Barnsley Hospital: Estate Strategy 2017 - 2022

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00 Trust Vision, Strategic Objectives and Values

To ensure efficient and effective use of resources it is imperative that the Estate Strategy is aligned to the Trust's vision, mission and strategic aims. The shape, size and quality of the estate will have a direct bearing on the success of the Trust in achieving our business aims. The vision for the estate is one of a sustainable and effective facility that supports patient care through the delivery of a safe, quality environment that is appropriate to the clinical services provided.

The vision, values, aims and objectives are the platform upon which we have built our strategy, and will guide our decision making and delivery of the associated plans.

Our VISION

To be the best integrated healthcare organisation of choice for our local communities and beyond.

The vision spells out the Trust's future for all stakeholders, one of working with others to be an integrated care organisation. This is built around the four Ps: Patients, People, Partnerships and Performance.

Our STRATEGIC OBJECTIVES

The Trust's Five Year Strategy sets out what needs to be in place to enable us to achieve our four strategic objectives which are the core drivers of our future sustainability:

- **Patients will experience safe care**
  - We will provide high quality care for patients
  - We will deliver consistently safe care
  - We will deliver consistently effective care
  - We will deliver prioritised 7 day services

- **Partnership will be our strength**
  - We will be open and inclusive with our patients, our partners and the public
  - We will be an effective partner on the Health and Well-being Board (HWB)
  - We will be a key partner in the Working Together Programme (WT)

- **People will be proud to work for us**
  - We will fully implement a new CBU structure
  - We will recruit, retain and develop a workforce with the right people, right skills at the right time so that our patients receive safe and compassionate care
  - We will proactively improve the health and wellbeing of our employees, preventing ill health and enabling employees off sick to return to work sooner and to a safe environment
  - We will create an engaged and motivated workforce

- **Performance matters**
  - We will Improve our performance through the embedding of a new Trust performance framework
  - We will deliver the full benefits of investment in technology including the launch of our Electronic Patient Record programme
  - We will optimise the use of the estate
  - We will secure the most cost effective goods and services
  - We will work with our teams to develop agreed commercial partnerships and business proposals

Our VALUES

We treat people how we would like to be treated ourselves. We will:

- Show you respect, courtesy and professionalism
- Treat you with kindness, compassion and dignity
- Communicate with you in a clear, honest and responsible manner

We work together to provide the best quality care we can. We will:

- Share the same goals: finding answers together
- Recognise your contribution by treating you fairly and equally
- Constantly learn from you, so we share and develop together
-

We focus on your individual and diverse needs. We will:

- Personalise the care we give to you
- Keep you informed and involve you in decisions
- Take the time to listen to you

01 Executive Summary

This Estate Strategy seeks to update the previous document which was approved by Board in May 2016. It comments on the Trust's financial position remaining in deficit and offers a plan for the future development and management of our hospital estate covering the period from 2017-2022. The strategy aims to ensure that patients, visitors and staff are provided with facilities that are safe, secure and fit for purpose. They should reflect their needs as well as; our current and future healthcare service needs; national policy and direction; cross boundary issues; commissioning intent, and the current condition of the estate.

It is understood that our Estate Strategy needs capital investment to ensure its success, which in turn should also enable the delivery of corporate strategic objectives. In 2016/17 capital investment remained difficult with all capital programmes/projects being reviewed and reprioritised to ensure that only the absolutely essential schemes were delivered. In 2017/18 capital budgets have been planned for, with key schemes identified for investment by the Trust; these schemes are aligned to strategic objectives; clinical services, and/or critical backlog maintenance needs. Alongside this, the Trust will take an opportunity to bid for other external funds such as that aligned to the Sustainability Transformation Plan; the 'match funding' scheme that the Trust have had recent success with, (Primary Care Streaming at the Front of House, total value £675k), from the Department of Health; and any local based plans, such as Intermediate Care Facilities, should an appropriate opportunity arise.

The governance structure for capital investment is managed through the Trust's Finance and Performance Committee, with input by the Executive Team and progress being monitored through the Capital Monitoring Group.

The underlying principle of the NHS for 2017/18 remains to focus on quality of care and achieving better value for patients. It should be noted that the Sustainability Transformation Plan, whilst still in its infancy is already supporting capital funding as a delivery vehicle for the 5 Year Forward View. This is further supported by the Lord Carter Report, which looks in particular at improving the efficiency and effectiveness of Estates and Facilities and the Robert Naylor Report, NHS Property and Estates, Why the estate matters for patients, March 2017.

The Estate Strategy evidences the continued need to rationalise the Trust's estate, ensure that space is fit for purpose and that it maximises commercial opportunities. This requires Estates staff to work in close partnership with the Clinical Business Units (CBU's) as well as external partners, to occupy space optimally whilst ensuring that it is fit for purpose. There is also the need to develop the Estate in a flexible manner capable of future adaptation, thereby meeting both current and future needs. One such opportunity for commercialisation is the potential to transfer Estates related matters in to BHSS Ltd (to be renamed BFS Ltd), a wholly owned subsidiary of Barnsley Hospital NHS Trust which is a 2017/18 objective.

There are many competing and complex factors impacting upon the effectiveness of an estate strategy however there are a number of particular drivers which this

strategy needs to address. Therefore, the document concludes with a number of specific recommendations/next steps that will support this delivery.

This Estate Strategy is predicated upon the continued development of Clinical Service Strategies, both at local and regional level and Business Cases, both of which set the direction of integrated and sustainable patient care pathways over the duration of the Strategy. The development of the estate needs to keep pace with patient expectations, clinical innovation and changes.

The conclusion reached is that even during significant financial pressure, the Trust continue to provide essential funds to invest in the eradication of backlog maintenance, (the need for this remains a pressure during the period of this strategy). There is a continued need to support changes in clinical services across the region; provide sustainable development; reduce space and remove any surplus, ageing and inefficient building stock; and to exploit commercial opportunities. The Estate Strategy recognises clinical practice as being the driver for the development of the built environment and the need to be flexible and responsive to both internal and external influences.

02 Introduction and Purpose of the Estate Strategy

> *"Patients and staff need to feel safe, secure and comfortable. Healthcare buildings should ensure good functionality, meet expectations in terms of privacy and dignity, provide good access for all, reduce infection and minimise accidents.*
>
> *An estate strategy cannot be developed in isolation, rather, it is an integral part of service planning and should be developed within the context of public expectations and government initiatives for the delivery of healthcare services". (NHS Estates 2005).*

This Estate Strategy provides a high level overview of the current estate and outlines a number of guiding principles which estate development plans will need to evaluate and align to. The relevant period is 2017 - 2022, but the relatively protracted length of time taken to realise building programmes along with the service life of the built environment will require the consideration of strategic risk and strategic opportunity criteria over a significantly longer term.

This strategy document follows the guidance provided by the Department of Health, "Developing an estate strategy" 2005 and will follow the methodology of "where are we now", "where do we want to be" and "how do we get there".

The Estate Strategy sets out an ambition to continue to minimise the estate and to ensure efficiency in the service provision. It also describes the need to support new innovation and working practices (such as the technology delivered through the Trust's ICT strategy) and allow space to be used more flexibly and responsively. Estates and buildings create the environments in which people work and patients receive care; there is a continued need to ensure that these are fit for purpose and have a positive contribution. Moreover, the Estate Strategy will need to work with and respond to CBU clinical service strategies, commissioning intent, and be aligned to the requirements of the Sustainable Transformation Plan and local estates

strategies; this will be developed by supporting business cases as they are developed over the course of the Strategy.

This strategy document aims to provide an overview of the following estates factors:

- Understanding developments that need to be made to the built environment that support service/capacity requirements, Sustainability Transformation Plan, clinical networks and commissioning strategies. This includes understanding how improved outcomes for patients can be achieved, by potentially changing which sites across the STP footprint offer which clinical services and a continuance of changing what was previously an 'in patient' event to a day case event, through to Outpatients, or care within the community setting.

- Give assurance that clinical services will be supported by a safe, quality, effective, secure and appropriate environment. This is reviewed and supported through the Trust's 'Critical Backlog Maintenance Programme' for existing assets and through the Trust's Finance and Performance Committee (and Board as appropriate) for new developments.

- Provision of high quality healthcare environments that assist staff morale and aid patient outcomes / satisfaction levels.

- Give a clear and continued commitment to complying with sustainable development and environmental issues / initiatives. This is monitored through the Trust's Estates and Facilities Sub Group.

- Through the guidance of the 5 Year Strategic Plan, deliver a plan for change and the development of the estate, guiding the Trust through its implementation year on year. Provide a strategic framework in which detailed business cases for all capital investment can be developed and evaluated.

- Identify poorly used assets and put plans in place to improve efficiency.

- To provide a broad overview of the Trust's estate over the long-term horizon, to provide a framework for shaping the desired legacy with a more detailed plan being developed within this framework for how the estate can best support the patient experience, clinical goals and business needs of the Trust.

There is also continued need for the Estate Strategy to fulfil the following:

- Ongoing alignment with the Corporate and Clinical Service Strategy
- Ensuring that space is fit for purpose and used efficiently
- Responding to the financial environment ensuring efficient and effective use of space
- Enabling change programmes including capital development schemes
- Enabling changes to working practices including supporting innovation and technological advances

- Ensuring services are sustainable
- Reviewing any commercial opportunities
- Delivering planned programmes of work to retain the estate in a safe and fit for purpose condition

03 Context Within The NHS

Whilst the underlying principle of the NHS is to focus on quality of care, achieving better value for patients remains unchanged. The 2017 – 2022 Estate Strategy needs to reflect the requirements of the latest national guidance for strategic direction. This includes the continuance of Department of Health's Five Year Forward View and also the Dalton Review (2014). The Trust reflected the needs of these 2 documents in its 5 Year Strategic Plan. However, it now also needs to reflect the recently published Robert Naylor report; NHS Property and Estates; Why the estate matters for patients. This is an independent report, for the Secretary of State for Health, (March 2017).

The NHS Five Year Forward View describes the enormous challenges that the NHS faces including describing potential new models of care. It emphasises that models are needed to support and care for people. The Dalton Review compliments the Forward View by providing the organisational 'delivery vehicles' that can help translate the ideas promoted in the NHS Five Year Forward View into reality.

Factors impacting our plans from the Five Year Forward View include the following:

- New care models to pursue 'triple integration' : "the increasing integration of primary and specialist services, of physical and mental health services, and health and social care"
- Pursuit of the 'triple integration' model through: "personalisation, standardisation, anticipatory care and co-production, refracted through the push-pull of specialisation versus generalism, and scale effects versus digitisation and miniaturisation."
- The creation and in-reach of Multispecialty Community Providers into other settings such as home visits, care homes and community hospitals.

Factors impacting our plans from the five themes identified in the Dalton Review include the following:

- One size does not fit all
- Quicker transformational and transactional change is required
- Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact
- Overall sustainability for the provider sector is a priority
- A dedicated implementation programme is needed to make change happen.

Examples of how this guidance can be interpreted for the Trust included schemes such as the desire for repatriation of services and expansion in to existing services, for example Urology and more recently Ophthalmology. This aims to provide

potential benefits to the Trust in terms of patient experience, pathways and revenue opportunities.

In December 2015, the 'NHS Shared Planning Guidance 16/17 – 20/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was directed to produce a multi-year 'Sustainability and Transformation Plan' (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the 'Five Year Forward View' vision of better health, better patient care and improved NHS efficiency.

The aim was to deliver plans that are based on the needs of local populations, and as such local health and care systems came together in January 2016 to form 44 STP 'footprints'. The health and care organisations within these geographic footprints are working together to develop STP's which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. The Trust forms part of the South Yorkshire and Bassetlaw 'footprint'. The footprints are of a scale which should enable transformative change and the implementation of the Five Year Forward View vision of better health and wellbeing, improved quality of care, and stronger NHS finance and efficiency.

Also see Section 11 - Lord Carter Report and Improving Efficiency and Effectiveness of Estates and Facilities

04 Financial Context and Affordability

The financial environment remains ever challenging across the provider sector. The Trust ended 2016/17 with a £6.6m deficit and has a planned deficit of £10.1m for 2017/18.

Cost improvement target for 2016/17 was £7m and achieved £7.9m. The target for 2017/18 is £7.8m. Robust performance management of schemes will continue to support delivery.

With this financial context in mind, the Trust has effectively prioritised capital expenditure through the previous two financial years ensuring that any capital programmes are affordable, going forward funding is primarily through depreciation. The control over capital expenditure has been extremely robust and this level of control will continue going forwards. The Trust's Capital Monitoring Group is in place to govern and manage the delivery of the agreed programme.

There are a number of drivers for capital expenditure and these fall in to the following categories, critical backlog maintenance (Estates), ICT infrastructure, medical and surgical equipment, business/clinically led capital requests and strategic capital schemes. For 2017/18, it is anticipated that the Trust will benefit significantly from expansion of BHSS Ltd, support the delivery of Emergency Department targets through the delivery of Primary Care Streaming and continue to offer improvements to the way in which we utilise our existing floor space. This will subsequently improve patient flow and support efficiencies.

Where Are We Now?

05 The Estate

Barnsley NHS Foundation Trust Hospital was developed as a district general hospital over 40 years ago. The estate comprises an 8.3 hectare site with buildings constructed in 2 phases in 1973 and 1978. The buildings have a gross internal area of 75,921m^2, with an asset value of £68.041m.

06 Significant Capital Projects Since April 2016

Capital Schemes >£15k Completed Since April 2016	Value	Completion
Day Case BMS Deferred – Install of new BMS control panels for Day Case theatre and Day Case General AHU's. Panels now in position for final install works and commissioning.	£50k	Aug-16
Fire Compartmentation - Surveying and making good to fire compartmentation throughout site.	£370k	Sep-16
Hot/Cold Site Options, Including Theatres Forward Wait Area. Ward reconfigurations.	£1.05m	Dec-16
Mammography – relocation of Mammography scanner.	£18k	Jan-17
O Block Drainage – Replacement of original drainage within O-Block Basement.	£160k	Mar-17
Electrical testing – 5 year periodic fixed wire testing of the entire site.	£80k	Mar-17
O Block Electrical Infrastructure – scheme 2 – install of a new intermediate switch panel to sub station LV 1 to allow the connection of 2 x uprated transformers (Scheme 3) and the back up connection of a mobile generator.	£295k	Mar-17
Fire related works – creation of additional fire compartmentation.	£300k	Mar-17
Critical Ventilation Airflows – review and rebalancing.	£15k	Mar-17
Main theatre reception security works. Improvements to security at main reception via electronic door access controls.	£25k	Mar-17

07 Major Capital Projects In Progress 2017/18

Major Capital Schemes in Progress/On Site	Value	Completion Due
Minor Operations Suites	£620k	Sep-17
Generator replacement. Note works span two financial years and are ongoing from 2016/17.	£1.6m	Sept-17
Substation 3 Low voltage circuit breakers replacement.	£55k	Oct-17
O Block – Neonatal Unit refurbishment and infrastructure upgrades. Note project spans two financial years and includes for £500k of Charitable Funds for the Neonatal Unit Project (subject to complying with requirements).	£3.8m	Oct-2018
Fire related works – phase 2.	£300k	TBC
Primary Care Streaming – match funding from Department of Health	£675k	TBC

Other 2017/18 estates critical backlog maintenance schemes are currently being reviewed for inclusion (£500k). In addition to this will be any bids/funding relating from other sources such as those aligned to the Sustainability Transformation Plan and any requirements of the local estates based plans, for example, the potential of Intermediate Care Facilities.

08 Value of the Current Estate

In 2015/16 the Trust employed DTZ (Cushman & Wakefield) to undertake the site revaluation. The methodology used by DTZ is the same as a District Valuer, in that they value using a Depreciation Replacement Cost basis. However, DTZ also take into account the functional and obsolescence rates of each block to produce the final figures, (please note that this meant reverting back to 'blocks' rather than a 'single virtual asset', although this still incorporates the Modern Equivalent Asset guidance).

The valuation provided by the District Valuer on 31st March 2015 of £58.8m was superceded by the DTZ valuation on 1st April 2015 of £63.545m i.e. an increase of £4.74m (this includes Land, Helensburgh Close, Catering PFI and the 2 Triage Units). The increase in asset lives provided by DTZ (checked and approved by PwC) resulted in a £1.53m saving on depreciation.

The desktop revaluation by DTZ as at 31st March 2016 was £63.184m against the Net Book Value of £64.031m which was a slight reduction of £847k.

There was no formal revaluation as at 31st March 2017, however, indexation of 5.75% (provided by DTZ re-BICS movement) was added to the closing net book value. The Net Book Value is now £68.041m, including £3.468m indexation.

Depreciation is calculated on a straight line method based on the average life of each block provided by DTZ. (It should be noted that each block is split into 27 elements but only a single asset per block is included in the capital asset register/balance sheet). It is intended that there will be revaluations (either full or 'desktop') every year.

The Net Book Value of the Land and Buildings as at 31st March 2017 can be found at Appendix 01.

09 Estate Condition and Critical Backlog Maintenance

The Trust is required to submit data/information on behalf of the Chief Executive to the Government's NHS Digital – national provider of information portal, previously the Health and Social Care Information Centre website (HSCIC). The data the Trust provides through the Estates Return Information Collection (ERIC), on an annual basis, supports Ministerial, Department of Health and Parliamentary processes and is required to be accurate. The published data then allows the Trust to benchmark its estate against other comparable NHS Trusts (acute teaching hospitals outside London).

This information is increasingly being used to support the Lord Carter of Coles Productivity and Efficiency Improvement programme metrics, used to evaluate the efficiency and value for money of Estates and Facilities in Trusts, and to identify where savings can be made. (Please note that further information can also be seen in Section 09 - Lord Carter Report and Improving Efficiency and Effectiveness of Estates and Facilities)

The Trust record backlog maintenance in accordance with Department of Health guidance document "A Risk Based Methodology for Establishing and Managing Backlog". This process is used to accurately assess and maintain the physical condition of the estate, ensuring that it is fit for purpose and safe for patients and staff. Once the risks associated with any sub-standard assets have been assessed, high and significant risk elements are then costed so that they can be prioritised as part of the Trust's capital programme. The detailed critical backlog schedule is presented annually to the Health and Safety Group for governance purposes, but a summary of costs can be seen in table 1 below.

The latest data published on ERIC is 2015/16, and still shows a negative position for Trust in regards to Backlog Maintenance (see Appendix 02 for Backlog Terminology Definitions). However, whilst there has been a steady and continued pattern of improvement over the last 9 years (as a result of Trust capital investment), the Trust remains in the lower quartile in comparison to other NHS sites. Therefore, it is essential that the Trust continues to invest in its estate to improve this position.

The 2015/16 capital backlog figures were produced by Capita Ltd. This approach is taken every 5-6 years to give assurance that the assessments and associated costs

remain as accurate as possible. The 2016/17 figures are currently being collated for the end of June 2017 ERIC submission.

Quality/Condition of Buildings		
	2014-15 (£'000)	2015-16 (£'000)
Cost to Eradicate High Risk Backlog	£ 2,675	£810
Cost to Eradicate Significant Risk Backlog	£ 4,344	£5,941
Cost to Eradicate Moderate Risk Backlog	£ 5,102	£3,854
Cost to Eradicate Low Risk Backlog	£ 1,432	£1,851
Total Backlog Cost - Risk (£'000)	**£ 13,553**	**£12,457**
Risk Adjusted Backlog	**£ 7,369**	**£7,037**

Table 1: Backlog Maintenance by Category Cost.

See Appendix 02 for Backlog Terminology Definitions

10 6 Facet Survey, Including Space Utilisation

The Trust has a sound understanding of its existing estate and recognises the need for pro-active estate management to protect its investment. As part of the Trust's assessment of its current position, a detailed analysis of its assets and their utilisation continues to be reviewed annually. This includes the following aspects:

- The physical condition of the buildings and engineering installations.
- The energy efficiency of the buildings and engineering systems.
- Compliance with fire, statutory and non-statutory standards.
- The utilisation of existing space.
- The functional suitability of the estate for its current use.
- Quality.

In terms of the 6 facets the Trust undertook additional detailed fire risk assessments/surveys in 2014/15 to check for compliance with fire standards, which led to a significant programme of works that will continue in 2017/18 and beyond.

Key space data as issued to ERIC in June 2016 is as follows:

Areas	Quantity	Unit
Gross internal floor area	75,921	m²
Occupied floor area	75,618	m²
NHS estate occupied floor area	100.00	%
Site heated volume	193,820	m³
Building footprint	28,677	m²
Site land area	8.3200	Hectare
Clinical space	48,571	m²
Non-clinical space	23,739	m²

Function and Space	Quantity	Unit
Not functionally suitable - occupied floor area	1	%
Not functionally suitable - patient occupied floor area	1	%
Floor area - empty	0.40	%
Floor area - under used	4	%
Single bedrooms for patients with en-suite facilities	21	No.
Single bedrooms for patients without en-suite facilities	116	No.

A Space Utilisation Policy was first approved by the Trust Board in January 2013 and was subsequently reviewed in 2015/16. To support the policy the whole site has been surveyed to assess functional suitability of space as well ensuring that statutory compliance is achieved with the Trust's accommodation. The survey has been transferred onto computer software (MiCAD) that provides a database to ensure more effective and efficient use of Trust accommodation. This system supports the work undertaken by the Finance Department on Service Line Management.

The data on the system evidences the following high level observations to be made:

- The main hospital site is no longer fully occupied, with space now becoming available. As a result of this it is currently planned to release approximately 900m^2 of space to be transformed into an 'Intermediate Care Unit'.
- The Trust has a low number of en-suite facilities as compared to other hospitals, but to date this does not appear to have a significant impact on 'privacy and dignity' related measures.
- Space remains inappropriately apportioned and inefficiently used in the Outpatients area.
- Space could generally be used more effectively – particularly office accommodation.

There remains a clear need to improve the utilisation of space, but the concept of space "ownership" is now embedding within the CBU's with good attendance at the regular Space Utilisation Group Meetings. Opportunities for multi-use of space within the existing building stock are still limited however, as a minimum the following

spaces will be considered for development as generic and shared space in the future:

- Examination and consulting rooms
- Meeting rooms and office accommodation
- Treatment rooms
- Restaurant facilities

11 Lord Carter Report and Improving Efficiency and Effectiveness of Estates and Facilities

Lord Carter of Coles issued a report entitled 'Operational productivity and Performance in English NHS acute hospitals: unwarranted variations'. This was presented to the Secretary of State for Health who accepted the findings in full in February 2016, including its 15 recommendations (of which Recommendation 6 relates to Estates and Facilities). It is anticipated that the recommendations will enable the NHS to deliver expected efficiencies of 2-3% per year, effectively setting a 10-15% real terms cost reduction target for achievement by April 2021.

The main approach taken by Lord Coles in his report is to 'follow the money', as such he has proposed a focused effort on four major areas of spend, namely: workforce; hospital pharmacy and medicines optimisation; estates management and procurement. This Estates Strategy focuses on the requirements of Recommendation 6 – Operational Management of Estates and Facilities Functions.

The Trust received its 'NHS Estates and Facilities Dashboard 2015/16', produced by the Department of Health (DoH). (See Appendix 03). The dashboard uses 2015/16 ERIC data and benchmarks the Trust with other acute hospitals of similar size, and aims to identify areas where NHS acute trusts can improve the efficiency and effectiveness of their estates and facilities. Whilst it is positive that Estates and Facilities functions have collected data for a good number of years, the DoH are very aware that the data definitions are interpreted very differently by differing organisations and the data is often inaccurate. They are hoping that this will continue to be improved in the future annual submission.

The Trust's 'Total estates and facilities running costs for 2015/16 were recorded as £276.10m^2 which is defined as top quartile for an 'acute-small' site. However, when the estates and facilities costs are analysed alongside productivity metrics, this then clearly shows that the Trust needs to become more efficient; this can be achieved by increasing clinical activity and/or reducing the amount of space used. The Trust's 2017/18 business objectives are aligned with this need, with a continuance of 'repatriation' of services and the potential of releasing clinical space to deliver Intermediate Care facilities supporting additional services within the space. This was complimented in 2016/17 with the delivery of 'hot and cold' services and space utilisation that will continue to drive efficiency on site.

The Trust was coded as 'amber' for Reported Critical Infrastructure risk (an improvement on the 2014/15 position) at £6,751k, however we are aware of this remaining an issue, and actions are being taken to continue to reduce this as part of the strategy, (see Section 09 Estate Condition and Critical Backlog Maintenance).

Lord Carter - Recommendation 6 - all trusts' estates and facilities departments are asked to operate at or above the benchmarks for the operational management of their estates and facilities functions by April 2017 (as set by NHS Improvement by April 2016); with all trusts (where appropriate) having a plan to operate with a maximum of 35% of non-clinical floor space and 2.5% of unoccupied or under-used space by April 2017 and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner. As of the 2015/16 ERIC return (submitted June 2016) the Trust is currently compliant with this requirement, having recorded 31.39% of non-clinical floor space and 2% of unoccupied/under-used space. However, space is dynamic and the Trust needs to continue to work on improving this position, this will continue to be supported by the Trust's strategy of removing/demolishing old building stock and consolidating space.

12 The Estate and Sustainable Development

The Trust is fully committed to sustainability and reducing our carbon footprint through our Board-approved Sustainable Development Management and Action Plans' (SDMP & SDAP). We have a responsibility to consider and be accountable for our impacts to staff, patients, suppliers, the local community and wider stakeholder groups. Our drive to continually improve our sustainability position presents us with the opportunity to play a crucial leadership role within the region and wider NHS.

We have a 5 year Sustainable Development Management Plan 2015 - 2020 in place that seeks to build on the success of the first edition published in 2011. The SDMP has been developed in-line with guidance from the Sustainable Development Unit (SDU) and NHS Carbon Reduction Strategies 2009 and 2014. Together with our SDMP, our SDAP acts as a roadmap by setting out a clear set of actions enabling us to meet our statutory obligations. As well as achieving carbon reduction our efficiency measures bring other benefits including lower operating costs, an enviable reputation and perception from service users.

The Trust apply a triple bottom line approach taking a holistic view giving consideration to social, economic and environmental factors. Sustaining a modern health service requires a strong link between the three tiers of sustainable development. Sustainable development considers how we can live today without causing irreversible change that will threaten the lives and health of future generations.

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Figure 1: Triple Bottom Line

Emissions Targets

The NHS Sustainable Development Unit developed the NHS Carbon Reduction Strategy for England to address the UK Government's target to deliver 34% carbon dioxide (CO_2) reduction by 2020, and then to further reduce this by 80% by 2050 against our 1990 baseline (in accordance with the Climate Change Act 2008). The NHS 2015 interim target of a 10% CO_2 reduction against our 2015 baseline has been achieved with a 13% reduction against our 2007 baseline. We are now working towards achieving the 34% emissions reduction target against our 1990 baseline by 2020.

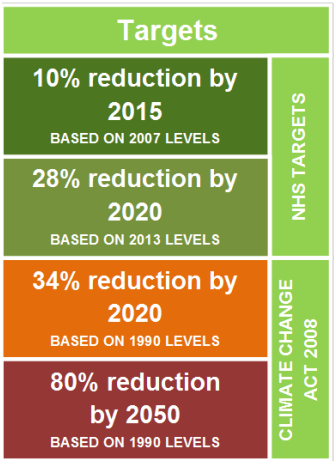


Figure 2: Emissions Targets

Emissions overview (10 year)					
Year	07/08	08/09	09/10	10/11	11/12
Carbon (tCO2e)	9,752	10,521	10,138	9,686	9,210
Year	12/13	13/14	14/15	15/16	16/17
Carbon (tCO2e)	10,086	8,683	8,507	8,770	8,675

Figure 3: Emissions Overview

The most complete utilities data that we have is for financial year 93/94 which we have used as our baseline year and to measure performance against carbon targets. Our emissions for year 1993/94 amounted to 13,417 tCO_2e requiring the Trust to reduce emissions by 4,562 tCO2e to 8,855 tCO_2e by 2020. At the end of financial year 2016/17 our absolute emissions from utilities improved with a reduction of 1% against the previous year. Our overall emissions as at end of 2016/17 equated to 8,675 tCO_2e resulting in the Trust being ahead of our 2020 target.

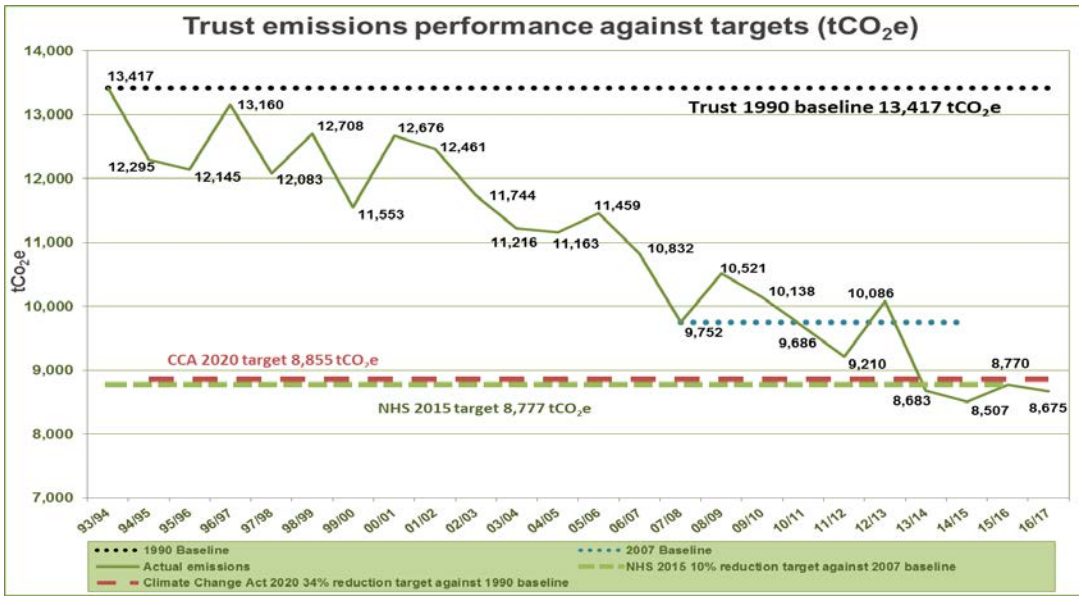


Figure 4: Trust Emissions Performance Against Targets

Good Corporate Citizenship (GCC)

The Trust periodically undertakes a self-assessment using the Sustainable Development Unit's (SDU) Good Corporate Citizenship tool which allows Trusts to assess how sustainable they are, track progress and benchmark against other Trusts. The tool contains 9 sections as follows: Corporate Approach; Travel; Procurement; Facilities Management; Workforce; Community Engagement; Buildings; Models of Care and Adaptation. According to the SDU the Trust should now be on track to achieving 25% in all 9 sections and score 50% in at least 4 sections.

Figure 5: Good Corporate Citizenship Targets

During October 2016 we carried out an assessment against the GCC assessment tool and the results show that we have made significant progress from our 2015 score moving from 58% to 65%. At present the Trust has surpassed the 2018 target already and is well placed to achieve the 2020 target.

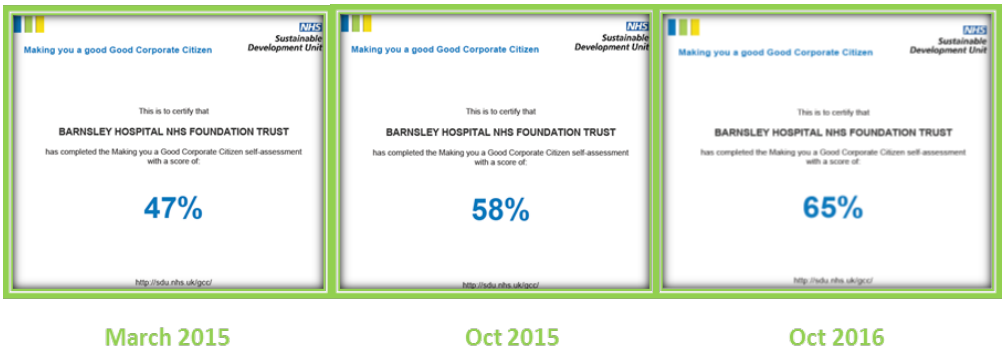


Figure 6: Good Corporate Citizenship Certificates

Awards and Achievements

As a direct result of our commitment to Sustainable Development, the Trust received national recognition in 2016. The Trust was winner in the Public Sector Sustainability (PSS) award in the 'Most Sustainable Public Sector Organisation in the healthcare' category. The Trust was also runner-up in the Modeshift Contribution to Sustainable Travel Award in the organisation category. The Trust also received recognition for excellence in sustainability reporting selected by NHS Improvement, the Health Finance Managers Association (HFMA) and the Sustainable Development Unit.

Figure 7: Awards Certificates

Where Do We Want to Be?

13 Long Term Strategies for Providing Local Healthcare Services

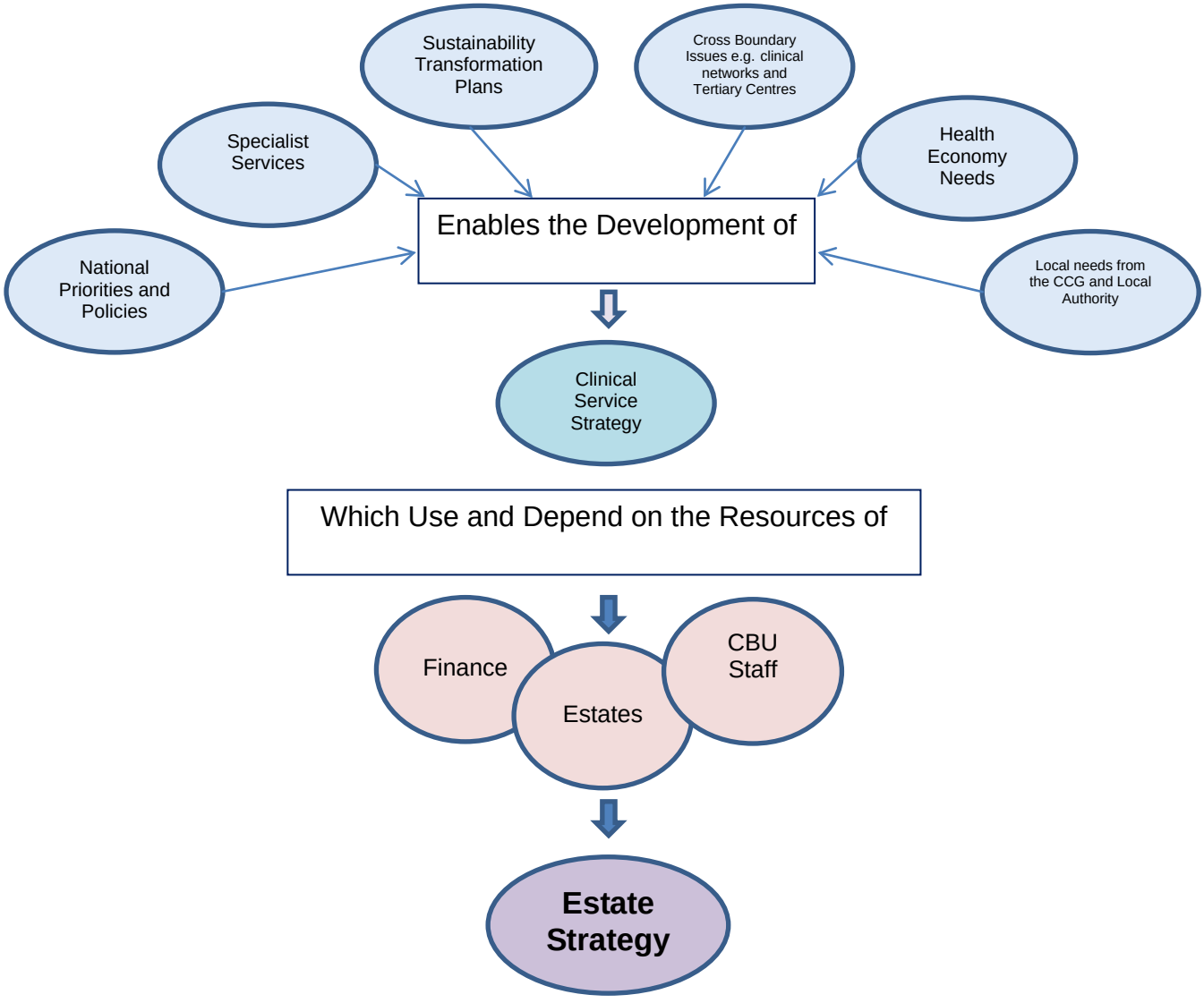


Figure 8: Estate Strategy Schematic, 'Developing an Estate Strategy' (2005)

A combination of national policy and direction, specialist services, Sustainability Transformation Plans, cross boundary issues, health economy needs (including

networks) and the needs of the CCG's and the local authority (PLACE), form the basis for the development of clinical service strategies. It is these service strategies that the estate strategy aims to support.

The service strategies will inevitably follow national initiatives some of the simplest of which are the drive to move services from secondary to primary care, and the need for coherent service planning across the health community. The estate strategy needs to take account of the interaction between health and social care including Local Authority strategies and those of other partnering organisations. To understand the South Yorkshire and Bassetlaw STP Strategic Estates Board see Appendix 07 - Terms of Reference.

How Do We Get There?

14 Guiding Principles for the Estates Strategy

The Estate Strategy will develop best practice for the accommodation and its management to:

- Enable delivery of the best clinical outcomes
- Provide patient centred services
- Spend public money in an efficient and effective manner

As previously discussed the estate strategy should be developed as a result of an understanding of clinical service strategy. Whilst the Trust continues to review and develop its clinical service strategy and understand any wider implications from the Sustainability Transformation Plan, the Estate Strategy will continue to use the previously Board approved Guiding Principles which will be applied when reviewing the strategy, developing annual implementation plans and reviewing 'blocks' or areas of space/property to determine whether they are (or remain) fit for purpose. See Appendix 04 for the Guiding Principles and associated outcomes.

The Estates team will work actively with the CBU's to develop any business cases that support the Trusts Strategic objectives ensuring sustainability of services.

The guiding principles are underpinned by the Trusts Site Development Plan which has been designed to ensure that any operational moves do not unconsciously conflict with the Trusts strategic direction for the usage of its space. This can be found in Appendix 05.

15 Exploiting Commercial and Development Opportunities Presented by the Trust's Estate

Site Overview
This section aims to understand any development areas on site.

At the site's junction with Pogmoor Road and Gawber Road, there is an area of car parking. Adjacent to this is a cleared site, which previously accommodated a clinical building. Outline Planning Permission was secured on this for a new four storey clinical building, but this permission has not been required as schemes were not financially viable. The site remains grassed and un-used. The permission expired on 2nd June 2015 and whilst the scheme will not be built, the permission puts the Trust in a good position should it need to apply for any future developments on this site. It should be noted that this is not defined as 'spare land'.

Along Gawber Road at the far north west of the site lies the Trust's HQ building and Renal Unit. There is a future desire to relocate HQ activities into the main clinical buildings to place management closer to staff and operational activities. This was reviewed in 2014/15, but found to be unaffordable. This will be reviewed again either on the event of the O Block refurbishment being completed or sooner if

circumstances change. It should also be noted that renal services are currently offered via a service level agreement. In the long term this may give the Trust a sale opportunity for this building and associated land.

To the west of the main hospital accommodation is a site including a mix of buildings including the mortuary, compactor house / waste storage buildings. The mortuary also provides a public facility, in conjunction with Barnsley Metropolitan Borough Council, as well as service provision for the hospital itself. Any potential capital investment in the mortuary service will need to be assessed to ensure that this is funded by the appropriate body.

To the south west of the main hospital site is a triangular area of land which compromises of a small number of blocks including the Education Centre, and refurbished Administration Block (this was previously the Social Club). The area also contains land that has been developed into 80 staff car parking spaces.

Finally, the Trust owns a site on the opposite side of Gawber Road which has been developed as a visitor/public car park. Car parking and traffic is a challenge for the hospital; as it is with all such sites. This car park significantly assists parking and traffic issues locally and is also a significant generator of income.

Retail Opportunities

The 2012 Estate Strategy included a review of the commercial opportunities on site which was provided by DTZ, commercial land and property consultants. The Board decided that there were no viable options relating to the sale of land and this decision was ratified in the 2014 Estate Strategy. However it noted the Trust had relatively modest retailing and catering offer at the time and questioned whether this offer could be expanded to generate additional income for the Trust. A 'Proof of Concept Report' (POCR) for this development (named the Hospital Street) was delivered in late 2013. This considered the development of a Hospital Street / Welcome Centre and associated retail facilities, as well as the potential for securing the capital costs and revenue streams that might be attracted by such a development.

Following a review of the POCR by the Interim Director of Finance and the Director of Business Strategy, it was decided not finically viable to include the Hospital Street venture as described in the POCR in the Five Year Plan. The reasoning for this is that there was a very limited return on investment (once the existing rental income e.g. WH Smith is deducted) and therefore did not justify the resource required to produce an Outline Business Case (estimated at £100k). This decision was subsequently ratified at a BHSS Board meeting in 2015. This position remains unchanged.

However whilst the Hospital Street is not financially viable as per the POCR the Trust has held meetings with WHSmith as the incumbent retailer to review their position and potential future offers for the renegotiation of their lease, (now due). WHSmith currently holds the Marks & Spencer 'Food to Go', Simply Food' and M&S Café' franchises, but unfortunately the Trust were not deemed to be suitable for these offers.

WH Smith are currently reviewing options for creating an alternative retail offer in the existing main entrance and atrium areas, including their existing footprint, to see if there is an improved commercial offer. They have already produced an offer to extend their existing lease for another 7 to 10 years which will be assessed alongside any potential larger offer.

Catering Facilities

The existing catering contract has been awarded in 2017 to the existing supplier ISS Ltd. This offered the Trust a significant opportunity to review both the in-patient meal service as well as the staff/visitor offer. Whilst the contract retains some of the principles of a PFI contract, for example the need to return all assets to 'Condition B' fundamentally the Trust is now back in possession of the asset. Work has been undertaken to understand the needs of staff and visitors in terms of the retail offer allowing for a refurbishment of the space to meet these requirements. As a result of this the restaurant space will 'flex' outside of the core breakfast and lunchtime period, offering a separation of staff and visitor spaces. This has a potential for the Trust to host large events on site rather paying for off-site facilities. The space will also offer a new suite of 4 No. meeting rooms to boost 'bookable' space within the core central buildings of the site. It is anticipated that this space will be made available by late 2017.

16 Creating a Supportive Town Planning Policy Position

Any development proposals within the Trust's core hospital ownership, will require planning permission from Barnsley Metropolitan Borough Council, and it is therefore important that any estate strategy deliberations have regard to the Council's planning policies as they impact land in Trust ownership. Historically, the Council may have seen the hospital use of the site as a fixed use in development terms. However, with the scope for significant change on the site over the coming period and with potential for a consolidation of core hospital use, (therefore potentially allowing any surplus land to be put to alternative uses), it is important that the planning policy position provides for such changes.

The council policy position needs to recognise that the Trust's overall estate strategy is about underpinning a successful and sustainable hospital which serves the needs of Barnsley, and so alternative uses are viewed within this wider objective. To ensure that we are in the best possible planning position the Trust made representations to Barnsley Metropolitan Borough Council in December 2014 in response to their Local Plan Consultation. Further stages for the 'Adoption' of the plan continue and the Trust will ensure a continued engagement in this process.

17 Delivering Capital Investment

Section 03, Context Within the NHS, and Section 13 Long Term Strategies for Providing Local Healthcare Services, of this document show the strategic direction at national level and the need within the Trust for Clinical Services to follow. This, alongside innovation and technology enhancements will inevitably mean service redesign which in turn will need to be reflected in the environment. Section 10,

Estate Condition and Critical Backlog Maintenance evidences the need for the Trust to continue to invest in backlog maintenance to ensure that buildings are safe and fit for purpose. Section 07 Major Capital Projects Currently in Progress/Currently on Site, evidences capital schemes already in planning for 2017/18. Section 15, Exploiting Commercial and Development Opportunities, describes the commercial potential of the Trust's site and the planning policy context for its future development. The Trust should ensure that all of the needs are considered when planning and prioritising capital funds.

The 5 Year Strategic Plan also needs to be aligned to the Trusts capital programme. The plan discusses that whilst the Trust's strategic aims (4 P's), are clear to ensure that a wide breadth and depth of opportunities are taken forward, strategic initiatives have been categorised across three "horizons", so that it is clear that there is a balance between the short term must do's and longer term plans that will also support sustainability.

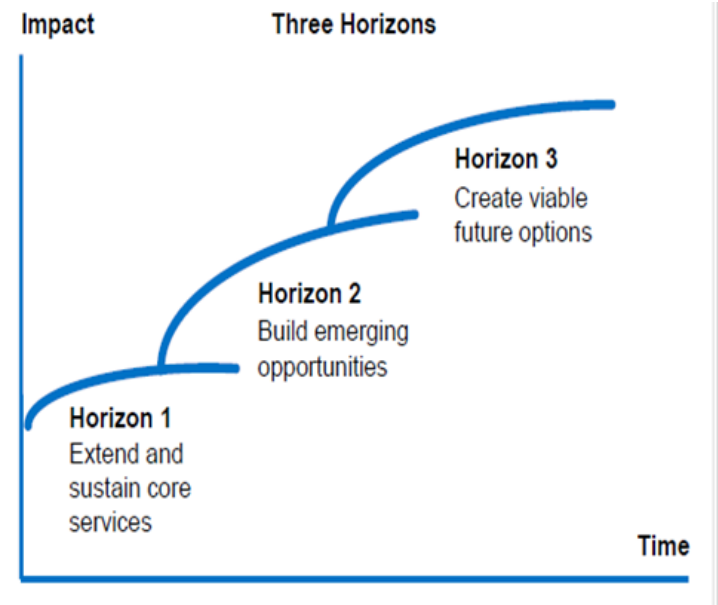


Figure 3: Three Horizons

Horizon 1, Extend and sustain core services - these are immediate opportunities that are in motion or can be started quickly through use of internal resources. They will be often addressing immediate issues or opportunities and involve a rebalancing of the current service portfolio, quality and productivity improvement in current services.

Horizon 2, Build emerging opportunities - rebalancing of service portfolio through partnerships and joint working and expansion of existing services.

Horizon 3, Create viable future options - these involve new and different ideas and may involve significant investment to support longer term aspirations.

The current Three Horizons schemes can be found in Appendix 06. As a result of the Horizons, a 5 year capital programme has been produced in Table 2 below.

Table 2 - 5 Year Capital Programme

5 Year Capital Programme	2107-18	2018-19	2019-20	2020-21	2021-22
Estates Development (incl. Critical Upgrades)					
O Block	2,600,000	2,000,000	1,874,000	2,000,000	2,025,000
Fire Related Works	300,000	300,000	300,000	300,000	219,000
Critical Care					
Paediatric ED and CAU Integration					
Totals	**2,900,000**	**2,300,000**	**2,174,000**	**2,300,000**	**2,244,000**
Estates Backlog Maintenance					
N+1 Generator Provision	500,000				
Backlog to be agreed	500,000	1,000,000	1,000,000	1,000,000	700,000
Totals	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**	**700,000**
IM&T					
Totals	**1,259,000**	**580,000**	**1,060,000**	**635,000**	**560,000**
M&S Equipment Etc					
Totals	**402,000**	**1,056,000**	**500,000**	**504,000**	**421,000**
Other					
Contingency - Estates	**0**	**185,000**	**0**	**0**	**0**
Contingency – IM&T	**0**	**0**	**0**	**0**	**0**
Contingency – M&S	**0**	**0**	**0**	**0**	**0**
Total Capital Programme	**5,561,000**	**5,121,000**	**4,734,000**	**4,439,000**	**3,925,000**
Funding					
Depreciation - Building	1,545,000	1,652,500	1,745,300	1,828,800	1,927,000
Depreciation - IM&T	1,667,000	1,742,400	1,386,400	1,392,200	1,160,000
Depreciation - Equipment	1,780,000	1,726,100	1,602,300	1,218,000	838,000
Donated Funding	569,000	0	0	0	0
Loans or PDC draw down	0	0	0	0	0

The capital spend to support the Trust through the Five Year Strategy is summarised in Table 2 above and is split into two categories as defined below:

- **Base Capital:** this is capital expenditure required to support the ongoing operations of the Trust, to maintain and upgrade its facilities and to deliver the initiatives under Horizons One and Two. This includes Estates Development: the main items are the continued upgrade to O Block, and fire safety related works. It also continues to includes Estates Backlog Maintenance: various elements of work including electrical infrastructure, health and safety works and ongoing upgrade and maintenance projects.

- **Significant Developments:** this is capital expenditure required to support the more major development items included within the Trust's five year plan under Horizon Three. These items will require additional funding to be sourced as they are not 'covered' by the reinvestment of the depreciation charge within the deficits/(surpluses) delivered within the five year financial plan.

Horizon Three has not been accounted for within the proposed 5 year programme and will need business cases to be delivered to enable delivery.

18 Conclusions and Recommendations

Barnsley Hospital NHS Foundation Trust has an ageing estate which is gradually improving through investment. Space is not being used optimally, and has become increasingly expensive to maintain. It is vital that there is a multi-faceted approach to improving the estate making it fit for the 21st century. From the above commentary, there are a series of key steps that the Trust will need to undertake to progress the efficiency of the estate, therefore the following recommendations and notes are made:

i) To continue to align the Estate Strategy with any changes national strategy; clinical service strategy and follow the 'guiding principles' set out within this strategy.
ii) Progress with 2017/18 capital investment plans, as agreed and prioritised through the Executive Team, Finance and Performance Committee and Board itself, and as per the 5 Year Strategic Plan.
iii) Continue to increase the effectiveness of space.
iv) Support the Trust in delivering estates related objectives in the Three Horizons
v) Continue to consult with Barnsley Metropolitan Borough Council on the 'Local Plan'.
vi) To note the Site Development Plan.

Appendix 01

Revaluation of Land and Buildings 2017

Estate Value as at 31/03/2017

Asset	Description	NBV
300022	Administration	399,931
300023	Block 1	249,057
300024	Education Centre	878,710
300025	Estates & Facilities	924,003
300026	Mortuary & Sewing Room	685,868
300027	Boiler House	1,525,708
300028	118 Gawber Road	674,528
300029	ARU/Block Z	1,298,475
300030	Maternity Department	7,664,853
300031	Infection Control Offices	96,772
300032	Stores/Depot	109,247
300033	AB Block	8,526,250
300034	Wards above Day Case Unit	9,673,333
300035	Day Case Unit (KL)	1,654,281
300036	Main Podium Block	24,053,694
300037	New Cytology Portacabin	89,221
300038	New Modular Building (Z)	120,142
300039	Block 2	264,467
300040	Block 3	253,663
300041	Block 9	281,486
300042	Block 12	204,910
300043	Block 13	172,528
300044	Block 14	173,380
300045	Block 15	194,003
900001	Catering Block	1,310,026
300046	Externals	2,301,959
200002	Land main site	3,100,000
200004	Memorial Garden - Donated	14,792
300047	Car Park - Helensburgh	738,049
200003	Land Helensburgh Close	400,000
	Total NBV 31/03/2017	68,033,337
300007	Triage Unit	4,004
300008	Triage Unit	4,004
	Total	8,009
	Total Estates NBV	68,041,346

Appendix 02

Backlog Terminology Definitions

Backlog Terminology	Definition
Cost to eradicate high risk backlog	The total sum (not the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied at the organisation site, irrespective of ownership, that are below condition B in respect of physical condition, fire safety and statutory safety condition, and have been assessed as high risk. High risk is where repairs/replacement must be addressed with urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution. The sum of high, significant, moderate and low risk backlog will be the total backlog cost for the organisation site.
Cost to eradicate significant risk backlog	The total sum (not the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied at the organisation site, irrespective of ownership, that are below condition B in respect of physical condition, fire safety and statutory safety condition, that have been assessed as significant risk. Significant risk is where repairs/replacement require priority management and expenditure in the short term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. The sum of high, significant, moderate and low risk backlog will be the total backlog cost for the organisation site.
Cost to eradicate moderate risk backlog	**T**he total sum (not the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied at the organisation site, irrespective of ownership, that are below condition B in respect of physical condition, fire safety and statutory safety condition, that have been assessed as moderate risk. Moderate risk is where repairs/replacement require effective management and expenditure in the medium term through close monitoring so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. The sum of high, significant, moderate and low risk backlog will be the total backlog cost for the organisation site.
Cost to eradicate low risk backlog	The total sum (not the sum intended to be expended in the reporting year) attributable to all assets associated with property occupied at the organisation site, irrespective of ownership, that are below condition B in respect of physical condition, fire safety and statutory safety condition, that have been assessed as low risk. Low risk is where repairs/replacement require to be addressed through agreed maintenance programmes or included in the later years of an Estates Strategy. The sum of high, significant, moderate and low risk backlog will be the total backlog cost for the organisation site.
Risk adjusted backlog	The sum of all risk adjusted backlog costs for each building/block and external area relating to property occupied by the organisation, irrespective of ownership. This should be calculated using the formula and methodology defined within the document "A risk-based methodology for establishing and managing backlog".

Appendix 03

Lord Carter Estates and Facilities 2015/16 Estates Dashboard

NHS ESTATES AND FACILITIES DASHBOARD 2015-16

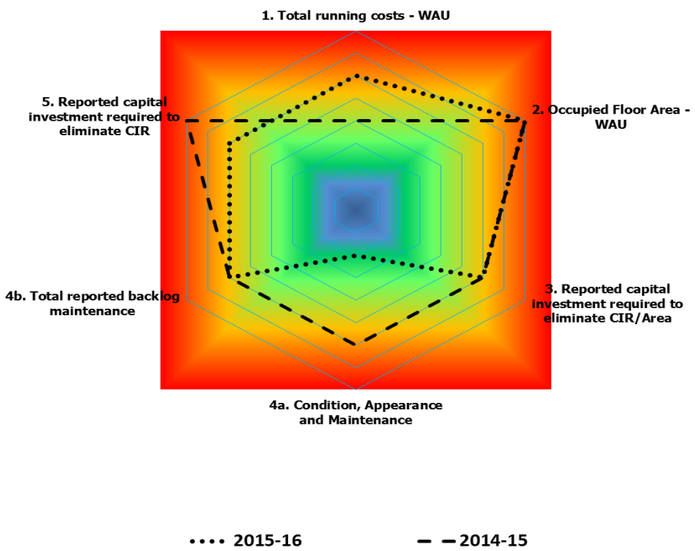
CODE	RFF	TRUST NAME	BARNSLEY HOSPITAL NHS FOUNDATION TRUST

TRUST OVERVIEW

Organisation type	**ACUTE - SMALL**
Commissioning region	**NORTH OF ENGLAND**

		2015-16	2014-15
Total occupied floor area	m2	75,618	73,624
Total estates and facilities running costs	£	20,877,916	16,386,084
Potential total E & F running cost saving by moving to the trust type median	£	0	0
Potential targeted E & F running cost savings from individual cost elements	£	1,892,277	2,217,408
Amount of empty and underutilised space	%	4.4%	not collected
Potential cost savings from full utilisation of empty and underutilised space	£	920,716	not collected
% of occupied floor area operated under a PFI contract	%	0%	0%
% of occupied floor area under direct NHS management	%	100%	100%
E & F running cost of floor area operated under a PFI contract	£/m2	0.00	0.00
E & F running cost of floor area under direct NHS management	£/m2	276.10	222.56
Total trust income	£	175,295,281	172,950,000

Trust metrics plotted against the trust type median



METRICS SCORING METHODOLOGY	
Quartile 1	Blue
Quartile 2	Green
Quartile 3	Amber
Quartile 4	Red

WAU (Weighted Activity Unit) is a measure that utilises a cost-weighted output figure based on the Health Episode Statistics and Reference Cost data to provide a relative assessment of the activity in the trust. It is then adjusted by the market forces factors to reflect different cost levels nationally. Further details on WAU can be found in the Dashboard Guidance available on DH Exchange.

METRICS SOURCED FROM NATIONAL DATA

Domain 1 - Efficiency - Cost		TRUST METRIC 2015-16	Trend	2014-15	Trend	2013-14	2015-16 QUARTILES FOR ACUTE - SMALL Lowest	Lower Quartile	Median	Upper Quartile	Highest
Total estates and facilities running costs / WAU	£ / WAU	421.71	↑	353.47	n/a	not collected	269.39	358.58	410.12	478.47	1,048.81
Total estates and facilities running costs / area	£ / m2	276.10	↑	222.56	↑	213.87	184.45	276.69	334.00	387.09	942.09
Total Hard Facilities Management costs - WAU	£ / WAU	88.41	↓	184.85	n/a	not collected	37.34	87.66	100.44	111.34	192.29
Energy costs	£ / Units	0.03	↓	0.03	↓	0.04	0.03	0.04	0.05	0.06	0.07
Building and engineering maintenance costs	£ / m2	32.01	↑	19.86	↓	28.71	11.75	21.93	26.87	36.69	71.24
Portering	£ / m2	12.65	↑	11.35	n/a	not collected	7.45	13.12	16.56	19.57	33.08
Water and sewage costs	£ / m2	3.23	↓	3.32	↓	3.32	1.27	2.92	3.44	4.00	5.51
Special and Clinical Waste costs	£ / tonnes	333.00	n/a	not collected	n/a	not collected	62.05	326.45	376.53	464.89	2,397.97
Total Soft Facilities Management costs - WAU	£ / WAU	180.59	↑	145.02	n/a	not collected	104.25	149.71	163.43	182.00	355.93
Laundry and linen costs	£ / item	0.26	↓	5.77	↑	0.30	0.22	0.30	0.33	0.36	0.80
Food costs	£ / meal	4.54	↓	5.39	↑	4.50	2.38	3.07	3.40	4.19	11.95
Cleaning costs	£ / m2	51.48	↑	47.65	↑	47.47	22.00	32.79	37.85	47.46	60.84

Domain 2 - Effectiveness - Productivity		2015-16	Trend	2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Occupied Floor Area - WAU	m2 / WAU	1.53	↓	1.59	n/a	not collected	0.80	1.12	1.29	1.48	2.17
Amount of empty space	%	0.4%	n/a	not collected	n/a	not collected	0.0%	0.0%	0.8%	1.9%	20.6%
Amount of underutilised space	%	4.0%	n/a	not collected	n/a	not collected	0.0%	0.0%	1.3%	3.4%	20.6%
Amount of non-clinical space	%	32.8%	↓	48.1%	↑	44.6%	17.1%	31.8%	36.4%	42.0%	56.9%
Total income earned per area	£ / m2	2,318	↓	2,349	↓	2,390	1,794	2,486	3,058	3,289	4,465
Estates and facilities staff sickness absence rate	%	3.3%	↓	3.7%	→	3.7%	0.0%	4.0%	4.8%	5.7%	9.1%
Amount of energy used	Units / m2	507.58	↑	497.04	↑	496.47	284.66	403.98	429.94	504.88	657.66
Portering	Beds/WTE	9.25	↑	9.00	n/a	not collected	7.02	9.23	11.01	12.83	20.52
Special and Clinical Waste - WAU	WAU ratio*	0.0070	n/a	not collected	n/a	not collected	0.0014	0.0065	0.0075	0.0091	0.0672
Laundry and linen - WAU	WAU ratio*	46.46	↑	1.96	n/a	not collected	27.64	33.53	39.27	44.70	50.78
Food service productivity	Meals / Beds / Day	3.21	↓	3.28	↓	3.40	0.81	2.86	3.06	3.37	4.88
Cleaning productivity	m2/WTE	525.05	↓	611.19	↑	586.43	204.23	585.34	671.29	858.09	1,134.29

Domain 3 - Safety		2015-16	Trend	2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Reported Critical Infrastructure Risk (CIR)/Area	**£/m2**	89.28	↓	95.34	↑	77.25	0.00	15.51	47.67	99.80	409.92
Reported Critical Infrastructure Risk	£	6,751,235	↓	7,019,000	↑	5,492,000	0	924,800	2,994,707	7,270,839	25,109,063
Fires recorded	No.	2	↑	0	→	0	0	0	1	3	35
False Alarms	No.	41	↑	40	↓	42	4	29	46	56	89
Number of people injured resulting from fire(s)	No.	0	→	0	→	0	0	0	0	0	0
Number of patients sustaining injuries during evacuation	No.	0	→	0	→	0	0	0	0	0	0

Domain 4a - Quality - Patient Environment		2015-16	Trend	2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Condition, Appearance and Maintenance	**%**	97.23%	↑	86.70%	↓	96.26%	86.43%	90.52%	93.35%	95.51%	98.44%
Cleanliness	%	99.63%	↑	96.58%	↓	97.95%	93.84%	97.50%	98.60%	99.35%	99.94%
Food	%	90.35%	↓	91.52%	↓	92.08%	80.62%	84.12%	87.33%	91.03%	96.44%
Privacy, Dignity, Wellbeing	%	87.07%	↑	85.10%	↓	90.09%	64.73%	79.14%	80.76%	86.37%	92.79%
Condition, Appearance and Maintenance	%	97.23%	↑	86.70%	↓	96.26%	86.43%	90.52%	93.35%	95.51%	98.44%
Dementia	%	81.82%	↑	76.22%	n/a	not collected	53.62%	69.95%	75.94%	80.97%	91.95%
Disability	%	84.55%	n/a	not collected	n/a	not collected	58.14%	73.59%	78.42%	83.24%	96.05%

Domain 4b - Quality - Infrastructure		2015-16	Trend	2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Total reported backlog maintenance	**£/m2**	164.73	↓	184.08	↑	175.78	0.00	81.36	148.55	213.58	599.98
Amount of functionally suitable space	%	99.17%	↑	83.64%	↓	88.26%	52.30%	72.98%	94.09%	99.36%	100.00%
Single bedded rooms	%	32.31%	↓	37.78%	↑	32.35%	12.34%	21.66%	26.00%	32.02%	50.31%
CO2 emissions	kg/m2	113.73	↑	100.03	↓	104.29	96.39	119.15	136.65	157.60	218.97

Domain 5 - Organisation Governance & Processes		2015-16	Trend	2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Capital investment required to eliminate CIR	**£**	6,751,235	↓	7,019,000	↑	5,492,000	0	924,800	2,994,707	7,270,839	25,109,063
Capital investment required to eliminate backlog	£	12,456,771	↓	13,553,000	↑	12,497,000	0	5,576,000	9,826,785	14,598,685	43,630,049
Capital spend as % of NBV of land and buildings	%	3.0%	↓	3.1%	↓	10.7%	0.4%	2.1%	4.2%	7.7%	15.3%
Income from areas leased out for retail sales	£/m2	764	↓	862	n/a	not collected	0	105	394	554	1,036
Income from other organisations (exluding retail sales)	£	993,486	n/a	not collected	n/a	not collected	0	337,746	685,710	1,087,742	5,705,511

Appendix 04

Estates Guiding Principles and Outcomes

1 Functional requirements for service delivery

- Improve the match between the needs of the clinical services for estate, and better support the safe delivery of services.
- Increase the proportion of multi-purpose and/or flexible facilities.
- Enable appropriate interaction between clinical and non-clinical space.
- Improve access for the users, including those with specific access needs.
- Support best practice delivery of clinical services and/ or non-clinical functions, including 'future proofing'.
- improve the match between the requirements to deliver non-clinical functions and the estate and facilities used.

2 Feedback from service users and carers

- Better reflect the known views of users and carers.

3 Partnering and joint working

- Continue with the opportunities for collaborative and joint working e.g. across related commissioning organisations; across related provider organisations; across related public sector organisations; with related non-public sector organisations. This includes working with in our local PLACE and within the South Yorkshire and Bassetlaw STP

4 Dispersed/community based versus centralised delivery models

- Support a change in delivery model for both clinical and non-clinical, and provider and commissioner functions which reflects the need for some services to be provided within the acute hospital environment, others Barnsley wide, and others on a South Yorkshire/Yorkshire wide basis.

5 Principles of good design

- Make further progress towards achieving excellence in design.

6 Cost and productivity

- Business cases are produced for any changes to the Estate to assess the feasibility/affordability of changes.
- Increase overall the use and productivity per square metre of estate.
- reduce overall cost of estates and facilities.
- demonstrate continuous improvement on performance compared to appropriate benchmarks for cost and productivity.

7 Energy efficiency

- In accordance with the Trust's Sustainable Development Management Plan continue to improve the efficient use of energy and reduce carbon emissions.

8 Income opportunities

- Increase overall the use of estates to generate income.

9 Phasing, rationalisation and demolition

- Provides a phasing for a change in estate that supports service/ function change, is financially viable and delivers overall financial benefit. This includes viable plans to sell, rent or otherwise re-use estates and facilities that would no longer be required for delivery of commissioning function or clinical services.

Successful delivery of the guiding principles will mean that the Trust will have an estate that will provide:

1. Buildings that are multi-purpose, flexible facilities from which services can be delivered which match the needs of the local population. This will be achieved through effective design, procurement and management. This will also allow for the dual function of clinical and office environments to allow for further efficiency. This will be supported by the Trusts Space Utilisation Policy. This should include the location where services operate from which may include schemes such as; a hub and spoke (locality) model where services are delivered either from a centralised location or dispersed throughout the town (or even both). Further to this are changes in working practices, such as; changes in shift pattern; tele-health; linked mobile working; occasional working from home; home working; hot desk facilities; updated filing solutions; wi-fi / improved IT / filing management systems so that patient records can be safely and securely accessed remotely; and evening clinics.

2. Buildings that will meet the needs of the users and carers.

3. Co-located commissioning and/or provider services that will lead to the development of joint and collaborative working.

4. An estate to deliver provider services from local bases which are tailored to meet local need.

5. Accommodation to deliver services to areas where there is a health need and/or deprivation.

6. Newly designed, refurbished or upgraded buildings to meet current standards.

7. Assets that will be used to their full potential by increasing use and productivity, a reduction in estate and facility costs as surplus estate is rationalised and demolished and/or disposed.

8. A reduced carbon footprint as sustainable energy and alterative ‘green’ solutions to current working practices are implemented.

9. The ability to generate additional income through services offered on site.

10. A planned and managed process for each of the steps to be taken to arrive at an estate that is improved and fit for purpose.

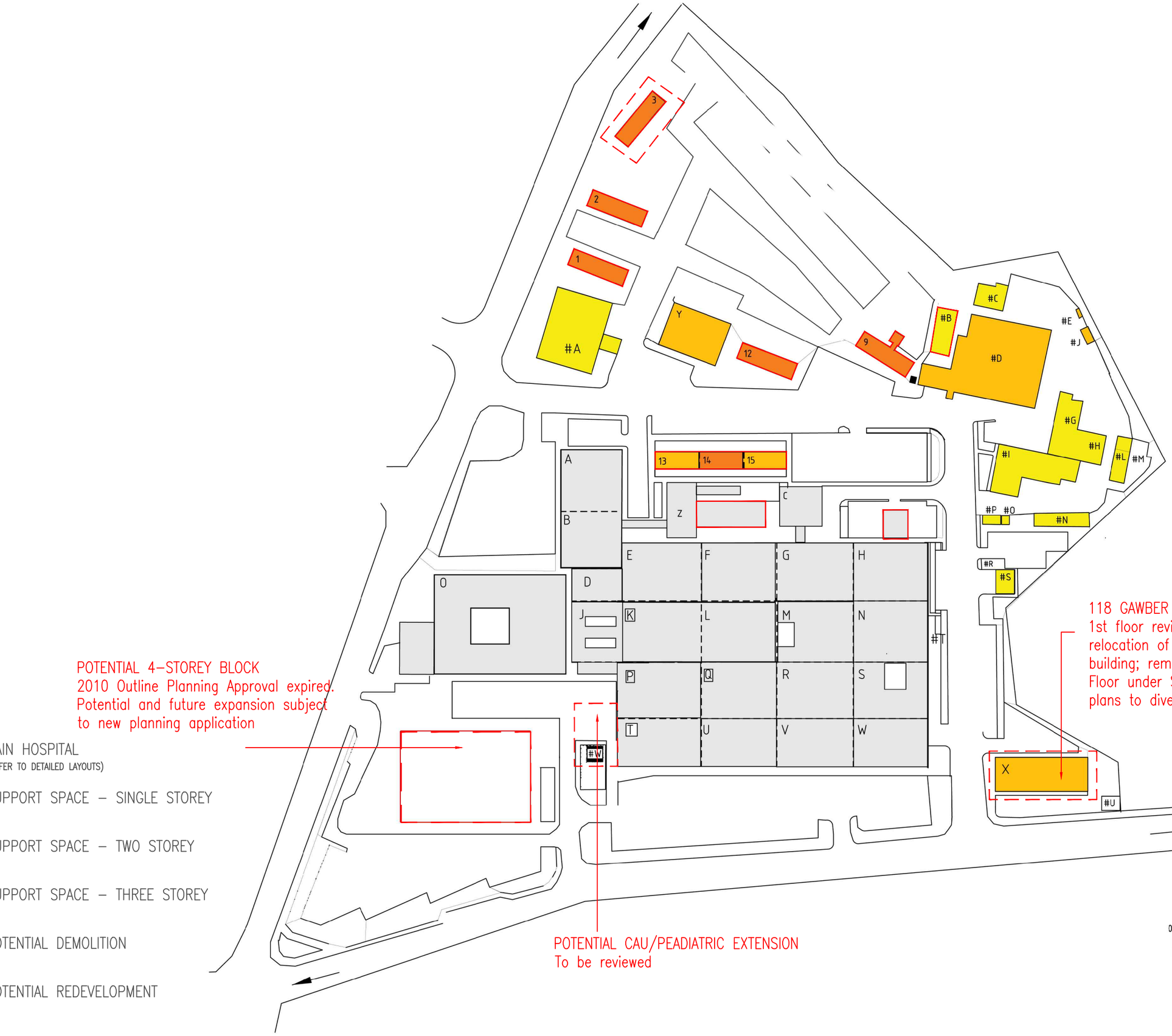
Site Development Plan **Appendix 05**

Barnsley Hospital NHS

NHS Foundation Trust

SITE DEVELOPMENT PLAN

MAY 2017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POTENTIAL 4–STOREY BLOCK
2010 Outline Planning Approval expired.
Potential and future expansion subject
to new planning application
118 GAWBER ROAD
1st floor reviewed 2014–15 for
relocation of Trust HQ into main
building; remains a future option. Ground
Floor under SLA. Trust not aware of any
plans to divest the service.
POTENTIAL CAU/PEADIATRIC EXTENSION
To be reviewed
KEY
MAIN HOSPITAL
(REFER TO DETAILED LAYOUTS)
SUPPORT SPACE – SINGLE STOREY
SUPPORT SPACE – TWO STOREY
SUPPORT SPACE – THREE STOREY
POTENTIAL DEMOLITION
POTENTIAL REDEVELOPMENT
0 5 10 25 50 100
This is an approximate scale
SITE PLAN

RESTAURANT
To be refurbished in 2017

SUPPLIES / IT
925m²

PATHOLOGY / IFC
1650m²

CSSD
650m²

LEVEL 1 ENTRANCE >

RETINAL SCREEN
135m²

RECORDS
140m²

ARU
650m²

DISCHARGE UNIT
275m²

ISS
1715m²

APPLIANCES
180m²

AUDIOLOGY
160m²

PHARMACY 1030m²

RESPIRATORY
315m²

ENT
215m²

DIABETES
435m²

CARDIOLOGY
765m²

MED. PHOTO. / PHLEBOTOMY
275m²

CHILDRENS OPD
455m²

EYE CLINIC
375m²

MED. REC.
430m²

RHEUMATOLOGY
230m²

GU MED
455m²

MEDICAL
405m²

LEVEL 1

POTENTIAL THEATRE EXPANSION
Requirements to be reviewed

OUTPATIENTS
Space to be Reviewed 2017–18

POTENTIAL CRITICAL CARE AREA
Space to be reviewed

THEATRES
1965m²

IMAGING DEPT
1925m²

ITU
415m²

THEATRE RECOVERY
200m²

PHYSIOTHERAPY DEPT
945m²

ENTRANCE FROM CAR PARKS >

MAXILLIOFACIAL 500m²

< OPD ENTRANCE

< MAIN ENTRANCE

< A&E/PHYSIO ENTRANCE

EMERGENCY DEPT INC. OBSERVATION WARD
1500m²

FRACTURE CLINIC
318m²

GYNAE. PRE-ASSESSMENT
460m²

GYNAE. OPD
330m²

ULTRASOUND
220m²

BREAST SCREENING
690m²

ANTENATAL
340m²

RETAIL SPACE
Space to be Reviewed

POTENTIAL NEW CAU/PEADIATRIC UNIT
Requirements/Space to be Reviewed

LEVEL 0

KEY

- CLINICAL SPACE
- SUPPORT SPACE
- OFFICE (CLINICAL)
- SHARED CIRCULATION

EXISTING MAIN BUILDING PLAN

EXPLODED ISOMETRIC

Upgrade Strategy Phasing Programme Options (updated May 2017 to reflect revised Scope * Subject to further review)

CURRENT

PHASE 1

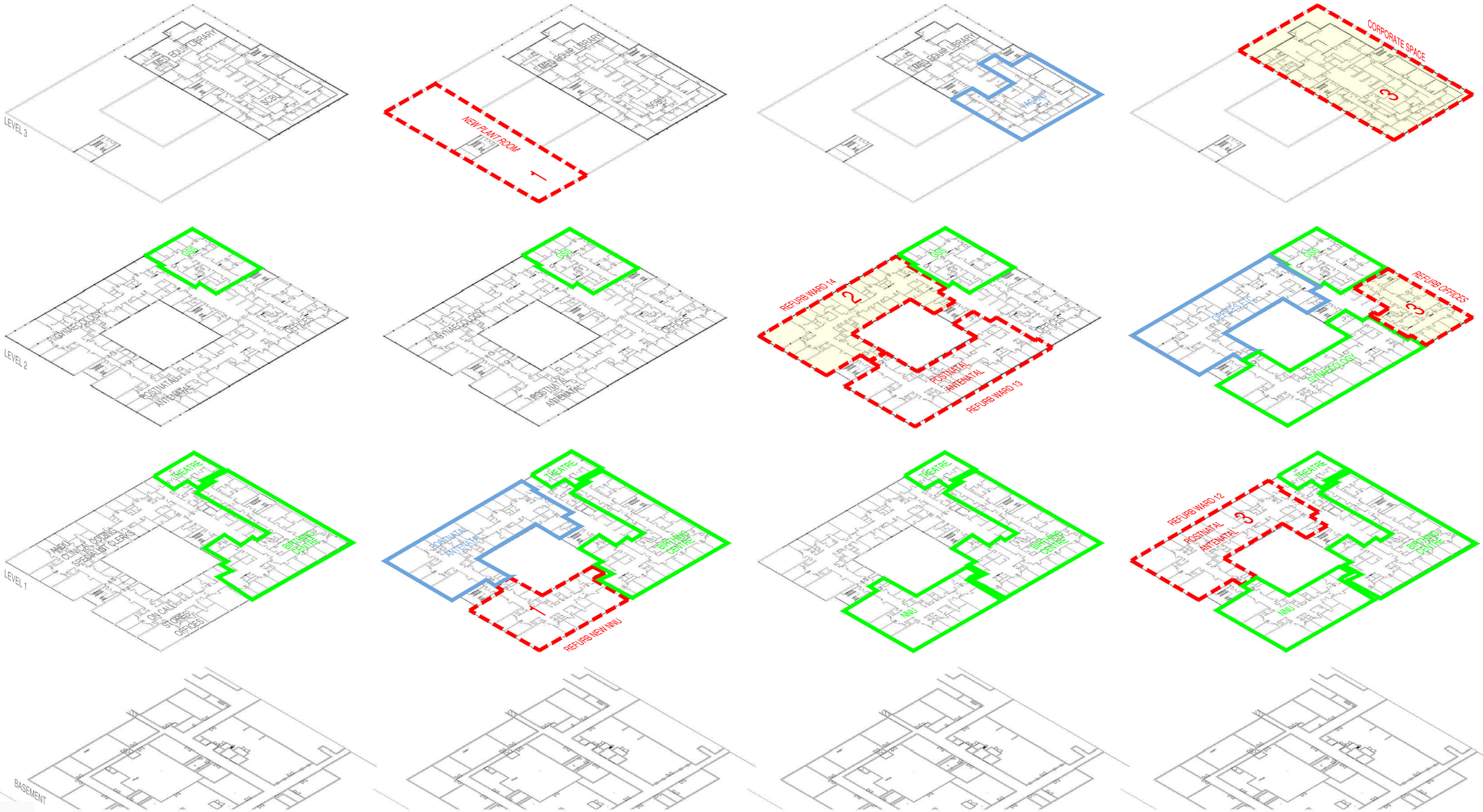
2017/18 – 2018/19
–Build new Neonatal Unit (NNU) – Ward 11
–Antenatal Day Unit (ANDU) relocated to ground floor
–Decant required for On Call Rooms , Seminar Room,O&G Secretaries, Clinical Coding and Speciality Clerks
–New Infrastructure

PHASE 2

2019/20 – 2020/21
–Decant Gynaecology to KL Block
–Refurbish Ward 13
–Refurbish Ward 14?
–Decant required for On Call Rooms , Seminar Room,O&G Secretaries, Clinical Coding and Speciality Clerks
–to be reviewed

PHASE 3

2021/22 – TBC
–Move Medical Equipment Library
–Refurbish Ward 12
–Refurbish Corporate Space
–Potential to omit or put back refurbishment for Office and Corporate Space.
–Review Required



NOTES

1. Final Layout of areas to be confirmed
2. Decant outside O Block not shown
3. Ground floor not Shown
4. Infrastructure/enabling works not shown

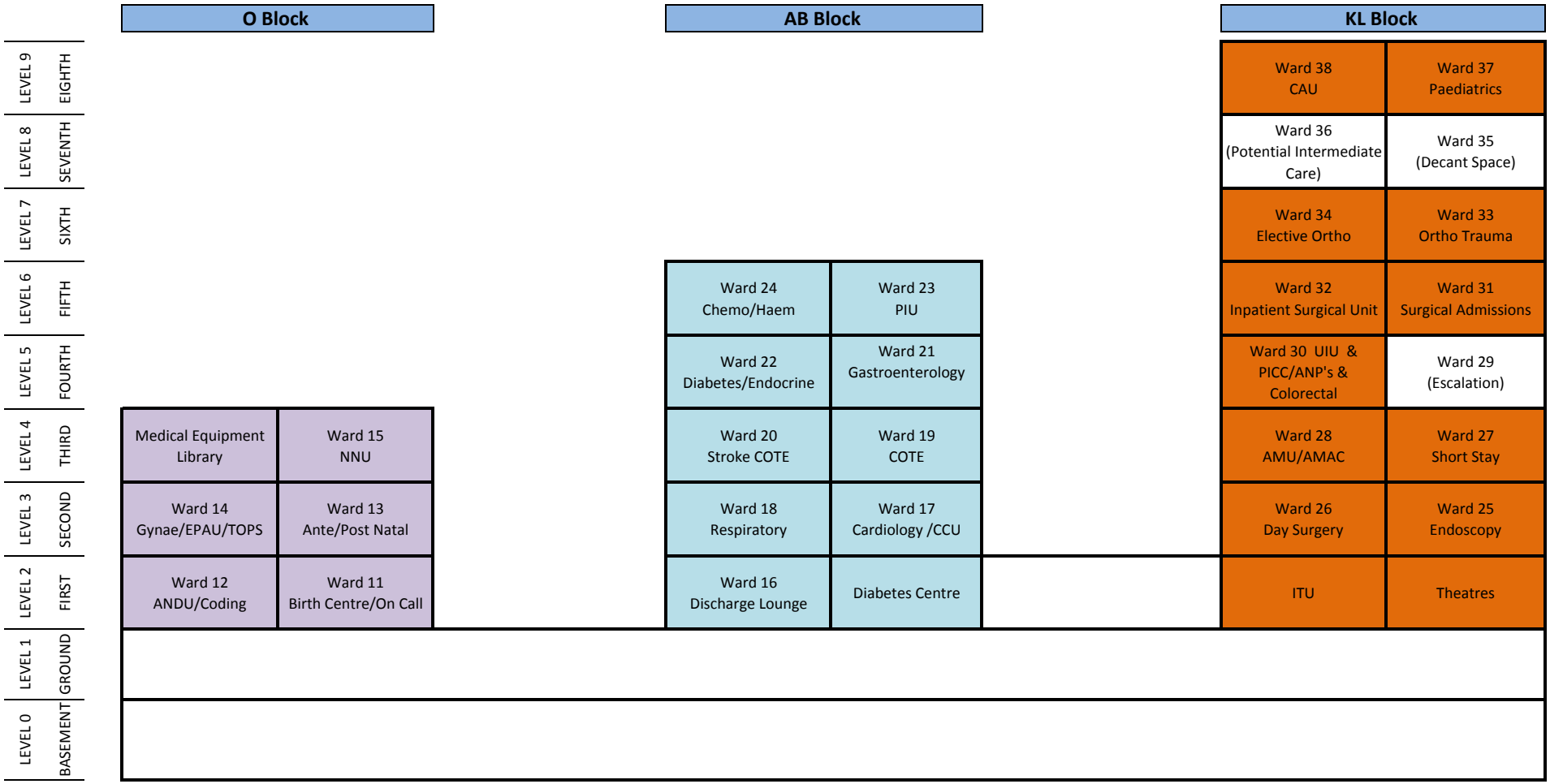
KEY

Construction
Current Location
Temporary Location
Final Location

Proposed O Block Phasing

Draft 05.05.17

Current Ward Configuration



Appendix 06

3 Horizons – Strategic Programme 2016/20

BHNFT STRATEGIC PROGRAMME 2016-2020

HORIZON 1
Extend & Sustain Core Services

- Patient Flow/Bed Reconfiguration 2016-18
- Urology Repatriation 2016-18
- Orthopaedics 2016-18
- Outpatients Modernisation 2016-18
- Theatre Utilisation 2016/17
- Imaging Service 2016/17
- 7 Day Working 2016/17
- Sterile Services 2016/17

HORIZON 2
Build Emerging Opportunities

- Assistive Technology 2015-17
- Integrated Services for Diabetes & Respiratory 2016-18
- Ophthalmology Repatriation 2016-18
- Endoscopy Service Expansion 2016-18

HORIZON 3
Create Viable Future Options

- Stroke Service 2016-18
- New Pathology Partnership Model 2016-18
- Partnership Working (e.g. STP, ACO) 2016-20
- BHSS Expansion 2016-19

Appendix 07

South Yorkshire and Bassetlaw STP Strategic Estates Board - Terms of Reference
V1.0 March 2017

Vision and Principles

The aim of the STP Estates work stream is to support the implementation of a sustainable estate strategy that will enable STP Clinical work streams, and Locality based Estates Forums (LEF's) to deliver their objectives. It will support an integrated approach through the delivery of a smaller, more cost effective and efficient estate which is aligned more closely with the delivery of frontline public services.

To date LEFs have focused on the establishment of a vision for services and property within each locality, and establishing principles for future strategic decision making which will in turn support STP partners to deliver their strategic objectives. These principles for collaborative use of built assets are to:

- Divest of poor quality, poorly performing and surplus assets
- Prioritise and enable the use of high quality assets for public and patient facing services
- Develop assets for the delivery of new models of care and service delivery
- Co-locate services in assets where possible, with shared and/or sessional use
- Increase utilisation of health and local authority assets, to create surpluses
- Develop agile working capabilities across each organisation
- Establish and agree a systems approach in relation to key assets within the estate, in particular to prevent organisations being adversely effected by the property decisions of others
- Ensure sustainability through the development of effective mechanisms to recycle funding (particularly capital receipts) to meet STP objectives

In addition, the Estates work stream recognises the important interdependencies between the estate and the STP's transformational and finance work streams, alongside other key enablers such as IT and Workforce, and the wider efficiency agenda.

The role of the STP Strategic Estates Board is to provide strategic oversight, planning and direction to STP clinical work streams and the CCG Local Estate Forums (LEFs), enabling the delivery of more effective, place-based health facilities, property assets and health/public land across South Yorkshire and Bassetlaw.

Purpose and Remit

The STP Strategic Estates Board will bring together organisations which own health facilities, property assets and health/public land to facilitate the better use of all health and public sector estate to help meet determined service delivery objectives developed by STP Partners.

In particular, the STP Strategic Estates Board will bring together local partner organisations to:

- Produce an STP Strategic Estates Plan and accompanying action plan, which sets out clear priorities for the delivery of better use of all local public land and property assets within their respected geographical areas to deliver the estate objectives highlighted within the STP submission
- Provide a forum to review the findings of the Naylor Review of surplus land and challenge partner organisations to address any recommendations.
- Link closely to the Carter efficiency work stream to ensure the work streams are aligned.
- Develop a robust set of estate data to support the clinical planning activity led by STP Partners
- Support locality capital planning groups on any cross border or regional estates planning.
- Act as the overarching link between the STP and the Sheffield City Region Joint Assets Board for land supply, and estates programming linked to all regeneration planning. (As outlined within the Governance framework appended at Annex 1).
- Oversee the performance and outcomes of collaborative projects and task and finish groups that might be established as necessary
- Feedback key policy and/or operational messages to NHS England and NHS Improvement.
- Support the development of affordable estates and infrastructure plans and associated capital strategy.
- Consider the findings of the Sustainable Hospital Review and support the development and implementation of estates strategies arising from it.
- Support local prioritisation of capital projects to ensure added value at an STP level.
- Support clinical work streams to develop and implement estates requirements arising from their work

The STP Strategic Estates Board provides strategic oversight across organisational boundaries to support the optimal use of all health related public estate in South Yorkshire and Bassetlaw. The STP Strategic Estates Board will support and help align estates planning functions in statutory local public bodies across the following thematic areas:

- ***Strategic Estates Planning***
  Co-ordination of effective local strategic estates planning across multiple delivery programmes including Health and Social Care Integration, One Public Estate and regeneration plans. Share, where it is possible to do so, joint procurement opportunities and liaise with other STP footprints to establish ‘best practice’

- ***Aligning Investment and Divestment***
  - Improved alignment of local partner organisations’ estates investment and divestment strategies in order to meet the future investment requirements identified in the STP Strategic Estates Plan.

- Strategic engagement with any capital investment funding model developed on behalf of local partners to support investment planning for future estates provision.
- Supporting the SCR JAB in its work to ensure that rationalisation capital receipts and housing delivery targets are developed and delivered in line with local and national strategic objectives

- ***Estates Intelligence & Spatial Mapping***

  The STP Strategic Estates Board will have responsibility for ensuring that up-to-date local health estate intelligence and mapping across its estate is available to the SCR JAB. This will ensure that:

  - Health systems are aligned to all Local Planning Authorities planning applications and Infrastructure Development Plans, ensurings.106/ Community Infrastructure Levy is assessed in growth areas, ensuring monies are captured to aid the reconfiguration of existing health facilities to support patients and workforce.
  - Accurate and up-to-date estates intelligence contributes to the ongoing analysis of the investment requirement for the future estates provision in South Yorkshire and Bassetlaw.
  - A comprehensive intelligence base can be established in relation to public sector land and property assets in SY & B in line with the requirements of the STP and One Public Estate programme initiatives.

The STP Strategic Estates Board is a strategic advisory body made up of senior property, transformation and finance representatives from local land and property owning public bodies and key local stakeholders. It does not have formal decision-making powers delegated from statutory local, sub-regional, or national bodies and operates in the context of existing local governance and accountability arrangements.

Governance and Structure

The Structure can be found below. The membership of the STP Strategic Estates Board consists of the following local stakeholders:

- STP Estates work stream SRO – Chair
- STP PMO
- STP SRO's for all Clinical work streams
- STP SRO's for all Enabling work streams
- Directors of Estates and Facilities (as appropriate by organisation)
  - Sheffield Teaching Hospitals NHS Trust
  - Barnsley Hospital NHS FT
  - Doncaster and Bassetlaw Hospital NHS FT
  - Rotherham Hospital NHS FT
  - Sheffield Children's Hospital NHS FT
  - Nottinghamshire Healthcare NHS FT
  - Sheffield Health and Social Care NHS FT
  - RDASH NHS FT
  - SWYFT NHS FT

- CCG Estates Leads
- Chairs of Local Estates Forums
- Director of Estates, Yorkshire Ambulance Service
- Strategic Estates Adviser, Community Health Partnerships and NHS Property Services

Membership and ToR's will be reviewed annually by the full STP Strategic Estates Board.

Each STP Strategic Estates Board member will be responsible for reporting back to their own organisation, and be mandated to speak on that organisations behalf.

Frequency of Meetings and Secretariat

The STP Strategic Estates Board will meet bi-monthly

STP Strategic Estates Board meetings will be hosted by the Chair's organisation and secretariat support will be provided by the STP PMO.

Minutes will be distributed no later than five working days after the Board has met