

Commissioner Investment Asset Management Strategy 2010/11: phase 1

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Executive summary

1. There has been a considerable change in the nature and make up of the PCT's estate since NHS Brent embarked on a wave of investment in new buildings after the agreement of the 2003 Strategic Service Development Plan (SSDP). The PCT has disposed of many unsuitable and redundant buildings, and the Willesden PFI, two new LIFT buildings and Hillside Primary Care Centre have been commissioned. The PCT is now in the process of commissioning the new Chalkhill PCC (due April 2010) and assessing the best way of managing the estate in its new form.
2. *Transforming Community Services: new Models of Provision* (DH 2009) recommended that (in normal circumstances) PCTs retain ownership of the estate from which community services are delivered. Infrastructure assets, such as information and communications technology (ICT) should also stay with the PCT due to the need for ICT to support enduring operational requirements. NHS Brent will retain control of key community premises to allow services to be appropriately commissioned and accommodated.
3. In January 2010, NHS Brent issued a substantially refreshed Commissioning Strategy Plan (CSP) 2009-2014. The CSP sets out our plans for delivery the eight Healthcare for London Pathways and work with clinicians to implement a polysystem model that enables us to commission affordable healthcare in more appropriate settings. The CSP has significant implication for use of our estate (leased and owned).
4. NHS Brent's CIAMS Phase 1 sets out how we will use the estate to deliver our CSP and also contains information required by the Department of Health and Community Health Partnerships publication *Commissioner Investment Asset Management Strategy (CIAMS)* launched in the summer of 2009.
5. In producing this CIAMS: phase 1, the PCT has recognised the significance of wider policy interventions, driven by a combination of four overlapping factors:

Efficiency/productivity and the need generally to make more effective use of public assets and the public estate;

Co-location in order to provide users of services with more convenient one-stop access to a range of public services;

Role of "place" in public policy, i.e. the need to respond to the overall needs of the population of Brent in an integrated way; and

Environmental Policy: reducing the PCT's carbon footprint and the introduction of the Government's Carbon Reduction Commitment

The requirement for a Commissioner Investment Asset Management Strategy

6. The changing service environment means that NHS Brent requires a Commissioner Investment Asset Management Strategy to provide:

A framework within which to best manage the existing estate whilst new service configurations are being put in place (short to medium term);

An understanding of the likely impact of different future service options identified by the CSP upon the estate and the consequent impact on finance and the time required for any estate reconfiguration (medium to long term).

Objectives of this Commissioner Investment Asset Management Strategy

7. The primary purpose of the Commissioner Investment Asset Management Strategy is
- To understand our estate better.
 - To identify short to medium term priorities for the management of the estate to support implementation of the Commissioning Strategic Plan.
 - To incorporate the PCT's Carbon Reduction Strategy.
8. A second phase of work is already underway to develop and appraise estate options and plans in more detail to deliver the CSP, to include additional data on GP and other premises, to develop estates options and implement our polysystem plan. This strategy will be updated in the light of this work and specific business cases developed as appropriate.

Recommendations

9. The short to medium term estate priorities identified are set out below:

Area	Action	Date
Utilisation levels	<ul style="list-style-type: none"> ▪ Identify the extent of spare capacity in new facilities and what should be made available for provider services or partner organisations or wider community use 	Sept 2010
Building performance	<ul style="list-style-type: none"> ▪ Follow up the reasons for any adverse variances in energy, water and waste costs to identify whether there is scope for installing energy saving measures or using alternative energy sources that would reduce energy use and thereby greenhouse gas emissions 	July 2010
	<ul style="list-style-type: none"> ▪ Develop monitoring mechanisms and assign responsibility to budget holders for ongoing monitoring of building performance 	April 2010
	<ul style="list-style-type: none"> ▪ Conclude DEC certification for the relevant buildings to comply with statutory requirements 	May 2010
Carbon reduction strategy	<ul style="list-style-type: none"> ▪ Adopt the Climate Change Strategy in Section 2.5 and the Sustainable Development Management Plan in Appendix 1 	April 2010
CSP implementation	<ul style="list-style-type: none"> ▪ Develop detailed plans to implement polysystems as set out in Section 3.3 	May – Oct 2010
Estate RAD	<ul style="list-style-type: none"> ▪ Retain the portfolio of buildings forming the core estate 	Ongoing
	<ul style="list-style-type: none"> ▪ Assess how Kilburn Square can be redeveloped and used for services in partnerships with NHS Brent's partner organisations, wider community use or the third sector 	Oct 2010
	<ul style="list-style-type: none"> ▪ Dispose of sites identified / listed in Figure 13 	Jun 2010 – Mar 2011
The implementation of the above recommendations will be the responsibility of the Assistant Director Polysystem Estates overseen by the Capital Group.		

1 Introduction

1.1 Background

1.1.1 NHS Brent's vision is to make a significant improvement to the health and well being of the people of Brent. We have also identified five values to guide our leadership:

- Performance driven
- Transformation
- Partnership
- Integrity
- Respect

Our plans for the management of estates and natural resources incorporate this vision and values.

1.1.2 There has been a considerable change in the nature and make up of the estate since the PCT embarked on a wave of new building after the agreement of the 2003 Strategic Service Development Plan (SSDP) with a range of NHS and local government organisations.

1.1.3 The PCT is now in the process of completing:

The commissioning of new facilities at Chalkhill PCC

An assessment of the best way to manage the estate in its new form

1.1.4 The PCT has developed a comprehensive commissioning strategy plan and we need to identify the gaps in our current estate to deliver this strategy and to consider options to close these gaps.

1.2 The requirement for a Commissioner Investment Asset Management Strategy

1.2.1 This changing environment means that the PCT requires a Commissioner Investment Asset Management Strategy to provide:

A framework within which to manage the existing estate whilst the new service strategy is implemented (short to medium term)

A positive aid to help inform the PCT's evidence for the Audit Commission's Use of Resources (UoR) assessment

An understanding of the likely impact of future service configuration, identified as a result of the CSP, upon the estate and the consequent impact on finance and the time required for any estate reconfiguration (medium to long term)

- 1.2.2 The PCT originally commissioned Tribal Consulting to produce an Estates Strategy and this was delivered in July 2008. This document has been used as the basis for the 2010/11 Commissioner Investment Asset Management Strategy. Work has been split into two parts:

Phase 1

This first phase concentrates on:

Understanding our estate better; and

Identifying short to medium term priorities for the management of the estate to support implementation of the Commissioning Strategic Plan.

Phase 2

A second phase of work is already underway to develop and appraise estate options and plans in more detail to deliver the CSP, to include additional data on GP and other premises, to develop estates options and implement our polysystem plan. This strategy will be updated in the light of this work and specific business cases developed as appropriate.

2 Understanding our Estate

2.1 Introduction

2.1.1 This section of the strategy:

Provides high level metrics to show key features of the estate

Summarises the structure and content of the estate

Develops some high level estate priorities for the short to medium term

2.2 High level metrics

2.2.1 The high level metrics below illustrate the size, nature and diversity of the Estate.

Figure 2 - High level metrics 2008/09 – 2009/10

Metrics	2008/09	2008/09 revised for IFRS	2009/10 as per IFRS
Net book value	£52.3m	£77.8m	£76.4m
Depreciation	£1.26m	£3.7m	£3.3m
Cost of capital	£1.8m	£2.9m	£2.7m
PFI/lease charges	£4m	£3.6m	£3.9m
Range of building sizes	200 to 12,600 m2	300 to 12,600 m2	300 – 12,600m2
Estate condition range	Overall A & B, although some elements of C&D	Overall A & B, although some elements of C&D	Overall A & B, although some elements of C&D
Backlog maintenance spend	Nil	Nil	Nil
Annual capital expenditure on estates	Nil	Nil	Nil
Annual rates and utility costs paid by PCT	£1.0m	£1.3m	£1.35m

- 2.2.2 All rent/rates/utilities revenue budgets transferred from BCS to the PCT on 1st September 2009) apart from depreciation, cost of capital and PFI / LIFT costs which have always been with the PCT. The budgets cover the following sites: Chalkhill, Craven Park, Hillside, Kilburn Square, Monks Park, Peel Rd, Stag Lane, Sudbury Court, Wembley and Willesden.
- 2.2.3 There has been significant new build within the Estate over the last few years, reducing the diversity of building types, age and condition. Despite this, the PCT will need to actively manage the Estate in the short to medium term to ensure it is optimising the use of facilities, especially the new buildings, and targeting any investment to best effect.

2.3 Structure and content of the PCT Estate

- 2.3.1 Although the PCT has invested heavily in new buildings in recent years and reduced the number of buildings owned, the Estate remains diverse and dispersed. The 2003 SSDP showed a portfolio of 18 buildings, excluding four owned by the PCT but used by other providers for learning disability services. Note that properties owned by others and in which the Secretary of State for Health retains a registered charge, together with properties for which the SoS holds the title deeds, have not been included in this Strategy. Note also that the figure previously used for the Wembley site of 7569m² has been increased (following re-measurement in 2009 by the District Valuer) to 8659m².

Figure 3 - Status of land/buildings

Category	Building
Buildings owned and used by NHS Brent/ BCS	<ul style="list-style-type: none"> ▪ Peel Road* ▪ Stag Lane Clinic* ▪ Wembley Centre for Health and Care*
Land owned by NHS Brent	<ul style="list-style-type: none"> ▪ College Road, Wembley (at rear of old Clinic)* ▪ Robson Avenue (leased to LB Brent)* ▪ Stag Lane Clinic (excludes car park)* ▪ Wembley Centre for Health and Care* ▪ Willesden Centre for Health and Care*
Buildings owned by others and used by NHS Brent/BCS	<ul style="list-style-type: none"> ▪ Hillside Primary Care Centre ▪ Kilburn Square Clinic ▪ Monks Park Primary Care Centre ▪ Sudbury Primary Care Centre ▪ Willesden Centre for Health and Care
Land/Buildings in transition	<ul style="list-style-type: none"> ▪ Chalkhill Primary Care Centre (changes from Sibcas portacabins to new building leased from Metropolitan in April 2010) [Unit 3, 113 Chalkhill Road, Wembley, HA9 9FX] ▪ 175, Malvern Road, Kilburn (aka Elgar Court)

Category	Building
Buildings owned by NHS Brent but used by others	<p>Three buildings owned by NHS Brent, where services for learning disabilities are delivered by independent providers commissioned by NHS Brent</p> <ul style="list-style-type: none"> ▪ 54, Beechcroft Gardens* ▪ 63, Manor Drive* ▪ 7, Kinch Grove*
Property for which NHS Brent has a registered charge	<ul style="list-style-type: none"> ▪ 2, Lindsay Drive* ▪ 119, Westbourne Park Road
Other 'property' of interest	<ul style="list-style-type: none"> ▪ Central Middx Hospital – various BCS services ▪ Brent Community Support Services, 44-50 London Road, Wembley HA9 7EX – HIV services (next to Brent Social Service dept) ▪ Millbrook – used by Brent/Ealing Wheelchair Service ▪ St John's Hospice, NW8 9NH – HIV services ▪ Section 106 – Park Royal ▪ Section 106 - Quintain – Wembley City ▪ Section 106 – Roberts Court – Stag Lane ▪ Chalkhill Annex (PCT owned portacabin) ▪ Proposed South Kilburn Healthy Living Centre

*'s denote property where deeds are held by Beachcroft LLP on behalf of the PCT.

Figure 4 - Detail of land/buildings

No	Building	Description	Type	GIFA M2	Built
1	Chalkhill Health Centre Annex	Portacabin purchased for NHS Brent by K&C PCT 2005/06 for use as offices by School Nurses and Health Visitors	To be sold April 2010 once new Chalkhill PCC in use		
2	Chalkhill Health Centre	Portacabins – mostly on hire from Sibcas, on Council land	Rented	910	
3	Chalkhill Primary Care Centre	Services to transfer to this site April 2010	Lease (owned by Metropolitan Housing Association)	1,688	2008
4	College Road	Small piece of land-locked land at rear of clinic still to be disposed of	PCT owned – suggest transfer to school adjacent		
5	Hillside	New development; Practical Completion 5 January 2009; accommodates services from Craven Park plus some space for extra services	Lease (owned by Hillside Housing Association)	1,885	2009

No	Building	Description	Type	GIFA M2	Built
6	Kilburn Square Clinic	Single storey. Licence was granted to the NHS under the NHS Reorganisation Act 1973	Council owned. No rent payable.	678	1970
7	Monks Park Primary Care Centre	Three storey building replaced original clinic. Car park NOT owned by NHS or LIFTCo	BHH LIFT Accommodation Services Ltd	1,168	2006
8	Peel Road	Solely used as LD residential care for six disabled adults – to be passed to LB Brent by April 2010	PCT owned	247	1900
9	Robson Avenue	Leased to LB Brent for 99 years from 25.3.1979 for New Millennium Day Centre	PCT owned but surplus to requirements		
10	Stag Lane Clinic	Single storey 1935 construction. Suffers from subsidence	Building PCT owned. Car park Council owned	300	1935
11	Sudbury Primary Care Centre	New build completed in October 2007 and in use from October 2008	BHH LIFT Accommodation Services Ltd	2,200	2007
12	Wembley Centre for Health and Care	Land originally acquired in 1926 for cottage hospital. Extended 1936	PCT owned	8,659	New build 1998
13	Willesden Centre for Health and Care	Originally Willesden Community Hospital	Land owned by PCT. Buildings owned by PFI	12,600	2006
14	Lindsay Drive	NHS Brent has an equitable charge over this property as from 25.8.93 meaning that it cannot be disposed of by PCHA without NHS Brent's consent	Owned by Paddington Churches Housing Association Ltd (PCHA) from 30.09.98		
15	54 Beechcroft Gardens	PCT owned residential sites that provide accommodation for Learning Disability (LD) use. The services are managed by independent providers commissioned by the PCT. To be transferred to LB Brent	PCT owned		
16	63 Manor Drive		PCT owned		
17	7 Kinch Grove		PCT owned		
18	119 Westbourne Park Road	Registered charge in favour of Brent PCT dated 21.03.1988. Title No. 292479			
19	175 Malvern Road, Kilburn	(Elgar Court) (land now transferred back into PCT ownership)			

2.3.2 The sizes of the main buildings are as follows:

Figure 5 – Building sizes (gross internal floor area)

Site	Gross Internal Floor Area (GIFA)	% of total GIFA
Willesden Centre for Health and Care	12600	44
Wembley Centre for Health and Care	8659	30
Sudbury Primary Care Centre	2200	7
Hillside Primary Care Centre	1885	7
Monks Park Primary Care Centre	1168	4
Chalkhill Primary Care Centre	910	3
Kilburn Square Clinic	678	2
Stag Lane Clinic	300	1
Peel Road	200	1
Chalkhill Annex	200	1
Total	28915	100

2.4 Primary Care Estates

2.4.1 GP Practices

As part of developing the Primary Care and Community Service Strategy which was published in 2009, a survey of the then 70 GP premises was undertaken in 2008/09. A summary of the results is set out below. The GP led health centre which opened in July 2009 was transferred to a purposely modified centre in October 2009.

Figure 6 – GP survey summary results

	Physical condition	Cost to Category B	DDA	Statutory compliance	Functional Suitability
Harness (10 practices)	4 x Cat B 4 x Cat B/C 2 x not specified	£225,000 to £325,000	1 x Cat B 8 x Cat C 2 x not spec	None	5 x Cat 3S 2 x Cat 3/4 2 x Cat 4S 2 x not spec
Kilburn (21 properties including Kilburn Square)	1 x Cat A/B 17 x Cat B 1 x Cat B/C 2 x Cat C	£300,00 to £650,000	3 x Cat B 18 x Cat C	3 x Yes 17 x No 1 x not spec	1 x Cat 2 17 x Cat 3 3 x Cat 4
Kingsbury (12 properties including Stag Lane)	6 x Cat B 3 x Cat B/C 3 x Cat C	£325,000 to £675,000	1 x Cat B 10 x Cat C 1 x Cat D	None	3 x Cat 2/3 3 x Cat 3 2 x Cat 3/4 4 x Cat 4
Wembley (19 properties including Wembley & Sudbury PCC)	5 x Cat A/B 9 x Cat B 3 x Cat B/C 2 x Cat C	£275,000 to £475,000	1 x Cat A 4 x Cat A/B 14 x Cat C	2 x Yes 17 x No	1 x Cat 2 1 x Cat 2/3 14 x Cat 3 2 x Cat 3/4 1 x Cat 4

	Physical condition	Cost to Category B	DDA	Statutory compliance	Functional Suitability
Willesden (11 properties)	3 x Cat A/B 6 x Cat B 1 x Cat B/C 1 x Cat C	£175,000 to £375,000	1 x Cat A 1 x Cat B 7 x Cat C 1 x Cat C/D 1 x Cat D	None	5 x Cat 3 2 x Cat 3/4 4 x Cat 4
Independents (3 properties)	1 x Cat B 1 x Cat B/C 1 x Cat C	£150,000 to £250,000	3 x Cat C	None	2 x Cat 3 1 x Cat 3/4
ALL	9 x Cat A/B 43 x Cat B 13 x Cat B/C 9 x Cat C 2 x not spec	-	2 x Cat A 4 x Cat A/B 6 x Cat B 60 x Cat C 1 x Cat C/D 2 x Cat D 2 x not spec	70 x No 5 x Yes 1 x not spec	2 x Cat 2 4 x Cat 2/3 41 x Cat 3 5 x Cat 3S 9 x Cat 3/4 12 x Cat 4 2 x Cat 4S 2 x not spec

KEY

Physical condition A = good; B = satisfactory; C = unsatisfactory

Meets the requirements of the Disability Discrimination Act (DDA)

A = Good; B = satisfactory; C = poor; D = fails

Functional suitability all cat 1s + very good. cat 2s = good: cat 3s = poor: cat 4s = unsuitable

2.4.2 As part of ensuring the spokes of GP practices within Primary Care have premises that are fit for purpose, we will be doing the following in response to the survey:

- Agreeing individual plans with practices where premises are below minimum standards.
- Inviting expressions of interest from practices for improvements and expansion of facilities where practices have been confirmed as spokes within polysystem plans.
- We will develop a Brent-wide practices investment plan for the CSP period.

Criteria for inclusion will include:

- Strategic fit with polysystem proposals
- Premises and services will be available for at least ten years

2.4.3 In 2009/10, NHS Brent together with a number of teaching practices, bid for Deanery funding to expand consulting space so teaching capacity could be increased. The details are provided below.

Figure 7 – Deanery funded expansion

Practice	Planned spend £	Completion
Forty Willows	100,000	April 2010
Law Medical Group - PMS	145,000	April 2010
Church End Medical Centre – PMS	150,000	April 2010
Lonsdale Medical Centre	110,000	April 2010
Fryent Way Surgery	150,000	April 2010
Stanley Corner Medical Centre	90,000	April 2010
	£745,000	

2.4.4 Dental & Pharmacy Premises

In 2010/11 the DH with NHS Primary Care Commissioning is expected to issue a toolkit on managing primary care estate including dentists and pharmacies. We are therefore likely to undertake a survey of these premises in 2010/11 but we will await national guidance before embarking on this activity. Where appropriate we will include dental and pharmacy premises in our polysystem estate plan.

2.5 Use of natural resources

2.5.1 Carbon reduction strategy

NHS organisations increasingly understand the requirement for them to play their role in reducing their demand for energy. The NHS has a carbon footprint of 18 million tonnes of CO₂ per year. NHS Brent as a member of "Partners for Brent" has signed up to a climate strategy for the Borough and an action plan:

<http://www.brent.gov.uk/stratp.nsf/Pages/Related%20strategies%20and%20policies?OpenDocument&pid=900067>

NHS Brent has also developed a carbon reduction strategy and an action plan. NHS Brent has committed to reduce its 2007 carbon footprint by 10% to 2015.

Vision & targets

As a commissioning organisation the Trust has a responsibility to ensure that it pays due regard to the impact that its operations, including services that it commissions, are having on the environment.

NHS Brent will reduce its 2007 carbon footprint by 10% by 2015.

The priorities for action are:

1. Energy and Carbon Management

Review our energy and carbon management at Board level

Develop more use of renewable energy where appropriate

Measure and monitor on a whole life cycle cost basis

Ensure appropriate behaviours are encouraged in individuals as well as across the organisation

2. Water

Ensure efficient use of water by measuring and monitoring its usage

Quick operational responses to leaks

By using water efficient technology thereby removing the need to purchase bottled water

3. Waste

Monitor, report and set targets on management of domestic and clinical waste, including minimising the creation of waste in medicines, food and ICT

Review its approach to single use items versus decontamination options

4. Travel and Transport

Routinely and systematically review the need for staff, patients and visitors to travel

Consistently monitor business mileage

Provide incentives for low carbon transport

Promote care closer to home, telemedicine and home working opportunities

5. Designing the built environment

Design alterations and new building to encourage sustainable development and low carbon usage in every aspect of their operation. This includes resilience to the effects of climate change, energy management strategies, and a broader approach to sustainability including transport, service delivery and community engagement

6. Organisational and workforce development

Staff will be encouraged and enabled to take action in their workplace

Staff will be supported by promoting increased awareness, conducting behavioural change programmes, encouraging home working, low carbon travel, the use of ICT, and by ensuring sustainable development is included in every job description

7. Partnerships and networks

NHS Brent will play an active role in Brent's Climate Change Action Plan

8. Governance

To sign up to the Good Corporate Citizenship Assessment Model and produce a Board approved sustainable development management plan. We will set interim targets and trajectories to meet the provisions of the Climate Change Act

In the first instance, this will be set at 10%, as a minimum, of the 2007 levels by 2015

Carbon reduction and sustainable development are corporate responsibilities and should be an inherent part of our performance and governance mechanisms

9. Finance

To become carbon literate, carbon numerate and ensure appropriate investment to meet the commitments required to become part of a low carbon NHS and in preparation for a carbon tax regime. Partnership working will be required to deliver appropriate incentives, economies and training to support this shift in culture and for the local economy

This strategy sets the ambition for us to play a leading and innovative role in ensuring the shift to a low carbon society. This requires us to develop a Board approved sustainable development management plan and to start measuring and monitoring progress towards a 10% carbon reduction by 2015 on 2007 levels.

Developing a sustainable development management plan

A Sustainable Development Management Plan (SDMP) sets out the actions required to deliver a sustained reduction in carbon emissions, and will form the base document which will be used to monitor NHS Brent performance. Alongside this document detailed plans will set out, in a SMART format, defining Specific objectives that are Measurable, what Actions are required to deliver the objective together with the Resources needed and the Time for delivery.

Appendix 1 contains our emerging SDMP. In summary, NHS Brent will:

- Present a Carbon Reduction Annual Report to the Trust Board, presenting progress against specific measures.
- Develop an annual carbon reduction plan as part of the Operating Plan.
- Ensure that all capital schemes will have an Environmental Impact Assessment prepared to ensure that measures that can be incorporated to reduce energy consumption and water use are considered and incorporated.
- Facilitate staff to engage in Carbon Reduction plans and activities.
- Will help staff reduce carbon emission in travel to work by publishing a green travel plan. It will also provide staff with information about how to reduce carbon emission in personal lives.
- Will actively encourage recycling and reducing the volume of waste through procurement and purchasing plans.
- Will seek to strengthen collaboration with local and national bodies that support and promote carbon reduction strategies, e.g. North West London Hospitals and Brent Council

Governance

- A Carbon Reduction Strategy Group (CRSG) chaired by Director of Primary Care & Community Commissioning will be responsible through the Executive Management Committee (EMT) to the Trust Board for the delivery of this Carbon Reduction Strategy.

An initial gap analysis/review will determine NHS Brent current structure, policy, environmental management, skills and data availability.

As part of developing an SDMP, the CRSG will review the analyses being undertaken by an external adviser on existing policies and carbon sources.

The CRSG's activities will include:

- Identification of policies and programmes that to identify the PCT's own carbon footprint using the same parameters as the NHS Strategy
- Identification of gaps in knowledge or data which is preventing accurate calculation of carbon emissions. This will include a review of ERIC, Encode data, use of HTMs
- Identification of gaps in knowledge or data which inhibit / eliminate opportunities for improvement
- Investigation of where implementation of carbon reduction initiatives, equipment installations etc, have begun and to what extent
- The provision of minimum standards of quality or performance in system, infrastructure and equipment which leads to an improvement in sustainability
- Comparison of current performance against NHS targets
- Develop a carbon footprint for each area through the use of Carbon Trust guidelines and the 2008/09 DEFRA GHG conversion factors for the calculations.

This will also enable the PCT to meet the NHS target that all NHS organisations will need to report annually on key metrics as a part of a simple scorecard of sustainable development indicators. Trusts are required to sign up to the Good Corporate Citizenship Assessment Model and this, combined with assessment of the Carbon Reduction Strategy requirements and the actions identified under the SDAP enables the PCT to rate itself against other Trusts, report to the Department of Health/SHA and internally monitor and report on progress.

Behavioural change

The success of sustainability is to change the mind set of individuals and embedding the policies into the whole organisation. Initial events are to be planned and communicated with participants from all departments within NHS Brent and jointly with Brent Council.

Plans are being developed to

- Engaging staff by promoting National walk to work week in April 2010.
- Staging an annual Energy Week event open to all staff, public and other local NHS PCTs, in partnership with the Council and including displays, a programme of VIP energy tours, information, and practical demonstrations of renewable technology.
- Raising awareness of energy and sustainability issues with all staff together with the practical measures that could be implemented to improve energy efficiency.
- Establishing a green email address to which any member of staff can post suggestions for energy and energy related cost saving ideas.

2.5.2 Energy, water and waste performance

The 2008 strategy analysed a range of data relating to energy and the environment, assessing the PCT's relative position to other organisations using ERIC data as a benchmark. The conclusion from this analysis was that the level of consumption in four facilities was higher than the benchmark level:

- Stag Lane
- Wembley Community Centre for Health
- Kilburn Square clinic
- Craven Park health centre

The PCT has subsequently disposed of the Craven Park site and Stag Lane has been earmarked for closure.

All buildings are being assessed again to identify the scope for installing energy saving measures or using alternative energy sources that would reduce energy use and thereby greenhouse gas emissions. Specifically targeting Wembley and Kilburn would increase the likelihood of affecting the PCTs impact on the environment by focusing on buildings that are outliers in terms of energy use.

In line with our Estates Strategy, we will target buildings the PCT plans to retain.

From September 2008, DEC (Display Energy Certificate) certification has become mandatory for all public buildings over 1,000m². NHS Brent is now legally obliged to display a DEC in a prominent position within each building over 1,000 m² and hold an Advisory Strategy (AR) for that building. The provision of DEC certification for all sites is currently in progress.

2.6 Developing performance analysis

2.6.1 The building factsheets produced in 2008 are being adapted to assist in developing ongoing monitoring processes and performance management measures. Maintaining this information and measuring cost and utilisation on an ongoing basis will be undertaken in 2010/11 to help monitor performance and identify and address the causes of adverse variances. This will enable the PCT to have a range of targets/measures in place that can be used to review:

Cost (energy and backlog maintenance)

Utilisation (proportion of facility used for service delivery and available time utilised)

Service (relating overall costs to service priority areas in a programme budgeting style).

3 Developing Estates Priorities

3.1 Recent investment in the Estate

3.1.1 The nature of the Estate has changed significantly since the 2003 Strategy was developed. The key changes are summarised in the table below

Figure 8 - Changes in the nature of the Estate

Area	2003 position	Current position (core Estate)
Age profile	<ul style="list-style-type: none"> ▪ 55% of GIFA over 30 years old ▪ Only 2 of the 18 properties less than 30 years old 	<ul style="list-style-type: none"> ▪ 65% of GIFA (17968 m2, 4 buildings) is less than 5 years old ▪ Approximately half of the Wembley site (say 15% of GIFA) is only 12 years old
Backlog maintenance	<ul style="list-style-type: none"> ▪ Estimated at £2m 	<ul style="list-style-type: none"> ▪ Current estimate is £1.3m
Physical condition	<ul style="list-style-type: none"> ▪ 86% of the building stock assessed to be within Category C (sub-standard) ▪ 14% in condition D (serious risk of imminent breakdown). 	<ul style="list-style-type: none"> ▪ Estate overall judged to be either condition A (is new and can be expected to perform adequately to its full normal life) or B (is sound, operationally safe and exhibits only minor deterioration) although newer properties have not been extensively surveyed
Functional suitability	<ul style="list-style-type: none"> ▪ 75% is in Category D (unacceptable) ▪ 25% Category C (sub-standard). 	<ul style="list-style-type: none"> ▪ There are many areas requiring health and safety or fire safety related work, which is disappointing, given the predominantly 'new' nature of the estate.

3.1.2 Having moved from a position where most of the Estate was in a poor condition, to one where the condition has improved, but still with a level of backlog maintenance required, NHS Brent now needs to consider its key priorities for the estate for the short to medium term estate priorities. These are as follows:

Whether NHS Brent should retain buildings, consider them for alternative ownership or dispose of them (retain, alternative ownership or rationalisation - RAD assessment).

For buildings that are retained in the portfolio, are these being fully utilised and are they still required.

The priorities for rationalisation and investment

3.2 Estates Utilisation

Best use of resources includes the smartest utilisation of NHS estates. This is a particular challenge for Brent, where the PCT has inherited considerable LIFT estate and a PFI at Willesden Hospital. This estate is currently underutilised. The acute PCT also has a PFI building at Central Middlesex Hospital (CMH). Brent PCT must find a way to best exploit these fixed capital points both financially and to drive forward improvement in health outcomes.

3.3 Implementing the CSP

3.3.1 NHS Brent's plans for polysystems include using the current estate to the full. Thus three existing sites have been identified as our polyclinic sites: Wembley, Willesden and Central Middlesex Hospital.

Newly commissioned Primary Care Centres at Sudbury, Monks Park, Chalkhill and Hillside have been identified in our polysystem plans as locality health centres. Consolidation of practices are planned for these sites plus level 2 services.

3.3.2 Settings of care within the polysystem

The CSP identified four settings of care within polysystems and these are described below:

Figure 9 – Polysystem settings of care

Community	Level One	Level Two	Level Three	Level Three +
Community settings	All GP practices and pharmacies will be spokes within the polysystem network of care	Locality health centres; Children's Centres; Cluster GP practices; Cluster pharmacies	All Polyclinics	Polyclinic + (CMH)
Each polysystem will implement a Health & Wellbeing Strategy to localise where appropriate delivery of the Brent strategy	All GP practices and pharmacies will provide core and enhanced services in line with contractual requirements and to agreed standards of quality and access	Community service provision will be consolidated to provide care to identified clusters of GP practices within the polysystem	One stop assessment & treatment requiring more specialist input & access to more complex diagnostics Case management and LTC multidisciplinary teams covering the polysystem	Specialist pathways / services commissioned on behalf of all polysystems <i>Urgent care pathways</i> UCC & OOH / STARRS / Community beds
Each polysystem will implement a PPI strategy to ensure appropriate community engagement	It is anticipated that over the time of the strategy the number of GP practice spokes will reduce as practices consolidate onto fewer sites	Enhanced levels of short-term care will be commissioned on behalf of clusters	Extended hours GP practice from 8am to 8pm Polyclinics may provide services for 2 polysystems Polyclinic provision may be commissioned from settings outside of Brent borders	<i>Planned care pathways</i> Specialist diagnostics Low volume, high specialism consultant care

3.3.3 Polysystem Locations of care options

NHS Brent has a portfolio of new community buildings commissioned from housing associations, under LIFT or as PFI build. The PCT is contractually obligated to rent these buildings for 20+ years and therefore, in determining the need for community space from which to deliver the CSP and polysystem model, the PCT has considered these 'fixed points' plus Wembley Centre for Health & Care must be fully utilised. In addition, as CMH also has a PFI build (the costs for which are incurred by the local health economy) to ensure value for money, CMH must also be fully utilised. In determining the capacity available within each location the PCT has modelled the increased requirements for consultations being provided outside of acute hospital sites; the consolidation of practices into established buildings; the rationalisation of use of estate by Brent Community Services and the requirement to use space more flexibly, across longer days to ensure maximum efficiency of space utilisation.

We commissioned external consultants to undertake the capacity modelling. Three options were modelled and appraised using the following criteria:

- Quality – potential to improve quality
- Transformation – potential to support HfL care pathway implementation
- Productivity – potential to promote new ways of integrated working
- Efficient use of resources – maximum utilisation of existing good quality assets
- Health inequalities – coverage meeting the needs of the most deprived areas
- Geographical coverage – appropriate geographical coverage
- Affordability – within differing funding scenarios

The options and conclusions from the appraisal are summarised below.

Figure 9 –Polysystem Options

Option	Conclusion
<p>Option One: One polyclinic in each polysystem Full utilisation of existing LIFT/PFI buildings Two new polyclinic builds</p>	<p>Option excluded Capacity utilisation would be below 50% Option would not offer vfm</p>
<p>Option Two Full utilisation of existing LIFT/PFI buildings 3 polyclinics at Wembley; Willesden; CMH 2 polysystems commission services at Willesden Polyclinic 1 polysystem commissions services from Edgware 2 new locality health centres developed at Kingsbury & Kilburn</p>	<p>Likely case Option would fully utilise existing estate with flexibility for growth. Option would provide good geographical coverage, would support both primary care transformation & polysystem development, and would offer vfm Risks: if Edgware is not commissioned it would be necessary to extend Kingsbury to become a polyclinic</p>
<p>Option Three As option two but with Kingsbury & Kilburn being developed even if they are not cost neutral In addition, business cases for new locality health centres at Mapesbury and Dollis Hill would be considered</p>	<p>Best case This option would support primary care transformation & polysystem development but could only be pursued incrementally under the best case financial scenario</p>

Of the two viable options, option two has been identified as the base option. Development of this option includes active clinical and managerial discussions with NHS Barnet in relation to the use of Edgware as the polyclinic for Kingsbury Polysystem and with NHS Ealing in relation to the use of CMH as a polyclinic / polyclinic+. In March 2010, the Strategic EMT (SEMT) agreed to commission external support to develop an outline business case for option 3. This is expected to be undertaken between April and June. Assumptions were also made in the CSP about conversion work required at proposed polyclinic sites to make them fit for purpose for transferred services. This work will need to be supported by full site appraisals and refurbishment costings. This work subject to SEMT approval will be commissioned in April.

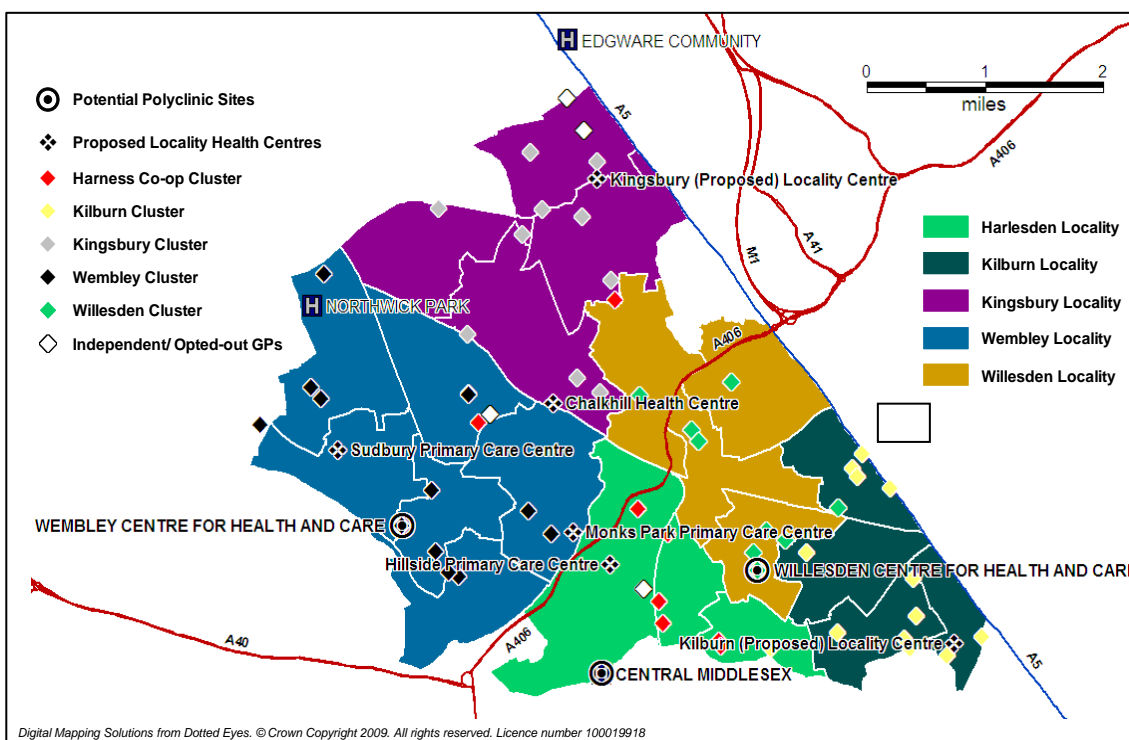
Both options 2 and 3 include some consolidation of primary care contractors into both locality health centres and polyclinics.

Figure 10 –Proposed Polysystem locations of care

Poly system	Polyclinic	Locality Health Centre	GP Practice Consolidation
Harness	CMH	Monks Park Hillside	Relocate up to 2 practices to CMH
Willesden	Willesden	(Dollis Hill)	Relocate 1 practice to Willesden
Kilburn	Willesden	South Kilburn (Mapesbury)	Relocate up to 6 practices to Kilburn
Wembley	Wembley	Sudbury	Relocate up to 4 practices to Sudbury
Kingsbury	Edgware (Kingsbury)	Kingsbury Chalkhill	Relocate up to 6 practices to Kingsbury

Full implementation of option two would reduce the number of locations from which primary medical services are provided across Brent from 71 to 58. Together with a GP premises investment plan, it is anticipated that by the end of the strategic planning period primary medical services will be provided from 50 locations (including all polyclinic hubs and locality health centre spokes).

Figure 11 – Polysystem Map



3.4 Retain, alternative ownership or rationalisation (RAD) assessment

3.4.1 In the light of the CSP, the land and buildings in the estate portfolio have been assessed to confirm whether the PCT should retain them, consider alternative ownership or consider disposal. In conclusion:

Figure 12 – RAD Conclusion

Building	RAD Conclusion
<ul style="list-style-type: none"> ▪ Chalkhill Annex (PCT owned portacabin to April 2010) ▪ Peel Road ▪ Stag Lane Clinic ▪ Wembley CHC 	<ul style="list-style-type: none"> ▪ Dispose ▪ Transfer capital asset to local authority ▪ Close and replace with portacabin for next 2 to 5 years ▪ Develop masterplan for the site
<ul style="list-style-type: none"> ▪ Chalkhill Primary Care Centre (changes from Sibcas portacabins to new building leased from Metropolitan in April 2010) ▪ Hillside Primary Care Centre ▪ Kilburn Square Clinic ▪ Monks Park Primary Care Centre ▪ Sudbury Primary Care Centre ▪ Willesden CHC 	<ul style="list-style-type: none"> • In transition. New building to be retained; maximise utilisation • Retain and maximise utilisation • Retain (it's rent free) and maximise utilisation • Retain and maximise utilisation • Retain and maximise utilisation • Retain land and buildings and maximise utilisation
<ul style="list-style-type: none"> ▪ 54, Beechcroft Gardens ▪ 63, Manor Drive ▪ 7, Kinch Grove 	<ul style="list-style-type: none"> ▪ Dispose
<ul style="list-style-type: none"> ▪ College Road, Wembley (r/o old Clinic) ▪ 175, Malvern Road, Kilburn (Elgar Court) ▪ Robson Avenue (leased to LB Brent) 	<ul style="list-style-type: none"> ▪ Transfer to school adjacent for £1 • Dispose – note pedestrian access only • Offer for sale to local authority
<ul style="list-style-type: none"> ▪ 2, Lindsay Drive ▪ 119, Westbourne Park Road 	<ul style="list-style-type: none"> ▪ Sell registered charge to a third party for both properties
<ul style="list-style-type: none"> ▪ Millbrook – used by Brent/Ealing Wheelchair Service ▪ Section 106 – Park Royal ▪ Section 106 Quintain – Wembley City ▪ Section 106 – Roberts Court – Stag Lane 	<ul style="list-style-type: none"> ▪ Retain, but note lease expires shortly ▪ Not required at present ▪ Not required at present ▪ Develop outline business case

The six buildings owned by others but used by NHS Brent/BCS and which accounts for two thirds of the Estate should be retained, at least in the short term, either because they are on long-term lease arrangements (e.g. LIFT/PFI) or because they are rent-free. This includes the new Chalkhill Primary Care Centre, once in use (due April 2010). These buildings are assessed as R (retain) and are marked in green in the RAD assessment. The PFI land at Willesden should also be retained.

The three buildings owned by NHS Brent where services for learning disabilities are delivered by independent providers commissioned by NHS Brent should preferably be sold or ownership transferred to LB Brent as part of the alteration to the way in which these services are to be provided in the future. These buildings are assessed as D (disposal) and are marked in red in the RAD assessment. This is a reasonable proposition based on the condition and use of the buildings as well as how such a disposal would fit in with NHS Brent's plans for new facilities.

The issues around the Wembley site are more complex. The new part of the site, built c1996 is poorly designed and has been poorly maintained, but remains important to the PCT as a polysystem hub. The old part of the site is primarily used as office accommodation (and ancillary services) for commissioning staff, but also contains: an ambulance station; a GP Practice; an Ethnic Alcohol Counselling Service (EACH); an archive store; Occupational Health (Westminster PCT); BCS staff; IT servers and the Hubb Cafe. Further work to clarify the PCT's long-term strategy is required in this area. This part of the Wembley site has been assessed as A (alternative use) and marked in yellow on the RAD assessment.

The decision to dispose of other property is felt to be reasonable:

Stag Lane Clinic has suffered from subsidence for many years, currently is structurally unsound in some areas, is underutilised, is in poor condition and may be superseded by a GP-led development at Roberts Court, c300m away. The local authority, which owns the car park adjacent and the Scout Hut and Gurdwara land to the rear, has expressed an interest in a larger scale development here, which may increase the value of the PCT's site. The incumbent GP has also expressed an interest in acquiring the site.

Proposals are being developed for alternative provision for the residents of Peel Road.

The portacabin known as the Chalkhill Annex will not be required once the new Chalkhill becomes operational (due April 2010).

The small piece of landlocked land at the rear of the old College Road Clinic, to which the PCT now has no rights of access, either pedestrian or vehicular, should be transferred to the adjacent school for a nominal sum to avoid any future risk of liability. The land is of no value to the PCT.

The small piece of land at the southern end of Robson Avenue, which is separated from Willesden CHC by the Bellway Homes development, and which is leased to the local authority is an historical anomaly. It is not required by the PCT and should be offered for sale.

The two properties over which the PCT retains a registered charge should be sold to a third party or ownership transferred to LB Brent as part of the alteration to the way in which learning disability services are to be commissioned in the future.

175, Malvern Road, Kilburn (Elgar Court) was originally passed to a housing association for redevelopment (before 2002) but no development has taken place. The site is no longer suitable as an alternative venue for inpatients from Peel Road – the original plan – and should be disposed of as soon as clear title has been established.

3.4.2 A 'building factsheet' was developed for each main building in 2008 summarising a range of data. This provided an easy to understand summary of each building. These factsheets will be updated where possible as part of phase 2, to assist with monitoring and benchmarking and to continually assess how well the Estate is being used.

3.4.3 The conclusions from the analysis of the factsheets are as follows:

There is significant scope to improve utilisation in both old and new buildings. For instance, Willesden, Sudbury and Monks Park all contain either vacant space or space that is poorly used. Kilburn Square is also underutilised.

The newer buildings (Willessden, Sudbury, Monks Park and Hillside) were most suitable for services to be relocated into them because of their age and suitability.

The older buildings (old part of Wembley site and Kilburn Square) were less suitable for new services or services to be relocated into them because of their lower functional suitability compared to the new buildings and the cost of conversion.

3.4.4 From this, it follows that the priorities for the PCT should be to:

Identify the extent of spare capacity in new facilities and what should be made available for provider services or partner organisations or wider community use;

Consider whether services currently in Kilburn Square should be transferred into new facilities (e.g. the proposed new South Kilburn Healthy Living Centre);

Assess whether Kilburn Square should be redeveloped and used for services in partnerships with NHS Brent's partner organisations, wider community use or the third sector or whether these buildings should be earmarked for disposal

3.4.5 The results of the RAD analysis, together with the utilisation assessment are summarised in the table below:

Figure 13 - Summary findings: RAD assessment and utilisation

No	Building	Built	GIFA	RAD	Scope to improve utilisation?	Can services be relocated to here?	Unsuitable for new services?
	Chalkhill PCC	2009	1,600	R	✓	✓	
	Hillside PCC	2008	1,885	R	✓	TBC	
	Kilburn Sq Clinic	1970	678	R	✓		✓
	Monks Park PCC	2006	1,168	R	✓	✓	
	Sudbury PCC	2007	2,200	R	✓	✓	
	Willesden CHC	2006	12,600	R	✓	✓	
	Wembley CHC	1998	C4500	R	✓	✓	
	Wembley CHC	1926	C4159	A	✓		
	Beechcroft Gdns			D			✓
	Manor Drive			D			✓
	Kinch Grove			D			✓
	Stag Lane Clinic	1935	300	D			✓
	Peel Road	1900	247	D			✓
	Chalkhill portacabin	1970	910	D			✓
	r/o College Road Clinic			D			✓
	Robson Avenue			D			✓
	Lindsay Drive			D			✓
	Westbourne Park Rd			D			✓
	Malvern Road			D			✓

4 Recommendations

4.1.1 The short to medium term Estate priorities identified are set out below:

Figure 14 – Phase 1 short to medium term Estate priorities

Area	Action	Date
Utilisation levels	<ul style="list-style-type: none"> Identify the extent of spare capacity in new facilities and what should be made available for provider services or partner organisations or wider community use 	Sept 2010
Building performance	<ul style="list-style-type: none"> Follow up the reasons for any adverse variances in energy, water and waste costs to identify whether there is scope for installing energy saving measures or using alternative energy sources that would reduce energy use and thereby greenhouse gas emissions 	July 2010
	<ul style="list-style-type: none"> Develop monitoring mechanisms and assign responsibility to budget holders for ongoing monitoring of building performance 	April 2010
	<ul style="list-style-type: none"> Conclude DEC certification for the relevant buildings to comply with statutory requirements 	May 2010
Carbon reduction strategy	<ul style="list-style-type: none"> Adopt the Climate Change Strategy in Section 2.5 and the Sustainable Development Management Plan in Appendix 1 	April 2010
CSP implementation	<ul style="list-style-type: none"> Develop detailed plans to implement polysystems as set out in Section 3.3 	May – Oct 2010
Estate RAD	<ul style="list-style-type: none"> Retain the portfolio of buildings forming the core estate 	Ongoing
	<ul style="list-style-type: none"> Assess how Kilburn Square can be redeveloped and used for services in partnerships with NHS Brent's partner organisations, wider community use or the third sector 	Oct 2010
	<ul style="list-style-type: none"> Dispose of sites identified / listed in Figure 13 	Jun 2010 – Mar 2011
The implementation of the above recommendations will be the responsibility of the Assistant Director Polysystem Estates overseen by the Capital Group.		

APPENDIX 1

Sustainable Development Management Plan (SDMP)

SDMP ACTION PLAN**Energy and Carbon Management**

Specific	Measurable	Actions	Resources	Timescale
Regular Board level reviews of performance in energy efficiency and the carbon reduction will be made and reported annually to staff, the public and other stakeholders.	An annual report will be made to the Executive Committee and Trust Board.	The CRSG to prepare an annual report in July	Assistant Director of Estates	July 2010
	The Trust Annual Report will contain a short report on work completed to deliver the CRS.	Report to include carbon emitted in the reporting year, investment made in carbon saving measures and the impact, water consumption and waste arising	Assistant Director of Estates	July 2010
	Report to Health and Wellbeing Group	To provide carbon emission data. Feedback annual report once produced	NHS Brent Communications	July 2010
Carbon measurements should replace energy measurements as the target for reduction	All energy consumption reports will be converted to carbon measurements	Convert current electricity and gas consumption to carbon tonnage.	(Cost of software £4500.00) PCT-wide installation of low energy lamps and lighting controls. Reducing plant operating times. Using building management systems to review and make alterations to heating. Introducing air-handling units controlled by occupancy sensors. Out-of-hours energy audits in all areas, with naming and shaming. Installing timers on secondary heating pumps serving administration areas. Installing energy/water-saving taps. Installing insulated covers on piping and pumps in plant rooms. Using automatic boiler blow down controls	Develop proposals by September 2010

Specific	Measurable	Actions	Resources	Timescale
	A five year investment plan ratified by the Trust Board as part of this strategy	Identify an investment plan and carbon reduction arising as part of the Estates Strategy.	Assistant Director of Estates	December 2010
We will create a strategic plan to develop resilient and more renewable energy sources to ensure a guaranteed energy supply, whilst managing their overall carbon footprint.	A renewable energy resources plan will be considered by the meeting of the CRSG.	To undertake a review to assess the potential to either introduce local renewables or to establish the viability of switching utility supplier.	Investigate viability of alternative power sources to assess if an income can be generated.	December 2010
Our capital developments will be assessed to ensure options are evaluated on a whole life cost basis. Low carbon options may include renewable energy, passive cooling, ultra-efficient lighting, sustainable transport and natural environment.	All capital projects will have an environmental impact assessment carried out as part of the planning process. This will be documented and the impact statement published in the specification.	Sustainable Protocol amended to include analysis of Carbon and Water usage. Use BREEAM tool.	Project Managers Head of Estates	August 2010
Every NHS staff member should be able and encouraged to take responsibility and for energy consumption and carbon reduction.	Staff Engagement Group to be developed and supported and to report activities to the CRSG.	Establish group. Housekeeping training. Induction and refresher training Bike User Group (BUG) Environment Champions	H.R. & O.D.	April 2010

An audit to be carried out at all sites of equipment that can be replaced/renewed to improve energy consumption	Reduction of energy use	SFM to audit sites for fans, kettles, water heaters, water coolers, portable water machines. Costings then to be calculated to replace items with low energy use items.	Site Managers	1 May 2010
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Water

Specific	Measurable	Actions	Resources	Timescale
Efficient use of water should be integrated into building developments at the design stage.	Amended Sustainable Protocol document routinely used in scoping capital projects.	Sustainable Protocol amended to include analysis of Carbon & Water usage. Investigate viability of harvesting water, dual flushing WCs, water gauge taps.		As per Development Programme
Water costs and consumption will be measured, monitored and reported annually by all the Trust as part of the Annual Report to staff, patients and the public.	Consumption details will be made in the Annual Report to the Trust Board, and be reported to wider stakeholders in the Trust Annual Report	Articles in the Executive Management Team Bulletin.	Assistant Director of Estates	July 2010
		Formal report to Trust Executive Management Committee to be made annually.	Assistant Director of Estates	July 2010
		Report to public in Annual Report	Assistant Director of Estates	31 March 2011
Leaks in Trust infrastructure should be identified and fixed immediately.	Helpdesk figures identify number of leaks reported and average response times. A 12 month target to identify 'unknown' leaks in mains infrastructure within 24 hours of occurrence, and response to fix within 28 hours. To repair dripping taps within 24 hours of reporting.	To install Automatic Meter Recording (AMR) system	£300.00 per site	31 March 2010
		Analysis of helpdesk figures.		31 March 2010 30 September 2010
		Analysis of response times.		31 March 2010 30 September 2010

Specific	Measurable	Actions	Resources	Timescale
Water efficiency technology should be adopted as standard across the Trust Estate.	<p>The number of conversions and installations of water saving devices to be monitored year on year.</p> <p>Target to have:</p> <ul style="list-style-type: none"> • All urinals to have sensors within 3 years • All taps where suitable low flow within 3 years • Dual flush WCs within 3 years 	To survey the Trust and identify all devices and appliances that are suitable for conversion or have been converted and to develop a programme for delivery of 24 months.	Site Managers	May 2010 – surveys, implementation plan thereafter
Purchasing of bottled water for hospitality events should be avoided	Identify bottle fed machines and year start and compare with number converted through the year end.	Identify remaining areas using Bottled Water Fountains and plumb into mains water.	Site Managers	As per Development Programme
	Reduction in expenditure relating to bottled water.	Suitable water jugs to be procured to facilitate the provision of water for hospitality events.	Heads of departments	<p>Audit by 30 May 2010</p> <p>Implementation plan to be written thereafter.</p>
	Source alternative to bottled water.	Review of current practice of selling drinks in plastic bottles throughout the Trust operated retail outlets. Procure, if possible, water in acceptable containers.	Assistant Director of Estates	<p>Audit by 30 May 2020</p> <p>Implementation plan to be written thereafter.</p>

Waste

Specific	Measurable	Actions	Resources	Timescale
Management of domestic, clinical and hazardous waste should be reported at Board level by the Trust as a key part of their sustainability reporting.	Report to a sub-committee of the Board.	To report to Environmental Management Group	Assistant Director of Estates	May 2010
The Trust should monitor the quantity and cost of all waste streams and set trajectories to manage and reduce them over time.	To identify the quantity of waste arising within each waste stream and to set the following targets. To reduce waste arisings on 2008/9 totals by: Clinical Waste – Domestic Waste – Skip Waste -	Education, training and publicity campaigns.	Assistant Director of Estates	Ongoing
		Installation of colour coded waste bins	Assistant Director of Estates	30 May 2010
		Increased use of local networks to increase recycling of obsolete equipment.	Assistant Director of Estates	30 May 2010
	To review waste recycling targets in line with new government policies and to identify strategies to reduce waste arising.	To increase the number of recycling points around the Trust dealing with specific items such as mobile phones, batteries, toner cartridges etc	Assistant Director of Estates	Ongoing
		Introduce new waste stream for recycling of food waste	Assistant Director of Estates	30 October 2010

Procurement and Food

'The Trust will take every opportunity to manage its operations and procurement efficiently, thereby minimising wastage and carbon from the outset.'

Specific	Measurable	Actions	Resources	Timescale
Local procurement, whole lifecycle costs and the environmental impact of financial decisions will be considered by the Trust, in preparation for the use of carbon as a currency.	A short list of products to be prepared for consideration at the meeting of the CRSG identifying potential products that can be introduced that are recycled or have a lower carbon cost	To review the current range of consumables used in the Trust to establish availability of using recycled products. To review where food is sourced and encourage locally sourced food wherever possible.	To be identified	October 2010
The promotion of sustainable food and nutrition throughout the Trust will become the norm.	A menu cycle to reflect more seasonably available produced.	Introduction of menu items/dishes based on the seasonality of main ingredients, subject to affordability. (Wembley/Willesden)	Assistant Director of Estates	October 2010
	The Trust will make a transition to sustainable producers seeking out those who offer organic products. We will specifically aim to achieve recognition via the Good Egg Award.	Identify product lines that can be switched to environmentally friendly options without entailing excessive costs.	Assistant Director of Estates	October 2010
Reduce waste arising from procurement, preparation and disposal of food.	Reduction in waste from catering outlets.	Look at composting waste food. Look at food preparation procedures, including e.g. oven use	Brenda Brown, NHS Brent Kim Ormsby, NHS K&C	October 2010

Low Carbon Travel, Transport and Access

Specific	Measurable	Actions	Resources	Timescale
We will have a Board approved active travel plan as part of their sustainable development management plan.	The Trust Board will approve a revised and updated Travel Plan	Update the Travel Plan to reflect the Trust commitment in reducing its carbon footprint by 10%	Assistant Director of Estates	November 2010
Compliance with NHS Mileage Consultation recommendation once published, to dovetail with the Trust travel plan and strategies for sustainable development of NHS services	Harmonised mileage rates for public transport, discouraging car use.	Benchmark mileage allowance with other Trusts.	Human Resources	November 2010
		Promoting the cycle 2 work scheme and increasing mileage allowance for cyclists to match or exceed that received by car drivers.	Continued membership of the North West London NHS Transport Network Group. London Borough of Brent – Cycling Strategy	November 2010
We will establish consistent monitoring arrangements so reductions in emissions from road vehicles used for NHS business can be measured, including procurement.	Vehicle carbon reduction to be a key aspect in the delivery and future development of services.	Trust replacement vehicles will be of lower carbon emission to that of its predecessor where possible, including lease cars. Contracts for patient travel (e.g. London Ambulance Service) must reflect the Trust commitment in reducing its carbon footprint.	Assistant Director of Estates Brent Community Services	Ongoing

Design of the Built Environment

'All new healthcare buildings should aim to achieve a target of being low carbon by 2015.'

Specific	Measurable	Actions	Resources	Timescale
All decisions about design and build of healthcare facilities will be explicit about how they encourage a broader approach to sustainability including transport, delivery of service and community engagement.	All new refurbishment schemes will show evidence of environmental assessment on materials and techniques being used, and on carbon saving measures being incorporated.	To prepare a list of all measures to be considered and to ensure they form part of the project planning process. To ensure all estate investment is assessed against these criteria.	BREEAM Sustainability Protocol	As per Development Programme
		To separate out the sustainability part of a tender.	Need to allow 10 – 20% increase on basic cost in order to incorporate the technology.	As per Development Programme
Trust buildings need to move quickly to have a significantly lower carbon impact, not only in construction but also in their lifetime use and in their decommissioning. Buildings will be designed to promote sustainable behaviours in staff, patients and visitors, and they must be adaptable to support change towards low carbon patient pathways.	A BREEAM assessment of in-use buildings in order to establish a baseline for carbon emissions, and to plot reductions year on year.	Capital expenditure will be planned bearing in mind the need to reduce waste arising from normal operational activities through the promotion of appropriate use of waste streams.	The Trust to buy in support to complete assessment process. Self-assessment cost £2k p.a.	As per Development Programme

Organisation and Workforce Development

Specific	Measurable	Actions	Resources	Timescale
Future leadership development will take account of the competencies required to deliver carbon reduction.	To ensure that future relevant course include competencies.	To incorporate in L & D Strategy	H.R. & O.D.	30 April 2010
Audio, video and web conferencing technology must be made available by the Trust and staff will be trained in these technologies to support a cultural shift away from routine care and other high carbon travel and to encourage more home working.		Trust to prepare a feasibility study regarding potential benefits of home working. Need to ascertain how many staff utilise the Flexible Working Policy.	Flexible Working Policy Human Resources Learning and Development	30 April 2010
		Consider using e-learning and pod cast training where appropriate.	Publicity	30 April 2010