

Report to:	Trust Board (Public)	Agenda item:	15.
Date of Meeting:	07 March 2019		

Report Title:	Estates Strategy 2019-24			
Status:	Information	Discussion	Assurance	Approval
				X
Prepared by:	Laurence Arnold, Programme Lead Ian Robinson – Head of Facilities			
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Appendices (list if applicable):				

Recommendation:
To approve the Estates Strategy.

Executive Summary:
<p>This estates strategy outlines how Salisbury NHS Foundation Trust (SFT) will seek to make best use of its estates resources to assist in delivering on the Trust's key strategic objectives.</p> <p>The strategy describes the current estate's performance and condition, sets out where the key risks are and the development options required to mitigate these risks and deliver on the Trust's clinical strategy. It articulates the direction of travel over the next five years, making the best possible use of the estate to deliver modern integrated care for the benefit of the local community and establish innovative aspects of healthcare and health education.</p> <p>The Trust will face a considerable challenge in consolidating the development of the estate and will use all the resources available to improve the facilities from which clinical services are provided. In particular the opportunity for the development of the overall site is considerable, and close working with local partners will be essential to create a site which is attractive, vibrant and a positive boost to the local community and economy</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

Salisbury NHS Foundation Trust

Estate Strategy

2019—2024



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1. Executive Summary

This estates strategy outlines how Salisbury NHS Foundation Trust (SFT) will seek to make best use of its land, buildings and infrastructure to assist in delivering on the Trust's key strategic objectives, consistent with delivering:

An Outstanding Experience for Every Patient

The strategy describes the current estate's performance and condition, sets out where the key risks are and the development options required to mitigate these risks and deliver on the Trust's clinical strategy. It articulates the direction of travel over the next five years, making the best possible use of the estate to deliver modern integrated care for the benefit of the local community and establish innovative aspects of healthcare and health education.

The strategy is influenced by:

- The current estate configuration and standards
- The priorities described in the Trust's clinical strategy responding to the changing needs of the local population
- The needs of our partners
- The external context in responding to key national (eg Naylor review) and regional (STP estates plans) priorities and as the local community responds to the Ten Year Plan and the development of integrated care
- Impact of a digital first strategy for the NHSS

Our key estates strategic objectives are:

- Management of identified risk
- Provide buildings, services and surroundings that are high quality, fit for purpose, safe and affordable
- Support clinical requirements
- Development of a more efficient estate
- Contribute to the sustainability agenda
- Development of a campus scheme to use the estate for wider health community benefit

The Trust will face a considerable challenge over the period of this strategy in consolidating the development of the estate and will use all the resources available to it to improve the facilities from which services are provided. In particular the opportunity for the development of the site is considerable, and close working with local partners will be essential to create a site which is attractive, vibrant and a positive boost to the local community and economy.

2. Estate Profile: Baseline 2018

The Trust owns one freehold property, Salisbury District Hospital, which is fully operational and is sited some three miles to the south of the city of Salisbury. The Salisbury District Hospital site occupies an area of 21 hectares and has buildings with a total floor area of 97,764m².

The full asset valuation as at March 2018 (Trust land and buildings) was £106,017,517 (including £15.8 m for the PFI building).

The hospital can be divided into three distinct areas:



SDH North

The North area of the site is the modern Phase 1 and 2 developments totalling 53,117m² of floor space. Phase 1 was completed in January 1993 and is based on the nucleus cruciform design with a hospital street on 5 levels. Phase 2 (top right) opened in May 2006.

SDH North houses most of the acute inpatient wards, emergency department, main theatres, diagnostic services (including laboratories), burns and plastics services and the main outpatient departments.



SDH Central

SDH Central is predominately 1940s, single storey, flat roofed accommodation comprising 34,841m² of floor area. Approximately 7,000m² of these wartime structures still house clinical services, including the neonatal intensive care unit (NICU), maternity services and pre-operative assessment.

SDH Central also includes the day surgery unit (DSU), a satellite radiology department and the Spinal Unit. The Spinal Unit is a traditional pitched roof building opened in the early 1980s. Day surgery is of modular construction built in 1993 which was subsequently extended in 1999 and again in 2003, but includes two of the original theatres dating from the 1980's.

In 2016, following a successful fund raising scheme by the Hospital charity, Stars Appeal, a dedicated Breast Unit was opened. The building, which extends out from gynaecology outpatient department, offers a welcoming environment where patients receive all their care and treatment in a unit which has been designed specifically for their needs.



SDH South

SDH South comprises a mixture of largely single storey 1940's buildings totalling approximately 4,300m². The more recent, substantive buildings are the Salisbury Hospice, Wessex Rehabilitation Centre and Court Close staff residential houses. This area also includes the Medical Engineering and Science Centre which was relocated into existing buildings. There is a strategic aim to

move these services out of these old, dated buildings and clear the southern end of the site.



3. Trust Strategy

The Trust vision is to provide:

An Outstanding Experience for Every Patient

The contribution which the development of the estate over recent years has made to these strategic priorities is described as follows:





The Digital Context

The impact of digital developments will have a major impact on the use of the estate and will be a major driver for change. The digital agenda, as set out in the Trust's emerging digital strategy, will have a compelling impact on future estate utilisation. Fewer face to face appointments as more digital methods are used will impact on the amount of clinical space required. Increased opportunity to work from home will change working patterns, reducing traffic to and from the site and potentially change how office accommodation should be configured in the future. Greater control of room utilisation, management of the site environment and resources will help the Trust become more efficient and contribute to environmental standards. Improved booking systems and the use of barcoding technology will be crucial in enabling the Trust to use clinical resources more effectively.

Therefore it will be important for the development of and associated ongoing workplans for our infrastructure related strategies to be aligned and consistent.

The impact Environment Can Make

The examples below are included to illustrate the importance of fit for purpose modern estate. The positive impact of a modern, safe environment in which to be treated and work is a vital component in the service provision model.

The Lift Project The patient lifts with interior artworks giving inspiring reflection of Salisbury's healthcare through the ages:



New Dedicated Breast Unit providing the best clinical care in an environment to match:



4. Developing the Estate Strategy

The development of this estate strategy has been considered in the light of these factors:

- The priorities described in the Trust's **clinical strategy**— it is the requirements of the Trust's clinical services designed to meet the needs of the local population which will shape the estate development plans, determining how and where the estate advances.
- The **external context** in responding to key national (eg Naylor review) and regional priorities (STP estates plans) and as the local community responds to the recently published NHS Long Term Plan and particularly its focus on the development of integrated care.
- The **current estate configuration and standards**— this is the starting point from which the Trust is seeking to make changes and improvements to its site wide infrastructure. This is described in detail in pages 14-17 and describes the current situation and highlights priorities for improvements
- The priorities driven out by internal and external assessment of current estate condition and the risks (financial and clinical) described as a result of poor functional suitability and the condition of buildings still housing clinical services.



NICU – Salisbury Foundation Trust

5. The Trust's Future Clinical Strategy

The key elements of the Trust clinical strategy as it affects the development of the estate include the following:

Easy Access for Patients and GPs

We will embrace **different approaches** (eg digital, telephone) to ensure that patients do not have to travel to the hospital except when a face to face consultation, physical examination or treatment is necessary.

We will try to exploit to the maximum the time patients spend on our site by combining tests, procedures and appointments and offering **one-stop services** and multidisciplinary clinics as appropriate.

Our diagnostic and treatment services will be provided in locations other than our main site to better meet **the needs of the population**; equally we will encourage in-reach of community services into the hospital to support patient care.

We will ensure that our services are accessible for **people with special needs**.



Integrated Care

The approach in our locality will place greater emphasis on prevention, keeping patients well at home and getting patients home as quickly as possible if they have to come into hospital. This will mean the hospital only providing the care those patients need in an acute environment and more care being **provided in a community setting**. Hospital staff will increasingly be working with community based multi-disciplinary teams to manage patients' needs outside of the hospital.

We will play our part in the development of **community hubs**, where those community MDT's (including, community nursing, pharmacists, optometrists, therapists, social teams, general practitioners and support staff) can provide a range of services for patients. We will provide space for patients and the public to spend time together, **combating loneliness**.





Children

It will be a priority that care for children should be provided in environments which are **appropriate for their age** and stage of development.

Maternity

All women should have access to three models of care as determined by their risk and preference: home birth, a midwifery-led birthing unit and an obstetric unit. Women in our catchment area currently only have two choices therefore it is a priority for us to develop a **midwifery led birthing unit**. In order to maintain skills and flexibility in the workforce and best access for women this will be alongside our obstetric unit. Planning for the re-provision of the maternity services into more modern accommodation will be high priority over the life of this strategy.



Emergency Care

We will improve access to rapid diagnostics and specialist advice to help admit patients to hospital only when absolutely necessary. Patients will stay in hospital for the minimum amount of time— getting the right patient into the right bed at the right time and planning discharge from the day of admission . We will further develop and enhance our early supported discharge services, which allow patients to go home earlier than usual with the required support in their own homes. We will work with our partners to further develop “discharge to assess” where patients’ care and therapy needs are assessed in their own home rather than in hospital. For some patients who need a longer period of re-enablement or whose home needs adaptation we will **provide step-down care**, the aim being not to provide long term care but to enable a greater proportion of patients to return to their own homes.



Frail Elderly

We will work with local partners in primary care community and social care to reduce admissions through delivering comprehensive, co-ordinated care in the community. If a frail older patient is admitted they will be kept out of bed and dressed where possible to reduce deconditioning and their discharge will be planned from the day of admission with the aim of keeping the patient in hospital no more than five days.

We will use our estate better to provide improved **rehabilitation services**, drop-in and respite services such as a day centre, reminiscence therapy, exercise classes and support for independent living.

Surgical Care

Patients who require elective surgery want short waiting times, day case surgery where possible, short inpatient stays and the provision of good quality accessible information about their recovery and rehabilitation. Within our surgical services we will **separate routine elective care** from emergency care. Elective surgery will be provided in an efficient, high-throughput way to maximise the use of our operating theatres. Where travel distance is an issue driving overnight stays we will ensure patients have access to hotel or hostel accommodation.

Mental Health

We recognise the important links between mental and physical health and support the concept of parity of esteem between mental and physical health conditions. This means ensuring that patient wellbeing is supported both in the community and in hospital. As well as developing our onsite services (eg liaison psychiatry, clinical psychology), we will work with local mental health providers to determine how we can support the delivery of mental health services, eg **care of older people with both physical and mental health needs**.

6. External Factors Influencing the Estate Strategy

Bath Swindon and Wiltshire Sustainability & Transformation Programme (STP)

The STP estates strategy supports the emerging clinical strategy, and describes the approach to be taken for modernising the BSW estate with priorities for:

- Developing new facilities for integrated care
- Increasing capacity for primary care services
- Providing facilities for specialist services
- Reconfiguring services for mental health services
- Increasing acute hospital capacity and improving quality.

The STP strategy highlights the need to upgrade facilities at Salisbury Hospital generally and the requirement for an alongside midwifery-led unit specifically. The Trust's emerging campus project is regarded as one of the key priority schemes.

One Public Estate

The Trust is part of the Wiltshire One Public Estate initiative supporting ways of using all public facilities in Wiltshire more effectively, eg the Trust supported the ambulance service provision during the 2018 incidents. More strategically there is intent to share estates strategies across organisations and sectors to co-ordinate future plans and collaborate in using the public estate more effectively.

Naylor Review

The Naylor Review (2016) set out the opportunities for the NHS in disposing of excess land and for that land to be used to provide additional housing to support the national housing undersupply. With a large site at its disposal, SFT will be expected to contribute and will look to reconfigure its site both to reduce operating costs and to secure for disposal additional land in such a way as to maximise value for the NHS.

7. Current Efficiency Review

SFT is working and will continue to work through the recommendations of the Lord Carter Efficiency Review in conjunction with SFT's own analysis of exploring opportunities to increase productivity and reduce costs

Reduce Non Clinical space to a maximum of 35 % of the overall Trust footprint.

April 2017: 40.82%

Empty/underused areas would not exceed 2.5% of the overall Trust footprint.

April 2017: 0.84%

Reduce energy consumption by investing in energy efficient schemes.

2017/18 Lower Quartile

Achieve median benchmark in soft FM costs such as cleaning and patient food services.

2017/18 Lower Quartile

Achieve median benchmark for Estates Facilities running and costs.

2017/18 Lower Quartile

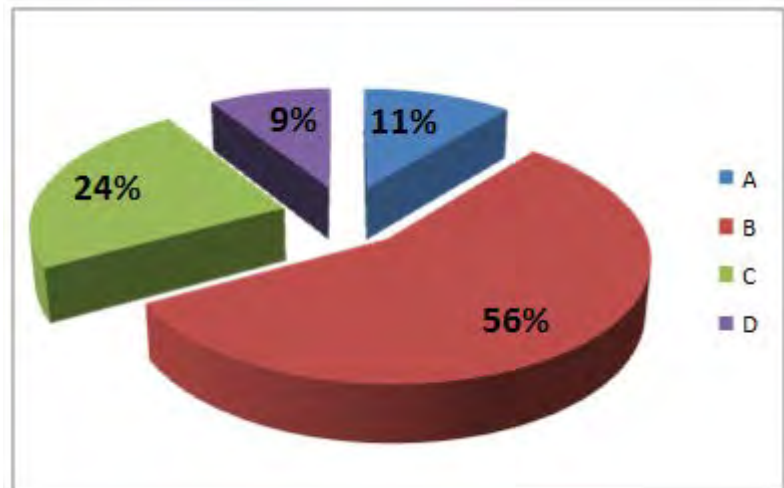


8. Current Estate Condition

Physical Condition and Age

The overall physical condition of the estate is a product of the various ages, use, design, construction and maintenance of the total estate assets.

Almost a quarter of the SFT estate is condition code C and 9% is condition D. Just under half of the SDH estate has a building age of between 1985—1994, with 19% of the estate being over 70 years old and still housing clinical services.



These assets have gone beyond their economic life due to elements that are obsolete and/or inefficient and many of the buildings in SDH Central and South have reached the end of their economic life and require substantial investment in many cases. It is not possible to renovate these buildings as they are beyond economic repair and even in optimal condition do not offer an environment conducive to 21st century healthcare and it would not be possible to renovate in situ requiring additional decant costs.

Assets worked beyond their economic life will incur an increased frequency of maintenance and emergency breakdown repairs at additional cost and will continue to offer poorer clinical services and additional clinical risks.

Impact of Physical Condition – Day Surgery Unit (DSU)

The clinical service which poses the biggest risk from a physical condition perspective is the day surgery unit (DSU). The DSU building is condition code 'D', the unit being a mixture of building types with two of the theatres (A & B) housed in part of the Spinal Unit and were originally built in the 1980's. Theatres C, D, E and F are all accommodated in modular buildings (expected lifespan circa 15 years). The theatres and support areas are a mix of ages from the 1980's (Spinal Unit), with subsequent extensions to this added in the mid 90's, the latest addition (Theatre F) and additional bed spaces was added in 2008.

The different building type presents many challenges for maintenance of the building fabric, and especially the roof with the complex joints that have been employed to join both

traditional (Spinal) and modular builds. These have in some circumstances not been designed to ensure suitable access for future maintenance.

With the mix of age and building type this has led to numerous issues with the service that is provided in the building, which impacted on the patient experience, including cancelled operations. In the 2017-18 there were two events which were as a result of heating failure and roof leaks into the theatre areas – both of which had a substantial impact on patient activity, including two days of cancelled elective activity and incurred substantial costs (over £12k).

Impact of Physical Condition



DSU Link to the Spinal Unit

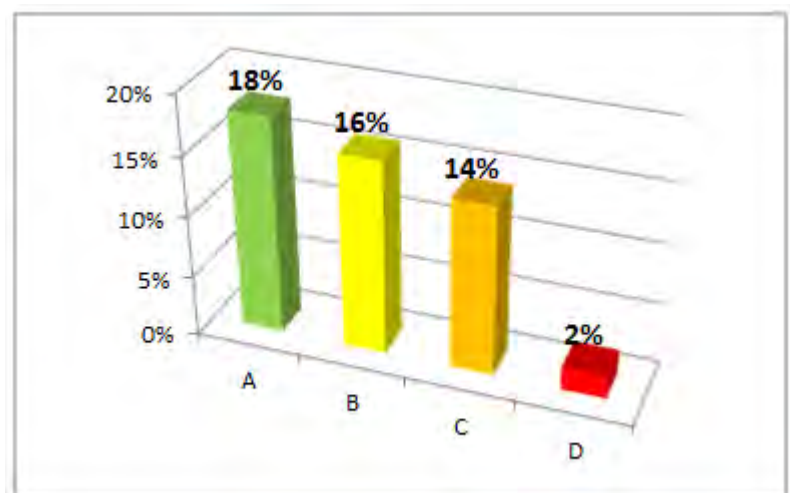


Deterioration of roof fabric

The risk to clinical services as a result of service failure (eg ventilation / heating) and from roof leaks increases every year. Work has been completed on repairs to areas of the building with some work on the heating, ventilation and roofs funded with Trust capital. This work though is a 'patch' repair as permanent, substantial repair is not feasible due to the type of building. These type of buildings are not maintainable and therefore are at the end of their economical life.

Functional Suitability (clinical areas only = 50% of total site)

The functional suitability analysis describes how effectively a site, building or part of a building supports the delivery of a specified service. The three elements assessed are internal space relationships, support facilities



and location. A third of the clinical estate is being provided from accommodation which is sub-optimal. In the main this relates to the services provided within SDH Central, notably maternity and neonatal intensive care unit (NICU) and day surgery unit (DSU)

Impact of Functional Suitability – Maternity Services

The maternity unit is provided from buildings which were initially built in the early 1940s. The buildings are robust and resilient and have been adapted a number of times to provide the best possible facility for women in labour and their partners, but the facility has substantial issues with its functional suitability. Most of the birthing rooms are far too small and do not conform to current health building note (HBN) recommendations – they should be 50% larger than their current size to provide the environment for women to be able to move about and to house the required equipment. Maintaining even temperatures within the old buildings is very difficult and consequently they are hot in the summer and very cold in the winter. The layout is disjointed and does not support patient flow or efficient logistical movement. This is exacerbated by significant patient movements across the central corridor and is the cause of frequent patient complaints. There is a significant slope which makes patient movements on beds difficult and presents risk of injuries for staff.

The Trust's NICU is co-located via the same corridor from the maternity department and suffers from similar functional limitations. A particular issue is that the rooms are too small to allow both parents to remain with their babies overnight although parents do have access to the Stars supported family rooms nearby.

Mechanical and Electrical Services

The mechanical and electrical systems that serve SDH are in need of investment and modernisation as much is more than 25 years old. There has been some investment in areas of SDH North through Trust capital funds, eg lift modernisation, air handling unit replacement, and boiler / burners replacement.

Further investment has also been made during ward refurbishments which have included new electrical and hot and cold water systems. Other areas in SDH North which will require capital investment in coming years relates to: standby power generators, medical gas plant (air plant and manifolds), fire alarm systems and nurse call systems.

*SDH North Boiler Plant
 (1992 LTHW plant with new
 modulation burners fitted in 2016)*



Investment in the **South & Central** area of the Trust has been limited given the potential lifespan of the buildings and with the likelihood that these areas would be re-provided in future site developments. This has led to challenges with the infrastructure that support these areas and these are now in need of significant investment, especially **SDH Central** where the next major expansion of service will require substantial investment in electrical infrastructure.

SDH North Standby Generators



Despite deploying sizeable funds on refurbishment, the lifts in SDH North remain unreliable and this has a major impact on the flow of the hospital when any of them are out of commission.

Backlog Maintenance

In 2017 the Oakleaf Group was commissioned to complete a survey for the site; and they assessed the total declared backlog maintenance for the site is circa **£44m** with high risk / statutory works indicated as circa £12m. It is projected that even allowing for expenditure on high risk issues through the capital programme that the backlog maintenance will increase to about **£54m** by 2024.

This is summarised in the following table:

Trust backlog maintenance, 2019 to 2024

	Total	High Risk / Statutory	Projected to 2024	High Risk/ Statutory (proj)
Fire compartment / compliance	£2.5m	£0.7m	£2m	£0.5m
Mechanical and electrical	£2.5m	£0.8m	£9m	£3m
Building	£31m	£8.5m	£36m	£12m
Statutory compliance	£8m	£2m	£7m	£1.75
Total	£44m	£12m	£54m	£17.25m

9. Our Approach to Sustainability

The Trust's vision is to sustain a health and care system that works within the available environment and social resources protecting and improving health now and for future generations. The Trust commits to reducing its environmental impact, our reliance on natural resources and to improving the resilience of our environments, ensuring they are available for future generations. We will look to manage precious resources (fossil fuel, water etc.) to deliver healthcare in a sustainable manner.

This is an area that is supported by the Sustainability Policy and SDMP. Targets have been set to reduce the use of resources such as electricity, gas and water while maintaining excellent standards of patient care.

As an NHS organisation we recognise that we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health in the immediate and long term, even in the context of the rising cost of natural resources. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our the environmental impact of the services we provide.

Energy

Salisbury NHS FT has a duty to manage the impact on the environment with regard to CO² emissions both direct (gas / fuel for transport) and indirect with the use of imported electricity. The Trust has invested in schemes to reduce the impact of these areas such as the installation (in 2012) of an 850KWe combined heat and power (CHP) unit which provides heating and electricity for SDH North and the Spinal Unit and since its installation has saved 42,631,862KW of imported electricity and 9000 tonnes of CO². The Trust will continue to look at areas which will reduce carbon emissions through the use of intelligent controls for heating and cooling systems, LED lighting and renewable technologies such as PV arrays.

Waste

The site's waste is managed with the combination of direct labour and specialist waste contractors. Every effort is taken to reduce and recycle as much material as possible and work with specialist waste companies has reduced material that is directed to landfill. In 2019 all the Trust's waste contracts are due to re-tendered, and the Trust see this as an opportunity to develop partnership with waste providers to innovate and improve resilience while ensuring compliance in this area – a particular area of focus will be on educating staff about the appropriate segregation of waste.

2017/18 Waste data:

Waste type	Volume (tonnes)	Cost (£)	% by volume
Landfill disposal	416	63,065	35%
Incineration	442	199,959	37%
Waste recycling	329	39,958	27%
Other	9	8,133	1%
Total	1,196	311,115	

Operational Resilience

Electrical

The SFT site is provisioned with two 11HV incoming supplies. These are connected to an internal HV ring which supplies the 11 KV /400V LV substations, which are, in turn, supported by standby generators. The generators serve approximately 60% (essential supplies) of the connected load, and therefore do not provide the resilience that is recommended. Critical areas such as Radnor, NICU and ED are backed up by local UPS (uninterrupted power supplies). There is also an issue with resilience with the electrical supply in SDH Central which is on a radial, rather than ring, supply which means there is no resilience should the supply fail, unlike the rest of the estate.

Gas

The site is supplied with one medium (120 mBar) pressure gas main; this supplies the fuel for the main heating (low temperature hot water boilers) and hot water systems for the clinical and non-clinical wards and departments. The main clinical (SDH North, Maternity / NICU and the Spinal Unit) areas are serviced with dual fuel (Gas + Oil) boilers and therefore have the capability to run on oil if the site gas supply is compromised.

Water

The site has one incoming mains water supply; this is configured as an internal ring circuit which feeds the cold and hot water systems that supply both the clinical and non-clinical areas of the Trust. The clinical areas of the Trust are provided with storage tanks for both potable and hot water generation.

Note: - the site has a backup water supply which is not metered but can be utilised (by the Wessex Water) in the event of a failure of the incoming water supply.

Telecoms / Communication

Voice over Internet Protocol (VoIP) telephones

As capital becomes available the Trust plans to increase the number of internal extensions on its VoIP network, up to a maximum of 90% of extensions. These new VoIP telephones will be supported with the strategic positioning of analogue telephones, sitting on telecoms infrastructure installed in 2006.

Switchboard consoles

The Trusts switchboard was upgraded in 2018 and runs on our VoIP network, a remote telecoms console, with full functionality, has been installed in

Pagers

2 way pagers are used for all critical messaging between staff groups (e.g. crash groups), these two way devices can operate on a local network (installed in 2018), the national pager network or any UK mobile phone signal. The device provides live status reports including the delivery and receipt of messages, battery strength and confirmation the device is powered up. Pager messages can be sent remotely by the system provider or by staff over the internet, removing the need for onsite presence.

Mobile signal

The lack of a reliable mobile phone signal on site requires the Trust to continue to use long range pagers for the foreseeable future. Whilst the Trust pagers have greater functionality, it will remain an important issue for the Trust to try and work with partners to improve the mobile signal on the site as part of future developments.

Two way radio communications

A network of digital two way radio communications is provided to a number of Trust departments, this provides additional resilience to desk and mobile telephone communications.

Transport/Car parking

With over 4,000 staff in addition to the patients, visitors, and contractors coming to the hospital site, the traffic generated is significant to the hospital, the city of Salisbury and surrounding areas. We need to have commitment from all our employees to work towards a reduction in private car travel, especially single occupancy journeys. We plan to promote healthier and more sustainable forms of travel to our staff and visitors.

The 2018/21 Travel Plan outlines the responses to the 2018 staff travel survey and highlights the areas that we need to review to provide a hospital that is accessible by patients, visitors and staff and encourage them to make sustainable transport choices.

All the site car parks are currently full to capacity most days and demand is expected to increase over time. A number of travel initiatives have already been introduced to encourage more people to cycle, walk, jog or use the bus. This is not an easy task, given the hospital's location. To succeed in our objectives, we need the support, involvement, and commitment from staff, our patients and visitors to think about their journeys to the hospital.

Severe Weather

SFT Estates buildings and services are designed to operate in the summer (28 degC) and winter (- 3 degC) temperature range. Temperatures outside of these parameters create challenges with environments in clinical areas, especially in the wards and outpatient clinics. There is increased evidence of extreme temperatures where the systems (heating and cooling) that service these areas will not provide a suitable clinical environment. Capital investment (where practicable) has been made in areas such as DSU (theatre ventilation) due to the impact of severe weather (- 4 degC) which resulted in cancelled theatre lists.

It has to be considered that as the frequency of extreme / severe weather events increase, investment will need to be made into the heating / cooling systems that service the Trust. Like for like replacement will not be an option when equipment is 'end of life' and redesign of these systems (and with the subsequent additional cost) will have to be considered. Clearly, any refurbishments or new builds will need to consider these factors, along with the balance of delivering a sustainable clinical environment and reducing the impact of delivering healthcare for the local population.

10. Future Development Zones

In considering its future estate development plans, the Trust's broad intent is to continue to refurbish SDH North which is now 25 years old, to redevelop SDH Central and look to move all services away from SDH South.

1. SDH North: Refurbishment

Over the last eight years, the Trust has moved forward in refurbishing key clinical areas within SDH north. This programme will continue, however on a smaller scale, due the financial constraints currently being faced. Some areas, such as the main operating theatres, will require significant investment in the future due to the age of the infrastructure which is now over twenty years old.

2. SDH Central: Redevelopment

The likeliest development site sits between SDH North and Central.

The central corridor, particular the lower half closer to the link bridge, will continue to be a route used by patients but this route is long and in poor condition. The future requirement to upgrade the current Day Surgery and maternity facilities need to be high priorities.



3. SDH South: Release

Post Phase 2 when many clinical services were relocated into SDH North, some buildings remained empty and decommissioned. Along with the established clinical buildings which sit on the extremities of SDH South, there is a main corridor conduit which bisects the site in two.

11. Health & Wellbeing Campus Project

Whilst maintaining the estate to seek to minimise the risk from the ageing buildings as described above, the Trust will be bringing forward a scheme, or schemes, to make the best use of the 56 acres of the SFT site for the whole community. The intent is to bring together a range of partners who will commit to delivering a range of new services and facilities to replace the high-risk areas of the estate. The key objectives of that scheme will be to:

- Provide an outstanding patient experience
- Improve the health of the local population
- Make best use of the estate for the wider community
- Assist in making the Trust an inspiring place to work
- Contribute to the transformation of services to meet the needs of local population
- Increase the efficiency and effectiveness of the Trust's services

Acute and inpatient zone

The current SDH North buildings will continue to be the acute heart of the hospital where the emergency department, main theatres, ITU, the inpatient wards and laboratories will be sited. The Trust will bring forward plans to expand its assessment and diagnostic services, in particular by expanding the Acute Medical Unit (AMU) into the current Nunton unit providing rapid access, ambulatory emergency care for patients with acute medical conditions. There will also be plans to improve access for children with emergency needs and for acute gynaecology and the early pregnancy assessment unit.

Elective care planned zone

With the intent to separate emergency and planned workstreams where effective to do so, our intent is create an elective care centre which will comprise: a replacement for the day surgery unit, outpatient services linked to diagnostics to provide more one-stop care and the provision of ambulatory cancer services. There will be a link to the acute zone to ensure that patients can be transferred in the event of needing emergency care and to provide efficient movements for patients and staff.

Maternity zone

We will reprovide maternity and NICU services to link them more closely to the acute zone and to provide in new accommodation which meets with patient expectations and national standards.

Rehabilitation zone

Providing a more rehabilitation focussed environment for patients from both the acute elderly service and for patients who have had a traumatic injury, we will bring forward plans for a rehabilitation facility.

Improving access

The site-wide scheme will present an opportunity to improve access, in terms of ensuring that there is adequate parking provision, within the context of the Trust's green transport strategy, to improve facilities for patients and visitors as they arrive at the hospital (including an expanded retail offering), and wayfinding around the site.

Community Benefit

The Salisbury site offers an opportunity to be used for the best possible benefit for the whole community and must harness the opportunities offered by its rural location and the views over the surrounding countryside. We want to create a place where patients receive acute care, but people also come to learn, where they come to walk and cycle, where people can meet up and socialise and where they can go to the pharmacy or dentist or do some shopping. For the many people who currently come to the hospital site and for the many more who will come in the future we want to be able to meet as many of their requirements in one visit as possible. By integrating care, work, living, education and recreation on one site we will regenerate the Salisbury hospital site, promote healthy lifestyles and make a significant contribution to the local economy.

We believe that this approach can make a positive contribution to the Wiltshire One Public Estate Initiative and will be working with partners in other sectors to make the best possible use of the overall estate for the widest possible benefit.

Next Steps

During 2019/20, the Trust will be working with partners to bring together a fully-formed scheme which can be submitted for consideration firstly at STP level, then at national level. The proposed scheme will require public dividend capital, but will also include a land disposal element and will need to secure private funding as well. An options appraisal will be undertaken in 2019 which will determine the options available to the Trust to bring forward a scheme which will meet the estates challenges which are currently faced. This will include a preferred option and a 'do minimum' least impact and least financial outlay option. These will be assessed in terms of benefit, cost and risks.

12. What do we want to achieve?

Over the lifetime of this strategy the Trust wants to achieve the following

What	What will be done?	How will performance be assessed?
Managing the risks identified	<ul style="list-style-type: none"> Proactively manage operational areas proactively high risk from a maintenance Replacement of key mechanical and electrical infrastructure in SDH North Manage impact of backlog maintenance Manage impact of severe weather on the estate and on clinical services 	<ul style="list-style-type: none"> Limited downtime for clinical services Work carried out with limited impact on operational activity Annual backlog maintenance appraisal to identify emerging risks Proactive management of the estate in response to severe weather forecasts.
Provide buildings, services and surroundings that are high quality, fit for purpose, safe and affordable	<ul style="list-style-type: none"> Future plan for the development of the estate Improve the quality of accommodation from which clinical services are provided Capital programme – projects undertaken with full clinical engagement and input (eg infection control, manual handling, IT) Effective procurement of building solutions, using broad range of procurement routes 	<ul style="list-style-type: none"> Strategic outline case produced and supported at STP and national level' To include option appraisal which will include preferred option and 'do minimum' Increase proportion of buildings that are estatecode condition B or higher PLACE surveys Projects delivered to time and to budget, using consistent project management approach Close engagement between projects and procurement to ensure best value is secured

What	What will be done?	How will performance be assessed?
Support clinical requirements	<ul style="list-style-type: none"> • Develop design with clinical teams for low risk birthing unit and procure the building work to successful outcome • Installation of 2nd MRI • Replacement of cardiac catheter laboratories 	<ul style="list-style-type: none"> • Positive patient and staff feedback. Project undertaken with minimum of operational disruption • New machine and building procured successfully, with build and installation effectively managed • New equipment procured successfully, with build and installation effectively managed
Development of a more efficient estate	<ul style="list-style-type: none"> • Reduce the amount of space not used for clinical activities • Improved estate asset utilisation • Water consumption reduced through awareness sessions and leak detection 	<ul style="list-style-type: none"> • Reduce from the current 41% non-clinical space to 38% • Overall building footprint reduced by 3% with useable footprint increased by 2% • An 8% reduction of consumptions (baseline = 103k cubic meters)
Contribute to the sustainability agenda	<ul style="list-style-type: none"> • Improve use of gas and electricity – current cost pressure of 10% • Retendering of waste contracts and improved segregation of waste will lead to a reduction of waste going to landfill • Promote use of hybrid and electronic vehicles • Reduce single occupant vehicle usage 	<ul style="list-style-type: none"> • Manage energy consumption through energy awareness schemes • 6% reduction in waste going to landfill from baseline of 416 tonnes • Increased use of Trust electronic vehicles and provision of electric charging points • Impact on car parking availability

13. Five Year Capital Plan

In recent years, notwithstanding charitable contributions and other external sources, the Trust has been able to allocate approximately £2m to site improvements. Given this level of potential investment, the Trust will need to prioritise extremely effectively its available funds and particularly focus on maintaining statutory compliance. The capital programme for 19/20 is in development and an early indication of priority areas is:

Capital expenditure by programme	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000
New Build - Land, buildings and dwellings	350	500	1,000	1,000	1,000
Routine Maintenance (non-backlog) - Land, buildings and dwellings	750	750	750	750	750
Backlog Maintenance - Land, buildings and dwellings	900	900	900	900	900
IT	3,150	3,000	2,750	2,750	2,750
Fire Safety	100	100	100	100	100
Plant and machinery/equipment/transport/fittings/other	2,500	2,500	2,250	2,250	2,250
Other - Intangible assets, investment property, Other	250	250	250	250	250
TOTAL	8,000	8,000	8,000	8,000	8,000

This table shows clearly that the Trust will not be able to generate sufficient resources to be able to make a significant impact on its backlog estates needs, without an external injection of funding. Clearly the Campus Project described in section 11 will need to form the pre-eminent route to solving the backlog issues and the Trust will need to continually review the risk presented by these issues and ensure that the timing and availability of funding for the overall scheme offers a manageable risk.

14. Governance of Estates Strategy

Board Level

The Trust Board will receive an annual update on progress with delivering this strategy via a regular capital development report. Strategy Committee will be the main overseeing sub-Board committee.

Strategic Capital Planning Group

A strategic planning group will be established, chaired by the Director of Finance and Procurement, to oversee the key work areas of the strategy. This group will report regularly to Strategy Committee on progress. This group will also review the development of major capital bids ensuring that proposed new schemes go through the appropriate due diligence and ensure the necessary project management arrangements are in place when approved. It will also ensure that new schemes align with the estates strategy, prioritise space allocation across the organisation and ensure that its schemes are consistent with the emerging campus plans. It will also receive regular reports from the operational group on progress with key projects and the capital expenditure programme.

The strategic capital group will also review high risk elements of the estate and ensure that the level of risk remains manageable.

Capital Control Group

The Capital Control Group will meet more frequently and oversee progress with all projects reviewing forecast and actual expenditure and project future capital expenditure. It will report on progress to the Strategic Group.

15. Conclusion

The Trust will face a considerable challenge over the period of this strategy in consolidating the development of the estate at a time of financial restraint. A combination of success at bidding for external funds, the generosity of the local public in supporting the Stars Appeal, the considered reuse of existing accommodation and a robust approach to cost control and effective project management has meant that a significant number of schemes have been delivered and limited funds have been used effectively. There remains a lot that can still be done. SFT is fortunate to have substantial land at its disposal and there remain considerable opportunities to harness those opportunities to improve further the environment we deliver our services to our patients and these plans are being brought forward. The opportunity for the development of the site is considerable, and the demands to do so extremely pressing, and therefore close working with partners will be essential to create a site which is safe, vibrant and a positive boost to the community and the economy.