

# Estates Strategy 2019-2024



*Brilliant care through brilliant people*

**Document Tracking Sheet**

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## Foreword from the Chief Executive

I am delighted to have been invited to write the foreword to this, our 2019-2024 Estates Strategy.

There has never been a better time to work in mental health, learning disability and substance misuse services and it has never been more important to drive up the quality of everything we do.

I started my career as a RMN in what was the first purpose-built asylum in the country. It dated back to the 17th century and it was grim. The many corridors were long, the windows small, it was all dormitory accommodation and little, or no, privacy and dignity.



That was 35 years ago and thank goodness things have changed in ways that would have been almost unimaginable then. But there are still remnants of those days and we know that nationally, and in our own organisation, some of our estate is not fit for purpose and that we should do better.

At last, there is recognition at national level that it is discriminatory to accept lower standards for the people who use our services and a determination matching our own in Kent and Medway NHS and Social Care Partnership Trust (KMPT) to deliver the very best care, in environments that anyone would be happy to use. Only a few days ago all mental health CEOs were written to by the CQC's mental health lead emphasising the increased focus of the CQC in the coming years to ensure mental health accommodation is properly investment in and maintained to a high standard.

That is why this strategy is so important. It not only sets out our ambition and our priorities, it links them straight back to people; those who use our services and those of us who work in them.

This will not be a dusty document that once ratified, is forgotten. This will be a roadmap for improvement ensuring we do what we say we will. It will drive our ambitious programme and ensure that we make the very best use of our estate, enabling us to deliver the very best care in fit-for-purpose environments.

It is my pleasure to commend it to you and to invite you, as always, to get involved in making a reality the changes the strategy describes.

A handwritten signature in black ink, appearing to read 'Helen Greator'.

**Helen Greator, Chief Executive**

## Overview

**O1.** This strategy covers all aspects of the trust's buildings, land and facilities support. The strategy complements other trust strategies, notably the clinical care and clinical technology and information strategies, as we make progress towards delivering KMPT's organisational and clinical vision for the future. KMPT also needs to address the challenges set by the NHS Long Term Plan (LTP), delivering the Forward View - NHS planning guidance 2016/17 - 2020/21, Lord Carter's Review on NHS trust operational productivity and Lord Naylor's Review of NHS Property and Estates. This document sets out the trust's ambition for a consistently high quality estate to support all its services to deliver outstanding care and treatment that the residents of Kent and Medway can be confident in.

**O2.** The trust's last major update of its estate strategy was in 2015, with a "refresh" in 2017. This new strategy is not a further refresh but a fundamental review of our estates and facilities operations and assets, which is timely for a number of reasons, mentioned above and set out below. Most of all, however, the trust wanted to engage as many people as possible in the thinking about estate, and this new strategy reflects as many of their thoughts and ideas as possible.

**O3.** Ensuring a safe and appropriate environment, maintaining its assets and facilities, and delivering excellent "hotel" facilities services are the core of what the trust does in the management of its estate. Although much of this work takes place "behind the scenes" a positive experience of KMPT services for those who use them or work in them depends, in part, on these support services being delivered efficiently and effectively. The primary concern to be addressed by the estates strategy is that of ensuring that it supports and enables delivery of clinical services as effectively as possible.

**O4.** In relation to asset management, the strategy addresses how KMPT needs to optimise its assets to ensure best value for money and release funding for investment in new capital developments. In relation to growth, work continues to develop our thinking around service development plans as they impact on the trust's key sites, taking into account opportunities and constraints in developing capital investment schemes.

**O5.** Much has changed in the wider strategic health and social care landscape over the past two years. There has been increased emphasis on partnership and collaboration across the health and care system. Work is progressing on a Sustainability and Transformation Partnership (STP) for the NHS across Kent and Medway with estates and facilities issues developing a significant profile. KMPT is working closely with and, in many instances, leading some of this work with CCG and local authority commissioners and other NHS providers.

**O6.** There is increasing emphasis across the NHS to improve our efficiency in the use of the estate to protect front line service delivery within available means. In particular, the 2016 review of operational productivity in the NHS by Lord Carter identified how NHS estate can be better utilised and set targets for reducing the amount of void and under-utilised estate, as well as the proportion of the estate required for non-clinical functions. Achieving or bettering the Carter benchmarks will be a key measure for how we are delivering best value for our estate as a whole.

**O7.** The NHS property and estates review by Lord Naylor, published in 2017, identifies targets for NHS organisations to deliver in terms of releasing public sector assets to support housing growth, a key government objective. KMPT is proud of its record in this area, particularly since retaining surplus assets is a drain on trust resources for the frontline. Delivering improved productivity and efficiency, as part of establishing long term financial sustainability for the trust, will continue to be a focus for KMPT estates.

**O8.** The strategy sets out how the trust plans to use its buildings to support changes to the way it delivers mental health services, in particular how it is planning the use of estate to support the trust's clinical service delivery through clear clinical care pathways. This estate strategy begins to describe how KMPT will invest in and manage its estate effectively to ensure the right kinds of buildings in the right locations to support clinical care delivery. It also describes how the trust will harness the benefits of technology to ensure the care environment can be safe and secure while promoting the privacy, dignity and wellbeing of all who use trust buildings.

**O9.** KMPT faces a number of challenges in ensuring it is able to meet the growing and changing needs of the local population. Kent and Medway have high proportions of older people among the population, likely to increase, and a number of both deprived areas and new town growth areas. Ensuring equity of access to services for all service users, addressing diversity and inclusion, working more closely with local authority and primary care partners and keeping at the forefront of excellent, effective care interventions are all great challenges which estate can play a part in. The trust needs to deploy the estate effectively to ensure all patients benefit from the high quality environment they need and deserve, as well as ensure our trust is a welcoming place to work for all 3,318 members of staff and others who may visit trust facilities.

**O10.** The main pillars of the trust strategy - maintaining and investing in a safe and fit for purpose care environment, using accommodation efficiently, disposing of surplus unfit accommodation, recycling capital receipts to support the investment programme - will not change. Over the past five years the trust has reinvested all capital receipts from surplus property disposals in its in-patient and community estate, a figure in excess of £20m. However, trust planning will need to be sufficiently flexible to respond to changing demands as the local health economy works together to determine how best to configure services to meet changing population need within available resources. KMPT has a central role in that strategic STP planning activity.

**O11.** Although the way KMPT uses its estate will continue to evolve and respond to service developments and requirements, the principles of operation remain constant. Everything the trust does aims to deliver outstanding care and treatment which residents of Kent and Medway can be confident in, and rely upon.

**John Carey**  
**Director of Estates,**  
**Facilities and Capital Planning**

## Introduction

1. The Kent and Medway NHS and Social Care Partnership Trust (KMPT) provides care across Kent and Medway for people with mental health problems and learning disabilities. The trust also provides some specialist services across south east England and cares for people of all ages, from mothers with infants through to older people living with conditions such as dementia. KMPT aims to improve people's lives by providing high quality care and the best possible experience of our services; delivering services in a wide range of places including hospitals, community clinics, people's homes and some GP practices.
2. The trust requires a range of specialist facilities to support excellent mental healthcare through a high quality patient care environment. Providing a high quality working environment for 3,318 (at time of writing) members of staff is also a prerequisite for delivering consistently high quality care. Resources are finite so estate must be efficiently utilised to deliver a consistent and excellent environment, in a way that is affordable.
3. The trust's aim is to achieve a consistently-high standard of accommodation for patients and staff while managing its resources effectively. This means using the estate well and looking for opportunities to optimise it, using benchmark measures for the utilisation of the estate set by the Carter Review, and information available from the Model Hospital resource to ensure best value for money from these facilities.
4. The strategy is about far more than the buildings used to look after inpatients, provide outpatient clinics and deliver administration and support services. While this document is about buildings in the traditional sense of hospitals, clinics, and offices for example, it must also be about building the capacity, flexibility, partnerships and resilience to face the challenges ahead for our services.
5. The development of the estate strategy has been through a process of engagement, working with the trust's care group clinicians and managers, its workforce, service user and carer groups and wider stakeholders.
6. Across the organisation, the following overarching aims for the estate have been identified:
  - Provide safe, secure, effective and therapeutic environments
  - Use the right kinds of buildings in the right location
  - Reduce overall costs
  - Constantly improve the appropriateness and quality of environments for patients and staff
  - Develop more environmentally - sustainable buildings and services
  - Generate income from surplus accommodation where possible
  - Provide staff with safe and healthy workplaces
  - Ensure links between our use of buildings and emerging technologies.

## What people told us about the trust estate

7. In autumn 2018, the trust's estates team, supported by the communications department, launched a listening exercise to elicit views from staff, service users and their carers on what estate issues were important to them and what aspirations they had for future development of estate as part of high-quality mental health service provision. There was also a workshop for senior clinical leaders and presentations and discussion items on the agendas of local user and carer forums through the autumn. Despite the differences between these constituencies, some remarkably similar themes emerged in the feedback, summarised here and set out in more detail in Annex A. Some of the commentary related to the buildings per se, some to the way buildings are managed
8. There was a very significant bloc of positive feedback from all sources, complimentary about how well the trust uses and manages its estate. It is likely that many of these perspectives came from people who work in those parts of the trust where buildings are either recently acquired/upgraded or are of high quality (the survey was anonymous). Just over half of the trust inpatient units and just under half of its community units would fall into this description.
9. Where comments were constructively critical, there was a clear focus on the view that buildings needed to be fit for purpose and that the safety and security of both patients and staff were primary in this respect. So building access control systems and minimum, or ligature-free, environments featured prominently in the feedback, for example. There are ambitious proposals within the trust's technology strategies to fully integrate building access control systems - network connected, centrally managed and monitored. Panic alarm systems, control of visitors to sites and equipment that was safe, maintained and fit for purpose were all cited frequently.
10. It was interesting how many people pointed out the need to balance security systems of one kind or another, however sensitively deployed, with the need for a therapeutic environment, one which fostered wellbeing for both service users and staff, allowing the clinical interventions provided by the trust to achieve their effect without hindrance from the environment. As an example of how this concern is being addressed the trust is piloting a trial system at the seclusion suite in Dartford, which unobtrusively monitors patients' vital signs and alerts staff if needed.
11. Although much of the feedback focussed on providing clinical services, it was recognised there was a need to try and minimise the "clinical feel" of buildings. Notably, reception and waiting areas were picked out by many people as needing to be more welcoming and comfortable, as well as modern and functional.
12. There were a range of other concerns from staff and leaders, in particular picking up the importance of facilities for staff training, welfare and "rest" areas at work. Use of video-conferencing to aid non-physical attendance at training featured regularly in the feedback discussions. Control of temperature in various settings and for differing reasons, perhaps remotely through building management systems (BMS) also featured prominently, as did the workforce's clear interest (and ideas) for ensuring the trust acts as a provider of



choice in its approach to issues such as sustainability, carbon reduction and parking facilities.

13. Although there was some contradictory feedback, particularly around issues such as whether there should be more individual offices or open plan work areas (about which people hold differing views) and whether buildings should be very secure or openly welcoming, what is clear is that the estate from which the trust offers services is important to all and forms a valuable part of the trust's service offer to the community and workplace wellbeing of its staff. This strategy recognises and welcomes that interest in its buildings and in the need to ensure they are continually improved and well-used.
14. The document sets out how the trust intends to try and meet the various demands placed on its estate with our building users' needs at the forefront of our thinking, alongside the demands and expectations of regulators and others. The strategy identifies the key performance management tools used; the key clinical, strategic and operational drivers for change, the chief considerations when planning capital expenditure, and the trust's approach to the optimisation of its assets in support of clinical service delivery. Annex A includes indication of where the Trust is responding to specific issues highlighted by the stakeholder survey, using a colour-code layout.

### Estate management arrangements

15. Although the primary purpose of NHS estate is to facilitate and support delivery of clinical services, the estate must also meet a set of additional requirements set by the Department of Health (DH) and the laws of the land. As a valuable public and NHS asset, the trust has a responsibility to both the population it serves and to the NHS of which it is part to maintain and improve its estate. This is an on-going and expensive task, and reinforces the need to dispose of surplus assets to support that investment.
16. KMPT provides hospital and community mental health services across Kent and Medway, as well as more specialist mental health services across a wider footprint. The estate comprises of 80,773 m<sup>2</sup> of internal accommodation (what is known as the *gross internal area* - GIA), made up of;
  - 50 freehold properties and
  - 23 leasehold properties (including PFI).

Currently, there are 33 main sites throughout Kent and Medway including 27 inpatient wards and seven community homes with a total number of circa 425 beds, some 14 community team bases and three "corporate" buildings.

17. Although the trust operates mainly across Kent and Medway, it also provides some specialist services beyond the county. The Mother and Baby Unit (MBU) at Dartford, for example, serves the south east of England region. A map of trust main locations is included as Annex B and it can be seen from this that there is a good geographical "spread" of locations across the county. The trust has sought to maintain a building/clinic presence in all of the major population centres across the county and its workforce are also able to see patients on request in other healthcare and social care settings. Of course, significant staff interaction with service users still takes place in the service user's own home.

18. The trust manages maintenance of its freehold estate through an external contract with local building maintenance provider ICOM, an arrangement established in 2018, and provides its own staff to provide hotel services (mainly housekeeping/cleaning, site management and porters) for most of its facilities. For leasehold and PFI properties, other hotel services arrangements are in place. In late 2018, the trust entered a contract with a national major hotel services provider, ISS, for catering services, previously provided under a number of different contractual and organisational arrangements.
19. KMPT directly employs just over 200 staff across its estates and facilities services. It costs around £19.3m each year for the trust to hold and service its estate. For 2018-19, this comprised of £18.2m for running costs, £3.1m capital charges and just over £2m income, mainly made up of rental income and facilities services to other Kent NHS organisations.

### **Estate performance and facilities functions**

20. There are a number of standard tools used across the NHS to support the effective performance management of the estate. This allows for a common set of measures that enables both more effective performance management and benchmarking with peers. Over the past five years, the trust has made considerable progress in improving the performance of its estate.
21. Like all NHS trusts, KMPT uses the NHS Estates Return Information Collection (ERIC)/Model Hospital information returns systems, which relate to the costs of providing, maintaining and servicing the NHS estate. This also includes information on the costs of providing certain patient-focussed services such as food and laundry. In addition, the collection includes a number of non-financial aspects of building operation, such as information in relation to fire safety and an organisation's progress in meeting carbon reduction targets.
22. Over the past two years, the ERIC system has begun to be superseded by the Model Hospital information system, which uses the ERIC reporting process to produce and, since last year, publish comparative benchmarking information for all NHS trusts. There have been some interesting technological advances, particularly the use of apps on mobile phones, which are capable, through using dashboard data capture, of bringing comparative benchmarking all the way down to between - and across - individual wards/teams. These will be explored with trust clinical technology and information colleagues.
23. KMPT also employs the Patient Led Assessment of the Care Environment (PLACE) process, which applies to NHS in-patient facilities and is carried out by specialist audit teams, independent of the clinical and facilities operational teams, and which have both patient and professional representation. Some of this focuses on the quality of estates and facilities services as they impact on the patient experience. PLACE looks at how well facilities meet standards on privacy and dignity, cleanliness, quality of meals, "dementia friendly" care environments, and aspects of estates performance that affect patient care.

24. A final source of information on performance of the estate is gleaned through the periodic update of what is known as the “6 Facet Survey”. Developed for the NHS and used across the public sector, this review focuses on 6 dimensions of building condition and performance, and for KMPT was last updated in 2018. Set out below are some of the current key outcomes for KMPT estate from these various performance systems.

25. The first full Model Hospital data set for community and mental health trusts was published in 2018. It illustrates where KMPT sits on the chief estate and facilities dimensions in comparison to other trusts (MH data includes all trusts, whether acute, mental health, community or specialist, much of which cannot be sensibly benchmarked). By isolating for comparison a cohort of comparable trusts, the information is more useful. The overall benchmark of KMPT estates and facilities costs per m2 is illustrated in Figure 1 below, as well as that of five “cohort” comparator trusts, and shows the trust in the highest performing quartile in the country.

26. The key messages for KMPT to be drawn from the Model Hospital data are:

- Although there continue to be some inaccuracies in Model Hospital data - some inherited from the ERIC system, some to do with the definitions used for some categories, some with data challenges and all amplified by the comparison with other trusts where the same problems will have a different mix - the benchmark information does provide a useful starting point for investigating estates and facilities performance and cost
- KMPT benchmarks positively with other trusts on food, utilities, maintenance costs and hotel services. KMPT does less well on the amount of non-clinical space it has (39.6 per cent against the Carter Review’s 30 per cent target), the amount of empty space (13.9 per cent against 2.5 per cent) and the amount of under-utilised space across the trust, assessed at 9.9 per cent. The benchmarking shows that KMPT is in the poorest performing quartile for all three of these measures.

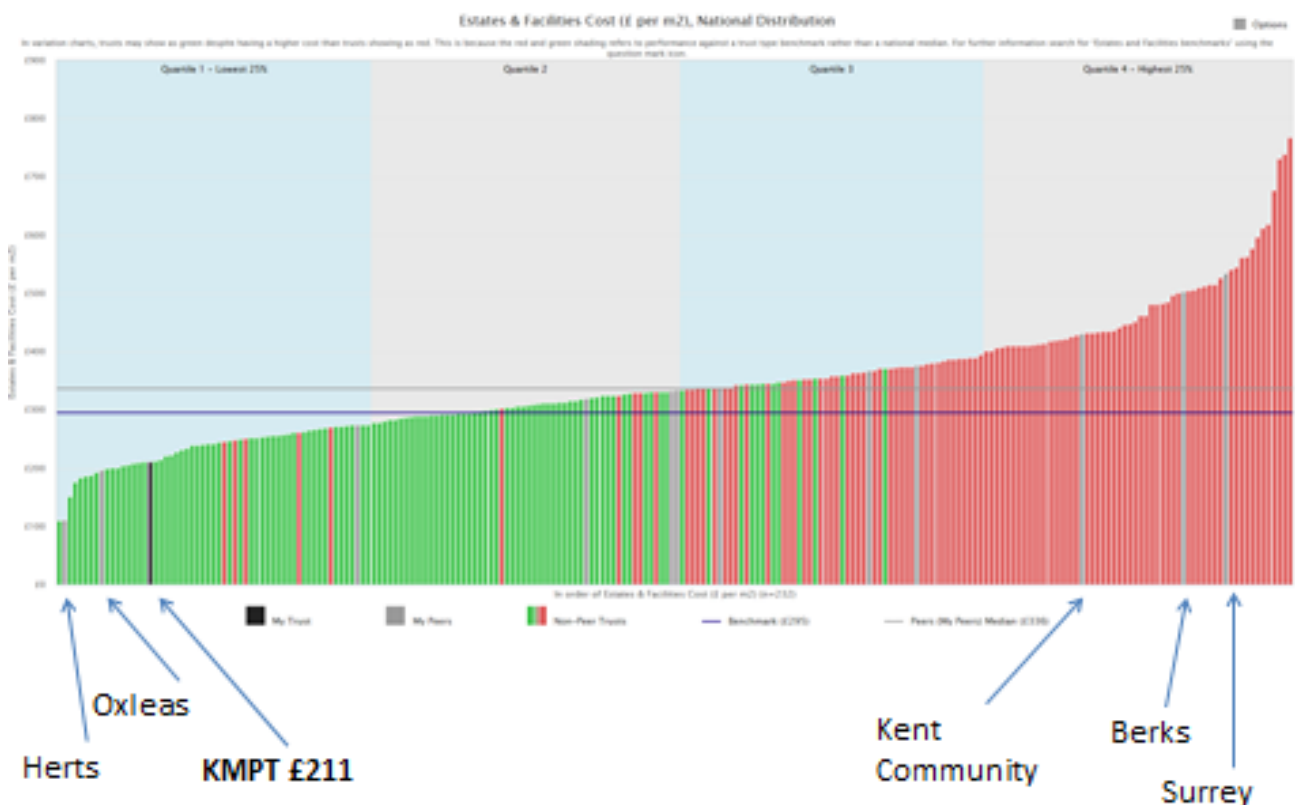


Figure 1

27. In response to these findings, the trust’s estates department is in the process of:
- Reviewing the data collation and submission processes to ensure accuracy of the resulting findings
  - Continuing to improve the utilisation of space. Much of the negative benchmarking above relates to older, poor building stock targeted for disposal where a large amount of space is not used at all, or poorly (for example, St Martins West, which is being vacated for disposal, and Canada House, which is also earmarked for disposal as part of the Medway Hub development with the local council). Achieving the Carter targets on empty and under-utilised space will have direct cost improvement/efficiency benefits and these are factored into the team’s cost improvement plans. The estates team will aim to achieve the Carter targets on all three of the utilisation and vacancy areas by April 2020
  - Reviewing opportunities for cost improvement in cleaning services. The MH data suggests that KMPT’s cleaning costs are £45 per m2, against a national median of £36 per m2, a 25% difference. The estates team will be aiming to reach the median figure by April 2020.

28. The trust’s PLACE results have seen a steady improvement over the past two years. The chart below in Figure 2 provides the trust’s overall results in the five categories used by PLACE. From this, it can be seen that the trust is at, or near, the national average in its scoring and that the trend is in the right direction in all areas except food/catering. This information has been understood for some time and helped drive the trust’s decision to outsource the catering operation to its new provider partner, ISS. It is anticipated that scores will improve for 2019.

Year	Cleanliness	Food	Privacy, dignity and wellbeing	Condition appearance and maintenance	Dementia
Overall trust scores 2018	99.43%	87.03%	88.41%	94.51%	86.94%
Overall trust scores 2017	98.99%	87.68%	85.81%	92.85%	81.05%
National Average	98.64%	91.04%	90.42%	95.24%	87.34%

Figure 2

29. During 2017-2018 the trust invested in updating its 6 Facet Survey information. This information gives the estates team a clear picture of the main problem areas where, if the building is retained, significant investment is likely to be required. Thus, the annual capital investment plan can be informed by this information, as is the identification of transformation/disposal opportunities.
30. KMPT has made significant improvements to its fire safety systems in recent years, and will continue to do so. The Grenfell tragedy led to an urgent review of fire systems across the public sector, a review which showed KMPT systems to be robust. The trust's approach to fire safety is one of continuous improvement, so there will be no let-up in the drive to greater safety for our patients and staff. Improved and more accessible training packages, a relentless focus on audit activity and fire risk assessments and use of innovation, such as installation of fire "misting" systems (which release controlled amounts of water in mist form from specially-designed sprinklers) for minimising collateral damage in the event of a fire will keep the trust on top of this critical agenda. Strong team leadership, and robust governance arrangements, ensuring Board level sight of fire issues, is a feature of the trust's fire operations.
31. Finally, on the question of performance, the CQC reviews estate matters as part of its inspection processes. For the most recent CQC visit, a relatively small number of estates issues were identified, only one of which was categorised as a "must do". This related to acute inpatient wards in terms of fire (this issue being largely related to the problem of patients smoking in bedrooms), flooding (on the day of the inspection at one site there was a problem with a couple of en-suite bathrooms) and the ongoing problem of ligature reduction (primarily in those wards where upgrades are scheduled but not yet complete).
32. Overall, KMPT can be proud of what has been achieved to date with the performance of its estate, but there is more to do. The trust is gradually shedding the worst of the accommodation inherited when it was formed in 2006, has a major programme of upgrades agreed and scheduled, is continuing to explore surplus property disposal opportunities arising from its estates transformation programme so capital can be reinvested in improvements, and is driving forward efforts to improve space utilisation and reduce costs.

### **Kent and Medway Strategic Transformation Partnership (STP)**

33. This Estate Strategy is written in the context of a local and national NHS that is continually evolving in terms of policy and structure, driven by the K&M STP. The key drivers for change are identified as:
  - The NHS Long Term Plan and Five Year Forward View
  - Trust local strategies, specifically:
    - Clinical Care Pathway Strategies
    - Clinical Technology Strategy.
  - Sustainability and Transformation Partnership (STP)
  - CCG Local Estates Strategies.

34. There has been consensus over the past five years that the NHS needs to change how it plans and delivers its services, including:
- Increased emphasis on prevention and public health
  - Patients taking greater control of how they receive their own care and the option of shared budgets combining health and social care, where possible supported by clinical and information technology
  - The need to break down organisational barriers in how care is delivered, particularly between primary care, hospital, community based and social care services and also between physical and mental health; some of this potentially facilitated by smart clinical technology solutions around patients appointment booking systems, for example.
  - The emergence of a number of different organisational models, such as the multi-specialty community provider, and accountable care organisations proposed to support better integration between different parts of the health and care system.
35. These drivers, identified in the 2014 Forward View, have grown, not diminished. The last two - the breakdown of organisational barriers and boundaries and the emergence of new organisational models - may have particular implications for estate, in particular how it is used and how it will need to be shared in the future. The trust needs to continue to adapt its services to reflect the greater emphasis on primary and preventative mental health interventions, working alongside colleagues across health and social care. This should include greater use of shared facilities, and IT where possible and these factors must begin to inform estates-related and clinical technology investment decision-making.
36. The national mechanism for driving county-wide change is the Sustainability and Transformation Partnership (STP), which requires NHS trusts and other organisations delivering NHS and social care services to prioritise partnership over competition within STP footprints. All parts of the health and care system are expected to increase collaboration through the STP, of which KMPT is an active participant, with KMPT estates personnel taking a lead on many STP estates issues on behalf of the health economy. In 2018 KMPT led the procurement of a new catering provider on behalf of the STP. Although the other trusts have not yet joined this arrangement, the mechanism for them doing so is established. Cross-organisational work is currently focussed on generating capital through disposals of surplus accommodation, various projects to improve productivity and increase efficiency, developing shared strategic approaches and tackling the sustainability agenda. KMPT is also central to initiatives looking at shared transport, fire, linen and storage functions.
37. Mental health features prominently in the Kent and Medway STP work. It is clear that greater collaboration and coordination will be required across services and organisations and, over time, the boundary between physical and mental health services will become increasingly blurred. There are strong associations between physical ill health and mental health and the trust is likely to find itself delivering more of its services from a wider range of care settings in order that care is organised around the needs of service users rather than organised around specific disciplines and specialisms.

38. Partnership in estates planning is also extending beyond health and social care. Through the One Public Estate (OPE) initiative, increased collaboration across public sector bodies and agencies to improve strategic estates planning as a whole has begun to emerge, looking at opportunities to consider how the property needs of public service providers (including government departments, local authorities, NHS and other public agencies) can provide further opportunities to improve value when looked at “in the round”. The trust is the lead NHS organisation for OPE in Kent and Medway, with trust personnel co-chairing the Kent Estates Partnership (KEP) Board, which manages the OPE agenda and budgets for Kent.
39. The partnership model is welcomed by KMPT, since working in partnership is familiar to mental health services. The trust delivers population-focused health and social care through individualised care focussed around local communities, which can only be done successfully in partnership with others. KMPT has long-established relationships with health and social care commissioners and providers to ensure services work well for all the population affected by mental health. There is more that can be done to improve coordination and collaboration, both in the planning of services and in the delivery of care directly to patients.
40. The NHS Long Term Plan (LTP) sets out DH expectations to transform local systems of care delivery, with Integrated Care Providers (ICPs) and Integrated Care Systems (ICS) set to emerge in the coming months and years. Progress is already being made in the Kent and Medway STP work and implications for estate are gradually emerging. “Local care” suggests community-based multidisciplinary facilities, based on primary care organisation, and KMPT is a partner in hub development projects in Dartford, Sevenoaks and potentially, Tonbridge.
41. The ICP/ICS agenda is focussed on “big ideas”, which have much in common with, and will inform future, strategic estate thinking. These include increased integration, a shared system concept, collaboration, value and creativity. The NHS estate has always out-lived particular system and organisational changes, alongside the workforce it is the great constant in the ever-changing NHS agenda. The trust will continue to play its part in this emerging picture.
42. The NHS LTP provides an important opportunity for mental health services, nationally and locally. Investment in mental health over the next five years is promised at a faster rate than for the overall NHS budget. KMPT needs to ensure the mental health estate is improved as part of that investment - and the trust has registered two major areas for capital investment within the STP capital plans; a centralised emergency/S136 facility and female PICU. A third, relating to some of the many residents placed outside the county, is in development.
43. While the LTP has a major focus on investing in expanded and more integrated primary and specialist community mental health care, it also acknowledges the need to ensure therapeutic inpatient environments - close to home rather than “out-of-area” - something the trust has focussed on with conspicuous success in recent times, and will continue to do so. There are certain to be estate implications in the proposed new Mental Health Safety Improvement Programme, another area of unrelenting focus to date for KMPT.

44. The LTP also focusses on improved efficiency and cash-releasing and non-cash-releasing savings with an overall productivity gain target of 1.1 per cent pa for the next five years. Estates and facilities will need to continue to make its contribution to this agenda. Since 2013, the trust has improved efficiency by disposing of over 30 surplus properties, generating almost £25m in capital receipts. This has all been reinvested in the trust, with the added benefit of releasing the revenue costs of those buildings to support frontline clinical operations. Further disposals, enabled by improved efficiency in utilisation of accommodation, will continue this successful “pillar” of the strategy. Other LTP initiatives relevant to estates include proposed reductions in cost through improved procurement processes and improved use of land, buildings and capital investment strategies.
45. Investment in the estate enables more effective partnership working, as does the deployment of modern ICT systems that support more remote and flexible working. This allows trust staff to work more inpatients homes, collaboratively with colleagues from other agencies (through more co-locations and ICT-enabled communication) as well as offering new ways to engage with patients, e.g. through Skype consultation. The widespread availability of WiFi means that networks such as GovRoam can be accessed by trust personnel and there is potential to harness more integrated telephony systems so the full power of mobile devices can be realised.
46. Since 2013, the trust has had a comprehensive programme of modernising its community facilities through the Estates Transformation Programme (ETP). This programme was focussed on replacing out-dated and surplus facilities with modern, fit-for-purpose environments, either through upgrade or acquisition. Much of the original programme has been delivered and a new programme of community estate changes is in development, overseen by the Strategic Estates Group (SEG), chaired by the trust Executive Director of Finance. In parallel, community mental health services are also undergoing major transformation, under the trust’s Clinical Care Pathways Programme (CCPP).
47. These two programmes are linked, dovetailing to ensure the requirements of clinical service delivery in the future are met. The nature of community provision, the number of assessment facilities and the location of buildings can all be informed by understanding the way services in the future will be delivered under CCPP. A good example is that of some clinical groups for whom it will make sense to be based in single locations with service users attending the hub to see them, as opposed to those practitioners visiting people in their own homes, which could be inefficient by as much as 100 per cent.







### Clinical service strategies and plans

48. Some key elements of the trust's clinical strategy have obvious links to the estate from which those services are delivered. Safe, effective, quality patient care requires that the environment is appropriate for all clinical activities and that service users and staff can enjoy a comfortable and pleasant environment in all trust facilities. Security requirements should be met in as unobtrusive a way as possible, although in some care environments, security considerations may override others.
49. The KMPT estate needs to facilitate and support the delivery of services through clear care pathways so that
- service users' journeys with KMPT can be as positive as possible
  - the benefits of service integration are optimised and
  - that services can be delivered as efficiently as possible within constrained financial resources targeted at the frontline of care delivery.
- In addition, some local care requires trust staff to work from premises outside of KMPT estate. KMPT has a responsibility to ensure its staff's working environments are appropriate for their role and has reciprocal responsibilities towards colleagues from partner agencies who work from trust facilities to provide joined-up patient care.
50. Many background factors feed into delivering quality at the frontline and estates and facilities are good examples of this. Clinicians and those managing support activities require appropriate meeting and educational facilities on main sites, as well as the right technological connectivity to facilitate lifelong learning and collaboration. From an estate point of view, this means keeping abreast of all the latest best practice knowledge on healthcare environments. Knowledge of what constitutes a dementia-friendly or an unobtrusive secure environment (for example, the Dartford seclusion monitoring trial system mentioned earlier) has advanced considerably.



51. Technological advances provide new opportunities to address the often competing needs of safety and security (e.g. management of ligature risk) with the need for privacy and dignity and KMPT is at the forefront of applying new adaptations in the design and construction of the healthcare environment. Since 2012, KMPT has delivered three new acute units, upgraded a further seven acute units, pioneered “door-top alarm” anti-ligature technology, delivered a new (above) Mother and Baby Unit for the south east region and is currently completing work on upgrading its PICU facility. During 2019 and beyond will see delivery of the St Martins Inpatient Changes programme, including the opening of the new Heather ward planned at that site.
52. Across its estate and the necessary decisions about capital investment KMPT will have to continue to balance the competition for resources between those initiatives which improve accommodation and the environment for patients, staff and visitors and those which directly support frontline clinical services while living within its means at a time of financial constraint. The trust has already demonstrated its willingness to make difficult choices to ensure it uses its facilities effectively and efficiently.
53. Taking into account the views expressed by stakeholders, set out in paragraph 7-14 above, KMPT can identify a number of broad themes which have a direct impact on our approach to managing our estate and capital investment. Chief of these are:
- Safe, effective, quality patient care environments, as secure as appropriate
  - Local joined-up patient care pathways, in partnership with others
  - “Therapeutic” environments that support service user recovery and staff health and wellbeing
  - Balanced investment decisions, ensuring value for money for service users, staff and the organisation.

## Clinical estate priorities

54. These broad themes shape the trust's clinical estate priorities, set out and discussed in detail below:
- KMPT must continue to improve the *quality, safety, security and therapeutic value* of its environments for patient care and their staff
  - The trust must strive to reduce overall costs, especially support costs, so that *investment can be focussed where it is most needed*
  - KMPT must ensure it has the *right types of property in the right locations*
  - To achieve its ambitions, the trust must be bold, and deliver not just improvement but *estates transformation*
  - The trust must improve the *environmental sustainability* of its building and services
  - The estate and any changes to it must work hand-in-hand with its *clinical technology strategy*.

### *Quality, safety, security and therapeutic environment*

55. This means that facilities need to be fit for purpose and meet current NHS guidelines for estates and facilities. Patients, staff and visitors alike deserve an environment that protects their security, but in a way that is proportionate to the risks involved and is conducive to a therapeutic environment. The safety agenda includes the need for robust fire protection systems, such as those mentioned in para 30, above.
56. Service users have a range of needs. For example, people resident in our low and medium secure units would have a different profile of risk to, say, patients with advanced dementia. Yet, appropriate measures to protect patients, staff and visitors requires specialist intervention, both in the way that care is managed and delivered and in the build environment itself.
57. The key principle is that patients should be managed in the least restrictive environment possible in order to facilitate safe treatment and, wherever there is the potential, rehabilitation and recovery should be promoted. The design of the patient care environment must have in place appropriate measures to ensure the safety and security of service users and all the building users. This can lead to trade-offs between the competing requirement for security, balanced against the requirement to ensure that care environments are as homely and non-institutional as possible, very much a live issue for the CQC.
58. The CQC provides important guidance and interpretation on safety factors in ward environments in particular. The trust has worked closely with them on seclusion suite design, for example, work which has informed the new layout of the Willow Suite PICU, due for completion in June 2019. A current CQC focus is on sexual safety in ward environments, with both design and gender issues (single or mixed sex accommodation) undergoing review. In the trust's most recent inspection, the issues of disability access, garden area provision, identification of blind spots and, of course, ligature point removal/reduction all featured prominently.

59. The CQC's most recent mental health inspection publication, authored by Paul Lelliot, identifies a number of ward environment issues with estates implications. They look at both the "social" and "physical" environment, picking out how institutional features such as "locked" wards can dovetail with a poor staff culture around the patient-staff "power relationship" in the social environment, and how over-zealous infection control requirements and poor maintenance can lead to institutional physical environments.
60. It is likely the Health Building Notes (HBNs), which govern mental health ward design, will be reviewed soon and there is a major expectation around ensuring "co-production" approaches to design and improvement of wards, and elsewhere, to enable the views of people, who may have experienced life as a patient, inform any physical and social environment changes. The trust has a growing co-production team and they are increasingly actively involved in estate design work.

#### *Prioritising investment on frontline care*

61. After staffing, estates costs represent the trust's highest cost. It follows that the more efficiently the estate is run, the less it will cost, which in turn means leaving more funds for investment in the frontline clinical staffing requirement. At just over £19m, the trust's expenditure on the estate is more than 16 per cent of its total income.
62. The estates team has delivered significant cost reductions in each of the past three years, as well as releasing significant capital receipts, with substantial revenue profit, over a number of years. As each year passes, with demands tending to increase rather than decline and opportunities for improved efficiency taken, it becomes increasingly difficult to "squeeze" running costs. At the same time, operational and technological improvements in productivity and efficiency will provide further opportunities and the team is focussed on trying to deliver nearly £700k in cost improvement programmes for 2019-20.
63. Paragraphs 25-27 above point to potential KMPT opportunities and targets in terms of ensuring the estate is efficiently utilised and, where surplus to requirements, unfit accommodation is disposed of, thus reducing costs. The trust will use all the information at its disposal to pursue support cost reduction, while maintaining quality. The Model Hospital information will be a starting point for the efficiency programme. The estates team already works closely with the information technology team, where electronic document management (fewer filing cabinets), room booking systems and small footprint computers are examples of crossover efficiency schemes. By continuing to focus on all aspects of estate and facilities costs, the trust can ensure investment in the clinical frontline is maximised.

#### *The right kind of buildings in the right locations*

64. One of the most important things about trust buildings is that they must be as accessible as possible to the people the trust serves. Access is partly about the building facilities such as Disability Discrimination Act (DDA) provision, lifts, security access, signage etc. The other important access issue is about geography. The trust services need to be available to people as near to where they live as possible, within reason. And they need

to be located on transport routes that make travel as straightforward for service users as possible. The trust has reduced its estate “footprint” significantly over recent years, shedding unfit buildings, acquiring new and centralising and integrating services into what it calls community “hubs” in major towns. While the drive to develop hubs will continue, the trust will not lose sight of the need to provide access to service users as widely as possible.

65. One of the trust options for ensuring wide access is to work with partners to identify opportunities to work from one another’s buildings. Working collaboratively with partners in the health and social care economy, and more widely across the public sector through One Public Estate forums, the trust aims to generate opportunities to better share space, which can include other third sector parties.

### *Estates transformation*

66. To tackle the twin challenges of using space efficiently and having the right buildings in the right locations, the trust has had a unique Estates Transformation Programme (ETP) in place for a number of years. Through this, the trust has replaced unfit accommodation with fully modernised, fit-for-purpose accommodation in both community and inpatient services, delivering the “pillars” of the trust strategy. The particular focus of ETP has been on development of a network of community “hubs”, providing opportunities to centralise, dispose of surplus accommodation and use the capital receipts to support the capital programme.

67. The ETP team has also used knowledge from ERIC and PLACE, supported by 6 Facet Surveys and audit programmes, to prioritise their aims as follows:
- Reduce instances of under-utilisation through a combination of site rationalisation, asset disposal and consolidation
  - Prioritise the capital programme to facilities that require refurbishment or modification to meet the high standards aspired to for all premises
  - Review the costs of premises and prioritise attention to reducing commitments to high cost-to-occupy premises in order to release resources to invest in an estate that will have a lower footprint, but with capacity maintained through improved utilisation and with a higher quality patient care and staff working environment overall
  - The trust will be launching a new office accommodation transformation scheme this year to further develop efficient, modern and comfortable office environments, combining improved utilisation and productivity with workplace comfort, harnessing hot-desking, and open-plan working on a wider scale.

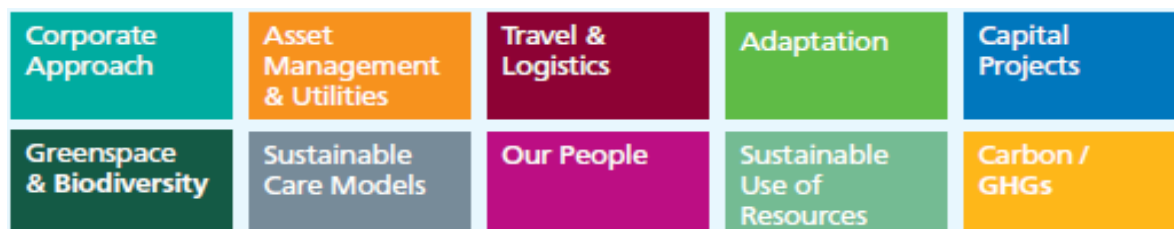
### *Develop more environmentally sustainable building and services*

68. As a large, multi-site mental health organisation, the trust has a significant environmental impact. It generates substantial waste and carbon as a result of clinical activities and the travel and transport needed to deliver goods and services and to move staff, patients and visitors impacts on local air quality. Without a firm strategy and plans to manage and reduce its environmental impact and improve efficiency and resilience, the cost of delivering services will rise and become more challenging.

69. To that effect, KMPT’s ambitious Sustainable Development Management Plan (2015-2020) sets out a clear vision, strategy and objectives for delivering sustainable healthcare across Kent and Medway. A sustainable health and care system delivers high quality healthcare within the available social, economic and environmental resources. It also provides added value for taxpayers and improves public health within the context of diminishing financial and natural resources. No organisation can change the past, but all have a moral and ethical responsibility to leave behind a world that is not polluted or depleted of essential resources for future generations. This is a strongly held view across the trust workforce, as evidenced in the comments contained in the stakeholder feedback collated at the start of this document, and repeatedly through staff surveys.

70. In 2020, the trust will review its strategy as the previous strategy focussed largely on estates efficiencies around energy, water, waste and travel. The scope of the new strategy will be expanded to encompass wider issues of health, wellbeing and social value while moving KMPT closer to achieving long-term carbon reduction targets. To help inform the content of this new strategy, and ensure that it covers all aspects of sustainability, the trust will be using guidelines set out by NHS Innovation and the Sustainable Development Unit.

71. Themes for the updated sustainable development strategy will be developed and applied across the 10 modules of the healthcare sector tool for measuring and improving qualitative sustainability performance. This tool is known as the Sustainable Development Assessment Tool, or **SDAT**. The ten modules will be used as a basis for defining the updated strategy as shown below.



72. The trust is legally obliged to address climate change, with a national target of 80 per cent reduction in carbon emissions required by 2050 - set out in the UK’s Climate Change Act (CCA). This informs carbon reduction targets of 34 per cent by 2020. KMPT will continue to demonstrate its compliance, commitment to sustainability, reducing its carbon emissions and minimising its impact on the environment and climate change through various initiatives and projects.

73. Using the Carbon Trust Sustainability reporting metrics for the healthcare sector, the trust had delivered a 28 per cent reduction by 2017-18 against a 2015 baseline (with a 34 per cent reduction target by 2020), making good progress, particularly in areas including buildings, energy consumption, travel, behaviour change and a corporate approach to contracts, etc.

74. KMPT can demonstrate significant carbon reduction achievements, of which the trust and its staff can be proud. As the trust looks to the future, however, it is clear that most of the quick-win opportunities have been taken and it is now time to challenge ourselves to tackle the more difficult aspects of carbon reduction. The graph in Annex C sets out some of the specific sustainability initiatives over recent years and it also shows the comparison of emissions with business-as-usual (BAU) increases and reduction targets, demonstrating that KMPT has exceeded the target trajectory to date.
75. Over the coming year, KMPT will continue to play a pivotal role as part of the STP process through building stronger links between sustainability and quality improvement as well as demonstrating the environmental, social and economic co-benefits of delivering new models of care through closely integrated services. Collaborative work with partners and stakeholders will further enable KMPT to improve the environment.

### *Clinical Technology Strategy*

76. Throughout this document, reference has been made to the overlap of estates and information technology/clinical technology projects. The trust is in the process of drawing together its Clinical Technology Strategy, due around the middle of 2019.
77. That strategy is primarily about supporting clinicians to better access and manage the clinical patient information required to deliver the care patients need, in the right way and at the right time. But there are also significant technological devices and projects which can yield substantial dividend to the estate in terms of both quality and productivity. There is usually an initial cost to these advances, which will require careful consideration, but the potential benefits are substantial.
78. Obvious examples, referenced elsewhere in this document, include the development and deployment of patient and staff apps which can be used to improve communication, engagement and information and even book appointments; building management systems capable of managing temperature and energy use; agile working devices allowing staff to operate from multiple sites to suit their work demands and support a healthy work-life balance; better room booking systems; quicker and easier access to networks; integrated ICT/telephony systems; and unobtrusive patient welfare monitoring systems.

### **Capital investment plans**

79. Over the past five years, the trust has invested just under £50m in improving and upgrading its inpatient and community environments, targeting its backlog maintenance schedule and investing in information technology. The trust will continue this investment into the future in order to ensure the estate fully supports effective delivery of clinical services and positive experiences for both service users and staff, with £21m allocated to the next five years of capital investment.
80. The trust's new five year capital investment programme prioritises upgrade of its older persons' and forensic/specialist services, transformation of the community estate,

information technology and continued addressing of backlog maintenance. The current draft high-level plan is attached at Annex D.

### Impact on staff

81. While the primary focus of this strategy is on delivering high quality patient care, the trust recognises that, without the right staff, it would not be possible to live up to the ambition of providing outstanding care and treatment people can be confident in. One way to value staff is to provide a pleasant and supportive working environment. KMPT is therefore focussed on how estate can help to make the trust an excellent place to work across all its services and location.
82. KMPT's most valuable resource is its workforce, the staff involved in delivering services to people living in Kent and Medway, or in supporting others to do so. The trust is committed to recruiting, retaining and supporting staff to ensure they have productive, healthy and happy working lives. It is recognised that staff work best when they have a healthy work-life balance.
83. The trust is committed to supporting flexible working, which can bring benefits to patients, staff and the trust. By deploying technology effectively the trust can enable improvements in staff productivity, reduce unnecessary journeys and offer greater flexibility to planning clinical rotas etc. The trust estate can also contribute to staff morale, wellbeing and health, in turn supporting performance and productivity.
84. KMPT staff should expect to be comfortable and well-equipped within the workplace. There are many examples of what the trust does to ensure fit-for-purpose workplaces:
- An attractive workplace - clean, modern, well-designed, well-maintained and equipped workplaces should be the trust's aspiration. The attractiveness of the working environment sends a strong signal about how valued the staff group is
  - Well-lit workplaces - ideally all working environments should afford good levels of natural lighting, but where this is not possible, work patterns should limit the time staff are working in rooms without natural light
  - Compliance with all legislative requirements, whether these are focussed on safety, disability or other equalities legislation
  - The trust's staff survey demonstrated the importance of environmental controls, particularly temperature and ventilation
  - Staff need a range of amenities and should have access to beverage and rest areas in or very near the workplace.
85. There are also a number of ways that estates and facilities can contribute to assisting staff through the working day beyond their own work-base:
- The trust already promotes active travel, such as the provision of cycle storage and showers etc. for its main sites
  - Provision of teleconferencing, video-conferencing, Skype, virtual (cloud) desktops and other solutions which aid staff to optimise use of their time in the working day
  - Even though work-life balance means different things to different people, the trust has an important part to play in this, and estate has a contribution to make through the provision of a network of flexible office hubs across its geography with touchdown



facilities (“hot desks”), to increase the flexibility available to staff to manage their working day efficiently. The trust is working with partner organisations to explore how this network could be further extended by accessing each other’s buildings appropriately.

### **Governance and delivery**

86. The trust has established structures for managing its estate and any changes to it, ensuring board-level governance and oversight for all major estate programmes. Executives and other senior directors meet regularly in the recently-established Strategic Estates Group (SEG), chaired by the executive director of finance, to agree strategy for the estate. Any significant proposals for change or development are fed through to the Executive Assurance Committee (EAC) for approval, before being presented to the Finance and Performance Committee (FPC), which oversees estates issues on behalf of the Board. These senior managers are all part of, and responsible for, the other major change programmes across the trust (clinical care pathways, HR, clinical technology, etc)
87. Given the volume of plan delivery which will be required in the next five years, strong governance is a necessity. In addition to the capital investment plan itself, and the major trust Clinical Care Pathways Programme, there is the existing Sustainable Development Management Plan, the updated Community Estates Transformation Plan and inpatient improvement programme, plans that are emerging with STP partners around local care “hubs”, plans that will be required to deliver improved efficiency and cost reduction, and plans to respond to LTP initiatives such as the new Safety Improvement Programme and emerging ICP structures and systems.
88. Once strategic change projects are agreed, comprehensive delivery structures are established as required. For construction projects, a trust clinical and non-clinical project team will work closely with external advisors in well-established industry-standard project management arrangements. The Trust Capital Group (TCG), chaired by the executive director of nursing, oversees the annual capital programme, and reports on this to the SEG and FPC, ensuring that strategic priorities inform the capital spend. The trust’s ETP has a Projects Delivery Group overseeing its activities. Appropriate links are being established with the trust’s new Transformation and Improvement team.
89. Annex E contains structure charts demonstrating how the governance and delivery arrangements are established.

### **Conclusion**

90. KMPT has made major progress with modernisation of its estate and facilities functions under successive estate strategies since its creation in 2006. Notably, a major programme of investment to upgrade inpatient environments, to modernise community clinic accommodation, to utilise space as optimally as possible and to dispose of surplus accommodation so as to reinvest capital and revenue receipts have been established over a number of years and will continue into the next five years in the context of the LTP and STP plans and changes.

91. There is much still to do. Working in partnership with other agencies, sharing resources, keeping the needs of service users, carers and staff at the forefront of our thinking and maintaining a relentless focus on safety, health and wellbeing will continue to provide the trust's framework for the ongoing development, redevelopment and improvement of its estate.