

# Strategic Estates Plan

2018 - 2021



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## Executive Summary

This document presents the Leeds and York Partnership Foundation Trust's (LYPFT) 2018-21 Strategic Estates Plan (SEP). It is framed within the changing strategic and business environment in which the Trust operates. It recognizes that to deliver high quality effective care, attention to the quality of the estate for our service users and staff is essential. The plan aligns with the national and local Transformation Policies, the Five Year Forward View(s), the Naylor Report on NHS estate and the Carter Report on operational productivity.

In this context it is fully aligned with the Trusts own Strategic plan and other functional plans. The core principle is alignment with the clinical plan and as such the five work streams are embedded throughout. A review of the overarching estate requirements as currently defined within the clinical plans is incorporated. Underpinning this will be a significant change programme linked to workforce and information technology to ensure that changes which will affect service delivery, resources and technology are delivered in an estate that is functional and fit for purpose.

Whilst the plan focuses on the period 2018-21, the plan is cognisant of the longer term impacts and further strategic horizon, driven primarily by the end of the Private Finance Initiative (PFI) concession in 2028 and the demise/ redevelopment of St. Mary's Hospital site.

The Trust currently owns and leases 60,387m<sup>2</sup> of estate, and has PFI assets of 31,584m<sup>2</sup>, which is 52% of the footprint of the whole estate. Of the overall estate footprint; clinical space is 46% or 27,491m<sup>2</sup> and non-clinical space is 32,272m<sup>2</sup>, or 54%. The cost of providing and managing this space is circa £21.1m in 2017/18.

The overall estate based on external benchmarks performs within recommended parameters; the owned and leased estate is under occupied or under-utilised. There is an imbalance between clinical and non-clinical space.

A challenging assessment is required of the estate that is needed to support the delivery of clinical (face to face) services, non-clinical services (community office based) and general office accommodation, over the next 3-5 years. New ways of working and changing care models all require a different, more flexible estates model.

Whilst the target is to reduce the estate footprint and financial cost (revenue and risk), the primary objective is deliver an estate that is the best fit for purpose , focusing on the service user and staff experience, to support high quality care. An implementation plan is proposed which aims to deliver the reduction in overall estate footprint and a move towards only occupying high quality appropriate space, which is necessary to support efficient and effective services.

The future estate would be leased (one public estate), largely on the PFI model, removing property ownership and management risk and reducing the need for significant estates management function and associated costs. This would see the Trust adopt a 'new' for 'old' focus, incorporating a shift from estates delivery, to contract management and utilising technology to drive economy, efficiency and effectiveness.

The focus, in terms of estate management in the future, would be on facility management ensuring space is appropriate, safe, suitable and fully utilised and not under occupied or overprovided and equipped with systems to monitor.

The key outcomes to be delivered are:-

- Reduced estate of circa 12,000m<sup>2</sup>
- Reduced cost of the estate by £2m
- Long-term estate solution, incorporating flexibility to adapt
- Reduced financial and operation risk through backlog maintenance
- Fit for purpose modern estate
- Estate aligned with clinical services
- Estate that aligns with the Carter and Naylor Reports.

# **1. Introduction and context**

## **1.1 Introduction**

The Strategic Estates Plan (SEP) is one of the functional plans which underpin and support the delivery of the Trust's overall strategy and vision "To provide outstanding mental health and learning disability services as an employer of choice".

The SEP aligns to the three strategic objectives that will enable the trust to deliver on its ambitions:-

1. We deliver great care that is high quality and improves lives
2. We provide a rewarding and supportive place to work
3. We use our resources to deliver effective and sustainable services

The SEP specifically aligns to strategic objective 3, with an underlying theme of using resources effectively and efficiently. Through the SEP we will ensure that the estate supports efficient and effective models of care aligned to service need, providing a high level of patient experience and low risk physical environments for both patients and staff. Combined, this will support delivery of all 3 strategic objectives.

After our staff the estate represents the Trusts largest asset, and one of the largest cost drivers. It consumes £21.1m per annum of our overall operational expenditure. Our most significant capital investment decisions are also linked to the provision and management of estate. It is important that this plan is fully aligned to all functional strategic plans, to ensure the right investment /divestment decisions regarding estate are made. The SEP will address the changing requirements of the services we provide; by being flexible and continuously realigned to reflect the evolving strategic and business environment within which the Trust operates. The aim is to deliver a reduction in overall space used, moving towards sufficient and appropriate space, necessary to support the efficient provision of services, wherever possible at reduced cost. It will also seek to minimise estates related risks in the organisation, by ensuring we are operating from modern high quality estate which is compliant with statutory requirements including CQC regulation and aligned with the principles of the one public estate.

## **1.2 National Context**

It is recognised that estate considerations will play a significant part in ensuring that the NHS can continue to deliver high quality safe services, which meet the changing needs of the population. The SEP is framed in the context of the national direction of travel set out in key relevant policy/guidance documents.

## **1.3 Five Year Forward Views (FYFV)**

The Five Year Forward View (FYFV) first published 2014, and the FYFV for Mental Health (2016) are core documents influencing commissioning strategy and planning for NHS England and CCGs. These signal a significant shift in emphasis to whole

system health and care planning, with a key theme of better integration of physical and mental health care. The NHS is encouraged to continue to expand community based services for people of all ages with severe mental health, who need support to live safely, as close to home as possible. Mental Health support in physical care settings especially primary care is promoted, with an emphasis and expectation on whole system transformation of the way in which services are organised and delivered. All of this will impact on workforce, technology and the wider concept of how we use estate in a more collaborative multi-organisational way. This reinforces why each of these functional plans are so interdependent in support of the Trusts clinical plan.

As well as an emphasis on service transformation the FYFV guidance also focuses on the financial challenge and the use of estate in an efficient and effective way is seen as key. The FYFV summarised the findings of the Carter Report (a review on operational productivity of NHS Trusts) giving an expectation that by 2020 all NHS providers will have balanced their books and released significant efficiency savings, maximising value for patients and improving the quality of care. Lord Carter expected that ***the NHS estate will be better utilised in line with local Sustainability and Transformation Plans.***

The detailed section on Estates and the challenges of providing efficient solutions to support health and social care notes that:

- ‘NHS secondary and tertiary providers have some of the best hospital buildings in the world, but too much healthcare is still provided in inadequate buildings or the wrong settings’

It identifies that the NHS

- ‘... needs to grasp the opportunity to deliver significant value from its surplus estate’

*Providers will therefore need to:*

- *co-locate primary and secondary care where possible*
- *run their estates more efficiently*
- *transform the way in which we use surplus estate to fund these developments and to make a major contribution to the provision of additional housing for NHS staff and the wider population.*

Each Provider will need to set out how they will achieve this and maximise value from their estate in their local Sustainability and Transformation Plans (which have now been replaced by sustainability and transformation partnerships).

## 1.4 Carter and Naylor Reports

Specific estates challenges were published in February 2016 as part of the Carter Report on wider NHS Trust productivity. Whilst this report focused specifically on acute hospitals, work is on-going to roll out and apply Carter metrics to mental health and community services. The core recommendations were for Trusts to deliver significant savings in the estate and by 2020 to operate with a maximum of:-

- 65% clinical floor space
- 35% non-clinical floor space
- No more than 2.5% of unoccupied or underused space

The report also found significant variation in total estates and facilities running costs:-

- For clinical the range was between £105 and £970 per square metre (m<sup>2</sup>) and it was stated that £1 billion could be saved if all trusts were to achieve the median running cost of £319. (Our Trust average is currently £354 per meter)
- For non-clinical space, the report found a variation between 12% and 69% (of estate) including a significant variation in the costs for facilities management.
- Corporate and administration costs for Trusts showed a range of 6% -11% of income

Going forward there will be an increased focus on the proportion of the estate costs of commissioned services.

The recommendations of Lord Carter have been further developed by the review of the NHS estates and facilities by Lord Naylor. The Naylor Report ratifies the Carter recommendations and applies them to the wider NHS i.e. not focused solely on acute. Naylor builds on the requirement to align the estate strategy to clinical service strategy and STPs, this alignment aims to drive occupancy of the estate, and develop the 65/35 split between clinical and non-clinical usage. Naylor however acknowledges that both Mental Health and Community Health will have a different estate benchmark from that of acute in the future. The Carter recommendation should remain a target whilst the standard for community mental health is developed.

Naylor further focused on the management of the NHS estate and the significant value of backlog maintenance. He recommended a process of disposal of assets to either invest in new estate, or to address backlog maintenance and a move to full lifecycle costing. Naylor further recommends the need for capital investment, but only where the estate strategy clearly addresses all the themes above and considers the wider one public estate and shared utilisation.

The Department of Health have recently (January 2018) endorsed the recommendations of the Naylor Report and NHS Improvement have issued a statement which clearly signals the intent for Trusts to adhere to this direction:-

“This Naylor review together with the work Lord Carter started in 2015 has raised the profile of NHS estates and facilities and its related professions to a position not seen in 20 years. It is now important that we embrace this momentum and provide the sector with clear, concise guidance and direction to improve the patient experience; delivering affordable, sustainable, fit for purpose and appropriately located health facilities that meet the care pathway for both today and for future years. “

### **1.5 Local Context**

The national context and drivers is replicated within the local setting. There is a requirement for each STP to develop a coherent system wide Estate Strategy to underpin service transformation and this has become a prerequisite to access any national capital funding. The Trust is closely linked to this work. Specifically we participate in the Strategic Estates Group in Leeds. This includes all key partner organisations, is chaired by Leeds City Council colleagues and supported by Community Health Partnerships; who operate as strategic estates advisors to Commissioners and Primary Care. The group aims to take a Leeds based approach to estate planning, with the primary objective of rationalising overall estate footprint and revenue cost (c £15m savings target over 3 years), improve quality and utility of estate and promote integrated shared estate solutions where possible. This links to the ‘One Public Estate’ agenda of Leeds City Council.

The Mental Health/Community Collaborative of West Yorkshire NHS providers have also recognised estate planning and management as a key underpinning strand within the joint workstreams. The specific schemes which may arise as part of the joint working are not defined at this point and will be developed as part of the work of the clinical plan.

The key local context and driver for the SEP is the Trusts own clinical plan. This plan (approved by the Board of Directors in January 2018) sets out five work streams each focused on service delivery and improvements aligned to the Trust’s strategic objectives and the wider STP ambitions (spanning the two STP footprints in which we operate). The SEP has been specifically developed in line with the five clinical plan work streams. The aims of each of these are:

#### **Community**

With our partners aligned with the integrated neighbourhood care teams, provide innovative community based treatment interventions that support recovery for people with serious, severe and complex needs.

### Children and young people

In partnership with Leeds Community Healthcare provide an evidence-based, multi-specialist service, from a purpose built unit for the children and young people of Leeds and regionally. Across our York services provide a Deaf CAMHS service for children and young people up to the age of 17. Across our mental health service expand the breadth and reach of specialist services provided.

### Inpatient

Our inpatient journey is built around clearly defined pathways and criteria and delivered from a centralised inpatient care hub that improves outcomes in a more efficient manner.

### Access and Crisis

Shared approach to access and assessment across primary care, secondary care and third sector provision for people initially accessing care or presenting with urgent of intensive need. There will be a variety of provision and approach reflecting the variety of need and personal preference. Our services will be evidence based innovative services and well evaluated.

### Specialist and Learning Disabilities

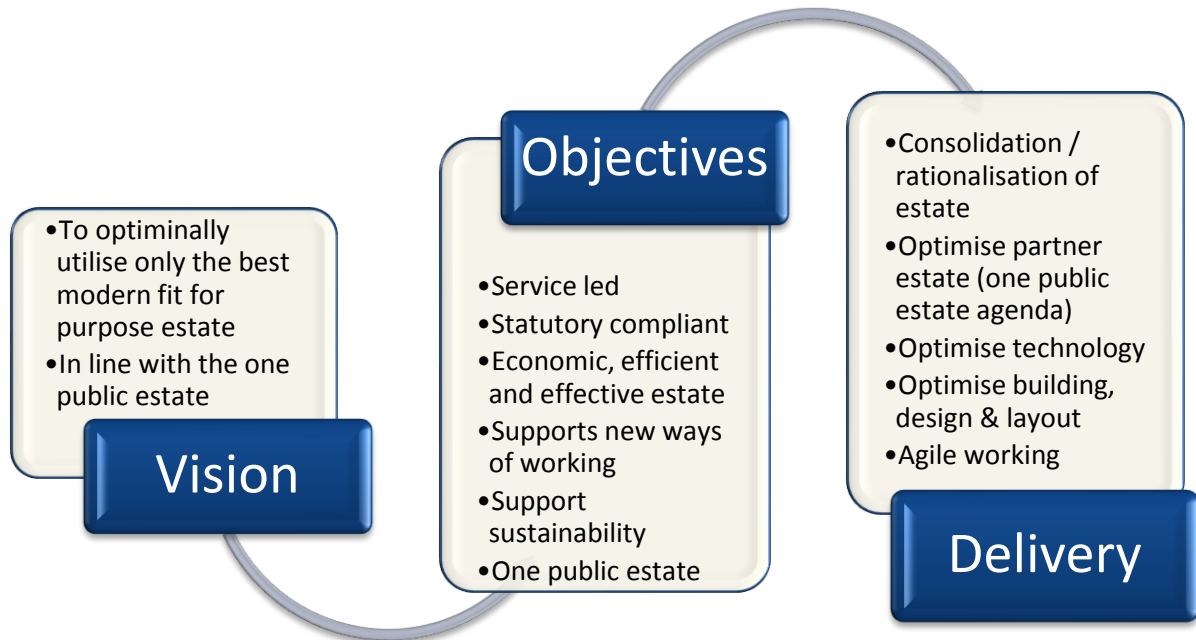
Working collaboratively with STP partners to provide the best specialised services across a local, regional and national footprint.

Our streamlined specialist services will be provided from a newly created specialist service centre for non-forensic services and specialist secure care centre.

## 2. Introduction to the SEP 2018-21

### 2.1 Purpose of the Strategic Estates Plan (SEN)

The Plan's purpose is represented in the following diagram:



There is a clear vision to be occupying only the best modern fit for purpose estate, which meet the specific objectives of the SEP. To achieve this we have developed a set of core delivery principles which will underpin the work plan and represent a consistent set of approaches by which decisions will be reached. These need to remain flexible and under review in the context of national and local priorities as these continue to evolve and emerge

### 2.2 SEP Delivery Principles

These core high level delivery principles on which the plan is built are each described below. The principles will be applied on an asset by asset basis and linked to each service need/case for change and will drive the overall work-plan to achieve the SEP objectives.

#### Consolidation / Rationalisation

We will:

- Review all existing leases, to determine appropriate utility and on-going suitability and exit leases at earliest breakage point where asset is deemed not suitable.
- Divest of owned estate where it is not deemed suitable, and has prohibitive backlog maintenance requirements and inability to adapt/reconfigure space.

- Undertake a continuous review and rebasing of occupancy levels and requirements to validate scale of under/over occupancy to support and challenge services to use space differently and by so doing harness and support new ways of working (including agile as noted below)
- Reduce financial and operational backlog maintenance risk by rationalising unsuitable and inflexible accommodation

#### Optimise partner estate (one public estate agenda)

We will:

- Work closely with partners principally through the Leeds Strategic Estate Group (SEG) to plan and deliver estate synergies across the city where possible.
- Share our estate plans with partners to ensure full visibility of the collective estate and enable a collective approach to planning investment and change of use in estate across a wider footprint.
- Participate in the Mental Health Collaborative work streams to review use of wider estate footprint across West Yorkshire
- Explore and aim to co-locate services in shared city-wide estate where appropriate and relevant to service need.
- Ensure any utilisation of partner estate meets the vision and objectives of SEP

#### Optimise Technology

We will:

- Ensure the SEP is aligned to IM&T plans including mobile technologies, remote access, public Wi-Fi, procurement of a new electronic patient record
- Ensure the necessary technology infrastructure is available to facilitate estate co-location across both LYPFT estate, and wider partner estate
- Harness technology as a conduit to increased utilisation, and reduced footprint by the enablement and monitoring of agile working principles

#### Optimise Building Design & Layout

We will:

- Ensure optimum clear functional specifications are used in design of capital schemes (new and refurbishment schemes) as this is core to delivering fit for purpose estate

- Ensure flexibility of the long term estate to meet changes to care service requirements
- Deliver fit for purpose estate working with our partners that meets both in patient, outpatient, community care and non-clinical requirements.
- Adaptable to meet the short, medium and long term strategies
- Focus on being economic, efficient and effective, with overall aim of reduced estate footprint

### **2.3 Sustainability**

An intrinsic element of the SEP is alignment to the Trust's Sustainability Policy. The principles outlined above will support this explicitly building on the objectives of shaping a future proofed flexible modern high performing estate, reducing the overall footprint, focus on the one public sector estate, and divestment of properties not deemed fit for purpose.

We will ensure that all Trust services operate out of modern, flexible, well maintained and energy efficient buildings (technically referred to as Category B in estate definition). This will ensure that the energy performance is rated through Display Energy Certificates (DEC's) as a minimum 'C' (technically defined as low level co2 emission for property not new). Properties not meeting this standard will be divested.

Where possible and practicable by collocating and operating in shared accommodation we will improve the utilisation of estate properties both within the Trust's footprint, and across partner's estate. The increased utilisation and reduced footprint will drive improved sustainable delivery.

The Trust is committed to ensuring its activities do not negatively impact on the natural environment at a local, national and global level. As part of a process of continual improvement the Trust is had a Sustainable Development Management Plan which includes target reductions in greenhouse gas emissions, adopting the principles of sustainable development and enhancing its environmental performance.

Transport and access are key points in assessing sustainability and environmental impact. This will be taken into consideration and will be a key factor in design and specification of service locations. Community services based within the community they serve, agile working principles, and shared occupancy within central hubs with the potential of limited access to parking. This will additionally act as conduits to reduce the carbon footprint of the Trust.

The plan includes demise and redevelopment of the St Mary's Hospital site, its partial demolition and conversion to a brownfield site. This will aid the delivery of sustainability targets. In tendering these work packages the Trust will ensure that the environmental impact is limited, and that this is monitored through the programme.

### **3. Where are we now - current estate**

#### **3.1 The Current Estate Overview**

The current estate comprises a range of assets which are under different management/operational/tenure arrangements.

##### Owned Estate

This is estate that is fully owned and controlled by the trust and which is operationally managed by a small “in house” estates team, with specialist external contracts for key elements of skilled maintenance which cannot be provided internally. Decisions on change of use for this estate are wholly within the control of the Trust.

##### PFI assets

This estate (comprising the majority of inpatient buildings in Leeds) is under a PFI contract managed through a Special Purpose Vehicle (SPV) owned by Equitix. The hard (maintenance) and soft (domestic, catering) facilities management is also sub-contracted to Interserve FM as part of this. There is no contractual right to ownership at the end of the concession (2028), and the PFI has very rigid contractual conditions which make service change /improvements more difficult and costly to deliver.

##### NHS Property Services leased estate

York based assets are under the ownership and control of NHS Property Services which is a national body wholly owned company of the Department of Health. This also has complex and inflexible service level arrangements, and a third party facilities contract with MITIE. Access to NHS central capital investment for improvements/change is a key constraint for this estate.

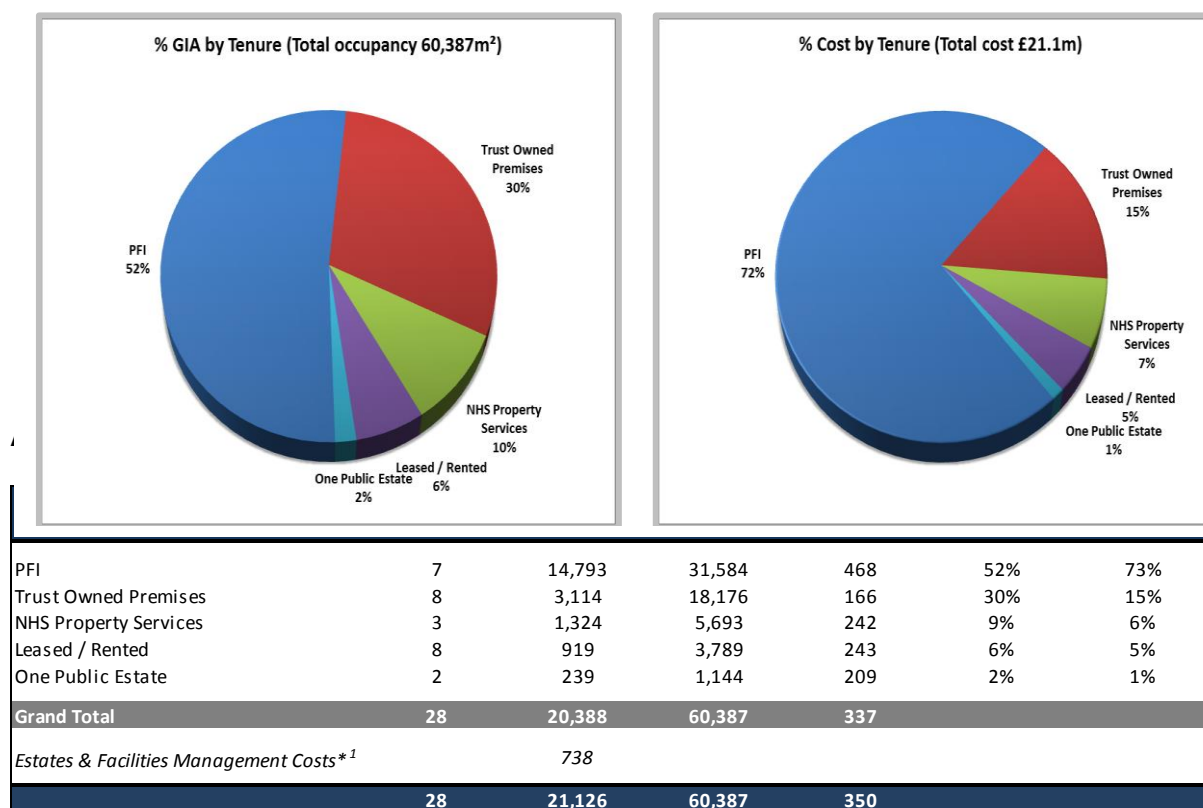
##### Commercial leased estate

The trust operates a range of small commercial property leases with varying terms and lengths of concession. These are largely used as office based / non-clinical accommodation and not directly patient facing.

##### Service Level Agreements /Public Partner Arrangements

The Trust occupies some public sector partner estate which is managed through inter-provider service level arrangements. There are also a small number of ad hoc rooms used on the basis of minimum/ no charge. These latter arrangements are not currently very robust and not well documented/visible to the estate management function.

The split by type is shown in the charts below



### 3.2 Current Estate Performance

To provide a baseline assessment of the current estate as a basis for informing the planning process, an assessment of each part of the estate against a number of criteria and key performance indicators was undertaken.

The measurement criteria and key performance indicators utilised the Carter recommendations, and a six facet overview. The review was completed internally and is a self-assessment of estate performance, building on the previous information from external surveys.

The overall criteria and key performance indicators that the SEP applies to LYPFT estate include

- Cost per m<sup>2</sup> score
- Backlog per m<sup>2</sup> score
- Carter <35% non-clinical
- Facet score: physical
- Facet score: functional
- Facet score: occupancy
- Facet score: quality
- Facet score: fire h&s
- Facet score: environmental
- Flexibility

Based on all of the above measurements collectively the current estate has been profiled/mapped to assess the overall level of performance/fitness for purpose and ranking as set out in the below table. This gives a view of the overall quality performance of the estate:

### 3.3 Fit for purpose ranking

See following page

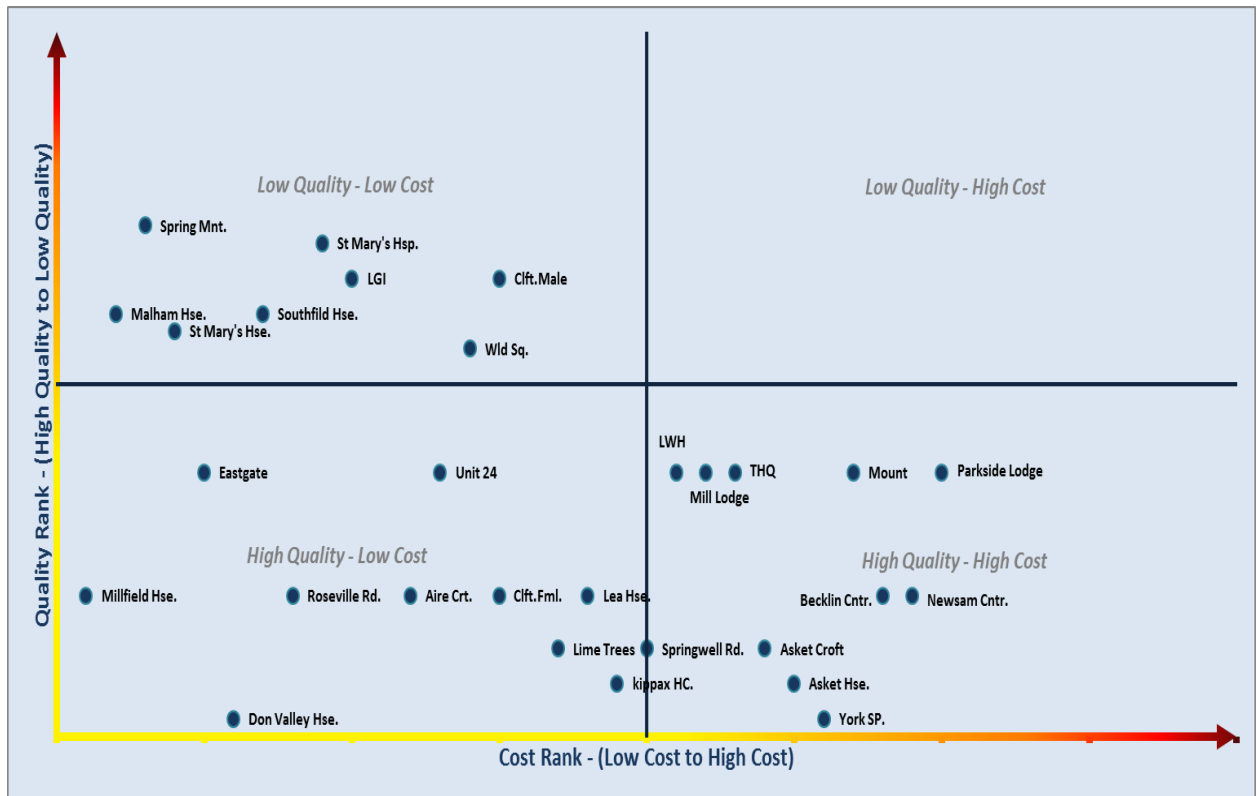
Site	Six Facet Score	Six Facet Rank
Don Valley House	11	1
York Science Park	11	1
Kippax HC	12	3
Asket House	12	3
Lime Trees	13	5
Asket Croft	13	5
Springwell Road	13	5
Lea House	14	8
Millfield House	14	8
Roseville Road	14	8
The Becklin Centre	14	8
The Newsam Centre	14	8
<i>Clifton House - Female</i>	14	8
Aire Court	14	8
Little Woodhouse Hall	15	15
Parkside Lodge	15	15
The Mount	15	15
Unit 24	15	15
Thorpe Park	15	15
Mill Lodge	15	15
1 Eastgate	15	15
Woodland Square	16	22
St Mary's House	17	23
Malham House	17	24
Southfield House	17	24
<i>Clifton House - Male</i>	19	26
LGI	19	26
St Mary's Hospital	19	28
Springfield Mount	20	29

The specific running cost metric (cost per GIA) has been analysed separately to differentiate between quality performance and cost. The table below shows the ranking on financial efficiency only. This shows a different picture

<b>Site</b>	<b>Cost Per m<sup>2</sup> £s</b>	<b>Rank</b>
<b><u>PFI</u></b>		
Asket Croft	392	24
Asket House	438	25
Becklin Centre	497	28
Newsam Centre	507	29
Little Woodhouse Hall	349	22
Parkside Lodge	536	30
The Mount	485	27
<b><u>Trust Owned Premises</u></b>		
Aire Court	221	12
Malham House	114	2
Millfield House	111	1
Southfield House	173	7
Springfield Mount	123	3
St Mary's Hospital	182	9
St Mary's House	155	4
Woodland Square	235	14
<b><u>NHS Property Services</u></b>		
Clifton House - Female	236	15
Clifton House - Male	236	15
Lime Trees	253	17
Mill Lodge	317	21
<b><u>Leased / Rented</u></b>		
1 Eastgate	170	5
Don Valley House	171	6
Lea House	262	18
LGI	211	10
Roseville Road	180	8
Springwell Road	273	20
Thorpe Park	355	23
Unit 24	229	13
York Science Park	446	26
<b><u>One Public Estate</u></b>		
kippax HC	272	19
LGI	211	10

### Review of presentation of blended cost and value

The matrix on the next page shows a representation of the current estate focusing on quality and cost. Delivering a fit for purpose estate is a blend of both elements. As shown below some of the Trust's lowest cost estate is actually also the lowest quality. The aim is to deliver an estate that is of the required level of quality but provides the long term flexibility to ensure high level of utilisation at a cost that is within the set target by the Trust and Carter metric of £319 / m2. The estate cost of each site, and specifically the cost of owned estate does not include backlog maintenance, which is currently £3.4m as of 2016/17.



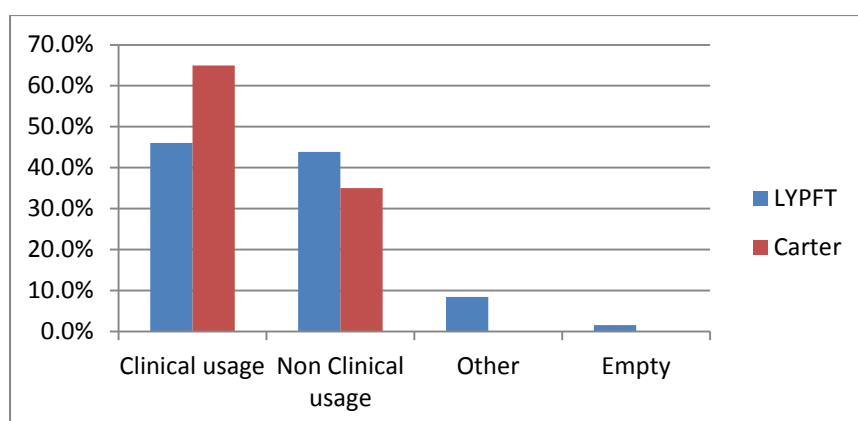
Over the period 2018 -2021, we will rebase and re-measure the estate as the programme of estate development progresses and will utilise the data, combined with clinical services plans, to deliver an estate in line with the Trust's vision and strategy.

The approach is evidence based, and through highlighting weaker performing estate will drive the strategy to continually improve, divesting of poor estate, and combining functional strategies to improve utilisation and overall performance.

### 3.4 Clinical/non-clinical utilisation of the LYPFT Estate Vs Carter

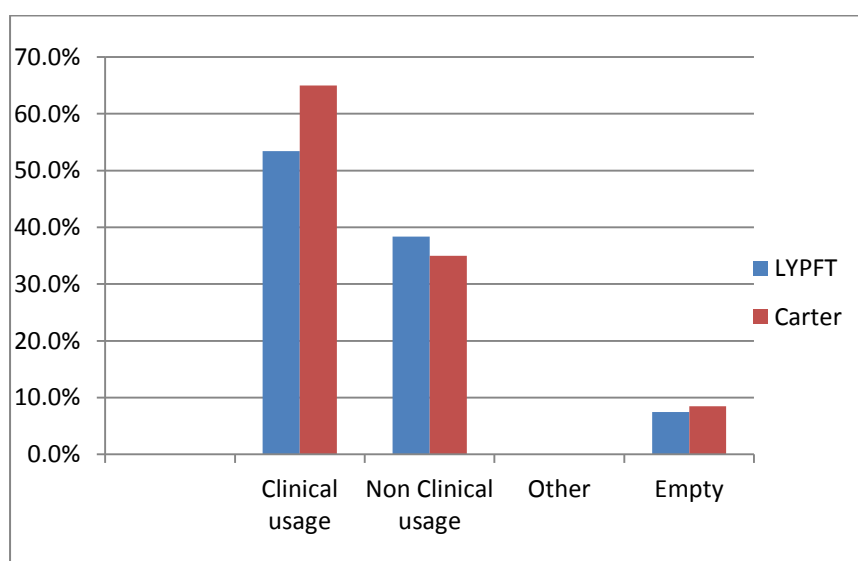
Another key performance metric (based on the recommendations from Lord Carter review) is that there should be a 65/35 split between clinical and non-clinical estate. Applying this ratio to the whole of the Trust's estate shows an imbalance as presented on the next page.

## Utilisation of the whole of the Trust's estate



However as this review was based on Acute hospital provision, it is acknowledged that further work is needed to understand the context for the different estate requirement of mental health, and this is ongoing as part of the specific Carter phase two productivity work. The below table reflect the clinical / non-clinical split on the Trust's inpatient sites, which are deemed more comparable to the Carter recommendation. This shows a slight improvement but is still below the recommended ratio.

## Utilisation of Inpatient Sites



## **4. Future estate**

### **4.1 Developing the future estate 2018-2021**

The SEP aims to address the flexibility, performance and cost of the estate, to meet the set objectives outlined in section 2.1 above. The improvements and change that we will drive over the 3 year period will be aligned to the long-term viability of the estate. It is important to recognise that key estate decisions will have a long-term impact and therefore need to be sustainable over a period longer than 3 years. This is why flexibility is a key thread throughout and consistent reassessment will be required.

Core to the long-term focus and alignment is the PFI, which is significant in terms of footprint, contractual complexity and value of the overall estate. The expiry of the PFI contract in 2028 provides an opportunity and an imperative for the trust to develop a longer term focus for its future estate requirements that can meet the needs and demands of its clinical service provision. This is where there will need to be the most significant degree of flexibility as a number of the clinical plans are emergent and have dependencies outside the control of the Trust (linked to commissioner strategy and sustainability and transformation partnerships).

The focus on delivery is from both a “top down” review of performance and also “bottom up” reviewing the estate requirements at each service level. Each service (clinical and support services) will be reviewed from an estate perspective to build a clear specification of requirements. These reviews will specifically need to incorporate new ways of working/agile principles where applicable, to drive utilisation and minimise both the footprint and cost of running the estate.

Whilst recognising that Carter recommendations are drawn from acute hospital data we will adhere to the recommendations on poor performing assets, with the aim of divesting such assets be they PFI, owned or leased. This will simultaneously mitigate the Trusts exposure to risk through backlog maintenance and inflexible estate, and where possible will align with public sector strategies and local agendas to offer surplus estate for the provision of affordable housing (potentially St Mary’s Hospital, St Mary’s House; South and North Wing).

Consolidation and rationalisation of the estate will drive the utilisation through economies of scale, and will require the development and alignment of technology to facilitate new ways of working. It will see an emphasis moving further away from direct delivery to contract management, compliance management, and internal and external relationship management.

The approach we have developed has been framed by national /local context and clinical plans/direction but it has also been based on a solid assessment of the estate condition. In the context of the parameters known at this point, the key

limitations in the existing estate and re-configuration have been determined as follows:-

- **Co-location** – services are not appropriately co-located in all instances to ensure the most effective and highest quality of care;
- **Gender split** – for some services the trust operates mixed sex environments where the privacy and dignity requirements can be difficult to accommodate within the building constraints
- **Suboptimal environment** – some service accommodation is not accessible and not designed in line with national standards e.g. en-suite facilities in inpatient areas, Equality Act compliance, dementia friendly, autism friendly and limited therapeutic space
- **Out of Hospital Settings** – whilst most service user interface is non-inpatient contact, there is limited access to useable space outside the main ‘hospital’ sites and the use of ‘partner’ estate is very limited. We are aware that our partner estates plans indicate occupancy and utilisation rates often being very low in their buildings.

## 4.2 Core Plans

### Overview

Based on the overall vision and objectives as set out in section 2.1, a core ‘plan’ has been developed for each type of asset; this is described below. For each individual asset a high level work plan has also been developed which is shown as:-

Appendix 6: The specific site review.

Appendix 7: The response to each of the clinical workstreams

## 4.3 PFI Plan

The Trust’s current estate footprint is predominantly PFI assets. The expiry of the PFI is 2028 (where asset ownership does not automatically transfer to the Trust). Planning for this requires action during the SEP timeframe, as the direction for these assets is pivotal to the overall estate plan. The PFI long term focus will be coupled with short term re-financing gains and medium term asset enhancements to improve the PFI estate clinical requirements delivery.

As part of the SEP development, we commissioned a significant piece of work using Price Waterhouse Cooper to undertake a full options appraisal on the future of the PFI estate. The report has informed the approach we outline below, which recognises that given there are some remaining uncertainties surrounding elements of our future clinical plans, there is opportunities within the short to medium term to extract some financial gain and address the ‘known knowns’ whilst continuing to

develop and refine a long term solution for the remainder of the estate. The short term objectives need to remain complementary to the long term and engender the necessary flexibility within the contract, particularly as the Trusts clinical plans becomes further refined internally and with external stakeholders.

Outlined below are the short, medium and long term steps that will under taken in relation to PFI.

#### Short term

A refinancing and restructuring of the existing PFI will be pursued ( estimated timeline 6- 9 months) in order to extract a gain and address the current known requirements such as divestment of surplus sites and where possible, negotiate improvements to the operational elements of the contract.

The renegotiation will focus on the following objectives:-

Extract a refinancing gain, either through a reduction in the unitary payment or via a one off cash return

Incorporate, where possible, known divestments (Little Woodhouse Hall), and potentially others, but also not create a situation where the trust is unable to negotiate future changes such as the divestment of other assets during the remaining life of the PFI contract

Include transparency on future lifecycle investment and determine a lifecycle strategy that, wherever possible, corresponds to the medium and long term estate objectives

#### Medium term

In parallel with the above, the trust has to maintain the momentum derived from the options appraisal process to address the current uncertainties within its clinical strategy in order determine its future estate requirements and develop both a medium and long term estate solution.

The implications of any near term decisions, such as planned divestments, will need to be dealt with immediately following the execution of refinancing and restructuring and will require some critical deliberation by the trust. Given the findings of the options appraisal the following are likely scenarios that the trust will need to consider:

Decant arrangements for any planned divestments – should the trust commit to divestments as part of the restructure but is unable to complete the exit ahead of any execution it will need to fully programme how it will enact the contracted divestments within planned timescales and without compromising clinical operations.

Align upgrades with medium term strategies – the trust needs to ensure that it is only making material investment, either via lifecycle or its own funds, in estate that it is planning to retain in either the medium or long term. Upgrades need to be able to

demonstrate value for money through harmonising investment with either clinical need or estate retention or both.

Further refine clinical plans – where required, the trust needs to continue to refine its clinical plans in order to determine some longer term objectives for services including older people's services, learning disabilities, perinatal, forensics and rehabilitation as these will have a significant impact on the future PFI and non-PFI estate requirements.

Extend stakeholder engagement – in accordance with the options appraisal the trust is reliant upon further engagement with neighbouring NHS organisations in developing a longer sustainable model. Some of these stakeholders are key to unlocking future estate opportunities, such as Leeds Teaching Hospitals NHS Trust and therefore, the trust will need to continue to forge relationships and plan as a health economy. Partner Mental Health Trust collaboration will also be essential for some service redesign plans.

#### Long-term

Longer term the trust will need to have a clear strategy for *all* of its estate well in advance of expiry of the PFI contract.

The long term strategy will need to have been determined in parallel with medium term plans given the interdependencies with current and medium term estates decision but should ultimately reflect the overall preferred and deliverable option for the trust.

The preferred option will need to have been fully developed as part of a detailed business case and include, as a minimum:

- The clinical rationale for the preferred option
- The final options appraisal
- The strategy for final exit from the PFI and divestment plans across trust estate
- The commercial delivery and financing strategy for the preferred option, and
- The commercial and operational cost of the long term estates strategy and its impact on the trusts long term affordability.

Whilst the long term may sound visionary, a firm understanding of what it looks like and how deliverable it is, particularly in light of capital constraints within the NHS, is critical to making not only medium term decisions regarding divestments and to inform stakeholder conversations but is also crucial to understanding the 'knowns' that can be reflected in the immediate short term plans for a refinancing and restructure of the PFI contract.

#### **4.4 Owned Estate Plan**

The focus on the owned estate is to drive the performance and mitigate financial and operational risk where possible. Where the design, flexibility and performance are seen as poor the Trust will divest of the assets. The divestment of Trust owned assets will deliver capital receipts, and mitigate financial risk of backlog maintenance, and is an approach recommended by NHS Improvement badged new for old, and a move to full lifecycle costing within estates and facilities management. Disposal of inappropriate surplus estate can be reused for affordable public housing is a key direction set by the Department of Health.

Current identified disposals include The Cottage St Mary's House, Malham House, Springfield House and Southfield House. These assets will be sold in early 2018. Services marked for divestment will require estate re-providing. Where possible this will be within either the remaining footprint of the trust estate or one public estate. Where this is not feasible, the re-provision will be within new leased property, which will align to the SEP core strategy on leased estate.

St Mary's Hospital will also be wholly or partially divested. In accordance with the measurement criteria this site does not perform well and has significant backlog maintenance. The divestment will mitigate risk to the Trust, provide land for the development of affordable housing and a designated area of the site will be utilised for the development of the new West Yorkshire Tier 4 CAMHS unit, under the New Care Models initiative (led by Leeds Community Healthcare).

We will further review the remaining owned estate, some of which is of good quality/condition e.g. Aire Court and other which is not e.g. St Mary's House. The future use of such assets is linked to refining the clinical and corporate perspective on future requirements (e.g. concept of Trust HQ and where this should be located). Where appropriate we will develop and maximise the use of good owned estate if it aligns to our requirements. We will consider further disposals with a specific review of St Mary's House, in response to the emergent model for community services and the potential impact of 'back office' synergies with partners.

#### **4.5 NHS PS Estate Plan**

Clifton House (Forensic services) and Mill Lodge (Deaf CAMHS) comprise our York based NHSPS estate. Significant service reviews linked to the development of the Sustainability and Transformation Partnerships and New Care Models in that footprint are likely to impact the configuration of that estate. It is wholly unlikely that we will change the tenure arrangements in York and will continue to operate from these NHSPS assets, but will work with partners to improve the functional suitability of this estate in line with service changes as these become clearer.

#### **4.6 Leased Estate Plan**

We will see an increase in the use of flexible modern leased estate. As a first priority we will aim to source this from our partner public sector estate including the

significant amount of primary care LIFT estate that is available in Leeds. In the immediate phase the increase in leased accommodation will be primarily driven by the need to re-provide accommodation for services currently occupying 'poor quality' owned estate that will be disposed of (Malham House and Southfield House).

The current leased estate contains either contract breaks or the end of the lease period within the SEP planning period. This ultimately provides the trust with the opportunity to drive economies of scale through co- location, or to disperse and increase utilisation across the PFI, owned and remaining leases estate, and further the opportunity to look at city wide public sector estate solutions. With specific reference to community clinical services the co-location in fit for purpose multi-functional shared estate, will support the overall integration agenda with partners in primary care settings. Leasing appropriate space provides a high degree of flexibility and is an efficient way to work with partners. It is however recognised that this 'agile' approach will require a significant cultural shift and is linked to the organizational development work.

## **5. Management plan**

### **5.1 Assurance of Performance and Delivery**

Assurance of delivering an estate in line with the objectives of the SEP will be required at an operational level within the Estates and Facilities function and at a trust-wide level in overseeing the significant change plan which has been described.

### **5.2 How the Estate Function will contribute**

Operationally the estate function will maintain oversight of the overall management of the estate. It will regularly review estate performance against a set of specific measures which will ensure that the estate is at all times; statutory compliant, is appropriately managing health and safety, variations and small works are reviewed for timely delivery and escalation of risk with the mitigating actions. Estates will ensure its resources are visible throughout the estate to deliver hard and soft services whilst ensuring clinical needs are addressed. The utilisation of helpdesks for both the PFI and non PFI estate, supporting the key roles of the Estates and Facilities Officers will provide an embedded process to deliver, monitor and challenge effective use of the estate.

Engagement with key stakeholders through our operational governance arrangements including the Clinical Environments Group and Estates Steering Group will be key. In addition the use of Health and Safety and PLACE inspections will provide further independent monitoring mechanisms to ensure the estate is maintained and compliant.

### **5.3 Technology Development**

The development of the Trust estate includes a focus on how the Trust will utilise technology to drive and deliver improved performance across the estate, and achieve the identified critical success factors. Potential investment which will be scoped within the plan include the implementation of the below systems

- Building Management Systems (BMS)
- Room Booking System
- Computer Aided Facilities Management (CAFM)

The implementation of BMS across the estate will allow for the automated management of the estate including lighting, heating ventilation and air conditioning (HVAC), power supply, fire alarms, access control, CCTV and PA. The use of this system will allow the Trust to control up to 70% of its energy and integrate systems and controls across the estate. The systems provide reporting and assurance of building performance and will facilitate delivery of financial savings, improved energy management and sustainability and ensure building users have improved atmospheres within the internal environment.

Room booking systems will assist the Trust in delivering the SEP in providing flexible multi-use estate across owned, private leased, and shared public estate, and will align with the clinical workstreams in providing the touchdown space for non-inpatient service provided within the community. The system will provide a live booking portal, which breaks shared assets into sessions, which are booked, started, managed and ended by the facility user. The booking system can be configured so that room / site / service utilisation can be reported, and can be potentially integrated with BMS system to provide linkage to access control and other facility operating systems. Assurance, control and management of resources will be automated through system implementation and the system will act as an enable for delivering the SEP.

CAFM system will provide a detailed reportable planned, reactive, and helpdesk function that is linked to individual asset across the estate. The use of the system will provide both assurance and improved management of estate and facilities delivery. A CAFM system will also provide reportable data that will help decision making and planning on lifecycle. It will track last replacement, number of repairs and depending on configuration track costs to assets for performance monitoring of hard facility management services.

#### **5.4 Workstream Delivery/Governance**

The plan sets out a series of workstreams linked to each specific site and aligned to the clinical plan. Detailed implementation plans will be developed for each specific workstream. Oversight will be provided via the Estate Steering Group and assurance via the Finance and Performance Committee.

Section 6 identifies the critical success indicators against which the SEP will be measured.

#### **5.5 Resourcing Impact**

The plan aims to deliver disposal receipts and make investments. A high level assessment of what these will look like is set out below over the 3 year period. A further assessment on operational resource is required in tandem with the other functional plans.

CAPITAL RECIEPTS				
	Annual Impact			
Location	18/19 £000's	19/20 £000's	20/21n £000's	Description of activity
Malham House	1125			Site advertised for sale, receipt expected to be more than advertised
Sprinfield House	1050			Site advertised for sale, receipt expected to be more than advertised
Southfield House	650			Site advertised for sale, receipt expected to be more than advertised
St Mary's House Cottage	250			Sale expected to be agreed FY17/18
Millfield House		750		Potential divestment, site strategy to be developed
St Mary's Hospital		5000		Redevelopment, and brown field site
St Mary's House			3000	Potential divestment, site strategy to be developed
	<b>3075</b>	<b>5750</b>	<b>3000</b>	

CAPITAL INVESTMENT				
	Annual Impact			
Location	18/19 £000's	19/20 £000's	20/21n £000's	Description of activity
PFI estate upgrades	767	767	767	Upgrades to Newsam and Becklin, and Parkside Lodge (decant provision) focused on inpatient wards
Backlog Maintenance	150	150	150	Move to full lifecycle costing and deliver backlog maintenance items
Health and Safety	100	100	100	Capital projects delivering improvements to health and safety across the estate
Sustainability		300	300	Capital projects delivering improved energy performance and sustainability across the estate
St Mary's Hospital		750		Demolition of the site, not related to CAMHS T4 ie left side of the site
York Estate		1500	5000	York estate development for locked rehabilitation and learning disorders
Reprovision of St Mary's Hospital site	359	350		Reprovision to include HES
Estates Technology	1000	200	200	Development of Building Management Systems (BMS), Computer Aided Facilities Management (CAFM) and Room Booking Systems
Shared Service Hubs	2000	1000	1000	Development of shared space for multiple services delivering agile working space and touch down point for new service delivery models outlined in clinical workstreams
Development of estate with LTHT		500	1000	Development of estate with LTHT for OPS, NICPM and Perinatal
One Public Estate	500	1000	1000	Investment in wider public estate for Trust utilisation
	<b>4876</b>	<b>6617</b>	<b>9517</b>	

## 6. Critical success factors in delivering the SEP

The matrix below will be utilised through the planning period of the SEP to measure the successful delivery of the plan. The matrix is driven by NHS Improvement, with additional areas of focus for the Trust.

Indicator	Current	Planned
Estate running cost inclusive of estate overhead	£21m pa	Reduce absolute by 10% by 2020/21
Owned and Leased estate footprint	60,367	Reduce overall footprint by 20%
Running Cost per m2, average cost for the estate	£354 / m2	Maintain below £319 / m2
One public estate use	Minimal use < 1%	10% of estate by 2020/21
Private lease footprint excluding PFI	8% of estate	< 5% by 2020/21
Backlog maintenance	£3.4m	< £250k by 2020/21
Non-Clinical Space (%) (Carter Metric max 35%) applied to PFI inpatient sites	TBC	Reduce to 35% by April 2021
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	3780 m2, equivalent to 8 %	Reduce to 2% by April 2020
Functional Suitability – 6 facet survey	46% suitable	80% suitable by 2020/21
Sustainability – energy performance rating % of sites attaining level D (legislative April 18)	52% D or above classification	90% D or above classification
Naylor benchmarks	Clinical plans under development, requirement to align both clinical and estate requirements	Estate aligned to STP and clinical plan, all clinical workstreams requirement addressed

## Appendix 1. Estate Quality Review, Refresh of Six Facet Survey

Site	m²	FACET: PHYSICAL	FACET: FUNTIONAL	FACET: OCCUPANCY	FACET: QUALITY	FACET: Fire H&S	FACET: ENVIRONMENTAL* <sup>1</sup>	Score	SITE RANK	Site Type Rank
<b><u>PFI</u></b>										
Asket Croft	2,015	B	B	F	B	B	D	13	5	1
Asket House	1,168	B	B	F	B	B	C	12	3	
Becklin Centre	8,296	B	B	U	B	B	DX	14	8	
Newsam Centre	9,224	B	B	U	B	B	D	14	8	
Little Woodhouse Hall	1,900	B	D	U	B	B	C	15	15	
Parkside Lodge	1,228	B	C	U	B	B	DX	15	15	
The Mount	7,753	B	D	U	B	B	C	15	15	
<b><u>Trust Owned Premises</u></b>										
Aire Court	1,700	B	B	U	B	B	DX	14	8	5
Malham House	1,027	C	C	U	C	B	D	17	24	
Millfield House	380	B	B	U	B	B	D	14	8	
Southfield House	337	C	C	U	C	C	C	17	24	
Springfield Mount	700	C	C	E	C	C	DX	20	29	
St Mary's Hospital	9,234	C	C	U/E	D	B/C	DX	19	28	
St Mary's House	3,222	B	B	U	D	B	DX	17	23	
Woodland Square	1,577	B	C	U	C	B	D	16	22	
<b><u>NHS Property Services</u></b>										
Clifton House - Female	2,388	B	B	U	B	B	D	14	8	3
Clifton House - Male	1,929	C	D	U	D	B	DX	19	26	
Lime Trees	120	B	B	F	B	B	D	13	5	
Mill Lodge	1,256	C	C	F	B	B	DX	15	15	
<b><u>Leased / Rented</u></b>										
1 Eastgate	100							15	15	2
Don Valley House	498	B	B	F	B	B	B	11	1	
Lea House	377	B	B	E	B	B	B	14	8	
LGI	987	D	D	F	DX	B	D	19	26	
Roseville Road	638	B	B	U	B	B	DX	14	8	
Springwell Road	540	B	B	F	B	B	DX	13	5	
Thorpe Park	1,133	B	B	U	C	B	DX	15	15	
Unit 24	423	B	B	U	C	B	DX	15	15	
York Science Park	81	B	B	F	B	B	B	11	1	
<b><u>One Public Estate</u></b>										
kippax HC	157	B	B	F	B	B	C	12	3	4
LGI	987	D	D	F	DX	B	D	19	26	

**\*1 - The Estates team has used the Display Energy Certificates (DEC) ratings to determine the score A-D. The actual DEC ratings go as far as G however future legislation means that all buildings have to have rating of D - any Trust buildings with a rating lower than a D have therefore been scored as DX.**

**All scores are at site level with the exception of Clifton House. Due to the vast difference in the scores between the newer and older parts of the Clifton site the decision was made to report the two main elements seperately.**

## Appendix 2. Space Utilisation Rating

Code	Definition	Score
E	Empty/ severely underutilised	4
U	Under-utilised	2
F	Full	1
O	Overcrowded	3
<b><u>All Other facets</u></b>		
<u>Code</u>	Definition	Score
A	Excellent / as new (that is built within the past two years)	1
B	Acceptable / meets standards	2
C	Poor/ requires investment to achieve 'B' rating	3
D	Unacceptable / a very poor facility requiring significant capital investment or replacement	4
X	<i>Supplementary rating added to C or D to indicate that nothing but a total rebuild or relocation will suffice (that is improvements are either impractical or too expensive to be tenable.</i>	

### Appendix 3. Overview of Estates and Service Provision

Site	Community	Children & Young People	Inpatients	Access & Crisis	Specialist & Learning Disability	Support Services
<b><u>PFI</u></b>						
Asket Croft	✓		✓			
Asket House			✓			
Little Woodhouse Hall			✓			
Parkside Lodge			✓		✓	
Becklin Centre	✓		✓	✓		
The Mount	✓		✓			
Newsam Centre	✓		✓		✓	
<b><u>Trust Owned Premises</u></b>						
Aire Court	✓					
Malham House	✓					
Millfield House	✓					
Southfield House	✓					
Springfield Mount						✓
St Mary's Hospital	✓				✓	✓
St Mary's House	✓					✓
Woodland Square	✓		✓		✓	
<b><u>NHS Property Services</u></b>						
Clifton House			✓			
Lime Trees		✓				
Mill Lodge		✓				
<b><u>Leased / Rented</u></b>						
1 Eastgate						✓
Don Valley House						✓
Lea House	✓					
Roseville Road						✓
Springwell Road		✓				✓
Thorpe Park						✓
Unit 24					✓	
York Science Park						✓
<b><u>One Public Estate</u></b>						
kippax HC	✓					
LGI				✓	✓	

## Appendix 4. Financial Appraisal of the Estate

Site	Cost of Occupancy £000s	Maintenance £000s	Domestics £000s	Capital Charges £000s	Additional PFI Charges £000s	Total Cost £s	GIA m²	% of Total GIA	% of Total Cost
<b>PFI</b>									
Asket Croft	638			65	63	766	2,015		
Asket House	485				12	497	1,168		
Little Woodhouse Hall	517			2	120	640	1,900		
Parkside Lodge	510			71	63	643	1,228	52%	73%
Becklin Centre	3,454			221	345	4,020	8,296		
The Mount	3,270			229	168	3,667	7,753		
Newsam Centre	3,790			309	462	4,561	9,224		
<b>PFI Total</b>	<b>12,664</b>	<b>0</b>	<b>0</b>	<b>897</b>	<b>1,232</b>	<b>14,793</b>	<b>31,584</b>		
<b>Trust Owned Premises</b>									
Alre Court	95	61	47	160		363	1,700		
Malham House	57	26	6	20		110	1,027		
Millfield House	13	19	8	15		55	380		
Southfield House	26	11	5	13		56	337	30%	15%
Springfield Mount	37	24	1	18		81	700		
St Mary's Hospital	460	300	355	500		1,616	9,234		
St Mary's House	219	103	42	111		475	3,222		
Woodland Square	55	52	103	149		358	1,577		
<b>Trust Owned Premises Total</b>	<b>962</b>	<b>597</b>	<b>567</b>	<b>987</b>	<b>0</b>	<b>3,114</b>	<b>18,176</b>		
<b>NHS Property Services</b>									
Clifton House	722	32	170			925	4,317		
Lime Trees	24		5			29	120	9%	6%
Mill Lodge	234	0	136			370	1,256		
<b>NHS Property Services Total</b>	<b>980</b>	<b>32</b>	<b>311</b>	<b>0</b>	<b>0</b>	<b>1,324</b>	<b>5,693</b>		
<b>Leased / Rented</b>									
1 Eastgate	17					17	100		
Don Valley House	73	0	1			74	498		
Lea House	82	2	7			92	377		
Roseville Road	90	5	6			101	638	6%	5%
Springwell Road	126	3	6			135	540		
Thorpe Park	343	3	5	26		377	1,133		
Unit 24	72	0	4	11		87	423		
York Science Park	36					36	81		
<b>Leased / Rented Total</b>	<b>840</b>	<b>14</b>	<b>29</b>	<b>36</b>	<b>0</b>	<b>919</b>	<b>3,789</b>		
<b>One Public Estate</b>									
Kippax HC	43					43	157	2%	1%
LGI	196			0		196	987		
<b>One Public Estate Total</b>	<b>239</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>239</b>	<b>1,144</b>		
<b>Grand Total</b>	<b>15,685</b>	<b>643</b>	<b>907</b>	<b>1,920</b>	<b>1,232</b>	<b>20,388</b>	<b>60,387</b>		
<b>Estate &amp; Facilities Management Costs</b>						<b>738</b>			
<b>TOTAL</b>						<b>21,126</b>			

## Appendix 5. Leased Estates Detail

Site	Note	Value	End Date	Notice Period (months)	Action Required by date
1 Eastgate	Being replaced with Platform Leeds	17,040			
Don Valley House	<i>Additional Service Charge From PS</i>	88,441	31/12/2018	6	30/06/2018
kippax HC	Rolling 12 months	42,506	16/01/2019	6	16/07/2018
Lea House	Rolling 12 Months? (official lease ended 31/12/14)	49,500	31/12/2014		
LGI	Rolling 12 months from April 2002; No formal lease - arrangement through SLA	196,000	01/04/2019	12	01/04/2018
Platform Leeds					
Roseville Road		43,800	20/05/2020	6	20/11/2019
Springwell Road		87,200	28/09/2018	6	28/03/2018
Thorpe Park	To check notice period	244,119	23/06/2019	12	23/06/2018
Unit 24	To check rolling 12 months? Official end 15/01/2016	45,000	15/01/2019	6	15/07/2018
York Science Park	Rolling 12 months	35,496			
		<b>849,102</b>			

## Appendix 6 – Site Review

Location	Tenure	Overarching Strategy (clinical Workstream /objective)	Action	Decision needed	By When?	Management of Change	IM&T
The Newsam Centre	PFI	1/1, 1/2,1/3, 3/6	In line with the clinical workstream transfer non inpatient services to the one public estate or Trust leased estate	Confirmation of services to be transferred, accommodation requirements and timing	Jun-18	Yes	
	PFI	3/4	Develop PFI options appraisal to align to the forensic service requirement	Accommodation requirement to be confirmed if any variations to bed numbers are anticipated within the planning period	Sep-18		
	PFI	4/4	Review potential to add an additional acute ward to the site to facilitate accommodation for NICPM at Becklin Centre	To review the opportunity within the upgrade programme whilst cognisant of the PFI options appraisal	May-18		
	PFI		Cosmetic upgrade and lifecycle programme, facilitated by forensic decant utilising York estate	Agree opportunities to deliver works	Feb-18		
	PFI	4/4	Define long term requirement for site under the PFI options appraisal		Mar-19		
The Becklin Centre	PFI	4/1	CAU, SPA, SPUR estate requirements to be agreed, and form part of the PFI options appraisal	Confirmation of estate requirement required to facilitate ward upgrades and lifecycle, and PFI options appraisal	Apr-18		
	PFI	2/4, 3/3	Ward upgrades, lifecycle, and potential transfer of NICPM, with an acute ward transferring to Newsam	Schedules to be agreed prior to tender process	May-18		

	PFI	2/4	Agree the long term plan for The Becklin Centre as part of the PFI options appraisal	Develop PFI options appraisal	Apr-19		
	PFI	2/4	CAMHS Section 136 to be part of the St Mary's hospital redevelopment	St Mary's Hospital redevelopment plan	May-18	Yes	
Parkside Lodge	PFI	5/7	Define site requirement within PFI options appraisal to agree retention or divestment	Clinical requirement of LD and potential co location with Bradford	Apr-18	Yes	
	PFI	5/7	Utilise site as decant solution for PFI upgrades and lifecycle delivery	Decant option review from clinical services	Apr-18	Yes	
	PFI	5/7	Arrange leaseback solution if divested and site used for upgrade works	Commercial negotiation	Apr-18		
	PFI		Upgrades to site to enable use as decant provision	Schedule of accommodation from clinical services	Sep-18		
	PFI		Demobilisation and exit of site		Mar-21		
The Mount	PFI		Progression of lifecycle works across the wards	Support to deliver the lifecycle works	Mar-18		
	PFI	3/6	Jointly with LTHT develop a long term solution for the colocation of older peoples services and perinatal, with red lined outpatient services being located within the LTHT estate redevelopment	Schedule of accommodation and alignment to long term commissioning to develop estate solution	May-18		
	PFI	5/4, 5/6	All non in patient services to be relocated into the wider one public estate, with Trust estate provision for touchdown space	Schedule of accommodation required to develop estate solution	Jun-18		
	PFI	3/6	Long term solution and divestment agreed as part of the PFI options appraisal	Timeline for the LTHT redevelopment and co location of services			

Asket Croft	PFI	3/1, 3/2. 3/6	Review of the long term requirement of the PFI asset based on the estate requirement of RandR services	Confirmation of schedule of accommodation and Third Sector delivery of service	Sep-18		
	PFI	3/1, 3/2	All non inpatient services to be relocated within the wider trust estate, and or within the wider one public estate	Confirmation of R and R service estate requirement	Sep-18		
	PFI	3/1, 3/2	Review of the long term requirement of the PFI asset based on the estate requirement of RandR services	Confirmation of schedule of accommodation and Third Sector delivery of service	Sep-18		
Little Woodhouse Hall	PFI	2/1	Divestment of asset as part of the refinancing of the PFI contract		Sep-18		
	PFI	2/1	Commercial agreement on interim use of site for LCH whilst CAMHS site developed at St Mary Hospital site		Sep-18		
	PFI	2/1	Exit and demobilisation of site following service transition to St Mary Hospital				
Aire Court	Owned	1/1 1/2 1/3	Autism services to be relocated within the wider one public estate to facilitate the site to become a multiple use location for community services and non inpatient services	Confirmation of timelines for implementation of community workstream, and all schedules of accommodation	Jun-18	Yes	
	Owned	1/1	Capital development to incorporate flexible usage and facilitation of agile working	Alignment to the IMT plan to deliver agile working estate	Jun-19	Yes	
Woodland Square	Owned	2/2	St Mary's hospital to be redeveloped and all services to be relocated as the site will become brown field site	Relocation of estate within the wider on public estate, and / or partnering with Bradford to deliver services		Yes	
	Owned	2/2	Hydrotherapy pool to be closed as part of the St Mary's hospital demo	Reprovision of the hydrotherapy pool w sector estate			

	Owned	2/2	Planned divestment, services to be relocated within new leased estate	Schedule of accommodation is required for the new leased premises	Apr-18	Yes	
Millfield House	Owned	1/1, 1/2	Potential divestment and relocation of services into existing estate foot print and public sector estate		Jun-19	Yes	
St Mary's Hospital	Owned	2/2	All service provisions to be relocated ASAP to allow for the creation of brown field site for the redevelopment of St Mary's hospital.		Jan-20	Yes	
	Owned	2/2	Demolition of planned CAMHS T4 site		Oct-18	Yes	
	Owned	2/2	Plan for full site agreed to allow planning permission to be submitted	Additional requirements of the site in addition to CAMHS T4	ASAP	Yes	Yes
	Owned	2/2	New CAMHS T4 construction	Alignment of the West Yorkshire STP and Estate plan to facilitate capital funding for the site	Apr-18	Yes	Yes
Malham House	Owned	1/1, 1/2	Planned divestment, service to be relocated within new Trust leased estate		Apr-18	Yes	Yes
Springfield Mount	Owned	1/1, 1/2	Planned divestment		Apr-18	Yes	Yes
St Mary's House	Owned		To review the potential to divest the site, following review and potential unsuitability of the estate	Review to be cognisant of IMT estate requirement as well as clinical impact	Jun-19		Yes
	Owned						Yes
Lime Trees	Leased NHS PS	2/1	Risk to the long term future of the estate due to the site being TEVV, this may result in a need to relocate to new estate, utilise the one public estate or review	Risk to be monitored			

Mill Lodge	Leased NHS PS	3/2	Service requirement for addition of male and female PICU within the site, review to be completed for feasibility of potential reconfiguration, and / or review of alternative accommodation	NHS England to confirm the requirements for the service, and the estate requirement.			
	Leased NHS PS	3/5	Review flipping services with Clifton House to provide step down locked rehab solution	Schedule of accommodation required to review the feasibility of the reconfiguration			
	Leased NHS PS	3/2	Clinical workstream looks to review the estate provision so that a stepped down locked rehab service can be provided, including a number of flats	STP and service provision to be developed. Accommodation requirement to be reviewed and a potential large capital programme developed to reconfigure the site			
Clifton House	Leased NHS	3/5	Review the opportunity to flip services with Mill Lodge to create estate solution for CAMHS T4 incorporating PICU	Schedule of accommodation required to assess feasibility			
Roseville Road	Leased Private		Opportunity to explore exiting the lease in 19, potential to relocate services within city wide estate	Estate requirement, and review of utilising city wide estate for Transport and Stores, and relocation of Procurement either within the Trust footprint or within city wide estate			
Thorpe Park	Leased Private	1/1, 1/2, 1/3, 3/6	Increase utilisation of the asset by incorporating agile working principle to facilitate touch down space for community services, and all non clinical administration	A review of how the asset can be fully utilised, in conjunction with using the one public estate			
Springwell Road	Leased Private	1/1, 1/2	Service to be developed, but alternative lease sought to improve locality	Schedule of accommodation for increased service			Yes

Don Valley House	Leased Private		Additional floor required	Scoping of accommodation and potential capital investment			Yes
Lea House	Leased Private	1/1, 1/2	To exit lease and relocate services within estate footprint	Clinical review for colocation of services		Yes	Yes
LTHT	Leased Private		Develop governance to ensure that LTHT estate meets minimum standard in short term for NICPM				Yes
LTHT	Leased Private		NICPM medium to long term location under review as part of the PFI option appraisal and also relocation to Becklin Centre through upgrade programme and re alignment of services within clinical strategy				Yes
Sugarmill	Leased Private	2/5	Review lease to ensure suitability and alignment to clinical workstream				Yes
York Science Park	Leased Private		No planned estate action				Yes
1 Eastgate	Leased Private		Leased exited, service transferred to Platform One				Yes
Kippax HC	Leased Private		Commercial review of lease following review and cost, although not expensive this is for shared occupancy				Yes
Platform one	Leased Private		Non estate driven lease negotiation. Estates to review site to ensure compliance to Trust standards.				Yes
New Leased Premises	Leased Private	1/1, 1/2,1/3, 3/6, 5/2 5/3	New lease initially for the reprovision of services following the divestment of owned estate. The new site will potentially act as a hub, this will work in conjunction with both Aire Court and Thorpe Park to provide touch down space for community services	Schedules of accommodation and working programme required to map the requirement for a central hub in addition to service being reprovided. The plan needs to include how agile working practices will be applied to ensure maximum utilisation of a new site	Jun-18		Yes

New Leased Premises	Leased Private		Relocate service from PFI assets which are non inpatient to include Gender ID Chronic Fatigue	Schedules of accommodation and working pattern to map into shared space utilisation	Jun-18		Yes
New Leased Premises	Leased Private	1/1, 1/2,1/3, 3/6, 5/2 5/3	Accommodation provision for new service to include Gambling Addictions	Schedule of accommodation and working pattern to map into shared space utilisation	Jun-18		Yes
Veterans Mental Health	Other	1/6	No direct estate impact as the service will utilise the charity estate, although there may be a requirement for capital investment	Confirmation required of any capital investment requirement	Sep-18		Yes
One Public Estate	Lease public	1/1, 1/2,1/3,3/6, 5/2 5/3	The clinical workstreams drive an estate requirement that is more community based, this will require significant use of the public estate.	A schedule of the requirements of the public estate needs to be developed that meets the requirements of the service	Jun-18		Yes
Medical Records	ITM	ITM	Digital storage of medical records will increase available estate for service, and drive asset utilisation	Estates need to understand the impact of the IT project and timing as part of the PFI options appraisal	Dec-18		Yes
Parking			The estate needs to review the parking strategy on the estate development, this needs to incorporate agile working, and how this provision will work in the wider one public estate				Yes

## Appendix 7 – Clinical Objectives

Clinical Workstream	No	Clinical Objective	Finance year proposed changes			Estate Impact	Clinical action / decision required	Date Required	Management of change Req'd	IM&T Req't
			18/19	19/20	20/21					
Workstream 1 Community	1	We will implement a dedicated working age service that will combine crisis resolution, intensive support, advice and liaison (CRISTAL). In addition, we will have community mental health teams that are locality based, multi-disciplinary and specialising in the assessment and management of people with very severe and serious mental health needs.				The clinical objective will see services provided within the community from the public sector estate, predominantly GP surgeries. The will be an estate requirement for touch down space for each service, this will be shared locations. The Hub spaces could potentially be Aire Court, Thorpe Park and a new site (lease or owned construction) The current sites that will see service removed and placed within the one public sector estate include Malham House, Southfield House, St Mary's house, Aire Court, St Mary's Hospital Millfield House and Asket Croft.	Confirmation of the estate requirement is needed for both the public sector estate and Trust estate. The localities within the public sector estate, sessions, and timings are needed asap to achieve access. For Trust estate the requirement of touch down space is needed to build up the estate specification. Removal of services from Asket Croft may result in under utilisation of PFI asset, the impact needs to be reviewed as part of the PFI options appraisal.	Jun-18	Yes	Yes

Workstream 1 Community	2	We will implement a new model for older people's community services that will see the development of dedicated, locality based, multi-disciplinary teams specialising in the assessment and management of older people with mental health problems, dementia and complex frailty presentations.			The clinical objective will see services provided within the community from the public sector estate, predominantly GP surgeries. The will be an estate requirement for touch down space for each service, this will be shared locations. The Hub spaces could potentially be Aire Court, Thorpe Park and a new site (lease or owned construction) The current sites that will see service removed and placed within the one public sector estate include Malham House, Southfield House, St Mary's house, Aire Court, St Mary's Hospital Millfield House and Asket Croft.	Confirmation of the estate requirement is needed for both the public sector estate and Trust estate. The localities within the public sector estate, sessions, and timings are needed asap to achieve access. For Trust estate the requirement of touch down space is needed to build up the estate specification. Removal of services from Asket Croft may result in under utilisation of PFI asset, the impact needs to be reviewed as part of the PFI options appraisal.	Jun-18	Yes	Yes
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Workstream 1 Community	3	We will implement a new forensic community outreach model (including outreach) that meets local need and work with our STP partners to identify areas for growth.				Removal of non inpatient service from The Newsam Centre is in line with PFI options appraisal. The reduced use of the management suite needs to be considered in the review of inpatient impact.	Schedule of accommodation is required to understand estate requirement of service, and timing as this will influence the PFI options appraisal.	Sep-18	Yes	Yes
Workstream 1 Community	4	We will integrate the specialist liaison outpatient model with LTHT specialisms and identify growth opportunities in non-acute outpatient care.				Accommodation is currently provided within Becklin Centre and Beckett Wing	Confirmation of future estate requirement needed	Jun-18		Yes

Workstream 1 Community	5	We will expand our offender pathway services and in partnership with commissioners look to increase the Pathway Development Service. We will also redefine and realign the Leeds PD Network.				Service is currently provided from Sugarmill, there is a need to understand requirements to see if lease can either be terminated and the one public sector estate utilised for the service, or if the lease can be consolidated to another leased property for synergy.	Timings and schedule of accommodation required for estate impact	Jun-18		Yes
Workstream 1 Community	6	We will mobilise our plans for a veterans mental health intensive service				No Trust impact	To be confirmed if there is a capital investment requirement		Yes	Yes

Workstream 2 children and young people	1	We will consolidate the Deaf CAMHS clinic model across the geographical area served and explore a proposal to extend the service upper age limit to 25.				Service has a continued estate requirement of Lime Trees, York. There is a risk identified around the longevity of the estate, as TEWV occupy the majority of the site. It may be prudent to review opportunities to relocate within the public sector estate or new leased estate.	Confirmation of estate requirement duration and physical location	Jan-19		
Workstream 2 children and young people	2	We will with our partners at Leeds Community Healthcare we will develop a specialised regional CAMHS service				Identified site as part of the St Mary's Hospital redevelopment	Requirements for the full site of St Mary's Hospital are required ASAP for planning, without this the planning may be stalled for this workstream	ASAP		

Workstream 2 children and young people	3	We will ensure robust partnerships with local CAMHS providers that support service users transitions and pathways				No estate impact				
Workstream 2 children and young people	4	We will review options for the future delivery of S136 provision				Estate impact is as per the St Mary's Hospital redevelopment. In addition the Becklin Centre will be impacted with service transferring to the new site. This needs to be considered as part of the PFI options appraisal.	PFI options appraisal estate requirement of Section 136	Sep-18		
Workstream 2 children and young people	5	Through the NSCAP model we will identify and action opportunities to develop and deliver new clinical services				Estate requirement needed if service is expanded as this may impact the leased property at Springwell Road which may not be fit for purpose.	Growth plan, and estate requirement needed	Dec-18		

Workstream 3 inpatient	1	We will explore the potential to develop and deliver regional locked rehab services	<input type="checkbox"/>			Impact on the estate requirement of the PFI estate and Clifton House	Confirmation of STP to provide specification of estate requirement, this specification will be crucial for PFI options appraisal.	Jun-18		
Workstream 3 inpatient	2	We will explore the potential to develop a range of locked rehab provision and pathways (including some specialised provision)	<input type="checkbox"/>			Significant development to the estate in both York and Leeds. Impacting the PFI options appraisal and will potentially be a large capital programme in York (£m's).	Clinical plan needs to develop the estate plan to ensure options appraisal of the PFI estate is informed. Estate development plan for York required for resource allocation and planning.	Jun-18		
Workstream 3 inpatient	3	We will explore the feasibility and viability of a female only PICU	<input type="checkbox"/>			PFI options appraisal	PFI options appraisal	Jun-18		
Workstream 3 inpatient	4	We will aspire to co-locate inpatient services	<input type="checkbox"/>	<input type="checkbox"/>		PFI options appraisal	PFI options appraisal			
Workstream 3 inpatient	5	We will explore new models of inpatient rehabilitation provision involving third sector partner organisations.	<input type="checkbox"/>	<input type="checkbox"/>		PFI options appraisal focusing on Asket Croft and Asket House and the potential long term requirement of the PFI asset.		Jun-18		

Workstream 3 inpatient	6	We will review the OPS community model impact and potential to reduce the number of beds.	<input type="checkbox"/>			Estates provision has been considered to be potentially within the LTHT development, and forms part of the PFI options appraisal.	Further details required to establish potential estate impact		Yes	
Workstream 4 access and crisis	1	We will review our single point of access provision to determine whether it is meeting the needs of service users, referrers and our partners and whether a separate mental health single point of access continues to offer the best value for money.				Potential location would be Burmantofts within the wider public sector estate (LCH)	Full estate requirement needed to seek suitable accommodation in Leeds. Clinical workstream development needs to include estates.		Yes	

Workstream 4 access and crisis	2	We will implement a new urgent care pathway for working age adult service users inline with the CORE fidelity standards which will:				Estate requirement within the wider one public estate, linked to the touch down space within hubs			Yes	
		<ul style="list-style-type: none"> <li>Respond quickly and appropriately to people in mental health crisis</li> </ul>							Yes	
		<ul style="list-style-type: none"> <li>Minimise the need for inpatient admission.</li> </ul>							Yes	

		o Offer a choice of evidence-based interventions delivered in an appropriate environment that is consistent across the city							Yes	
Workstream 4 access and crisis	3	We will respond to people who visit the emergency department in crisis within 1 hour							Yes	
Workstream 5 Specialist and Learning Disabilities	1	We will clarify the future delivery of NICPM	<input type="checkbox"/>	<input type="checkbox"/>		Estate solution being developed under PFI option, preferred location within LTHT development (7 years+). Potential to incorporate in Becklin under PFI upgrades and decant review, as an early delivery of a red line within PFI options appraisal.	Review and programming of PFI upgrades	Jun-18	Yes	

Workstream 5 Specialist and Learning Disabilities	2	We will develop and grow the gender ID service to meet national demand (including developing an outreach model across the north west)	□			Currently delivered within PFI estate, this provides the opportunity to relocate the service to either within the one public sector estate, or within the leased estate	Service estate requirements and specification	Feb-18	Yes	
Workstream 5 Specialist and Learning Disabilities	3	We will explore the potential to develop and deliver a gambling addiction service	□			Estate specification to be agreed	Estate specification to be agreed		Yes	
Workstream 5 Specialist and Learning Disabilities	4	We will implement new models of care for adult eating disorders across STP footprint	□			Service currently provided within the PFI estate, need to review the requirements of the service as part of the PFI options appraisal, and impact of potential PFI estate upgrades, and delivery through a decant option.	Schedule of future accommodation required to ensure PFI options appraisal is in line with service requirements	Sep-18	Yes	

Workstream 5 Specialist and Learning Disabilities	5	We will develop specialist low secure community provision, including a regional specialised low secure PD service and women's secure services				deliver estate for service within both Trust owned estate and one public sector estate	Estate schedule of accommodation required to		Yes	
Workstream 5 Specialist and Learning Disabilities	6	We will explore the opportunity to further increase our perinatal bed base				Service as part of the PFI options appraisal has been identified for co-location with LTHT (service has red line to older peoples services) The estate requirement will need to be considered as part of dialogue with LTHT as part of their estate development plans.	Any variation to the current accommodation needs to be notified ahead of communication with LTHT, and the potential co location of services within their estate development plans	Jun-18	Yes	

Workstream 5 Specialist and Learning Disabilities	7	We will continue to develop the regional community perinatal service					The provision of additional estate will require a schedule of accommodation to enable the service to be provided within the one public sector estate		Yes	
Workstream 5 Specialist and Learning Disabilities	8	We will reduce LD assessment and treatment beds inline with Transforming Care Plan and explore options for co-location				The service is delivered from Parkside Lodge, this has been reviewed as a potential PFI divestment. The colocation with Bradford would facilitate the divestment, and potential allow for the asset to be utilised as a decant facility	The timeline of the change to the service is needed to allow for the asset to be divested and, or used as a decant option.	Jun-18	Yes	
Workstream 5 Specialist and Learning Disabilities	9	We will implement a new community LD model					Schedule of accommodation is required for any increase in estate to be obtained from the wider one public estate.		Yes	

Workstream 5 Specialist and Learning Disabilities	10	We will review our current Specialised Supporting Living model and explore social enterprise opportunities				Service is currently provided within St Mary's hospital, there will be a requirement to reprovide the accommodation as part of the redevelopment of the site	Service requirements for accommodation required to re provide within the one public sector estate	ASAP	Yes	
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