

Estates Strategy- Update

Trust Board Meeting	Item: 16
25th November 2015	Enclosure: J
Purpose of the Report: To set out the refreshed estate strategy covering 2013-2018 for approval	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Corporate Risk Register risks: T_EST002, T_EST004, T_EST005
Link to Relevant Corporate Objective:	To address quality of care issues associated with the environment through implementation of year two of the Trust Estates Strategy
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Document Previously Considered By:	Executive Management Team
Recommendation & Action required by the Trust Board : The Trust Board are asked to note the progress made to deliver the Estates Strategy, particularly to note : <ol style="list-style-type: none"> 1. The schemes that have been completed 2. The schemes which have been re-phased 3. That the outline programme has been re-phased to reflect the timing of the loan and operational issues identified by the clinical services as some of the schemes were developed. 4. That funding remains to be identified for certain schemes 	

1. Introduction

1.1 This annual update aims to set out the progress that has been made since the approval of the Trust's estate strategy for 2013-2018 in November 2013 and the report issued to the Trust Board in November 2014. Some of the headline achievements include:

- The Trust applied to the Independent Trust Finance Facility (ITFF) for the loan of £10m and this was approved. This allowed the refurbishment of the Nurses Home, renewal of Esher Windows and the Main Outpatients Project to proceed.
- The Commercial Pharmacy has been completed.
- Good progress has been made with the infrastructure renewal programme.

2. Funding strategy

At the time that the Estates Strategy was last reviewed the Trust was forecasting surpluses. The funding strategy was that the capital programme of £15.6m would be funded over four years from the £10m loan, £3m of charitable funding and £2.6 from surpluses through the 4 year period. Since then the Trust has had an outturn of £0.3m in 2014/15 and is forecasting an outturn for 2015/16 of a deficit of £6.1m. The Trust has therefore re-phased some of the works and may need to explore alternative sources of funding.

The Trust has commenced the financial planning process for 2016/17 and the outcome of this will be reported to the Trust Board in subsequent meetings.

3. Five year plan

3.1 An indicative plan for the delivery of the estates strategy was approved at the Trust Board in November 2014 with phasing of key schemes 2014/15 – 2018/19 is set out below:

Table 1: Indicative plan for delivery of estates strategy – phasing of key schemes

Scheme	13/14	14/15	15/16	16/17	17/18	18/19	Board/ Business Case Approved
<i>Within existing capital programme</i>							
Outpatient procedure room		Complete					
Re-provision at Surbiton (outreach)		Complete					
Business critical backlog maintenance							Yes
<i>Additional to existing capital programme</i>							
Refurbish nurses home phase 1							Yes
Refurbish nurses home phase 2				Subject to funding			
Esher windows replacement							Yes
Empty command centre							
A&E expansion							Yes
Outpatients refurbishment phase 1							Yes
Outpatients refurbishment phase 2							Yes
Outpatients refurbishment phase 3							Yes
Sir William Rous expansion							
Reconfigure/expand main entrance							
Resolve Roehampton planning issues							
Theatres Do Minimum refurbishment							Yes
ICU Do Minimum refurbishment					Subject to funding		
Dementia friendly improvements					Subject to funding		
Resolve car park planning issues							

- 3.4 As a result of the changing financial position and the demands of the Trust clinical services the Programme has been re-assessed again and plan has been further updated and this is set out in Table 3 below.

Table 3: Updated plan for delivery of estates strategy – phasing of key schemes

Scheme	15/16	16/17	17/18	18/19	Board/ Business Case Approved
Business critical backlog maintenance					Yes
Refurbish nurses home phase 2		Subject to funding			
Esher windows replacement					Yes
Empty command centre					
A&E expansion		Subject to funding			Yes
Outpatients refurbishment phase 1					Yes
Outpatients refurbishment phase 2					Yes
Outpatients refurbishment phase 3					Yes
Sir William Rous expansion					
Reconfigure/expand main entrance					
Resolve Roehampton planning issues					
Theatres Do Minimum refurbishment					Yes
ICU Do Minimum refurbishment					
Dementia friendly improvements			Subject to funding		
Resolve car park planning issues					

4. Scheme Update

Completed schemes

- 4.1. The work to refurbish the ground and first floor of the Vera Brown House was completed and Argosy House and Hanover House were vacated in accordance with their respective leases.
- 4.2. The Boots store in Main Outpatients was created and opened to provide a service to patients on 1st December 2014.
- 4.3. Gas fired boilers were installed to Regent Wing during the summer of 2015 as part of the steam pipe work rationalisation. This also accords with making the building stand alone in terms of utilities.
- 4.4. Additional cubicles were created during the summer of 2015 in the Royal Eye Unit which will allow more out-patient appointments to be offered to patients.
- 4.5. The Daisy Room project was undertaken during the summer of 2015, which is the Trust's new, dedicated bereavement suite in maternity.
- 4.6. As part of the Daisy Room project a wellbeing suite was created within maternity to support the provision of an integrated Women & Child Health Wellbeing Service. This centre will be used to deliver compassionate mindfulness-based approach classes and programmes (MBSR, mindfulness-based Yoga, mindfulness meditation) to women during their ante natal care and post-natal care.
- 4.7. Phase one of the electrical infrastructure works were completed in March 2014 with new sub-main cables being installed connecting Esher Wing to the new generator which was

installed in 2012/13. This provided greater resilience to the Esher Wing which contains the Trust's principle clinical services.

- 4.8. The renewal of the windows and associated external works to Esher Wing will complete at the end of November. This has provided an enhanced internal environment to outpatients and staff and the energy performance of the building will be monitored in the coming months.
- 4.9. Work to replace the hot and cold water distribution pipe work will continue, currently 85% of the pipework has been completed within Esher Wing and 80% of the site wide distribution Pipework.
- 4.10. During 2014/15, works to upgrade the 4 main lifts in Esher Wing is in progress, the pneumatic tube sample delivery system has been upgraded. Additional access control is to be installed to the care of the elderly ward in Esher Wing and the medical gases and call bell system are being upgraded which will allow the use of 20 additional beds this winter.
- 4.11 The planned business critical maintenance works will address some of the essential issues in ICU including pipe work, electrical infrastructure and ventilation. This work commenced in January 2015 and has been completed.
5. A Patient-Led Assessment of the Care Environment (PLACE) inspection for Kingston Hospital was carried out in May 2015. The assessment covered a wide range of patient and public areas including A&E, outpatients and wards. The results are shown at figure 1 below.

Figure 1: Results of PLACE inspection June 2015

The results for Kingston Hospital are in the table below.

PLACE Year	Cleanliness and Hand Hygiene	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Food	Dementia (new in 2015)
KHT 2014	96.26%	87.78%	90.03%	71.92%	-
National Average 2014	97.25%	87.73%	91.97%	88.79%	-
KHT 2015	95.01%	90.52%	90.28%	93.68%	47.89%
National Average 2015	97.57%	86.03%	90.11%	88.49%	74.51%

We are pleased with the rise in score for patient food. This reflects the hard work of the Trust, ISS and volunteers over the last year to raise the standard and suitability of the meals offered to our patients.

The other scores are broadly in line with expectation based on previous years. Cleanliness is down a little but was generally good; Condition and Appearance scored about the same as last year and Privacy, Dignity and Wellbeing continues to exceed the national average.

The Trust is satisfied with the outcome of these elements of the PLACE assessment.

An action plan has been drawn up from the results of the PLACE assessment and progress is being monitored by the quarterly PLACE Steering Group.

This was the first time PLACE has been scored for Dementia. The low score compared to the national average is an indication of the amount of work required to meet the environmental adaptations required for our patients with dementia. A specific action plan is has been drawn up and actions are being take to address the issued identified.

6 Patient surveys and complaints

CQC reports, annual patient surveys, the Friends and Family Test (FFT) and patient complaints have all have highlighted issues with the estate from a patient experience perspective.

The most common comment remains that temperature control in the inpatient areas is not suitable to all patients. The windows programme in Esher Wing should provide improved ventilation and heat retention as required and solar shading has been installed. This will be monitored over the winter and following summer.

The number of negative comments from the FFT survey regarding the patient food service has dropped significantly and this is no longer the top issue raised. In response to the negative feedback from the Picker survey of paediatric inpatients, a new children's menu was implemented in October 2015. Initial feedback indicates that the new menu is popular with both parents and children.

7 Town planning issues

The Trust only has temporary planning permission for the following buildings and structures on site

- Roehampton wing which was originally erected as a temporary ward block but is currently required to meet clinical needs of patients. Discussions continue with the Royal Borough of Kingston upon Thames with a view to resolving these issues.
- The multi-storey car park which was originally established as a temporary structure. The Trust received planning permission for the construction of an extra storey to the car park in 25th March 2015. This gives planning for alterations to the façade and layout of the existing cap park with the addition of a further storey to increase capacity by 130 spaces. This development must be commenced within three years. This would achieve permanent status for the car park along with the additional spaces.

8 Next three years of the Strategy

8.1 Business Critical Infrastructure Programme (*Implementation of the Frankham Consultancy Group's recommendations*)

Works to renew distribution pipework as part of the infrastructure renewal requirements and to address the legionella risk in Main Outpatients will commence in 2016/17. Refurbishment of the lifts in main Outpatients will commence in April 2016. Phase two of the electrical infrastructure programme is planned for 2016/17.

The work to refurbish the two lifts in Main Outpatients is planned for 2016/17, the existing lifts are at the end of their useful life.

The programme of works for future years continues to be prepared based on the Frankham report and local risk assessments to determine priorities.

8.2 A&E expansion (Do Minimum and organic growth)

A Working Group with clinical and estates input is working up detailed plans to expand capacity to enable the unit to deliver the existing workload and accommodate demographic growth anticipated over the next five years. This will involve an expansion of resus, majors and the observation bays. The project had been due to be constructed during the summer of 2015/16. As a result of the Trust's site wide flow programme including the 'Breaking the Cycle' initiative this project has been deferred and is subject to review by the Clinical staff involved with the patient flow project.

8.3 Theatres refurbishment (Do Minimum)

The planned business critical maintenance works will address some of the essential issues in theatre including pipe work, electrical infrastructure and ventilation. A Working Group with clinical and estates input has developed the scheme which will deliver modern compliant theatres. It is to be noted that these works will not address compliance with modern space standards for operating theatres as the constraints of the exist construction do not allow this to be achieved.

The working group have developed a programme of works to refurbish the 8 operating theatres, which requires closure of 2 theatres for a period of 14 weeks. A pair of theatres will be refurbished as part of a 4 year programme. It had been intended that the programme should be commenced in 2015/6 and conclude in 2019/20. It was not possible for the Theatres to be released in the current financial year and the delay to the commencement of the programme was risk assessed and it was deemed acceptable.

8.4 Expansion of Sir William Rous unit

The project is looking at three areas: i) what additional activity could be generated from Kingston Hospital, Royal Marsden Hospital and private patients activity, ii) is there merit in consolidating cancer activity currently undertaken elsewhere in the SWRU (thus freeing up other space) and iii) how could the current congestion in the SWRU be reduced. Any additional activity would clearly help generate an overall contribution for the Trust.

Discussions are continuing with the Royal Marsden and consideration to relocation the Haematology Day Unit to the building is being evaluated.

8.5 Improved main entrance and site navigation

High level plans to refurbish the interior and exterior of Bernard Meade Wing have been developed which will enhance the feeling of light and space, create more amenities, improve navigation and create an improved experience for patients, staff, and visitors, thereby improving the perception of the hospital.

Whilst this scheme is at the end of the programme, the Director of Estates has appointed Wayfinding Consultants which will assist across many of the projects, particularly the refurbishment of main outpatients.

8.6 Dementia friendly improvements

A dementia strategy has been developed and approved by the Trust Board. This includes proposals to develop the environment to improve the experience for patients suffering with dementia and their careers. Derwent Ward has been assessed as the Ward to be improved first and it is planned that works proceed during the summer of 2016/17.

This is now part of a charitable funding campaign.

8.7 Vacate command centre

There is a pressing need to vacate the command centre building which is not fit for purpose. Plans to relocate all administrative staff have been completed, however, in order to fully empty the building a new delivery point for stores and linen along with associated stores needs to be created.

8.8 Vacate Regent Wing

Vera Brown House (Phase 2): This involves the refurbishment of two further floors enabling administrative staff to relocate from unacceptable accommodation in Regent Wing. The Regent wing site will then be sold. This scheme is still being developed and will be subject to funding.

9.0 Resolve Roehampton wing planning issues

Roehampton wing only has short term planning permission which has expired. Capacity planning indicates that the Trust requires the clinical accommodation in this wing to deliver the level of clinical work commissioned at the Trust for the foreseeable future. Costs to re-provide this activity elsewhere on site are prohibitively expensive.

A scheme is therefore needed which enhances the structure of the building and allows the Trust to apply for a long term planning permission to secure the building for the delivery of healthcare. This work is at feasibility stage.

Continuing discussions as to the planning history and the way in which the issues can be resolved have taken place with Royal Borough of Kingston upon Thames.

10 Transport and car parking

10.1 We have completed the following in relation to transport and car parking including:

- Installation of a Pay on Exit system, in conjunction with extension of the payment methods to potentially include telephone, internet and card has been installed. Whilst we experienced a difficult implementation, the system is now fully operational and functioning as intended.
- Discussions with Transport for London regarding improving bus facilities on site and additional bus routes continue. Improvements to the onsite Bus Stop have recently been completed. This work was undertaken by Transport for London.
- Application for permanent planning permission for the multi-storey car park including its expansion has been received.

10.2 The Following issues are being progresses.

- The Trust continue to pursue solutions with the Local Authority to address access issues at Norbiton station (from train to platform) to increase its usage by patients/staff.

- On-going development of Workplace Transport Policy to address grey fleet usage and contractor vehicle usage on site continues.

11. Risks

11.1 Key risks to the implementation of this strategy and mitigations are summarised below:

- Difficulty in finding further savings or income to cover capital charges.
- Inability to mitigate the programme by re-phasing or by securing alternative sources of funding.
- Difficulty in securing planning permission for Roehampton Wing as planners is keen to see the development of the street approach. Good communication has been re-established with the planners and dialogue will continue
- Costs will be higher than indicated as high level estimates have been used at this point pending Board sign off and subsequent commitment of resources to develop more detailed plans. The plan will be kept under review as costs are firmed up
- Disruption to core services when works take place. Works will be planned to minimise any disruption and ensure existing activity plans are maintained. However, there is a risk that mitigation plans may not be fully effective or could bring additional costs and this will need to be monitored closely.

12. Conclusion

The Trust Board are asked to note the progress made to deliver the Estates Strategy, particularly the following:

1. That the outline programme has been re-phased to reflect the timing of the loan and operational issues identified by the clinical services as some of the schemes were developed
2. That the schemes are on programme in accordance with the re-phased plan.
3. That funding remains to be identified for certain schemes