



ESTATE STRATEGY
2012 – 2022

Volume 1 – Executive Summary



September 2012

In partnership with



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Volume 1 – Executive Summary

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Glossary of Terms

Abbreviation	Name
A&E	Accident and Emergency
ABI	Acute Brain Injury
AIDS	Acquired Immunodeficiency Syndrome
BAU	Business as Usual
BD	Business Development
BGH	Brighton General Hospital
BP	Brighton Pathology (BP Courtyard) P62
BREEAM	Building Research Establishment Environmental Assessment Method
BSMS	Brighton and Sussex Medical School
BSUH	Brighton and Sussex University Hospitals
CAMHS	Child and Adult Mental Health Service
CAPEX	Capital Expenditure
CCGs	Clinical Commission Group
CCHP	Combined Cooling Heat & Power
CHP	Combined Heat and Power
CIRU	Clinical Investigation and Research Unit
CMMS	Computerised Maintenance Management System
CNS	Central Nervous System
CO ₂	Carbon Dioxide
COTE	Care Of The Elderly
CQC	Care Quality Commission
CRC	Carbon Reduction Commitment
CSIC	Cancer Support & Information Centre
CT	Computed Tomography
DATIX	The Trusts Risk Register
DCP	Development Control Plan
DDA	Disability Discrimination Act
DEC	Display Energy Certificates
DH	Department of Health
EBME	Electronic and Biomedical Engineering
EEG	Electroencephalogram
ENT	Ear, Nose and Throat
EPC	Energy Performance Certificate
ERIC	Estates Return Information Collection
ES	Estate Strategy

Abbreviation	Name
EU	European Union
FM	Facilities Management
FSI	(FSI Concept) BSUH Computerised FM and Estates Management System
FT	Foundation Trust
GJ	Giga joule (Unit of Energy)
GP	General Practitioner
GSTT	Guy's and St Thomas
GUM	Genito-Urinary Medicine
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
HPNC	Hurstwood Park Neurological Centre
HQ	Headquarters
HR	Human Resources
IBP	Integrated Business Plan
ICU	Intensive Care Unit
IM&T	Information Management and Technology
ISO	International Standards Organisation
ISS	Provider of Cleaning Services to BSUH
IT	Information Technology
ITU	Intensive Therapy Unit
KPI	key performance Indicator
LEAN	Lean is an improvement approach to improve flow and eliminate waste that was developed by Toyota. It is about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change
LPA	Local Planning Authority
LV	Low Voltage
LZC	Low & Zero Carbon (Solutions)
M&E	Mechanical & Electrical
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MTC	Major Trauma Centre
NEAT	NHS Energy Assessment Tool (superseded by BREEAM)
OMM	Operation and Maintenance Manuals
OPD	Out Patients Department
OPEX	Operational Expenditure
OT	Occupational Therapy

Abbreviation	Name
P21+	Procure 21 Plus (an NHS Procurement Process)
PACS	Picture Archiving & Communications System
PCT	Primary Care Trust
PDA	Personal Digital Assistant
PEAT	Patient Environment Action Team
PFI	Private finance initiative
PGMC	Post Graduate Medical Centre
PICU	Paediatric Intensive Care Unit
PPM	Planned Preventative Maintenance
PPU	Private Patients Unit
PRH	Princess Royal Hospital
RACH	Royal Alexandra Children's Hospital
RAH	Royal Alexandra Hospital (old centre of Brighton site- moved to RSCH 2007)
RSCH	Royal Sussex County Hospital
RTI	Real Time Information
RXH01	BSUH ERIC Site Code for RSCH
RXH06	BSUH ERIC Site Code for RACH
RXH07	BSUH ERIC Site Code for SEH
RXH09	BSUH ERIC Site Code for PRH
SEH	Sussex Eye Hospital
SAC	Surgical Assessment Centre
SAsU	Surgical Assessment Unit
SCBU	Special Care Baby Unit
SCN	The Sussex Cancer Network
SHA SoE	Strategic Health Authority, South of England
SLA	Service Level Agreement
SSD	Sterile Services Department
SUDS	Sustainable Urban Drainage System
SWMP	Site Waste Management Plan
TKT	Thomas Kemp Tower
UCC	Urgent Care Centre
VAS	Value at Stake
UKCRN	United Kingdom Clinical Research Network
VAT	Value Added Tax
WTE	Whole Time Equivalent – unit of measurement (person days)

1 Chapter One - Executive Summary

1.1 Introduction

1.1.1 This document sets out a strategy for the estate utilised by Brighton & Sussex University Hospitals NHS Trust within the planning period 2012-2022. It will be necessary for the Trust to develop, and constantly refine, a set of operational plans for the implementation of this strategy and how this is achieved in practice.

1.2 Structure

1.2.1 The rest of this document is structured as follows:

- The Trust's overall vision for its services and for the estate;
- A description of the existing Estate and the key issues arising therefrom;
- Identification of Key Service Developments;
- The Programme for Investment;
- The development of Estates and Facilities Management Services;
- Sustainability.

1.3 The Trust's Overall Vision

1.3.1 Our vision is to be locally and nationally renowned for delivering safe, high quality and compassionate care and being the regional centre of clinical and academic excellence.

1.3.2 We have established three strategic priorities to make our vision a reality:

- **Best and Safest Care:** We will demonstrate the best and safest care in our District General Hospital services, more specialised and tertiary services, evidenced by regulatory compliance, health outcomes, patient satisfaction and clinical opinion. We will deliver a step change in the level of safety our patients can expect by building on innovations such as the appointment of the first Chief of Safety and the first safety Ombudsman in a UK hospital;
- **Academic Excellence:** We will work with our partner Medical School and the Kent, Surrey and Sussex Postgraduate Deanery to deliver excellent teaching and training of current and future NHS professionals across primary and secondary care. We will treat the most complex clinical cases. We will contribute to medical research in clearly defined areas – currently these are oncology, neurosciences, infectious diseases, ageing and paediatrics;

- **High Performing:** We will deliver national and local standards, and establish stretch targets for best and safest care that match the aspirations of our public and staff. We will support and develop our doctors, nurses, allied health professionals and our managers as natural leaders at every level across the hospital. We will invest in succession planning and attract the best and most able people, where appropriate, of international standing. We will be financially responsible and we will consistently seek productivity and efficiency gains to enable continuing investment.
- 1.3.3 The Trust's Integrated Business Plan 2012/13 – 2016/17 sets out a clear market analysis for the Trust and identifies the key strengths, weaknesses, opportunities and threats for the organisation.
- 1.3.4 This analysis identified a key weakness as being the condition of large parts of the estate not being fit for purpose and the need to take action to address this by:
- Implementation of the 3T (teaching, trauma and tertiary care) programme;
 - Deployment of internally generated capital to address backlog maintenance and statutory compliance;
 - Development of day surgery at the Princess Royal Hospital.
- 1.4 The Existing Estate**
- 1.4.1 We are an acute teaching hospital working across two sites: The Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital, and the Haywards Heath campus includes the Hurstwood Park Centre for Neurosciences.
- 1.4.2 The Trust also operates and provides services from other locations which are not in the direct ownership of the Trust:
- Brighton General Hospital and Hove Polyclinic which are owned by Sussex Community Trust;
 - The Sussex Orthopaedic Treatment Centre, which is leased from NHS Sussex;
 - The Royal Alexandra Children's Hospital which is provided via a Private Finance Initiative with a Special Purpose Company called CAPL;
 - The Park Centre for Breast Care, which is leased from a commercial provider;

- Lewes Victoria Hospital, which is owned by East Sussex Healthcare Trust.

1.4.3 For the Trust Estate as a whole, the current backlog maintenance requirement has been assessed as being £15,764,918 at 2011 prices. This is divided almost evenly between the Brighton and Haywards Heath campuses.

1.4.4 We have also assessed fully the likely deterioration of the estate between 2011/12 and 2021/22. This adds a further £26,021,928 over the period which will need to be addressed to ensure that the estate is maintained appropriately and safely.

A further analysis of each campus is provided below.

1.5 Royal Sussex County Hospital campus, Brighton



- 1.5.1 A fuller description of the estate at the Brighton campus is included in the main Estates Strategy report, but is summarised in Appendix 1 to this document.
- 1.5.2 The age and condition of the estates at the County campus varies greatly. The original Sussex County Hospital building (now known as the Barry Building) was completed in 1828 and the most recent, The Royal Alexandra Children's Hospital, was completed in 2007.
- 1.5.3 The current backlog maintenance across the Royal Sussex County Hospital campus stands at £9,257,390 (excluding VAT, professional fees and contingency) which will need to be expended in the design of the various projects to address the backlog maintenance issues.
- 1.5.4 The surveys undertaken across the site have also identified those areas of the building fabric and mechanical and electrical installations which will also need to be addressed over the period of this Estates Strategy. This takes into account those items of the building or engineering infrastructure which will deteriorate from their current acceptable condition to a worse condition over this period.

- 1.5.5 These items have been valued at £15,924,437 over the period to 2021/22 and also exclude VAT, professional fees and contingency.
- 1.5.6 Hence, the total investment required to address all elements of backlog maintenance and statutory compliance at the RSCH campus over the period covered by this Estates Strategy is £25,181,827 (excluding VAT, fees and contingency).
- 1.5.7 The Trust has continued to invest in the operational estate and this is reflected in the fact that the high risk backlog at the RSCH campus is relatively low at £271,550. However, careful attention must be paid to the other categories of backlog maintenance to ensure that they do not become high risk.
- 1.5.8 Statutory compliance at the RSCH can never be considered to be acceptable until the Trust is fully compliant. The main area of risk relates to fire compliance.
- 1.5.9 With regard to the condition of the estate, the majority of the estate is at a satisfactory condition (Condition “B”) but the Sussex Eye Hospital is rated as Condition “D” which is unacceptable.

1.6 Princess Royal Hospital Campus, Haywards Heath



- 1.6.1 The main block at Princess Royal Hospital (PRH) was completed in 1992.
- 1.6.2 The current backlog maintenance across the Princess Royal Hospital campus stands at £6,507,528 (excluding VAT, professional fees and contingency) which will need to be expended in the design of the various projects to address the backlog maintenance issues.
- 1.6.3 The surveys undertaken across the site have also identified those areas of the building fabric and mechanical and electrical installations which will also need to be addressed over the period of this Estates Strategy. This takes into account those items of the building or engineering infrastructure which will deteriorate from their current acceptable condition to a worse condition over this period.
- 1.6.4 These items have been valued at £10,097,491 over the period to 2021/22 and also exclude VAT, professional fees and contingency.
- 1.6.5 High risk backlog maintenance is £319,800 and statutory compliance stands at £980,656.
- 1.6.6 The condition of the estate is generally good, with over 80% being rated as satisfactory (Condition “B”), with only the Beechmont building being rated as Condition “D”.

1.7 **Key Service Developments**

1.7.1 As set out in section 5 of the Integrated Business Plan, there are a number of key service developments to be implemented which will have an effect on the estate:

1.7.2 **The 3Ts Programme**

1.7.2.1 This proposes a major, £420m, redevelopment of the RSCH campus to improve facilities for secondary care, create the opportunity to transfer the Hurstwood Park Centre for Neurosciences to Brighton, provides bespoke facilities for the Major Trauma Centre, expands the Sussex Cancer Centre and provides facilities for teaching and research.

1.7.2.2 The Outline Business Case for the development has received Board of Director approval, is supported by our commissioners (and all other providers in Sussex) and has also been approved by the Strategic Health Authority. The OBC is currently being considered by the Department of Health and HM Treasury.

1.7.2.3 The development has also received full planning consent from Brighton & Hove City Council, based on the image below:



- 1.7.2.4 The 3Ts Programme is expected to commence in 2012/13, with works to decant existing services into temporary accommodation, and the St Mary's site, to enable the construction of the main facility.
- 1.7.2.5 The first stage of the development, which will replace the secondary care facilities in the Barry Building, relocate Neurosciences and expand the facilities for the Major Trauma Centre as well as provide a helipad on the existing Thomas Kemp Tower will commence in late 2013 and be complete in 2017.
- 1.7.2.6 The second stage of development, to provide an expanded Sussex Cancer Centre and facilities for teaching and research will be complete in 2020.
- 1.7.2.7 The third stage, which will provide a logistics centre for the campus will be complete in 2021.
- 1.7.2.8 The effect of the implementation of 3Ts will have a transformational effect on the RSCH campus, providing modern fit for purpose accommodation and provide patient and staff links across the campus at various levels. It will also almost double the amount of clinical accommodation on the site.
- 1.7.2.9 As part of the decanting arrangements, we will also refurbish the recently acquired St. Mary's Hall School as the administrative hub for the hospital at a cost of just under £10m. A Full Business Case for this investment, which also provides the opportunity for rationalisation of the existing estate, has been approved by the Board of Directors and is currently being considered by the Strategic Health Authority.

1.7.3 Third Cardiac Theatre

- 1.7.3.1 A third cardiac theatre is to be provided at the RSCH campus, allowing the Sussex Cardiac Centre to provide facilities to treat many of the patients who currently travel into London. This investment of £7m has been approved by the Board of Directors and the Strategic Health Authority.

1.7.4 Major Trauma Centre

- 1.7.4.1 In line with national policy, the hospital has been established as a Major Trauma Centre as of 1 April 2012. A Full Business Case has been approved by the Strategic Health Authority to provide an interim solution for the infrastructure required in advance of the 3Ts development being completed and work is underway to implement this:

- Installation of a CT scanner at the entrance to the Emergency Department;

- Creation of an interim, dedicated Polytrauma Theatre;
- Interventional radiology capability;

1.7.4.2 Remodelling of the resuscitation and major treatment areas to improve patient flow. All works will be complete by April 2013, with the CT scanner operational in September 2012 and the theatre and IR capability in place by December 2012.

1.7.5 Day Surgery at PRH

1.7.5.1 In order to facilitate the reorganisation of theatre capacity at the RSCH and to strengthen the role of the PRH as the hospital's elective service, it is proposed to construct a new day surgery facility at the Princess Royal with two theatres and associated recovery and ward facilities. This will be of modular construction and will be in place by March 2013. A Full Business Case for this projected £2.9m development has been approved by the Board of Directors.

1.7.6 Macmillan Cancer Information Centre

1.7.6.1 We have entered into an arrangement with Macmillan Cancer Support and the Sussex Cancer Charity to provide a Cancer Information Centre on the site of Rosaz House and Cottage. The Trust will provide a long lease to the charities for the site who will in turn fund and build the new facility. Work is expected to commence in the Autumn of 2012, with completion in mid 2014.

1.8 Programme for Investment

1.8.1 Brighton Campus

1.8.1.1 The service developments outlined above form the heart of an ambitious programme of major service and facility development.

1.8.1.2 In particular, the 3Ts Programme will have a major impact on the condition and suitability of the estate at the RSCH site and provides an opportunity, alongside the decanting arrangements which are a necessary preparation for this for rationalisation of the estate from peripheral properties around the RSCH campus into St. Mary's Hall, focusing the hospital's activities on the RSCH site and St. Mary's Hall.

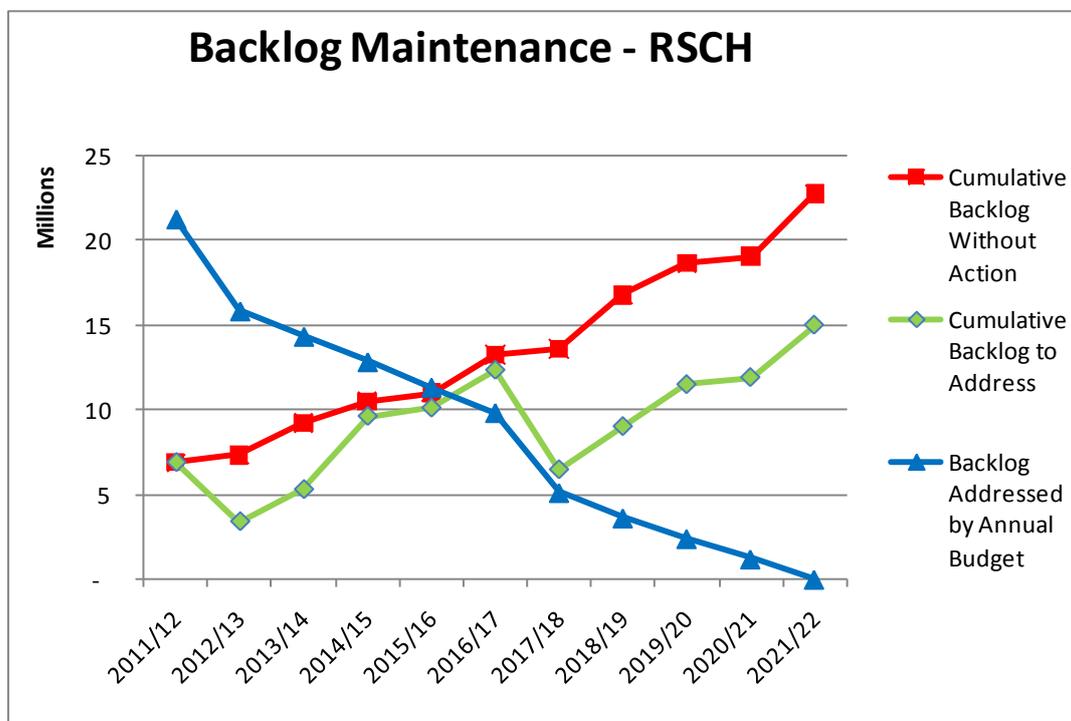
1.8.1.3 The 3Ts Programme and the development of the Macmillan Cancer Centre plus other planned estate rationalisations remove or refurbish a number of buildings on the RSCH campus. This occurs in three key phases:

Year	Buildings to be Removed	Building to be Refurbished
2013/14	Nuclear Medicine	St. Mary's Hall site
	Jubilee	ENT
	Latilla & Railli	
	Trust HQ	
	Rosaz House	
	Rosaz Cottage	
	Estates, EBME	
	Southpoint	
	Dorothy Robinson & Resus Portacabins	
2017/18	Barry Building	
	Fracture Clinic	
	ENT	
	Data Centre	
2020/21	Sussex Cancer Centre	
	CIRU	

1.8.1.4 This has an impact on the Trust's backlog maintenance which was described above, as follows:

Year	Backlog	Cumulative Backlog without action	Backlog Removed by 3Ts	Projected Cumulative Backlog to Address
2011/12	9,257,390	9,257,390		9,257,390
2012/13	429,487	9,686,877		9,686,877
2013/14	1,898,857	11,585,734	3,928,763	7,656,971
2014/15	1,292,627	12,878,361		8,949,598
2015/16	492,107	13,370,468		9,441,705
2016/17	2,240,169	15,610,637		11,681,874
2017/18	369,620	15,980,257	3,219,811	8,831,683
2018/19	3,163,975	19,144,232		11,995,658
2019/20	1,873,424	21,017,656		13,869,082
2020/21	418,403	21,436,059	2,413,568	11,873,917
2021/22	3,745,768	25,181,827	608,266	15,011,419

- 1.8.1.5 For the RSCH site, this translates as a requirement to allocate, broadly, £1.5m per year (at net present values) over the period to ensure that backlog maintenance is managed effectively.



- 1.8.1.6 The key areas to be addressed outside the 3Ts programme and other peripheral investments are (in order of magnitude):

Block	Value £	% of Cumulative Backlog to Address	Cumulative %
Thomas Kemp Tower	4,046,334	27	27
Sussex Kidney Unit	2,076,795	14	41
A Block Millennium Wing	2,003,162	13	54
B Block Pathology, A&E	1,492,727	10	64
Sussex Eye Hospital	1,441,873	10	74
Sussex House	1,089,003	7	81
AEB	769,536	5	86
Other	2,092,019	14	100
Total	15,011,419		

1.8.1.7 This analysis suggest that over 80% of the current and prospective backlog maintenance at the RSCH site can be addressed through investment in 7 key areas as shown above.

1.8.1.8 The main key areas for attention in the Thomas Kemp Tower relate to the mechanical and electrical engineering services – such as electrical distribution systems and air handling units which are nearing the end of their useful lives.

1.8.2 Haywards Heath Campus

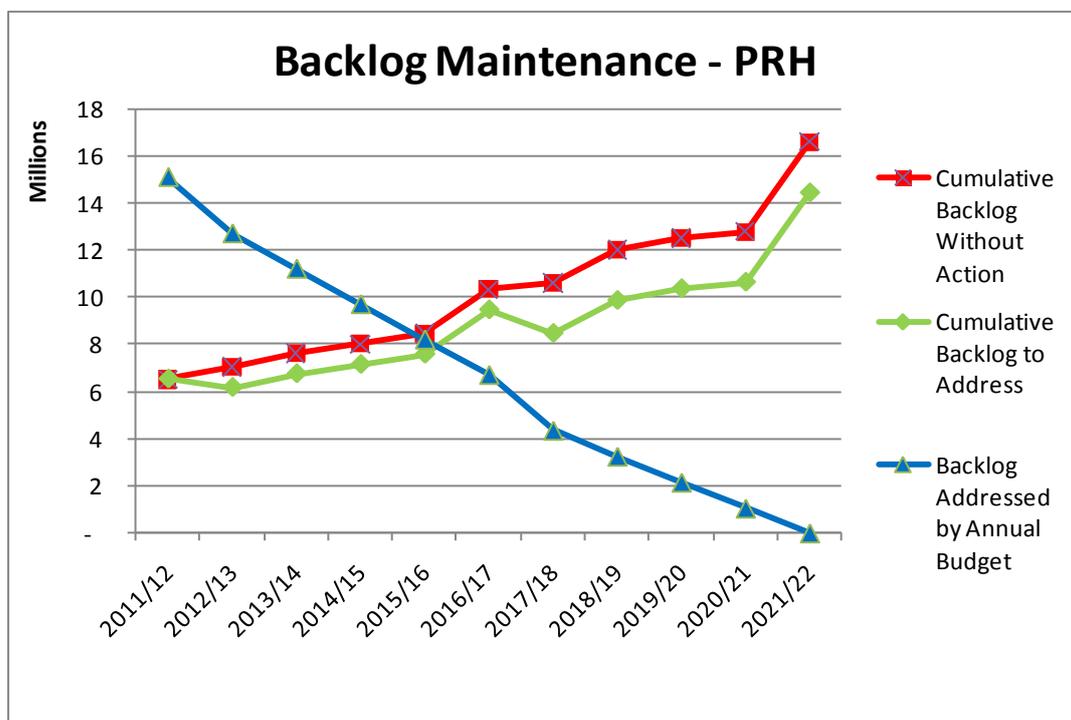
1.8.2.1 Similarly, there are buildings which are currently planned to be removed as part of the 3Ts development, planned service developments or planned estate rationalisation. The current planned developments are:

Year	Buildings to be Removed	Building to be Refurbished
2012/13	Beechmont	
2017/18	Hurstwood Park	

1.8.2.2 This translates into a year on year backlog maintenance requirement as follows:

Year	Backlog	Cumulative Backlog without action	Backlog Removed	Projected Cumulative Backlog to Address
2011/12	6,507,528	6,507,528		6,507,528
2012/13	528,014	7,035,542	889,478	6,146,064
2013/14	585,610	7,621,152		6,731,674
2014/15	396,334	8,017,486		7,101,008
2015/16	435,522	8,453,008		7,536,530
2016/17	1,892,885	10,345,893		9,429,415
2017/18	261,816	10,607,709	1,266,330	8,464,901
2018/19	1,405,796	12,013,505		9,870,697
2019/20	502,710	12,516,215		10,373,407
2020/21	275,900	12,792,115		10,649,307
2021/22	3,812,904	16,605,019		14,462,211

- 1.8.2.3 For the PRH site, this translates as a requirement to allocate, broadly, £1.5m per year (at net present values) over the period to ensure that backlog maintenance is managed effectively.



- 1.8.2.4 The key areas which will require attention over this period are, and which are not removed under existing development proposals:

Block	Value	% of Cumulative Backlog to Address	Cumulative %
PRH Main Block	10,937,539	76	76
Central Boiler House	1,548,400	11	87
Other	1,976,272	13	100
Total	£14,462,211		

- 1.8.2.5 This analysis suggest that over 80% of the current and prospective backlog maintenance at the PRH site can be addressed through investment in two key areas as shown above.

1.9 **PRH Main Block**

1.9.1 The surveys found that the general structure and foundations are sound. At high level, the key areas for investment are:

- Replacement of the windows on the glazed link corridor (£1,076,960 – do now);
- Replacement of other windows (£1,116,600 – start before 2020);
- Drainage pipework (£700,000 – falls due in 2016-18);
- Drainage pipework to macerators (£250,000 – do now);
- Incoming electrical supply (£500,000 – do now);
- Air Handling Units (£540,000 – falls due in 2021).

1.9.2 The remainder of the current and projected backlog represent a variety of smaller items such as flooring, internal redecoration, replacement of lifts which will need to be programmed throughout the planning period.

1.10 **Operational Capital**

1.10.1 The Trust also generates its own internal resources through depreciation of existing assets for investment in the estate. This latter source of funding is currently just under £20m per annum and is allocated broadly to the following categories:

Category	Amount (£'m)
Medical Equipment Replacement	5
IM&T	5
Estates/Backlog	5
Other Service Developments	5
Total	20

1.10.2 As noted above, to address the issue of backlog maintenance over the period around £30m of investment will be required (excluding fees, contingency and VAT). The resources available over the same period will be in the order of £50m which provides some headroom.

1.10.3 The investment required for backlog and lifecycle maintenance identified by the 6 facet surveys have been separated into the following categories for both campuses:

- External fabric

- Internal fabric
- External works & drainage
- HVAC (Engineering) & lifts
- Main Plant
- Electrical & telecoms

1.10.3.1 An investment schedule has been prepared for each of these categories showing the amount per campus year on year required through the ten year period, from which implementation plans will be prepared for collective projects. The schedules are included in the Appendices to this document.

1.10.4 The implementation of the 3Ts Programme through public capital will increase the amount of internally generated capital through depreciation during the construction period and in the operational phase of those assets.

1.11 **Risk Management**

1.11.1 The following risk management strategy is used by the Estates and Facilities Team. It provides a comprehensive risk assessment and control framework for the department which focuses on the following.

- Risks which impact on the delivery of clinical services (e.g. water ingress/trips/falls)
- Risks associated with the delivery of capital schemes (e.g. cost and time overrun)
- Risks which threaten the business continuity of BSUH (e.g. reputational/public health)

1.11.2 The resulting Risk Register is monitored by estates officers on an individual basis and the whole team on a quarterly basis. In this way the Department maintains collective oversight of the risks across the Estate, and can share expertise on the management and mitigation of these risks. Officers are notified of risks by staff across the Trust, and have become accustomed to judging the level of risk, and the appropriate mechanisms for reporting these from departmental through to Board level.

1.11.3 Significant unresolved risks are then transferred to the online BSUH Trust risk register (DATIX) by team members. This provides a relationship with the Trust risk strategy, governance arrangements and assurance framework. BSUH Trust

register is linked via the Trust annual plan and assurance framework to the Trusts aims and objectives.

1.11.4 This is supported by a framework of internal assurance e.g. Governance & Risk committee and external assurance e.g. South Coast Audit, Audit Commission, NHS litigation Authority Risk Management Standards. This assurance framework informs the Trust's annual 'Statement of Internal Control' signed by the Chief Executive and forms the basis of the Trust annual report.

1.11.5 There is therefore an interactive top-down process involving the Department in identifying and assessing the most significant risks to the Estate. These can range from operational risks which threaten the fabric of the buildings and could affect clinical services (e.g. water ingress) though to business continuity risks such as the threat of contamination.

1.11.6 Where possible an assessment of the costs of these risks is made, which has been fed into BSUH business cases for Operational Capital on a number of occasions during 2011/2012.

1.11.7 Current risks have been reviewed to confirm:

- The likelihood of the risk occurring;
- The potential impact;
- The risk implications, including potential costs.

1.11.8 The probability multiplied by the impact score enables risks to be rated as either low, moderate, significant or high as shown in the table below

1.11.9 Categorising of Risk

		Likelihood				
		Highly likely (5)	Likely (4)	Fairly likely (3)	Unlikely (2)	Very/ extremely unlikely (1)
		Over 95%	50-95%	21-49%	2-20%	Up to 2%
Impact	Disastrous (5)	H	H	H	S	M
	Severe (4)	H	H	S	S	M
	Large (3)	H	S	S	M	L
	Marginal (2)	S	S	M	M	L
	Negligible (1)	M	M	L	L	L

Impact Description	Scenario	Guide Cost % of Project	Guide Time % of Programme
Disastrous (5)	Business investment could not be sustained, project at risk	> 2	> 5
Severe (4)	Serious threat to project	1 – 2	2 - 5
Large (3)	Reduces viability significantly	0.5-1	1 - 2
Marginal (2)	Small effect on viability	0.1-0.5	0.5-1
Negligible (1)	Trivial effect on viability	< 0.1	< 0.5

Risk Rating	
Low Risk	1 - 3
Moderate Risk	4 - 6
Significant Risk	8 - 12
High Risk	15 - 25

1.11.10 The risks are monitored on a monthly basis at individual officer level, and then checked by the Estates Department risk sub group which includes the Operational Director of E&F, the Head of Estates, and other officers as required. This group assesses current risks and mitigations and maintains the risk register held on Datix.

1.11.11 The current risks outstanding within Estates and Facilities directorate categorised to the risk ratings stated above are as follows:

Total Number of Open risks		68		
Net Severity				%
Low	1 to 3	Green	1	1.5
Moderate	4 to 8	Yellow	20	29
Significant	8 to 12	Orange	38	56
High	15 to 25	Red	9	13.5

1.11.12 The table illustrates that 13.5% of outstanding risks are rated as high and 85% rated as significant and moderate.

1.11.13 A detailed schedule of outstanding risks is included in Volume 3 of this document.

1.12 The Development of Estates and Facilities Services

1.12.1 Estates and Facilities services are currently delivered via a combination of in-house and outsourced provision. The overall service is led at Executive Director level by the Chief Operating Officer.

1.12.2 Estates Services

1.12.2.1 Estates services (planned and reactive maintenance) are provided in-house and are supported by external service contracts. The cost of estates maintenance services are lower than the average comparator costs by around 10%. This is not expected to change in comparative terms as further cost improvements are applied to the estates service function over the period covered by this strategy.

1.12.2.2 The main change for this service will come as the staged redevelopment of 3Ts is completed. This will require an increase, in absolute terms, of estates maintenance personnel but it is expected that the comparative costs will remain broadly in line with the existing service profile.

1.12.2.3 It is intended that estates services will remain in-house to more effectively manage the risk of the transition to the 3Ts development at the RSCH in particular.

1.12.3 Facilities Management Services

1.12.3.1 Facilities Management services are mainly out-sourced across the hospital as follows:

- Catering, portering and domestic services are provided at the RSCH campus by ISS Mediclean;
- Catering and domestic services in the Audrey Emerton Building are provided by Initial Healthcare;
- Catering and portering services are provided at the PRH campus by Sodexo Healthcare;
- Linen and laundry services are provided by Sunlight.

- 1.12.4 The following are provided in-house:
- Security;
 - Switchboard;
 - Domestic services at PRH.
- 1.12.5 The outsourced contracts are all due for renewal in 2012 and the Trust has recently completed a retendering process through the OJEC Restricted Procedure to identify a partner for soft FM services from December 2012. The contract will be for five years with an option to extend for a further two years.
- 1.12.6 The new FM contract will also include domestic services at PRH. Security and switchboard will remain in-house currently, but service provision will be kept under review.
- 1.12.7 With regards to overall costs:
- Cleaning of the hospital per m2 is just above the peer group average, as is portering and catering;
 - Waste disposal and linen services are just below the peer group average;
 - Switchboard services are in excess of the peer group average (as the hospital maintains two staffed switchboards currently);
 - Security is in excess of the peer group average. This reflects the nature of the service (which also includes management and security of car parks), the fragmented nature of the RSCH site and the high observed levels of violence on staff, by patients, which require a security presence.
- 1.12.8 It is a fundamental part of the Trust's procurement strategy for a new Trust-wide service provider that the new provider will demonstrate how it can work in partnership with the Trust to maintain the quality standards which have been achieved and reduce overall costs in line with the cost improvement programmes across the Trust.
- 1.12.9 This will be a significant challenge for FM providers who have, for the last ten years, become accustomed to increases in contract value in line with the Retail Price Index.

1.13 **Sustainability**

1.13.1 Sustainability covers the following areas of interest:

- Carbon Emissions (and energy);
- Waste;
- Water;
- Travel and transport.

1.14 **Carbon Emissions and Energy**

1.14.1 In 2010, the Trust was accepted into the public sector Carbon Management Programme to work with the Carbon Trust to develop a Carbon Management Plan (CMP). The Plan covers the period to 2015/16.

1.14.2 The CMP was presented to, and approved by, the Board of Directors in February 2011. The overall objective was, in line with Government Policy, to reduce carbon emissions by 25% by 2015 from 2008/9 levels. The Trust's Plan seeks to exceed this and reasonable progress has been made to date. The outputs of the first year of implementation of the CMP is due in late April 2012 when it will be possible to quantify the progress made and the trajectory towards the target reduction.

1.14.3 The most significant impact on carbon emissions and energy consumption for the RSCH campus will be the installation of a new energy centre as part of the 3Ts development. This will be a modern combined chilling, heat and power (CCHP) facility and will not only service the new development, but will also be extended to the residual estate. This will be the largest energy retrofit in Brighton and will greatly improve efficiency and effectiveness and will reduce carbon emissions by at least 30% against existing.

1.14.4 The 3Ts development will also be one of the most energy efficient developments in the NHS, with a projected energy consumption of 38-45 GJ/100m³/annum. The target range for new developments is 35-55 GJ/100m³/annum. Further work will be undertaken to identify additional measures to reduce the target range further.

1.14.5 In addition to 3Ts, a feasibility study has been undertaken to engage an external strategic partner, selected via OJEU tender, to design and implement a comprehensive package of measures to tackle many related Estates issues across the remainder of the estate of both campuses, including risk, backlog

maintenance, energy reduction and compliance. The project transfers accountability for delivery to the external partner. The provision of full project financing and a performance guarantee effectively enables future revenue savings to be capitalised as an up-front investment with no upfront capital required from the Trust. The project development phase will commence once a contractor is appointed and could take up to 6 months. This phase of the project is critical as it evaluates all the possible energy savings options and designs the works required. The completed project provides a guaranteed level of savings once the capital works are completed. The works are expected to take about 18 months to deliver at a capital cost in the order of £6.5m. Energy consumption and carbon emissions will be reduced by around 24%, saving approximately £600k per annum in utility costs. Approximately £1m of backlog maintenance costs will also be addressed. The OJEU process to engage an external partner is underway and the project is expected to commence on site in mid 2013.

1.14.6 Waste

- 1.14.6.1 Emissions from waste have dropped by 56% in 3 years. This is due to more recycling and better segregation of clinical/non-clinical waste.

1.14.7 Water

- 1.14.7.1 Water accounts for a very small element of the hospital's carbon footprint. Reduction measures are addressed during refurbishments and new developments, but overall these have had little impact on total consumption.

1.14.8 Travel

- 1.14.8.1 The hospital a green travel plan "Healthy Transport" which endeavours through a number of schemes, to minimise the impact of staff and patient transport and reduce associated carbon emissions. The 40x inter-site bus service alone currently caters for 14,000 staff and 500 patient journeys each month. There has been a drop in emissions of 8% over 3 years.
- 1.14.8.2 Further work to develop alternatives to car use for patients, visitors and staff will be undertaken as part of the Trust's legal duties under the agreed Section 106 Planning Agreement for the 3Ts development.

1.15 Conclusions

1.15.1 Where are we now?

Where we are now? – Summary

- The Trust's current Estate Key Performance Indicators are as follows:
- Physical condition. The majority of the Estate is classed as satisfactory, but 13% of the Brighton campus and 6% of the Hayward's Heath campus classed as poor.
- Backlog maintenance. The total backlog maintenance cost is £15.7m, of which £9.3m is for high and significant risks (2011 figures).
- Functional suitability. 47% of the Estate is satisfactory and 41% is not satisfactory with major changes needed.
- Space utilisation. 29% of the Trust's occupied floor area is assessed as either overcrowded (12%), underutilised (11%) or empty (6%). The remainder is assessed as fully utilised.
- Environmental management. Procurement performance, water consumption, waste management and transport management are all rated as satisfactory. Energy performance is rated as not satisfactory;
- Facilities management benchmarking. Services are assessed to be good value for money in relation to the services provided.

1.15.2 Where do we want to be?

Where do we want to be? – Summary

The Trust Estates Strategy sets the following targets in support of the Trust's strategic and clinical objectives:

- Elimination of all high and medium risk backlog maintenance by 2022;
- Improvement of space utilisation so that by 2022 at least 95% of floor area is in Estatecode category F – a satisfactory level of utilisation;
- Improvement of functional suitability of the estate so that by 2022 at least 90% of floor area is in Estatecode categories A (very satisfactory, no change needed) or B (satisfactory, minor change needed);
- Improvement of overall energy performance to 55GJ/100m³ by 2015;
- Improvement in the Trust's income-to-asset value ratio to 1:1.2 by 2022;
- Delivery of the strategic development objectives and 3Ts redevelopment programme.

1.15.3 How do we get there?

How do we get there? –Summary

The estate priorities to support delivery of the Trust's strategic and clinical objectives are to:

- Deliver the 3Ts redevelopment programme.
- Develop an ongoing Estate Rationalisation Plan to optimise the Trust's property portfolio for service delivery;
- Continue to reduce backlog maintenance through major and minor investment in the capital stock;
- Continue delivery of the energy management programme to improve performance;
- Carry out surveys and set up system to effectively manage space and establish a space management data base;
- Co-ordinate current information in respect of compliance with Health and Safety legislation relating to buildings and develop an action plan to ensure full compliance;
- Complete a review of residential accommodation and agree a strategy and action plan for future provision;
- Continue with staff development of the Estates maintenance staff to optimise delivery of estate services;
- Re-tender soft FM services in 2012.
- Continue to implement the Carbon Management Plan;
- Update the Green Travel Plan.

1.16 **Next Steps**

1.16.1 The analysis undertaken on the condition of the estate identifies which elements require replacement and when these works should be undertaken. The key next step is to develop an operational plan for undertaking these alongside the resources available and the hospital's internal governance processes.

1.17 **6 Facet Survey Dashboards**

1.17.1 Brighton campus dashboard

1.17.2 Haywards Heath campus Dashboard