1 Executive Summary

The Estate Strategy for the Gloucestershire Hospitals National Health Service Foundation Trust has been developed focusing on how best to develop the estate to respond to the needs of services provided to our patients. The process has involved contributions from staff and stakeholders involved in the provision of health and social care.


A robust Strategy is essential to ensure that there are high-quality, well-located buildings, which are in the right condition to facilitate the delivery of modern healthcare services.

The benefits to the Trust and the wider health economy of having a formal Estate Strategy is an assurance that the quality of the service we provide will be supported by a safe, secure and appropriate environment.

The Estates Strategy aims to provide:

- A clear, positive statement to public and staff on the Trust’s plans to maintain and improve services and facilities, in line with the recommendations of the NHS plan
- A plan to ensure that the estate contributes positively to the patient experience.
- The alignment of estate capital investment with the Trust’s Strategic Objectives and emerging service strategies
- A plan for change, which can be measured
- A strategic context, within which business cases for capital investment can be assessed
- A means by which the Trust, in association with Monitor, can identify capital projects that will require formal approval
- A commitment to sustainable development, environmental targets and legislative requirements
- An assurance that asset management costs are appropriate and future action is taken to address those which fall outside targets
- An assurance that risks are controlled and investment targeted to manage and reduce risk
- An assurance to staff that they will have an appropriate working environment and that any transition to new facilities will be managed well, with minimal disruption to their working lives and to services
- A commitment to a Training Plan agreed for staff working within Property and Medical Engineering (P&ME)

The Estate Strategy supports the Trust’s overall Strategy and its supporting Strategic Objectives.
This Strategy is divided into three sections, which respond to the three fundamental questions that the Strategy must address:

- **Where are we now?**

  This initial section is aimed at developing a comprehensive analysis of the current position and performance of the estate in relation to the service it provides and the facilities it uses. This stage establishes a baseline against which the development of the Strategy can be measured.

- **Where do we want to be?**

  In this section the long-term service aims of the Trust are summarised. Whilst plans have been generated, they are not yet fully determined or fixed as they will need to be developed in a close consultation with users to ensure solutions are tailored to accommodate all health needs in the county. They do, however, form the best current vision for future services to allow the development of this Estate Strategy and the Trust’s estate performance targets.

- **How do we get there?**

  The final section of the document uses the information and outputs of the previous stages to create a Strategy for the future development of the estate.

It is intended that this Strategy is reviewed annually against the Trust’s emerging clinical service strategies and that it links to other key strategies including Finance.

The Trust’s Estate Strategy aims to provide an estate vision, which will be flexible to the changing needs of the developing service requirements, to allow the Trust to maintain and improve the high quality services it provides, whilst at the same time improving the efficiency and effectiveness of the estate to ensure good value for money.

## 2 Where are we now?

### 2.1 Introduction

This section of the estate strategy sets out to complete the analysis of the estate and its effectiveness in supporting the Trust’s core business of providing healthcare. The analysis generates service and estates priorities which need to be addressed when planning the future development of the estate.

The analysis has been profiled as follows:

1. Current overview details (how it looks)
2. Age and performance characteristics (including survey details)
3. Key performance indicators (comparing its performance with other similar trusts)
4. The nature of the Trust’s services
5. Services provided from the Trust’s estate
6. Estate and Service priorities

### 2.2 Estate Profile

Gloucestershire Hospitals NHS Foundation Trust has a net book value for the estate of £210,800,000. The Trust currently has three hospital sites: Delancey Hospital, Cheltenham General Hospital (CGH), and Gloucestershire Royal Hospital (GRH). The latter two are District General hospitals, the former is rehabilitation and elderly care
hospital which closed for in-patient services in April 2009. It is planned to dispose of this site in the next two years.

Within Gloucester City the Trust has a long term lease on Victoria Warehouse Gloucester at around £300,000 per annum, currently accommodating the Finance and Procurement Shared Services. The Trust also has short term leases on office accommodation in Pullman Court costing around £125k per annum and a lease with the Barnwood Trust of £14,500 per annum for the Wheatstone Day Centre providing palliative services.

2.3 Management of the Built Environment

The Trust has a statutory responsibility for management of buildings, land and equipment. The built environment is an important factor in patient care; an effective and well-run physical environment will help ensure that patients, staff and visitors are afforded safe facilities.

2.4 Governance

The Trust board level responsibility for Estates Services is vested in the Director of Corporate Governance and Facilities, advised by the Director of Property and Medical Engineering who in turn is supported by appropriately qualified professional staff with knowledge and experience of complex and diverse health care estate issues, many of which are statutory and mandatory.

2.5 Health and Safety

Activity relating to the built environment is undertaken in accordance with Trust Policies and Procedures. These underpin operational delivery of the estates strategy and provide clear guidance and direction to those undertaking specific tasks and maintenance. This ensures compliance with relevant health and Safety related regulations.

2.6 Risk in the Estate

An annual review of the estate in relation to its ability to meet service needs and compliance with legislation is undertaken. Non compliance and shortcomings are identified, risk assessed and prioritised using SAFECODE. These inform investment plans as part of the Trust’s annual planning cycle. Identified risks are managed in accordance with the Trust’s Risk Management Policy and Procedure for Managing the Trust Risk Register.

2.7 Maintenance Plan

Estate assets are systematically managed to ensure that they are kept in a condition, which reflects their function, utilisation and remaining serviceable life. An inventory of the asset base is maintained, analysed and prioritised on the basis of its risk to delivery of activity, service and statutory requirements. An annual maintenance plan and equipment replacement schedule is in place.

2.8 Trained Staff

A skills analysis to ensure that statutory and mandatory requirements can be met has been undertaken within the Property and Medical Engineering Department and a competency programme developed. An annual review is undertaken to identify gaps in capability against skills matrices and personal development plans are agreed with staff at appraisal.
2.9 Patient Environment

The existing Trust estate has a large proportion of estate over 40/50 years old, resulting in many of these areas in a low area per bed and a less than optimal environmental quality for the patient. These areas also lag behind current HBN standards. The ratio of side rooms is low, with relatively few en-suite facilities, potentially compromising patient privacy and dignity. Some hospital acquired infections in the Trust have also been linked to poor estate quality and a low ratio of side rooms.

The estate information held on ERIC relating to the patient environment identifies the number of Nightingale Wards and area per bed. Gloucestershire Hospitals NHS Foundation Trust has five of the twelve Nightingale Wards in the SW Strategic Health Authority. This accounts for 2.0% of such accommodation nationally in acute medicine, and 1.2% overall.

2.10 Arts in Trust

The aim of the Percentage for Art scheme is to raise quality of the environment beyond the functional to be stimulating and attractive, enhancing patient, visitors and staff's experience.

3 Assessment of the Existing Estate - Age Profile and 6 Facet Survey

The Trust has completed a detailed survey of the estate, following guidance described in the Department of Health (DH) publications listed below:

- Developing an estate strategy
- Estatecode
- Best practice advice: Establishing and managing backlog
- A risk based methodology for establishing and managing backlog

The 6 facets of the survey are as follows:

Scope is briefly described below:

1. Building Age
   The age profile, as the title suggest, identifies the age of the building stock as a proportion of the Trust's total floor area.

2. Physical Condition
   This analysis covers the condition of the structure and fabric together with mechanical and electrical engineering installations.

3. Fire and Health & Safety Requirements
   This analysis covers the level of compliance with statutory and non statutory requirements in relation to fire and health and safety.

4. ‘Backlog Maintenance Cost’ Assessment (drawing on facets 2 & 3)
   This area of the analysis draws together the estimated costs of achieving the appropriate condition ranking. This provides the overall ‘Maintenance Cost’ position for analysis. A risk based approach is then undertaken to establish the level of investment which must be prioritised for the period 2009 - 2015.
5. Quality
The Quality Analysis indicates the extent to which the facilities address the requirements of the staff and patients using them. The review covers three areas:

- Amenity (is it an attractive and pleasing area for staff and patients, in terms of privacy, dignity, working conditions etc)
- Comfort Engineering (does the facility offer an acceptable environment – lighting, heating etc)
- Design (is the facility attractive to look at internally and externally - is it well and nicely decorated, with appropriate furnishings provided)

6. Environmental Management
The Environmental Management Analysis includes performance of the estate in the following areas:

- Energy Consumption
- Water Consumption
- Waste Management

An analysis of the Trust’s performance against these criteria follows.

3.1 Building Age

Around 73% of the estate area does not meet current standards, which reflect its age and overall condition. 26% of the estate is in need of substantial improvement and some (Delancey) is beyond the threshold of viable investment

A site age profile is attached at Appendix 1

3.2 Physical Condition

The scope of study for this facet is shown in the diagram below.

![Physical Condition Diagram]

Other than Delancey all of the Trust’s accommodation achieves Category A or B.

Details of the Department of Health categorisation of buildings is attached at Appendix 2
3.3 Fire and Health and Safety Compliance

This facet addresses Fire compliance and Health & Safety aspects of the estate, the composition of which is shown in the diagram below.

Compliance against the Health & Safety criteria relating to the estate is generally good but there remains a programme of work (for example as set out in the schedule of irregular maintenance) to ensure continued compliance in this area. The Trust has developed an extensive water management plan in response to the risk of Legionella.

Fire compliance is good at GRH and satisfactory at CGH where a programme of investment has been carried out over the past few years to meet the challenge of maintaining fire precautions in a listed building, where the opportunities for compartmentalisation are constrained.

This is confirmed in the Trust's annual statement of Fire Safety.

Further information is available within the Trust's Policies and Procedures covering Fire and Health & Safety.

3.4 "Backlog" Maintenance Cost Assessment

As part of the Department of Health reporting on Estates information (ERIC) the Trust is required to provide data in respect of maintenance of the Estate broken down into Building, Engineering and Grounds costs.
The table below is a summary of the backlog maintenance for all aspects of the estate for 2007/08.

<table>
<thead>
<tr>
<th></th>
<th>Cheltenham General Hospital</th>
<th>Gloucestershire Royal Hospital</th>
<th>Delancey Hospital</th>
<th>Ermin House</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Backlog Cost</td>
<td>£0.00</td>
<td>£0.00</td>
<td>£31,000.00</td>
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</tr>
<tr>
<td>Significant Risk Backlog Cost</td>
<td>£380,000.00</td>
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<td>Moderate Risk Backlog Cost</td>
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<td>£1,900,000.00</td>
<td>£519,500.00</td>
<td>£107,000.00</td>
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<tr>
<td>Low Risk Backlog Cost</td>
<td>£1,100,000.00</td>
<td>£1,400,000.00</td>
<td>£259,750.00</td>
<td>£50,000.00</td>
</tr>
<tr>
<td>Risk Adjusted Backlog Cost</td>
<td>£465,714.29</td>
<td>£607,857.14</td>
<td>£267,661.11</td>
<td>£0.00</td>
</tr>
</tbody>
</table>

The Trust maintains a schedule of “irregular maintenance” to eliminate or reduce these figures which is held on the Estates Department Risk Register. This is prioritised using SAFECODE and the highest priorities are funded from the Backlog Maintenance section of the Trust’s capital programme. A copy of the current schedule is attached at Appendix 3.

3.5 Quality

The quality facet examines three areas of assessment. The areas of assessment are:

**QUALITY**

**AMENITY**
Does the facility offer an attractive and pleasing area for patients and staff (for example in terms of privacy, dignity, comfort, working conditions, signposting)?

**COMFORT ENGINEERING**
Does the facility offer an acceptable environment (for example is it well lit, adequately heated and cooled, noise and odour free)?

**DESIGN**
Is the interior/exterior attractively designed (for example in terms of good colour schemes, well furnished, enhanced by art, plants, views etc.)?

A wealth of feedback is available to the Trust through the complaints process, patient surveys, PEAT visits, the regulatory process and the Trust’s own assessments for example through its work on developing “essence of care”

Observations are as follows:

- Significant parts of the estate do not meet the required standard. This is a clear reflection of the age condition of the estate
- There is a need to improve performance on privacy & dignity issues, particularly mixed sex accommodation
- The Trusts’ Essence of Care work has identified overcrowding of bays, lack of space in clinical areas, insufficient storage, a problem with temperature in tower wards, (draughts from windows), and poor sanitary facilities in some areas.
The Trust’s current policy in relation to quality is:

- Minor projects for conversion, refurbishment or maintenance, must consider the opportunities to improve the quality rating of the facet as part of the design process.
- For new build investment programme or major refurbishment, compliance with all aspects of the quality facet is a mandatory part of the brief, unless there are extenuating circumstances.

3.6 Environmental Management

The purpose of this facet is to measure how well the Trust’s performs in relation to environmental management, which includes the following estate related areas:

![Environmental Management Diagram]

i) Environmental Management

The Department of Health is committed to sustainable development within the NHS, and this is clearly set out in “Securing the Future”, the UK sustainable development strategy, and in the white paper, “Choosing Health”. Sustainable development now forms part of the framework for NHS activity. Corporate Citizenship is one way organisations can contribute to the sustainability agenda.

“Good corporate citizenship is about NHS organisations making a contribution to sustainable development, health improvement, and tackling health inequalities, through their day to day business activities. It is about how corporate behaviour can aid population health, social cohesion, strong local economies and a healthy environment.”

Healthy and Sustainable, The NHS as a Good Corporate Citizen, NHS Confederation Briefing, NHS Confederation, 2006

The Trust acknowledges its responsibility to provide its services in sustainable way through it work on “Corporate Citizenship”. This is led by the Corporate Citizenship Committee. Further information is available in the Corporate Citizenship Annual Report 2008-09

ii) Procurement

“Sustainable procurement means purchasing goods and services in ways which maximise positive benefits and minimise negative impacts on society, the economy and the environment through the full-life cycle of the product”.

Sustainable Development Commission – Good Corporate Citizen
iii) Buildings

“A sustainable building is designed to reduce waste, energy and resource use — saving money, reducing negative environmental impacts and benefiting health. During construction it offers local employment opportunities and procures from local businesses and enterprises.”

“Building sustainably provides healing environments and healthier workplaces that can enhance public health”.

Sustainable Development Commission – Good Corporate Citizen

The Trust has continued with its ambitious programme of new buildings and refurbishments and for each scheme sustainability and environmental factors are taken into account. Trust Design and Construction Requirements (TD&CR) have been updated to reflect energy efficiency, sustainability and waste reduction and policies have been reviewed against issued guidance and best practice.

A TD&CR is drawn up for each capital development scheme, whether a new building or a refurbishment and contains specific targets to be met in design and construction. The environmental impact of all new buildings and refurbishments is assessed using the NHS Environmental assessment tool (NEAT) or the Building Research Establishment Environmental Assessment Method, (BREEAM Healthcare).

iv) Facilities Management (Energy Utility/Water/Waste)

“The NHS has a considerable ecological footprint. It produces 600,000 tonnes of waste – over 1% of all domestic waste produced in the UK – and consumes 50 billion litres of water a year. Energy used by the health sector produces about 3.5 million tonnes of CO2 a year.

“Sustainable facilities management is about minimising the impacts on the environment and supporting the local environment and economy. This often results in saving money that can be used to deliver better healthcare”.

Sustainable Development Commission – Good Corporate Citizen

Summary for 2007/08

<table>
<thead>
<tr>
<th></th>
<th>Cheltenham General Hospital</th>
<th>Gloucestershire Royal Hospital</th>
<th>Delancey Hospital</th>
<th>Ermin House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical GJ</td>
<td>30289.29</td>
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<tr>
<td>Gas</td>
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<td>Total Energy Cost</td>
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<td>Electricity</td>
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<tr>
<td>Gas</td>
<td>£349,979.10</td>
<td>£668,525.21</td>
<td>£135,650.00</td>
<td>£13,468.44</td>
</tr>
</tbody>
</table>

Further information on the use of utilities within the Trust is attached at Appendix 4

v) Transport

“Sustainable transport is about encouraging walking, cycling and the use of public transport and making sure that pollution and CO2 emissions are minimised. Organisation can manage transport issues in ways that benefit communities, support local economies and help protect the environment”.

Sustainable Development Commission – Good Corporate Citizen

Over the past few years, through its Travel Plan and Green Transport Group, the Trust has introduced a range of policies and initiatives designed to reduce
journeys and car travel and contribute to reducing the level of emissions in the local area.

Further information is available in the Trust Green Travel Plan

vi) Overall performance

As part of the assessment of the Department of Health reporting on Estates information (ERIC), comparative information is produced across the NHS.

There is concern that the ERIC returns are completed in an inconsistent manner across the service and the information provided is always 2 to 3 years out of date.

Some information (both data and “radar charts”) is attached at Appendix 5 and whilst this cannot be used to assess the Trust’s performance in detail it can help with some overall views on the estate and generally supports the conclusions arising from other sources within this section

4 Where do we want to be?

The Estate Strategy supports the Trust's overall Strategy, its supporting Strategic Objectives and is a key constituent of its Organisational Development Strategy.

4.1 Organisational Development Strategy
4.2 Strategic Objectives

The Trust has identified the following Strategic Objectives:

- Develop our portfolio of services to better meet the needs of the population
- Increase the proportion of patients who describe our services as excellent
- Maximise the safety of patients, staff, and visitors
- Increase proportion of staff who describe us as excellent
- Be regarded as an excellent partner organisation
- Achieve the highest ratings for the quality of our Clinical Services
- Optimise the use of our resources and ensure value for money

4.3 General Principles of the Estates Strategy

4.3.1 The Estate must meet Service Needs

Current services are constrained by the present estate profile. This strategy will have as its top priority the creation of an estate profile which is wholly determined by service need. However, the future service strategy for the Trust is currently in development and will only become clear in detail in the coming months. This Estate Strategy therefore takes general themes that are emerging from the development of the service strategy as its driver and will deliver an estates portfolio which will allow the service to be provided from functionally suitable and well utilised accommodation that will allow flexibility for future growth and change. The strategy will require review and revision in detail once the final service strategy is known in detail.

4.3.2 The Estate must be modernised

The strategy will plan to meet the national plan targets for age profile of the accommodation. Nearly 80% of the Trust’s estate is in excess of 40 years old, and much of this accommodation is used for patient care. This will require the replacement of ageing and obsolete stock with modern, efficient and compliant accommodation.

4.3.3 Operational Estate which is retained must be well maintained (Physical & Statutory/Non Statutory Compliance)

The current Risk Adjusted Maintenance backlog will need to be addressed as part of the Estate Strategy. The Estate Strategy will plan the replacement of the most obsolete and high maintenance areas and will show a year by year reduction in the maintenance backlog to meet DH management targets and to reduce the costs remaining within the estate portfolio. As part of the strategy a key driver will be to review and facilitate the release of areas of site for disposal to reduce capital charge commitments or to establish new sources of income which fund estate costs.

4.3.4 The Estate must be fit for its use

Parts of the Trust’s estate are not optimal for its current use. The estate does not match service needs and inefficiencies exist within service delivery in adapting to the constraints of the current estate. The Estate Strategy will develop and monitor improvements in the functional suitability of the estate, placing in the highest priority on patient areas. The strategy requires that the starting point for all new schemes will be to schedule accommodation in accordance with the Department of Health Cost and Area Guidance. Detailed planning may subsequently vary from this for a variety of reasons but these variations will be explicitly identified within Business Cases.
As part of detailed planning consideration will be given to:

i) Amenity
The Privacy and dignity requirements will be incorporated into all new schemes. Similarly thought will be given to the provision of amenity areas externally and internally to provide patients and staff with a pleasant and therapeutic environment.

ii) Comfort Engineering
All schemes need to consider measures to ensure modern standards of environmental comfort within the context of a positive contribution to sustainability and a low carbon environment.

iii) Design
The final design of the hospital will be developed over time in phases but the strategy will endeavour to ensure that an overall design concept is possible within the context of the current scale and to be in keeping with character of the local community.

4.3.5 The Estate must aim for optimal space utilisation

The right accommodation should be in the right place at the right time. This is not currently the case, with significant parts of the estate being either overcrowded or under utilised. This Estate Strategy will ensure that all new development meets current guidelines and that the use of the existing estate will incrementally improve. Whilst the strategy will allow modern healthcare space standards it is essential that these areas are well utilised to realise the value for money for the capital investment. Therefore once the service model is known the areas will be reviewed against the functional content to ensure that space is well utilised. In addition at the detailed planning stage individual departments will be subjected to a utilisation exercise which will schedule the percentage use of each room per week and give a good overall view of utilisation.

There is also a need to identify a Trustwide process that ensures a robust means of ensuring that existing space is well utilised and that the use of space is consistent with the Trust’s objectives and service development plans.

4.3.6 The Estate must be Energy Efficient

The Estate Strategy will ensure that all future upgrades/new developments will embrace modern design standards to achieve efficient energy use, utilising sustainable fuel sources.

4.3.7 The Estate will provide a flexible environment

Flexibility is an essential element in modern healthcare estate provision. One of the few consistent factors in health has been constant change. Modern health buildings must be adaptable to change in service provision. The current site layout and many of its constituent buildings are inflexible and unable to be economically changed to suit modern service requirements. Future developments therefore must anticipate the likelihood that requirements will change in the years following completion.

The Estates Strategy must display a degree of flexibility, such that it is responsive to the changing and evolving needs of the Trust, whilst maintaining positive progress in estate renewal and refurbishment.

Improvement of the physical infrastructure must take on two strands; the maintenance of an ageing estate to a high standard and systematic improvement in the Trusts property portfolio through development. This work needs to be carried out in such a
way as to minimise the operational impact. Improved facilities need to be created in
away that offer flexibility for future expansion or contraction of our services.

In practice this means a rolling programme of maintenance and development,
constrained by operational service delivery issues due to access. This minimises the
amount of work that can practicably be undertaken at any one time.

4.4 Service Drivers for Change

In the absence of a final Service Strategy for 2009 – 2014 the Estates Strategy will
need to develop as more certainty about specific developments becomes available.
This Estate Strategy therefore takes general themes that are emerging from the
development of the service strategy as its driver

4.4.1 Progress within the Trust on developing a Service Strategy

• Raised awareness of clinical policy drivers
• Division led review during 2008/09 at a speciality level to identify action required
  • to Improve our services
  • to Change our services to make them more responsive to the needs of
    patients
  • to extend our range of services by gaining services currently provided
    elsewhere
  • to Let go of services that could be better provided by others
• Shared access to web based dynamic planning tool
  • Estates Workshops

4.4.2 Key Themes for Acute Care within the Trust

• Improving quality and safety (assumption that waiting times no longer a major
  problem)
• Ensuring the best treatment 24 hours a day (e.g. PCI, vascular rota,
  thrombolysis for strokes)
• Centralisation of specialised services (designation of specialised services,
  resectional sites for cancer, trauma centres)
• Innovative service models to improve access (services delivered in local
  settings e.g. radiotherapy, telemedicine, mobile services, telephone follow up)

4.4.3 Our Service Portfolio – Key Themes

<table>
<thead>
<tr>
<th>Improve</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Compliance with standards</td>
<td>• Providing services in more accessible</td>
</tr>
<tr>
<td>• Meeting expectations of patients</td>
<td>locations</td>
</tr>
<tr>
<td></td>
<td>• Increased day cases</td>
</tr>
<tr>
<td></td>
<td>• Increased out patient procedures</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain</td>
<td>Let go</td>
</tr>
<tr>
<td>• More Specialised services technologies</td>
<td>• Primary care procedures</td>
</tr>
<tr>
<td>• New Technologies</td>
<td>• Some complex procedures</td>
</tr>
</tbody>
</table>

Estate Strategy
Main Board, May 2009
4.4.5 Impact on the Estate – General Themes

<table>
<thead>
<tr>
<th>Improve</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase capacity to respond to demand</td>
<td>• Improved quality and capacity of outpatient facilities</td>
</tr>
<tr>
<td>• Flexibility to better align services</td>
<td>• Alternative settings in the community</td>
</tr>
<tr>
<td>• Increased proportion of single rooms</td>
<td>• Mobile technology</td>
</tr>
<tr>
<td>• Decant facilities</td>
<td>• Investment in IT</td>
</tr>
<tr>
<td>• Functional alignment of services</td>
<td>• Additional day case facilities</td>
</tr>
<tr>
<td>• Quality of inpatient and out patient facilities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gain</th>
<th>Let go</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased capacity in theatres, beds and ITU</td>
<td>• Little obvious release of existing estate (apart from leased accommodation)</td>
</tr>
<tr>
<td>• Additional equipment</td>
<td>• Re-use of Delancey to be resolved by review</td>
</tr>
</tbody>
</table>

4.4.6 Impact on the Estate – Some Specific Issues

i) Key Findings Out Patients

Opportunity to increase “off site” clinics
• Default should be all clinics provided off site (DGH clinics for local population and specialist clinics)
• Fertility, family planning, community paediatrics, Highworth, Benhall

Opportunity for shared accommodation
• Very little requirement for “dedicated” clinics
• Some dedicated facilities could be shared creating capacity e.g. Orchard Centre clinic space

Opportunity to create capacity by extending working hours
• Consensus around 8am to 8pm working
• Needs corporate approach to employment practice outside core hours

ii) Key Findings In-Patients

Opportunities for care to be provided off the DGH sites to create DGH capacity e.g.
• Ophthalmology, Hand surgery,
• “Elective” medicine e.g. dermatology, neurology, rheumatology, chronic pain
• Pre-operative assessment (with diagnostics)
• Renal dialysis
• Palliative care
• Paediatric assessment unit

Alignment of services to improve efficiency
• Theatres with in patient wards, DSU
• Diagnostics (land locked)
• ED and AAU

Opportunities to share facilities determined by:
• Requirement for specialist nursing support
• Access to specialist medical support and equipment

Opportunities to increase capacity through reduction in LOS
• Recovery CGH
• Discharge waiting area CGH
• Cardiology laboratory
• Community facilities

Areas for environmental improvement
• Single rooms as default
• CGH Midwife led unit
• Child friendly environments

4.4.7 Suggested Objectives for Future Capital Programme emerging from work on the Service Strategy:

i) Clinical
• Maintain and replace essential equipment
• Increase available capacity in outpatients bearing in mind the need for increased utilisation of capacity in outpatients in community
• Improve the environment of sub-standard out patient accommodation, particularly at CGH
• Provision of adequate “fit for purpose” in-patient capacity bearing in mind the impact of the “Utopia” project
• Increase theatre capacity particularly at CGH/east of county
• Increase utilisation of theatre capacity in community settings
• Increase day case capacity at CGH/east of county
• Increase proportion of single rooms across estate
• Improve functional alignment of services

ii) Non Clinical
• Maintain and improve essential infrastructure
• Increase functional office accommodation by better utilisation
• Improve staff accommodation
• Ensure availability of appropriate storage space
• Improve efficiency of estate including energy usage
• Deliver IT solutions to support delivery of care

4.5 Estate Drivers for Change

NHS Estates have developed a suite of Estate Strategy Performance Indicators (PIs), which are designed to facilitate informed judgement on the efficiency and condition of the estate. All are based on indicators that are expressed as a ratio of a Trust’s building and land areas.

Radar capacity charts using the performance indicators are produced to compare the Trust’s asset management against similar NHS Trusts and the national average for its cluster.

The performance indicators are groupings within the radar capacity charts that are designed to indicate the impact of the condition of the estate in supporting the delivery of patient services.

Estate drivers for change include –

• HTMs
• HBNs
• BREEAM Healthcare
• Energy Use
• Low carbon footprint
Moving the estate to high energy performance buildings can have a significant impact on the energy costs to the Trust. This encourages a move from elderly buildings that are inefficient in energy usage and also inefficient in terms of net useful area. Where elderly buildings do need to be retained, it is advantageous for them to be refurbished to a high standard. The resulting minimisation of support service overheads increases revenue available for direct patient care.

4.5.1 HTMs and HBNs

Facilities developed in the Trust aspire to the standards embodied in the Health Building Notes (HBN) and Health Technical Memorandum (HTM). These publications are prepared by the Department of Health to guide developers on area size and spatial relationships and performance standards of various elements of buildings. The strategy requires that the starting point for all new schemes will be to schedule accommodation in accordance with this guidance. Detailed planning may subsequently vary from this for a variety of reasons but these variations will be explicitly identified within Business Cases.

As the guidance evolves, there will inevitably be elements of the existing estate that do not comply. Upgrading to the new standards will come with a significant financial impact, often which is uneconomic to undertake in the short term.

Relevant Guidance includes:
- Health Technical Memorandum – 00 (Policies and Principles -applicable to all Health Technical Memoranda in this series)
- Health Technical Memorandum – 01 (Disinfection and Sterilization)
- Health Technical Memorandum – 02 (Medical Gases)
- Health Technical Memorandum – 03 (Ventilation Systems)
- Health Technical Memorandum – 04 (Water Systems)
- Health Technical Memorandum – 05 (Fire Strategy)
- Health Technical Memorandum – 06 (Electrical Services)
- Health Technical Memorandum – 07 (Environment and Sustainability)
- Health Technical Memorandum – 08 (Specialist Services)

4.5.2 Energy Efficiency

- Maintenance of the energy consumption between 60 and 75 GJ per cubic metre
- Plan for a 10% reduction in energy consumption (as outlined in Encode HTM 07-02)

4.5.3 Statutory and Non Statutory Compliance

The Trust needs to comply with statute and H&S enforcement notices and work towards a sensible non statutory compliance and H&S guidance approach based on:
- Risk of non compliance
- Cost of compliance
- Programmed long term compliance – e.g. building replacement, planned maintenance.

4.5.4 Physical Condition

- Continue to maintain all property at condition B

4.5.5 Functional Suitability

- Commit to the end of Nightingale style ward accommodation at CGH by 2015
- Replacement of the Orchard Centre by 2012
- Improve the quality of Outpatient Accommodation
- As far as possible, meet the spatial requirements of Health Building Notes (HBNs) in all new buildings
- Work towards the spatial requirements of Health Building Notes (HBNs) in all refurbishment works.
Achieve 25% side rooms by 2015 (approx 15% currently)
All bed bays and side rooms having en-suite toilet and washing facilities to improve patient privacy and dignity and facilitate the control of infection
Relocate all offices not essential for the delivery of patient care out of clinical areas and some off site

5 How will we get there?

It is clear from Section 2 that the Trust’s Estate has a number of shortcomings that need to be addressed for the benefits of patients, staff and the Trust’s future viability in an increasingly competitive market.

Having evaluated the current condition of the hospitals accommodation it is clear that a significant proportion of the current building stock requires replacement/refurbishment. Such a significant change can only be delivered through the Trust's capital programme. In the short term the emphasis is likely to be on refurbishment of existing facilities rather than major new builds.

The timing of the various service and estate changes will play an important role in assessing estate options. Of particular importance is the ability to regenerate the physical estate of the hospital while at the same time continuing to provide all necessary services and keeping consequential disruption to a minimum. This and the need to pursue development options that are affordable within the Trust's available capital resources inevitably means that a phased redevelopment programme is required.

It is clear from a review of the disposition of services around the site that historically not all planning has been sufficiently concerned with coordinated service delivery but more about the opportunistic resolution of specific problems. Consequently many services are too dispersed resulting in extended patient journeys. Many hospital streets cater for all forms of movement and service access, from basic supplies to highly vulnerable patients. Paediatric services are often isolated from other comparable service provision in outpatients. It is essential that future work on the Estate Strategy and associated development control plans begins to tackle these fundamental anomalies.

The Estate Strategy has also highlighted the importance of the estate being able to respond to change, through the creation of flexible facilities. The investment to meet the objectives highlighted in Section 3 will result in an incremental improvement aimed at meeting both service and estate drivers for change.

The Trust's Capital Programme is agreed by the Board as part of the Trust's annual planning cycle and to inform the Trust's Annual Plan submitted to Monitor each May.

The Capital Programme is a combination of the following sub programmes:

- Building Schemes
- General Infrastructure replacement
- Equipment with infrastructure/building requirements
- General Equipment Replacement,
- Information Technology

As a Foundation Trust capital expenditure is financed through cash arising from depreciation and any revenue surplus achieved, plus income from external funding sources and an ability to borrow funds up to a Prudential Borrowing Limit agreed by Monitor.

It continues to be the case that given the Trust's current objective to pursue two significant strategically important schemes (St Luke’s 2 and Orchard Centre...
replacement), the capital programme remains under significant pressure and it has been a challenge to develop a programme that meets Monitor’s financial framework.

The pressure on the programme was acknowledged in May 2007 with agreement to plan for the transfer of £4 million per annum of revenue surplus into the programme over the next five years. Whilst the Trust achieved significantly more than this sum in 2007/08, the revised programme reflects the actual outturn for 2008/09 and a more pessimistic scenario going forward. The capital programme assumes a contribution of £0.5 million in 2009/10 and £1.5 million per annum thereafter.

5.1 Developing better information to enable the further development of the estate strategy and to inform decisions on future use of the estate including capital investment

5.2 Principles underpinning future capital investment

The phased development of the Trust’s buildings will follow the principles outlined in section 3.3. Business cases for individual schemes will address each of the issues highlighted:

- The Estate must meet Service Needs
- The Estate must be modernised
- Operational Estate which is retained must be well maintained (Physical & Statutory/Non Statutory Compliance)
- The Estate must be fit for its use
- The Estate must aim for optimal space utilisation
- The Estate must be Energy Efficient
- The Estate will provide a flexible environment

5.3 Phased Development

The key to achieving the principles of redevelopment outlined above are planning, procurement and delivery in the relevant short, medium or long-term period.

Clearly the first and vital element is the planning process. This should follow guidance in the Capital Investment Manual. The uses a modified “Prince 2” process to manage capital projects details of which can be found on the Intranet site.

Consideration should be given to assuring very large schemes by applying the project management process known as the “Gateway Review” recommended by the Office of Government Commerce in its ‘Successful Delivery Toolkit’.

5.3.1 Short Term (2 years)

Key objectives are:

- Complete two significant strategically important schemes (St Luke’s 2 and Orchard Centre replacement),
- Carry out work to eliminate mixed sex accommodation in accordance with latest Department of Health requirements to achieve compliance by 2010
- Commence work on the worst quality accommodation at CGH (e.g. Hazleton refurbishment)
- Ensure safe condition of existing theatre capacity
- Commence water management programme
- Improve utilisation of office space and eliminate short-term leases where possible.
- Review the potential to release further accommodation for disposal (e.g. Old Chapel at GRH) by consolidation of office accommodation
- Support priority programmes (e.g. Utopia project)
- Deliver key infrastructure equipment replacements critical to service delivery (likely to be via a leasing option)
• Provision of the first of the Renal satellite units
• Provision of Midwifery Unit at CGH

5.3.2 Medium Term (3 to 5 years)
Key objectives are:
• Create decant space to enable later phases to be carried out with the minimum of disturbance to the function of the hospitals and to patients and staff.
• Increase day surgery capacity in the east of the county
• Ensure delivery of Radiotherapy services within the “three counties” including where appropriate local facilities.
• Re-use of St Paul’s wing at CGH as part of the redevelopment of the CGH site and in support of the service development strategy regarding the centralisation of sub-specialities
• Replacement of main Renal Dialysis unit from its current temporary location and the creation of a further satellite
• Commence major refurbishment/replacement of theatres, particularly on the CGH site.
• Key infrastructure works programme commences (e.g. GRH Tower lifts, Drainage at CGH)
• Continue water management programme
• Increase and environmentally improve theatre capacity particularly in the east of the county
• Improve out-patient environment on the CGH site
• Deliver key infrastructure equipment replacements critical to service delivery (likely to be via a leasing option)
• Clear administrative and research functions from the clinical core of the hospital.

5.3.3 Long Term (5 years plus)
Key objectives are:
• Completion of the environmental work required within the GRH Tower Block
• Completion of work at CGH to eliminate substandard in-patient accommodation
• Completion of key infrastructure works programme
• Completion of water management programme
• Completion of Theatre replacement/refurbishment and match capacity and demand if necessary by the provision of additional theatres

5.4 Risk Management/ Performance Monitoring
With any major service and estate change, there are inherent risks as well as benefits in developing the new profile of accommodation.

The risks can be separated into two sections: risks to the overall process and operational risks inherent in delivering the vision.

Process Risks
The Trust faces key challenges when implementing its vision, which need to be overcome for successful delivery:

• Consistency and linkages with the Trust’s’ Service Development Strategy
• Ensuring the appropriate skills are in place to deliver the Estate Strategy and that this will continue in to the future
• Ability to respond to change arising from statutory change and best practice guidance and new technology
• Programme and Project Management

Operational Risks
A detailed register will be formulated for the programme as a whole and for the individual projects in detail. Risks should be clearly defined, assessed, quantified, mitigated and allocated to appropriate risk managers. The Trust should link this risk register where appropriate to it controls assurance framework and corporate risk register to ensure that significant risks are reported and controlled through the Trust Board.

These issues will be assessed as part of a review of the Trust’s performance in relation to the recently published Premises Code.

6 Next Steps

The Trust should set-up and complete the following work-streams as the next stage of the redevelopment process:

- Finalising work on the Service Strategy including the specific “Next Steps” work highlighted during 2008/09 including:
  - Analyse age profile of out-patient attenders
  - Use antenatal clinics as a pilot for achieving PCT target of 50% dispersed clinics
  - Test expressed demand for early, late and Saturday slots with bookers
  - Identify “specialist clinics” which must be delivered on DGH sites
  - Agree common approach to expectation of core working outside hours of 9 to 5
  - Determine most efficient ward size
  - Test feasibility of all single room solutions
  - Review longer term provision of services from Ermin House

- Detailed projections of the affordability model for estate renewal and reduction in backlog maintenance to inform future capital programmes

- As the Service Strategy becomes clear prepare Development Control Plans for all Trust Sites which will ensure that the phased development is undertaken in such a way as to ensure:
  - That the condition of the Trust’s hospitals improve at each phase of the strategy
  - That the functionality of the hospitals improves at each phase of the strategy
  - Cohesively designed hospitals that:
    - Provides required adjacencies in services
    - Reduces Patient and Staff travel distances
    - Allows flexibility for future growth and change
  - Consequential disruption to patients and staff is minimised at each stage.

- Identify a Trustwide process that ensures a robust means of ensuring that existing space is well utilised and that the use of space is consistent with the Trust’s objectives and service development plans

- Develop detailed design brief and business cases for schemes within agreed capital programmes

- Establish a range of Performance Indicators as part of the Trust’s Performance Framework to check progress with the implementation of the Estate Strategy. A proposed indicator set is included at Appendix 6 and is consistent with the recently published draft “Premises Code”. This will hopefully assist in the future with comparisons with other Trusts, who will also accept the need to use these indicators and ensure that the Trust is compiling information which will be increasingly used by commissioners and NHS regulators as a means of assessing provider quality and compliance
• Conduct a review of the Trust’s performance in relation to the recently published Premises Code

• Review the Estate Strategy no later than every three years or sooner if significant change arises within the service strategy