

Briefing

Estates work at Okehampton Community Hospital

November 2023

Overview

This briefing contains information about important estates rationalisation work the local NHS is undertaking at Okehampton Community Hospital.

Background

The Devon NHS system has experienced significant financial challenges for many years, consistently spending more money on health services than it has been given to meet the needs of the 1.2 million people it serves.

This has contributed to Devon being placed in the highest segment (segment 4, sometimes known as special measures or NOF4) of the [NHS Oversight Framework](#) by NHS England.

This means Devon gets 'intensive' support from NHS England – which includes additional reporting requirements and financial controls – with the aim of improving its financial and operational performance.

In 2022/23, Devon's end of year position was a deficit of £46.2 million. In 2023/24 as part of our journey to achieving a balanced budget, the forecast deficit for the county's NHS system as a whole is £42.3 million, which includes a £212 million savings plan. However, as shown by our December Board papers, at this point in the year, we are £32.5 million adrift from where we expected to be against our plan.

We have established a system-wide programme of work to deliver the performance and financial improvements needed to allow us to move out of NOF4.

Reducing the amount of money wasted on empty space

As you would expect, we are seeking ways of saving money that do not affect NHS staff or NHS services.

The former ward at Okehampton Community Hospital has been empty and unused since 2017 and presents an opportunity for the local NHS to save more than £200,000 a year in rent and other property charges.

The beds were removed following full public consultation when new ways of looking after people in the local community – often in their own home – were brought in and they have been very successful.

The Your Future Care consultation ran from 7 October 2016 until 6 January 2017 and was led by the then-Northern, Eastern and Western Devon Clinical Commissioning Group (CCG). It focussed on proposals to provide more care and support for elderly and frail people at home and in the community. The aim was to prevent unnecessary admissions to hospital and, if patients need to go to hospital, to get home as quickly as possible, improving their chances of a better recovery.

Throughout the consultation period, the CCG attended over 70 events and public meetings. More than 2,000 people attended these events and discussed the proposals. 1,552 responses to the survey were received, in addition to more than 650 letters and emails.

Separately, ownership of Okehampton Community Hospital transferred from the then-Northern Devon Healthcare NHS Trust to [NHS Property Services](#) in 2016 when the community services contract moved from NDHT to the then-Royal Devon and Exeter NHS Foundation Trust.

NHS Property Services charges market rent and other property costs on empty space in its buildings. Where there is no tenant, these 'void costs' are paid by the integrated care board, in this case NHS Devon.

Since the Your Future Care consultation, vacant space at the hospital, including the empty ward and linked office space, has cost the NHS in Devon around £1 million – poor use of taxpayers' money. The ward has been fully decommissioned, with utilities disconnected to reduce service charges.

Working with health and care partners

We have been working with local health – NHS and primary care – partners on what to do with the ward and so far no viable schemes have emerged. With all partners who have expressed an interest in occupying the space, we have been clear that any proposal would need to be viable financially, which means being able to cover the cost of bringing the building back up to useable standard, reconfiguring it and then paying the annual rent and service costs. We estimate that the cost of bringing it back into a usable condition would be significant.

Generally, hospital buildings need to be built and maintained to a higher standard than normal commercial buildings, which means they can be comparatively expensive to occupy.

Meanwhile, space in the rest of the hospital, although tenanted, is significantly under-utilised.

Current position

Faced with ongoing stark financial challenges, we have started the process of surrendering this space so we can save the money being wasted.

On 28 November, we took a decision which effectively means we are in the process of handing the former ward area – made up of the empty ward, associated link corridors and ancillary space – back to the owner of the building, NHS Property Services.

Based on local discussions and our experience, we do not anticipate that local voluntary, community and social enterprise organisations would be able to take on the ward space. Although we have begun the hand back process with NHS Property Services, we will be talking to local organisations to confirm they are not able to take on the space and we would always be happy to consider any viable proposals emerging from this work.

In addition to this, in due course, we would like to widen our work with local partners to improve space utilisation in the rest of the hospital to get better value. This will be a medium-term piece of work and will involve community engagement to explore local needs and ideas. Again, any changes will need to be fully costed.

Our December board papers, published today (29 November) confirm the decision of our Finance and Performance Committee to surrender the empty ward space. We are therefore sharing this news with local stakeholders and the community.

There is no proposal change to any NHS services as part of the surrender of the ward area.

Next steps

The current position is that negotiations with NHSPS continue on what will happen next as the hand back process is not straightforward. If NHS Property Services accept the hand back, it would be for NHS Property Services to determine what to do with the building.

We have always been very happy to talk to prospective occupants of the empty ward space if they have a financially viable scheme to take it on – and we remain so.

We will provide further information about the work to improve space utilisation in the rest of the hospital in due course.

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