

Board of Directors (public)

SUMMARY REPORT

Meeting Date: 26 July 2023
Agenda Item: 21

Report Title:	Estates strategy (2021-2026) annual review and progress update	
Author(s):	Pat Keeling (Executive Director of Strategy) Neil Robertson (Executive Director Operations & Transformation)	
Accountable Director:	Neil Robertson (Executive Director Operations & Transformation)	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Finance & Performance Committee
	Date:	Thursday 13 th July 2023.
Key points/recommendations from those meetings	FPC acknowledged the progress in relation to Ligature Anchor Points. More work to be done about options in relation to space utilisation. Recognised how CDEL restraints were impacting on the overall capital plan and delivery of the strategy. There needs to be further exploration of the medium-term impact of capital on the strategy and the SHSC operational plans.	

Summary of key points in report

Our Strategy - In July 2021, the Board of Directors ratified the Estates Strategy (2021-2026), which sets out an ambitious programme of work, identifying 10 investments in our environments that support wellbeing across our, inpatient, community, and corporate estate that are underpinned by six guiding principles – good condition, suitable for changing service needs, healing environments, environmentally sustainable, accessible for local people, and affordable. The overall priority is to deliver fit for purpose building that provide healing environment for the people using our services. It is an enabling strategy that supports the delivery SHSC strategic aims and our Clinical and Social Care Strategy.

Dignified and Safe Wards – Care Quality Commission issued 2 section 29a notices in relation to our acute ward estate – dormitory eradication and removal of ligature anchor points. This required us to move at pace to address these challenges in an old estate that does not meet all the current national expectation for modern mental health hospitals. Despite this, we have removed all dormitories and 84.7% of ligature anchor points on our acute adult wards. When looking at ligature anchor points across the whole inpatient estate, work is required and being planned for at Forest Lodge, Dovedale 1, and Grenocide Grange, which are currently managed risks (64.1% complete).

In the Autumn of this year, Stange Ward and the new Health Based Place of Safety will be complete, coinciding with the improvements that we want to deliver on required Maple Ward, subject to business case and clinical model approval. All our wards now provide single rooms and on completion of Maple improvement our acute adult wards, Grenocide Grange, Forest Close and Beech Cottage provide ensuite facilities. Units where ensuites are not available are Forest Lodge, Dovedale 2, and Dovedale 1. Plans for the refurbishment of Grenoside Grange is being initially explored to accommodate Dovedale 1 in the future, subject to business case approval, staff I and public engagement. This could mean that older adult acute services could be co-located, bringing opportunities in relation to clinical and operational delivery. Further exploration is required in relation to ensuite facilities at Forest Lodge. Next steps beyond Maple

improvements, does bring competing challenges in relation to the use of capital and the pace required, which has been raised with South Yorkshire ICB.

Looking forward, ICS's will be required to ensure mental health estate needs are incorporated in system wide infrastructure strategies. This should be supported by local reviews that understand how evidenced based design can improve safety. Specifically, the national quality improvement directive could recommend understanding the clinical risks in relation to estates and how capital plans align to reducing risk, effective use of data to inform planning and standard features across inpatient wards – sensory rooms, family rooms, de-escalation space.

Strategic Outline Case – Our current hospital estate was built before Department of Health issued its expectation in the Health Building Notes. The infrastructure of an old estates means that any refurbishment on our acute sites has a shelf life of 5 to 8 years. As a result, our strategies identified the need for a new build, and this is a continuation of the previous strategy. In 2022, a strategic outline business case has been drafted with the help of an external health planners. An option as part of this case was supporting this development through national new hospital funding, which SHSC bid for but have not been unsuccessful in receiving funding to support the new build of acute adult wards, psychiatric intensive care unit and older adult wards. The proposed outline business case for Maple will bring our acute adult ward to a good standard but will not meet the all the requirements of Health Building Notes. Integral to a finalised case is the clinical model for inpatient care that takes us part way with the current estate we have and informs a future new build. We also need to explore new routes of funding or ICB support to progress the development of a future build. There will be further discussion with the Board of Director about our next steps.

Fulwood Disposal and New HQ – It is nearly a year since the start of the relocation to the new HQ commenced. There is still work to ensure we have the right offer in relation to training space, though a space utilisation review will identify options. Regarding Fulwood disposal planning application has been submitted, asbestos survey completed and demolition to be confirmed. First stage of disposal to be completed in December 2023.

Better Community Facilities – Progress has been made with the St Georges project and we are expecting to co-locate the service with other community service that are a priority in early Autumn across Fitzwilliam and Sydney Street. Work is still ongoing with meeting the estates need of IAPT to support expansion. Ongoing challenges with community estate are the revenue implications of rented properties and the requirement to capitalise leases.

Compliance Risk & Backlog Maintenance – We have completed a review this year in relation to the condition of our estate. The seven-facet survey undertakes a comprehensive review of - physical condition of the fabric, suitability, space, utilisation, quality, statutory requirements, environmental and energy. The survey results have been categorised into low, moderate, significant, and high risk. We are focusing on the high-risk areas, which largely relate to infrastructure work. We are continuing to undertake prioritisation exercises and fully understanding the risk and mitigations. The overall costs of backlog maintenance have significantly risen since the last review when we look at all the risks together. In terms of our overall compliance in relation to statutory requirements is at 83%, which is ranked as green and reviewed monthly.

We have made good progress with embedding systems that provide key performance indicators and compliance, which is a key enabling project This relates to – planned preventative measures (both statutory requirements and non-statutory), responsiveness to reactive jobs raised, testing key systems, and cleaning audits.

Another, enabling development is ensuring we have the right leadership capacity and capability to support the delivery of our strategy. The Estates leadership will be fully recruited to by December 2023, following a formal consultation. This has also included the approved engineering capacity to provide assurance about our statutory and technical requirements.

Lease and Space Utilisation – We have a clear understanding of the use of our estate (both owned and leased, which is 9% not occupied (excluding Fulwood). We are aligning this with current and future planning in relation to community estate and future site development. As mentioned previously, there are revenue risks with leased estate and fully optimising our estate.

The above content summarises the content of the presentation in appendix 1.

Recommendation for the Board/Committee to consider:							
Consider for Action		Approval		Assurance	x	Information	x
The Board Directors are asked to consider the progress of the implementation of strategy 2 years on.							

Please identify which strategic priorities will be impacted by this report:				
Recover services and improve efficiency	Yes		No	
Continuous quality improvement	Yes		No	
Transformation – Changing things that will make a difference	Yes		No	
Partnerships – working together to make a bigger impact	Yes		No	

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission Fundamental Standards	Yes	X	No		Well Led, Safe, Effective and Responsive
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?					Department of Health Building Notes Health and Safety Legislation

Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes	X	No	Providing safe and accessible clinical estate that support healing environments. Ensuring that people who use our services are at the centre of design.
Financial (revenue & capital)	Yes	X	No	Delivering an achievable capital plan that is aligned to our estate's priorities.
Organisational Development /Workforce	Yes	X	No	Safe estates for our staff that are conducive working environment and enable them to carry out their role.
Equality, Diversity & Inclusion	Yes	X	No	Ensure that our estate is accessible for ethnically diverse communities, support the care of people with sensory needs and meet cultural needs.
Legal	Yes	X	No	Procurement legislation.
Environmental sustainability	Yes	X	No	Ensuring our estate is sustainable and green.

Section 2: List of Appendices

App 1: Estates Strategy Annual Review

Estate Strategy Annual Review

Finance & Performance Committee

13 July 2023



Our Estate Strategy 2021/22 - 2025/26



Our Vision

To improve the mental, physical and social wellbeing of the people in our communities.

Trust Strategic aims

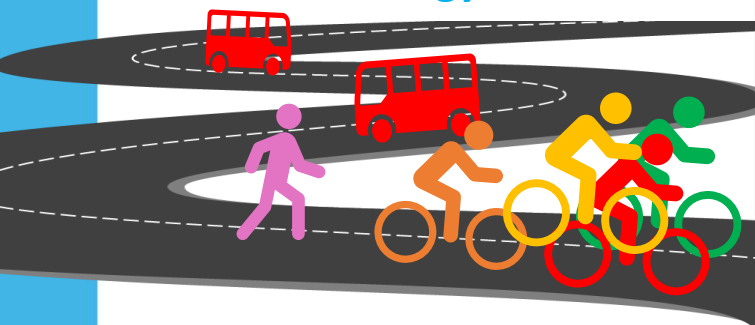
- ▶ Deliver outstanding care.
- ▶ Create a great place to work.
- ▶ Ensure effective use of resources.
- ▶ Ensure our services are inclusive.

“fit for purpose buildings that provide a healing environment”

Supporting the delivery of



Our Clinical and Social Care Strategy



Estates Strategy principles

- ✓ Good condition
- ✓ Suitable for changing service needs
- ✓ Healing environment
- ✓ Environmentally sustainable
- ✓ Accessible for local people
- ✓ Affordable

Investing in environments that support wellbeing

1 DIGNIFIED SAFE WARDS 	2 NEW HEAD QUARTERS 	3 NEW ACUTE HOSPITAL SITE
4 COMMUNITY FACILITIES 	5+6 ✓ 100% Ensuite rooms ✓ Modular buildings	7 COMPLIANCE & BUILDING STANDARDS
8 IMPROVED ESTATE KPIs & MANAGEMENT 	9 RIGHT PEOPLE, RIGHT SKILLS 	10 VALUE OF SHARED BUILDINGS

➤ 1. Dignified and safe wards

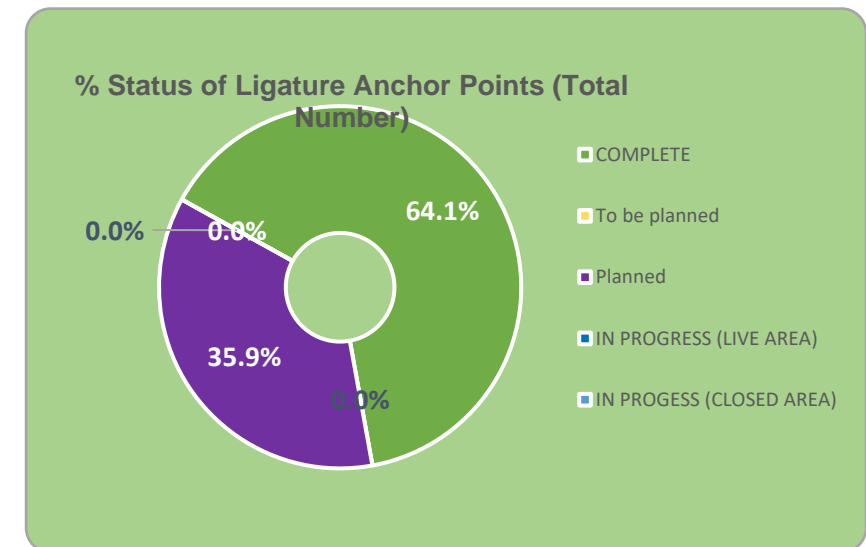
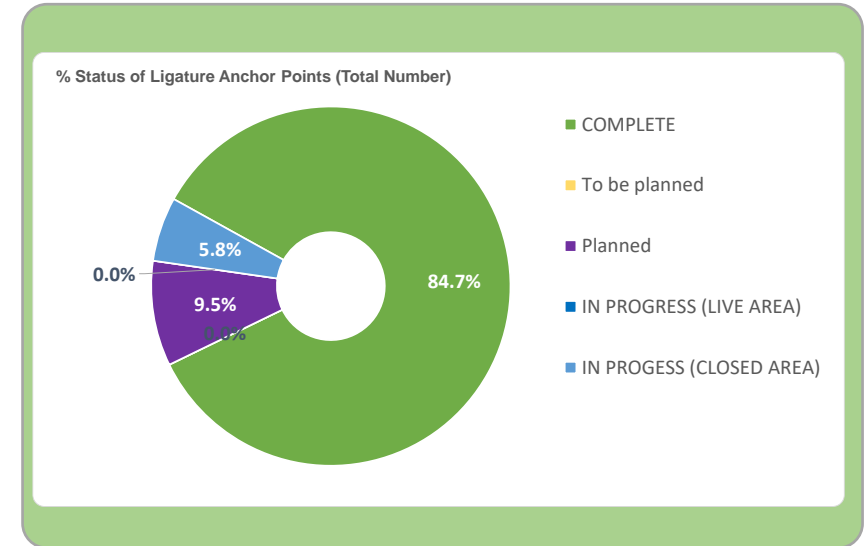
Good progress with acute adult ward ligature anchor points removal & 100% single rooms.

- Ligature Anchor Point Removal – 84.7% complete
- Burbage ward re-opened Nov 2022
- Stanage ward refurbishment Sept 2023
- HBPoS refurbishment by Oct 2023

Key Challenge – capital availability & pace has been highlighted to SY ICB.



- Maple business case and detailed design underway
- DD1 & Grenoside development planned for 2024/25



Dignified and safe wards – national quality improvement directive June 2023

Recommendation 9

ICSs will develop system-wide infrastructure strategies by December 2023 and the mental health estate needs to be fully incorporated and represented in these strategies and in subsequent local action plans. This recommendation is for local ICSs to review the mental health estate to inform these and future strategies, recognising there are evidence-based therapeutic design features that can contribute to reducing risk and improving safety. The review should include:

- identification of critical and significant safety issues and major derogations from National Health building notes, **in particular where ligatures or unsafe observation areas are present**. Including, where appropriate, updating the Estates Returns Information Collection (ERIC) to ensure that returns are thorough and underpinned by up-to date site surveys and **identify safety risks relating to mixed sex accommodation**
- a parallel identification of current **capital plans which will reduce or remove these estates risks** - for example, the eradication of mental health dormitory provision by March 2025, and the plans for mental health safety work announced at recent fiscal events
- a collaborative approach across the ICS and within individual providers to **interrogate estates data to inform capital plans and investment priorities**
- identification of additional beneficial work that is vital to the inpatient estate's capacity to provide modern therapeutic interventions including **self-management sensory rooms, rooms suitable for therapies and group psychological interventions, rehabilitation, occupational therapies rehabilitation treatments, and faith rooms**
- provision for safe family rooms for visiting with children and other dependents, and a room in which a family member can stay overnight, especially **when a young person is admitted for a first episode of illness**

➤ 2. New HQ & Fulwood Site Disposal

1. New HQ – occupied from 27 July 2022

- Centre Court occupied from 27 July
- Distington House occupied from 15 August
- Physical health training locates to Chestnut
- Respect training moved to Hawthorne ward
- Review of space utilisation underway in 2023



2. Fulwood Site – vacated from April 2023

- Reserve matters planning application has been submitted
- Asbestos survey completed
- Demolition of tower block to be confirmed / security remains a key issue and cost pressure

➤ 3. New Acute Wards - SOC

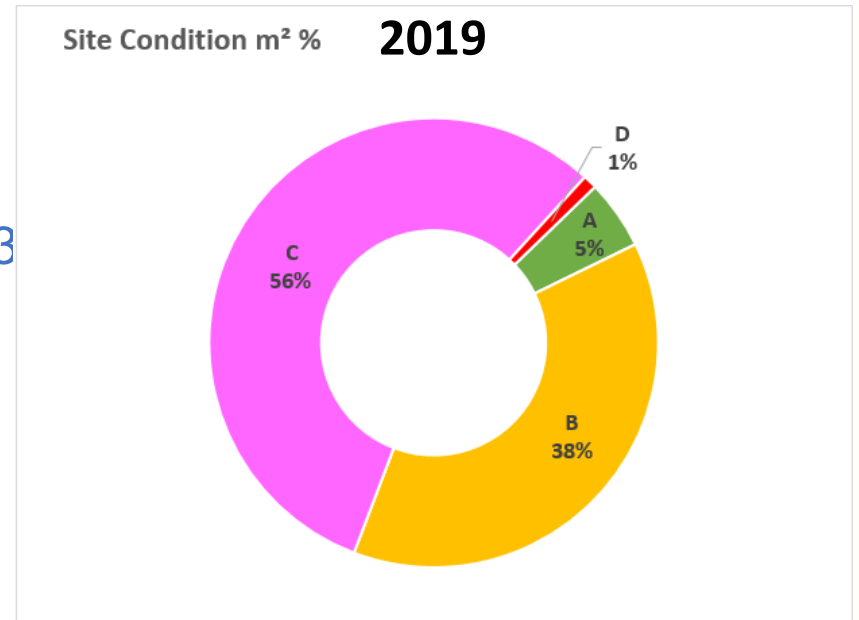
- Review of whether we require 4 single gender wards, undertaken and is the preferred solution (explored as part of Maple Ward business case)
- Seclusion reviewed and de-escalation approach supported to inform future design
- New Hospital Programme funding not available
- Seeking alternative funding route to achieve this project – potential for joint venture or ICB support.
- **Key Risk – capital availability / political instability / slow pace**

➤ 4. Better Community Facilities

Community Project Priorities 2023/24:

- Liaison Psychiatry (**D**) moved to Longley Centre (**C**) 2023
- St Georges (**C**) – to move to Sidney Street & Fitzwilliam
- Assertive Outreach (AOT) – September 2023 as above
- Community Forensic (CFT) – September 2023 as above
- IAPT / PCMH – LIFT buildings and primary care (**A** / **B**)
- Planning for community locations for next 5 years
- 7 Facet Survey completed for the SHSC estate

Key Risk – revenue affordability and capitalisation of leases & pace



Improvement in SHSC estate from 2019 to 2023

5% to 1%	condition A
38% to 68%	condition B .
56% to 32%	condition C .
1% to 0%	condition D

➤ 5. En-suite Bathrooms – standard is 100%

Acute Wards

- Improving access to en-suite bathrooms as part of the ward refurbishment on Maple
- Not yet at 100%, until new build is in place.

Wainwright Crescent

- Relocated service in 2022 to Beech on the Woodland View site.
- 100% single room en-suite accommodation
- Two single gender bedroom wings.

Forest Lodge

- 10 single room, single gender accommodation for men.
- A sink in each room but no en-suite bathrooms
- Long term service plan being explored across South Yorkshire in terms of number of beds needed.
- **Risk - not in 5-year capital plan.**

➤ 6. Modular Decant Ward

- Not required at present

➤ 7. Compliance, Risk & Backlog Maintenance

7 Facet & facet Survey 2023 results



Sum of Net Cost	Year				Grand Total	
Element	↓↑	LOW	MODERATE	SIGNIFICANT	HIGH	Grand Total
ⓂAH - Argyll House		£ 108,600	£ 208,070	£ 600,800		£ 917,470
ⓂAT - Albert Terrace Road		£ 61,200	£ 115,583	£ 146,557		£ 323,339
ⓂCC - Centre Court		£ 52,800				£ 52,800
ⓂDH - Distington House		£ 38,400				£ 38,400
➔ ⓂEC - East Glade Centre		£ 74,400	£ 183,662	£ 171,492	£ 14,400	£ 443,954
ⓂER - Edmund Road		£ 157,020	£ 230,783	£ 56,597		£ 444,399
ⓂFC - Forest Close		£ 468,720	£ 505,020	£ 262,260		£ 1,236,000
ⓂFR - Firshill Rise		£ 129,000	£ 4,200	£ 58,518		£ 191,718
ⓂFS - Fitzwilliam St		£ 126,000	£ 337,098	£ 119,740		£ 582,838
➔ ⓂGG - Grenoside Grange		£ 169,800	£ 593,303	£ 1,109,501	£ 325,200	£ 2,197,803
ⓂHS - Highgate Surgery		£ 41,400	£ 68,286	£ 118,417		£ 228,103
➔ ⓂLB - Limbrick Health Centre		£ 130,800	£ 211,706	£ 259,781	£ 24,000	£ 626,287
➔ ⓂLCR - Longley Centre		£ 441,600	£ 5,774,142	£ 752,588	£ 192,000	£ 7,160,330
➔ ⓂLH - Lightwood/Woodland View and Associated Cottages		£ 886,800	£ 2,965,164	£ 921,440	£ 806,400	£ 5,579,804
➔ ⓂLM - Longley Meadows			£ 118,294	£ 255,379	£ 264,000	£ 637,672
ⓂLP - Liaison Psychiatry, NGH		£ 14,100	£ 75,598	£ 13,320		£ 103,018
➔ ⓂMCC - Michael Carlisle Centre		£ 330,000	£ 1,949,460	£ 4,334,212	£ 1,521,290	£ 8,134,962
ⓂNH - Netherthorpe House		£ 81,900	£ 216,286	£ 57,033		£ 355,219
ⓂNL - Northlands		£ 89,580	£ 30,120	£ 57,227		£ 176,927
ⓂPO - Psychiatric Outpatients		£ 58,272	£ 133,985	£ 42,157		£ 234,414
ⓂPP - President Park		£ 72,360	£ 26,100	£ 67,569		£ 166,029
➔ ⓂSG - St. Georges		£ 111,600	£ 508,550	£ 61,115	£ 180,000	£ 861,265
ⓂSL - Shepcote Lane		£ 39,960	£ 87,720	£ 47,880		£ 175,560
ⓂSS - Sidney Street		£ 55,200	£ 2,160	£ 127,558		£ 184,918
➔ ⓂWC - Wainwright Crescent		£ 3,600	£ 124,676	£ 161,375	£ 52,800	£ 342,452
ⓂWR - Wardsend Road		£ 23,520	£ 190,094	£ 84,819		£ 298,433
ⓂWS - Wilkinson Street		£ 12,780	£ 109,547	£ 29,549		£ 151,876
Grand Total		£ 3,779,412	£ 14,769,606	£ 9,916,883	£ 3,380,090	£ 31,845,992

7 Facet & facet Survey 2023 results

We are looking at how we tackle the HIGH RISK items

Overall compliance score is 82%

➤ Enabling Project 1 – Estates Metrics & KPIs

We will add fire door compliance / PPMs

Estates & Facilities Key Performance Indicator Dashboard – April 2023

Task	Target %	Total No. Logged	Attended on time	Not attended on time	% on time Apr-23	% on time Mar-23	Trend	Key to Task Information
Stat-PPM jobs	100%	175	163	12	93%	98%	↓	<p>Planned Preventative Maintenance (PPM) - Statutory and Non-Statutory PPM's i.e. water sampling, plant room inspections, mixing valve inspection, emergency light testing.</p> <p>SLA-A, target attend in 2 hours. Emergency repairs i.e. immediate risk to health & safety, loss of water/heating.</p> <p>SLA-B, target attend in 3 working days. Routine repairs i.e. loose or damaged fixtures & fittings, blocked sink.</p> <p>SLA-C, target attend in 5 working days. Non-essential Repairs i.e. loose door handle, light out, replace dispenser.</p> <p>Minor works requests processed successfully during the period of last full month.</p>
Non-Stat PPM Jobs	75%	118	97	21	82%	78%	↑	
Reactive SLA-A	100%	3	3	0	100%	100%	↔	
Reactive SLA-B	80%	104	96	8	92%	91%	↑	
Reactive SLA-C	65%	282	176	106	62%	78%	↓	
Minor Works	100%	7	7	0	100%	100%	↔	
Task	Total Logged	Complete	Incomplete	% Complete Apr-23	% Complete Mar-23	Source	Trend	Key to Task Information
Fire Alarm Tests	110	107	3	98%	100%	Planet.FM	↓	Fire Alarm Test – Total no. of weekly fire alarms tested by in-house maintenance staff. <i>Note: Some sites are tested locally by trained staff who record their log on site.</i>
Generator Tests	12	12	0	100%	100%	Planet.FM	↔	Generation Tests – A weekly and monthly check of the generator i.e. battery level, any leaks, run off load. Completed by in-house SHSC maintenance team.
PAT Testing	<i>All up-to-date</i>	<i>All up-to-date</i>	<i>All up-to-date</i>	100%	100%	PHS Contractor	↔	Portable Electrical Appliance (PAT) – Annual contract with PHS who test equipment on an annual basis with test results accessible on their web-portal.
Fire Alarm No Call Out				100%	100%	Patriot	↔	Fire Alarm No Call Out – Number of fire alarms and false alarms that were dealt with without the Fire and Rescue Service been called.
Fire Alarm Call Out				100%	100%	Patriot	↔	Fire Alarm Call Out – Number of fire alarms that were attended by Fire and Rescue Service.
Soft FM Cleaning Audits	30	30	0	100%	97%	Micad	↑	Soft FM Cleaning Audits – Completed by the senior housekeepers each month as per the NHS Cleaning Standard Recommendations on Micad Cleaning Audit.

➤ Enabling Project 2 – Developing Capacity & Capability

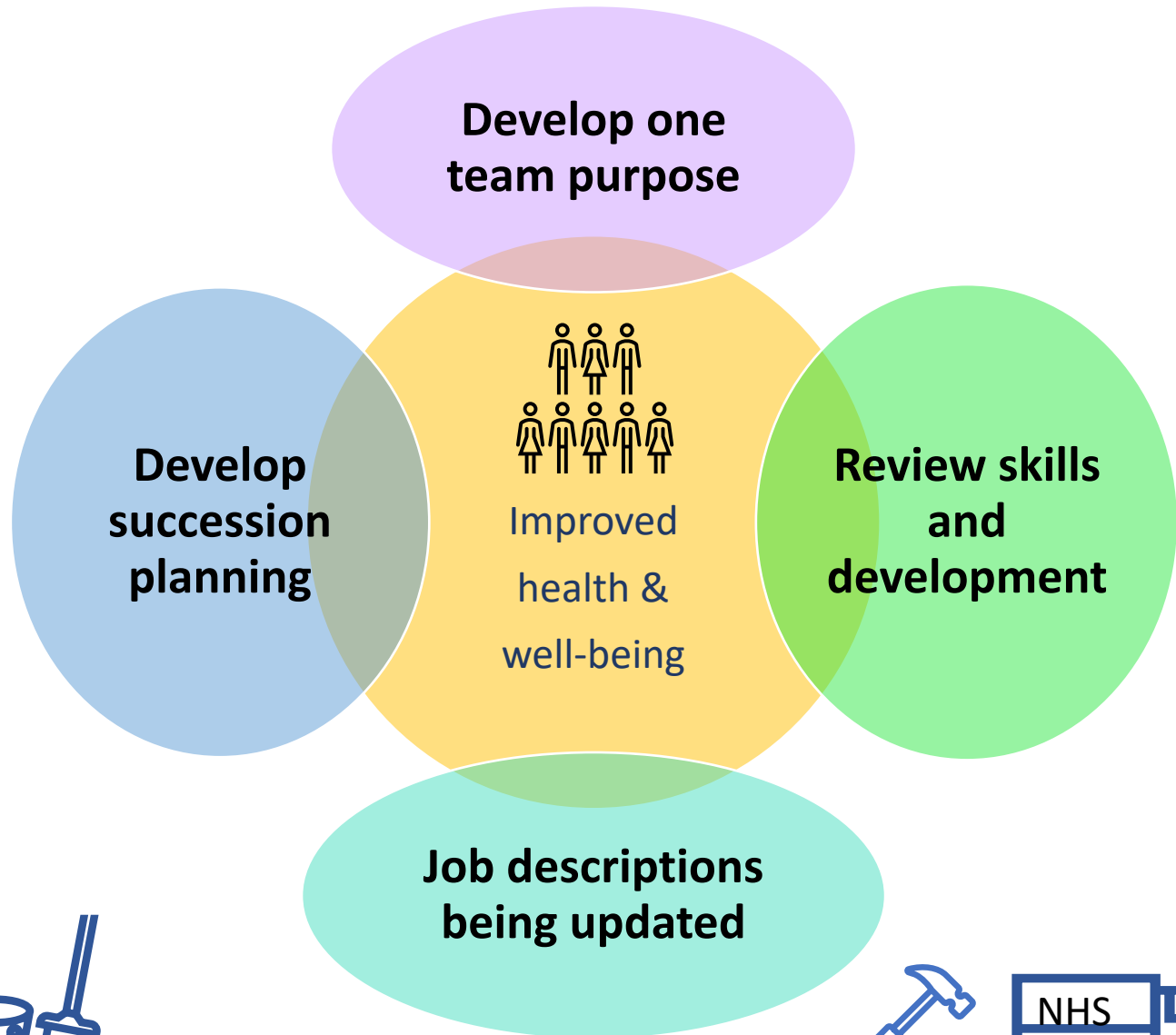


Sheffield Health
and Social Care
NHS Foundation Trust



Key changes in leadership team

- Head of Facilities & Health & Safety ✓
- Head of Estates - advertised ✓
- Head of Capital & Development – advertised ✓
- Associate Director of Estates ✓
- Secondment roles to be substantive ✓
- Job description reviews ✓



Supervision, PDRs & Training

- improved from 12% in March 2021
- to 85% in June 2022.
- to 95% in June 2023.
- IASCO Training
- HTM Audit - RP, AP, CP Training underway by September deadline





Breakdown	7.4	6.0	7.1	6.7	5.7	6.3	7.2	7.1	6.3
Your org	7.3	6.1	6.6	6.0	5.5	6.5	7.0	6.6	5.7
Responses	40	40	40	40	37	40	40	40	40
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0

➤ Enabling Project 3 – Leases & Space Utilisation



SHSC Total GIA 47607.56 **Total empty space** 4277.59 *(figure not including Fulwood)*

Total empty space 13747.6 *(figure including Fulwood)*

Total % empty space at SHSC 9% (not incl. Fulwood)	Total % empty space at SHSC 29% (incl. Fulwood)
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	Breakdown of empty space	sq.m	Revenue cost per annum £
Leased	Firshill - GF ward area	715.83	Leased – review alternative use CTLD
Owned	Grenoside - West wing	275.29	Owned – convert in 2024/25 plan
Leased	Longley - Old ITS, Hawthorn & Pinecroft Wards	2409.97	Leased – potential training space + CIP
Leased	Rivermead - All site	510.52	Leased – potential to give back to STH
Leased	Wainwright - All site	365.98	Leased – potential to give back to SCC
	(Figures including Fulwood)		
	Fulwood - All site	9470.01	

Key Risk Area – revenue risk, we may not maximise the opportunity presented by our own space / estate

Thank you.....

Questions