



Department of
Health

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State of the Estate Report 2022



Ulster Hospital Acute Services Block



Northern Ireland Fire & Rescue Service new Learning Development Centre, Cookstown

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1.0 Executive Summary

This is the ninth State of the Estate Report (SOTER) completed by the Department of Health (DoH) covering the period April 2021 to March 2022. The DoH's main strategic focus in 2021/22 was to effectively respond to the pandemic and therefore significant resource was targeted to management of this situation.

This report is a key reference document which should be used to inform investment decisions to deliver the DoH's strategic direction detailed in Health and Wellbeing 2026: Delivering Together and the New Decade New Approach documents. It provides stakeholders with a snapshot of the condition of the health estate, performance data to monitor the efficiency and effectiveness of circa 1500 buildings and identifies associated risk.

The DoH has 17 arm's length bodies however, the information in this report covers the individual estate owned (referred to as freehold), occupied and managed by each of the 6 HSC Trusts and NIFRS only (referred to as ALBs) which accounts for 99.9% of the freehold health portfolio. These ALBs also collectively lease 222 properties at an annual cost of £5,718k (Table 5.1.1). The information in this report is provided by these ALBs and their collective estates are referred to as the HSC estate.

Independent estate surveys have been completed by ALBs in 2022 which has provided more reliable to measure estate condition, performance and risk including backlog maintenance liability. Therefore 2022 will be used as the new baseline year (previously 2014/15) in future reports.

The information in this report demonstrates progress delivered by ALBs in tackling many of the current challenges, however, as expected, it also shows a continuing decline in the condition of the estate.

It is concerning that 42% of the estate is not fully compliant with statutory regulations and 21% remains classed as unacceptable for physical condition. Despite targeted investment, the slow rate at which under-performing facilities can be replaced within available funding continues to manifest itself in a deteriorating estate condition which negatively impacts on service delivery where facilities are no longer functionally suitable to accommodate modern standards of care and growing service demand.

No significant in-roads are being made to address the estimated £1,324m backlog maintenance liability, £256m of which has been classified as high risk.

Furthermore, under the Climate Change Act (Northern Ireland) 2022 the DoH and its ALBs will be required to make a fair contribution to carbon reduction targets across relevant sectors including Energy, Transport and Public Buildings.

The DoH remains committed to funding, subject to budget availability, ongoing maintenance programmes and projects and also recognizes that additional funding is required to slow this increasing rate of estate deterioration and comply with statutory regulations and targets. However, current indications are that budgets will continue to be constrained with competing priorities within the capital programme and the absence of a multi-year budget to provide clarity over future resources and aid strategic planning. This situation is further exacerbated by upward inflationary pressures and it is likely that the backlog maintenance liability and associated risks will increase over the next five year period unless funding is increased in line with cost rises.

It is essential that each ALB has current, reliable information on individual estates recorded on an appropriate asset management database which informs individual Board approved Estate Strategies and associated delivery plans. This data will ensure risks are identified, communicated and appropriately managed, and that capital schemes are prioritized with supporting reliable information being provided to the DoH to support bids.

In support of the DoH Business Plan, the DoH Property Strategy is to maintain an asset base that is effectively and efficiently managed and capable of supporting the DoH's vision, aims and objectives. To maintain an estate which supports service delivery, it is important that the regional service strategy is aligned to a regional estate strategy.

Strategic Planning and Performance Group also recognize that the estate supports the transformation of services. Going forward there will need to be greater engagement on both service and estate strategies.

Chief Executives are requested to provide written assurance that appropriate risk mitigation plans and measures are in place and their organization has a Board approved Estate Strategy and Plan in place to inform investment decisions, maintain

and improve existing services, provide a safe environment for staff, patients and visitors and delivery of services from these buildings, many of which have reached the end of their useful lives.

The DoH will continue to proactively engage regularly with our ALBs, other key stakeholders and advisors and seek collective agreement on addressing these challenging issues.

I would like to express my thanks to key staff within Health and Social Care Trusts and Northern Ireland Fire and Rescue Service for providing the information which has enabled production of this SOTER.

A handwritten signature in black ink, appearing to read 'P. McClay', with a stylized, cursive script.

Philip McClay

Interim Head of Health Estates Directorate

Resources and Performance Management Group, Department of Health

2.0 Summary of the HSC estate – headline statistics

Gross Internal Area (GIA) of the estate has increased from 1,810 million meters squared in 2014/15 to 1,996 million meters squared in 2021/22

The number of built assets has increased from 1,420 in 2014/15 to 1,446 in 2021/22

Buildings meeting satisfactory statutory standards improved from 35% in 2014/15 to 58% in 2021/22

The value of the estate has increased from £2,264 million in 2014/15 to £3,459 million in 2021/22

46% of the estate is over 50 years old up from 45% on 20/21

17% is over 75 years old. No change since 20/21

22 properties were disposed of in the last five years against a target of 34 disposals. Capital receipts of £24.1m achieved.

There are 105 vacant properties (110 in 20/21) costing £617k per year (£622k in 20/21)

High risk Backlog Maintenance is valued at £256 million (7% of the value of the estate) compared to NHS Scotland's £80m (1% of the estate) in 2017

Backlog Maintenance is valued at £1,324 million (38% of the value of the estate) compared to NHS Scotland's £899m (11% of the estate) in 2017

3.0 Estate Key Performance Indicators (KPI's)

The level of ongoing investment in the estate has been insufficient to keep pace with the rate at which the estate is ageing and deteriorating. Further exacerbated by upward inflationary pressures, as we attempt to address this issue, deterioration continues to accelerate along with associated risks and will continue to be an obstacle to service transformation unless funding keeps pace with the cost rises.

This position will inevitably result in more assets being classified as no longer being fit for purpose and this further increases the risk of service failure. It is essential that all stakeholders recognise this and within the budgets made available, divert funding to maintain existing services to provide a safe environment for visitors, patients and staff and the delivery of services in buildings, many of which have reached the end of their useful lives.

In 2016/17, each ALB agreed property targets for improvement in relation to estate Key Performance Indicators by 2021/22 which include:

- space reduction in vacant space freehold estate
- space reduction in underused space freehold estate
- improvement in functional suitability
- improvement in statutory standards compliance
- reduction in backlog maintenance liability

The agreed targets ended in March 2022 and the DoH has commenced engagement with our ALBs to review and agree new five year targets with a 2021/22 revised baseline.

It is important to note that performance against these estate targets is dependent on a number of constraints and dependencies including, for example, supply chain issues, the extent of service disruption and funding.

Table 3.1 - Estate Comparison of KPI's from 2014/15 to 2021/22

ESTATE	2014/15	2021/22	Change
% Age Profile under 50 years	65	54	-11
% Overall Condition (Green)	37	38	1
% Physical Condition A or B (satisfactory)	38	39	1
% Functional Suitability A or B (satisfactory)	44	49	5
% Space Utilisation Adequate	73	75	2
% Statutory Standards A or B (satisfactory)	35	58	23

The percentage of buildings in the HSC estate under 50 years old has fallen from 65% to 54%, i.e. almost half of the estate is now over 50 years old. This can mainly be attributed to Craigavon and Daisyhill hospitals reaching 51 years old.

The overall percentage of the HSC estate which falls into the green category (buildings which are relatively new) has increased by 1 percentage point since 2014/15. The age and overall condition of the estate continues to cause concern in relation to the ability of those facilities to deliver safe and effective services into the future and to facilitate delivery of service transformation.

The percentage of the HSC estate that meets satisfactory statutory standards has increased to 58%, a 23 percentage point improvement. From 2014/15 to 2021/22 the percentage of Northern Health and Social Care Trust (NHSCT) estate meeting satisfactory statutory standards increased from 47% to 88%; South Eastern Health and Social Care Trust (SEHSCT) from 41% to 69%; Southern Health and Social Care Trust from 28% to 70%; Northern Ireland Fire and Rescue Service (NIFRS) from 5% to 100%; Northern Ireland Ambulance Service from 53% to 98%; Belfast Health and Social Care Trust (BHSCT) from 32% to 40% and Western Health and Social Care Trust (WHSCT) from 38% to 45%.

This improved position is good news but it is likely attributed to a combination of changes in estate data following completion of independent estate surveys as well as ALBs targeting funding to areas of greatest risk. However, 42% of the HSC estate does not meet statutory standards which our ALBs must address, this is discussed in further detail later in the report (**Section 11.2**).

4.0 Introduction

4.1 Background to the report

This report provides a snapshot of the condition and performance of the freehold health and social care and NIFRS estate (HSC estate) and is based on mandatory data submitted to the centralised property management database (3i) by the 6 Health and Social Care Trusts and NIFRS in October 2022. The information is used to:

- support bids to the Department of Finance (DoF) for additional funding;
- ensure individual estate risks are identified to facilitate management by asset owners;
- ensure capital schemes are prioritised by ALBs with supporting reliable evidence;
- ensure information on backlog maintenance liability is reliable and actively managed by asset owners; and
- provide appropriately evidenced assurance to the DoH in its governance role.

Previously, the DoH and ALBs worked with CPD Health Projects to ensure that the information was current, accurate and produced in a format that meets stakeholder requirements, however that resource has since been removed. Estate information is held on the centralised 3i system, however this contract ends on 31st March 2023. ALBs have taken the decision to proceed with individual IT solutions to store estate data and confirmed at Strategic Investment Group meetings that measures are in place to protect and transfer this valuable asset information when the 3i contract ends.

The information contained in this report covers the period 1st April 2021 to 31st March 2022 and will be used to inform a number of workstreams including the annual DoH Property Asset Management Plan (PAMP).

The data has been collated in relation to individual healthcare and public safety sites, broken down by block unit within those sites and is based on floor area by square metre (m²).

The ALBs also hold details of individual lease portfolios that are reported on in individual annual Property Asset Management Plans (PAMPs) and issued to the DoH.

4.2 Purpose, format and scope of the report

This report is intended to serve the following functions (this list is not exhaustive):

- highlight to ALBs the need to manage the totality of their estate including the development of rationalisation and/or disposal strategies and backlog maintenance risk.
- highlight to ALBs the need to identify inefficiency and target areas for improvement.
- assist ALBs in strategic planning, enabling prioritised and informed investment decisions.
- provide the DoH with current high level data to be used to inform:
 - (i) the governance role; and
 - (ii) the strategic planning process including prioritisation and allocation of capital and revenue resources in line with 'Delivering Together'.
- provide ALBs with information on the performance and condition of the overall health estate to encourage information sharing on best practice enabling cross cutting engagement between ALBs and other advisors to discuss and agree actions to effectively and efficiently improve under-performance and highlight best practice at an agreed regional forum e.g. the Regional Estate Directors Group.
- provide information to inform the DoH's PAMP to meet the requirements of the NICS Asset Management Plan Guidance and NICS Asset Management Strategy (AMS).
- inform individual ALBs Corporate Risk Register and
- provide information to inform the DoH service strategy.
- provide information to inform development of a DoH estate strategy.

This report will consider the performance and condition of the estate under the following Key Performance Indicator (KPI) headings:

- Overall Condition
- Physical Condition
- Functional Suitability

- Space Utilisation
- Statutory Standards

It also reports on the estate age profile and includes comparison charts for the KPIs identified by grouping the healthcare facilities in the HSC estate into the following main categories:

- Acute Hospital sites
- Local and Enhanced Local Hospital sites
- Non-Acute Hospital sites and Community facilities
- Other Major Healthcare sites

4.3 Context of the report

Modern Health, Social Care and Public Safety services require property assets to be in the right place, in the right condition, of the right type and able to respond appropriately to existing and future service needs.

In relation to the HSC estate, the physical environment plays an important role in the patient/client care experience. It is therefore essential that the condition of the estate is actively managed by ALBs in terms of suitability, physical condition, safety, quality and efficiency.

It is the responsibility of ALBs to provide a safe environment for visitors, patients and staff. Therefore, it is a requirement of ALBs to ensure investment is prioritised to replace, develop, manage and maintain the estate.

5.0 Profile and description of the HSC Estate

The HSC property portfolio comprises a diverse range of freehold and leasehold facilities including major hospital complexes, local hospitals, residential

accommodation, day centres, health clinics, ambulance stations, fire stations, warehouses, storage and administrative buildings.

5.1 Key statistics of the HSC Estate

The HSC estate is one of the largest public sector estates in Northern Ireland comprising a wide range of properties of varying type, age and condition.

Table 5.1.1 - Key Statistics of the Estate

	Freehold Blocks	Approx. floor area million m ²	Estate Value £M	No. of listed historic buildings	No. of 3 rd party leases	Yearly cost of 3 rd party leases
BHSCT	353	777	1,164	19	40	£953k
NHSCT	314	295	416	5	71	£1,180k
SEHSCT	160	293	714	3	24	£753K
SHSCT	249	270	320	14	25	£741K
WHSCT	232	288	727	5	43	£1,175K
NIAS	64	19	24	0	11	£358K
NIFRS	74	54	94	0	8	£558K
Total	1,446	1,996	3,459	46	222	£5,718k

5.2 Size of the HSC Estate

Figure 5.2.1 - Freehold HSC Estate Area

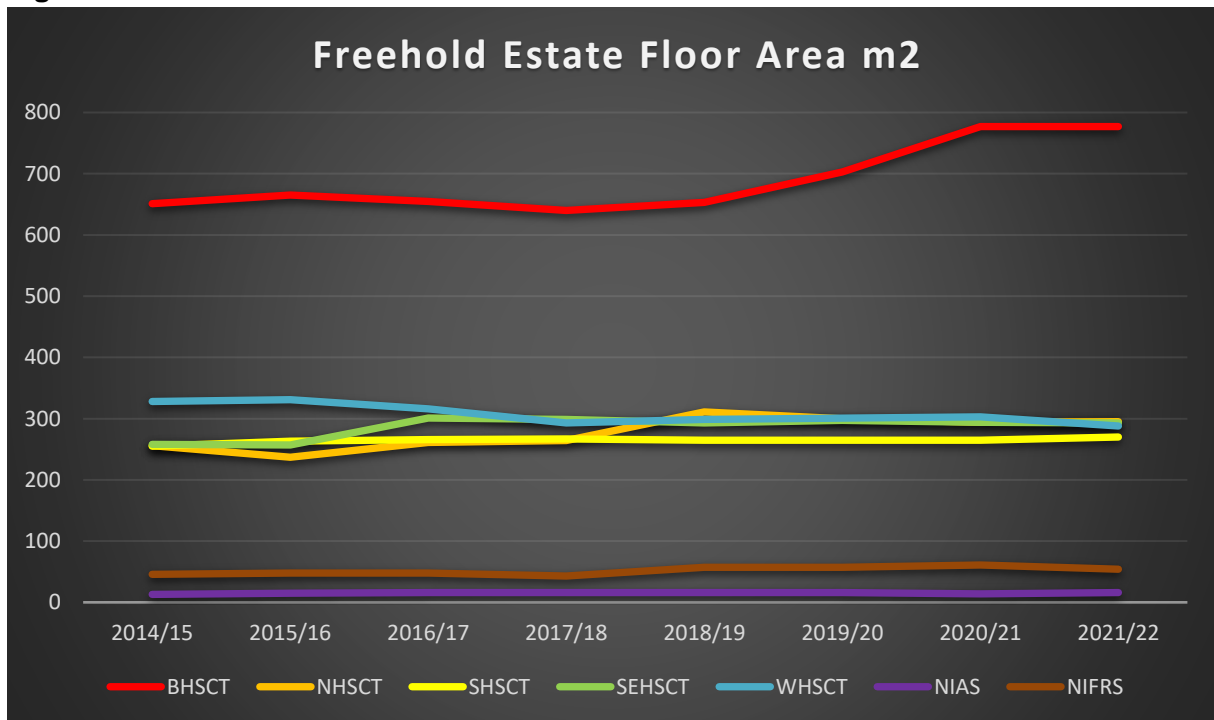


Figure 5.2.1 above shows the floor area of the freehold estate has increased slightly from 1.807 million square meters in 2014/15 to 1.996 million square meters in 2021/22. Since the 2014/15 baseline year, BHSCT estate has increased by 3% / 126k square meters (Belfast City and Royal Victoria Hospital) and WHSCT has decreased by 4% / 40k square meters.

ALBs have reported 105 (110 in 2020/21) vacant property assets at an annual cost of £617K (£622k in 2020/21); this is discussed further in **Section 9**. Current guidance requires that our ALBs review property portfolios annually and only those property assets required to deliver operational needs, as stipulated in primary legislation contained in the Health and Personal Social Services (Northern Ireland) Orders 1972 and 1991, should be retained. Therefore, ALBs should evidence that all retained vacant property assets have a foreseeable and deliverable service need as these assets incur costs, carry risks and do not demonstrate value for money. ALBs must include details of property assets which are scheduled for disposal over the next 5 years in annual PAMPs. There were no property disposals in 2021/22.

5.3 AGE OF THE HSC ESTATE

The age profile of the estate can have an impact on the suitability, physical condition and safety of facilities. Whilst some older buildings, through good management, can prove effective for a limited range of uses, many are no longer fit for purpose in terms of providing accommodation suitable for the delivery of modern day health, public safety and social services.

Figure 5.3.1 - Age profile as a percentage of the HSC estate

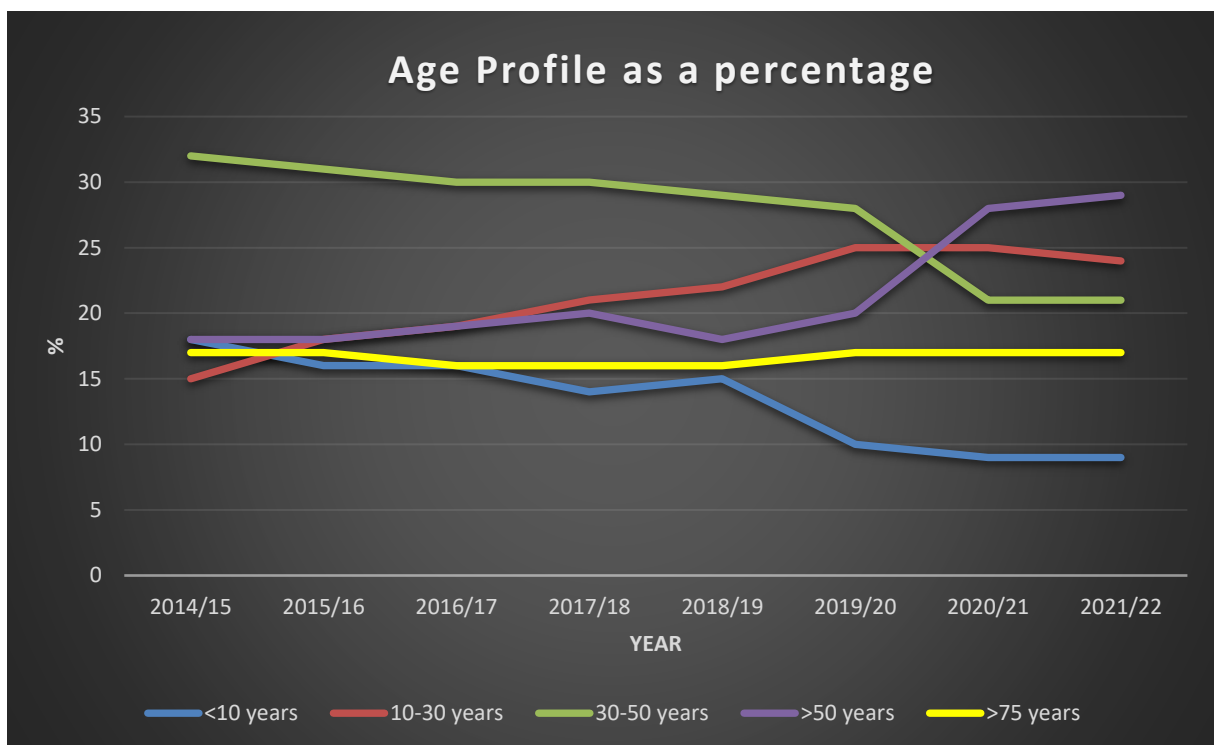


Figure 5.3.1 above shows that the percentage of properties less than 10 years old is decreasing whilst the percentage of properties over 50 years old is increasing. This indicates that more investment is needed to replace old buildings, dispose and / or rationalise vacant property assets. One of the key factors impeding change has been the number of competing priorities for the limited funding available exacerbated further by upward inflationary pressures.

Each ALB should regularly review individual Estate Strategy documents and associated Plans to ensure that evidence-based assurances are provided to the DoH confirming individual estates demonstrate value for money, and that there is robust risk mitigation in place.

5.4 HSC Estate value

Figure 5.4.1 – HSC Estate Freehold Values £m

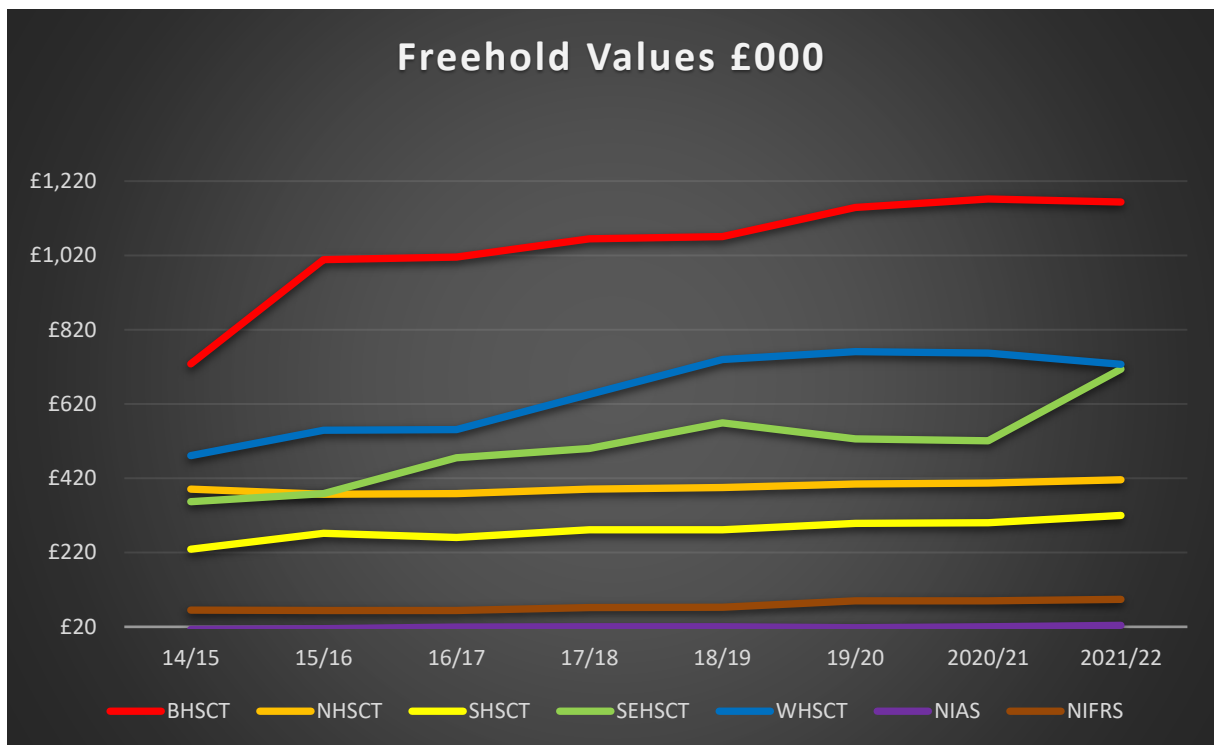


Figure 5.4.1 above shows the total value of the freehold estate at £3,459 million, split between Trusts and NIFRS. The value of the freehold estate has steadily increased each year from £2,266 million in 2014/15 to £3,459 million in 2020/21, an increase of 52.6%.

Belfast Health and Social Care Trust (BHSCT) experienced the largest increase in value (£436m) between 2014/15 and 2021/22 due to capital investment in Royal Victoria Hospital and Belfast City Hospital.

The overall estate value (excluding IT) currently determines the general capital funding allocation, including replacement equipment and fleet in addition to estate maintenance.

However, this current approach is subject to review by the DoH as part of the normal budget process.

6.0 Performance of the HSC Estate

This category describes the assessed condition of property assets using three colour categories to visually express the Overall Condition, and to highlight the challenge faced by ALBs to improve estate performance in all KPIs. To consistently inform the rating in this category, CPD-Health Projects professional advice to the DoH is that the **Physical Condition** score should be the **main driver to rate buildings**, unless ALBs are aware of other key factors, which in their opinion should change that key rating.

6.1 Overall condition definitions

Table 6.1.1 - Condition definitions

Red	Services are currently being provided out of buildings which are, or are becoming largely untenable as points of delivery.
Amber	If managed appropriately, buildings may have a significant remaining life, but which will need major refurbishment/ re-planning within 5 to 10 years.
Green	Buildings are new, or relatively new, and capable of delivering a satisfactory service for the foreseeable future, subject to appropriate management.

6.2 Overall condition of the HSC estate

Figure 6.2.1 - Estate overall condition

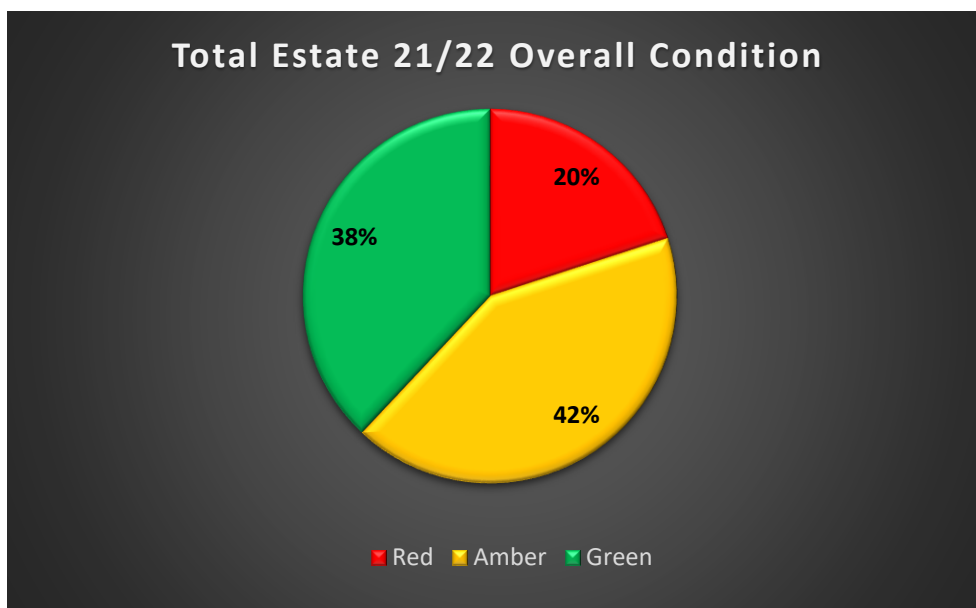


Figure 6.2.1 shows that 62% of the estate is in either **red or amber** categories reflecting the need for considerable prioritised investment in existing facilities over the next few years and / or new replacement facilities. There has been negligible change in overall condition in the last three years.

The 20% of the estate in condition “**red**” causes concern in relation to the ability of these facilities to safely deliver effective services into the future. These properties should be targeted by ALBs for closer management and / or improvement and / or reduction via rationalisation.

The strategic planning process undertaken by individual ALBs, should lead to the development of timed action plans identified in Board approved Estate Strategy documents and Plans, which prioritise property assets with KPIs highlighted as “red” for targeted action and vacant properties for rationalisation. Upon receipt of this SOTER, ALB Chief Executives are asked to provide a written assurance to the DoH that this process is embedded within their individual organisations.

42% of the estate is in “**amber**” condition and will also require targeted investment. This figure has not changed since 2019/20. However, these property assets will generally be treated as a second priority to those identified as “red”, except when ALBs determine that functional use takes priority.

38% scored “**green**” and reflects those areas of the estate which are in an acceptable condition; this has increased by 1 percentage point since 2014/15. These property assets are not free from the requirements of ongoing management and investment, and ALBs must ensure that both the building condition and asset value is maintained.

7.0 Physical condition

This category describes the physical condition of buildings within the HSC estate.

7.1 Physical condition definitions

Table 7.1.1 - Physical condition definitions

A	As new and can be expected to perform adequately for its full normal life.
B	Sound - some elements could be unacceptable.
C	Operational, but the need for significant repairs has been identified - some elements could be in an unacceptable state.
D	Unacceptable.
X	Appended to 'C' or 'D' to indicate that it is impossible to improve without replacement.

Figure 7.1.1 - Overall Physical Condition

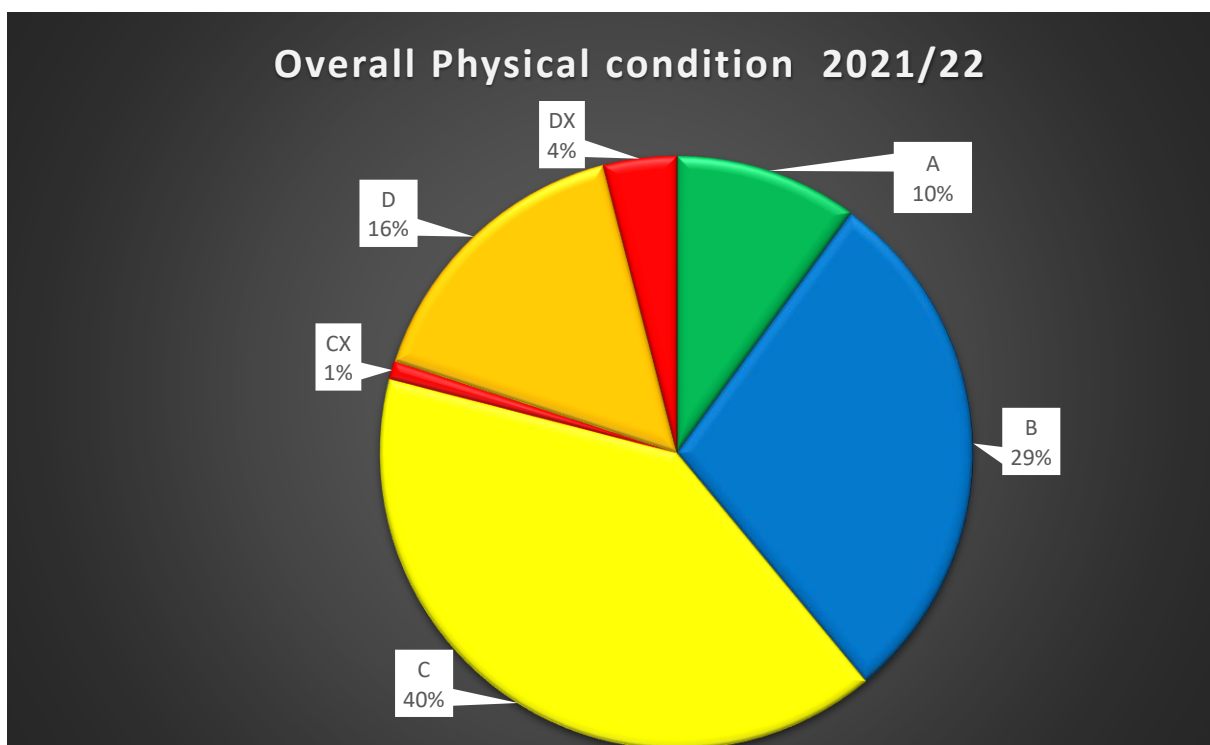


Figure 7.1.1 illustrates that the majority of the estate is in need of upgrade not only to deliver the quality of services required, in a safe environment but to facilitate service

transformation. There has been an increase of 1 percentage point in Condition A (from 9% to 10%) when compared with 2020/21.

61% of the estate still falls below Category B standard (the acceptable standard) which is a reduction of 1 percentage point since 2020/21. Of this, 5% requires replacement as it cannot be improved by refurbishment or maintenance, a reduction of 2 percentage points since 2020/21. ALBs should identify and prioritise these assets along with vacant property assets for rationalisation in individual Estate Strategy documents and Plans.

8.0 Functional suitability

Functional suitability demonstrates how effectively a building (or part of a building) supports the delivery of services.

8.1 Functional suitability definitions

Table 8.1.1 - Functional suitability definitions

A	Either in full compliance with or exceeds the appropriate nationally published guidance and has a “full life” expectation. No expenditure, except for routine maintenance, is required.
B	Reasonable even though it does not have a “full life” expectation or does not fully comply with national guidance. In most cases, this marking will be perfectly acceptable for the provision of health care. No capital expenditure would be required to improve the building.
C	Below ‘B’ standard and would require capital expenditure to upgrade to ‘B’.
D	Below ‘C’ standard and major capital expenditure required to achieve ‘B’.
X	Appended to ‘C’ or ‘D’ to indicate that it is impossible to improve without replacement.

8.2 Estate Functional suitability condition

Figure 8.2.1 - Estate Functional suitability condition

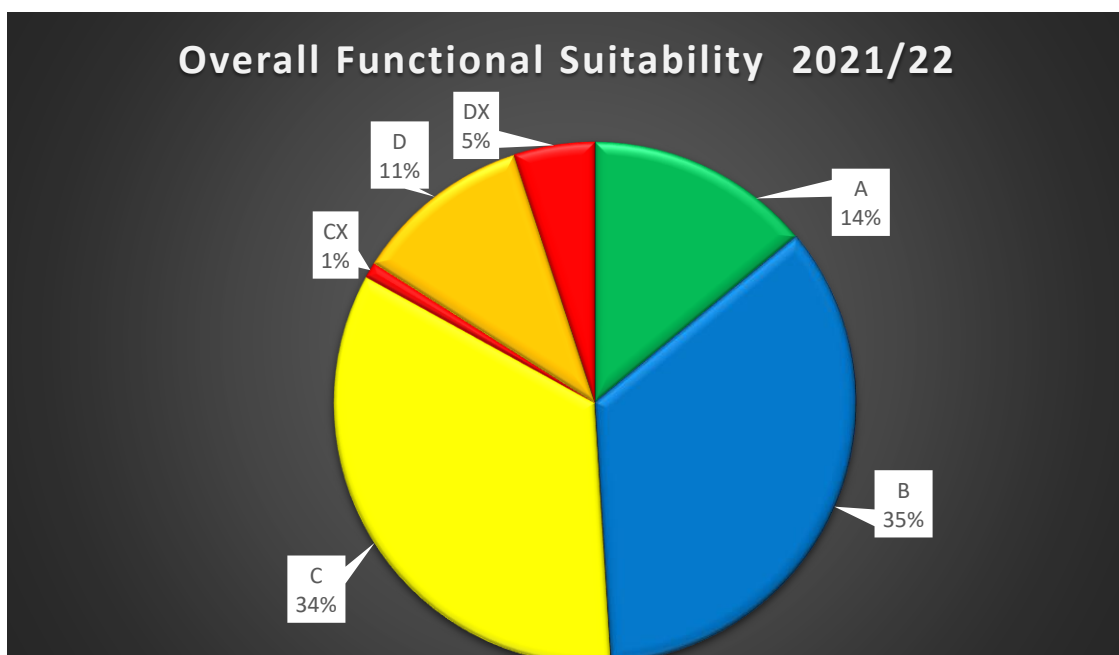


Figure 8.2.1 illustrates that:

- 45% of the estate requires investment to upgrade to functional suitability grade B (from C and D); this has not change since last year.
- 6% of the estate is considered either impossible or impractical to improve (CX and DX).

ALBs should consider rationalisation of these properties to meet service needs.

9.0 Space utilisation

9.1 Introduction

Space utilisation explores how well the estate is being used. Vacant and underused parts of the estate are defined as under-performing assets, and do not demonstrate value for money. ALBs are aware of their requirement to review property portfolios annually to ensure retained property assets have an operational need and are put to optimum use. ALBs are required to report on space utilisation as part of the annual PAMP process.

The DoH requires its ALBs to proactively dispose of surplus assets in compliance with the DoH Property Strategy and policy contained in Central Advisory Unit (CAU) Guidance and Managing Public Money Northern Ireland (MPMNI). ALBs are required to report on progress as part of the annual PAMP process and to demonstrate that retained property assets have an operational need. All public bodies are required to manage their assets efficiently and effectively and in doing so, demonstrate that individual property portfolios provide value for money.

ALBs must demonstrate in annual individual PAMPs that they have an action plan for underused property assets to achieve optimum use ensuring assets demonstrate value for money.

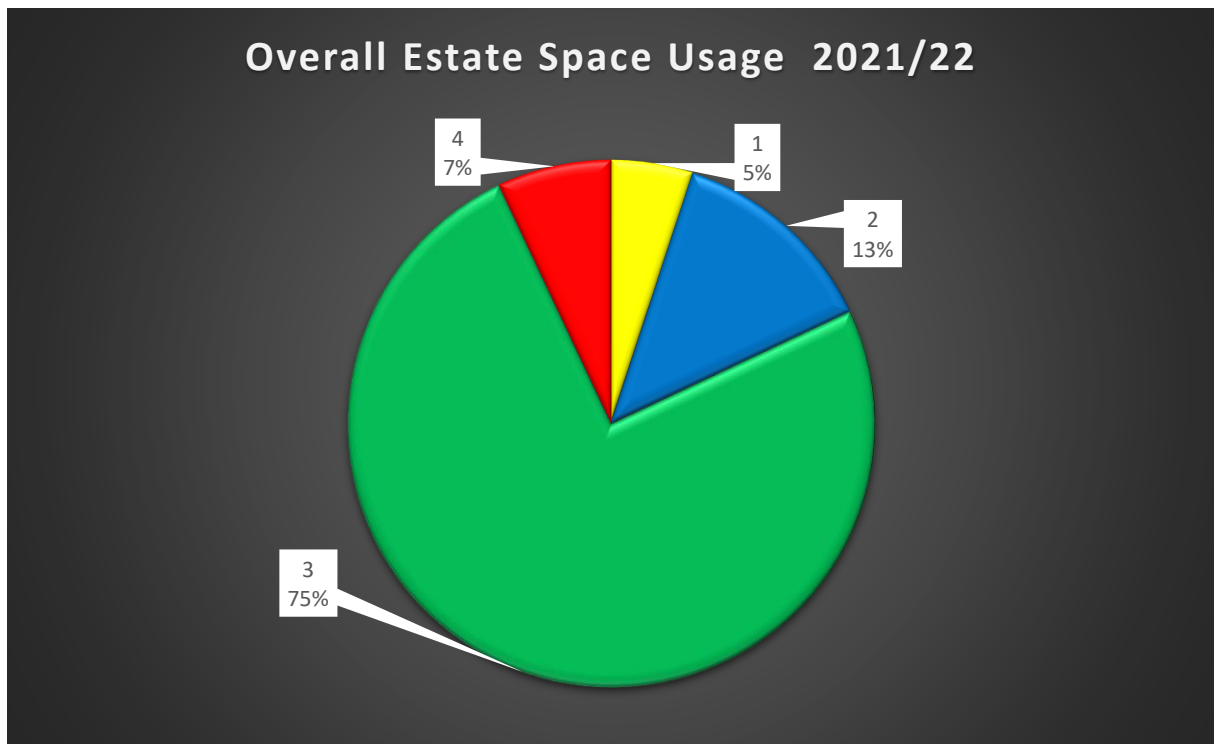
Since 2014/15, ALBs have had agreed targets in place to reduce vacant and underused assets. All improvement targets are shown in Section 11.13 of this report.

9.2 Space utilisation definitions

Table 9.2.1 - Space utilisation definitions

1	Yellow	Vacant, or grossly underused.
2	Blue	Underused.
3	Green	Adequate, in both provision and use.
4	Red	Overcrowded.

Figure 9.2.1 - HSC Estate space utilisation



9.3 Space utilisation

Figure 9.2.1 demonstrates that 75% of the estate is adequately used, a 1 percentage point increase on last year.

13% of the estate is classified as underused compared with 12% in 2020/21. This may be due to buildings being unsuitable in terms of condition and / or functional suitability to deliver a service, however ALBs must provide an assurance to the DoH that timed and deliverable action plans are in place to improve utilisation or rationalise through re-use, demolition or disposal.

Conversely, 7% of the estate is classified as overcrowded. ALBs should review the potential to make better use of underused estate to ease overcrowding, where appropriate. This is likely to require investment but may lead to significant efficiencies.

It is concerning that 5% of the estate (based on metres squared) or 105 properties (110 in 2020/21) over 34 sites are classified as vacant (**refer to Section 11**). As no property disposals were completed in 2021/22, this reduction is due to vacant properties such as SHSCT Skeagh House being refurbished and partially re-used. However, this has also resulted in an increase in the percentage of underused property.

The majority of vacant estate is located in larger and older hospital sites such as Muckamore, Knockbracken, Forster Green, Gransha and Downshire. ALBs must provide the DoH with an assurance that current strategic site plans (Estate Control Plans) are in place for these larger sites which demonstrate that there is a disposal strategy in place for land and buildings with no operational need. On receipt of this SOTER, Health ALB Chief Executives are asked to provide an assurance to the DoH that these plans are available.

10.0 Statutory standards

10.1 Introduction

All buildings are subject to ongoing inspection and regulation by statutory authorities. New buildings must comply with Health and Safety Standards and relevant Codes of Practice, however, services can be delivered from existing buildings which predate current standards if risks are identified, noted and proactively managed by ALBs.

Examples (per CPD-Health Projects) of the main health and safety requirements that ALBs have to comply with include:

- Health and Safety at Work
- Electricity at Work Regulations
- Control of Legionella (L8)
- Fire Safety Precautions
- Control of Substances Hazardous to Health (COSHH)
- Construction Design & Management Regulations
- Control of Asbestos Regulations 2012
- Disability Discrimination Act (DDA)
- Specialised Ventilation in Healthcare Settings (HTM 03-01)

This list is not exhaustive, there are many other statutory requirements that ALBs must comply with in order to protect the safety of staff, patients and visitors on sites.

10.2 Statutory standards definitions

Table 10.2.1- Statutory standards definitions

A	Conforms to statutory legislation and is a new building.
B	Conforms to statutory legislation.
C	Does not conform to statutory legislation capable of being upgraded with minor expenditure.
D	Does not conform to statutory legislation capable of being upgraded with major expenditure.
DX	Does not conform to statutory legislation improvements are either impractical or too expensive to be tenable.

10.3 HSC Estate statutory standards

Figure 10.3.1 - Statutory standards

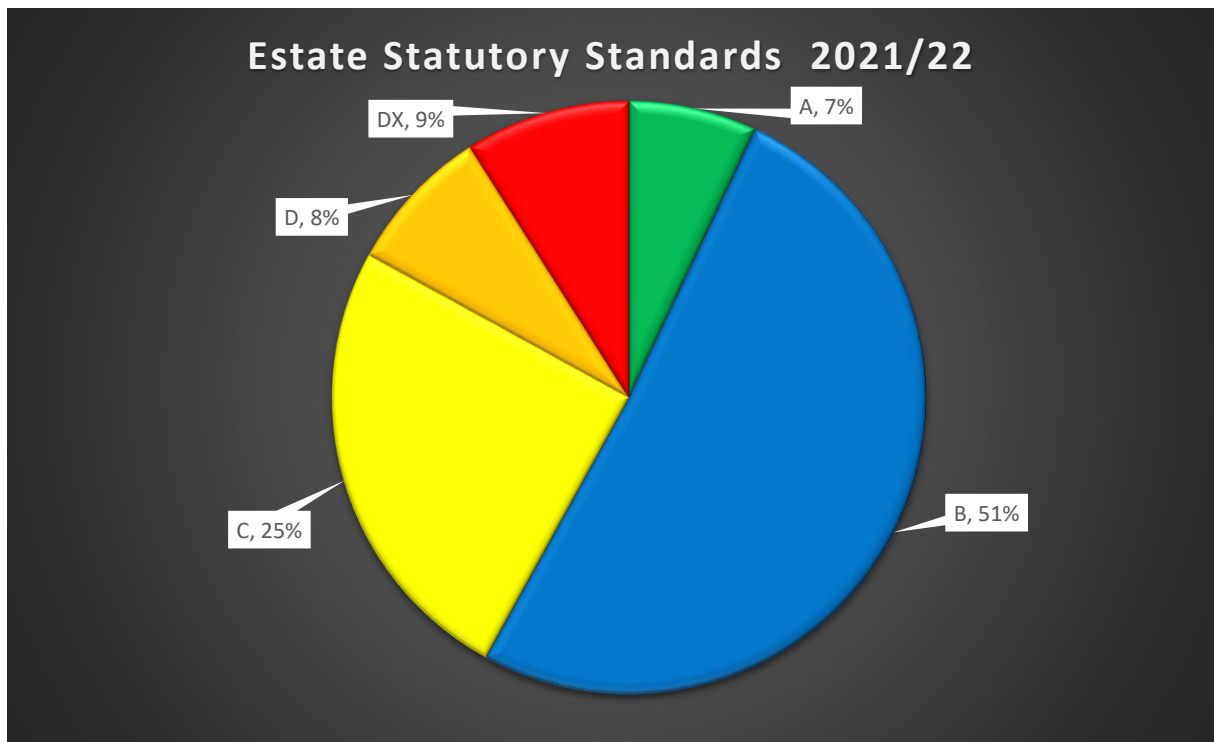


Figure 10.3.1 demonstrates that 42% of the estate, much of which predates the current regulations and standards, is not fully compliant with statutory regulations and requires investment to upgrade. This is down from 43% in 2020/21.

9% of the estate falls into category DX i.e. is either too expensive or impractical to improve. (9% in 2020/21). The 8% in category D would require major expenditure to be upgraded to current standards. These buildings require additional stewardship by ALBs to ensure that any associated risks are appropriately managed to provide a safe environment for the delivery of services (8% 2020/21).

Plans to improve compliance of such buildings, and/or relocate services to more suitable buildings, should always be identified as a priority for ALBs. Upon receipt of this SOTER, ALB Chief Executives are asked to provide an assurance to the DoH that this issue is being appropriately managed.

11.0 Analysis of HSC performance

This is the fourth year that a comparison and analysis of the estate has been included in this report. Appendix 1 in Section 11.13 provides the opportunity to implement cross cutting engagement on estate performance, identifying areas of under-performance to be addressed and information sharing via the established Regional Estate Directors forum.

ALBs should continue to utilise their estate information to inform Board approved Estate Strategy documents and Plans and ensure:

1. limited resources are prioritised and targeted to areas of greatest need and risk.
2. efficient and effective healthcare and public safety estates are maintained which facilitate service need.
3. the safety of patients, visitors and staff is protected.

11.1 Properties over 75 years old

Figure 11.1.1 - % HSC Estate properties over 75 years

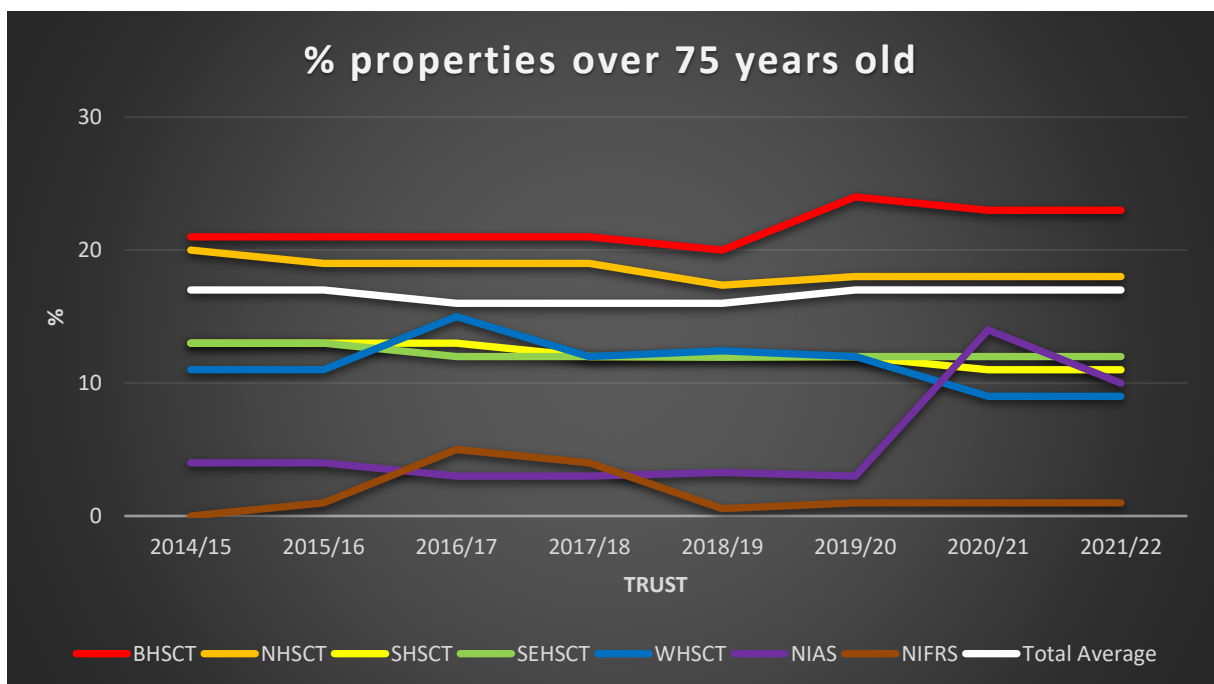


Figure 11.1.1 shows that the BHSCT has the highest percentage of properties over 75 years old (23%).

The largest decrease this year has been NIAS (4 percentage points) - this is due to the new Ballymena Ambulance Station and the construction of modular buildings increasing the overall NIAS estate size.

It should be noted that some of these properties are vacant and underused and should be considered by ALBs for disposal and rationalisation to ensure compliance with current policy, best practice and reduction of costs and risk.

Through good management, older property assets can prove effective for a limited range of uses, however, many are no longer functionally suitable for delivery of modern health services and often require more investment.

11.2 Overall condition

Figure 11.2.1 - % Properties in red overall condition

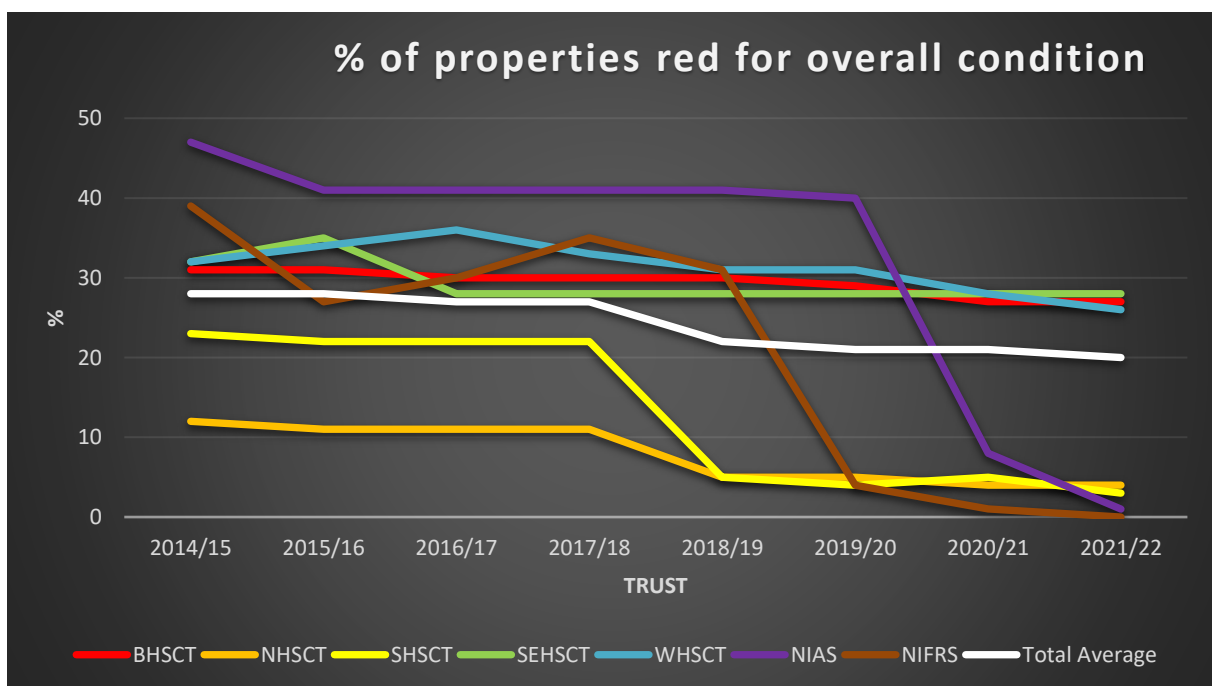


Figure 11.2.1 shows how the percentage of properties categorised as “red” (services which are currently being provided out of buildings which are, or are becoming largely

untenable as points of delivery for services) in each trust / NIFRS. Overall the number of properties which are categorised as red for condition has reduced from 21% in 2020/21 to 20% in 2021/22. This reflects the reduction in NHSCT, WHSCT, NIAS and NIFRS. Overall the data shows there has been improvement over the 8 year period reducing from 28% to 20%.

NIAS data shows a significant improvement in the percentage of properties in the red category from 40% in 2019/20 to 1% in 2021/22. This is due in part to revised data following completion of independent estate surveys and also a targeted programme funded by backlog maintenance allocations from the DoH.

11.3 Physical condition

Figure 11.3.1 - % Properties A or B for physical condition

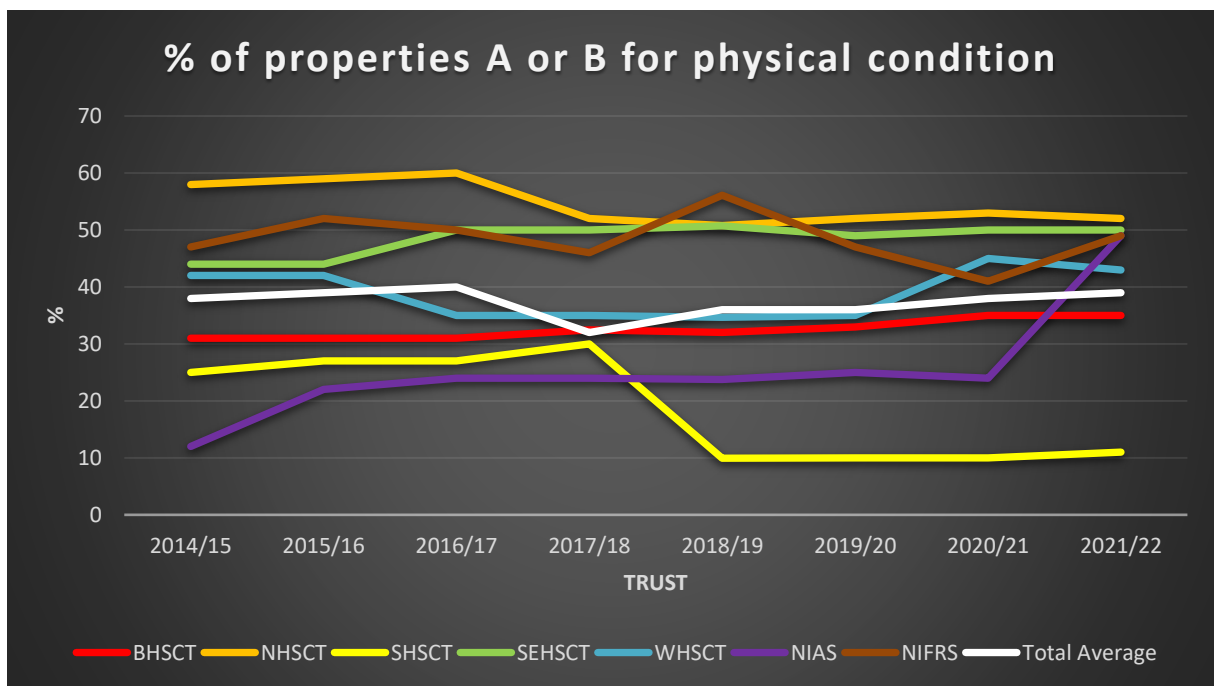


Figure 11.3.1 illustrates the change in proportion of properties classified as A or B for condition (as defined in table 7.1.1), by Trust / NIFRS and total average. There has been an improvement of 1 percentage point in physical condition throughout the

estates in the A or B categories; however, only an average of 39% of the overall estate meets satisfactory physical condition.

NIAS report the largest change with an increase of 25 percentage points in comparison to 2021/22; this is attributable to the new Ballymena Ambulance Station and the construction of modular buildings expanding the size of the NIAS portfolio.

NIFRS also increased the percentage of their estate meeting A and B for physical condition from 41% to 49% following independent estate surveys.

11.4 Functional Suitability

Figure 11.4.1 - % of properties A or B for functional suitability

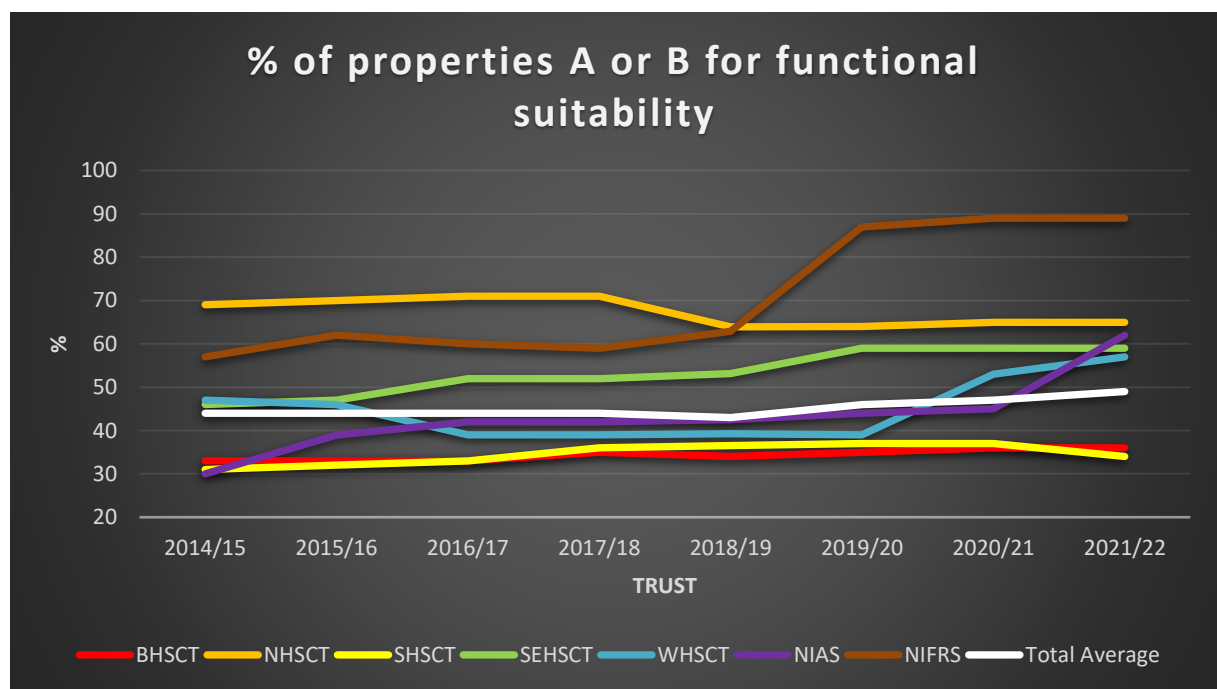


Figure 11.4.1 illustrates the percentage of properties classified as A or B that are functionally suitable (as defined in table 8.1.1), by Trust / NIFRS and how this has changed. There has been a 2 percentage point positive change from 47% in 2020/21 in satisfactory functional suitability across the estate. NIAS report the largest change with an increase of 17 percentage points in comparison to 2021/22; this is attributable

to the new Ballymena Ambulance Station and the construction of modular buildings. Southern Trust estate deteriorated by 3 percentage points, the only Trust to experience a decline.

CPD-Health Projects advice is that health ALBs should always consider the functional suitability of buildings, firstly in respect of individual Estate Control Plans and then on an individual building basis before committing investment to upgrade buildings for physical condition.

To provide and improve the quality of service it may be prudent for ALBs to consider relocating services from buildings scoring poorly for functional suitability, to other good quality buildings more suitable for adaptation. However, this will require investment.

11.5 Space utilisation

Figure 11.5.1 - % of properties with adequate space utilisation

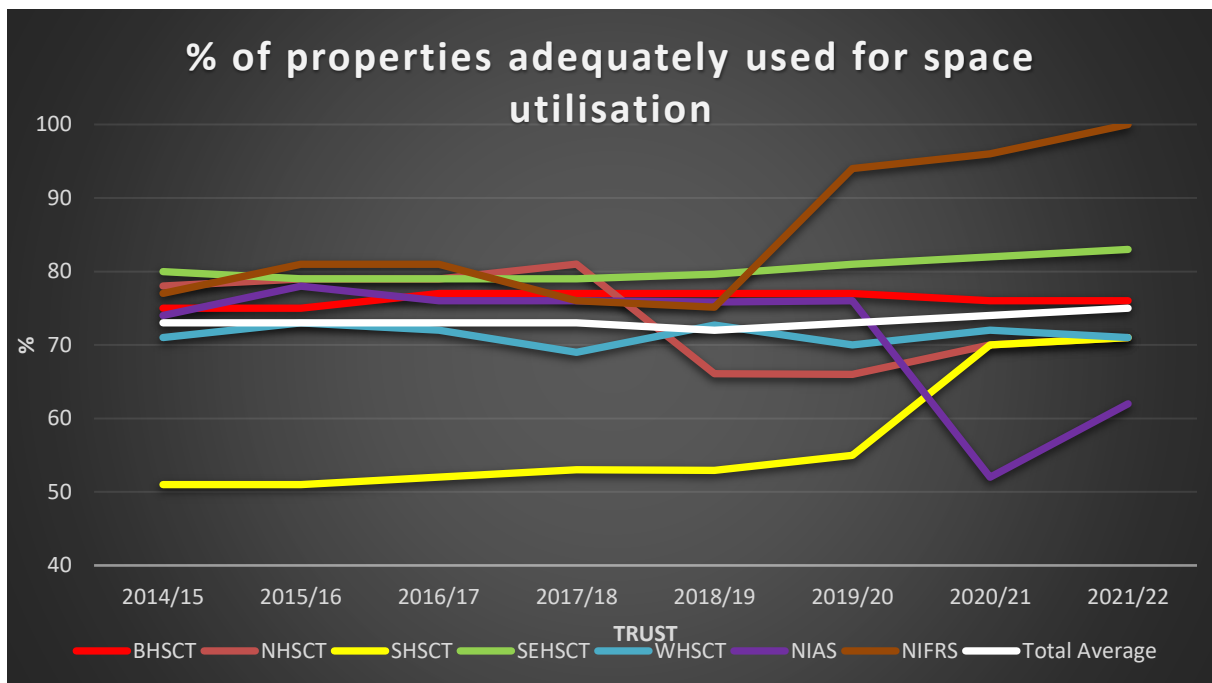


Figure 11.5.1 illustrates the percentage of properties with adequate space utilisation (as defined in table 9.2.1) by ALB, total average and how this has changed. There has been an increase in adequate space utilisation from 74% in 2020/21 to 75% in 2021/22.

This increase was across the majority of the estate reflecting the work of the ALBs to better utilise the estate in the current tight budget environment. NIFRS has reported that 100% of its estate is used adequately.

11.6 Statutory standards

Figure 11.6.1 - % of properties A or B statutory standards

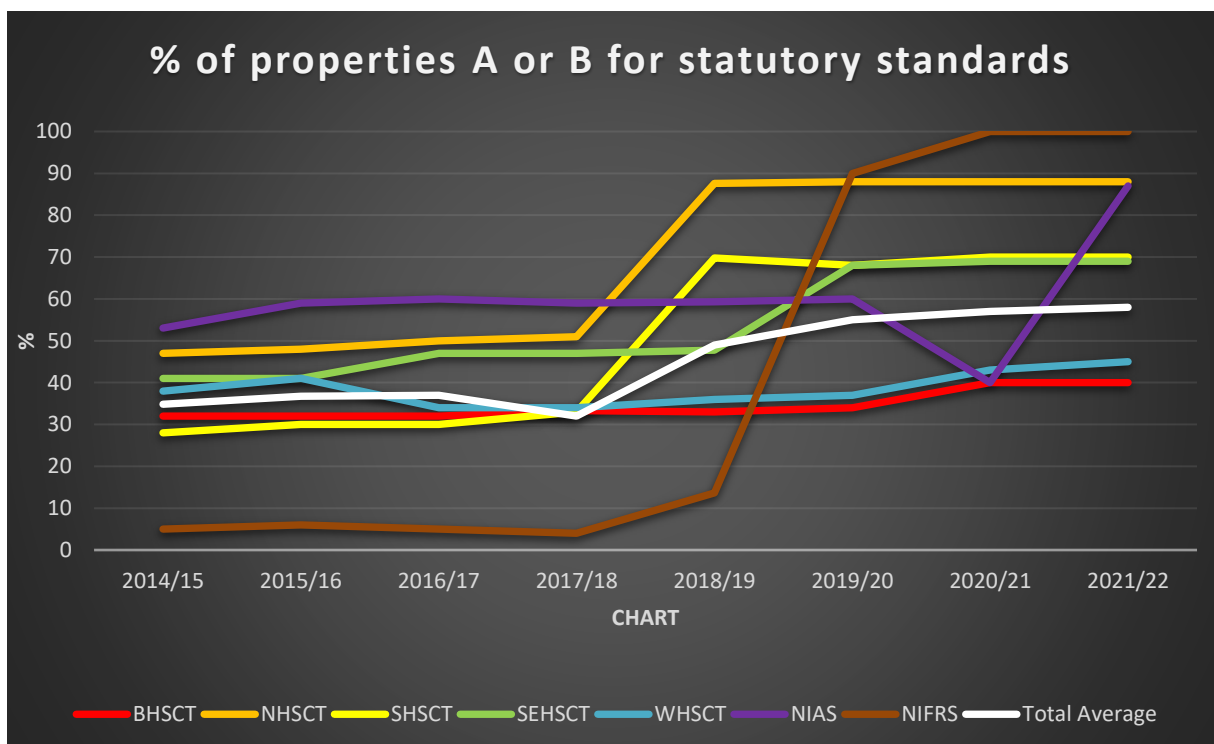


Figure 11.6.1 illustrates the percentage of properties classified as A or B for statutory standards (as defined in table 10.2.1), by Trust / NIFRS, and total average, and how this has changed. An average of 58% of the total estate meets statutory standards (an increase of 1 percentage point on 2020/21). Again whilst all ALBs are to be commended for this improvement, this means that 42% of the estate fails to meet statutory regulations, including Health and Safety standards.

It should be recognised that 100% of NIFRS estate has met statutory standards for the last two years.

11.7 Performance of acute & community sectors of the HSC Trusts Estate

For the purposes of this analysis only, the Healthcare Trusts Estate comprises the BHSCT, NHSCT, WHSCT, SHSCT, SEHSCT and excludes NIAS and NIFRS. As previously noted, due to the implications associated with an ageing estate, there are significant constraints to be overcome and proactively managed by ALBs to facilitate service needs and to deliver the transformational change included in 'Delivering Together'.

Many of the existing buildings in the health estate, due to their form, structure and space limitations are incapable of being economically adapted to meet current space standards and facilitate modern clinical practice; different construction types of new build facilities may provide the only effective solution.

The Categorisation of Health Facilities shown in Table 11.7.1 groups Healthcare facilities into 4 main categories:

- Acute Hospital sites
- Local Hospitals and Enhanced Local Hospital sites
- Non-Acute Hospital sites and Community facilities
- Other Major Healthcare sites

Categorisation of Health Facilities 2020/21

Table 11.7.1 - Categorisation of Health Facilities 2020/21

*Categories identified by HSCB and confirmed by Trusts 2021

Category	Belfast	Northern	Southern	South Eastern	Western
ACUTE HOSPITAL SITES	Belfast City Hospital (no A&E); Royal Victoria Hospital; Mater Hospital	Antrim Hospital Causeway Hospital	Craigavon Area Hospital Daisy Hill	Ulster Hospital	Altnagelvin Hospital South West Acute Hospital
LOCAL HOSPITALS & ENHANCED LOCAL HOSPITALS		Mid- Ulster Hospital; Whiteabbey Hospital	South Tyrone Hospital	Downe Hospital; Lagan Valley Hospital	Omagh Hospital and Primary Care Complex
NON- ACUTE HOSPITAL SITES & COMMUNITY FACILITIES	Musgrave Park Hospital Forster Green; All other Community Facilities	Moyle Hospital; Robinson Hospital; Dalriada Hospital; Route Hospital site; Braid Valley Hospital; All other Community Facilities	Armagh Community Hospital(Tower Hill); Lurgan Hospital; All other Community Facilities	Ards Hospital; Bangor Hospital; All other Community Facilities	All Community Facilities
OTHER MAJOR HEALTHCARE SITES	Knockbracken healthcare park; Muckamore	Holywell Hospital	St. Luke's (mental health); Longstone (learning disability)	Downshire Hospital	Gransha Hospital site; Grangewood, Waterside

11.8 Health Trust facilities age profile

Figure 11.8.1 – Health Trust facilities age profile

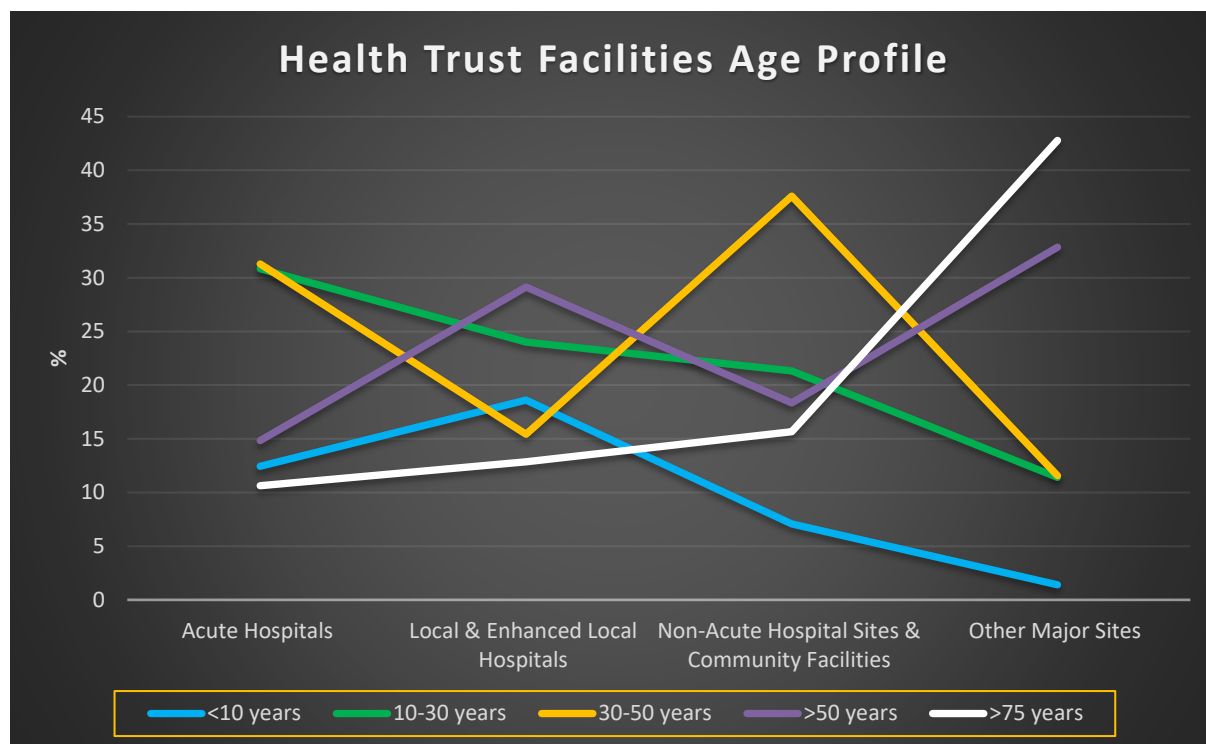


Figure 11.8.1 shows that just 12% of the Acute Hospitals category have had new facilities commissioned and built within the last 10 years, while in the Non-Acute Hospitals and Community facilities category, new build makes up only 7% of the total floor area. Local and Enhanced Local Hospitals have had some 19% of their total floor area replaced with new facilities over the same period. This includes BHSCT Royal Victoria Hospital Redevelopment Programme Phase 1 main building, Phase 2a Imaging Centre and Phase 2b Critical Care Unit; SEHSCT Ulster Hospital Acute Services Block redevelopment and WHSCT Omagh Primary Care Complex Phase 1.

In the 'Other Major Healthcare sites' category only 1% of this estate has been built in the last 10 years, whilst 43% of the facilities on these sites are over 75 years old. These sites are generally large sites which comprise mental health and additional learning requirement facilities and where a number of the larger buildings may be listed. WHSCT Rathview Mental Health Recovery and Rehabilitation Accommodation completed in April 2018.

The layout and condition of these buildings present a significant challenge to enable them to be used for the provision of modern healthcare services. 'The Protocol for the Care of the Government Estate' issued by the Northern Ireland Environment Agency (NIEA) means that ALBs have a responsibility to preserve these Historic buildings and this requires investment.

Such buildings may also be difficult to dispose with limited market interest due to location, limited commercial use and high conversion costs. This should however not be considered just reason to retain property that is deemed surplus and no longer required. The DoH is working collaboratively with a number of health ALBs to take forward disposal strategies to rationalise health sites with vacant land and buildings which no longer have a health need i.e. declared surplus.

11.9 Health Trust facilities space utilisation

Figure 11.9.1 – Health Trust facilities space utilisation

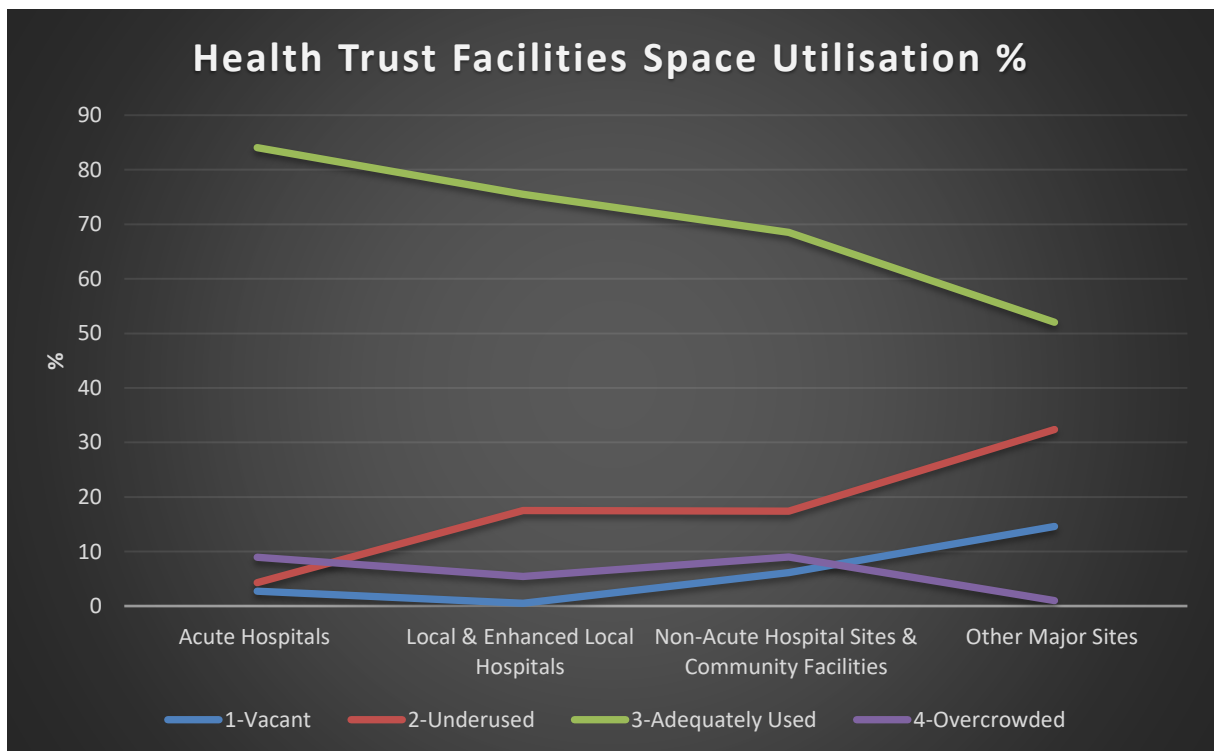


Figure 11.9.1 shows that in the Acute sector of the Healthcare Trust estate 84% is adequately used (as defined in table 9.2.1), but 9% continues to be designated as overcrowded (no change from 2020/21).

The highest percentage of underused estate is in the “Other Major Healthcare sites” sector at 32% (an increase from 31% in 2020/21) due to vacant properties being partially brought back into use.

The majority of properties classified as vacant and underused are located on larger and older health sites such as Knockbracken, Forster Green, Gransha. The DoH is working collaboratively with our ALBs to take forward disposal strategies to rationalise health sites with vacant land and buildings which no longer have a health need.

HSC Trusts must provide an assurance to the DoH that individual Estate Control Plans are in place and that Board approved Estate Strategy documents & Plans identify a timed disposal strategy for land and buildings located on these sites which no longer have a health need.

11.10 HEALTH TRUST FACILITIES PHYSICAL CONDITION

11.11 FIGURE 11.10.1 – HEALTH TRUST FACILITIES PHYSICAL CONDITION

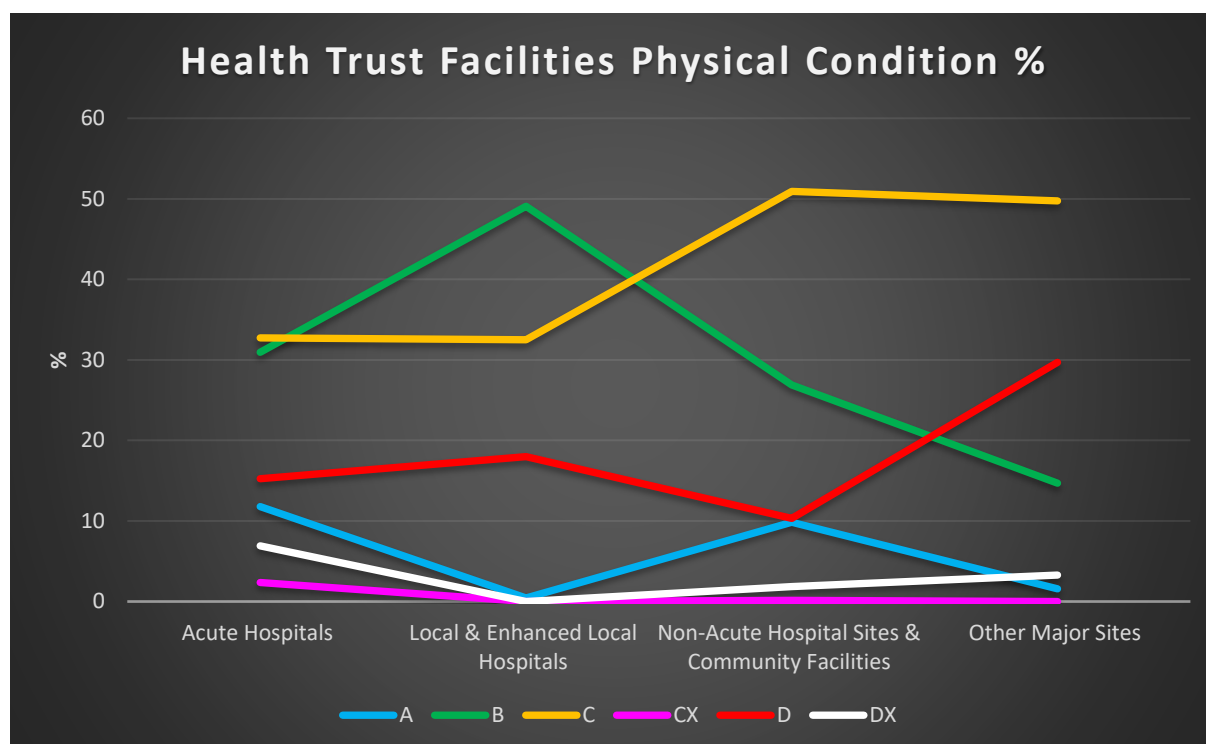


Figure 11.10.1 reflects the impact of continuing investment in Acute Hospital facilities meaning that 42% is in new or good physical condition (as defined in table 7.1.1), no change from 2020/21, 34% is in an operationally suitable condition and 24% is in unacceptable physical condition or needs replaced (no change from 2020/21).

In relation to Non Acute Hospital sites and Community facilities category, 37% is in new or good physical condition (no change from 2020/21). 51% is in an operationally suitable condition (down from 53% in 2020/21) and 12% is in unacceptable physical condition or needs replaced (up from 10% in 2020/21).

For Local and Enhanced Local Hospital sites, 49% is in new or good physical condition, (up from 44% in 2020/21) 33% is in an operationally suitable condition (up from 31% in 2020/21) and 18% is in unacceptable physical condition (down from 25% 2020/21).

17% of the total floor area on 'Other Major Healthcare sites' category is in new or relatively good physical condition (down from 21% in 2020/21) 33% is unacceptable, mainly Holywell, Downshire, Gransha, St. Lukes and Muckamore.

11.12 Health Trust facilities functional suitability

Figure 11.11.1 – Health Trust facilities functional suitability

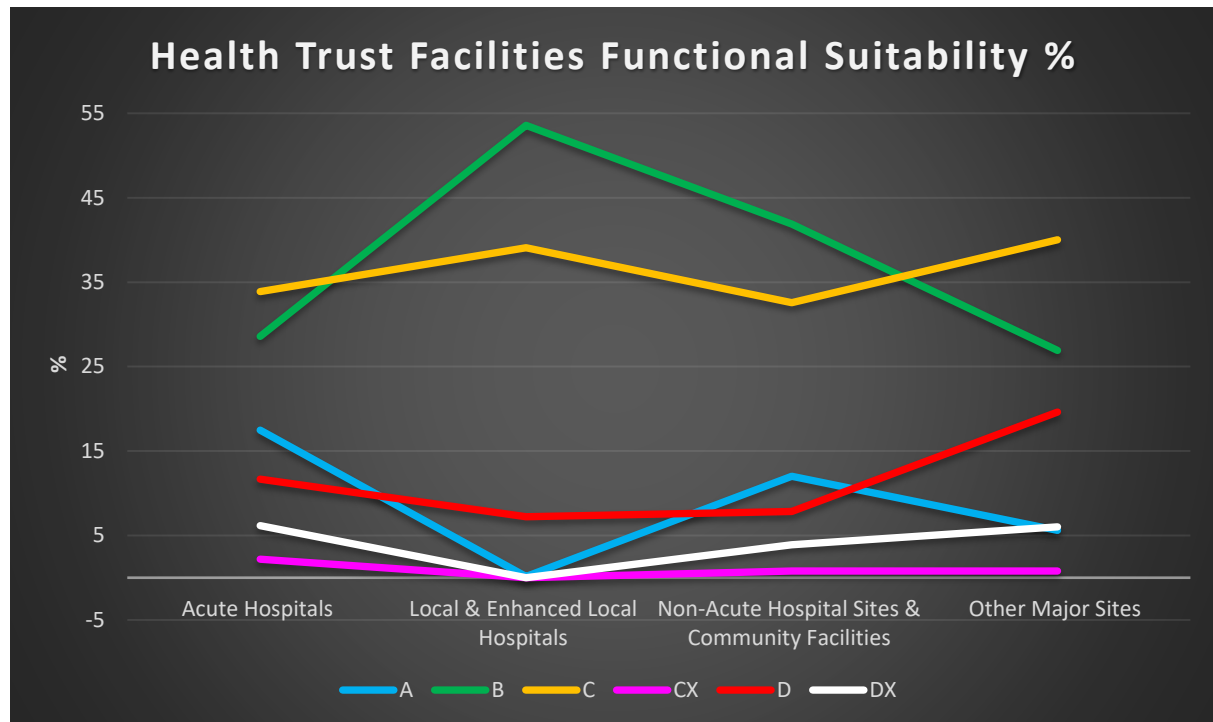


Figure 11.11.1 reflects the impact of several major schemes completing on Acute Hospital sites across Trusts over the last few years, 46% of assets in this category are now functionally suitable (i.e. classed as condition rating A or B as defined in table 8.1.1), down from 47% in 2020/21. However, 46% still requires either minor or major investment to bring them up to an acceptable functional standard to provide modern healthcare, 45% in 2020/21, and 8% require replacement.

Scores on Non Acute Hospital sites and Community facilities category show that 54% of the estate is functionally suitable (up from 52% in 2020/21); 41% requires investment for upgrading (a decrease from 44% in 2020/21) and 5% needs replaced. 33% of 'Other Major Hospital sites' facilities is functionally suitable (35% in 2020/21), 67% requires either minor or major investment to upgrade functional suitability (down from 55% in 2020/21) of this 7% needs replaced (a decrease from 10% in 2020/21).

11.13 Health Trust facilities statutory standards

All buildings are subject to ongoing inspection and regulation by statutory authorities. New buildings must comply with Health and Safety Standards and relevant Codes of Practice,

however, services can be delivered from existing buildings which predate current standards if risks are identified, noted and proactively managed by ALBs.

Figure 11.12.1 – Health Trust facilities statutory standards

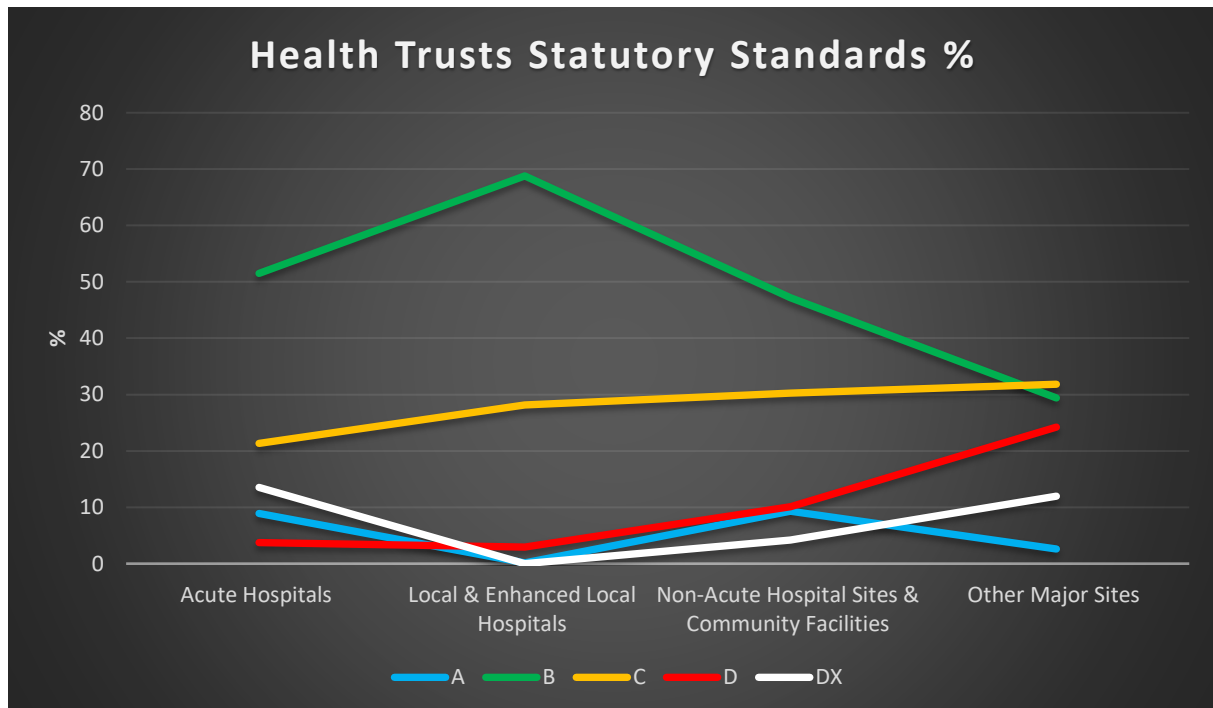


Figure 11.12.1 shows that 61% of the Acute HSC estate complies with statutory obligations (i.e. classed as condition rating A or B as defined in table 10.2.1), an increase from 60% in 2020/21. 39% of the Acute Hospital estate does not meet statutory standards or regulations, down from 40% in 2020/21.

31% of Local and Enhanced Local Hospitals do not comply with Statutory Standards (no change since 2020/21) and 44% of Non-acute Hospital Sites and Community Facilities do not comply with statutory standards (46% 2020/21).

68% of Other Major Sites do not comply with statutory standards or regulations (69% 2020/21).

11.13 Performance against property targets

In 2016/17, each HSC Trust and NIFRS agreed property targets for improvement in relation to Estate Key Performance Indicators to 2021/22 which include:

Space reduction for vacant freehold estate - an average of 31% of total vacant freehold GIA which will be reduced/ improved via disposal, demolition or re- use;

Space reduction in underused freehold estate - an average of 51% of total underused freehold will be reduced / improved via disposal or re-use;

Functional Suitability - an average of 15% of total freehold property assets GIA currently scoring C, CX, D or DX will be improved;

Statutory Standards - an average of 18% of total freehold property assets GIA currently scoring C, D or DX will be improved; and,

Backlog Maintenance Liability - an average of 16% of total freehold estate will be improved.

These agreed targets expired in 2022 and the DoH has commenced engagement with health ALBs to review and agree new 5 year improvement targets with a revised 2021/22 baseline, following completion of independent estate surveys.

Whilst it is recognised that performance against property targets is dependent on a number of constraints and dependencies including funding, progress will continue to be limited unless our ALBs proactively target under-performance. This action plan should be documented in Estate Strategy documents and Plans. It is recognised by ALBs that there is a need to identify and target actions towards those areas that present the greatest risk.

Individual targets and performance by ALBs are included at Table 11.13.1. The figures included in this table have been generated using data from the 3i property management database which is populated by the ALBs. However, in some cases, figures provided by HSC Trusts in annual Property Asset Management Plans do not match these figures. It is important that our ALBs ensure that both datasets align.

Table 11.13.1 – Individual targets and performance by ALB

	% of total vacant freehold GIA					
	2014/15 baseline actual	2019/20 actual	2020/21 actual	2021/22 actual	2021/22 Improvement since 14/15	2021/22 improvement target
BHSCT	10%	8%	11%	10%	0%	12%
NHSCT	3%	3%	1%	1%	66%	12%
SEHSCT	1%	1%	1%	1%	0%	3%
SHSCT	3%	1%	1%	0%	300%	90%
WHSCT	5%	9%	4%	4%	125%	100%
NIAS	0%	0%	0%	0%	0%	0%
NIFRS	0%	0%	0%	0%	0%	0%

	% of organisation's total freehold underused					
	2014/15 baseline actual	2019/20 actual	2020/21 actual	2021/22 actual	2021/22 Improvement since 14/15	2021/22 improvement target
BHSCT	3%	8%	9%	22%	-600%	59%
NHSCT	12%	6%	6%	6%	50%	6%
SEHSCT	10%	4%	4%	4%	60%	3%
SHSCT	12%	8%	9%	9%	75%	90%
WHSCT	20%	5%	5%	6%	70%	100%
NIAS	0%	0%	0%	0%	0%	0%
NIFRS	33%	0%	0%	0%	100%	100%

	DISPOSAL TARGETS					
	2014/15 baseline actual	2019/20 actual	2020/21 actual	2021/22 actual	2021/22 Improvement since 14/15	2021/22 improvement target
BHSCT	0	0	0	0	8	2
NHSCT	0	2	1	0	6	5
SEHSCT	0	2	0	0	4	3
SHSCT	0	1	0	0	7	16
WHSCT	0	1	1	0	8	8
NIAS	0	0	0	0	0	0
NIFRS	0	1	1	0	4	0

	% of organisation's total freehold property assets GIA, currently scoring C,CX,D &DX Functional Suitability					
	2014/15 baseline actual	2019/20 actual	2020/21 actual	2021/22 actual	2021/22 Improvement since 14/15	2021/22 improvement target
BHSCT	67%	61%	61%	52%	22%	5%
NHSCT	31%	36%	36%	36%	-16%	6%
SEHSCT	54%	51%	31%	31%	43%	20%
SHSCT	69%	65%	66%	67%	3%	13%
WHSCT	62%	61%	44%	43%	31%	3%
NIAS	70%	41%	39%	19%	73%	15%
NIFRS	43%	10%	9%	8%	81%	42%

	% of organisation's total freehold property assets GIA, currently scoring C,CX,D &DX Statutory Standards					
	2014/15 baseline actual	2019/20 actual	2020/21 actual	2021/22 actual	2021/22 Improvement since 14/15	2021/22 improvement target
BHSCT	68%	54%	61%	50%	26%	5%
NHSCT	53%	16%	14%	6%	89%	12%
SEHSCT	59%	52%	16%	16%	43%	25%
SHSCT	72%	32%	32%	30%	58%	16%
WHSCT	72%	63%	55%	55%	24%	20%
NIAS	47%	37%	42%	1%	98%	15%
NIFRS	96%	0%	0%	0%	100%	35%

	BACKLOG MAINTENANCE LIABILITY					
	2014/15 baseline actual	2019/20 actual	2020/21 actual	2021/22 actual	2021/22 Improvement since 14/15	2021/22 improvement target
BHSCT	157	548	546	442	-182%	3%
NHSCT	35	165	165	177	-406%	13%
SEHSCT	158	153	122	241	-53%	20%
SHSCT	291	258	265	172	41%	8%
WHSCT	83	99.3	268	272	-228%	3%
NIAS	2	1	1	1	50%	15%
NIFRS	3	16	16	19	-533%	53%

HSC Trusts information shows that there are 105 vacant property assets (110 in 2020/21) located across 34 sites in the HSC estate (approximately 89,000 m2) with Belfast Trust holding 64 vacant buildings over 14 sites (approximately 69,000 m2 or 78%).

BHSCT and SEHSCT did not meet the targets relating to reduction of vacant estate with percentage of total vacant freehold Gross Internal Area (GIA) still the same as recorded in 2014/15. The majority of vacant buildings are located in larger and older hospital sites such as Muckamore, Knockbracken, Forster Green, Gransha and Downshire. The remaining vacant assets which are located on HSC Trust standalone sites, have reported rationalisation plans for re-use and disposal, subject to funding

In 2021/22 HSC Trusts reported an annual total of £617,000 costs to maintain vacant properties; £522,000 of this total is attributed to BHSCT.

Vacant property assets do not demonstrate value for money. It is imperative that ALBs continue to target these property assets for rationalisation. HSC Trusts must provide an annual assurance to the DoH that Board approved strategic site plans (Estate Control Plans) are in place for these larger complex health sites which demonstrate that there is a disposal strategy in place for land and buildings with have no further health need.

The continued rate of increase in backlog maintenance also causes concern; only SEHSCT, SHSCT and NIAS have met the agreed target although this position may be solely down to a change in estate data following completion of independent estate surveys. The DoH recognises that one of the reasons behind this position is the availability of sufficient funding to target the magnitude of competing priorities and consequently it is vital that ALBs identify and target the limited funding available to backlog maintenance representing the greatest risk. The DoH has continued to submit bids specifically for estate maintenance as part of the budget process and additional funding is prioritised to areas of greatest risk, with allocations supported by ALB estate data and prioritised based on physical condition, statutory standards and quality of information.

In 2021/22 £25m was distributed as part of the capital funding allocation. The ring-fenced allocations were as follows:

	%	Backlog maintenance funding allocation
BHSCT	32.0%	£8,000,000
NHSCT	19.0%	£4,750,000
SEHSCT	13.5%	£3,375,000
SHSCT	16.0%	£4,000,000
WHSCT	13.5%	£3,375,000
NIFRS	5.0%	£1,250,000
NIAS	1.0%	£250,000
Total		£25,000,000

Management and mitigation of backlog maintenance is vitally important and is examined in further detail in **Chapter 12**.

12.0 Risk management

12.1 Backlog maintenance (BLM)

Ultimate responsibility for the ongoing operational maintenance and safety of the DoH estate lies with ALBs' Chief Executives. Together with the Board, the Chief Executive should ensure that appropriate questions are asked and decisions made to manage and mitigate risk. ALBs are required to have key estate information recorded in an appropriate asset management database (currently the 3i property management database assists HSC Trusts and NIFRS to deliver this requirement), Estate Strategy document and Plans in place, suitably skilled, qualified and experienced staff and robust systems and processes in place which give assurance to the DoH that all risks are identified and managed appropriately to ensure safe delivery of services.

It is recognised that the current level of funding to deliver the replacement of major elements of the estate is challenging therefore it is essential to consider the emerging risk profile associated with the estate and, where possible within the budget available, divert funding to secure the maintenance of existing services and provide a safe environment for the delivery of services in buildings, many of which have almost reached the end of their useful lives.

The DoH recognises this risk and is committed to maintaining capital funding to Trusts to facilitate ongoing maintenance in order to slow the rate of deterioration of the estate. However, the financial outlook continues to be constrained and in the absence of significant additional recurrent funding, health ALBs may wish to consider high risk backlog maintenance as part of their review of the 10 year capital plan.

BLM relates to property assets which need to be upgraded to achieve a score of "B" in physical condition and statutory standards. BLM should exclude buildings which are either declared surplus or to be declared surplus to health requirement.

The nature of BLM is such that unless action is taken, the underlying reasons for its existence will cause it to increase as indicated in Figure 12.1.1. The cost to reduce or eliminate backlog maintenance will increase as further properties fall into disrepair due to the constrained funding position to enable appropriate planned maintenance programmes to be implemented. The impact of rising inflation will also continue to negatively impact this position reducing the number of in-year maintenance programmes and projects that can be taken forward. In fact, backlog maintenance can become so high that the value for money option may be to replace the building completely.

Figure 12.1.1 – Overall backlog maintenance £million

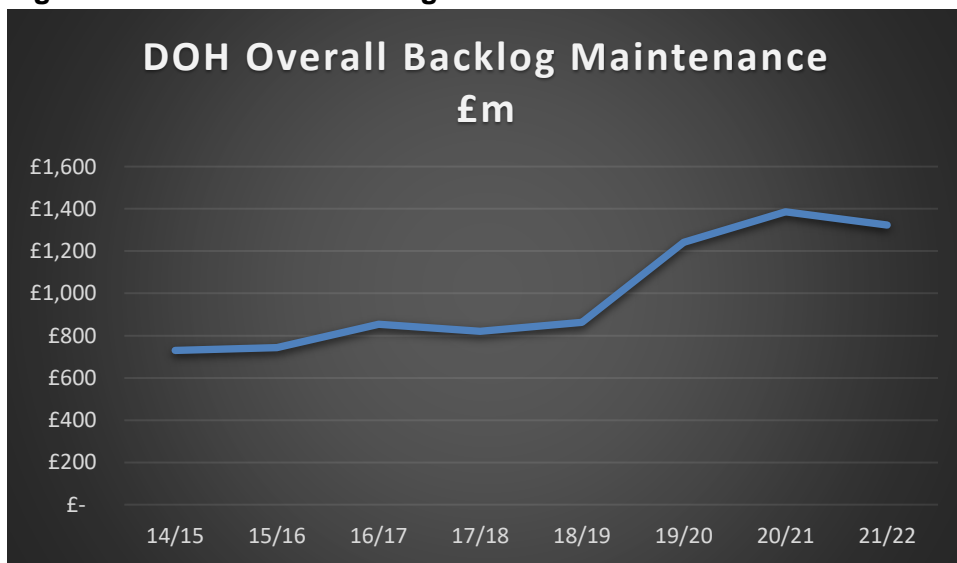


Figure 12.1.1 shows a decrease in the quantum of backlog maintenance costs from £1,386m in 2020/21 to £1,324m in 2021/22 following the completion of independent estate surveys. The most significant change is the decreased BLM in BHSCT and SHSCT (Figure 12.1.2 below).

£256m of the £1,324m is classed as high risk and represents 7% of the overall estate freehold value of approximately £3.5billion.

This compares to NHS Scotland’s BLM of £899m (11% of the estate), £80m (1% of the estate) of which is classed as high risk, for an overall estate value of approximately £6billion. (Scottish State of the Estate Report for 2017.)

Figure 12.1.2 – Split of backlog maintenance £million

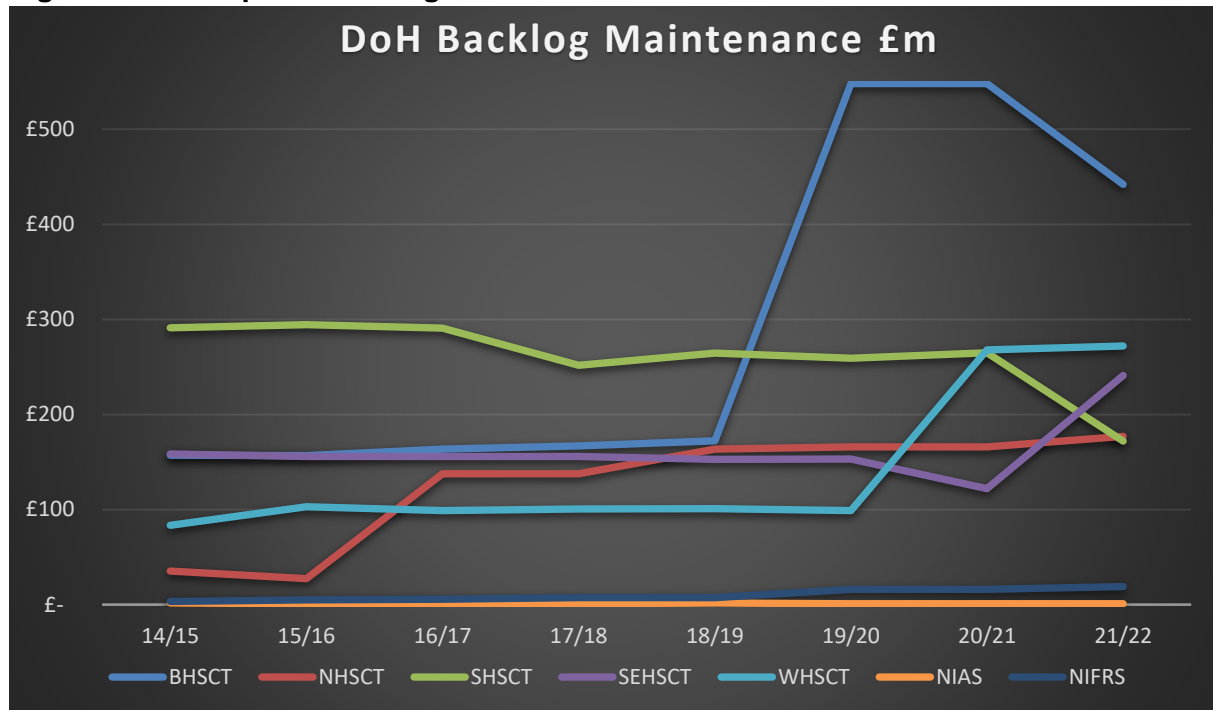
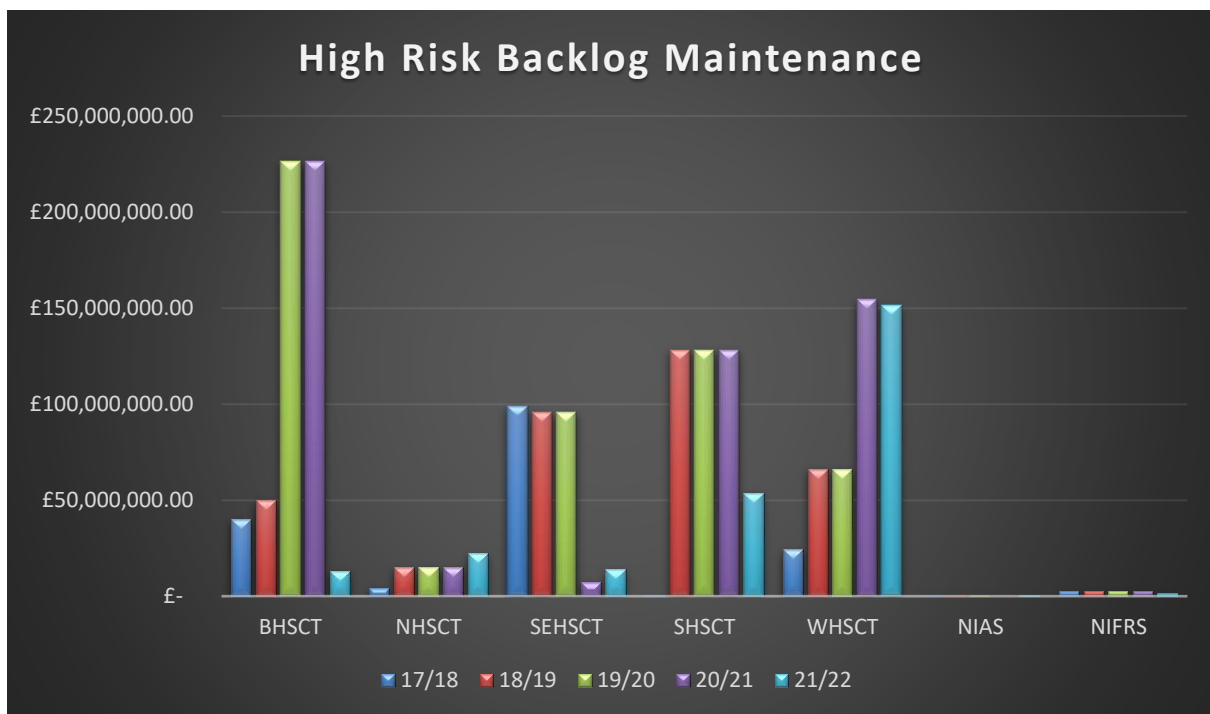


Figure 12.1.2 shows that BHSCT has the highest value of BLM (£442m) down from £548m in 2020/21 following completion of independent estate surveys. This figure accounts for circa 33% of the whole estate BLM value, with BHSCT holding 33% of the total estate value.

It should also be noted that SHSCT BLM fell to £172m, down from £265m in 2020/21 following completion of independent estate surveys.

Figure 12.1.3 – High risk backlog maintenance by ALB



2021/22 has seen a significant fall in the total value of high risk BLM from £534m in 2020/21 to £256m; this data change is a result of ALBs completing independent estate surveys which had not been completed in an average of 20 years.

NHSCT and NIAS both experienced small increases in high risk BLM following completion of independent estate surveys.

However, the largest decrease in high risk BLM was noted by BHSCT who reported a decrease of circa £213m to £13m. The high risk BLM for the remaining ALBs during this reporting period has remained fairly static.

Guidance contained in NHS Estates “A risk-based methodology for establishing and managing backlog maintenance” and Procurement Note 01/14 (reissued 1.4.19) supports the DoH’s position on best practice communicated to its ALBs in relation to the importance of commissioning regular independent estate surveys to provide current and accurate estate information to inform operational / strategic planning and investment prioritisation to deliver the service strategy. The challenging funding position that Trusts’ face has, in

part, been a barrier to implementation and it is vital that ALBs regularly and accurately identify the high risk maintenance liability and prioritise funding appropriately to maximise return on funding to reduce the highest risks within BLM.

ALBs have confirmed that independent surveys, covering the entire HSC estate, are completed and results are included in this report. Results show that historic ALB desktop exercises had overestimated total backlog maintenance costs by £42m and high risk backlog costs by £278m. Since 2020 to date, ALBs have spent £1.669m on completing independent estate surveys on individual portfolios.

Each ALB now has current reliable information on totality of individual estate portfolios and going forward 21/22 will now be established as a new baseline year from which to measure future ALB performance against estate KPIs and to report on estate condition.

13.0 Conclusion

As highlighted in the Executive Summary, there are a number of reasons behind the stark facts identified in this report including, for example but not solely limited to, restrictions in the amount of funding available over the last number of years, together with multiple competing priorities in the capital programme, operational barriers to carrying out maintenance work, the absence of a multi-year budget envelope and the impact of upward inflationary pressures.

Until these issues are addressed, it will be difficult to prevent and slow down the rate of deterioration, however, it is important that all stakeholders are aware of the estate risks highlighted in this report and work collaboratively to address the significant issues arising.

It is also important that Chief Executives confirm that there is a Board approved Estate Strategy and Plan in place, informed by current estate information. This will inform investment decisions to maintain existing services and provide a safe environment for the delivery of services in buildings, many of which have reached the end of their useful lives. This approach will also ensure that under-performance is identified and targeted with agreed actions being implemented to drive continuous improvement in the estate and reduce costs and risk.

HSC Trusts and NIFRS will continue to report to Strategic Investment Group meetings on progress to target and improve under-performance identified in this report.

The DoH will continue to proactively engage with our ALBs and other stakeholders and advisers on these issues to capture concerns and seek collective agreement on how to address this position and deliver business objectives.

14.0 Appendices

14.1 List of DoH Arm's Length Bodies (ALBS)

- Belfast Health and Social Care Trust (BHSCT)
- Northern Health and Social Care Trust (NHSCT)
- South Eastern Health and Social Care Trust (SEHSCT)
- Southern Health and Social Care Trust (SHSCT)
- Western Health and Social Care Trust (WHSCT)
- NI Ambulance Health and Social Care Trust (NIAS)
- Health and Social Care Board (HSCB)
- Public Health Agency (PHA)
- Patient and Client Council (PCC)
- Business Services Organisation (BSO)
- Regulation and Quality Improvement Authority (RQIA)
- NI Blood Transfusion Service Agency (NIBTS)
- NI Fire and Rescue Service (NIFRS)
- NI Guardian Ad Litem Agency (NIGALA)
- NI Medical and Dental Training Agency (NIMDTA)
- NI Practice and Education Council for Nursing and Midwifery (NIPEC)
- NI Social Care Council (NISCC)

14.2 Acknowledgements

- Belfast HSC Trust
- Northern HSC Trust
- South Eastern HSC Trust
- Southern HSC Trust
- Western HSC Trust
- Northern Ireland Ambulance Service
- Northern Ireland Fire and Rescue Service