainable development, with least risk.

8.5.1 Risks identified

A range of risks exist which will need to be addressed if our portfolio is to continue to provide fit-for-purpose accommodation that serves the needs of our patients, stakeholders and the wider health system. The main risks and constraints for the delivery of the estates strategy are identified below:

Strategic risk	Mitigating action
Trust financial position and national financial climate	Maximise estate and space utilisation before investing in new properties. Review capital plan and look for opportunities to divert capital
Demands on clinical services (e.g. elective capacity increases) need solutions which may not be realisable	Develop early plans of possible actions to support increases in clinical activity
Changes in local, regional and national politics and policies	Active engagement with peer/partner organisations, regular environment scanning
Third party decisions impacting on the Trust activities	Early engagement with third parties to allow development of coherent strategy
Third party decisions impacting on the Trust activities	Prioritisation of actions or identification of additional resources if value for money case can be shown

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

These risks and others that will arise during the period of this estates strategy and will be owned by the Assistant Director of Estates and Facilities and minimised using mitigation plans through an estate strategy risk register that feeds up to the Trust's overall risk register.

- This strategy recognises that property assets can also become liabilities, impacting on patient lives; carrying the following risks:
- Failures to manage Health and Safety compliance could put patients, staff and contractors at risk
- Failures to meet statutory standards can carry penalties and will damage the Trust's reputation
- Poor value for money in property management will have a major impact on our finances as this represents a very large proportion of our Trust's planned spend.

Regular processes to identify and assess risks are in place and actions agreed to manage risks in order to minimise impact.

8.6 How we will respond to Covid-19

The Trust will have to continually revise and adapt its approach to managing the estate as the impact of Covid-19 changes our society and the way we work and interact with each other.

The future economic climate and operating environment resulting from the after effects of the pandemic will present new threats, opportunities and different types of regulations.

Some of the key questions we need to ask ourselves are:

- How do we create agile and productive post-crisis workspaces?
- How do we respond to changes in Health Technical Memorandums (HTMs)?
- How do we sustain a reduced carbon footprint?
- How do we sustain rapid digitalisation?
- What can we do to prepare for a future crisis?
- How do we reactivate our capital investments and project delivery?

The key areas for improvement that we have identified so far include adopting a holistic Enterprise Risk Management (ERM) approach which manages risk throughout the Trust to:

- Re-prioritise objectives in order to react to exceptional circumstances in an ever changing operational environment
- Stress test different risk scenarios in multiple ways so as to understand the impact on the Trust
- Be clear about on what our critical risks are and understand how they will be managed
- Communicate risk management information across the Trust and beyond, effectively
- Continue to operate and react to the existing and changing regulatory environment.

We will critically review our estate and capital investment plan to re-prioritise initiative delivery, to revisit business objectives and priorities and revisit investment appraisals and business cases in light of the changed focus and need.

8. How are we going to deliver our objectives?

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

8.6.1 Specific responses to Covid-19

One semi-permanent, low-cost solution the Trust can utilise in responding to future situations such as Covid-19 is to quickly scale up our estate with modular emergency care units and priority assessment pods.

These type of units have flexible layout options, have a hygienic finish with self-contained services and require no site works. The ability to quickly order and install this type of facility will be an important option to have available and estates and facilities will be ready to respond to future emergencies in this way.

To an extent, the Covid-19 crisis has already accelerated technology change but we want to be in the position where:

- We use Electronic Patient Records
- We are connecting digitally with patients and partners
- We have the right digital tools and our staff are upskilled in using them
- We have access to significant sources of data, which will continue to increase as we capture more information digitally
- Our digital infrastructure is continually improving.

The Trust wants to harness the opportunities of the digital age to drive forward change and efficiencies in delivery of its estates services.

8.7 Implementation timeline

A five year implementation programme of actions to deliver this estates strategy is included in Appendix 5.

8.8 Communications

It is important that within The Trust and across its partners and stakeholders, this strategy is easily available, promoted, read and understood by all who have an interest in the estate and property matters.

The Trust will therefore communicate this estates strategy in a number of ways:

- Be published on the Sherwood Forest Hospitals NHS Foundation Trust website
- Summary version of the estate strategy
- Through the communication channels within the ICS and ICP
- Newsletters and articles on the Trust's website
- Drop in sessions with the estates and facilities team.

Before launching the estates strategy, pre-engagement with key stakeholders will also take place, to raise awareness of the forthcoming launch of the estates strategy.

9. Key Performance Indicators

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Element	Estates strategy commitment	2021	>2022	KPIs
SP1 To provide outstanding care to all patients	Ensure the estate supports the delivery of outstanding patient care	Devise patient scorecard based on estate domains for risk/QC reporting Commission access audits for all sites	Roll out metrics across all EFM disciplines Refine large investment infrastructure business cases to support estates reconfiguration	Refreshed EFM patient metrics; learning from incidents; patient complaints
SP2 To support each other to do a great job	As esates and facilities professionals we will support our workforce and partners with the expertise, knowledge and skills to provide safe care for our patients.	Agree contractual KPIs for improved soft FM workforce with Medirest for the 2022 bench mark Improve clinical/non-clinical interface through security liaison group.	Refresh of practice development programme Further development of professional and practice development unit	Staff satisfaction results, no. of security / V&A STEIS
SP3 To inspire excellence	As estates and facilities we will deliver evidence based care, by reducing unwarranted variations and standardising best practice	Conclude the IPA review into health sector PFI contract management on behalf of the DoHSC Board approved net-zero green plan	Embed the revised/ enhanced National Standards of Cleanliness across the estate	PLACE scores, monthly cleanliness scores , action plan arising from IPA review, energy metrics
SP4 To get the most from our resources	Increased utilisation of the PFI asset for system benefit	Support the data gathering of fixed point assets across the ICS/ICP	Cost reduction opportunities identified in Model Hospital review Prioritised capital plans to reduce backlog maintance	Utilisation; clinical/non-clinical space split, Model Hospital performance
SP5 To play a leading role in transforming the health and care of our community	As estates and facilities professionals we will lead the local ICP Estate agenda and support the ICS to provide high quality, cost effective, estate across the system	Engagement within the local community and stakeholders around ICS/ ICP agenda	Site control and investment plans aligned with ICS strategy	Utilisation, reduced BLM

Potential risk	How the risk might arise	How the risk is being mitigated
Ability to access system capital resources to realise the strategy	All capital resources are allocated at ICS level. It is known that NUH have significant BLM challenges and their estates ask can be compelling	Articulate well to the ICP/ICS the system benefits to further investment in the estate at SFHFT

9. Key Performance Indicators

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Element	KPI	2021 Target	>2022 Target
To provide outstanding care to all patients	Collate from numerous sources a single 'patient safety' score card to measure the impact of EFM services	Reporting to Risk/QC 'assured'	Reporting to Risk/ QC 'significant assurance'
	Delivery of estates schemes prioritised in capital expenditure plan	80%	90%
	Promote a culture of shared learning – SI's and significant incidents shared alongside learning at all corporate meetings with Project Co. and their partners	All EFM governance meetings	All EFM governance meetings
To support each other to do a great job	Staff satisfaction survey results, including Medirest contract staff, overall satisfaction score	>60%	>80%
	Outstanding actions on V&A Baskind security/clinical review	<5%	0
	Develop and deliver our ward and department accreditation programme – refresh the scoring matrix and extend roll out across all department	85% of all wards / departments implemented refreshed programme	100% of all wards and departments utilised refreshed programme
To inspire excellence	Reduce overall waste volumes by 7% per year to 2025	7% reduction	14 % reduction (2017/18 baseline)
	Reduce carbon emissions from energy consumption by 80% by 2025 from our 2014/15 baseline	20% reduction (2025 baseline)	40% reduction (2025 baseline)
	Maintain outstanding PLACE scores 'cleanest hospital in the Midlands'	<100%	<100%
To get the most from our resources	Reduction in % of non-clinical space	5% reduction	10% reduction
	Reduction in % of under-utilised space (ERIC GIA)	10% reduction	20% reduction
	Maintain outstanding PLACE scores 'cleanest hospital in the Midlands'	<100%	<100%
To play a leading role in transforming the health and care of our community	Acquisition of Mansfield Community Hospital from NHS PS to improve utilisation of PFI asset for ICP/ICS benefit through transparent and fair charging regime for all occupiers	n/a	10% reduction in under-utilisation in year 1 of acquisition
	Reduction in Mid-Notts ICP Back Log Maintenance (BLM) risk through improved utilisation of SFHFT PFI asset	2% reduction in system BLM (2018 basline)	2% reduction in system BLM (2018 basline)
	Number of third party leases (as % of SFHFT GIA) to occupy SFHFT assets to improve utilisation and enable divestment opportunities for ICP/ICS partners	0.03%	0.03%

10. Conclusion

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

In summary, the estates strategy outlines the drivers for change and areas we need to invest in at our three hospital sites. It also sets out the range of services and business as usual activities that the Estates & Facilities Team provide to maintain a high performing, safe and compliant estate.

There is a clear vision for the future of the Trust and the goals to be obtained, over a realistic time period but the vision can only be realised through reform and more innovative ways of working, not only within the Trust but also across the wider Nottinghamshire healthcare system.

The resources needed to carry out this transformation are not only financial, but include the people with the necessary skills and commitment at all stages of the change process.

10.1 NEXT STEPS

These are the future actions required to develop the estates strategy:

- Continue to monitor and react to the changes brought about by the impact of Covid-19
- Ensure all key projects are taken through a rigorous, compelling business case process to ensure they deliver benefits based on the situation at the time of their development
- Prepare a detailed build-up of capital costs to provide an overall five-year capital programme to ensure appropriate finances are allocated to implement the changes required
- Agree a clear communications message promoting the estates strategy and estate changes to the Trust's staff, the public, commissioners and other stakeholders across the system.

10.2 CLOSING STATEMENT

I want this document to be in constant use and referred to by everyone who has an interest in property at Sherwood Forest NHS Foundation Trust. Our estates strategy should be the first point of reference for any estates and property matters and will be the guiding light for delivering change across our estate. The estates strategy also shows the importance to our stakeholders of what the estates and facilities team does to maintain a safe and compliant estate and deliver the required investment in property to meet new and emerging clinical demands.

"The principal purpose of this new estate strategy is to tell our staff, stakeholders and partners how our estate performs and more importantly how we will deliver the necessary change for system benefit across Nottinghamshire"

Further iterations of the estates strategy will address the evolving impact of Covid-19 on how we work and how we use our estate.

Ben Widdowson, Associate Director of Estates & Facilities, Sherwood Forest Hospitals NHS Foundation Trust, Estates & Facilities Lead, Mid-Nottinghamshire Integrated Care Partnership

Appendices

Sherwood Forest Hospitals NHS Foundation Trust - Estates Strategy - 2021 to 2026

Appendix	Programme	Document
1	NHS Regulatory Framework	Appendix Doc 1
2	National Policies	Appendix Doc 2
3	Model Hospital Tool - screenshots	Appendix Doc 3
4	Investment Business Cases	Appendix Doc 4
5	Implementation Timeline	Appendix Doc 5
6	Glossary of Terms	Appendix Doc 6