

Estate Efficiency and Productivity

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Session Objectives

- Understand the sources of data we use
- How to interpret data, and use it to inform planning
- Using benchmarking to deliver efficiencies
- Budget setting for a sustainable estate
- Reducing non clinical space

ERIC (Estates Return Information Collection)

- Annual collection by NHS Digital of Estates & Facilities data from NHS Provider Trusts, submitted end of June for the previous financial year & published in August

Other

- Monthly finance returns on some key metrics
- Monthly clinical activity
- Commissioner transaction data
- Estates provider organisations

Scene Setting – Provider Estate



8,500 Hospitals



24 million m². Equivalent to 264,000 homes



90,000 Staff

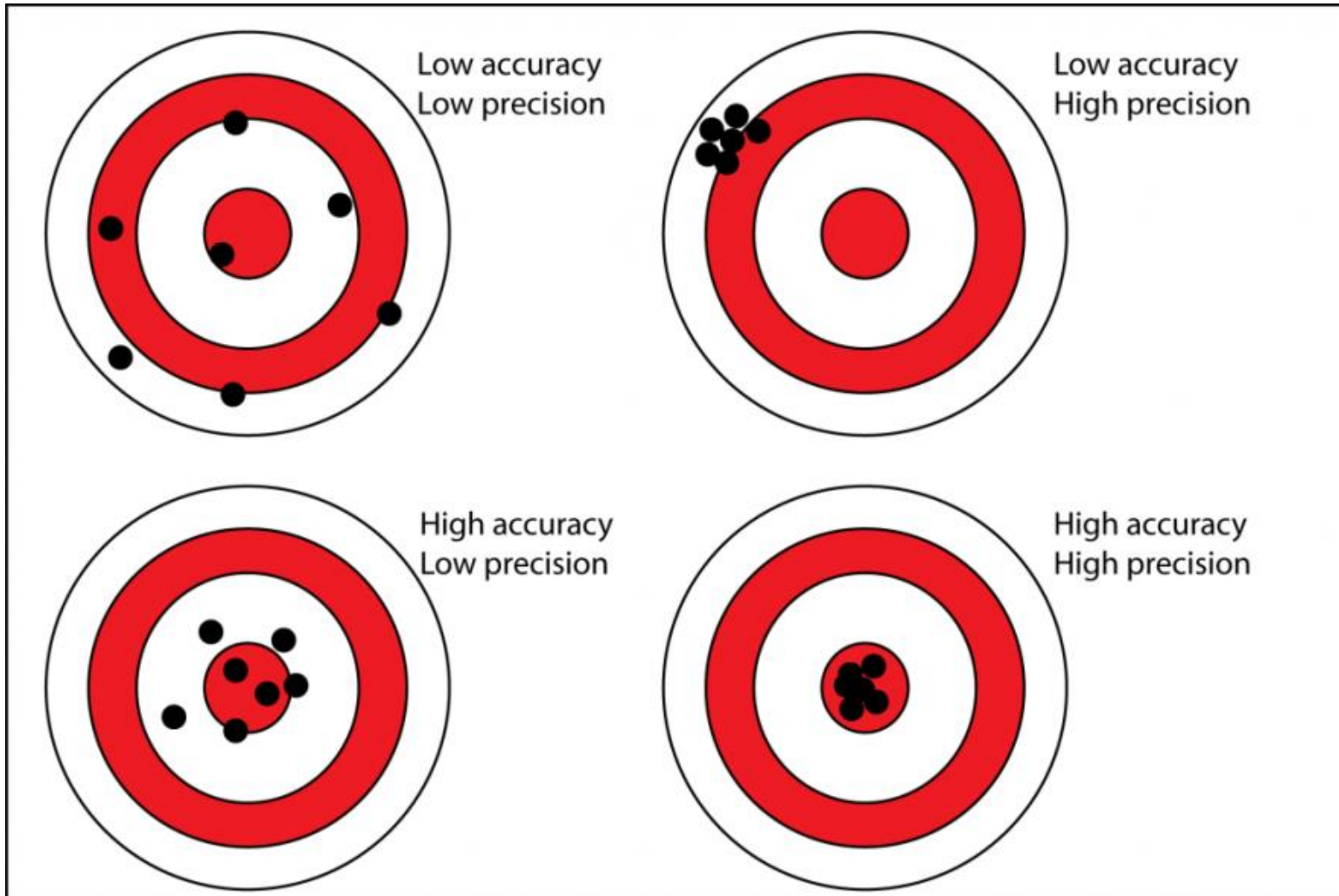


£ 8.8 bn Annual revenue expenditure

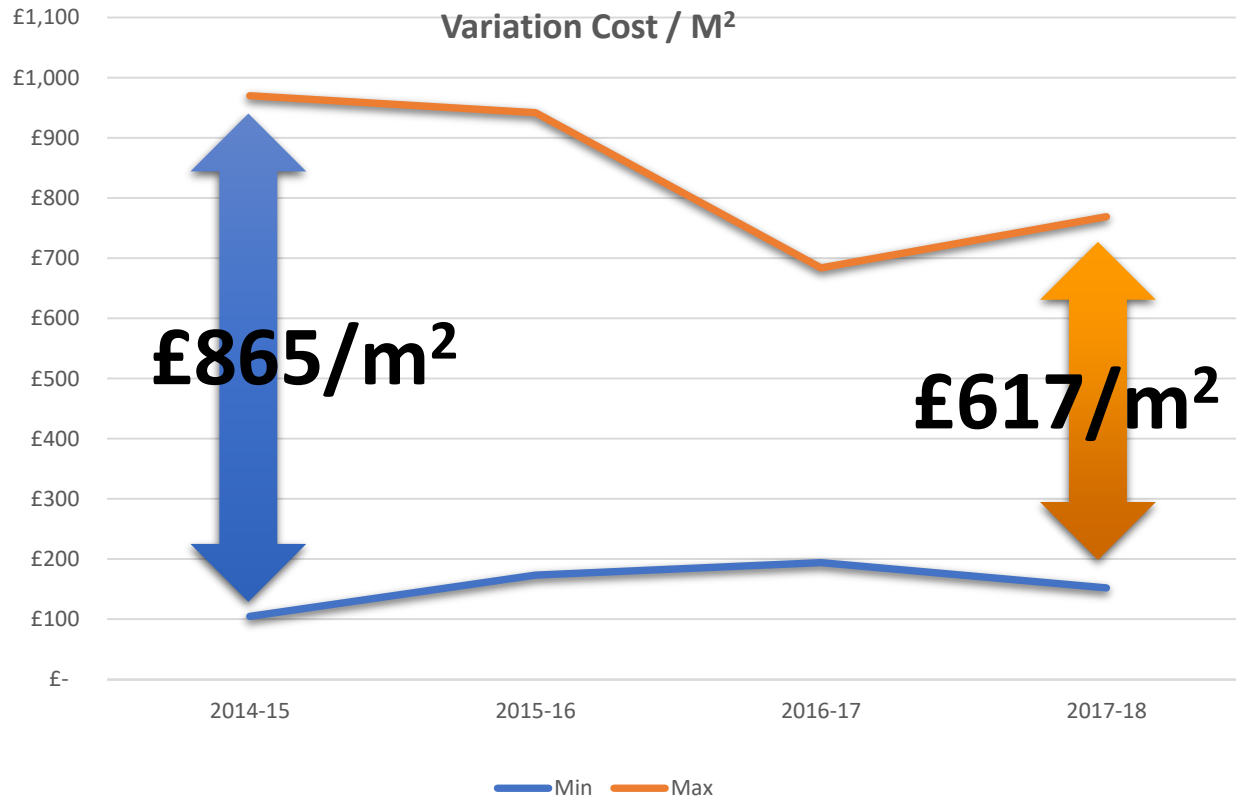


£85 billion to replace new

Precision and Accuracy



Data Quality & Performance



29% reduction in variation

Carter – 2014/15 (£8.3m) to 2017/18 (£8.8m)

Inflation & staff costs

Rates increases

More services in defn.

More sites in defn.

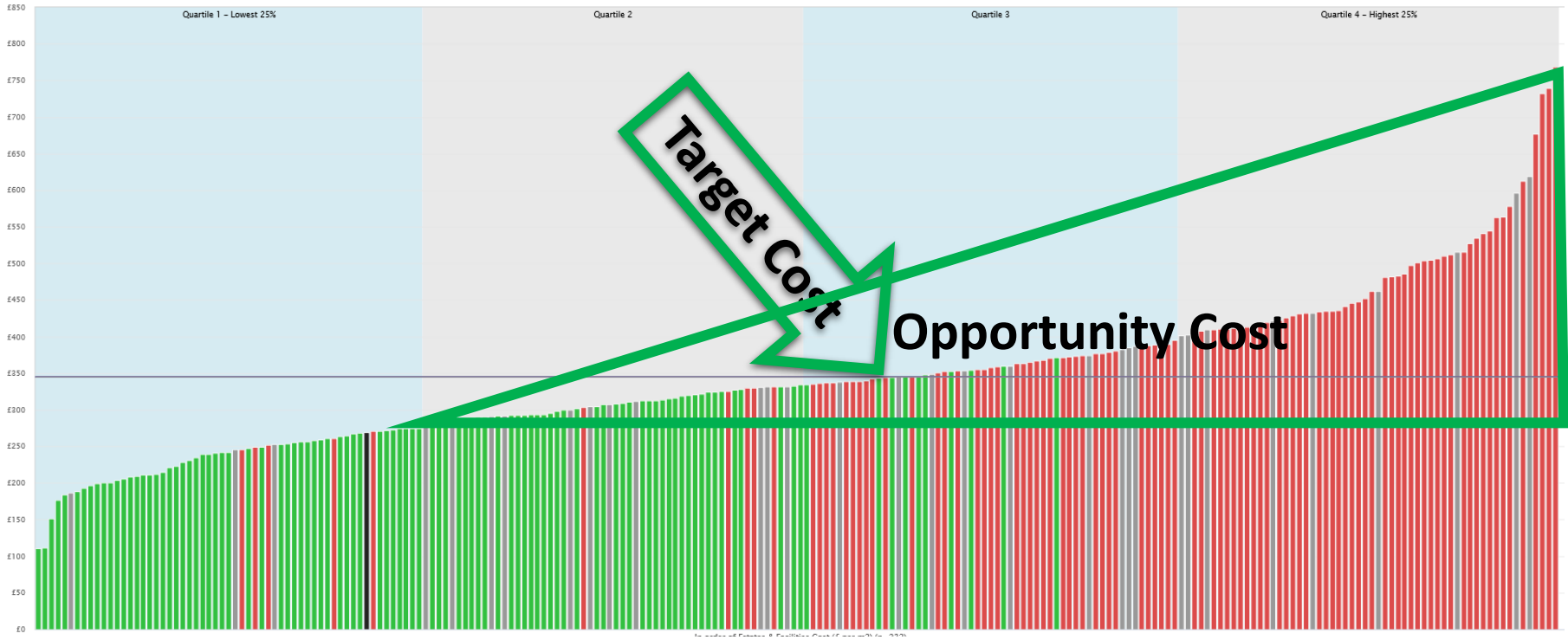
More patients

Static m2

Cost Improvement
Plans

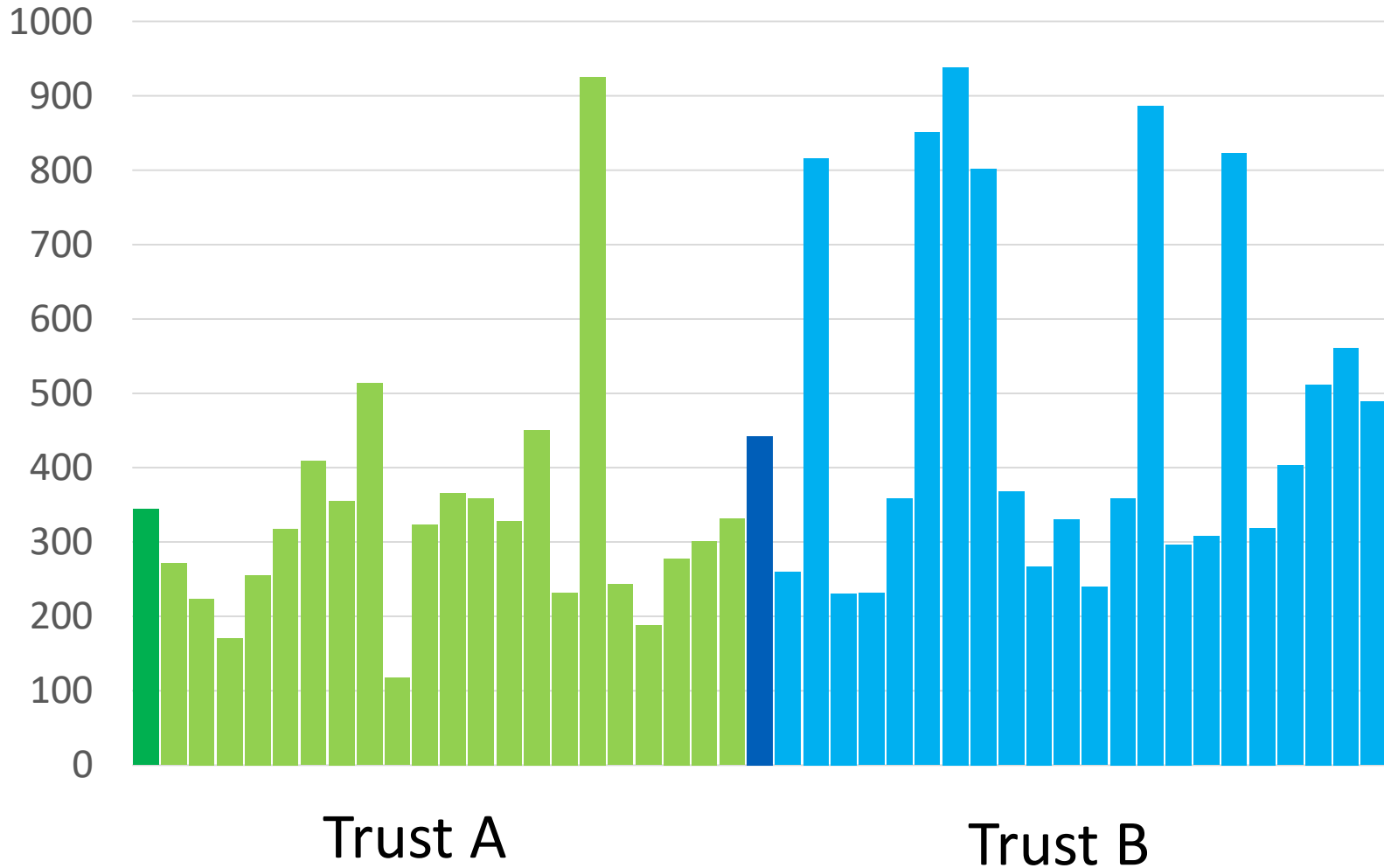
Benchmarking to Deliver Efficiency Improvement

Variance Charts - Estates & Facilities Costs/m2

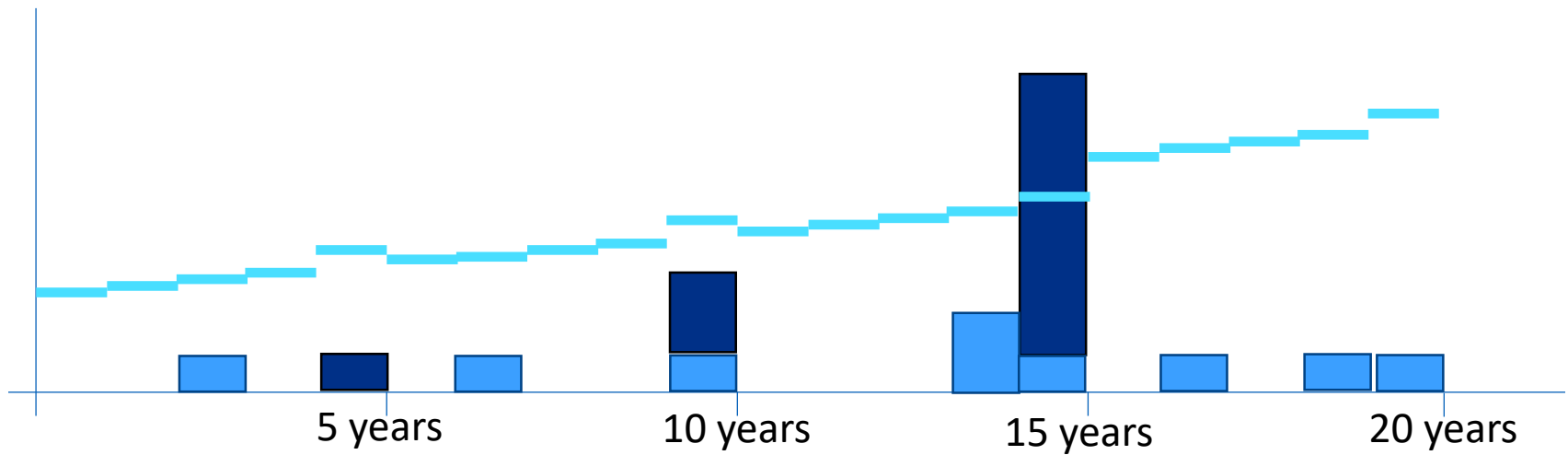


Median £345, Min £110 and Max £769

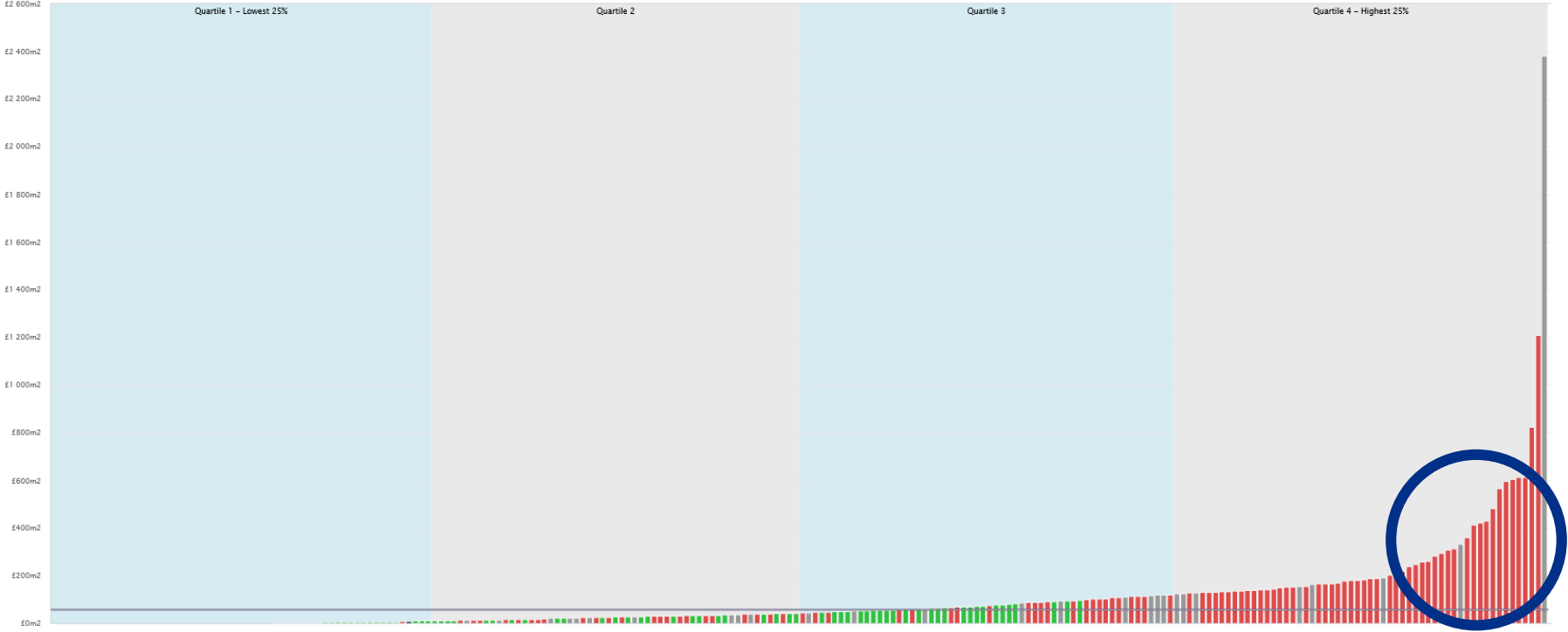
Site Level Data £/m²



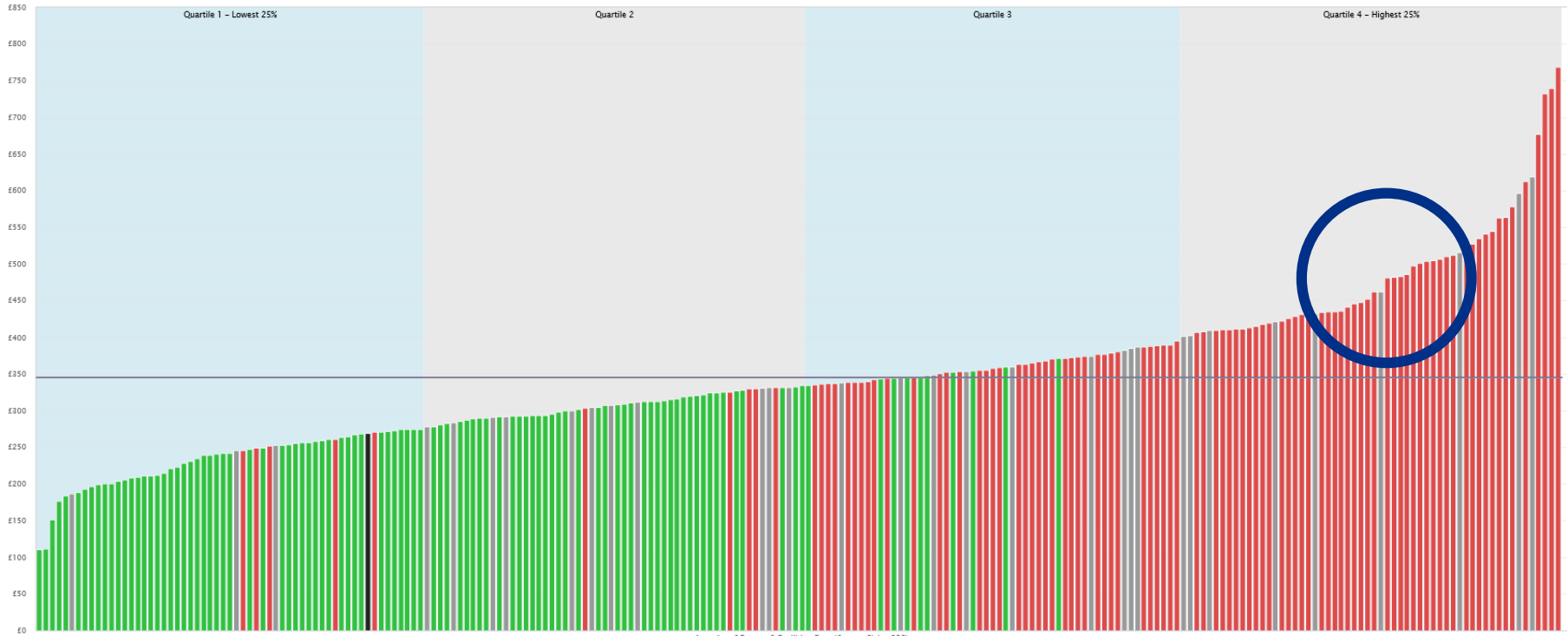
Budget Planning



Backlog

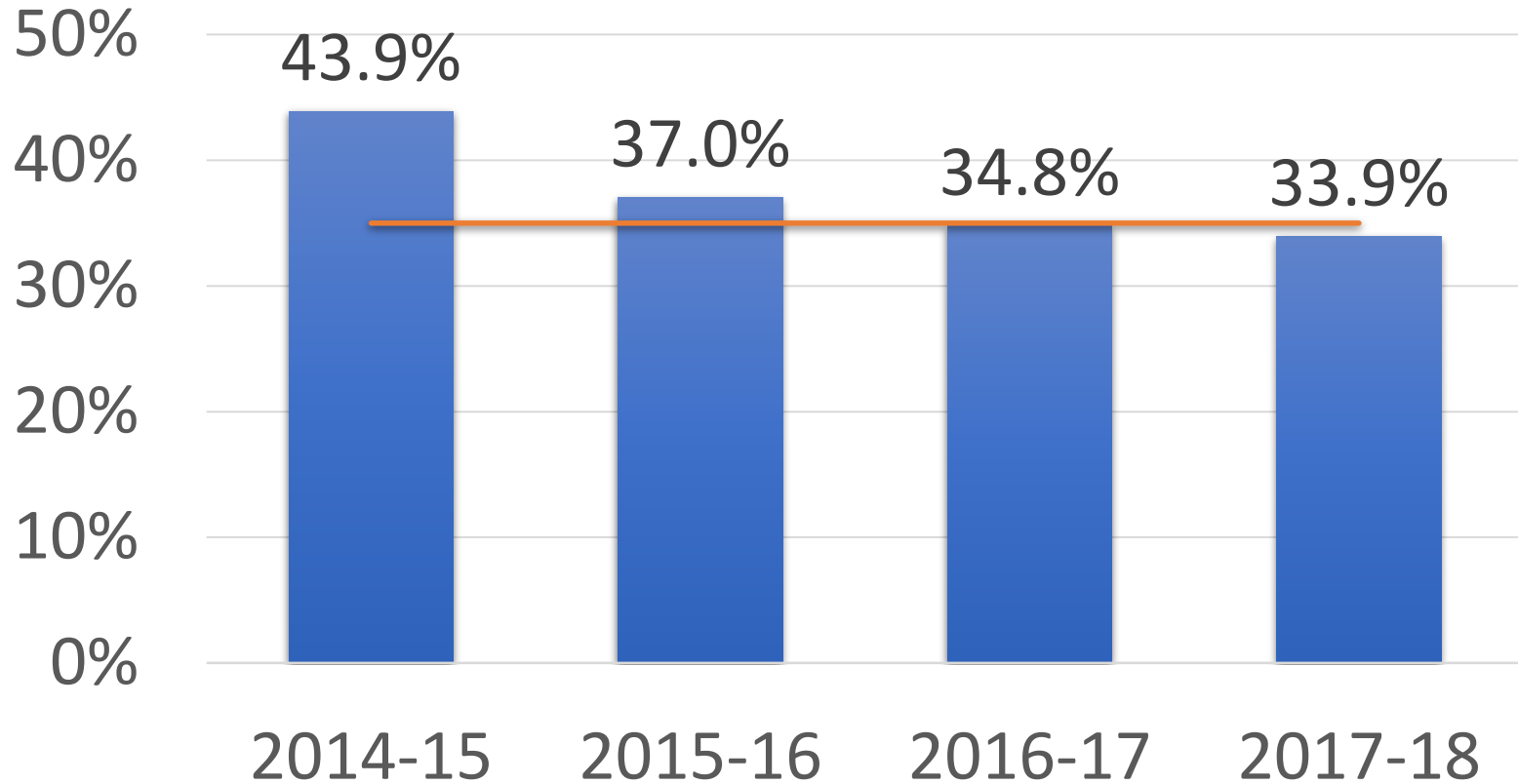


Sustainable Maintenance

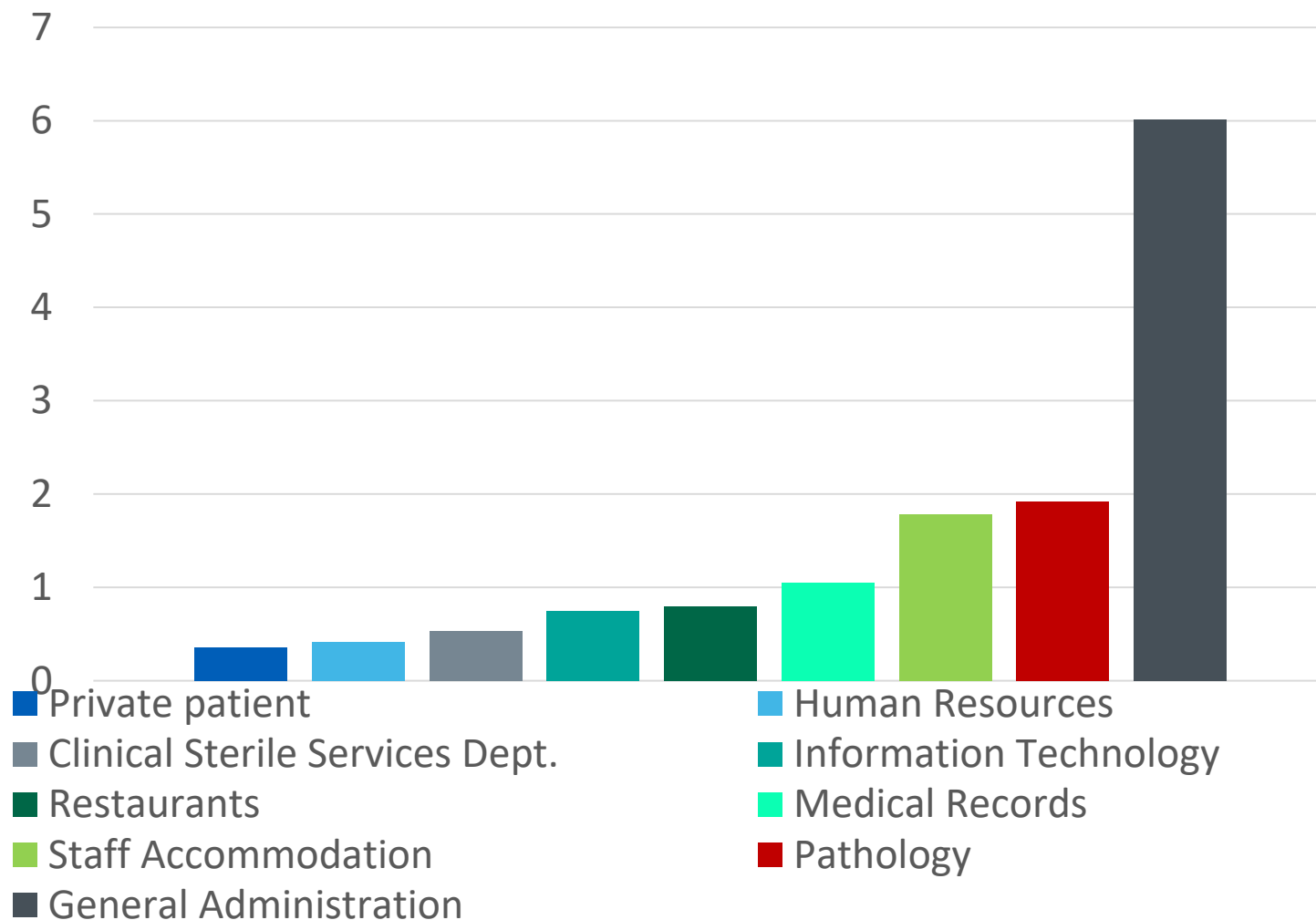


PFI Cluster £450/m² to £550/m²

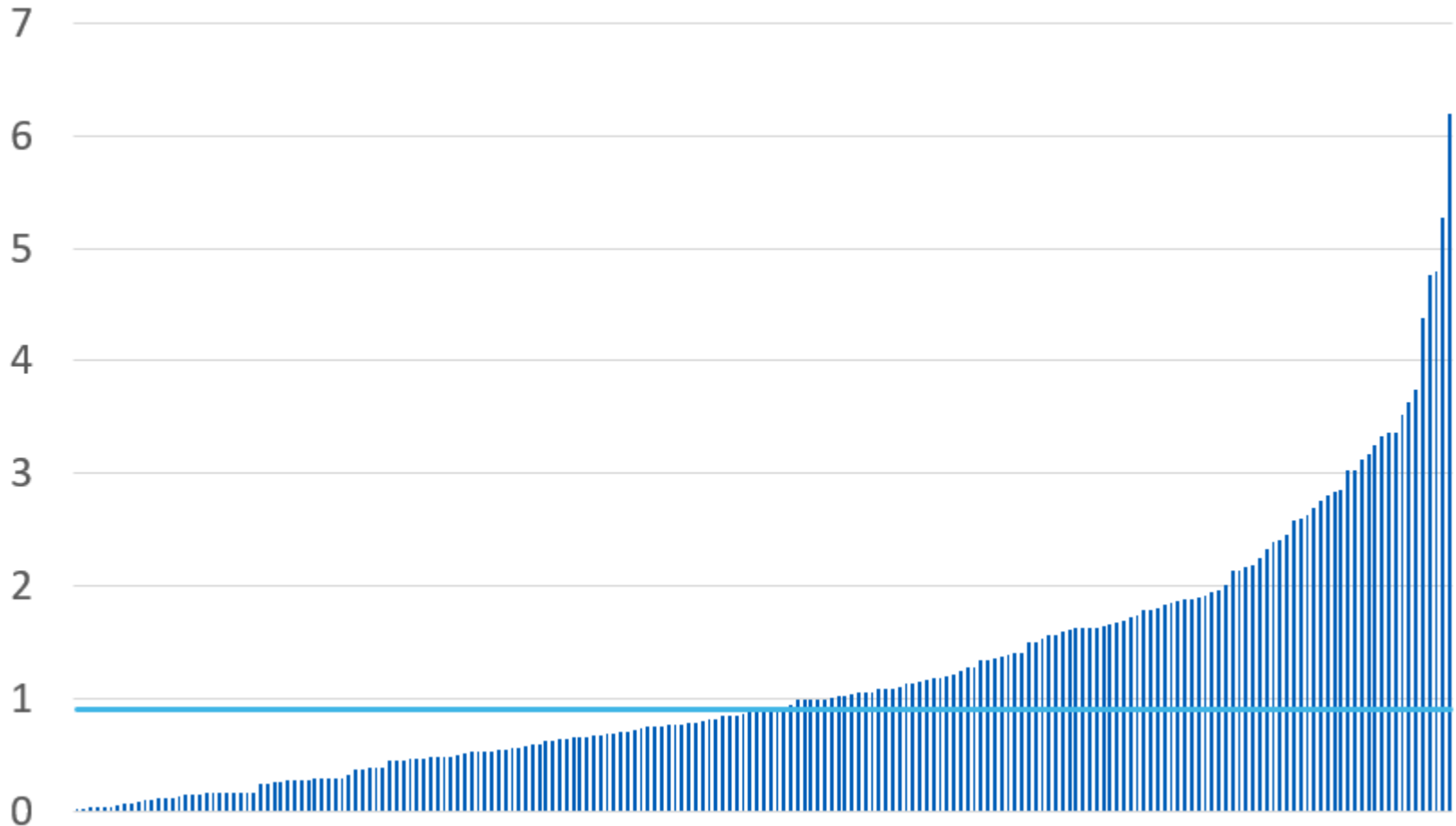
Non Clinical Space - Acute



10 Year Plan Target 30%



Medical Records 1.05% of Hospitals



Clinical Space, That's Offices

66% of Mental Health and Community Estate is Hospitals

How much of the remaining 34% is office bases for Clinicians working in the community?

How many Community Office bases are underutilised?

1 person = 1 desk



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