



Hull University
Teaching Hospitals
NHS Trust

Estate Strategy 2017 – 2022

**Providing and operating fit for purpose,
safe and high quality facilities at
affordable costs for our local population**



Estates, Facilities
and Development

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Foreword

We are delighted to be sharing the Estate Strategy, which embraces the Trust's clinical service and quality improvement strategies in addition to the people and information management and technology strategies.

This strategy responds to these challenges and describes how the estate will be developed and in some circumstances rationalised. The strategy also reflects the tremendous enthusiasm of the workforce and the desire to do the best for the population we serve, providing high quality, affordable and safe services in fit for purpose facilities.

This strategy sets out to articulate the direction of travel over the next 5 years acknowledging that further work will be undertaken to develop the detailed delivery plans.

The independent report by Lord Carter of Coles (February 2016), recommends reducing operational and running costs through the sharing of best practice and reducing the percentage of non-clinical floor area in addition to reducing empty/ underutilised floor space.



Duncan Taylor

Director of Estates, Facilities & Development



Chris Norman

Deputy Director of Estates, Facilities & Development

A further independent report by Sir Robert Naylor (March 2017), highlights the amount of surplus land owned by NHS Trusts. It recommends incentivising the disposal of this surplus land by offering matched treasury capital to the value of the surplus land capital receipts.

The strategy will also have to be cognisant with developing clinical strategies in particular those decisions made as a result of the Sustainability and Transformation Plan (STP).

The directorate will seek to expand and provide its high quality, specialist services to public and commercial partners.

The risks to the delivery of this strategy are the availability of a skilled workforce and sufficient capital investment. These risks will be considered at each annual review when the progress against the strategy is evaluated.

Our key strategic objectives are:

- 🎯 Achieve the targets set by Lord Carter (page 7)
- 🎯 Reduce the size of the estate through the demolition of old and inefficient building stock (pages 12 & 13)
- 🎯 Identify surplus land for disposal (pages 16 & 17)
- 🎯 Identify future development zones (pages 18 & 19)
- 🎯 Implement feedback systems for Patients, Staff and Visitors (page 21)
- 🎯 Provide safe and high quality services and facilities (page 22 & 23)
- 🎯 Reduce CO₂ emissions in line with the national target (page 24)
- 🎯 Implement a staff development programme (page 25)

Trust Profile

Hull University Teaching Hospitals NHS Trust (HUTHT) is a large acute Trust situated in Kingston upon Hull and the East Riding of Yorkshire, operating from two main sites, Hull Royal Infirmary (HRI) and Castle Hill Hospital (CHH). Services include:

A full range of urgent & planned general hospital services

The Queens Centre for Oncology & Haematology

Centre for Cardiology & Cardiothoracic Surgery

Major Trauma Centre

A range of other specialist services



Terry Moran CB
Chairman



Chris Long
Chief Executive

Provides primary services to a population of **600,000** people in the Hull & East Riding of Yorkshire area

Backlog Maintenance to condition B +5 years
£64.4 million

Provides specialist services to a catchment population of between 1.05 million and 1.8 million people extending from Scarborough to Grimsby & Scunthorpe

We are also:

A University Teaching Hospital

A partner in Hull York Medical School

Land area of **53.5 Hectares** (132 acres)

Gross Internal Area (GIA) of **198,096m²**

Trust planned income 2017/18
£555 million

The Trust employs **8810** staff (7155 whole time equivalents)



Directorate Profile



EF&D	3 operational services ISO 14001 accredited in 2016	Porters undertook 231,804 tasks in 2016/17	Switchboard handled 1,452,000 calls in 2016/17
Capital Programme for 2017/18 £13million	Direct Workforce of 560 (480.2 wte) at April 2017	Annual Revenue Budget for 2017/18 £35million	131 Blocks across two main sites in 2016

The Trust Strategy

The Trust Vision is:

**“Great Staff, Great Care,
Great Future”**

The Vision is supported by:

- **The provision of the best facilities and environment we can give to ensure a positive experience of delivering services**
- **Creating an environment where our staff will be Great Staff and they will deliver Great Care. It is that which will ensure that our Future is Great.**

The Trust Long Term Goals



The Trust Strategy clearly defines our priority goals and our measures for success as well as our approach to achieving them. Henceforth it will set the agenda for our annual objectives and plans. To support our operational teams in achieving the ambitious improvements we have set in this strategy, we have created a portfolio of improvement programmes. Using project management tools and techniques and service improvement methods, these programmes will support our teams to design, test and measure and spread new ways of working in pursuit of our goals.

Our Contribution

The Estates, Facilities and Development directorate's contribution is important to the Trust's delivery of its ambitious long term goals. The directorate contributes actively towards the delivery of the Trust Strategy whilst remaining vigilant to the recommendations of the Lord Carter NHS Productivity review. It will also look to take advantage of the opportunities of the more recent Sir Robert Naylor review, especially the incentivised disposal of surplus land.

<ul style="list-style-type: none"> Improved staff morale and engagement Improve our learning to enhance patient and staff safety 	<p>Honest, Caring & Accountable Culture</p>			<p>Great Specialist Services</p>	<ul style="list-style-type: none"> Creation of new helipad adjacent to the Emergency Department Installation of PET/CT Cyclotron at Castle Hill Hospital
<ul style="list-style-type: none"> Reduce vacancies and staff turnover Develop new roles to enhance service delivery 	<p>Valued, Skilled & Sufficient Workforce</p>			<p>Partnership & Integrated Services</p>	<ul style="list-style-type: none"> Support the development and delivery of the Sustainability and Transformation Plans (STP) Improve IT networks in order to integrate with other local providers
<ul style="list-style-type: none"> Top 20% of Trust's PLACE scores Improved Dementia friendly facilities Provide new Infectious Diseases ward Relocation of services to improved facilities 	<p>High Quality Care</p>			<p>Financial Sustainability</p>	<ul style="list-style-type: none"> Reduce our overall estate size Modernise our services to reduce costs and improve performance Installation of Water Borehole Delivery of Energy Reduction scheme
<ul style="list-style-type: none"> Further development of elective facilities at Castle Hill Hospital Further development of acute facilities at Hull Royal Infirmary Provision of Open Wi-Fi service 	<p>Great Local Services</p>		 <p>Estates, Facilities and Development</p>		

External Factors Influencing the Strategy

Sustainability and Transformation Plans STP's

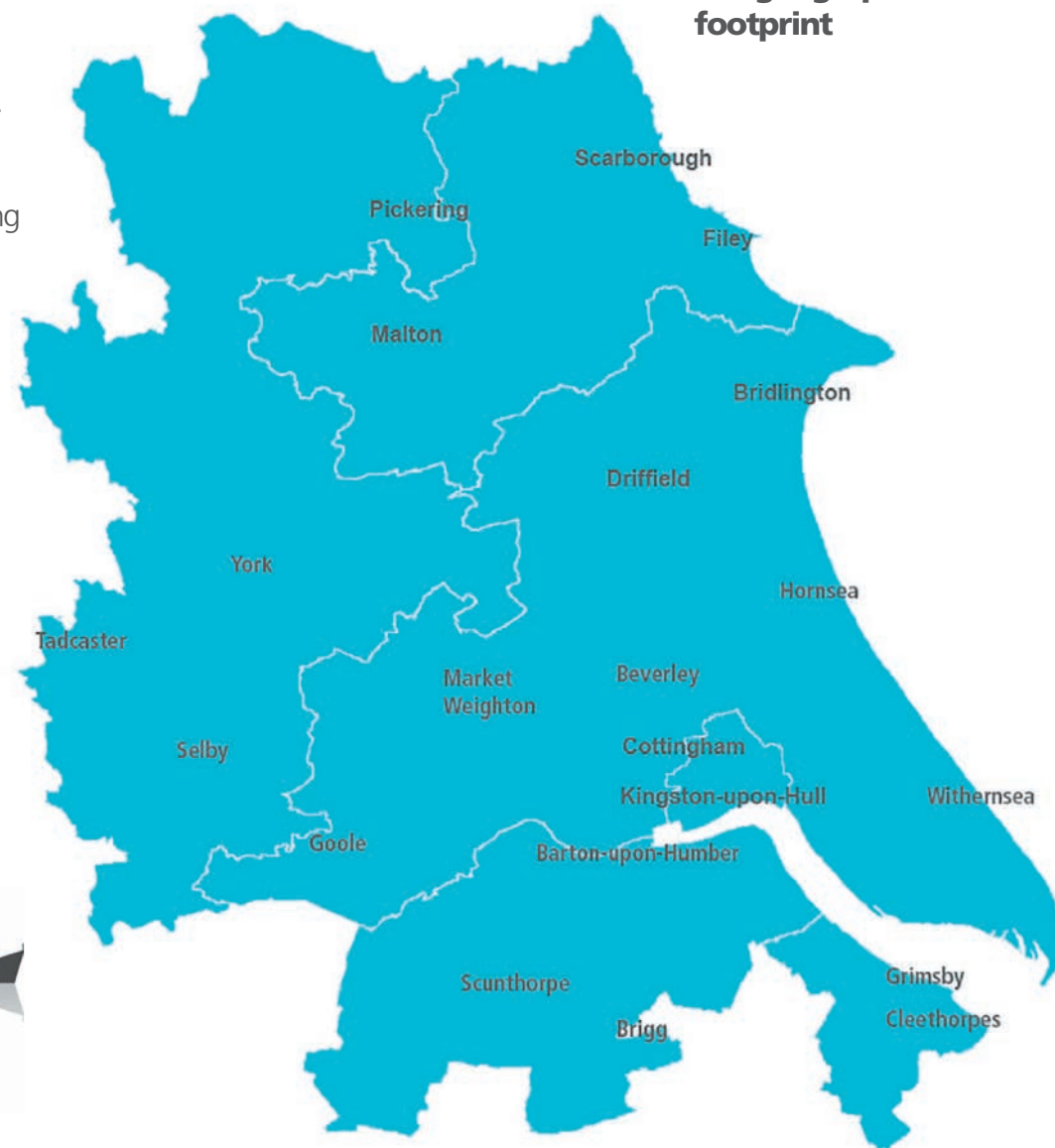
Population based geographical footprints have been created and are required to collectively agree their 5 year 'Sustainability and Transformation Plans' (STPs). STPs are expected to cover the whole range of service provision for their population. They must include plans for integration with local authority social care provision and take account of agreed health and wellbeing strategies. They should address mental and physical health from primary care through to specialised services. Funding nationally has been set aside for investment into health to the value of £3.9billion, which will increasingly be allocated on the basis of STPs. Our Trust sits within the Humber Coast and Vale footprint which covers the populations of Scarborough, York, Hull and the East Riding and North and North East Lincolnshire.

The Humber Coast and Vale areas of focus are:

- Helping people stay well
- Place-based care
- Supporting people with mental health problems
- Creating the best hospital care
- Strategic Commissioning
- Helping people through cancer



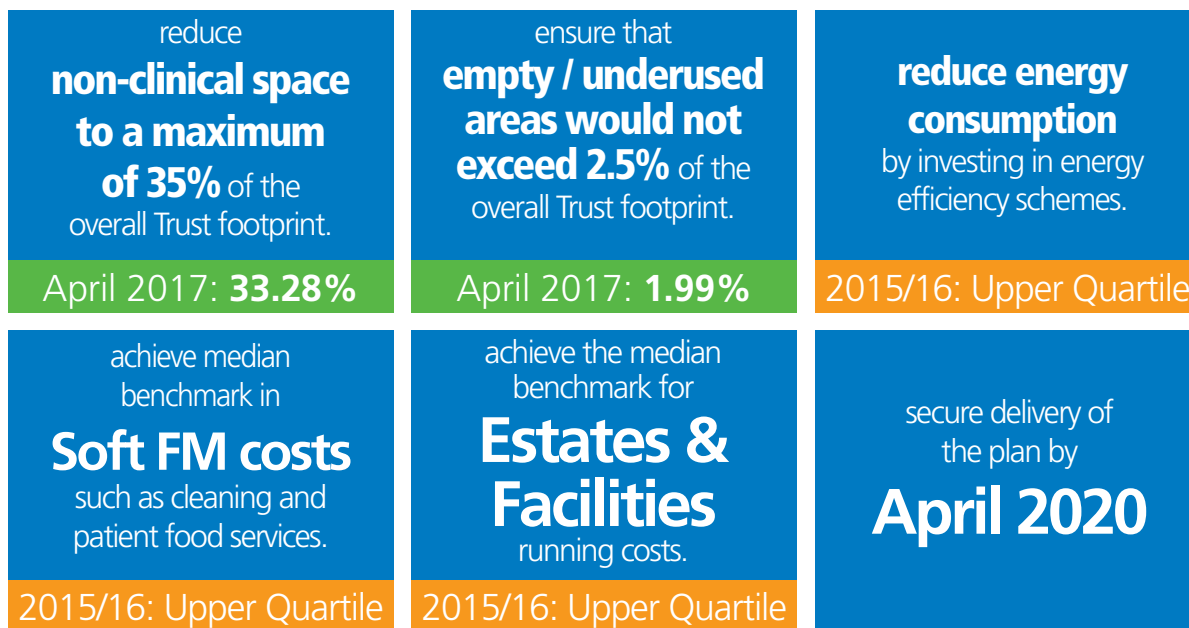
Humber Coast & Vale STP geographical footprint



Lord Carter Efficiency Review

The Trust is working through the recommendations of the Lord Carter Efficiency Review in addition to pursuing our own analysis of opportunities for increasing productivity and reducing costs.

The review requires Trust's to have plans in place by 2017 to:

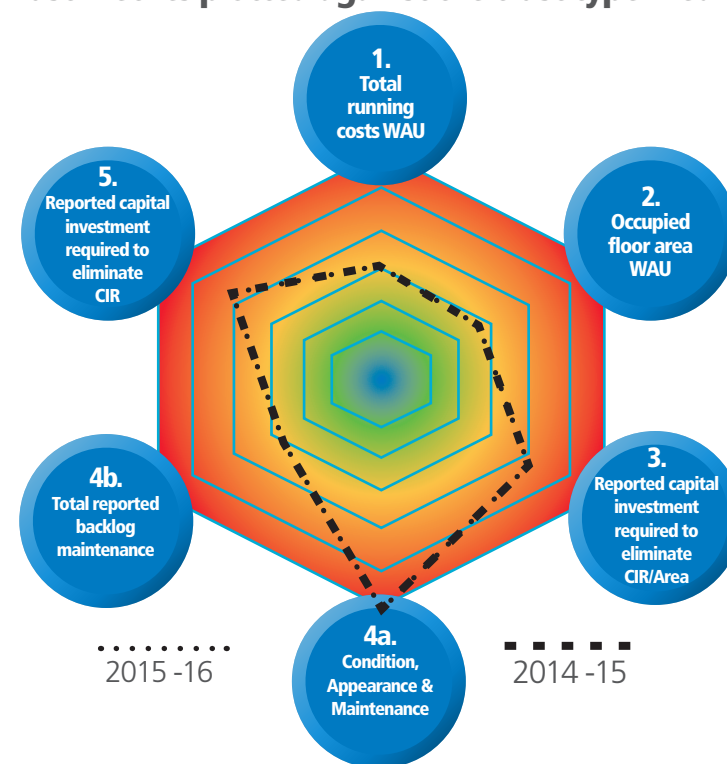


Trusts are considered good if their total estates and facilities running cost metric is lower than £320/m². If all Trusts achieved this median this would save £1bn/year

Operational productivity and performance in English NHS acute hospitals.

An independent review by Lord Carter of Coles

Trust metrics plotted against the trust type median

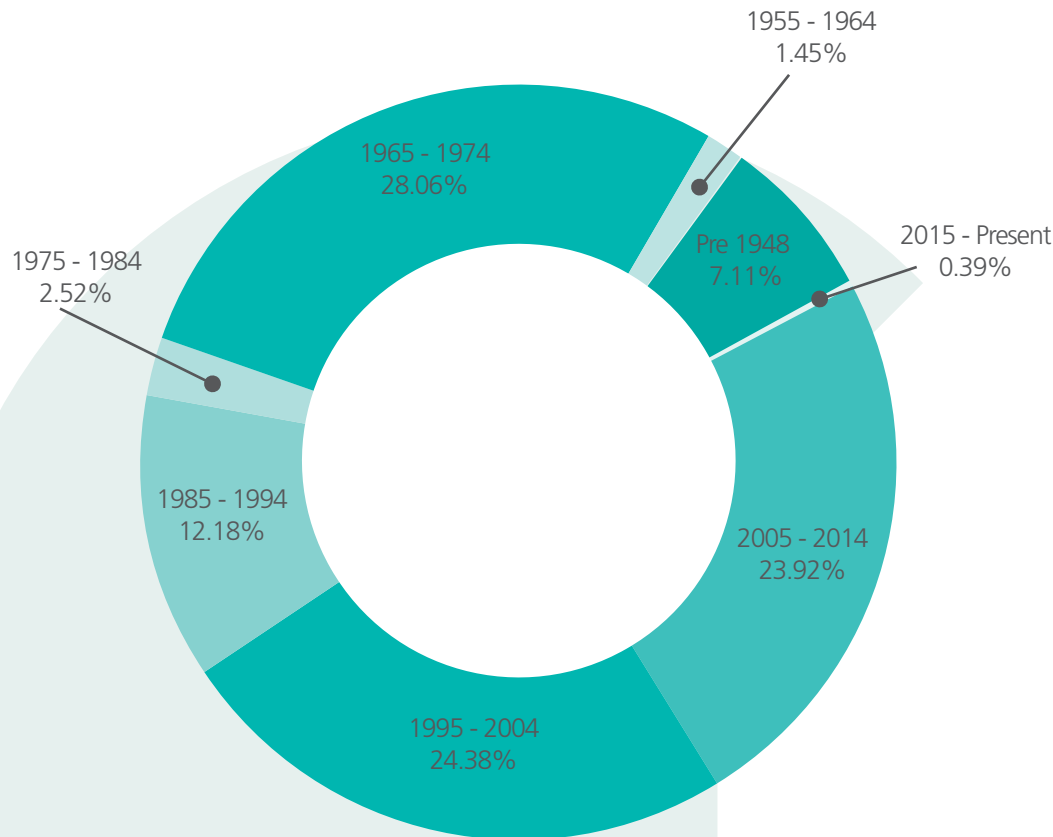


Estate Condition

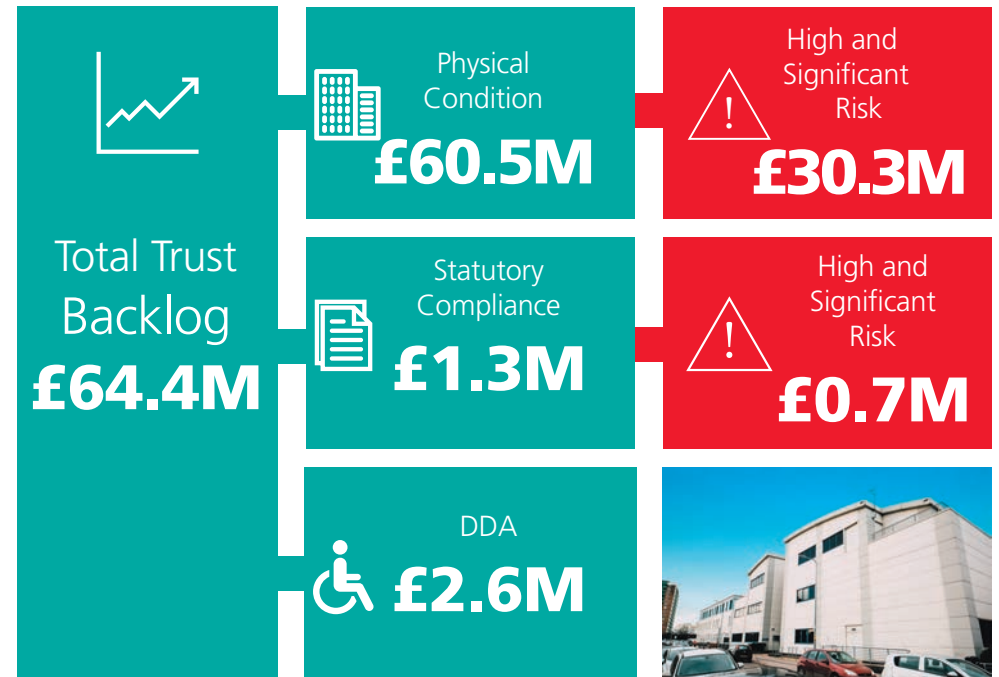
It is essential that the physical condition of the NHS estate is accurately assessed and maintained to ensure it is fit for purpose and safe for patients and staff. Each NHS Trust is duty bound to review the condition of the estate every 5 years. The Trust undertakes reviews of 20% of the estate every year. The review includes the following facets; physical condition, statutory compliance and disability discrimination act (DDA).

Any area where the condition or compliance falls below 'condition B', will have the investment requirement to bring the defect back to 'condition B'. Physical condition B is defined as sound, operationally safe and exhibits only minor deterioration, whereas statutory compliance B is defined as complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature.

Trust Building Age Profile by GIA (M2)



Please note: All costs associated to backlog include the recommended 40% uplift to allow for preliminaries and are the current Cost to B plus 5 years. PFI's and buildings not maintained by the Trust are excluded from these figures.



In light of recent events the Trust is working with local Fire Safety regulators to review its current preventative and protective measures. Any costs associated with additional safety requirements are currently unknown but not limited to additional automatic detection in ceiling voids, additional ventilation fire dampers, evacuation routes, etc.

Hull Royal Infirmary, Tower Block

The Hull Royal Infirmary Tower Block opened in June 1967, and has played a significant part in the provision of healthcare to the local economy for the last 50 years. It can be seen from the information below that it is a considerable problem with regards to the Trust backlog maintenance in both risk and cost. However, clinically, it is the nucleus for all emergency admissions including operating theatres, critical care facilities, wards and clinical support services (e.g. Radiology and Pharmacy). Recently there has been significant investment into the Tower Block which means that it will most likely remain for the foreseeable future. This building is responsible for 80% of the Trust high and significant backlog and therefore the Trust needs to develop and approve an effective backlog maintenance reduction programme.

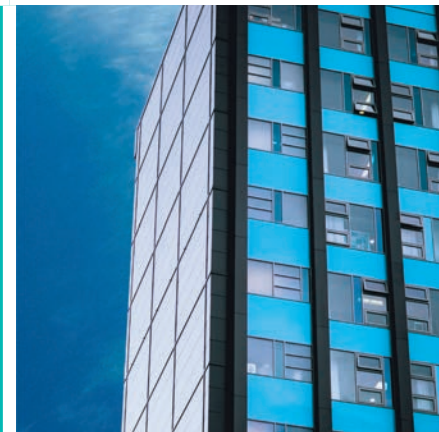


26.9%
of Trust's
overall GIA
(42,405m²)

Total Backlog
bill of
£35.1m
(54.4% of Trust)

23
wards

87%
is clinical
space



16 floors
and
2,258
rooms

9
operating
theatres

2
Adult Intensive
Care Units

**Emergency
Department
and Acute
Admissions
Units**

Prioritised Backlog Maintenance Investment Profile

The Naylor Report (March 2017) builds on the foundations of the Lord Carter Report (2016) in relation to productivity and operational costs. It also recognises that the NHS has not focused sufficiently on estates rationalisation as a vehicle for moving to a more efficient, lower cost estate. It further recommends that providers be incentivised to dispose of surplus land. The review calls for additional capital to address backlog maintenance in the form of a '2 for 1' offer, in which providers are given additional treasury capital to match the disposal proceeds.

The Naylor Report suggests that "the backlog maintenance of the critical estates has risen faster than the overall average. Following discussions with NHS Trusts, we believe these figures to be understated because there has been no real incentive to report the situation accurately".

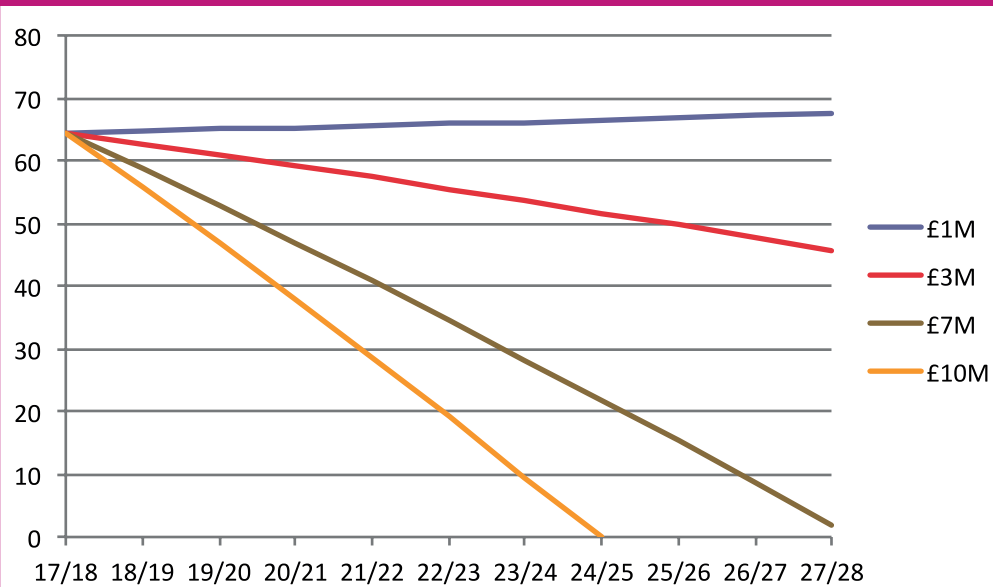
In order to ensure the Trust is best positioned to take advantage of any land disposal proceeds, an external review was commissioned to undertake a thorough review of the Trust's backlog position. The management consultants had undertaken a similar commission in 2009.

The work included a review of the risk profiling and the inclusion of a clinical weighting. It was concluded that the overall backlog position was £64.4 million when associated project costs (decanting, design team, etc.) were included. A further risk was identified with regards to the age of plant and services in the Tower Block at the HRI. The plant and services are between 50 and 55 years old, which is well beyond their normal useful life of 30 years.







A programme has been developed which requires a minimum investment of £7 million per annum. The programme has been developed to limit the impact on the delivery of clinical services.

A lesser annual investment will not realise a sensible reduction in the Trust's backlog position and increase the risk of catastrophic, unplanned failure of critical plant and facilities.

Backlog investment profiles



Programme Content

-  Refurbishment of two operating theatres per annum
-  Refurbishment of two wards per annum
-  Refurbishment of major lifts throughout the programme
-  Strengthen Statutory Compliance
-  Improved Patient and Staff environment
-  Replacement of ageing engineering infrastructure

Estate Rationalisation

What do we want to achieve?	How will we measure it?	How can we achieve it?
A more efficient, lower cost estate	<ul style="list-style-type: none"> • Annual backlog condition appraisal • ERIC • Reduced operating costs 	<ul style="list-style-type: none"> • Demolitions of old/inefficient building stock • Space utilisation surveys
Lord Carter recommendation on empty and underutilised areas and clinical/non clinical space ratio metric	<ul style="list-style-type: none"> • Lord Carter dashboard 	<ul style="list-style-type: none"> • Demolitions of old/inefficient building stock • Space utilisation surveys • Support increased productivity in clinical areas

Haughton Building (West): to be demolished mid 2017



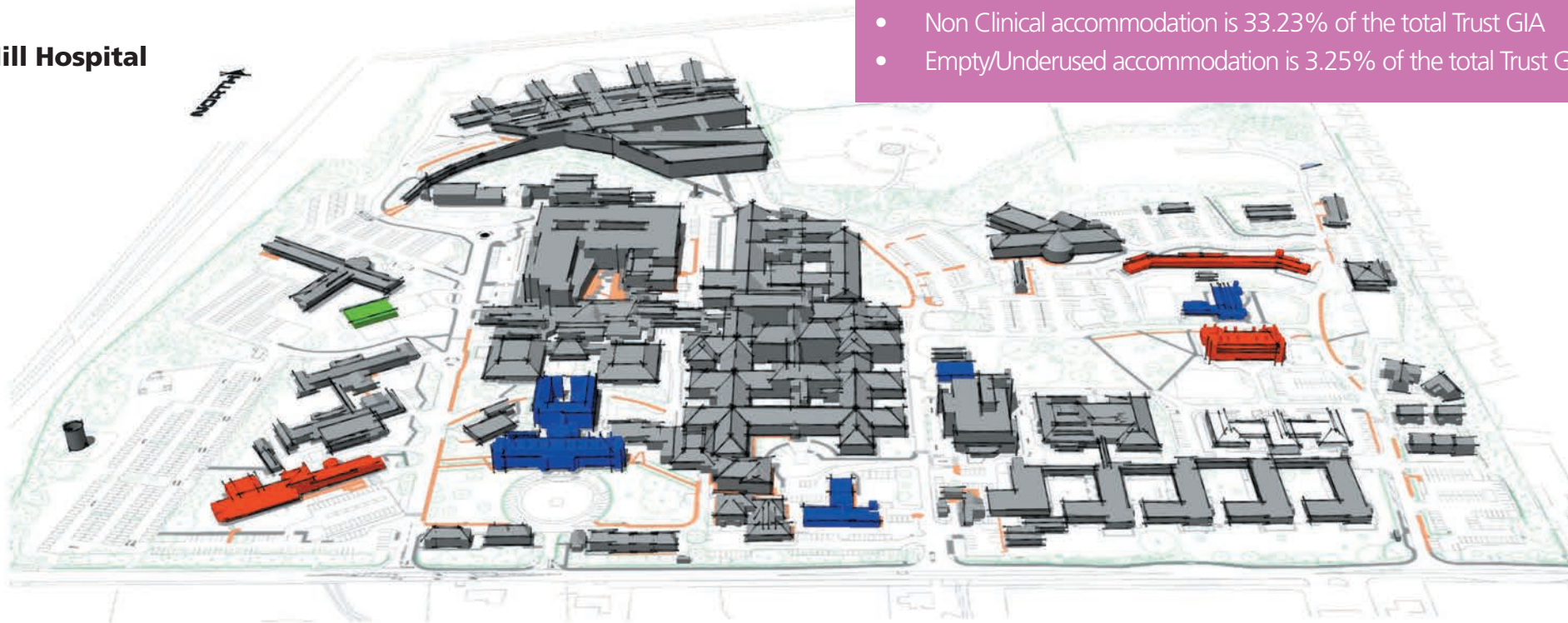
Finance Building: demolished mid 2017



Estate Rationalisation Programme

The Trust has commenced on an ambitious demolition programme in order to reduce operating and property costs. This programme will contribute towards the delivery of some of the Lord Carter recommendations and is monitored via the Lord Carter dashboard. The programme is currently in two phases with the Phase 2 due for completion in late 2019. Further opportunities to rationalise the estate will be identified through an evidence based space utilisation programme and opportunities arising from service reconfigurations as a consequence of decisions made by the Humber, Coast and Vale Sustainability and Transformation Plan.

Castle Hill Hospital



Prior to commencement of Phase 1, the Trust's position was:




- Gross Internal Area (GIA) of 198,096m²
- Total Physical Condition Backlog £43,035,839 (£17,354,867 High & Significant Risk)
- Total Statutory Compliance Backlog £2,876,937 (£2,357,504 High & Significant Risk)
- Total DDA Backlog £2,090,637
- Non Clinical accommodation is 33.23% of the total Trust GIA
- Empty/Underused accommodation is 3.25% of the total Trust GIA

Please note: All costs associated to backlog exclude the recommended 40% uplift to allow for preliminaries and are the current Cost to B plus 5 years. PFI's and buildings not maintained by the Trust are excluded from these figures.

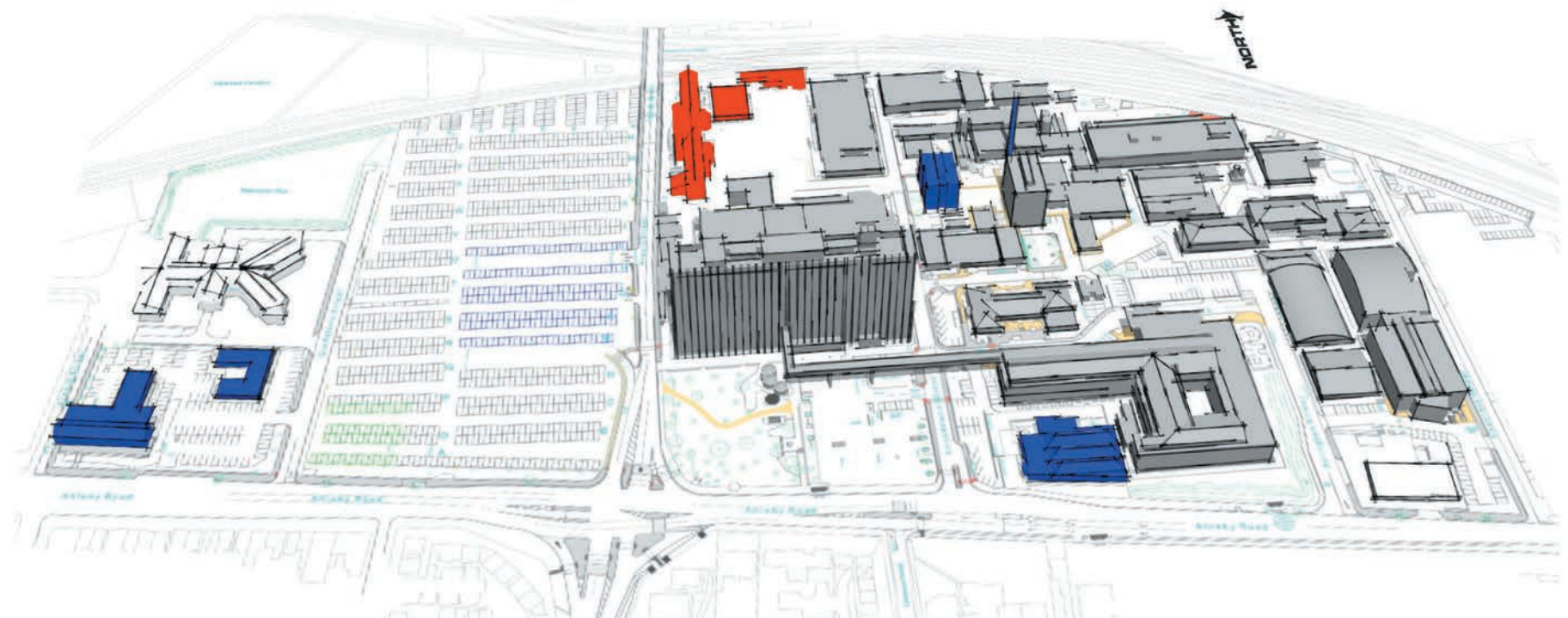
Completion of Phase 2 it will deliver the following:

- Reduction in Gross Internal Area (GIA) of 18,343m²
- Reduction in Physical Condition Backlog £5,661,345 (£2,650,511 High & Significant Risk)
- Reduction in Statutory Compliance Backlog £79,413 (£31,412 High & Significant Risk)
- Reduction in DDA Backlog £201,908
- Non Clinical accommodation is 31.03% of the total Trust NUA
- Empty/Underused accommodation is 0.71% of the total Trust NUA

Key

-  Phase 1 demolition completion late 2017
-  New development completion late 2017
-  Phase 2 demolition completion late 2019

Hull Royal Infirmary



Capital Development

What do we want to achieve?	How will we measure it?	How can we achieve it?
Delivery of the backlog maintenance programme and energy reduction projects	<ul style="list-style-type: none"> • Annual backlog condition appraisal • ERIC • Reduction in energy costs 	<ul style="list-style-type: none"> • Programme of demolitions of old building stock • Deliver the backlog maintenance programme • Deliver energy reduction projects
Provide buildings, services and surroundings that are high quality, fit for purpose, safe and affordable	<ul style="list-style-type: none"> • Peer review of designs • Project scorecards/feedback • PLACE • CQC Inspections 	<ul style="list-style-type: none"> • Establish clear standards and ensure these standards are attained • Projects delivered to an agreed budget and timescale • Dedicated team focusing on environment improvement
Support clinical developments in line with the Trust's Clinical Strategy and determined by STP and national policies	<ul style="list-style-type: none"> • Deliver capital programme on time • Assist with delivery of STP • Post project reviews 	<ul style="list-style-type: none"> • Provide technical advice and support for clinical teams to deliver their clinical strategy • Flexible enough to react to developments and changes to strategy and policy
Provide efficient and cost effective procurement of construction solutions	<ul style="list-style-type: none"> • Provide best value • Benchmarking • Post project evaluation • Lessons Learned 	<ul style="list-style-type: none"> • Broad range of procurement routes available e.g tender, MTC, frameworks • Use best practise guidance, HBN's etc. • Use innovative solutions to improve programme or reduce cost e.g. modular/off-site manufacture



The Trust will continue to invest in state of the art technologies and both medical and scientific equipment. These investments will support the trust in attracting and retaining experienced and skilled medical staff thus supporting the Trust's People Strategy.



Capital Programme 2017 – 2019

The Capital Programme for 2017/18 and 2018/19 provides investment in medical and scientific equipment. It also invests in backlog maintenance and compliance schemes which will contribute towards a reduction in the Trust's overall backlog maintenance position.

The programme is also funding the continuing works associated with the improvements and resilience of the IM&T infrastructure. Additional information is available in the IM&T Strategy.

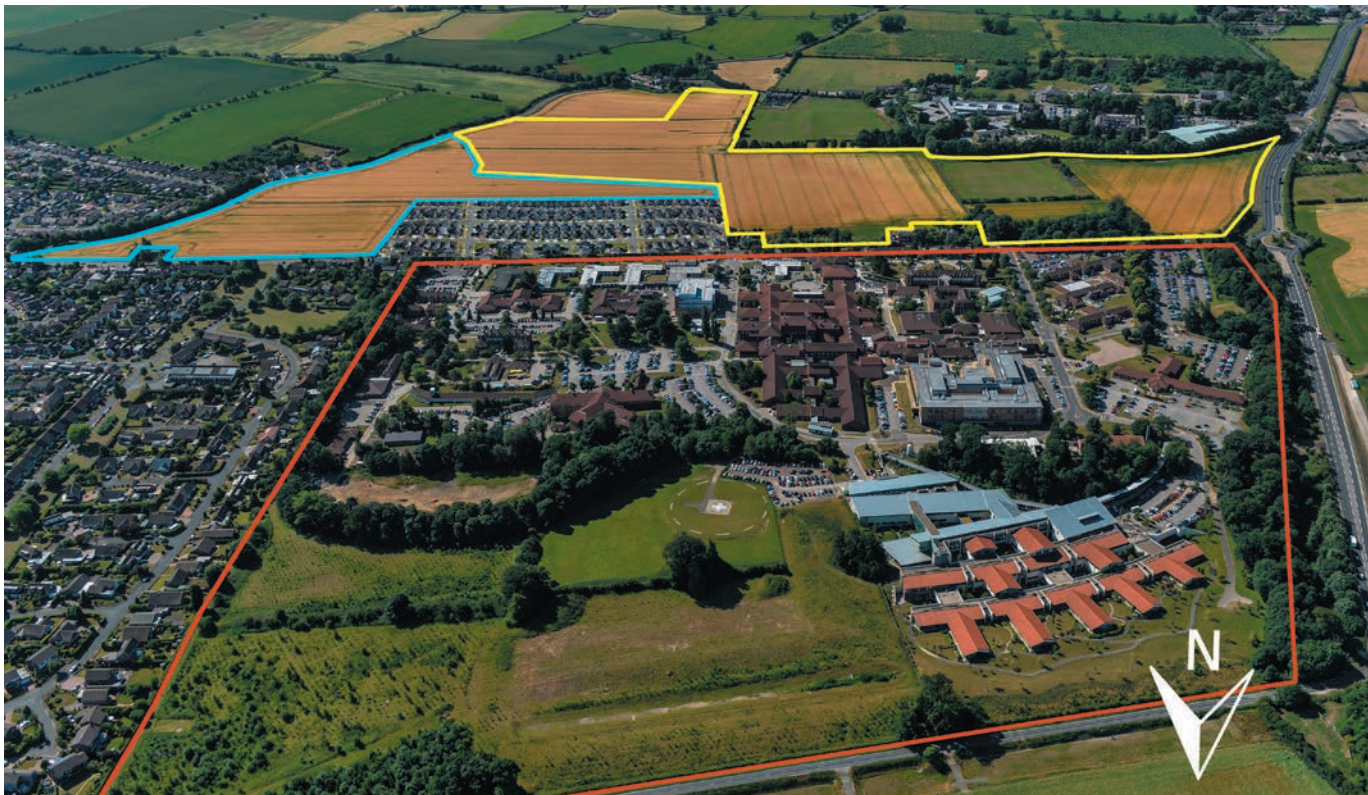
Creative and innovative solutions for new construction and refurbishment of the estate have been applied. An old medical admissions unit converted into an open plan administrative suite, providing accommodation for circa 96 staff including hot desks, meeting facilities and staff welfare facilities.

	2017/2018 (£000s)	2018/2019 (£000s)
Medical & Scientific equipment replacement	4,583	4,750
Backlog Maintenance and compliance	4,510	2,800
IM&T Infrastructure	3,000	3,300
New developments/ refurbishments (clinical)	4,368	0
New developments/ refurbishments (non-clinical)	795	0
Other allocations	2,138	0



Property Services

What do we want to achieve?	How will we measure it?	How can we achieve it?
Release of surplus land	<ul style="list-style-type: none"> • Capital receipts • Improvement of existing car parking infrastructure (HRI) 	<ul style="list-style-type: none"> • Hull 2020 partnership • Hull Local Plan (HLP) • Partnerships with NHS organisations and other Public Sector bodies • STP opportunities provided by the Naylor Report
Outsourcing of Residential Accommodation	<ul style="list-style-type: none"> • Contract awarded to external partner 	<ul style="list-style-type: none"> • Implementation of approved Residential Accommodation Strategy



Key

- HEY Trust Land (Main Hospital Site)
- HEY Trust Land (Land South of Castle Road)
- Phase 1 Land Sale

Castle Hill Hospital

Land to the South of Castle Road – identify development opportunities for further residential accommodation, clinical, leisure and recreational use

Following the publication of the Naylor Report (March 2017) the Trust will continue to work on opportunities to dispose of surplus land and buildings, whilst following the guidance Health Building Note (HBN) 00-08. This will ensure that surplus land is disposed of at the best price, to allow re-investment back into the Hull University Teaching Hospitals NHS Trust.

There is an added dimension to the Hull Royal Infirmary 'surplus land' as it is currently used for the car parking and delivery of clinical care, both of which would require to be re-provided.

21% of the Trust GIA is provided by PFI facilities:



Phase V CHH
(contract ends 2032)



Women's & Children's Hospital HRI
(contract ends 2033)



Queens Centre CHH
(contract ends 2036)



Castle Hill Hospital
17.4 hecatres of surplus land



Hull Royal Infirmary
4.3 Hecates of surplus land

Key

-  HEY Trust Land (East of Argyle St)
-  Existing Car Park
-  Current Helipad
-  H.S. Brocklehurst Area
-  Humber Foundation Trust Land

Hull Royal Infirmary

Land to the west of Argyle Street – redevelopment opportunity to provide car parking facilities, residential accommodation and support the delivery of the Hull Local Plan.



Future Development Zones

What do we want to achieve?

The identification of development zones that will encompass decisions both locally and those of the STP

How will we measure it?

- Development zones identified following estates rationalisation

How can we achieve it?

- Space utilisation surveys providing unequivocal data on the utilisation of rooms and buildings
- Maximise clinical and non-clinical use of the most operationally expensive buildings (PFI)
- Demolition of old/inefficient building stock

Development zones can be achieved as a result of demolitions and more ambitious schemes to vacate and demolish older and obsolete buildings. These development zones provide differing options to the Trust.



Retail front entrance opportunities and re-engineered drop off and collection areas for those service users that have mobility problems and disabilities.



Opportunities for the development of new state of the art clinical accommodation with links to current facilities via existing hospital streets, which will improve the overall patient experience



Further opportunities for partnership working with neighbouring Trust's and other public sector services for shared facilities or even surplus land sales.

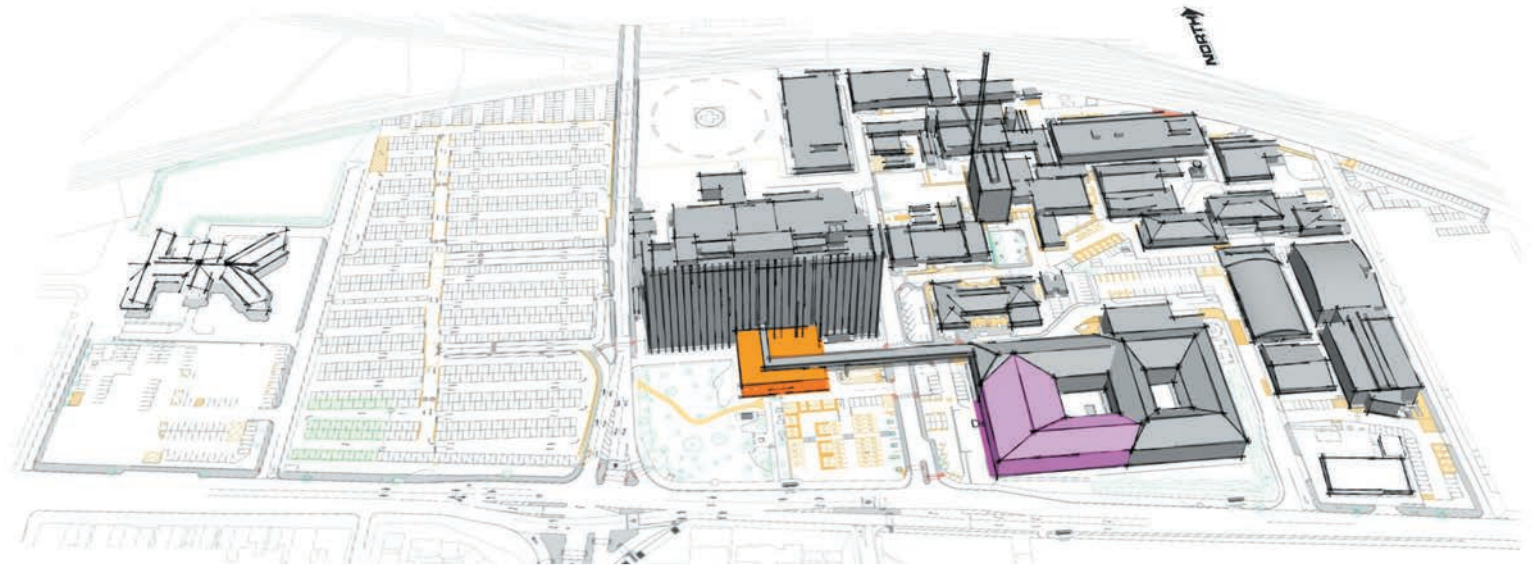


Enabling the Trust to respond to decisions based on clinical strategies and developments as determined by the STP.

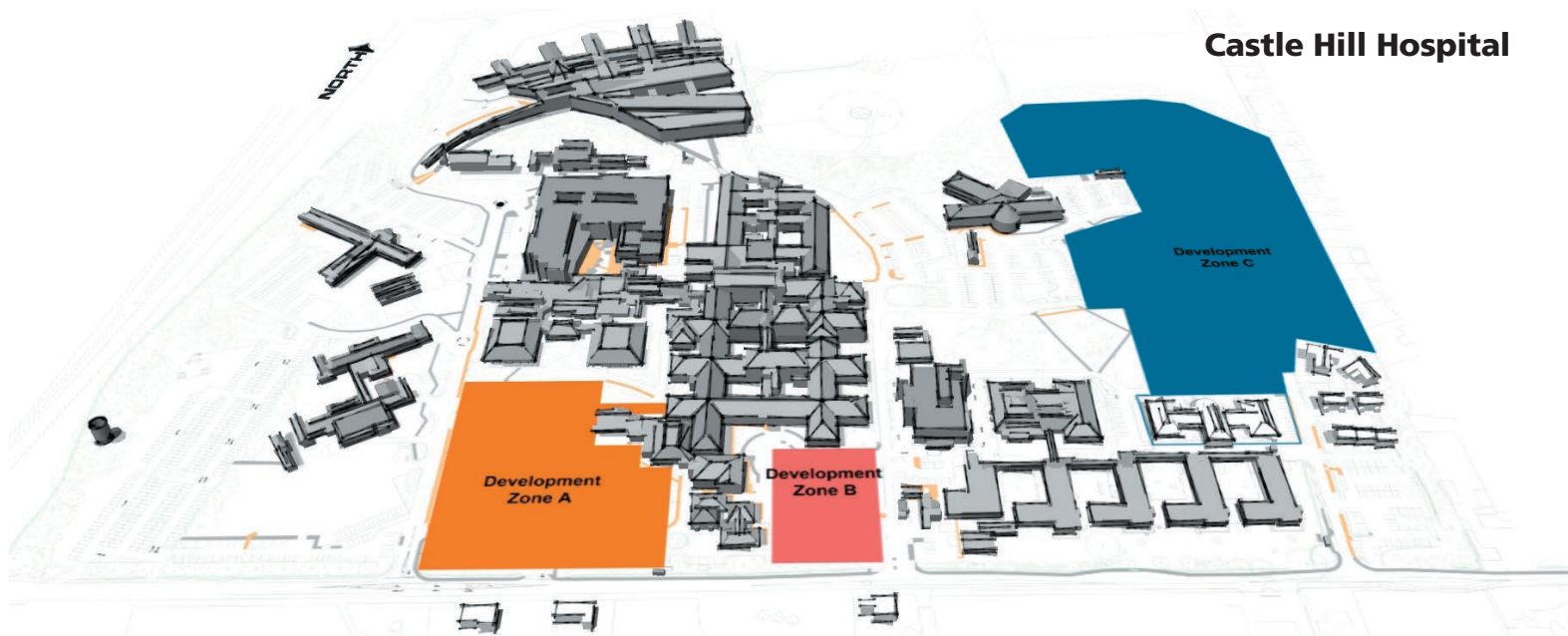


In conjunction with the demolition works scheduled for the Hull Royal Infirmary and Castle Hill Hospital sites and any land disposal at the respective sites it is important that future development zones are identified. At the Hull Royal Infirmary there is a potential development zone adjacent to the Women and Children's Hospital. There is also the provision of a development site for the front retail development when plans progress to delivery and construction. Whilst no developments have been identified for the Castle Hill Hospital site, areas that have development potential have been illustrated along with direct connections to hospital streets for two of the three development zones.

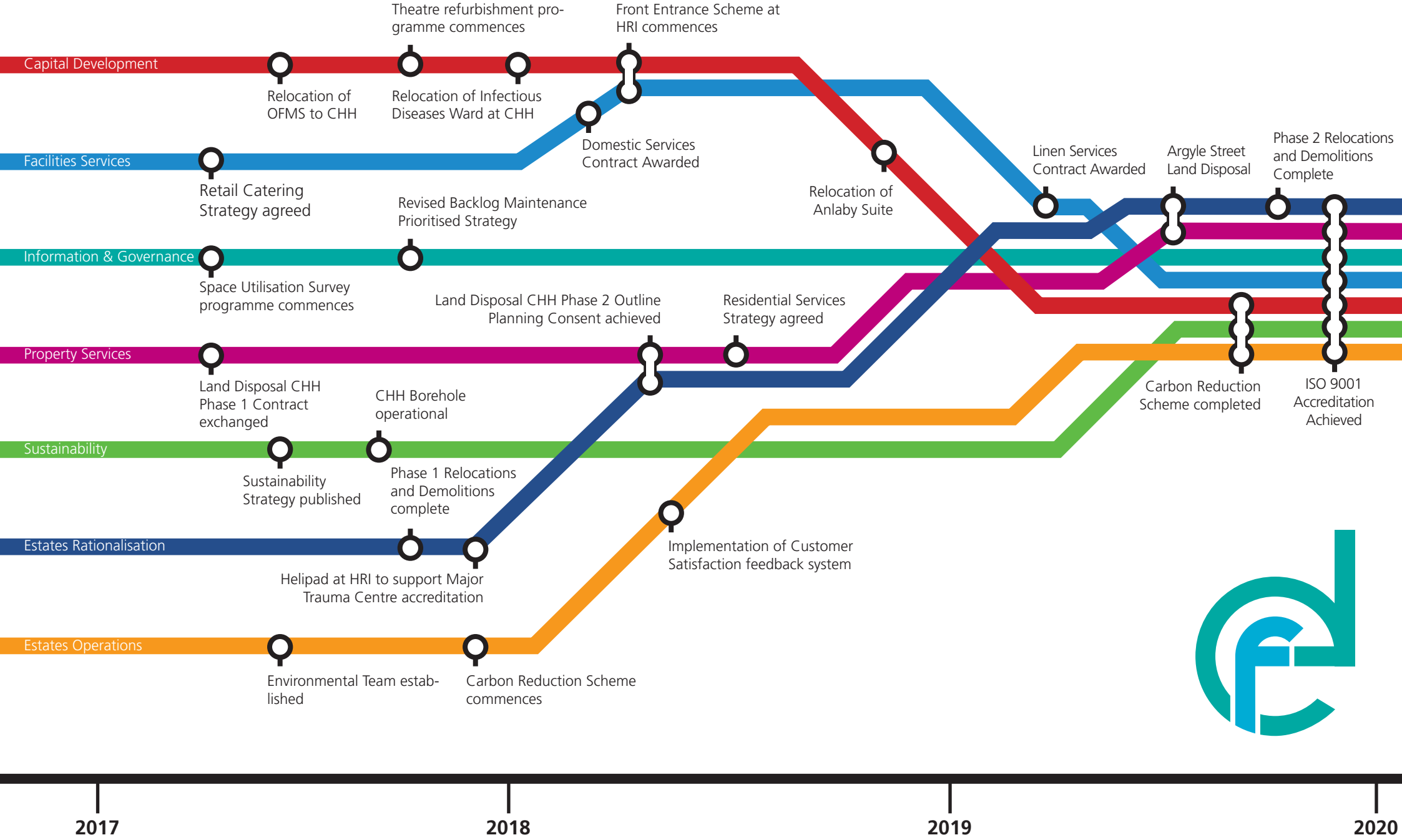
Hull Royal Infirmary



Castle Hill Hospital



Estate Strategy Timeline



Customer Satisfaction

What do we want to achieve?

Obtain feedback from service users and other stakeholders to inform service improvements

How will we measure it?

- Quarterly reports presented by services at the EF&D Quality and Performance Committee.
- Evidence of feedback influences service improvement
- Improvement in Patient Led Assessments of the Care Environment (PLACE) scores
- Benchmarking with Peer Groups for PLACE scores
- Public/Patient Group feedback

How can we achieve it?

- Estates and Facilities services implementing user feedback mechanisms
- Introduction of manned telephone Helpdesk for all Estates & Facilities services
- Senior management 'walkabouts'
- Learning from incidents, events and feedback
- Feedback from 'Link Listeners'

We continuously reduce operating costs without impacting service quality and safety; however we rarely seek the views of our stakeholders and the impact of these changes. Our main stakeholders are staff, patients and visitors. Going forward we intend to seek their views on current service provision and where appropriate consult on proposed significant changes to service provision. We will also incorporate the customer feedback in our service transformations. We also need to ensure that our facilities and services meet the needs of service users including those with mobility, sensory and psychological impairments.

Our recent PLACE scores:		2015/16	Trend	2014/15
Condition, Appearance & Maintenance	%	88.33%	↑	80.49%
Cleanliness	%	97.40%	↑	95.78%
Food	%	90.39%	↓	93.84%
Privacy, Dignity & Wellbeing	%	79.31%	↓	80.64%
Condition, Appearance & Maintenance	%	88.33%	↑	80.49%
Dementia	%	64.66%	↑	49.62%
Disability	%	71.03%	N/A	Not collected

How do you rate our service?



Good



Average



Poor

Estates Operations

What do we want to achieve?	How will we measure it?	How can we achieve it?
An estate that is maintained to a high standard and is compliant with statutory legislation and NHS guidance	<ul style="list-style-type: none"> • Compliance Assessment & Analysis System • Audit programmes 	<ul style="list-style-type: none"> • Address improvement opportunities identified through CAAS audits • Develop robust action plans to address any issues and benefits identified in audits
Establish the baseline of customer satisfaction for repairs and defects. Agree an improvement target by mid- 2018	<ul style="list-style-type: none"> • Customer satisfaction data (Customer & Stakeholder Test, CST) 	<ul style="list-style-type: none"> • Develop and implement actions from CST data • Identify and deliver quality and improvement training as necessary
Improve performance and quality for building and engineering services	<ul style="list-style-type: none"> • External Benchmarking • Data Validation 	<ul style="list-style-type: none"> • Review Contracts (Merging with Public Sector bodies - partnership working) • Targeted investment in plant and equipment • Review working practices/skill mix • Review preventative maintenance regimes



Facilities Services

What do we want to achieve?	How will we measure it?	How can we achieve it?
Provide a sustainable and profitable Catering Service with an increased catering retail performance year on year	<ul style="list-style-type: none"> • Profit and Loss accounts (weekly and monthly) • Sales/Product Analysis • Sales targets 	<ul style="list-style-type: none"> • Increased sales • Reduction in operating costs • Improved procurement of provisions • Development of staff
High quality and effective contract services	<ul style="list-style-type: none"> • Contractor KPIs • Model Hospital 	<ul style="list-style-type: none"> • Explicit tender specifications including; activity scheduling, innovative use of technology, payment by results and partnership work.
Provision of a 'hotel standard' facilities management service which is safe, clean and high quality	<ul style="list-style-type: none"> • PLACE • Friends and Family Test feedback • Fundamental Standard Audits • Customer Feedback score cards • PALS/Complaints • Lord Carter Dashboard 	<ul style="list-style-type: none"> • Implementation of a 'Hotel' quality rating system • Focus on quality over cost • Improve monitoring and response to environment related issues • Establish an integrated Facilities Helpdesk



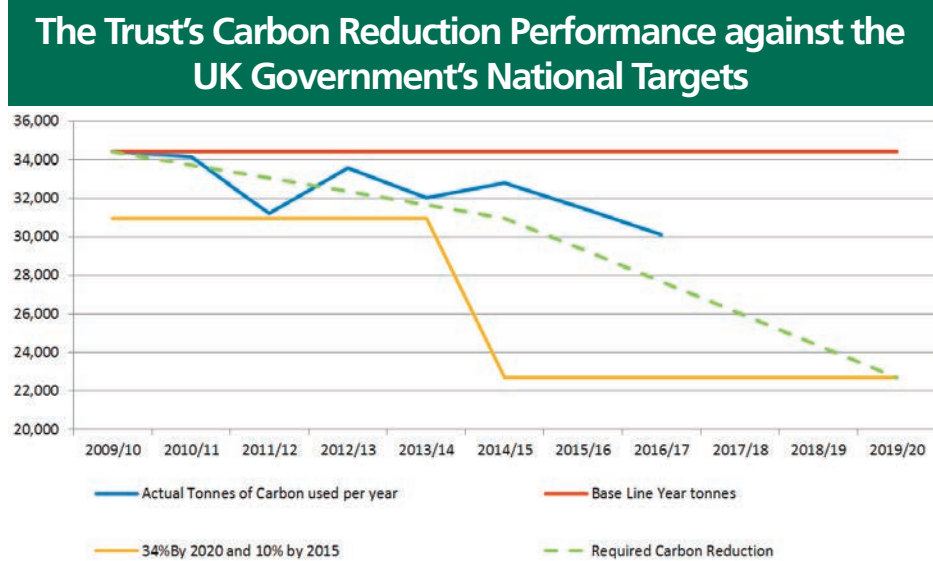
Sustainability *(further detail available in Sustainability Strategy)*

What do we want to achieve?	How will we measure it?	How can we achieve it?
Reduce the amount of waste going into landfill and increase the level of recycling	<ul style="list-style-type: none"> Auditing and monitoring of waste streams 	<ul style="list-style-type: none"> Ensuring correct waste segregation Educating Staff
Reduce CO ₂ emissions	<ul style="list-style-type: none"> Site and CO₂ audits Monitor and review consumption 	<ul style="list-style-type: none"> Optimising and improvement of operational efficiency of plant equipment Investment in energy efficiency schemes More sustainable transport solutions
Improve utility usage performance	<ul style="list-style-type: none"> Lord Carter dashboard ERIC 	<ul style="list-style-type: none"> Investment in energy efficiency schemes Reduce distribution losses Work in partnership with the Local Authority
A safe secure estate	<ul style="list-style-type: none"> Reduction in security incidents 	<ul style="list-style-type: none"> Partnership working with the Police Violence and aggression campaigns Targeted resources Analysis of incident themes and trends Upgrade hardware and infrastructure

UK Government Carbon Reduction Targets

34% by 2020

80% by 2050



Workforce

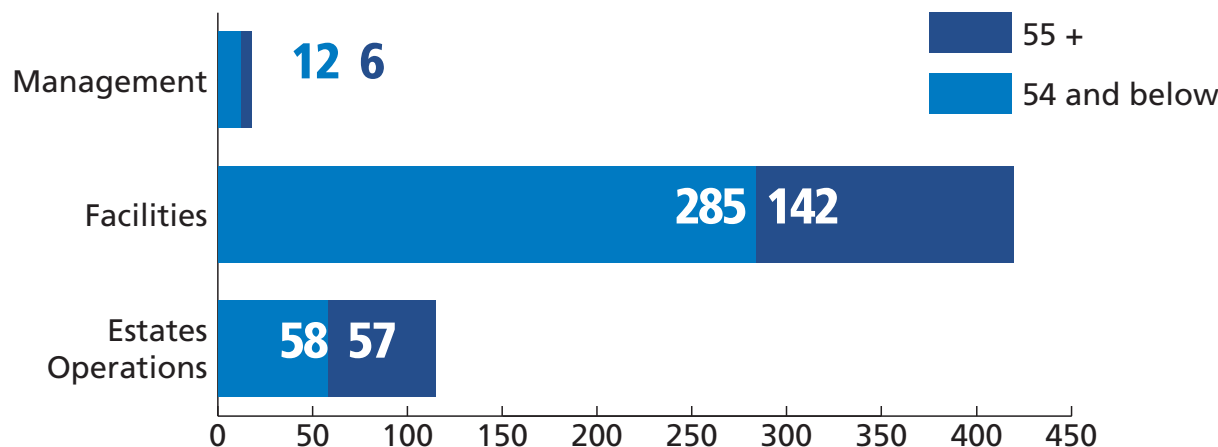
What do we want to achieve?	How will we measure it?	How can we achieve it?
Develop a robust, multi-skilled and motivated workforce with continuous career and learning development whilst ensuring optimum employee engagement	<ul style="list-style-type: none"> Performance and measurement of HR KPI's <ul style="list-style-type: none"> o Appraisals o Training o Absence o Turnover Trust wide Staff Survey Barrett Cultural Values Assessment 	<ul style="list-style-type: none"> Undertake a skills audit and workforce retirement plan Clear career pathways for new and existing staff Good communication and promotion of management visibility Support for staff health and well-being initiatives Recognition of staff through Moments of Magic & Golden Hearts Awards
Expand current apprenticeship appointments for the multi-disciplinary roles within the directorate. Working with local partners, creating placements and therefore expanding the the experience and scope of the apprentice roles.	<ul style="list-style-type: none"> Increase in apprenticeship appointments within the directorate Local NHS Partnering apprenticeship rotation established Be an organisation of choice for new apprentices 	<ul style="list-style-type: none"> Appointment of apprentices into the new roles Work with local NHS partners in creating multi-organisational placements. Develop a Multi-Organisational Apprenticeship Academy

42.6%

of the directorate workforce are aged 55+ years of age



Age profile for Estates, Facilities & Development Personnel 55 years of age and above



We Employ Apprentices

- 5 Mechanical
- 7 Painters
- 3 Joiners
- 1 Electrical

Information & Governance

What do we want to achieve?	How will we measure it?	How can we achieve it?
High standards of data quality and consistency	<ul style="list-style-type: none"> Improved accuracy and reliability of information to support decision making 	<ul style="list-style-type: none"> Review of all systems and their benefits and ability to integrate with other systems Employment of data analysts
Support the reduction of the estate footprint for both clinical and non-clinical facilities	<ul style="list-style-type: none"> ERIC Lord Carter Dashboard 	<ul style="list-style-type: none"> Using space utilisation surveys and working with clinical and non-clinical teams to identify opportunities to rationalise the estate
Standardised document management arrangements	<ul style="list-style-type: none"> Unified electronic folder arrangements in place Managed archiving system established 	<ul style="list-style-type: none"> Employment of a Records Officer Approved document management procedure
All services ISO 9001 accredited	<ul style="list-style-type: none"> External accreditation achieved 	<ul style="list-style-type: none"> Structured programme implemented
Strengthen risk management in the directorate	<ul style="list-style-type: none"> Reduction in EL/PL claims Reduction in incidents and themes Risk register populated and controls to manage risks in place 	<ul style="list-style-type: none"> Identify themes and trends from incidents and claims and mitigate future occurrences Identify and manage all risks Timely response to all central alerts

Handheld PDA's for "Real Time" asset linked job scheduling and customer feedback.



Electronic Sensors used to provide evidence based Space Utilisation data.



Directorate Compliance Framework

What do we want to achieve?

An improved compliance rating with regulatory and legislative requirements, achieving an overall rating of 85% for the aggregated technical domains, ensuring that there are no amber or red rated sub-domains

How will we measure it?

- Periodic reviews of each technical domain with the staff responsible for delivery and compliance using the Compliance Framework

How can we achieve it?

- Develop, monitor and complete action plans generated by the Compliance Framework
- Ensure all Authorising Engineers, Authorised Persons and Competent Persons are trained for their duties and are appointed in writing.
- Ensure Annual Reports are compiled and communicated in order that the Board is sighted on matters associated with compliance.
- Ensure that robust mechanisms are implemented to reduce risks, e.g. Permit to Work systems.

The Compliance Framework provides organisations with a self-assessment capability to determine their level of compliance against legislative and regulatory standards. The Framework also identifies 5 sub-domains in order that more focused scrutiny can be undertaken when identifying strengths and weaknesses. This allows organisations to identify areas of improvement and measure progress towards improved compliance targets. We are looking to benchmark ourselves against other Acute Trusts who are using the same Compliance Framework so that we can contribute positively and share and learn from best practice amongst our peers.

	Accountability	Process	Monitor & Review	Capability	Outcomes
Asbestos	<ul style="list-style-type: none"> • Board understand professional responsibilities • Approved Policy • Robust risk management and governance arrangements in place 	<ul style="list-style-type: none"> • Operational procedures developed and widely understood • Risk Assessments in place • As fitted drawings available • Permit to work systems in place • Risk assessment and building records are maintained and updated appropriately • Fully documented planned preventative maintenance in place • Systems maintained and validated in accordance with best practice 	<ul style="list-style-type: none"> • Monitor and review systems in place • Independent assurance provided to the Board 	<ul style="list-style-type: none"> • Appointment of key staff e.g. Authorised persons • Sufficient trained and competent staff • Sufficient budget allocation available • Access to up to date legislation and guidance • Risks identified and managed • Periodic appraisals of key personnel by the external Authorising Engineers 	<ul style="list-style-type: none"> • Key Performance Indicators developed and reported to Board • Evidence of root cause analysis and learning from incidents and near misses • Benchmarking against other organisations
Asset Management					
Contingency Planning					
Contractor Management					
Decontamination					
Electrical Systems					
Facilities Infection Control					
Fire Safety					
Health, Safety & COSHH					
Lifts					
Mechanical Systems					
Medical Devices					
Medical Gas Systems					
Safe & Accessible Buildings					
Security Management					
Sustainability					
Ventilation					
Waste Management					
Water Systems					



Estates, Facilities and Development

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