Department
of Health

Nottinghamshire STP Estates Workbook

21st October 2016 Submission

STP Estates Workbook - Disclaimer

- The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.
- In respect of any request for disclosure under the FoIA: This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.

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STP Service Strategy & Implications

Key STP Service Strategy Themes:

The STP's commitment was to close the financial gap of £628m by 2021

Main STP service priorities needed to deliver FYFV:

High Impact Areas

1. Promote Wellbeing, Prevention, Independence and Self-Care
2. Strengthen primary, community, social care and carer services
3. Simplify Urgent & Emergency care
4. Deliver Technology enabled care
5. Ensure consistent and evidenced based pathways in planned care

Supporting Work Streams

1. Improve Housing & Environment
2. Strengthen Acute Services
3. Drive System Efficiency & Effectiveness

Enabling Implications for Future Estate: **Below (slides 3&4) will potentially produce £28.8M pa of savings towards the STP ask**

1. NUH reconfiguration to maximise activity at QMC and significantly downsize City hospital will deliver over a 10 year period a circa 15% reduction across the overall NUH estate (circa 50,000 sq.m) with estates revenue savings circa £15m. The East Midlands Trauma Centre is the catalyst for change which will be housed at QMC – Hot site.
2. Shared Service Collaboration - Acute Reconfiguration – Maximise QMC & KM and reduce City. Opportunity to consider sharing centralised services between SFH and NUH to deliver a more efficient future estate. Potential further 30,000sq.m reduction in floor area with circa £9m savings and reduction in backlog from demolition and disposal of buildings as part of reconfiguration.
3. SFH - Maximise utilisation of the long term core estate, Lift and PFI Estate – Mansfield Community Hospital, Newark (57% underutilised) , Ashfield Wellbeing Centre (65% underutilised), Kingsmill Hospital (Acute PFI- New build), Byron House and Highbury Hospital – Reducing voids of 811.37sq.m which is currently a cost of £509,000 pa & long term NHSPS lease estate. Saving additional £0.8K to £1M pa
4. Increased service delivery in primary, community estate (7 day access, diagnostics) – ascertain key estate hotspots for primary care and the development of proactive/clinical hubs with new care teams co-located into core estate. Link strategies with both ETTF NHSE capital injection and Section 106/CiL – GP Forward view
5. Urgent Care - Build and maintain Primary Care capability by co-location of GPs within A&E department at Kingsmill & QMC to continue with the successful 'single front door access' scheme established through the Better Together Programme

STP Service Strategy & Implications

Key STP Service Strategy Themes:

Main STP service priorities needed to deliver FYFV:

Enablers

1. Workforce & Organisational development
2. Commissioning and System Governance
3. Estates Utilisation - accompanying slide
4. Communication & Engagement

Enabling Implications for Future Estate:

Priority areas to address are….

1. The acute reconfiguration work will also reduce outpatients departments in the acute & bed space to align with the shift of activity into the community
2. Further opportunities to reduce the footprint of estate through system wide disposals approx. £6.3m
3. Integrated primary, community, social care and mental health multidisciplinary teams (MDTs) working in formal network arrangements within a local clusters of practices to facilitate estate utilisation and 7 day working, maximisation of technological enablers and remote work will enable a reduction in non-priority estate through co-location
4. Respond to the Carter review and corporate services consolidation to support a potential reduction in floor area of administrative estate by **2,500 sqm. – 3,500 sqm**. or between **70%** and **100%** of total floor area. Potential to reduce running costs by **£1.3m – £1.5m**, with required capital expenditure. Known schemes include the retraction from rented accommodation as Trust HQ within the Mid Notts footprint **£0.8 to 1.0m**
5. Working with the Health and Wellbeing Board, an engagement process is ongoing to help Local Authority Planners familiarise themselves with each Local Estates Forum to ensure that housing/business growth is captured through capital monies to support ongoing health infrastructure development – Mid-Notts CCG for Newark South have agreed £1.7m over 5 phases with developers for existing infrastructure upgrades

Performance Indicators: 2020/21 Success Metrics

Below is the system combined, Appendix 1 has a breakdown of each Acute Trust. The view is that the STP submission at an integrated strategy level needs to be set at a level which includes a tolerance which takes into account the high level of detailed work still required (similar to optimism bias). This gives confidence in the acute delivering a net 15% saving. Note NHFT – Mental/Community Health Trust

Indicator	Current	Planned	Comments
Estate Running Costs £m/2	£163.2M (£326m/2) NHFT £24.5M (£166.15m/2)	£138M (275m/2) NHFT £22.5M (£152.58m/2)	15% across both Trusts (Acute) 8% across NFHT Provider Trust data only
Non-Clinical Space (%) (Carter Metric max 35%)	See appendix 1 for individual Trust percentage NHFT 31%	<31%	Provider Trust data only
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	6.02 NHFT 4%	<2.5 (2.0)	NHFT by 2020. Provider Trust data only
Functional Suitability	See appendix 1 for Acute NFHT 87% A&B, 13% C	See Appendix 1 for Acute NFHT 95% A&B by 2020	Eradication of non functional fit for purpose areas through the development of the Integrated Estates Strategy. Provider Trust data only
Condition	See appendix 1 NHFT 85% A&B, 15% C	NFHT 95% A&B by 2020	Acute: The PFI estate is maintained at condition B. Eradication of poor condition estate through the development of the Integrated Estates Strategy. Provider Trust data only

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects) Note: - **Cash out + Cash saving**

Project / Location	CCG	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Acute reconfiguration will see a series of building blocks detailed on **slide 18**	STP Footprint	Aligning estate to STP clinical strategies (15-20% reduction)	High	+£15M pa	-(£576M NUH) (£57.6M capital pa + CRL)	10 year period from 2017 – SOC in development	2027	Y
Shared Service Collaboration between NUH & SFH eg CSSD/ADU re-provision (pt. of the acute reconfiguration)	STP Footprint	Exit end of life assets, shared services collaboration. (further 30,000sqm floor reduction)	High	+9M & potentially 14,7M (backlog)	-£65M	5 year period from 2017 – SOC to be developed following identification of shared services	2017 to 2022	Y
KMH, Newark – Estates Rationalisation and improved utilisation of high quality PFI estate	M&A	Increased utilisation of assets incl. retained estate	High	+£0.8K - £1M pa	-£81M	SFH - FBC with Board	2021	Y
Children and Young Peoples site Development Mental Health (Specialist Service)	STP Footprint	Development of Children's & Young Peoples, Mother & Baby Services Provision	High	-£300K Already within NHCT two year plan	-£22M (disposes existing site)	Onsite	2017/18	Y
EMPAH – Pathology – EM Airport	STP Footprint	Deliver national and international service	High	TBC	TBC	OBC	2017/18	Y

Summary of existing projects

Review of existing projects /initiatives considered to align with STP (top 10/20 projects) - **Cash out + Cash saving**

Project / Location	CCG	Strategic Objective	Priority / Importance	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	STP Alignment (Y/N)
Align Primary/Community estate to service strategies/population growth	STP Footprint	New/improved estate to support Vanguard models, UC & Primary/Community strategy (PFI, Lift inclusive)	High	-£4m Assumption +£2M offset based on NHFT	-£33.9m (ETTF) + s.106/CiL where possible	PiDs with Simon Stevens Team	2017 to 2021	Y
Ollerton Regeneration model to improve health deprivation	Mid-Notts	One Public Estate agenda – clinical hub co-location with council lead services	High	-£960k Assumption	-£8m assumption	Feasibility stages	2018/19	Y
CCG HQ - Mansfield	Mid-Notts	Reduce cost of admin estate and abolish private landlord lease	High,	+0.8m to £1m	TBC	Feasibility stages	2017/18	Y
CCG HQ - Balderton, Newark	Mid-Notts	Transfer of admin services to free space up for clinical demand in area – Newark South	High	-120k based on £1m capital	Phase 1 of the £1.7m of s.106 funding	Reviewing with Planners through LEF	2017/18	Y

Note: Est Revenue impact assumptions based on DH Lease Plus Agreement (Lift Model) i.e. 12% of Net Capital costs. This could be less if public capital is pursued through the One Public Estate initiative or through general Public Sector borrowing

Sustainability & Transformation Initiatives

In order of priority - new projects identified where implementation required to enable wider STP strategy (revenue savings >£1m pa) - **NOTE: Key major initiatives are already ongoing and are detailed on slides 7 & 8. In addition the STP are looking at 3 new further projects (initiatives) detailed below**

STP initiative	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status	Est. Deliver Year	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
System wide Demolition and disposals	Reduces redundant estate with capital/long term revenue gains	TBC	SOC	2017 to 2027	TBC	+£6.3M	Helps to supports system estate alignment with footprint for service delivery
Urgent Care - Build and maintain Primary Care capability in the front door of A&E	Squeeze core & build new clinical hubs, 24/7 across footprint	TBC	SOC	2017 to 2019	TBC	TBC	Primary Care setting at QMC new UC model – follows single front door access model
Various OPE schemes involving co-location between blue light services in planning stages	Co-location of East Midlands Ambulance Trust with Police, Fire to reduce estate	TBC	TBC	2017 to 2019	TBC	TBC	Early planning stages which are a result of each LEF and OPE Steering Group for Notts footprint linked to the STP

Alternative sources of capital funding is being explored through Public Sector body partners i.e. Local Authorities and new Private Public Sector Partnership (PPP) modelling as detailed in the GP Foreword View that will help to implement the High Impact Areas and Support Work Streams of the STP set out within the main body of the submission

Implementation priorities

Key next steps towards delivery - Key major initiatives are already ongoing and are detailed on slides 7 & 8

Key next step	Challenges	Resources	Indicative timeline	Comments
Acute reconfiguration will see a series of building blocks detailed on **slide 18**	Capital funding request above CRL threshold in discussing with Trust Board/NHSI. Investment needed to enable better use of estate to make savings	Project Board set-up, consultants employed with 10 year widow subject to NUH Board Approval	10 year estate with rolling programme 1- 5 years for clinical model	STP Implementation plan will work collaboratively with Trusts
Shared Service collaboration between NUH & SFH which incl. CSSD/ADU re-provision part of the acute reconfiguration	Identifying potential shared services and respective locations; Financials for any shared services	Will form part of the Project Board set-up for the Acute Reconfiguration	5 year estate rolling programme	Draft Business case from the proposed merger suggests £9.1m recurrent savings, however, there are significant one off costs required to enable these
KMH, Newark – Estates Rationalisation and improved utilisation of high quality PFI estate and retained estate	Alignment - STP agreeing the right services to be delivered within the deemed high cost estate	LEF acting as delivery group reporting to STP Strategic Estates Group linked with the Provider Alliance	1 to 3 years	Retained estate at KMH and Newark forms part of the PFI contract. Need to assess removal and re-invest or reinvest through PFI
Align Primary/Community estate to service strategies/population growth	ETTF Funding – agreeing investment: Practice mergers: Alignment STP Footprint: Lack of alignment on service strategy for Mental Health: Workforce agreeing and delivering (clinical)	LEF acting as delivery group reporting to STP Strategic Estates Group linked with the Provider Alliance	1 to 3 years	Where ETTF is not successful, GP forward view use of PPP modelling needs exploring with links to probable combined investment between Trusts/Practices where possible

Implementation priorities

Key next steps towards delivery

Key next step	Challenges	Resources	Indicative timeline	Comments
Demolition and disposals, system wide	Public consultation, agreement to place capital receipts into system wide STP delivery to support delivery long term on its aim	LEF acting as delivery group reporting to STP Strategic Estates Group linked with the Provider Alliance	2017 to 2020	Many sites at SOC stages
Urgent Care - Build and maintain Primary Care capability in the front door of A&E	Identifying the right sites across the footprint – estate that is deemed as being suitable i.e. Lift, long term leases, are in built up residential areas	Existing LEF to act as delivery group linked with the Provider Alliance & STP Programme Exec	2017 to 2020	
Various OPE schemes involving co-location between blue light services in planning stages	Vehicle access in areas. Where there are PFI buildings involved, the long term costs added to an organisation for its accommodation. Disposal release of assets vacating i.e. the police have had issues with the Crown Estate due to restrictive covenant in the past	OPE linked in with LEF's acting as delivery group. PMO will be set-up	2017 to 2019	At SOC stages to establish Co-location of East Midlands Ambulance Trust with Police, Fire to reduce estate and sell for housing for regeneration

Headline Financial Impacts

Investment Pipeline summary

Investment requirement (strategic objective)	Estimated Investment capital £m	Committed (OBC stage)	Uncommitted (pre-OBC)	Estimated timeline	Capital Proceeds £k	Gross Estate Running Cost Savings £m pa	Service savings £m
Acute Estates Reconfiguration	576M	N/a	SOC	2027	TBC	15M	15M pa
Shared Service Collaboration between NUH & SFH which incl. CSSD/ADU re-provision	65M	n/a	N/a	2022	TBC	9M	9M pa & potentially 14.7M (backlog)
KMH, Newark – Estates Rationalisation	81M	FBC	N/a	2021	TBC	0.8K-1M	0.8K-£1M pa
Estate subject to ETTF (alignment of Primary Care)	33.9M	N/a	ETTF PiD	2017 to 2021	TBC	TBC	£2M(NHFT)
NHFT Backlog Maintenance	12.7M	FBC	N/a	2017 to 2021	TBC	100K	100K pa

Disposal Opportunities – 10 in total identified – *Housing unit estimates are assumption based at this stage*

Disposal Status	No. of sites	Land Area (Ha)	GIA (m)	Estimated disposal value £k	Timeline for disposal (year)	Estimated Housing Units	Gross Running Cost reduction £k	Cost to Achieve (where known) £k
Marketing ongoing	0							
Declared surplus / OBC approved	9	TBC	3428	£4.5M+ (sites not valued)	2017 to 2021	93	354K+	Figures to be confirmed as list takes shape
Feasibility Stage	1	3.8	TBC	£1.8M	2017/18	80	10k	Feasibility to sale 26K

Critical Decisions

Decision Required	Significance/ impact on STP strategic objectives	Owner	Action By:
Acute Reconfiguration	10 year delivery plan will impact on STP delivery model if not agreed	NUH Exec	
System wide disposals - How as a system we will pool resources and agree the Governance around this disposals	May reduce the ability to achieve some basic footprint project goals RE: capital receipts to support proposed system footprint goals	STP Exec	
NHSE wanting all ETTF priorities and sign-off by STP exec i.e. do these fall in alignment with STP wide strategy (clinical)	Existing structure not designed for this; delays on delivery objectives assigned to both CCG's strategies and STP models caused	STP/NHSE Exec	
Confirmation of ETTF funded projects from the centre; identify scheme hub locations; lack of ETTF funding will need greater investment options which may not be welcome if not aligned to care models; GP practice mergers	Delays in practice mergers, or practices refusing to merge will delay hub and spoke hotspots; Organisational workforce may cause model of care to be fragmented	CCG/STP Exec/NHSE	
One Public Estate – Significant links to the STP - How as a system we will pool resources and agree the Governance around this i.e. disposals, joint funding, project delivery and co-location of workforce	Will impact on delivery model where co-location is needed as part of the High Impact and Supporting Themes – reduced funding benefits also	STP Exec/City Council	

Annex 1: Carter Metrics (Acute), NUH Programme & Basic Estates Data

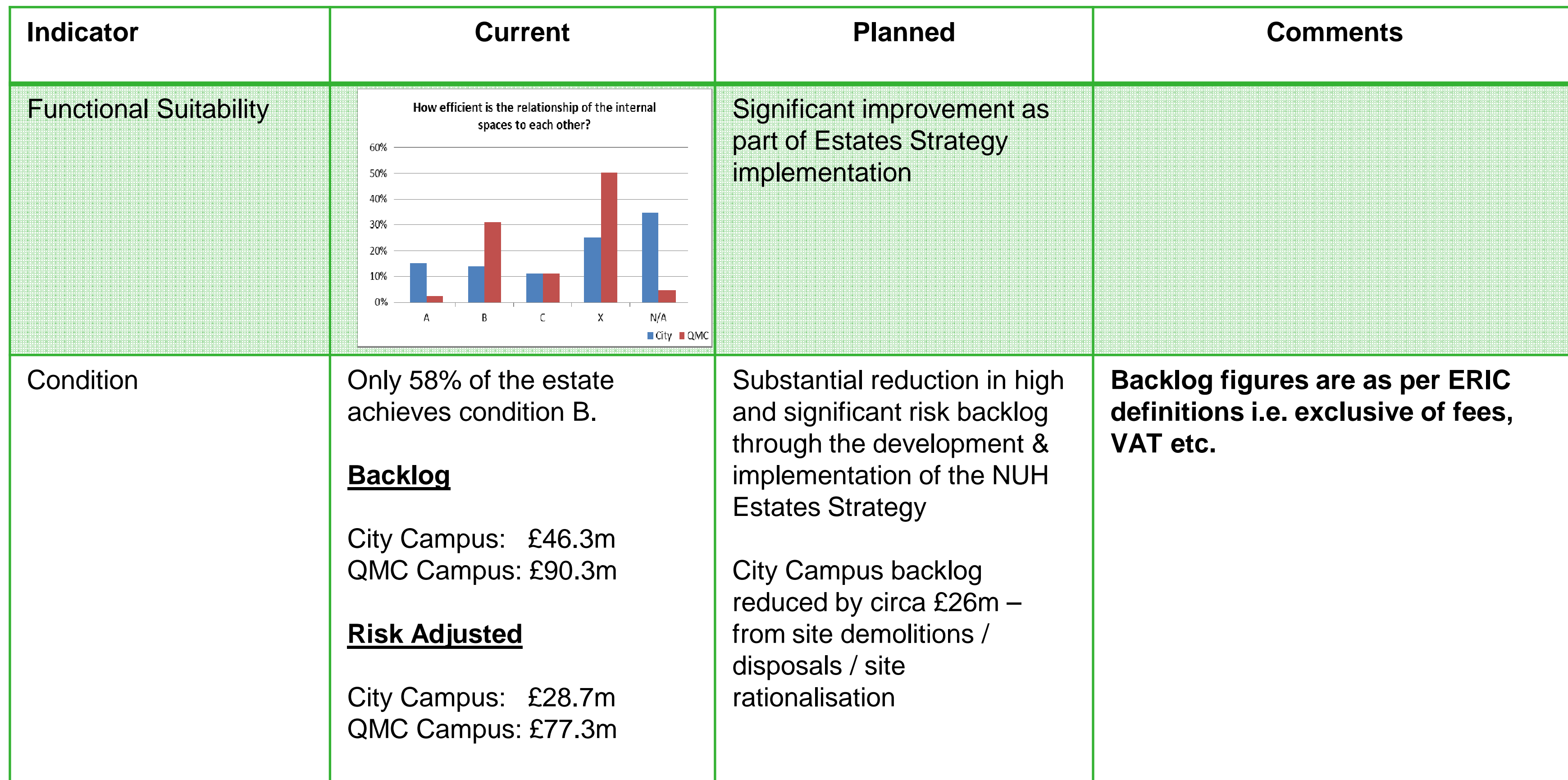
Performance Indicators: 2020/21 Success Metrics – SFHT

Indicator	Current	Planned	Comments
Estate Running Costs	£52.94m	£44.59m	Occupancy cost. (-15.8%)
Non-Clinical Space (%) (Carter Metric max 35%)	44%	<35%	Retraction of TB3 and utilisation of old wards 1, 2 and 3.
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	3090m2 (0.02%)	<2.5%	Although utilisation within the PFI is poor due to large corridors and circulation. (PWC/EY reports)
Functional Suitability	30% of the SFH estate retained estate. Incl. condition B and below condition B	Exit all 'below condition B' estate and all risk transferred SPV (PFI contract)	
Condition	Acute: RAB £3.769m	Acute: Nil	

Performance Indicators: 2020/21 Success Metrics - NUH

Indicator	Current	Planned	Comments
Estate Running Costs	Total anticipated cost for financial year 2015/16 of £110,276,405.45. With a gross internal floor area of 360,337 m2 this equates to £306/m2 (rounded)	£306 - £320/m2	Current is below Lord Carter metric of £320/m2, which is positive, but it possibly reflects under-utilisation of the estate; as NUH space reduces and we become more efficient it is anticipated that the total expenditure will reduce but that the cost per m2 may rise as each m2 is sweated. Therefore increase over existing £306/m2 but remaining within Lord Carter metric.
Non-Clinical Space (%) (Carter Metric max 35%)	34%	31%	Following implementation of Estates Strategy
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	6%	<2.5%	Following implementation of Estates Strategy

Performance Indicators: 2020/21 Success Metrics - NUH



Indicator	Current	Planned	Comments
Functional Suitability	How efficient is the relationship of the internal spaces to each other? 60%, 50%, 40%, 30%, 20%, 10%, 0% A, B, C, X, N/A City, QMC	Significant improvement as part of Estates Strategy implementation	
Condition	Only 58% of the estate achieves condition B. **<u>Backlog</u>** City Campus: £46.3m QMC Campus: £90.3m **<u>Risk Adjusted</u>** City Campus: £28.7m QMC Campus: £77.3m	Substantial reduction in high and significant risk backlog through the development & implementation of the NUH Estates Strategy City Campus backlog reduced by circa £26m – from site demolitions / disposals / site rationalisation	**Backlog figures are as per ERIC definitions i.e. exclusive of fees, VAT etc.**

Summary of existing projects – Indicative NUH 10 year Transformational Plan – Building Blocks Set-Out

	Year 1	Year	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Building Block 1 – East Midlands Trauma Centre -New build including Emergency Department, Acute Assessment Unit, Critical Care, Theatres and Helipad										
Building Block 1 - Development Space and Multi Storey Car Park (MSCP)										
Building Block 2 – Re-alignment of Family Health										
Building Block 3 – Re-alignment of In-Patient Services										
Building Block 3 / 4 - Cancer and Associated Services										
Building Block 4 – Re-alignment of Out-Patient Services										
Building Block 5 – Re-alignment of Corporate / Support / Facilities Management Services. Rationalisation of the estate										
Trust(s) Ongoing Five Year Capital Programme including Maintenance and Critical Remedial Works										

Estates Composition (1 of 3)

Portfolio Summary – Other is assets known through One Public Estate programme, does not Incl. NHS. GP premises data has been extracted using NHS Premises 2015/16 data (SHAPE) - **Data is a known issue that is in working progress** – NHSPS Backlog is *"subject to condition survey and ratification at present" – Provider data has been provided directly with sources i.e. Ha taken from SHAPE*

Portfolio	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m) (rent, s'charge, FM)	Back-log Maintenance £m
GP owned	194	TBC	TBC	TBC	11.1M	TBC
NHS PS	59	TBC	85,060.74	44%FH, 44%LH, 2%PFI & 10% licence	21.1M	TBC
CHP	12	TBC	43,649	Lift	14.1M	£0
Provider estate (Acute)	5	71.87	501,153	SFHT PFI (140k)	163.2M	255.4M
Mental/Community HT	120	TBC	153,996	Freehold	24.5M	12.7M
Other	5,324	TBC	TBC	TBC	TBC	TBC
Totals	**5,714**	**71.87**	**783,858.74**	**n/a**	**234M**	**268.5M**

Functional Use Summary – Offices based on NHS Property Services data only which CCG's rent/lease

Functional Uses	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m
Community FT Non Clinical	TBC	TBC	45983	Freehold	10.42	Non Clinical
Community FT Clinical	TBC	TBC	108103	Freehold	14.07	Clinical
Back Office (self contained unit)	8	TBC	8,800.11	Leasehold/Licence	3.16	None
Totals	**TBC**	TBC	**162,886.11**	**n/a**	**27.6M**	**n/a**

Estates Composition (2 of 3)

High Cost Sites: Estate Running Costs – NUH figures are combined

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m	Cost per sqm	Current Site Strategy
QMC &City Hospitals	46.35	360,000 across NUH estate	Freehold	£110.3M	Total = £136.6M Risk adjusted = £106M	306	Optimise QMC, reduce City
Kingsmill	23.13	120,000	PFI	47.7M	12.8M	358	Optimise

Highest Cost Locations : Backlog Maintenance

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m	Cost per sqm	Current Site Strategy
QMC &City Hospitals	46.35	360,000 across NUH estate	Freehold	£110.3M	Total = £136.6M Risk adjusted = £106M	For total backlog = £250m2	Optimise QMC, reduce City
Kingsmill	23.13	120,000	PFI	47.7M	12.8M	For total backlog = 107m2	Optimise

Estates Composition (3 of 3)

PFI Utilisation - LIFT Utilisation – Planned assessment of utilisation work through each LEF is currently be developed
***Revised NHSPS figures**

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Estimated Utilisation (%)	Estate Running costs pa (£m)	Cost per sqm (GIA)	Proposed STP Site Strategy
King's Mill Hospital	23.13	120,000	>80%	47.7M	358	Reduced GIA by 20%
*MCH	TBC	10,232.34	<80%	6.3M	613	Increase utilisation - Figures from NHSPS
Newark Hospital	2.39	12,300	43%	4.4M	358	Better Utilisation, aligned with SFH Strategic Plan
HIGHBURY PFI	TBC	17,826	75%	5.9M	333	Increase Utilisation

Estates Composition (3 of 3)

LIFT Utilisation – Planned assessment of utilisation work through each LEF is currently be developed

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Estimated Utilisation (%)	Estate Running costs pa (£m)	Cost per sqm (GIA)	Proposed STP Site Strategy
GN LIFT						
Bulwell Riverside	1.31	8369	NHS Space 53%	1,549,512M	185	
Clifton Cornerstone	0.77	5931	NHS Space 44%	2,277,710M	384	
Keyworth	0.13	2310	>80	873,365M	378	Optimise estate by reducing voids, increasing clinical delivery for increased utilisation by linking core estate with emerging care models detailed within the STP
Mary Potter	1.14	7991	NHS Space 88%	2,067,473M	259	
Park House	0.61	3995	>80	1,475,444M	369	
Stapleford	0.47	6038	>80	2,274,275M	377	
Aspect House		978	TBC	274,523M	281	
NN LIFT						
Ashfield	0.64	1997	50%	819,776M	410	
Balderton	0.68	1663	50%	662,481M	421	
Bull Farm	0.86	1445	TBC	487,819M	426	
Rainworth	0.44	1337	TBC	545,018M	408	
Warsop	0.25	2073	TBC	823,087M	415	