NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Our Infrastructure Journey to Change

Preface

Welcome to our Infrastructure Journey to Change. This is how we will develop and deploy our infrastructure resources to ensure we will achieve the overall Our Journey to Change goals of:

1. Cocreating a great experience for our patients, carers and families;
2. Cocreate a great experience for colleagues;
3. Be a great partner.

By *Infrastructure* we mean the things that sit in the background that allow and enable frontline service delivery.

This includes things like our estate (hospitals, community bases and offices, whether owned or for example leased from others), our information technology (computers, databases, fibre optic cables, networks, broadband etc) and our support services (people who are not clinicians but who provide vital support, information and services to clinicians and other colleagues, service users, carers, and partners).

This Journey has also been shaped by TEWV's Clinical, Quality & Safety, People and Co-creation Journeys. These tell us a lot about what sort of services our infrastructure must to be able to support in the future.

This Journey is also informed by our experience of the Covid-19 pandemic. This period saw huge innovations and changes in the way that we used buildings, technology and support services within the NHS, but also globally. Now that lockdowns are in the past, the way people work has not wholly gone back to how it was in 2019. This Journey builds on the learning from this.

The development of TEWV's Care Groups, and the creation of Integrated Care Boards / Partnerships by the 2022 Health and Care Act have also been taken into account. These arrangements include statutory requirements for us to collaborate to achieve system goals and targets, so our partnerships are central to our success.

All these changes have prompted us to take this opportunity to look at how we can do things differently. This includes making effective use of our buildings, digital technology and data as well as our non-clinical services (support services) that we provide to aid delivery of frontline services. Ultimately this will improve the experience for people in our care, their families and carers, our colleagues and our partners.

This document places emphasis on working together as 'OneTeamTEWV' with our patients, carers, families, colleagues and partners to ensure we support TEWV's Our Journey to Change – we want people to lead their best possible lives.

Contents

1 Introduction

Our Journey to Change is about why TEWV does what TEWV does, the kind of organisation we want to be and the three big goals we've committed to. Our Journey to Change was created through our biggest ever listening exercise: it was co-created by TEWV's staff, patients, carers and partners. Our Journey To Change: 'Infrastructure' takes a more in depth look at how we'll use our places, our technology and data and our support capacity[1] to help us to deliver a great experience. People will be placed at the heart of what we do so this will also help us to improve the experience of people who use our services, families, carers, staff and partners.Our Big goals

'Our Journey To Change: 'Infrastructure' will support the delivery of our three goals:

1. To co-create a great experience for our patients, carers and families.
2. To co-create a great experience for our colleagues.
3. To be a great partner.

What do we want to achieve?

The infrastructure we provide (our places, our technology and our support services) is a crucial component in the effective and safe delivery of high-quality care, therefore we must create and develop our infrastructure to contribute to the best possible experience for our patients, their families and carers, our colleagues and partners. This Infrastructure Journey will support all of the sub goals set out in Our Journey to Change. Some of these will be directly targeted by this Journey and others indirectly. The table below explains this, and there is more detail on page 11.

Goal	Sub Goal	How this Journey contributes
To co-create a great experience for our patients, carers and families, so you will experience	Outstanding and compassionate care, all of the time Access to the Care that is right for you Support to achieve your goals Choice and Control	All 3 chapters of this Journey show what we need to do to support and enable TEWV's clinical services to achieve these sub-goals

[1] By "capacity" we mean all of the people who work in support roles, and the processes, systems and tools that they use

To co-create a great experience for our colleagues, so you will be	Proud, because your work is meaningful Involved in decisions that affect you Well led and managed That your workplace is fit for purpose	The support services chapter is directly connected to this for non-clinical staff Digitally enabled engagement and good support services that support staff engagement support this Digital developments and responsive / customer focussed support services help managers access the information they need to be good leaders and managers and teams to understand and, where necessary, improve our performance The estate chapter and digital and data chapters are directly connected to this
To be a great partner, so we will	Have a shared understanding of the needs and strengths of our communities Be working innovatively across organisational boundaries to improve services Be widely recognised for what we have achieved together	All 3 chapters have a role in supporting this goal. Bringing data together from different systems, or enabling virtual collaboration and use of shared platforms and infrastructure is essential for partnership working (digital and data chapter) and bringing people from different organisations together in the same buildings can facilitate innovation and improvement (estate chapter). Our support services can also support these 3 sub goals by ensuring that Care Groups have access to the whole picture, not just disconnected parts of it (support services chapter)

This Infrastructure Journey has been created in the knowledge that everyone must be able to access our services regardless of where they live, their skill level, financial or access opportunities or motivation to use digital technologies (digital exclusion). To ensure we achieve this we will involve service users, carers, staff and partners in the design of new infrastructure – whether that is buildings, digital or support services.

2. Co-creation of this Journey

The Trust held several targeted engagement events to help develop this Infrastructure Journey. This included a visioning event that was held at Middlesbrough Football Stadium (June 2022), the development of an Easy Retro Board providing an online platform for people to provide new or additional comments on the development of the Journey and holding face to face speciality specific patient participation groups.

But this Journey also draws on many previous conversations with service users, carers, staff and partners. These include:

- The Big Conversations undertaken during the creation of Our Journey to Change
- Engagement undertaken by our clinical services
- "Place-based" engagement, including that connected to community mental health transformation.

The Journey has also considered the findings of regulators and HealthWatch reports, and national and ICS strategy and policy (most of which is informed by co-creation). It also takes the other TEWV Journeys into account, each of which was co-created with service users, Operational services and partners.

3. The Current State

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) is a TEWV is a large and complex organisation with around 8,000 employees who provide a range of inpatient and community-based mental health, autism and learning disability services for approximately 2 million people of all ages living in County Durham; the 5 Tees Valley boroughs of Darlington; Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland; the Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire.

Our adult inpatient eating disorder services and our Secure Inpatient (Forensic) wards serve the whole of the North East and North Cumbria. We also provide mental health care within all of the prisons located in the North East North Cumbria ICS and some in the areas of Humber North Yorkshire ICS and Lancashire & South Cumbria ICSs. We also work with police forces and courts, including "liaison and diversion" work partnering with Durham, Cleveland and North Yorkshire police forces.

A significant amount of work has been undertaken to improve our infrastructure in previous years helping to provide a foundation to enable us to move forward. The table below lists some examples within each of our priority areas.

Table1. examples of improvements already in place

Our Places	Our Technologies	Our Support Services
Reconfiguration of Estate	NHS Wifi	Board Integrated Performance Dashboard
Northallerton Community Base (North Moor House)	Pathlabs	Governance & Management restructure
York CAMHS base (Orca House)	COIN roll out	Smarter Working enablement (working from home)
York mental health hospital (Foss Park)	Remote Appointments (at scale)	Development of the Our Journey to Change strategy

New Redcar CAMHS base (Kirkleatham)	Patient tablets	Preparation / training for personalised care planning (Dialog)
Carbon reduction work such as installation of Heat and Power plants	New intranet and Website	Support for partnership commissioning

However, we know there is still more to do, to improve experience for everyone. Specifically, we know that this journey – despite national and Trust resource constraints - needs to tackle the issues that our service users, carers, staff and partners told us about. These include:

- Some of our buildings and environments are not welcoming, autism friendly, or in some cases fit for purpose - we heard about the impact this can have upon well-being.
- Accessing services either virtually or physically can be difficult because of the location, associated stigma, building signage and access routes, digital poverty or ability and access to use digital platforms or technology.
- People would like to have choice of how they access services rather than "one size fits all" access.
- Poor integration between different providers involved in a person's care (such as that caused by working from different locations and difficulties with sharing digital information (interoperability), was impacting negatively on individuals' health and wellbeing.
- It is important for us to be "inclusive by design" so that our infrastructure supports anyone i.e. all ages, all abilities, all communities (incl LMGBT, Seldom Heard[2]), Neurodiverse, Learning Disability, Physical Disability and those with a sensory impairment are supported to have the same level of access and opportunities to services and not discriminated against.
- The way we currently deal with queries and issues has led to poor customer satisfaction levels in some areas.
- We have some non-value-adding systems and processes. These cause inefficient use of staffing time and resource. If we improved or removed those processes, we could free up clinicians' time to care for patients and support teams to contribute to value-adding work.
- Information must be helpful and informative. This means it needs to be available, where possible, in "real-time" to aid decision-making.
- While our data and information need to be accessible, service users, carers and staff reminded us of the importance for people always to have confidence in the security and safety of their information.
- The importance of integrated working in the "new NHS" set up by the Health and Social Care Act 2022. This means TEWV needs to work collaboratively with our partners, become more externally connected and recognise that TEWV cannot (and is not best-placed to) do it all. We also need to play our part in reducing health inequalities and reducing carbon emissions (our Green Plan).

[2] "Seldom Heard" is a term for people who lack the resources, confidence, capacity, skills or time to engage in the most commonly offered public sector engagement mechanisms such as public meetings, online surveys or reference groups. Public sector professionals sometimes call this group "hard to reach" but the term "seldom heard" puts the responsibility back onto these professionals to work differently to make sure that they hear these voices and experience.

4. PESTLE Environmental Analysis

External Environment (PESTLE) analysis

This Journey, and the others produced by TEWV have to take the external environment into account. If we don't, there is a risk that our Journey could be unrealistic, coming unstuck when we hit an obstacle on the road ahead. The analysis below is a view of those environmental changes that are considered most important for this journey. We look at Political, Economic, Social, Technology, Legal (including regulation) and Environmental – hence "PESTLE".

Political

At a national level, there was significant political change taking place while this journey was being developed. However, the NHS England Operating Framework gives a good guide to the medium-term expectations of NHS organisations. It sets national 5-year objectives which are to:

1. STOP avoidable illness & intervene early
2. SHIFT to digital and community
3. SHARE the best
4. STRENGTHEN the hands of the people we serve
5. SUPPORT our local partners

It says that progress on these transformational objectives will lead to the following outcomes:

a. Longer healthy life expectancy;
b. Excellent quality, safety and outcomes;
c. Excellent access and experience;
d. Equity of healthy life expectancy, quality, safety, outcomes, access and experience;
e. Value for taxpayers' money;
f. Support to society, economy and environment

This Journey also needs to take into account the roles and agendas of local authority and "city-region" directly elected Mayors, including the existing Tees Valley Mayor and the North Yorkshire and York post expected to be elected in 2024, along with a "North East" mayor which will include County Durham (in addition to Tyne and Wear / Northumberland). These roles will drive local economic development agendas which will have an impact upon transport, skills and land / use planning. It is particularly important for TEWV to work with partners where significant new development is planned, such as the new town near Catterick.

Economic

During 2023/24 increased inflation will continue to place pressure on non-pay budgets for items such laptops, energy, food, contracted services and paper. Increases in interest rates offer some opportunities to invest surplus cash balances, but these benefits are significantly outweighed by pressures on our cost base. Rising supplies and construction costs will make capital projects more expensive. Covid and the war in Ukraine are also impacting on supply chains with disruption to supply of equipment and materials which results in extended lead times.

The fall in the real-terms value of NHS pay will make it more difficult to retain and recruit staff, and has already been one factor leading to industrial action. Recruitment and retention risks particularly apply to non-clinical staff who have many potential private sector employers, including technically

specialist workers in the digital and estates fields, but also to secure enhanced rates through agency staffing contracts.

Nationally, Integrated Care Systems (ICSs) each need to develop their own estates, digital and supporting capital plans. These will be aggregated into a single NHS-wide position. The ICSs have responsibility for allocating the capital resources they receive to NHS (Foundation) trusts and Ambulance Services within their footprint.

Our partners are also reviewing their reconfiguration of their own estate so securing affordable space could prove challenging as we look to increase the development of community assets and co-location of services.

Capital funding is constrained with a fixed and challenged national capital resource limit (and 'over-committed' system allocation). We will continue to operate within strict national spending envelopes that present challenges for systems who need to tackle backlog maintenance, develop new facilities and services and progress new hospital programmes. Most capital developments also require additional revenue funding (to run, heat, light and maintain the buildings or equipment, and to equip them with furniture and technology on an ongoing basis). A high quality like-for-like replacement would cost significantly more, so we need to think differently going forward, including how we use spaces more efficiently and through collaborative two-way arrangements.

Social

Public expectations are changing around instant access and communication, using apps and messenger / email etc. This is a challenge to some traditional NHS systems which rely on postal deliveries or on centralised gatekeeping of booking and communication. Our systems and processes will need to continue to change to keep pace with changing societal expectations.

The ongoing post-covid impacts on mental wellbeing, and anxiety caused by the cost of living crisis may create more demand upon clinical services requiring more staff, more equipment, more facilities or space.

Employee expectations of access to part-time / flexible working, including working from home is increasing. This will require more digital support and improved systems and processes to support this, including around supporting more (part-time) workers. This also provides greater opportunities with our estate footprint but requires some agility to flex for change in demand and hours of working, and to make sure that teams can still meet together to maintain relationships and cohesion.

Whilst technology is advancing and can provide huge opportunities to access and deliver care there might also be a negative impact of social media on patient or colleague health / safety which needs to be taken into account and mitigated against.

Technological

Healthcare technology is advancing at pace, supporting increased access and availability of people. There is also the potential of new emerging treatments that the organisation and staff will need to keep pace with and the emerging use of Automation and Artificial Intelligence to help systems and processes work more effectively, which will require different ways of thinking.

The increase in cyber-threats globally, coupled with the vulnerability of key systems increases the amount of investment needed in intensive support, testing, monitoring, remediation and training to ensure the safety and integrity of our systems.

Legal

Integrated Care Boards and Partnerships are now legally in place following the Health and Care Act 2022 and must produce an Integrated Care Strategy by the end of the financial year. This could have an impact on our priorities and on current partnership and commissioning governance.

CQC continue to monitor and enforce the Fundamental Standards of Care rigorously across England. It is essential for our infrastructure to support compliance with the Fundamental Standards, including through continuous enhancement of our clinical environments and using assistive technologies for patient safety monitoring.

Environmental

Global warming is an established scientific fact, and the consequences for our climate are becoming noticeable. The summer of 2022 saw the hottest ever day in the area served by TEWV. Low lying coastal areas and buildings on flood plains are at an increased risk of flooding. This journey takes account of the net zero targets for the NHS (set in October 2020) which are:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and;
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039This means that TEWV will be expected to deliver significant carbon emission reductions by 2028.

5. Our Infrastructure Ambition

Our ambition is for the Trust's infrastructure to be an invisible helping hand, supporting us to deliver excellent care where:

- **Our places** work efficiently, contributing to a sense of well-being
- **Our technology & data** connects people easily and improves care delivery
- **Our systems and processes** release time for clinical teams to care

The world around us is changing quickly. Our infrastructure must respond positively – taking advantage of opportunities to improve the clinical services we provide to people with mental health needs, a learning disability and / or autism; and enabling safe, effective, and efficient services.

Our infrastructure exists to ensure our clinical services function as well as they possibly can, given our resources. Over the next few years clinical services will transform as we travel on our Clinical and Quality journeys. Our infrastructure will need to mirror that transformation to enable new ways of delivering clinical services. We are also embarking on our workforce and co-creation journeys, and our Infrastructure Journey will also deliver transformation to support and empower our workforce and support co-creation of care.

We recognise that we cannot thrive or deliver high quality care without the support and cooperation of our partners. This means we'll consider the impact our work is having on the **whole**

person, what this will mean for different ages and backgrounds over their **whole life** and how our actions affect outcomes achieved through the **whole systems** of health and social care in the North East and North Cumbria and Humber and North Yorkshire Integrated Care Systems.

Change is often challenging, especially where we have become accustomed over time to working, or receiving a service, in a certain way. Our Infrastructure Journey is not only about the physical changes that will be needed to create a great experience for all, but also a cultural shift in the way we work, think and view things.

In summary, we want our infrastructure to contribute to the best possible experience for our patients, their families and carers, our colleagues and partners. Our places, technologies, data, support systems and processes will change to support this. Our aim is not just that they work well – we want clinicians, service users and carers to recognise that our infrastructure is excellent and contributes to a great experience for all of us.

What will this mean for you?

When this Journey has been completed:

For people using our services this means that

Whenever, and however, you come into contact with a TEWV service, you are greeted with a smile and by a caring and assured member of staff or volunteer who will help to signpost you or guide you to where you need to be. You feel welcomed and at all times you are treated with dignity and respect. When you access our services, you are able to do so easily because they are connected to community assets and integrated with other services. You always feel safe within any of the buildings that you receive care from. The environments in buildings from which we operate are adaptable and so support any needs related to being autistic or having a Learning, Mental Health, or Physical Disability, making our services more accessible to everyone. You observe that your care is joined up and co-ordinated with other providers who are involved in your care. You will also feel that the stigma associated with mental health has been significantly reduced through co-location, better use of technology and work with our partners within the community. You will feel that you have a choice of how you wish to access your care and so you feel empowered and in control. You are able to navigate our systems with ease.

For carers and families this means that

You have confidence that the places from which care is delivered are safe and do not cause harm to those you love or the community around you. If you need to contact us on behalf of those you care for, you too are greeted with the same compassion, patience and dignity. You are given help to ensure your queries are answered or are signposted quickly to the right place. You feel empowered and that we help you to stay connected with those you care for as well as those providing the care, using various means that suit your needs. You are content that TEWV and partners teams work seamlessly together, and are sharing data and information appropriately to make the care of your loved one – and communication with you as effective as it can be.

For staff this means that

My work is meaningful and has a clear purpose. I can spend more of my time focused on patients and make a real difference to patients' outcomes. I feel valued and enjoy coming to work and I feel safe and secure. I also feel connected to my colleagues in TEWV and partners from other organisations which is helping to join up care for my patients. I also have the right equipment and when I need it. I can make much better decisions as the information I receive is in real time and allows me to see what is happening to my patients. I can now confidently and quickly navigate my way through our internal systems without taking up too much time and get a quick response and

my issues are resolved quickly. I feel empowered to be able to do my job to the best of my ability and get the best outcomes for my patients.

For our partners this means that

You will be respected and valued for the expertise and experience you bring. You are confident TEWV will work closely with you in the design and delivery of services to improve quality, safety and responsiveness as well as supporting and contributing to improved health of the local population, improving value for money and reducing our impact upon the environment. Together, we are leading the way in addressing health inequalities and providing opportunities for people to thrive and lead their best possible lives.

6. Impact upon our three strategic goals

The impact this journey will have on our three strategic goals

The primary focus of our Infrastructure Journey is providing a great experience for people using our services, their families and carers (Goal 1), our staff (Goal 2) and our partners (Goal 3). This journey seeks to make changes to our places, our systems and processes, and our technology and data. But to do this, there will need to be corresponding 'cultural' shift in how we think, how we work, and how we view things. This means that as well as redesigning the buildings, software, hardware and processes that make up our infrastructure, we must also prepare people to embrace new ways of working. Only by doing this will we be able to cocreate a great experience with patients, carers, colleagues and partners.

The emphasis throughout our Infrastructure Journey is on how we can improve people's experience through developing our physical and virtual environments and raising standards of customer support. By having the right infrastructure in place we can contribute to stronger, more effective and trusting relationships between our service users, carers, staff and our partners that will support the delivery of good mental health, learning disability and autism outcomes.

The impact of our Infrastructure Journey against our three goals is outlined below.

Goal 1) A great experience for service users, carers and families using our clinical services

Our Impact:

Improved treatment outcomes: As we develop our information systems, we will provide meaningful and more real time data and information. This will support high quality decision making at a clinical, Trust and strategic partnership level. It will also support the delivery of personalised care and reduce health inequalities. The stronger our relationships are with partners the more opportunities that can be created for more services to be co-located (health, social, voluntary, third sector). This will make people's care joined up and better coordinated and support improved health and well-being. By doing this we can also help to minimise distress and trauma that can be caused through fragmented or poorly integrated services, such as having to re-tell traumatic stories multiple times and reduce the stigma that often people tell us they feel and experience when accessing mental health services and support.

Improved Access to Services and support: Access to services and support can be impacted upon by many things including: the location (not on a bus route, not accessible by foot and limited car parking), the environment (too noisy, too busy, poor signage, entry routes or facilities etc) or it may be an individual's ability to access or use technology is limited and therefore accessing information

or a service is challenging as well as stressful. By providing choice to people on how they access services and information, people can feel empowered and confident to use our services. Furthermore, the development of community assets that support co-location and joint working will have a positive impact on people's health and wellbeing and reduce some of the barriers that prevent people from accessing care and support. We will strive to be as inclusive in our design as we can and ensure that people can access information and be communicated with in a way that they can understand and meets their needs. Likewise, the communication to front line staff / operational services from support services will be more effective if it meets their needs and preferences, which will have a positive impact on patient care.

Improved safety, security and quality of our environments and technologies: By improving the security and governance of our information; how we hold, store, share and use it, people will have confidence in our ability to protect and maintain the integrity of their personal information. Improving the way that data in one system / database can be appropriately accessed by patients or clinicians using a different computer system (interoperability) will positively impact the quality of the care provided to patients. People also need to feel safe whether using our services or working within them, we will ensure that our places (e.g. our buildings, grounds and transport) meet regulatory standards, create the optimum environment to aid recovery, ensuring people feel safe, supported and valued.

A great experience for colleagues

Reduce the administrative burden and ensure staff work is meaningful: all our staff need know that their work is meaningful and has a purpose. By reviewing those high-volume activities and administrative tasks clinicians and other TEWV staff undertake we will know which ones we need to change or improve. We will then be able to either harness new technological innovations or free up clinical staff by automating or moving non-clinical tasks to support staff. For our support staff, we need to make sure that they have clear purpose of role. By better connecting them to the purpose of the organisation we will increase motivation and retention. For our clinicians, the reduction in time they have to spend on non-clinical or non value-adding processes will improve their job satisfaction and boost retention.

Improved safety, security and quality of our environments and technologies: Staff coming to work need to feel safe, secure and have the right equipment and working environments that make them feel enabled and empowered to undertake their role or to deliver good quality care. Through partnership working with staff and our external partners and the use of technology, we can improve the safety and security of people's place of work to ensure people feel valued, supported, and cared for by the organisation. Staff will feel a sense of pride that where they work because the equipment, buildings and processes they use is the best it can be and enables them to effectively deliver evidence-based interventions.

Improved 'internal customer' care: responding to and supporting staff in a timely manner: To enable staff to do their jobs effectively and efficiently and ensure that their patients and themselves are kept safe, they require support services to be intuitive, proactive, responsive and adaptable, supporting clinicians to deliver good quality care. By reducing the administrative burden, simplifying our systems and processes and developing a 'no wrong door' approach, we will develop a caring and supportive culture and in doing so improve our "internal" customer support and offer.

Improve the speed and accuracy of our systems and processes: The pace of work is fast and as such colleagues need to make informed decisions and take action at speed. This requires our systems and processes and flow of information to be agile, responsive and increasingly in real-time. Using technology, robotic automation processing and data analysis we can support clinicians to make informed decisions when they require it.

A great experience for partners

This Infrastructure Journey acknowledges we need closer working relationships with partners to enable the delivery of holistic and integrated care through our places, our technologies and our systems and processes.

Partners will start to see TEWV as a "great partner" as we better support integrated service provision and commissioning. Data sharing, collaborative commissioning, joint service design / delivery, and joint planning and usage of estate are examples of actions that will improve perceptions of TEWV as an organisation to "do business with".

In collaboration with others, this Infrastructure Journey will support other organisation's strategies and long-term objectives, including the improvement of the health and well-being of local populations, reducing health inequalities and ensuring environmental sustainability. We will also be supporting national government, local authority and Mayoral level economic and skills development agendas.

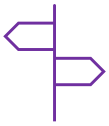
7. Our Guiding Principles

Our places, technologies, data and systems will:

Be sustainable:
We will develop an agile and resilient infrastructure which uses data to anticipate demand and adapts to changing needs. We will also reduce waste and our carbon emissions.

Be inclusive and accessible by design:
We will systematically identify barriers to access and inclusion and dismantle them. We will also harness the energy and innovation that diversity provides.

Release time to care:
We will purposefully design our infrastructure to maximise the time clinicians can spend on patient care.



Create a better service user, carer and staff experience:
We will make sure that our places, technology, data and support staff help people to get the information they need and in-particular don't add to people's stress when they come into our services for the first time.

Aid Recovery:
We will make sure our infrastructure helps patients and their carers to optimise their recovery and that our infrastructure is well designed to minimise the risks that may cause harm.

Be developed & work in partnership with providers and communities:
We will do everything we can to make sure that service users, being helped by more than one organisation, experience joined up care.

8. Delivering Our Infrastructure Journey to Change

Our Approach

We will analyse the gaps between the vision and principles set out in this journey with the reality of where we currently are. This will tell us what we need to change.

Some changes can be progressed solely within one directorate of the Trust – for example the Finance department, or our Estates, facilities and Capital Planning teams, or our Digital and Data services. These kinds of change will be included in and progressed through Directorate Business Plans and be governed through the Trust's governance processes.

Other changes may require lots of different directorates in TEWV to work together and with Care Groups, or be so transformational they need wide participation in planning and delivery from across the Trust. These types of change will be planned and governed by Trust wide programme arrangements.

Some changes may require system level involvement and approval. TEWV will influence, inform, cooperate with, and persuade the relevant partners and bodies of the relative importance of changes we think are necessary in order to obtain the necessary investment, collaboration or permissions.

Regardless of the route for change, it won't be possible to do everything at once. The NHS, we and our partners must work within the resource envelopes made available to us by national government and NHS England and must consider available staff capacity to work on change (bearing in mind that day to day services, or '*business as usual*' needs to run smoothly too).

We will therefore develop a Journey Plan which:

- Identifies all of the pieces of work / initiatives that we think are needed to deliver the journey
- Which body is responsible for each of these, and
- When the scoping up (initial planning) of these initiatives is scheduled to be undertaken, and
- If plans have already been approved and investment found, when the key milestones or delivery date for that initiative are.

We will also identify and monitor a range of data that will show whether our Infrastructure Journey is having the desired impact.

We will also keep our Infrastructure Journey under review. As the environment changes we will need to check at least once a year, that this journey is still valid and adjust where required.

9. Our Places

This chapter of our Infrastructure Journey sets out our vision for the estates and environments we occupy – 'Our Places'. It outlines where we are currently, our journey so far, and the priorities we have jointly identified for change. We are developing a supporting Estates Masterplan which will be our more detailed delivery plan for the next 5 years.

What is the estate?

Traditionally, we think of our estate as being sites and buildings that are owned by the Trust or leased or rented by us. Outcomes and experience can all be impacted by the location, size and design of our environments. But the estate is more than that. It gives us a presence in our communities, provides workplaces, is a physical representation of the Trust and our values, and impacts on our financial and environmental sustainability.

By its very nature, our estate has a long lifespan, so initially "We shape our buildings and then afterwards our buildings shape us". This means the estate can either be an enabler or a constraint as services inevitably develop, innovate or adapt. Our estate is a key enabler of Our Journey to Change: Infrastructure. To be able to improve we need to do things differently.

In the future, we will adopt a broader definition of our estate, focussing on 'Our Places' as well as our core buildings and sites. We want to deliver more care through partnerships in our communities. Our Places could include places of work and education, retail zones, local community buildings, primary care or other public sector facilities such as libraries or job centres. We also need to consider changing expectations including how we support colleagues who may sometimes work remotely and from home.

A wider focus on Place, as well as bricks and mortar, will support our ambitions for more person-centred, accessible and integrated care. This aligns with national policy, clinical strategy and findings from Our Journey to Change big conversation.

We need high-quality and flexible environments, so we can respond to different patient and colleague needs and evolving clinical models, whilst also ensuring equality. This applies to both our inpatient and community settings and in our other workspaces. In addition, we need to ensure financial and environmental sustainability. Decarbonising our property assets, reduce miles travelled and reducing our overall footprint will help in our pursuit of net zero carbon. To achieve our vision for the estate in a sustainable way, collaborative working across systems and communities will be key.

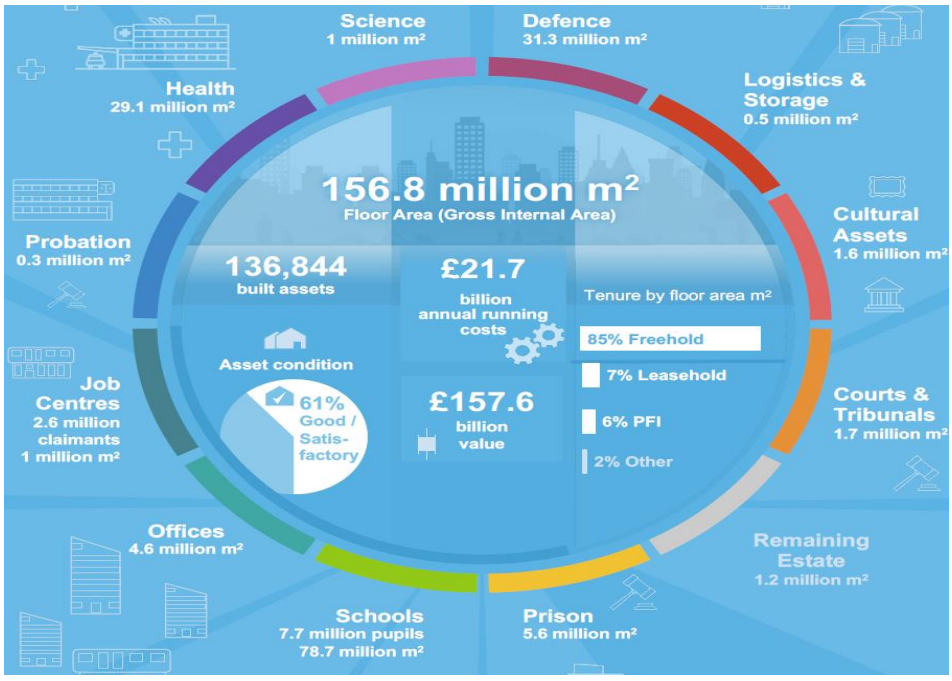


Figure 1: State of the Estate (SofTE) 2020/21

This diagram illustrates how the UK public sector alone occupies 136,000 buildings with an annual running cost of £21.7 billion. A large proportion of these buildings service individual organisations, despite serving the same populations. This provides real opportunities to better support communities whilst achieving service, estate and financial efficiencies.

The total cost of running the current Trust Estate is c £27m	The total cost of running the NHS Estate was £10.8 billion in 2020/21.

The estate includes significant Trust-owned assets (primarily, but not solely, our hospitals sites) as well as occupancy of other organisations' premises. It costs £27m per year to run the current building footprint (owned and occupied). This includes the costs of constructing, renting, equipping, cleaning, maintaining and operating buildings. This is increasing, due to factors including the global pressures on energy, construction and materials prices. After staffing costs, running our estate is the next highest annual Trust operating cost.

Because health infrastructure is a long-term investment, we need to get it right now, both for the healthcare needs of today and looking ahead to the future. We want to provide services in locations and settings that offer choice, and align with need as efficiently as possible, getting good value from the resources we invest and making the best use of digital technologies.

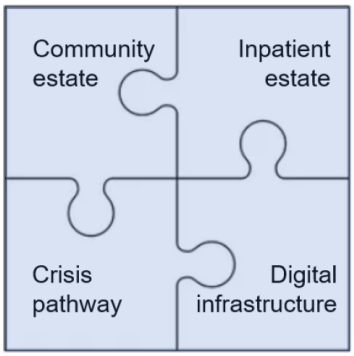
A focus on Place is an opportunity for us to work together with other public sector, voluntary and community sector partners on joint ambitions to improve our populations' health and care.

What is our ambition for the future?

Our overall ambition is to improve health and care for people, within places, in partnership – wherever possible "meeting people where they are". In the future, we want all Our Places to be functional, efficient and well-utilised, with locations that support more local care and collaborative working, whilst maximising the choice for digital where clinically appropriate. We have learned, including from new ways of working implemented during the pandemic, that there are opportunities for some colleagues to work remotely and to offer a blend of face to face and virtual contacts for some of our patients, some of the time.

Engagement with service users, carers, staff, and partners shows a desire for partnership working on local service delivery, focussed on the place and the person rather than the organisation.

Fundamentally, we want all Our Places to:



- Be safe, therapeutic, inclusive and promote recovery
- Provide sufficient capacity to support growth and service change
- Support delivery of care as close to home as possible
- Support colleagues to carry out their roles effectively and feel valued
- Reduce inequalities and improve outcomes by providing the most appropriate setting for care
- Accommodate the different needs and preferences of patients and colleagues who use them
- Afford privacy and dignity, be friendly, welcoming, non-institutional and least restrictive
- Support the delivery of integrated models of community care
- Maximise the benefits of, and support choice for, digital
- Run efficiently, with consistent occupancy of a reduced high-quality estate so we make best use of our resources for the benefit of service users.

2028 vision for the estate

Given these principles, the vison for the estate is that by 2028 we'll be able to see, hear and feel: A consistently high-quality estate which supports our ongoing journey to transform our clinical services. All services are delivered from safe, welcoming, and friendly environments. Everyone is able to access and feel comfortable in our buildings, including people with neurodiverse needs, people with a learning or physical disability, dementia or other specific needs.

In 2028, whilst we have more to do, we have already focused on those buildings that are furthest from meeting our ambitions, so the gap between our worst and best environments has narrowed. Lots of community groups and care partners now work in, or use, our buildings (we also work far more in their buildings too) – this is increasingly our preferred way of working. Many of our buildings are now real community assets, which connect people to each other physically and virtually and help to de-stigmatise our services. We will have overcome challenges, particularly in accommodating increasing staff numbers without increasing the percentage of annual spend on the estate. This has required a big change in culture and ways of working. Most of our space is shared and attendance at Trust buildings is purposeful and usually planned. Many of our buildings will operate extended hours so use can be spread throughout the day and across the week.

Our inpatient, community and non-clinical spaces are contributing to people's physical and mental wellbeing. When we design our internal and external spaces, we are now trauma-informed, we design in risk reduction, comply with all regulatory requirements, and seek out innovation and best practice.

We minimise our environmental impact by promoting biodiversity. We've already reduced our physical footprint, reducing the cost and energy requirements of our estate, contributing to our financial and environmental sustainability. There is Trust wide ownership of the Green Plan and we are working together in new ways to enable overall space reduction (despite increases in staff), and are continuously adopting innovative green solutions which are reducing our carbon emissions and making a positive impact to address climate change. By 2024/25, we have reduced our total emissions by 19% from our 2020/21 baseline (taking into consideration the future procurement of renewable electricity). There is an electric vehicle charging point at each Trust-owned site.

We will be supporting delivery of our clinical strategy by:

Community Services	Linking with the community transformation programme to help in identification of a range of settings for high-quality care closer to home, conducting strategic estates planning with partners and supporting local regeneration where this supports Our Journey for Change ambitions. Working with TEWV's People and Culture Directorate and Smarter Working Programme to resolve the challenge of accommodating the increased staffing and activity implied by the NHS Long-Term Plan whilst minimising additional building costs.
The inpatient environment	Providing high-quality, therapeutic, welcoming and friendly environments so that patients can be treated safely and effectively with a focus on recovery. We will ensure our estate continues to align with need, enabling optimal bed configurations and exploring opportunities for enhanced care areas. We want to provide environments which staff are proud to work within.

Urgent Care & Crisis Pathway	We will (co)locate services in areas which support the prevention of avoidable crisis, considering the wider determinants of mental health. When people do experience crisis, we will support clinical colleagues in ensuring access to health-based places of safety out of hospital or away from A&E[3] where possible. Where people require A&E or hospital-based crisis care, it should be a positive experience in a welcoming and therapeutic environment and facilities for Trust staff should be fit for purpose.

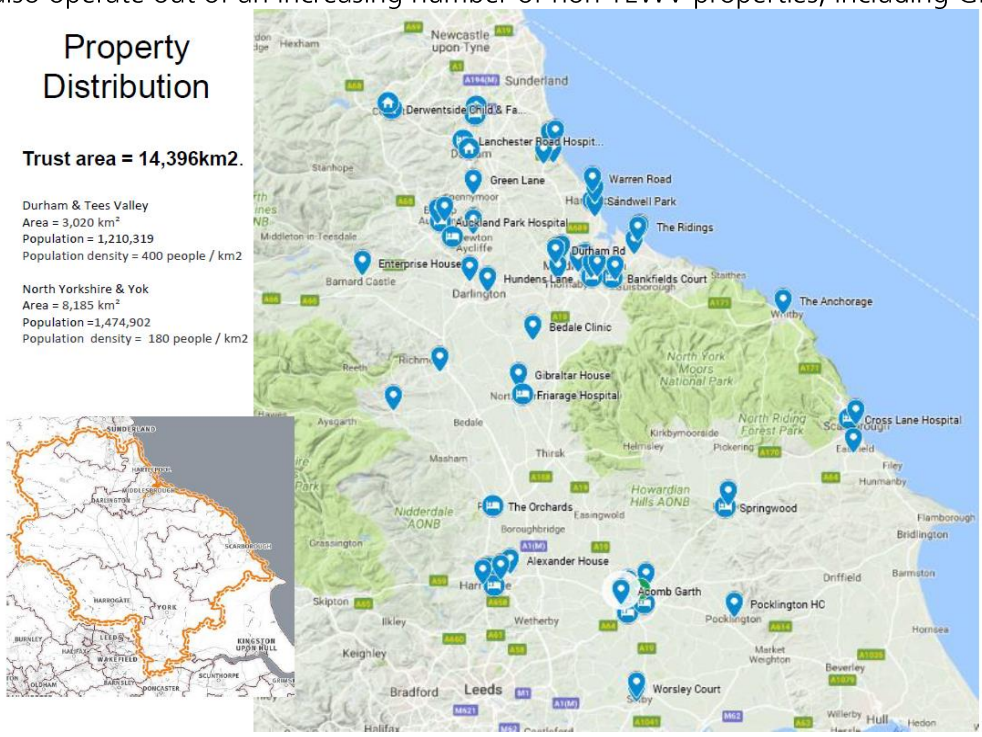
Where are we now?

As referenced previously, the Estates and Facilities Management (EFM) running costs are c £27m annually, and include rates, heating, lighting, maintenance, water and cleaning costs as well as patient food, laundry and rent where applicable.

There is also a recurring revenue impact of around £4.1m per annum associated with depreciation of the capital we have invested in our assets (capital costs being 'written down' over the assets' useful lives) and a 3.5% required annual return on assets, or Public Dividend Capital payment, of around £3.3m per annum.

The Trust provides services to a population of just over 2 million people, from locations spanning an area of 5,400 square miles or 14,396 square kilometres.

The map below shows the distribution of Trust properties. We currently own or lease around 70 main sites but some of these, such as Lanchester Road Hospital, house a number of different buildings and a mix of clinical and non-clinical teams, with TEWV and non-TEWV occupants. We also operate out of an increasing number of non-TEWV properties, including GP practices.



[3] A&E = Accident and Emergency, or sometimes known as the Emergency Department or ED

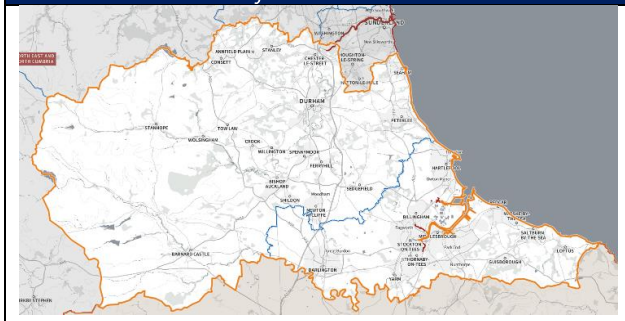
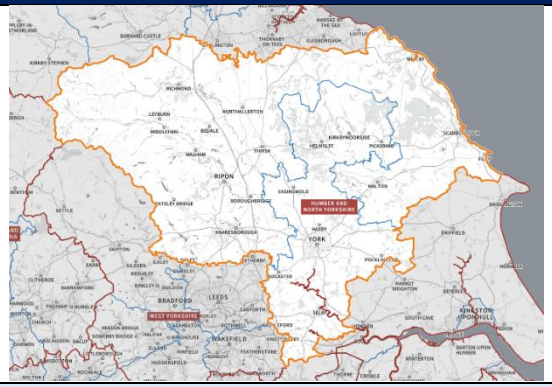
Across the Trust, there are notable differences between the geography, demographics and condition of the estate. For example, there are stark differences in population concentration, with density ranging from 4 people per km2 in the most rural areas, to 13,000 people per km2 in some of the main towns. Tees Valley has the highest population density, and North Yorkshire the lowest.

Levels of deprivation vary greatly. This is measured through a geographical Index of Multiple Deprivation (IMD) where a higher score represents greater deprivation. The England average is 22. This compares to 12 in the Vale of York and 31 in Tees Valley. In 2019 government statistics highlighted Middlesbrough as the most deprived local authority area in England, with Hartlepool the 10th most deprived. However, it is important to remember that there are pockets of deprivation across all areas served by the Trust.

Clearly, as the above factors begin to illustrate, the Care Groups have different challenges in terms of the communities they serve, the existing infrastructure and that needed, and the opportunities this presents. The table below summarises some of these key statistics.

Note: Secure Inpatient Services (SIS) have been shown separately to allow more direct comparison between Durham and Tees Valley (DTV) and North Yorkshire, York and Selby (NYY).

Table 1 Estates & Demographic profile

Durham Tees Valley	North Yorkshire &York	Specialist Inpatient Services
		
Demographics: • Total area: 3,020km^2 • Population: 1.21m • Average population density: 401 people/km^2 • The average Index of Multiple Deprivation score across DTV is 29. • 37% of all DTV Lower Super Output Areas* are within the 20% most deprived in the country. Estate: • 46 properties (inpatient sites classed as one property) • 83,000m^2 building footprint (inc. 35% of RPH non-secure). Nb. Trustwide / corporate functions are located in DTV. • £15.5m p.a. Estates & Facilities running costs + £2.1m p.a. depreciation (inc. 35% RPH)	Demographics: • Total area: 8,190 km^2 • Population: 1.47m • Average population density: 180 people/km^2 • The average Index of Multiple Deprivation score across NYY is 14. • 6% of all NYY Lower Super Output Area*s are within the 20% most deprived in the country. Estate: • 24 properties • 26,000m^2 building footprint • £6.07m Estates & Facilities running costs + £1.27m p.a. depreciation	Demographics: • Total area: 13,579 km^2 for North East and Cumbria but beds are nationally accessible. • NENC Population: 3.0m • Average population density NENC: 221 people/km^2 • The average Index of Multiple Deprivation across NENC is 27. Estate: • 23,295 m2 building footprint (includes 65% of RPH secure) • £5.1m p.a. Estates & Facilities running costs + £0.44m p.a. depreciation

The mean population density for England is 4,421 people/km^2 ranging from 2 to 106,716 people/km^2.
The England-wide Index of Multiple Deprivation distribution is 0.5 to 93 with a mean value of 22.
* Lower Super Output Areas (LSOAs) are geographical areas / neighbourhoods of standard size, first used to support the collection of census data. As the areas have a standard population (around 1,600 people) they can be really useful for demographic comparison.

Green Plan

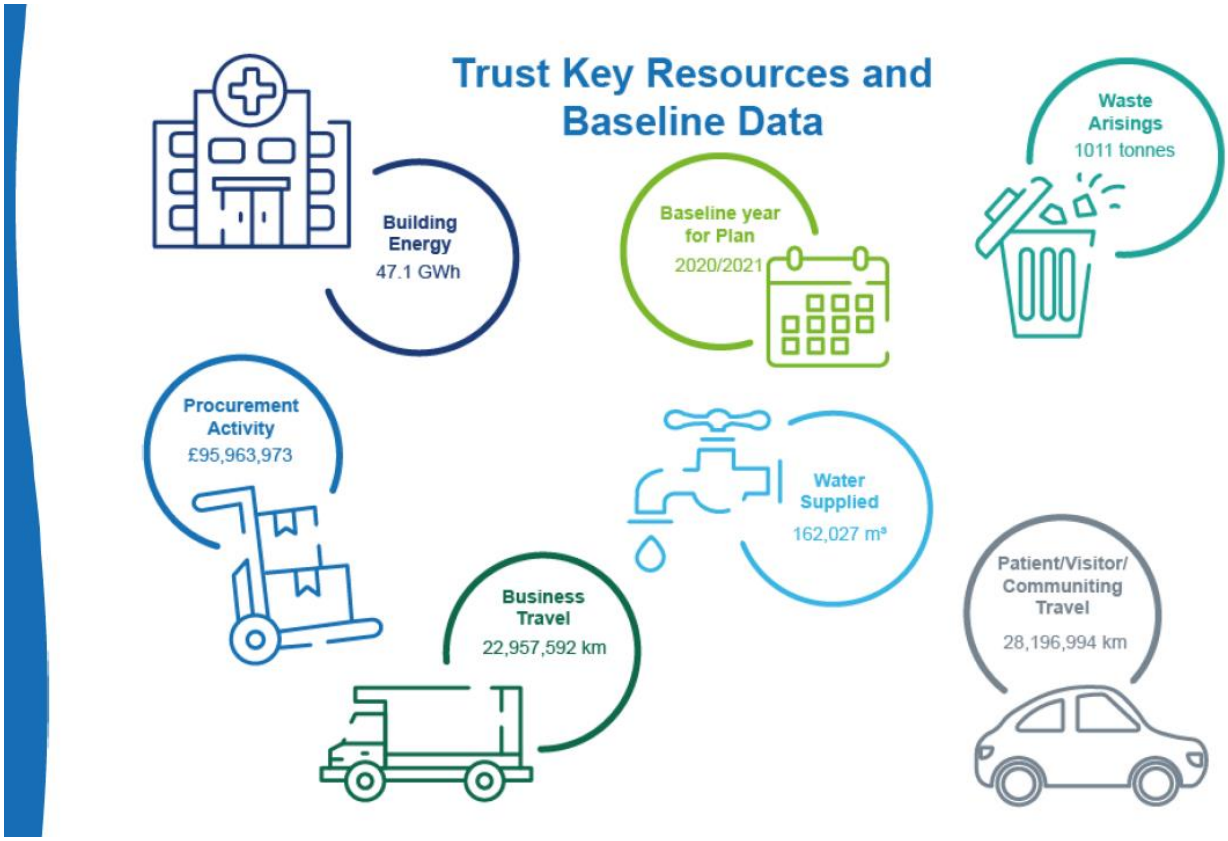
The Trust has recently developed a Green Plan with a range of focus areas and priorities including the estate. All NHS bodies have had to develop their own Green Plan to help the NHS achieve its zero carbon targets.

The carbon footprint of our built environment is significant. With 13% of our emissions currently coming from the operation of our buildings, combining a footprint reduction with energy efficiency improvements will have the greatest net zero benefit.

Owned buildings, where we were directly responsible for procuring the energy supply contracts, are being targeted for energy efficiency improvements, but we will also work with other partners and landlords to improve efficiencies where our services are housed in their buildings.

How we design and construct our buildings in the future will also play a decisive role in our ability to achieve net zero. Modern Methods of Construction (MMC) use a manufacturing process, rather than a traditional 'build', which is more sustainable: waste of materials and waste generation is reduced, offsite manufacturing minimises the time and energy on site (minimising pollution and disruption) and there are significant reductions in HGV movement. We will consider MMC options for all future new-build, capital schemes (including for our Stockton Urgent and Emergency Care development).

The illustration shows some of the environmental impacts of running our existing estate. As shown, it takes 47 Gigawatts (Gwh) of energy to support our current footprint and 162,000m3 of water, in addition to creating 1,011 tonnes of waste.



The Journey so Far

North Yorkshire, York and Selby Care Group

In North Yorkshire, York and Selby (NYYS), there are fewer buildings compared to Durham and Tees Valley (DTV). This is reflected in annual running costs which are under half that of the DTV area (adjusted to exclude secure inpatient m2 to ensure a like for like comparison). This is a reflection of both a population which is around 35% less than DTV (with an associated smaller bed-base) and a significant programme of consolidating capital investment since the Trust became service provider for York and Selby in 2015. Targeting investment for major re-design of the estate has led to a reduced footprint of space and more energy efficient buildings, whilst providing higher quality accommodation.

In York and Selby, there was a legacy of very poor condition, rented accommodation. In 2015 staff were working out of 28 buildings, few of which were fit for the delivery of modern mental health care. This included 4 isolated inpatient units as well as Bootham Park Hospital (which was closed by the CQC due to environmental safety concerns just before services transferred to TEWV). In 2020, and after £39m investment, Foss Park Hospital, a purpose-designed new build, opened in York for the provision of older and adult inpatient services.

This was supported by investment in the community infrastructure in York and Selby, including the lease and refurbishment of Huntington House (£2m) as a Mental Health hub, the purchase and refurbishment of Orca House (£4m) as a new Child Adolescent Mental Health Service (CAMHS) base and investment at Acomb Garth and Acomb Health Centre. Recent capital works at Worsley Court have also allowed the CAMHS team in Selby to vacate poor quality, leased accommodation and increased utilisation of the existing estate.

Within Hambleton & Richmondshire in 2021, we opened North Moor House, an £8m purpose-built community hub in Northallerton. This development enabled a fully transformed model of care, accommodating a significant increase in the community infrastructure associated with care closer to home and enabling the co-location of all specialties. One lease was terminated, a Trust-owned property was sold and Vine House and the Briary Unit (community and inpatient space) within the Friarage Hospital was released for valuable development by the acute trust.

Most recently, we have been collaborating with the Ministry of Defence to secure dedicated space within Catterick Integrated Care Centre which recently secured planning approval.

Whilst we have made significant progress in NYY&S, there is still much more to do. Due to investment in community-based clinical workforce, we have out-grown Valley Gardens in Harrogate and have pressure on accommodation in Ripon.

In Scarborough, Whitby, and Ryedale, in addition to struggling with capacity, several buildings are not of the high standard we aspire to. High rurality and a limited property market in areas such as Whitby is a real challenge. This has limited development, although we have recently invested in the TEWV space in Whitby and Scarborough (Scarborough & York Acute Foundation Trust's) Hospitals and made improvements at Cross Lane Hospital. A more creative, community development approach may help build on previous investment.

This includes £10.4m capital investment which enabled the re-development of Cross Lane Hospital site in 2012. This involved significant refurbishment of the adult inpatient beds and construction of a purpose-designed inpatient facility for older people. The Trust continued to invest in North Yorkshire and in 2013, following £3.9m capital investment, opened a new purpose-built older person's unit at Springwood in Malton and a new £1.3m base for Scarborough CAMHS at Lake House.

Durham, Tees Valley & Forensic (DTVF) Care Group

Within the Durham, Tees Valley and Forensic Care Group, there are different challenges across the geographical areas and the quality of estate can vary. The most significant and ongoing investment is funding a major programme of inpatient safety works in Teesside. However, in 2021 we were also able to progress a capital scheme to re-provide the CAMHS base in Redcar after securing £1.8m national mental health capital funding for children and young people. The need to accommodate expansion and reconfiguration in CAMHS is a common theme across the Care Group geography.

Other improvements in DTVF have mainly been incremental, partly linked to relatively recent significant inpatient hospital investments at Lanchester Road, West Park and Roseberry Park Hospitals, but also reflecting a heavy reliance on leased accommodation, the constraints of related termination dates and needing to maximise the use of existing estate. For example, we have recently been able to create some therapy rooms for learning disability services within our existing Flatts Lane Centre accommodation.

Within DTVF there is a contrast of rural and more densely populated areas with pockets of concentrated deprivation. There is a limited property market in more rural areas but in town centres much of the accommodation is for retail use and has limited or no parking. Expansion within teams has resulted in pressure in existing buildings and, in some cases, challenges are exacerbated by the building condition.

Fortunately, there is an increasing appetite to work together to identify solutions across the health and social care system. North East and North Cumbria Integrated Care System has offered the Trust space in a number of their buildings. Stanley Primary Care Centre and Sedgefield Primary Care Centre for example, will provide much-needed facilities for children's autism services. We are also working with local authorities and other Trusts as part of Tees Valley Strategic Estates Group and One Public Estate.

Together with Stockton Council we have secured access to One Public Estate funding to map our collective estate and explore opportunities to access more central locations for patient-facing activity. This builds on joint work to support the council's regeneration strategy, allowing us to vacate 3 of their buildings and consolidate services on our Durham Road site. Due to building condition, vacating those council buildings was a shared aspiration for TEWV as well as the council.

£3m national Urgent & Emergency Care capital funding has been secured to enable these moves, with a focus on co-locations to support crisis prevention and support.

Within Hartlepool, the partnership agenda is also progressing, and the Trust's Access Team are now based in a council-owned community hub which has been developed using the old library. This sees our services co-located with a range of wellbeing and support services including a community café, voluntary groups, employment group and activity sessions.Other opportunities are being considered across Durham and Darlington. These will be worked through as the estates journey and supporting Estate Masterplan continue to develop, but we are already implementing capital schemes to make better use of our existing buildings on the Lanchester Road site. This includes a scheme to create an Adult Mental Health base which will support service reconfiguration and enable a centralised clinical model for North Durham CAMHS services. Several projects are also in place to consider options for the learning disability inpatient estate as well as the step-down rehabilitation service in Health & Justice.

Secure Inpatient Services are part of the significant programme of Teesside safety works and we are working with colleagues to understand the implications of a Clinical Service Review which is currently being undertaken by the North East North Cumbria Specialist Mental Health Provider Collaborative.

The quality and capacity of accommodation for Acute Liaison services is a common issue across the Trust. These teams should ideally be co-located within hospital Emergency Departments but, as acute trusts are struggling with space, it is becoming increasingly difficult to secure the level and quality of space needed for our services and staff. National capital for Urgent and Emergency Care has been secured to support some modest improvements in this area.

Space Utilisation

Ten years ago, the Trust introduced a Service Improvement and Space Utilisation Project (SISUP) to drive operational and estate efficiencies. A standard was agreed for a whole time equivalent to workstation ratio for patient-facing staff. Since then, all new or refurbishment schemes, allocate one desk to every two members of community staff (as much of their time is spent engaging directly with patients in the therapy rooms or at other venues such as GP practices).

We have not stretched the 2:1 SISUP principle since its introduction in recognition of ongoing investment in Mental Health and an increasing number of staffing. Most teams are now operating at a higher person to workstation ratio which can be difficult. However, with learning from covid ways of working, and effective policies, processes and infrastructure now underpinning Smarter Working, we may wish to review this standard. A robust room and desk booking system will be particularly helpful. We want the workplace environment to provide appropriate spaces for the task in hand (i.e. those tasks which will not generally be undertaken remotely) and to reflect the differing requirements of different core services. We expect a need for increased collaboration space and less cellular offices / dedicated desks in the future. To enable efficient space planning, we need more clarity on future operating models for each service and a consistent methodology to quantify need.

What do we know about the future that we have to take into account?

We know that:

- **Operating models will be different** – to help meet the challenge of increased demand and post-COVID recovery, and take advantage of new IT-enabled modes of delivery, we will need very different property platforms and flexibility to be responsive to future change.
- **Partnership working** - Clinical services are changing and partnership working, often at neighbourhood or place level, is becoming increasingly important.
- **Demand is increasing** - Clinical demand is increasing and with it, the demand for space.
- **Acuity**[4] **is increasing** – more robust, flexible inpatient spaces and facilities are needed.
- **Digital** - We are working against a backdrop of unprecedented change – digital technologies are revolutionising how we work and how we can deliver services.
- **Expectations** - People's expectations about the convenience and accessibility of our services are increasing, and we know our environments need to be welcoming, friendly and therapeutic to support patient and colleague wellbeing.
- **Smarter Working** - where business need allows, smarter working is already becoming the norm, but it will not generate efficiencies unless space is released for sharing. Success will also be dependent on our ability to spread use evenly across the day and the week (level-loading). We need to consider the hours of opening for each of our facilities to support an attractive, flexible working offer and help to mitigate recruitment challenges.
- **Resources are constrained –** there is limited NHS funding available and we will continue to operate within strict national and system funding envelopes. Most capital developments also require revenue investment for running and maintenance costs, capital charges, furniture, equipment and technology. For some of our poorer condition estate, rental levels are low, meaning high quality like-for-like replacements generally costs significantly more, so we need to think differently and deliver optimally utilised, flexible shared spaces.
- **Costs are increasing** - Financial pressures on the NHS will continue, so there may be an expectation that estate running costs reduce as a proportion of Trust turnover. Inflationary pressures for goods and services are above nationally determined funding uplifts. Longer lead times are also being experienced following the Pandemic and other global events.
- **Future-proofing** - We need to plan for places that can adapt and respond to change – for an estate that is leaner and more agile, and equipped for clinical transformation, smarter ways of working, digital-enablement and improved workplace design.
- **Modern Methods of Construction (MMC)** - including a range of standardised, repeatable rooms and a focus on sustainability and social value are now considered NHS best practice. This will ensure reliable, evidence-based design and reduce capital cost.
- **Estate re-configuration** – our partners are also reviewing their own estate utilisation so securing affordable space can be difficult.
- **Integrated Care Systems** - All Integrated Care Systems are developing their own estates strategies. These will be aggregated into a single NHS-wide position. The ICSs will have increasing influence on capital spend and prioritisation across NHS (foundation) and ambulance trusts. There are significant pressures within local acute hospitals' estate and relating to backlog maintenance due to pressures on national funding envelopes to date.

[4] Acuity is a term that means broadly how severely ill a patient is. In the mental health context, the level of acuity has implications for the design of inpatient wards.

Our key areas of focus

Taking all this into account, including feedback from the Infrastructure stakeholder event and discussion in the Infrastructure Programme Board, our three key areas of focus are shown below.

1. Better, Smaller, Greener Buildings	**Safe, resilient and well-maintained** 	**Right size, right shape** 	**Environmentally sustainable** 
2. Transformed Services in Smarter Places	**Community-facing, person-centred care** 	**Optimising use of technology** 	**Staff facilities** 
3. Adding Value & Ensuring Efficiency	**Tackling Inequalities** 	**Place-making** 	**Delivering Value** 
Evidence & Data-led	**Excellence & Insight** 		

These three themes will be developed into work packages and projects for prioritisation and implementation as resources allow.

High Impact Changes

The tables below outline a small number of high impact changes linked to our three key areas of focus.

These are not designed to be comprehensive and will not deliver our vision for the estate on their own. Rather, they are discrete pieces of work which will make a big impact on Our Journey to Change goals and complement other capital development projects, day-to-day business as usual and ongoing quality improvement in Estates. Some high impact changes will be implemented as projects with a clear start and end date, whilst others support separate Trust programmes or incremental change.

Better, Smaller, Greener Buildings

	What?	How?
Better	High-quality, therapeutic buildings which respond to a diverse range of needs for positive outcomes and experience.	Co-produce TEWV design standards including best practice for modern wayfinding, reception, digital enablement and designing for diversity (inc. autism and dementia-friendly design) as well as colour palettes to make spaces feel welcoming and homely, whilst ensuring environmental safety and infection prevention & control.
Smaller	A core estate which is the right size and right shape to efficiently serve the needs of all users.	Develop an Estates Masterplan taking a Trust wide view of our assets, prioritising the poorest condition and / or highest-cost buildings for re-provision or consolidation, reducing our overall footprint and levelling-up the quality and environmental performance of retained estate.
Greener	Address decarbonisation, adapt for climate change and make better use of resources whilst increasing natural capital.	Support implementation of the Green Plan, decarbonising our core estate and adopting green design for future developments.

Transformed Services in Smarter Places

	What?	How?
Transformed Services	A broader range of places for delivery of care, aligned to population health need and community transformation plans.	Support the community transformation programme, undertaking joint strategic estates planning with wider public sector and community partners. Trust-owned estate will be more targeted, potentially leading to wider distribution or a reduced scale, as we work in partnership to share space and respond to population health need.
Smarter Places	Technology-enabled environments incorporating advancements in sensor technologies and the Internet of Things (IoT)	Introduce advancements in building technology and analytics (e.g. Oxehealth, sensor doors and building information modelling), ensuring digital enablement is integrated into the Trust design manual including standards for modern, well-equipped meeting spaces.

Adding Value & Ensuring Efficiency

	What?	How?
Adding Value	Respond to inequalities in population health and contribute to place-making.	Leverage our role as a place-based anchor institution to accomplish social value, using our buildings and spaces to support communities and exploring opportunities to support regeneration.
Ensuring Efficiency	Identify opportunities to maximise use of limited resources.	Support the Smarter Working programme, presenting space planning and occupancy options for appraisal (in response to new operating models in clinical and corporate services). Play our part in developing a system-wide view of assets and financial flows working within and beyond Integrated Care Systems and responding to funding opportunities in line with our masterplan.

Measuring Progress A set of strategic objectives, benefits & products has been identified for each element of the Infrastructure Journey.

Monitoring of these will build on established, national processes for the performance management of the Trust estate to ensure our decisions are evidence-based and data-led. This includes:

- **Estates Return Information Collection (ERIC)** is main central data collection for buildings, maintenance, cost and the provision of services e.g. laundry and food, and the costs and consumption of utilities.
- **Patient-Led Assessments of the Care Environment (PLACE)** are an annual appraisal of the non-clinical aspects of healthcare settings, undertaken by teams comprising members of the public ('patient assessors') and staff. This includes measures such as the physical condition and appearance of the environment, the standard of food, privacy and dignity and how well the environment meets the needs of users with dementia or disability.
- **Premises Assurance Model (PAM)** is an annual and 3-yearly cycle for compliance improvements. The NHS PAM is a nationally consistent basis for assurance for Trust boards on regulatory and statutory requirements relating to their estate and related services, and the NHS Constitution right to be cared for in a clean, safe, secure and suitable environment, **This model provides assurances that the estate is safe, efficient, effective and of high quality.**

To successfully measure progress, and the impact of our estates journey, we may also need to develop new metrics including qualitative and quantitative measures as well as indicators that capture, not just actual cost, but also cost avoidance, and space utilisation (time and area) as measures of efficiency and value. Accessibility, alignment to population health needs and tackling inequality will also need to be considered.

10. Our Digital Technologies and Data

Preface

This chapter of the infrastructure strategic journey sets out our ambitions for Digital and Data services, and some of the principles that will guide the development of our future operating model.

TEWV developed a Digital and Data Journey to Change at the same time that it was developing and approving Our Journey to Change. This chapter therefore reinterprets that strategy and shows how the main features of it sit within the wider Infrastructure Journey.

Digital and Data vision for 2028

It is the role of digital technology to support the clinical, quality and safety, workforce, infrastructure, and co-creation visions. We know that if we get things right, then **in 2028 patients, carers, colleagues and partners will see, hear and feel that:**

We will be using digital technologies and data appropriately to help improve and enhance the outcomes and experiences of our patients, staff, and partners in line with the key objectives of the underpinning journeys. We will have reliable, secure equipment and seamless processes for staff, services users and carers. We will have achieved consistent, structured investment in the latest technologies (realising that this was essential, not a "nice to have").

TEWV will be at HIMSS[5] level 5, meaning our technology enhances clinical outcomes and that we are seeing the benefits of investment into digital technology.

We will have good interoperability between our systems and those of our partners. We have maximised convergence. The benefits of this are not just seen at TEWV but more widely across the health, care and voluntary and community sectors within the North East and North Cumbria and Humber and North Yorkshire ICSs. Our technology is supporting appropriate information and data sharing necessary for the ongoing transformation of community services. Service users are therefore now receiving an integrated, joined up service in the place that they live even though many different organisations are involved in their care and treatment.

Where are we now?

During the recent pandemic a number of developments were accelerated to support clinical and corporate services to continue operating, these included:

- The roll-out of Microsoft Teams to all our staff.
- The expansion of the Attend Anywhere (AA) pilot from 12 staff to 3000+ staff (second largest user of AA in England and Wales).
- Conversion of all face-to-face systems training to a digital E-learning approach.
- Configured and distributed 150+ tablets for inpatient areas.
- Piloting a digital mail-room to support communications with patient and staff
- Rebuilding the existing server estate to accommodate 6000+ staff working from home/remotely.

[5] HIMSS is the Healthcare Information and Management Systems Society

- Our staff intranet went live providing great opportunities for improving communication and information sharing within the Trust
- A new service desk contact centre telephony system was introduced providing a foundation for future developments.
- Virtual smart cards were deployed to more than of 5,000 staff reducing the reliance on physical smart cards.

What do we know about the future that we have to take into account?

During the last five years we have seen a significant increase in the adoption of digital technologies within the UK. Within all areas our lives we increasingly use technology in varying forms– banking, gym, applying for jobs, shopping, accessing information/services, use of apps, on-line classes, how we communicate with family and friends etc. This means that members of the public have higher expectations of health and social care providers in terms of how we deliver our services using digital technologies. Members of the public expect:

- Instant access – at point of convenience
- Choice
- Safety/confidentiality
- Co-creation
- Accurate/real time/accessible data
- Consistent high quality

Continuity and flow

The use of digital technologies and data is a critical component in the effective and safe delivery of high-quality care and will continue to increase substantially in the years ahead. The NHS also has ambitions to be "the most advanced health and care system in the world, and to become the global leader in healthtech." This can only be achieved by creating an environment where 'digital' is not seen as the domain of 'IT professionals' but part of our everyday working and 'the way we do things' as an organisation and in our partnerships. We will achieve this by working with our patients, colleagues and partners to develop solutions that support our Trust's core purpose.

Our approach must ensure that we do not create a digital divide and that everyone can access our services regardless of their skill level, financial constraints, access opportunities or motivation to use digital technologies. We need to ensure that no-one will be at a disadvantage if they are not able to access digital devices, data, or the internet. Ensuring digital inclusion will need to be a key consideration when delivering models of care and adoption of new digital technologies.Our key areas of focus and benefits

Our overall digital and data journey outlines the breadth and scale of the projects and activities that our teams will implement over the coming years in support of Our Journey to Change.

It is recognised that as an enabling function, digital technology will support and underpin the priorities set out in the Advancing our Clinical, Quality and Safety Journey, to ensure individuals are inspired to use digital technologies to achieve excellent outcomes. We will ensure that our patients, carers, colleagues and partners are supported, confident, involved and encouraged to work collaboratively to embed new technologies and drive forward improvements.

Examples of where digital technology will facilitate the achievement of the other journeys includes:

Smarter Working Appropriate resources, and training and awareness sessions will be delivered to help staff understand the capabilities of Office 365 and functionality available via additional apps. Staff will utilise Office 365 in a way that maximises the benefits to allow more time to be focused on the delivery of their core roles.

Induction and New Starter experience will be improved using automation technology. The current lead times and processes will reduce, lessening the administration burden on our staff and improving their experience of interacting with critical corporate systems and processes. This will improve patients' experience by releasing more staff time to focus on patient interaction and by reducing staff stress levels by generating an increased sense of an empowered workforce. We know from feedback that this is a high priority, and that achieving this will help with staff retention and accelerate how quickly new staff are able to carry out other value-adding work.

Centralised Asset Management will look to ensure that staff are provided with the appropriate IT equipment in a quicker, more efficient process to ensure they are never left with aging, slow, underperforming technology and are 'onboarded' with the right kit in a timely manner. Feedback tells us that we must change because our current systems do not provide a good enough experience for many staff colleagues. The planned changes will reduce the overall costs for the organisation through coordinated stock and product line management and economies of scale in purchasing.

Equipment/Room Improvements by improving the environments that our staff, patients and partners use and ensuring our spaces are fit for purpose with the appropriate technology we will make them more accessible. We will reduce the anxiety from utilising unfamiliar technology, or room set up in these spaces, by ensuring the technology is appropriate and facilities provide clear guidance on how to use it, or access support. This will support our green plan by reducing travel through co-location and improving communication through video technology and encouraging a blended use of the spaces available to us.

Population Health is a key priority for mental health services and is an approach that aims to improve both physical and mental health outcomes, create parity of esteem and reduce health inequalities. This work will be achieved through the provider collaborative, the community mental health transformational funding and collaboration in our integrated care systems (ICS). Digital technology has an essential enabling role to allow appropriate sharing of data so that Place and system level analysis can be carried out, avoiding the "data silos" that have prevented this in the past. This is essential work if TEWV is to achieve our goal of being a Great Partner.

11. Our Support Services: 'OneTeamTEWV'

Preface

This chapter of the infrastructure strategic journey sets out our ambitions for support services, and some of the principles that will guide the development of our future operating model. This chapter also sets out the priorities for change over the next 5 years for support services.

What do we mean by "support services"?

By "support services" we mean our systems and processes delivered and coordinated by people who are not clinicians. The direct "customers" for much of this work are TEWV clinicians (including

doctors, nurses, psychologists, Allied Health Professionals, peer workers and health care assistants). Examples of such work include:

- Helpdesks (e.g. Digital and Data, Payroll, Estates etc)
- Professional service support (e.g. Medical Development, accountancy, payroll, performance, planning / project management, recruitment, Health and Safety, Fire Safety, HR operations, organisational development)
- Admin support (ranging from booking travel and rooms through to minute taking and supporting clinical teams' record keeping)
- Prevention and compliance work, where support services ensure that clinical, legal / regulatory and other risks to patients / colleagues are spotted, monitored and mitigated. This includes estate work to tackle health and safety risks, through to the production of data dashboards and analytical reports.

But there are also lots of non-clinical interactions with service users and carers. These range from booking appointments, through to manned receptions at TEWV buildings, estates workers, housekeeping and catering staff. The work of the Trust's involvement and engagement team, and other non-clinical engagement with service users and carers is another example.

There are also services which support the organisation's governance such as the Company Secretary's team. Most of our support service directorates also support Board of Directors' decision making by developing frameworks and delivering reports on support service or strategic, cross-Trust issues to the Board of Directors of Executive team.

Some of our support services also interact with partners. Examples include finance (subcontractors), performance / planning / workforce planning / Finance (ICSs), compliance team (CQC), Safeguarding Team (local authorities), Research and Development (Research Councils and Universities).

As there are other chapters in our Infrastructure Journey covering Places and Digital Technology, this chapter will not include those things, except where the staff working in those services are providing specific services to clinical customers, such as helpdesks or automation of support service processes and interactions.

Sometimes support services are described as "corporate" services or teams, but in this document we use "support services" to describe colleagues who support frontline clinicians by operating supporting systems and processes, regardless of whether their posts sit in Care Groups or in corporate services.

Infrastructure Journey vision and support services

Our Infrastructure Journey includes principles about where we want to get to. Engagement with services users, carers and colleagues at a workshop also helped to apply those principles to support services. So for support services, our aim should be to:

- Be perceived as an **invisible helping hand**, supporting TEWV in a seamless way to deliver excellent care (operating as '**One Team TEWV'**);
- Develop systems and processes that release time for clinical teams to care;
- Respond to changes in the environment, including changes in clinical models such as Community Mental Health Transformation, and the increase in system / partnership working;

- Consider the impact our work is having on the **whole person,** what this will mean for different ages and backgrounds over their **whole life** and how our actions affect outcomes achieved through the **whole system** of health and social care in the North East and North Cumbria and in North Yorkshire, York, and Selby;
- Accept that the way we are accustomed to working may not be what is needed in the future;
- Accept that people and partner organisations have a range of needs and preferences about how to access corporate support, and so support services need to be **inclusive and accessible** and **avoid a "one size fits all"** approach;
- Contribute to the best possible experience for our patients, their families and carers, our colleagues and our partners;
- Be financially and environmentally sustainable.

Given these principles, the vision for support services is that by 2028 we'll be able to see, hear and feel that:

Colleagues with non-clinical roles recognise with pride their role in releasing clinicians' time to care. People in different roles do this in different ways but they are all part of **'One Team TEWV'** contributing seamlessly to deliver great patient and colleague experiences.

In the years leading up to 2028 we have reduced the administrative burden on our clinical colleagues by streamlining and automating processes, enhancing the skills of our non-clinical staff and the responsiveness of our processes. Our recruitment and "onboarding" of new colleagues is faster, more efficient and supportive, and we will have tackled other time-wasting processes year by year, using technology and arrangements with partner employers to make them more efficient and effective.

In 2028 our patients and carers tell us that they receive consistently good customer service, whether they interact with us in person, via phone or online. It is now easy to navigate our systems, even for patients entering our services for the first time.

We have also improved our colleagues' experience. Initiatives like a central help desk and "navigators" who support the quick resolution of administrative problems and blockages have made TEWV a great place to work and help us retain and recruit staff.

Support services also seamlessly facilitate the ever-growing range of voluntary / community sector, independent sector and local council services that work with TEWV to deliver transformed community mental health services in each Place. The processes that these organisations need to go through to work with TEWV are now clear, proportionate and as simple as possible and TEWV is widely regarded as a supportive organisation which is easy to work with.

Where are we now?

One of the issues TEWV has, is that there is little quantitative (numerical) or qualitative data on how support services are perceived by their 'customers' and what positive or negative impact those systems and processes have.

However, the original Big Conversation, and the stakeholder workshop undertaken to inform the Infrastructure Journey (June 2022) have identified a degree of consensus about the current support service offer in TEWV.

Customers recognise and appreciate that many of our support services are of high quality. Support Services which are either "embedded" in services with Care Groups or who show understanding and curiosity about the pressures on clinical services are perceived to offer the best experience.

However, there is a perception that support services can sometimes seem:

- Siloed, with processes that require multiple sign offs from different teams, and with confusion about what order this should be done in
- To assume 'one size fits all', regardless of the different ways in which different people or partners would like, or need, to access the service
- "Improved" in ways that cut the costs of a corporate department, but increase the work, costs or complexity for clinicians
- Blind to how the processes and "entry points" to those processes appear to service users, carers and front-line staff
- To communicate poorly, with information about processes hard to find, or incomplete and the right person to contact not always clear
- To use traditional processes which are not sufficiently nimble or proportionate to support expanding joint work with the voluntary and community sector – due to increased Trust involvement in commissioning and the community services transformation agenda

Historically, most of our investment has been directed at frontline care. However, this has had the unintended consequence that the capacity of our support services does not always reflect increased staffing numbers or related support requirements. By reviewing current performance and capacity we will have a clearer view of current support service 'pinch points' and be better placed to agree our priorities for action.

What do we know about the future that we have to take into account?

We know that:

- Clinical services are going to change, and that partnership working, at neighbourhood place and ICS level, is going to become increasingly important;
- Hybrid working is already becoming the norm and so support services and our processes will need to be able to be accessed and also delivered by people working from home, remotely, or in partners' as well as our own buildings;
- Service user and carer (and frontline staff) expectations will increase as automated services they use when out of work (e.g. Amazon, Just Eat, Google, supermarkets, mobile phones, banking) become ever more sophisticated at delivering what people want quickly and without hassle. The technology behind such services will become increasingly available to TEWV;
- Workforce shortages for clinical roles are likely to get worse, and so the pressure to free up the time of clinicians to do patient-facing work is going to increase;
- Financial pressures on the NHS are going to continue, but we need to be very careful about making efficiency savings in support services as we must not create more work for our scarce clinical staff (see above);
- Despite financial challenges, the long-term plan continues to prioritise the development of services in community-based settings, meaning the numbers of clinicians we support will continue to change and increase;
- Procurement law may change as a result of Brexit and the approval of the Health and Care Act 2022 which creates the future possibility of more areas of NHS business being exempt from competition.

We also know that the Trust's People Journey has identified recruitment and retention processes as a priority for improvement, including "onboarding" for new staff and managers.

Our Clinical Journey and national policy will promote community mental health transformation / I-Thrive. This will continue to encourage foundation trusts to act as community anchor institutions

who take on commissioning roles and procure voluntary sector and other services at neighbourhood, place and system levels.

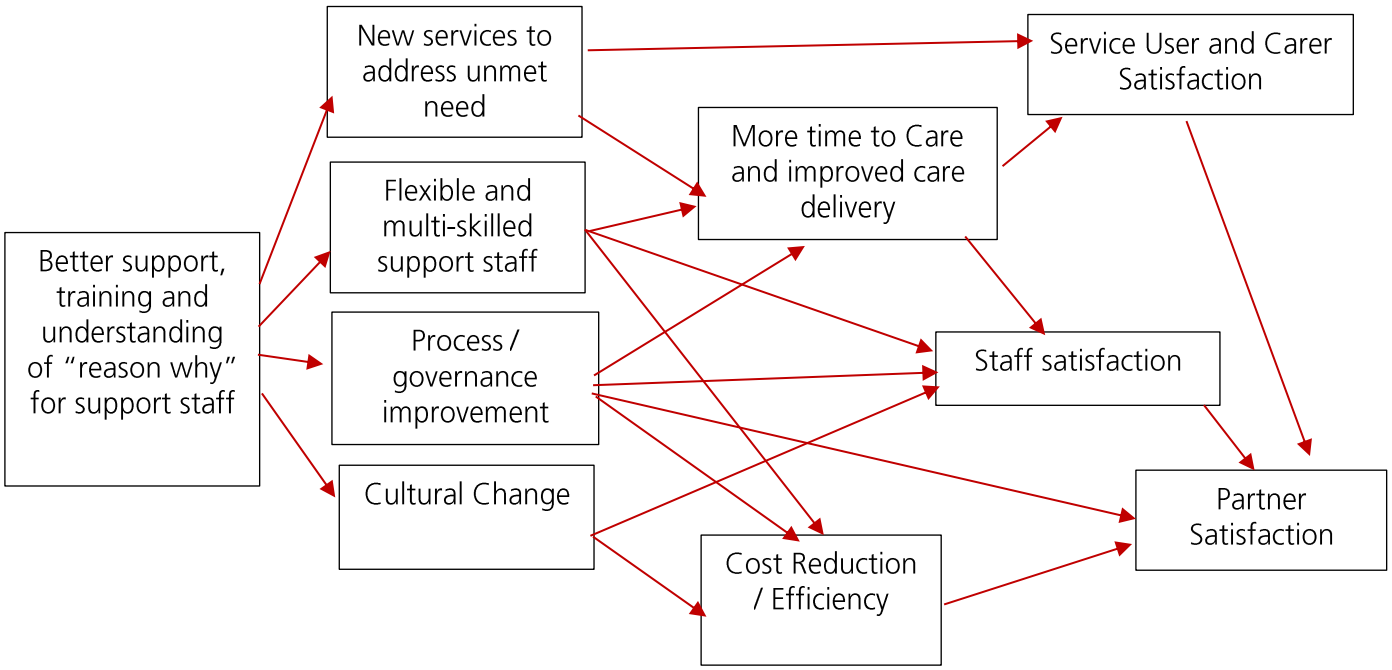
Our key areas of focus

Taking all this into account, our key areas of focus are below. These will be considered and prioritised for development into projects and for implementation as resources allow:

a) Identify high volume non-clinical activity carried out by qualified clinicians and either automate it or hand it to non-clinical workers (or other appropriately banded unqualified clinicians)
b) Tackle TEWV's worst, most complicated and time-wasting systems and processes and make sure those that we can control are so good they become "invisible".
c) Where we depend on nationally or regionally provided systems that we cannot change, ensure we offer helpful training and support to people who interact with them.
d) Make sure that all processes have a clear "reason why" and that where new processes increase demands on clinical time that there is a corresponding reduction in another process
e) Help non-clinical workers to feel they are a valued part of the One Team TEWV by being clearer about how their work is essential for the delivery of a great experience for service users, carers, other colleagues and partners. This could include opportunities to shadow / view frontline service delivery
f) Agree environment and customer service standards at TEWV, train staff to improve their customer service skills and develop processes that ensure our services and buildings are welcoming to all
g) Find and implement ways to reduce the tendency for corporate services to work in / present to Care Groups in silos.
h) Introduce meet and greeters / care navigators at larger Trust hospitals or community team bases (who won't be doctors, nurses or psychologists, but who could be volunteers, peer workers or administrative staff)
i) Train our non-clinical staff to be multi-skilled and flexible so that they can personally fix or report / follow up on problems and are able to carry out more than one role, but make sure they are mindful not to offer clinical advice or when to signpost elsewhere
j) Develop our website / extranet / intranet information so that people can get answers to their queries more easily
k) Work with the voluntary and community sector to redesign our procurement / contract management / invoice payment and other relevant processes to be proportionate and supportive of the community mental health transformation agenda

What difference should theses key areas of focus make to our 3 Strategic Goals (great patient and carer experience, great colleague experience, being a great partner) over time?

The diagram below shows how we intend to make a difference to the 3 Goals:



- At present we have very little numerical or qualitative information about how well support services contribute to a great service user, carer, staff or partner experience. But the diagram above shows us that we need to measure and monitor: Releasing time to care
    - Measured through QI improvement events / PDSA cycles / benefit measures linked to projects
- Cost and efficiency of support services
    - Reducing call response / overdue task metrics as % related volumes
    - Numbers of processes automated / time and resource released
    - Benchmarked costs / performance against other similar providers (NHS Benchmarking, ERIC return, Finance networks)
- Staff Satisfaction
    - Annual or PULSE survey questions
    - Aggregating individual ratings given to single transaction type processes by customer
    - Care Group managerial rating of professional service support
    - Right equipment and support at the right time (including digital) to support Smarter working
- Service User and Carer Satisfaction
    - Annual survey questions
    - Qualitative Metrics
    - Aggregating individual ratings given to single transaction type processes by customer
- Partner ratings of / views of TEWV
    - Periodic stakeholder survey
    - Non-clinical scores in regulatory assessments
    - % of invoices paid within 30 days (nationally agreed standard)
    - Accessibility and flexibility of our procurement arrangements