Kent Community Health NHS Foundation Trust

Estates Strategy

2016 - 2020

Our vision for our estate is as an 'enabler' of clinical service improvements

Our estate will be a driver and enabler of service integration, breaking down barriers between health and care agencies, firing the imagination, and challenging traditions.

Our estate will be fit for the delivery of 21st century healthcare. It will be supportive of innovation and compel positive change in services and staff.

It will be safe and welcoming for patients.

We will provide affordable services for commissioners, through being cost efficient and maximising value

The buildings we deliver our services from will be:

- Safe, welcoming, healthy environments for the public, staff and patients
- Supportive of the provision of innovative care
- Multifunctional to support our clinical services and facilitate integration with health, social care and voluntary sector partners
- Co-designed with the public and patients
- Located where they are needed, with maximum utilisation
- Sustainable and environmentally, and value for money

KEY FACTS:

KCHFT delivers services from 935 buildings totalling 135,000 m2 of space.

We have a management interest in 140 of these buildings and 96 are judge core estate due to the proportion we occupy.

The Estate will provide flexibility for us to meet the requirements of a widening primary care, developing integration of care, concentrating Specialised Services in centres of excellence, and delivering care closer to patient's homes.

The Trust is committed to develop transformational service models which improve the patient experience, and these will be delivered in high quality, safe, fit-for-purpose buildings located in the right places.

There will be a comprehensive estates rationalisation plan to generate greater economic efficiencies.

Principle 1

Within the context of the Service Strategy, we will design our estates to drive the transformation of care

Service Strategy Driver

We will work in partnership with GPs in each locality to build high performing local integrated teams.

Services will be collocated with other services and organisations that further our service transformation goals.

Clinicians led planning of services.

Care is delivered across organisational boundaries.

Estates Strategy outcomes:

A much more mobile workforce

The vast majority of staff will hot desk. Less than 25% of staff will have an assigned desk.

Space will be flexible - so it can be used for meetings or clinics. At least 40% of our occupied space will be flexible or clinical

Schemes will be assessed against the service strategy primarily and approval will be given to those that drive forward the integration of care

Energy and effort will be given to schemes which co-locate GPs with our services and other teams which support our aims

Principle 2

We will drive best value for money in our estate

Service Strategy Driver

We focus on care at the front line and ensure that the trust resources are used to support that delivery of care.

We use our resources in the most effective and efficient way, reflecting the Carter Review; shared services with other organisations, reducing our footprint and cutting out waste.

As a Trust we believe the patients home is the first choice for many aspects of community care; our estate will reflect that in support of plans including 'Home First'

Estates Strategy outcomes:

We need to reduce our estate and carbon footprint.

We know there is waste and these resources can be utilised for care.

We will reduce overpayment through incorrect billing by at least £1M per annum.

We are under utilising our existing space, currently 54% occupancy, and we want to implement new models of care.

There will be fewer buildings of a higher quality. Of the 96 'core estate' buildings, over one third meet the criteria for disposal as designed with services.

Every building is assessed against quality, finance and safety criteria and commissioner plans. These resources can then deliver trust savings and be invested in remaining buildings and care.

Principle 3

We recognise that the environment affects care and so we will drive up the standard of our estate

Service Strategy Driver

We believe in whole person care and that environmental standards impact on care.

Our buildings will support the highest standards of cleanliness through being easy to clean and maintain

When care is given in buildings, their layout, facilities and fabric are critical to delivering excellent care and can conversely prevent good, safe care being delivered if they are not up to standard.

Estates Strategy outcomes:

We believe that through reducing the number of buildings we can drive up standards and still deliver savings. Each project is considered on this basis through a partnership approach, eg with local GPs.

Our criteria for building assessment focuses on the fundamentals of safety and quality. 26 buildings of our core estate of 96 have been identified as requiring disposal or action and plans are underway to address this.

More partnerships will be developed in estates , for example co-locating GP, acute, or mental health services with ours and through this change, improve standards in buildings.

Principle 4

We take our social responsibility seriously and will use our estate to further our ambition for the communities we serve.

Service Strategy Driver

We undertake whole person care. We do not solely treat illness but focus on prevention. We seek to make a step change impact in prevention and health promotion.

With partners we seek to provide this care and our estate will reflect that through the focus on people and the development of partnerships

We will take decisions in the best interests patient care and not organisational boundaries.

Estates Strategy outcomes:

Social responsibility will be a decision making principle in the estate.

We will seek opportunities to use the estate to further prevention or care, encouraging groups who share our values to use our buildings or develop plans together for this purpose.

Our reduced number of buildings will be more fully used, not just by our services but with and by partners.

We will actively pursue these opportunities, beyond the traditional use of our buildings and will support projects which contribute positively to whole person care even if these could be seen in contrast to cost savings.

Assessing our buildings

In a strategy which seeks to reduce the number of buildings a clear prioritisation matrix has been developed.

Prior to any development, disposal or acquisition a rigorous evaluation will be undertaken which will include how the core KPIs for our estate can be improved by the course of action.

KEY FACTS:

Over 30% of Trust occupied properties would meet the assessment criteria to vacate.

In discussions with services, an additional 15% of buildings could be exited with no detrimental effect on care. Commissioner plans are often a factor in a plan not progressing

We assess our buildings in the following manner:

- Clinical need vs current estate - identify buildings we must retain to deliver patient facing services.
- Administrative functions v current provision – identify optimum locations for admin functions
- NHS Estates Performance Indicators - establish building efficiency
- Costed plans for improvements
- Costed option for relocation / alternatives
- Financial and non financial benefits of retention or disposal including control of building to make changes to enhance service delivery
- Commissioner plans – this is often a preventing factor in disposal. Further work will be done to better articulate our plans, patient benefit and early involvement of our commissioner.

A ranked table of properties therefore form the basis of a rationalisation programme. These are weighted towards quality of care and financial efficiency.

These assessments are fluid and will change over time with CCG and KCC strategies, lease renewals, service delivery, point of need etc

26 proprieties from our core 96 have been identified for action, either improvement or disposal in the current version of the matrix.

Current Estate evaluation

We will evaluate our estate based on best practice using metrics designed by NHS Estates which are relevant to healthcare properties.

Assessing space, productivity, utilisation, quality and cost for key buildings we will determine where improvements can be made.

Utilising these metrics will allow us to benchmark our estate with those across the UK of similar size, function and geographic distribution. In this way we can import best practice in building management.

As can be seen from the table opposite, change in the estate is not simply sought but required. Costs savings are practical while still driving up standards through the better use of buildings and the clear challenge of occupancy and maintenance costs with our landlords and suppliers.

KEY FACT:

26 properties have been identified for prioritised action during 2016/17 using our assessment matrix. This has led to 9 disposals or part moves, 14 are in train for disposal and2 are subject to on-going improvement plans. 1 is part of a tender.

Results for operational assessment in relation to the top 20 key KCHFT Properties

PI SUMMARY	Trust PI		33%	34%	33%
Space Efficiency					
Income £10/m²	342		265	266 and 326	327
Activity/100m²	4		46	47 and 98	99
Asset Value £10/m²	18		135	136 and 175	176
Asset Productivity					
Capital Charges £/m²	25		95	96 and 128	129
Land £/m²	22		161	162 and 297	298
Building £10/m²	9		98	99 and 128	129
Equipment £/m²	67		109	110 and 196	197
Occupancy					
Occupancy Cost £/m²	163		263	264 and 330	331
Capital Charges £/m²	25		95	96 and 128	129
Maintenance Costs £/10m²	399		250	251 and 345	346
Energy/Utility Costs £/10m²	174		245	246 and 313	314
Premises Costs £/10m²	801		1022	1023 and 1409	1410
Maintenance					
Total Backlog £/m²	29		50	51 and 164	165
Critical Backlog £/m²	18		12	13 and 48	49
Risk Adjusted Backlog £/m²	19		15	16 and 58	59
Depreciation £/m²	25		66	67 and 94	95

- green indicates no or very limited problems;
- amber indicates some problems;
- red indicates action required

Community Based Hub solution

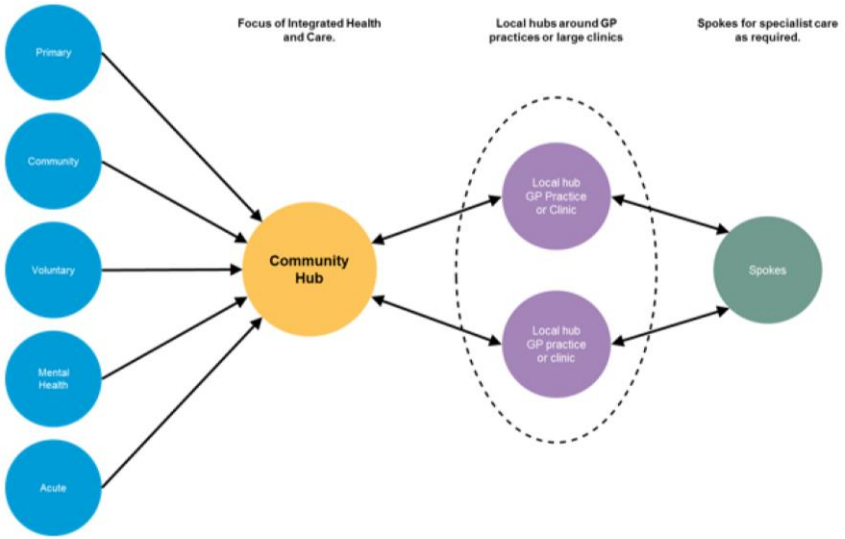
Travelling times to Hubs:

90% of population live within 60mins travel of a community Hospital

100% of the Kent population live within 15mins travel to a Locality Hub

Target of 80% travelling 30mins by car or 60mins by public transport would mean 6 Community Hubs being established.

Local Hubs and Community Hubs would allow a 40% reduction in the number of properties KCHFT operate from.



Factor	Local hubs	Community hubs
Types of service	Community nursing team (CNT) Long Term Conditions (LTC) Health visiting School nursing Community rehab *Plus: Primary Care* *Mental Health* *Social services*	Potentially all local hub services In-Patient bed Facility (Community) Day beds Specialist nursing Paediatric therapies Adult Speech & Language Therapy (S&LT) Podiatry Rapid intervention Diagnostics including mobile MRI Outpatient clinics Plus Primary care, Social services, Voluntary sector Acute hospital, outpatients, LD registered locations
Population covered	Typically 30-40,000	Typically 100,000
Accessibility	Within 15 minutes' drive-time of 80%+ of people. Public Transport- walk from station/stop less than 15 mins	Within 30 minutes' drive-time of 80%+ of people. 60 mins by public transport. Public Transport- walk from station/stop less than 15 mins
Links into	GP practices, clinics	Local hubs, acute Trusts, specialist spokes
Type of space	Clinic and office	Wards, clinics, diagnostic & office

Social Responsibility

The ‘One Public Estate’ initiative Requires KCHFT to work with local and regional councils, social care and other stakeholders to collaboratively manage land and buildings for the betterment of communities.

Building on the NHS Five Year Forward View, KCHFT aims to work closely with providers of social care to break down barriers of how care is delivered, between general practice and hospitals, between physical and mental health, and between health and social care.

KEY FACT:

Men in the most deprived areas of England have a life expectancy 9.2 years shorter than men in the least deprived areas. They also spend 14% less of their life in good health.

Supporting working across healthcare agency boundaries will allow KCHFT to indirectly tackle health issues such as emergency admissions, child respiratory conditions and mental health issues, through collaboration with agencies operating in deprived areas.

By working closely with community partners on issues such as diet, exercise, housing, addiction and social isolation in the use of our buildings, we will seek to improve outcomes within the local community by reducing the health inequalities. Addressing the causes of illness and poor health behaviours rather than dealing with the consequences.

Some examples of this strategy in action may include:

- Working closely with KMPT in their ‘User involvement scheme’ where people who are recovering from mental health illness or addiction can be helped back to work.
- Offering our premises to group which share our values ensuring social projects are supported and encouraged.
- Promoting our cafes as not-for-profit places where people can get a hot meal and social interaction.
- for-profit places where people can get a hot meal and social interaction.

Measuring Implementation

The management of a large healthcare Estate is an art not a science with valid contradictory factors to be considered; both quantifiable and emotive.

The implementation of the strategy will be measured against Key Performance Indicators where these are possible and the success of the organisation in the delivery of its service strategy.

KEY FACT:

The average occupancy level of our buildings is just 54%.

Some of these priorities may become more critical in different circumstances. The Trust has set a number of Key Performance Indicators to measure the implementation of these priorities:

Goal	Ratio/Measure	Current level	Aspiration
All buildings are fully compliant with relevant legislation	Certificates of compliance	82%	100%
Increase in clinical and flexible space over office space	Clinical and Flexible Space / All Space	16.60%	40%
Greater utilisation of all space	% Occupancy	54%	65%
Reduction of footprint	Meters squared including owned, leased and rented	128,000	>100,000
Increased patient experience	Average PLACE Score Assessment	83.26%	90%
Increase in Social Impact through use of our buildings	Number of acknowledged agreements with voluntary and charitable organisations to use our space.	0	50

We will seek to meet these aspirations by 2019.

NHS

Kent Community Health

NHS Foundation Trust

Compassionate Aspirational Responsive Excellent

In everything we do, **we care**