

THE SCOTTISH OFFICE

NHS: ·MEL(1992)52

National Health Service in Scotland Management Executive

St. Andrew's House Edinburgh EH1 3DG

Dear Colleague

HEALTH SERVICE ESTATE MANAGEMENT: 1992 MID-YEAR SURVEY

Summary

- 1. This letter introduces the arrangements for the 1992 mid-year survey of vacant and surplus property. It also includes a questionnaire for the survey of residential accommodation being undertaken at the request of the Chief Executive. In this letter and Annexes, the terms "Health Board" or "Board" should be read as meaning also the Common Services Agency.
- 2. Boards are being asked to update the information provided for the 1992 full-year survey in response to MEL(1992)21. The Chief Executive considers that the surveys have played an important part in the progress made on property disposal so far. He hopes that this progress can be sustained until the stocks of NHS property retained are only those essential for operational purposes.

Action

3. Boards and CSA are asked to:

Return monitoring forms A1 and C to the SCOTMEG Secretariat by <u>Wednesday 14 October</u> (see paragraph 4 of the attached guidance note);

Return the completed questionnaire for the survey of residential accommodation to the SCOTMEG Secretariat by Wednesday 14 October;

- 4. A guidance note on the detailed arrangements for the 1992 mid-year survey is attached, together with the monitoring forms for completion and return to the SCOTMEG Secretariat.
- 5. As explained at paragraph 9 of the guidance note, the responsibility for the provision of survey information rests with the Board General Manager whether or not day to day responsibility for property matters is devolved to directly managed units. The SCOTMEG surveys do not currently cover the Health Education Board for Scotland or State Hospital.

9 September 1992

Addressees

For action: General Managers, Health Boards

General Manager, Common Services Agency

For information: Chief Executives, NHS Trusts

Chief Executive Designate, NHS Trusts

General Manager, State Hospital

General Manager, Health Education Board for Scotland

To be copied to Unit General Managers for action as appropriate

Enquiries to:

Ms A D Braes SCOTMEG Secretariat Common Services Agency Trinity Park House EDINBURGH EH5 3SE Tel: 031-551 8422

Fax: 031-552 8651

6. This letter should be copied to Unit General Managers for action as required.

Yours sincerely

H R McCALLUM

Director of Estates

State Section

SCOTMEG 1992 MID-YEAR SURVEY: GUIDANCE NOTE

Introduction

1. MEL(1992)19, dealing with the Chief Executive's response to the previous survey, indicated his acceptance of the recommendation that the timing of the surveys should be changed to represent the full and mid-year points of the financial year, rather than the calendar year. MEL(1992)21 introduced the arrangements for the first full year survey on this basis, dealing with the position at 31 March 1992. The purpose of the mid-year survey is the updating of this information. Information for the mid-year survey should be based on the position at 30 September 1992.

Monitoring Forms

- 2. In considering the arrangements for the mid-year survey, every effort has been made to restrict the information requested to a minimum. Firstly, a mid-year update in respect of the disposal of buildings (Monitoring Form B for the full survey) is not required. Secondly, the opportunity has been taken to provide a mid-year version of Form A (disposal of land) in a way that provides an at a glance comparison of change in relevant data from the last full year return (new Form A1 attached). Thirdly, no information on receipts is being requested. Monitoring Form C (disposal of houses) is broadly unchanged apart from the dropping of the receipts requirements.
- 3. Boards are asked to give such supplementary information as can easily be provided to assist SCOTMEG's analysis of the forms. This information covers figures or points requiring explanation.
- 4. As noted at paragraph 1, information should be collected as at 30 September 1992. The Chief Executive has asked that General Managers take a personal interest in ensuring that forms are returned to SCOTMEG by Wednesday 14 October 1992 so that the survey is not held up. The forms should be sent to:

The Scottish Health Management Efficiency Group Secretariat Trinity Park House South Trinity Road EDINBURGH EH5 3SE

5. We would be grateful if Boards could take extra care in completing the forms. In particular it is essential that Boards ensure that they have reconciled their figures before returns are submitted to SCOTMEG ie the breakdown of detail must add up to the total stock figures. Boards should bear in mind the potential effect on their performance indicators if figures are not accurate. It is hoped that some improvements to the layout of the latest monitoring forms will help in this respect. Those responsible for completing the forms should take careful note of the guidance notes attached to each form and, for the sake of consistency with the March survey, should also refer to the guidance notes for that exercise.

Performance Indicators

- 6. A key feature of the Chief Executive's proposed Action Plan included in MEL(1992)19 is the emphasis on measuring progress. It is essential that the Management Executive and individual Boards have an effective system for monitoring progress against measures of performance and targets. This is necessary to enable General Managers to ensure that the measures in place are consistent with accountability and that the Management Executive is able to monitor Boards' performance.
- 7. In the light of discussions with SCOTMEG and individual Boards, the key performance indicators for measuring progress through the survey will be:

For Land

Percentage of land holding essential for operational use.

For Buildings

Percentage of building area in full operational use.

For Houses

Percentage of housing stock essential for operational use. Percentage of vacant houses.

For Capital Receipt

Whether Boards have achieved targets for land and houses in a particular year.

8. Boards will note, however, that some other performance indicators are included in the Monitoring Forms. The indicators for vacant property included in Monitoring Forms A1 and C are needed to meet Treasury requirements.

Purchaser/Provider Arrangements

9. Under the purchaser/provider arrangements, Boards retain ultimate responsibility for the disposal of NHS property relating to headquarters or directly managed units. General Managers therefore have responsibility for the provision of survey information whether or not day to day tasks are devolved to units. Where a change from the position at 31 March 1992 is due to the transfer of property to a Trust established on 1 April 1992 then Boards are asked to supply sufficient information to enable a clear picture of the resulting Board property holdings to be identified.

NHS Trusts

10. Responsibility for the acquisition, disposal and general management of NHS Trust assets rests with the Trusts themselves subject to any limitation imposed as part of the Establishment Orders. They will nevertheless be expected to participate in future surveys by completing the survey returns.

HEBS and State Hospital

11. The survey does not currently cover the Health Education Board for Scotland, or the State Hospital, because their property stocks are relatively small, but this MEL is being sent to HEBS and the State Hospital for information. Consideration is being given to whether HEBS and the State Hospital should be covered in future surveys.

Purpose of Survey

12. The intention is that almost all the Management Executive information requirements on property disposal will be met by the surveys. The Chief Executive will then use the results as a key method of measuring the performance of Boards and General Managers on property disposal.

Report to the Chief Executive

13. SCOTMEG have been asked to submit a report on the mid-year survey to the Chief Executive by $\underline{\text{Monday 7 December 1992}}$. A copy of SCOTMEG's remit is at the Appendix.

Questions Arising

14. Questions about monitoring forms for the mid-year survey should be directed to the SCOTMEG Secretariat.

MANAGEMENT EXECUTIVE September 1992

TERMS OF REFERENCE

DISPOSAL OF NHS LAND AND PROPERTY: VACANT AND SURPLUS PROPERTY

SCOTMEG'S TERMS OF REFERENCE FOR MID YEAR SURVEY 1992

SCOTMEG's terms of reference for the consideration of the monitoring forms returned by Health Boards are:

- a. to collate, summarise and analyse the information provided by Health Boards on monitoring forms issued by the Management Executive and provide a report for the Chief Executive NHS by 7 December 1992; the report to
 - i. deal separately with land and houses,
 - ii. consider the quality and scope of the information provided, and
 - iii. advise on what broad conclusions can be reached from the information.

SCOTMEG MID YEAR SURVEY: SEPTEMBER 1992 MONITORING FORM A1: LAND HOLDINGS

	HEALTH BOARD				
1.	Land Holdings as at 31 March 1992.				ha
2. 30	Land Acquired by Board between 1 April 1 September 1992.	.992 and			ha
3. 30	Land Disposed of by Board between 1 Apr. September 1992.	il 1992 ar	nd		<u>ha</u>
4.	Board's current Land Holdings, as at 30 S	eptember	1992.		ha
5.	Change in Composition of Land Holdings:				
		Then 31 Mar ha	ch 92	Now <u>30 Se</u> h	
	5.1 Land Essential for Operational Use.				
	5.2 <u>of which</u> Land Allocated for NHS Development up to 31 March 1996.	[]	[]
	5.3 Land Declared Surplus to Requiremen	ts.			
	5.4 Land likely to be Declared Surplus up to 31 March 1996.	р			
	5.5 Vacant Land Unallocated.				
	5.6 Other.				<u>_</u>
	Total				
6.	Forecast Changes in Land Holdings:				
		Foreca 31 Mar		Foreca 30 Se	
	6.1 Land expected to be Acquired up to 31 March 1996.		ha		ha
	6.2 Disposal Plans to 31 March 1996.		ha		ha
	6.3 Disposal Plan to 31 March 1996 as percentage of land holdings.		%		
	6.4 Target Disposal Plan 1 April 1992 to 31 March 1993.		ha		ha

7. Performance	Indicators:
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	v.	Then, ie <u>31 March 92</u>	Now, ie 30 Sept 92
7.1	Land Essential for Operational Use.	%	
7.2	Vacant Land Unallocated.	%	9

NOTES

- 1. All land owned by the Secretary of State and managed by the Health Board or NHS Trusts if appropriate should be included.
- 2. Land with buildings on it should be included for all categories.
- 3. Where land does not appear to fit neatly into any particular category, or falls into more than one category, the category nearest the position should be used with an explanation added.
- 4. (5.1) Land Essential for Operational Use. This must reflect the Health Board's current plans for its existing holdings and include land occupied by buildings and land surrounding but essential to use of buildings such as car parks, access roads etc.
- 5. There should be no double counting. The total of 5.1, 5.3, 5.4, 5.5 and 5.6 should equal total of 1 or 4 as applicable. Land recorded at 5.3 and 5.4 should not therefore be included at 5.1, although it is understood that land currently declared surplus and land to be declared surplus within 4 years may currently be in operational use and considered essential to current needs.

LAND ACQUIRED

- 6. (6.1) Land Expected to be Acquired up to 31 March 1996. This is a new item intended to provide a complete explanation of change and an indication of future needs.
- 7. (6.3) 6.2 as % of 1 or 4 as applicable.
- 8. (7.1) 5.1 as % of 1 or 4 as applicable.
- 9. (7.2) 5.5 as % of 1 or 4 as applicable.

SCOTMEG MID YEAR SURVEY: SEPTEMBER 1992 MONITORING FORM C DISPOSAL OF HOUSES

CURRENT POSITION	Units	Comments
1. Board's Total Housing Stock		
2. of which:		
a. occupied by sitting tenant		
b. vacant		
3. of which:		
a. minimum stock essential for operational purposes	•••••	
b. declared surplus to requirements	•••••	
c. awaiting decision by Board		
Surplus Housing Stock		
4. Of 6b.		
a. offer to sitting tenant declined		
b. in process of sale	• • • • • •	
c. other (please specify)		
Vacant Houses		
5. Of 2b:		
a. vacant being sold	•••••	
b. awaiting re-allocation		
c. other (please specify)	• • • • • •	
6. PERFORMANCE INDICATORS		
a. Minimum stock essential for operational purposes as % of total total stock (3a as % of 1)		
b. Vacant units to stock rate (2b as % of 1)		
c. Number of units () earmark for disposal by 31 March 1996 as %	ced for of total stock	

Notes:

- i. The figures provided at 2 to 5 should reconcile with the figure for total stock at 1. Boards should therefore avoid double counting, particularly in dealing with the vacant and surplus categories. Where a unit does not appear to fit neatly into any particular category, or appears to fall into more than one category, the category nearest the position should be used with an explanation added. Interpretation of forms will be assisted by Boards identifying surplus houses which are also vacant and vacant houses which are also surplus.
- ii. Boards should indicate if disposal prospects are affected by special factors such as occupation by sitting tenants who refuse to purchase or by houses (eg, on hospital sites) being part of wider disposal plans.

NHS STAFF ACCOMMODATION NOTES ON COMPLETION OF THE QUESTIONNAIRE

INTRODUCTION

The questionnaire consists of a list of units of accommodation and a summary sheet. It will assist consideration of the response to the questionnaire for SCOTMEG to have a copy of each Board's (Management Unit's) operational policies and management procedures for letting of residential accommodation. If such a policy paper is not available, then a description of how decisions are made about allocation, and what mechanisms exist for review, should be provided.

Notes on Questionnaire

When completing the list of accommodation units it would be helpful if the 3 main categories of buildings, <u>Houses</u>, <u>Flats</u>, and <u>Other</u>, are listed in separate groups.

DATE OF SURVEY

Any convenient recent data may be chosen. The results should represent a "snapshot" rather than an average over a period.

DESCRIPTION/NAME OF BUILDING

Each residence should be listed separately. A nurses home will occupy one line, a block of 6 flats will occupy 6 lines.

TYPE OF ACCOMMODATION

Please complete according to <u>current</u> use. A family house occupied by a single resident should be classed as "SINGLE". If a building contains both single and married staff please enter the numbers in each column.

STAFF UNITS

Total:

The maximum number of staff who would be accommodated if fully let.

Let/Unlet:

These should add up to TOTAL. Please enter a comment in the "notes" column if there are any special circumstances, for example, a building which is unoccupied while redecoration takes place.

CATEGORY

Flat:

A self-contained residence which forms part of a building.

House:

A building which was originally designed as a house even though it may be adapted for bedsitter use.

Other:

Any building which does not fall into the above categories, for example, nurses home, converted ward, mobile home, etc.

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LOCATION

NHS Integrated:

Where a unit of accommodation is owned by the NHS and is integrated into buildings used for non-residential purposes, eg a flat in the main hospital building.

NHS Free-standing: Where a building is owned by the NHS and is used solely for residential purposes, eg a nurses home.

Non-NHS:

Where a unit is not owned by the NHS. trustee-owned please enter a comment in the "notes" column.

Off-site and

Saleable/Reusable:

This refers to:

properties for which there is no further NHS Α. use, and can be disposed of or,

properties suitable for a short term leasing arrangement until a new NHS use is possible.

On-site and Saleable/Reusable: This refers to:

A. NHS free-standing residential accommodation for which no further NHS use is foreseen and the disposal of which is not likely to prejudice any future disposal of the remainder of the hospital site or,

NHS integrated residential accommodation which is vacant and has potential either for early further NHS use, or for a suitable leasing arrangement until a new NHS use is possible.

TYPE OF OCCUPANCY

The figures should add up to the sum shown in the "Staff Units LET" column.

RESIDENTIAL CATEGORY

The figures should add up to the sum shown in the "Staff Units LET" column.

The categories are:

- Bedsitting room with 4-6 sharing common facilities. Scale A

- Bedsitting room with 3-4 sharing common facilities. Scale B

- 1-bedroom and living room each, with 2 sharing Scale C

common facilities.

- 1-bedroom self-contained flat. Scale D

- Self-contained 4-room flat. Scale E

- Self-contained 2-bedroom flat. Scale F

NHS STAFF ACCOMMODATION: QUESTIONNAIRE ON LIST OF UNITS OF ACCOMMODATION

DATE OF SURVEY

HEALTH BOARD

OF

SHEET NO:

															•							•						
		1	Notes																						:			
	On-site. Saleable/ Re-usable																											
		Off-site	Saleable/ Re-usable																									
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Thease provide for any lets in these categories a separate list including details of the tenant's grade, length of stay and reason for the let.

NHS STAFF ACCOMMODATION QUESTIONNAIRE SUMMARY SHEET

1. STAFF UNITS

Category	NHS Integrated	NHS Free-	Non-NHS		Saleable/ sable	On-Site & Re-Us	Total	
		Standing		Cat A	Cat B	Cat A	Cat B	
Houses								
Flats								
Other								
Total								

2. VACANCY RATE: UNITS UNLET AT:

Category	NHS Integrated	NHS Free- Standing	Non-NHS	Off-Site & Re-Us		On-Site & Re-Us	Total	
				Cat A	Cat B	Cat A	Cat B	
Houses								
Flats	:							
Other								
Total								

In case of difficulty please see "Notes on completion of the questionnaire".