



Estates Strategy 2019 - 2024

Central London Community Healthcare NHS Trust

March 2019

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1 | Executive summary

Central London Community Healthcare NHS Trust provides a range of community healthcare services to more than two million people across eleven London boroughs and Hertfordshire. With over 3,000 staff we provide in excess of 70 clinical services and ten million patient contacts per year from over 400 locations, with 114 of these being key sites.

Our estate is central to provision of the high-quality care for the patients we serve. This estates strategy sets out how CLCH will build on the transformation of our estate over the past three years. The 2015 - 19 strategy supported the development of robust systems and processes, ensuring compliance with key standards and tackling poor quality estate that was no longer fit for purpose. It also began a long-term programme of work to rationalise as well as refurbish premises.

Further work is now needed to support the delivery of our strategic plan, particularly the focus on place and integration, and on our clinical and quality strategies. This will enable us to improve the patient and staff experience, foster new ways of working, and demonstrate good value for money. This strategy will also focus on environmental sustainability and opportunities for innovative development of some of our estate. It is informed by NHS planning and estates guidance and will ensure that our estate continues to support delivery of good quality care whilst helping to shape new models of care and working patterns for the future.

The overall purpose of the strategy is to ensure our estate supports:

- ▶ the delivery of the strategic plan, particularly the integration of services in localities – working more closely with partners including primary care;
- ▶ the ambition of our quality strategy to be the best provider of high-quality community healthcare by 2020, helping to ensure patients and their families receive an experience that exceeds their expectation; and
- ▶ the vision for services set out in the clinical strategy 2018-20 - for staff to be supported to work across professional and organisational boundaries, sharing knowledge and increasing collaboration and teamwork.

Alongside this, the strategy will set out how we will maintain and build on our strong record for:

- ▶ improving compliance and standards so our estate is safe, appropriate and supports operational requirements;
- ▶ increasing value for money, meeting the requirements of the Carter review and setting out innovative development opportunities; and
- ▶ meeting NHS local and national planning and estates guidance including an increased focus on environmental sustainability.

The strategy and related workplan provides a clear framework for year on year improvement in the quality of our estate until 2024. It provides a route map to show how:

- ▶ estates will work closely with IT to deliver digital solutions;
- ▶ a more strategic and commercial approach will be brought to bear on investment;
- ▶ greater engagement with staff will ensure changes support them and CLCH is an attractive place to work; and
- ▶ we take more control of our estate as currently we control less than 20% of our sites.

Alongside this the estates function will continue to promote flexibility to support the changes that are inevitable during the lifecycle of the strategy – most notably mobilisations and demobilisations - whilst ensuring that facilities are maintained to appropriate standards to support the provision of high-quality community healthcare.

2 | Where are We Now? – Our current estate

CLCH was established initially for the provision of community services to the residents of Hammersmith and Fulham, Kensington and Chelsea, and Westminster in Inner London. The Trust footprint has expanded across Hertfordshire through to Merton in the South of London, and Wandsworth and Richmond. This has resulted in an estate across the Trust geographical area totalling over 400 properties. Further expansion is anticipated within the life of this strategy.

We currently operate within four Sustainability and Transformation Planning (STP) areas: North Central London, North West London, South West London and Hertfordshire and West Essex, providing a mix of general and specialist community services for adults and children as well as stand-alone specialist services.

The Trust operates from 114 main sites where we have continual occupation. These have been categorised into three tiers; 12 account for Tier 1, 66 for Tier 2 and 36 are occupied on a frequent, recurring and regular sessional basis referred to as Tier 3. There are other Tier 3 sites occupied on a less frequent and recurring nature, as defined in the table below.

► Tier 1

Those properties which are managed by the Trust and are either freehold ownership or wholly leased and maintained by the Trust. There are 12 in total including Worlds End Health Centre, Parsons Green Health Centre, Queens Park Health Centre, Woodfield Road Medical Centre, Oak Lane Clinic, Lisson Grove Health Centre, Childs Hill Clinic, and West Hendon Clinic. New additions to Tier 1 since the previous Strategy include the Hertfordshire Sexual Health Hubs - Stevenage Sexual Health Clinic in Southgate and the Watford Sexual Health Clinic in Watford Town Hall (a map of these freehold properties can be found in *Appendix 1*).

The freehold sites present an opportunity to undertake a new, innovative asset optimisation development plan outlined in more detail later in Chapter 5.

► Tier 2

Those properties leased from 3rd party landlords who manage and maintain the buildings on the Trust's behalf. These include NHS Property Services Ltd (NHS PS) sites, examples being Soho Centre for Health, St Charles, Edgeware Community Hospital, Honey Pot Lane, and South Westminster Centre. Also included are Community Health Partnership sites including Finchley Memorial Hospital, Alexander Avenue and The Nelson.

► Tier 3

Those sites regularly used by Trust staff within schools and local council facilities which have no continuous occupation, referred to as sessional sites. These total more than 250 sites.

Leasehold Estate

NHS Property Services (NHS PS) is the Trust's single largest landlord and also provides facilities management services to the Trust's own assets. Other important landlords are Community Health Partnerships (responsible for property developed under the LIFT programme) and local authorities, most notably Westminster City Council. The Trust is able to exercise differing levels of control due to the various tenure arrangements.

NHS PS are currently proposing that new leases and licenses are agreed with tenants. These would have more restricted break provisions and would be at market-based rents. The Trust will keep this under review and will take action when the balance of security against flexibility shifts and is in the Trust's best interests.

As a result of our properties including a mix of leasehold sites, the Trust has varying degrees of control over different elements within the estates portfolio. This influences the approach taken to estate management. Taking control of our own estate is a key theme for this estates strategy. We will establish specific plans for this in our new Local Estates Plans.

2.1 Clinical contract awards and their impact on the Estate

The Trust has a series of time limited contracts in certain areas. Clinical contracts by date and term will be taken into the annual programme for the site occupancy and renewals which will be incorporated into the annual plans for footprint programmes within the Trust.

The Trust provided services in the four core boroughs at the start of the previous strategy. These being Hammersmith and Fulham, Kensington and Chelsea, Barnet and Westminster. Since this time, the Trust has successfully won a number of service contracts outside of the 4 core Boroughs;

- Hertfordshire Sexual Health Services
- Brent School Nursing
- London borough of Merton (Adults and Children)
- Wandsworth Sexual Health services
- Ealing Children's services
- Richmond Health Visiting services
- Hounslow
- Harrow

2.2 Estates Transformation 2015 - 2018

In 2015, the Trust Estates Strategy focussed on Improved Quality, Efficiency, Compliance and Satisfaction and coincided with a new partnership with Capita to provide estates and facilities management (EFM). A joint Trust and Capita EFM Partnership Director reports to the Trust's Executive Director for Improvement. The partnership delivers or manages security, cleaning, grounds and gardens facilities, all management services plus a full strategic estate, planning and health and safety function in a detailed, performance managed style partnership contract.

The Capita partnership provides NHS estates professional and technical knowledge with a total focus on supporting our clinicians in the right environments, providing the best possible care, plus a commercial edge that enables us to get the best use and return out of our estate. Our partnership (see *Appendix 2: Team Structure*) gives us the capacity to be innovative in how we develop our estate for the future and has helped deliver the recent transformations we now enjoy.

Achievements to date:

Over the last three years the Trust has made significant changes to its Estate including:

- ▶ Opening three new Sexual Health Hubs transforming clinical service provision in Hertfordshire and south London in Clapham Junction.
- ▶ Initiating an estates rationalisation programme to review and reduce under-used/unoccupied spaces.
- ▶ Introducing a 24/7 email and telephone helpdesk for over 100 sites in our main estate, with 9 different landlords and service providers.
- ▶ Supporting CLCH's QIPP plans by delivering over £3.5 million cumulative since 2016/17 Financial year.
- ▶ Delivering an agile working programme implemented within all developments since April 2016.
- ▶ Implementing a new single booking system for all meeting rooms.
- ▶ Developing a commercial estate proposal to provide key worker accommodation and recurring revenue from under-occupied properties – Asset Optimisation.
- ▶ Developing a Trust-wide health and safety 'indicator' model.

Financial successes

Rationalising – The partnership initiated the delivery of an estates rationalisation programme to review and reduce under-used/unoccupied spaces. The Estate Rationalisation Programme has led to the majority of the recurring saving by completing the following projects:

- ▶ Vacation of the headquarters to Parsons Green and Marylebone Road, saving approximately £700k per annum
- ▶ Vacation of Stamford Brook Health Centre, Westminster Diabetes Centre and Milson Road Health centre – saving approximately £400k per annum
- ▶ Consolidating and transforming space at Edgware Community Hospital and outbuildings – saving approximately £400k per annum
- ▶ Transformation of services in Merton, including the vacation of 120 The Broadway and the Wilson Hospital to the Merton Civic Centre, saving approximately £1m per annum
- ▶ Rationalisation of space at Soho Centre for Health and 215 Lisson Grove, saving approximately £400k per annum
- ▶ Negotiation of a reduction in charges with NHS Property services equating to £350k one off backdated reductions, and £230k per annum reduction in charges.

Income – Part of the partnership contract performance is to maximise the income from tenants in Trust premises. At present circa £2.3 million is now invoiced over a baseline of below £1m per annum prior to 2016/17.

Supporting Service Change and Improvement

Mobilising – the estates team has supported the mobilisation of new sites associated with new clinical contracts over five different local authority areas, many simultaneously opening on the same day. Highlights include:

- ▶ 9 sites mobilised across Harrow and Brent in quarter 1 2016
- ▶ 6 sites mobilised in Hounslow in April 2016
- ▶ 13 sites mobilised in Merton in April 2016
- ▶ 11 sites mobilised in Wandsworth and Richmond in October 2017.
- ▶ 5 Children's centres for Children's Services across Ealing in 2018

Modernising - over 500 of our staff are benefitting from newly refurbished and now agile working spaces redeveloped from old, underutilised freehold properties which were not fit for purpose. Particular examples include:

- ▶ Newly refurbished open plan offices at Parsons Green;
- ▶ Refurbishment of Westgate House at Edgware Community Hospital, creating a series of open plan offices in a single site hub;
- ▶ Ongoing refurbishment of Woodfield Road Medical Centre into open plan offices;
- ▶ Refurbishment of newly occupied offices at Merton Civic Centre, creating a single open plan hub site for the area.

The following is a list of developments and enhancements which have significantly changed and enhanced the Trust services provision.

- ▶ Watford Sexual Health Hub
- ▶ Stevenage Sexual Health Hub
- ▶ Falcon Road Sexual Health Hub
- ▶ Tudor Lodge
- ▶ Battersea Lodge
- ▶ Alexander / Honeypot Lane
- ▶ The Causeway
- ▶ Patrick Doody
- ▶ The Nelson

Staff satisfaction

The views of our staff are essential to us in how our Trust is run and decisions taken. Listening to the feedback from our staff means we shape services around our users and we can evidence how we are continually improving their working environment and supporting their patient care.

- ▶ The annual staff survey showed an increase in satisfaction from 74% in 2016 to 86% in 2017
- ▶ Following the introduction of a one-stop estates helpdesk within EFM in 2017, we achieved staff satisfaction of:
 - 90% - 'helpfulness of staff responding to phone and email queries'
 - 87% - 'cleanliness of the working environment'
- ▶ The overall satisfaction for Estates EFM services for 2018 reduced to 79% from 2017. A Service Improvement Plan is in place.

3 | Performance of our current estate

The Trust's aim is to ensure that all property under its direct control meets CQC Standard 15 which relates to the safety and suitability of premises, and this is to be adopted as the benchmark for compliance across the Trust's estate. The Trust has included provision within the current capital programme to support this alongside other backlog maintenance issues.

The prioritisation of investment within the allocated capital budget is the responsibility of the Strategic Estates Group. This considers outputs from a variety of sources including internal audits and externally commissioned surveys to determine where compliance gaps exist.

In properties occupied by the Trust, areas of statutory compliance which are monitored and managed include:

Fire Code - fire risk assessments are conducted, and fire safety action plans are prioritised and implemented on an annual basis;

Asbestos – a register is maintained, and appropriate asbestos management plans are developed and followed as required. Training of appropriate staff in asbestos awareness, control of contractors and procedures to follow when potentially asbestos containing material encountered is in place and will be maintained;

Water quality issues are regularly monitored, and appropriate action plans developed and implemented;

Accessibility audits are undertaken, and measures prioritised for action as appropriate;

Risk Register is maintained, and action plans prioritised and implemented on an annual basis;

Health & Safety audits and inspections are completed, and action plans prioritised and implemented on an annual basis;

Infection Prevention and Control audits are completed, and action plans prioritised and implemented on an annual basis to ensure compliance with the Hygiene Code;

Patient Led Assessment of the Care Environment (PLACE) processes are implemented including facilitation of the assessment programme and the identification and rectification of issues identified through the assessments (see *Appendix 3: PLACE Report 2018*);

Security audits are completed, and action plans prioritised and implemented on an annual basis;

Emergency planning and business continuity arrangements (see *Appendix 4*) are in place for estates and facilities services and are subject to regular review.

When taking on new services/new buildings, consideration is given to the suitability and compliance of the facility for the intended use before making a financial commitment. This applies equally to the relocation and restructuring of existing services and to property associated with the delivery of new business.

3.1 Benchmarking performance

The estates and facilities budget after income from tenants and commissioners is £12.79 m and without commissioner income as a statement of cost to the system at £16.4 m.

The full Trust estates benchmarking data for 2017/18 is now incorporated in the Model Hospital report (*Appendix 5*). The total square meterage of Tier 1 and Tier 2 Trust sites is 42,247 m². This would make the overall cost of hard and soft FM £302/m² for the Trust. The way the model hospital data collection works for Community Trusts records the Trust's cost at £358/m² against the national median of £337/m². Further analysis is being undertaken across the country on community estate costs benchmarking.

The Trust property occupancy costs are higher than the national benchmark primarily due to the number of Community Health Partnership properties the Trust occupies. It should be noted that many of these enjoy pass through payments from the commissioners, such as Finchley Memorial Hospital and Alexander Avenue.

Key benchmarking observations:

► **Capital Investment per Annum**

Observation: Adequate investment in modernising and maintaining estates.

At £1.7m, the Trust is above the median for the amount of capital it invests in its assets – both overall capital investment allocation and when benchmarked against per m².

► **Revenue Investment**

Observation: Cost effective services - the hard and soft FM revenue investment by the Trust also indicates an appropriate level.

Whilst the FM costs include the cost of rental in the way they are collected (which cannot be varied by Trust), normalising CLCH costs by removing the pass through rental costs and matching to benchmarks the soft FM and hard FM costs range between lower quartile to below median in terms of the annual total spend and also when compared to peers by investment by area i.e. m². This demonstrates good value for money.

► **Retail Income**

Observation: Commercial income from the Estate is an area for improvement.

An area for further improvement is the direct income from retail which many Trusts enjoy. Whilst the Trust has few sites in its freehold ownership this is an area the Trust is developing (e.g. GP income) and could develop further, along with asset optimisation.

► **Energy**

Observation: Energy spend and use by the trust is lower than most.

This aspect shows that the expenditure provides good value for money at the lower quartile or below lower by volume. The challenge here is the cost of energy which cannot be accounted for through the landlord sites where the Trust shares occupation and as such pays proportionally for the site energy and doesn't therefore have access to the specific Trust energy usage.

► **Cost per sqm**

The overall Trust cost by m² stands at £358 / m² with an upper quartile of £374 from all other community Trusts. The current years forecast, however, taking account of the rationalisations which have taken place reduces this costs to £299 / m².

3.2 Six Facet Survey

The process of surveying accurately the quality of NHS premises has been governed by the Six Facet Survey methodology for over two decades.

The 6 facet survey areas are:

1. Physical Condition
2. Functional suitability for the service
3. Effective space utilisation
4. High quality environment
5. Adequate fire health and safety
6. Energy

Trust Sites with Opportunity for Improvements

Those sites identified as below the acceptable standard from these results will be subject to improvement plans through footprint projects, rationalisation plans, and capital and revenue investments to ensure improved adherence to meeting category B (criteria for each of the six facets are set out in *Appendix 6*).

In addition, they will form part of the taking control of our estate plans outlined in the final section of this strategy, working with landlords where necessary, to manage sites ourselves to bring Tier 2 landlord managed sites up to the standards of our tier 1 CLCH Strategic Partner managed sites.

The sites below have a category C i.e. below level B or U for underutilised.

Site name	Physical	Functional	Utilisation	Quality	Fire H&S	Energy
Morden Road Clinic	C			C		
Perseid Lower School	C	C		C	C	
Soho Centre	C			C	C	
Grahame Park HC		C		C		
Bessborough Street			U			
Birches Polyclinic (CGP)			U			
ECH Westgate House			U		C	
Merton Civic Centre			U			
Milne House			U			
Nelson Health Centre			U			
South Westminster Centre			U			
Wideway Medical Centre			U			
Watling Clinic				C		
West London Day Centre				C		

4 | Where Do We Want to Be?

Trust Strategy

In this section we apply the Trust's strategic direction and overarching influences such as efficiency, quality and availability to identify the implications for the estate and our planning for the future, thereby ensuring that that our estate supports the Trust's aims and aspirations.

Trust strategic aims

- ▶ Providing **quality, safe and innovative** community-based healthcare services;
- ▶ **Integrating** our services with the range of physical and mental health services and social care provided by the statutory and non-statutory sector;
- ▶ **Collaborating** with partner organisations to plan and shape future services to have maximum impact;
- ▶ Ensuring that our staff can give of their best today and support change in services tomorrow.

Trust values

1. **What we do** - integrated services that meet local needs - multi-disciplinary and delivered in collaboration with partners;
2. **Where we work** - remain focused, committed and active partners - in considering new services within the STP areas we will focus on whether we believe we can improve the quality of care for patients rather than potential income growth;
3. **How we work** – integration will take many different forms. We will consider the needs of each local area and offer appropriate solutions.

Trust strategic direction

- ▶ **Engaging with local systems** - we need to deepen our understanding of what is happening in the different geographies whilst building solid strategies for each around distinct added value. We need to nurture current relationships as well as fostering new ones, particularly with mental health services in order to enable an integration of physical and mental health.
- ▶ **Re-shaping our services** - we need to work collaboratively with staff, patients and our partner providers to design new ways of integrating services. We need to see local voluntary services as a key part of broadening the resource pool and securing sustainability of support locally.
- ▶ **Developing our workforce** -we need to enable our staff to work successfully and flexibly with other providers to ensure practical integration of assessments, care planning, delivery of service and evaluation of impact and benefit.

- ▶ **Deploying new technologies** - we need to continue to invest in new technologies to engage patients differently and to support their self-management. Technology is also key to enabling integration with other providers; it is vital in helping staff to be productive.

Quality and Efficiency

We increasingly seek to enhance the patient experience through an accessible and pleasant place in which to be treated. The Trust's aspiration is to maintain its estate portfolio at Condition B (see *Appendices 6 and 7: Six Facet Condition Survey and Results Summary*).

The Estates Strategy recognises the need to demonstrate best value and it will be important to understand and control associated revenue costs. This will be achieved through a range of initiatives using 6 facet survey data to prioritise plans to improve the levels of space utilisation, reduce dependence on fixed assets through mobile working and rationalisation from a reduced demand for space.

Carter Efficiency

This year will see estates community benchmarks being issued for the Carter and model office work against which CLCH will be able to see its progress against peers in the community. There will be formal reporting and an increased level of cross referencing between existing reports and returns, such as Estates Returns Information Collection (ERIC) data and PLACE and those of finance and standard efficiency reports made by trusts.

Rationalising the estate we use

The estate must deliver value for money. Property in Central London is expensive relative to other locations. The Trust must ensure that appropriate prices are paid for occupation and facilities support to all properties, and identify any functions that do not require location within central London.

Maximising income

The Trust should build on its recent improved income from tenants and debt to ensure that it recovers efficiently all income due from other occupiers of its property.

All of the above can be categorised into 5 key themes:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Section 5 outlines in detail the actions and specific objectives which will be undertaken as part of this estates strategy to deliver an estate which is efficient, high quality and adaptable.

5 | How do We Get There – Estates Action Plan: How will CLCH achieve its vision?

The key to ensuring the effective delivery of the five year strategy for our estate will be to continue to take a forward thinking and innovative approach to investments, new site opportunities, and coordinating our plans locally and collaboratively. We have interpreted all of the Trust strategic aims and objectives into a series of mission statements with actions as outlined below.

5.1 Develop Locality Based Divisional Strategies

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Staff and Patient Satisfaction
- ▶ Efficient use of estate

Action: develop new, detailed Local Estate Plans (LEPs) for Adults and Children's services by division. These will in turn feed into STP boundaries.

Action: develop and implement quality improvement plans that account for the new PLACE assessment system being launched in 2019 by NHSI and the emerging NHS plan themes around the environment and especially food provision availability and cost.

Description: This supports integration through a locality-based approach and the Trust strategy for improving the What we do, Where we work and How we engage with local systems.

The LEPs will make up part of the Divisional Strategic Estates plans which will in turn feed into this strategy and the work of the Trust's Strategic Estates Group. Finally these will be collated and reported into STP boundaries. These focused plans will be integrated in collaboration with partners where possible and designed with patients and staff. The aim will be to allow services which are both face to face with patients and their families, and by way of new technologies - to improve access to services.

5.2 Staff Engagement and Integration - The Way We Work

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: To regularly hold staff team workshops across divisions and clinical teams to identify their working practices and understand any concerns that need to be addressed. To identify the latest and most modern practical and suitable furniture, IT, spaces, and places to work in for those teams.

Action: To develop a new program of implementing “The Way We Work” plans.

Description: This will build upon the success of the agile working and recent transformation of staff office bases. Completing front-line staff consultation on “The Way We Work” will turn day to day activities of staff into a series of new space designs which better support the actual activities of trust staff, closely working with IT to enable Trust staff to work more flexibly.

5.3 Mobilisation of the West Hertfordshire Estates Function

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: Develop and implement the programme for the West Hertfordshire CCG community services contract ready for mobilisation on October 1st 2019.

Description: We will develop in conjunction with commissioners and with an eye on the wider system issues, in particular third-party landlords, the most suitable and beneficial long-term estates plan. The plan will take account of a corporate presence and function as well as clinical and staff base requirements.

We will also work with the CCG, NHSI and the Department of Health on the most cost effective transfer of the community estate.

5.4 Collaborative working across boundaries

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Efficient use of estate

Action: Maintain existing and develop new governance arrangements across stakeholders including partners in health and other government departments to maximise benefits from sharing and identifying opportunities. This will include STP engagement through transition to Integrated Care Systems.

Action: To proactively reach out to each of the local authorities, borough councils and other NHS and government bodies to develop and drive forward a more open approach to office accommodation.

Description: supports appropriate ways to develop Primary Care relationships, cross boundary service plans and improved GP collaboration. Enables closer integration with primary care, social care and the voluntary sector thereby helping to reduce duplication, improve patient experience and support greater self-management of care.

5.5 Asset Optimisation - Trust Freehold Estate

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: To commence The Asset Optimisation Programme for the long term development of Trust freehold sites. This will provide long term revenue options, as well as capital receipts to purchase freehold sites to enable further moves away from leasehold properties.

Action: Review and implement the most effective structure including subsidiary models for the delivery of this plan.

Description: Significant estates related QIPP will be a real challenge from 2020 onwards, and this proposal helps the Trust control its assets through the development of Trust Freehold sites for revenue income through key worker housing, retail and modernised clinical facilities, where long term revenue options will be possible.

There is potential for capital receipts to be used to purchase freehold sites to enable moves away from leasehold properties. Alongside this plan the use of subsidiary models which may enhance the Trust return on investment for those assets will be reviewed.

NHSI have now made it clear that genuine projects that benefit the NHS of wholly owned subsidiaries can be approved. NHSI will be working on a standardised model for community services which this work will support and could make CLCH an early starter on these plans as they are developed.

The objective is to optimise the value of the Trust's property assets following the recommendations of the government response to the Naylor report as well as emerging NHSI policy and is outlined below:

- 1. Developing a commercially focused Estate Solution** that maximises the potential of the Trust's freehold property assets beyond that of a traditional estates strategy. The programme will focus on the Trust's short and long term clinical service and workforce strategy and how this fits with the occupation and utilisation of its property assets, both freehold and leasehold. This approach ensures that any potential reconfiguration and enhanced revenue opportunities are derived through an improved service model, improved staff accommodation and a potential increase in income. For example, this could lead to creation of a network of neighbourhood multispecialty clinics, relocating administrative services to low cost accommodation, and maximising the financial value of non-strategic properties.
- 2. Expedite a series of short and medium-term property development options which** are aligned to and support the implementation of the overall programme. Short term examples may include the Worlds End Health Centre, and subject to planning issues around the local planning policy the Lisson Grove Health Centre, and West Hendon Broadway. They would house not only an improved service model, but also provide much needed staff accommodation and income generating third party services.
- 3. Applying a Portfolio Optimisation approach** to help the Trust achieve financial benefits that are significantly greater than those that could be achieved through taking a traditional property development approach, including the leasehold property options across parties where a coordinated development approach could benefit the Trust.

It is envisaged that this programme will develop continuously over two years as the Trust plans its service reconfiguration alongside commissioner's intentions, STPs and acute into community moves with, importantly, new Estates projects being launched as they arise.

5.6 Keyworker accommodation and retail income

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: To review the benefits available to the Trust recruitment and retention challenges from rental of residential accommodation.

Action: To further develop rental income opportunities from retail as opposed to GP and NHS providers within the freehold estate, the revenue from which could be linked to providing subsidised staff accommodation or provide a contribution through salary to staff.

Description: The Trust will benefit from its own keyworker housing solution which in the long term will be one of the many benefits from the Asset Optimisation objective, however, in the meantime there is opportunity to move forward at a pace with a retail income to residential renting solution. An example of the benefit could be to link specific recruitment demands for staff groups by grade and circa 200 residential beds at a 50% subsidy.

5.7 Footprint rationalisation projects

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: Develop a series of footprint projects for implementation which support efficiency and quality improvements.

Description: All of our plans will be captured within Footprint Projects for delivery. As well as addressing all of the Facet Survey sites for improvement, CLCH will continue to seek further QIPP benefits across the Trust footprint. Savings will come from estates reduction, better utilisation and quality improvements over the choice of retained estate and focussed investment.

5.8 Improve CLCH Control of Buildings with landlords

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: Develop a series of targeted and highly focussed change plans for each of the Trust sites where the third party landlord quality of service and/or value for money is compromised.

Action: Develop a set of long term plans for the Trust key “jewel” service locations and sites.

Description: Buildings where the Trust have a high occupancy but are reliant on Landlord reactive and planned maintenance and services from landlords remain a challenge. This is a nationally recognised issue, particularly in relation to sites owned and managed by NHS Property Services.

The ongoing intention will be to continue to work with landlords to improve the responsiveness and general functionality of sites. Where appropriate, we will seek to install the Trusts’ FM provider on key sites in order to ensure CQC compliance, and reactive and planned maintenance against contractual KPIs. Where neither option is viable we will seek to provide solutions through investment and wider NHS system influences.

5.9 Ensuring patients and staff receive the best from our facilities

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Actions:

- ◆ Review and improve customer help desk request response emails and feedback from the helpdesk;
- ◆ To review the range and quality of patient menu and food service across all of our inpatient facilities to seek to develop a CLCH standard from all of our third party providers;
- ◆ Develop improved estates information;
- ◆ Redesign of the Estates Hub Page;
- ◆ Produce self-help guides on the Hub relating to estate – help staff resolve issues (self-serve);
- ◆ Review Trust wide signage internally and externally and develop an all sites wayfinding system which takes account of local branding;
- ◆ Take account of the patient forums and feedback processes such as the 15 Steps Challenge and incorporate these into the implementation plan.

Description: To improve the information available to Trust staff and patients about location, access to and options available within each site. Improve awareness of how to access and resolve issues with Trust services. This will include ways for all sites to be clearly linked to the service provider of that site for each of the services.

It is essential that our patients receive their care in a safe, clean environment where their privacy and dignity is maintained and their nutritional needs are met. The PLACE assessment supports this, assessing the quality of the environment and provision of food identifying any areas where improvements may need to be made. The development of Quality Improvement plans in conjunction with our staff, patients and carers, will ensure that we collaboratively address any areas where change needs to be made ensuring a positive patient experience and the provision of safe care.

5.10 Compliance – Systematic Application Approach

Key themes met:

- ▶ Response to changing organisational needs
- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: To improve the Trust's overall compliance with health and safety and to reduce the amount of time that front line staff spend on assessments by way of a new Real Time Compliance Module. This app style self-reporting tool; "Estates Health Assure" will guide staff through a question and answer process with automatic reporting so as to minimise the subjectivity of assessments.

Action: Develop a database for all sites to report to divisions information on compliance, issues logged and resolved.

The system will include:

- ◆ Environmental standards for site assessments;
- ◆ Fire risk assessment standards for fire safety compliance;
- ◆ NHS environmental standards for CAS alerts, ward and clinical environment checks.

Description: Streamlining the method of reporting and assessing the environment to help the Trust's clinical and corporate monthly and quarterly checks and estates to monitor and report compliance, and improvements to compliance in real time. Developing a system "Estates Health Assure" by enhancing the success of the PI reporting into a new Capita Assure Digital Portal will remove the need for spreadsheet completion, word document collation and summary reports being drafted monthly.

In addition, we will continue to ensure that the Trust complies with the Care Quality Commission's (CQC) fundamental standards through ensuring our premises and equipment are clean, suitable and looked after properly as per Regulation 15.

5.11 CLCH Sustainable Development Management Plan

Key themes met:

- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: To embed and deliver an effective Sustainable Development Management Plan (SDMP) identifying those key actions which will ensure the Trust not only meets its legislative requirements but also has a positive benefit on our local communities and achieving financial milestones.

Description: The Trust is committed to ensuring that we create and embed sustainable models of care throughout its operations and ensuring our operations and our estate is as efficient, sustainable and resilient as it possibly can be. Specific Drivers for change include requirements to adhere to legislation such as the Climate Change Act 2008, International and UK Guidance and Health Specific requirements including Sustainable Transformation Partnerships (STP) Plans.

Our SDMP will be comprised of 3 key elements: Our Organisational Vision and Objectives, Action Plan, and Measurement & Reporting. Each element is underpinned by effective governance and accountability arrangements.

The following ten areas of focus will form the basis of our SDMP:

- ▶ Corporate Approach
- ▶ Assessment management and utilities
- ▶ Travel and logistics
- ▶ Adaptation
- ▶ Capital Projects
- ▶ Green space and biodiversity
- ▶ Sustainable care models
- ▶ Our people
- ▶ Sustainable use of Resources
- ▶ Carbon/Greenhouse gases

5.12 Front of House Services

Key themes met:

- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

Action: To develop a customer focused front of house service which combines clinical and non-clinical reception services, linking with SPA and incorporating online booking.

- ▶ To explore the feasibility of a single fully functional reception service for all sites by
 - ◆ Generating a full list of activities including site welcoming and CCTV or allied security access management;
 - ◆ Working across the many different reception desk provider systems e.g. GP EMIS, WIC System 1, Reception NHS mail to provide multi access solutions;
 - ◆ Present an agreed model for approval and implementation.

Description: Delivering a standardised and more effective set of premises functions at all sites, including meeting room management, space and desk availability and management, furniture and equipment for staff and patients as well as coordination of information. This will enhance the Way We Work, How We Work and Where We Work plans by providing a corporate approach to staff across our many key sites.

5.13 New and Refurbished Buildings Management

Key themes met:

- ▶ Sustainability
- ▶ Staff and patient satisfaction
- ▶ Efficient use of estate
- ▶ Quality environment

The Trust approach will be as follows:

New Buildings:

Should the Trust ever enter into a new build construction process, we will endeavour to ensure that the new building complies with all relevant standards and legislation for both health and building

related guidance e.g. Health Building Notes (HBN's), Health Technical Memoranda (HTM) and BREEAM (Building Research Establishment Environmental Assessment Method) etc.

Refurbished Buildings:

All refurbishment projects shall be carried out in accordance with current DoH HTM and HBN's. In all circumstances, premises being refurbished shall meet the required standards and guidelines. Where meeting the standards and guidelines may make the refurbishment financially unviable it is incumbent on the Trust to justify in writing a lower level of compliance in the form of a detailed risk assessment, supported by an action plan to cover any untoward circumstances that may arise in the future.

All refurbishment, where appropriate, should include an environmental assessment covering the following aspects: energy, water use, health and well-being, pollution, transport, materials, waste, ecology and management processes (see *Appendix 8: Estates Maintenance Strategy*).

6 | Conclusion

Building on the successes of the previous Estates Strategy, this document encompasses all of the Trust strategic aims in a manageable, achievable and measurable way.

The Estates strategy 2019 – 24 will continue to support the Trust's patients and staff across the areas from which the Trust provides clinical services. It reflects the integrated working arrangements that have been established in recent years between the Trust through its partnership with Capita.

It takes account of the publication of the NHS Long Term Plan and its desire to strengthen integrated working across primary and community care. This strategy sets out how the Trust will develop locally based estates plans, support cross organisational planning and considers the needs of external stakeholders as well as internal corporate and divisional requirements.

The implementation of all of the objectives outlined in this strategy will see the eradication of poor space utilisation and sub category B condition areas, and an ever more efficient estate in terms of cost, quality and suitability. It will also see more strategic investment in core sites, and potentially the development of the asset optimisation plan which may help the Trust to develop a revenue stream and provide additional estates options to staff through provision of residential accommodation.

The ongoing governance to ensure the effective delivery will again be through a detailed action plan (*Appendix 9*) with each of the elements of 'How Do We Get There' identified with measurable success criteria. This will be monitored through the Strategic Estates Group and through the Finance Resources and Investment Committee.

7 | Appendices

- 7.1 Trust Freehold Estate
- 7.2 Team Structure
- 7.3 PLACE Report 2018
- 7.4 Business Continuity Measures
- 7.5 Estates and Facilities Benchmarking Data 2017/18
- 7.6 Six Facet Condition Survey Results Summary
- 7.7 Six Facet Condition Survey
- 7.8 Estates Maintenance Strategy
- 7.9 Estates Strategy 2019-24 Action Plan: March 2019 Version 1

