NHS
United Lincolnshire Hospitals
NHS Trust

United Lincolnshire Hospitals NHS Trust Estates Strategy 2022

OUTSTANDING CARE
personally DELIVERED

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Chapter 1

Executive Summary

1.0 Executive Summary

In the short term, immediate investment into the ULHT estate is required. This document maps out the short-term strategy for the maintenance, management and capital priorities for the Trust's estate over the next two years.

It focusses on areas to be addressed as a matter of urgency, and those required in order to maintain the hospital sites prior to the delivery of the Integrated Care System transformation strategy.

The 0-2 year strategy is split into three sections:

Where are we now? Starting with analysis of the current Integrated Improvement Plan (IIP) 2020-2025 with the four strategic objectives of Patients, Services, People and Partners to achieve Outstanding Care, Personally Delivered. This report initially looks at the size and physical condition of the current estate summarised as follows:

- Six-facet survey published in 2017 and primary infrastructure surveys updated in 2019 identify that conditions have deteriorated below condition B -increasing from 82% to 88% by block.
- Critical Infrastructure Risk (CIR) based on High and Significant risk is currently £31.1m (net build cost)
- Total backlog (including CIR) is currently £68.2m (net build cost)

Where do we want to be? To develop a long-term strategy for the provision of fit for purpose buildings and infrastructure to support the delivery of patient care. The integrated care vision with a 'left shift' is a system-wide approach and encompasses acute sector, community, primary care and home care. This report also considers travel plans, Trust priority spend, COVID-19 strategy, the 10-year estates strategy, Modern Methods of Construction and Net Zero Carbon as part of the strategy.

How do we get there? Included in this report are strategic design strategies for each hospital, identifying proposals for refurbishment and new build supported by engineering strategies. The strategies are complemented by a Development Control Plan, identifying a programme of priority works to describe the journey.

1.1 Introduction

The Trust was in financial special measures from September 2017 to 2022. An ageing and dilapidated building infrastructure previously contributed to the adverse financial position of the Trust, specifically relating to difficulties in recruitment, significant hard facilities management estates costs and clinical inefficiencies resulting from poor clinical adjacencies and patient flow.

Backlog Maintenance (BLM) - The removal of existing backlog maintenance will result in one-off backlog avoidance savings of c.£37m, of the existing £75m shown on ERIC (estates return information collection). Based on six-facet surveys, the total outturn cost of delivering the £75m BLM is estimated at £275m – of this, the backlog avoidance for this scheme will eradicate £125m in backlog outturn costs.

Although this paper focuses on the strategy for years 0-2, it also needs to be cognisant of the longer-term ICS strategy. The Lincolnshire Health Infrastructure Programme is Lincolnshire Integrated Care System's (ICS) overarching scheme for the transformation of the whole NHS estate in Lincolnshire. This seeks to address specific local challenges, including the fact that all of our sites serve areas of deprivation, there is a history of under-investment in healthcare infrastructure and the fact that Lincolnshire is one of the most rural counties in the UK. Poor road infrastructure means that services cannot be easily centralised, leading to a need for a large healthcare estate.

Expressions of interest - The Trust has submitted three expressions of interest (EOIs) under the New Hospitals Programme, which are under consideration, totalling £480m for the following:

- Lincoln County Hospital
- Grantham and District Hospital
- Pilgrim Hospital, Boston

Transformation is underway, developed with clinical leaders across the system. There is recognition of the many external factors that may change direction during this journey such as the outcomes of the EOI's above and emerging clinical strategies that may change current design solutions.

The purpose of this strategy is to outline how we can deliver the best environment for staff, patients and their families and carers. Delivering infection prevention excellence and using Modern Methods of Construction and other sustainable approaches (e.g. efficiency gains due to reduced travel by staff, patients and visitors)

will help ensure progression towards Net Zero Carbon (NZC) targets. This paper focuses solely on the acute proposals for the three hospital sites of Lincoln County Hospital, Pilgrim Hospital Boston and Grantham and District Hospital, where the Trust is striving for “best in class” environments for the provision of services to patients and staff.

Chapter 2

Where are we now?

2.1 Profile of the Trust

United Lincolnshire Hospitals NHS Trust (ULHT) is situated in the county of Lincolnshire and is one of the biggest acute hospital trusts in England, serving a population of over 760,000 people.

The Trust provides a broad range of clinical services including community services, population-screening services, and a comprehensive range of planned and unscheduled secondary care services including specialised services for stroke, vascular and cardiac services.

The Trust's services are provided from three principal hospital sites:

- Lincoln County Hospital
- Pilgrim Hospital, Boston
- Grantham and District Hospital.

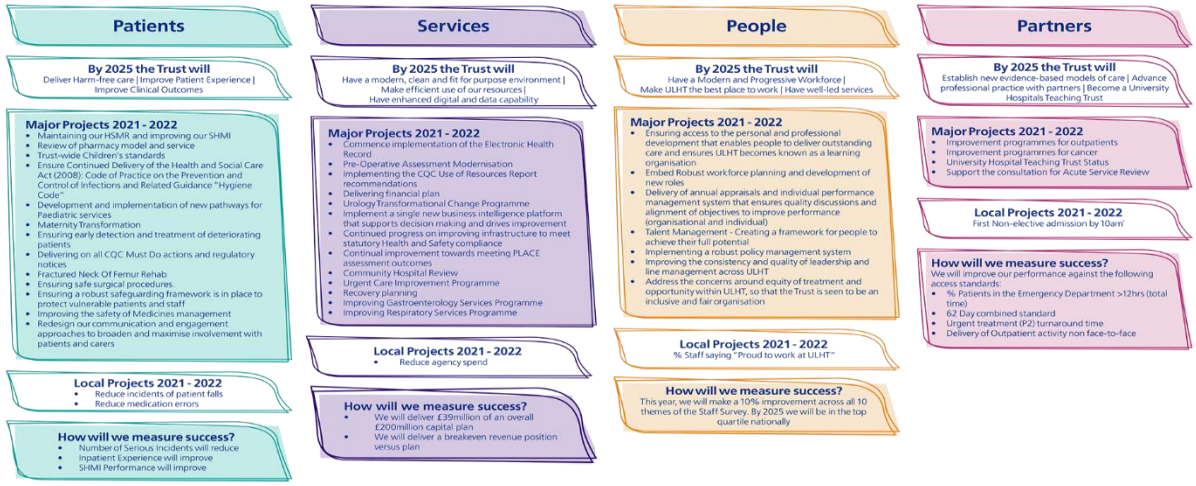
In addition, a number of services are provided from community hospitals closer to patients' homes at Louth County Hospital; John Coupland Hospital, Gainsborough; Johnson Community Hospital, Spalding and Skegness and District General Hospital. In an average year, the Trust treats more than 120,000 accident and emergency patients, over 600,000 outpatients, over 120,000 inpatients and delivers over 4,000 babies.

The Trust is the only acute provider of the four member organisations of the Integrated Care System (ICS), which also includes one CCG, a community trust and a mental health trust. ULHT has worked with partners on a single system plan for 2019/20 and beyond.

2.2 Integrated Improvement Plan

The Trust is in the third year of its Integrated Improvement Plan (IIP) which has been developed through conversations with the divisional teams, executive leads, system partners and national bodies. Its purpose is to ensure the Trust delivers meaningful change in quality and the safety and effectiveness of services for patients, colleagues and partners.

The Trust's Integrated Improvement Plan 2020-2025 sets out four strategic objectives for the organisation: Patients, Services, People and Partners. Each strategic objective has a set of five-year priorities, with strategic metrics to measure improvement. Delivery of this will enable the Trust to deliver its vision: Outstanding Care, Personally Delivered.



The IIP process has helped the Trust to determine its priorities going forward and is set out as follows.

Some key areas of focus are:

- Enhanced data and digital capability - a third of outpatient appointments should be digital consultation focused
- Modern, clean and fit for purpose environment
- Reduction in pressure on the emergency pathway
- Maximising capacity in space leased off the main acute sites
- Better patient and staff experience for elective and trauma care
- Refurbishment and reconfiguration of family health wards and services at Lincoln and Boston, including labour wards
- Explore the feasibility of Midwifery Led Units at Lincoln and Boston

- Refurbishment of Trustwide mortuaries
- Refurbishment/new build endoscopy ward at Lincoln
- Supporting the Community Diagnostic Hubs

It is clear from the above that the quality of the estate, its safety and effectiveness will play a critical part in delivering these priorities.

The previous (2020) ULHT Estates Strategy set out how the Trust would ensure that it has a fit for purpose estate that enables and supports the delivery of its clinical strategy and the organisation's longer-term strategic plans.

The 2020 strategy, however, did not take into account the impact of the COVID-10 pandemic and its consequential impact on the clinical service strategies. Therefore, as a consequence, and being fully cognisant of their clinical importance, the Trust will review further development decisions against the development control plan (DCP) and the estates strategy when it has been developed.

This strategy does not cover the following properties under leasehold or freehold by ULHT: County Hospital Louth, John Coupland Hospital, Gainsborough, Skegness Hospital, Johnson Hospital, Spalding, Boole Technology Park – Lincoln University. Although we acknowledge these are important delivery sites for our clinical services.

2.3 Current Estate: Size

The Trust operates across three sites in Lincolnshire; Lincoln County Hospital, Pilgrim Hospital Boston and Grantham and District Hospital. The estate has a total floor area of 467,000m2, consisting of a building stock of varied ages, design, configuration and condition.

Areas	**Unit**	**Lincoln County Hospital**	**Pilgrim Hospital Boston**	**Grantham and District Hospital**	**Total**
Gross internal site floor area	m²	73,095	56,880	27,453	157,428
Site land area	m²	212,900	169,600	84,500	467,000

(Information in table above taken from ERIC data 2020/21)

2.4 Current Estate: Physical Condition

In 2017, Monaghan's carried out a six-facet survey (HBN 00-08 Facet 1 – Physical Condition Survey (Fabric & M&E) Facet 2 – Statutory Compliance Audit (inc. Fire) Facet 3 – Space Utilisation Facet 4 – Functional Suitability Review Facet 5 – Quality Audit Facet 6 – Environmental Management Audit. At the time of collating the report, it identified that the square meterage of estate falling below the required Condition B standard was between 88-94% by floor area and 77-82% by block across all three sites. In early 2019, the Trust carried out a visual review and attended a series of workshops to review and update the six-facet information block-by-block on each site. The result of that exercise was that over a three year period the estate had reduced further in condition, due to minimal investment and increased backlog across the sites, reducing the amount of estate at Condition B further. The Trust is considering the benefits of commissioning a full six-facet refresh and a targeted review of key areas. The tables below show the results from the workshop involving Consultants and Estates carried out in 2019.

Lincoln County Hospital

Condition	Total Number of Building Blocks
Condition A	0
Condition B	8
Condition B/C	2
Condition C	35
Condition C/D	0
Condition D or D (X)	12
Total	**57**

Table 1: Consultants Workshop Review with Trust Estates 2019 for Lincoln County Hospital

Pilgrim Hospital, Boston

Condition	Total Number of Building Blocks
Condition A	0
Condition B	5
Condition B/C	3
Condition C	15
Condition C/D	0
Condition D or D (X)	4
Total	**27**

Table 2: Consultants Workshop Review with Trust Estates 2019 for Pilgrim Hospital Boston

Grantham and District Hospital

Condition	Total Number of Building Blocks
Condition A	0
Condition B	0
Condition B/C	3
Condition C	8
Condition C/D	2
Condition D or D (X)	4
Total	**17**

Table 3: Consultants Workshop Review with Trust Estates 2019 for Grantham and District Hospital

2.5 Overview of Backlog

By their very nature, unless adequately maintained with considerable investment in upgraded facilities, all healthcare estates deteriorate over time and will eventually become untenable. Qualities and characteristics of the Trust's existing built environment may not be fit for purpose, and in some instances over time can become dangerous. Ageing buildings that remain a part of existing estates may not be capable of adaptation and modernisation through refurbishment to meet the needs of modern acute services, and there could be a need for rationalisation or decommissioning.

The Trust backlog maintenance costs as per published Trust ERIC 2020/21 data are summarised in the table below. Backlog maintenance, as defined in the 'Best Practice Guidance – A risk-based methodology for establishing and managing backlog' is the cost to bring estate assets that are below Condition B in terms of their physical condition and/or compliance with mandatory fire safety requirements and statutory safety legislation up to Condition B. The risk categories are defined as:

- Low risk elements can be addressed through agreed maintenance programmes or included in the later years of your estate strategy.
- Moderate risk elements should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term.
- Significant risk elements require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety.
- High risk elements must be addressed as an urgent priority to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution.

ULHT Backlog ERIC Data 2020/21	**Lincoln County Hospital**	**Grantham and District Hospital**	**Pilgrim Hospital Boston**	**Totals**
High Risk	£23,068	£29,471	£1,058,488	£1,111,027
Significant Risk	£7,839,108	£6,783,742	£15,407,545	£30,030,395
Moderate Risk	£4,916,230	£5,000,668	£5,458,391	£15,375,289
Low Risk	£9,199,144	£2,981,637	£9,503,985	£21,684,766
Total	£21,977,550	£14,795,518	£31,428,409	£68,201,477

The backlog cost stated above is the cost to bring the estate assets that are below Condition B up to Condition B. The backlog out-turn costs would be significantly higher and include a number of other costs (list could vary and is Trust-specific) such as:

- Professional fees
- Planning contingency
- Optimism bias
- Inflation
- Decant and phasing costs
- VAT

As part of the process to establish backlog maintenance, the Critical Infrastructure Risk (CIR) is also calculated. CIR is the total of the high and significant risk backlog maintenance. It represents the amount of capital investment needed to eliminate safety and resilience risks from the operational estate.

The risks are made up of three categories:

- Non-compliance with statutory and mandatory requirements;
- Patient, staff and visitor safety issues;
- Infrastructure works to ensure continuity of services.

The CIR based on the ERIC return high and significant risks equates to £31,141,422.

The table below identifies the latest total backlog maintenance costs for the estate using information as per the Trusts ERIC data return 2020/21

Description	**ULHT Backlog ERIC Data 2020/21**
Area (less service voids)	157,428m^2
Backlog Cost £/m^2	£433.2/m^2
Total Backlog	£68.20m

The capital investment for the priority capital projects will progressively reduce both the total backlog and risk-adjusted backlog over the two-year period of the works, but it will not eliminate backlog completely. This is due to the existing estate continuing to age and an increase in floor area due to additional new builds. Therefore, as the condition of the Trust's assets are constantly changing, it is advised that an annual review of survey findings and risk assessments be carried out and fed into the annual investment planning process.

2.5.1 Backlog maintenance high risk item themes

When analysing the high risk, high-cost backlog maintenance items at Grantham, Pilgrim and Lincoln hospitals from the six-facet survey there are some common themes:

- Fire safety
- Electrical infrastructure
- Water safety
- Asbestos
- Theatre ventilation
- Building fabric

2.6 Existing Primary Infrastructure

In 2020, a Mechanical and Electrical (MEP) review carried out a review of the current primary infrastructure across all three sites, building on the 2017 six-facet survey. This has been summarised below. Since this review was carried out, the Trust has spent £9.6 million addressing critical infrastructure risk across the three sites. Refer to table 4.6 for details of critical infrastructure works that are within the 0-2 years proposed capital spend.

2.6.1 Lincoln County Hospital (2020 MEP reports)

Infrastructure Item	Status	Action in Year 0-2
HV Network	Trustwide scheme to review and increase capacity and resilience. Feasibility studies are being undertaken at all sites to address the under capacity issues, improve network resilience and replace obsolete infrastructure.	Feasibility study
Generators	Obsolete and past life expectancy. Issues with maintainability of change-over contactors. Within the scope of the Trust wide scheme relating to high voltage (HV) to cover electrical infrastructure overall. Some Generators and controls have been replaced, part of the wider electrical feasibility study will look at suitable generator capacity.	Feasibility study

Steam mains	Generally in a good condition. This technology will become obsolete to meet NZC targets	Incorporate in NZC study
Gas Mains	No issues	No action
Medical Gas	O2 VIE plant capacity and resilience issues. Trust Wide scheme to review and increase capacity and resilience. Feasibility stage complete.	Feasibility Study
Building Management System (BMS)	Large parts of the BMS are obsolete, with limited environmental controls or strategies, leading to over/under heating of areas or poor temperature control.	Feasibility Study
Chillers	No issues	No action
Potable Water	There are significant issues with the water systems. Pipe failures are frequent and Chlorine Dioxide has been turned off due to its corrosive nature, therefore large sections of pipework require replacing. It is noted that a new Urgent Treatment Centre (UTC) was constructed 2020-2021 and it is not understood at this time the impact to the infrastructure this capital project had.	Infrastructure survey
Resus Unit	Impact on infrastructure not known, this will form part of the brief for the infrastructure survey.	Infrastructure Survey
Modular ED ward	Impact on infrastructure not known, this will form part of the brief for the infrastructure survey	Infrastructure Survey
Ward refurbishment	During 2020/2021, 14 wards Trustwide received ward enhancements of immediate redecoration and IPC enhancement. Due to time constraints and COVID-19, key backlog infrastructure was unable to be addressed. Key wards to be addressed include Family Health at Lincoln and Boston.	Infrastructure survey

2.6.2 Pilgrim Hospital, Boston (2020 MEP reports)

Infrastructure Item	Status	Action in Year 0-2
HV Network	Peak demand over that of the Authorised Supply Capacity would occur should the Combined Heat & Power (CHP) be offline. Additionally, the HV infrastructure is at the end of its life expectancy and some HV switchgear is subject to switching restrictions due to ageing, failure, and non-	Feasibility study

	availability of spare parts. Trustwide scheme to review and increase capacity and resilience.	
Generators	The resilience of generator 5 is very weak as it is a standalone generator which has completed over 14,000 run hours yet supports ICU, endoscopy and the medical air plant. Issues with maintainability of change-over contactors.	Feasibility study
Steam mains	Issues with steam mains and frequent leaks, including access due to confined space limitations and the presence of asbestos.	Incorporate in NZC study
Gas Mains	Issues with steam mains and frequent leaks, including access due to confined space limitations and the presence of asbestos.	No action
Medical Gas	O2 VIE plant resilience issues. Trustwide scheme to review and increase capacity and resilience. Feasibility stage complete.	No action
Building Management System (BMS)	Large parts of the BMS are obsolete, with limited environmental controls or strategies, leading to over/under heating of areas or poor temperature control.	Feasibility Study
Chillers	Decentralised system. Some R22 refrigerant noted as still in use	No action
Potable Water	There are significant issues with the water systems. Pipe failures are frequent and Chlorine Dioxide has been turned off due to its corrosive nature, therefore large sections of pipework require replacing. It is noted that a new UTC was constructed 2020-2021 and it is not understood at this time the impact to the infrastructure this capital project had.	Infrastructure survey
ED Refurbishment	ED was enhanced during 2020 and it is not understood at this time the impact to the infrastructure this capital project had.	Infrastructure Survey
Ward refurbishment	During 2020/2021 14 wards Trustwide received ward enhancements of immediate redecoration and IPC enhancement. Due to time constraints and COVID-19, key backlog infrastructure were unable to be addressed. Key wards to be addressed include Family Health at Lincoln and Boston.	Infrastructure survey

2.6.3 Grantham and District Hospital (2020 MEP Report)

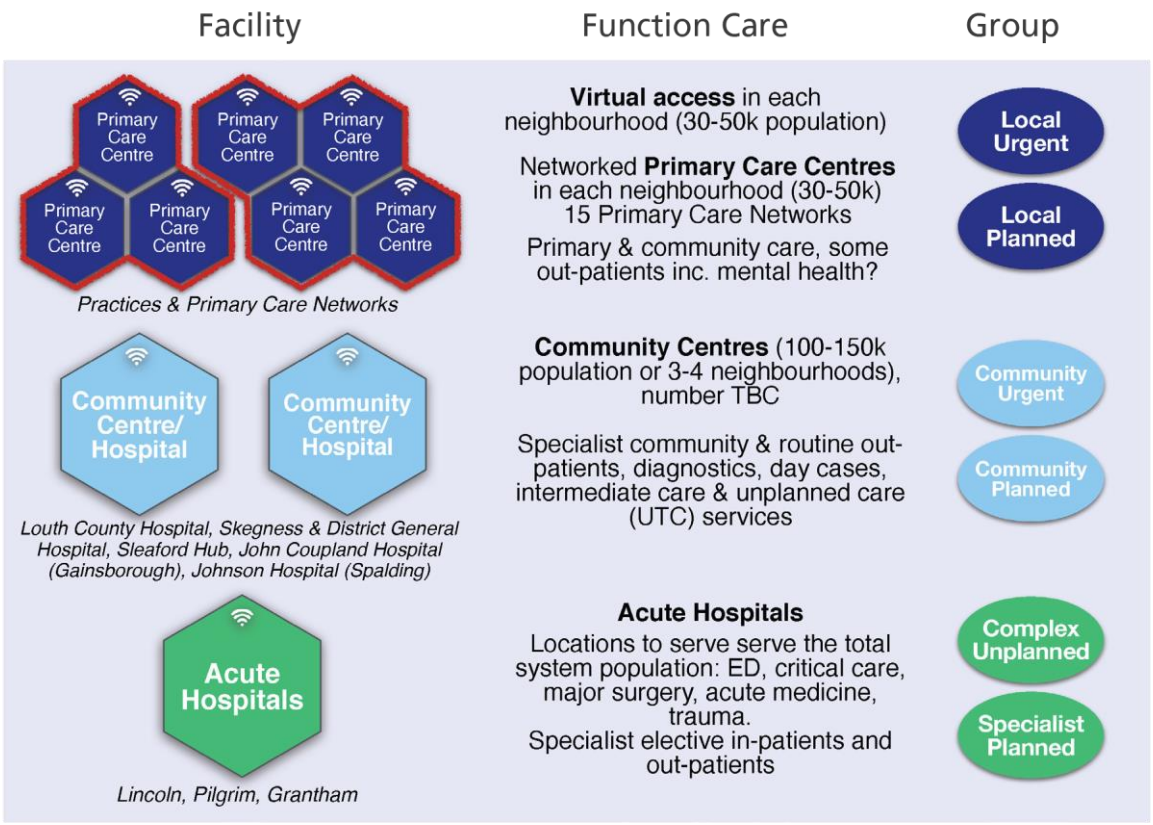
Infrastructure Item	Status	Action in Year 0-2
HV Network	Configured as a number of radial circuits giving resilience issues.	Feasibility study
Generators	Issues with resilience and maintainability of change-over contactors. Trustwide scheme relating to HV to cover electrical infrastructure overall.	Feasibility study
Gas Mains	No noted issues	No action
Medical Gas	No noted issues.	No action
Building Management System (BMS)	Large parts of the BMS are obsolete, with limited environmental controls or strategies, leading to over/under heating of areas or poor temperature control	Feasibility Study
Chillers	Decentralised system. No noted issues	No action
Potable Water	Heating and domestic water upgrades required. Heating and water systems have significant issues as per Lincoln. There are frequent failures of the heating system with around 80% of pipework in need of replacing. Some works being undertaken in 2021/2022.	No action

Chapter 3

Where do we want to be?

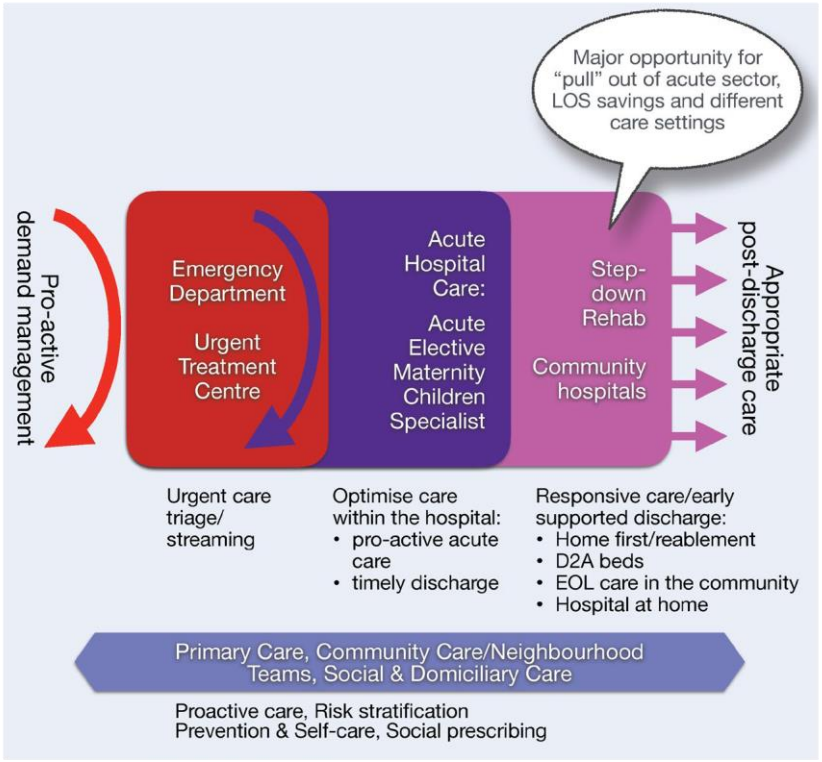
3.1 Integrated Care Vision

The integrated care vision is a system-wide approach and encompasses the acute sector, community, primary care (including mental health) and home care. The below diagram shows the facilities required within the Lincolnshire integrated care vision and model of care, all of which are subject to further consultation.



Integrated System Facilities

Overarching vision….



Integrated Model of Care

3.2 High Level Planning Assumptions/Activity and Capacity Planning

This following provides a summary of the high-level planning assumptions that have informed the demand and capacity modelling used to develop the ICS Estates Strategy (2019). The high-level planning assumptions and activity and capacity planning has been developed to include all areas of the ICS strategy, however for the purposes of this presentation the below are the operational assumptions and activity shifts for the acute hospital requirements only.

Acute Activity

Shifts are based on the Optum resource maps…

Acute POD	Currency	Optum Left Shift %	Delivery Mechanism	Proportion %	Future POD	Future Site
ED	Attendance	27.50%	Hear & Treat, Mobile Rapid Response, Support at Home, Office-based activities.	60%	Comm NFTF	Community Site N/A
			Primary Care based activities: FU PC, care co-ordination, LTC & Frailty management	22.50%	Primary Care FTF	Community Care Site
			Transitional Care: Beds & EOL	7.50%	Community Admission	Community Hospital
NEL	Spells	10%	Rapid Response, Support at Home, Office-based activities.	70.00%	Comm NFTF	Community Site N/A
			Primary Care based activities: FU PC, care co-ordination, LTC & Frailty management	20.00%	Primary Care FTF	Community Care Site
			Transitional Care: Beds & EOL	10.00%	Community Admission	Community Hospital
EL	Spells	12%	Community Services	60.00%	Comm FTF	Community Care Site
			Self Management	40.00%	Self Care	Community Site N/A
OP	Contacts	21%	Community Services	20.00%	Comm FTF	Community Care Site
			Self-Management	15.00%	Self Care	Community Site N/A
			Primary Care based activities: FU PC, care co-ordination, LTC & Frailty management	55.00%	Primary Care FTF	Community Care Site
			Mental Health OP	10.00%	MH FTF	MH Site

Acute Operational Assumptions

Key parameters ('high' scenario)

Growth		
Activity Growth	As per ONS Projections, by age band, by CCG.	
Outpatients		
POD	Face to Face	Non- Face-to-Face
Sessions / Week	12	12
Weeks / Annum	48	48
Session Length	240 minutes (4 hours)	300 minutes (5 hours)
Appointment Length	22.5 minutes	15 minutes
Utilisation	75%	90%
Inpatients		
Bed Ocupancy	92% overall target (varies by zone)	
Decant Beds	One Ward per site in addition to modelled beds	
Day Cases	7 days/week (or equivalent)	
Assessment	7 days/week (or equivalent)	
Theatres		
	Elective & Day Case	Non-Elective
Session Length	240 minutes (4 hours)	240 minutes (4 hours)
Sessions / Week	12	14 (CEPOD will be 24-hour)
Weeks per Annum	48 (to allow for down-time)	48 (to allow for down-time)
Utilisation	75% (needle to skin)	75% (needle to skin)

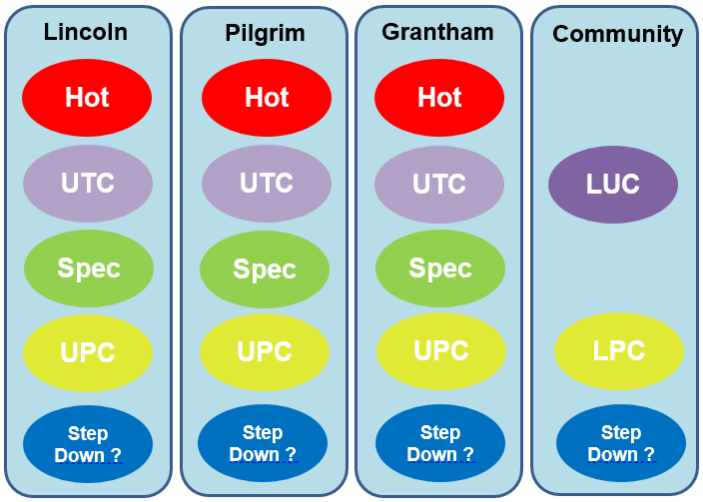
As part of the options review at ICS level, it was agreed that Option 1 was the preferred option. This aligns with the expressions of interest submitted by each sector under the 2021 Health infrastructure Plan (HIP) bid process, which has been used to develop design strategies and development control plans as shown in the following chapters.

Acute Clinical Building Blocks

Service vision for each component of care…

Hot	**Hot**: Emergency Centre inc. ED (resus, majors), critical care, main theatres, acute medicine, cancer surgery, trauma, stroke/HASU etc. Includes CLU maternity & children
UTC	**Urgent Treatment Care**: inc. urban urgent care, requires access to diagnostics (x-ray, pathology)
LUC	**Local Urgent Care**: eg in health centre, primary care
Spec	**Specialist Elective In-patients & Diagnostics**: inc. orthopaedics, short-stay elective surgery, specialist out-patients, specialist diagnostics etc
UPC	**Urban Planned Care**: routine out-patients, out-patient procedures, surgical day cases, medical day procedures, therapies etc
LPC	**Local Planned Care**: routine out-patients, procedures eg in health centre, primary care
Step Down	**Step Down Beds**: long-stay patient care, in a community or home setting

Acute Option 1



Sized Brief*

Metric	Lincoln	Pilgrim	Grantham	Total
Beds (IP & DC, SD)	646	371	69	1,085
OPD C/E	56	34	16	106
Theatres	9	5	7	21
ED Exam/Treat	25	21		46
Imaging Room	16	10	3	29
Cases (all PODs)	404,417	255,068	94,647	754,132
Size m2	85,076	48,165	13,630	146,871

*Sized Brief identifies total future beds

3.3 Disposal of Land

As part of a Government initiative, the National Audit Office (NAO) first published a report in June 2015 entitled Disposal of Public Land for New Homes on behalf of the Department for Communities and Local Government. Following this, the ministry of Housing, Communities and Local Government published a paper entitled Public Land for Housing Programme 2015-2020, which was recently updated in February 2020. The aim of the programme was to identify and release surplus central Government land in England for 160,000 new homes by the end of March 2020 and contribute to the aim to achieve £5bn in land property receipts by 2020, including disposals of land and property where there is no potential for housing. Data shows that by the end of March 2020 c69,000 homes had been delivered. The land disposals within the scope of this programme included NHS Trusts and Foundation Trusts.

Public bodies can adopt a range of approaches to structure disposals to promote early development with departments using one or more of the following approaches:

- Direct sale of land;
- Sale and leaseback;
- Clawback provisions;
- Profit sharing through overage provisions;

- Delaying transfer of land via licensing;
- Partnering for site preparation; and
- Joint-venture arrangements.

The sale of surplus land, either with or without planning permission, generates a one-off capital receipt. Many Trusts and other public bodies are considering alternatives to outright disposal and a capital receipt, and as an alternative retaining an interest in the land, and/or buildings and converting that interest into a long-term revenue stream for the Trust. If land identified as part of the development control plan (DCP) is not considered for sale to other parties it will be reviewed with the ICS to potentially reuse in the wider integrated care system for community care, mental health or primary care facilities.

3.3.1 Potential disposal of land

The Trusts land disposal strategy will be developed alongside the clinical strategy.

3.4 Green Plan

3.4.1 Green Plan

"While the NHS is already a world leader in sustainability, as the biggest employer in this country and comprising nearly a tenth of the UK economy, we're both part of the problem and part of the solution.

That's why we are mobilising our 1.3 million staff to take action for a greener NHS, and it's why we have worked with the world's leading experts to help set a practical, evidence-based and ambitious route map and date for the NHS to reach net zero."- Sir Simon Stevens, former NHS Chief Executive

United Lincolnshire Hospitals NHS Trust (ULHT) is proud to share the Trust's Green Plan, which seeks to embed sustainability and low carbon practice in the way vital healthcare services are offered and help the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions.

The climate crisis is also a health crisis. Rising temperatures and extreme weather will disrupt care and impact the health of patients and the public, especially the most vulnerable in society.

People with mental health issues may experience a higher degree of 'climate anxiety', and there may be co-morbidities associated with the physical impacts of climate change and a deterioration in mental health.

ULHT has a central role to play in reducing health inequalities and helping the NHS to reach net zero.

This Green Plan serves as the central document for ULHT's sustainability agenda and provides the rationale for sustainability at the Trust. Through this Green Plan, ULHT will work with staff, patients and partners to take powerful sustainable development and climate action as part of the Trust's commitment to offer the highest quality care to the Lincolnshire community.

The Trust will establish a Sustainability Committee that will meet regularly and project manage the delivery of Green Plan activities by multiple teams. The Green Plan will be incorporated as a part of the Sustainability Committee agenda, reviewed annually, and updated where necessary to ensure continual improvement.

3.4.2 Travel Plan

The travel plan is an important tool, which will also support future planning applications for new developments across the three hospital sites. The implementation of a robust travel plan has the potential to reduce or negate the need for costly improvements and/or planning conditions relating to any planning approval. In light of this, it is crucial that the Trust's travel plan which is under development is not only implemented but also kept up to date. The Trust has recently made a major commitment to continued development of the 2014 travel plan by employing a Trustwide Travel Plan Co-ordinator, whose role it is to source and implement attractive measures to promote alternative travel options for staff and visitors.

A living framework travel plan is being developed, together with site-specific plans on an online platform, where initiatives and actions are updated to meet the targets and objectives that the Trust has set. The objectives include working with partners, including local authorities and service providers, to support the local transport strategies and local transport plans. As one of the largest employers in the county, the Trust is committed to reducing CO2 emissions, improving the local environment and improving air quality. The travel plan will be utilised when progressing with the emerging estates strategy and development control plan.

3.5 Commercial Estate Strategy

The commercial strategy for maintenance of existing buildings will be developed in line with projects identified in 4.6 of this report. They will include any new buildings, as per the Development Control Plans in section 4.4. and will be in accordance with Trust approaches of using tried and tested framework suppliers alongside in house maintenance teams.

3.6 Trust Priority Spend Year 0-2 (Phase 1)

The Estates and Facilities Team has reflected on the issues raised in the 2020 Estates Strategy and has produced this interim Estates Strategy and DCP over two years for consideration and approval, which is in line with the ICS strategy.

The strategy will allow the Trust to develop its estate in the short term in a planned manner to meet the urgent clinical configuration and critical infrastructure needs, without any conflict with the ICS strategy.

With regards the short-term vision for the estate, the Trust has a clear set of aims to support the quality, safety and effectiveness metrics:

- To develop a two-year plan to upgrade the overall condition of the estate and reducing further deterioration and risk. (Critical Infrastructure Risk)
- To ensure any immediate/ urgent clinical and service developments are facilitated.
- To ensure any estate physical solution to these service developments are, as far as possible, in accordance with the Trust's emerging clinical strategy, system acute services plan and dovetail into the development control plan and overall ICS strategy.
- To create an energy infrastructure plan to upgrade the Trust's supply plant and equipment. Investment has already been secured to ensure improvements, through successful bids for Department of Health and Social Care grants and using interest-free loans.
- To review the efficiency of the estate and facilities services, taking all opportunities to reduce cost and align with the model hospital metrics and the Lord Carter report.
- To rationalise the estate and generate capital from the sale of surplus land and assets, as well as improving the utilisation of space and prioritising clinical services.
- To deliver substantial improvements in car parking facilities across the sites.
- To ensure any previous or short-term capital investment is not wasted.

The Trust's 0-2 year priority spend has been reviewed against the ICS reconfiguration to ensure alignment. The following chapters have reviewed the design strategies and resultant development control plans against a list of priority works, which have been provided by the ULHT Estates Department.

This has allowed us to demonstrate how these projects align with the DCP and ICS strategy for years 2-10.

3.7 NHS Estate in response to COVID-19

The COVID-19 pandemic has had significant impact on hospital estates and clinical services countrywide. Therefore, when developing the 0-10 year estates strategy and development control plan, the strategy will be to provide a flexible, optimised and effective healthcare estate with a key focus on IPC excellence. This will include the examination of physical space and utilisation, the digital future with more video consultations, a review on closer to home care and review of clinical space and facilities for flexible use. This means that the ability to reconfigure the estate must be taken into account from the beginning. The Trust also has to reconsider its service plans in light of the COVID-19 pandemic.

3.8 Ten Year Estates Strategy

Following on from Phase 1 priority works years 0-2, this estates strategy is about improving the clinical environments in our hospitals, to make them fit for purpose in delivering quality, reliable care to the people of Lincolnshire, as well as providing a state-of-the-art environment for our staff to deliver care from. This is part of the broader Lincolnshire Health Infrastructure Programme to transform the provision of healthcare across Lincolnshire.

The 10 year estates strategy is split into two phases.

Phase 2 includes enabling works and key infrastructure and a number of new build developments. This is based on a detailed design strategy and estates review, seeking to minimise service disruption and spread capital costs. (See section 4.4 for details)

Lincoln County Hospital, Phase 2:	**Pilgrim Hospital, Boston, Phase 2:**	**Grantham and District Hospital, Phase 2:**
Women's and Children's	Inpatients	Women's and Children'
Hematology and Oncology	Women's and Children's (W&C)	Inpatients
Endoscopy and Therapies	New ward block	Hematology and Oncology
	Refurbishment of existing ward block	Imaging
	Theatres and Critical Care	Outpatients, including Day Surgery, Cardiac, Endoscopy, Therapies
	Hematology and Oncology	Support services
	Outpatients including Cardiac and Endoscopy	
	Imaging	

However, the hospital sites and some of their facilities are no longer fit for purpose. In order to maintain the sites prior to the delivery of the 10 year strategy there are a number of schemes/developments which have been identified which require priority investment within the 2022-2025 capital programme to address critical infrastructure risks and ensure clinical services can continue to deliver safely without disruption. **See Section 4.4 for Development Control Plan**

Chapter 4

How do we get there?

4.1 Design Strategy - New build and refurbishment to existing site - Lincoln County Hospital

The below design strategies have been developed by using the demand for space from schedule of accommodation which has been generated from the activity and capacity planning. These demonstrate how each of the building blocks will be supplied through various levels of refurbishment or new build. These strategies form part of the ICS overarching strategy for the three acute sites.

Building Block	Low Refurbishment	Medium Refurbishment	High Refurbishment	New Build	Demolition
Women's and Children's			W&C @ 8,196 sq.m (plus 1,600 sqm plant)	W&C @ 8,196 sqm (plus 1,600 sqm plant)	8,354 sqm
Urgent and Emergency Care				Assessment Beds @ 3200 sq.m (plus 640 sq.m plant)	
Inpatients			IP Theatres @ 1,955.4 sqm	IP Wards @ 10,526 sqm (plus 2,000 sqm plant)	
			IP Therapies @ 443.2 sqm		
			Critical Care @ 2,451.3 sqm		
			IP Wards @ 7,148 sqm		
Haematology and Oncology				IP & OP @ 5,588 sqm (plus 1,200 sqm plant)	
Imaging			IP & OP @ 3,939 sq.m		
Outpatients	OPD @ 2,238 sq.m		Day surgery unit @ 2,500 sqm Cardiac day unit @ 650 sqm	Therapies @ 500 sq.m (plus 100 sq.m plant)	
				Endoscopy @ 975 sq.m (plus plant 200 sqm)	

Building Block	Low Refurbishment	Medium Refurbishment	High Refurbishment	New Build	Demolition
Support Services		Pathology (incl Mortuary) @ 2737 sqm Research @ 547 sqm		CT Scanner HASU @ 150 sqm (plus 50 sqm plant)	Demolition part pathology @ 1,000 sqm
	Pharmacy @ 821 sq.m	Hospice @ 400 sqm		FM @ 1,642 sqm (plus 328 sqm plant)	
	CSSD @ 1,000 sqm				
	Catering and Restaurant @ 1,500 sqm				

4.1.1 Design Strategies - New build and Refurbishment to existing site – Lincoln County Hospital

Building Block	Low Refurbishment	Medium Refurbishment	High Refurbishment	New Build	Demolition
Plant and Comms	Utilise Existing			2,535 sq.m	Included above
Infrastructure	Increased electrical Supply Capacity to new build developments (new builds likely to utilise electrical source for heating and hot water)				n/a
Infrastructure	Replace aged HV electrical infrastructure				n/a
Infrastructure	Replace local LV generators and change-over contactors				n/a
Infrastructure	Refurbishment projects to incorporate CEF guidance with regards to demand reduction of the following: Chillers and HVAC - Fabric Insulation - Heat Distribution and Boilers - LED Lighting - Variable Speed Drives - Voltage Optimisation - Water Efficiency - Behavioural Management - Building Management Systems - Contract & Performance Assurance				n/a
Infrastructure	500 space MMC multi storey car park				n/a
TOTAL	**67,760 sqm**				**9,354 sqm**

4.1.2 Engineering Strategy - New build and refurbishment to existing site - Lincoln County Hospital

In line with NHS Roadmap to Net Zero Carbon, new build developments are likely to utilise electrical source for heating and hot water. Trust projects are underway to review, and upgrade electrical capacity.

High Level Refurbishment – Incorporate CEF guidance with regards to demand reduction includes:

- Chillers and HVAC - Fabric insulation - heat distribution and boilers - LED lighting - variable speed drives - voltage optimisation - water efficiency - behavioural management - building management systems - contract and performance assurance

https://www.carbonandenergyfund.net/wp-content/uploads/2021/03/CEF_Practice-Guide_Demand_Reduction.pdf

Medium and Low Level Refurbishment – Incorporate sensible measures from above list, variable speed drives, LED lighting, improved BMS controls, occupancy detection etc.

Infrastructure – Improve and upgrade infrastructure:

- New modular self-contained ICT data server rooms
- Medical gas upgrade works
- Theatre ventilation upgrades
- Electrical upgrade works
- Water (heating and domestic) upgrade compliance works
- New water supply for W&C unit
- BMS upgrades
- Review infrastructure loads from recent capital projects:
    - UTC
    - Resus
    - Modular ED

4.2 Design Strategy - New build and refurbishment to existing site - Pilgrim Hospital Boston

Building Block	Low Refurbishment	Medium Refurbishment	High Refurbishment	New Build	Demolition
Women's and Children's		Gynae clinic area		5,017 sqm	6,820 sqm
Urgent and Emergency Care					
Inpatients			IP Support @ 1,800 sqm	* IP Theatres & Critical Care @ 3,199 sqm plus 640 sqm plant)	
			IP Beds & Therapies @ 8,716 sqm		
Haematology and Oncology				1,058 sqm (plus 211 sqm plant)	1,275 sqm
Imaging				2,205 sqm (plus 30 sqm plant)	2,231 sqm
Outpatients		Day Theatres @ 1,500 sqm		OPD, Cardiac day unit, Endoscopy, therapies @ 3,005 sqm (plus 600 sqm plant)	
Support Services	Pathology (incl. Mortuary) @ 1,166 sqm			Pathology/Mortuary @ 325 sqm (plus 65 sqm plant)	
	Pharmacy @ 685 sq.m			New Entrance @ 740 sqm (plus 148 sqm plant)	
	FM @ 1,000 sqm				FM 900 sqm
	Catering & Restaurant @ 1,500 sqm				
	Education @1,500sq.m				Education 1,000 sqm
	Research @ 291 sqm				

4.2.1 Design Strategy - New build and refurbishment to existing site - Pilgrim Hospital Boston

Building Block	Low Refurbishment	Medium Refurbishment	High Refurbishment	New Build	Demolition
Plant and Comms	Utilise existing			3,471 sqm	Included above
Infrastructure	Replace generator 5				n/a
Infrastructure	Replace central medical air plant				n/a
Infrastructure	Increase in heat demand				n/a
Infrastructure	Replace existing aged plant within the calorifier plant room				n/a
Infrastructure	New substation to be installed to serve the Theatres project				n/a
Infrastructure	New energy centre - incorporating net zero carbon initiatives				n/a
Infrastructure	Refurbishment projects to incorporate CEF guidance with regards to demand reduction of the following: Chillers and HVAC - Fabric Insulation - Heat Distribution and Boilers - LED Lighting - Variable Speed Drives - Voltage Optimisation - Water Efficiency - Behavioural Management - Building Management Systems - Contract & Performance Assurance				n/a
Infrastructure	500 space MMC multi storey car park				n/a
TOTAL	**38,872 sqm**				**12,226 sqm**

4.2.2 Engineering Strategy - New build and refurbishment to existing site

In line with NHS Roadmap to Net Zero Carbon, new build developments are likely to utilise electrical source for heating and hot water. Trust projects are underway to review, and upgrade electrical capacity.

High Level Refurbishment – Incorporate CEF guidance with regards to demand reduction include:

- Chillers and HVAC - Fabric Insulation - Heat Distribution and Boilers - LED Lighting - Variable Speed Drives - Voltage Optimisation - Water Efficiency - Behavioural Management - Building Management Systems - Contract & Performance Assurance

https://www.carbonandenergyfund.net/wp-content/uploads/2021/03/CEF_Practice-Guide_Demand_Reduction.pdf

Medium and Low Level Refurbishment – Incorporate sensible measures from above list, Variable Speed Drives, LED Lighting, Improved BMS controls, occupancy detection etc

Infrastructure – Improve and upgrade infrastructure:

- New modular self-contained ICT data server rooms
- Medical gas upgrade works
- Theatre ventilation upgrades
- Electrical upgrade works
- Water (heating and domestic) upgrade compliance works
- BMS upgrades
- New energy centre
- Review infrastructure loads from recent capital projects
    - ED refurbishment

An action still to be undertaken is an updated maintenance strategy for Pilgrim Hospital, Boston. The strategy will be based on the priorities set out in the updated six- facet survey and focus on maintaining a Category B status for all buildings and not allowing deterioration below this level.

4.3 Design Strategy - New build and refurbishment to existing site - Grantham and District Hospital

Building Block	Low Refurbishment	Medium Refurbishment	High Refurbishment	New Build	Demolition
Women's and Children's				449 sqm	
Inpatients				5,351 sqm	
Haematology and Oncology				372 sqm	
Imaging				315 sqm	
Outpatients				OPD, Day surgery, Cardiac unit, endoscopy, therapies @ 4,483 sqm	
Support Services				2,000 sqm	
Sub Total				12,970 sqm	27,315
Plant and Comms				4,863. sqm	Inc above
Infrastructure	Increased electrical authorised supply capacity to new build developments (new builds likely to utilise electrical source for heating and hot water)				n/a
Infrastructure	New energy centre – incorporating net zero carbon initiatives				n/a
TOTAL	**17,833 sqm**				**27,315 sqm**

4.3.1 Engineering Strategy- New build and refurbishment to existing site - Grantham and District Hospital

In line with NHS Roadmap to Net Zero Carbon, new build developments are likely to utilise electrical source for heating and hot water. Trust projects are underway to review, and upgrade electrical capacity.

Infrastructure – Improve and upgrade infrastructure:

- New energy centre
- Theatre ventilation upgrades
- Electrical upgrade works
- Water (heating and domestic) upgrade compliance works first phase at Grantham
- BMS upgrades
- Radiant panel replacements

4.3.2 Maintenance Strategy- Legacy, new build and refurbishment - Grantham &and District Hospital

An action still to be undertaken is an updated maintenance strategy for Grantham and District Hospital. The strategy will be based on the priorities set out in the updated six-facet survey and focus on maintaining a Category B status for all buildings and not allowing deterioration below this level.

4.6 Programme of Projects

Working with the Trust's Estate and Facilities team we have reviewed the programme of projects and have analysed these against the ICS strategy and reviewed against the resultant DCP for each acute site, the results of which are described below. This has enabled us to produce a priority list of capital projects for years 0-2.

Risk Rated Key: High Moderate Low Developmental

Project/Works	Critical Infrastructure or Statutory Requirement (YES or NO)	Clinical Need (YES or NO)	In line with DCP (YES or NO)	In line with ICS Strategy (YES or NO)	Business Case (YES or NO)
Critical theatre refurbishment, compliance and ventilation rolling programme of upgrade works - 2 theatres per location @ All sites	YES	YES	YES	YES	Planned works as part of E&F risk prioritised capital
Maternity block upgrade works @ Lincoln	YES	YES – Patient Environment Improvements	YES	YES	Planned works as part of E&F risk prioritised capital
Trustwide HV reconfiguration and upgrade works	YES	YES	YES	YES	Planned works as part of E&F risk prioritised capital
ICU expansion @ Lincoln and Pilgrim to create extra beds (COVID-19 related)	NO	YES	YES	YES	NO
Mortuary refurbishment @ Lincoln and Pilgrim	NO	YES	YES	YES	NO
New modular ITsServers @ Lincoln and Pilgrim. Relocation of existing servers to provide two at Lincoln and one at Pilgrim	YES	YES	YES	YES	YES
Trustwide lift upgrade works @ All sites	YES	NO	YES	YES	Planned works as part of E&F risk prioritised capital

Project/Works	Critical Infrastructure or Statutory Requirement (YES or NO)	Clinical Need (YES or NO)	In line with DCP (YES or NO)	In line with ICS Strategy (YES or NO)	Business Case (YES or NO)
Medical gases 02 VIE compounds @ Lincoln and Pilgrim	YES	YES	YES	YES	Planned works as part of E&F risk prioritised capital
Public toilet upgrade and improvement works @ all sites	NO	Patient Environment Improvements	YES	YES	Planned works as part of E&F risk prioritised capital
Endoscopy upgrade works (infection control improvement) @ Lincoln	NO	YES – jag accreditation	YES	YES	NO
Trustwide signage – patient experience improvement	NO	NO	YES	YES	NO
Asbestos removal in second, third and fourth floor @ Pilgrim	YES	NO	YES	YES	Planned works as part of E&F risk prioritised capital
Water upgrade works – heating and domestic @ All sites. First phase of works to take place at Grantham	YES	YES	YES	YES	Planned works as part of E&F risk prioritised capital
Women's and children's main entrance enhancement and refurbishment/reconfiguration works to maternity block @ Lincoln and Pilgrim	YES	YES	YES	YES	NO
New water supply for domestic water to maternity @ Lincoln	YES	YES	YES	YES	Planned works as part of E&F risk prioritised capital
Roof replacement and upgrade works @ All sites	YES	NO	YES	YES	Planned works as part of E&F risk prioritised capital
Asbestos removal programme where required @ all sites	YES	NO	YES	YES	Planned works as part of E&F risk prioritised capital

Project/Works	Critical Infrastructure or Statutory Requirement (YES or NO)	Clinical Need (YES or NO)	In line with DCP (YES or NO)	In line with ICS Strategy (YES or NO)	Business Case (YES or NO)
Energy Centre Strategy @ Pilgrim and Grantham (Pilgrim timeline 12-18 months)	YES	NO	YES	YES	NO
Full six facet survey @ all sites	YES	NO	YES	YES	NO
Project 'Spring Clean' – Improvements of patient and staff areas to enhance experience including white rock to walls, painting, ceiling replacement, improvements to main entrances. Improvements addressing infection control and CQC comments. Blocks will be enhanced in line with the DCP @ all Sites	NO	Patient Environment Improvements	YES	YES	NO
Ward refurbishment and improvements addressing infection control and CQC comments. @ Lincoln and Pilgrim. (Critical Care @ Lincoln, 7a, 7b, ACU and 8a @ Pilgrim)	NO	YES – Patient Environment Improvements	YES	YES	Planned works as part of E&F risk prioritised capital
Refurbishment of ward washroom facilities to IPC excellence standards @ all sites	NO	YES	YES	YES	NO
OPD enhancement and refurbishment works to improve overall environment and address infection control and CQC comments @ Lincoln and Pilgrim	NO	YES	YES	YES	NO
Space Management Strategy – Demand for space requirements to be addressed following COVID-19 to meet the need of the clinical teams.	NO	NO	YES	YES	NO
Off-site premises lifecycle costs – capture costs of maintaining services off site (including CDH @ Moy Park and Louth, Aseptic relocation to University of Lincoln)	NO	YES	YES	YES	YES
Provision of a Day Surgery Unit @ Lincoln and Pilgrim. Aspiration and longer term plan which will be developed alongside the clinical strategy.	NO	NO	YES	YES	NO

Project/Works	Critical Infrastructure or Statutory Requirement (YES or NO)	Clinical Need (YES or NO)	In line with DCP (YES or NO)	In line with ICS Strategy (YES or NO)	Business Case (YES or NO)
Grantham theatres – enabler to allow critical infrastructure and ventilation works to existing theatres to commence	NO	YES	YES	YES	YES
Digital consultation – relocation of digital consultations to non-clinical space to enable face-to-face pre op consultations to take place. Priority for the organisation due to delay in patient surgery due to lack of pre op consultation space.	NO	YES	YES	YES	NO
Fire upgrade works @ all sites	YES	NO	YES	YES	
Ingham Ward upgrades to improve privacy and dignity and address infection control and CQC comments @ Lincoln	NO	YES	YES	YES	NO
Window replacement programme. To address backlog and safety issues @ all sites	YES	NO	YES	YES	NO
Radiant panel replacement due to scalding issue @ Grantham	YES	NO	YES	YES	Planned works as part of E&F risk prioritised capital
Trustwide BMS upgrade @ all sites	YES	YES	YES	YES	Planned works as part of E&F risk prioritised capital
Net Zero Carbon @ all sites. Aspiration and longer term plan for the Trust.	Refer to Energy Centre Projects	NO	YES	YES	NO
CPU – Kitchen refurbishment – Trustwide and to be decided in line with catering review.	YES	YES	YES	YES	NO
Storage strategy - Trustwide and to be decided in line with storage review.	NO	NO	YES	YES	NO

4.7 Year 0-2 Programme of Capital Projects

Utilising the full project list, the priority project spend has been extracted and put in the table below. This has utilised indicative values provided by ULHT estates department around the proposed capital budget for each financial year.

Estates Strategy Capital Projects 2022 to 2025

No	Project/Works	Total Budget (million) inc VAT	2022/23 - Year 0 (million) inc VAT	2023/24- Year 1 (million) inc VAT	2024/25- Year 2 (million) inc VAT
		£m	£m	£m	£m
1	Critical theatre refurbishment, compliance and ventilation rolling Programme of upgrade works to address the infection control ventilation - two theatres per location @ All sites	£18.0	£6.0	£6.0	£6.0
2	Trust wide HV reconfiguration and upgrade works	£4.6	£1.4	£1.6	£1.6
3	Scoping budget for capital projects – to maintain forward planning and procurement of capital projects	£0.9	£0.3	£0.3	£0.3
4a	Maternity block upgrade works @ Lincoln - to improve patient experience and address infection control and CQC comments	£6.4	£3.6	£2.8	
4 b	New labour ward @ Boston	£6m	£.3.0	£3.0	
4c	New MLU units@ Lincoln and Boston	£4m		£2.0	£2.0
5	ICU expansion @ Lincoln and Pilgrim to create extra beds (COVID-19 related) – funded expected by NHSE	£3.5	£3.5	£0.0	
6	Modular car parks (decked car parks) @ Lincoln and Pilgrim to provide additional capacity and free up real estate for disposal or construction	£6.6	£3.6	£3.0	
7	Trust wide mortuary refurbishment @ Lincoln and Pilgrim	£2.4	£1.2	£1.2	
8	New modular IT servers @ Lincoln and Pilgrim. Relocation of existing servers to provide two @ Lincoln and one @ Pilgrim	£2.9	£2.9	£0.0	

No	Project/Works	Total Budget (million) inc VAT	2022/23 - Year 0 (million) inc VAT	2023/24- Year 1 (million) inc VAT	2024/25- Year 2 (million) inc VAT
9	Trust wide lift upgrade works @ All sites	£6.0	£3.0	£3.0	
10	Medical gases 02 VIE compounds @ Lincoln and Pilgrim - to improve patient experience	£3.6	£1.8	£1.8	
11	Public toilet upgrade and improvement works @ All sites	£0.2	£0.1	£0.1	
12	Ward refurbishment @ Lincoln and Pilgrim (Critical Care @ Lincoln, 7a, 7b, ACU and 8a @ Pilgrim) – to improve patient experience and address infection control and CQC comments	£7.7	£3.8	£3.8	
13	Endoscopy upgrade works @ Lincoln – to maintain JAG accreditation	£6.0	£0.0	£6.0	
14	Fire upgrade works @ All sites	£2.4	£1.2	£1.2	
15	Full six-facet survey @ All sites	£0.3	£0.3	£0.0	
16	Trust wide signage	£0.6	£0.3	£0.3	
Total		£82.1	£36.0	£36.1	£9.9

The next step will be to develop the estates strategy for years 2-10 in line with the ICS overarching strategy.

4.8 Six- Facet Survey

Since the previous 2017 six-facet survey conducted, the Trust has invested significantly in some of its buildings and infrastructure. However there is still significant backlog maintenance concerns and therefore in 2022-23 a full six-facet survey will be undertaken to establish the current situation and inform future investment plans. Part of this survey will include the utilisation of space review which has been identified as a significant pressure for the organisation post COVID-19.