

Board of Directors - Private

Report

Subject: Estates Strategy
Date: 26 November 2015

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Development

Executive Summary

Following the recent report by Monitor on the Trust's Capital Programmes for 2015-2016 and DoH Section 42 'Deficit Support Conditions', the Trust is required to have an up to date, board approved, Estates Strategy consistent with the Trust clinical strategy.

The attached document builds on the CCG Better Together Transformational Programme (BTTP) Estates & Commercial Strategy, an update of which was shared with SFH Board on 27th November 2014, and defines the Trust Estates priorities aligned with BTTP.

Essentially the Estates Strategy is a 'no new build' solution to better utilise the high quality PFI estate, improve adjacencies, dispose surplus land and exit deteriorating retained estate to reduce the Trust's overall gross internal area/footprint. This will not only reduce the Trust's PFI financial burden and excess retained estate liabilities, but also occupancy costs including business rates and utilities costs. The document is consistent with the format described in the DoH document 'Developing an Estate Strategy' (2005) and the strategy includes a 5 year capital investment plan reflecting safety/backlog maintenance levels and capital spend to mitigate these, annual lifecycle replacement of estate infrastructure, and new developments. Estate KPI's are included and benchmarked against peers to assist when reviewing investment proposals that impact on or are affected by the estate.

Recommendation

APPROVE the attached document, ACKNOWLEDGE the information given and AGREE the direction of travel.

| Relevant Strategic Priorities (please mark in bold) | | | |
|----------------------------------------------------------------------------|--------------------------------------------|--|--|
| To consistently deliver a high quality patient | To develop extended clinical networks that | | |
| experience safely and effectively | benefit the patients we serve | | |
| To eliminate the variability of access to and | To provide efficient and cost-effective | | |
| outcomes from our acute services services and deliver better value healthc | | | |
| To reduce demand on hospital services and | | | |
| deliver care closer to home | | | |

| How has organisational learning been disseminated | N/A |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Links to the BAF and Corporate Risk Register | Significant DATIX risks relating to the retained estate are listed on the Estates and Trust Risk Registers including, |
| | 1045 – Retained Estate HVAC plant not achieving air change rates required by NHSE HTM 03 |
| | 1066 – Retained Estate Spine Corridor – NHS Estates Condition DX |
| | 1181 – Retained Estate backlog maintenance liabilities |



| | totalling £8.7m to eradicate backlog |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| | 923 – Retained Estate, CSSD and Pharmacy ADU, assessed as NHS Estates Condition DX. |
| Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution) | No additional risks |
| Links to NHS Constitution | N/A |
| Financial Implications/Impact | £25m in forecast 2019/20 forward Capital programme. |
| Legal Implications/Impact | None |
| Partnership working & Public Engagement Implications/Impact | CCG links with Health Economy wide BTTP Estates & Commercial Strategy. |
| Committees/groups where this item has been presented before | Executive Team meeting on 19 th October 2015 |
| Monitoring and Review | On-going |
| Is a QIA required/been completed? If yes provide brief details | Will be required as strategy processes |