

BETTER TOGETHER



**Royal Devon
University Healthcare**
NHS Foundation Trust



Estate and Facilities Management Strategy

July 2023

Foreword

We have set out a clear set of ambitions for delivering the right estates and management of our facilities over the next five years. We aim to make our buildings and services work for both patients and staff to deliver the best experience possible.

The Trust's Better Together strategy provides a clear overall direction with a clinical strategy which underpins that direction. Estates and facilities management are identified as key enablers of these Trust strategies and this strategy sets out how we will use our estate to support the delivery of the Trust's ambitions for our communities.

This estate and facilities management strategy is grounded in our core objectives of delivering care safely in the right setting and with the right environment to support patients and staff. It is an exciting time as the New Hospital Programme has reconfirmed commitment to redevelop our core acute estate in Barnstaple, North Devon through Our Future hospital (OFH), but given the critical interdependence of our acute sites and the many joint service models being developed, we need a clear plan for all of our acute sites.

This strategy sets out how we will develop that plan, clearly based around our clinical strategy and core Trust objectives. We will continue to maintain our estates within the finances available, prioritising and managing any risks.

“Our patients will be cared for in a safe, sustainable, flexible, modern, dynamic, inclusive & accessible environment.”

Zahara Hyde

Interim Director Estates & Facilities
Our Future Hospital Programme Director

Contents

Foreword.....	1
Executive Summary	2
Introduction	6
Where is the Trust Now?	14
Where the Trust wants to be.....	30
How the Trust will get there.....	39
Investing in the Future.....	50
Sustainability: Achieving Net Zero.....	52
Measuring the Success of the Estate Strategy.....	57
Roadmap and Implementation Plan.....	59

Appendices included in a separate document:

Appendix 1 - List of all the Trust's estate

Appendix 2 – Capital project pipeline

Appendix 3 - Mitigation plans of the key risks should there be further delays in the delivery of the OFH plans.

Appendix 4 – Potential timeline for the development of each site

Appendix 5 – Five facet and six facet survey summaries

1 Executive Summary

Our patients will be cared for in a safe, sustainable, flexible, modern, dynamic, inclusive & accessible environment

Our aim is to support delivery of the Better Together objectives by developing, delivering and operating estate that is fit for purpose - now and in the future - utilising our resources to deliver best value and maximum benefit for our patients and staff.

The Trust's estate and facilities management strategy (henceforth referred to as the estate strategy) is identified as one of the enabling strategies to transform services as part of the Better Together ambition and four C A R E strategic objectives: Collaboration & partnerships; A great place to work; Recovering for the future; and Excellence and innovation in patient care.

The strategy identifies where we are now, where we want to be, and how we will get there. This has led to the development of four objectives of this estate strategy:

- **Site redevelopment enabling future model of care delivery**
- **Optimally utilising estate**
- **Safe and compliant estate**
- **Sustainability in building and estates management**

It is designed to support the overall Trust strategy and in particular the clinical strategy, which sets out the service transformation ambitions, including the new models of care being implemented.

Where are we now?

Whilst the short-term focus is to ensure that the estate remains safe for the delivery of services for staff, patients and visitors, the Trust will continue to pursue its long-term requirement to address the most pressing and high-risk estates backlog maintenance issues.

Our estate ranges in age and in some cases faces significant condition challenges, as outlined below:

£m	Wonford	Heavitree	Mardon	NDDH	Community	Total
Total current backlog*	162.4	15.1	1.3	85.0	12.3	276.1
Impending backlog* (years 1-5)	32.1	3.9	1.0	50.1	10.3	97.4

The impending backlog, which also reflects the more significant risk, is proportionately higher for NDDH than any of the other estate. However, equally important to future care delivery is the

functional suitability of space and almost half of our estate in some cases is not appropriate for current services required.

Our facilities management services are less immediately challenged, but there remains an opportunity to draw on the experiences of both models of delivery – in-house delivery and out-sourced to a specialist supplier.

Where do we want to be?

There is a need to manage the Trust's space differently in the future to drive greater efficiencies from the estate and to ensure it is truly sustainable. The estate must be flexible, so it can meet the Trust's changing needs as the delivery of healthcare evolves. However, key areas of development identified in the strategy include:

- For the northern site the Our Future Hospital development is part of the New Hospital Programme, which will allow the redesign of how services are provided across the site. This programme has been delayed and whilst during the period of this strategy the business cases are hoped to be developed, mitigation strategies have been developed to manage the impact of any further slippage.
- A number of developments have been identified for eastern sites however a masterplan is needed to ensure that dependencies are identified and that the developments are part of a coordinated plan. These developments are likely to be brought forward when funding is available, but the strategy allows the Trust to respond quickly to opportunities.
- The future use of the community hospitals will be reviewed in conjunction with the ICB system review with a focus on optimising use of space by key patient-facing areas and driving efficiency with a different approach depending on the ownership of the facilities.
- The estate strategy has an important part to play in meeting the sustainability targets that the Trust has set and this strategy will support that through all new buildings and major refurbishment projects, complying with the new NHS Net Zero Building Standard with a focus on whole-life net zero carbon and all refurbishments will be either net-zero or future proofed for net-zero.
- The facilities management service is currently delivered through a hybrid model with different approaches across the northern and eastern sites. A review of the options for the best future model of delivery across the Trust will be carried out.
- Non-clinical administration will look to be moved off-site where possible; or in purpose-built on-site facilities with common space utilisation policy. There are plans on both northern and eastern sites for the re-provision of the residences and key worker accommodation to bring them up to the required standards and support the Trusts recruitment and retention. This is in addition to improved support for health and wellbeing through dedicated staff relaxation and rest facilities along with a review of staff support services (inc. nursery), to support the principle of equity of facilities across the sites

How are we going to get there?

Progressing the various project business cases will require working collaboratively with clinical and operational teams alongside digital and estates colleagues with finance and workforce support. Identifying potential funding sources will be critical to the successful delivery, and having a clear plan should support the Trust case. Core to sustainable delivery is aligning to our green plans by developing and delivering decarbonisation at scale through reducing fossil fuel use and ensuring any new capital builds adhere to net zero carbon standards.

In summary

The delivery of this 5 year estate strategy will provide the physical infrastructure, and facilities management service delivery framework, with which the Trust can ensure the delivery of sustainable services into the future, whilst addressing the backlog maintenance challenges of the current estate.

2 Introduction

This estate strategy is aligned to our Trust Better Together strategy. It has been developed alongside the suite of enabling strategies to ensure there is a shared vision and joined up approach to meeting the future requirements of delivering care.

Background

The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, the Trust has a workforce of over 15,000 staff, making it the largest employer in Devon.

The Trust's core services, which are provided for more than 615,000 people, cover more than 2,000 square miles across Devon, while some specialist services cover the whole of the peninsula, extending the Trust's reach as far as Cornwall and the Isles of Scilly.

The Trust delivers a wide range of emergency, specialist and general medical services, mainly through North Devon District Hospital and the Royal Devon and Exeter Hospital (Wonford) as well as the elective Exeter Heavitree site (shown on the map below).



Alongside the main acute hospitals, the Trust provides integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. The Trust also offers primary care services, a range of specialist community services, and a Devon-wide Sexual Assault Referral Centre service (SARC).

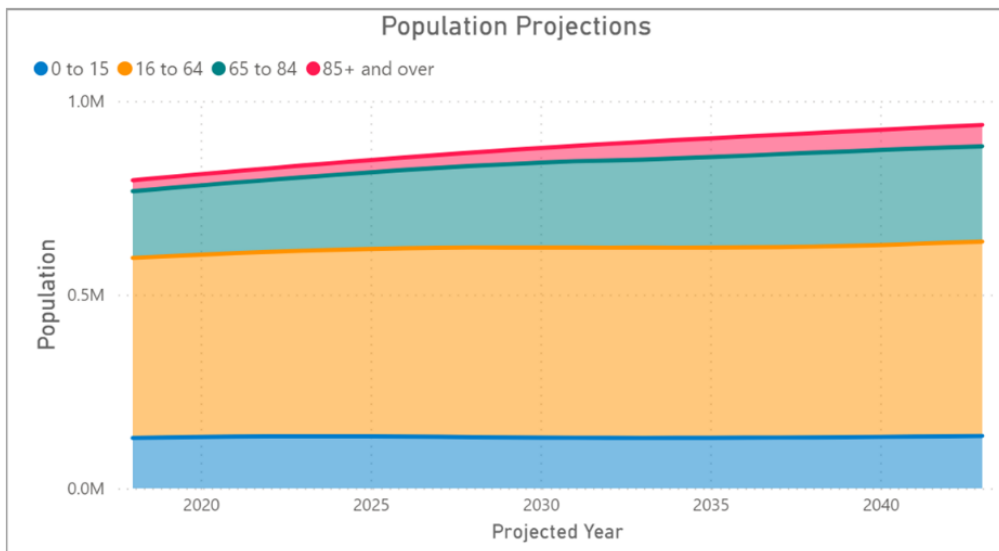
The current estate faces a number of challenges including capacity limitations, and rising backlog costs.

There are a number of external factors that will impact the provision of healthcare services and these can be summarised as growing numbers of people, an increasingly aged population with rising disease prevalence, alongside varying degrees of deprivation. This is alongside a system-wide funding challenge and the need to tackle the creation of our future workforce.

The Local Population

The growth of the population is influenced by longer life expectancy, internal migration and increases in new developments across the county. The population is projected to increase from 814,000 in 2023 to 858,100 in 2033 (5.4% growth over ten years).

One of the recent drivers of growth is that people are choosing to relocate out of major cities where they can work remotely and / or retire in Devon. Non-demographic growth is anticipated to have a significant impact with an ageing population living longer with more co-morbidities.



Source: Devon Joint Strategic Needs Assessment 2021

The growing, ageing population and increasing life expectancy will have an impact on the local health system and the Trust. It is estimated that by 2031, the proportion of over 65s is expected to increase in Devon to almost 30%. Nationally, the proportion of over 65s is not expected to reach 25% until 2048.

The estate strategy supports the wider Trust clinical strategy both in terms of providing appropriate acute accommodation for patients as well as supporting care in community settings away from the acute sites.

In summary, this strategy aims to address the impact of the following changes:

- Population
- Climate
- Workforce
- Money
- Clinical and digital transformation

The estate strategy is driven by the vision of “building a sustainable future” and sets out a framework for how the estate will be managed and developed for the next five years.

It is designed to support the overall Trust Better Together Strategy and to align with and support delivery of all of the Trust strategies that together deliver on the Trust ambition.

There is a need to manage the Trust’s space differently to drive greater efficiencies from the estate, delivering best value and ensuring it is truly sustainable. The estate must be flexible, so it can meet the organisation’s changing needs as the delivery of healthcare evolves.

Services are currently delivered from a wide range of facilities across the area, either directly owned or fully or partially leased from other parties.

These facilities range in age, condition and suitability and this strategy describes the approach for the development of a clear building management / property leasing strategy to support the best use of buildings. The Trust will ensure it has effective facilities management to support the day-to-day operations, meeting the needs of both patients and staff.

The approach to the strategy is reflected in our vision, mission and objectives that we have developed:

Vision

Our patients will be cared for in a safe, sustainable, flexible, modern, dynamic, inclusive & accessible environment.

Mission

Our aim is to support delivery of the Better Together objectives by developing, delivering and operating estate that is fit for purpose, now and in the future utilising our resources to deliver best value and maximum impact for our patients and staff.

Objectives

The vision and mission are underpinned by four key objectives:

- Site redevelopment enabling future model of care delivery
- Optimally utilising estate
- Safe and compliant estate
- Sustainability in building and estates management

Strategic priorities

- Acute re-development
 - Deliver Our Future Hospital – Northern: enabling works; OBC/FBC
 - Develop eastern site master-plans to inform future development
 - Create the pipeline of capital development projects linked to clinical strategy roadmap
- Prioritise appropriate staff accommodation (OFH Phase 1/Key worker housing)
- Develop and deliver community estates optimisation plan
- Implement non-clinical space utilisation and management
- Develop clear building and property leasing / management strategy
- Evaluate future Facility Management approach
- Develop energy strategy and de-carbonisation plan to 2030

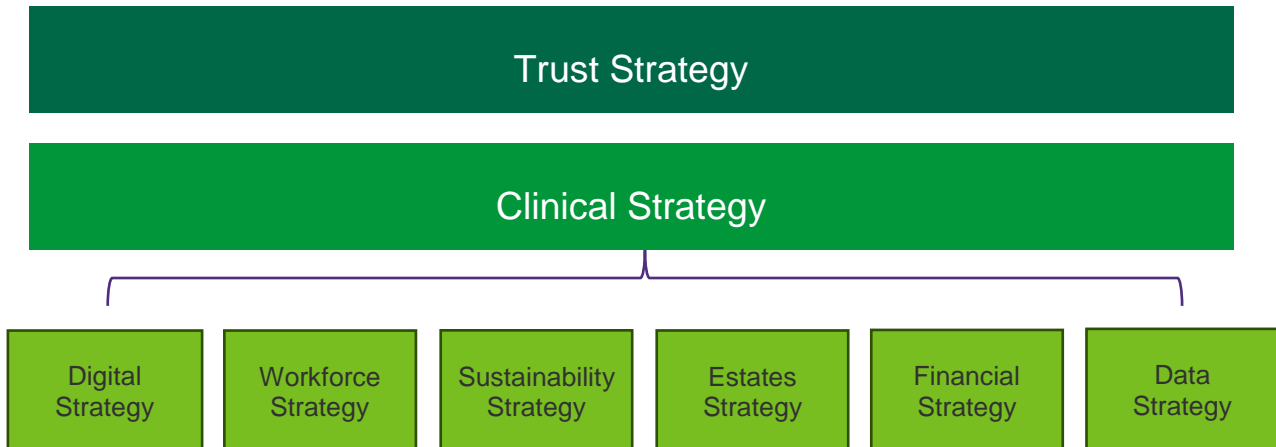
The estate strategy will support delivery of the Trust’s strategic priorities in the following way:

Collaboration	A Great Place to Work	Recovering for the Future	Excellence and Innovation in Care
<ul style="list-style-type: none"> • Designing the estate solutions in collaboration with staff and patients; working Trust-wide and across the Devon system ensuring optimal usage on public estates 	<ul style="list-style-type: none"> • Creating an environment that inspires and motivates, supports staff health and wellbeing and promotes agile working; providing environments which nurture skill development and training and demonstrating our investment in people 	<ul style="list-style-type: none"> • Delivering fit-for-future accessible estate that supports efficiency in care delivery and is sustainable, reducing maintenance costs and aligns with the NHS Green Plan and net zero carbon ambition 	<ul style="list-style-type: none"> • Supporting future model of care delivery at a scale that recognises the growing / changing population health needs; promoting innovation in design and build, creating digitally-enabled estate

The Trust’s estate strategy:

- Sets out a framework as to how the estate will support the delivery of the planned model of care and ensure alignment with other Trust strategies.
- Identifies and prioritise future investment opportunities and allows the Trust to be in a position to respond to future opportunities.
- Ensures future flexibility of the estate and the creation of multifunctional spaces that provide a suitable and fit for purpose environment for staff, both clinical and non-clinical to work in and support their wellbeing.
- Ensures compliance with Health Building Notes and Health Technical Memorandum.
- Develops an effective future facilities management plan for the delivery of services across the estate including the development and training of the facilities workforce.
- Identifies how efficiency and improved utilisation of space can be unlocked.
- Sets out the approach with local and regional partners for what services will be delivered from the community estate and what will be needed to support that change. Identification for opportunities for co-location and collaboration.
- Works in collaboration with regional partners and ensure alignment with the ICB and peninsula estate strategies as they are developed.
- Supports the Trust ambitions for research, development and innovation.
- Enables the sustainability and Net Zero strategy including the energy roadmap to be delivered.
- Maximises use of technology and data to produce better clinical outcomes and patient experience.
- Sets out the approach for the identification of sites or assets that could become surplus and how they can be released to support the Trust developments.

Strategic Alignment



The Estates and Facilities Strategy is a pivotal element of supporting the delivery of the Trust's Clinical Strategy and is also interdependent on other enabling strategies as shown above.

The clinical strategy is key in driving a priority pipeline for estate capital projects. The Trust along with Devon partners is facing significant financial challenges and, outside of the proposed New Hospital Programme (NHP) development on the NDDH site, there is limited available funding for new developments.

The estate strategy is an enabler to the clinical strategy and specifically, the clinical strategy identifies the need to:

- Develop existing infrastructure to support separation of “hot” and “cold” activity – This will include more theatre, catheterisation laboratory and endoscopy capacity, which will require changes in use of existing facilities. Any new developments will be specifically considered to assess the extent to which they further the protection of elective capacity.
- Make the case for centralisation of elective treatment - In addition to the above approaches, which strengthen existing services, the clinical strategy also makes the case for national / system funding to develop a centralised approach to elective treatment.
- Manage reconfiguration of service delivery and layout within the existing estate to improve patient flow.
- Increase capacity in the community to reduce acute bed occupancy.

Key aspects of the other enabling strategies that will impact on the estate include:

Trust Strategy

Digital



- Digital and technological changes will influence how the Trust uses its estate. The development of virtual appointments and consultation that were implemented at pace during the pandemic will reduce the need for patients to attend hospital and therefore reduce space requirements.
- The progression of robotic process automation, digital health records, and patient portals may reduce the space required in some areas whilst requiring specialist facilities support. The increasing use of surgical robots may increase space requirements in areas such as theatres.
- The provision of estate and facilities management services will be digitally enabled, reducing manual processes where possible, and delivering a more efficient service to the wider Trust. This strategy will therefore align closely with the Trust's digital strategy.

Workforce



- Working in conjunction with the Workforce Strategy, this strategy will provide an appropriate level of accommodation that meets the needs of the users and is used effectively and efficiently.
- For clinical staff this will mean appropriate space to undertake their duties in the safest and most efficient way possible.
- For non-clinical staff, some of whom may continue to work in a hybrid manner, there will be an increased focus on flexible space usage, providing them with suitable workspaces for the times when they are required to work on-site.

Sustainability



- As an organisation the Trust not only wants to meet the NHS's net zero commitment, but wish to go beyond this and be a leading NHS Trust and advocate for the sustainability agenda.
- The estate will be key to achieving this and therefore the strategy must reflect this, with a clear sustainability road map signposting how it will improve energy efficiency, waste management, and reduction in carbon footprint.
- Transport both in relation a move from a reliance on fossil fuels to electrification and use of ultra-low emission vehicles (ULEV) for the fleet and the carbon footprint of staff, patients and visitors accessing Trust facilities all form part of the strategy.

In developing this strategy, there has been extensive engagement with estate and facilities management, clinicians and operational teams across the Trust. In addition, there has been engagement with the Devon ICB to get their perspective on the challenges and ensure that the Trust response is aligned to the system plans.

The Trust has a role to play within the wider geography and communities. This strategy will need to align to both the ICB and other Peninsula provider estate and facilities management strategies as they are developed, as well as supporting the Peninsula Acute Service Review.

3 Where the Trust is Now?

As the merged Trust is established there is a need to create an integrated view of the Trust's estate and whether it best serves the purpose that it is used for. The estate strategy outlines current status and how the buildings and facilities need to change to support the clinical strategy, ensuring that patients and staff are provided with the best environment possible.

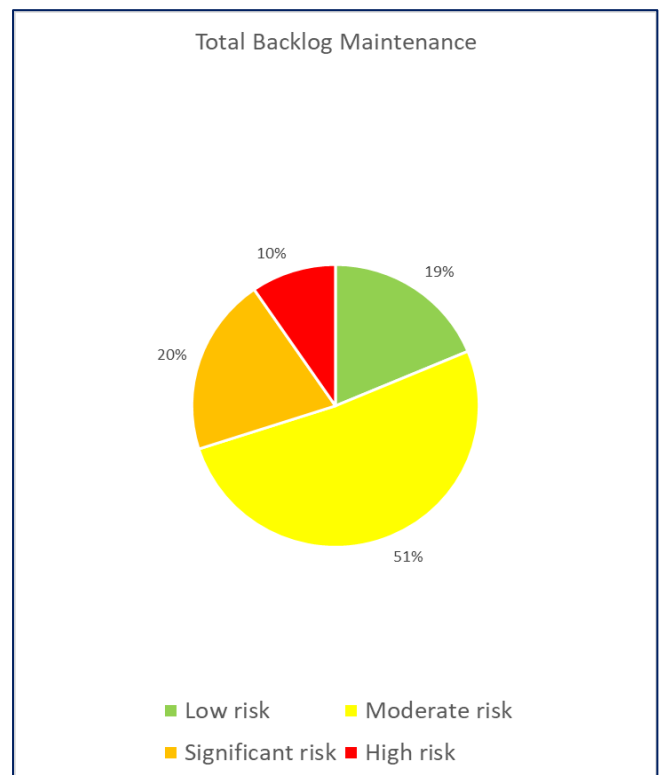
Summary

The Trust owns and leases a range of sites across the geographic area. The estate occupies approximately 210,000 sqm over 47 hectares, with a combined land / building value of approximately £284 million. A full list of all the Trust's estate is included in Appendix 1.

The age of the Trust's estate ranges from before the creation of the NHS in 1948 to modern estate constructed between 2005 and 2014. Due to the age of some of the estate there is significant backlog maintenance required, with the bulk of this required at the North Devon District Hospital, which was constructed mainly in the early 1970s.

Space is becoming increasingly pressured on the acute sites, both in clinical and non-clinical areas. Much of the estate is overcrowded, and underutilised space is often due to the space being functionally unsuitable in its current form and proving expensive to repurpose.

Consideration is needed as to how to get the most from Trust buildings, what services and functions need to be on acute sites versus those that could be provided from other locations. As well as supporting the needs of patients, the Trust must provide an estate that serves the need of its key asset, its staff.



Staff deserve to work in an estate that is safe, compliant, and which supports their roles and their input has been key to the development of this strategy.

£m	Wonford	Heavitree	Mardon	NDDH	Community	Total
Total current backlog*	162.4	15.1	1.3	85.0	12.3	276.1
Impending backlog* (years 1-5)	32.1	3.9	1.0	50.1	10.3	97.4

*Includes on costs such as fees, VAT, contingencies etc

Current Estate Profile and Condition

The varied estate has been categorised under four main areas based on geography and nature of the facilities and each of these areas are considered throughout this section.



Comprehensive surveys of condition, functionality and utilisation have been undertaken to provide a baseline analysis of the Trust's estate performance. For the eastern sites (Wonford, Heavitree and Mardon neuro-rehabilitation centre) these were undertaken in March 2023 and for the northern acute estate and the freehold northern community estate they were carried out in summer 2020 and reviewed for inflation impact in March 2023.



Eastern Acute Sites

The eastern acute services are centred around the Royal Devon and Exeter (Wonford) acute hospital site, and the Heavitree site which are less than a mile apart. There is also the Mardon neuro-rehabilitation centre, which is less than half a mile from the Wonford site. Staff provide safe, high quality and compassionate care to around 450,000 people in Exeter area and across East and Mid-Devon. In addition, some elective and outpatient recovery services are being delivered in the Nightingale, which is a regional facility owned and operated by the Trust. It was designed as a temporary facility and its future needs to be determined.

Profile of the Eastern Acute Sites

Royal Devon and Exeter Hospital (Wonford) is the largest hospital in the Trust with over 850 beds, where many of the acute clinical services are based. This includes an Emergency Department, along with a number of highly acclaimed specialist units and centres.

As a teaching hospital, it delivers undergraduate education for a full range of clinical professions. The Trust are the lead partner for the University of Exeter (UoE) College of Medicine and Health and a leading centre for high quality research and development in the South West peninsula.

Whilst hospital activity on the site dates back over 250 years, the current age of the Trust's estate ranges from before the creation of the NHS in 1948 (10% of the Eastern sites) to the most modern estate constructed between 2005 and 2014 (40% of the Eastern sites). The majority of the Wonford site was constructed on a phased basis between the 1980's and the present day.

Royal Devon and Exeter Hospital (Heavitree) is closely linked to Royal Devon and Exeter Hospital (Wonford) and houses a number of its acute services. This site delivers Trust elective care and outpatients services alongside a number of other health service organisations and the University of Exeter which delivers training here.

The Heavitree estate is older than the main site with the majority being constructed between 1965 and 1974 (64%).

The Mardon neuro-rehabilitation centre is a purpose-built, 12-bed specialist neuro-rehabilitation inpatient unit.

Newcourt house is a listed building and provides 2,576m² of non-clinical accommodation for the Trust in Exeter and is approximately 2.5 miles away from the Wonford site.

Physical Condition – Backlog Maintenance

In 2023, the backlog maintenance across the Wonford, Heavitree, Mardon and Newcourt House sites was approximately £111.9 million. This increases to £181.4 million when on costs such as fees, VAT, contingencies etc are included. There is £70.1 million required to prevent the estate deteriorating below an acceptable standard over the next 10 years.

Research and Development

The hospitals are both renowned for their research, innovation and have close links to the University of Exeter

On the Wonford Site, there is the Research, Innovation, Learning and Development (RILD) building which is a state-of-the-art health education and research centre that is a partnership between the Trust and the Medical School and is part-funded by the Wellcome Trust and the Wolfson Foundation.

As well as medical research, it also provides a forum for students, researchers and clinicians to come together and ensure that medical research is relevant for the needs of the NHS.

	Wonford	Heavitree	Mardon	Newcourt House	Total
Low risk	£23,426,774	£1,486,692	£229,548	£756,332	£25,899,346
Moderate risk	£73,402,308	£7,799,216	£558,645	£725,875	£82,486,044
Significant risk*	£3,442,491	£52,249	£0		£3,494,740
High risk*	£0	£0	£0		£0
Total	£100,271,572	£9,285,908	£788,193	£1,482,207	£111,880,129

*Figures in the above table do not include uplift or the costs of South Devon Renal Unit which is included in the five facet survey however is leased accommodation.

Whilst 96.9% of the current backlog is of low or moderate risk, improvements will be required to prevent the estate deteriorating further. This is particularly relevant given the level of future costs.

The Model Hospital data from 2021/22 shows that the sites that were formally part of Royal Devon and Exeter have lower than average critical infrastructure risks and backlog maintenance costs.

Statutory Compliance, Fire Safety, and Key Risk Areas

At the Wonford, Heavitree and Mardon sites over 90% of areas surveyed were rated as complying with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature.

There are some statutory compliance items that have been identified as requiring immediate remedial action to remedy various issues, such as shortfalls in statutory documentation and in health and safety.

The accessibility audit needs to be updated.

Wonford	<p>40% of the Wonford estate has been rated as not satisfactory for the function it is performing. The quality of the estate was rated as not being satisfactory in 43% of areas surveyed.</p> <p>Functional issues are primarily due to changes in service provision, changes in work practices and expansions in teams within buildings that are too small for function or were constructed and designed for another function which does not provide a suitable layout and space for services.</p> <p>Older estate was noted to be difficult to reconfigure to provide correct layouts and facilities suitable for today's work methods.</p> <p>Some facilities provided as short term are now reaching end-of-life e.g. heater 10</p>
Heavitree	<p>Over 95% of the Heavitree estate was rated as satisfactory for both function and quality.</p>
Mardon	<p>The only issue raised in relation to the Mardon centre for quality was around heating. No function assessment was included; this is a purpose-built unit.</p>

Estate Performance and Utilisation

Non-clinical space

The NHS Model Hospital shows the eastern sites had a higher than peer percentage of non-clinical space across the sites. Part of this strategy is focused on reducing the level of non-clinical space on the sites particularly in not appropriate accommodation.

Productivity	Data period	Provider value	Peer average ⓘ	National value
Amount of non-clinical space (%)	2021/22	■ 34.46%	33.24%	31.05%
Amount of under-utilised space (%)	2021/22	■ 0.59%	0.00%	0.43%
Occupied floor area (m2 per WAU)	2020/21	■ 1.45	1.06	1.26

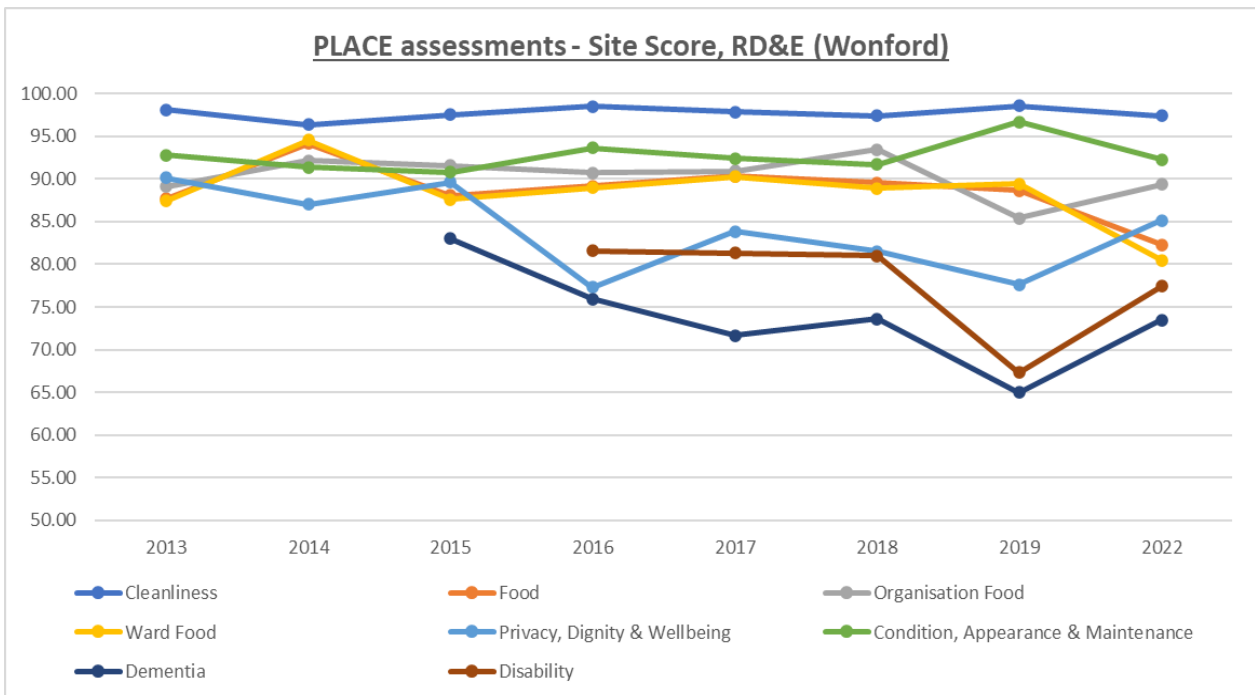
User Feedback

- User feedback (as reported via the Trust incident reporting system DATIX) reflects the significant current backlog in minor works resulting from building maintenance recruitment; various leaks, toilet blockages, door issues, window locks not working and intruder alarms failing to set have been reported.

- Car parking for staff and visitors is reported to be insufficient at peak times, with both staff and patients arriving late for appointments / work. In addition, there have been significant problems with the new parking meters.

The Patient-Led Assessments of the Care Environment (PLACE) shows:

- Consistently high scores for ‘cleanliness’ and ‘condition, appearance and maintenance’ between 2013 and 2022.
- Food scores have stayed relatively static in the high 80s / low 90s but declined in 2022 to 82%, driven by a drop in ward food ratings to 80%.
- A gradual decline in dementia assessments between 2015 (83%) to 2019 (65%) but with a marked improvement in 2022 (73%). Similarly, disability scores had dropped from low 80s to 67% in 2019 but this has improved to 77% in 2022.



Northern Acute Site



The North Devon District Hospital (NDDH) is in Barnstaple. NDDH is the most remote acute hospital in mainland England with a 1.5 hour's drive away from its nearest acute hospital at Wonford in Exeter. The district hospital has 378 acute beds (including escalation capacity and provides acute services including 24/7 emergency and urgent acute hospital services, emergency department (ED), intensive care unit (ICU), women's and children's services, full diagnostics and outpatient services.

Profile of the Northern Acute Site

The current North Devon estate is ageing, with circa 70% of the estate being 50 years old.

Despite the best efforts of the estate and facilities management team, the existing buildings, infrastructure and systems are reaching their end of life, resulting in backlog maintenance risk.

The clinical spaces within the existing buildings are not fit-for-purpose with clinical spaces that have remained unchanged since the original construction. These spaces are small and do not meet the standards for modern delivery of care.

The quality of the environment within some departments and support spaces is poor, with high utilisation of inadequately sized rooms impacting on the wellbeing of staff and patients alike.

The functional layout of the NDDH site has undergone limited changes since its construction in the 1970s. As needs have changed over time, and elements of the hospital estate have been redeveloped, the location and adjacency between key departments is fragmented with an 'available space' approach generally adopted.

The result is inefficient clinical and patient flows, challenging privacy and dignity issues and clinical safety risks in some instances, i.e. between Emergency Department and the Paediatric wards.

The limited developments on the NDDH site have resulted in later additions being located to suit current needs, rather than the potential for future expansion and flexibility, i.e. the location of subsequent imaging and day-case treatment spaces.

There is currently limited separation between elective and non-elective services; the recent pandemic has highlighted the challenges in this regard.

Physical Condition – Backlog Maintenance

- Approximately 85% of the Trust’s operational estate was assessed as being within an acceptable condition, with 15% falling within a poor category of condition.
- The total backlog maintenance is estimated at £47.8million, as shown in the table below. This increases to £85.0 million when on costs such as fees, VAT, contingencies etc are included.

	NDDH
Low risk	£3,987,827
Moderate risk	£2,382,916
Significant risk	£28,040,491
High risk	£13,429,293
Total	£47,840,527

The Model Hospital demonstrates that the sites that were formally part of Northern Devon Healthcare Trust have higher than average critical infrastructure risks and backlog maintenance costs.

Quality & Safety	Data period	Provider value	Peer average ⁱ	National value
⊖ Critical infrastructure risk (£ per m2)	2021/22	■ £693.93/m2	£140.35/m2	£170.08/m2
⊖ Total backlog maintenance (£ per m2)	2021/22	■ £812.76/m2	£191.25/m2	£347.04/m2
⊖ Total critical infrastructure risk (£)	2021/22	■ £41.09m	£16.77m	£12.14m
⊖ Total backlog maintenance costs (£)	2021/22	■ £48.13m	£23.88m	£24.62m

Statutory Compliance, Fire Safety, and Key Risk Areas

Significant improvements have been made since the last survey was completed in 2021. Fire Risk Assessments have been completed by an external company, Fire Compartmentation, fire dampeners have been tested and repaired and bespoke training has been provided to staff in specialist areas.

90% of health and safety compliance across the Trust has been rated as satisfactory. This will fall below standards within 5 years if action is not taken.

Specific issues to address include:

- There are some areas that have been identified where the detection systems need replacing.
- Electrical wiring issues have been identified around the incoming supply that need to be addressed.
- The site needs to complete an updated Disability Discrimination Act accessibility audit.

Estate Performance and Utilisation

- 42% of the estate was considered functionally unacceptable or requiring major changes.
- 45% of space is overcrowded.
- 1% is underutilised.
- 33% of accommodation is overcrowded for more than 50% of the time.

The NHS Model Hospital shows the former Northern Devon Healthcare Trust had a higher than peer percentage of non-clinical space. There is also a higher amount of under-utilised space (includes both acute and community sites – with the latter definitely showing as under-utilised in the 6 facet survey).

Productivity	Data period	Provider value	Peer average ⓘ	National value
Amount of non-clinical space (%)	2021/22	■ 36.04%	29.81%	35.70%
Amount of under-utilised space (%)	2021/22	■ 9.25%	0.54%	0.00%
Occupied floor area (m2 per WAU)	2020/21	■ 1.28	1.49	1.27

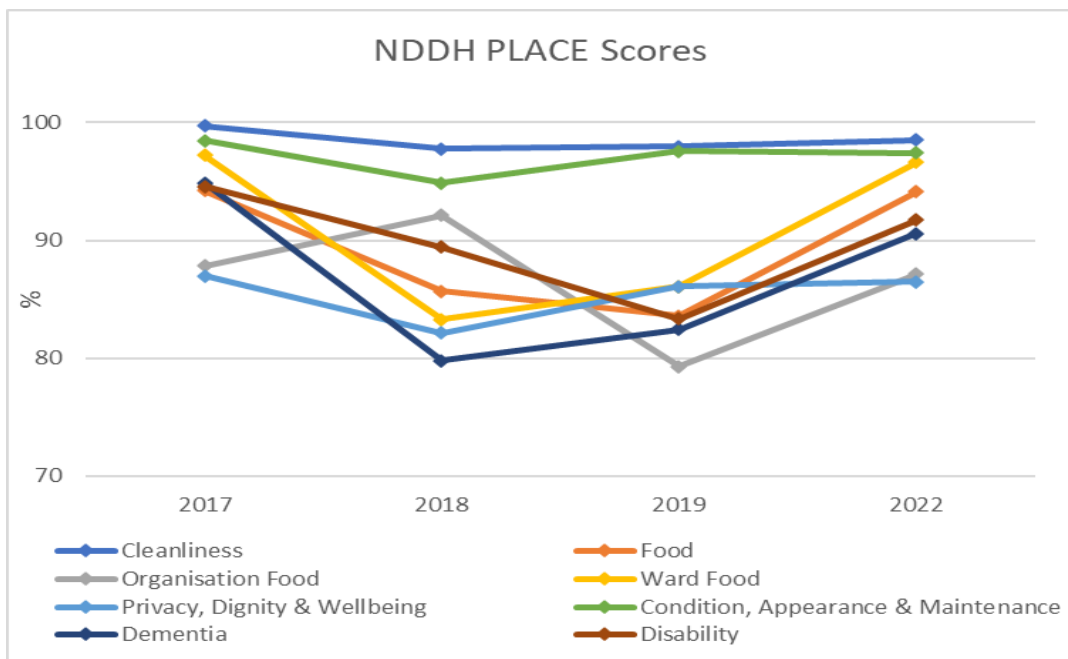
User Feedback

Feedback from staff through DATIX has included:

- Spaces being uncomfortably warm
- Odours emanating from decommissioned toilets
- Clinical procedure spaces being too small, resulting in potentially unsafe conditions and poor working environments

The PLACE survey shows:

- Consistently high scores for 'cleanliness' and 'condition, appearance and maintenance'.
- A decline since 2017 in several metrics including food, dementia and disability, all of which significantly improved in 2022. Food scores have returned to their 2017 levels.
- Whilst dementia has improved in 2022 (91%) it is 4% below the 2017 scores. Similarly, disability is 3% below 2017 levels (92% vs 95%).



Community Estate

The Trust is the main provider of specialist community healthcare services across North, East, Mid and South Devon, including podiatry, dentistry and sexual health. The Trust runs Sexual Assault Referral Centres (SARC) across Devon, Cornwall and the Isles of Scilly. The Trust also provide adult and paediatric bladder and bowel care services in these areas.

The community estate serves three main purposes:

- Providing an administrative hub for community teams
- A delivery base for rehabilitation and therapy services including prevention
- Delivery of specific acute pathways that can be delivered away from the acute site



The community services are delivered across properties in Exeter, Barnstaple, eastern, mid and northern Devon. In total this is 16 community hospitals, 2 health centres – Culm Valley Integrated Health Centre in the eastern services and Barnstaple Health Centre in the northern services, and 2 Community Health Hubs – Seascape at Budleigh and Franklyn House. These are owned/operated by a mix of NHS bodies.

The Trust also manages a minor injury unit at Honiton Hospital and a GP service at Castle Place Practice in Tiverton.

With the exception of Ottery St Mary Hospital, all the community hospitals currently provide a work base for the Community Health and Social Care multi-disciplinary (H&SC MDT) teams along with Community midwives and musculo-skeletal physiotherapy (MSK) staff alongside community

administrators. The sites are supported by Trust facilities management staff and in the northern Trust-owned sites, Trusts estates staff.

The majority of the eastern Devon estate is owned by NHS Property Services (NHSPS) and Tiverton hospital is Public Finance Initiative (PFI) with a lease contract running until 2034. Four hospitals have Surgical Day Case Units – Tiverton, Sidmouth, Axminster and Exmouth. None of the units are currently running to capacity.

The three maternity departments at Tiverton, Honiton and Okehampton all provide midwife-led antenatal and post-natal clinics with Tiverton offering a midwifery led birthing unit as well. A Devon-wide review of maternity provision is being undertaken by the ICB.

The Trust future plans for the community estate will align to the ICB strategy for community estate which is being developed.

Six facet surveys have been undertaken for the six Trust freehold community estate facilities:

- Barnstaple Health Centre
- Ilfracombe Tyrell Hospital
- Torrington Hospital
- South Molton Hospital
- Bideford Hospital
- Holsworthy Hospital

Physical Condition – Backlog Maintenance

- 98% of the community estate assessed was deemed to be within an acceptable condition.
- Backlog maintenance is comprised of £1.1 million of backlog costs and a further £5.8 million of impending backlog work that will be required within 5 years. The composition is shown below:

Low risk	£1,672,170
Moderate risk	£173,350
Significant risk	£3,487,450
High risk	£1,608,500
Total	£6,941,470

Statutory Compliance, Fire Safety, and Key Risk Areas

- 98% of the estate was rated as being in known contravention of one or more standard due to the age of the estate (but not dangerously below).

Estate Performance and Utilisation

- Older community hospitals have areas that are underutilised because they are difficult to reconfigure to improve space utilisation to enable services to be provided. Some areas within the older hospitals have large rooms which cannot be structurally altered and prove inflexible to allow alternative uses.
- 51% of the estate is functionally unacceptable or requiring major changes.
- 12% of space is overcrowded.
- 37% is underutilised and 9% empty.

User Feedback

- Poor insulation / cold working environments.
- Insufficient patient parking.
- Power failures impacting medication fridges.

Non-Clinical Estate

There is potential to reorganise and consolidate non-clinical estate, specifically focusing on moving non-clinical teams off the acute sites or into purpose-built office accommodation on-site. This is specifically required as clinical space is currently being used to house non-clinical teams. There is increasing pressure for non-clinical space following the pandemic; teams who have worked from home are now returning to site and require estate to accommodate them.

Data from the Model Hospital shows that both the eastern and northern acute sites had higher than peer average non-clinical space, with approximately a third of space being non-clinical. The former Northern Devon Healthcare Trust in particular had higher than average non-clinical space in all the main categories in Model Hospital. Whilst there may be reasonable reasons for why this is, there are potential opportunities that require exploring further to help rationalise the non-clinical estate.

Residences on the Northern Acute Site

The existing staff residential buildings are located to the north of the North Devon District Hospital site. The residential buildings comprise six individual blocks; four multi-storey buildings and two bungalows.

- The buildings were built to deliver residential apartments providing temporary accommodation for clinicians either on a short term (overnight) and medium-term basis. The buildings are now, in part, used for office space.
- The age and configuration of the buildings means they are not Disability Discrimination Act (DDA) compliance
- The poor quality and functionality of the accommodation means that they are not attractive nor can they command a competitive rent. Rents are currently set around 65% of suggested regional averages.
- There are no staff-specific facilities for health and wellbeing.
- The result is that the accommodation is not attractive to visiting staff and is not able to be self-supporting as an asset or revenue stream.

The current provision of staff accommodation is of very poor quality and does not match the needs or expectations of staff nor NHS key worker housing standards. There is limited capacity to meet the current and anticipated future demand which has been made more challenging by the successful recruitment of a larger cohort of medical students attending throughout the year. The current struggle in recruitment is also exacerbated by the worsening condition of the residences and lack of adequate staff wellbeing provision.

“

“North Devon is a great place to train and a great place to live - but without decent staff accommodation we will always struggle to attract people; good flexible residences are the key”

- Trainee Doctor

”

Residences on the Eastern Acute Site

- The staff residential accommodation on the Wonford site was developed in the early 1970's and include 232 rooms across a range of different sized flats and on call rooms.
- There has been limited investment in the accommodation and they do not meet modern expectations.
- Despite this the five facet survey only identified £700k of backlog maintenance required over the next five years and £5.2m of moderate backlog cost risk.

Facilities Management

The Trust operates a mixed approach to facilities management across the geography. The Trust provides in-house facilities and estate management (soft and hard FM) for the estate that was historically part of the Royal Devon and Exeter in the east, whilst the soft FM (catering, retail, cleaning, portering) has been outsourced for the former Northern Devon Healthcare sites since 1997.

Sodexo provide the outsourced facilities services in the northern sites and their contract is due to end in September 2025. Services provided by Sodexo include:

- **Car parking***
- **Bed washing**
- **Patient catering**
- **Cleaning of external entrances and exits**
- **Courier services**
- **Domestic cleaning**
- **Laundry and linen distribution**
- **Pest control management**
- **Portering**
- **Post**
- **Information desk**
- **Residential accommodation management**
- **Retail outlets**
- **Security services**
- **Trust community hotel services**
- **Ward housekeeping**
- **Waste management & collection**
- **Management of window cleaning**

*Sodexo manage the onsite parking and issue manual warnings and PCN's. GroupNexus provide the software the equipment and are responsible for issuing PCN's via ANPR and are responsible for the process of all PCN's. At Northern community sites, TPS are used and at Eastern community sites NHSPS are used to manage car parking.

Other facilities management services such as CSSD, Waste, EBME, Materials Management and Switchboard and all of estates maintenance are provided in house by the Trust.

Estate and facilities management generate some contributory income for the Trust through areas such as a staff nursery and child care services, transport, staff accommodation, retail outlet rental etc. For 2022/23, for the eastern sites, there is a facilities income target of £9.352 million and a forecast outturn of £9.623 million, and for estate a target of £0.363 million and a forecast outturn of £0.336 million. The northern site doesn't get charged for any labour or consumables relating to retail services that Sodexo provide, but there is a revenue share with fixed annual fee, plus an additional 20% return for sales greater than an agreed level in the restaurant and café.

For the in-house services there were approximately 161 WTE vacancies (18% of total funded establishment) across estate and facilities management.

Value for Money

In terms of financial cost of hard and soft facilities, the historic NDDH sites, which are managed by Sodexo, have a lower Model Hospital cost per weighted activity unit for both hard and soft FM than the eastern sites. This data relates to 2020/21; given recent inflationary increases, further investigation is required to understand if the outsourced provision continues to be the most cost efficient option.

4 Where the Trust wants to be

The estate strategy supports the Trust to deliver both the clinical strategy and the vision for estate across all of the Trust operating sites.

This means the Trust must:

Be clear on the changes that are required for the acute and community sites to deliver the clinical strategy

Provide safe, compliant and cost effective space from which to deliver patient care.

Reflect the changes that are taking place across the region with the Devon ICB developing its Clinical, Estate and Digital Strategies and the Peninsula Acute Services Programme reviewing the Devon model of care.

Develop the estate so that it contributes positively to the local communities and the wider public sector; maximise system collaboration in the community estate including space sharing with the Primary Care Networks, and Devon County Council for integrated teams.

Summary

This section sets out for each of the four objectives of the estate strategy what changes are required to deliver the identified future clinical ambitions and to manage the estate to deliver a safe and compliant environment.

Whilst the Workforce Strategy will focus on the key initiative of recruitment and retention of the workforce the estate has a significant role to play in this and therefore staff wellbeing is considered as a core driver for the strategy.

The increasing use of technology will also impact how facilities are used and the impact of the digital strategy will be incorporated into the plans for the future use and management of facilities. The digital strategy sets out the planned increase in the use of digital devices / infrastructure for the likes of room bookings, clinical device optimisation, equipment scheduling and utilisation. Utilising items within the Internet of Digital Things will ease resource monitoring processes and automate the likes of performance, capacity and utilisation tracking.

Adopting smart building technologies will facilitate frictionless experiences through fully integrated physical and digital environments to enhance infrastructure and asset performance through proactive building operations and estate management.

To make the best use of the estate the Trust must ensure that the right services are in the right location, with enough space for them to be safe and efficient. This will mean moving non-clinical services off acute sites where possible. For non-clinical services that are needed on the acute

site, such as catering, residences and certain office-based support services, the Trust will work to ensure they are in suitable, fit for purpose accommodation.

All accommodation needs to be appropriate for patients to receive, and support staff to deliver, high quality care.

Over the next 5 years, the Trust will have:

- Developed a site masterplan for the eastern sites with the proposed developments set out.
- Approved the business case for the Our Future Hospital (OFH) development on the NDDH site with a development of the designs of the preferred option and delivered the phase 1 element of the new residences.
- Developed a strategy for the community facilities that is aligned with the ICB community strategy and asset utilisation and requirements of other stakeholders have been considered.
- Where possible, non-clinical services have been moved off-site into appropriate accommodation.
- Completed a review of how FM services are delivered across the sites and made a recommendation as to the best model to take forward.

Where the Trust wants to be against the four objectives is set out below.



Objective 1 – Site Redevelopment Enabling Future Model of Care Delivery

Eastern Acute Sites

Development of a masterplan for the future development of both the Wonford and Heavitree sites.

Potential for Heavitree to be developed as a cold local elective site and scope for expansion fully explored.

Nightingale hospital used for whole of South, East and North Devon (SEND) network, but its use to be maximised for 3 years and its longer-term future determined. Potential for it to be used as a system resource needs consideration with the ability to be able to expand and flex the services delivered from it.

There is currently no masterplan for the eastern acute sites at Wonford and Heavitree. The first step will be to create a masterplan that will ensure that the areas requiring development set out below, are aligned as part of a vision of the site and the relationships and interdependencies are understood.

It is not expected that the nature of the eastern sites will change with the Wonford site continuing to be the largest hospital in the Trust and the Heavitree site will focus on elective and outpatient services.

Although it's not the Trust's site, the Nightingale Hospital will also continue to be used for the delivery of elective services for the region in short-medium term.

There are a range of opportunities available to the organisation that need to be further investigated and developed including:

- Developing Heavitree to be a “cold” elective site, with scope for expansion.
- Determining the future role of the Nightingale Hospital as part of the wider system clinical strategy, with the potential for it to be expanded and able to flex the services delivered from it.
- Expanding the RILD with the university.

University of Exeter Joint facilities – RILD

The Trust is looking to continue the expansion of its Research, Innovation, Learning and Development expertise in collaboration with the University.

Building on the current areas of strength and expertise either as part of the RILD campus or on alternatives sites with the University.

The existing RILD building includes the NIHR Exeter Clinical Research Facility and NIHR Exeter BioResource Centre, and enables the medical research process to be streamlined, ensuring clinical science is focused on where it is most needed within healthcare. Patient studies, laboratory studies and education of health care professionals of new findings all occur in a single building.

There are opportunities to expand the current provision either on the Wonford site with the RILD or elsewhere.

A masterplan was developed in parallel with the planning application for the RILD Centre and is a partnership project between the Trust, the University of Exeter (UoE) and the Peninsula College of Medicine and Dentistry (PCMD).

The masterplan set out the potential development capacity of the wider RILD Centre site and create a ‘vision’ for how this campus would look, feel and contribute to the aim of Exeter as a centre of excellence for clinical education, research and training.

Northern Acute Site

Development of the site in line with the NHP to enable the delivery of the future model of care with fit for purpose resilient and flexible facilities.

New development will eliminate all high-risk backlog and 50% of the total backlog for the site as well as refurbishment of wards and other parts of the estate.

Reconfiguration of service location will improve patient flow in the building and allow more efficient delivery of care.

The Trust is looking to continue the expansion of its learning and development opportunities in collaboration with the University of Exeter and Plymouth University.

The Trust has developed a Strategic Outline Case (SOC) for “Our Future Hospital” as part of the bidding process for the governments New Hospital Programme. Whilst the NHP has been slow to progress, the programme remains part of the national programme and in June 2023 the Trust received confirmation that it was one of the schemes that was allowed to continue developing its plans.

The proposed redevelopment will enable the delivery of the future models of care in Barnstaple with fit for purpose, resilient and flexible facilities that support system delivery.

To improve patient flow through the site, the location of services within buildings will be reconfigured, allowing more efficient pathways and delivery of patient care.

A key difference between northern acute site and the eastern acute sites is the current quality of the physical estate as set out in the six facet survey results. The level of development required at the NDDH site is therefore much greater and this is reflected in the size of the proposed OFH redevelopment.

In addition to the RILD at Wonford, on the NDDH site there is the Medical Education Centre (MEC), which is a partnership with the University of Plymouth. The centre runs under an SLA.

There are other areas that whilst not directly identified in the clinical strategy need to be addressed on the NDDH site through the estate strategy. These include:

- Quality of the working environment
- Staff wellbeing facilities
- Patient and staff travel options and parking

These are discussed in more detail in the next section.

Community Sites

The estate strategy for the community facilities must align with that of the ICB.

The ICB is currently reviewing primary care and community estate including the provision of midwifery led units in the community and the Trust will need to work alongside them to reflect system wide decisions like this in the strategy.

The Trust role in developing community health hubs alongside the vision of enhanced digital connection points is a primary focus.

Non-clinical services

- Non-clinical admin moved off-site where possible; or into purpose-built on-site facilities with common space utilisation policy.
- Development of flexible, fit for the future administration workspaces, enabling agile working and delivery of efficiencies.
- Staff facilities appropriate – on-site residences, catering, rest and recovery areas.
- Redevelopment of residences as part of NHP enabling works and plans for key worker accommodation on the Wonford site.
- Options appraisal on future delivery model of facilities management for the Trust.

There is a need to prioritise high cost clinical space on the acute sites for patient services and therefore, where possible, options for moving non-clinical services into fit for purpose accommodation will be explored. These will be off site where possible, however, there are key non-clinical services that need to be on-site to support the immediate day to day running of the organisation.

Centralising non clinical admin teams so as to reduce the number of sites to manage will support greater efficiency in future.

Underpinning the approach to non-clinical space will be a common space utilisation policy, supporting staff to use the space in a more flexible and efficient way than it has been used historically.

Staff Residences

The geographical areas of both of the Trust's acute sites are attractive places for people to live and work, but they suffer from a challenged housing market which can be a barrier for attracting and retaining staff. The development of new fit for purpose on and off-site accommodation will support the Workforce Strategy in terms of being able to attract more talent and reducing staff turnover.

The staff are a critical part of delivering care and the Trust wants to show that it cares for its staff by responding to the staff feedback on facilities provision to support their wellbeing.

Whilst the position is worse on the NDDH site there is a need to address the current limitations on both sites.

Key elements of the requirements for accommodation include:

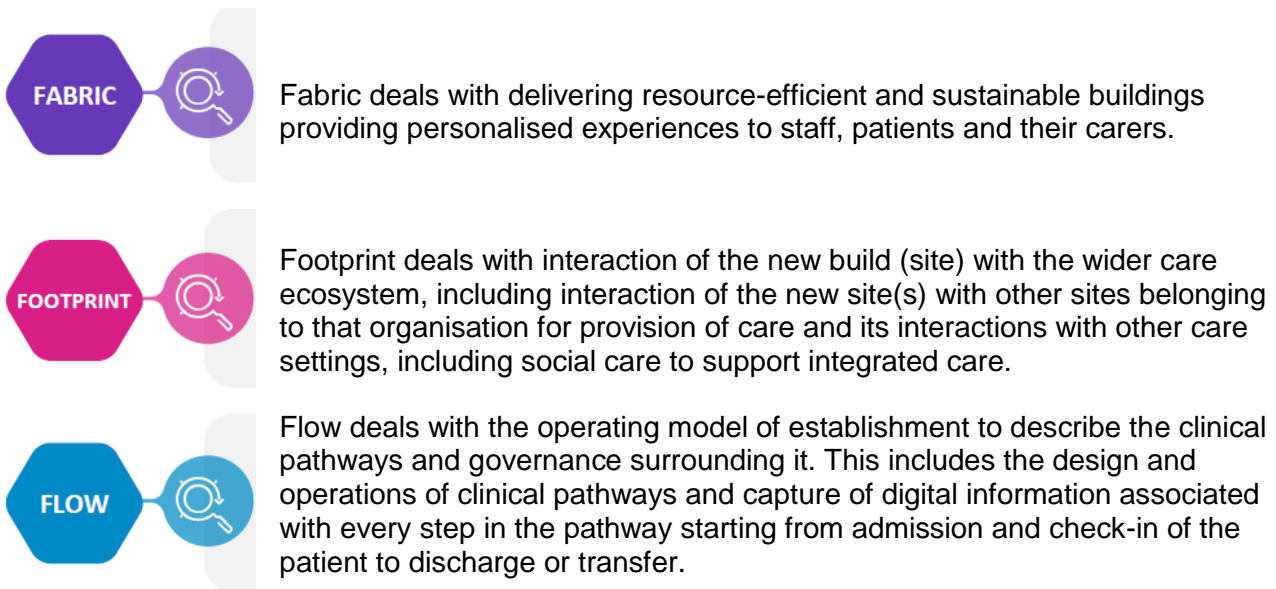
- Modern accommodation with ensuite facilities.
- A mix of units of different numbers of bedrooms to accommodate the range requirements of the workforce including being family friendly.
- Affordable rent levels.
- Parking and alternative transport options.

Northern acute site – The OFH programme includes, as enabling works, the re-provision of the short-term staff accommodation on the Barnstaple site with modern purpose-built accommodation to meet the needs of staff. The aspiration is that this accommodation will include a staff health and wellbeing hub on the ground floor, but this is to be developed as part of the proposals for the new accommodation.

Eastern acute site – There are plans to replace the current accommodation on the Wonford site using a Key Worker Housing business case to raise funding. The new facilities will provide approximately 400 rooms based around mixed 1/2/3-bedroom apartments, 'pod' style serviced apartments for hospital visitors, student rooms and community living infrastructure.

Digital Development

Our site redevelopment will be supported by technology. Our digital strategy sets out priorities, but for estate we will utilise best practice guidance. The three main areas for supporting new site development are fabric-footprint-flow.



Objective 2 – Optimally Utilising the Estate

The Trust is developing its space utilisation policy and wants to have appropriate levels of utilisation across its estate with activity in accommodation suitable to its needs. The utilisation and performance of the estate will be able to be monitored by the estate team through the use of a digitally enabled estate and facilities management service.

There is a need to maximise flexibility of the estate to be able to adjust to future short or longer-term changes in use.

- Cost-effective delivery of future model of care, maximising system collaboration across Devon providers.
- Optimised use of space by key patient-facing areas: therapy services and outpatient clinics for acute service pathways

Community Estate

This estate is not well-utilised. The community estate is extensive and comprises a mixture of owned and leased/ rented buildings. The future ownership structure of the community facilities will be reviewed if there are opportunities to change the current position.

The Trust must use the community estate in a cost-effective way to allow delivery of future models of care. Therefore, space must be optimised for key patient facing services such as therapies and outpatient clinics, which support acute service pathways.

Initiatives identified in the clinical strategy that would impact on the community estate include:

Initiative	Impact on community estate
Expansion of the Community Urgent Care Response (UCR) teams	These teams prevent the need for hospital admission freeing up capacity. Their expansion will require suitable bases to be provided to house the teams at the community facilities.
Provide care home capacity	The Trust will explore the feasibility of providing a care home or intermediate care facility, taking patients exclusively from acute and community beds and freeing up capacity in the existing estate.
Develop frailty hubs	The development of frailty hubs has been shown to reduce admissions to acute hospital beds by 80% freeing up capacity.
Expand the range of elective care services which can be delivered closer to people's homes	This will increase utilisation on the community sites and free up capacity at the acute sites.
Review and improve cancer pathways	These improvements will include building capacity which could include new facilities.

There is currently no longer term strategy for community therapy provision which has struggled with staffing in recent years. Development of a clearer long term approach will allow therapy service provision to be optimised.



Objective 3 – Safe and Compliant Estate

Whilst the condition surveys for the eastern sites indicate 99.6% of the current backlog is of low or moderate risk and has been well-managed, it is believed that without investment and the delivery of the proposed schemes outlined in this strategy there is a significant proportion of the site that will move into this category over the period of this strategy. This will impact on the delivery of services to patients.

The Trusts focus is ensuring that there is maintenance of compliance with the current regulations as well as new regulations as they come into force and managing the critical backlog maintenance to ensure continuity of services.

For NDDH, the plans under OFH to develop the facilities will as a minimum eliminate all high-risk backlog and 50% of the total backlog for the site ensuring that the facilities meet the requirements. Under revised NHP guidance, the organisation will undertake a review of the options available to further improve the estate position. There are plans (outlined in Appendix 2) that have been developed for mitigation of the key risks should there be further delays in the delivery of the OFH plans.



Objective 4 – Sustainability in Building and Estate Management

Facilities management services, as with all other non-clinical and clinical services, are coming under increasing pressure to identify efficiency savings and therefore the Trust will undertake a review of the options for the best future model of delivery across the Trust.

This review will consider the relative merits of the current approaches and whether the current hybrid insourced / outsourced approach is the right longer term solution.

Improvements will also include the implementation of estate monitoring equipment and connectivity as set out in the digital strategy.

Later in this strategy, there is a section that sets out the how the estate will respond to meeting the sustainability targets for the Trust and the wider NHS targets.

5 How the Trust will get there

This section describes how the Trust will deliver the strategic change to the facilities required for the new models of care as well as ensuring the ongoing “business as usual” functions operate and maintain a high performing, safe and compliant estate.

Summary

Whilst masterplans need to be developed for both acute sites, a pipeline of priority projects have been identified and are in various stages of development. The masterplan will help ensure that interdependencies are identified and that when funding is available the Trust is in a position to move quickly to bring the project forward.

For the northern acute site its redevelopment of the site in line with the OFH programme is dependent on the progression of the New Hospital Programme and mitigations have been developed should there be further delays.

The Trust will also continue to ensure the estate remains safe and address the most pressing and high-risk estate issues.

How the Trust will deliver on its strategic direction as set in the previous section is described below against the four objectives of the estate strategy.



Objective 1 – Site Redevelopment Enabling Future Model of Care Delivery

Developments on the sites have historically been undertaken on an ad hoc basis in response to funding becoming available for a certain type of facility or to address a particular area. This strategy aims to set out a more holistic approach so the Trust can deliver the care that’s needed to our population. The estate requirements have evolved since the Trust became a combined organisation.

The previous section sets out some of the requirements have been identified to deliver the clinical strategy and future models of care. Schemes have been identified across the estate and facilities areas that will deliver the required change.

Stakeholder Engagement

The Trust will continue its engagement with stakeholders to ensure they understand the Trust's plans for the estate and to test that they align with their plans.

- NDDH redevelopment is dependent on announcements from NHP in relation to funding and approval to proceed. Engagement processes are established with the Programme.
- ICB estate strategy is yet to be developed and continual interaction with the ICB will be required to ensure alignment as well as identification of funding to support priority developments.
- Other stakeholders who will be engaged in various aspects of the proposed development of the estate include:
 - Devon ICB
 - PCNs
 - Devon Partnership NHS Trust
 - Exeter City Council
 - North Devon District Council
 - Devon County Council
 - One Northern Devon
 - University of Exeter
 - South West Ambulance Service FT
 - Devon & Somerset Fire and Rescue
 - Devon & Cornwall Police Force

Financial considerations

Nationally, there is limited capital funding available for the redevelopment of hospital facilities. For the NDDH redevelopment, funding has been ringfenced centrally as part of the New Hospital Programme, however the amount of funding and scope of work has not yet been finalised and the Trust will need to ensure that the proposed solution is delivered within the affordability envelope provided.

For the proposed developments on the other acute and community sites, there is no allocated ring-fenced funding currently for significant developments or redevelopments.

It is against that backdrop that a phased approach for the redevelopment of the eastern sites is being proposed, within the framework of a masterplan. This will allow the Trust the flexibility to respond quickly to any funding that becomes available for projects of a range of sizes.

There is also considerable pressure on operating budgets across the NHS and this will impact Estates and Facilities who will need to deliver efficiency savings and demonstrate value for money whilst continuing to deliver a high quality service.

Eastern Acute Sites

The estate and operational priorities for the eastern acute sites are:

- Development of a masterplan to align the proposed development projects
- Patient, staff and carer experience is improved increasing the retail offering on the hospital sites and improving the estate environment;
- Ensure that any capital developments are identified and deliver solutions that are flexible to respond to future changes in service need;
- Provide opportunities to work with health and academic partners and fully utilise and expand the RILD or other sites with the University.
- Developing Heavitree to be a “cold” elective site, with scope for expansion.
- Provide opportunities to work with health and academic partners and fully utilise and expand the RILD or other sites with the university. Explore potential to expand the RILD with the university, developing a strategy over the next 2-3 years with the university.

For both of the eastern acute sites the Trust needs to develop a full site masterplan to establish how we can deliver the developments and establish what the site will look like when completed.

This masterplan will consider the phasing, interdependencies and enabling works required to deliver the required changes. It will provide a prioritised pipeline of capital projects that are broken down in Appendix 2 and shown on the roadmap developed against the clinical strategy. Each project will then be subject to design and business case development with patient and staff engagement (adhering to the Trust Patient Experience Strategy).

In addition to the proposed future changes to the sites maintaining business continuity is essential, and continuous monitoring of key services and the identification of opportunities for investment in plant, equipment and buildings is key to ensure that clinical services are provided in a safe and secure environment and there is not a material adverse change in the condition of the facilities.

The table below sets out the key project areas that have been identified to address the requirements of the clinical strategy.

Future Care	Priority
Urgent and acute medicine	Provide children’s ED/PAU; Create flexible adjacent SDEC/virtual ward/MAU/frailty assessment
Surgical	Hybrid theatre; expand ITU (SW CCN recommended), centralise day case work
Elective Care	Protected capacity; redevelop clearer hot / cold split across sites
Growing population Inpatient demand	Increased ward capacity – aligned to planned refurbishment programme
Specialist Pathways	“One stop shop” pathways; expand SW renal centre facilities
Elective Care / Diagnostics	Short term – extend planning; review longer term SEND network PEC provision

RILD or Other Developments with the University

Proposals of the development of facilities will be progressed with the university and this will include the potential for other sites. If it is decided that there will be further development around the RILD, the masterplan that was produced for the development of a campus at the Wonford Hospital site this will need to be updated. The following phasing for the delivery of the Campus was developed previously and requires review:

- Demolish William Wright House and the Clinical Treatment Centre and replace with new facilities as a ‘gateway’ to the Campus from the Hospital.
- Demolish the Diabetes and Vascular Health buildings and Child Health Buildings and build northern facilities.
- Build northern campus gateway including a public square at the entrance to the campus.

Plans will need to take into consideration the needs for decanting services within current buildings and the availability and source of funding. Further work will be required to identify the potential uses for the site and this would be subject to further client consultations and the clinical programmes.

Further development work is needed by all partners to consider what services they may wish to locate to the site or on other alternative sites with the university and more detailed studies of clinical requirements will help to inform the more detailed opportunities of the site and the master plan for the campus will be updated as part of the masterplan for the site.

Nightingale Hospital

The Nightingale Hospital in Exeter is not part of the Trust estate, but it is hosted by the Trust and currently elective services are provided from it. It is a regional resource and is currently providing ophthalmology, orthopaedics, and rheumatology day case services.

The long-term future of the site is currently unclear as there is a need to determine the future longer-term role it will have as part of the wider system clinical strategy. There is the potential for it to be expanded and be able to flex services delivered from it.

Over the period of this strategy it can be used to support the delivery of elective care in collaboration with the other providers in the region.

Future Care	Priority
Elective Care/Diagnostics	Short term – extend planning; review longer term SEND network PEC provision

Northern Acute Site

The estate and operational priorities for the NDDH site are:

- Working closely with the NHP team to look for opportunities to accelerate the programme in line with OFH.
- Detailed development plans will be produced as part of the OFH OBC development.
- Replacement of the existing residences as part of enabling works.

The focus of the development of the NDDH site is around the New Hospital Programme local project – OFH:

- Redevelopment of the site in line with the OFH programme is dependent on the progression of the New Hospital Programme.
- The work on the OFH programme will see an Outline Business Case (OBC) and then Full Business Case (FBC) being developed. Both of these will need to be approved by the Trust Board of Directors and then by NHP and NHSE before work can commence.
- The OBC will consider the potential options available to deliver the objectives of the OFH programme as well as value for money and affordability. It will select a preferred option for the development.
- Detailed development plans will be produced as part of the OBC development.
- The FBC will focus on more detailed designs and costs and how it will be delivered.
- Once the FBC is approved work can then commence on the construction of the new facilities.

The table below sets out the projects that have been identified to address the requirements of the clinical strategy.

Future Care	Priority
Urgent and acute medicine	Co-located UTC to manage ED demand Create flexible adjacent SDEC/virtual ward/MAU/frailty assessment
Surgical	Replace and add theatres (OFH); expand ITU (SW CCN recommended)
Growing population Inpatient demand	Increased ward capacity – redesigned to increase single rooms/infection control/staff areas (OFH)
Diagnostics	Additional MRI; new expanded endoscopy suite (OFH)

Community Sites

The estate and operational priorities for the community sites are:

- A different approach to be adopted between north and east sites.
- Development/redevelopment will be dependent on availability of funding. Options for funding to be explored.

Whilst the clinical strategy identified how provision of services in the community estate could be used to support the clinical strategy there is still further work required to clarify which services should be provided from community facilities.

There is a different approach to community estate in the north and the east driven by the level of control allowed by the ownership structures. Site redevelopment in the Northern sites is within the Trust control whilst for eastern community sites. Consolidation of provision is a more deliverable option given the majority of the estate is owned by NHSPS.

The ability to develop / redevelop the community facilities will be dependent on availability of funding and the willingness of the site owners. The most pressing estate challenge remains Moretonhampstead, where current urgent roof repair mean that an interim service delivery plan needs to be jointly developed.

The options for funding to be explored with the ICB and other parties including DCC and the prioritisation of community developments will be identified.

Non-clinical Facilities and Services

The estate and operational priorities for the non-clinical facilities and services are:

- Build on current progress to move non-clinical services out of clinical buildings where possible and practical.
- Review of staff support services to aim for equity of services across all sites.
- Health and wellbeing plan to be developed across sites and integrated into development proposals.

Staff Residences

NDDH

A priority enabling project for the OFH programme is the re-provision of the residences on the NDDH site. This will see the existing provision re-provided with modern fit for purpose accommodation.

The precise model and mechanism for delivery is still to be determined, however NHP have supported the development of residences on the NDDH site as part of the OFH enabling works with seed funding expected in 2023.

Wonford

A business case has been developed for the redevelopment of residences on the Wonford site. A proposed approach has been developed and market interest has been sought for their procurement and redevelopment.

The business case for the replacement accommodation (KWH OBC) is being developed and will be submitted to the Trust Board for approval in late 2023.



Objective 2 – Optimally Utilising the Estate

For the eastern and northern acute sites there will be a focus to maximise the utilisation of clinical departments for clinical use and maintain or reduce the level of non-clinical space on the sites. This will be set out in the masterplans for the sites (and in the business cases for the northern site). It will be supported through the availability of information following the implementation of the digital strategy and by implementation of a common space utilisation policy across the Trust.

Community Estate

The estate and operational priorities for the community sites are:

- A different approach to be adopted between northern and eastern sites.
- A focus on increased collaboration between stakeholders in the ICB to develop model of care for the sites that the Trust own.
- Clarity over what services should be provided in the community rather than from the acute sites.
- Alignment with the ICB community strategy.

The community estate in the north is owned by the Trust; the focus must be on the most effective use of that space where it makes economic sense to maintain the buildings. This is in line with the strategy for General Practice in Devon, which identifies that their preferred estate solution is to take advantage of the opportunities created by co-location of services, as well as the sharing of estates, and joint development projects.

In the eastern sites, where the majority of the estate is leased from NHS Property Services, and the Trust have limited control and influence over the development and management of the sites, the focus is on ensuring value for money and driving efficiency. If there is an opportunity to change the ownership structure in the future this would need to be considered.

For the community estate a priority is a review of utilisation and condition data to ensure its accuracy.

For all community facilities the Trust will:

- Ensure alignment with clinical strategy for services to be provided from the community facilities.
- Ensure alignment with ICB and stakeholder plans for services to be provided.
- Identify the development/redevelopment needs.
- For the facilities in the east that are managed by NHSPS, having reviewed requirements the Trust will engage with them over the use of the facilities.
- For those sites that are owned the Trust will focus on collaboration with other local and regional stakeholders to ensure that there is the most efficient and effective use of space for the delivery of services. Development requirements and opportunities will be identified to either bring the facilities up to the required standard of accommodation or reconfigure for future service provision.

The areas identified from the clinical strategy that would impact on the community estate are set out below:

Future Care	Priority
ICS strategy – Patient Flow	Transitional care to accelerate discharge
Maternity Services	Agree future of community birthing units (ICB)
Diagnostics	Potential relocation of pathology labs offsite to support SW network provision Expansion community endoscopy in Tiverton
Community Estate Review	Rationalise use of community space as team hubs in Eastern NHSPS sites Explore utilisation of vacant Northern community space with PCNs/DCC/vol sector Review rehab/therapy service requirements for future

Non-clinical

Whilst the detailed plans for the transformation of non-clinical services are developed alongside the plans for clinical space the Trust will:

- Reduce the amount of administrative space in clinical areas freeing up accommodation to reduce clinical pressures – particularly in outpatients.
- Bring together these functions, where practical, into purpose built on site facilities such as Noy Scott House and Bowmore (eastern) and the admin buildings proposed as part of phase 3 of Our Future Hospital plan in the north.
- Where it is feasible, look to move non-clinical teams off-site into facilities such as Devonshire House, Newcourt, Devon County Council, and Osprey.
- Use innovative design to ensure fit for purpose future non clinical space.

This will be aligned with the Workforce Strategy and People Plan to ensure there is support for growth and agile working.

Use of Technology

The digital strategy sets out how utilising estate monitoring equipment and connectivity to allow the effective use of buildings, locations and related equipment with the aspiration of generating a managed environment that will allow future change and growth while reducing operating costs and energy consumption.

The ambition is to employ digital aids to improve utilisation across the Trust’s community estate and its use maximised for delivery of care closer to home.

The adoption of smart building technologies will facilitate frictionless experiences through fully integrated physical and digital environments to enhance infrastructure and asset performance through proactive building operations and estate management.



Objective 3 - Safe and Compliant Estate

The Trust will also continue to focus in the short term to ensure the estate remains safe. In the longer term, the Trust need to address the high-risk estate issues. The Trust will also continue to pursue the long-term requirement to address the most pressing and high-risk estate issues.

Compliance issues will be prioritised by risk to patients, staff and continuity of services and will need ringfenced funding to support this. In the longer term there will need to be a structured investment programme that proactively avoids deterioration in the condition or statutory compliance of the estate.

Eastern Acute Sites

For the eastern acute site, the 5 facet survey results will be used to identify critical backlog and review annual estate improvement investment of ring-fenced Capital Department Expenditure Limit (CDEL). This will allow projects to be prioritised to help make the case for ICB / national funding.

Northern Acute Site

Given the uncertainty over the national programme if there is a significant delay, mitigation plans have been developed to ensure resilience of services and provide additional capacity. An example is for the replacement and increase in theatre capacity identified, if there is continued delays there are mitigation plans to convert CSSD into 2 theatres; create a new CSSD (new build / internal relocation) and an extension to the main tower to provide extra MRI diagnostic capacity.

In addition to the proposed future development maintaining business continuity is essential, and continuous monitoring of the areas of critical backlog that have been identified in the 6 facet survey will be key to ensure that clinical services are provided in a safe and secure environment and there is not a material adverse change in the condition of the facilities.



Objective 4 - Sustainability in Building and Estate Management

Facilities Management

The future approach for the delivery of facilities management services will be decided based on the outcome of the review of the models of delivery across the Trust.

This review will consider the benefits, risks and costs of current mixed insourced / outsourced approach and whether to take a different approach for all or certain services.

In addition to this review the continued recruitment, training and development of the non-clinical workforce will be key to developing and maintaining the estate in the future. Working closely with

workforce colleagues, innovative ways to attract staff in this highly competitive generically skilled market will be a focus.

Staff Wellbeing

As part of developing and sustaining the workforce the Trust will look to address current issues with the lack of wellbeing provision for all staff and aim for an equity of provision across the Trust's sites. This includes addressing the poor working environment including lack of daylight, rest / recovery areas and staff facilities.

As part of the OFH development the staff were widely consulted on what would improve staff experience, health and wellbeing whilst at work and the following were identified:

- Staff rest space - Indoors and outdoors (away from patients)
- More bike racks
- Fitness and relaxation classes
- More outdoor seating
- Improved onsite catering
- Indoor / outdoor gym
- Additional shower, changing and locker facilities

The staff engagement was focused on the NDDH site, however the areas identified are likely to have similar importance on the other sites and as part of developments the Trust will look to implement as many of these as possible.

Areas that will be considered across the sites include staff café, fitness and childcare facilities.

Patient and Staff Travel Options

Given the Trust's commitment to sustainability, it will be developing a future plan for site access and car parking facilities for both staff and visitors.

This will take into account the nature of the geography and availability of alternative travel options as well as the opportunities reflected in the digital strategy for remote working and service provision.

It is acknowledged that the availability of parking is already constrained across all sites. It is likely as part of the future development of the sites that car parking facilities will need to be provided as there will be further constraints on the provision given future workforce growth. This will take into consideration the availability of travel options for patients and staff.

Developments that will be set out in more detail in a transport plan include:

- Future of park and ride schemes.
- Development of the "Green zone" for staff who live within a two mile radius of Trust sites.
- Cycle to work and supporting infrastructure at Trust facilities.
- Provision of EV charging points.

6 Investing in the Future

On the back of the development of the clinical strategy, and alongside the results of the detailed condition surveys, the Trust has developed an estate capital projects pipeline priority list set out in Appendix 2. The prioritisation has been based on the clinical strategy and internal review with clinical and operational leads at division and site level but will be subject to periodic review, especially in respect of:

- Programme of developments - Northern site development is heavily dependent on timely implementation of Our Future Hospital programme as part of the wider NHP; delay mitigation projects have also been identified. Other projects also identified and prioritised across other sites but will be subject to the development of a masterplan.
- Safe & Compliant Estate – Survey results will be used to identify critical backlog and review annual estate improvement investment of ring-fenced CDEL.
- Stakeholders – Stakeholders who will be involved in delivering the strategy will need to be engaged and proposals aligned with their priorities and funding availability.
- Affordability – The proposed developments will be subject to the development of a business case that will set out the financial impact on the Trust.

A fundamental aspect of the ability to deliver the programme of projects is the availability of funding. There are split capital funding streams that are likely to be available depending on the nature of the project.

CDEL from the ICB will be used for prioritised projects. This will include critical infrastructure risks, diagnostic equipment, and cover day-to-day operational investments.

Outside of CDEL other sources of national funding will be pursued to deliver the projects:

- NHP funding for OFH will be confirmed as part of the development of the outline business case, but the Trust has been provided with an envelope of up to £520m to £660m by the NHP.
- For other projects such as the key worker accommodation there is the potential for the inclusion of private finance.
- Specific funds such as PSDS can support the decarbonisation projects.
- Other projects may be able to benefit in whole or in part from charitable funding.

The ability to generate income from activities using the Trust's estate will also be considered where possible as this can be used to support its activities.

An anticipated timeline for the developments on each site is included in Appendix 4.

How Patients and Visitors Will Experience Service Delivery

The developments outlined in this strategy will align the Trust's estate with how clinical services will be provided in the future. Patients can expect to see:

- The investment in critical backlog maintenance that will reduce the risk of cancellation of procedures and appointments.
- Opportunities to engage and shape the future development of the acute sites through either the OFH programme on the NDDH site or in the development of the masterplan for the eastern sites.
- Delivery of priority projects including work starting on the Wonford ED Phase 2, cardiac day case expansion and the Tiverton community endoscopy expansion.
- A more personalised service offer across a range of site/channel options based on patient preference
- Plans to support travel to the hospitals and encouragement of environmentally sustainable solutions.
- The review of how services are provided from the community facilities will look at how services can be provided closer to home and avoid unnecessary travel.

How Staff Will Experience Service Delivery

It is important that our estate helps and enables our people to undertake their role and perform their duties in an environment that is safe and functionally suitable.

A focus of the Trust is on the recruitment and retention of staff and this strategy will support this through:

- provision of flexible fit for purpose environments for them to provide their services from (both clinical and non-clinical),
- improved support for health and wellbeing through dedicated staff relaxation and rest facilities along with a review of staff support services (inc. nursery), to support the principle of equity of facilities across the sites,
- opportunities to feed into the process of the development of the masterplans for the eastern sites and in particular the OFH programme business case,
- improvements identified to address the current challenges with clinical adjacencies and patient flow will help staff to provide high quality patient care efficiently and
- the creation of agile working, breakout spaces and bookable meeting spaces, complemented by the introduction of the digital solutions that support and enable agile working, will enable staff to work more efficiently and effectively from a range of locations.

7 Sustainability: Achieving Net Zero

The Trust developed a three-year strategic Green Plan in 2022 that sets out how it will achieve its long term sustainability goals and net carbon zero targets. Its aim was to guide the design development and implementation of future services and developments in line with local and national policies such as the NHS Plan Targets.

The Green Plan identified three targets for the Trust:

- Embody sustainable healthcare
- Staff engagement
- Carbon reduction

The Trust is fully committed to sustainability and reducing its carbon footprint and has already made significant investments to improve its energy efficiency and deliver carbon reduction in estates and FM delivery. The Trust has previously employed Salix funding to fund energy saving measures on-site. Successful applications have funded:

- The 800kWe CHP unit
- LED lighting replacements (saving 828 tonnes of carbon)
- Upgrades to chiller plant and pumps
- Upgrades to roof insulation
- 30% energy reduction in air ventilation systems
- Improved Buildings Management Systems (BMS)
- Solar panels
- New patient stockings save money and reduces carbon footprint
- New staff bike shelter
- EV charging points installed at NDDH
- Roadmap to 2030 to support Trust sustainability plan

NHS Plan targets

In January 2020, the campaign 'For a Greener NHS' was launched to mobilise more than 1.3 million staff and set an ambitious, evidence-based route map and date for the NHS to reach net zero. It set out two clear targets:

NHS to achieve net zero by 2040 for the emissions the NHS controls directly (the NHS Carbon Footprint), with an ambition to reach an 80% reduction by 2028 to 2032;

NHS to achieve net zero by 2045 for the emissions the NHS has the ability to influence (the NHS Carbon Footprint Plus), with an ambition to reach an 80% reduction by 2036 to 2039.

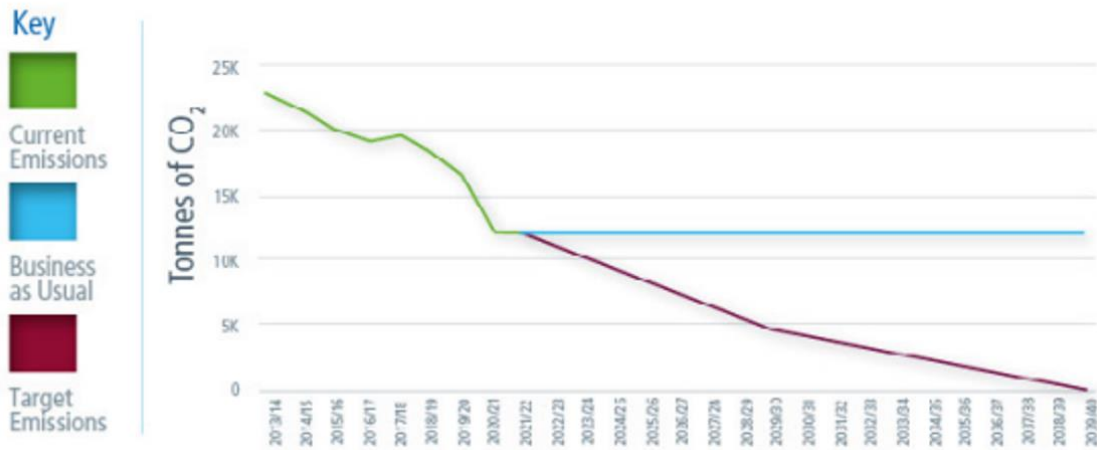
Energy Usage



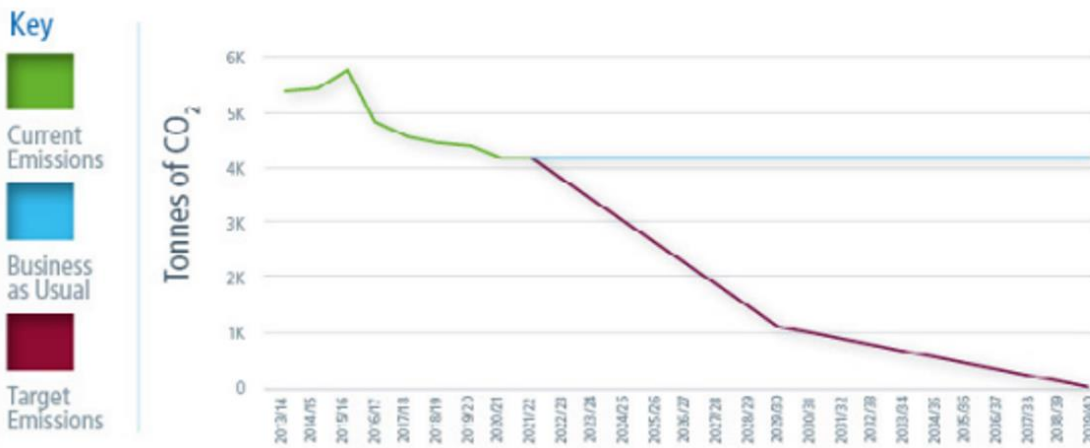
One of the great challenges for our estate is energy usage and whilst significant improvements have already been made there are further that can be made.

Future improvements will be required to reduce the carbon emissions from the existing estate to reach the targets as set out in the graphs for the eastern and northern sites below.

Wonford Building energy and water CO₂ emissions



NDDH Building energy and water CO₂ emissions



The Trust is developing its response to the sustainability challenge and has set out a number of actions it will take to address this in its Green Plan. Its objectives are to meet the targets and recommendations laid out in:

1. Trust Green Plan
2. NHS guidance
 - a. Delivering a net zero NHS (Statutory)
 - b. NHS Net-Zero building standards (Statutory)
 - c. NHS Estates Net-Zero Delivery Plan and technical annex
 - d. NHS Net-Zero Travel and Transport Strategy (pending release)
3. Health and Social Care Adaption Report

There are opportunities for the estate and facilities to have a significant impact on a number of initiatives that will meet the targets and recommendations of the Trust and the wider NHS guidance on delivering a net-zero NHS. These include:

Investing in our buildings



Figure 1 includes indicative numbers to illustrate the scale of the challenge to decarbonise the NHS estate by 2040. These are not actuals.



The Trust will implement the NHS Estates four step Net-Zero Carbon Delivery Plan:

The Trust will do this by:

- Investing in its buildings: Upgrading heating, lighting, and ventilation systems, and installing on-site solar panels.
- Prioritise demand reduction measures to ensure cost effective improvements are delivered.
- Minimise our overall energy and water consumption and maximise the efficiency of every kWh of energy and every m3 of water used in the Trust.
- Invest in monitoring systems to facilitate better management of resources.
- Remove reliance on fossil fuels by switching to clean and renewable energy. This action is focused on the Trust moving to renewable, low carbon energy either purchased or generated on-site.
- All new buildings and major refurbishment projects, including Our Future Hospital (OFH), will comply with the new NHS Net Zero Building Standard with a focus on whole-life net zero carbon.
- All refurbishments will be either net-zero or future proofed for net-zero.

The digital strategy identifies the potential benefits of implementing an intelligent building management are part of the NHP business case - savings of up to 40% of energy costs have been cited but it is very dependent on the current energy efficiency of the existing estate.

Establishing / improving utility monitoring systems for energy and water-efficient technologies and practices throughout the Trust's estate and services and delivering year-on-year reductions in consumption. Maintaining an ongoing programme of digitally enabled energy and water efficiency schemes.

Electrifying our estate and FM vehicles

To achieve its net zero commitments, including enabling compliance with the upcoming NHS Net-Zero Travel and Transport Strategy, the Trust must transition to fully zero emission vehicles for all estate and FM work although noting this is likely to be challenging for some of these such as lorries where the use of ultra-low emission vehicles is likely to be the focus.



The estate and facilities management teams will support this, and those who travel to the Trust sites with electric vehicles by:

- Support the wider Trust transition to EVs by ensuring sites have the electrical capacity to support EV infrastructure.
- Routinely installing EV charging points, or the infrastructure to add these simply and cost-effectively at a later date, in new developments or refurbishments.

Engaging our supply chain



The NHS will be working closely with suppliers to reduce emissions and drive innovation; the estate and facilities management teams will play a critical role in this alongside procurement to embed this into the procurement process and documentation.

Preparing for severe weather



It is essential that healthcare buildings are as resilient as possible, minimising potential disruptions to patient care from extreme weather. In addition, fully adapted buildings are better able to cope with changing weather patterns. Buildings designed to reduce heat gain require less energy-intensive cooling equipment, thereby reducing the estate's carbon emissions.

The Trust will work to incorporate recommendations from the most recent Health and Social Care Adaption Report and assess our properties for climate risk. In new facilities and redevelopments, the Trust will consider where there are opportunities to future proof buildings against extremes of weather. For example, planting trees as natural shading and installing solar film to reduce internal building temperatures.

Supporting biodiversity



The Trust will meet statutory Biodiversity Net Gain requirements and continually review, update and implement its Biodiversity and Outdoor Wellbeing Action Plan (BOWAP) and an approved planting guide. These documents underpinned by base-line assessments will inform how outdoor spaces are developed and managed in order to improve biodiversity and functionality to benefit staff, patients and visitors.

Linking with wider stakeholders



The Trust will work closely with other national and regional stakeholders in particular the ICB to ensure that respective initiatives are supported and the benefits are maximised and to identify any additional funding streams.

Planned developments on the Eastern Acute sites will look to support the Exeter Plan produced by the City Council. This sets out their vision for the City to become the most active city in the UK. Ensuring development takes place in appropriate locations, minimises the need to travel and provides routes and infrastructure for walking and cycling will be central to improving health and wellbeing.

There are potential future opportunities to work with Exeter Council and the university to explore the potential for a district heating scheme.

8 Measuring the Success of the Estate and Facilities Management Strategy

Estate infrastructure and capability is fundamental to delivery of the Trust’s strategic objectives. Set out below against the four estate and facilities objectives are a number of KPIs that the success of this strategy will be measured against.

Delivery Objective	KPI
Site redevelopment enabling future model of care delivery	<ul style="list-style-type: none"> Developed a site masterplan for the eastern sites with the proposed developments set out. Approved business case for the OFH development on the NDDH site with a development of the designs of the preferred option and progressed the development of the new residences. Develop a strategy for the community facilities that is aligned with the ICB community strategy and utilisation and requirements of other stakeholders considered.
Optimally utilising estate	<ul style="list-style-type: none"> Accurate utilisation data across the acute and community estate that can inform the management and decision making process. Improved utilisation across the Trusts estate. Where possible non-clinical services have been moved off-site into appropriate accommodation in line with Carter recommendations. Where non-clinical services need to be on-site, 100% co-located into suitable accommodation.
Safe and compliant estate	<ul style="list-style-type: none"> Improved compliance with NHS Health Building Notes and Health Technical Memorandums (evidenced through 6 Facet Surveys). Improved PLACE results and reduced DATIX issues/concerns.
Sustainability in building and estate management	<ul style="list-style-type: none"> Complete a review of how FM services are delivered across the sites and made a recommendation as to future options before current contract expiry. Supporting the objectives of the Trust’s Green Plan and national sustainability targets.

Summarised below are the Trust strategic objectives and how the success of this strategy can be measured against delivering on outcomes:

Objective	Measured by:
Collaboration	<ul style="list-style-type: none"> • Designing the estate solutions in collaboration with staff and patients. • Working across the Devon system to ensure best use of estate. • Jointly delivering on services to ensure best value for the Trust and wider NHS.
A great place to work	<ul style="list-style-type: none"> • Creating an environment that inspires and motivates. • Supporting staff health and wellbeing. • Excellence in training and education. • Investing in workforce development, creating opportunities for staff.
Recovering for the future: delivering fit-for-future estate	<ul style="list-style-type: none"> • Reducing maintenance costs. • Aligns with the NHS Green Plan and net zero carbon ambition. • Replaces temporary facilities. • Accessible to all. • Maximise utilisation of space.
Excellence and innovation in care: fit for future model of care	<ul style="list-style-type: none"> • Recognising growing / changing population health needs. • Promoting innovation in design and build. • Supporting care delivered locally where possible, networked where beneficial. • Supporting digitally connected care. • Supporting innovative working practice.

9 Roadmap and Implementation Plan

A high level roadmap of the work and developments that will be undertaken during the period of this strategy.

Year 1	Year 2	Year 3	Year 4	Year 5
<ul style="list-style-type: none"> • Eastern masterplan development • Development of OFH residences business case* • Development business case for enabling works OFH residences • Ongoing investment in backlog maintenance • Review of facilities management provision • Wonford ED Phase 2 tender • Start of work on Wonford cardiac day case expansion • Commencement of work on Tiverton community endoscopy expansion • Commencement of provision of hybrid theatre as part of National Recovery Plan 	<ul style="list-style-type: none"> • Delivery of OFH residences* • Commence OFH OBC* • Reprovision of admin space on disused oil bund • Review of community estate including engagement with NHSPS and ICB • Start of works on Wonford ED Phase 2 • Facilities management procurement / insourcing • Key worker housing on Wonford site • Master-planning of main tower Level 1 NDDH site • Transforming OP programme 	<ul style="list-style-type: none"> • Commence OFH FBC* • Development of Heavitree as a "cold" site • Reorganisation of community estate • Relocation of non-clinical staff offsite/ collocated if staying on-site • Exploration of longer term plans for the use of the Nightingale Hospital 	<ul style="list-style-type: none"> • Completion of key worker housing and residences projects • Future breast clinic development • Development of a business case to support ITU expansion 	<ul style="list-style-type: none"> • Expansion of interventional radiology

*Subject to NHP programme timetable and business case approval process/timescales

Acknowledgements:

This strategy could not have been pulled together without the senior team.

Thanks go to our strategy steering group:

Paul Honey – Deputy Director of Estates & FM

Kevin Ward – Associate Director of Strategic Capital & Estates

Nicola Brewer – Programme Manager of Trust Redevelopment

Katherine Allen – Director of Strategy