



South Eastern Trust
Property Asset Management Plan
2015-2016 – 2020-2021

August 2016

South Eastern Trust
Ulster Hospital
Dundonald
BT16 1RH

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SECTION 1 – EXECUTIVE SUMMARY

1.1 OVERVIEW

The South Eastern HSC Trust is committed to the Objectives of Good Asset Management and the Executive approved Asset Management Strategy. Aside from good estate management practice Section A 4.8 of Managing Public Money NI 2010 deals with Asset Management and obligations on Public Sector Organisations to ensure good stewardship of public assets. One of the key requirements is that each Public Sector Organisation should produce a Property Asset Management Plan. The Department requires all ALBs to ensure that an available, current property asset management plan is available which supports the Department's general policy, aims and priorities.

The SE Trust has a statutory responsibility for the management of our assets, the physical environment is an important factor in the patient and client care experience and effective and well-run physical environment will help ensure that patients, clients, staff and visitors are safe and comfortable. The management of buildings, land, plant and non-medical equipment needs to be set in the context of delivering services to our local community.

The strategic objectives of the Asset Management Strategy 2015-2020 are as follows:

- a) To maintain and enhance a flexible portfolio of assets best equipped to meet changing service needs and evolving methods of service delivery.
- b) To continue to review, to ensure the properties are used efficiently, ensure value for money, suitable for service delivery and meets the Trust's aims and objectives and Department guidance and standards.
- c) To maintain our Estate and ensure it remains safe and secure with high quality buildings which are capable of supporting current and future service needs.
- d) To ensure our Estate complies with existing and developing Statutory Standards.
- e) To improve productivity by ensuring efficient and effective allocation and utilisation of all available resources.

The Trust's key vision is to be a leading provider of health and social care services for patients, clients and carers. We will achieve this in partnership with others by making sure that our services are safe and effective, improving and providing a positive outcome and experience.

The Trust is committed to the development and maintenance of a robust PAM plan to ensure to effective management of the accommodation portfolio. This plan takes cognisance of the Trust's strategic clinical and support services direction and the strengths/weaknesses of the existing estate in order to provide a framework within which future estate development / rationalisation can be planned.

To deliver out key clinical and social care service objectives and priorities for its resident population. The PAM plan forms a key part of the Trust's overall strategic plan. The plan is reviewed by the Trust's Strategic Accommodation Group to monitor and review: the performance of assets to ensure value for money is maximised; identify underperforming assets; identify the impact of major strategic capital plans on the asset portfolio.

The strategy is formulated in response to a number of key drivers:

- Programme for Government
- Investment Strategy for Northern Ireland (Version 3)
- Priorities for Action
- Trust Corporate / Delivery Plans
- Trust Asset Realisation Plan
- Capital Plan 2017-2021
- Transforming Your Care 2011
- Trust Population Plans
- Commissioning Plan
- Trust Programme of Care Key Service Priorities
- Estates Strategy 2012-15

The PAM Plan is an overview of how the SE Trust provides property service to deliver core business.

The criticality of having safe, effective and accessible health and social services largely depends on having a safe, effective and accessible estate. The size, complexity and diversity of this very large estate present very significant funding requirements just to maintain the status quo. The rapid changes in clinical practice, technology, models of care and demography, mean that we have to be constantly updating, replacing and reviewing existing facilities that are becoming no longer functionally suitable making further very significant demands on the capital budget.

Over the last three decades of the 20th century conflicting demands on government funding in Northern Ireland meant that investment in the Health & Social Care Estate was far from sufficient to address the estate needs for the provision of modern Health & Social Care Services. This under investment left SE Trust with a legacy of many old and increasingly unfit-for-purpose buildings. As you will see from the report, over a third of our buildings are currently in excess of 50 years old, and many are in need of significant capital investment to address deficiencies in physical condition, functional suitability, statutory standards and energy efficiency. It is estimated that approximately £155.36 million would be required to deal with this maintenance.

There is also, however, a pressing need to meet the needs of changing models of care, as set out in “Transforming Your Care” which will require different types of buildings in different locations, as well as significant changes to the function, capacity and layout of our hospitals.

Many existing buildings, due to their form, structure and space limitations are incapable of being economically adapted to meet current space standards and facilitate modern clinical practice and new build facilities will frequently provide the only effective solution.

1.2 PROPERTY Asset Management Successes in 2015-2016 and Priorities for 2016-2017

Actions to be completed in 2015-2016 are covered in Template (N). A summary of the successes are listed below:

1. Ulster Hospital Decentralisation:

Was completed in November 2015 and this work has added to the Trust’s overall improving energy performance. Estimated financial savings £150k/year

2. James Street, Newtownards, Social Services:

New gas boilers is complete. This work has added to the Trust’s overall improving energy performance. Estimated financial savings £3,000.00

3. Lagan Valley – GP Out of Hours – conversion of old CSSD

This work was completed in January 2016 and saw the re-location of GP’s Out of Hours from the White House Block to the refurbished CSSD accommodation. This has freed up accommodation in the White House Block to be utilised by Lisburn PCCI project. This project has brought GP’s Out of Hours and the A&E Department into central location.

4. Ards Hospital Car Parking:

A project to review car parking at Ards Hospital has been completed which will address Health & Safety risks from traffic and parking and allow for the

introduction of parking fees in 2016-2017. A date to go live with the new system is Autumn 2016.

Surplus land and disposal are summarised in template H

In accordance with PEL (11) 01 our Trust submits a Strategic Outline Case (SOC) to the Department for approval of any new leases or lease renewals.

The Trust will continue to target the disposal of Seymour House Site, Dunmurry, Lisburn and lads and fields around the new Downe Hospital, Downpatrick.

Template (T) contents are a summary of projects over the next five years which will have a major impact on the Trust's property portfolio.

Ulster Hospital

1.3 SUMMARY OF ACTION PLANS, SEE TEMPLATE T:-

1. Market Street Social Services Offices.
 - Closure and relocation to Downshire site £450k Capital Costs
 - Department to dispose of the Market Street site.
2. Ards Hospital Boiler Decentralisation and closure of the main Boiler House.
 - Decentralisation costs £500k.
 - Projected savings £75k per year.
 - Funding to be bid for from CRL allocations.
3. Ulster Hospital. Re-provision of the Ulster Hospital Laundry.
 - Business case developed as part of Phase B – Ulster Hospital
 - Business case has been approved
 - To be complete March 2018
4. Ulster Hospital Infrastructure NIE supply.
 - Business case completed and approved.
 - To be complete March 2017
5. Ulster Hospital Phase B Redevelopment
 - Trust Capital Cost £232m
 - Completion 2019-20
6. Lisburn Enabling Works
 - Trust Capital Cost £3.5m
 - Delayed, awaiting Ministerial instruction

FOR NOTE – Introduction of Car Parking charges at Lagan Valley and Downe / Downshire sites.
A Public consultation is on-going and will completed 18th February 2017
Capital Costs £400k.

Aside from good estate management, pressure on the budgets and risk management are key drivers for the Trust to continue to critically review its estate in pursuit of optimum efficiency. In order to do so it is essential to ensure that key information on the estate is current and available to inform strategic and capital investment planning and operational management.

The Trust will be managing a number of Asset Management Implementation Programmes over the current budgetary period to improve efficiency of the estate and increase safe and reduce risks as follows:

- By 2017, as highlighted within the document, the Trust is predicting a net increase in the size of the estate of 55,000sqm with development, Phase B Ulster Hospital.
- By 2019 the development of the Lisburn PCCI at Lagan Valley will see a net increase in areas of 5000sqm.
- Awaiting Minister / Department advice and a Regional Review on Home closures.
- Review and update the Trusts' environmental statutory. See Performance Review on Energy and Clinical Waste.
- In order to maximise the potential and value of the large sites for disposal and to ensure commercial gain the Trust is working in collaboration with AEMB and LPS. This work has enabled the disposal of the Old Downe Hospital in 2015.
- Future disposals target over 5 years include:
 - Market Street, Downpatrick (DoH)
 - Rationalisation on the Downshire
 - Dunmurry Clinic
 - Seymour House Site
- The Capital Development Steering Group meets quarterly to review the pressure on accommodation throughout the Trust. The group is chaired by the Assistant Director of Capital Development.
- The primary purpose of this group is to maintain and enhance the Trusts estate portfolio to ensure that the Trust can flexibly respond to changing service needs and demands. The group ensures that all assets are used efficiently, maximise Value for

money, and that any proposed projects are in line with the overall Trust strategic aims and objectives.

- The introduction of PEL (11) 01 (Leased Accommodation) which the Trust is obliged to implement with effect from January 2011 and new/renewal leases.
- Land and Property services are involved in the rental assessment and any Heads of Agreement which may be appropriate and this also assists in ensuring the Trust obtain value for money in their lease agreements. Directorate of Legal Services will be involved in the drafting of/or consideration of leasing documents.
- The Trust has developed a robust procedure for the control of Leases. There is a single point of contact via the Assistant Director of Patient Experience. The Assistant Director is accountable to the Director of Human Resources & Corporate Affairs and the Chief Executive. All proposed lease and amendments go through this office.
- The Assistant Director is supported by a full time officer who manages all leases including minor and concessionary leases, this officer identifies and actions opportunities for rent and rate reduction and ensures leases are in place.
- The Trust is guided by PEL's issued by the DoH and works in conjunction with Land & Property Services and Department of Legal Services and Legal Advice.
- The Assistant Director of Patient Experience works collaboratively with Estates and Strategic & Capital Development.
- The Trust uses 3i to manage its property assets.

1.4 The Trust is Committed to the Objectives of the Executive Approved Asset Management Strategy

The PAM Plan summarises various key actions that are agreed at the Capital Development Steering Group, Strategic Accommodation Group and Chief Executives Accountability Review meeting and Department Accountability meetings.

- Structure – The Trust has a range of meetings and review groups to advise on the organisation priorities for the Trust Estates.

These include:

- Capital Development Steering Group
- Strategic Accommodation Group

And these feed up to:

- Trust Executive Management Team (EMT)

The Trust also report to Regional Groups, chaired by the Department Strategic Investment Group (SIG) and the Estates Accountability Meetings.

The above structures ensure that property control, property asset management and property risk are incorporated into how the organisation runs its business.

Management and Governance Structures

The Trust's Management and Governance structure ensures the appropriate skilled resources are in place to manage its property portfolio.

The management of the Trust's property Portfolio is managed via a clear structure of Departments and meetings.

The following directorate are responsible for the Trust's Estate:

1. Finance and Estates – Mr Neil Guckian, Director
2. HR & Corporate Affairs – Mrs Myra Weir, Director
3. Planning, Performance & Informatics, Ms Roisin Coulter, Director

A range of meetings ensure delivery of a property management function of the Trust. These include:

1. Strategic Accommodation Meetings – Trust
2. Capital Development Steering Group – Trust
3. Accountability Review Meetings with the Chief Executive – Trust
4. Finance Review Meetings – Trust
5. Accountability Review Meetings – Department
6. AEMB Meetings – Department
7. Strategic Investment Group Meetings – Department

Roles and Responsibilities

Responsibilities for the management of the Trust's Estates falls across a number of programme areas.

- **Capital Development**
 - Management of major Capital Projects in line with the Trust 5 year Capital Plan and Estates Strategy.

- Assistant Director Strategic & Capital Development,
Naomi Dunbar
- **Estates**
 - Management of operational and running of the Estate – all hard F.M. duties, energy, fire management and minor projects.
 - Assistant Director Finance / Estates,
Timothy Sheehan RIBA FIHEEM
- **Patient Experience**
 - Management of soft F.M. – cleaning, catering, laundry etc.
 - Management of leases and responsibility for accommodation.
 - Assistant Director of Patient Experience, Jeff Thompson
- Special advise is provided as required by:
 - CPD Health
 - L.P.S.
 - BSO
 - DLS

The South Eastern H&SC Trust's role, aims and objectives for the PAM Plan are as follows, the primary property objective of this plan over the next 5 years is to continue to provide an estate that in the safest efficient and effective manner facilitates delivery of health and social services in line with the Department's policies and quality standards.

The SE Trust property asset management strategy is to maintain an asset base that is effectively safe and efficiently managed, capable of supporting our aims and objectives whilst seeking to optimise use of our space, identifying opportunities to improve efficiency while meeting the Trust key business targets.

The principal aim of the asset base is to support and enable the delivery of the Trusts objectives, to provide high quality buildings which are safe, secure and capable of supporting current and future service delivery needs.

The Trust is mindful of the obligations placed upon it by Managing Public Money Northern Ireland and is committed to ensuring that the Trust estate meets service obligations in a way which demonstrates value for money and affordability.

The primary property objectives of this plan over the current four-year budget period is to identify projects and management activities for implementation by the Trust which improve the efficiency of our estate and meets service needs by continuing to:

- Update the central health and social care property management database (3i) with information to facilitate the Trust's asset management role, the Department's performance management role and inform capital investment and strategic planning decisions.
- Systematically review the estate by working with all colleagues in the Department to identify rationalisation and/or disposal opportunities for surplus, vacant, under-used and under-performing assets and to develop appropriate improvement and/or disposal plans together with funding requirements which may increase the size of the Estate.
- Continue to cultivate a strong interface between the Trust and AEMB and LPS and CPD Health.
- Ensure asset management forms an integral part of the Trust's business and capital/revenue budget planning process.
- Identify and maximise asset related opportunities to maximise efficiency savings, strive for continuous improvement and to generate capital receipts. A number of Disposal working Groups have been established.
- Set controls within the Trust to ensure optimum use of the estate and comply with property controls implemented by the Department.
- Focus on reducing backlog maintenance of the estate in order to maintain existing services and inform decisions on strategic planning.
- The Trust forwards a programme of backlog maintenance and major building risks to HEIG as part of its MES (Maintaining Existing Services) Programme. As part of the 3i computer programme standards on building conditions, this is reported to HEIG. HEIG review the 3i reports, priority, funding and works on an on-going yearly programme.

The SE Trust has a number of targets over the next 5 years that will improve its property asset base. These targets are summarised in Template T:

- 1.5** Management of Leases and responsibility for accommodation all within the Patient Experience Team. This Department has processes in place to manage Trust Leases and ensure the Trust complies with policy.

The Patient Experience Team ensures that the Trust complies with HSC (F) 2013-34 Addendum – guidance on the completion of business cases relating to accommodation projects.

The Department of Health and the Trusts are facing the next 5 years with a major reduction in Capital Funding.

This will delay many of the plans developed by the Trust. There is a requirement to develop smaller projects to address increasing risks within the Estates as major projects are delayed.

The importance of the following four areas needs to be focused on and developed further.

- Importance of Benchmarking
- Management of Risk in older building stock and the success of MES and Energy ring fenced funding.
- Long Term planning and Capital budgets.
- The importance of a IT System to manage information

The PAM Plan summarises various key actions that are agreed at the Capital Development Steering Group, Strategic Accommodation Group and Chief Executives Accountability Review meeting and Department Accountability meetings.

- Structure – The Trust has a range of meetings and review groups to advise on the organisation priorities for the Trust Estates.

These include:

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And these feed up to:

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The above structures ensure that property control, property asset management and property risk are incorporated into how the organisation runs its business.

Summarised below are the systems which are in place to record, analyse and effectively manage information.

The Trust has a substantial property portfolio with a diverse range of sites comprising of 97 facilities

The number of property blocks registered on 3i is 176 (as hospital sites are not broken down); including major and local hospitals, residential accommodation, day centres, health centres and administrative buildings with a combined asset value in excess of £259,020,387.00.

The Trust forwards a programme of backlog maintenance and major building risks to the Department as part of its MES (Maintaining Existing Services) Programme. As part of the 3i computer programme standards on building conditions, this is reported to AEMB.

AEMB review the 3i reports, priority, funding and works on an on-going yearly programme.

The Estates Department make a return to the AEMB at the Department each year. The information provided in this return is based on the 3i database.

The condition of the Estate is monitored from Ceri Davis Returns; these are reported to AEMB on 3i software.

The Trust uses the established 3i centralised property management database to help manage the estate along with other I.T. Systems.

- 1.6** The Trust has developed both a major capital investment plan and a minor capital investment plan covering 5 years and amounting to a capital CRL investment of £433.57million

Both plans have been developed to ensure planned programme of investment.

1.7 Property related savings:

The Trust has listed savings and potential savings in relation to property in Template (S).

A summary of these savings are:

1. Ulster Hospital Decentralisation of the Main Boiler House – Energy saving approximately £150k / year.
2. Disposal of 70 Hillsborough Road, Lisburn
 - a. Capital - £150k
 - b. Rates - £ 2,150.00

3. Downshire Site – Demolition of Lecale Building:

a. Rates - £0

4. TSL Unit 1 – Electricity Savings

a. Electricity – £750

b. Water – £71

SECTION 2 – REVIEW OF THE TRUST PROPERTY PORTFOLIO – Period 01/04/14 – 31/03/16

2.0 Background Description of the Trust:

On 1 April 2007, the Down Lisburn HSS Trust and the Ulster Community & Hospitals HSS Trust amalgamated and the South Eastern Health & Social Care Trust (SET) was established.

SET is a Community and Acute Hospitals Trust that provides integrated health and social services to the population of Ards, Down, Lisburn and North Down Council areas serving a resident population of 364,000 (source: Northern Ireland Statistics and Research Agency (NISRA) 2013 Mid-Year Population Estimates). In addition, acute services at the Ulster Hospital serve a wider population of circa 440,000, which includes parts of East Belfast. The table below highlights 2013 mid-year population estimates for the Trust catchment area by Council District / Age (source: NISRA):

Resident Populations: Northern Ireland and SEHSCT LGDs Mid-Year Population Estimate 2013

Age	<i>Northern Ireland</i>	Ards	Down	North Down	Lisburn	<i>SEHSCT</i>
0-14	358,155	14,073	13,978	13,822	24,877	66,750
15-24	245,212	9,101	9,516	8,710	15,811	43,138
25-44	490,870	19,070	17,943	19,899	32,525	89,437
45-64	456,354	21,795	18,205	21,540	30,845	92,385
65+	279,134	14,510	11,183	15,453	17,932	59,078
Total	1,829,725	78,549	70,825	79,424	121,990	350,788

The table below highlights the anticipated growth within the Trust’s catchment area by 2020, and the percentage change in the Trust population between 2010 and 2020.

Age	Change in SEHSCT Population Projections 2020				Change in SEHSCT Population Profile 2010 - 2020	
	Ards Population Projections 2020	North Down Population Projections 2020	Down Population Projections 2020	Lisburn Population Projections 2020	SEHSCT Population Projections 2020	SEHSCT % Change in population 2010 to 2020
0-15	15,962	14,491	15,505	27,399	73,357	2.70
16-24	7,804	6,753	7,796	13,026	35,379	-11.50
25-44	18,784	19,443	19,426	33,701	91,354	-1.70
45-64	22,285	21,316	18,941	31,106	93,648	5.60
65+	17,402	18,184	13,429	21,028	70,043	30.30
Total	82,237	80,187	75,097	126,260	363,781	4.90

The above table demonstrates that the Trust will have to respond to an increasing and aged population with the main demographic changes anticipated in the elderly population of 60+. The Trust will experience a 24.3% increase in this age group in comparison with regional growth of 23.35%.

The South Eastern Trust has an annual budget of approximately £502m and directly employs approximately 12,000 staff.

The estate portfolio comprises a diverse range of 100 properties (totalling 262,522sqm). Figure 1 below highlights the location of Trust Estate.

2.1 Summary of Key Changes to the Estate

Templates A-M and W have been updated and completed. The key changes to the various templates are listed below:

Changes from PAM from 14-15 to 15-16

Template	Notes
A	Yr 15/16 77 Freehold -70 Hillsborough Road – sold one less on freehold = 76 properties Yr 15/16 24 Leasehold – 40 Railway Street – now used for storage and two new leases Scout Hall and Unit 10 Railway Street = 26
B	70 Hillsborough Road – sold = 76
C	Yr 15/16 40 tenants St Johns ambulance ended 17/02/16 and Mencap Downshire ended , Daisies ended and new N I Hospice and Gatelodge = 39 tenants
D	Nil – Daisies ended
E	same
F	Yr 15/16 24 leased properties +2 (Scout Hall and Unit 10 Railway St) Increase due to increase in rates in particular Dill H 8694.04 8 leases renewed
G	Same and updated
H	Yr 15/16 4 properties Added Daisies, Finance Bldg, Ward 12 and Downe Shop and sold 70 Hillsborough Road Lisburn Check if Boiler House ulster and LVH Whitehouse should be added to H
I	40 Railway St now storage therefore nil return
J	Finneston removed as used as storage , 70 H Road sold, Gatelodge now café now 4
K	40 railway street now storage
L	Backlog Maintenance costs reduces by £3 million . 14/15 -£158.86 m reduced to 15/16 £155.86 m
M	The target reduction for 16/17 is £500k to 15/16 -£155.36 m

Changes from PAM from 14-15 to 15-16 – continued

Template	Notes
N	<p>Projects that have not progressed or progressed slowly.</p> <p>Ulster Hospital Laundry has now been approved and funded under the Phase B project and is due on site next year.</p> <p>Ulster Hospital Paeds Theatres –no progress due to the lack of funding.</p> <p>Market St relocation and closure. Funding secured via the Trust’s CRL for 16/17</p>
O	70 Hillsborough Road Sold and Lecale Building on the Downshire -demolished
P	Daisies lease determined no savings as we are still paying heat/light/rates for Ards H
Q	6 taken leases and 2 granted
R	4 new leases in 15/16
S	The Trust continues to target savings in terms of Energy Use and in the Procurement of new contracts. Last years targets of £250k achieved.
T	<p>Projects completed included : Ulster Hospital Decentralization and Lagan valley</p> <p>GPOOH.</p> <p>Projects on site and due complete include : Ulster Hospital NIE power upgrade, Ards Hospital Car Parking, Lakewood Childrens Home – Extension.</p>
U	Removed Finneston Seymour House LPS amt increased to £175k
U1-5	Removed Finneston Seymour House LPS amt increased to £175k
V	
V1-5	
W	Add note to say Victoria Rd – leasing arrangements being done by Paula’s Dept

2.1.1 Current Property Asset Base

Background Description of the Trust's Property Asset Base:

The property portfolio of the SE Trust is made up of a diverse range of sites including acute and local hospital sites, residential accommodation, day centres, health clinics, administrative buildings and support buildings.

The Total Size of the Estate:

YEAR		FREEHOLD	LEASEHOLD	PERCENTAGE
2012-2013	265,978 sqm	261,031 sqm	4947 sqm	1.85%
2013-2014	265,560 sqm	261,031 sqm	4529 sqm	1.7%
2014-2015	261,084 sqm	257,250 sqm	3834 sqm	1.46%
2015-2016	262,522 sqm	258,805 sqm	3717 sqm	1.41%

Location:	Services Available
Ulster Hospital Upper Newtownards Rd Dundonald BT16 1RH	Full range of Acute services including Paediatrics Regional Plastic / Maxillo -Facial Services
Lagan Valley Hospital 39 Hillsborough Rd Lisburn BT28 1JP	ED Dept. Day Case Procedure Unit Outpatient Dept. Inpatient Wards Mental Health Services
Downe Enhanced Local Hospital 2 Struell Wells Rd Downpatrick BT30 6RL	ED Dept. Day Case Procedure Unit Outpatient Dept. Inpatient Wards
Bangor Community Hospital Castle Street Bangor BT20 4TA	Minor Injuries Unit Outpatient Dept. GP Inpatient Ward
Ards Community Hospital Church Street Newtownards BT23 4AS	Minor Injuries Unit Day Case Procedure Unit Outpatient Dept. GP Inpatient Ward Mental Health Services

Location:	Services Available
Downshire Hospital Ardglass Road Downpatrick BT30 6RA	Psychiatry Services
Thompson House Hospital 19-21 Magheralave Rd Lisburn BT28 3BP	Brain Injury Services
<p>Community Services operating from Trust premises include:</p> <ul style="list-style-type: none"> • GP Surgeries/Health Centres • Resource Centres • Residential Services • Schools • Patient's Home Services 	

2.1.2 Key Issues

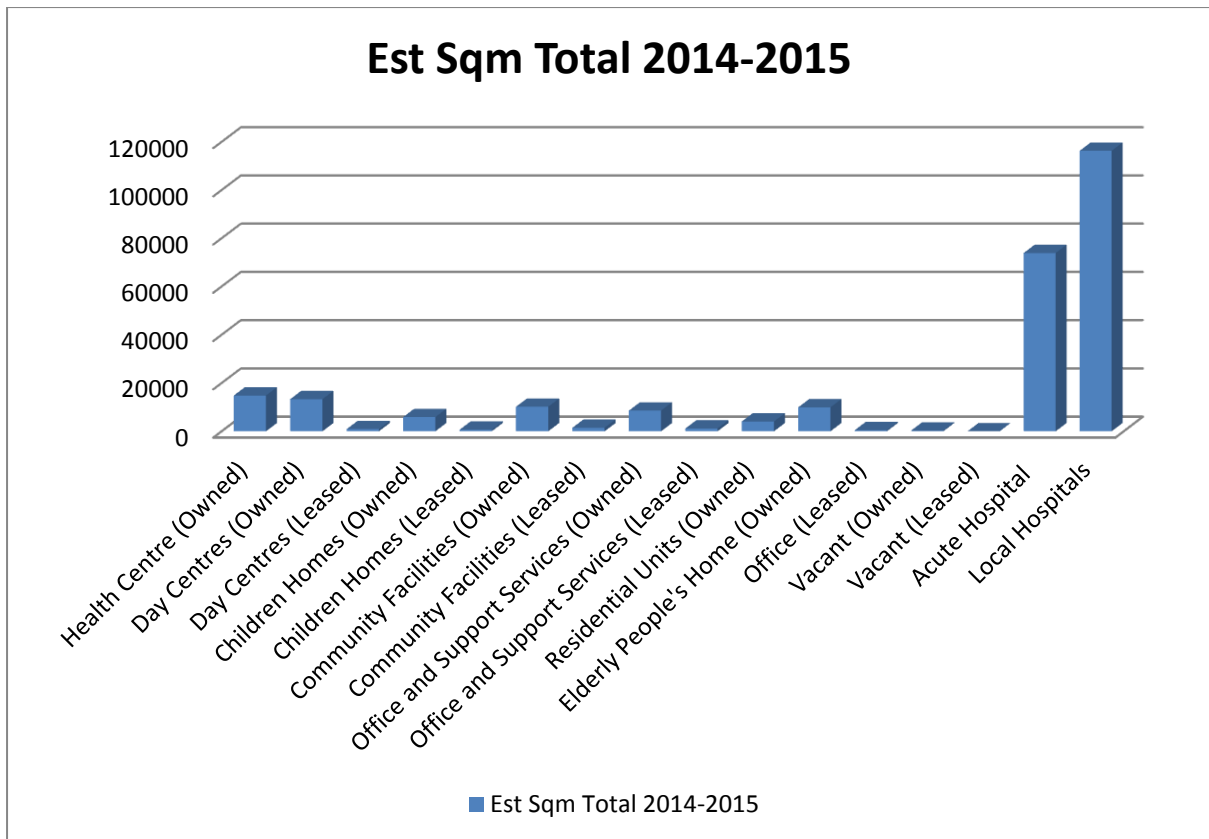
The Trust's overall Estates area was reduced by 4476sqm.

The Trust's Leased accommodation is 1.47% of the total estate.

2.1.3 Breakdown of Properties by Use

Summary of ("Use") of Facilities		
Use of Facility	Est Sqm Total 2014-2015	
Health Centre (Owned)	14,809	
Day Centres (Owned)	13,294	
Day Centres (Leased)	893	
Children Homes (Owned)	5,867	
Children Homes (Leased)	622	
Community Facilities (Owned)	11,595	
Community Facilities (Leased)	1,466	
Office and Support Services (Owned)	8,554	
Office and Support Services (Leased)	1,132	
Residential Units (Owned)	4,057	
Elderly People's Home (Owned)	9,906	
Office (Leased)	416	
Vacant (Owned)	256	
Vacant (Leased)	-	
Community Total	72,867	28%
Acute Hospital	73,847	28%
Local Hospitals	115,808	44%
Overall Total	262,522	100.00%

1 Site, only included in Template A is not shown above



2.2 Future Need for Freehold and Leasehold Estate

Process to Determine Future Asset Needs

Structure – The Trust has a range of meetings and review groups to advise on the organisation priorities for the Trust Estates.

These include:

- Capital Development Steering Group
- Strategic Accommodation Group

And these feed up to:

- Trust Executive Management Team (EMT)

The Trust also report to Regional Groups, chaired by the Department Strategic Investment Group (SIG) and the Estates Accountability Meetings.

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Summary of Action Plans, See Template T:

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 - Department to dispose of the Market Street site.
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 - Business case completed and approved.
6. Ulster Hospital Phase B Redevelopment
 - Trust Capital Cost £261m
 - Completion 2019-20
7. Lisburn Enabling Works
 - Trust Capital Cost £5.07m
 - Awaiting Department approval
 - Target August 2017

Aside from good estate management, pressure on the budgets and risk management are key drivers for the Trust to continue to critically review its estate in pursuit of optimum efficiency. In order to do so it is essential to ensure that key information on the estate is current and available to inform strategic and capital investment planning and operational management.

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- Land and Property services are involved in the rental assessment and any Heads of Agreement which may be appropriate and this also assists in ensuring the Trust obtain value for money in their lease agreements. Directorate of Legal Services will be involved in the drafting of/or consideration of leasing documents.
- The Trust has developed a robust procedure for the control of Leases. There is a single point of contact via the Assistant Director of Patient Experience. The Assistant Director is accountable to the Director of Human Resources & Corporate Affairs and the Chief Executive. All proposed lease and amendments go through this office.
- The Assistant Director is supported by a designated officer who manages all leases including minor and concessionary leases, this officer identifies and actions opportunities for rent and rate reduction and ensures leases are in place.
- The Trust is guided by PEL's issued by the DoH and works in conjunction with Land & Property Services and Department of Legal Services and Legal Advice.

- The Assistant Director of Patient Experience works collaboratively with Estates and Strategic & Capital Development on an informal & formal basis to ensure the strategic accommodation needs of the organisation is met.
- The Trust 3i to manage its property assets.

THE SOUTH EASTERN TRUST'S ASSET STRATEGY

The SE Trust property asset management strategy is to maintain an asset base that is effectively safe and efficiently managed, capable of supporting our aims and objectives whilst seeking to optimise use of our space, identifying opportunities to improve efficiency while meeting the Trust key business targets, this is a key objective within the Trust's Corporate Plan.

- Where are we now?
- Where do we want to be?
- How do we get there?

AN OVERVIEW OF THE STRATEGIES THE TRUST HAS IN PLACE TO ENSURE ITS ASSETS SUPPORT SERVICE DELIVERY

Please note that this section should read in conjunction with the Trust's Capital Plan, July 2016.

The South Eastern Locality encompasses three hospitals, a single Acute Hospital – the Ulster Hospital, Dundonald, supported by two local Hospitals – the Downe Hospital, Downpatrick and Lagan Valley Hospital, Lisburn. The Trust has been pursuing a reform agenda for a number of years and has implemented a range of programmes to address clinical safety and increase productivity.

Much of the clinical re-profiling of hospital services highlighted with TYC has already been taken forward by the Trust.

Emergency surgery is no longer performed in our local hospitals, obstetrics has been transferred from both sites (and replaced by MLUs) and changes to our EDs are well advanced with the urgent care model already in place at the Downe and Lagan Valley Hospitals.

The Trust is now concentrating on the delivery of improved care pathways for the management of patients with chronic conditions across Primary Care and Secondary Care in line with the recommendations of TYC and is also focused on improving efficiency and productivity in the Secondary Care Sector.

The Hospital Services Capital Investment listed below is essential to the successful achievement for the TYC vision within the South Eastern Locality.

Acute Hospital Sites

Key Projects / Capital Investments:

1. Ulster Hospital – Phase B

The Phase B development at the Ulster Hospital involves a carefully considered programme of engagement, planning, design and construction of a new Inpatient Ward Block which will be built by the end of 2016, with 100% single bedrooms, a new day procedures unit and pharmacy, followed by an Acute Services Block including specialist wards, an Emergency Department, a 64 bed clinical assessment unit and a new imaging department providing a range of diagnostic services for inpatients and a new Emergency Department. This project will provide the essential inpatient accommodation required for the Trust's single Acute Hospital.

The opening of the new Inpatient Ward Block in Spring 2017, will have a significant impact on the backlog maintenance of the existing main ward block and will improve the performance relating to KPIs for this area by 31st March 2017.

It should be noted that the final stage of the Phase B programme will be the demolition of the existing main ward block, however, this building cannot be fully vacated until the Acute Services Block is commissioned. This element of the project commenced on site in April 2016 but is not scheduled to open to patients until early 2020. The improvements in performance will not be maximised until the existing main ward block is demolished in 2021.

2. Ulster Hospital Infrastructure – Boilers

This project involved the decentralisation of the Trust's Boilers, this will ensure services to the existing Main Ward Block and will provide the essential infrastructure required for the Phase B Redevelopment Project. This project commenced on-site in September 2014.

The completion of this project will improve performance and energy efficiency at the Ulster Hospital. It will also address the high level risk associated with the existing boilers which have long exceeded their useful life expectancy.

3. Re-Provision of Ulster Hospital Laundry

The existing Laundry facility at the Hospital has reached the end of its useful life. This project will replace the facility at a new location at the Stores facility at the back of the Ulster Hospital site.

This project was approved within the overall Phase B Redevelopment approvals process.

The current laundry facility requires significant capital investment and the provision of a new state of the art facility will improve the performance and KPI's for this building by 31st March 2018.

4. Ulster Hospital Infrastructure – Electrical Supply

Essential Northern Ireland Electricity (NIE) capacity is required for Phase B Redevelopment. This project will provide the essential electrical load requirements for the Hospital redevelopment master plan by 31st March 2017.

5. Decontamination of Re-Useable Surgical Instruments

Trust non-compliance with Statutory Legislative Standards for the decontamination of re-usable surgical instruments – decontamination activity for hospital / community health / general medical services should be transferred to Central Sterile Services Department (CSSD).

6. Ulster Hospital Paediatric Theatres

The existing paediatric theatres at the Ulster Hospital site are currently non-compliant with Statutory Standards and unfit for purpose.

The refurbishment of the paediatric theatres will significantly improve performance for this area and reduce the backlog maintenance requirements. Assuming an Outline Business Case (OBC) approval date on April 2017, this project will complete and benefits released by 31st March 2019.

However the Trust awaits the outcome of the Regional Capital Priorities Review 2017-2021 to confirm these dates.

7. Maternity Extension

The existing Maternity Unit at Ulster Hospital has insufficient capacity to deliver the current number of births (4,500 per annum), as it was constructed on the basis of delivering 2,800 births per annum.

This will support the Ulster as the Single Acute Obstetrics / Gynaecology Unit for the Trust. This extension will address the capacity constraints within the existing facility, thereby improving KPI's for this area. It is not anticipated that this project will complete during the period covered by this PAM Plan.

8. Ulster Hospital – Phase C – Outpatients and Paediatrics

Phase C Redevelopment of the Ulster Hospital, which will provide the following:

- Acute Treatment Centre comprising:
 - Outpatients
 - Cancer Day Unit (replacing existing McDermott Unit)
 - Outpatient Imaging
 - Education and Training
 - Children's Department

Ambulatory Care and Children's Services will continue to operate from Buildings on the retained estate until the construction of Phase C completes the redevelopment of the Ulster Hospital.

Phase C Redevelopment of the Ulster Hospital is essential to complete the total site-wide redevelopment programme and to deliver the full model of care described in the Site Development Plan Strategic Context and Outline Business Case in 2005 and the subsequent Phase B Outline Business Case approved in May 2010. The full model of care for the Trust's single acute hospital cannot be implemented until this final stage of redevelopment is complete.

It is not envisaged that this project will commence during the 5 year planning horizon of this PAM Plan, however this project will complete the redevelopment master plan at the Ulster Hospital. The completion of this master plan will significantly reduce the backlog maintenance and risks associated with this site.

Local Hospitals

Key Projects / Capital Investments

1. Lagan Valley Hospital

The redevelopment of the Lagan Valley Hospital site to deliver a local hospital model of care in line with Transforming Your Care.

It is not envisaged that this project will commence during the 5 year planning horizon of this PAM Plan, however this project is essential to the redevelopment master plan of Lagan Valley Hospital.

The completion of this master plan will significantly reduce the backlog maintenance and risks associated with this site. It is not anticipated that this project will complete during the period covered by this PAM Plan.

Non-Acute Hospital Sites & Community Facilities

TYC clearly demonstrated the need to invest in Primary and Community Care in order to promote closer, more collaborative working with other sectors and organisations to address the needs of local communities and the population. This ambition will require a 'shift to the left', i.e. a considerable reallocation of resources from Acute / Secondary Care to Primary and Community Care.

One of the most fundamental changes are based on the effective management of LTC's outside of hospital, with the development of ICP's, and continuing reform of acute hospital services and services for Older People.

Key to the transformation of long term condition management are firstly the risk stratification and use of technology (telehealth) of patients with chronic co-morbidities including diabetes, COPD, heart failure asthma and dementia.

ICP's are being developed to proactively manage long term conditions in primary and community care settings supported by expert advice from acute clinicians. This will mean new roles for professionals involved in the delivery of care and more integrated working with the voluntary and community sector.

The continuing reform of the SEL acute hospital services will maximise the planned development of outpatient and diagnostic activity within primary and community care settings; secure additional productivity from outpatients, inpatients, day case and diagnostic services from existing hospital infrastructure; support the development of ICP's which proactively manage long term conditions within primary and community care settings and develop pathways across the whole pathway, including acute, to promote improved access to services and facilitate timely and supported discharge for both planned and unplanned attendances.

The following projects are key to the successful achievement of the TYC vision within the South Eastern Locality.

Key Projects / Capital Investments

1. Lisburn PCCC

Lisburn PCCC is one of two regional pathfinder projects to test the value for money of progressing the primary and community care programme via a revenue funded alternative procurement route.

The PCCC would provide an integrated facility on Lagan Valley Hospital site which all primary, community care, children's, mental health, GP, diagnostics and appropriate secondary care and outpatient services would be co-located.

This project will impact significantly on the following assets:

- Lisburn HC (6000m²)
This facility will be disposed of and therefore will be removed from the backlog maintenance requirements.
- Lagan Valley Hospital
An area to the east of Lagan Valley Hospital will be transferred to the successful bidder on a long lease to provide the site for the PCCC.
- TSL House (2 units – total size 612m²)
The Trust will not renew the lease for these 2 units
- Warren Children's Centre (1250m²)
This facility will be disposed of and therefore will be removed from the backlog maintenance requirements.
- Bridge Street

The Trust will not renew the lease for these 2 units. The provision of a new build PCCC will result in a net increase in area compared to the existing by c4000m² and will result in a new leasehold for the Trust.

This project will complete by Spring 2020. It is therefore assumed that the benefits, including disposal of Lisburn Health Centre and Warren Children's Centre and the termination of TSL House Units will be released by Spring 2021.

There are minor works required to Trust owned spoke facilities which support the Lisburn PCCC Hub. These have been included within the Trusts latest (July 2016) Capital Plan 2017-2021 submission to DoH. These works would mitigate the associated backlog maintenance requirements of these premises.

2. Bangor PCCC including Spokes

The existing facilities are no longer fit for purpose due to the cramped conditions and the quality of existing accommodation. This project seeks to deliver the PCCC Hub for North Down in line with TYC. The Trust's intention as part of this project would be rationalise Trust owned property in the Bangor area.

This project would significantly reduce the backlog maintenance for the Bangor area.

This is not anticipate that this project will complete during the period covered by the PAM Plan.

3. Ards PCCC including Spokes

This project will deliver the PCCC Hub for Ards and the surrounding peninsula in line with TYC.

This project would significantly reduce the backlog maintenance for the Ards area.

It is not anticipated that this project will complete during the period covered by this PAM Plan.

4. Colin Education & Family Centre (including Dairy Farm TRC)

This project is an integral component of the overall Colin Town Centre Regeneration Project. The overall Colin Town Centre (CTC) regeneration project sets out a plan to address a lack of physical infrastructure to support the economic regeneration of the Colin area, which is a medium density, suburban area located on the periphery of West Belfast.

This project will impact on the following assets:

- Stewartstown Road Health Centre and Colin Family Centre, will be disposed of and therefore the backlog maintenance will be removed.
- Dairy Farm TRC, lease will be terminated.

Adult Services

TYC clearly reinforces the need to confirm the closure of long-stay institutions in learning disabilities and mental health with more impetus into developing community services for these groups. The Trust's plans for these services will focus on developing new models of care to promote independence, self-esteem and social interaction for service users.

Mental Health

The policy objectives are to inform and reshape services in the light of the Bamford review to provide a modern and responsive service to people with mental health needs in a greater variety of settings.

The resettlement of Mental Health patients into the Community is vital in improving patient care and developing the Mental Health strategy. The capital required for such facilities has come through partnerships with housing associations and supported by Supporting People funding. In the absence of such capital support the Mental Health programme will look for central capital support.

Learning Disability

We must ensure that people with learning disabilities are socially integrated and receive the same opportunities and choices as the rest of society.

Another key objective is to develop access to high quality health services that are as locally based as possible and responsive to the particular needs of people with a learning disability.

Key Projects / Capital Investments:

1. Reconfiguration of Acute Mental Health Inpatients Services from 3 sites to 1 site and the adaption of low security accommodation in the Downe Hospital

This project considers the rationalisation of acute mental health services within the Trust, from the existing three inpatient mental health units (Lagan Valley Hospital, Downshire Hospital and Ulster Hospital) to a single unit Trustwide Acute facility at the Ulster Hospital.

This project will reduce the risks and backlog maintenance issues for the current facilities at the Ulster and Lagan Valley Hospitals which are not fit for purpose.

Assuming the OBC is approved by 31st March 2017, it is anticipated that the project will be completed by 31st March 2021. However, the Trust awaits the outcome of the Regional Capital Priorities Review 2017-2021 to confirm these dates.

2. Reconfiguration of Learning Disability North Down & Ards TRC's from 3 to 2

The project considers options for the reconfiguration of statutory day care services in North Down/Ards to ensure that the care provided within the day centres is focused to meet the needs of the most complex service users with a learning disability, and to consider the alternative community based day care opportunities for service users with less complex needs.

This project will result in the replacement of the three existing TRC's with two new build facilities accommodating 80 registered places each on the Ards Hospital (therefore maximising the use of Trust owned property at the Ards Hospital Site) and Balloo sites, and disposal of the Ravara site and the current Ards TRC site.

This project will enable the Trust to dispose of the existing facilities in Ravara (Bangor) and Ards, and replace the Balloo facility with a state of the art centre, thereby addressing any performance issues.

Assuming the OBC is approved by 31st March 2017, it is anticipated that the project will be completed by 31st March 2021. However, the Trust awaits the outcome of the Regional Capital Priorities Review 2017-2021 to confirm these dates.

This will facilitate the disposal of surplus assets by 31st March 2022.

3. Hillhall Respite Facility

A Trust commissioned independent review of the Hillhall Respite facility recommended a new build facility, as the existing building is no longer fit for purpose. The Trust is currently preparing a Strategic Outline Case for HSCB / DoH consideration.

This project will address the backlog maintenance issues associated with the existing facility.

It is not anticipated that this project will complete during the period covered by this PAM Plan.

4. Regional Addictions Inpatient Facility

The Trust will prepare an SOC for a Regional Addictions Inpatients Facility following the recent consultation exercise. It is anticipated that this facility will be included within a refurbishment to existing accommodation in Downpatrick thereby maximising use of Trust owned estate.

It is not anticipated that this project will complete during the period covered by this PAM Plan.

Corporate Services

1. Ulster Hospital – Emergency Department Carpark

This is the Trust's key capital priority. Essential Emergency Department Car Parking provision must be in place for the Acute Services Block, which houses the new ED, anticipated opening in 2020.

2. Ulster Hospital Master Plan

The Ulster Hospital Master Plan outlines the car parking requirements to support the master plan for the re-development of the Ulster Hospital Site.

It is not anticipated that this project will complete during the period covered by this PAM Plan.

THE PROCESSES USED TO IDENTIFY AN APPRAISE OPTIONS TO ACHIEVE THE ORGANISATION'S GOALS FOR ITS ASSETS

The Trust use various processes to identify and appraise options to achieve the organisation's goals for its Estates assets.

A key objective of the Trust as outlines in the Corporate Plan is to provide a building stock which is supportive of the delivery of safe and effective care.

To ensure this objective is achieved, the management of the Trust's Property Portfolio is managed via a clear Project Management Structure.

The following directorates are responsible for the Trust's Estate:

1. Finance and Estates – Mr Neil Guckian, Director
2. HR & Corporate Affairs – Mrs Myra Weir, Director
3. Planning, Performance and Informatics – Ms Roisin Coulter, Director

The Trust has established a Strategic Accommodation Group whose primary function is to manage the Trust Estate.

The Strategic Accommodation Group for the Trust manages the Estate as follows:

- Requests for new accommodation or extensions for leased accommodation are managed centrally via the Assistant Director of Patient Experience
- Requests for minor capital works to address maintenance and performance issues with existing estate are managed via the Assistant Director of Estates

- Requests for minor capital investment projects / facilities (<£500k) are managed via the Assistant Director of Strategic and Capital Development.

This group meet quarterly and all requests received are, challenged and discussed in detail to ensure that all proposals; meet the strategic aims and objectives of the Trust; provide value for money; maximise the use of the Trust owned Estate; does not impact on future strategic plans / flexibility; and are in line with the Trust's responsibilities as outlined in Central Advisory Unit Guidance.

- The Strategic Accommodation Group also:
 - Review the Trust's strategic capital priorities on a regular basis prior to EMT approval and submission to DoH
 - Agree the proposed minor capital / maintenance repairs works bids for general capital which operation directorates have submitted

This group escalates any issues as relevant to the Executive Management Team for consideration / decision making.

A range of other meetings also ensure delivery of the property management function of the Trust:

1. Capital Development Steering Group – Trust
2. Accountability Review Meetings with the Chief Executive – Trust
3. Finance Review Meetings – Trust
4. Accountability Review Meeting with HEIG – Department
5. SEMB Meeting – Department
6. SIG Meeting – Department

The Trust also meet regularly with the Investment Directorate through the production of business cases, all business cases produced by the Trust are in line with NIGEAE Guidance.

The Strategic and Capital Development Team works closely with the Assistant Directors of Estates and Patient Experience in the production of cases to ensure that they reflect the organisations goals for its assets.

IDENTIFY YOUR ORGANISATION'S FUTURE NEED FOR LEASEHOLD PROPERTY ASSETS OVER THE PLANNING PERIOD OF THIS PAM PLAN (2015/2016 TO 2020/2021)

The Trust has no plans for any additional leasehold property assets. However, it should be noted that the Trust has been directed by the Minister for Health, Social Services and Public Safety to progress the Lisburn Primary and Community Care project via a revenue based third party development procurement route. This project is currently at an advanced stage of procurements and is anticipated to reach financial close in May 2016. Following construction of the facility, the Trust will enter a lease for the facility for 25 years at an estimated annual service charge of c £3m, it is anticipated that this will commence in 2019/20. Once the value for money of progressing the Primary and Community Care programme via this alternate procurement route has been evaluated, the Trust may be directed to complete further projects, for example, Bangor and Ards PCCC, via this route. This would result in additional leasehold property assets for the Trust.

IDENTIFY YOUR ORGANISATION'S FUTURE NEED FOR FREEHOLD PROPERTY ASSETS OVER THE PLANNING PERIOD OF THE PAM PLAN (2015/2016 – 2020/2021)

Page 24 of this report outlines the Capital plan for the Trust, including the need for freehold assets. The Trust does not have any other freehold requirements over the 5 year planning period.

OUTLINE YOUR ORGANISATION'S PROCESS TO DETERMINE FUTURE ASSET REQUIREMENTS (LEASEHOLD AND FREEHOLD) AND CONFIRM THE TARGETS YOUR ORGANISATION WILL IMPLEMENT DURING THE PLANNING PERIOD OF THIS PLAN (2015/2016 – 2020/2021), RELATING TO OPERATIONAL COSTS, PROPERTY CONDITION, SURPLUS ASSETS, VACANT ASSETS, UNDERUSED ASSETS, ASSETS REQUIRED

The Trust identifies its future property asset need within its **Capital Strategy 2016 – 2021**. The Trust submitted its Capital Strategy (2016 to 2021) in response to a DoH request in October 2015.

The report details the Trust's vision for the capital investment required 2016-21 to deliver strategic policy objectives within a sustainable integrated model of Health and Social Care. Further detail regarding the timing of these projects is contained within template T appended to this report.

Within the period 2016 to 2021, the South Eastern Trust requires a total Capital Resource Allocation of circa £429m for priority capital refurbishment / new build projects.

The Trust will be required to maintain its existing asset base over the next 5 years pending the availability of funding to progress the plans outlined in the Capital Strategy document. Therefore, CRL allocations will be required in the interim period for building maintenance, general capital, major equipment, service vehicles and Information and Communications Technology (ICT).

It should be noted that the Investment Directorate has advised the Trust that due to the current constraints in capital funding, particularly for the 15/16 year, that the Trust will be advised to complete an update to the Capital Plan in July 2016. However, the current plans remains active and this document will reflect the detail contained within the plan 2016-21.

Section 3.4 of this report outlines the Capital plan for the Trust, this plan identifies future asset requirements (leasehold and freehold). This section also clearly identifies how future investment decisions might impact on the level of backlog maintenance and performance against KPIs.

TARGETS TO REDUCE PROPERTY ASSETS

As the DoH are not in a position currently to fund the projects required by the Trust within this report, in line with the Trust strategic capital plan, the Trust has implemented a system to review the current estate (freehold and leasehold).

The South Eastern H&SC Trust determines future asset requirements via a range of Directorate Accommodation Groups

The Trust currently has a number of processes in place across three directorates to ensure determine future assets requirements and develop targets for the Trust.

Strategic & Capital Development – ensure that maximisation of Trust owned estate is a key objective to all business cases.

Estates – regularly review the Trusts asset base via the Ceri Davis system to monitor condition, utilisation and maintenance required.

Patient Experience – review the Trust Leases to ensure that Trust is maximising VfM

Three areas come together as the Strategic Accommodation Group who meet quarterly to review all accommodation issues. The primary purpose of this group is to maintain and enhance the Trusts estate portfolio to ensure that the Trust can flexibly respond to changing service needs and demands. The group ensures that all assets are used efficiently, maximise Value for money, and that any proposed projects are in line with the overall Trust strategic aims and objectives

The Strategic Accommodation Group for the Trust manages the estate as follows:

- Requests for new accommodation or extensions for leased accommodation are managed centrally via the Assistant Director of Patient Experience.
- Requests for minor capital works to address maintenance or performance issues with existing estate are managed via the Assistant Director of Estates.
- Requests for major capital investment projects / facilities (<£500k) are managed via the Assistant Director of Strategic and Capital Development.

This group meet quarterly and all requests received are, challenged and discussed in detail to ensure that all proposals; meet the strategic aims and objectives of the Trust; provide value for money; maximise the use of Trust owned estate; does not impact on future strategic plans / flexibility; and are in line with the Trust's responsibilities as outlined in Central Advisory Unit Guidance..

- The Strategic Accommodation group also:
- review the Trust's review of strategic capital priorities on a regular basis prior to EMT approval and submission to DoH.
- Agree the proposed minor capital / maintenance repair works bids for general capital which operation directorates have submitted.

This group escalates any issues as relevant to the Executive Management Team for consideration / decision making.

2.3 KPI Performance Improvement from 2014-15 – 2015-16

KPI PERFORMANCE IMPROVEMENT FROM 13/14 – 14/15	KEY PERFORMANCE INDICATOR	2014-2015 PERFORMANCE %	2015-2016 PERFORMANCE %	% IMPROVEMENT FROM 2014-2015 %
Physical Condition	Percentage of estate floor area categorised as A or B for Physical Condition of estate appraisals	47%	43%	-4%
Functional Suitability	Percentage of estate by floor categorised as A or B for Functional Suitability of estate appraisals	58%	46%	-12%
Statutory Standards	Percentage of estate by floor area categorised as A or B for Statutory Standards of estate appraisals	42%	40%	-2%
Space Utilisation	Percentage of estate by floor area categorised as 3 adequately used for Space Utilisation for estate appraisals	90%	87%	-3%
Overall Condition	Percentage of estate by floor area categorised as Green for Overall Condition of estate appraisals	30%	45%	15%
Age Profile	Percentage of estate by floor area less than 50 years old	61%	56%	-5%

Between 2014/2015 and 2015/2016 there has been an overall decline in Physical and Statutory Standards which is included in the Overall Condition.

There has been an overall change in Functional Suitability, Mental Health Wards throughout the Trust are marked down to self-harm risks.

Space Utilisation continues to be managed well as part of PEL (11) 20 Space Utilisation in Health Care Facilities and Estates Rationalisation.

The age profile continues to decline as new builds are not replacing aging properties.

Performance against the Ceri Davis standards listed below are above measured and summarises with 3i property management database.

The Trust's CRL Capital Funding and the Department's MES Funding have been key to managing and reducing these risks over the previous 5 years.

With major reduction in capital spends and the removal of MES Funding by the Department, the year on year will decline in these KPIs with reduction and risk increasing.

The Trust continues to use its Corporate and Directorate Risk Register to prioritise risk and advise the Department of major risks.

PRIVATE FINANCE INITIATIVES

Following a ministerial decision in January 2012, the Trust was asked to progress an Outline Business Case (OBC) for a new Primary and Community Care Centre (PCCC) in Lisburn, as a pathfinder project to test the affordability and viability of a revenue based solution to the funding of primary and community care infrastructure projects, as an alternative to the traditional capital procurement route.

In April 2013, a Ministerial direction approved the project to proceed via a third party development. This project is currently at an advanced stage of procurement and is anticipated to reach financial close in May 2017. Following construction of the facility, the Trust will enter a lease for the facility for 25 years at an estimated annual service charge of c £3m, it is anticipated that this will commence in 2019/20.

Once the value for money of progressing the Primary and Community Care programme via this alternate procurement route has been evaluated, the Trust may be directed to complete further projects, for example, Bangor and Ards PCCC, via this procurement route

LISTED BUILDINGS

Template E which details the list of historic buildings has been completed.

The Trust is obligated to maintain the listed buildings in its Estate Portfolio and have actively been involved with NIEA.

The Trust has regular contact with NIEA – regarding its two listed properties –

- The Downshire Hospital – part ownership
- Lagan Valley Maternity Block

2.4 Targets

Vacant Estate Update

Trust Actions of Vacant Estate currently Planned – Financial Year 2016-17 FREEHOLD

Property	Value £,000	Notes (Including Dependencies and Constraints)
Dunmurry Clinic		Joint sale with the Department of Education – Libraries
Land at Ardglass Road, Downpatrick (field 21,22,23 & 24)	£250k	Fields. Sale requires adoption of Struell Wells Road roundabout by DRD

	Seymour House	£130k	Awaiting removal of restrictive covenants – NIHE
	Market Street Retained Estate		To be vacated March 2017
	54 Church Street Newtownards		To be refurbished via slippage funds in 2016-17 or CRL Funding 2017-18
	TOTAL NO. AND VALUE		

Underused FREEHOLD and LEASEHOLD Estate

Name of Property	Full Postal Address	Identify Timed Action to Improve Underperforming Asset
Grove House	76 Antrim Road Ballynahinch BT24 8AN	Partially occupied, phased refurbishment work being carried out. Underused due to planning restrictions. Revised planning application needs submitted before full utilisation
Downshire Hospital Laundry, Kitchen and Support Services	10 Ardglass Road Downpatrick BT30 6RA	Potential disposal 2016-17 – long lease for council consideration / Replacement
Ards Hospital Finance Building Top Floor	Church Street Newtownards BT23 4AS	Refurbishment of property at Ards to facilitate decant from Dill House. Capital dependent. Targeted for 2017-18 financial year
Lagan Valley Whitehouse	49 Hillsborough Rd Lisburn BT28 1JP	Will be used as decant for LPCCC year 2017-18
Kelly Court Flats 1-5	Ulster Hospital Upper Newtownards Rd Dundonald BT16 1RH	Refurbishment of residential accommodation subject to Capital Funding. Condition report found current building unfit & unsafe for occupancy
Dunmurry Clinic	19-21 Upper Dunmurry Road Dunmurry BT17 0AA	Available for disposal year 2016-17 as joint sale with NI Library Board
Market Street Day Centre	81 Market Street Downpatrick BT33 0DY	To relocate the Day Centre to Ward 11 Downshire – March 2017
Ward 11, 12 & 13 Downshire Hospital	10a Ardglass Road Downpatrick BT30 6RA	To relocate Market Street, Downpatrick

Key Performance Indicators

The Trust continues to improve in physical condition and statutory standards in its properties. The improvement is a combination of investment from the CRL Capital Funding, the disposal / demolition of buildings and completion of main building works.

Space utilisation continues to improve as the Trust pro-actively manages underused Estate and continues to rationalisation where it can.

Performance against the Ceri Davis Standards are summarised within the 3i property management database.

With major reductions in Capital Funding from the Department the year on year improvement on KPI's will decrease and the risks to building and the Estate will only increase.

The Trust continues to use its Corporate and Directorate Risk Register to prioritise and advise the Department of Major Risks.

Breakdown of Properties by Use and Tenure (Freehold)

Organisation Name: South Eastern H&SC Trust

USE	Number of Freehold Properties 14-15	Number of Freehold Properties 15-16
Health Centres	10	10
Day Centres	12	12
Childrens Homes	7	7
Office	0	0
Office & Support	10	10
Storage	0	0
Decant Facility	0	0
Vacant	3	2
Community Facilities	10	10
Residential Units	11	11
Elderly Peoples Homes	6	6
Acute Hospital	1	1
Local Hospital	6	6
Ambulance Station	0	0
Fire Station	0	0
Depot	0	0
Site Only	1	1
Total	77	76

Template B list of freehold properties – shows total number of freehold properties are 76 for year 15-16. The variation from 14-15 is attributed to 1 disposals in 14-15.

Template C tenancy schedule – between 14-15 and 15-16 the number of tenants remained unchanged. However the 15-16 reflects on-going tenancy agreements with staff accommodation.

Template D the total number of concessionary leases is zero.

Template E remains unchanged.

The properties rented by the Trust are summarised in Template F and are included in the above figure.

A register of all freehold and leased Trust properties are held on 3i Software. Details on the Trust property portfolio are also included at appendix A of this report.

The use of health properties has been categorised into the following categories:

- Hospitals
- Health Centres/Clinics
- Day Centres
- Children's Homes
- Elderly People's Homes
- Residential/Respite/Hostel
- Primary and community care facilities
- Office and support services
- Warehouse / storage
- Vacant

Listed Buildings

Template E which details the list of historic buildings has been completed and is unchanged. The Trust is obligated to maintain the listed buildings in its Estate Portfolio and have actively been involved with NIEA.

The Trust has contact with NIEA – regarding its two listed properties:

- The Downshire Hospital – part ownership
- Lagan Valley Maternity Block

LEASEHOLD ESTATE AND RENTAL INCOME

- The Total number of leasehold property in the SET Trust Estate is 25 with 26 leases (2 leases in Hill Medical).
- The properties range covers:
 - Community Facilities
 - OfficeThey include:
 - Day Centre for Mental Health
 - Children's Home
 - Social Care office Base – accommodation and an office for part of the Trust's Finance Team

Template F details each of the Trust's leased properties

Summary of ("Use") of Facilities			
		% of	
Use of Facility	Est Sqm Total 2014-2015	Total m2	
Health Centre (Owned)			
Day Centres (Owned)			
Day Centres (Leased)	893	0.34%	
Children Homes (Owned)			
Children Homes (Leased)	622	0.24%	
Community Facilities (Owned)			
Community Facilities (Leased)	771	0.29%	
Office and Support Services (Owned)			
Office and Support Services (Leased)	1,132	0.43%	
Residential Units (Owned)			
Elderly People's Home (Owned)			
Office (Leased)	416	0.16%	
Vacant (Owned)			
Vacant (Leased)	-	0.00%	
Community Total	71,429		27.31%
Acute Hospital	73,847	28.23%	28.23%
Local Hospitals	115,808	44.46%	44.46%
Overall Total	261,084	100.00%	100.00%
Leasehold Total	3834m2	1.47%	

SUMMARY	No. of leases in 2012/13	No. of leases in 2013/14	No. of Leases in 2014/15	COST of Leases in 2014/15	COST of Leases in 2015-16
LEASES	24	25	24	£345,291.52	£388,517.14
GP LEASES	25	25	25	Paid direct by HSCB	Paid direct by HSCB
TOTAL LEASES	49	50	49		

Appendix F has been completed. This demonstrates that the Trust has a detailed account of its leased properties. These leases are managed by the Assistant Director of Patient Experience via the 3i system.

Appendix Q has been completed. This shows that 5 leases were renewed in 2015/16 in line with the Trust procedures. In line with relevant DoH guidance, a strategic outline case is completed to ensure that there is a need for a lease, that there is no alternative freehold option, and that the proposed lease represents value for money. The Assistant Director for Patient Experience is responsible for the management of all leases within the Trust and works collaboratively with DLS, LPS, DUSPS and Internal Stakeholders.

Breakdown of Properties by Use and Tenure (Leasehold)

Organisation Name: South Eastern H&SC Trust

USE	Number of Leasehold Properties 14-15	Number of Leasehold Properties 15-16
Health Centres	0	0
Day Centres	3	5
Childrens Homes	1	1
Office	1	1
Office & Support	6	6
Storage	0	1
Decant Facility	0	0
Vacant	1	0
Community Facilities	12	11
Residential Units	0	0
Elderly Peoples Homes	0	0
Acute Hospital	0	0
Local Hospital	0	0
Ambulance Station	0	0
Fire Station	0	0
Depot	0	0
Site Only	0	0
Total	24	25

Note: Hill Medical has 2 separate leases in place

Appendix F has been completed. This demonstrates that the Trust has a detailed account of its leased properties. These leases are managed by the Assistant Director of Patient Experience via the 3i system.

Appendix Q has been completed. This shows that 4 leases were renewed in 2014/15 in line with the Trust procedures. In line with relevant DoH guidance, a strategic outline case is completed to ensure that there is a need for a lease, that there is no alternative freehold option, and that the proposed lease represents value for money. The Assistant Director for Patient Experience is responsible for the management of all leases within the Trust and works collaboratively with DLS, LPS, DUSSPS and Internal Stakeholders.

Health Centres

The Trust has 10 health centres. Of this 3520m² GIA is used by GP Practices under a Licence. Work is on-going to develop an appropriate standard lease agreement which can be applied and modified to capture the nuances of individual practices within the health centres. Service charges are based on Departmental Circulars, however the Trust are working towards charging for overheads on an actual cost basis as agreed with the Department to be implemented.

Land and Property Services, on a three-yearly basis, are requested to undertake a review of the rental valuations and this charge is applied. In the event that GP's take additional space within the Health Centre they are charged rent for this additional space and their Licence Agreement amended.

The Trust also have arrangements in place with privately owned GP Practices for the use of office accommodation for district nurses who provide services to patients in that community. Whilst there are service charges applied in some instances arrangements need to be regularised and confirmation sought that the Trust is not paying for space for which the GP's are already being reimbursed by the Board.

The majority of rental income from Department owned and Trust owned Estates assets is mainly focused on rental from GP's. Total income from GP's is £590,505.00 and accounts for 96% of total rental income.

See Templates – C, D and F

Other rental income is derived for the rental of accommodation from the following properties in-line with PEL (11) 01:

1. Ards Hospital Car parking – Ards Council
2. Ards Hospital – Stepping Stones
3. As per Template C – the Trust receipts £81,061.00 year 15-16 from Ulster, Lagan Valley and Down Staff Accommodation. In the corresponding year the total service charge for all accommodation was C.£104k, occupancy rate for year 15-16 was approx.. C.50%. Age and condition of some accommodation limits maximising the occupancy rate.

Management Agreements

The Trust has in place Joint Management Agreements for Supporting People schemes which provide residential services to adults with supported living needs. Housing Associations provide the housing management services and the Trust provides the support services to clients within the scheme.

The Direct Costs associated with these facilities are staff revenue costs.

Location of South Eastern H&SC Trust Retained Estate Sites



A number of properties listed within the Trust Property Portfolio are properties owned by the Department of Health and are managed by the Trust.

The properties are listed above. Where the Trust has a future need for these properties they will be retained and transferred to Trust ownership.

COMPLIANCE WITH LANDLORD AND TENANT'S OBLIGATIONS

- The Trust's management makes certain that the Service User(s) occupying the premises and receives a copy of the lease so that they are aware of the respective responsibilities of the landlord and the tenant under the terms of the lease.
- The Trust ensures that any proposed change in the rent of leased property is approved by Land and Property Services
- Where applicable the Trust will request from the landlord the details of the costs which are used to calculate service charges and will ask, on occasion, for copies of invoices in respect of particular costs that the landlord claims to have incurred. Any changes in service charges are carefully scrutinised and challenged if necessary.
- The Trust continues to populate the Leased Estate Module of 3i with all relevant leases and legal documents.

TOTAL ANNUAL PROPERTY COSTS AND LEASEHOLD REGISTER

Template A

Lists a total Property Portfolio of 101 sites, 76 are freehold and 25 are leasehold.

Freehold properties have reduced by one from year 14-15 with the sale of 70 Hillsborough Road, Lisburn.

Leasehold has increased from 24 for year 14-15 with 2 new leases taken at the Scout Hall, 30 Thomas Russell Park, Downpatrick and Uni10, 1 Railway Street, Newcastle to 26 in year 15-16 and 25 properties as Hill Medical has 2 leases, 40 Railway Street, Lisburn is now used as storage.

Template B

List of freehold properties shows total number of freehold properties are 76 for year 15-16 with the sale of 70 Hillsborough Road, Lisburn, August 2015

Template C

Tenancy schedule has increased by approximately £7,000.00 per annum as a result of 3 small leases ending year 15-16.

St John Ambulance ended 17th February 2016

Daisies Café concessionary lease ended 31st August 2015

Mencap Downshire ended August 2015

Two new leases granted to Stepping Stones, Gatelodge Ards Hospital and NI Hospice, Downe Hospital

The tenancy agreements with staff accommodation has reduced from £96k to £81k with several long term tenants leaving during 15-16

Template D - Nil return as Daisies Café determined the lease August 15

Template E – There were no changes to the Historic Buildings within the year 15-16

Template F

Year 15-16 2 new leases were taken in the Scout Hall, Downpatrick and Unit 10 , 1 Railway Street Downpatrick, compared to 1 for 14-15 Hill Medical.

The cost has increased for rent, service charge and other costs by £46k.

This is attributed to the 2 new leases and a £10k increase in rates for Dill House due to 7th revaluation of rates.

There were 8 leases renewed during 15-16 compared to 4 for year 14-15, 6 taken and 2 granted – see template Q

- Cedar Foundation
- The Junction 37-39 Bridge Street
- TSL Unit 2
- TSL Unit 3
- TSL Unit 4
- TSL Unit 5
- Ballymote Centre
- Wider Vision

Template G

Dill House details have been updated. The South Eastern H&SC Trust requires the premises until 31st January 2018.

The refurbishment of the payroll premises on top floor Finance Building are capital dependent.

Template H

Year 14-15 4 properties,

- 70 Hillsborough Road – sold

3 added year 15-16

- Ards Community Hospital former Daisies Café
- Disused boiler house at Ulster Hospital
- Downe Shop Unit in Downe Hospital

Template I

40 Railway Street, Lisburn was listed for year 14-15. This now is being used for storage year 15-16 lease end date 31st January 2017

LEASE CONTROLS, LEASE RENEWALS AND COMPLIANCE WITH POLICY

The introduction of PEL (11) 01 (Leased Accommodation) which the Trust is obliged to implement with effect from January 2011 and new/renewal leases.

In accordance with PEL (11) 01 our Trust submits a Strategic Outline Case (SOC) to the Department for approval of any new leases or lease renewals.

Land and Property services are involved in the rental assessment and any Heads of Agreement which may be appropriate and this also assists in ensuring the Trust obtain value for money in their lease agreements. Directorate of Legal Services will be involved in the drafting of/or consideration of leasing documents.

All rents or charges for leases granted by the Trust are set by LPS.

The Trust has developed a robust procedure for the control of Leases. There is a single point of contact via the Assistant Director of Patient Experience. The Assistant Director is accountable to the Director of Human Resources & Corporate Affairs and the Chief Executive. All proposed lease and amendments go through this office.

The Assistant Director is supported by a designated officer who manages all leases including minor and concessionary leases, this officer identifies and actions opportunities for rent and rate reduction and ensures leases are in place.

The Trust can confirm all legal agreements are in place for Trust owned properties. Historically SET Legacy organisations have committed to agreements without a formal lease arrangement as was custom and practice. The Trust is working to rectify these with DLS & DoH are aware of these historic outlets.

The Trust is guided by PEL's issued by the DoH and works in conjunction with Land & Property Services and Department of Legal Services and Legal Advice.

The Assistant Director of Patient Experience works collaboratively with Estates and Strategic & Capital Development on an informal & formal basis to ensure the strategic accommodation needs of the organisation are met.

Backlog Maintenance and Investment Benefits

The Estates Department has re-defined the capital costs associated with rectification of the inherent defects within the Estate. The figure represents the cost to bring the Estate to Condition B Standard.

- Template L – Baseline costs by site – complete
- Template M – Proposal to reduce backlog maintenance – complete

Figures represent our Backlog Maintenance:

		2013/14	2014/15	2015-16
Acute	Ulster Hospital	£42m	£38m	£35.5m
Non-Acute	Lagan Valley Hospital	£25.79m	£25.79m	£25.79m
Non-Acute	Ards Hospital	£30m	£30m	£30m
Non-Acute	Bangor Hospital	£7m	£6.7m	£6.7m
Community	Downshire Hospital	£12.87m	£12.87m	£12.87m
Local	Downe Hospital	NONE	NONE	NONE
Community	Community	£48m	£45m	£45m

The total backlog maintenance requirement for the Trust has changed from:

- £170.97 in 2012/13
- £165.66 in 2013/14
- £158.36 in 2014/15
- £155.86 in 2015-16

There are significant constraints to be overcome and managed as listed below:

- **Service changes** – as treatments become more specialised will impact on the need for property assets, e.g. move to day procedures which will reduce the length of stay in hospital beds any review of Hospital Network and re-profiling of services.
- **Emerging service models** will mean adaptation to the Trust's budget to balance new estate requirement with addressing risks in the existing estate, e.g. Transforming Your Care, rationalisation of statutory residential homes – the planned disposal of any residential homes for the older people as listed under Section 4.9 and review of Hospital Network and re-profiling of services.
- **The current estate** includes a significant number of older, functionally unsuitable estate in poor physical condition which will require significant investment to upgrade/ replace at a cost of approximately £158.3million to condition Standard B for physical condition and statutory standards.
- **The unavailability of the necessary capital** to deliver the replacement of major elements of the acute hospital infrastructure has resulted in the need to prioritise the capital allocation and provide a safe environment for the delivery of services.
- **The increasing demand** for services linked to a growing elderly population with co morbidities and dementia.
- When you build a new estate, despite the fact that the building may be more efficient there may be a net **increase in revenue demand** to maintain the building due for example modern technology, single room accommodation, IT standards, increases in HBNs space allowances, rateable valuations, infection control guidelines, increased utility costs.

Capital Income Analysis

The Trust receives annual capital funding allocations from the DoH to enable it to develop and redesign new services in addition to maintaining its existing buildings, equipment and infrastructure base. This amount varies annually dependent upon overall Departmental priorities and availability of capital funding.

Maintenance of the property asset base is mainly funded from Trust General Capital and the allocation of this to the Trust enables investment in areas such as property maintenance and redesign, equipment replacement and development and vehicles replacement. Priorities are agreed by the Trust corporately against this funding annually in conjunction with the individual Directorates.

In addition, property management funding can be accessed through a number of specific departmental sources, mainly through MES (Maintaining Essential Services) and CERI (Carbon Reduction and Energy Efficiency Projects) funding. However, this doesn't solve backlog maintenance issues.

The amount available from all these sources is variable and agreed annually, with additional funding potentially becoming available throughout the year arising from slippage on other departmental projects.

SECTION 3 REVIEW OF THE TRUST'S PERFORMANCE IN PROPERTY ASSET MANAGEMENT IN 2015-16

3.1 Timed Action Plans 2015-16

Template N is complete for 2016-17 and the update on 2015-16, Template N is outlined below:

- Ulster Hospital Decentralisation – complete
- Ulster Hospital Laundry – approved and funded under Phase B project. Due to start 2017
- James Street, Newtownards – new boilers – complete
- Market Street, Downpatrick – relocation of offices to the Downshire Site – funded in 2016-17 CRL Capital
- Ulster Hospital – Maynard Wards upgrade – complete
- Various fire risk works – complete
- Ulster Hospital Peads Theatres – no approval from DoH to develop a business case
- Ulster Hospital NIE Upgrade – enabling works complete, NIE works on-going
- Ulster Hospital CT Scanner – complete
- Lagan Valley GP Out of Hours relocation – complete

3.2 Freehold Disposals

- 70 Hillsborough Road, Lisburn –
 - Was disposed in 2015-16
 - Net book value - £160,000.00
 - This delivered revenue savings in terms of rates and minor maintenance costs
- Lecale, Modular Building

- Had been used as temporary decant facility to enable refurbishment work on various buildings in Downpatrick
- The building was demolished in March 2016
- Vacant site remains on the Downshire site
- Could be used for parking
- Saving in backlog maintenance costs were delivered

3.3 Lease Disposals and Re-gears 2015-16

- Template P is complete and list the exit of Daisies Café from the main block at Ards Hospital as the only lease exit
- A new social enterprise café was set up at Ards Hospital site in the new refurbished Gate Lodge building with Stepping Stones Ltd NI.

3.4 Lease Renewals

- Template Q has been completed
- A total of 8 lease renewals have taken place with a total current rent of £52,155.00

3.5 Lease Acquisitions 2015-2016

- Template R is complete
- There are 4 new leases in place for 2015-16
- Two taken by the Trust for Day Centre provision
 - Scout Hall, Thomas Russell Park, Downpatrick
 - Unit 10, Railway Street, Newcastle
- Two leases granted
 - Stepping Stones – Gatelodge at Ards Hospital
 - NI Hospice, Downe Hospital

3.6 Savings Delivered

The Trust continues to target areas for savings in financial terms through targeting efficiencies in procurement and energy use.

Energy efficiencies projects such as:

- Ulster Hospital Decentralisation of Boilers

- James Street, Newtownards – new gas boilers

Will see savings in the region of £150k per year.

In terms of procurement of maintenance contracts and the use of regional contracts the Trust has delivered savings of approximately £250k

SECTION 4 PROPERTY ASSET MANAGEMENT – TIMED ACTIONS AND COMPLETION OF TEMPLATES T - V5

4.1 The Process the Trust will put in place to monitor the delivery of time actions

The Trust intends to continue to use its existing structures to manage and monitor all Property Management including the Actions developed as part of the PAM Plan:

Internal Monitoring

Internal structures include the following meetings:

- Strategic Accommodation Review Meeting
This meeting is held with an Assistant Director level.
- Capital Development Steering Group
This meeting is held at Director and Assistant Director level and outcome is reporting to EMT (Executive Management Team) and Trust Board.
- Each Directorate will continue to complete an Accountability Review for the Chief Executive at which Timed Actions and Key Performance Indicators are reviewed.
- These Directorate Management Plans are reviewed twice in each calendar year and can clearly monitor year on year performance.

These structures form the internal governance arrangements responsible for the implementation for the PAM plan.

The monitoring is therefore undertaken from senior management right up to Executive management Team and the Chief Executive.

The Pam plan is a standing item on the agenda of the Accommodation Steering group who will track and review year on year performance.

Outcomes will be monitored and reporting on via Directorate Management plans and ultimately through the Accountability Reviews.

External monitoring arrangements

The Trust meets at least bi-annually with Assets & Estates Management Branch.

The Trust also meets quarterly with Land and Property Services.

The Trust meets at least annually with Directorate of Legal Services regarding lease updates.

The Estates Department has ISO14001 and is audited each year on its compliance with the documents.

The Trust is audited for its performance under various control assurance standards.

On-going Monitoring, Evaluation and Review

The Trust uses the established 3i centralised property management database to help manage the estate along with other I.T. Systems.

The Trust has adopted procedures in accordance with a process where any proposed changes to the HSC estate in respect of freehold or leasehold property which have either capital and/or revenue consequences including those below the delegated limit, should be authorised in the first instance by HEIG through the submission of a business case.

In accordance with PEL (11) 01 issued on 6 January 2011, and our Trust submits a Strategic Outline Case (SOC) to the Department for approval of any new leases or lease renewals.

A meeting takes place every 6 months between the Trust and Assets and Estate Management Branch to review estate portfolio and confirm strategy.

The Trust continues to populate and validate the Health property management database (3i system).

The rates liability across our Trust estate is assessed and reviewed.

The Trust does ensure that Title reports are prepared in advance of disposal.

A Trust wide Estate Control Plan / Estates Strategy is in place, highlighting the general development of the estate.

The Trust will continue to engage with DoH in order to ensure the effective management of capital budgets within the agreed timescales, post approval monitoring and post-project evaluations in line with current departmental direction.

The Trust will continue to review the need for property assets and review our associated property costs to ensure that they demonstrate value for money.

4.2 Templates T-V5 have been completed.

Major projects included in Template T are Ulster Hospital Phase B – GWB Block to be handed over in October 2016 and this will add 55,000sqm to the existing footprint of the Ulster Hospital.

The second block ASB, started on site in 2016. These projects will see a major reduction on the backlog maintenance cost of the Trust.

Lisburn PCCC

The new primary care centre at the Lagan Valley Hospital is due on site in Spring 2020.

The enabling work to erect the site are due to start in August 2016.

The Trust continues to develop business cases for 3 further major projects including:

- Ulster Hospital – new Mental Health Project 3 to 1
- North Down Community – two new Learning Disability Centres 3 to 2

Smaller projects to be delivered with the financial year via the Trust CRL Capital Funding allowance include:

- Refurbishment of the 1st floor Finance Building, Ards Hospital
- Relocation and closure of Market Street Offices in Downpatrick
- Refurbishment of accommodation on the Downshire Site to accommodate Market Street Offices and the disposal of Market Street by the Department.
- Lakewood Children’s Regional Secure Unit

The project is due to complete in August 2016.

The project will provide a small 4 bed ward within the unit.

Net increase in area of 5000sqm.

- Ards Hospital Car Parking

The project to upgrade car parking and roads on the Ards Hospital Site will complete in 2016. It is proposed to introduce car parking charges and ticketing of illegal parking to help manage car parking pressures.

This is due to be introduced in the Winter of 2016 and will see income produced from charging.

- A number of projects are listed in Template T which would improve the Trust’s Estate.

These projects have not been prioritised in the 1st call against 2016-17 CRL Capital Allowance.

These projects will continue to be developed and the Trust will seek funding via in-year Capital Slippage at various capital monitoring rounds in 2016-17.

These projects include:

- Ards Hospital Decentralisation of Boilers
- 54 Church Street, Newtownards, accommodation upgrade
- Grove, Ballynahinch, security and parking project
- Ulster Hospital Pead Theatres

4.3 Freehold and Leasehold Disposals

1. Lands Leased to Knock Golf Club, Upper Newtownards Road.

LPS valuation £40k 15/10/13. An 8.5 acre portion of land being disposed has been declared surplus to Health needs. However, the final agreement to dispose of this asset is subject to determining the lease to KGC and acquiring planning permission and business case approval relating to a smaller parcel of land adjoining the Ulster hospital and currently used by KGC as a practice hole.

Planned disposal is from year 16/17 or when business case and planning permission has been approved.

2. Stewartstown Health Centre, 212 Stewartstown Road

A small portion of the above property has been declared surplus to health needs by the Trust to facilitate the Colin Town Regeneration project. At present the Trust is waiting for SIB to advise the timescale of the transfer of ownership and for submission of D1 relating to this parcel of land.

Full disposal of this asset is anticipated to occur by 31st March 2021 to facilitate the total regeneration of the new Colin Town centre and transportation hub.

3. Lagan Valley Hospital, 39 Hillsborough Road – (Part of site)

Due to the unique funding mechanism of the new Primary Community Care Centre (PCCC) the Trust will be required to transfer ownership of a section of land on LVH site to the appointed developer. This will occur upon contract award. The Trust is working with DLS/SIB/HSCB to coordinate the sale. The anticipated year of disposal will occur 2016/17.

4. 81 Market Street, Downpatrick

It is the Trust's intention to vacate this retained estate as soon as possible and has plans to relocate many of these services onto the Downshire Estate during 2016/17 subject to business case approval for any capital spend required. LPS valuation will occur once services have been transferred. This building is shared with NILB and discussions need to be concluded with DoH and DLS with regards to Freehold status if the Trust has vacated this building before transfer of ownership has occurred.

5. Downshire Estate, 10 Ardglass Road, Downpatrick

Newry, Mourne and Down District Council have approached the Trust to assess options to purchase additional accommodation on the Downshire Estate. The Trust is currently acquiring valuations from LPS relating to the options and is due to continue discussions with the

council throughout 2015/16. A D1 will be completed once the options have been appraised and business cases have been submitted to transfer services releasing potential spend to save benefits.

6. Dunmurry Clinic, 19-21 Upper Dunmurry Lane

This disposal is subject to public consultation, the outcome will determine the continued use for the clinic and the disposal date which is anticipated 16/17. This property is jointly owned with NILB. The Trust will obtain a valuation from LPS and enter into discussions with NILB when the asset has been declared surplus to health needs.

7. LHC/Warren House

Sale of these assets are subject to completion of the PCCC and transfer of services. It is envisaged at this stage to occur during 2019/20/21. The Trust will obtain a valuation from LPS when the asset has been declared surplus to health needs.

4.4 Lease Renewals and Disposals from 2015-2021

Introduction

Template V 1-5 highlights the Leasehold disposals planned for 2015-2021.

In accordance with PEL 14 (04) and finance circular HSC (F) -2013-34-Addendum-Guidance on the completion of business cases relating to accommodation projects the Trust can confirm that it has complied with this Policy with respect to all leases during 2014/15. The Trust continually monitors and assesses leased properties to ensure leases are compliant with DoH requirements.

The Trust is aware that delegated limits, relating to specific cases, for acquiring a new lease or extending a lease term at expiration or at break option date, have been removed from all Departments and their ALBs.

Where leases are holding over a planned programme in conjunction with the Department of Legal Services (DLS) as well as service directorates work towards the resolution of non-compliance and ensure robust processes incorporate the required timelines and regularise the position throughout the current year.

Renewals Planned 2015/21

The Trust will continue to lease the following properties (Lease Taken) due to service requirements and the Trust will complete the necessary SOCs:

2015/16

1. Units 2-5 TSL house, 38 Bachelor's Walk Lisburn – ongoing requirement until Lisburn PCCC has been handed over to the Trust.

2. Derrriaghy Day Care Centre, Unit 7 The Cutts, Dunmurry
3. Ballymote Centre, The Flying Horse, 40 Killough Road, Downpatrick
4. Hill Medical, 192 Kingsway Dunmurry
5. Clough and Dundrum Surgeries, 14 Church View Dundrum

2016/17

1. Lisbane Medical Centre, 24 Lisbarnett Road, Comber
2. The Junction, 37-39 Bridge Street Lisburn
3. St Mary's Primary School, 8 Moss Road, Ballygowan

2017/18

1. Dairy Farm Unit 5, Dairy Farm Centre, Stewartstown Road

2018/21

1. Nill Return at present – subject to continual requirement of properties

Disposals Planned 2015/21

2015/16

1. 40 Railway Street, Lisburn

On advice from DLS the Trust is to discuss the option to determine lease early with the Landlord. Lease due to expire 31.01.17 – see lessons learnt section 5.3 (PAM Plan 14-15). Building currently used for storage until lease is determined.

2. Dill House, Unit 4a/b Castlereagh Business Park

A 10 year lease for Dill House was entered into on the 01.02.08 – 31.01.18 before the requirement for SOCs. LPS were not involved in the valuation of this property. The Trust is working with DLS and the Landlord to accept LPS recommendations in respect of the rental valuations/determination. – see lessons learnt section 5.3 (PAM Plan 14-15). Lease will be determined 2018.

2016/17

1. Avondale, 203 South Street, Newtownards

Subject to construction of Ards TRC. Avondale is currently on hold over, the current advice from DLS referring to Avondale is to continue to hold over owing to lease negotiations with the landlord over onerous commitments that they wish to impose on the Trust. DHSPPS are fully apprised of this situation.

2. 1a William Street, Newtownards

Trust considering option to purchase this property. William Street is currently on hold over, the current advice from DLS is to continue to hold over owing to lease negotiations. DHSPPS are fully apprised of this situation.

3. Dairy Farm, Dunmurry

Dairy Farm Centre, Dunmurry, Trust currently appraising if there is an on-going requirement.

4. 40 Railway Street, Lisburn

Lease to be determined 31.01.17

2017/18

1. **St Marys and Units 2-5** may be determined subject to handover of Lisburn PCCC. Updated PAM plan will provide clarity once preferred bidder has been established.
2. **Dill House** – Original lease expires 31st January 2018, the Trust is in negotiations with the landlord to either determine lease at the end of the variation or re-gear in line with LPS valuation. Staff will be transferred to Trust premises by 31.01.18 subject to business case approval.

2018/21

1. **The Junction, 37-39 Bridge Street Lisburn & TSL Units 2-5**
To be determined subject to handover of Lisburn PCCC. Updated PAM plan will provide clarity once preferred bidder has been established.

SECTION 5: CONCLUSION

This Section outlines how the Trust plans to monitor delivery of the action plan.

THE PROCESSES THE TRUST WILL PUT IN PLACE TO MONITOR THE DELIVERY OF THE TIME ACTIONS

The Trust intends to continue to use its existing structures to manage and monitor all Property Management including the Actions developed as part of the PAM Plan:

Internal Monitoring

Internal structures include the following meetings:

- Strategic Accommodation Review Meeting
This meeting is held with an Assistant Director level.
- Capital Development Steering Group
This meeting is held at Director and Assistant Director level and outcome is reporting to EMT (Executive Management Team) and Trust Board.
- Each Directorate will continue to complete an Accountability Review for the Chief Executive at which Timed Actions and Key Performance Indicators are reviewed.
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The monitoring is therefore undertaken from senior management right up to Executive management Team and the Chief Executive.

The Pam plan is a standing item on the agenda of the Accommodation Steering group who will track and review year on year performance.

Outcomes will be monitored and reporting on via Directorate Management plans and ultimately through the Accountability Reviews.

External monitoring arrangements

The Trust meets at least bi-annually with Assets & Estates Management Branch.

The Trust also meets quarterly with Land and Property Services.

The Trust meets at least annually with Directorate of Legal Services regarding lease updates.

The Estates Department has ISO14001 and is audited each year on its compliance with the documents.

The Trust is audited for its performance under various control assurance standards.

On-going Monitoring, Evaluation and Review

The Trust uses the established 3i centralised property management database to help manage the estate along with other I.T. Systems.

The Trust has adopted procedures in accordance with a process where any proposed changes to the HSC estate in respect of freehold or leasehold property which have either capital and/or revenue consequences including those below the delegated limit, should be authorised in the first instance by HEIG through the submission of a business case.

In accordance with PEL (11) 01 issued on 6 January 2011, and our Trust submits a Strategic Outline Case (SOC) to the Department for approval of any new leases or lease renewals.

A meeting takes place every 6 months between the Trust and Assets and Estate Management Branch to review estate portfolio and confirm strategy.

The Trust continues to populate and validate the Health property management database (3i system).

The rates liability across our Trust estate is assessed and reviewed.

The Trust does ensure that Title reports are prepared in advance of disposal.

A Trust wide Estate Control Plan / Estates Strategy is in place, highlighting the general development of the estate.

The Trust will continue to engage with DOH in order to ensure the effective management of capital budgets within the agreed timescales, post approval monitoring and post-project evaluations in line with current departmental direction.

The Trust will continue to review the need for property assets and review our associated property costs to ensure that they demonstrate value for money.

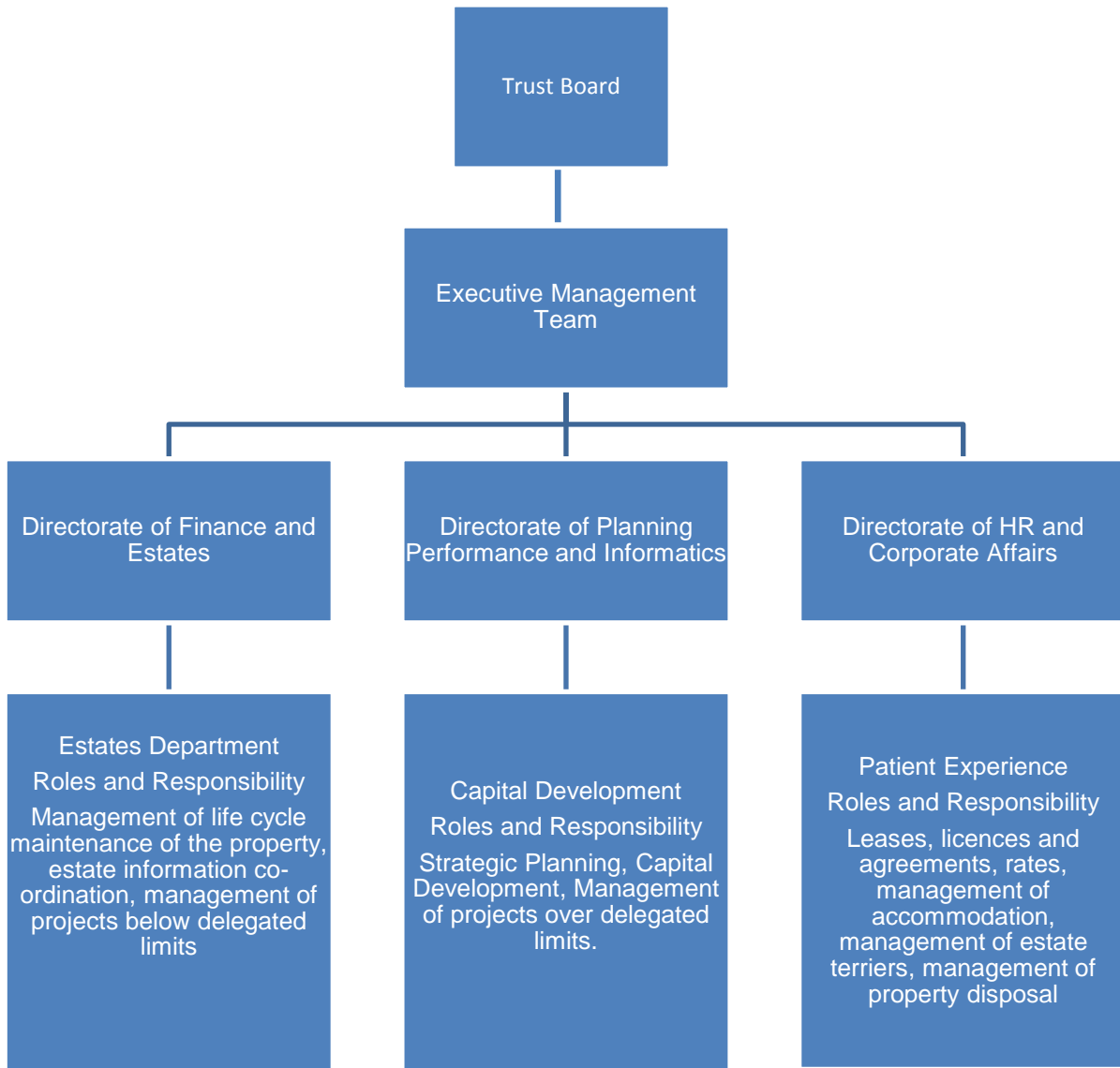
RISK MANAGEMENT

All risks developed through the Management Plans are reviewed at Directorate Risk Registry Level and those considered to be the highest risks are taken to Corporate Risk Registry Level.

The five highest Estates Risks are as follows:

1. Ulster Hospital – Paed Theatres
SOC for £3million – awaiting approval from the Department to proceed
2. Water Management – Legionella
Bids for £200k – for year-end slippage
3. Ards Hospital – Heating Systems
£450k business case with the Trust
4. HMO – Fire Safety in Residential Buildings
£200k – Kelly Court, Ulster Hospital

GOVERNANCE STRUCTURES



THE SOUTH EASTERN TRUST'S ASSET STRATEGY

The SE Trust property asset management strategy is to maintain an asset base that is effectively safe and efficiently managed, capable of supporting our aims and objectives whilst seeking to optimise use of our space, identifying opportunities to improve efficiency while meeting the Trust key business targets, this is a key objective within the Trust's Corporate Plan.

AN OVERVIEW OF THE STRATEGIES THE TRUST HAS IN PLACE TO ENSURE ITS ASSETS SUPPORT SERVICE DELIVERY

The strategic objectives of the Asset Management Strategy 2015-2021 are as follows:

- a) To maintain and enhance a flexible portfolio of assets best equipped to meet changing service needs and evolving methods of service delivery.
- b) To continue to review, to ensure the properties are used efficiently, ensure value for money, suitable for service delivery and meets the Trust's aims and objectives and Department guidance and standards
- c) To maintain our Estate and ensure it remains safe and secure with high quality buildings which are capable of supporting current and future service needs.
- d) To ensure our Estate complies with existing and developing Statutory Standards.
- e) To improve productivity by ensuring efficient and effective allocation and utilisation of all available resources.

The Trust's key vision is to be a leading provider of health and social care services for patients, clients and carers. We will achieve this in partnership with others by making sure that our services are safe and effective, improving and providing a positive outcome and experience.

The Trust is committed to the development and maintenance of a robust PAM plan to ensure to effective management of the accommodation portfolio. This plan takes cognisance of the Trust's strategic clinical and support services direction and the strengths/ weaknesses of the existing estate in order to provide a framework within which future estate development / rationalisation can be planned.

FUTURE PRESSURES DRIVING DEMAND FOR ASSETS & THE IMPACT THESE WILL HAVE ON THE TRUST'S CURRENT ASSET BASE

- Demographic changes putting an increasing demand on our acute services, for example an increase in the elderly (over 65) population of 30% by 2020 for the Trust area.
- Changing technology and the challenges of incorporating new technology e.g wireless within old buildings
- Strategic drivers such as Transforming your Care, resulting in services being transferred from secondary to primary care putting pressure on community facilities.

When completing Outline Business Cases, the Trust reflects all of the above challenges to ensure that our assets base will be able to respond flexibly to accommodate the needs of our patients for the future. A key objective for all significant capital projects is to maximise the use of Trust owned estate.

AN OVERVIEW OF THE TRUST'S PLAN FOR EACH PROPERTY CATEGORY

The South Eastern Locality encompasses three hospitals, a single Acute Hospital - the Ulster Hospital, Dundonald, supported by two local Hospitals-the Downe Hospital, Downpatrick, and Lagan Valley Hospital, Lisburn. The Trust has been pursuing a reform agenda for a number of years and has implemented a range of programmes to address clinical safety and increase productivity. Much of the clinical re-profiling of hospital services highlighted within TYC has already been taken forward by the Trust. Emergency surgery is no longer performed in our local hospitals, obstetrics has been transferred from both sites (and replaced by MLUs) and changes to our EDs are well advanced with the urgent care model already in place at the Downe and planned changes to Lagan Valley Emergency Department at public consultation stage. The Trust is now concentrating on the delivery of improved care pathways for the management of patients with chronic conditions across Primary and Secondary Care in line with the recommendations of TYC and is also focused on improving efficiency and productivity in the Secondary Care sector. The Hospital Services capital investment listed below is essential to the successful achievement of the TYC vision within the South Eastern Locality.