

# Humber NHS Foundation Trust Estate Strategy 2015-2020

(Incorporating Estate Action Plan 2015/2016)





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# Executive Summary

This is the Estate Strategy for the Humber NHS Foundation Trust for the period 2015-20 and forms the plan for the current and future development and management of the Trust's estate.

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It will form an integral part of service planning and, for it to be effective, it must not be viewed in isolation but rather in conjunction with the ongoing healthcare service needs of the population served by the Trust and alongside the Trust's other strategic objectives.

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The format follows that recommended by the Department of Health in reviewing the overall use of the estate, occupancy costs, service and organisational constraints, and capital investment decisions and is broken down into the following main themes:

## **Where are we now?**

An analysis of the current position and performance of the Trust in order to establish a baseline against which development planning can take place. This shows that some good inroads have been made since the previous strategy into creating a firm foundation for service delivery, in particular with regard to sustainability and disposals of surplus estate. However, there are no clear links between the estate and operational service planning and there is a lack of coherent data about the estate in order to allow proper analysis of performance

## **Where do we want to be?**

A review of the estate requirements needed to support service delivery strategies along with the environmental and estate performance criteria to be developed and monitored. Emphasis will be placed on ensuring estate delivery aligns more closely to service requirements and Trust aspirations through both consolidation and rationalisation of space across clinical and non-clinical uses, and also with regard to the administration of the estate including data/finance management and the setting of clear performance related targets which reduce cost and increase income. The ongoing monitoring and management of resources will help support those improvements already made with the sustainability of the estate

## **How do we get there?**

A series of conclusions which use the information and objectives from the preceding stages to develop a series of realistic and feasible options for the future estate. This will include the development of a data collection and recording system, including more refined customer feedback processes, which will aid performance management and allow informed benchmarking of the estate against comparator bodies. The ongoing development of the Estates team and the supply chain which supports it will be important if the Trust is to deliver successful estate related outcomes which flexibly and properly support operational service requirements, both known and those yet to be developed.

The strategy is presented as a framework that will allow for annual review by the Trust Board. It is recommended that the Board adopts a linked annual action plan to give clear operational direction for the Estates team to follow and to enable performance management; an action plan for 2015/16 is included within the document.



# Section 1 Introduction

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# 1.1 Purpose of the Estate Strategy

Welcome to the new five year Estate Strategy for the Humber NHS Foundation Trust covering the period April 2015 to March 2020.

The previous Estate Strategy covered the period 2008-2013 and was supplemented by the Estate Strategic Plan (January 2013-2016) adopted by the Trust in February 2013. The key objectives of the 2013-2016 plan were to:

- Support the Trust to develop and maintain a competitive advantage
- Ensure all essential maintenance is completed
- Ensure all facilities meet statutory requirements
- Rationalise our estate by exploiting new technologies to provide greater flexible working opportunities
- Review our older estate to identify any opportunities for disposal
- Provide excellent quality care and treatment environments which support and enhance recovery and deliver positive patient outcomes
- Meet all targets with regard to privacy and dignity
- Improve energy efficiency at each of our properties

Although some solid progress had been made in respect of these aims, the pace of change now required, allied to the increasing austerity challenge, means that a full update is now needed.

This is one of several linked strategies across the organisation which collectively support a process of ongoing monitoring, change and improvement with the combined aim of ensuring the Trust delivers on its vision and strategic aims and which include:

## **Trust Vision and Values**

To support the Trust vision and values through an estate that provides a setting for the delivery of best quality services

## **Five Year Operational Strategy**

The provision of an appropriate support strategy to enable the implementation of operational plans, performance improvements and development of new business

## **Commercial Strategy**

To focus on current and future business opportunities for the Trust

## **Informatics Strategy**

To facilitate the implementation of changing practices associated with advancements in technology and IT systems leading to improved service efficiencies through reduced estates needs and travel costs

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Management and maintenance of the estate is the second largest cost to the Trust after its people. It plays a critical role in enabling strategic transformation and the cost efficiencies it can deliver will have a large impact on the Trust's overall performance and sustainability.

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The Trust's buildings are often public facing and can play an important role in shaping the first impressions of both patients and the wider community and their perceptions of the Trust.

**By its very nature, physical infrastructure takes time and resource investment to change.**

It is thus imperative for long term value for money that all proposals

for the estate are robustly challenged against future flexibility. The revised Estate Strategy revisits the performance over the previous period and also sets out a series of updated objectives along with the proposed actions required to achieve these. The Estate Strategy is a medium to long term plan describing how we will provide premises to meet the Trust's business needs whilst giving direction to future capital investment decisions.



As well as providing the most cost efficient accommodation through good operational estates management, the effectiveness of the estate is dependent on successful collaboration with colleagues who direct the service planning for the Trust, both now and in the future. Provision of a well-managed, cared for and appropriately located estate should be recognised as an essential support service to the business needs of all of the services provided by the Trust. Customers of the Trust's estate are the service providers and users, both internal and external, and their satisfaction is critical to the sustainability of the organisation.

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The strategy therefore anticipates a clear and essential connection to the Trust's clinical and service strategies, and sets out a framework for a series of more detailed tactical plans for delivery.

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To ensure that it remains applicable and focused it will be updated annually in response to future changes in service direction to allow the estate to fulfil its key role as a support service.

## 1.2 Trust Vision

The Trust's vision is to become a provider of integrated services, translating the wide ranging capabilities of Trust staff into a "whole person" approach to dealing with its customers. The closer alignment of community services with mental health and learning disability services will enable this more patient centred approach to succeed. Overall, the Trust's Vision is:

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We want to be a leading Trust, known for the quality of our care and the staff who work for us. We want to be a trusted provider of local healthcare and a great place to work. We want to be a valued partner with a problem solving approach.

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## 1.3 Strategic Aims of the Trust



These aims provide clarity and align the Trust's service position with the adopted strategies of our commissioners and other partners and stakeholders.

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### Right first time, improving all the time

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- We will deliver high quality, safe and effective services
- We will deliver care closer to home
- We will prioritise prevention, early intervention, recovery and rehabilitation
- We will integrate health and social care, mental and physical health and well-being and involve patients and carers in managing their care
- We will work with the communities we serve, our partners and our members to design the services that will best serve their needs
- We will maintain a sustainable business to ensure that we can continue to care in the future.

## 1.4 Trust Values

The staff at Humber NHS Foundation Trust share a commitment to caring for patients, their families and carers. We are passionate about achieving the best outcomes for our patients and the communities we serve. We strive to support each other and want to bring our services together so that they are better focused on our patients. To help us make the right decisions and act as one Trust we are clear about the values we share, which are:

- Put the needs of others first
- Act with compassion and care at all times
- Continuously seek improvement
- Aspire to excellence and be the best that we can be
- Value each other and develop teamwork



## 1.5 Trust Priorities

We all believe in providing quality services, and we will develop the way we do things based on a Humber Quality programme that sets out three core areas for organisational and personal competencies:

### Humber Quality Care

Delivers the highest quality and most caring services that focus on the needs of our patients and communities:

- Ensures our services are safe, caring, responsive, effective and well-led
- Integrates our services around patient pathways
- Optimises our clinical effectiveness by best use of innovation, clinical audit and an open, reflective culture

### Humber Quality People

Deliver a high quality and engaging workplace and ensure we have the best processes supporting the recruitment and development of the best people:

- Develop and communicate clear staff and leadership competencies
- Improve staff engagement at all levels in the organisation
- Support a culture in which staff are properly empowered in their roles

### Humber Quality Organisation

Delivers a transformation programme to increase the quality and capacity of our services whilst delivering value for money to our commissioners and the communities we serve:

- Makes better use of IT systems and simplifies bureaucracy
- Improves our use of the facilities that we need to provide our services
- Develops structured working systems focused on patient pathways
- Delivers sustainable savings to remain within our budgets

# 1.6 Strategic Context

The Trust continues to face significant externally driven challenges in successfully providing services but at the same time there are related business opportunities which, if grasped, will help to ensure that a sustainable future can be secured.

## 1.6.1 Trust Context

The Trust is well positioned to respond to the changing models of healthcare and the move towards a more integrated approach which recognises the needs of the whole person and a refreshed strategic framework has been adopted with clear vision, values and goals.

These will be reinforced by a simultaneous change to the organisational structure under which four care groups will be established:

- Community Services and Older Age Psychiatry Services
- Children's Services and Learning Disabilities Services
- Mental Health Services
- Specialist Services

## 1.6.2 Political

Funding constraints will remain the principal challenge facing the Trust in relation to the delivery of high quality sustainable care during this ongoing period of austerity. Since the adoption of the Health and Social Care Act 2012 a raft of organisational and structural changes have taken place which have impacted to a greater or lesser extent on Trust activities.

Current emphasis is on the integration agenda and this is likely to mean closer working relationships with our partners.

## 1.6.3 Economic

The Trust enjoyed a strong financial performance in 2013-14 reporting a surplus of £1.8m and a cash reserve of £15m along with a risk rating of 4, this being the strongest achievable. Future years' performance will be hindered by a variety of pressures including challenging CIP (Cost Improvement Programme) targets.

A forecast deficit position for 2014-15 of £312k is matched by reduced cash reserves of c. £12.3m. Beyond this it is anticipated that the ongoing CIP targets will continue to put pressure on reserves.





# Section 2

## Where Are We Now

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## 2.1 Estate Profile

The Trust occupies, in full or part, a total of 131 buildings and the total cost of occupying and maintaining these buildings was £7.0m pa in 2013-14. The Trust occupies these facilities under a range of agreements spanning S.75 Agreements with either Hull City Council or East Riding of Yorkshire Council, leasehold agreements with other NHS or private organisations, and freehold properties owned by the Trust (some of which are subject to restrictions described below).

The Trust has a mix of core estate (66 buildings), from which day to day activity takes place, and satellite estate (65 buildings), where the use is more limited and occupation is minimal and often on a sessional basis. As at April 2015, the split between freehold and leasehold ownership of our core estate stands at:

**41** FREEHOLD  
BUILDINGS

41 freehold buildings with a total gross internal area (GIA) of 52,750m<sup>2</sup>

**25** LEASEHOLD  
BUILDINGS

25 leasehold buildings with a total gross internal area of 15,484m<sup>2</sup>

**46** SITES

These buildings are held on 46 sites across Hull and the East Riding of Yorkshire



**Note:**

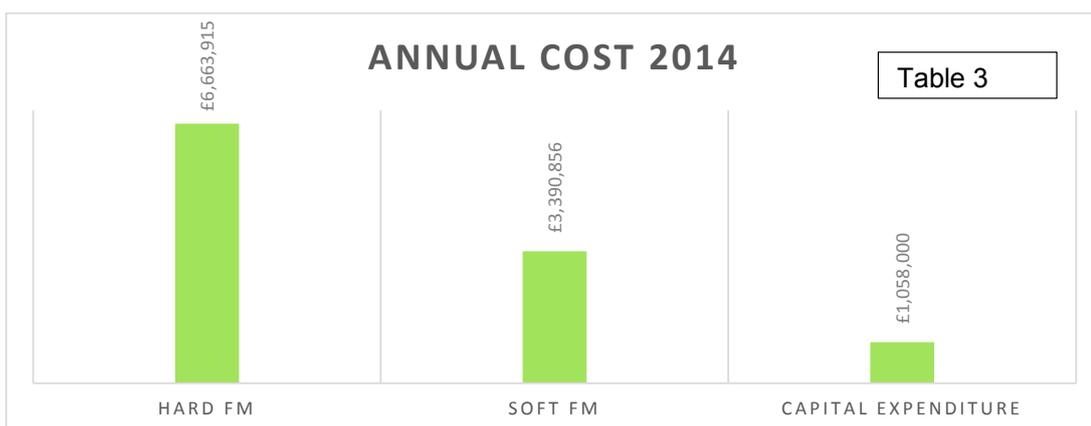
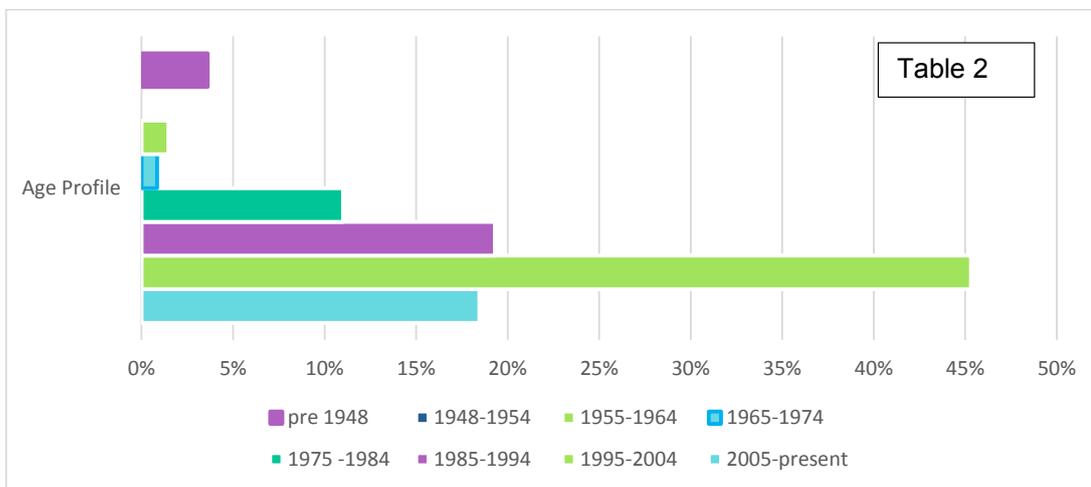
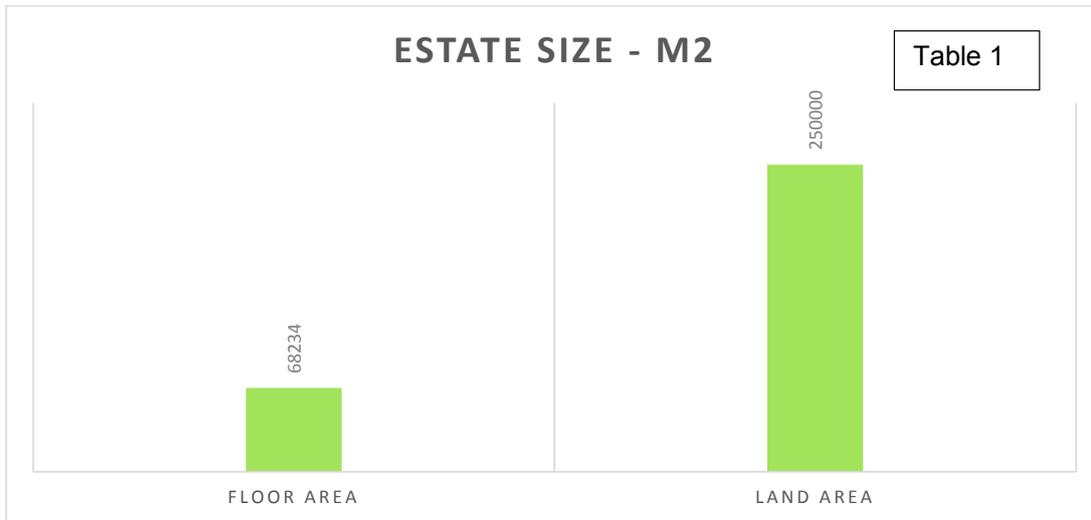
The freehold interest of five buildings were transferred to the Trust in 2013 under a 'Transfer Order' before the demise of East Riding of Yorkshire Primary Care Trust and are held on the basis that the Trust occupies >50% of that specific facility. These five buildings account for a total gross internal area of 9965m<sup>2</sup> which represents 18.9% of the freehold assets owned by the Trust<sup>1</sup>

A full schedule of core buildings is attached in Appendix 1.

<sup>1</sup> Should this position change, then the property will transfer back to the Secretary of State for Health

## 2.2 Estate Summary

In summary terms the estate can be described as follows:



## 2.3 Management

The management of the estate is led by an in-house team under three main areas of responsibility:

### Strategic Projects and Developments

Including the premises provision for Trust wide strategic projects and business development, management of capital projects, space utilisation, acquisition and disposal of property, site rationalisation and development planning

### Estates Operations and Compliance

Including planned, preventative, and reactive maintenance, minor works, compliance, authorised and responsible persons, grounds and gardens, and management of the in-house skilled and semi-skilled workforce

### Technical Services

Including asset and information management, leases and licences, energy management, sustainability, estate performance, helpdesk function, contract management, external SLA delivery, medical equipment, safety alerts, and Trust reception staff

The current Estates team has 34 directly employed staff members. In addition to the skilled and semi-skilled in-house team, a variety of supporting arrangements underpin these services including:

- A number of contractors support the in-house team by providing skilled trades to the Operations and Compliance team
- All strategic capital development construction activity is supported by an external supply chain
- A number of strategic estates services are provided by Citycare, the local NHS LIFT Company, including capital programme support and feasibility and options appraisals. The Trust has recently employed four apprentices in the Estates Operations and Compliance team to support our succession planning programme.

The current operational structure is shown in Appendix 4

#### 2.3.1 Facilities Management

Facilities management activities are overseen by the Operations and Compliance team via a Helpdesk open between 8am until 4.30pm but with an out of hour's service redirected to on-call engineers.

The Helpdesk dealt with 7,569 events in 2013/14 comprising 7,471 reactive maintenance jobs and new works requests. In addition, the Operations and Compliance team carried out 4,844 statutory compliance and planned preventative maintenance tasks (excluding security, pest control, insurance, water hygiene and medical equipment planned maintenance events), alongside a range of other contacts and events.

Both Planned Preventative Maintenance and Reactive Maintenance activity is managed through the Technical Services team.

The estate achieved an average of 90.34% statutory compliance during 2013/14 whilst the number of reactive jobs delivered on time during the same period was 71% (direct labour) and 67% (external contractor). Further information is provided in Section 4 regarding the delivery percentages, the difference between the statutory and reactive percentage completion rates, the reasons behind these, and what is being done to increase the percentage completion rates.

## 2.3 Management

### 2.3.2 Capital Programme

One of the primary purposes of the estate strategy is to help provide the framework within which all capital investment proposals can be developed and evaluated by the Trust. In other words, it is an essential precursor to the allocation of capital. The Trust has an ongoing programme of capital investment which is approved by the Trust Board annually and reported on a rolling two year basis to Monitor. The subsequent deployment of approved capital is delegated to the Capital Programme Board which meets monthly and reviews overall programme allocations and delivery.

The prioritisation process for the allocation of capital presently considers a variety of inputs:

- Statutory and legislative compliance
- All outstanding scheme commitments
- Future service development plans
- Backlog maintenance
- 6 facet surveys
- CQC and other inspections and reports
- PLACE (formerly PEAT) inspection reports
- New commercial opportunities

The Trust funds the entire capital programme, which includes IT, through the depreciation equivalent, surplus funds, and capital receipts generated through the sale of surplus properties.

The consideration of alternative funding streams was flagged in the previous estate strategy although to date this has not been pursued.

Over the previous 6 years, expenditure has been committed as follows:

Year	Capital Programme Expenditure	Backlog Maintenance Expenditure	PLACE Expenditure
2009/10	£998,274	£370,784	£156,835
2010/11	£651,555	£46,565	£132,812
2011/12	£1,194,473	£103,724	£260,972
2012/13	£1,947,449	£32,343	£331,936
2013/14	£1,249,633	£70,514	£0
2014/15	£3,636,987	£43,874	£209,913
2015/16 (Projected)	£1,660,030	£192,000	£192,000

Table 4: Annual Capital Programme spend



## 2.3 Management

### 2.3.3 Data Management

The capture and analysis of useful data is key to proactive estate performance management. Data is also needed to help the Trust set key improvement targets in annual plans and to link back to the overarching strategic approach. To ensure the effective collection of data the Trust needs to maintain an up-to-date terrier database of all land and premises owned, occupied, let or shared along with legal title documents and third party occupation details. Presently data is held in a variety of locations and forms which is not conducive or sufficiently coherent to allow for meaningful analysis.

### 2.3.4 Estate Rationalisation – Utilisation and Functional Suitability

A review of space utilisation across all Trust estate, both leased and owned, commenced in 2014. This process is being undertaken on a site by site basis and will provide detailed occupational data on current use which, when analysed, will help inform future space allocation for service provision. To date work has been undertaken at the Willerby Hill site and this will now be extended to cover both clinical and administrative areas in support of the overall estate rationalisation programme. Early indications show that further longer term efficiencies could be secured from both back office and clinical space through more informed investment/disinvestment decisions.

As part of a wider strategic initiative the Trust is working with public sector providers across Hull to ensure best utilisation of all public estate in the Hull 2020 Estates Collaborative Group. In the East Riding, a similar work stream sits under the Better Care Fund initiative. Participation in this joint working with close partners, together with robust internal processes described above, will ensure that we maximise estate efficiency across the Trust.

Based on benchmarking evidence, the estate size is not out of kilter with other similar sized NHS Trusts, however, this does not necessarily infer any level of efficiency or appropriateness. We should continue to strive to improve our utilisation and effectiveness and aim to better our peers, if we are to demonstrate competitiveness in the healthcare market.

### 2.3.5. Customer Feedback

Customer feedback is currently collected by the Estates team using the Planet FM software. The results of this feedback is extremely positive and is shown in the table below. Customer feedback in the way of comments are also captured. For clarity, customers in this regard include:

- Patient groups
- General public (in community settings)
- Humber NHS FT clinical teams
- Humber NHS FT non clinical teams
- Tenants/partners



## 2.3 Management

### 2.3.6 Environment

The Trust Board approved and adopted a Sustainability Strategy in March 2013, demonstrating its commitment to increase sustainability and reduce carbon emissions in an effort to combat the combined risks of economic instability, diminishing oil and gas supplies and climate change. Sustainability underpins all aspects of service delivery and development; within healthcare it should sit alongside quality of patient experience, effectiveness of services, and safety for patients and staff.

The Trust is committed to improving its environmental sustainability and already has a system in place to ensure a positive direction of travel. The Trust will continue to use the NHS Good Corporate Citizenship (GCC) assessment model to measure and assess the Trust's environmental performance and inform the Trust's annual Sustainability Development Action Plan (SDAP) for the Trust Board. Following this year's GCC report (March 2015), the Trust scored 67%, which provides a solid foundation for the future.

The Trust has seen some improvement with regard to waste management and travel over recent financial years, though utility costs continue to be challenging, both due to the increases in energy prices and to the Trust having taken responsibility for additional estate transferred from the East Riding of Yorkshire Primary Care Trust in April 2013.

In March 2015, the Estates team re-tendered their gas contract, which when combined with the work that has been completed on reducing consumption across the estate has resulted in the Trust making an anticipated saving of £30,000 over a 4 year period. The same process will be followed for the electricity contract in March 2016.

In addition to the above, the Trust has commenced work on a number of projects and initiatives to improve its performance both in terms of carbon reduction, energy performance and cost efficiencies. These include:

- **LED lighting** – Replacement of poor efficiency lighting with LED equivalents
- **High efficiency boiler replacement** – Replacement of old, inefficient boilers with high efficient boilers with suitable controls and zoning
- **Utility Audit** – A forensic audit of the Trust's utility bills has been completed, which has achieved a 2.7% and 12.7% reduction in recurrent and non-recurrent monies respectively
- **Sustainability Day** – A commitment from the Trust to participate in the 2015/16 sustainability day to

further educate staff in the importance of sustainability and how they can contribute

- **Aquamark** – Participation in a Government funded project to benchmark and reduce water consumption across the Trust
- **Carbon Energy Fund/ Salix** – Currently working with CEF and Salix to develop a series of Estate wide spend to save schemes by reinvesting the savings achieved through the utility audit
- **NPAG and HEFMA Membership** – Estates are members of the national NPAG Sustainability Leads Network and the HEFMA Northern and Yorkshire Energy and Environmental services (NYEEG) regional sustainability group to share best practice with other NHS organisations.

It is imperative that we continue to robustly challenge our data and benchmark ourselves against other organisations who operate out of a similar estate to allow us to continually monitor and understand our current energy efficiency and allow us to properly prioritise areas where we can continue to make significant impact, both on carbon emissions and on cost.

## 2.3 Management

### 2.3.7 Estate Income Streams

The Estates Team currently provides estates services via formal Service Level Agreements (SLAs) to three external organisations, which provides an income stream for the Trust. These are:

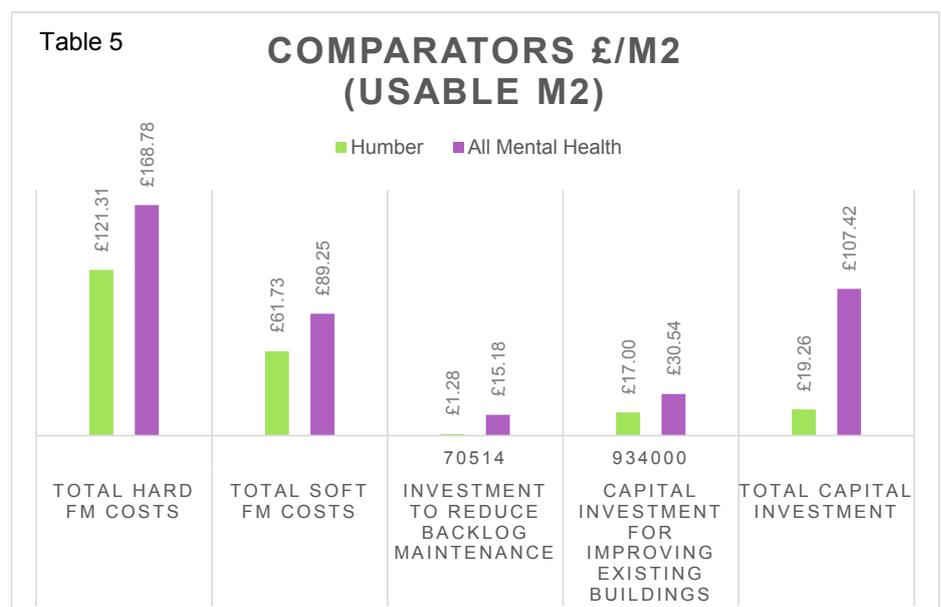
- NHS Property Services (NHS PS) – Estates Operations and Compliance provide a range of Estates services to NHS Property Services covering their estate in Hull and the East Riding
- City Healthcare Partnership (CHCP) - Estates Operations and Compliance provide a range of services to CHCP covering the maintenance of medical equipment in estate across Hull and the East Riding
- Hunsley Trust – Estates Operations and Compliance provide professional project management and estate advice services to the Hunsley Trust who are a local Education Academy.

### 2.3.8 Comparison of Financial Performance

To allow for a comparative assessment of the Trust’s performance in relation to other similar bodies an analysis has been undertaken of the Estates Return Information Collection (ERIC) data published on behalf of the Department of Health. For the purposes of ERIC data the Trust is classed as a Mental Health and Learning Disability provider so the comparison has been made against other Trusts in this category whose estates consist of a combination of bedded accommodation, multi-service hospitals, short stay non-acute and specialist hospitals, community hospitals and in-patient facilities. Data has been collated relative to the usable area of their estates (cost/m2).

It should be noted, however, that ERIC has been viewed by NHS Trusts as a difficult and somewhat laborious process over the years. Recent changes to the NHS organisational landscape have compounded differences of interpretation and thus the risk of mis-reporting has been increased. While the Department has endeavoured to identify reporting errors, it is likely that there are some outliers within the peer group data, and comparison therefore comes with an element of “health warning”.

The data shows that in 2014 the Trust spent 45% less on Estates (revenue and capital) when compared with similar trusts. Most significantly on capital spend, the Trust spends only 9.5% of their annual Estate Costs against 29% for the national average.



The data also shows that our outstanding backlog maintenance is considerably higher when compared to the average of similar trusts.

## 2.3 Management

Key:

**High Risk:**

Priority 1: Statutory or Health and Safety. To comply with contractual obligations or fire and security works requirements.

**Significant Risk:**

Priority 2 Alleviation of risk of further dilapidation and or increased costs.

**Moderate Risk:**

Priority 3 Maintenance of the value of the estate.

**Low Risk:**

Priority 4 To maintain property standards

It should be noted that the Trust plans to invest c. £190k in 2015/16 which will address a proportion of the high risk backlog maintenance identified for Year 1 of the most recent surveys undertaken. In terms of the other levels of backlog maintenance, this might have been explained by the relative age of the Trust estate, though this is not the case, as demonstrated below.

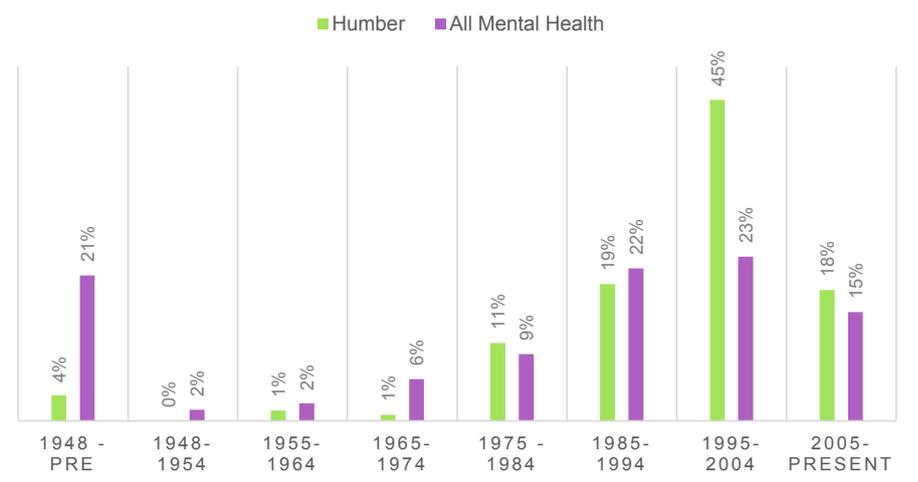
Table 6

### OUTSTANDING BACKLOG MAINTENANCE (USABLE M2)



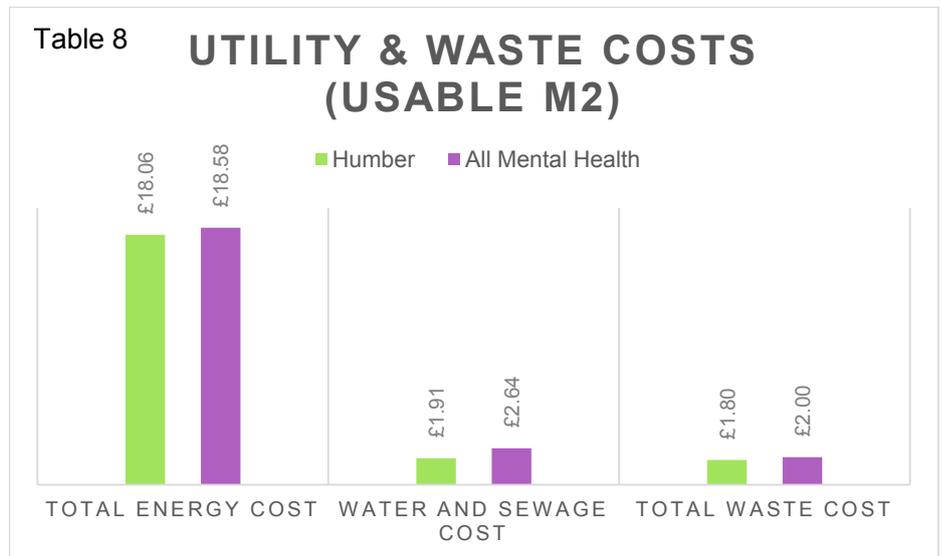
Table 7

### AGE PROFILE OF ESTATE - 2014

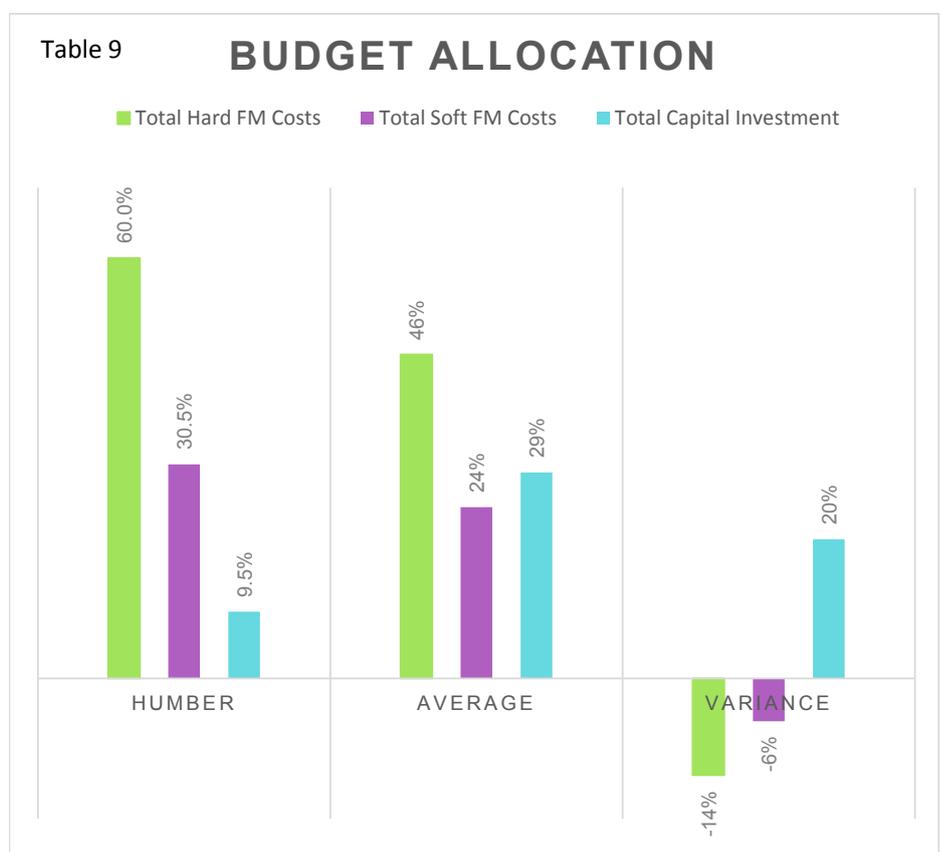


## 2.3 Management

However our utility and waste costs for 2013/14 are similar to the average comparators:



The data comparison from Table 9 indicates a relative annual under-spend is made on the Trust's estates relative to the usable area in comparison to similar Trust's and there is a clear variance in the proportion of spend of estate budget against Hard FM, Soft FM and capital investment.





The Trust strategic aims are to deliver high quality, safe, and effective care and our stated priority is to improve our use of the facilities that are needed to provide our services. To clarify our specific focus we have now identified a supporting vision and sets of objectives for the estate and for the Estates team as shown in Table 10.

# Section 3

## Where Do We Want To Be

Estate Vision **22**

Estate Objectives **23**

Team Vision **26**

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Service Context **27**

## 3.1 Estate Vision

The vision for our estate is:

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To provide accommodation in an environment which is safe, comfortable and suitable for our service requirements at the same time as being both financially sustainable and compliant.

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The estate we use, whether owned by the Trust or leased, will be commercially viable and this will be assessed through whole life costing calculations. Our services will be provided from accommodation which meets their needs, contributing to the high quality of the service provided. External tenants will only be provided for where the basis of their formal occupation is at least cost neutral.

All of the accommodation occupied by our Trust will be statutorily compliant, fulfil Monitor's licence requirements, fully comply with the CQC outcomes and standards, meet the relevant Department of Health design

guidance, and any other specific compliance issues of our services. An ongoing risk register will manage and reduce risks as well as contributing to informing strategic decisions regarding capital investment in line with long term development of the overall estate plans.

All our accommodation will meet annual National Carbon Trust targets for reduced emissions and any new investment will meet challenging BREEAM standards of energy efficiency and sustainability, as well as providing accommodation that is flexible and financially sustainable for its whole life.



## 3.2 Estate Objectives

During the five year period of this strategy our objectives are to:

### 3.2.1 Integrate service and estate planning

By engaging and integrating the service and estate planning we will develop a deeper understanding of the existing and future accommodation needs of any service we provide, whether current or proposed. We will establish ways to improve patient experience within the financial constraints of existing budgets which are driven by service contracts and capital availability.

The existing and future requirements of each service in each of the properties will be documented to enable accommodation planning at all levels to be consistent with service planning and expectations. We recognise that estate management is not solely about technical estates issues, facilities management and energy consumption. National research repeatedly demonstrates that the look and feel of the environment is of significant importance to our staff and patients and can have a highly beneficial effect on the healing process for both physical and mental health issues.

Any and all new developments, refurbishments, redecorations or replacement of fixtures and fittings should be undertaken with renewed and careful consideration of the whole environmental impact and whether this work is completed by the Trust's internal team or via the employment of specialist advisors, thus ensuring that we get the most positive impact from our investment.



## 3.2 Estate Objectives

### 3.2.2 Assess and master plan all of the estate

Site development plans (master plans) will be produced for all sites consisting of more than one property along with plans for each of the individual properties. All will be fully assessed with regard to financial viability (whole life costing), compliance, and ability to meet the current and future needs of the occupiers. This information will contribute to the medium to long term plans for the overall estate.

Where properties fail to meet the financial and service requirements, more detailed work will be undertaken to develop an option appraisal and subsequent business case to address the issues identified, taking account of financial sustainability and benefit to service provision.

Any property which is surplus to requirements will be the subject of further consideration to take account of commercial opportunities to maximize capital or revenue income from the site.

### 3.2.3 Meet the highest possible sustainability standards

A sustainable, low carbon Trust offers an opportunity to save money, and reduce our impact on the environment, while helping to create a resilient healthcare service. The initial Government target underpinning all these activities is a reduction in carbon emissions of ten percent from 2007 figures by 2015 which we have now achieved.

To demonstrate our commitment to the NHS Carbon Reduction Strategy 2009, we will first establish base line annual carbon costs for each property.

In developing our medium to long term plans for each property we will consider regular investment to continue to reduce our annual carbon output.

BREEAM in-use will be used informally as the assessment method for the sustainability of our premises, providing a credible way of consistently measuring and reporting on the impacts of the existing built environment, without incurring costly and time consuming requirements for additional data collection, surveying and auditing.

The analysis of current performance will be compared with CIBSE national benchmarks, these studies and action plans will identify the potential savings and carbon reduction in tonnes.

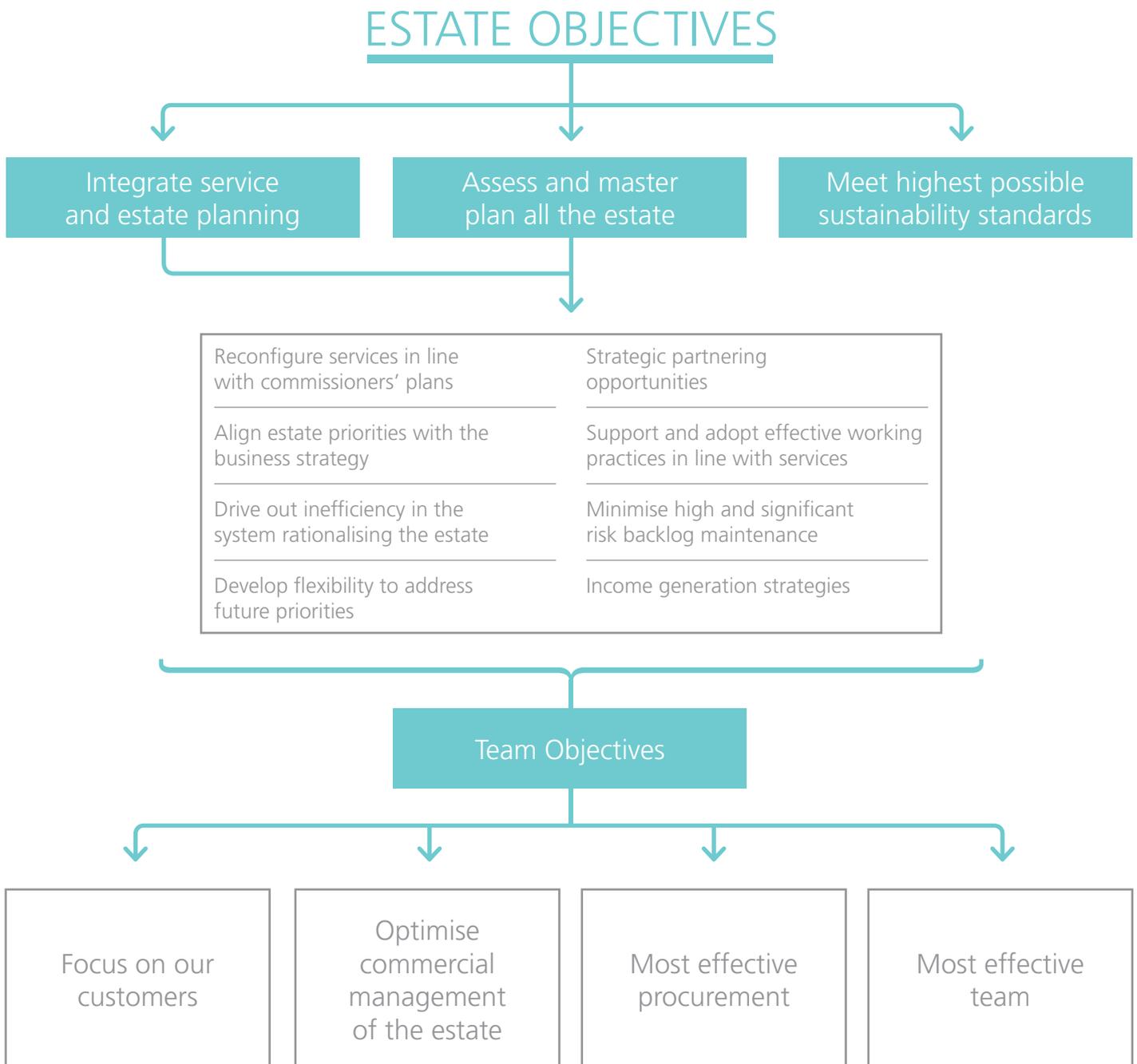
Business cases will subsequently be produced for investments to reduce consumption, for consideration by the Capital Programme Board and/or submission for national funding.

In order to give a focus to the estate objectives a series of targets will be developed around the following themes:

- Achieving a minimal occupancy level in clinical and administrative space
- Reducing backlog maintenance
- Maintaining or improving the Good Corporate Citizenship score
- Reducing the carbon footprint of the estate in line with NHS targets
- Maximising income from all non-Trust occupation of the estate



## 3.2 Estate Objectives



## 3.3 Team Vision

The vision for the Estates team is:

To continue to develop our internal and external team to ensure that we provide efficient and effective estate and facilities services. We will engage and listen to our customers, our tenants, and our patients, and provide them with the quality of service that they expect, which will be recognised as exemplary in the field.

To help us achieve the vision we will adopt the objectives set out below.

## 3.4 Team Objectives

### 3.4.1 Focus on our customers

To achieve an effective service we need to further develop our understanding of what our customers (commissioners, services, tenants and end users) expect of us, and whether we are meeting their aspirations. It is also vital that this extends to an understanding of their perception of our service to enable us to focus our improvement programmes.

We will produce and regularly update a communication plan throughout the strategy period, to regularly engage and build positive relationships with our tenants and end-users and collect their honest feedback on our estate and the services we provide.

The feedback will then be used as a baseline to demonstrate ongoing improvement.

### 3.4.2 Optimised Commercial Management of the Estate

All of our estate costs, including operation and management, should be equal to or lower than the equivalent alternatives as demonstrated through a cost benefit analysis model based on national Green Book processes or benchmarked against other similar Trusts through data derived from ERIC. Occupation of existing estate will not be justified on ownership alone. This approach will enable our services to provide the most competitive price to our commissioners for existing and future contract delivery, as well as maximising revenue generating opportunities for the Trust.



## 3.4 Team Objectives

### 3.4.3 Effective Supply Chain Procurement

The Trust must achieve the maximum value for money on all its investments whilst being compliant with EU and internal procurement policy. National studies have repeatedly demonstrated (Latham 1994, Egan 1998/2002, Construction 2025) that the traditional construction procurement methods are often ineffective, encouraging fragmentation, non-value activity indirectly paid by the client and an adversarial culture which reduces the quality and value of the built product. Current literature recommends a move away from traditional procurement to gain maximum value for money. Our estates procurement strategy will be reviewed.

The performance of all existing and future contracts (internal and external) will be measured and reported against national key performance indicator data to ensure we always receive market value and commitment to our values and objectives from the wider team.

### 3.4.4 Effective Team

If we are to deliver on our vision, the most appropriate resources will need to be secured. These may come from a combination of the existing team, additional internal resources, and externally contracted services. We value, and will continue to invest actively in the development of our existing staff using the Trust's Performance Appraisal Development Review (PADR) process.

This will not only review personal annual performance but will also identify individual aspirations and targets for the coming year and the support required in terms of personal and professional development opportunities, training and best practice.

Where the requisite skills do not exist within the in-house team, we will either develop our in-house team, look at recruiting, or develop relationships with local partners to ensure that we share and maximise our expertise, as well as providing opportunities for mentoring and learning from each other.

### 3.5 Service Context

In support of the Trust's strategic aims and objectives we acknowledge the factors relating to clinical and service delivery which will influence future direction and have a consequent impact on the estate. The Trust currently has sufficient capacity in terms of beds, estate and workforce and is developing sustainable plans to address the risk and challenges it will face.

There are opportunities to work with partners through, for example, community hubs, to improve access to more integrated services and to increase efficiency. There is also scope to re-model the workforce to meet both current and future need as part of the transformational programmes and this will be undertaken through a number of initiatives.

The extent to which the Trust will have the opportunity to compete with other providers will be dependent on commissioner procurement decisions, particularly in relation to existing community services provision, but there are already opportunities for collaboration in the delivery of some services.

Opportunities for growth are considerable, particularly for secure services and prison health but also for urgent care services, community services and mental health services in adjacent areas. The Trust will also seek to develop a portfolio of new services that are not part of its current core offering, including services paid for by individual patients which would support greater financial sustainability over the longer term.

Delivering the NHS England 'Everyone Counts' is a key requirement of commissioners and must be a central priority for the Trust. Overall, providing high quality, safe and effective care in line with patient expectations and of our regulators is fundamental to our plans for the coming years.

The specific identified operational service based priorities which have an impact on the estate are shown in Appendix 6



Having considered the current position of the estate and its management in some detail, and described our vision and objectives for how the Trust's estate will support the clinical and service delivery plans, we now set out our plans for how this will be achieved through a series of actions. Some of these actions will be ongoing and span the entire period of the strategy and others will involve more discrete phases of work which are short or medium term in nature but which contribute to the long term strategy.

# Section 4

## How Do We Get There?

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## 4.1 Integrated Service and Estate Planning

The capture and analysis of data is key to proactive estate performance management but for it to be valid and meaningful it needs to be interpreted in the context of organisations of a similar size and profile to the Trust. Data is also needed to help the Trust set key improvement targets in annual plans and to link back to the overarching strategic approach.

To ensure the effective collection of data the Trust needs to maintain an up to date database of all land and premises owned, occupied, let or shared along with legal title documents and third party occupation details. The Estates team will seek to develop, implement, manage and maintain a system that will include:

### **Terrier information**

Leases, licenses, title documents, ownership details, tenancy, financials etc. will be recorded, monitored and managed using inbuilt alert mechanisms to notify and manage rent reviews, break clauses and expiry dates.

### **Asset Register**

All assets will be itemised allowing them to be monitored, tracked and their data recorded to ensure assets are compliant, serviced and maintained according to the relevant legislation and/or policy.

### **Policies and Procedures**

Policies and Procedures will be recorded and managed with inbuilt alert mechanism to flag/alert critical review dates.

This programme will provide a dynamic tool for engagement with services and commissioners for efficient planning purposes. The database will be used to allow for regular engagement with service leads to discuss how successfully their existing accommodation meets their current demand along with any variances. Improvement plans will then be developed jointly to improve the supply and working practice and to drive down cost. The progression and delivery of the improvement plans will be regularly monitored with a continued communication between both the estate and service planning teams.

It will also be possible, alongside work undertaken to improve existing provision, to identify the limitations on the existing accommodation supply and opportunities for growth. This in turn will further inform future planning. Having this information available to service leads will enable more proactive discussions to take place and help to develop a much closer link between estate and service planning whilst at the same time supporting informed and costed estate options for any alternative scenarios to achieve the greatest overall benefit to the Trust.

The Estate team will need to establish sufficient resource to ensure the continued and ongoing maintenance and accuracy of the asset information to ensure that the fullest benefits are captured. The employment of an Information Clerk to collate the data and align the Trust's terrier will help to address this element. It is acknowledged that there is a limit to the pace at which estate can react to service requirement changes, due in part to the relative illiquidity of property together with the other attendant processes and approvals. Subsequently, the earlier that service changes are known to be planned, the earlier the estate implications can begin to be managed, resulting in the shortest possible timescales for response. This closer and more frequent communication between property management disciplines and operational services is a critical enabler to the Trust in improving its competitiveness in the healthcare market.

## 4.1 Integrated Service and Estate Planning

This data will also be used to ensure that, where third parties occupy property owned by the Trust, it is able to achieve cost recovery. Similarly, where Trust staff occupy property owned by others it will need to be clear on the nature of the occupational

status and the costs, whether direct or indirect, attached to it. Often these arrangements are established in support of integrated service delivery and this situation is likely to increase in frequency in coming years.

The Estates team will review all management arrangements relating to these occupations, be they through established routes such as Section 75 Agreements or more commercial tenancy methods.

## 4.2 Sustainable Planning of Estate

All estate planning will be led by the property requirements of services and in some cases external tenants. Flexible estate planning will be required at a variety of levels; geographic, locational (in context), individual property, and room level. All of these will have to acknowledge the need for a commercial justification whilst helping to meet the Trust's business needs. Any property requirements arising out of service delivery will therefore need to be demonstrated as providing the best cost/benefit over the remaining term of occupation or ownership and adequate mechanisms to achieve this will be required.

The Trust will continue to work with partners and other bodies involved in the provision of health and social care to achieve the most efficient and effective use of their respective estate for the benefit of patients and the community.

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The Trust will own property only where there is a direct operational or business strategy benefit, for example to protect the resilience of the service offer or to enhance a competitive position.

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In some cases, planning for multiple properties on the same site or within the same geographic locality will be considered through the use of master plans to ensure that maximum efficiencies are achieved and to avoid any unnecessary duplication of space or use. These larger scale plans are known to be required for the Hull, Driffield and Bridlington areas and also the Willerby Hill site.

## 4.3 Environmental Objectives

The Trust is committed to taking a proactive approach to sustainability and will continue to explore opportunities for improvement. As the Trust's Estate contributes substantially to its carbon footprint, the Estates team will be required to proactively demonstrate how this will be reduced, contributing to an increase in the Trust NHS Good Corporate Citizen score of 67%. Actions will be prioritised according to the impact that can be achieved.

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The Estate Team will produce a thorough review of the options to deliver a significant reduction in the environmental impact of the estate and will make recommendations for capital investment approval.

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The review and recommendations will consider individual property and estate-wide proposals.

## 4.4 Customer Focus

The Estates team recognises the important role it plays as an internal and external service provider and will ensure that responds to its service users as customers as if in a commercial market. This will require a subtle change from the historic more reactive approach. By delivering on challenging targets the team will elevate the perception of its brand.

To support this, we will establish a more formalised feedback system from our users on our service and performance via tools such as independent surveys. In part this will be achieved through the enhanced use of the Planet FM and Meridian systems. This feedback will be used to focus our attention on areas identified as performing poorly and will provide a baseline against which to demonstrate ongoing annual improvement.

In order to increase the successful percentage completion of reactive tasks and further satisfy our customers, a series of sessions have taken place with our customers to educate them in terms of appropriate job classifications, for example preventing customers logging all jobs as Priority 1 and therefore requiring completion in 1 hour irrespective of the seriousness of the task.

In addition, the introduction of the Planet FM mobile module will move the Estates team away from the outdated paper docket system that is currently employed. It has been identified that delays in processing data through the legacy system, due to the time taken to input the data from the docket into the software programme, has negatively impacted the Trust in achieving allocated SLA timescale performance

criteria. This is despite works being completed within their allocated SLA period. The implementation of improved communication processes and proportionate reporting of classification criteria between the Trust customer base and Estates is anticipated to improve rates of target compliance.

## 4.4 Customer Focus

This feedback will be used to focus our attention on areas identified as performing poorly and will provide a baseline against which to demonstrate ongoing annual improvement.

Successfully working in partnership with services and external customers is dependent on building relationships. The investment of time to build positive relationships is acknowledged as a significant resource requirement.

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The Estates team will produce an annual communications plan to ensure all internal and external customers receive sufficient attention to assure positive relationships and brand recognition.

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## 4.5 Commercial Property Management

The Trust and its Estate team are operating in a commercial market as a provider of services. In order to operate in this market and remain sustainable, future estate decisions are required to be made with a bias for a stronger commercial argument than has previously been the case and one which can be demonstrable to the Trust Board. This not only includes decisions and investment around occupational needs but also the means of delivery and management of the accommodation.

All estate costs need to be justified as the lowest possible to meet the required specification or customer requirement. Through the benchmarking of all occupational costs against national and industry recognised KPI's we will be able to target resources and demonstrate a clear improvement over time.

Alongside this, a clear disposal strategy will be developed to ensure that decisions are taken in a systematic way with the wider interests of the Trust fully considered.

Although capital receipts are helpful, they are unlikely to be of the scale that will make a significant difference to the Trust's financial position. However, the revenue consequences of holding or disposing of property, alongside potential commercial use and its associated income, will be a significant factor in helping to shape the disposal strategy.



## 4.6 Effective Team

To achieve the objectives of the Estate Strategy the initial review of existing staffing skills and capacity will be developed further to support future team planning. It is proposed that an Estates Management Plan will be presented annually to the Trust's Board which will identify the level of resources required and the most cost effective means of securing them.

Ongoing staff development will be highlighted to guarantee delivery of our objectives, while Performance Appraisal Development Reviews will be undertaken for all individuals in the team to ensure that all are motivated and supported.



## 4.7 Effective Supply Chain

The Trust is committed to providing the most cost effective delivery of estate and facilities services, which in some cases requires us to be supported by external suppliers. In securing this support we acknowledge that lowest cost does not necessarily represent the best value and also that traditional procurement methods often do not deliver the most efficient and effective solution. This has been continually evidenced by Government and industry guidance. Lessons can be learnt from the relatively poor results driven by the adversarial approach and the conflicting motivations of the organisations involved in construction related transactions.

To address this the Trust wishes to keep abreast of national developments in procurement and to maximise the value it receives from its supply chain. Following a review of all planned, reactive and minor works jobs that are required of the Estates department, a full review was recently undertaken which looked at the following aspects:

- Workload quantity
- Workload complexity and specialism
- Current resource
- Skill mix
- Current contract and market rates
- Internal charge out rates

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The outcome of this study identified that shifting a large majority of workload to in house and tendering the rest to the open market would offer a number of advantages:

- Cost reduction and value for money
  - Increased management and control
  - Increased quality and less re-work
  - Familiarization with the Trust's requirements
  - Consistency
  - Relationships with units
  - Reflects our customer's wishes and requirements
  - Succession planning for the Estates team and apprentices
  - Potential to grow and market our services to achieve further income streams
- 

For the works that cannot be completed in house i.e. specialist works, a tender is currently in the process of being written, which will be issued to the European Union by way of an OJEU notice. This tender will test the market and enable the Trust to demonstrate value for money in terms of market rates.



## 4.8 Business Development

In support of the Trust's aspiration to explore new business opportunities, the Estates team will explore options of expanding upon the SLA's they already operate and look to provide estates services to other NHS bodies and external organisations, where it can deliver to price and quality expectations and where there are synergies with other Trust services. It must be recognised, however, that sufficient resilience in the Estates team must be maintained to ensure that all internal objectives are met as a priority.

The Estates team will also support other areas of the Trust in pursuit of new commercial services and provide estates advice to enable effective competition for such opportunities. Where possible these services will be delivered from existing estate if it meets the same geographic and cost benefit criteria as existing service demands. Failing this, where additional property is required then similar criteria will be reviewed and followed.

The Trust will also be open to consideration of joint venture or similar partnership arrangements which either provide additional resources, both capital and people, or unlock the chance to dispose or develop the estate to the Trust's commercial or service advantage.

## 4.9 Risk Management Strategy

The Estates team will continue to maintain an accessible and up to date Risk Register for all estates and facilities management issues. When high risks are identified, a standardised risk mitigation plan will be linked to the register detailing plans and actions. This will link to the wider corporate risk register which is reported monthly to the Trust Board.

## 4.10 Estates IT Systems

The Estates team will implement, manage and maintain a range of Estates related IT systems to improve efficiency and data management. These include:

- Estate Management and Terrier System
- Planet FM Mobile
- Contract Management system to manage the new NEC Term Service Contract
- BIM



## 4.11 Quality and Governance

The Trust is undertaking a review of its current governance structure from which a clear quality assurance framework will be established. This will make clear the acknowledged infrastructure together with the processes and connections and how these align with the day to day management structure to ensure that all Trust activity is monitored and suitable checks are in place to deliver the highest quality of service.

In respect of estates activity this is particularly relevant to decisions concerning capital investment priorities and also for disposals of property and it is anticipated that powers will be delegated to appropriate boards for these issues. In respect of the more transactional business decisions it is expected that powers will be delegated to the Director of Finance, Infrastructure and Informatics in most instances.

Additionally, the Estates team is currently carrying out a pilot of the Department of Health's Premises Assurance Model with a view, subject to Board approval, of implementing this across the Trust. PAM will be used to audit the Trust's compliance in terms of all Estate, Health and Safety, Soft FM, Infection Control, Medical Equipment, Procurement functions.



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# Section 5 - Appendices

## HUMBER DATA - MASTER DATA

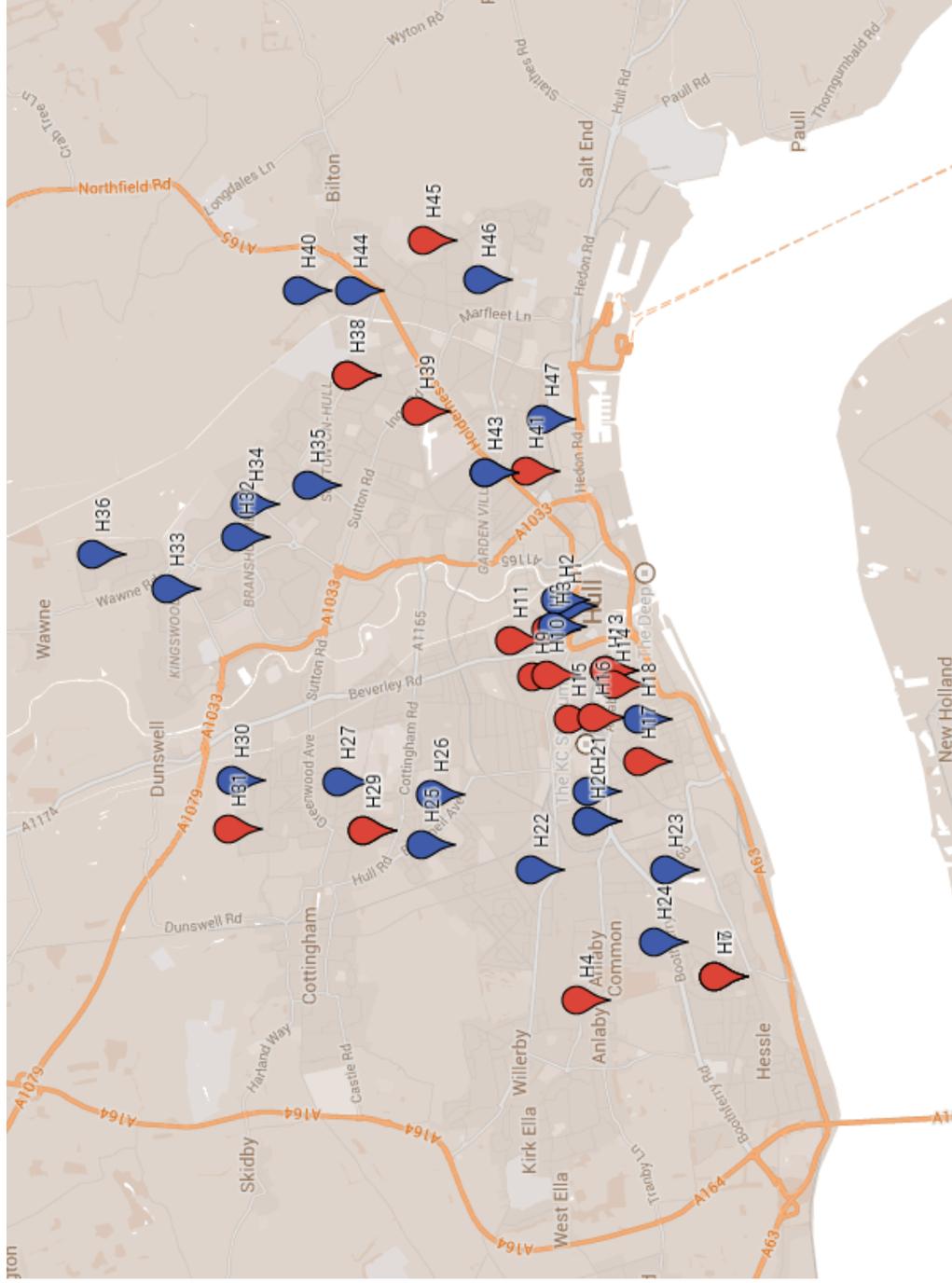
TABLE 1 CURRENT PROPERTY SCHEDULE

PROPERTY NAME	ADDRESS	USE OF BUILDING (M)	SITING AND ACCESS	TENURE	LEASE (DATE COMMENCED)	PHYSICAL CONDITION	QUALITY	FIXED AND SAFETY REQUIREMENTS			INCOME (LEASES ETC)	LEASE COSTS	TOTAL
								UTILITIES	MAINTENANCE (E/A) DEFINED	CAPITAL CHANGE			
1 Aysonthorpe House (Townend Court LD)	296 Cottingham Road, Hull HU6 8OR	1,000	0.33	Freehold	N/A	Site A	A	3,351	9,488	16,435	120,800		150,144
2 Greenhills inc SW Lodge	St Mary's Lane, Beverley, HU17 7AS	1570	0.79	Freehold	N/A	Site B	B	4,065	52,171	23,000	83,448		142,720
3 Humber Court	Willyerby Hill, Hull, HU10 6ED	1399	0.32	Freehold	N/A	Standalone	B	1,492	29,960	32,854	40,014		103,020
4 Humber Centre	Willyerby Hill, Hull, HU10 6ED	6598	0.33	Freehold	N/A	Standalone	B	1,341	13,034	72,321	328,017		415,613
5 Humber Lodge	Willyerby Hill, Hull, HU10 6ED	1443	0.33	Freehold	N/A	Standalone	B	1,341	13,034	72,321	328,017		415,613
6 Mill View Lodge	Chalfit Hill, Cottingham, HU16 5JQ	1443	0.14	Freehold	N/A	Site D	B	15,968	42,331	35,156	53,655	30,000	108,000
7 Millanda House	Gladstone Street, Anlaby Road, Hull, HU9 2RT	2738	0.51	Freehold	N/A	Site 1	B	20,789	54,915	52,021	96,002		224,226
8 Newbridge	Birkdale Way, Newbridge Road, Hull, HU9 2BH	1220	0.33	Freehold	N/A	Standalone	B	2,055	29,455	26,118	35,443		90,711
9 St Andrews Place	274 St Georges Road, Hull, HU9 3SW	887	0.23	Freehold	N/A	Standalone	B	4,733	29,086	24,001	11,852		65,852
10 Townend Court	296 Cottingham Road, Hull HU6 8OR	2015	0.26	Freehold	N/A	Site A	C	7,631	29,944	24,001	31,178		103,252
11 Westend Reception Block	2062-2068 Hessle Road, Hessle, HU13 9NW	205	0.43	Freehold	N/A	Site E	C	11,245	22,979	17,678	19,223		71,800
12 Westend Reception Block	2062-2068 Hessle Road, Hessle, HU13 9NW	408	0.31	Freehold	N/A	Site E	B	17,900	24,682	24,278	42,463		109,345
13 Westlands	Brindley Road, Driffield, YO25 5JR	2575	0.73	Freehold	Included	Standalone	C	27,247	48,100	34,777	203,488	203,488	517,178
14 Alfred Brain Hospital	Hessle Road, HU18 1LP	278	1.21	Freehold	Included	Site K	A	9,233	19,244	12,923	50,649		80,854
15 Humber Lodge	Willyerby Hill, Hull, HU10 6ED	1443	0.33	Freehold	N/A	Standalone	B	1,341	13,034	72,321	328,017		415,613
16 Withernsea Community Hospital	Queen Street, Withernsea, HU19 2QB	1531	0.86	Leasehold	N/A	Standalone	B	20,729	40,005	10,454	297	475,335	648,890
17 Withernsea Pavilion Leisure Centre	Station Road, Withernsea, HU19 2QA	No detail available		Leasehold	N/A	Standalone	B	63,765	85,387	47,968	594,175	234,500	1,880,175
18 East Riding Community Hospital	Swenmoor Lane, Beverley, HU17 8FA	5125	2.76	Freehold	Included	Standalone	B	7,390	8,699	19,877	3,243		35,115
19 Baker Street	7 Baker Street, Hull, HU2 8HF	502	0.03	Leasehold	N/A	Standalone	B	4,976	8,404	8,213	3,855		17,448
20 Becca House	27 St John's Avenue, Bridlington, YO16 4ND	292	0.08	Freehold	N/A	Standalone	B	4,425	6,532	5,700	7,853		23,810
21 Beverley CMHT	Menor Road, Beverley, HU17 7BZ	296	0.03	Freehold	N/A	Site C	G	12,170	19,387	347	6,653		33,927
22 Bridlington District Hospital (Buckrose)	Bessingby Road, Bridlington, YO16 4QP	707	0.01	Leasehold	N/A	Site G	B	2,241	5,146	1,178	5,009		14,171
23 Colman Avenue Clinic	Colman Avenue, Beverley, HU17 9LP	214	0.07	Freehold	N/A	Standalone	B	4,892	4,831	5,353	4,258		19,732
24 East House	38 St John's Avenue, Bridlington, YO16 4NG	298	0.07	Freehold	N/A	Standalone	B	4,892	4,831	5,353	4,258		19,732
25 Gooles and District Hospital (Rivers)	Woodland Avenue, Gooles, DN14 8RX	No detail available		Leasehold	N/A	Standalone	B	5,064	3,080	7,810		1,800	16,100
26 Gooles SMSS	100 Boothferry Road, Gooles, DN14 8AE	240	0.01	Leasehold	N/A	Standalone	B	6,273	10,971	1,373	13,307		28,953
27 Lurgate	74 Lurgate, Beverley, HU17 8EU	250	0.01	Leasehold	N/A	Standalone	B	8,673	10,971	1,373	13,307		28,953
28 Lurgate	74 Lurgate, Beverley, HU17 8EU	250	0.01	Leasehold	N/A	Standalone	B	8,673	10,971	1,373	13,307		28,953
29 Driffield NHS Centre	8 Market place, Driffield, YO25 6AP	913	0.05	Leasehold	Included	Site F	B	4,892	4,831	5,353	1,644	2,284	22,864
30 Revendell	Revendell House, Union Street, Driffield, YO25 6AT	300	0.03	Leasehold	N/A	Site F	B	5,980	4,578	1,693	18,753		40,988
31 Rosedale Community Unit	Preston Road, Hedon, HU12 8JU	1149	1.29	Freehold	N/A	Standalone	B	8,109	22,104	11,410	18,753		60,373
32 The Grange	Hauxwell Grove, Middlelees Road, Hull, HU8 0RB	609	0.03	Freehold	N/A	Site D	B	6,011	5,739	6,859	7,200		25,800
33 College House	Willyerby Hill, Hull, HU10 6ED	717	0.47	Freehold	N/A	Standalone	B	17,881	8,694	12,779	38,351		79,415
34 The Grange	Hauxwell Grove, Middlelees Road, Hull, HU8 0RB	609	0.03	Freehold	N/A	Site D	B	6,011	5,739	6,859	7,200		25,800
35 LCCS Building	Willyerby Hill, Hull, HU10 6ED	140	0.01	Freehold	N/A	Standalone	B	9,038	9,038	25,200	25,200		49,476
36 Tech Centre	Willyerby Hill, Hull, HU10 6ED	501	0.01	Freehold	N/A	Standalone	B	37,410	37,410	28,665	66,075		140,500
37 Learning Centre	Willyerby Hill, Hull, HU10 6ED	595	0.01	Freehold	N/A	Standalone	B	37,410	37,410	28,665	66,075		140,500
38 Generator Bk	Willyerby Hill, Hull, HU10 6ED	1749	0.05	Freehold	N/A	Standalone	B	87,146	8,260	109,131	4,586		201,720
39 Skidby House	Willyerby Hill, Hull, HU10 6ED	103	0.23	Freehold	N/A	Site B	B	27,700	46,982	23,351	10,500		107,531
40 Victoria House	Park Street, Hull, HU2 8TD	4911	1.21	Freehold	N/A	Standalone	B	15,429	28,159	15,943		44,459	191,919
41 Anlaby Clinic	First Lane, Anlaby, HU10 6JE	337	0.17	Freehold	N/A	Standalone	B	23,546	31,876	14,728		165,517	250,660
42 Beverley Health Centre	Manor Road, Beverley, HU17 7BZ	2166	0.4	Leasehold	N/A	Site C	B	3,452	4,404	719	7,000		15,575
43 Beverley Health Centre - Physio	Manor Road, Beverley, HU17 7BZ	2166	0.4	Leasehold	N/A	Site C	B	3,452	4,404	719	7,000		15,575
44 Bridlington District Hospital - MacMillan Ward	Bessingby Road, Bridlington, YO16 4QP	703	0.02	Leasehold	N/A	Site G	B	10,704	7,652	12,900	-13,338		115,070
45 Bridlington Medical Centre	The Medical Centre, Station Avenue, Bridlington, YO16 4LZ	No detail available		Leasehold	N/A	Standalone	B	10,704	7,652	12,900	-13,338		115,070
46 Crystal Villas	19 Quay Road, Bridlington, YO15 2AB	No detail available		Leasehold	N/A	Standalone	B	10,704	7,652	12,900	-13,338		115,070
47 Brough Primary Care Centre	Wilton Road, Brough, HU15 1BH	1022	0.08	Leasehold	N/A	Standalone	B	24,064	27,468	24,107	-7,200		73,439
48 Gooles Health Centre	Woodland Avenue, Gooles, DN14 8RU	2176	0.48	Leasehold	N/A	Standalone	B	35,911	32,312	26,948	-7,300		205,304
49 Hessele Grange Medical Centre	11 Hull Road, Hessle, HU13 9LZ	2494	0.52	Leasehold	N/A	Standalone	A	10,918	9,707	2,729	29,705		79,854
50 Cottingham Clinic	King Street, Cottingham, HU16 5JQ	292	0.3	Freehold	Included	Standalone	A						
51 Sunningdale House	70 Walker St, Hull, HU3 2HE	753	0.17	Freehold	N/A	Standalone	B						
52 Withernsea Centre	18 Walker St, Hull, HU3 2HE	1875	0.17	Freehold	N/A	Standalone	B						
53 400 Hall Road	400 Hall Rd, Hull, HU9 2BA	No detail available		Leasehold	N/A	Standalone	B						
54 John Symons House	Park Row, Park Street, Hull, HU2 8TB	No detail available		Leasehold	N/A	Standalone	B						
55 John Havelot House	Grange Road, Billon Grange, Hull, HU9 4LQ	500	0.01	Leasehold	N/A	Standalone	B						
56 865 Holderness Road	865 Holderness Rd, Hull, HU9 9AJ	No detail available		Leasehold	N/A	Standalone	B						
Totals		69,234	25					610,243	1,109,345	947,885	2,024,643	-437,800	2,756,098
(Transfer Order)		9905											

Table 2 Estate Occupancy Costs

# Premises - Hull

## Appendix 2



### Core Premise

Reference	Name
H4	Anlaby Clinic
H5	Westend Accommodation Block
H6	Westend Education Block
H7	Westend Reception Block
H8	Baker Street
H9	John Symons House
H10	Victoria House
H11	Waterloo centre
H12	Sunshine House
H13	Childrens Centre
H14	Riverside Medical Centre
H15	Miranda House
H16	Cotman Street Day Hospital
H17	St Andrews Place
H19	Westlands
H28	Aysgarth House (Townend Court LD)
H29	Townend Court
H31	400 Hall Road
H37	Maister Lodge
H38	The Grange
H39	605 Holderness Road
H41	Newbridges
H45	John Havelot House

### Satellite Premise

Reference	Name
H1	Queens Dock chambers
H2	Kenworthy House
H3	Wilberforce HC
H18	Elliott Chappell HC
H20	Rainbow Centre
H21	Newington HC
H22	Calvert Centre
H23	Oaks Medical Centre
H24	Ganton Special School
H25	Westbourne NHS Centre
H26	Bricliffe Childrens Centre
H27	Frederick Holmes School
H30	The Orchard HC
H32	Bransholme HC
H33	Northcott Special School
H34	Sutton Manor Surgery
H35	Tweedkyles Special school
H36	Highlands HC
H40	Longhill HC
H42	Morrill Street HC
H43	New Green Surgery
H44	Bilton Grange HC
H46	Marfleet HC
H47	HMP Hull

# Premises - East Riding

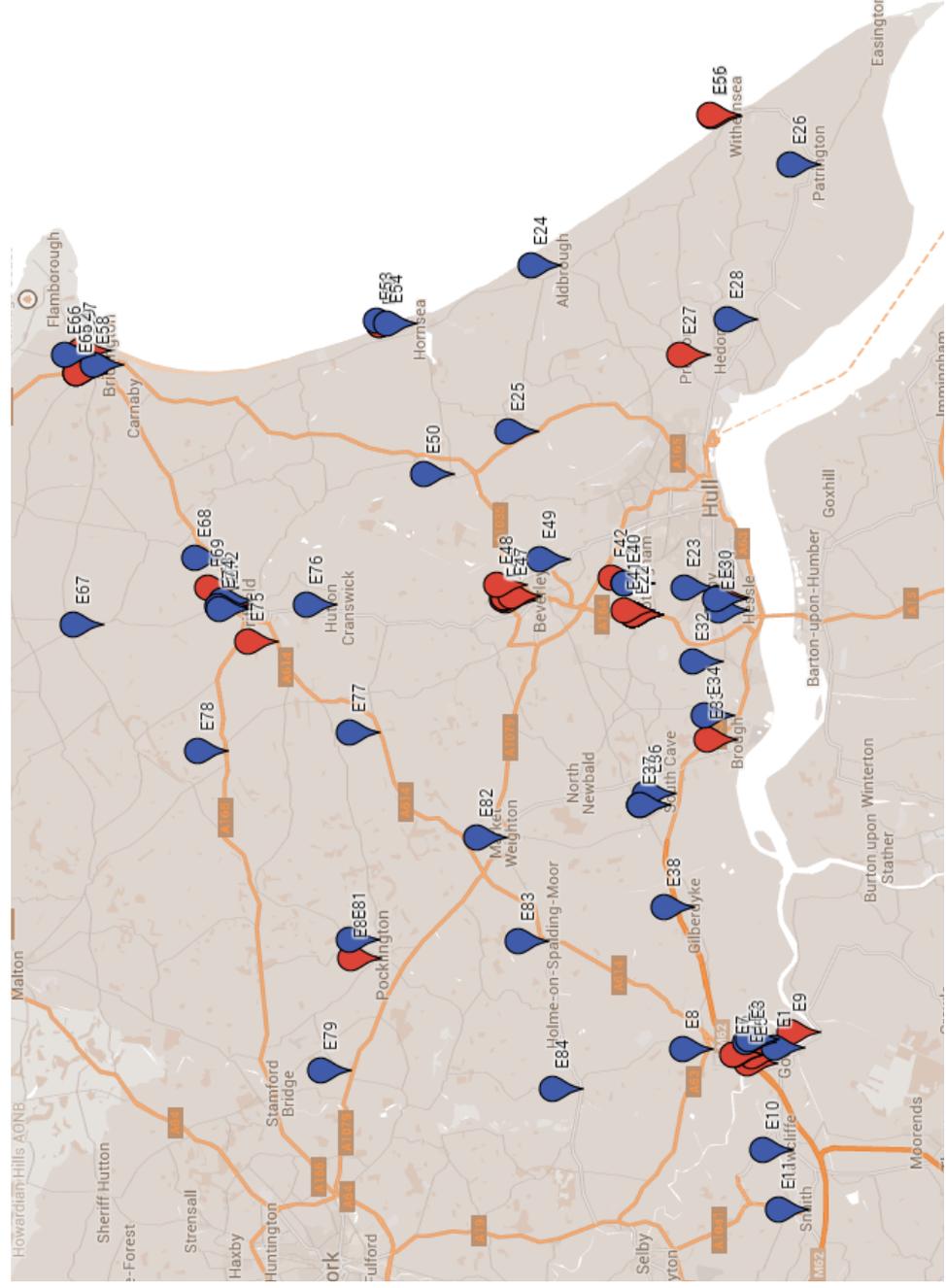
## Appendix 3

### Core Premise

Reference	Name
E4	Bartholomew House
E5	67 Boothery Road
E6	Goole Health Centre
E7	Goole and District Hospital (Rivers)
E9	Goole SWSS
E12	Greentrees Inc SW Lodge
E13	College House
E14	PABX Building
E15	OCS
E16	Tech Centre
E17	Learning Centre
E18	Mary Seakole
E19	Generator Bk
E20	Trust HQ
E21	Skidby House
E22	Humber Centre
E27	Rosedale Community Unit
E31	Hessle Grange Medical Centre
E33	Brough Primary Care Centre
E41	Mill View
E42	Cottingham Clinic
E43	East Riding Community Hospital
E44	Hawthorne Court
E45	Beverley CMHT
E46	Beverley Health Centre
E47	Laigate
E48	Coltman Avenue Clinic
E51	Hornsea Cottage Hospital
E52	Kingfisher Lodge
E55	Withernsea Pavilion Leisure Centre
E56	Withernsea Community Hospital
E57	19 Quay Road
E59	Bridlington Medical Centre
E60	Becca House
E61	Crysta Villas
E62	East House
E63	Bridlington District Hospital (Buckrose)
E64	Bridlington District Hospital - Physio
E65	Bridlington District Hospital - MacMillan Ward
E69	Alfred Bean Hospital
E70	Driffield NHS Centre
E71	Rivendeil
E75	Four Winds
E80	Pocklington Health Centre

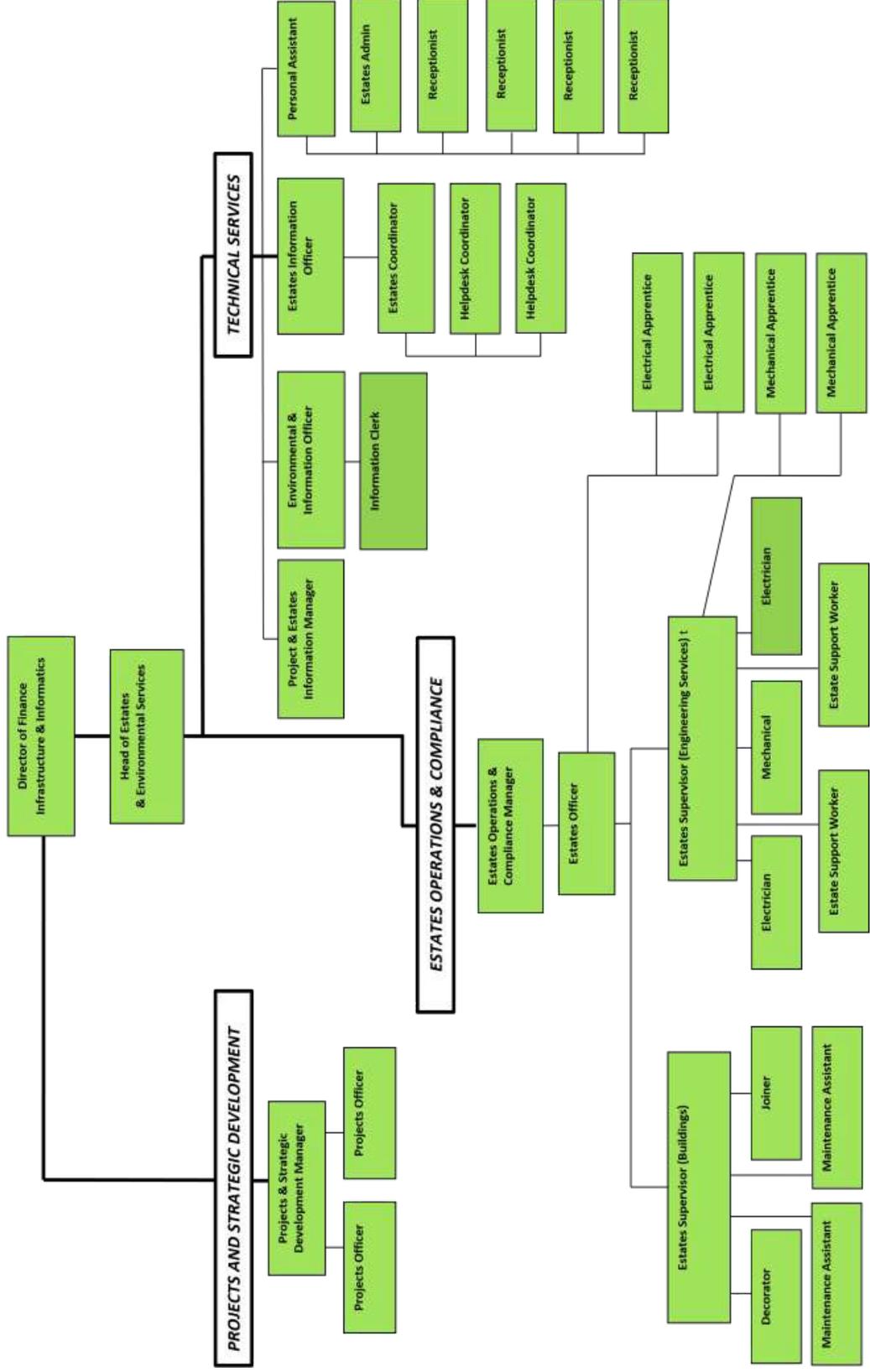
### Satellite Premise

reference	Name
E1	Marshlands Children's Centre
E2	Kingsway Children's Centre
E3	Riverside Special School
E8	Howden GP Surgery
E10	Hazel Lodge pupil Referral Unit
E11	Snath Surgery
E23	Anlaby Children's Centre
E24	Aldborough CC
E25	ERYC Offices
E26	St Patricks Surgery
E28	Thorningbald Village Hall
E29	Bridgview Special School
E30	Hessle Children's Centre
E32	Swanland Surgery
E34	St Annes Special School
E35	HMP Everthorpe
E36	South Cave Surgery
E37	HMV Wolds
E38	Gilberdyke GP Surgery
E39	Brough Children's Centre
E40	Cottingham Children's centre
E49	East Yorkshire CAMHS
E50	Leven & Beeford Medical Practice
E53	Granville Court
E54	Southfield Lodge Pupil referral Unit
E58	Hilderthorpe Children's Centre
E66	Bridlington Children's Centre
E67	Church rooms
E68	Methodist Church
E72	Childrens Centre
E73	Talk of the Town
E74	Kingmill Special School
E76	Methodist Chapel
E77	Methodist Church
E78	The Surgery
E79	Wilberfoss Community centre
E81	Pocklington Children's Centre
E82	Market Weighton Children's Centre
E83	Holme on Spalding Moor Surgery
E84	Bubwith Surgery



# Estates Departments

## Appendix 4 - Estates Team Structure



# Action Plan

## Appendix 5

### HUMBER NHS FOUNDATION TRUST – ESTATES ACTION PLAN 2015-16

Estates/Team Objective	Work Stream	Timescale
<b>Integrate Service and Estate Planning</b>	Review estate requirements for delivery of Community Services and 'care close to home' model including consideration of more extensive and effective use of community hospitals	Q2
	Develop estates response to single points of contact and community hubs to align with Better Care Fund proposals	Q2
	Review future care requirements for dementia friendly environments across Hull and East Riding	Q3
	Ensure connectivity of estates with other related enabling strategies including IT and Flexible Working	Q3-4
<b>Assess and Master Plan Estate</b>	Ensure all estate meets basic service and statutory requirements to include development of agreed set of KPI's	Q2-3
	Ensure efficient use of space by all Trust activities (administrative and clinical) through ongoing utilisation studies to feed into wider estate allocation consideration	Q3-4
	Develop action plan for Driffield estate to include: <ul style="list-style-type: none"> <li>Co-location of all Children's Services staff</li> <li>Feasibility study for re-use of vacant space at Alfred Bean Hospital and development of Health and Well-Being Centre</li> <li>Options for relocation of Four Winds staff</li> </ul>	Q2
	Develop action plan for Bridlington estate to include: <ul style="list-style-type: none"> <li>Feasibility study into options for relocation of all existing services in conjunction with ERoY CCG, ERYC, other NHS bodies</li> <li>Review future use of Crystal Villas for mental health services</li> <li>Options for delivery</li> </ul>	Q2
	Develop action plan for Hull estate to include: <ul style="list-style-type: none"> <li>Options appraisal for future service delivery locations</li> <li>Agreement on Victoria House decant strategy and timetable</li> <li>Review of occupation of John Symons House, and The Grange for mental health services</li> <li>Review of future use of the Waterloo Centre</li> </ul>	Q2
	Develop master plan for Willerby Hill site including: <ul style="list-style-type: none"> <li>Implementation of outcomes of space utilisation studies</li> <li>Consideration of long term service and support requirements (both existing and potential) along with options for provision</li> <li>Consideration of alternative uses for any vacant space</li> </ul>	Q1-2
	Prepare a Disposals Strategy to outline the rationale to be followed along with indicative properties and timescales	Q2-3
	Prepare estates plan for Specialist Services to include reviews of: <ul style="list-style-type: none"> <li>Utilisation of South West Lodge</li> <li>Vacant bed space at Millview Court</li> <li>Future options for Lairgate and Baker Street premises</li> <li>Potential impact of tendering of East Riding community based addictions services</li> </ul>	Q2-3
<b>Meet Sustainability Standards</b>	Review and update Sustainable Development Management Plan as required	Q2
	Monitor carbon reduction levels with target 10% reduction based on 2010 levels	Q1
	Improve on Good Corporate Citizenship model score	Q1
	Progress introduction of LED lighting across the estate	Q1
	Review energy and utility costs and contracts to ensure optimum benefits to Trust	Q1
<b>Focus on Customers</b>	Develop Estates Communication Plan to capture all activity	Q2-3
	Develop and refine customer feedback mechanisms and link all results to regular reporting structure	Q2-3

# Action Plan

## Appendix 5

	Update Planet FM system to ensure customer feedback is fully identifiable and enables continuous service improvement	Q2
<b>Optimise Commercial Management of Estate</b>	Develop robust data collection and management systems for all estate related information to include: <ul style="list-style-type: none"> <li>• Full suite of documented leases/licences/partnership agreements/contracts</li> <li>• Linked financial controls and monitoring</li> <li>• Development of full cost recovery model for all external occupations</li> </ul>	Q3-4
	Work with other services to develop a financial system to ensure that all property related costs can be clearly identified from one source	Q3-4
	Create sustainable cost/delivery model for estates to include: <ul style="list-style-type: none"> <li>• Clear data to identify costs per service/building</li> <li>• Revenue expenditure savings plan (CIP)</li> <li>• Agreed income targets</li> </ul>	Q3-4 Q1 Q3-4
	Develop commercial strategy for estate in conjunction with new business development opportunities from service provision	Q2-3
	Review adoption of NHS Premises Assurance Model	Q1-2
<b>Most Effective Procurement</b>	Ensure all capital investment is prioritised to support estate and strategic objectives via Capital Programme Board (CPB)	Q1
	Prioritise future years capital investment programme	Q2-3
	Ensure regular monitoring and management of capital programme to include reporting to CPB on monthly basis	Q1
	Review current procurement strategy for capital investment projects in conjunction with procurement team and implement any changes arising	Q2
	Review the options for standardisation of specifications and life cycle costing in relation to all capital works to provide for greater efficiencies in future maintenance	Q1-2
	Complete procurement exercise to engage new supplier for specific aspects of Hard FM work	Q2-3
<b>Most Effective Team</b>	Produce performance plans for all team members along with regular review/appraisal processes	Q2-3
	Produce performance plans for all supply chain members, including contractors and advisors, including regular reviews and appraisals of performance along with recorded post project evaluations	Q2-3
	Implement supply chain development sessions to provide specific education on key aspects of Humber NHS FT work	Q3
	Produce an Estates team Workforce Plan to include: <ul style="list-style-type: none"> <li>• Recruitment and retention strategy</li> <li>• Development of team capacity</li> <li>• Development of management and leadership with support as required</li> <li>• Development of team with support as required</li> </ul>	Q3-4
	Improve communication between capital and operations teams and ensure ongoing efficiencies by involvement of operational in standard room design guidance and ensuring whole life cost of investment is accounted for in business cases.	Q1-2
	Undertake skills gap analysis, identifying potential partners for mentoring and learning opportunities and for sharing of expertise.	Q2-3
<b>Performance Management</b>	Half Year Action Plan Performance Review Full Year Action Plan Performance Review Annual review of Estate Strategy Action Plan produced for 2016/2017	Q2 Q4 Q4 Q4

# Service Priorities

## Appendix 6

<b>Community Services and Older Age Psychiatry Services</b>	
Objective	Target Date
Review estate requirements in line with refreshed strategic vision of delivering 'care closer to home'. Likely to include more intensive use of Community Hospitals with clear link to space utilisation and maximisation of use.	Q2 2015/16
Progress with development of single points of contact and community hubs to align with Better Care Fund proposals	Q2 2015/16
Ensure connectivity of estates and service model with IT strategy and mobile working proposals	Ongoing
Continue to address lack of fit for purpose wound care clinics through proposed capital investment schemes	Q1-4 2015/16
Review Alfred Bean Hospital proposals to deliver health and well-being centre	Q1 2015/16

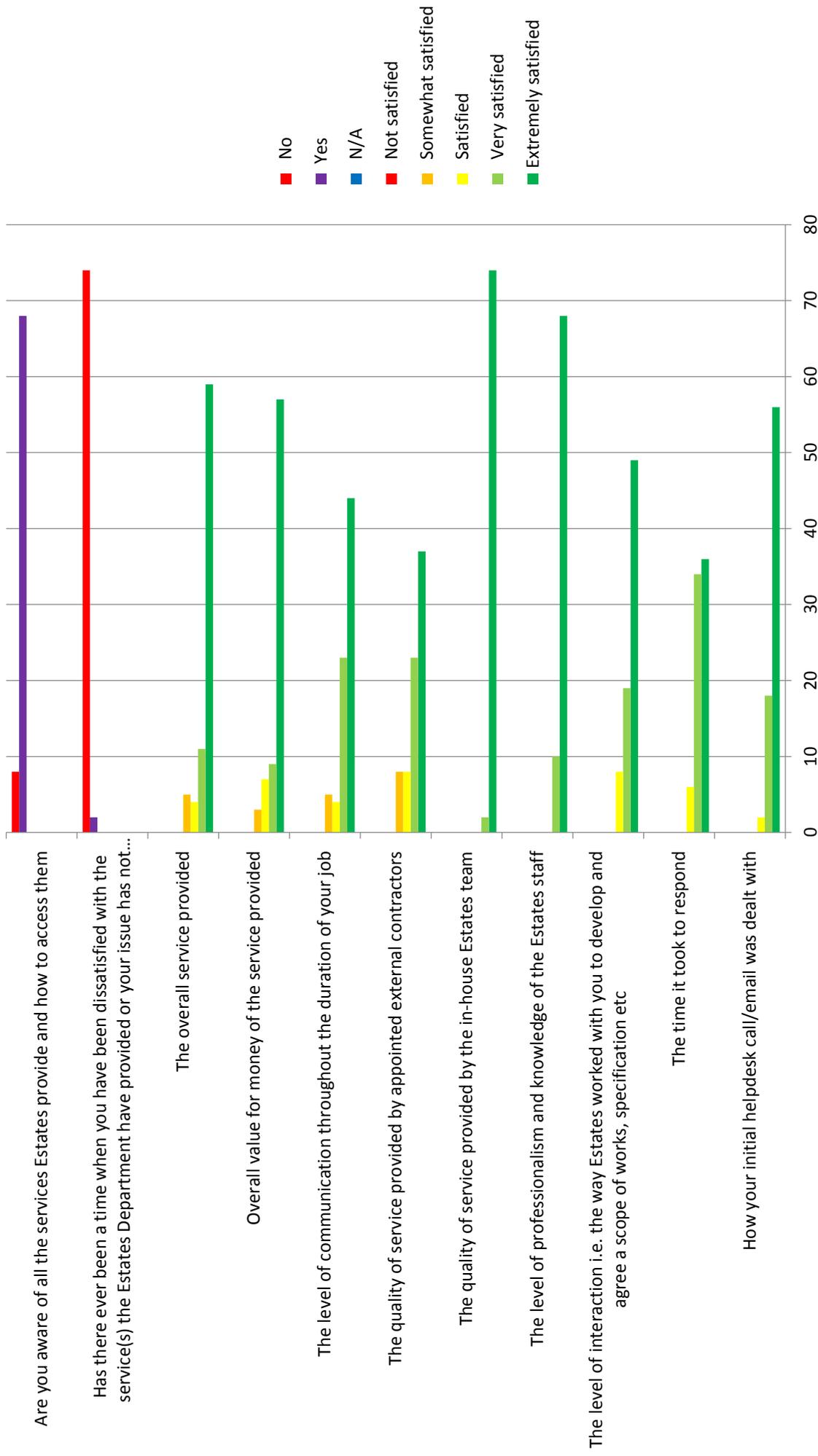
<b>Children's Services and Learning Disability Services</b>	
Objective	Target Date
Consolidate Hull CAMHS service following decant from John Havelot House	Q2 2015/16
Consolidate East Riding CAMHS service into Driffield	Q2 21015/16
Review future options for Health Visitors in East Riding	Q2 2015/16
Review future options for team in Four Winds following vacation in 2016	Q2 2015/16
Review future options for team in East House	Q4 2015/16

<b>Mental Health Services</b>	
Objective	Target Date
Review East Riding IAPT accommodation options	Q1-2 2015/16
Review occupation of The Grange and John Symons	Q2 2015/16
Consideration of future provision for services located in Victoria House	Q1-2 2015/16
Review future options for use of Waterloo Centre	Q1 2015/16
Review future use of Crystal Villas along with consideration of other options as part of wider Bridlington estates review	Q1 2015/16
Feasibility study into alternative venues for tribunals across Humber or partner estates	Q2 2015/16
Review use of Anlaby Clinic in light of current operational requirements	Q1 2015/16
Review future care requirements for dementia friendly environments across Hull and East Riding	Q3 2015/16

<b>Specialist Services</b>	
Objective	Target Date
Support greater utilisation of South West Lodge	Ongoing
Review alternative use for vacant beds at Millview Court	Q1 2015/16
East Riding community based addictions service retendering – review impact on Lairgate, Baker Street, Becca House, and Boothferry Road Goole	Q2 2015/16
Review options for future use of Lairgate	Q1 2015/16

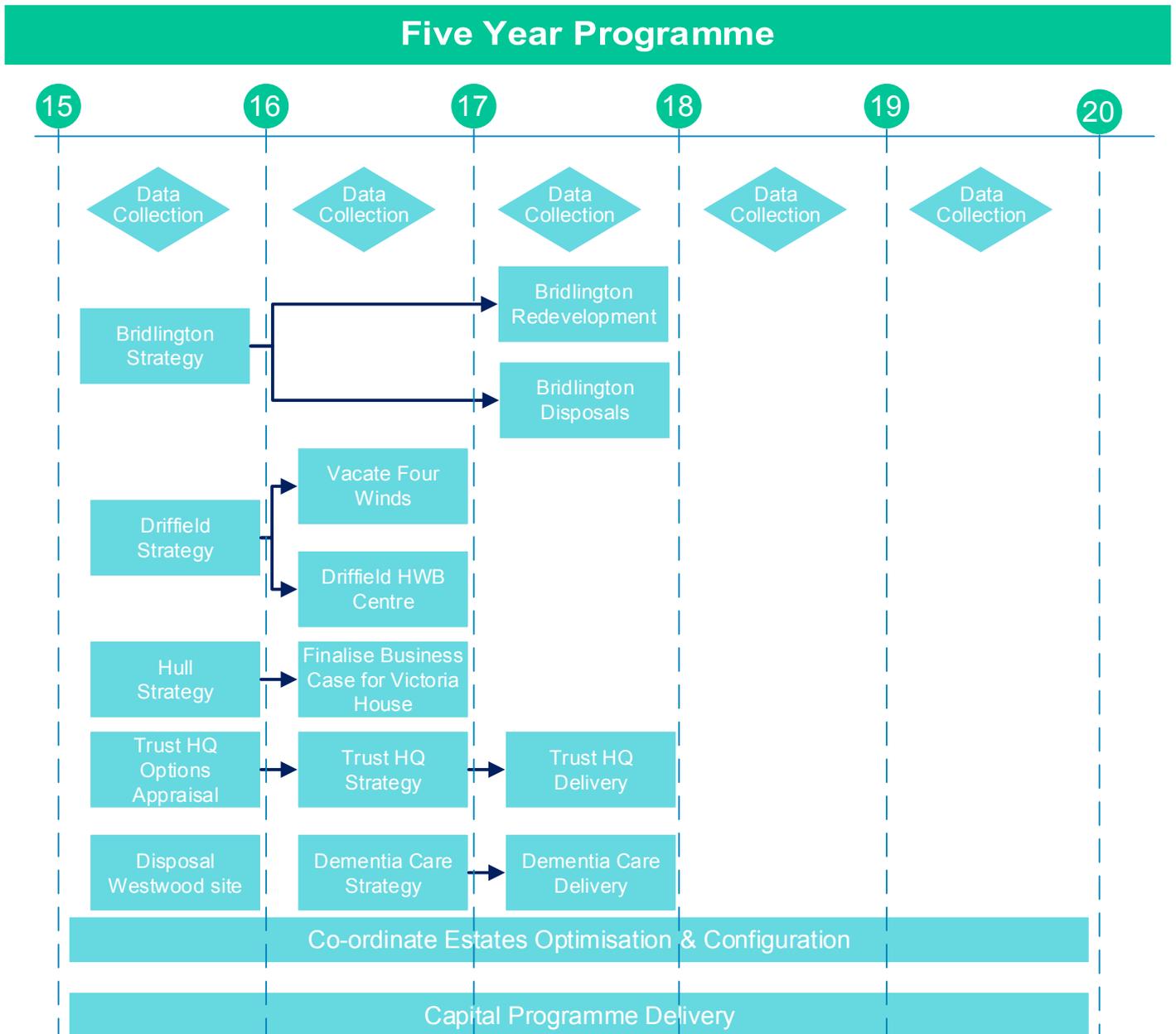
# Estates Service - Customer Feedback

## Appendix 7



# Summary of Estates Activity Over Next Period

Appendix 8



# Glossary

## Appendix 9

Better Care Fund	Fund to support transformation and integration of health and social care services
BIM	Building Information Modelling
BREEAM	Building Research Establishment Environmental Assessment Methodology – widely used method of assessing, rating, and certifying the sustainability of buildings
CAMHS	Children and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CIBSE	Chartered Institution of Building Services Engineers
CIP	Cost improvement programme
Construction 2025	Government report published in 2013 setting vision for long term action to promote construction sector
CQC	Care Quality Commission
Egan	Report published in 1998 into efficiency improvements in the construction industry
Estates Return Information Collection (ERIC)	Main central data collection point for estates and facilities services
FM	Facilities management
Good Corporate Citizenship	Model which allows NHS bodies to self-assess sustainability performance
Hard FM	Services relating to the fabric of a building
Hull 2020	Collaboration of local organisations established to transform and integrate public services
IAPT	Improving Access to Psychological Therapies
Latham	Report published in 1994 into procurement and contractual arrangements in the construction industry
Meridian	Electronic system which allows collection of real time feedback from patients and carers
Monitor	Executive non-departmental body of Department of Health with regulatory powers
National Carbon Trust	Not-for-dividend company which helps organisations reduce carbon emissions
NHS Everyone Counts	Framework for health sector partners to work collaboratively to achieve sustainable high quality care for all
NHS Property Services	Limited company owned by the Department of Health with ownership of c. 3,600 facilities
PLACE	Patient led assessments of the care environment
Planet	Modular system supporting both hard and soft facilities management
Planned Preventative Maintenance	Scheduled servicing regime applied to plant, equipment, and property
Reactive Maintenance	Repairs undertaken when plant, equipment, or property has broken down
S.75 Agreement	An agreement made under S.75 of the National Health Services Act 2006 between a local authority and an NHS body
Soft FM	Services which support the operation of a building
Terrier	Record system for an organisation's land and property holdings
Transfer Order	Process for transferring ownership of property from Primary Care Trusts
Treasury Green Book	Sets out a broad framework for the appraisal and evaluation of all policies, programmes, and projects



Improving Health  
and Wellbeing

Humber **NHS**  
NHS Foundation Trust

