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6cUfX'5gg i fUbWY' : fU a Yk cf_ 'È' GhfUhY [[JW'Df]cf]h]Yg'''	Select as applicable
@cWU'`GYf j]WYg'!'We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	
GdYW]U`]gh'GYf j]WYg'!'We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	
-bbc jUh]cb - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	
7UfY' - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	
DYcd`Y - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	
FYgc i fWYg'! We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	

Salisbury NHS Foundation Trust

Estate Strategy

2019—2024





1. Executive Summary

This estates strategy outlines how Salisbury NHS Foundation Trust (SFT) will seek to make best use of its land, buildings and infrastructure to assist in delivering on the Trust's key strategic objectives, consistent with delivering:

The strategy describes the current estate's performance and condition, sets out where the key risks are and the development options required to mitigate these risks and deliver on the Trust's clinical strategy. It articulates the direction of travel over the next five years, making the best possible use of the estate to deliver modern integrated care

2. Estate Profile: Baseline 2018

The Trust owns one freehold property, Salisbury District Hospital, which is fully operational and is sited some three miles to the south of the city of Salisbury. The Salisbury District Hospital site occupies an area of 21 hectares and has buildings with a total floor area of 97,764m².

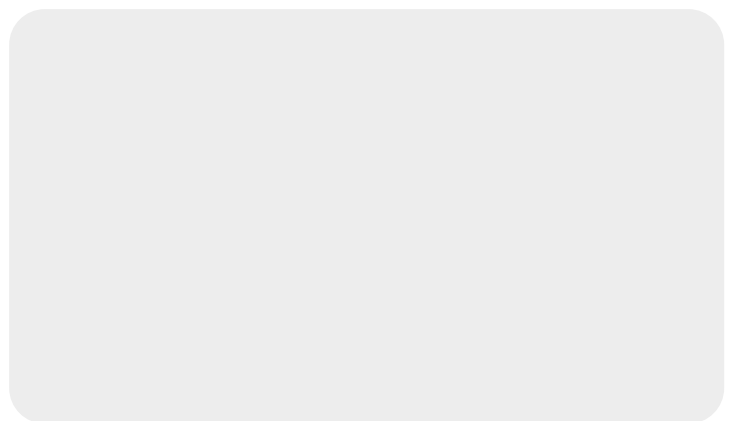
The full asset valuation as at March 2018 (Trust land and buildings) was £106,017,517 (including £15.8 m for the PFI building).

The hospital can be divided into three distinct areas:

SDH North

The North area of the site is the modern Phase 1 and 2 developments totalling 53,117m² of floor space. Phase 1 was completed in January 1993 and is based on the nucleus cruciform design with a hospital street on 5 levels. Phase 2 (top right) opened in May 2006.

SDH North houses most of the acute inpatient wards, emergency department, main theatres, diagnostic services (including laboratories), burns and plastics services and the main outpatient departments.



SDH Central

SDH Central is predominately 1940s, single storey, flat roofed accommodation comprising 34,841m² of floor area. Approximately 7,000m² of these wartime structures still house clinical services, including the neonatal intensive care unit (NICU), maternity services and pre-operative assessment.

SDH Central also includes the day surgery unit (DSU), a satellite radiology department and the Spinal Unit. The Spinal Unit is a traditional pitched roof building opened in the early 1980s. Day surgery is of modular construction built in 1993 which was subsequently extended in 1999 and again in 2003, but includes two of the original theatres dating from the 1980's.

In 2016, following a successful fund raising scheme by the Hospital charity, Stars Appeal, a dedicated Breast Unit was opened. The building, which extends out from gynaecology outpatient department, offers a welcoming environment where patients receive all their care and treatment in a unit which has been designed specifically for their needs.

SDH South

SDH South comprises a mixture of largely single storey 1940's buildings totalling approximately 4,300m². The more

The Digital Context

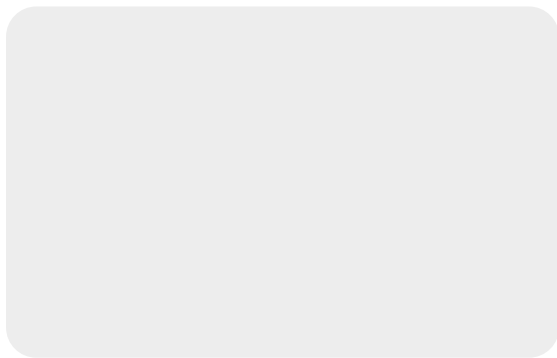
The impact of digital developments will have a major impact on the use of the estate and will be a major driver for change. The digital agenda, as set out in the Trust's emerging digital strategy, will have a compelling impact on future estate utilisation. Fewer face to face appointments as more digital methods are used will impact on the amount of clinical space required. Increased opportunity to work from home will change working patterns, reducing traffic to and from the site and potentially change how office accommodation should be configured in the future. Greater control of room utilisation, management of the site environment and resources will help the Trust become more efficient and contribute to environmental standards. Improved booking systems and the use of barcoding technology will be crucial in enabling the Trust to use clinical resources more effectively.

Therefore it will be important for the development of and associated ongoing workplans for our infrastructure related strategies to be aligned and consistent.

The impact Environment Can Make

The examples below are included to illustrate the importance of fit for purpose modern estate. The positive impact of a modern, safe environment in which to be treated and work is a vital component in the service provision model.

The Lift Project The patient lifts with interior artworks giving inspiring reflection of Salisbury's healthcare through the ages:



New Dedicated Breast Unit providing the best clinical care in an environment to match:

4. Developing the Estate Strategy

The development of this estate strategy has been considered in the light of these factors:

- x The priorities described in the Trust's **clinical strategy**– it is the requirements of the Trust's clinical services designed to meet the needs of the local population which will shape the estate development plans, determining how and where the estate advances.

- x The **external context** in responding to key national (eg Naylor review) and regional priorities (STP estates plans) and as the local community responds to the recently published NHS Long Term Plan and particularly its focus on the development of integrated care.

- x The **current estate configuration and standards** is this is the starting point from which the Trust is seeking to make

5. The Trust's Future Clinical Strategy

The key elements of the Trust clinical strategy as it affects the development of the estate include the following:

Easy Access for Patients and GPs

We will embrace **different approaches** (eg digital, telephone) to ensure that patients do not have to travel to the hospital except when a face to face consultation, physical examination or treatment is necessary.

Our diagnostic and treatment services will be provided in locations other than our main site to better meet **the needs of the population** equally we will encourage in-reach of community services into the hospital to support patient care.

Integrated Care

The approach in our locality will place greater emphasis on prevention, keeping patients well at home and getting patients home as quickly as possible if they have to come into hospital. This will mean the hospital only providing the care those patients need in an acute environment and more care being **provided in a community setting** Hospital staff will increasingly be working with community based multi-disciplinary teams to manage patients' needs outside of the hospital.

We will play our part in the development of **community hubs** where those community MDT's (including, community nursing, pharmacists, optometrists, therapists, social teams, general practitioners and support staff) can provide a range of services for patients. We will provide space for patients and the public to spend time together, **combating loneliness**

Emergency Care

We will improve access to rapid diagnostics and specialist advice to help admit patients to hospital only when absolutely necessary. Patients will stay in hospital for the minimum amount of time— getting the right patient into the right bed at the right time and planning discharge from the day of admission . We will further develop and enhance our early supported discharge services, which allow patients to go home earlier than usual with the required support in their own homes. We will work with our partners to further develop “discharge to assess” where patients’ care and therapy needs are assessed in their own home rather than in hospital. For some patients who need a longer perinhhhhhh(o)2(m)4/hf2()-10(i)4(e)

Frail Elderly

We will work with local partners in primary care community and social care to reduce admissions through delivering comprehensive, co-ordinated care in the community. If a frail older patient is admitted they will be kept out of bed and dressed where possible to reduce deconditioning and their discharge will be planned from the day of admission with the aim of keeping the patient in hospital no more than five days.

We will use our estate better to provide improved **rehabilitation services** drop-in and respite services such as a day centre, reminiscence therapy, exercise classes and support for independent living.

Mental Health

We recognise the important links between mental and physical health and support the concept of parity of esteem between mental and physical health conditions. This means ensuring that patient wellbeing is





8. Current Estate Condition

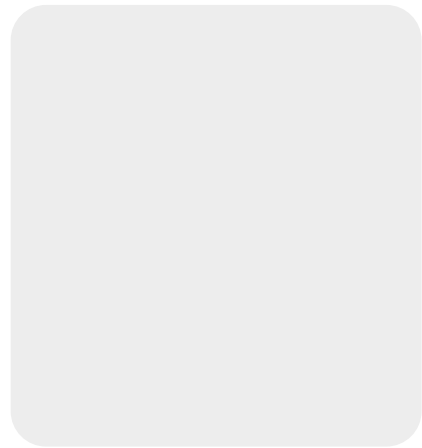
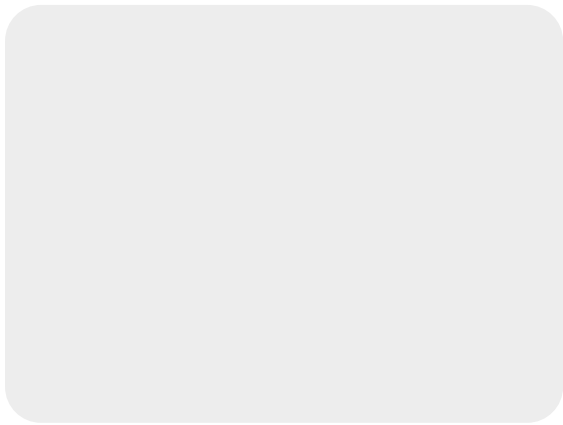
Physical Condition and Age

The overall physical condition of the estate is a product of the various ages, use, design, construction and maintenance of the total estate assets.

Almost a quarter of the SFT estate is condition code C and 9% is condition D. Just under half of the SDH estate has a building age of between 1985—1994, with 19% of the estate being over 70 years old and still housing clinical services.

These assets have gone beyond their economic life due to elements that are obsolete and/or inefficient and many of the buildings in SDH Central and South have react990a(i)4(c)8(l)4(i)1nd T9n

traditional (Spinal) and modular builds. These have in some circumstances



and location. A third of the clinical estate is being provided from accommodation which is sub-optimal. In the main this relates to the services provided within SDH Central, notably maternity and neonatal intensive care unit (NICU) and day surgery unit (DSU)

Impact of Functional Suitability- Maternity Services

The maternity unit is provided from buildings which were initially built in the early 1940s. The buildings are robust and resilient and have been adapted a number of times to provide the best possible facility for women in labour and their partners, but the facility has substantial issues with its functional suitability. Most of the birthing rooms are far too small

2017/18 Waste data:

Waste type	Volume (tonnes)	Cost (£)	
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As capital becomes available the Trust plans to increase the number of internal extensions on its VoIP network, up to a maximum of 90% of extensions. These new VoIP telephones will be supported with the strategic positioning of analogue telephones, sitting on telecoms infrastructure installed in 2006.

Switchboard consoles

The Trusts switchboard was upgraded in 2018 and runs on our VoIP network, a remote telecoms console, with full functionality, has been installed in

Pagers

2 way pagers are used for all critical messaging between staff groups (e.g. crash groups), these two way devices can operate on a local network (installed in 2018), the national pager network or any UK mobile phone signal. The device provides live status reports including the delivery and receipt of messages, battery strength and confirmation the device is powered up. Pager messages can be sent remotely by the system provider or by staff over the internet, removing the need for onsite presence.

Mobile signal

The lack of a reliable mobile phone signal on site requires the Trust to continue to use long range pagers for the foreseeable future. Whilst the Trust pagers have greater functionality, it will remain an important issue for the Trust to try and work with partners to improve the mobile signal on the site as part of future developments.

Two way radio communications

A network of digital two way radio communications is provided to a number of Trust departments, this provides additional resilience to desk and mobile telephone communications.

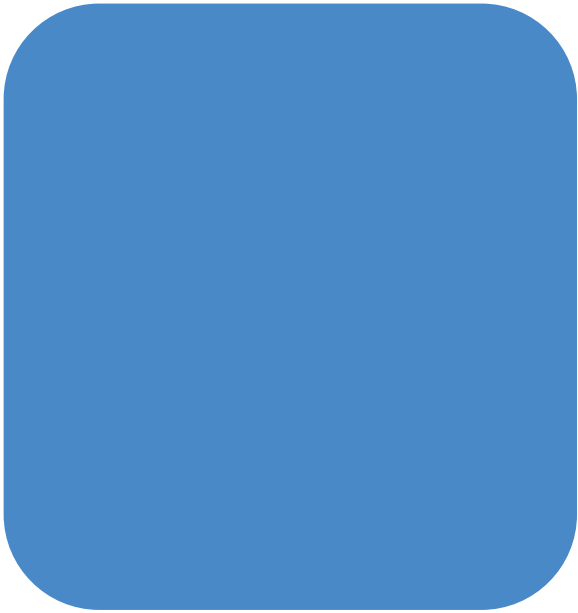
Transport/Carparking

With over 4,000 staff in addition to the patients, visitors, and contractors coming to the hospital site, the traffic generated is significant to the hospital, the city of Salisbury and surrounding areas. We need to have commitment from all our employees to work towards a reduction in private car travel, especially single occupancy journeys. We plan to promote healthier and more sustainable forms of travel to our staff and visitors.

The 2018/21 Travel Plan outlines the responses to the 2018

All the site car parks are currently full to capacity most days and demand is expected to increase over time. A number of travel initiatives have already been introduced to encourage more people to cycle, walk, jog or use the bus. This is not an easy task, given

10. Future Development Zones



11. Health & Wellbeing Campus Project

Whilst maintaining the estate to seek to minimise the risk from the ageing buildings as described above, the Trust will be bringing forward a scheme, or schemes, to make the best use of the 56 acres of the SFT site for the whole community. The intent is to bring together a range of partners who will commit to delivering a range of new services and facilities to replace the high-risk areas of the estate. The key objectives of that scheme will be to:

- x Provide an outstanding patient experience
- x Improve the health of the local population
- x Make best use of the estate for the wider community
- x Assist in making the Trust an inspiring place to work
- x Contribute to the transformation of services to meet the needs of local population
- x Increase the efficiency and effectiveness of the Trust's services

Acute and inpatient zone

The current SDH North buildings will continue to be the acute heart of the hospital where the emergency department, main theatres, ITU, the inpatient wards and laboratories will be sited. The Trust will bring forward plans to expand its assessment and diagnostic services, in particular by

Improving access

The site-wide scheme will present an opportunity to improve access, in terms of ensuring that there is adequate parking provision, within the context of the Trust's green transport strategy, to improve facilities for patients and visitors as they arrive at the hospital (including an expanded retail offering), and wayfinding around the site.

Community Benefit

The Salisbury site offers an opportunity to be used for the best possible benefit for the whole community and must harness the opportunities offered by its rural location and the views over the surrounding countryside. We want to create a place where patients receive acute care, but people also come to learn, where they come to walk and cycle, where people can meet up and socialise and where they can go to the pharmacy or dentist or do some shopping. For the many people who currently come to the hospital site and for the many more who will come in the future we want to be able to meet as many of their requirements in one visit as possible. By integrating care, work, living, education and recreation on one site we will regenerate the Salisbury hospital site, promote healthy lifestyles and make a significant contribution to the local economy.

We believe that this approach can make a positive contribution to the Wiltshire One Public Estate Initiative and will be working with partners in other sectors to make the best possible use of the overall estate for the widest possible benefit.

Next Steps

12. What do we want to achieve?



14. Governance of Estates Strategy

Board Level

The Trust Board will receive an annual update on progress with delivering this strategy via a regular capital development report. Strategy Committee will be the main overseeing sub-Board committee.

Strategic Capital Planning Group

A strategic planning group will be established, chaired by the Director of Finance and Procurement, to oversee the key work areas of the strategy. This group will report regularly to Strategy Committee on progress. This group will also review the development of major capital bids ensuring

