

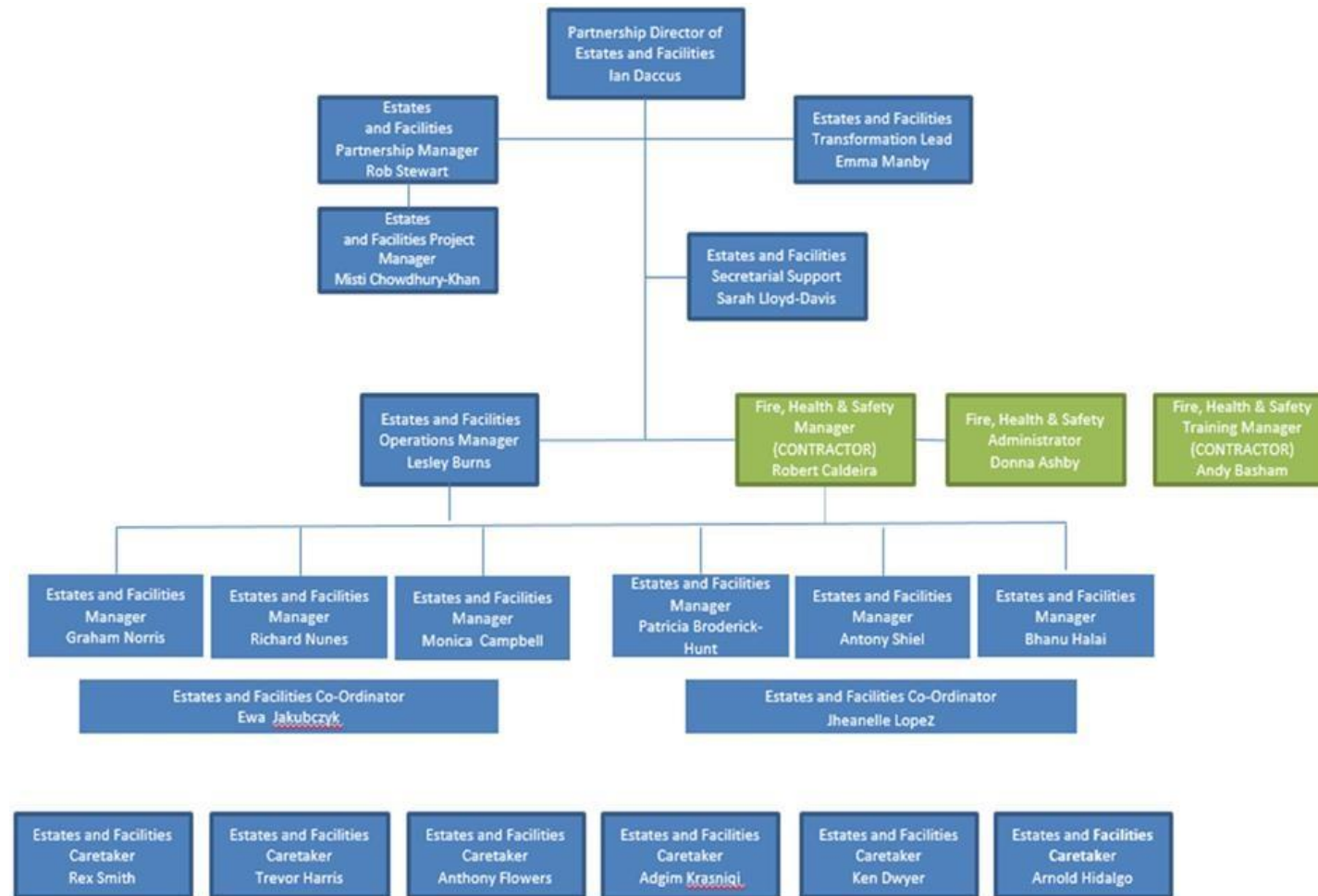
Appendix 1: Trust Freehold Estate

On dissolution of the PCTs in April 2013, the Trust received the freehold properties detailed below during the transfer order process when the majority occupier was CLCH. These properties demonstrate better value for money than the leasehold properties that transferred to NHS Property Services.

1. Child's Hill Clinic, Garth Road, London NW2 2NJ
2. Oak Lane Clinic, Oak Lane, London N2 8LT
3. Watling Clinic, 36 Cressingham Road, Edgware HA8 0RW
4. West Hendon Clinic, 215 West Hendon Broadway, London NW9 7DG
5. Worlds End Health Centre, 529 Kings Road, Chelsea SW10 0UD
6. Lisson Grove Health Centre, Gateforth Street, London NW8 8EG
7. Parsons Green Health Centre, 5-7 Parsons Green, Fulham SW6 4UL
8. Queens Park Health Centre, Dart Street, London W10 4LD
9. Woodfield Road Medical Centre, 7E Woodfield Road, London W9 3X



Appendix 2: Team Structure



Appendix 3: PLACE Report 2018

Executive Leadership Team & Quality Committee 19th September 2018

Report title:	Patient Led Assessment of the Care Environment (PLACE) 2018
Agenda item number:	
Lead director responsible for approval of this paper	James Benson, Director of Improvement
Report author	Ian Daccus, Estates and Facilities Director CLCH Capita Partnership Rob Stewart, Estates and Facilities CLCH Capita Partnership
Relevant CLCH strategic priorities	Trust objective 2018/19
Quality	Maintain and improve the quality of services delivered by CLCH
Operations	Deliver all NHS constitutional and contractual standards
Workforce	Make CLCH a great place to work for everyone
Freedom of Information status	Can be shared

Executive summary:

This report provides an update on the completion of 2018 PLACE assessments at:

- Pembridge Palliative Care Unit, St Charles Centre for Health and Care
- Edgware Community Hospital, Jade Ward
- Marjory Warren Ward & Adams Ward, Finchley Memorial Hospital
- Athlone Rehabilitation Unit, Athlone House Nursing Home
- Alexandra Rehabilitation Unit, Princess Louise Kensington Nursing Home (PLK)

Assessments were completed at all sites between the 8th of May and 23rd of May 2018.

The PLACE assessment considers premises with inpatient services from a non-clinical perspective. The assessments involve local people (known as Patient Assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as:

- Privacy and dignity
- Food
- Cleanliness
- General building maintenance
- How the environment is able to support the care of those with dementia, and aspects of the environment in relation to those with disabilities

Each area assessed has a separate score; these scores are strictly based on the condition of the environment and services delivered as observed at the time of assessment.

Key themes identified in 2018 assessments, were:

- External areas – Condition and appearance
- Cleaning
- Communal areas – Condition and appearance

PLACE scores were published in August 2018, with the Trust scoring well overall.

Organisational Score (Overall)							
Year	Organisation	Cleaning Score %	Food score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
2017	CLCH	98.07%	92.51%	91.10%	94.70%	78.47%	87.57%
2018	CLCH	99.54%	93.90%	95.11%	95.14%	87.25%	92.21%
%Change		1.47%	1.39%	4.01%	0.44%	8.78%	4.64%
(+/-)		+	+	+	+	+	+
2018	National Average (all providers)	98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
CLCH % difference		1.10%	3.07%	9.24%	1.32%	7.08%	7.05%
(+/-)		+	+	+	+	+	+
2018	Small Community Trust Average	98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
CLCH % difference		1.05%	4.06%	10.60%	1.08%	10.43%	8.56%
(+/-)		+	+	+	+	+	+

Key	
[0 to +2.5%]	
[+2.5 to +5%]	
[+5% and above]	
[0 to -2.5%]	
[-2.5 to -5%]	
[-5% and above]	

This report also breaks down the site by site scores that contribute to this overall position and improvement year on year, whilst also identifying areas for continuous improvement ahead of 2019 assessments.

Assurance provided: The delivery of the action plans and 2018 assessments will be overseen through the Trust ELT and Strategic Estates Groups, and the Capita Estates and Facilities Managers monitoring Landlord/Provider actions and feeding into the Estates strategy. Quarterly updates will be provided to ELT, the Patient Experience Coordinating Council and Quality Committee, and Strategic Estates Group.

Report provenance: Report agreed by the Chief Operating Officer; third report on 2018 PLACE assessments.

Report for: Decision ☐ Discussion ☒ Information ☒

Recommendation:

To note the contents of the report for information and discussion, and progress to date.

1	Purpose
	<p>The purpose of this report is to provide an update on the progress of actions plans following the completed PLACE (Patient Led Assessment of the Care Environment) assessments for 2018, as well as a summary of the PLACE results published in August 2018, with comparison against previous years by site.</p>
2	Introduction
	<p>The PLACE assessment considers premises with inpatient services from a non-clinical perspective. The assessments involve local people (known as Patient Assessors) going into inpatient settings as part of teams to assess how the environment supports the provision of clinical care, assessing such things as:</p> <ul style="list-style-type: none"> • Privacy and dignity • Food • Cleanliness • General building maintenance • How the environment is able to support the care of those with dementia, and aspects of the environment in relation to those with disabilities <p>Each area assessed has a separate score; these scores are strictly based on the condition of the environment and services delivered as observed at the time of assessment.</p> <p>More information on PLACE can be obtained via the following link to the PLACE website: https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place</p>
3	2018 PLACE assessments - Results
	<p>The PLACE scores were published in August 2018 and are available here: http://www.digital.nhs.uk/pubs/place18</p> <p>The publication includes an interactive report from which the data was reviewed against previous years scores.</p> <p>The following analysis will include a review of the Trusts performance overall, with comparisons to 2017 scores as well as comparisons to the National average, both for “all providers” and the Trusts demarcation within PLACE as “small community provider”.</p>

Organisational Score (Overall)							
Year	Organisation	Cleaning Score %	Food score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
2017	CLCH	98.07%	92.51%	91.10%	94.70%	78.47%	87.57%
2018	CLCH	99.54%	93.90%	95.11%	95.14%	87.25%	92.21%
	%Change	1.47%	1.39%	4.01%	0.44%	8.78%	4.64%
	(+/-)	+	+	+	+	+	+
2018	National Average (all providers)	98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
	CLCH % difference	1.10%	3.07%	9.24%	1.32%	7.08%	7.05%
	(+/-)	+	+	+	+	+	+
2018	Small Community Trust Average	98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
	CLCH % difference	1.05%	4.06%	10.60%	1.08%	10.43%	8.56%
	(+/-)	+	+	+	+	+	+

Key	
[0 to +2.5%]	
[+2.5 to +5%]	
[+5% and above]	
[0 to -2.5%]	
[-2.5 to -5%]	
[-5% and above]	

Key facts

- Overall, all areas showed improved scores from 2017 to 2018.
- Improvements ranged from 0.44% as the smallest area of improvement (Condition and Appearance) to 8.78% as the largest area of improvement (Dementia).
- CLCH PLACE scores were above average across all providers, and “Small Community Trusts”
- The largest positive increase was for Dementia, which highlights the improvements made since last years’ assessment have had a positive impact.

Site by site comparison

The following will assess the site by site comparison by year, and against the national average for all providers, and small community Trust’s.

Finchley Memorial Hospital – Adams Ward and Marjory Warren Ward

Year	Site Name	Cleaning Score %	Food Score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
	National Average (all providers)	98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
	National Average (Small Community)	98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
2017	FINCHLEY MEMORIAL HOSPITAL	99.54%	94.91%	96.43%	100.00%	87.87%	93.07%
2018	FINCHLEY MEMORIAL HOSPITAL	100.00%	95.75%	96.08%	98.28%	81.63%	89.05%
	% Change	0.46%	0.84%	-0.35%	-1.72%	-6.24%	-4.02%
	Movement	↑	↑	↓	↓	↓	↓
	% Difference against Average (National)	1.56%	5.55%	11.88%	4.46%	2.73%	4.85%
	% Difference against Average (Small Community)	1.51%	5.92%	11.57%	4.22%	4.81%	5.40%

Key facts

- Cleaning score and Food score both saw positive increases, with both being above average
- All scores are above national averages for all providers and small community trusts
- Whilst being above average, Adams Ward and Marjory Warren Ward saw a decrease in scoring in all other areas.
- Privacy Dignity and Welbeing – This score was a very small decrease in overall score for the site
- Condition, Appearance & maintenance – There was a 1.72% decrease year on year. Whilst still above average, this can be attributed to general upkeep of the site, as well as some specific areas identified for improvement during the inspections for example:
 - No end Caps on handrail – Now resolved
 - Disabled parking trip hazard close to entrance – Now resolved
 - Caps on bollards required in disabled bay area – Now resolved
 - More bins required in garden area – Now resolved
 - Staining on steps and cleaning the gutter – Now resolved
 - Litter bins in toilets overflowing – Now resolved
 - Ceiling tile missing in communal W/C – Now resolved
- Dementia – This area saw the largest overall decrease for FMH. The key reason for the variance between 2017 and 2018 is due to the subjectivity of the assessment, and where some elements are a matter of interpretation by patient assessors on the day of the assessment. Specifically, the following items were considered a “Yes” response during the 2017 assessment but a “no” in the 2018 assessment: “Are taps clearly marked as hot/cold e.g. by using red and blue colours”; “Are signs large, easily readable and in contrasting colours to make them easy to read”, “Are signs hung (or fixed) at a height that makes viewing them easy”, “Are all room-specific signs fixed to their door rather than the adjacent wall”, “Is there clear signage in the reception area, prominently displayed, showing the hospital name and the ward/department name”.
- Disability – Similarly, the key reason for the variance is down to matters of opinion between patient assessors between the 2017 and 2018 patient assessors. One area was that this year a patient assessor felt that the seating provided in reception/waiting areas did not provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs.

Princess Louise of Kensington (PLK)

Year	Site Name	Cleaning Score %	Food Score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
	National Average (all providers)	98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
	National Average (Small Community)	98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
2017	PRINCESS LOUISE KENSINGTON NURSING	97.26%	86.68%	96.15%	91.54%	88.80%	94.93%
2018	PRINCESS LOUISE KENSINGTON NURSING	100.00%	81.89%	92.00%	77.21%	94.96%	97.07%
	% Change	2.74%	-4.79%	-4.15%	-14.33%	6.16%	2.14%
	Movement	↑	↓	↓	↓	↑	↑
	% Difference against Average (National)	1.56%	-8.31%	7.80%	-16.61%	16.06%	12.87%
	% Difference against Average (Small Community)	1.51%	-7.95%	7.49%	-16.85%	18.14%	13.42%

Key facts

- Cleaning scored well, as no issues were highlighted or noted on the day of the assessment. It is to be noted that the cleaning element of the service level agreement with Sanctuary has been agreed to be removed and provided by CLCH's FM maintenance provider as Sanctuary have confirmed that they cannot meet the required NHS National Standards 2007. This transfer is anticipated to take place on the 1st of November subject to TUPE consultation.
- Food scored poorly at the site in comparison to last year, with the score falling further below the national averages. This is reflective of ongoing issues with food at the site which have since been reviewed. So far, a number of improvements have been made including:
 - Four re-generation ovens working after they were delivered last week which has made a considerable improvement with the delivery and the quality of food
 - Weekly meetings held with the service team about improving choice, change of menus etc.
 - A new service manager for the food delivery and preparation has been appointed, and they meet regularly with the service and engage with residents
 - More food being prepared on site as service team staff recently had training in their preparation. The feedback from the residents is encouraging.
 - Food tasting sessions held with staff and residents to look at changes to some of the meals. It is felt that this would now result in scores being significantly higher at the site if the food element is to be scored again.
- Condition, Appearance and Maintenance – The large decrease has been reviewed, as only a few issues were noted overall with the condition and appearance of the building. It has now been established that an input error occurred on this element of the assessment, meaning all scores were marked as Qualified Pass (72 out of 72), whereas only 5 areas of the 72 should have been marked as Qualified Pass (due to issues highlighted) with the remainder being passed. An addendum to the data has been requested on this basis in order to reflect the true position, which should see a positive impact on the overall trust score for condition, appearance and maintenance.

Athlone Nursing Home

Year	Site Name	Cleaning Score %	Food Score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
National Average (all providers)		98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
National Average (Small Community)		98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
2017	ATHLONE HOUSE NURSING HOME	95.45%	90.24%	94.74%	92.15%	85.50%	92.70%
2018	ATHLONE HOUSE NURSING HOME	98.19%	89.17%	95.83%	99.26%	91.40%	94.22%
% Change		2.74%	-1.07%	1.09%	7.11%	5.90%	1.52%
Movement		↑	↓	↑	↑	↑	↑
% Difference against Average (National)		-0.25%	-1.03%	11.63%	5.44%	12.50%	10.02%
% Difference against Average (Small Community)		-0.30%	-0.66%	11.32%	5.20%	14.58%	10.57%

Key facts

- All scores improved on last years other than the Food score.
- The Food score remains slightly below average. The same improvement cycle is under way for the site as is in place for PLK in order to make improvements to the menu and food choice.
- Cleanings cores are below average for the site. It is to be noted that the cleaning element of the service level agreement with Sanctuary has been agreed to be removed and provided by CLCH's FM maintenance provider as Sanctuary have confirmed that they cannot meet the required NHS National Standards 2007. This transfer is anticipated to take place on the 1st of November subject to TUPE consultation.
- All others scores remain well above average, with significant improvement in both Dementia, and Condition, Appearance & Maintenance.

Pembridge Palliative Care – St Charles

Year	Site Name	Cleaning Score %	Food Score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
National Average (all providers)		98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
National Average (Small Community)		98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
2017	ST CHARLES HOSPITAL (PEMBRIDGE PALL	97.20%	99.66%	87.88%	93.40%	82.25%	93.35%
2018	ST CHARLES HOSPITAL (PEMBRIDGE PALL	99.35%	100.00%	92.00%	90.76%	89.88%	91.70%
% Change		2.15%	0.34%	4.12%	-2.64%	7.63%	-1.65%
Movement		↑	↑	↑	↓	↑	↓
% Difference against Average (National)		0.91%	9.80%	7.80%	-3.06%	10.98%	7.50%
% Difference against Average (Small Community)		0.86%	10.16%	7.49%	-3.30%	13.06%	8.05%

Key facts

- The Dementia score saw the biggest increase from last years assessment
- All areas are above average, other than condition, appearance, and maintenance. This is largely down to the fact that the bedrooms were considered to require repainting / patching work throughout and that the ward would benefit from having clearer demarcation of handrails by colour, as well as having clearer demarcation of hot and cold taps throughout. These are in the Capital plan for 18/19 to be completed.
- The other area that saw a fall in score slightly was Disability, which can also be attributed to the handrails specifically, in that it was deemed that the handrails do not provide a contrast to the walls in all cases.

Edgware Community Hospital – Jade Ward

Year	Site Name	Cleaning Score %	Food Score %	Privacy, Dignity, Welbeing Score %	Condition, Appearance & Maintenance Score %	Dementia Score %	Disability Score %
National Average (all providers)		98.44%	90.83%	85.87%	93.82%	80.17%	85.16%
National Average (Small Community)		98.49%	89.84%	84.51%	94.06%	76.82%	83.65%
2017	EDGWARE COMMUNITY HOSPITAL	98.88%	91.30%	83.33%	92.86%	60.90%	75.06%
2018	EDGWARE COMMUNITY HOSPITAL	99.74%	97.02%	95.59%	95.32%	91.05%	95.72%
% Change		0.86%	5.73%	12.26%	2.46%	30.15%	20.66%
Movement		↑	↑	↑	↑	↑	↑
% Difference against Average (National)		1.30%	6.82%	11.39%	1.50%	12.15%	11.52%
% Difference against Average (Small Community)		1.25%	7.19%	11.08%	1.26%	14.23%	12.07%

Key Facts

- ECH was the only site assessed that saw improvements in all areas, with all areas now above the national averages.
- Dementia saw a significant improvement following work throughout the year focusing on a dementia friendly environment.

3 2018 PLACE assessments – Next steps

The key next steps by site include:

Athlone Nursing Home

- Continue to monitor the gardens and grounds to ensure standards are maintained.
- **Cleaning** – Following a cleaning management audit of the site by the Trust’s Estates & Facilities Management Provider, it was agreed to split the cleaning form the SLA between Sanctuary and CLCH. Following provision of TUPE data by Sanctuary, the split is on target to commence as of the 1st of November. In the interim the cleaning is being monitored, with further managerial audits planned ahead of the changeover to ensure standards are improved.

Princess Louise Nursing Home

- Resolve issues relating to external maintenance condition and appearance, in particular
 - External railings were noted as flaky and in poor condition surrounding the site.
 - Monitor parts of the communal area which are routinely damaged through impact to ensure standards are maintained.
- Monitor the ongoing improvements being made to the food provision.
- Continue to pursue the improvements to the Kitchen which requires some updating in order to improve its appearance and practicality. Some improvements have been made to introduce new plug points and a new fridge to better aid serving food during meal times, but the kitchen units have a tired appearance, and are in some cases damaged. This is included in the 18/19 Capital Programme, with a date to be confirmed for works to be completed.
- Cleaning – Following a cleaning management audit of the site by the Trust’s Estates & Facilities Management Provider, it was agreed to split the cleaning form the SLA between Sanctuary and CLCH. Following provision of TUPE data by Sanctuary, the split is on target to commence as of the 1st of November. In the interim the cleaning is being monitored, with further managerial audits planned ahead of the changeover to ensure standards are improved.
- Sanctuary Care is pursuing the possibility of refurbishing the main Kitchen at Alexandra Rehab unit, which will no doubt improve the scores at the site, which are currently served with Cook Chill provision. Estates and Facilities are in regular contact with Sanctuary, and Sanctuary themselves are under review with regards to their food provision, so this situation will be

	<p>monitored closely with a view to forcing improvements. The Trust has formally written to Sanctuary (via the Chief nurse) to consider strongly the need to improving the quality of food or to a new provider for cook-chill provision. Sanctuary have responded and confirmed they have informed the supplier of their concerns. The Trust will maintain weekly audits of food provision, until this is resolved. The lead nurse of the unit has however confirmed that she has seen significant improvement in the quality of food following Trust focus and training provided by Sanctuary to the kitchen staff. The Director of Estates will conduct an un-announced food audit within Q3 to confirm consistency with local weekly food audit scores.</p> <p><u>Pembridge Palliative Care</u></p> <p>Complete planned maintenance activities, including:</p> <ul style="list-style-type: none"> - Replacement of toilet seats throughout due to wear and tear. - Bedrooms require repainting / patching work throughout. - Provide clear demarcation of handrails by colour - Clearer demarcation of hot and cold taps throughout. <p><u>Edgware Community Hospital, Jade Ward</u></p> <ul style="list-style-type: none"> - Finalise signage review and implement improvements <p><u>Finchley Memorial Hospital, Marjory Warren Ward and Adams Ward</u></p> <ul style="list-style-type: none"> - Finalise signage review and implement improvements
5	Quality implications and clinical input
5.1	<p>The changes outlined in this report will have a positive effect upon the clinical quality of services provided by the Trust.</p> <p>Where available, patient feedback from each site assessment is listed below for information :</p> <p>Pembridge</p> <p>“The building is impressive and well maintained. The staff are very dedicated, caring and compassionate. All in all – we felt satisfied that matters brought up in the last assessments have all been addressed. Thanks for giving us the opportunity to help and to serve.”</p> <p>FMH</p> <p>“Would like pictures on walls. Personal get well cards not on display would be nice to see them. Landlord refuses to have painting in corridors. Disabled Parking – More bays needed. A very nice building and landscaped area. Could do with more flowers along roadways, although there is a communal garden to the rear”</p>

	<p>"I have never known a more exceptional service" – In relation to food, having worked in the NHS for 25+ years.</p> <p>Athlone Nursing Home– No comments made</p> <p>Edgware Community Hospital</p> <p>"There are a few areas to be tidied and damage rectified. The site is large and difficult to monitor, but in the main well maintained. There are a few areas that need attention, but nothing major"</p> <p>"The chef discusses menus with new patients on the ward, and is very prominent"</p> <p>Princess Louise Nursing Home</p> <p>"Some of the issues have been left over since my time as an in-patient in December 2017. The garden is much cleaner and tidier than my last visit which is good to see. The patient experience was that the use of the garden was not encouraged / was made to feel by Sanctuary that it was not for CLCH use" This has subsequently been addressed, as the Trust had secured the original funding for the refurbishment of the gardens.</p>
6	Equality implications
6.1	The ongoing management of PLACE and implementation through Strategic Estates group and PLACE delivery group will continue to support equality.
7	Comments of the Director of Improvement
7.1	The Chief Operating Officer has reviewed the paper.
8	Risks and mitigating actions
8.1	The management through the SEG and ongoing ELT updates and review will ensure continued progress.
9	Consultation with partner organisations
9.1	Within the approval, review and agreement for recommendations processes, all Landlords / Maintenance Providers, stakeholders and third party NHS and Non NHS organisations are consulted as appropriate.
10	Monitoring performance
10.1	Through the Trust ELT and Strategic Estates Groups, and the Capita Estates and Facilities Managers monitoring Landlord/Provider actions and feeding into the Estates strategy.
11	Recommendations

11.	To note the contents of the report and progress to date.
1	To comment on the appropriateness of the current performance management arrangements.

Appendix 4: Business Continuity Measures

Capita Estates & Facilities Services Business Continuity Measures

Commercially Sensitive

Document Number:

Author: EFM Team

Owner: Ian Daccus

Client: CLCH

Release Type: Final

Release Date: 27th September 2018

CAPITA

DOCUMENT HISTORY**Document Location**

.

Version History

Date of this revision: 27/09/2017

Revision Date	Version Number	Summary of Changes	Changes Marked
28/08/2015	V0.1	Initial Draft	No
05/11/2015	V2.0	Final	No
10/11/2015	V2.1	Final – Changes made from Sam Biden	No
20/08/2016	V3	Amended and updated at Year 1 Contract end	Yes
05/09/2017	V4	Amended and updated at Year 2 Contract end	Yes
21/11/2017	V5	Changes made from Sam Biden	Yes
21/11/2017	V6	Final – Changes made from Charlene Greenaway	Yes
27/09/2018	V7	Final	Yes

Reviewed by

This document (or its component parts) have been reviewed by the following:

Name	Title & Company	Issue Date	Version
Rob Stewart	Transition Project Manager	28/08/2015	V0.1
Rob Stewart / Ian Daccus	Transition Project Manager	5/11/2015	V2.0
Sam Biden	Resilience & Compliance Officer	10/11/2015	V2.0 with comments
Rob Stewart	Transition Project Manager	10/11/2015	V2.1
Ian Daccus	Dir Of Estates and Facilities	06/08/2016	V3
Ian Daccus	Dir of Estates and facilities	20/08/2016	V3
Rob Stewart	Senior Consultant	05/09/2017	V4
Charlene Greenaway	Director of Operation	21/09/2017	V7

Approvals

This document requires the following approvals:

Name	Signature	Title	Date of Issue
Resilience & Compliance Team		Resilience & Compliance Team	
Ian Daccus		Capita Head of Estates	
James Benson		Director of Improvement	

Distribution

This document has been distributed to:

Name	Title & Company	Date of Issue
E&F Operations Managers		
E&F Managers		
Resilience & Compliance Team		
Partnership Team/Client unit		
Director of Improvement		
DDO's		

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Contents

1	INTRODUCTION	5
1.1	PURPOSE OF DOCUMENT	5
1.2	SCOPE	5
1.2.1	Alignment to the Trust's Current BCP	5
1.2.2	Plan Invocation	5
1.3	E&FM BUSINESS CONTINUITY LEAD	6
1.3.1	Capita Business Continuity Owner	6
2	EXISTING, INTERIM AND FUTURE CAPITA PROPERTY SERVICE BUSINESS CONTINUITY MEASURES	7
2.1	EXISTING MEASURES	7
2.2	INTERIM BUSINESS CONTINUITY MEASURES	7
2.3	FUTURE BUSINESS CONTINUITY MEASURES	7
2.3.1	Agile working and Mobile Workers	8
2.3.2	ISS and NHS PS.....	8
	For all Tier 1 sites (see appendix) The sub-contractor ISS have their own business continuity plans specific to this contract, including details of sub contracted companies and how these plans interact with their own. They work with a 24 hour help desk and area wide contingency arrangements across several NHS clients.	8
2.3.3	Capita Property Services BCP scenarios	9
3	APPENDIX 1: KEY CONTACTS	12
4	APPENDIX B.....	ERROR! BOOKMARK NOT DEFINED.

1 Introduction

1.1 Purpose of Document

The purpose of the document is to detail the current Business Continuity processes across the Estates Service and define the interim Business Continuity safeguards that will be put in place to ensure the Trust and Partner can maintain the service in the event of a major incident.

1.2 Scope

The scope of the document pertains to incidents which threaten to cause disruption to CLCH services and the relevant safeguards that need to be put in place to keep essential Estates Service processes running.

1.2.1 Alignment to the Trust's Current BCP

The Trust's current BCP, v4.5, dated August 2017, is the overarching BCP for the Trust and describes how an incident that threatens the operational integrity of the Trusts' services will be co-ordinated.

The aim of the Trust's BCP is to ensure that the Trust has a structured approach to the response of a business continuity incident which ensures that statutory obligations are met, and which supports the Trust's strategy and site/service business continuity plans.

The Trust's BCP describes:

- The Trust's process for coordinating a response
- How incidents are internally and externally escalated
- The critical services provided by the Trust
- External suppliers on whom these services depend
- Resources and all staff relating to critical services

1.2.2 Plan Invocation

Only the following members of CLCH staff have the authority to activate the Trust's Business Continuity Plan:

- Chief Executive Officer
- Executive Directors
- Divisional Directors of Operations
- Director on-call

The Trust's business continuity plan will only be activated when the Trust has declared an internal incident which requires a coordinated response to an incident affecting its services and/or sites. During normal working hours, in the event of a Major Incident (as defined in the Trust's Major Incident Plan), or set of circumstances which might present a risk to the continuity of service, an incident can be declared and the plan invoked by the Director with responsibility for the service affected. Where more than one service is affected, any one of the responsible

Directors can decide to declare an incident and invoke the plan, in order to mobilise an effective response across the organisation and ensure the involvement of partners where required.

Outside normal hours, the Director on-call has the authority to invoke the Trust's BCP. Once a BCI has been declared, CLCH will activate a business continuity team to co-ordinate the response if necessary. The CLCH On-Call Manager owning the BCI will triage the Incident and identify if IT should be involved as part of the BCI. If IT needs to be involved the IT On Call Lead is contacted.

1.3 E&FM Business Continuity Lead

During a Business Continuity Incident (BCI), Capita's responsibility will be to provide a E&FM Lead to become a member of the Trust's Business Continuity Team, where required. The partner operates a 24 hour help desk, through its supplier ISS, (appendix 1), and all BCI's must be reported to the helpdesk immediately. The helpdesk will mobilise the necessary support in an emergency.

The responsibility of the E&FM Lead will be to:-

- Identify equipment and infrastructure requirements;
- Identify suppliers;
- Recommend priority for E&FM recovery;
- The identification and provision of alternative sites for services to relocate to as required
- Liaising with contractors to ensure urgent repairs to buildings are carried out as quickly as possible, acting as the point of contact between the incident team and external partners

1.3.1 Capita Business Continuity Owner:

The nominated Capita Owner with overall responsible for Business Continuity Management for the E&FM Capita service delivered to the Trust is:

Ian Daccus
E&FM Director
Mobile No: 07832 114032
ian.daccus@capita.co.uk

The E&FM Services will be responsible for: -

- Ensuring that Capita staff are aware of the Trust's BCP and processes to follow in the event of a BCI
- Providing an escalation and senior management interface into the Capita delivery teams for the Business Continuity Finance Lead and provide senior leadership.
- Leading on all estates and facilities aspects of a Business Continuity Incident

2 Existing, Interim and Future Capita Property Service Business Continuity Measures

2.1 Existing Measures

This Business Continuity Plan provides a framework for the Estates and Facilities Management Services and the Trust Estate in the event of an incident causing total or partial loss of service, access or function to a building or service.

This plan provides for CLCH Estates and Facilities under the wider umbrella of Trust Business Continuity Plans and has been developed with work stream leads in CLCH Estates and Facilities and Capita Property Services.

2.2 Interim Business Continuity Measures

A 24 hours helpdesk service is in place for ALL TRUST sites to report faults to ISS who will manage the call process to landlords. Details of who to call are on The CLCH Hub (See Appendix 1).

Control Room

The Partner will operate during an incident by relocating staff to suitable alternative sites as necessary and will work remotely where needed.

It is likely that key personnel will be supporting the services and will work at the incident or control points in addition to the business as usual operations relocating where a site is no longer accessible.

A range of plans exist for alternative working arrangements and due to the nature of the service, the Partner will hold frequent briefing sessions for staff affected by the plans.

Estates and Facilities Management Services (E&FM) will support, or where relevant provide, roles identified within the Trust Business Continuity Plan. The Service will lead on building management needs, accommodation, site clean-up, clearance checks, liaising with building contractors and landlords, Insurance, Health and Safety advice.

In a major incident affecting services or site essential utilities the E&FM team will co-ordinate with landlords and providers' emergency teams.

2.3 Future Business Continuity Measures

There is a need to develop business continuity plans following the revised trust Divisional Structures for key sites where patient services are provided, and secondly key sites where larger teams of clinical support services are based.

The E&FM team will continue to support all Trust service and site based Business continuity plans and to develop them jointly alongside fire evacuation plans and similar emergency procedures,

2.3.1 Agile working and Mobile Workers

The adoption of the agile working strategy has inherently improved the ability to relocate when a site or area becomes unavailable due to an incident. In addition staff that are deemed as mobile workers will have provision to work from home should an incident impact their ability to work from their base location. The readiness of the service to work remotely and access relevant Trust systems from remote locations has been enhanced by the mobile working strategy and these remote solutions will be managed into local plans by services.

2.3.2 ISS and NHS PS

For all Tier 1 sites (see appendix) The sub-contractor ISS holds business continuity plans specific to this contract, including details of sub contracted companies and how these plans interact with their own. ISS operates a 24-hour help desk and area wide contingency arrangements across several NHS clients, which is detailed in the Business continuity plan for this contract.

NHS Property Services (NHS PS) also manages their own Business Continuity Plans and 24 hour emergency service arrangements.

2.3.3 Capita Property Services BCP scenarios

Ref	Scenario	Response
Q1	What will happen if you can't access a building for a period – part day/long term?	<p>The Partners management team will instigate a communication plan within 24 hours with a view to identifying alternative sites suitable for the likely duration of the incident. This will involve coordination with CBUs for each of the occupants to review their BCPs and to agree a timeframe for occupation of contingency sites.</p> <p>As each service will have its own BCP the E&FM communications plan will be integral to those plans rather than separate.</p>
Q2	What will happen if there is a total loss of service? I.e. electricity, heating, water, waste, drainage	<p>The partner and its contractor have contracted arrangements in place where total loss of utility or service takes place. These plans vary by service and include:</p> <p>Electrical – Provision of emergency generators through ISS and NHS Property Services. Heating – Provision of electric heaters from ISS Water – Provision of portable hand wash units and drinking water through ISS Waste – Contingency storage plan, e.g. in the event of a strike through ISS and NHS Property Services Drainage – Hire of emergency tanking units through ISS Hard FM service.</p>

Ref	Scenario	Response
Q3	How will services be co-ordinated?	The Partner manages an emergency helpdesk through its Contractor, which will coordinate between senior management, site operatives and the CLCH on-call team (Appendix 1) A coordinated response across the services of hard FM, soft FM, security, ground and gardens as necessary for the incident.
Q4	How will we work with other stakeholders?	The Partner will continue to coordinate with other key stakeholders in conjunction with the Trust BCP and each service's BCP. This will include close liaison with IM&T, infection control and clinical teams as well as Information Governance to ensure that standards are maintained.
Q5	What will happen if there is a contamination breach / issue? e/g Asbestos	Where there is a major contamination issue in relation to the estate, the service will coordinate between Infection Prevention, any external sampling specialists (e.g. Asbestos) and with all affected CLCH services to instigate a safe system of work that mitigates the consequence of the issue in accordance with statutory legislation. This will be instigated within 24 hours and led by the E&FM Director and supported by the relevant specialist for the type of contamination,
Q6	What will we do in the event of a major fire?	Where an incident has occurred, which requires business continuity measures to be invoked the Partner will liaise directly with affected CBUs and stakeholders (including the CLCH Communications and Resilience teams as appropriate) to ensure alternative provision is supported and provided as quickly as possible. These BCP instances will be supported by the E&FM team and led by the clinical service CBU or DDO. The E&FM

Ref	Scenario	Response
		managers will coordinate the plans for their area and will be supported by the Fire Health and Safety team.
Q7	What will we do with external authorities such as HSE and Fire Brigade?	Following policy and standard procedure e.g. RIDDOR, the Partner will liaise appropriately with external bodies such as HSE & Fire Brigade and where necessary Police to ensure BCPs are delivered effectively. This will normally be the Fire Health and Safety lead and the E&FM managers working together. Where external landlords are required they will be communicated with by the E&FM manager.

3 Appendix 1: Key Contacts

Estates and Facilities providers

For all sites within the CLCH portfolio, staff should call the ISS FM Service Desk
Tel 24 hours 0208 937 7776
Email: CLCHISS.helpdesk@uk.issworld.com

ISS will then redirect the query to the relevant provider and monitor progress.

Any queries for **all sites** relating to:

- Maintenance
- Cleaning
- Access Control
- Confidential Waste Collections
- Pest Control

Should be **reported to the Capita/ISS helpdesk.**

All sites throughout the Trust footprint are included:

- | | | |
|------------------------|------------------------|---------------|
| • Barnet | • Hertfordshire | • Richmond |
| • Brent | • Hounslow | • Westminster |
| • Hammersmith & Fulham | • Kensington & Chelsea | |
| • Harrow | • Merton | |

The 24/7 Capita/ISS Helpdesk can be contacted via:

Telephone: 020 8937 7776

Email: clchiss.helpdesk@uk.issworld.com

The helpdesk is available 24/7 for estates and facilities reporting.

The Partner/ISS helpdesk will then log your request with the relevant landlord and also chase up any outstanding requests.

For **Emergency Security** issues please follow your normal procedure of contacting onsite security or dialling 999.

PLEASE BE ADVISED: calls to the old helpdesk(s) will still be taken by the providers/landlords – NHS Property Services, for example – but callers will be asked to log their issue with the Capita/ISS helpdesk instead.

Director on-call	Tel. 0845 8 222 888 and request pager CLCH01 or send a message to CLCH01 via www.pageone.co.uk/web-send
Senior Manager on-call	Tel. 0845 8 222 888 and request pager CLCHMAN01 or send a message to CLCHMAN 01 via www.pageone.co.uk/web-send
Emergency Services (Police, Fire & Ambulance)	999 (remember to dial an extra 9 if needed for an outside line)
Communications Team	020 7798 1420 clch.communications@nhs.net
UK Power Networks (for any power failures)	0800 028 0247
National Grid UK (Gas)	0800 111 999
Water	Thames Water leak line: 0800 714 614 Known problems are reported at http://www.thameswater.co.uk/thameswaterlive/index.htm
Human Resources	0330 024 0330
IT support	0333 0142885 clchservicedesk@capita.co.uk
Patient Safety	020 7798 1376 <i>All incidents should be logged on the Datix system (available via the Trust intranet page)</i>
Temporary Staffing	0330 024 0330

Appendix 5: Estates and Facilities Benchmarking Data 2017/18



**Model
Hospital**

Central London Community Healthcare NHS Trust

Estates & Facilities

Trust-level cost efficiency, productivity, quality and safety for estates and facilities management. Benchmarks are medians of the pre-set Estates peer group.

Report Date: 07 March 2019

Generated by: Zubair Patel

The Model Hospital website: <https://model.nhs.uk>
















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Trust Level

Compare efficiency, productivity, quality and safety for estates and facilities management. Benchmark values are medians of the pre-set Estates peer group.

Data period: latest available at the time of generating this report

Peer group: 'My Sector'

Cost Efficiency	Data period	Trust value	Performance band description	Peer median	Benchmark value
Estates & Facilities Cost (£ per m2)	2017/18	 £358	Above the benchmark (red)	£337	£337
• Hard FM Cost (£ per m2)	2017/18	 £58	Above the benchmark (red)	£49	£49
• Soft FM Cost (£ per m2)	2017/18	 £31	Below the benchmark (green)	£66	£66
Estates & Property Maintenance (£ per m2)	2017/18	 £0	Below the benchmark (green)	£17	£17
Grounds and gardens maintenance (£ per m2)	2017/18	 £0.73	Below the benchmark (green)	£1.19	£1.23
EBME Costs (£/m2)	2017/18	 £4.92	Above the benchmark (red)	£4.61	£4.61
Cleaning Cost (£ per m2)	2017/18	 £0	Below the benchmark (green)	£28	£28
Food Cost (£ per Meal)	2016/17	 £0.00	Below the benchmark (green)	£3.78	£3.77
Portering (£ per m2)	2017/18	 £0	Below the benchmark (green)	£3	£3
Energy Cost (£ per Unit)	2017/18	 £0.2623	Above the benchmark (red)	£0.0730	£0.0717
Water & Sewage Cost (£ per m2)	2017/18	 £2.92	Above the benchmark (red)	£1.77	£1.77
Total Waste Cost (£ per Tonne)	NODATAAVAILABLE				
• Landfill Cost (£ per tonne)	2016/17	 £0	Below the benchmark (green)	£226	£249
• Incineration Cost (£ per tonne)	2016/17	 £0	Below the benchmark (green)	£498	£498
• Recycling Cost (£ per tonne)	2016/17	 £0	Below the benchmark (green)	£174	£191
• Other Recovery Cost (£ per tonne)	2016/17	 £0	Below the benchmark (green)	£121	£121



Productivity	Data period	Trust value	Performance band description	Peer median	Benchmark value
Amount of Non-Clinical Space (%)	2017/18	 28.3%	Below the benchmark (green)	37.5%	37.5%
Amount of empty space	2017/18	 0.0%	Below the benchmark (green)	2.3%	2.4%
Amount of under-utilised space	2017/18	 0.0%	Below the benchmark (green)	0.1%	0.2%
Cleaning Productivity (m2 per WTE)	2016/17	 0	Below the benchmark (red)	771	771
Food Service Productivity (Meals per bed day)	NO DATA AVAILABLE				
Energy Productivity (Units per m2)	2017/18	 64	Below the benchmark (green)	169	169
Quality & Safety	Data period	Trust value	Performance band description	Peer median	Benchmark value
Critical Infrastructure Risk (£ per m2)	2017/18	 £0/m2	Below the benchmark (green)	£8/m2	£10/m2
Total Critical Infrastructure Risk	2017/18	 £0	Below the benchmark (green)	£382.95k	£539.95k
Total Backlog Maintenance (£ per m2)	2017/18	 £0/m2	Below the benchmark (green)	£24/m2	£25/m2
Total backlog maintenance costs (£)	2017/18	 £0	Below the benchmark (green)	£887.27k	£1.06m
Cleanliness - Patient Led Assessment Score	2017/18	 99.5%	Above the benchmark (green)	99.4%	99.4%
Food - Patient Led Assessment Score	2017/18	 94.0%	Above the benchmark (green)	92.1%	92.6%
Privacy, Dignity & Wellbeing - Patient Led Assessment Score	2017/18	 95.1%	Above the benchmark (green)	86.1%	86.3%
Condition, Appearance & Maintenance - Patient Led Assessment Score	2017/18	 95.1%	Above the benchmark (green)	95.0%	94.3%
Dementia Environment - Patient Led Assessment Score	2017/18	 87.3%	Above the benchmark (green)	83.4%	82.2%
Disability - Patient Led Assessment Score	2017/18	 92.2%	Above the benchmark (green)	89.7%	89.7%

E&F Opportunities

Understand areas where efficiency opportunities may exist when your trust is benchmarked against medians of the pre-set Estates peer group.

Data period: latest available at the time of generating this report

Peer group: 'My Sector'






Opportunities	Data period	Trust target	Performance band description	Minimum	Maximum
Hard FM Potential Opportunities (£)	2017/18	 £486.29k	In quartile 3 - Mid-High 25% (blue)	£434.34k	£532.80k
• Estates and property maintenance (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Grounds and gardens maintenance (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Energy (all energy supplies) (£)	2017/18	 £445.32k	In quartile 4 - Highest 25% (blue)	£407.55k	£473.88k
• Water (£)	2017/18	 £9,066	In quartile 3 - Mid-High 25% (blue)	£0	£17,438
• Sewage (£)	2017/18	 £31,902	In quartile 4 - Highest 25% (blue)	£26,782	£41,476
• Landfill disposal (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Incineration disposal (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Waste recycling (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Other recovery (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
Soft FM Potential Opportunities (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Cleaning services (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Inpatient food services (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Laundry and linen services (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0
• Portering services (£)	2017/18	 £0	In quartile 1 - Lowest 25% (blue)	£0	£0

Capital Analysis

Overview of the trust estates capital expenditure

Data period: latest available at the time of generating this report

Peer group: 'My Sector'

Capital	Data period	Trust value	Performance band description	Peer median	Benchmark value
Total backlog maintenance costs (£)	2017/18	 £0	Below the benchmark (green)	£887.27k	£1.06m
Total Backlog Maintenance (£ per m2)	2017/18	 £0/m2	Below the benchmark (green)	£24/m2	£25/m2
Total Critical Infrastructure Risk	2017/18	 £0	Below the benchmark (green)	£382.95k	£539.95k
Critical Infrastructure Risk (£ per m2)	2017/18	 £0/m2	Below the benchmark (green)	£8/m2	£10/m2
Investment to reduce BLM (£ per m2)	2017/18	 £4.27/m2	Below the benchmark (blue)	£5.44/m2	£5.44/m2
Investment to reduce BLM as a % of Total BLM (%)	NODATAAVAILABLE				

PFI Cost Metrics

PFI cost metrics for all trusts that reported a PFI element in the ERIC return. Costs relate to the PFI occupied floor area reported.

Data period: latest available at the time of generating this report

Peer group: 'My Sector'

PFI Cost Metrics	Data period	Trust value	Performance band description	Peer median	Benchmark value
Finance Costs (£/m2)			NODATAAVAILABLE		
Estates and property maintenance cost (£/m2)			NODATAAVAILABLE		
Energy cost (£/m2)			NODATAAVAILABLE		
Waste cost (£/m2)			NODATAAVAILABLE		
Grounds and gardens maintenance cost (£/m2)			NODATAAVAILABLE		
Water cost (£/m2)			NODATAAVAILABLE		
Sewage cost (£/m2)			NODATAAVAILABLE		
Electro Bio Medical Equipment maintenance cost (£/m2)			NODATAAVAILABLE		
Other Hard FM (Estates costs) (£/m2)			NODATAAVAILABLE		
Cleaning service costs (£/m2)			NODATAAVAILABLE		
Inpatient food service cost (£/m2)			NODATAAVAILABLE		
Laundry and linen service cost (£/m2)			NODATAAVAILABLE		
Portering service cost (£/m2)			NODATAAVAILABLE		
Other Soft FM (Hotel services) cost (£/m2)			NODATAAVAILABLE		

PFI Opportunities

This compartment presents the potential PFI estates and facilities opportunities based on the median, upper and lower quartiles of the ERIC cost metrics.

Data period: latest available at the time of generating this report

Peer group: 'My Sector'

PFI Opportunities	Data period	Trust target	Performance band description	Minimum	Maximum
HardFM (£)			NODATAAVAILABLE		
• Estates and property maintenance (£)			NODATAAVAILABLE		
• Waste (£)			NODATAAVAILABLE		
• Grounds and gardens maintenance (£)			NODATAAVAILABLE		
• Water (£)			NODATAAVAILABLE		
• Sewage (£)			NODATAAVAILABLE		
• Energy (£)			NODATAAVAILABLE		
• EBME (£)			NODATAAVAILABLE		
• Other hard FM (£)			NODATAAVAILABLE		
SoftFM (£)			NODATAAVAILABLE		
• Cleaning service (£)			NODATAAVAILABLE		
• Inpatient food service (£)			NODATAAVAILABLE		
• Laundry and linen service (£)			NODATAAVAILABLE		
• Portering service (£)			NODATAAVAILABLE		
• Other soft FM (Hotel services) (£)			NODATAAVAILABLE		

About the peer group referenced in this report

Peer group

Your trust is benchmarked against the peer group My Sector

Trusts providing largely the same type of health service: acute non-specialist, acute specialist, community health, mental health or ambulance






Peer group members

Birmingham Community Healthcare NHS Foundation Trust	Leeds Community Healthcare NHS Trust
Bridgewater Community Healthcare NHS Foundation Trust	Lincolnshire Community Health Services NHS Trust
Cambridgeshire Community Services NHS Trust	Liverpool Community Health NHS Trust
Central London Community Healthcare NHS Trust	Norfolk Community Health and Care NHS Trust
Derbyshire Community Health Services NHS Foundation Trust	Shropshire Community Health NHS Trust
Gloucestershire Care Services NHS Trust	Solent NHS Trust
Hertfordshire Community NHS Trust	Staffordshire and Stoke On Trent Partnership NHS Trust
Hounslow and Richmond Community Healthcare NHS Trust	Sussex Community NHS Foundation Trust
Kent Community Health NHS Foundation Trust	Wirral Community NHS Foundation Trust

Colour meanings

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale.

For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

	Green	<p>Either</p> <ul style="list-style-type: none"> • Lowest quartile, where low represents best productivity • Highest quartile, where high represents best productivity • Performance better than benchmark, in a chart using a red-amber-green scale
	Amber/green	<p>Either</p> <ul style="list-style-type: none"> • Mid-low quartile, where low represents best productivity • Mid-high quartile, where high represents best productivity
	Amber/red	<p>Either</p> <ul style="list-style-type: none"> • Mid-high quartile, where low represents best productivity • Mid-low quartile, where high represents best productivity
	Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
	Red	<p>Either</p> <ul style="list-style-type: none"> • Highest quartile, where low represents best productivity • Lowest quartile, where high represents best productivity • Performance below benchmark, in a chart using a red-amber-green scale
	Blue	We have not judged whether a high or low quartile is more desirable.

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The terms and conditions of use of the Portal shall be governed by the law of England and Wales and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

Appendix 6: Six Facet Condition Survey Results Summary

Facet 1 - Physical Condition (buildings – internal and external, mechanical systems and electrical systems)

1. Physical condition		Total no. of sites
A	<i>as new (that is built within the past two years) and can be expected to perform adequately over its expected shelf life</i>	3
B	<i>Sound, operationally safe and exhibits only minor deteriorations</i>	71
C	<i>Operational but major repair or replacement will be needed soon, that is, within three years for building elements and one year for engineering elements</i> Morden Road Clinic 256 Morden Rd, London SW19 3DA Perseid Lower School Bordesley Road, Morden SM4 5LT Soho Centre 1 Frith Street London W1V 5DH	3
D	<i>Runs a serious risk of imminent breakdown</i> Grahame Park Health Centre The Concourse, Grahame Park Estate, London NW9 5XT	1

Facet 2 – Functional Suitability (internal space relationships, support facilities and location)

2. Functional suitability		Total no. of sites
A	<i>very satisfactory, no change needed</i>	2
B	<i>satisfactory, minor change needed</i>	74
C	<i>not satisfactory, major change needed</i> Grahame Park Health Centre The Concourse, Grahame Park Estate, London NW9 5XT Perseid Lower School Bordesley Road, Morden SM4 5LT	2
D	<i>unacceptable in its present condition</i>	0
X	<i>total rebuild or relocation needed</i>	0

Facet 3 – Space Utilisation

3. Space utilisation		Total no. of sites
E	<i>empty or grossly under used at all times</i>	1
F	<i>a satisfactory level of utilisation</i>	69
U	<i>generally under used. utilisation could be significantly increased</i>	8

	Bessborough Street 1 Bessborough Street, London SW1V 2JD Birches Polyclinic (CGP) 4 Birches Close, Mitcham CR4 4LQ ECH Westgate House Burnt Oak Broadway, Edgware HA8 0AD Merton Civic Centre London Road, Morden SM4 5DX Milne House 1 Norfolk Square, London W2 1RU Nelson Health Centre Kingston Road, London SW20 8DA South Westminster Centre St Georges House, 82 Vincent Square, London SW1P 2PF Wideway Medical Centre 15 Wide Way, Mitcham CR4 1BP	
O	<i>overcrowded, overloaded and facilities generally overstretched</i>	0

Facet 4 – Quality (amenity, comfort engineering and design)

4. Quality		Total no. of sites
A	<i>excellent quality</i>	6
B	<i>general maintenance investment only required</i>	66
C	<i>less than acceptable, capital investment required</i> Grahame Park Health Centre The Concourse, Grahame Park Estate, London NW9 5XT Morden Road Clinic 256 Morden Rd, London SW19 3DA Perseid Lower School Bordesley Road, Morden SM4 5LT Soho Centre 1 Frith Street London W1V 5DH Watling Clinic 36 Cressingham Road, Edgware HA8 0RW West London Day Centre 134-136 Seymour Pl, Marylebone, London W1H 6OJ	6
D	<i>significant capital investment or replacement required</i>	0
X	<i>nothing but a total rebuild or relocation will suffice (that is improvements are either impractical or too expensive to be tenable)</i>	0

Facet 5 - Fire, Health and Safety requirements (compliance to statutory legislation in accordance with fire and health and safety law)

5. Fire, health and safety regulations		Total no. of sites
A	<i>complies with all statutory requirements and relevant guidance</i>	3
B	<i>action will be required in the current plan period to comply with relevant guidance and statutory requirements</i>	72
C	<i>known contravention of one or more standards which falls short of B</i> ECH Westgate House Burnt Oak Broadway, Edgware HA8 0AD Perseid Lower School Bordesley Road, Morden SM4 5LT Soho Centre 1 Frith Street London W1V 5DH	3
D	<i>areas dangerously below B standard</i>	0
X	<i>nothing but a total rebuild or relocation will suffice (that is improvements are either impractical or too expensive to be tenable)</i>	0

Facet 6 - Environmental Management

6. Environmental Management		Total no. of sites
A	<i>primary energy consumption to be reduced by 15% or 0.15mtC (million tonnes carbon) between March 2000 and March 2010;</i>	2
B	<i>all new capital developments and major redevelopments and refurbishments to achieve an energy consumption target of 35 – 55 GJ per 100 cubic metres;</i>	25
C	<i>all existing facilities to achieve a target of 55 – 65 GJ per 100 cubic metres.</i>	0

Appendix 7: Six Facet Condition Survey

#	Tier	Site name	Address	1. Physical condition	2. Functional suitability	3. Space utilisation	4. Quality	5. Fire, health and safety regulations	6.Environmental management
1	1	Bessborough Street	1 Bessborough Street, London SW1V 2JD	A	B	U	A	A	B
2	1	Childs Hill Clinic	Garth Rd London NW2 2NJ	B	B	F	B	B	B
3	1	Colville Health Centre	51 Kensington Park Road London W11 1PA	B	B	F	B	B	B
4	1	Grahame Park Health Centre	The Concourse, Grahame Park Estate, London NW9 5XT	D	C	F	C	B	B
5	1	Lisson Grove Admin	Gateforth Street, London NW8 8EG	B	B	F	B	B	A
6	1	Medical Centre Admin (Woodfield)	7E Woodfield Road, London W9 3XZ	B	B	E	A	B	B
7	1	Oak Lane Clinic	Oak Lane East Finchley N2 8LT	B	B	F	B	B	B
8	1	Parsons Green Health Centre	5-7 Parsons Green, Fulham, London SW6 4UL	B	B	F	B	B	B
9	1	Queens Park Health Centre Admin	Dart Street, London W10 4LD	B	B	F	B	B	
10	1	Watling Clinic	36 Cressingham Road, Edgware HA8 0RW	B	B	F	C	B	B
11	1	West Hendon Clinic	215 The Broadway NW9 7DG	B	B	F	B	B	B
12	1	World's End Health Centre	529 Kings Road London SW10 0UD	B	B	F	B	B	B
13	2	166 Roehampton Lane	166 Roehampton Lane, London SW15 4HR	B	B	F	B	B	N/A (tier 2)
14	2	1st Floor Watford Town Hall	Annexe Watford Town Hall WD17 3EX	B	B	F	B	B	B

15	2	Abbey Childrens Centre	Merton Abbey Primary School, High Path, London SW19 2JY	B	B	F	B	B	N/A (tier 2)
16	2	Abingdon Health Centre	88-92 Earls Court Road London W8 6EG	B	B	F	B	B	N/A (tier 2)
17	2	Acacia Children's Centre	230 Grove Road, Mitcham, CR4 1SD	A	B	F	B	B	N/A (tier 2)
18	2	Alexandra Avenue Health	275 Alexander Avenue Harrow HA2 9DX	B	B	F	B	B	N/A (tier 2)
19	2	Athlone House	7A woodfield Rd	B	B	F	B	B	B
20	2	Balham Health Centre	120-124 Bedford Hill, London SW12 9HS 0	B	B	F	B	B	N/A (tier 2)
21	2	Battersea Studios	3rd Floor, Unit 2, 80-82 Silverthorne Road, London SW8 3HE	B	B	F	B	B	N/A (tier 2)
22	2	Birches Polyclinic (CGP)	4 Birches Close, Mitcham CR4 4LQ	B	B	U	B	B	N/A (tier 2)
23	2	Bridge Lane Health Centre	20 Bridge Lane, London SW11 3AD	B	B	F	B	B	N/A (tier 2)
24	2	Brocklebank Group Practice	249 Garratt Lane, London SW18 4DU	B	B	F	B	B	N/A (tier 2)
25	2	Bullimore House	102 Bow Lane, London N12 0JP	B	B	F	B	B	N/A (tier 2)
26	2	Caryl Thomas Clinic	Headstone Dr Harrow HA1 4UQ	B	B	F	B	B	N/A (tier 2)
27	2	Causeway House	13 The Causeway, Teddington TW11 0JR	B	B	F	B	B	N/A (tier 2)
28	2	Connection at St Martins	12 Adelaide St, London WC2N 4HW	B	B	F	B	B	N/A (tier 2)
29	2	East Barnet Health Centre	149 East Barnet Rd East Barnet Herts EN4 8QZ	B	B	F	B	B	B
30	2	ECH Clinical Block	Burnt Oak Broadway, Edgware HA8 0AD	B	B	F	B	B	B

31	2	ECH Northgate & New beginnings	Burnt Oak Broadway, Edgware HA8 0AD	B	B	F	B	B	B
32	2	ECH Westgate House	Burnt Oak Broadway, Edgware HA8 0AD	B	B	U	B	C	B
33	2	Emperor's Gate Health Centre	49 Emperor's Gate London SW7 4HJ	B	B	F	B	B	N/A (tier 2)
34	2	Feltham Centre for Health	210 High Street Feltham TW13 4GU	B	B	F	B	B	N/A (tier 2)
35	2	Finchley Memorial Hospital	Granville Road, London N12 0JE	B	B	F	B	B	A
36	2	Gt Chapel St Admin	13 Great Chapel St, Soho, London W1F 8FL	B	B	F	B	B	N/A (tier 2)
37	2	Hammersmith Bridge Rd Surgery	1 Hammersmith Bridge Rd, Hammersmith, London W6 9DU	B	B	F	B	B	N/A (tier 2)
38	2	Health at the Stowe Admin	260 Harrow Road, London W2 5ES	B	B	F	B	B	B
39	2	Honeypot Lane Medical Centre	839 Honeypot Lane Stanmore HA7 1JP	B	B	F	B	B	N/A (tier 2)
40	2	Ivy Gardens Children's Centre	Ivy Gardens, Mitcham, CR4 1BR	B	B	F	B	B	N/A (tier 2)
41	2	Kensal Road	306 Kensal Road London W10 5BE	B	B	F	B	B	B
42	2	Lavender Steers Mead	Veals Mead, Mitcham, CR4 3HL	B	B	F	B	B	N/A (tier 2)
43	2	Marylebone	Ground Floor, 15 Marylebone Rd, London NW1 5JD	B	B	F	A	B	N/A (tier 2)
44	2	Merton Civic Centre	London Road, Morden SM4 5DX	B	B	U	B	B	N/A (tier 2)

45	2	Mill Hill Clinic	Hartley Avenue London NW7 2HX	B	B	F	B	B	B
46	2	Milne House	1 Norfolk Square, London W2 1RU	B	A	U	A	B	B
47	2	Monks Park Health Centre	21 Monks Park Wembley HA9 6JF	B	B	F	B	B	N/A (tier 2)
48	2	Morden Road Clinic	256 Morden Rd, London SW19 3DA	C	B	F	C	B	N/A (tier 2)
49	2	Nelson Health Centre	Kingston Road, London SW20 8DA	A	A	U	A	A	N/A (tier 2)
50	2	Newminster Children's Centre	Newminster Road, Morden, SM4 6HJ	B	B	F	B	B	N/A (tier 2)
51	2	Paddington Green GP Surgery	4 Princess Louise Close, London W2 1LQ	B	B	F	A	A	N/A (tier 2)
52	2	Park Medical Centre	Park Medical Centre, Invermead Cl, Hammersmith, London W6 0QG	B	B	F	B	B	N/A (tier 2)
53	2	Parkview	56 Bloemfontein Road, London W12 7FG CHECK	B	B	F	B	B	N/A (tier 2)
54	2	Patrick Doody Clinic	79 Pelham Road, Wimbledon SW19 1NX	B	B	F	B	B	N/A (tier 2)
55	2	Pembridge Palliative Care Unit	Exmoor Street London W10 6DZ	B	B	F	B	B	N/A (tier 2)
56	2	Perseid Lower School	Bordesley Road, Morden SM4 5LT	C	C	F	C	C	N/A (tier 2)
57	2	Perseid Upper School	Middleton Road, Morden SM4 6RU	B	B	F	B	B	N/A (tier 2)
58	2	Princess Louise Kensington	Pangborne Avenue W10 6DH	B	B	F	B	B	N/A (tier 2)
59	2	Richford Gate	Richford Gate Primary Care Centre, Richford Street, Hammersmith, W6 7HY	B	B	F	B	B	B
60	2	Sheen Lane Health Centre	Sheen Lane, London SW14 8LP	B	B	F	B	B	N/A (tier 2)

61	2	Soho Centre Admin	1 Frith Street London W1V 5DH	C	B	F	C	C	N/A (tier 2)
62	2	South Westminster Centre	St Georges House, 82 Vincent Square, London SW1P 2PF	B	B	U	B	B	N/A (tier 2)
63	2	Southgate Health Centre	Southgate Stevenage SG1 1HB	B	B	F	B	B	N/A (tier 2)
64	2	St Charles Estates	Exmoor Street London W10 6DZ	B	B	F	B	B	N/A (tier 2)
65	2	Teddington Health Centre	18 Queen's Road, Teddington TW11 0LR	B	B	F	B	B	N/A (tier 2)
66	2	The Avenue Children's Centre	Joseph Hood Primary School, Whatley Avenue, Raynes Park, SW20 9NS	B	B	F	B	B	N/A (tier 2)
67	2	The Belgravia Surgery	26 Eccleston St, Belgravia, London SW1W 9PY	B	B	F	B	B	N/A (tier 2)
68	2	The Bush Doctors	147 Shepherd's Bush Green, Hammersmith, London W12 8PP	B	B	F	B	B	N/A (tier 2)
69	2	The Passage Day Centre	St Vincent's Centre, Carlisle Pl, Westminster, London SW1P 1NL	B	B	F	B	B	N/A (tier 2)
70	2	Torrington Park Health Centre	16 Torrington Pk North Finchley London N12 9SS	B	B	F	B	B	B
71	2	Trident Business Centre	89 Bickersteth Road, London SW17 9SH	B	B	F	B	B	N/A (tier 2)
72	2	Tudor Lodge Health Centre	8C Victoria Drive, London SW19 6AE	B	B	F	B	B	N/A (tier 2)
73	2	Vale Drive Clinic	Vale Drive Herts EN5 2ED	B	B	F	B	B	B
74	2	Violet Melchett Clinic	30 Flood Walk London SW3 5RR	B	B	F	B	B	N/A (tier 2)
75	2	Wealdstone Centre	Civic Close St Albans AL1 3LD	B	B	F	B	B	N/A (tier 2)

76	2	West London Day Centre	134-136 Seymour Pl, Marylebone, London W1H 6OJ	B	B	F	C	B	N/A (tier 2)
77	2	Westmoor Health Centre	248 Roehampton Lane, London SW15 4AA	B	B	F	B	B	N/A (tier 2)
78	2	Wideway Medical Centre	15 Wide Way, Mitcham CR4 1BP	B	B	U	B	B	N/A (tier 2)

Appendix 8: Estates Maintenance Strategy

As part of any on-going work and in line with good estate management practices the Trust is aware that its estate must provide an inclusive environment, which can be used by stakeholders (internal and external) as well as patients regardless of age, gender, ethnicity or disability and therefore will regularly carry out the required and relevant audits and act on the results.

CLCH will seek to reduce risk not only through improved compliance with statutory legislation but also through the reduction in untoward incidents within its estate.

Decisions on property acquisition and retention will take account of the level of backlog investment required, flexibility of tenure arrangements, ability of the Trust to control the delivery of FM services and the application of VAT, which has the effect of inflating property costs when it cannot be recovered.

To support both the compliance and value for money elements of decision making a comprehensive database will be established for the Trust's property portfolio. This will provide data on occupation and cost for individual services and sites.

Over time all estates degrade due to any of a range of causes including wear and tear from normal use, accidental or malicious damage, environmental effects of the weather and pollution. The level of degradation is defined as the condition of the estate and guidance recommends that estates assets be maintained at Condition B. If asset conditions fall below this standard investment is required to restore them.

Whilst CLCH aspires to an estate that universally achieves Condition B it is recognised that this aspiration may not be achievable. Investment decisions will be risk based and prioritised but it is recognised that achieving Condition B across the entire estate may prove unaffordable. In some instances, where condition is particularly poor and the cost of rectification high the decision may be to withdraw from the asset.

Different maintenance strategies give rise to different investment needs:

- A 'high risks' only investment approach (statutory maintenance only) to the CLCH estate would compound the effect of estate degradation with time, leading to more significant discrete investment to return assets to Condition B. This was the approach generally taken by previous NHS bodies responsible for estates maintenance and has resulted in significant residual investment requirements across the Trusts property portfolio for remedial works termed backlog maintenance.
- In contrast preventative maintenance will extend and enhance the life of an asset by early intervention but requires increased revenue expenditure on an ongoing basis.
- A further consideration exists around lifecycle investment decisions when savings in revenue maintenance costs may be achievable through timely replacement of plant and equipment that is nearing the end of its useful life rather than incurring the cost of repeated repair.

Monitoring Performance

The majority of the schemes are within the Strategic Estates and Transformation Board which replaced the Footprint Transformation Programme and fall under the governance arrangements of that programme.

Any initiatives that fall outside these two envelopes are managed via the Strategic Estates Group.

Appendix 9: Estates Strategy 2019-24 Action Plan (March 2019 Version 1)

Actions	Start Date	Capital Revenue	Key Risks	Mitigation	Additional comments	Progress: RAG rated
Develop locality based divisional strategies						
<ul style="list-style-type: none">Develop new Local Estates Plans for Adults and Children’s services by division	Q1 2019/20	Yes to be defined by project	Commissioner views, third party landlords and wider stakeholders have different objectives.	Cross stakeholder engagement and STP forums	A series of long term plans which will be continually reviewed and developed	
<ul style="list-style-type: none">Develop & implement quality improvement that accounts for the new PLACE assessment system to be launched by NHS I and emerging NHS plan themes (environment, food provision availability and cost)	Q2 2019/20	Revenue to be defined when the new system is launched	Delay to the new national PLACE standards being issued to the NHS	Engagement with Health Estates Facilities Management Association and NHS I		
Staff Engagement & Integration: The Way We Work						
<ul style="list-style-type: none">Hold staff team workshops across divisions and clinical teams to identify current working practices	Q1 2019/20	No	Dependent upon implementation of mobile technology and changes to working practices	These issues are within Trust control although outside E&F remit	Requirements will depend upon details of adopted agile working policy and implementation of Mobile Working transformation programme	
<ul style="list-style-type: none">Identify the latest practical and suitable furniture, IT, spaces & places to work for those teams	Q1 2019/20	Yes by project	Low risk – potential for high cost ideas making project unaffordable	Estates savings reinvested partially rather than QIPP		
<ul style="list-style-type: none">Develop a new program of implementing ‘The Way We Work’ plans	Q4 2019/20	By project – within annual capital programme				
Mobilisation of the West Hertfordshire Estates Function						
<ul style="list-style-type: none">Develop and implement the programme for the West Hertfordshire CCG community Services Contract ready for mobilisation on October 1st 2019	Q1 -Q3 2019/20	Yes	HCT Strategy – NHS PS costs – Agreement on locations and access	Cross party CCG led mobilisation group, Capita EFM partner NHS I and DH engagement		

Actions	Start Date	Capital Revenue	Key Risks	Mitigation	Additional comments	Progress: RAG rated
Collaborative Working Across Boundaries						
<ul style="list-style-type: none">Maintain existing & develop new governance arrangements across stakeholders, including supporting STPs transition to Integrated Care Partnerships within the new proposed Accountable Care Organisations	Q1-Q4 2019/20	N/A	Capacity to engage effectively across all parties with 4 STPs and 11 CCG and Local Authorities	Resource planning and growth potential from Herts bid and Asset optimisation		
<ul style="list-style-type: none">Proactively reach out to LA’s, borough councils and other NHS and government bodies to develop and drive forward a more open approach to office accommodation	Q1 – Q3 2019/20	Revenue benefits	Stakeholders level of engagement variability	Sharing best practice and exemplar models		
Asset Optimisation – Trust Freehold Estate						
<ul style="list-style-type: none">Commence the Asset Optimisation Programme for the long term development of Trust Freehold sites.	Q1 2019/20	Yes	Major project requiring external approvals, and high-level structure and clear TORs May require Subsidiary delivery model Supports QIPP and time is of the essence to deliver benefits	Approvals and processes to be clearly outlined in an asset optimisation group.		
<ul style="list-style-type: none">Review and implement the most effective structure including subsidiary models for the delivery of this plan	Q3 2019/20	Yes – Partly funded by partnership costs to deliver model				
Keyworker accommodation and retail income						
<ul style="list-style-type: none">Review the benefits available to Trust recruitment and retention challenges from residential rental of accommodation	Q1 2019/20	Yes	Availability of suitable accommodation and London or STP wide projects running into the same solution	STP engagement		
<ul style="list-style-type: none">Further develop rental income opportunities from retail as opposed to GP and NHS providerswithin the freehold estate	Q1 2019/20	Yes –business cases funded by partner costs to deliver model	As above			

Actions	Start Date	Capital Revenue	Key Risks	Mitigation	Additional comments	Progress: RAG rated
Footprint Rationalisation Projects						
<ul style="list-style-type: none">Develop a series of footprint projects for implementation which support efficiency and quality improvements	Q1 -Q3 2019/20	Yes annual capital programmes	There is a limit to the recurring rationalisation of the Trust sites			
Improve CLCH control of buildings with landlords						
<ul style="list-style-type: none">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	Q1 2019/20	To be defined	Agreement by 3 rd party landlords	Escalation through DH and NHSi and with other NHS stakeholders		
<ul style="list-style-type: none">Develop a set of long-term plans for the Trust key “jewel” service locations and sites	Q2 2019/20					
Ensuring patients and staff receive the best from our estate						
<ul style="list-style-type: none">Review & improve customer help desk response emails and feedback	Q1 2019/20	None	Low risk			
<ul style="list-style-type: none">Review range & quality of patient menu and food service across all inpatient facilities, develop a CLCH standard from all third party providers	Q2 2019/20	Revenue possibly	Third party providers on sites ability to deliver	Engagement in the process and funding agreements		
<ul style="list-style-type: none">Develop improved Estates information including potential workshops	Q2 2019/20	None	Low risk			
<ul style="list-style-type: none">Redesign Estates HUB Page	Q3 2019/20	None	None			
<ul style="list-style-type: none">Produce Estates self-help guides on the Hub	Q2 2019/20	None	None			
<ul style="list-style-type: none">Review Trust wide signage internally and externally and develop an all	Q3 2019/20	Yes capital program	Complex multi area multi site process involving many landlords and stakeholders	Structured project with landlord engagement		

sites wayfinding system which takes account of local branding						
Actions	Start Date	Capital Revenue	Key Risks	Mitigation	Additional comments	Progress: RAG rated
<ul style="list-style-type: none">Incorporate patient forum and feedback processes such as the 15 Step Challenge	Q2 2019/20					
Compliance – Systematic Application Approach						
<ul style="list-style-type: none">Develop a new Real Time Compliance Module “Estates Health Assure”	Q1 – Q3 2019/20	Yes – partnership delivery	IT systems and Trust frontline staff engagement	Delivers return to front lien staff and simplifies reporting		
Sustainable Development Management Plan						
<ul style="list-style-type: none">Identify those specific actions for each of the ten areas of focus which form the basis of our SDMP action plan	Q1 2019/20	Capital within annual program	Low risk – stakeholder agreement possibly although now well understood objective	Strategic Estates group and other Trust forums to monitor and implement		
<ul style="list-style-type: none">Identify any investment requirements	Q13 2019/20	As above				
Front of House Services						
<ul style="list-style-type: none">Develop a customer focused front of house service which combines the clinical and non-clinical reception services, linking with SPA and incorporating online booking	Q3 2019/20	Revenue and capital if required from annual programme	IT integration of clinical booking and patient systems	Cross working with Trust partnership and IT		
<ul style="list-style-type: none">Explore the feasibility of a single fully functional reception service for all sites	Q4 2019/20					
New & Refurbished Buildings management						
<ul style="list-style-type: none">Embed through all our EFM activities, footprint programme and capital developments high quality standards for the Trust, staff and patients by way of contracts and	Q2 2019/20	Within capital programme	Low risk			

specifications, processes and procedures						
<ul style="list-style-type: none"> Develop a database for all sites to report to divisions information on compliance, issues logged and resolved 	Q3 2019/20	None	Number and volume of total Trust sites exceeds 1000	Prioritised approach through Tier 1,2 and 3 sites		