Ashley House plc
Impact Report

October 2014

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1. CEO Overview

Ashley House plc's social purpose continues to be to improve access to better services and environments in the health and social care sectors. We help to improve outcomes across the United Kingdom by providing expertise to support clients (predominantly the public sector, charities and social enterprises) in achieving the most cost effective, health and community care property solutions for their health and social care services.

In the year to 30 April 2014, despite the difficult backdrop of much reduced NHS funding to new primary and community premises, we have completed four projects which all have real social impact. The two health centres, one health & social welfare complex and one pathology laboratory each provide new and improved facilities in the local environments. These facilities are now being used by thousands of people, helping improve their health and wellbeing. Notably our Grimsby Health and Social Wellbeing centre is operated by a Social Enterprise and is accessed by hard to reach groups in one of the country's most deprived areas. Additionally, across the four schemes completed this financial year our contractors have employed 111 local labourers (living within a 30-mile radius); 21 subcontractors achieved on-site qualifications and 20 job opportunities were given to youth workers (18-24). As well as our completed schemes, construction has commenced on our second Extra Care facility, and planning has progressed well on additional projects around the country.

Funding through NHS England for health care schemes continues to be challenging and extremely limited. In response to this our focus continues to move to meeting need for Extra Care housing provision around the country. Regular discussions with current and potential stakeholders remain paramount in achieving best practice and the discharge of our Company objectives. Local authorities are a key partner for us, working with us in identifying need, and increasingly supporting the financial provision for the care of vulnerable people in the area.

We continue to champion the provision of better health and social care facilities, both internally and externally, bringing improved economic and employment opportunities, which in turn benefits the overall quality of life of whole communities.

1.1. Organisational Summary

Ashley House plc is an AIM-listed company based in High Wycombe, Buckinghamshire with offices in London, Nuneaton and Colchester and staff based across the UK. Our people organise or self deliver services including design, construction management, asset and estate management throughout the UK to the health and social care sectors.

We provide new and refurbished buildings and facilities that transform communities and an individual's experience of health and social care services. We are able to tailor our activities to suit the needs and outcomes for each client and the individuals they serve in a cost effective manner. Our customers come from a wide spectrum and include Local Authorities, social housing providers, charities, social enterprises, the NHS (and its service providers such as GPs), and private delivery organisations.

We continue to improve our management and reporting. Revisions within our Management System procedure were effected in September 2013, in conjunction with our ISO 9001 accreditation these have provided our staff with a more structured framework of documentation, improving our project process and client support, involvement and feedback.

We employ around 50 people directly in our business, and create further jobs within our supply chains, carefully selecting subcontractors and sourcing materials and skills locally where possible. Indeed, our expansion into the Extra Care market is allowing us to increase our staffing levels, with two new professional staff joining since our last report and a further two being recruited, benefiting employment across several areas of expertise within the Company.

1.2. Commitment to Social Value

Commitment to social value runs through Ashley House, and is strongly led by our Executive Directors and wider Board. It is communicated to stakeholders in various ways. Company-wide presentations continue to be undertaken on a quarterly basis to all staff where, in addition to reporting on individual project impact, the mission, vision and social purpose are reinforced. As an employer we maintain Investor in People status. We involve communities and integrate social benefit in every aspect of our development process. Consultation is an integral part of our planning process. We always seek to meet environmental targets and measure this though BREEAM and equivalent accreditation of our buildings and through our overriding ISO 14001 accreditation. We produce this Impact Report annually and measure and monitor our Social Impact as a part of our normal processes. Our whole business mitigates against social deprivation by being entrepreneurial and working in collaborative partnerships. Producing this second Social Impact Report has confirmed to all of us involved with Ashley House just how much social value we have created and will continue to create by expanding our business in the near future. We are committed to continually finding ways of still better delivering and recording this change for which we strive.

1.3 Priorities for the Coming Year

Our key priority for the coming year is to significantly expand the business, particularly by providing more housing developments for vulnerable people with care needs.

This expansion will be achieved by commencing construction on five 250 Extra Care units during the year. We also anticipate starting construction on a small number of health schemes in the year, underlining our commitment to the health sector despite the obvious difficulties in NHS funding.

We encourage investors and all stakeholders to review this Impact Report and to contact us for further discussion.

Jonathan Holmes

Chief Executive

Ashley House plc

2. Social Purpose and Context

Ashley House's social purpose is to bring about a positive change to the lives of people living within their communities by working with professional service providers, community enablers and individuals in the health and community sectors. We create accessible and inspirational facilities, often in areas of deprivation, for those most in need, focussing on those with physical and mental health needs and from other socially excluded groups.

Ashley House's vision is to be the leading property development partner to providers and commissioners of health and community care.

Ashley House's mission is to deliver the most cost effective health and community care property solutions through enduring partnerships and proven expertise.

We actively encourage new ways of solving infrastructure challenges through accessing funding including alternative and social finance, commissioning entrepreneurial designers and by engaging service model engineers to continuously improve the impact and outcomes of our projects.

The Company is committed to high standards of corporate governance and has adopted procedures to institute good governance insofar as they are practical and appropriate for a business of its size. The Board has an Audit & Risk Committee, an Appointments Committee and a Remuneration Committee, in each case comprising a majority of Non-executive directors and chaired by a Non-executive director. The Board is responsible for approving Group policy and strategy. It meets regularly and has a schedule of matters specifically reserved to it for decision. Management supplies the Board with appropriate and timely information and the directors are free to seek any further information that they consider necessary.

Our ISO 9001 accreditation facilitates robust reporting throughout the project irrespective of the diverse nature of each scheme. Ashley House established a Social Impact Team (SIT), comprising the Chief Executive, Finance Director and representatives from across the business. This group co-ordinates, promotes and measures our social impact, reporting to the Board and by providing input to the Board via the Chief Executive and Finance Director ensures Ashley House's social impact and objectives remain core to delivering its ongoing mission. Internal data and customer satisfaction feedback surveys enable the timely collation of information which has provided our first set of social results and fuelled discussions for further Social Impact reporting.

As all our client proposals include social and environmental performance enhancements, we continue to encourage our staff to find ways of working with stakeholders to measure and improve this. We do this not just for altruistic reasons but also because we believe that the better we can improve and demonstrate social value, the more our client groups will recommend and work with us thus accelerating our growth plans.

This process of involvement has and will continue to include structured feedback and reviews from stakeholders which has led to changes in the way in which we bid for and commission developments.

This mission is supported by the following organisational values:

- can-do attitude
- empowering relationships
- trustworthiness
- efficiency and effectiveness

The Social Impact Team has been involved throughout the preparation of this report to maintain transparency. Ashley House reaffirms its commitment to its mission and social purpose outlined above, which has not changed since its last Impact Report. Responsibility for oversight of the organisation's social objectives remains with the Social Impact Team and ultimately with the Board.

3. Stakeholders

Stakeholders are those individuals, groups of individuals or organisations that affect and/or could be affected by an organisation's activities, products or services and associated performance. Key business activities that support our social purpose include designing, building, financing and operating the most cost-effective health and community care property solutions to enable better outcomes by working closely with the various stakeholders on each of the projects we undertake.

We actively seek projects and partners where we can make a difference locally. This will include the overall benefits that a new development can bring to a community, involving all individuals and seeking to improve environmental sustainability through thoughtful design and introducing new technology.

We are able to positively influence the local economy through commissioning construction from local contractors that seek to train and employ from the local community itself. We design with local materials in mind and ensure that the whole-life of the building is considered whereby maintenance can be undertaken by local non specialised labour. Ashley House has identified that the following groups of people are key stakeholders:

- **End beneficiaries**
  This group is at the core of Ashley House's work, in that the end beneficiaries are the ultimate recipients of the products and services provided by the Company. Ensuring that this group is consulted is integral to our stakeholder engagement strategy. The end beneficiaries are consulted formally throughout the development process of each new project. The Social Impact Team (SIT) reviews all feedback provided as part of its business planning process.

- **Health and Social Care Commissioners and Providers**
  This group is key to Ashley House because it is fundamental to our future (and present) business. We engage in strategic consultation throughout the year right across the country long before any project commences. During this year we have consulted with at least 75 Clinical Commissioning Groups (CCGs) and Local Authorities across the country, attending meetings and Open Days as appropriate. These stakeholders are responsible for the procurement of new facilities, assessing new demand and acting as an enabler for change. Once a potential project is identified, more specific stakeholder engagement develops and dialogue continues from feasibility to end of a project. Once Ashley House is formally appointed our Development Teams will engage with Providers to begin discussions on occupier needs allowing us to produce an agreed Client Brief. As the project progresses specifications will be measured against the Client Brief, Room Data Sheets and the Reviewable Design Data document to ensure compliance with the client's requirements. Finally, once a development is completed formal client reviews are undertaken, which are reviewed by the SIT.

- **Staff and Supply Chain**
  Ashley House staff are at the front line of delivering the quality of service that is integral to the success of our business. Therefore, we take very seriously staff induction, training and development, in particular in the form of outcomes based training and in line with our Investors in People accreditation. Additionally, staff are consulted regularly through staff meetings and encouraged to contribute ideas on service improvements and more formally through performance reviews which include the setting and assessment of personal KPIs.

- **Government and Third Sector Bodies**
  Ashley House conducts independent in-depth surveys annually to ensure key outcomes are being met. Our annual Local Improvement Finance Trust (LIFT) review is qualitative and includes commissioners at Board level from Local Government, NHS England and third sector bodies that are named or operate within the scope of the contracts. This review aligns Ashley House's business with that of key client bodies.

- **Project Investors**
  Ashley House has a number of investors who provide finance for our operations at both corporate and project level. Ashley House provides financial and impact reporting for these investors on a regular basis according to Stock Exchange and individual requirements.

The engagement activities undertaken with these stakeholders are shown in the next section under Beneficiaries of Services.

During the year Ashley House reviewed its stakeholders and determined that there have been no material changes to its core stakeholder groups.

4. Who Benefits?

The broader context for Ashley House's purpose and mission is the persistent and significant deficit in health and social care infrastructure in the UK. This deficit is expected to worsen due to medium-term term public funding pressures and longer-term demographic changes.

Our 2013 Impact report demonstrated the specific pressures likely to face the UK in the next 20 years due to demographic changes, NHS funding deficits, and (social) housing shortages. The situation has not changed in the last 12 months. These pressures create parallel challenges to address the health and social care infrastructure deficit, namely for solutions that: (i) minimise cost to the public purse, and (ii) are carefully designed to ensure that health and social care providers can meet the changing needs of the UK population.

4.1. Regulatory Context

Our projects are derived in a number of ways:

(1) formal tendering processes by NHS agencies, central Government departments and Local Authorities;

(2) direct engagement with commissioners;

(3) through our existing long-term framework partnerships, such as Local Improvement Finance Trust (LIFT) and, increasingly;

(4) directly from provider organisations such as social enterprises and service delivery organisations.

The local infrastructure challenges faced by organisations under each of these approaches are complex, as are the regulatory and policy issues involved. Ashley House considers carefully the financial and social impact we can deliver for relevant stakeholders on a case-by-case basis. For the purposes of our Impact Report, it should be noted here that in real terms, the majority of our discussions/submissions occur over a protracted period of time, varying from scheme to scheme. This variance in local policy procedures around the country does not allow us to produce finite bench-markable projections on timescales and will result quite changeable data results each year. Other than the increase in procurement route 4 above, there have been no material changes since the 2013 Impact Report.

4.2. Beneficiaries of Services

We have conducted extensive engagement both in the past and on an ongoing basis with a range of current and potential beneficiaries of our services. The results of this engagement are outlined in the tables below.

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
End-beneficiaries	Patients / Service users	Improved accessible, safe, local health and community facilities (complying with the Disability Discrimination Act), with built-in infection control, modern clinical technology.	Meetings with individuals and carers to understand needs and allow access to personal choice and tailored services. Continuous review of updated national guidelines to ensure compliance.	Over the four projects completed this financial year, nine public consultation events were held in addition to internal design stakeholder meetings and external consultant research.
	Housing residents	Affordable housing that is welcoming, safe and sustainable, both economically and environmentally, and which promotes independence and meets specialist needs.	Workshops with identified resident groups and engagement with individuals in local community venues including displays to help visualise proposals and any impact or change.	No residential units completed in this reporting time frame.
	Communities	Greater involvement in the design and specification, creating local spaces able to be utilised more for wider community use.	Engaging with local planning authorities during the design phase to ensure we aspire to local planning objectives. Construction companies are required to sign up to the Considerate Contractor Scheme, which promotes involvement with local community associations in varying forms.	Members of our Design Team meet with local planners a minimum of two times during the Design phase of our schemes in order to align our concepts with local requirements. Of the four projects completed this year three were eligible and therefore constructed under the Considerate Contractor scheme.
	Local economy	Inclusion of a greater number of local design professionals, skilled and unskilled labour force, manufacturers, suppliers	Ensuring each project team hosts “Meet the Contractor” events to encourage participation in our supply chain. Working with local	Whilst “Meet the Contractor” events have not always been held, the main contractors have built up a database of local firms by working regularly in

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
		and artists to encourage employment.	organisations such as community art groups to source local artists.	the areas where our schemes have been built and we as a Company conduct searches on local contractors for consideration in the tendering process. All three eligible projects have community art in them and for one we created an external community space: a Piazza providing an aesthetically pleasing area in front of a surgery, pharmacy and local church. In all cases, the projects were well into development for many years and therefore we continue to improve our formal requirements for schemes in this area.
	Local environment	Higher sustainable design standards, construction and maintenance to promote energy efficiency and carbon reduction through technology and use of locally-sourced sustainable materials.	Local Authorities stipulate both design and material specifics, which are in turn passed on through our contracts and continuously monitored for best practice within the sector.	For the Silsden project, planning conditions required all facing and roofing materials to be approved and for both GP projects parking facilities and travel plans were submitted and details of carbon reduction fully considered.

Table 1. List of needs for Ashley House beneficiaries (end-beneficiaries).

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
Providers of Services	GPs	Efficient use of space to allow for collaboration and flexibility to promote awareness and encourage healthy living, whilst retaining patient privacy, confidentially and dignity.	For each project we engage directly with GPs and Practice Managers by visiting premises, listening to visions, requirements and challenges, feeding into the production of the individual client brief, against which we measure performance.	As an example: Bringing together two GP practices under one roof, as at Chapel House requires active discussion. Working together led to the addition of a shared entrance, notice display facilities and meeting rooms which can be booked by either of the two surgeries using the building.
	Healthcare professionals and carers	Increasing the availability of informal space to promote collaborative working across the breadth of the social and healthcare services.	Interpreting clinical vision through engagement workshops and face-to-face meetings.	Stakeholder and community engagement events were held for each of our three eligible completed projects with attending numbers varying according to the needs/objectives of each scheme. Each of these schemes held workshops and community engagement events. Open Door held a two-day community event and 113 questionnaires were completed. Chapel House held a three-day event with 368 visitor and 230 questionnaires submitted. Silsden was rebuilt on the same site and practice users were consulted on the

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
				design requirements. The projects are then reviewed post completion.
	Registered Providers (RPs)	Increasing the provision of modern, specifically designed accommodation to meet the needs of individuals to be re-housed both safely and comfortably.	Identifying and engaging with specialist providers and offering design, construction and financing solutions that complement their service offering.	As the number of schemes grows we are developing a portfolio in order to advise and influence future projects. Active discussions continue with five separate RPs
	Social Enterprises and Charities	Providing new or refurbished environments to deliver specialist services or initiatives allowing organisations with insufficient capital or resource to acquire or lease their own property or share with others.	Visioning workshops to facilitate a shared vision and funding solution to build new facilities or share space with other funded service providers.	For Open Door, our mixed health and social enterprise scheme, both community and staff engagement was undertaken to consult on specialist service provision and timely availability of resources. Staff engaged in a design workshop once the site was chosen, and community engagement feedback identified the main advantage as being *"that a range of Health and Social Care Services would all be working on the same site thus lessening journeys and improving support for patients"*. Success is measured post completion by surveying the number of services enabled by the facility.

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
	Private Providers	Environments that integrate private services to complement existing service provision.	Forming strategic partnerships with service providers to roll out programmes of change.	Each of our four sites allows space for private services, with two actively being utilised by our partnership with Lloyds pharmacy.
	Community Interest Groups (CIGs)	Access to low risk and low cost community facilities, as and when needed, to promote and deliver wellbeing initiatives in the heart of the community.	Desk top research to identify the need or existing social enterprises that could undertake activity such as Facilities Management services or utilise spaces when not being used.	The Grimsby Open Door project demonstrated how by working with CIGs we were able to identify and install a full range of wellbeing initiatives to enable improvement within a deprived area of the country. There are educational and fitness classes and voluntary placements support people who are unemployed, allowing them to develop their occupational skills and knowledge. The services are all operated by Joint Ventures between the NHS and Social Enterprise agencies.

Table 2. List of needs for Ashley House beneficiaries and their needs (providers of services).

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
Commissioners of Services	Clinical Commissioning Groups (CCGs)	Estate and facility management to allow each CCG to focus on core function such as the assessment of community needs, service commissioning and provider performance.	Engaging with these new organisations through conferences, open events and direct meetings.	In the last year, our Development team and Directors have met with over 16 CCGs from Devon to Newcastle; Hospital Trust, County & District Councils, the Welsh Health Board and Joint Commissioning Units in the Midlands. We are in consultation regarding specific bids and the individual requirements thereof. Dementia Care and Retirement living events have also been attended to assess the growing demands for our new ventures. The construction of each new health centre has provided extra consulting and treatment space (identified during consultation) for growing patient lists. Provision of mental health, physiotherapy, podiatry and minor surgery has also been included.
	NHS and Charitable Bodies	Providing flexible facilities through good design and procurement thereby future proofing against ever-changing	Visiting and reviewing key contacts through structured meetings and refreshing our understanding of	Contact is maintained through a number of formal partnerships and regular meetings with key board level contacts. Our Design teams

Beneficiary Type	Beneficiary	Need	How we engage beneficiary & identify needs	Engagement achieved for projects completed in the last 12 months
		models of health and social care.	ever-changing needs and challenges.	will meet at least twice with the Local Planning Authority before a planning submission is made to ensure local regulatory compliance. On a individual level, as a result of end user stakeholder engagement our health and social enterprise scheme includes the provision of legal and housing advice, youth offending and counselling services, whilst one medical centre is accommodating the local community mental health team.
	Local Authorities	Creating new facilities that improve quality of life through access to services to meet increasing expectations and accountability in public health and strategic commissioning.	Engaging through the LIFT programme including our annual review process; direct meetings and via introduction from providers.	As well as our seven LIFT partnerships, we sit on a steering group and have non executive membership on several housing association boards. We have met and engaged with over 50 Local Authorities in the last 12 months.

Table 3. List of Ashley House beneficiaries and their needs (commissioners of services).

4.3. Ashley House's Unique Approach

Based on our continuous extensive engagement, and more general market testing, Ashley House has developed a model to deliver health and social care infrastructure that:

1. Is highly effective for public agency commissioning;
2. Directly enables organisations to build new facilities that empower disadvantaged groups, whether through a new medical centre providing better facilities which are compliant with all the latest technology, regulatory requirements and increased local services such as counselling or physiotherapy, or Extra Care accommodation which facilitates continued living in the community as appropriate to their individual needs.
3. Can often be delivered by providing finance unobtainable through Government or the banking sector.

   An example of point 3 above is the pathology laboratory in Taunton where a complex structure involving four parties, including two hospital trusts and two separate leases provided the key to unlock the financial problem of providing a modern equipped facility on a refurbishment basis rather than a new build, resulting in reduced environmental effects and limiting cost impact.

Ashley House is not the only private provider of health and social care infrastructure solutions. However, we are unique in several important respects:

1. We are the only UK listed company that exclusively delivers both health and social care infrastructure developments. The increasingly interlinked nature of health and social care challenges, together with budgetary constraints in the UK means that Ashley House is often the best-placed provider to design and build health and social care infrastructure to meet the changing needs of local populations, particularly for vulnerable and disadvantaged groups such as those with mental and physical disabilities, over 55s and low income households at risk of poverty. It is too early in our progression into this new area of business to provide data that demonstrates the additional benefits that this approach brings, but we will be investigating how Ashley House can demonstrate this over the coming years.. In 2011, Ashley House undertook its first venture into the Extra Care market with the completion of a complex in St Helens. It was through the success of this project that we secured our next contract (which is now on site) and we are appointed to deliver on 13 schemes and are undertaking feasibility on a much larger number. Each scheme secured builds our portfolio and provides physical evidence of our ability to secure funding in areas which have proved difficult to bring to fruition to date, following the reduction in central government grant funding.

2. We have an abiding ethos of solving problems from the bottom up and combining skills and experience that make us unique in being able to tackle the infrastructure problems within the health and social care sectors.

3. We do not follow funding streams like our competitors but start from challenges that are often presented by commissioners that have been unable to be solved elsewhere. For example, one scheme, completed this year had been trying to engage with the local PCT to commit to funding for new premises for over five years. Our experience in this delicate area resulted in the commissioning of a health centre for the two adjoining practices with increased space for patient list expansion, service provision, is fully DDA compliant and fitted with the latest technology. We are therefore confident that without Ashley House's intervention, the outcomes delivered by this project were unlikely to have been realised.

4. We act independently from our suppliers to ensure that we always select the most appropriate designers, contractors and funders ensuring that we are best placed to advise our clients without commercial gain or influence. We create new partnerships that allow the optimum solution for individuals and communities, and result in improved outcomes. In terms of employing architects, we have entered into framework agreements with a few carefully selected companies to ensure best practice and pricing in this particular area of expertise. This excludes the possibility of employing local consultants in this area of work, but we strive to use local consultants for specialist surveys, where applicable. Through our tendering process for the choice of best contractor for each individual project we increase the likelihood of obtaining high results on both Energy Performance Certificate and the Considerate Contractor scoring (both of which are monitored by external, impartial bodies). In committing to the Considerate Contractor Scheme our contractors are required to promote and utilise local labour, to undertake community engagement and maintenance of noise reduction during construction. We are also keen to ensure that any temporary employment provided is not automatically terminated at completion of the facility and will endeavour to use local connections to maintain continuity of employment. Our construction tendering process allows for previously used companies with local knowledge and shared expertise of working in our specific areas of provision. This in turn impacts on local employment as our main contractors build relationships with local sub contractor companies and re-engage them on future projects.

   Overall, our independence, experience and skills are the ingredients that when combined, enable the design and delivery of improved services in the care and health sectors. By working with all our stakeholders in-depth and through an entrepreneurial partnership approach, we listen to and interpret our stakeholders' needs to provide the facilities needed to stimulate better wellbeing and quality of life.

4.4 Environmental Impact

As construction is a significant aspect of much of our work, Ashley House could potentially have a negative impact in terms of social disturbances to local surrounds and potential short-term negative environmental impact during construction phases. While this construction is necessary to create health and social care infrastructure of immense benefit to local communities, the Company is mindful to mitigate any negative impact in the design, development and construction phases to the greatest extent possible. As part of our ISO 14001 accreditation we hold an Environmental legal register, specific to the nature of our work and this identifies all the legal requirements bound by any building scheme. This is passed onto our external consultants and later the main contractor to uphold under contractual obligation.

Dependent on the nature of the site identified we may, as required, undertake various surveys to assess the ecological impact of the proposed development. These help assess the site for any potential protected species issues relevant to planning, with advice on legal obligations in this respect, and recommendation for any further surveys where the risk of impact is significant and cannot be avoided through precautionary measured works or change of scope. Site surveys will also impact on the actual siting of the new building in design terms relevant to the use of photovoltaic units to maximise the use of sunlight and in reducing electricity consumption for the end user stakeholders. During the construction phase the contractor will undertake any protective measures identified during surveys or stipulated by ourselves and the local planning authorities. These will vary from project to project, but will involve tree and/or wildlife habitat protection, noise abatement precautions and stipulated working and delivery times. This helps us mitigate negative outcomes from our work.

5. Activities and Operations

Ashley House provides a range of services to meet the needs of key stakeholders: end-beneficiaries, providers of services and commissioners of services.

Our activities fall within four key areas: Design, Construction Management, Funding Solutions, and Consulting. To deliver these activities we directly employ experienced professionals, each highly dedicated to delivering a quality service. Our people include architects, lawyers, engineers, project managers, designers, quantity surveyors, development surveyors, as well as clinical service professionals to assist in health planning when required. We employ expert design managers in-house who interpret clients' and stakeholders' needs and visions to deliver cost effective and efficient environments. We also work with leading external architects staying ahead of best practice in care and housing environments. A unique feature of our business is that we do not charge our clients separately for these work streams. Instead we wrap up our fees and costs into one overall charge paid only when a scheme is ready to commence construction. This allows our stakeholders to focus resources on their needs. We monitor the percentage of total project spend undertaken by our main contractors on suppliers and labour within a 30-mile radius. As an average figure over the four projects this year we were able to ensure just over 41% of spend has been in the local area ensuring real economic benefit from our schemes on top of the long term social benefit.

Our experience of managing these premises in the long-term feeds back into the process to inform new developments. As a result, our designs are highly effective and efficient in meeting stakeholders' needs. Examples include how adjacencies within buildings should function; and understanding the impact of building materials on long term revenue streams as seen in energy bills and maintenance costs.

5.1 Links between Activities, Beneficiary Outcomes and Revenue

The tables below outline the links between activities and outcomes for beneficiaries, and the co-dependency of outcomes and revenues. For indicators used to measure the extent of each outcome achieved, see Section 6 (Evidencing Social Value).

Beneficiary Type	Beneficiary Outcomes	Links to Ashley House activity and revenue
End-beneficiaries	1. Patients/Service Users/Families: Improved access to better clinical care, improved diagnosis and treatment leading to improvements in an individual's health and well being.	More patients in new facilities have a direct correlation to growth in our revenues, whilst improvements in qualitative outcomes allow us to present stronger business cases to NHS for new facilities. For example, increased provision of primary care facilities will help to reduce secondary care referrals and extended opening hours and ease of access reduces the need for attendance at A&E.
	2. Patients/Service Users/Families: Access to new homes.	A higher number of new homes delivered have a direct correlation to growth in our revenues, whilst improvements in qualitative outcomes allow us to present stronger business cases to Local Authorities.
	3. Communities: Community stakeholder 'ownership' of facilities, through active involvement in the development process.	Improved community engagement and involvement will improve usage of new facilities which in turn will improve our chances of winning or promoting new projects.
	4. Local economy: Direct benefit to local community through employment opportunities throughout the development process as well as capital expenditure in the local area.	Our ability to demonstrate local economic gains can improve the local argument for planning permission to be granted and can free up brownfield and other sites in Local Authority control or influence. In turn this helps us generate new projects. We undertake traffic surveys to ensure we maximise locality options and through our design, the provision of multi-use parking facilities.

Table 4. List of Ashley House beneficiary outcomes and links to Ashley House activities & revenue (end-beneficiaries).

Beneficiary Type	Beneficiary Outcomes	Links to Ashley House activity and revenue
Providers of Services	5. GPs/Healthcare Professionals/Private Providers: use of facility by multiple providers, collaborating and integrating services and care pathways to improve patient care. Core health service provision enhanced by complementary, specialist and supporting care services geared to community need.	More providers operating from our buildings generally require more space, building our revenues. Improved pathways and integration of care reduce service costs improving appetite for our facilities. In all our schemes one of the major objectives is to increase consulting and treatment room space and allow for new and increased clinical provision. Minor surgery, physiotherapy and adjacent pharmacy provision have consistently occurred on the client brief over recent years.
	6. Registered Providers (RPs): Being able to offer affordable, safe, suitable accommodation to those needing to be rehoused with varying categories of need, vulnerable individuals, older people and people with physical and sensory disabilities.	The number of units rented by RPs improves the attraction our projects to investors.
	7. Social Enterprises/Charities/Community Interest Groups: Increasing proactive provision of initiatives focussed on improving community well-being, launched and run from the facility. Increasingly these initiatives are being integrated to add value to core health service provision, reducing unemployment locally.	Third Sector groups are widely recognised as strong additions to health and social care provision. Giving them access to Ashley House facilities increases the attraction of Ashley House to clients. Our health and social welfare facility includes services offered in the areas of counselling, immigration advice, housing, CAB and extended classes in reading, writing, IT and relaxation.

Table 5. List of Ashley House beneficiary outcomes and links to Ashley House activities & revenue (providers of services).

Beneficiary Type	Beneficiary Outcomes	Links to Ashley House activity and revenue
Commiss-ioners of Services	8. CCGs and other Commissioners: Improved commissioning flexibility and innovation as commissioners can utilise modern, compliant and flexible fit-for-purpose facilities. Enhanced healthcare delivery, service and provider integration from appropriate locations within the community.	Reducing costs of service delivery further improves the affordability of new facilities, increasing project approvals.
	9. NHS and Charitable Bodies: Reduced estate management costs. Facilities can be more efficiently managed, acquired through different procurement and funding models, allowing flexibility in capital and revenue commitments to meet reduced central budgets and sharing of property risk and reducing running costs.	Increased use of estate management by NHS and charitable bodies results in commensurate increases in Asset Management revenues.
	10. Local Authorities: As commissioners of both care services and estate, Ashley House's facilities provide a new route to meet increasing expectations and accountability in public health and health and social care.	A track record of delivering on outcomes to commissioners' satisfaction results in greater future revenue.
Environment	11. Local environment: Through Ashley House's design and construction tendering processes our objective is to neutralise or at least minimise short term impact on the local	Improved Environmental performance helps win projects as providers pay less in long term running costs. This is achieved through the use of sustainable materials, considerate build methods in construction, BREEAM, operational

Beneficiary Type	Beneficiary Outcomes	Links to Ashley House activity and revenue
	environment whilst improving long term environmental performance	energy strategies, and recycling and waste management policies. The Ashley House environmental ethos is embedded in our contractual relationships across our whole supply chain, with Ashley House policies and responsibilities transferred and merged with our supply chain partners. All Ashley House construction sites are registered with the Considerate Constructors Scheme. This Scheme is fully integrated with BREEAM and Code for Sustainable Homes assessments.

Table 6. List of Ashley House beneficiary outcomes and links to Ashley House activities & revenue (commissioners and environment).

Ashley House continually reviews its standard appointment documents for the whole supply chain to see whether existing obligations could be strengthened to maximise these outcomes without becoming unreasonable or negatively impacting on deliverability.

5.2 How beneficiaries experience and value outcomes

The methods used to consult with beneficiaries and identify their needs, as outlined in Section 4.2 (Beneficiaries of Services) above, are also used to identify outcomes, and how beneficiaries experience and value those outcomes. Table 7 below summarises this.

Beneficiary Type	Methods to determine outcomes, and value/experience of outcomes to beneficiaries
End-beneficiaries of Services	- Meetings with individuals and carers - Workshops with Residents' Associations - Activities with school children (at assemblies and in art projects) - Holding "Meet the Contractor" events for prospective contractors
Providers of Services	- Proactive site visits, engagement workshops and consultation meetings with providers at existing Ashley House sites and potential new providers - Desk-based research on existing needs and outcomes
Commissioners of Services	- Meetings with prospective commissioners - Regular, structured meetings with current commissioners, including formal reviews at multiple points, including: mid-construction, completion/mobilisation, and post-mobilisation/operational - Reporting requirements from commissioners on outcomes

Table 7. Current methods of engagement to identify beneficiary outcomes and experience/valuation.

These methods of engagement enable Ashley House to determine which outcomes are most important across the key stakeholder groups involved in each project, and ensure these are reflected in the design of the facility. In this way, our facilities are designed to maximise the benefits for each beneficiary while avoiding the addition of elements and therefore cost which would be surplus to requirements for that project.

Specific indicators used to measure outcomes are provided in Section 6.1 below.

6 Evidencing Social Value

Ashley House is committed to both ongoing operational monitoring and strategic oversight of our social impact. The basis of this monitoring is annual monitoring and reporting of activity outcomes, as outlined in Section 6.1 below. Section 2 (Social Purpose and Context) above summarised how social impact reporting data will be reviewed by the Social Impact Team for input into Ashley House's strategic and operational review cycles as appropriate.

As outlined in previous sections, to understand and evidence its social value, Ashley House identifies relevant stakeholders and beneficiaries, and engages with them to identify outcomes. Ashley House is committed to measuring social impact against key indicators.

6.1 Evidence

The tables below provide a summary of Ashley House's social impact by reporting on outcomes against relevant indicators, and outlining commitments for future reporting periods.

Beneficiary	Outcome	Indicators	Achieved in 2012/13	Achieved in 2013/14	Target for 2014/15
End-beneficiaries of services	1. Improved access to better clinical care	1.1. Number of new Health and Care facilities (a) under construction (b) completed and open **	a: 3 b: 2	a: 1 b: 4	a: 4 b: 1
		1.2. Number of patients accessing new facilities	29,000	24,682	8,300
	2. Access to affordable residential units	2.1. Number of new social housing projects (a) under construction, (b) open to residents **	a: 0 b: 1	a: 1 b: 0	a: 4 b: 1
		2.2. Number of new homes (a) under construction (b) built and ready for occupancy **	a: 60 b: 27	a: 60 b: 0	a: 250 b: 0
	3. Community valued 'ownership' of facilities	3.1. Total number of community consultation events held during proposal, planning and construction phases ++	-	30	
		3.2. Average number of community consultation events held per development ++	-	10	
		3.3. Total number of community groups using facilities on a regular basis	-	3	
	4. Employment / training opportunities in the local area	4.1. Number of new developments under construction **	3	2	8
		4.2. Number of workers on sites living within a 30 mile radius	-	111	
		4.3. Number of qualifications achieved by people whilst working on AH schemes	-	21	
		4.4. Number of long-term unemployed and youth (18-24 year-olds) employed	-	20	
	5. Capital expenditure in the local area (e.g. on materials)	5.1. Number of developments (a) under construction (b) completed & open **	a: 3 b: 3	a: 2 b: 4	a: 8 b: 2
		5.2. £ total capital expenditure on newly completed schemes	£9.0m	£5.4m	£5.7m
		5.3. Capital spent by (a) AH or (b) principal sub-contractor with suppliers and labour inside 30 mile radius of development	-	a: £51k b: £1.7m	

Beneficiary	Outcome	Indicators	Achieved in 2012/13	Achieved in 2013/14	Target for 2014/15
	6. Minimised impact on the local environment	6.1. Number and proportion of newly completed developments meeting BREEAM or equivalent targets 6.2. Energy Performance Rating for completed buildings 6.3. Considerate contractor scheme rating on completed premises (as applicable)	6.1: 2 (67%) 6.2: New indicator 6.3: New indicator	6.1: 2 (50%) 6.2: New indicator 6.3: New indicator	6.1: 1 (50%) 6.2: 2 (100%) 6.3: 1 (50%)
Providers of Services	7. GPs / Healthcare Professionals / Private Providers: Use of facilities with increased collaborating and integration of care pathways to improve patient care.	7.1. Number of new provider organisations delivering services from facility		3[1]	1
		7.2. Number of integrated services/care pathways		7[2]	1
		7.3. Number of new complementary specialised activities supporting existing services		2[3]	1
	8. Registered Providers: Able to offer affordable, safe and suitable accommodation to	8.1. Number of new nominated units built **		N/A	60
		8.2. Number of units built to house priority residents within the local community (physical and mental health needs, over 55s, people with physical and sensory disabilities)		N/A	60

[1] For Grimsby Open Door, for COPD, Chronic Pain Clinic & Sexual Health. N.B. For Chapel House, although no new provider services are offered there has been an increase in the overall sessional time available to internal and external providers.

[2] For Chapel House: Ante-natal classes, well baby clinic, community physiotherapy, mental health & counselling services, stop smoking services, community phlebotomy.

[3] Minor surgery and vasectomy services.

Beneficiary	Outcome	Indicators	Achieved in 2012/13	Achieved in 2013/14	Target for 2014/15
	vulnerable populations	8.3. Demand/appropriate design: Percentage of vacant units/voids in homes developed and completed in the year by AH and operated by RPs	7%	N/A	
	9. Social Enterprises/Charities /Community Interest Groups: Greater ability to proactively provide services/initiatives relevant to local needs	9.1. Number of Third Sector organisations utilising new facilities, both on regular and ad hoc basis	-	9[4]	
Commissioners of Services	10. CCGs and other Commissioners: Delivered commissioned facilities that are relevant/fit-for-purpose, flexible/adaptable to changing local needs.	10.1. Number of providers of services using new facilities	-	5[5]	

[4] Grimsby Open Door: 8 organisations - CAB, Community advice service, NAVIGO, Porta restyle, Beeterson and Gibbon (Law), York housing, Youth offending & Care Rent; Silsden: 1organisation - Project 6 - Alcohol advice.

[5] Grimsby Open Door: 3 providers - CPS local and north Yorkshire / NAVIGO / Virgin health; Silsden: 2 providers - Bradford District Care Trust – podiatry and district nurses / Community Mental Health Team.

Beneficiary	Outcome	Indicators	Achieved in 2012/13	Achieved in 2013/14	Target for 2014/15
	11. NHS and Charitable Bodies: Reduced estate management costs	11.1. Numbers of facilities and buildings under Ashley House management	33	33	34
	12. Local Authorities: Delivered health and social care facilities that meet a range of increasing expectations and accountability in public health and health and social care	12.1. Number of new homes where LA or equivalent retains right to nominated tenant (a) under construction (b) built and ready for occupancy	a: 60 b: 27	a: 60 b: 0	a: 250 b: 0

Table 8. Outcomes and Outcome Indicators.

**These output indicators will be provided in the Activities and Operations section in future Impact Reports. This table will focus on outcome indicators.

++These indicators will be summarised in the Stakeholders' section in future Impact Reports. This table will focus specifically on evidencing the outcome of increased usage of the facilities as a result of community valued 'ownership'.

6.2 Current Management

Current indicators have been developed by Ashley House based on its experience and have been monitored and updated since the initial impact report. Targets are based on a combination of recent research and industry best practice together with feedback from our stakeholders. Ashley House will report on progress against these disclosures on an annual basis. We will do so using our management system to continuously collect data against impact targets. Since our understanding of outcomes is based on discussions with stakeholders, we will continue to enhance and update our interpretation through on-going discussions. This may result in amendments and extensions to existing data collection.

6.3 Future Plans

Ashley House is committed to continually improving its consultation with beneficiaries, outcome measurement, and improving service delivery to maximise outcomes and their value for beneficiaries. In last year's Impact Report, Ashley House committed to improving its impact measurement in the following ways, and progress against these ambitions is provided below:

Commitment in prior year Impact Report	Progress made during the year
We will identify and attempt to measure the value that different beneficiaries place on key selected outcomes.	A research project is under discussion with a University and Local Stakeholder groups.
We are discussing ways of discreetly collating data to demonstrate trends in end-beneficiaries' experience and valuation of outcomes.	As above
We are assessing how general improvement in community health and wellbeing can be measured over the medium to longer term.	As above
We will include local residents in future stakeholder involvement.	As above
We are working with our service provider clients to quantify and measure activity and increased use of facilities.	For future reporting we will return to our service provider clients one year from handover to obtain patient listing numbers in order to monitor the uptake enabled by moving to new premises.
We are exploring how the entirety of social value created for local authority	On-going

Commitment in prior year Impact Report	Progress made during the year
commissioners by designing/building facilities can be incorporated on a measurable basis into public sector value for money assessments.	

7 Acknowledgements

This report was prepared in collaboration with the social impact consulting team at CAN Invest, part of the social enterprise CAN.

Ashley House plc
Impact Report
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