NHS
Sheffield Health and Social Care
NHS Foundation Trust

Estate Strategy

2021 to 2026

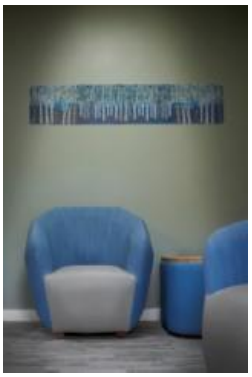
July 2021

Proud to care in Sheffield

Version control	Date	Strategy development and key changes	Authors
0.1	9 March	Initial document structure	PK
0.2	10 March	Board session – overview of engagement undertaken in 2020	PK/HP
0.3	23 March	SYB ICS Estates Workshop – national drivers and priorities	PK/HP
0.4	2 June	Sheffield Place Estates Group Workshop – priorities	PK/HP
0.5	8 June	SHSC General Managers Workshop - principles and priorities	PK/HP/GH/RB/ST
0.6	14 June	Review of previous SHSC Estates Strategy deliverables	JR/HP/GH/RB
0.7	17 June	HQ Staff Engagement Group – agile working principles	PK/SB
0.8	23 June	Board session - update on principles and Place partnership opportunities	PK
1.0	8 July	Exec Summary, Chapters 1 to 9 and Appendices added	PK/JC/ST/HP
1.1	12 July	Additions and amendments from Estates Strategy Implementation Group	PK/HP/GH/RB
1.2	15 July	Additions and amendments from Finance and Performance Committee feedback: sustainability appendix, revenue risk, pharmacy plan, site rationalisation	PK
1.3	28 July	Additions and amendments from Trust Board feedback	PK

Enhancing our environments -Dovedale 2 Ward 2021







Contents

1 Executive summary

1.1 Purpose of the estate strategy

The NHS Long Term Plan identifies a commitment to deliver the fastest expansion in mental health services, in the history of the NHS. This expansion and the associated funding are welcomed by Sheffield Health and Social Care NHS Foundation Trust (SHSC) and we are refreshing our strategic response. Our response includes this estate strategy which is a key enabler for the delivery of our Clinical and Social Care Strategy and our People Plan. This Estate Strategy describes:

- The estate challenge and case for change - our estate is currently not good enough and we know that to achieve our clinical and social care ambitions we need to make significant improvements to the estate, as well as changing the way we deliver services.
- The scale of our ambition – we want to deliver services from physical environments which are amongst the best in the country. We want this because of the wealth of evidence that confirms environments affect recovery from mental illness and the wellbeing of staff and we want this because modern healthcare environments lead to efficiencies in service delivery such as shorter lengths of stay.
- How we will deliver on this aim – our ambitious plans for investment over the next five years. SHSC cannot afford to do everything it needs to do from its own resources, so we will embark on a programme of investment business cases designed to support the case for external funding.

SHSC refreshed its strategic direction during 2020 and 2021 and agreed four strategic aims:

- Deliver outstanding care
- Create a great place to work
- Effective use of resources
- Ensure services are inclusive.

Our strategic direction identifies the following four strategic priorities (see Appendix 1 for our Strategic Direction on a page):

- Covid 19 – recovering effectively
- CQC - getting back to Good
- Transformation – changing things that will make a difference
- Partnerships – working together to have a bigger impact

SHSC has also developed its Clinical and Social Care Strategy during 2020 and 2021 (see Appendix 2) to guide service developments. That strategy identifies that care will be:

- Person-centred
- Evidence Led
- Trauma Informed
- Strengths Based

Delivering our Clinical and Social Care Strategy means the way we work and our care environments both need to change. Our clinical pathways will become much more integrated with partners and our staff will work in a more agile and virtual way to deliver services.

We have also refreshed our People Plan during 2020 to identify how we will better support staff wellbeing and this will include improved facilities (see Appendix 3 for our People Plan on a page). In addition, we have engaged with staff to identify how we will work differently following the Covid 19 pandemic. We have recently agreed our Agile Working Policy and the principles for agile working (see Appendix 4).

Technology will become an increasingly important enabler to the delivery of how we work, how we deliver services and the realisation of this refreshed Estate Strategy. Our Digital Strategy will therefore be refreshed by the autumn of 2021.

The plans set out in this Estate Strategy have been developed through engagement with staff and partners and are informed by best practice. Our plans take account of:

- The provision of safe, secure high-quality health and social care buildings capable of supporting current and future service needs
- Our Clinical and Social Care Strategy
- Analysis of the current estate and how it performs
- Proposed changes to estate over the next 5 years
- Proposed performance improvements (targets)
- Estate rationalisation plans
- The estate investment programme

In developing this Estate Strategy, we have made sure that it:

- Takes account of estate ownership issues
- Enables SHSC to maximise the utilisation of estate assets
- Assists SHSC in developing the right premises, in the right condition and in the right location
- Supports the future increase in workforce linked to the NHS Long Term Plan, Covid 19 recovery, surge planning and local service developments
- Is consistent with our strategic priorities to work in partnership and deliver transformation.

1.2 Vision and principles

SHSC aims to operate from an estate which is fit for purpose and enables delivery of high quality, safe, sustainable, and affordable clinical and social care services to local people. This means an estate which is in a good condition, is functionally suitable for the services being provided, provides a 'healing environment', is environmentally sustainable, is accessible to local people, is affordable and is designed around changing service needs. By achieving these aims, we will reinforce our commitment to being person-centred by providing great facilities for staff to work in and from.

We have developed the following nine principles, through engagement with our staff and feedback from service users and partners, to identify how we will ensure our estate supports our service delivery, over the next five years:

- The estate will be functionally suitable, comply with the law, and adhere to healthcare standards and codes of practice.
- The estate will be therapeutic, providing sufficient high quality healing environments and external green spaces in support of 24/7 facilities.
- The estate will be in a good condition, fit for purpose and enable delivery of high quality and safe clinical and social care services.
- The estate will be environmentally sustainable, accessible by public transport and affordable.
- The estate will be accessible to local people and designed around changing service models and demographic needs.
- The estate will maximise space utilisation.
- The estate will be shared with other services or organisations to facilitate joined up (integrated) care for the people of Sheffield.
- Our reception areas should be fresh, modern and inviting and have an uplifting 'wow' factor.
- Our facilities should be non-stigmatising and inclusive.

1.3 Rationale for change – estate context

SHSC provides services from 27 properties across Sheffield. 17 of these properties are owned (two on long leases) and 10 are leased. In total the SHSC sites have a gross internal area (GIA) of 54,179m². The Trust has also significantly rationalised it's estate in recent years including the sale of land and buildings. These disposals have generated significant capital receipts which have been partially reinvested in new and refurbished assets and accumulated to fund the planned new inpatient facilities. The estate GIA reduction has been achieved through the adoption of new models of care, service reconfiguration, service integration, co-location, and smarter flexible working.

Areas of improvement in the SHSC estate performance can be identified by comparing the annual data in the **Estates Return Information Collection** (ERIC return see Appendix 5). Comparison of the date returned in 2018/2019 and 2019/20 demonstrates the following improvements:

- Capital investment per meter squared has increased.
- % of floor area occupied has increased.
- % of single rooms has increased (through dormitory eradication).
- Backlog maintenance forecast cost per annum has reduced (further assisted by the national accelerator programme funding in 2020/21).
- Energy costs and consumption have reduced, in line with sustainability initiatives.

The SHSC estate still has many challenges, and these will be the focus of this refreshed strategy:

- Our inpatient wards now have 100% single room accommodation, however out of 166 single rooms 50 (30%, see Appendix 6) still require en-suite facilities to meet modern standards.

- The condition appraisal of our buildings indicates that 56% are in condition C and 1% are in condition D. SHSC therefore urgently needs to address the condition D building in 2021 (Liaison Psychiatry portacabin at the Northern General Hospital) and the remaining condition C buildings over the next three years, particularly St Georges in 2021 and Argyll in 2022.

- The owned community estate is in poor condition and will require significant capital investment. Therefore, it is recommended that SHSC owned community buildings should be considered for disposal and good quality leased, bookable or shared community healthcare

buildings should be used instead, such as the 7 relatively new, high quality LIFT buildings.

- Estate rationalisation remains important given that 8% of the estates is vacant (this includes the void areas in Fulwood House which will be sold at the end of 2021/22). The remainder of the vacant space relates to the Woodland View site, areas of the Michael Carlisle Centre and Longley Centre. It is recommended that SHSC explore consolidation of services onto the Woodland View site and development of the new adult mental health inpatient unit on the demolished Longley Centre, followed by the sale of the Michael Carlisle Centre. SHSC is unlikely to receive external NHS capital for a refurbishment of the Longley Centre, however the SYB ICS have indicated that external funding may be available for schemes which incorporate the following principles:
    - Clinical Strategy determines estate requirements
    - Sustainable – Net Carbon Zero Target
    - Heat Networks; Energy Generation
    - Follow a Digital Blueprint – Digital Twin Building Information Management
    - Clinical Input into Estate Design
    - Repeatable Designs, Standardised layouts
    - Modern Methods of Construction/Offsite fabrication (modular buildings)
    - Use modern procurement approaches (such as Procure 23)
- Safety is a significant concern for the vulnerable people using SHSC services. The majority of ligature anchor points must be removed during 2021 and this is being closely monitored by the CQC.
- It is recommended that SHSC explore the use of a modular decant ward to facilitate a programme of refurbishment and ward moves resulting in higher quality facilities for inpatients.

1.4 Rationale for change – strategic context

Mental health policy continues to emphasise early identification of mental health issues, early intervention, treatment in the least restrictive environment and the recovery model.

The national strategy contained in the 2019 NHS Long Term Plan (LTP) and the 2019 Mental Health Implementation Plan requires better provision of community-based services to reduce the need for admission and reduce length of stay when people do require hospitalisation. The long-term plan is facilitating parity of esteem through the local investment fund of £2.3 billion a year by 2023/24. This mental health investment fund along with the post Covid accelerator programme is resulting in expansion and faster access to IAPT, community and crisis mental health services for adults. SHSC has developed a trajectory for this workforce increase and is reviewing the community estates to identify suitable service expansion and new ways of delivery, such as virtual services.

The NHS Long Term Plan made a commitment to cease out of area placements by the end of 2020/21 for people requiring a non-specialist acute inpatient admission and the introduction of more quality measures to assess individuals' experience of inpatient treatment, to ensure that individuals are treated in the least restrictive environment possible. SHSC still uses adult mental health out of area placements due to the reduced capacity of inpatient beds resulting from ward refurbishments (ligature anchor point removal and dormitory eradication).

NHS England is supporting the CQC in evolving their programme of inspections for mental health services to ensure that their approach to regulating, inspecting and monitoring mental health care services aligns with the NHS Long Term Plan. A particular focus is the implementation of standards for privacy and dignity with an associated reduction in sexual safety incidents. SHSC has progressed the reduction in mixed sex wards (Maple ward remains as a mixed gender ward currently until the new acute inpatient facility is built) and implementation of 100% single rooms. However, implementation of en-suite facilities still presents a particular challenge for SHSC given the configuration of the 166 adult inpatient beds (mental health, frail elderly, rehabilitation and forensic/low secure).

The development of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and the Alliance of Providers has given SHSC the opportunity to work in partnership to develop some services over a wider geography. SHSC is currently the lead provider for the forensic services collaborative. SHSC needs to determine the future of its own small low secure facility, Forest Lodge, which has 10 single rooms but no en-suite facilities.

SHSC is working with strategic partners in Sheffield Place to identify local solutions to the estate challenges and is committed to working in partnership with local public sector organisations to make sure the public sector estate supports the delivery of locally- based services. A particular challenge is finding collective solutions to place based care that are affordable and provide suitable and sufficient accommodation for the planned expansion of community mental health services, set out in the LTP. It is recommended that SHSC pursue the opportunity to maximise utilisation of the 7 Sheffield LIFT buildings as part of its community services improvement programme.

The Trust will be developing its digital infrastructure and agile working policies in support of improved space utilisation in community facilities.

A further challenge for SHSC results from changes to the financial regime for the treatment of leases and access to capital:

- Accounting changes on long term leases are anticipated in 2022 and will result in the capitalisation of leases, which were previously treated as revenue.
- Access to capital/ and permission to spend/CDEL cover is now controlled through the SYB ICS meaning SHSC is restricted in the amount of capital it can spend each year despite being 'cash rich'. The impact of CDEL will be to reduce the flexibility to accelerate expenditure on the ligature anchor point reduction programme, as required by the 9 June 2021 CQC Section 29A warning notice. CDEL will also potentially restrict the capital expenditure flow on the new acute inpatient development.

1.5 Recommendations - investment and rationalisation plans

The estate SHSC operates from is extensive and needs to change. Change will be disruptive and will require significant investment in time and money, however improving the estate to meet all modern healthcare standards is essential if SHSC is to deliver its strategic aims and priorities. Local people deserve much better therapeutic environments to assist their recovery and our staff deserve to work out of modern, fit for purpose physical environments, which help them do their job even better. In this strategy we set out seven investments and three enabling projects which we recommend are adopted to deliver the estate we aspire to. These projects and programmes are described in turn below.

- **Investment one – Ligature anchor points, de-escalation rooms and dormitory eradication**. SHSC has received two Section 29A warning notices regarding the eradication of dormitories and improvements required to seclusion rooms. The second warning notice received in June 2021 also requires a significant increase in the pace of the work to remove ligature anchor points, from acute assessment inpatient wards. SHSC ceased the sharing of bedrooms during 2020 and has only two dormitories left to convert. The clinical team have confirmed that the seclusion rooms on Burbage and Stanage wards will be converted to de-escalation rooms (as part of the reducing restrictive practices work) during 2021. Following a trial period for these two new 'green rooms' the intention is to then convert the seclusion room in Maple ward to a de-escalation room. This will leave SHSC with the remaining adult acute seclusion facilities on Endcliffe ward (PICU). This shift from seclusion to de-escalation is consistent with the drive to reduce restrictive practices.

  In addition, SHSC has a very substantial programme underway to remove over 824 ligature anchor points (LAPs). This programme includes replacement of windows, doors, furniture, light fillings, radiators and ceilings and sanitary wear in existing en-suite bathrooms. The programme is due to take another 18 months to complete, unless a modular decant ward can facilitate acceleration of this programme. SHSC has already explored renting acute adult inpatient wards in neighbouring NHSTs or purchasing additional capacity in the private sector.

- **Investment two – SHSC headquarters corporate accommodation**
  SHSC has been successful in rationalising its corporate services estate at Fulwood House and is in the final stages of concluding this disposal contract. The funds from this sale will importantly, support the development of improved adult acute inpatient accommodation. SHSC has already adopted a dispersed approach to its corporate and support services with the location of estates, information management and technology and finance services in President Park and Wardsend Road respectively. Due to the prohibitive and increasing post Covid19 global pandemic impact on accessibility and costs of building supplies and hence capital refurbishment (category A and B fit out) of commercial office buildings, SHSC is now seeking to lease existing office accommodation which requires minimal capital investment. Space requirements are being based on 4.6msq per member of staff using a 50% occupancy figure, (as advised by the latest post Covid evidence base) by NHS Property Services. SHSC will also implement the recently agreed agile working principles in the new headquarters premises and community services.

- **Investment three – acute mental health ward development**.

  SHSC provides the following inpatient wards for Sheffield residents with acute mental health needs:

  - Burbage ward (adult female)
  - Stanage ward (adult male)
  - Maple ward (adult mixed gender)
  - Dovedale 1 ward (older adult functional)
  - Grenoside ward (older adult organic/dementia)

  All wards were built before the Department of Health issued its Health Building Note stipulating that mental health wards should be built to consist of 100% single bedrooms, each with an en suite bathroom. As a result, all wards require very significant refurbishment and SHSC has identified the need for a new build. This programme is a continuation from that agreed in the previous Estate Strategy. The potential for a separate older adult campus is an addition to the previous scheme which previously saw a mix of working age and older adult wards.

- **Investment four – improved community facilities**.

  SHSC needs to improve the condition of much of its remaining community-based estate whilst considering any further estate rationalisation opportunities. The planned expansion of staff numbers in some community services and potential new community models for mental health (as set out in the 2019 Community Mental Health Framework) requires additional capacity. In addition, a number of SHSC's owned community facilities are in poor condition and urgently require significant capital investment or replacement e.g. St Georges building. SHSC will therefore focus on a range of modern alternatives to owned community estate including digital solutions to support virtual services (where appropriate), bookable space and leased spaces for replacement community facilities, working in partnership across Sheffield Place.

- **Investment five – inpatient ward en-suite accommodation**.

  In addition to investing in the adult and older adult acute in-patient wards described above, there is also a need to upgrade accommodation to provide en-suite bathrooms on other inpatient units which already have single bedrooms, but where patients use shared bathrooms. En-suite facilities improve privacy and dignity for all people and increase functional independence in older people, but provision increases the space required on each unit. In total SHSC needs to develop en-suite accommodation for 50 single bedrooms. The three wards not included in the new adult acute inpatient unit are Forest Lodge low secure unit, Forest Lodge rehabilitation unit and Wainwright Crescent step down unit.

- **Investment six – modular decant ward.**

  SHSC has struggled in the past to make improvements to in-patient facilities due to the risk of undertaking major work on operational wards. It is therefore recommended that SHSC set up a modular ward as a decant facility to increase the pace of compliance with CQC standards and improvements to ward environments. This facility would also act as a major enabler for the new build development, where it is likely that Maple or Endcliffe wards may have to be re-provided on an interim basis as part of that programme. The likely cost of the facility would be 3 to 4m and following planning consent it could be in place withing 3 months.

- **Investment seven – business as usual**.

  SHSC will continue to invest capital funds in 'business as usual' projects to tackle compliance (e.g. Equalities Act compliance, fire safety and legionella projects), risk (e.g. roof repairs, electrical infrastructure upgrade works, ward upgrades to address PLACE inspection findings) and backlog maintenance. The condition survey undertaken in 2018 (Appendix 7) identifies the Trust properties that require investment to bring the buildings up to the target Condition B and to resolve statutory and fire safety compliance issues.

- **Enabling project one – improved use of estates metrics**. The Trust will further develop its capacity and capability to utilise estate and planning data sources to improve the day to day and strategic planning and management of its estate during the period of this strategy.

- **Enabling project two – review of estates team capacity and capability**

  This Estates Strategy sets out a significant change programme for SHSC and its estate and facilities function. It has therefore been agreed to undertake a review of the capacity and capability of the estate, facilities and capital projects team to identify any gaps that we need to address in order to deliver this strategy.

  The team is already working to increase skills in the procurement of large capital projects and the use of modular buildings. Procure 2020 training will be an important development for the team.

  In addition the application of 'Lean' methodology to the estates maintenance function could provide further efficiencies, improve performance and enhance people's day to day experience of the built environment across SHSC.

- **Enabling project three - review of leases to third parties**.

  Currently SHSC leases out space to third parties including Sheffield Teaching Hospital and the CAB. It is unclear whether these historic arrangements are resulting in a cost pressure to SHSC through what has essentially become a cross subsidy.

  The lease arrangements should now be reviewed to ensure that charges for these facilities are in keeping with the costs incurred by SHSC and also the opportunity cost of the space which might now be required for the SHSC community services programme.

1.6 Capital programme

The investment projects recommended above will need to be worked-up into business cases before they can proceed. This means that it is difficult to provide a five-year capital plan based on this estate strategy, however, the table below provides a high-level indication of the potential investment needed over the next five years. The detailed capital plan is provided in Appendix 8.

Table 1: Potential capital investment required (£000s)

Investment Project	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Ligature Anchor Points, Seclusion, Dormitories	£2,826	£10,661				£13,487
HQ	£1,650					£1,650
New inpatient facilities	£400	£4,650	£6,950	£17,136	£20,000	£49,136
Community Hubs	£0	£100	£1,043	£1,250	£2,000	£4,393
En suites Forest Lodge and Wainwright		£2,000				£2,000
Decant Ward		£4,000				£4,000
Address backlog compliance	£1862	£141	£0	£250	£50	£2,303
Total investment	**£6,738**	**£15,552**	**£7,993**	**£18,636**	**£22,050**	**£70,969**

Note: the red figures for investment projects 5 and 6, (total £6,000), have not yet been included in the total figures.

The development of en-suites at Forest Lodge, Wainwright Crescent, and the purchase of the decant ward costs are not in this capital plan. This would increase the overall plan by over £6m, as a downside.

The NHS financial regime states we are not allowed to formally change our capital plan for 2021/22. We also have to formally stay within the CDEL (Capital Development Expenditure Limit) control total.

If we do proceed with the two new schemes of Forest Lodge en-suites and a new modular decant wards during 2021/22 then we would potentially need to slow down or cease other planned spend. This has been flagged as worst case of £6m; however, further work is required to confirm what the impact would be if it was split over 2021/22 and 22/23.

We are required to remain within the c£8.6m CDEL limit monitored by SYB ICS, which includes the £1.1m from NHSE/I. We will potentially have some further flexibility if we procced to sell Fulwood House. This would (with ICS agreement) potentially let us spend another £4m in 2021/22 on top of the £8.6m. This refreshed capital plan flags a potential CDEL pressure in 2022/23, if we are able to deliver our environmental improvement plans as set out in this strategy.

The LAP removal work with a completion date in 2022/23 increases the capital requirement in 2022/23 by £7.5m to £15,552m for purely estates work (excluding IMST, transport and medical devices).

SHSC can source capital investment from:

- Its own internally generated funds i.e. cash generated from operations and/or asset disposals. The Trust has a healthy cash balance of approximately £51m, but will need to retain sufficient working capital for day-to-day operations, nevertheless, cash could be a source of investment.
- Developers. The Trust can enter into leases to occupy premises developed on the Trust's behalf by third parties.
- Central NHS funds. The most common source of large-scale investment in the NHS estate over the last few years has been central NHS funding for the New Hospitals Programme. We intend to make a bid against this fund to secure the shortfall in funds for our new acute inpatient facility. This has been flagged to SYB ICS as part of its joint Estates Strategy and also North Yorkshire Region estates lead.

The availability of capital could be a barrier to implementation of the Trust's estate strategy, although the Trust anticipates being able to develop compelling bids for central funding for its planned investments. Experience from other community-based providers indicates that new estate is invariably more expensive in revenue terms than existing estate and is likely to represent a cost pressure for the Trust, unless these changes enable savings against non-estate related budgets.

It is therefore recommended that a detailed revenue model is developed to support the proposed new owned and leased facilities as well as the potential for further estate rationalisation.

1.7 Enablers for change

The changes that need to be made across SHSC to assist delivery of this estate strategy include:

- Remote access to electronic patient information – new electronic patient record (EPR)
- Efficient process enablement
- Agile workforce
- Implementation of new models of care
- Underpinning technology and service delivery – virtual consultations

Significant cultural change will be required for SHSC to fully embrace the opportunities offered to work in a modern paper-lite environment. This will be significantly enabled by the planned implementation of the new EPR in 2022/23.

In addition, SHSC will work closely with partners to optimise the opportunities offered through the Sheffield Place partnerships and build on the existing Primary Care Network developments.

1.8 Conclusion and next steps

SHSC has reviewed its estate and identified the key projects and programmes which need to be implemented over the next five years. These will require significant capital investment of **£70,969** million **(plus potentially a further £6million)** to implement fit for purpose inpatient and community facilities.

The next step will be for SHSC to take forward six key workstreams:

- **Inpatient beds** – a review of acute assessment bed numbers and configuration is being undertaken to identify the inpatient capacity required to deliver the totality of SHSC provision for acute adult assessment. This work will be undertaken by a health planner and will support the development of the business case to address provision of 100% single room en-suite accommodation over the next 5 years. In the short term SHSC will complete the remaining work to improve privacy, dignity and safety, as required by the June 2021 CQC 29A warning notice.

- **Service models** – a review will be undertaken of the Forest Lodge low secure, rehabilitation and Wainwright Crescent step down provision to confirm plans for the future of these facilities.

- **Community provision** – a review of the location and capacity of the current community facilities will be completed building on the work undertaken in 2020 to identify whether these align to the LTP Community Mental Health Framework. Partnership opportunities will be sought with Sheffield Place partners including improving utilisation of LIFT buildings. The implementation of the new electronic patient record will be used as an important enabler for the cultural change to move to modern paper-lite and agile working. A review of leased space will be included in this work together with modelling of the detailed revenue impact.

- **Corporate services** – with the conclusion of the Fulwood House sale alternative leased office accommodation will be confirmed for corporate services. This approach will embrace agile working.

- **Estate rationalisation models** – in parallel with the acute inpatient new build there should be an option appraisal of the key affected sites including Michael Carlisle Centre and Longley Centre. This appraisal must take account of the non-inpatient services located at these sites including plans for the future delivery of pharmacy services.

- **Estates enabling projects** – an external independent review of the capability and capacity of the estates team will be undertaken to support delivery of this strategy. This will be supported by the improved use of performance metrics.

2. Introduction

2.1 Purpose of the estate strategy

This Estate Strategy has been developed to enable Sheffield Health and Social Care NHS Foundation Trust (SHSC) to provide high quality, fit-for-purpose premises located in the right place in order to deliver safe, efficient and effective health and social care services to the city population. The drivers for this estate strategy include:

- Support delivery of the SHSC Strategic Direction
- Support delivery of the SHSC Clinical and Social Care Strategy and People Plan
- Inform estate ownership, leasing and capital investment decisions
- Enable SHSC to maximise the utilisation of estate assets through agile and new ways of working
- Enable SHSC to reduce its carbon footprint and operate more sustainably
- Result in the right premises, in the right condition and in the right location
- Support changes in the expansion of services resulting from the mental health investment standard (NHS Long Term Plan) and Covid surge funding.

This Estate Strategy sets out a clear way forward, where service strategies are already confirmed, and makes recommendations where further work is required.

Our Estate Strategy covers the short to medium term, providing time to address immediate concerns whilst laying the foundations for longer-term development. This strategy presents the immediate issues so that SHSC, our partners and commissioners can understand and consider important investment decisions. The Estate Strategy supports the case for future investment, supports our Clinical and Social Care Strategy implementation and aims to promote the delivery of integrated care pathways between mental health services, acute, community, primary care and social care within Sheffield.

The diagram in Figure 1 below sets out the link between enablers, including the estate strategy and the Clinical and Social Care Strategy, which in turn reflects the Trust's vision, values, and strategic aims.

The scope of our estate strategy is all premises we own or lease (under formal and informal arrangements).

It is our intention to share the strategy with South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and Accountable Care Partnership (ACP) partners, including other local NHS organisations, local authorities, voluntary organisations, Community Health Partnerships (CHP), NHS Property Services (NHS PS) and local people, as there will be opportunities to develop whole community solutions to some of the challenges we face.

We will also enter into formal consultation on significant changes where necessary.

Figure 1: The estate strategy enables the five-year SHSC Strategic Direction

2.2 Methodology

This strategy has been developed with the help of SHSC clinicians, social care staff, service managers, directors and corporate support teams including estates, as well as through advice from SYB ICS, ACP and Place partners.

Existing estate information, including the model hospital benchmarking, annual ERIC return, Premises Assurance Model and condition, compliance, and access facet survey[2] data was reviewed to build a picture of the current estate, its potential and its limitations.

A number of one-to-one interviews and workshops were held during 2020 and 2021 to understand the SHSC clinical and social care service strategies, the strengths and weaknesses of the current property portfolio and opportunities for the future.

The approach has aimed to be inclusive and supportive of the Trust's intention to engage, be person centred and develop plans and strategies through a co-production approach.

In addition, SHSC has received two inspections from the Care Quality Commission which have drawn attention to some of the immediate priorities for the improvement of the Trust estate, particularly the in-patient areas.

[2] The six-facet survey measures the 'performance' of the estate by assessing six facets including condition, utilisation and functional suitability.

2.3 Introduction to the Trust

SHSC was formed in October 1992 when the former Learning Disabilities Unit - Mental Health Unit and Community Services Unit of Sheffield Health Authority - merged into a single unit. SHSC became an NHS Trust in April 1994 as Sheffield Community Health Services. On 1 July 2008 it was authorised as Sheffield Health and Social Care NHS Foundation Trust. The generic community services are now provided by Sheffield Teaching Hospital and child and adolescent mental health services are provided by Sheffield Children's Hospital.

SHSC employs over 3,000 staff and serves a population of 600,000 people living in the city of Sheffield. It has an annual operating income of £131m. SHSC delivers mental health and community services including for those with autism, learning disabilities (LD) and people with substance misuse needs and provides services from over 30 sites. The Trust delivers the following services:

Inpatient services

- Acute wards for older people with mental health problems
- Acute wards for adults of working age
- Mental health crisis and health-based places of safety
- Assessment and treatment unit for people with a learning disability
- Rehabilitation and recovery mental health wards for working age adults
- Forensic inpatient/low secure ward
- Step down service for adult of working age
- Nursing home for older adults
- Nursing home facility delivered in partnership

Community services

- Peri-natal community services
- Substance misuse service
- Community eating disorder service
- Community-based mental health services for older people
- Community-based mental health services for adults of working age
- Community mental health services for people with a learning disability or autism
- Gender identity service
- Community-based mental health services for adults who are homeless
- Specialist community services e.g., neurological enablement

The Trust currently has nine registered locations (following changes to the original 2017 registration):

- Wainwright Crescent
- Woodland View
- ATS Firshill Rise
- Forest Close
- Forest Lodge
- Genoside Grange
- Michael Carlisle Centre
- Longley Centre
- Fulwood House site (Trust's headquarters, which is in the process of being sold in 2021/22).

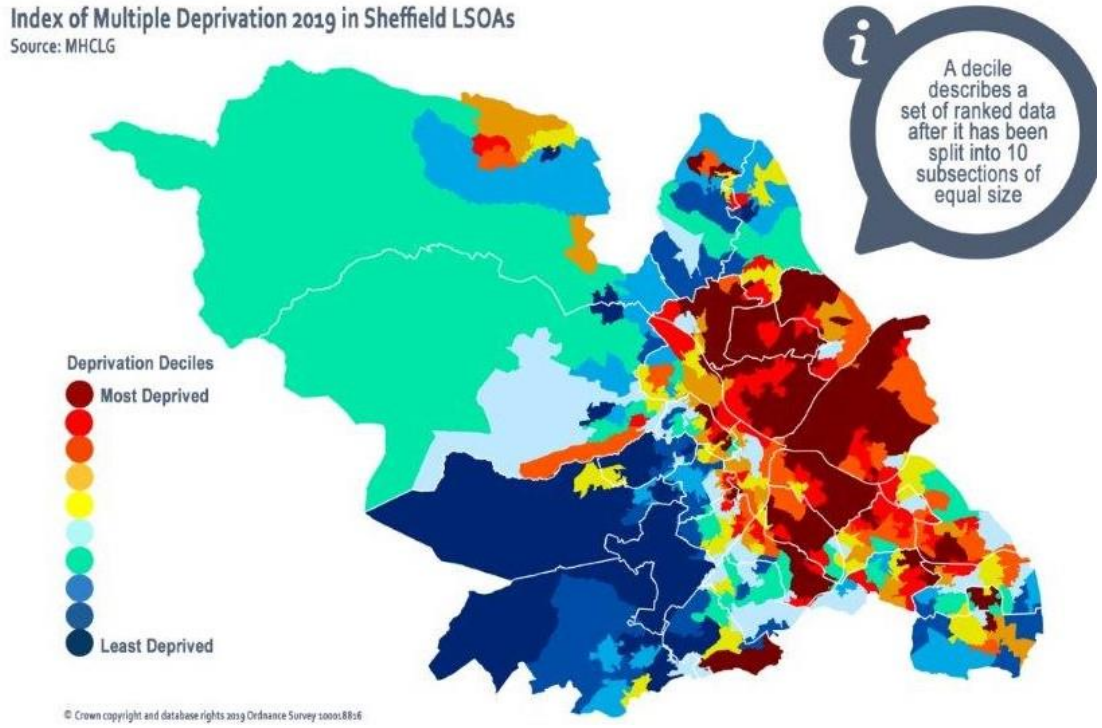
SHSC is awaiting the outcome of the May 2021 Care Quality Commission (CQC) inspection and its current rating is 'Inadequate'.

Sheffield is the seventh least deprived of England's eight core cities, with nearly a quarter of Sheffield's areas in the most deprived 10% nationally. Five areas in Sheffield are within the 1% most deprived in England, which is an increase from three in 2015 (*Joint Strategic Needs Assessment 2019*).

Since the 2011 Census there has been a 6.0% increase in the city population. The largest percentage changes were a 13.1% increase in the 5-11-year-old age group and a 9.6% increase in older people (*65+*). Conversely there was a *5.0%* decrease in the number of babies and infants.

Sheffield's diverse population is similar to the national average population profile except for the 20-24-year-old age group, due to the 60,000 students studying at Sheffield's two universities. Overseas students account for 26% of Sheffield University's total student population. There have been changes to ethnic groups throughout Sheffield with significant increases in the number of people - African (8,000), Pakistani (6,000) and Chinese (5,000) since 2011. In Darnall ward 37% of the resident population are from an Asian ethnic group whilst Black residents made up 14.4% of Burngreave's resident population in 2011.

The five wards which rank as most deprived within Sheffield (1% most deprived in England) are Firth Park, Southey, Burngreave, Manor Castle and Park and Arbourthorne. Sheffield Primary care services have developed seven LIFT buildings in these five most relatively deprived populations and SHSC provides some services such as IAPT in these buildings. There are opportunities to work more closely with the local GP practices, Sheffield CCG and Community Health Partnerships to maximise the utilisation of these relatively new and high-quality NHS premises. These five electoral wards are an important focus for SHSC services under our strategic aim of inclusion.



2.4 Structure of the document

The Trust's vision for the estate is set out in section 3.

Section 4 describes the estate rationale for change and section 5 sets out the strategic context the Trust must respond to.

In section 6 we set out a series of proposed investments before turning to funding in section 7.

The enablers that support the implementation of the estate strategy are discussed in section 8.

These sections map back to the 'traditional' three strategy questions as follows:

- 'Where are we now' is considered in section 4
- 'Where do we want to be?' is covered in sections 3, 4 and 4.3
- 'How do we get there? is described in sections 6, 7 and 8.

3. Vision and principles

3.1 Introduction

This section introduces the SHSC services, sets out the vision for the Trust's estate and the underlying principles guiding the development of this estate strategy.

3.2 Vision for our estate

SHSC aims to operate from an estate which is fit for purpose and enables delivery of high quality, safe, sustainable and affordable clinical and social care services to the people it serves. This means an estate which is in a good condition, is functionally suitable for the services being provided, provides a 'healing environment', is environmentally sustainable, is accessible to local people, is affordable and is designed around changing service needs. By achieving these aims, the Trust will also reinforce its commitment to being inclusive and person-centred and providing great facilities for its staff to work in and from.

3.3 Principles

The Trust has developed the following key principles in discussion with staff and through feedback from people who use services and partners, for how we will ensure our estate supports our service delivery over the next five years. Much of course will be dependent upon availability of financial resources, but overall, the intention is to apply each of the following nine principles:

i. The estate will be functionally suitable, comply with the law, and adhere to healthcare standards and codes of practice.
ii. The estate will be therapeutic, providing sufficient high quality healing environments and external spaces in support of 24/7 facilities.
iii. The estate will be in a good condition, fit for purpose and enable delivery of high quality and safe clinical and social care services.
iv. The estate will be environmentally sustainable, accessible by public transport and affordable.
v. The estate will be accessible to local people and designed around changing service models and demographic needs.
vi. The estate will maximise space utilisation
vii. The estate will be shared with other services or organisations to facilitate joined up care for the people of Sheffield
viii. Our reception areas should be fresh, modern and inviting and have an uplifting 'wow' factor.
ix. Our facilities should be non-stigmatising and inclusive.

i. Ensuring the estate is **functionally suitable** means making sure building design (at individual room and department level) reflects intended use. The Trust's buildings will meet all legal requirements, for example in relation to health and fire safety and Equalities Act legislation. Buildings will also be designed to recognise the need to promote equality, diversity and inclusion with specific reference to the protected characteristics. Buildings will be safe for service users and staff with reduced opportunities for self-harm and will provide accommodation that supports privacy and dignity of individuals. SHSC will also comply with healthcare standards, such as those relating to single room accommodation, mixed sex accommodation and The Hygiene Code. The Trust will be cognisant of health building notices (HBNs) when making changes to buildings, recognising that HBNs are good practice guidance. Similarly, the Trust will aim to comply with guidance produced by the Royal College of Psychiatrists relating to

the physical environment - examples include the college's *Standards for Acute Inpatient Services for Working Age Adults.*

ii. The Trust will also create an **environment which is therapeutic**, and conducive to patient healing. This will include providing sufficient high quality external spaces in support of 24/7 facilities. Therapeutic environments research has identified the following attributes as key to supporting service users and staff (credit Professor Patricia Tzortzopoulos, Dept. of Art, Design and Architecture, University of Huddersfield):

- Comfortable environment – light, sound, temperature, air quality
- Well-functioning healing space – safety, control feeling, flexibility
- Relaxing atmosphere – display, links to nature, multi-sensory stimulu

iii. Ensuring the estate is **in a good condition** and **fit for purpose** means maintaining properties to a minimum of 'condition B[3]' The Trust will continue to aim to have all high-risk backlog maintenance eliminated through a five- year rolling programme. The estate should **enable the delivery of high-quality clinical services**. This means that the estate strategy will respond to the needs of the clinical and social care strategy and not vice versa. The estate will need to change to reflect changes in care pathways, the increase in agile working and virtual service delivery, as they develop to meet changes in the level of demand for services. Trust buildings will be maintained on a regular basis to avoid higher long-term maintenance costs.

iv. Operating an **environmentally sustainable estate** means that the Trust will use the estate to minimise the environmental impact of service delivery. SHSC premises should be designed so that they can be altered with the minimum of disruption to accommodate new models of care and collaborative working, as service need, population demand and commissioner service strategy changes. This involves adaptable design philosophies and avoiding long-term lease commitments wherever possible. Building refurbishments should include investment in efficient heating, cooling and lighting systems and new builds are designed to minimise their impact on the environment, minimise waste and reduce energy use. The Trust will also continue to seek opportunities to develop its own renewable energy supplies.

v. Ensuring that services within Trust buildings are **accessible to local people** means making sure, so far is possible, that services are located appropriately to meet service user needs. For example, where beneficial, services will be co-located with related Trust services and related services from other health and social care organisations.

[3] Condition B is used in EstateCode to mean properties that are 'Sound, operationally safe and exhibits only minor deterioration'.

vi. SHSC will **maximise space utilisation** by sharing facilities and working with partners to increase building utilisation over 24/7 not 9-5. A culture which views buildings as being a 'health community resource' supporting a range of different functions at different times rather than a service 'X' facility will be engendered. The need for estate will be minimised where possible by adopting agile and mobile working practices and minimising fixed desk spaces. We will adhere to the principles and objectives set out in the Naylor and Carter reports minimising the on- going costs of each property through the delegation of budgetary management responsibility to service managers assisted by the estates team. All accommodation requests, moves, acquisitions and divestitures are to be co-ordinated by the estates team. Surplus assets will be made available for sale or re-use.

vii. We will **work with partners** to contribute to making sure that the estate across Sheffield meets the principles described above particularly to facilitate the partnership working that is fundamental to the success of our clinical services strategy. Where SHSC is the landlord for other public-sector organisations we will act in a way to assist them in delivering safe, good quality, efficient services from our buildings. We will ensure that all third-party occupancies are recorded and are supported by legally binding cost-effective contracts or leases, making clear the responsibility of the Trust and each tenant.

viii. SHSC **reception areas should look fresh, modern and inviting** and have an uplifting 'wow' factor. This has been a particular request of our staff and reflects the import role our premises play in the wellbeing of our staff in addition to people who use our services and visitors.

ix. The estate will play a positive role in **positively combating the historic stigma** associated with mental health, learning disability and autism services. Any new buildings, whether owned or leased, will be designed to offer maximum future flexibility of use. Building design will be shaped and informed by discussion with service users, through co-production.

3.4 Supporting SYB ICS and Place-based Systems of Health and Care

NHS providers will increasingly work together and with social care, local authority and the voluntary sector providers in a given geography, to provide high quality care in the face of rising demand and growing financial pressures. Constrained resources will increasingly drive providers to collaborate on integrated care models and delivery, without destabilising each other. The implications of place-based systems are that both resources and risk are pooled. In estate terms, this may mean, for example:

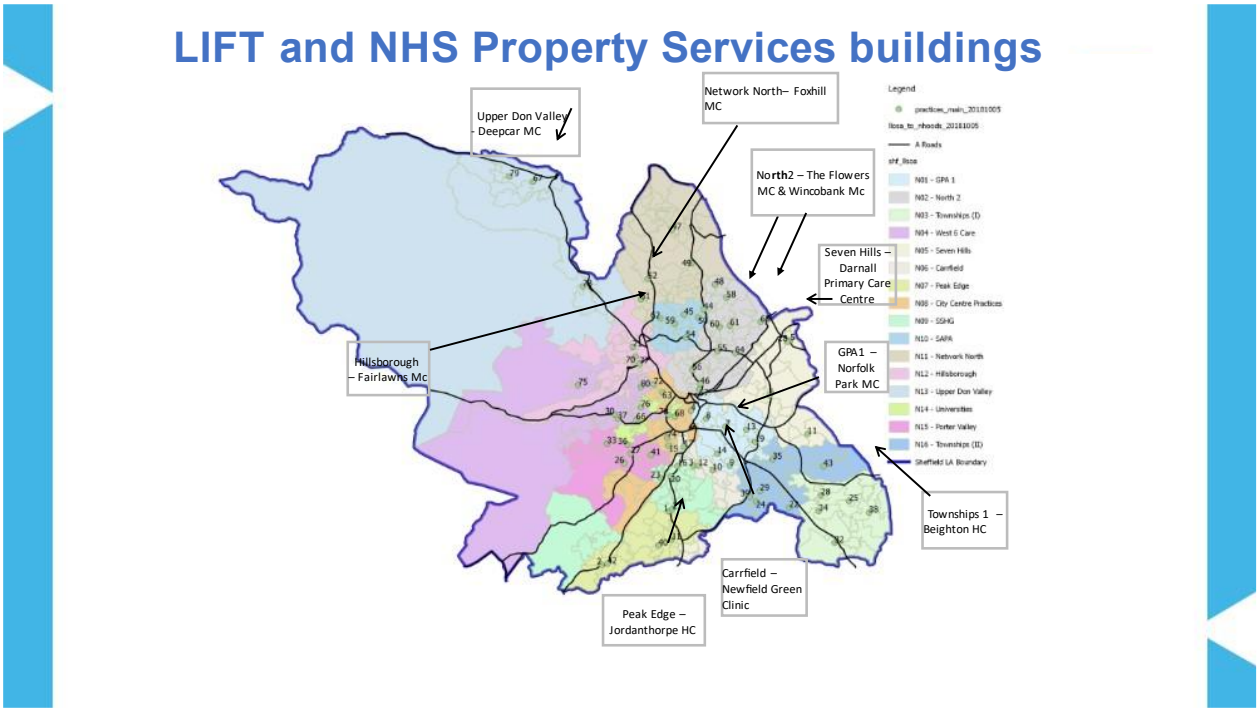
- Shared use of assets – this is especially relevant for our community-based mental health services and offers opportunities to improve our response to physical health needs through colocation with the services of partner organisations.
- Joint processes for prioritising investment, addressing system needs as a whole, rather than the needs of just one organisation.
- Capacity planning across more than one provider, to better cope with rising or fluctuating demand, or to overcome operational problems in part of the system.

The efficiency of staff can be improved through the use of:

- Hot desks/touch points in conveniently located buildings supported by an information technology (IT) infrastructure enabling staff to access systems from any Trust (or potentially partner) building.
- Bookable meeting rooms and breakout space to support teams coming together for team meetings, case conferences etc.

SHSC has opportunities across Sheffield to collaborate with primary and community services within place-based communities shown in the map overleaf.

Figure 2: Sheffield NHS Community Estate Partnership Opportunities



SHSC is also part of the SYB ICS Estates Group. The SYB ICS Estates Strategy is currently in the process of being refreshed.

3.5 A healing environment

SHSC plans for an estate that provides good quality environments which are informed by how the design of physical environments can impact upon healing (as well as efficiency).

Research has identified a range of positive outcomes including reductions in falls, medical errors, pain, patient stress, patient depression and length of patient stay, as well as improvements in staff 'outcomes' arising from better physical environments. For example:

- Reducing pain, stress and depression through exposure to views of nature, to higher levels of daylight, displaying visual art and reducing environmental stressors such as noise.
- Reducing falls through design of floors, doorways, handrails, toilets, and de-centralised nurse stations.

There is evidence that art, design and environmental enhancements have a positive impact on health and well-being of patients (and staff) thus speeding the recovery process. For example:

- Architectural design, internally and externally, can be especially important for patients with dementia, helping to simplify wayfinding, reduce anxiety and control 'wandering'.
- Exposure to art in healthcare environments has been found to reduce anxiety and depression.
- Patients suffering from severe depression have been shown to have shorter stays if they had sunny rooms rather than rooms that were always in shade.

With an ageing local population, it is inevitable that the proportion of patients who have dementia will increase – the Kings Fund estimate that 25% of people accessing acute hospital services have dementia and the number of people with dementia is expected to double during the next 30 years. Research into how health facilities need to be redesigned to make them 'dementia-friendly' (e.g. University of Stirling Dementia Design Centre) has demonstrated that relatively inexpensive interventions, such as changes to lighting, floor coverings and improved wayfinding, can have a significant impact. Evaluation has shown that environmental improvements can have a positive effect on reduction in falls, violent and aggressive behaviours, and staff recruitment and retention. Wherever possible the features discussed above will be designed into buildings as part of this estate strategy.

The Royal College of Psychiatrists has published a number of documents[4] which set out standards for inpatient mental health units which, whilst not mandatory, are used to accredit services. These will be used to guide the development of new and refurbished SHSC facilities, as applicable.

3.6 Ownership versus leasing

We set out below some considerations about whether it is better to own or lease properties going forward. The factors that determine this decision are complex and inter-related, and in most cases, we will need to test the alternatives based on the specific circumstances of the service and the relevant buildings, considering such factors as:

- Cost per square metre
- Whether a property is in the right location to meet clinical need
- Quality of building
- Quality of patient care environment
- Partnership working - the Trust is working more closely with partner organisations to better integrate related clinical services and to review opportunities for efficiencies in areas such as shared corporate functions.

However, there are some general considerations. These are summarised in the diagram below.

[4] The most applicable publications for SHSC are the college's Standards for Acute Inpatient Services for Working Age Adults and Standards for Inpatient Perinatal Mental Health Services.

Figure 3: Ownership versus leasing (credit Andy Whiting, Rubicon Consulting)

These considerations suggest that the Trust should continue to own the main delivery points for its inpatient activities, but that community-based services and support functions such as corporate services should be accommodated in leased properties, if cost effective.

3.7 Make versus buy decisions

SHSC already has a list of further investments (see Section 6) it wishes to make to deliver the full extent of its strategic priorities and transformation programmes; however, a key constraint will be affordability, in particular the availability of capital funding. Each potential scheme will need to be developed through the business case process and in doing so, SHSC will need to make decisions about whether it wishes to fund the scheme through NHS capital monies, and own the relevant asset, or enter into a variation of a lease arrangement whereby a developer would fund the initial investment in return for certain rights, including a revenue stream linked to a long lease.

3.8 Summary implications for the strategy

This section described the Trust's ambition of having an estate that is in a good condition, is functionally suitable for the services being provided, provides a 'healing environment', is environmentally sustainable, is accessible to local people, is affordable and which is designed around changing service needs. In achieving this ambition, the Trust must also adhere to the principles listed.

4. Rationale for change – estate context

4.1 Introduction

This section of the estate strategy describes the **'where are we now'** element of the strategy. It starts by providing a brief history of the Trust's estate and the Trust's record of rationalisation to date, then describes the main existing sites before setting out 'current estate performance' with reference to the facet surveys and other estate performance measures.

4.2 History of the estate

As mentioned in section 2.3 SHSC became a Foundation Trust on 1 July 2008, prior to that it had been formed through the merger of three NHS Units. Therefore, the NHS estate within SHSC has shifted between providers over a period of approximately two decades with community services transferring to the acute Trust and child and adolescent services transferring to the children's Trust.

SHSC now provides the following services:

- Mental health services for adults and older people
- Services for people with learning disabilities
- Services for people with drug and alcohol problems
- A wide range of specialist services, such as for people accessing maternal mental health, gender dysphoria services and psychology for people with physical health problems.

We have placed great importance on working with other organisations to deliver integrated health and social care services to local people. In doing this we have aimed to reflect and provide for the diverse needs of the people and communities of Sheffield.

We also provide a full range of services at sites where people live. These services aim to provide care and treatment to individuals and their families and help people to maintain their independence and continue with their day-to-day lives as far as possible. We provide a range of in-patient and residential services for individuals who cannot be appropriately helped in a community-based setting. Within our learning disability services we work closely with a large number of supported living settings/residential care homes in partnership with housing associations.

Many of the people we help are seen in their own homes by members of staff, and some people attend our clinics to see nurses, social workers, therapists, or doctors. We provide treatment, care, and help on an individual or group basis where support and guidance is provided. We also work alongside GPs and other staff in local health centres, or with staff from other organisations often in the voluntary sector.

As a Foundation Trust we work in partnership with Sheffield City Council and have formal agreements with them to provide a range of social care services on the council's behalf. Through these arrangements, we have made good progress in developing 'integrated' services for the people of Sheffield - an important goal that is shared by ourselves and the council.

4.3 The Trust's estate portfolio

The Trust provides services from 27 sites across Sheffield as shown on the map in Appendix 9. The Trust owns 17 properties, leases 10 properties and uses a range of bookable spaces in primary care and other locations. In total the Trust's sites have a gross internal area (GIA) of 54,102m². SHSC's estate

operational revenue budget (including estates and facilities finance costs per occupied floor area) for 2020/21 was £7.5 million representing just under 6% of the Trust's total annual operational revenue.

4.3.1 PFI properties

SHSC does not have any PFI properties.

4.3.2 Owned properties

The Trust owns 17 sites across the city, including a number of long leaseholds at the Longley Centre and Firshill Rise, as listed in the table below. Overall these buildings have value of circa £57m.

Table 4: SHSC owned buildings

Site	GIA (m^2)	Condition	ERIC Site Type
Albert Terrace Road	515	C	Non- inpatient
Argyll House	863	C	Non- inpatient
East Glade Centre	847	C	Non- inpatient
Edmund Road	905	B	Non- inpatient
Firshill Rise*	1538	A	Mental Health
Forest Close	3343	B	Mental Health
Fulwood House	9470	C	Support Facilities
Grenoside Grange	2969	B	Mixed Service Hospital
Highgate	230		Non-Inpatient
Lightwood House and Woodland View	5012	C	Mixed Service Hospital
Limbrick Centre	883	B	Non- inpatient
Longley Centre*	9495	C	Mixed Service Hospital
Michael Carlisle Centre	8485	B	Mixed Service Hospital
Netherthorpe House	751	B	Non- inpatient
Northlands Community Health Centre	923	C	Non- inpatient
St. George's Community Hospital	1031	C	Non- inpatient
Wardsend	1053	C	Support Facilities

*Long Ground Lease – Longley Centre 125 years from 1991, Firshill Rise 200 years from 29 June 2012

Key to condition types:
A Good
B Satisfactory
C Poor
D Bad

The intention within this estate strategy is that all SHSC properties should improve and be in condition B.

Condition B is used in the NHS EstateCode to mean properties that are 'sound, operationally safe and exhibit only minor deterioration'.

4.3.3 Leased properties

Information about the Trust's ten leased properties is shown in the table below.

Table 5: SHSC leased properties.

Site	GIA (m^2)	Condition	ERIC Site Type
Charnock Health Centre (part)	99	**B**	Support Facilities
Fitzwilliam Centre	926	**B**	Non inpatient
Liaison Psychiatry, NGH Blocks 35+36	474	**D**	Non inpatient
President Park	1583	**B**	Support Facilities
Rivermead (Longley Meadows)	511	**C**	Non inpatient
Shepcote Lane	330	**C**	Support Facilities
Sidney Street	1343	**A**	Non inpatient
The Circle	77	**N/A**	Non inpatient
Wainwright Crescent*	368	**B**	Mental Health
Wilkinson Street	155	**C**	Support Facilities

***Sheffield City Council owned property**

These properties tend to be in slightly better condition than the owned properties, except for the Liaison Psychiatry building which comprises a number of portacabins on stilts. This property is due for replacement in 2021/22.

Inpatient facilities

The 6 larger sites are the hospitals from which the Trust provides inpatient mental health services (in addition to Wainwright Crescent. The total bed numbers of 207 are summarised by site and service line below.

Table 6: 207 inpatient beds by service line and site

	Firshill Rise	Forest Close	Grenoside Grange	Woodland View	Longley Centre	Michael Carlisle Centre	Wainwright Crescent
Acute Mental Health	0	0	0	0	19	47	0
Assessment	7	0	0	0	0	0	0
Complex Dementia	0	0	16	0	0	0	0
Low Secure	0	22	0	0	0	0	0
Nursing Home	0	0	0	30	0	0	0
Psychiatric Intensive Care Unit	0	0	0	0	10	0	0
Rehabilitation	0	44		0			
Residential Step Down	0	0	0	0	0	0	12

Each inpatient site is described in turn below.

Firshill Rise

Firshill Rise is located in Pitsmoor, a suburb of Sheffield approximately 2.5 miles to the north of the City Centre. The immediate area is predominantly of a residential nature comprising local authority type housing. The property is approximately 1 mile from the Northern General Hospital site.

- Purpose built intensive support service unit which opened in June 2013.
- Two-storey building of steel frame construction with stone and clad elevations beneath a pitched roof with powder coated aluminum frame double glazed windows throughout.
- Provides residential accommodation, reception, and ancillary areas on the ground floor with office accommodation across the first floor with several therapy rooms and meeting/ consulting rooms.
- There is a small basement used for storage purposes. A lift runs between the floors.
- The property is set within a fenced site with a yard and external seating areas. The remainder of the site is used to provide car parking.
- Ground source heat pumps and underfloor heating.

Forest Close

Forest Close is made up of 6 buildings providing Mental Health Services. The site is located approximately 3.5 miles from the Sheffield City Centre on Middlewood Road North which is a main arterial route into the city. The surrounding area is a mix of residential and agricultural/rural land.

Forest Close Bungalows

- Four detached residential bungalows constructed in the 1990s with brick cavity walls under pitched tile roofs.
- Core bungalow providing office space and activity space.
- Bungalows have been refurbished in 2016/2017
- Timber double glazed windows.
- Gas heating system.
- Small brick-built workshop of brick construction - used by the Grounds and Gardens Service.

Forest Lodge low secure and rehabilitation units

- Forest Lodge is the largest block on site and is a detached 2-storey low secure residential unit. Construction of the block is approximately 1996 with some small more recent extensions.
- Gas heating system
- Traditional brick cavity walls surmounted by pitched tile roof and double-glazed windows
- Parking spaces to the front of the building and secure yard areas and tennis court to rear.

Grenoside Grange

Grenoside Grange is classed as a mixed service hospital and is located approximately 4 miles north of the Sheffield City Centre. The surrounding area is a mix of residential and agricultural/rural land.

- The original property is a two-storey building constructed in the late 1800s. There have been extensions to the building to provide a mixture of inpatient accommodation and ancillary areas including offices, kitchen, and storage. The extensions were built in 1996 and added to in 2008.
- The property is of traditional solid stone construction beneath a pitched tile roof. The extensions are constructed with stone cavity walls under pitched tile roof. The windows are

a mix of timber frame single glazed units with timber frame double glazed window units in the extensions.

- Gas heating system
- The property is set within landscaped grounds with secure yards and on-site parking providing 39 parking spaces and 3 designated disabled parking spaces.

Woodland View Nursing Home

Woodland View is part of the Lightwood site and is located approximately 3.25 miles to the south of the Sheffield City Centre. Lightwood Lane connects with Norton Avenue (A6102) to the north, which is a main arterial route running through the area.

The surrounding area is a mix of residential and agricultural/green belt land. Land located to the North of the site is the former RAF Norton Aerodrome which is currently unused.

- Lightwood House comprises a large, irregular shaped office complex constructed in the 1970s over mainly ground floor level. The property is of brick construction beneath part pitched and part flat roofs with timber frame single glazed window units.
- Internally, the property provides mainly office accommodation and a large commercial style kitchen used to provide the catering services for the adjoining Woodland View.
- Woodland View comprises four residential bungalows (known as Chestnut Cottage, Beech Cottage, Willow Cottage and Oak Cottage) which are of brick construction with double glazed windows beneath pitched tile roofs.
- Gas heating system.
- The property is set within landscaped grounds with secure yards and on-site parking providing 105 spaces.

Longley Centre

Longley Centre is situated on western part of the Northern General Site (Sheffield Teaching Hospitals) off Norwood Grange Drive. The surrounding of the site is predominantly residential in use. Longley Centre is a mixed service hospital with ward accommodation, office accommodation and outpatient facilities.

- The property comprises a part single/part two-storey purpose built psychiatric care unit constructed around the 1970s.
- The original building is of concrete frame construction with brick elevations and double-glazed windows set beneath a flat asphalt covered roof.
- The property has been extended with a purpose built Psychiatric Intensive Care Unit in 2015 - Endcliffe Ward.
- Part of the building is empty in need of refurbishment pending feasibility work which is ongoing.

Michael Carlisle Centre

Michael Carlisle Centre is a mixed service hospital located in Nether Edge, approximately 2 miles south west of the Sheffield City Centre. The surrounding area is predominately residential with much of the housing in the area dating back to the early 1900s.

- The main hospital building has building of various age, most of the site was constructed between 1974 and 1985.
- The main hospital building is extensive and comprises several wings constructed over three-storeys with brick elevations and mostly single glazed windows beneath a flat roof. The property provides mainly ward accommodation, consulting rooms, ancillary offices, pharmacy/dispensary, and storage areas.
- The ARC service is occupying approximately 650m² and is operated by Sheffield Teaching Hospital with a license for occupancy.
- The Sheffield Adult Autism and Neurodevelopmental Service (SAANS) building is of single-storey construction with brick elevations beneath a part pitched and part flat roof. Internally the building provides mainly consulting rooms with ancillary offices.
- The LTNC building is a single-storey brick construction with double glazed windows beneath a flat roof. The building provides basic office accommodation.
- The site is surrounded by mature trees and provides a pleasant leafy outlook. There are 3 car parks on site providing a total of 173 spaces.
- Gas heating system
- Inpatient wards on site are: Dovedale 1, Dovedale 2, Stanage and Burbage.

Wainwright Crescent

This single storey building is owned by the local authority. There is a peppercorn rent in place. It has 12 bedrooms but no en-suite facilities despite being a mixed gender facility. A review is underway regarding the service specification for the unit and the requirement or otherwise for ligature anchor point removal, as this is a short-term step-down facility.

4.4 Estate performance

4.4.1 Fire safety

Following the Grenfell Tower disaster NHSI asked all NHS Trusts and foundation Trusts to provide assurance with regards to the management of fire risk. Initial assurance was provided to NHSI through completion of a Cladding and Fire Improvement Questionnaire, which the Trust returned. The return stated that all of the SHSC buildings do not present a risk from this type of fire.

The Trust's buildings are subject to an annual fire risk assessment. All risk assessments have been completed and are up to date. The Health and Safety Committee receives regular reports from the Trust's Fire Officer on all fire related activity and/or risk and linked mitigation plans. The 202/21 ERIC return submission identified that there were 6 fires and 46 false alarms.

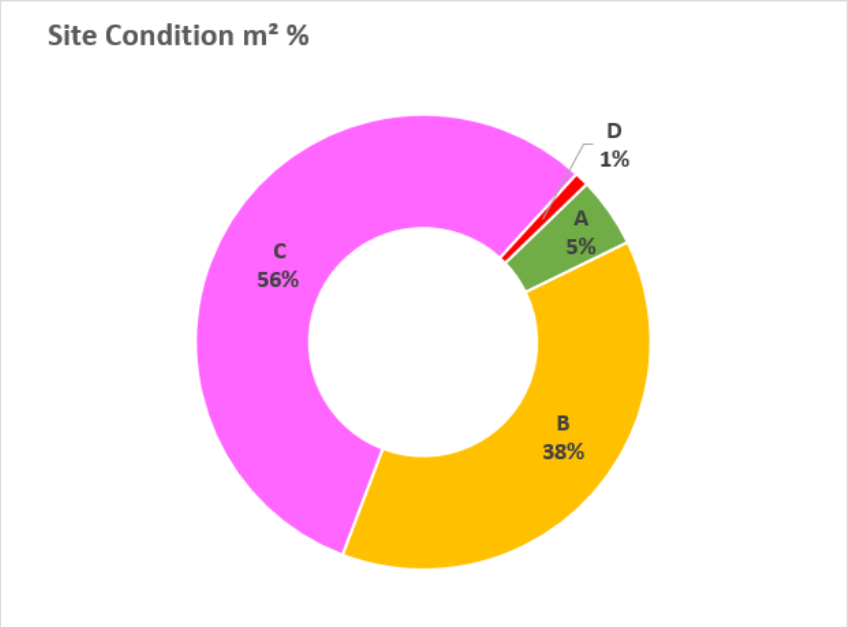
During 2020/21 there has been a significant focus on smoking cessation on the inpatient areas as part of supporting people with mental illness to improve their physical health. This has helped to reduce fires and fire alarms.

4.4.2 Five-facet survey

A widely used way to quantify the performance of NHS properties is by using surveys to examine the performance in specific areas. A Five-Facet survey covers 5 different areas and can identify areas of compliance, suitability and where investment is required. The survey types are:

- Physical condition
- Statutory standards (sub-divided into fire safety compliance and health and safety issues)
- Functional suitability
- Quality
- Environmental management

In 2018 Sheffield Health and Social Care Trust commissioned a Physical Condition survey by external consultants to identify, measure and cost remedial work for building condition. This report gives an overview of the estate condition as outlined in the chart below. The one page summary is provided in Appendix 7. It is clear that substantial improvement in condition will be required to achieve the strategic aim of having al SHSC building at condition B, or above. Currently 56% of the SHSC estate is in condition C.



The facet survey report also provides an estimate of the amount of investment that would be required over the next 5 years to resolve the issues highlighted by the condition report. The table below summarises the total investment needed by year. It is important to note that the figures quoted exclude fees, on-costs and VAT which can typically add approximately 55% to the amounts shown.

Table 7: Cost of backlog maintenance to improve condition to B

Cost Summary	Year						
Site/Element	2019	2020	2021	2022	2023	2024	Grand Total
Firshill Rise	£1,500.00				£2,000.00	£100,000.00	£103,500.00
Forest Close	£14,500.00	£28,200.00	£91,100.00	£24,300.00	£11,000.00	£126,350.00	£295,450.00
Forest Lodge	£65,000.00	£80,200.00	£22,000.00	£62,800.00	£12,600.00	£126,900.00	£369,500.00
Grenoside Grange	£428,250.00	£44,600.00	£7,500.00	£26,500.00	£1,600.00	£289,650.00	£798,100.00
Lightwood House	£1,757,450.00	£45,300.00	£25,200.00	£31,500.00	£106,000.00	£123,600.00	£2,089,050.00
Longley Centre	£2,564,600.00	£20,000.00	£56,000.00	£50,000.00	£65,000.00	£124,700.00	£2,880,300.00
Michael Carlisle Centre	£581,250.00	£383,750.00	£15,500.00	£36,600.00	£136,500.00	£444,100.00	£1,597,700.00
Grand Total	**£5,412,550.00**	**£602,050.00**	**£217,300.00**	**£231,700.00**	**£334,700.00**	**£1,335,300.00**	**£8,133,600.00**

The table above shows that there remain an investment totaling £2.119m and that over the next four years buildings will deteriorate further. It is also likely that due to the under delivery of previous capital plans the investment required will have increased. SHSC has however invested an additional £0.9m of central NHSE capital during 2020/21 to address key backlog maintenance issues at sites including Michael Carlisle Centre and Grenoside Grange.

s

The Estates Return Information Collection (ERIC return see Appendix 5) data return is made centrally every year. Comparison of the date returned in 2018/2019 and 2019/20 demonstrates the following improvements:

- Capital investment has increased
- % of floor area occupied has increased
- % of single rooms has increased (through dormitory eradication)
- Backlog forecast cost per annum has reduced, as indicated above
- Energy costs and consumption have reduced, in line with sustainability initiatives

4.4.3 Hard and soft facilities management

The cost of operating the Trust's estate in 2019/20 and 2020/21 is set out below.

Table 8: Key cost metrics

Financial metric	Unit	2019/20 £000s	2020/21 £000s
Total capital investment	£000's	£2,090	£5,949
Capital investment for new build per occupied floor area	£/m²	£12.08	£3.95
Capital investment for improving existing buildings per occupied floor area	£/m²	£14.74	£49.30
Capital investment for maintaining (lifecycle) existing buildings per occupied floor area	£/m²	N/A*	£61.30
Capital investment per occupied floor area	£/m²	£42.09	£119.80
Hard FM (Estates) costs	£000's	£2,793	£2,920
Soft FM (Hotel services) costs	£000's	£4,589	£4,511
Estates and facilities finance costs per occupied floor area	£/m²	£93.40	£85.49
Hard and Soft FM costs per occupied floor area	£/m²	£148.68	£149.66

* Capital investment for maintaining (lifecycle) existing buildings per occupied floor area new metric for year 2020/2021

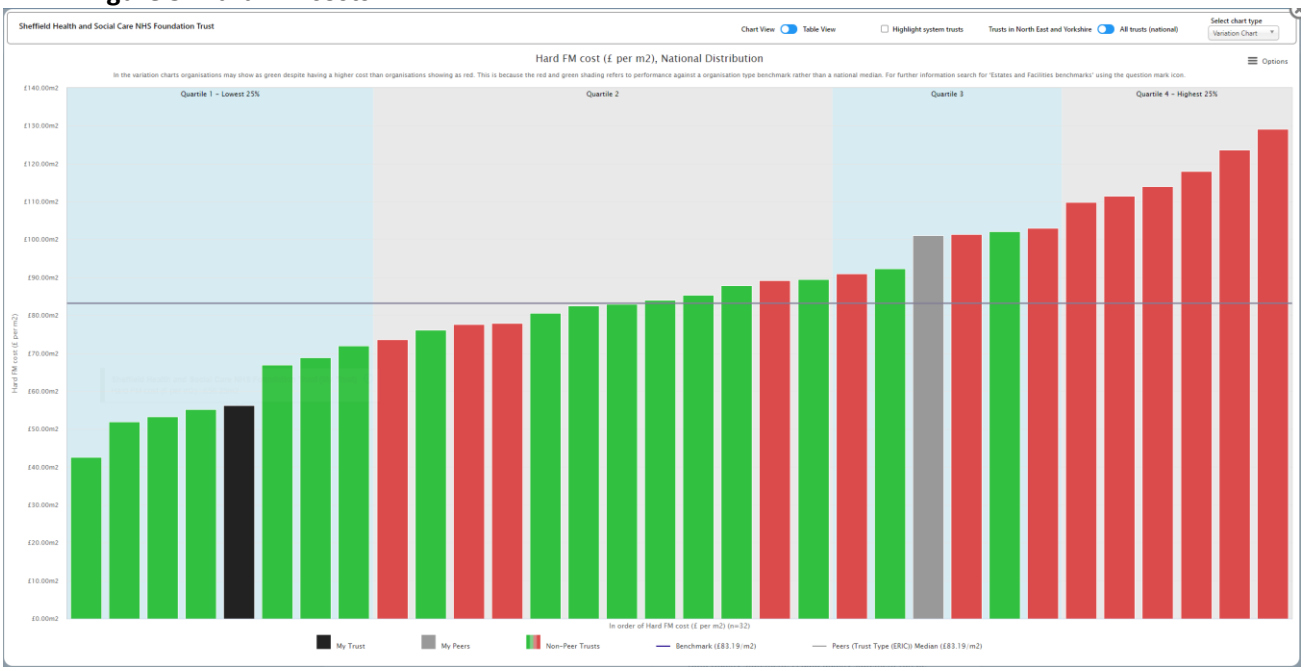
4.4.4 Model hospital

The Model Hospital key performance indicators (KPIs) relating to the estate are shown in the figure below.

Figure 4: Soft FM costs

Sheffield Health and Social Care (Shown in black bar) has lower Soft FM costs than the benchmark average of £121.61 at £92.43 per m^2 and is in the best performing quartile of mental health Trusts. The equivalent chart for hard FM costs is shown below.

Figure 5: Hard FM costs



Sheffield Health and Social Care (Shown in black bar) has lower Hard FM costs than the benchmark average of £83.19 at £56.25 per m^2 and is in the best performing quartile for mental health Trusts. Hard and soft FM services are provided through a mix of contracted out and in house services.

4.4.5 PLACE scores

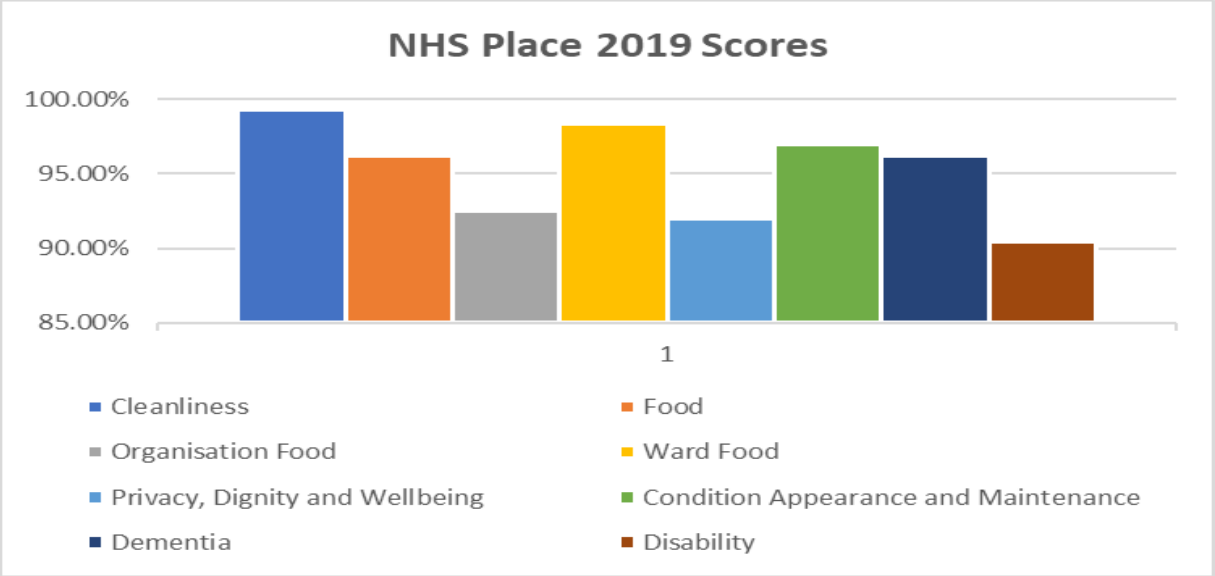
Patient-Led Assessments of the Care Environment (PLACE) were undertaken on the Trust's five main sites in 2019. PLACE assessments focus on the environment in which care is provided. The overall scores were above national average benchmark scores for mental health providers as shown in the table below.

Table 10: Trust-wide PLACE scores vs National Average scores 2019

Trust	Cleanliness	Ward food	Privacy Dignitary and wellbeing	Condition appearance and maintenance	Dementia	Disability
SHSC	99.3%	96.3%	92.02%	97%	96.2%	90.43%
National average (Mental Health)	98.4%	92.2%	91.0%	95.4%	88.3%	87.7%

The scores for each of the Place domains is shown in the table below. This demonstrates that further work is required to address privacy, dignity, wellbeing and disability access.

Table 11: PLACE scores by domain



4.4.6 Staff feedback

Involving stakeholders is vital for the success of the estate strategy and this has happened in several ways. In 2020 a consultant was commissioned to meet with each service to discuss next steps, challenges and support needed in the future to provide effective services. This feedback was collated and analysed with existing occupancy data to plan potential future requirements. This piece of work explored risks and dependencies that need to be considered carefully when planning a new estate offering.

This work has been followed up with a workshop involving the General Managers (GM) for each clinical service and other corporate stakeholders. During this workshop there were presentations relating to various data set surrounding the current estate and challenges for the future. There were also breakout sessions in which open discussions around ideas, future wants, blockers etc. were identified. This information will be used to ensure that estate solutions match the clinical strategy requirements.

Table 12: Estate issues raised by staff

- **Research space in support of our role as one of only 3 MH Trust in the University Hospitals Association**
- **Facilities for staff wellbeing**
- **Heating and ventilation**
- **Space for students**
- **Flexible training space and some dedicated training space for Respect and Life Support training**
- **Training facilities for the EPR – may be delivered virtually**
- **DDA flexible desks and facilities plus storage space for personal equipment**
- **An uplifting and welcoming environment, including reception areas**
- **A therapeutic environment**
- **Artwork completed by service users**
- **Car parking and accessible locations**
- **Safety and blind spots in wards, community facilities and gardens**
- **Good external lighting for staff safety**
- **Dementia and ASD friendly design**
- **En-suite facilities on wards**

4.4.7 Premises Assurance Model (PAM)

The Premises Assurance Model is now mandatory for all NHS organisations from April 2021. SHSC will be submitting our 2020/21 data online by the deadline of 23 July 2021.

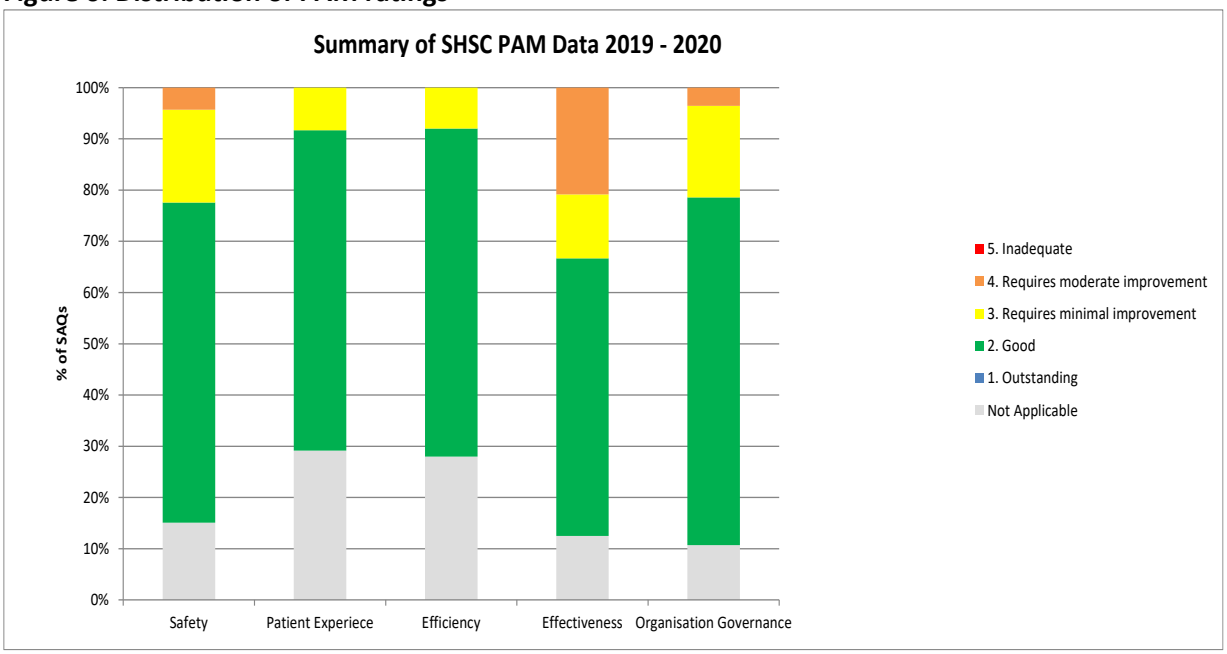
SHSC's PAM data was last updated in 2019 and looks at the following domains:

- Efficiency
- Safety
- Effectiveness
- Patient experience
- Organisational governance

The aim of PAM is to allow NHS providers to demonstrate to their service users, commissioners and regulators that robust systems are in place to assure that their premises are safe, provide a consistent basis to measure compliance against legislation and to prioritise investment decisions. SHSC provided the follow response to PAM.

SHSC is performing well with regards to patient experience and efficiency and only minimal improvements are needed for governance. Much work has been undertaken to improve organisation governance. SHSC will do further work to improve on current PAM scores, particularly safety, and a key focus over the next 12 months will be the eradication of ligature anchor points (see Section 6.9).

Figure 6: Distribution of PAM ratings



4.5 Environmental and sustainability issues

The NHS and Sheffield Health and Social Care NHS have taken notable steps to reduce the impact that activities have on the environment but the is still much to do. With the increasing effects of climate change being felt locally and across the globe, the Delivering a 'Net Zero' National Health Service document (NHS, 2020) outlines Two clear and feasible targets:

- The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040
- The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045

As outlined in the NHS Long Term Plan, extended commitment for sustainability includes reducing carbon emissions, reducing single-use plastics, improving air quality and reducing use of water. To achieve the NHS vision of becoming the world's first net zero health service, Sheffield Health and Social Care Trust will be developing a Green Plan in 2021 to reduce the environmental impact from activities.

The Green Plan will build on the work undertaken in the Trust's Sustainability Development Plan 2015 and will outline a governance and delivery structure to achieve the targets set by the NHS. The areas of the Green Plan that will specifically link to the future estate include (see Appendix 11):

- Building – We need to critically assess the building fabrics and understand where carbon emissions can be cut out or reduced. By embedding sustainability in our decision making related to the estate strategy new buildings can have a lower carbon footprint that existing buildings. There will be a need to retrofit some existing buildings to improve the efficiency where new build is not possible.

- Energy: Electricity - Sheffield Health and Social Care Trust use 100% REGO certificated electricity in buildings where contracts can be held by the Trust. By supporting Green contracts, the Trust is helping support the renewable energy sector and drive investment. Reduction of electricity use will also be a key part of the Green Plan by increasing more energy efficient equipment.

- Energy: Heating - The decarbonisation of heat is a significant challenge for the Trust and replacing gas heating systems will be a key challenge to overcome. Research, innovation and investment will be needed to change existing infrastructure.

- Travel - All types of travel relating to organisational activities are another significant contributor to the Sheffield Heath and Social Care Trust's carbon footprint. This figure is up to 14% of emissions when we include business, transport fleet. staff, patient and visitor journeys. The location of our services, delivery model and use of technology are key to reducing travel miles to our services. Proximity to public transport, availability to cycling/walking will compliment low carbon vehicles to achieve this. The first step towards this is an electric transport fleet which will be introduced in mid-2021.

- Technology – Reduction of energy use across the estate and better utilisation will be key to reducing the SHSC carbon footprint. Technology and innovation will be important to achieve this and will require investment. Sheffield Health and Social Care Trust already uses smart metering, centrally controlled heating system (Building Management Systems), room utilisation sensors however, to achieve the net zero targets this must be designed into the new estate. Improved data quality will allow the facilities team to identify and improve consumption across the estate.

4.6 Equalities Act

The 2010 Equalities Act replaced the Disability Discrimination Act (DDA) compliance which previously formed part of facet surveys. The Trust's recent facet survey included consideration of 'legislative compliance' however, the focus of this assessment is primarily on legislation linked to fire safety and issues covered by the old DDA e.g. disabled access to buildings. The broader coverage of the 2010 Equalities Act is more challenging for a survey of the physical environment to cover meaning the Trust needs to be careful not to over rely on the five-facet survey rating alone.

The 2010 act protects people against discrimination, harassment or victimisation in employment, and as users of private and public services based on nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The Act includes provisions for single-sex services where the restrictions are 'a proportionate means of achieving a legitimate aim'. In the case of disability, employers and service providers have a duty to make reasonable adjustments to their workplaces to overcome barriers experienced by disabled people. At a practical level, the Trust needs to go beyond this, making sure its premises are accessible to disabled people, and to also consider issues such as:

- How requirements linked to gender orientation and sex can both be met e.g. single sex wards/ areas such as lounges and use by service users who are transgender.
- Ensuring that the patient experience and built environment quality, is consistent between facilities despite wards being age specific wards, whilst at the same time ensuring that specific age-related needs are recognised and met e.g. dementia-friendly environments.
- Whether characteristics such as race and religion lead to a need to adapt the physical environment. The Trust is aware that some minority ethnic groups access its services at different rates than the general population – we want to understand the role, if any, that the estate can play is affecting access rates.
- How environments need to be adapted to meet the needs of disabled people, not just in terms of access, but also provision of assistive technology equipment, such as hoists and handrails, to maximise independence.

Meeting the requirements of diverse groups will be a core element in the design of new and refurbished property. Where guidance exists, such as dementia-friendly and trauma informed environments, the Trust will adhere to this guidance. Where official guidance is lacking, the Trust will look to learn from best practice elsewhere.

4.7 Other estate issues

4.7.1 Agile working

Agile working practices are a range of working arrangements that allow people to choose how, when and where they work. During the Covid 19 pandemic staff at Sheffield Health and Social Care Trust have changed how they work and working from home has increased significantly in some parts of the organisation. This imposed change has been positive for some staff and has had unintended consequences that have become apparent on reflection. In response to this an Agile Working Policy is being developed in 2021 building on experience of the previous 12 months. This learning will inform how we provide modern flexible spaces that can be maximised in future. By developing technology solutions and an agile organisational culture the estate should provide better quality buildings in the right place. SHSC has worked with staff to develop its agile working principles during 2021 (see Appendix 5).

4.7.2 Privacy and dignity

Sheffield Health and Social Care Trust has committed to eradicate the use of dormitories as part of the estate. Multi bedrooms have not been in use since 2020 across the estate. New single bedrooms have been formed on Dovedale 1 at MCC and Maple Ward at Longley Centre. All future ward redevelopments will include 100% single room with en-suite accommodation. SHSC has further work to complete to address the requirement for en-suite bathroom facilities in all our inpatient facilities. This will be a key area for improvement during the course of this refreshed estates strategy.

The table in Appendix 6 identifies that in our acute adult and older people's inpatient facilities there are 166 single rooms but only 116 en suite bathrooms. Therefore to meet modern standards of privacy and dignity a further 50 en suite bathrooms are required. These figures exclude Wainwright Crescent (local authority building with 12 single rooms and no en-suite bathrooms despite being of mixed gender), Firshill Rise and our two nursing home facilities.

4.8 Existing estate plans

4.8.1 Challenges delivering the previous Estates Strategy

Pages 16-19 of the previous SHSC estate strategy set out a range of projects however there was lack of clarity regarding dates for completion since many of the projects still needed to be appraised, options considered and then decided upon. Due to changes in focus from clinical services and options regarding reprovision only two or three of the projects listed in the 2014-2017 Estates Strategy have actually been completed. This is an important consideration for our refreshed strategy since the previous delays in moving out of some of our not fit for purpose community building (e.g. St Georges) have resulted in a further deterioration in the fabric of these buildings including the roofs. This can be seen in a number of our buildings including the Longley Centre, Argyll House and St. George's.

As a result our previous annual capital plans for the past four years have only delivered between 25% to 50% of planned expenditure, which is a missed opportunity to improve our environments. Therefore it is essential that this estates strategy and the associated projects are supported and owned by clinical services so that the agreed projects are delivered and our buildings become safe and fit for purpose.

The Fulwood House headquarters site is due to be disposed of at the end of 2021/22 and a project is underway to relocate approximately 290 staff into alternative facilities in Sheffield. This project has offered SHSC the opportunity to embrace agile working resulting from our Covid 19 experience and we will be building on these new ways of working into the future.

4.8.2 Eradication of dormitories

As mentioned above, SHSC is making good progress with the eradication of dormitories and this project will be completed by the end of 2021. No bedrooms have been shared since the end of 2020.

4.9 Other site users

There are a small number of third-party occupiers across the estate with the largest being Sheffield Teaching Hospitals (STH). STH have teams in Michael Carlisle Centre (Assessment and Rehabilitation Centre and Intensive Home Nursing), Limbrick Centre (Dental and Podiatry services) and Lightwood House (various district teams using office accommodation). Citizens Advice Bureau occupy a small amount of office space at Michael Carlisle Centre.

Leases are in place for most of these arrangements; however, they may not have been reviewed for some time and there is some concern that the rents do not cover costs.

5. Rationale for change - strategic context

5.1 Introduction

This section sets out the **'where do we want to be?'** element of the estate strategy. It considers the impact of national and local strategy for the services provided by the Trust and the Trust's response as set out in its strategy.

5.2 National policy

5.2.1 Secondary care mental health services

Mental health policy continues to emphasise early identification of mental health issues, early intervention, treatment in the least restrictive environment and the reablement model.

The national strategy contained in the 2019 NHS Long Term Plan and the 2019 Mental Health Implementation Plan requires better provision of community-based services to reduce the need for admission and to reduce length of stay when people do require hospitalisation. The Long-Term Plan will drive parity of esteem through the ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24. This will require service expansion and faster access to community and crisis mental health services for adults and families. Specific access targets are in place to monitor the speed with which people receive these services.

The NHS Long Term Plan makes a commitment to ending out of area placements by the end of 2020/21 for people requiring a non-specialist acute inpatient admission; the introduction of more quality measures to assess individuals' experience of inpatient treatment; and aims to ensure that individuals are treated in the least restrictive environment possible. SHSC still currently uses a number of adult mental health out of area placements due to capacity pressures resulting from the ward refurbishment programme.

NHS England is supporting the CQC in evolving their programme of inspections for mental health services to ensure that their approach to regulating, inspecting and monitoring mental health care services aligns with the NHS Long Term Plan. A particular focus is the implementation of standards for privacy and dignity with an associated reduction in sexual safety incidents. This will require the eradication of mixed sex wards and implementation of 100% single rooms with en-suite facilities which will present a particular challenge for SHSC given the configuration of current adult inpatient beds (mental health, frail elderly, rehabilitation and forensic/low secure).

5.2.2 Highly specialised mental health services

National policy for forensic and secure services has focused on reducing the cost and number of out of area placements (which are often in independent sector hospitals) by changing the way these services are commissioned and by developing more local alternatives to secure inpatient treatment such as rehabilitation units, community forensic teams and supported housing. The intent is to incentivise NHS providers to repatriate activity from the independent sector and to better join -up the commissioning of local and specialised forensic services. Locally the largest provider is Nottingham Healthcare NHS Foundation Trust which provides a medium secure unit and Rampton high security hospital.

SHSC is the lead provider for the SYB ICS Forensic Collaborative and community forensic and low secure services in Sheffield. SHSC will continue to work with commissioners to make sure that

whenever possible service users are able to access appropriate care locally as a result of the strengthening of locally based low secure, community forensic and rehabilitation services. Probation services will be a strong partner in this development.

SHSC provides community based perinatal, (mother and baby), mental health services and accesses inpatient provision from within the SYB ICS provider Alliance.

SHSC provides eating disorder day services from St. George's building and this service is in urgent need of relocation due to the building no longer being fit for purpose.

SHSC provides services for people with a learning disability in Sheffield. The assessment service at Firshill Rise is under review by CQC however the building is a relatively new design.

Services for people with Autistic Spectrum Disorder (ASD) is a particular focus given the prevalence of dual diagnosis with mental illness resulting in admissions to the local working age mental health acute units. Facilities that are calming and promote de-escalation of stressful situations are particularly important for people with ASD and should be reflected in the design of new facilities.

Changes to community services feature strongly in national policy as previously set out in the Five-Year Forward View, the GP Five Year Forward View and the 2019 NHS Long Term Plan.

SHSC provides older adult mental health services and there is a strong evidence base suggesting that services need to be better integrated with community health, primary care and social care. This has led to the exploration of community hub and spoke delivery models which require a hub and spoke approach to the estate. Community hubs that co-locate a wide range of statutory and non-statutory services are becoming the norm. The benefit of this approach is aimed at delivering seamless and more effective care pathways using integrated teams co-located particularly in areas of high demographic need. SHSC will explore this further as part of the community facilities programme and Cavell Centres.

Other highly specialised services provided by the Trust include:

- Brain Injuries Rehabilitation Service
- Substance Misuse Services (Opiates, Non-Opiates and Alcohol)
- Sheffield Adult Autism and Neurodevelopmental Service (SAANS)
- Gender re-assignment service (Porterbrook Clinic)
- Chronic Fatigue Syndrome Service
- Long Term Neurological Conditions/Neurological Enablement Service
- A range of specialist psychotherapy services
- Eating Disorders Service, (outpatient/day patient services only; inpatient services are commissioned elsewhere and are out-of-city)

These are all community-based services.

5.2.3 Information communication technology (ICT)

National policy for the use of information and communications technology (ICT) and information across the NHS focuses on the use of ICT to support:

- Joined-up care by delivering ICT that supports the integration of primary, community, acute and social care services and thereby places the patient at the centre of a web of care.
- Safe, effective and high-quality care by providing ICT that supports professionals to care at the right time and in the right place.
- A sustainable health and care system by using ICT to enable service provision that is value for money and sustainable.
- Well-managed services by supporting operational and strategic management through the provision of the information needed to ensure services are high quality, safe, sustainable and value for money.
- Innovation by assisting research and continuous improvement.

The delivery of these ICT objectives depends on the following core features being implemented in local systems:

- Interoperability – to ensure a consistent core set of information, derived from different service specific ICT systems, is available for each patient.
- Best of breed systems – recognising that each clinical area has its own specific information requirements which can be met by different systems as long as each can use interoperability features to ensure the sharing of core information about patients.
- Mobile working (agile) technology - enabling staff to access and enter data wherever they are and therefore be more productive. This is a fundamental to improved productivity across community-based services and has the added benefit of reducing the need for physical space at community-based teams and also promoting the delivery of virtual consultations.
- Transformed business and performance information – improved business intelligence.

The NHS Long Term Plan identifies the need for services to offer greater digital connectivity including virtual consultations and remote access for clinicians to clinical meetings. All health services are required to draw up plans to demonstrate that they will be fully digital by 2024 and integrated with other parts of the health and care system through a local shared health and social care platform. Over the next ten years these changes will result in an NHS where service users and their carers can better manage their health. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support, virtual consultations, virtual MDT meetings and AI.

The key impact on the SHSC estate strategy is the need to invest in ICT to effect service transformation and new ways of working which will maximise space utilisation in buildings. SHSC is progressing its EPR programme to put an electronic patient record system in place from 2022/23 and reduce paper-based systems. Further investment is required in the SHSC digital infrastructure (mobile devices, Wi-Fi and internet speed of connectivity) to support agile working (rather than purely hot desks or home /remote working), virtual consultations and remote access to clinical meetings particularly inpatient multidisciplinary meetings discussing patient care plans and discharge planning (see sections 8.1 and 8.2).

5.2.4 **The NHS and wider public-sector estate**

In March 2017 Sir Robert Naylor published his review[5] into the NHS estate which sets out how the NHS can release up to £2bn of surplus estate to fund the investment required to support plans set out by STP/ICSs. The report highlights an STP/ICS estate investment need of up to £10bn, made up of £5bn to resolve backlog maintenance issues and a further £5bn to support transformation. The review also makes recommendations:

- About how to align the interests of individual Trusts with health communities (via STPs/ICSs).
- About how the release of capital funds can be made dependent upon demonstrating alignment and the achievement of STP/ICS estate plans.
- Prioritising land vacated by the NHS for the development of residential homes for NHS staff, where there is a need.

Looking beyond the NHS, the One Public Estate programme is a national programme delivered in partnership by the LGA and the Cabinet Office Government Property Unit which seeks to:

- Create economic growth
- Deliver more integrated, customer-focused services
- Generate efficiencies, through capital receipts and reduced running costs in-line with the Carter Review recommendations.

SHSC can demonstrate estate rationalisation in line with the Naylor recommendations. The SHSC estate has reduced by 10.95% since 2011/12 and overall by 26.72% since ERIC data recording commenced in 2002/03. SHSC will continue to review its estate given the 8% vacant space and focus on reducing the estate running costs whilst raising capital to redevelop mental health facilities to make them fit-for-purpose, in line with the SHSC strategic priorities.

The sale of the Fulwood House site is progressing. This will release a site of 2.593 hectares (6.406 acres) which has outline planning consent in place for 161 units of residential housing, in line with the Local Authority plans for this area of the city. There is no known demand for residential housing specifically for NHS staff however the development includes provision for affordable housing in accordance with Local Authority targets. Capital from this sale is identified to support the new acute mental health inpatient facility development.

The effective use of space is key to maximizing the buildings across our estate. The findings of Lord Carter's review of productivity in the NHS states that al Trusts should have no more than a maximum of 35% non-clinical floor space and 2.5% of unoccupied or under-used space. Sheffield Health and Social Care Trust currently has 64% clinical space, 28% non-clinical space and 8% empty space (empty % includes buildings pending disposal or redevelopment). Therefore SHSC currently exceeds the target for vacant space and we will need to make greater progress with our plans to rationalise our estate. This is addressed in Section 6.

[8]NHS Property and Estates, Sir Robert Naylor, March 2017.

5.3 The South Yorkshire and Bassetlaw Integrated Care System (SYB ICS)

5.3.1 Introduction to the SYB ICS

SHSC is a partner in the Sheffield Place Estates Group and the wider South Yorkshire and Bassetlaw Integrated Care System Estates Group, demonstrating the Trust's active role in enabling delivery of the agreed Sheffield ACP Vision, models of care and the Integrated Care System wide transformation priorities.

The SYB ICS plays a key role in the new NHS integration arrangements, to lead the estates and capital planning arrangements across providers in SYB ICS.
New arrangements are in place to broker the agreement for capital allocations across the providers in SYB ICS.

The NHS financial regime states Trusts are not allowed to formally change their capital plan for 2021/22. SHSC are therefore expected to have to formally stay within the c£8.6m CDEL control total, explained in section 7.1.

5.3.2 Sheffield mental health services

The priorities for the Sheffield Place and Accountable Care Partnership (ACP) of most relevance to the Trust's mental health services are as follows:

- Prevention and improving community resilience
- Increasing access to primary care mental health services
- Improving the acute mental health pathways
- Reducing out of area placements
- Developing IAPT services
- Developing perinatal services
- Responding to Covid surge and recovery plans
- Developing community forensic services
- Integrating services across care pathways
- Improving LD/ASD services
- Improving mental health inpatient facilities where dormitory arrangements still exist.

The Sheffield Mental Health, learning Disability and Autism Forum led by Sheffield CCG has recently update its strategy and this will support our approach to partnership work.

5.3.3 Sheffield Place Based Care

Sheffield Place is aligned with the One Public Estate Place-based planning initiative, with all partners including the wider health and social care system. Sheffield CCG together with Sheffield Place Estates Group is working together to deliver a more effective health and social care system for the citizens of Sheffield through a place-based care system which maximises partnership working and improves utilisation of a shared property portfolio, including the 7 LIFT buildings and the NHS Property Services estate.

The focus of the Sheffield Place partnership is to:

- More care will be provided closer to home with services designed around the person.
- Existing providers will need to work differently, with workforce working flexibly across organisational boundaries and services being delivered collaboratively.
- Plan for integration and co-location of services where possible.
- Purposefully utilise voids in LIFT assets and positively relocate services to them, ('Strategic Hubs'), using these to enable new service delivery models for care closer to home.
- Agree a strategy to accelerate and promote Agile Working across the Sheffield strategic partnership members.

The demographic data from the Sheffield Joint Strategic Needs Assessment identifies five electoral wards where there are above average levels of relative deprivation affecting the city population. These areas will be associated with higher levels of mental health problems and support for families, hence greater need for locally accessible community services.

Sheffield Place has a number of Partnership Boards which include mental health, learning disability and autism. The Sheffield Estates Group inclusive of NHS, Social Care, Local Authority, NHS Property Services, NHSE and NHS Community Health Partnerships is refreshing its Estates Strategy during the autumn of 2021, as is the SYB ICS.

Therefore, a tension is emerging between the ability to co-locate community services and the significant expansion required by mental health services in the Long-Term Plan.

It is essential that parity of esteem must be upheld in the development of place-based care.

5.4 Organisational, clinical and other Trust strategies

The Trust's response to the national and local strategic context is embodied in its strategic and operational plans including its strategic direction, clinical and social care strategy, digital strategy, people plan, and other enabling strategies.

SHSC refreshed its strategic direction during 2020 and 2021 and agreed four strategic aims:

- Deliver outstanding care
- Create a great place to work
- Effective use of resources
- Ensure services are inclusive.

Our strategic direction identifies the following four strategic priorities (see Appendix 1 for our Strategic Direction on a page):

- Covid 19 - getting through safely
- CQC - getting back to Good
- Transformation – changing things that will make a difference
- Partnerships – working together to have a bigger impact

SHSC has also developed its Clinical and Social Care Strategy during 2020 and 2021 (see Appendix 2) to guide service developments. That strategy identifies that care will be:

- Person-centred
- Evidence Based
- Trauma Informed

- Strength Based Delivering our Clinical and Social Care Strategy means the way we work and our care environments both need to change. Our clinical pathways will become much more integrated with partners and our staff will work in a more agile and virtual way to deliver services.

We have also refreshed our People Plan during 2020 to identify how we will better support staff wellbeing and this will include improved facilities (see Appendix 3 for our People Plan on a page). In addition we have worked with staff to identify how we will work differently following the Covid 19 pandemic. We have recently agreed our Agile Working Policy and the principles for agile working (see Appendix 4).

Technology will become an increasingly important enabler to the delivery of how we work, how we deliver services and the realisation of this refreshed Estates Strategy. Our Digital Strategy will therefore be refreshed over the next few months.

In developing this Estates Strategy, we have made sure that it:

- Is consistent with and flows from our Clinical and Social Care Strategy
- Takes account of estate ownership issues
- Enables SHSC to maximise the utilisation of estate assets
- Assists SHSC in developing the right premises, in the right condition and in the right location
- Supports the future increase in workforce linked to the NHS Long Term Plan and local service developments
- Is consistent with our strategic priorities to work in partnership and deliver transformation.

The plans set out in the strategy have been developed through engagement with staff and partners and are informed by best practice.

SHSC's 2021/22 Annual Integrated Operational Plan published in April 2021. The plan highlights the key work streams for 2021/22 and the central importance of developing a culture of continual quality improvement within the Trust.

The main risks to delivering continual quality improvement have been identified as:

- Compliance with regulatory standards as outlined in the CQC inspections in 2020 and 2021.
- Delivering a systematic approach to continuous quality improvement.
- Delivering the Mental Health Act requirements regarding single sex, en suite accommodation. The Trust's adult mental health wards may be resized to reflect best practice to support an efficient, safe and therapeutic service.

The 2019/20 - 2023/24 DHCFT estate strategy refresh builds upon these strategic aims and responds to each of the factors set out in the estate case for change and the strategic context (NHS MH LTP, Carter efficiency metrics, OPE/STP, Naylor Review) and will:

- Invest in improving the physical condition and functional suitability of the remaining estate.
- Minimise the risks associated with statutory compliance including fire safety.
- Enhance the wellbeing of people using and working in Trust facilities through design which specifically supports Trauma Informed Design, ASD Friendly Design, Dementia-Friendly Design, and buildings which are 'easy to use'.
- Support the continuing integration of health and social care services by enabling the co-location of Trust and where appropriate, partner organisations' services.
- Support the use of mobile technologies through installation of high-speed Wi-Fi.
- Promote agile working.
- Help to reduce the Trust's carbon footprint by locating close to public transport.
- Assist the delivery of the LTP and Carter five-year goals for mental health and community services.
- Improve the daily performance of the Trust estate and peoples experience of their environment through improved monitoring and reporting of estate metrics.

SHSC is currently developing its service level plans building on the clinical and social care strategy development process. A number of themes impacting upon the estate have been identified as set out in the extracts below. These changes to the estate will be driven by the aforementioned strategy and service plans, underpinned by the People Plan and digital strategy (infrastructure):

- **Community Services** - detailed review of the community services located within each area identifying the number and location of staff, including the projected increased resulting from the MHIS LTP funding annually up to 2023/24. This review will be assisted by a clearly articulated co-location principles, an agile working policy implementation plan transformation and digital innovation plan. It will incorporate in parallel a review of the community estate and opportunities for co-location with Sheffield Place partners.
- **Inpatient Services** - review of the number and configuration of inpatient bed numbers to take account of the need to improve these environments, meet the M.H. Act standards for privacy and dignity as well as modern effective care pathways.
- **Corporate Services** - review of the location and cost of back-office functions at Fulwood House, aligned with the requirement to identify more suitable alternative accommodation in Sheffield, which embraces agile working.

5.5 Summary of strategic factors

Chapter 5 of the estate strategy has set out to answer the question 'where do we want to be?' In summary SHSC plans to deliver the following service transformation by 2025/26:

- Provide acute mental health inpatient, ASD, PICU and low secure services within Sheffield, located in modern, therapeutic facilities without the need for out of area placements.
- Provide integrated and co-located community services which meet the needs of the local

population and address inequalities and inclusion within Sheffield.

- Provide efficient and effective community environments (building condition B) which promote paper free, agile working and are easy to use.
- Improve the average cost per meter square of office accommodation (corporate) to upper quartile performance.
- Reduce our vacant space from 8% to under 2.5%
- Improve our sustainability metrics for the buildings we use.

The key areas of focus that this Estates Strategy must therefore address are as follows:

- Eliminate dormitory accommodation – be **Person Centred**
- Improve facilities for de-escalation to reduce restrictive practices – be **Trauma Informed**
- Develop healing environments **– be Evidence Based**
- Improve accommodation for community teams and specialist services – **be Strengths Based**
- Increase en suite accommodation – be **Person Centred**
- Reduce the cost of corporate accommodation – **Efficient use of Resources**
- Further rationalise the estate to eliminate vacant space **– Efficient use of Resources**
- Eliminate the need for out of area placements in adult mental health – be **Person Centred**
- Work collaboratively with partners across Sheffield to ensure the public estate better utilized **– work in partnership**
- Improve the use of estate metrics (PAM, Model Hospital) and mapping tools (SHAPE) to support planning and service transformation. **– be Evidence Based**

5.6 Estate strategy response

This 2021 estate strategy refresh responds to each of the factors set out in the estate case for change section (section 4) and this strategic context section and will:

- Invest in improving the physical condition and functional suitability of the remaining estate.
- Minimise the risks associated with statutory compliance including fire safety.
- Enhance the wellbeing of people using and working in Trust facilities through design which specifically supports Trauma Informed Design, ASD Friendly Design, Dementia-Friendly Design, and buildings which are ‘easy to use’.
- Support the continuing integration of health and social care services by enabling the co-location of Trust and where appropriate, partner organisations’ services.
- Support the use of mobile technologies through installation of high-speed Wi-Fi.
- Help to reduce the Trust’s carbon footprint by locating close to public transport.
- Assist the delivery of the LTP goals for mental health and community services.
- Deliver the Carter efficiency targets and promote agile working

The Trust’s specific investment and rationalisation plans are described in the next section.

6. Investment plans

6.1 Introduction

In this section we set out details of the key investment and enabling projects SHSC intends to implement over the next five years in response to the strategic and operational issues outlined in the previous two chapters – this section is the **'how do we get there'** element of the estate strategy.

SHSC has a significant list of known investment requirements. SHSC will prioritise its investments based on criteria that are derived from the principles set out in section 3.5 of this estate strategy. All significant investments are considered by the Trust's Finance and Performance Committee and by the Trust Board. The most significant projects planned are the eradication of ligature anchor points, dormitory style accommodation, implementation of en suite facilities, provision of de-escalation facilities (green rooms), new inpatient wards, improved community facilities and large site rationalisation. In addition SHSC is in the process of confirming a location for its new headquarters (with the impending sale of the Fulwood House site).

SHSC will need to produce business cases for these schemes to ensure the best option is pursued in each case and that value for money is being obtained. Consultation is likely to be required for some of these projects.

The Trust is not planning to reduce inpatient bed numbers during the period covered by this estate strategy and model hospital data suggests that SHSC is already operating in the lowest quartile for bed utilisation per head of population. In addition SHSC is still using out of area placements due to the reduction in bed capacity resulting from refurbishment of inpatient wards.

6.2 Investment one – ligature anchor points, green rooms and dormitories

SHSC has received two Section 29A warning notices regarding the eradication of dormitories and improvements required to seclusion rooms. The second warning notice received in June 2021 also requires a significant increase in the pace of the work to remove ligature anchor points, from inpatient wards.

SHSC ceased the sharing of bedrooms during 2020 and has only two dormitories left to convert.

The clinical team have confirmed that the seclusion rooms on Burbage and Stanage wards will be converted to de-escalation rooms (as part of the reducing restrictive practices work) during 2021. Following a trial period for these two new green rooms the intention is to then convert the seclusion room in Maple ward to a de-escalation room. This will leave SHSC with the remaining adult acute seclusion facilities in Endcliffe ward (PICU). This shift from seclusion to de-escalation is consistent with the drive to reduce restrictive practices.

Due to the required increase in pace of this work it is likely that capital will be especially pressurised in 2021/22, reducing the option to invest in a broader range of projects other than privacy, dignity, safety and the new headquarters.

6.3 Investment two – new headquarters facilities

SHSC has been successful in rationalising its corporate services estate at Fulwood House and is in the final stages of concluding this disposal contract. The funds from this sale will importantly, support the development of improved inpatient accommodation. SHSC has already adopted a dispersed approach to its corporate and support services with the location of estates, information management and technology and finance services in President Park and Wardsend Road respectively.

Due to the prohibitive and increasing post Covid19 global pandemic impact on accessibility and costs of building supplies and hence capital refurbishment (category A and B fit-out) of commercial office buildings SHSC is now seeking to lease existing office accommodation which requires minimal capital investment.

Space requirements are being based on 4.6sq meters per member of staff using a 50% occupancy figure as advised by the latest post Covid evidence base by NHS Property Services. SHSC has undertaken engagement work with staff to identify agile working principles which will be applied to the new headquarters premises and community services (Appendix 4).

6.4 Investment three - inpatient accommodation

SHSC provides the following inpatient wards for Sheffield residents with acute mental health needs:

- Burbage ward (adult female)
- Stanage ward (adult male)
- Maple ward (adult mixed gender)
- Dovedale 1 ward (older adult functional)
- Grenoside ward (older adult organic/dementia)

All wards were built before the Department of Health issued its Health Building Note stipulating that mental health wards should be built to consist of single bedrooms, each with an en-suite bathroom. As a result, all wards require significant refurbishment or a new build, as outlined below:

In the short term, in order to improve patient privacy and dignity and seek partial compliance with national guidance, the Trust implemented a programme of work to ensure single bedrooms are in place whilst long-term solutions are developed. Although this short-term solution is almost complete, it will not result in the Trust's main inpatient units fully complying with modern healthcare standards relating to the physical environment.

Making all wards fit for purpose i.e. functionally suitable, requires considerably more investment and change than can realistically be through individual refurbishment project (see Appendix 6 which sets out the ratio of single rooms to en-suite accommodation). The options to modernise the inpatient estate are therefore the subject of a business case and a New Hospitals Programme funding bid. The options will be developed from the choices open to the Trust. These choices are:

1. Adult wards at Longley Centre and an older people's campus at Grenoside Grange.
2. Choice over the location of the improved inpatient units. The do minimum (not sustainable in the medium to long term) will be 'continue in-situ at the Longley and Michael Carlisle centres', whilst other options are likely to be one or more new builds elsewhere.
3. The delivery model is likely to be owned facilities developed through Procure 2020.

The availability of capital funds and overall affordability will dictate the pace of delivery. The health planning and business case process will determine the number of beds required, although initial indications are that the number is unlikely to reduce and could increase given the ongoing use of out of area placements for some people needing an acute mental health ward admission. Current market costs are in the range £600k[7] per inpatient bed depending upon factors such as the amount of ancillary space/non-bedded services included in the project, the extent of new build versus refurbishment and the extent of site infrastructure improvements required. This range of costs equates to £42m total investment being needed to replace the beds currently in the Michael Carlisle and Longley Centres (excluding PICU)..

6.5 Investment four - improved accommodation for community services

SHSC needs to improve the condition of much of its remaining community-based estate[9] whilst considering any further estate rationalisation opportunities, the planned expansion of staff numbers in some community services and potential new community models for mental health (as set out in the 2019 Community Mental Health Framework).

Both locally and nationally there is a shift towards 'hubs' serving natural populations described as 'Places', within which a range of public sector commissioned services would be co-located. These moves reflect the increasing importance of integration between partners and across pathways, and hubs are seen as a way that pathways can be better joined-up. However, hubs in themselves do not means services will integrate – other enablers such as joined-up IT (see Section 8.1) and a change in working practices and culture (see Section 8.4), need to also be in place, otherwise, the Trust risks creating hubs consisting of service silos. SHSC, therefore needs to decide whether a hub model will deliver sufficient benefit to justify the change and investment programme needed.

Across Sheffield, Transformation Hubs, led by the CCG, are at various stages of planning in partnership with local organisations. SHSC is a party to these projects, however, in common with schemes across England, delivery is proving complex because individual projects including utilisation of voids in the 7 Sheffield LIFT buildings can be more expensive than the existing accommodation they seek to replace. Developments are therefore in danger of being 'run at the pace of the slowest', take a long time to deliver and sizing new facilities can prove difficult.

The previous LIFT initiative has resulted in seven under-utilised and relatively expensive facilities. SHSC is now working closely with Sheffield CCG, CHP and NHSPS to identify opportunities to use bookable or leased space in these LIFT buildings and other shared NHS facilities. This bring together the benefits of health planning, shared reception and waiting spaces and the facility to conduct physical health assessments, all aspects which are currently challenges with the current SHSC community estate.

The recommended approach to this shared space is:

1. Agree a standard for SHSC community facilities based upon the vision and principles described in Section 3 and best practice examples from other mental health providers.
2. Agree which services benefit the most from co-location and, at an individual service level, agree the interdependencies which should form the basis of co-location decisions. For example, older people's mental health teams maybe best co-located with physical health community nursing, and the community forensic team with probation services.
3. Agree the future space requirement and ways of working taking account of technological advances and plans to change pathways and/or increase/decrease the number of staff within services (for example, staff numbers in IAPT, perinatal, crisis and CMHT services will increase as a result of the Mental Health Investment Standard and also Covid 19 surge funding).
4. Review the current standard of and service mix within the community estate against these aims and considerations.
5. Where the current estate falls short, identify options to improve taking account of the desired future state, areas of need and availability of alternate buildings, and develop business cases for investment as required.

A key consideration in deciding whether to create community hubs or not, will be affordability. Based on experience elsewhere, new estate typically costs more in ongoing revenue costs, than existing estate even after allowing for estate rationalisation and anticipated efficiencies such as lower heating and maintenance costs. There are two principle drivers of higher estate costs:

- Firstly, although new premises should have lower maintenance and heating costs, they are typically larger to comply with health building notices and other standards.
- The capital charges or leases on new premises, are invariably higher per m^2 than existing costs reflecting the better quality of the estate and any upfront investment made by the owner/tenant. This factor is often exaggerated where existing accommodation is occupied under historic, sometimes, peppercorn rents.

Experience elsewhere in England is that the conversion of existing premises into a hub can cost between £1m - £2m in capital investment. Consequently, the development of hubs will require capital investment and against estate-related budgets only, is very likely to represent a cost pressure. In making the case for hubs, the Trust should therefore be clear about the case for change, quality benefits and non-estate related efficiencies hubs should enable and the alternate option of being a partner in hubs developed by other organisations, such as Cevell Centres.

6.6 Investment five – increase access to en suite facilities

In addition to investing in the adult and older adult acute in-patient facilities described above, there is also a need to upgrade accommodation to provide en suite bathrooms on other inpatient units which already have single bedrooms, but where patients use shared bathrooms. En suite facilities improve privacy and dignity for all people and increase functional independence in older people, but provision increases the space required on each unit.

The tab le below illustrates the current position regarding en suites across the inpatient estate not dealt with in investment one above.

- Forest lodge (low secure male ward).
- Forest Close
- Forest Bungalows
- Wainwright Crescent

[9] In this context, the term refers to non-bedded sites used by clinical teams as bases and patient-facing activity.

Table 16 Remaining units en suite bathrooms requirement

Wards	Existing single rooms	Existing en suite bathrooms	Existing shared bathrooms	Existing shared toilets
Forest Lodge – low secure	12	0	3	3
Forest Close - rehab	10	1	3	4
Forest Bungalows - rehab	38	38	4	9
Wainwright Crescent – step down	12	0	2?	3
Total	**72**	**39**	**12**	**19**

The table shows that all facilities do not meet the requirement. This means that over the period of the Estates Strategy these facilities will need to be reconfigured and potentially extended (or bed numbers reduced). The likely cost is £1m per ward.

SHSC has recently completed the £1m refurbishment of Beech Cottage (on the Woodland View site) and this could offer an opportunity to meet the 100% single room en suite standard through the relocation of one of these services such as step down (Wainwright Crescent).

6.7 Investment six – modular decant ward

SHSC has struggled in the past to make improvements to in-patient facilities due to the risk of undertaking major work on operational wards. It is therefore recommended that SHSC set up a modular ward as a decant facility to increase the pace of compliance with CQC standards and improvements to ward environments.

This facility would also act as a major enabler for the new build facility where it is likely that Maple ward may have to be re-provided on an interim basis as part of that programme. The likely cost of the facility would be 4m and following planning consent it could be in place withing 3 months.

6.8 Investment seven – statutory compliance, risk management and backlog maintenance

The Trust will continue to invest capital funds in 'business as usual' projects to tackle compliance (e.g. Equalities Act compliance, fire safety and legionella projects), risk (e.g. roof repairs, electrical infrastructure upgrade works, ward upgrades to address PLACE inspection findings) and backlog maintenance. The condition survey identifies the Trust properties that require investment to bring buildings up to the target Condition B and to resolve statutory and fire safety compliance issues.

The investments outlined above will resolve many of these issues, but where they remain, the Trust may need to invest approximately £0.5m per annum over the next five years in a combination of statutory compliance, risk management and backlog maintenance projects shown in the capital expenditure table in Section 7.1.

6.9 Enabling project one – improved use of estates metrics

The Trust will further develop its capacity and capability to utilise estate and planning data sources to improve the day to day and strategic planning and management of its estate during the period of this strategy. These data sources outlined below will be critical to the development of business cases to support strategy implementation and the improved performance monitoring of the estate maintenance function.

- SHAPE geographical mapping tool
- Model Hospital metrics
- Premises Assurance Model metrics
- Carter efficiency metrics
- Carbon footprint – Sustainability Plan implementation
- Green Travel plan implementation
- ERIC data returns and six facet survey
- SHSC estate management tools e.g. estate terrier, maintenance performance logging system.

The estates department is already in the process of completing a performance monitoring dashboard in quarter 2 of 2021. From then on Trust Board sub committees should receive a suite of regular reports on estate performance (e.g. responsiveness of maintenance for showers and toilets as identified by the CQC), privacy and dignity (e.g. progress with single room and en suite implementation) and value for money (efficiency of back office and community team space utilisation).

6.10 Enabling project two – review of estates and facilities capacity

This Estates Strategy sets out a significant change programme for SHSC and its estates and facilities function which could result in 95% of the estate undergoing transformation. It has therefore been agreed to undertake a review of the capacity and capability of the team to identify any gaps that we need to address in order to deliver this strategy.

The team is already working to increase skills in the procurement of large capital projects and the use of modular buildings. Procure 2020 training will be an important development for the team.

In addition the application of 'Lean' methodology to the estates maintenance function could provide further efficiencies, improve performance and enhance people's day to day experience of the built environment across SHSC.

It is also recommended that the estates, projects and facilities management leadership team are equipped with transformation and change management skills and qualifications to support the delivery of environments to deliver effective agile working and improved space utilisation.

6.11 Enabling project three – review of third-party leases

Currently SHSC leases out space to a number of third parties including Sheffield Teaching Hospital and the CAB. It is unclear whether these historic arrangements are now resulting in a cost pressure to SHSC through what has essentially become a cross subsidy.

The lease arrangements should now be reviewed to ensure that charges for these facilities are in keeping with the costs incurred by SHSC and also the opportunity cost of the space which might now be required for the SHSC community services programme.

7. Capital programme

7.1 The capital plan

In chapter six, a series of investments were recommended. The investment projects recommended will need to be worked-up into business cases before they can proceed. This means that it is difficult to provide a five-year capital plan based on this estate strategy, however, the table below provides a high-level indication of the potential investment needed over the next five years. The detailed plan can be found in Appendix 8.

Table 17: Potential capital investment required (£000s)

Investment Project	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Ligature Anchor Points, Seclusion, Dormitories	£2,826	£10,661				£13,487
HQ	£1,650					£1,650
New inpatient facilities	£400	£4,650	£6,950	£17,136	£20,000	£49,136
Community Hubs	£0	£100	£1,043	£1,250	£2,000	£4,393
En suites Forest Lodge and Wainwright		£2,000				£2,000
Decant Ward		£4,000				£4,000
Address backlog compliance	£1862	£141	£0	£250	£50	£2,303
Total investment	**£6,738**	**£15,552**	**£7,993**	**£18,636**	**£22,050**	**£70,969**

Note: the red figures for investment projects 5 and 6 (total £6,000) have not been included in the total figures.

The development of en-suites at Forest Lodge, Wainwright Crescent, and the purchase of the decant ward costs are not in this capital plan. This would increase the overall plan by over £6m, as a downside.

The NHS financial regime states we are not allowed to formally change our capital plan for 2021/22. We also have to formally stay within the CDEL control total.

If we do proceed with the two new schemes of Forest Lodge en suite and a new modular decant ward during 2021/22 then we would potentially need to slow down or cease other planned spend. This has been flagged as a worst case of £6m however further work is required to confirm what the impact would be if this was split over 2021/22 and 22/23.

We must remain within the c£8.6m CDEL limit monitored by SYB ICS which includes the £1.1m from NHSE/I. We will potentially have some further flexibility if we procced to sell Fulwood. This would (with the ICS agreement) potentially let us spend another £4m in 21/22 on top of the £8.6m. The bulk of this

refreshed plan flags a potential CDEL pressure in 2022/23, if we can deliver our plans.

The LAP removal work with of completion date 2022/23 increases the capital requirement in 2022/23 by £7.5m to £15,552m for purely estates work (excluding IMST, transport and medical devices).

7.2 Sources of External Funding

SHSC can source capital investment from:

- Its own internally generated funds i.e. cash generated from operations and/or asset disposals. The Trust has a healthy cash balance of approximately £51m, but will need to retain sufficient working capital for day-to-day operations, nevertheless, cash could be a source of investment.
- Developers. The Trust can enter into leases to occupy premises developed on the Trust's behalf by third parties.
- Central NHS funds. The most common source of large-scale investment in the NHS estate over the last few years has been central NHS funding for the New Hospitals Programme. We intend to make a bid against this fund to secure the shortfall in funds for our new acute inpatient facility. This has been flagged to SYB ICS as part of its joint Estates Strategy and also North Yorkshire Region estates lead.

7.3 Revenue consequences and affordability

The availability of capital could be a barrier to implementation of the Trust's estate strategy, although the Trust anticipates being able to develop compelling bids for central funding for several of its planned investments. In developing bids and business cases, the Trust must also be cognisant of revenue affordability and consequences of investment i.e. capital charges and/or lease payments.

Experience from other community-based providers indicates that new estate is invariably more expensive in revenue terms than the existing estate. This is expected to be the case for SHSC with the result that the projects recommended in this strategy are likely to represent a cost pressure for the Trust, unless they enable savings from estate rationalisation or against non-estate related budgets.

It is therefore recommended that a detailed revenue model is developed to support the proposed new owned and leased facilities as well as the potential for estate rationalisation.

8. Enablers

In this section we set out the changes that need to be made across the Trust to help enable delivery of this estate strategy.

8.1 Information technology

SHSC's existing Digital Strategy will be refreshed during the autumn of 2021.

New technologies will continue to enable further efficiencies in the Trust's estate portfolio. The 2019 King's Fund publication, *Clicks and Mortar*[10] provides a good insight into the potential impact of new technology on the estate, for example, '*changes in technology are likely to result in a different NHS estate, rather than a smaller one, with space being used for different purposes or configured in different ways. Technology may also provide opportunities for getting more value from the existing estate – for example, by supporting multi- purpose spaces.'*

The estate of the future is likely to be influenced by new technology in a number of ways:

- Patient expectations of using digital technologies to streamline access to services and to improve experience, particularly when inpatient stays are required.
- Ways of working will change as flexible workspaces become the norm. This has already started with the move to agile working, but has some way to go across SHSC as we gradually adapt and change our community-based and corporate/support services.
- The estate will be 'smarter' as technology is used to make facilities easier to use. For example, room booking is expected to become easier as room utilisation could be monitored.

8.2 Agile working

The Trust has adopted the principle of agile working recognising that many Trust staff do not fulfil their roles in a single location e.g. one ward or office, and that often they are required to move between sites and the homes of service users.

Agile working is enabled by new digital technologies (such as ensuring all buildings are Wi-Fi- enabled) and will require a cultural shift (see below). The implication for the estate is that less physical space will be required for those staff able to work in an agile way and it will be increasingly possible post Covid to embrace hybrid models of working from home, SHSC facilities or those of our Place partners. The physical environment provided to staff working in this way could also be different from now e.g. more shared space, hot desks, break-out space, bookable meeting rooms etc.

9 Clicks and Mortar, Technology and the NHS Estate, King's Fund, May 2019.

8.3 Partnership working

The provision of integrated, holistic, care which supports recovery from illness and optimises wellbeing is not something that the SHSC can do by itself. Most of our services are provided through a wider network of care, involving partners in primary care, acute hospitals, social care, the voluntary sector and others, working together to support patients and their carers to help themselves. Working together, all these partners form part of a network of care, through which patients move, wherever possible towards recovery and discharge, allowing them to live as full and independent lives as possible.

The Trust will continue to work with partners to make the best use of the public-sector estate, looking for opportunities for rationalisation and improvement that benefit the entire public sector and not just the Trust. Our route to doing so will be via the Sheffield Place, and the alliance of provider NHSTs in South Yorkshire and Bassetlaw Integrated Care System.

8.4 Culture

This strategy will only work if the Team SHSC can change the way we work and the culture across the organisation. Simply investing in new and improved buildings is not enough; the culture of the organisation must change to promote the concept of 'shared space. For example, eliminating the view that a particular area of a building 'belongs to one service or another' and replacing it with the appreciation that all buildings will need to be accessible to all services. This concept will need to extend to meeting rooms, individual offices and desks. The Trust will also review the operational policies behind the way it works, for example our recent Agile Working Policy considers how to promote efficient home working whilst guaranteeing effective staff supervision and team meetings.

9 Conclusions and next steps

SHSC has reviewed its estate and identified the key projects and programmes which need to be implemented over the next five years. These will require significant capital investment of **£70,969 (plus potentially a further £6million)** million to address fit for purpose inpatient and community facilities.

The next step will be for SHSC to take forward six key workstreams:

- **Inpatient beds** – a review of acute assessment bed numbers and configuration is being undertaken to identify the inpatient capacity required to deliver the totality of SHSC provision for adults. This work will be undertaken by a health planner and will support the development of the business case to address provision of 100% single room en suite accommodation over the next 5 years. In the short term SHSC will complete the remaining work to improve privacy and dignity and safety, as highlighted in the June 2021 CQC report.
- **Service models** – a review will be undertaken in 2021 of the Forest Lodge low secure and Wainwright Crescent step down provision to confirm plans for the long-term future of these services and the associated facilities.
- **Community provision** – a review of the location and capacity of the current community facilities will be completed in 2021/22, building on the work undertaken in 2020 to identify alignment with the LTP Community Mental Health Framework. Partnership opportunities will be sought with Sheffield Place partners including improving utilisation of LIFT buildings. The implementation of the new electronic patient record will be used as an important enabler for the cultural change to move to modern paper-lite and agile working. A review of leased space and the potential disposal of SHSC owned community buildings will be included in this work. This will require the development of a detailed revenue model for the leased estate.
- **Corporate services** – with the conclusion of the Fulwood House sale alternative leased office accommodation will be confirmed for corporate services. This approach will embrace agile working.
- **Estate rationalisation models** – in parallel with the acute inpatient new build there should be an option appraisal of the key affected sites including Michael Carlisle Centre and Longley Centre. This appraisal must take account of the non-inpatient services located at these sites including plans for the future delivery of pharmacy services.
- **Estates enabling projects** – an external independent review of the capability and capacity of the estates team will be undertaken to identify what support may be required to enable delivery of this strategy. This will be supported by the improved use of performance metrics.

****