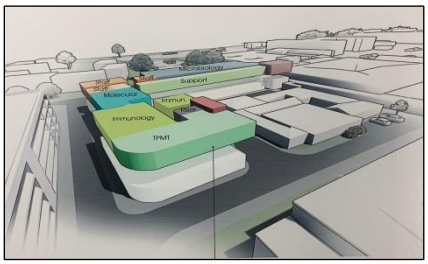
The Royal Wolverhampton
NHS Trust

Estates Enabling Strategy 2020-2025










Safe & Effective | Kind & Caring | Exceeding Expectation

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Context

This document explores the future five year period (2020-2025) and follows on from previous Estates Strategy's and endeavors' to capture current thinking around clinical need, society need and the demands of future service provision and the impact that may have on the management, operation and reshaping of our Trust Estate.

The very nature of planning an estates strategy in a world where there can be constant change can be challenging and therefore the reader must note that creating changes can (and will be) highly reactive to the above factors and should be observed with this in mind.

Whilst the document attempts to map out the broad areas of potential future investment the reader must recognise that any potential and planned expenditure must also meet rigorous and continued testing throughout each and every year via open and challenging embedded processes. In securing associated investment we are set against a backdrop of constant demand outstripping supply and as such must be seen as a framework in which to help us to plan future changes in what can often be an environment of continued emerging priorities.

The nature of the NHS economies are changing with the merger of NHS England and NHS Improvement together with further potential strategic mergers of local CCG's and prospective collaboration between acute service providers. Added to this, proposed changes in routes to seek additional capital funding are emerging which will be heavily influenced by DoH investment priorities. Therefore, it continues to be a challenging environment to predict and indeed deliver change. Other known influential factors such as Covid-19 Pandemic, BREXIT, and recent Political changes will ensure that we will face testing times ahead and this strategy seeks to allow a framework from which to plan and prepare The Royal Wolverhampton Trust estate for the next 5 years and beyond.

This document offers a review of the current factors potentially affecting the Trust with regard to how we aim to plot a course of operating our "sustainable estate" as effectively as is possible and ensuring that the patient remains at the heart of decision making in improving our estate to meet the modern and indeed future digital ways of working.

1.0 Introduction

1.1 Overview

This Strategy aims to set out a high-level overview of the current estate as at summer 2020 and indicate the direction of travel for further development of what is a complex and varied estate, but one which is critical to the overall success of the Trust's ambitions and objectives. This document will remain fluid given the national and local context and follow an emergent strategy and will need to be read in a spirit of flexibility to permit meeting the needs of the Trust going forward. It is recognised that in making changes to the estate this will require significant planning and supporting investment to ensure the operation of safe, secure and effective facilities.

Emerging changes in the ways NHS services are provided both locally and nationally will ultimately reshape this strategy with heightened focus on improvements to patient care, greater reliance on technology and the way in which services are accessed and indeed delivered in the near future. The integration of various NHS Service providers and regionalisation and clustering of services will all influence the ways in which an effective estate can offer and deliver cost effective support.

2.0 Trust Strategic Direction

2.1 The vision

Underpinning this Estates Strategy is the Trust's overall strategy which was published in 2018, entitled ***Our Vision for a Better Future***. This established a set of strategic objectives that are supported by core values. It seeks to ensure that the Trust works tirelessly to deliver safe and clinically effective services and that our patients experience the highest standards of care and for them to feel as though the Trust has been kind, thoughtful, respectful, caring, compassionate and above all listened to throughout their patient journey.

This supporting strategy will remain as an enabler to underpinning the Trust Strategy and core values. The strategic direction is driven by the perspective that the health and care system needs to change in order to meet the needs of our communities and the wider population. As such the Estate will also need to change and adapt but, given the nature and scale of property assets, the challenge becomes extremely complex due to both timescales and funding. The Estates Strategy must sit firmly alongside other Trust Strategies in order to support enduring themes and the values and vision of the Trust.

The Strategic Objectives that the Trust is aiming to deliver, which are reflected in this strategy are:

- Creating a culture of compassion, safety and quality
- Proactively seek opportunities to develop our services
- To have an effective and well-integrated local health and care system that operates efficiently
- Attract, retain and develop our staff, and improve employee engagement
- Maintain financial health - appropriate investment to patient services
- Be in the top 25% of all key performance indicators

2.2 The timeframe

This Estates Strategy looks to set out high level aims in support of meeting the strategic needs of the Trust and aims to look at the five year period between 2020 - 2025 but given the extended timescales taken to realise building and development programs, it is essential that consideration is given to the strategic risks and opportunities over the longer term. There are many competing and complex factors which will impact on the effectiveness of this strategy; however there are a number of specific aspects which this strategy will seek to address:

- Alignment with and enabling the delivery of the Corporate Strategy
- Recognising the very constrained financial environment
- Enabling opportunities which emerge from moving towards an Accountable Care System
- Enabling clinical change programmes
- Enabling changes to working practices
- Developing sustainable and environmental initiatives
- Delivering ongoing programmes to maintain and improve the existing Estate

The core objective is always to deliver and operate an Estate that is safe, sustainable and fit for purpose to meet the changing needs of patients. The financial constraints within which the NHS must operate however heightens the importance of ensuring the use of a robust and transparent system for risk-based decision making and investment prioritisation.

2.3 The Challenges

One of the most significant challenges facing the Estate both historically, and in going forward, is ensuring an appropriate balance of investment between the desire for new developments

against the funding of maintaining the existing estate. Both issues carry significant risk if they are not funded appropriately and it is a significant challenge to ensure the right balance in the allocation of capital resources and associated on-going costs. The strategic risk register plays an important part in this aspect, identifying the specific issues that the Trust faces from a service/operational delivery perspective and their relative priority.
In developing the direction for the future of the estate, it is likely that the following parameters will be foremost:

- Issues of safety and compliance have been prioritised according to the level of risk to patients, staff and the continued delivery of clinical services.
- Revenue budgets will remain flat in real terms, and will be expected to flex in line with increases or reductions to clinical activity in response to STP/Accountable Care Systems.
- Internally generated capital investment will remain extremely limited meaning investment programmes will be risk based.

3.0 Developing the Estates Strategy

3.1 Flexibility

The Estate Strategy document covers those developments being considered by the Trust which will make both improvements to the estate performance and provide the appropriate built environment for the delivery of services. The Trust is mindful that this document will need to remain flexible to the changing needs of developing services requirements, changing emphasis on patient care for commissioning bodies and also the long-term condition of the Estate.
There are three specific components in the development of an Estates Strategy:

- *Context and Future Service direction* – in this initial section, the service aims of the Trust are summarised and the long term demands on the built environment are explored so that an assessment of the potential options for change can be made
- *Current position* - this section provides an analysis of the current position and performance of the estate in relation to the services it provides. This section establishes a baseline against which the development of the strategy can be measured.
- *Developing a plan* - this section of the document provides a pathway for the Trust to achieve its strategic objectives and the estate that is required to deliver the services. In some cases, the actual changes to the built environment cannot be clearly defined but the assessment of the current estate will provide a basis for future option appraisals through the development of specific business cases.

3.2 Responsibilities

NHS Trusts have a statutory responsibility for the good management of their assets and a robust Estates Strategy is an essential component of that process. The Estates Strategy sets out the long-term direction for managing the estate in an optimum way in relation to the service and business needs of the Trust but also identifies some short-term goals. In developing the strategy, it is helpful to recognise the wide-ranging influence that the estate has across the Trust which includes:

- safety
- infection prevention
- fire precautions
- physical environment (internal and external)
- environmental conditions (energy/emissions/sustainability)
- access, transportation / car parking
- aid to healing
- recruitment and retention of staff

The Estates Strategy, therefore, reflects the changing ways of delivering healthcare, the part we will play in the local Sustainability and Transformation Plans, the opportunities to integrate community and primary care services and sets out the key issues around the backlog maintenance requirements of the Estate.

This is therefore the foundation from which we will work to develop the Strategy into specific and sustainable plans and developments, in order to provide the best environment and facilities for high quality care and experience for our patients.

3.3 Internal Analysis

Looking inwards and learning from past practices and behaviors, we have used embedded industry tools to help to set out how we can develop our direction. In adopting a *SWOT* analysis we find the following high level outputs:

Strengths: We have a strong Executive Team committed to ensuring the patient remains at the heart of decision making. This is tested via an embedded strong governance process of effective reviewing of all business cases via challenge processes already securely in place for requested investment across the estate. This clear process embodies a *bottom up* approach allowing exceptional ideas to be fostered and escalated via Divisional Teams then being subject to rigorous testing culminating in the Capital Review Group (CRG) balancing such requests against patient need, service delivery, risk and cost.

We have teams of highly experienced, technical, professional and administrative staff comfortable in the delivery of a range of specialist services spanning the Estates field of work. There is a good history in the delivery of changes to our estate together with vast amounts of knowledge of the Trust Facilities and the workings of the NHS (locally, regionally and nationally). We operate with a flexible professional and consistent approach to clients and end users. Across the various teams we offer adaptability to help ensure that we are delivering the best services that we are able. We are skilled in the delivery of projects across a broad spectrum of building types across clinical and non-clinical areas, together with specialist facilities (for example, most recently the design and provision of a new Incinerator Unit).

Assurance of the systems and procedures in place across the department has been shown to be strong via several reviews and assessments of several Internal and External Audits having taken place within the last period. In such Audits the Department has been found to be delivering services both effectively and efficiently with minor areas of concern to which redress has been made accordingly. The areas that were reviewed included:

1. Assurance on the adequacy of the processes and procedures in place to support the management and control of the backlog programme (2018/19)
2. Ensuring that robust controls were in place to allow appropriate management of the Capital Programme and the associated Asset management (2017/18)
3. Evaluation of the adequacy of risk management and control within the system and the extent to which controls have been applied. The scope also planned to provide assurance on the controls and mitigations in place relating to Strategic Objective Nr.4. (Maintaining Financial health – appropriate investment enhancement to patient services (2016/17)

Weaknesses: Estates planning is vital to the realisation of goals; reactionary timeframes to achieve planned outcomes can often take longer to deliver due to the nature of making physical changes to existing land and buildings together with the associated need to use external contracting parties. This is also a careful process required to ensure that we balance out our requirements whilst set against meeting the needs of statutory and regulatory bodies (e.g. Local Authority Planning and Building approvals). The needs of the Trust are also tested when particular funding conditions (such as time constraints i.e. ready by winter) can, on occasion, dilute our preferred ways of delivering changes and can sometimes lead to additional cost or indeed clashes in requirements.

Another challenge in the delivery of changes to the estate can often be changes in staff operating within the environment where changes are being made which can, on occasion, change the shape and scope of projects than can lead to additional cost, time and quality concerns. Processes are under constant review to look to build flexibility into future delivery models.

Opportunities: Externally, we are targeting working closer with other healthcare providers across the Black County and focusing on both horizontal (Collaboration) and vertical integration (Integrated Care Hubs); the creation and use of shared spaces wherever possible; drive towards more flexible working spaces; a sustained focus on accessing potential funding streams.

Internally, we are working much more closely across all estates related teams and activities to look towards improvement in end-to-end service delivery throughout the project lifecycle and beyond, ensuring decision making at the outset of any significant changes to the estate are fully tested to reduce the impact on future on-going and maintenance costs.

We are also reviewing our collection of data, its storage, its value and shared access with a view to reducing the number of systems in place to seek a single centralised common "estates bible" that can be used to greater effect in managing changes to the estate, essentially aligning systems wherever possible. We may be able to consider, in the future, the potential to realign all estates rated services and activities under one function rather than the two that currently exist. This may bring the potential to streamline more services, benefits of skill sharing, operate more effectively, bring potential greater budget alignment, improvements to whole life building costing, collective targeted training patterns, increased compliance and risk management practices, work stream alignment together with other potential economies of scale.

Threats: Internally within the Trust, we will always have financial pressures as demand will always outstrip supply in required changes to the estate to look to keep a pace with changes in the delivery of patient services and seek more effective and efficient ways of using our estate. We must also recognise that the Trust estate is constantly aging where we need to carefully balance investment across preventative maintenance programmes to reduce potential future significant investments wherever possible. We need to fully challenge the existing estate and its future adaptability and to have clear disposal criteria to prevent demolition of buildings that may still be able to be adapted with careful and targeted investment. The threat and challenge is that current funding models tend to focus on the erection of new buildings as the first call where often the most cost effective and indeed practical solution can be to re-task and remodel existing buildings. However, it is acknowledged that this approach can also bring with it interruptions to the delivery of existing services. It is important to get the balance right.

The Trust has Trust-wide smoking ban that needs to be embedded. Currently the ban has affected only the staff of the Trust with further proposals to roll out to the general public later in the year (2020). The impact from an estates perspective could, for instance, bring more risk to the potential of fires as designated smoking areas disappear as the Trust looks to move towards a healthier workforce together with helping the general public move away from such

pastimes. In learning from other NHS providers, there have also been occasions whereby the damage has been sustained to the estate following the banning of smoking from members of the public; this will need to be monitored as the ban is extended to all Trust sites to become "smoke-free". Additional CCTV and indeed Security may be required to look to help facilitate such changes and to assist in mitigating the risks noted previously.

3.4 External Analysis

Looking outwards and learning from past practices and behaviors, we have used embedded industry tools to help to set out how we can develop our future direction. In adopting a *PESTLE* analysis we find the following high level outputs:

Political: Whilst, at the time of writing, BREXIT has been passed through the respective public bodies and has gained r*oyal assent*, we are yet to understand the true impact to the construction and development industry and whilst the uncertainty as to whether BREXIT would take place seem to have been vastly reduced following the December 2019 General Election, we must plan carefully on any future developments and recognize the potential cost risks of construction components as well as the impact to the labour market.

New Government pledges have also been made regarding greater access to hospital car parking and debate continues regarding associated charges. Externally across England, we remain in competition with other national and regional healthcare service providers to gain additional funding from central government via NHSE&I (NHS England and Improvement).

We also remain highly reactive to any changes within HTM's (Health Technical Memorandums) and various industry Statutory and Regulatory bodies and with recognising and capturing any retrospective adjustments under new legislation. This will become more evident as we potentially move away from EU (European Union) standards and more focus on refining and updating BS (British Standards).

Following the fire at the 24-storey Grenfell Tower in North London in 2017 in which 72 persons tragically lost their lives both the political and public demands have increased on ensuring there is no repeat of this occurring again. Significant works have undertaken industry wide in a fuller and formal review of all Public Sector buildings to ensure that certain cladding materials were identified and indeed removed to prevent a repeat of such events. Indeed works have taken place to our estate in the replacement of cladding to our Heart and Lung Centre in 2019, which is now compliant to the required new standards, as part of the ramifications of this event.

Whilst investigations still continue at the time of writing, it is recognised that significant change will be brought about by Government and Industry legislation that may have a far and

wide reaching impact as to how buildings are procured, constructed, operated, managed and disposed of. This could lead to additional costs and perhaps a fuller redefining of the management of project risks together with increased levels of certification which may also ensure that project delivery timelines are more robust in order to ensure safety standards are fully met prior to (re)occupation of buildings.

Economic: The work that we deliver in support of the Trust Strategy can also be influenced by many other factors. Areas where we have limited control or indeed forecast can often dictate whether we are able to achieve our objectives. A recent example of this is the Governments recent pledges to "deliver 40 new hospitals". We have yet to understand the impact as to whether this will limit or indeed reduce our opportunity for future capital funding. Other influential areas could include advances in research and medical science advances and the ways in which this may lead to changes in equipment and associated engineering services support.

Another factor that many other NHS institutions are suffering with include staff attraction and indeed retention. This can potentially lead to restrictions in delivery of services and risks to future expansion plans which in turn can bring risk to interrupting future planned delivery of estates works programmes.

Another area that will be set to affect our estate is that of "Place-based-care" and how we will be set to deliver care in many different ways in the future. With a move towards de-centralisation and enhanced teams in the community, via HUB's, twinned with the relocation of services it brings with it certain challenges to acquire such spaces for delivery of services. The continued exploration and development of Primary Care Networks (PCN's) will also bring challenge to existing models and methods of working to which we must adapt and react quickly.

Social: Virus attack is something that is becoming more of a heightened concern and how NHS facilities can deal with the additional pressures of testing zones, quarantine zones, isolation units and preventing the spread of dangerous diseases. Whilst the notable risks to the public are evident, NHS staff must also be protected if dealing with such harmful agents. We have seen in the past the effect of the SARS virus in 2002 and more recently the Coronavirus Covid-19 Pandemic. With Health organisations predicting a higher frequency of events taking place in the future, this may require adaptations to the estate and our ways of working to ensure the safety of our staff and our facilities and also to protect our services from harm. This equally needs to be balanced against the need to respond and treat such events and occurrences. At the time of writing the Trust, like all other NHS hospital sites, has been required to set in place temporary facilities across their respective estates to meet such challenges outlined above. This has led to additional costs, diversion away from planned activities and also heightened risks in the day to day delivery of services. Further consideration may be needed to the siting

or procuring of temporary facilities should events occur in a more frequent pattern in the future.

We must also recognize the change in society in that we are living longer and are becoming more informed around the benefits to health and the increased need for assurance equating to more assessments as society shifts towards a more engaging attitude to the NHS in early diagnosis. The impact will potentially see more persons attending Healthcare facilities for respective assessments going forward. A greater need for more decentralized and localised "Care in the Community" services will need more careful consideration in the planning of future services and their respective locations. Expectations of the broader NHS will require factoring into such planning and the potential securing of associated land and property to fulfil future needs within this area.

Societal changes could also be a factor impacting the design of the estate going forward with aspects of the Equalities Act currently under review.

We must also consider improved strategies to retain, re-train and recruit staff within the NHS and more locally within the Trust as some NHS bodies have experienced migration of staff departing the NHS to take up non-medical roles within the commercial sector with exit feedback noting higher rates of pay and faster routes of progression.

In recent surveys across the Development Industry the attractiveness of the estates and the buildings in which persons deliver their services is becoming more prevalent factor in job selection. Flexible working arrangements and agile working are paying dividends in other sectors and the NHS needs to harness this going forward, particularly with back office functions. Society is also changing its views on how to access work places and in particular transportation to and from designated work areas. Public transportation networks are doing their best to address this, but change can be slow to be implemented in a world where the car still remains king. The impact to the NHS and indeed the Trust is continued pressures on the need for more car parking added to which the emergence of electric vehicles will place further demands upon the estate and the way in which we use our land. The recent move to more agile working patterns may also play a part in this as a reaction to the Covid-19 Pandemic that may indeed ease pressures in staff parking areas in the future.

Technology: We are flexible and open to change in the way in which we provide services. The Trust are forward thinking and embrace new methods of providing patient services, via new Technology Platforms that can provide remote consultations with doctors and health care professionals via text and video messaging through mobile applications. In adopting such methods we can harness the use of mobile technology and the changing needs of society in the way in which some aspects of society wishes to interact with NHS services.

We must stay focused on the digital advances and ensure that the estate can keep pace with any changes to allow this to thrive with a current movement towards 5G services and the digitalisation of services and how patients may interact within our property going forward as touch-screen technology and Wi-Fi registration and patient tracking become more prevalent. We will also need to ensure such information remains protected and the rooms that currently house servers and systems will need to be appropriately managed to prevent data leak and the retention and protection of confidential information. We will continue to work closely with the respective ICT professionals to ensure the estates is able to support emerging demands wherever possible.

It is evident that as we look further into the future that the population may expect 24hr access to doctors and medical services if to meet the demands of modern ways of society living as the connected world demands immediacy of services perhaps partly driven by “app” related technologies.

Legal: Accidents on construction sites may now be much reduced due to further legislation and control measures being more effectively set in place but there continues to be a rise in claims generally across the construction and development industry when accidents have occurred. Recent HSE focus on minimising risks via Slips/Trips/Falls has seen reductions in claims within this area, but further work is needed across the industry in this specific area. Whilst there is a strong emphasis on risk and the use and adoption of project risk registers there is still further work to be undertaken industry wide.

Other important factors that are impacting the delivery of services and subsequent legal avenues are mental health factors such as stress, seasonal affected disorders (SAD) and many other factors affected by human interaction with their working environments with employee claims against their employers on the rise.

How we acquire and pay for goods and services may be set to change under EU Procurement rules as we return to UK ways of working following BREXIT and this may lead to claims during the transitional process until new clear guidelines are fully consulted on and indeed introduced.

There is a current move towards acquiring the services of local GP’s under the fabric of the Trust to improve patient experience and to look to streamline services. This may bring further challenges as we look to widen and expand our estate property interests and how we look to integrate existing property services and expectations to align with Trust standards. A whole new way of establishing and operating leases and respective property services will need to be mapped out accordingly as we look to offer a more integrated approach.

Environmental: The de-carbonisation of NHS activities and Government led agendas may be a

great opportunity to reshape our estate in how we look to use our buildings, how we construct, refurbish, redevelop and dispose of them. There are plans in place to give access to specific lines of DoH funding to allow investment to take place in Sustainability and Carbon Neutral programmes to which further research is taking place.

In the wider environment, the UNFCCC COP 26 set to take place in Glasgow in November 2020 will be a key driver upon taking forward measures to look to achieve World Carbon Neutrality. Current targets for the UK note that we must be Carbon Neutral (taking as much action to remove the amount of carbon dioxide from the atmosphere as our activities have generated) by 2050. We must look to plot a course to achieve this following the 2015 success of the Trust in reducing our Carbon Footprint by 16% from the 1990 baseline. Activities are building on this via the Sustainable Development Group that is already embedded within the Trust. Indeed NHSE&I require NHS Trusts to have achieved 34% reduction from the 1990 baseline by 2020. Central Government focus is to be Carbon Neutral by 2050 and this is something that can bring with it significant compliance challenges which will need to review and address if we are to be successful in meeting this need.

Seismic shifts in UK weather patterns since the turn of the millennium have had an impact on the construction and development industry together with implications in both freehold and leasehold premises. At the time of writing we are experiencing the “UK storm season” with flooding and damage caused to many areas across the UK, namely storm Ciara and Dennis respectively. The impact can have significant impact on live development programmes of work within a given estates programme which can lead to both delays and additional costs together with the impact of clear and clean-up operations that can interrupt continuation of the delivery of services within existing buildings.

Infection prevention is an area that could escalate with new measures potentially coming in to play as we look to learn from recent virus (Covid-19) outbreaks and the continued measures set in place to restrict potential MRSA events. The use, operation and cleanliness of buildings is an important factor in looking to reduce the potential for such events taking place.

Working in live environments and looking to deliver changes to the built environment whilst continuing to deliver services will always remain as one of the most significant challenges to the Trust in ensuring the balance is right to create and deliver changes with respect to meeting the needs of the Trust activities. Such clinical activities and the delivery of services can change at a rate that needs the estate to regularly adapt, for example the potential move towards more robots in use in surgery and the additional power requirements needed.

There is also an argument that the drive and move towards more agile and off-site working for back office services will reduce the need for buildings within their current size and therefore reduce costs and indeed create more space for clinical activities.

4.0 National and Regional Context

4.1 Overview of National Funding

The pressures on the NHS, in particular it's funding, are huge and this has a direct impact on the ability of the Trust to deliver the Estate it requires from both a Capital and Revenue funding perspective. This inevitably leads to having to make extremely difficult and complex choices in both maintaining the existing infrastructure and developing new services and initiatives.

The Five Year Forward View (5YFV) set out a vision for the NHS's future direction and describes three improvement opportunities: a health gap, a quality gap and a financial sustainability gap. It proposes a series of measures to bring about the 'triple integration' of primary and specialist hospital care, of physical and mental health services and of health and social care.

In order to deliver these wider goals, the work is focused on accelerating service redesign locally through Sustainability and Transformation Partnerships. The traditional divide between primary care, community services and hospitals has often been seen as a barrier to the co-ordinated health services that patients need. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected 'episodes' of care. Care outside of the hospital environment needs to become a much larger part of what the NHS does and services need to be integrated around the patient. This will have a significant impact on Estate and Property requirements.

4.2 Government Direction

4.2.1 Carter Report

Lord Carter issued the findings of his review *"Operational productivity and performance in English NHS acute hospitals: unwarranted variations"* in February 2016. The review set the context for the NHS to deliver 2-3% savings per annum, requiring major improvements in efficiency, productivity and quality to bring about this change. The review identified an unwarranted variation in cost across an area relating to space usage.

A key recommendation noted that all Trusts' estates and facilities departments should operate at or above the median benchmarks for the operational management of their estates and facilities functions by April 2017; with all trusts having a plan to operate with a maximum of 35% of non-clinical floor space and delivering this benchmark by April 2020, so that estates and facilities resources are used in a cost effective manner. In our current ERIC return we sit at 31% non-clinical floor space on current definition requirements.

4.2.2 Naylor Review

The Naylor Review conducted an independent review and made recommendations on the options available to the NHS to realise better value from its property. It quantified the scale, noting it costs over £8 billion each year to run with NHS providers spending around £2.3 billion on capital investment to maintain and improve the estate and infrastructure. It targeted the release of £2 billion of assets for reinvestment and to deliver land for 26,000 homes. As part of this initiative, the Trust successfully disposed of the former Eye Infirmary Hospital site in Chapel Ash in mid- 2019.

The Government responded to the Naylor review by agreeing with the primary conclusion that the NHS must manage and use its estate more efficiently and strategically, whether by selling land and buildings that are no longer needed for the delivery of clinical services, or using the land to develop new services or to provide housing. The Government's vision is of an efficient, sustainable and clinically fit for purpose estate, one where the NHS:

- Provides a modern estate equal to delivering the vision of the 5YFV and new models of care;
- Ensures "local strategic estates planning" reflects changing delivery models;
- Aligns with current and future clinical service strategies, for the benefit of patients, local communities and partners in the Sustainability and Transformation Partnerships (STPs) and, in time, Accountable Care Systems (ACSs);
- Proactively takes steps to maintain its assets and reduce backlog maintenance;
- Replaces what cannot be cost-effectively maintained and releases what it no longer needs;
- Maximising receipts which can be reinvested into new premises and new services
- Understands the cost of its estate, with comprehensive, accurate and comparable information underpinning estates-related decision making; and draws on expert advisers where it needs to, but builds its own capabilities to become an effective informed client on estates matters.

4.2.3 Carbon Neutrality by 2050

The UK already has a 2050 target - to reduce emissions by 80%, which was agreed by MPs under the Climate Change Act in 2008. If enough progress is made in these areas, the NHS could become carbon neutral without having to undertake more-drastic forms of carbon rationing. However, under new proposed plans this will now be amended to the new, much-tougher, goal of achieving a 'net zero' level of greenhouse gases by the same date.

The NHS currently accounts for around 4% of all UK greenhouse gas emissions – similar in scale to the airline industry – so will be a major focus point for improvements. The Government's advisory Committee on Climate Change recommended the new target in May 2019 and Britain is the first major nation to make it official. The committee's report said that if other countries followed the UK, there was a 50-50 chance of staying below the recommended 1.5C temperature rise by 2100. A 1.5C rise is considered the threshold for dangerous climate change. Scotland has already committed to reducing greenhouse gas emissions to net-zero by 2045, five years ahead of the UK government's target.
And the Committee on Climate Change (CCC) recommended Wales should aim to cut emissions by a lower target of 95% by 2050 due to the importance of the farming industry to rural communities. The Welsh Government has since said it wants to go further, and will commit to net-zero by 2050 like the rest of the UK. Northern Ireland is the only devolved administration which does not have its own climate change legislation and emissions targets.

In understanding the cost of compliance, the Government is set to attempt to make the clean revolution as painless as possible, with technology improvements like LED lighting, for instance, saving emissions without people noticing. It is recognised that there will need to be massive investment in clean energy generation, and that has to be funded by someone, with Chancellor warning the potential cost could be in excess of £1trillion by the target date.

There are plenty of opportunities for carbon reduction to go hand-in-hand with efforts to improve the health of the population and increase the efficiency of health services. However, it is thought that costs would amount to between 1% and 2% of the UK's GDP – which was the same amount factored in to reach the previous 80% reduction target.

The Government believe that the green economy will generate jobs and that the cost of green technologies was coming down all the time. Chris Naylor, a senior fellow in health policy at the King's Fund, noted that there are indeed good reasons to believe that within the NHS, given sufficient time, the NHS carbon footprint could be reduced – even to zero – without undermining the principles and goals of the NHS. To achieve this greater focus must be emphasised in the following areas:

- Environmental costs will need to increasingly be reflected in the amount the NHS pays for energy, drugs, food and other resources;
- How staff and patients travel is a focus of concern. Patient and staff travel is understood to account for around 16% of the NHS carbon footprint, so increased use of digital technologies, including telehealth and electronic medical records, will be crucial. Where people do not need to use cars, walking and cycling should be encouraged;
- More than half the NHS carbon footprint comes from procured goods and services; pharmaceutical products costing £15 billion a year account for a fifth of the total NHS carbon footprint; the NHS will need to use its collective purchasing power much more assertively to drive change throughout supply chains;
- There will need to be a continued focus on reducing waste and maximising value, for example by reducing the provision of treatments with limited clinical value, improving communication and co-ordination between different parts of the system, and ensuring drugs are prescribed and taken appropriately;
- There is a need for a shift away from cure towards prevention. In a time of rising budget deficits and mounting pressures, climate change might seem to be a distant priority for the NHS, but it is one that will need to be tackled if access to comprehensive health care is to be sustainable in the future;

If enough progress is able to be made in these areas, the NHS could become carbon neutral without having to undertake more-drastic forms of carbon rationing. If top priority is given to steps that can improve health today as well as in the future. For example, reducing fossil fuel usage can improve air quality now and also mitigate climate change over the decades to come.

There are many opportunities for carbon reduction to go hand-in-hand with efforts to improve the health of the population and increase the efficiency of health services. We need to act now and seize these opportunities. In times of rising budget deficits and mounting pressures, climate change might seem to be a distant priority for the NHS but it is one that will need to be tackled if access to comprehensive health care is to be sustainable in the future. The pain will be much greater if we leave it until later.

4.2.4 Sustainability and Transformation Programme (STP)

The RWT formally sits within the Black Country and West Birmingham STP; however, as the provider of many DGH services to a significant population in South Staffordshire and operating Cannock Chase hospital, the Trust also has a significant interest in the Staffordshire STP. Both STPs are producing Five Year Plans which have a number of common themes. These include:

- Becoming an Integrated Care System by 2021 at the latest;
- Development of an Integrated Provider model for each place in the Black Country and West Birmingham and in south east, south west and North Staffordshire;

- Closer and more collaborative relationships between large providers and between large providers and GPs;
- The development of Primary Care Networks with GPs working more collaboratively and at greater scale;

The Black Country and West Birmingham STP Clinical strategy identifies a number of key clinical priorities that reflect national goals to deliver 7-day services, integrate mental and physical health, promoting mental wellbeing and driving earlier cancer diagnosis. In addition, there is an ambition to deliver more sustainable clinical services through provider collaboration and the development of common standards in, for example, maternity services and long-term conditions management. These ambitions mean that it is likely that RWT will seek to strengthen its offer of community-based services and will increasingly develop shared services with neighboring providers.

5.0 Overview of the Trust and its Estate

5.1 Scale

The nature and scale of both the Trust and its Estate has changed significantly over the past seven years. In 2012, the Trust took responsibility for Community Services as part of the Transforming Community Services initiative and inherited a large number of properties on both a freehold and leasehold basis. In addition, in 2014, the Trust took responsibility for Cannock Chase Hospital as part of the reorganization of services in Mid-Staffordshire. Further change continues apace, with the aspiration towards becoming an Accountable Care Organisation (ACO) and the associated delivery of Primary Care services together with the regional consolidation of services such as Pathology. All these initiatives have had a huge impact on the scale, nature and complexity of the Trust's Estate and its ability to respond to such change.

The Royal Wolverhampton NHS Trust is one of the largest healthcare providers in the Black Country and West Midlands, providing primary, secondary, community and tertiary care services to a combined population of over 450,000 people. It provides c800 beds at the New Cross site (including intensive care beds and neonatal cots), 56 rehabilitation beds at West Park Hospital and 55 beds at Cannock Chase Hospital. The Trust deals with over 139,000 inpatient episodes and some 775,000 outpatient attendances per year together with 240,000 A&E attendances and is the largest employer in Wolverhampton, with c10,000 staff. It provides services from the following locations:

- ***New Cross Hospital*** *- Secondary and tertiary services, Maternity, Accident & Emergency, Critical Care and Outpatients*
- ***West Park Hospital*** *- Rehabilitation, Inpatient and Day Care services, Therapy services, and Outpatients*
- ***Cannock Chase Hospital*** *- General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, and Medical Day Case investigations and treatment (including Neurology and Endoscopy) Inpatient rehabilitation beds*
- ***Community and Primary Care Services*** *– the Trust operates from 27 locations providing Community Services for children and adults, Walk-in Centres, Therapy and Rehabilitation and Primary Care services*

5.1.1 Size

The Estate covers a wide geographic area (see appendices) and comprises a mixture of both freehold and leasehold buildings with a wide variation in age and condition. The Trust operates

from a total of 29 sites with a Gross Internal Area (GIA) of 177,002m2 and an asset valuation of £286M. A geographical representation of the Trusts estate together with a summary of the Freehold and Leasehold sites is held within the Appendices.

5.1.2 New Cross Hospital

Situated to the east of Wolverhampton City Centre, the New Cross site has a wide range of buildings dating from the 1880's through to 2019. The Trust owns the freehold to this primary site which extends to 23.6 hectares and it has a total of 129,293 m2 of accommodation. A site plan is held within the Appendices. A summary of the key buildings on the site is given below:

- **Urgent & Emergency Care** - completed in 2015, the building totals 10,042m^2 delivering the full range of Urgent and Emergency Care Services
- **Deanesly** - built in 1996, the centre provides cancer treatment services including six Linacs in 5,103m^2
- **Heart & Lung Centre** - providing cardiac facilities on both a local and regional basis, the building is 16,271m^2 and was built in 2004
- **Radiology (PFI)** - constructed under a PFI contact in 2003, the building is 3,626m^2 and provides a range of diagnostic facilities
- **Pathology Services** – opened in 2013, the building is in the process of a further major extension to provide regional pathology services.
- **McHale Centre** – the building is 9,535m^2 and was constructed in the early 70's and currently houses a range of support services
- **Ward Accommodation** – several blocks provide inpatient ward accommodation for the Trust including Surgical, Medical and Pediatric care. These areas total some 16,600m^2
- **Wrekin House** – constructed in the late 1960's, Wrekin House had been identified for demolition but consideration is currently being given to bringing back into use for support accommodation. The building totals 8,385m^2
- **Maternity Block** – providing maternity, gynecological and obstetric services, the building has been the subject of extensive refurbishment and remodeling over the past 10 years and covers some 11,648m^2

The Trust has seen electrical demand rising on average by 3% pa with increased loads being seen mainly on the New Cross site along with a significant growth in essential load requirements. Projects are planned to reinforce the High and Low voltage electrical systems on the New Cross site with significant works planned in Theatres and Block 14 areas. The Trust are also in talks with Western Power with regard to future electrical demand and the ability to support future peak loads.

The steam infrastructure on the New Cross site remains a significant long-term risk with some

elements being over 40 years old. This backlog is compounded by the move to de-carbonise energy and the potential future cost increases in burning fossil fuels as the energy market becomes greener. The 18/19 period noted a 13% increase in energy costs alone. These cost increases and levels of backlog mean the Trust may need to reconsider options to de-steam and consider emerging new technologies with a view to possibly de-steaming within the next 10 years. A project of this scale would require significant planning and resources to transfer from gas or steam to emerging electrical sources, especially when considering the diversity of buildings / estate and likely ongoing expense new technology brings and further electrical load.

Greater reliance on air conditioning systems and the short lifecycle of such plant, especially split and VRV systems is becoming an emerging issue with typical life spans of less than 10 years. These systems despite being low cost installations have inherent difficulties on replacement such as environmental damage when gases leak and disturbance caused by replacing them in a live environment.

5.1.3 Cannock Chase Hospital

Cannock Chase Hospital is located near Cannock Town Centre and was acquired by the Trust in 2014 as part of the reconfiguration of services in Mid-Staffordshire. The hospital was constructed in the late 1980's/early 1990's and is a multi-storey building on a sloping site with a total area of 22,603m2.

The building provides a wide range of clinical services, specifically Surgical, Outpatient, Diagnostic, Rehabilitation and Day-case services and has 55 beds, 7 orthopedic theatres and 1 ophthalmology theatre. Several areas of the building are leased to third parties, primarily on short-term tenancy agreements, amounting to some 2,803m2.

Since acquiring responsibility for the building, the Trust has invested over £35m in refurbishment and remodeling including Ward Refurbishment, new Theatres, new Endoscopy Unit, Rheumatology Services and the provision of more resilient infrastructure. The level of backlog maintenance is not significant compared to other areas of the Trust's estate.

5.1.4 West Park

West Park Hospital is situated approximately one mile north-west of Wolverhampton City Centre and was acquired by the Trust as part of the TCS reconfiguration. The earliest buildings on the site are from the 1880's (which are listed) but the main buildings date from the early 1900's with further additions built in the 1980's. The site is within a residential area and is immediately adjacent to West Park. The total area of accommodation on the site is 9,411m2.

The site provides a range of community-based clinical services, primarily Rehabilitation, Physiotherapy and Elderly Care and currently has 56 beds. Some 865m2 of the buildings are

currently vacant and several areas are leased to third parties.

5.1.5 Community and Primary Care Services

The Trust took over the provision of Community Services in 2012 as part of Transforming Community Services (TCS) and acquired four freehold premises and became tenants of a further 18 premises across Wolverhampton. The majority of these leasehold sites were owned by NHS Property Services, two by the local Lift Company and the remainder from private landlords.

In 2016, the Trust commenced a Vertical Integration programme to deliver primary care within the city from a number of locations including some that were part of TCS. Currently the Trust occupies 9 locations from which it delivers Primary Care services.

Since the original acquisition of the properties from TCS, there have been several variations due to service change and the Trust now occupies a total of 27 properties in Wolverhampton for the delivery of Community and Primary Care services.

The Primary Care Estate is made up of a number of properties, some purpose built and some conversions from residential occupation but much of the estate dates from the 1960's and 1970's. There has been no formal review of the condition of these sites by MHS Property Services but most are observed to be at Condition B or below.

The Trust also occupies two 'Lift Co' buildings, the Gem Centre and the Phoenix Centre, which were built as part of the NHS PFI Lift initiative in the 1990's. As a result of the contractual arrangements in place these buildings are maintained to a good standard but, by area, are some of the highest costs of accommodation that the Trust occupies.

5.2 Estate Condition

The cost to bring estate assets up to a defined standard in terms of condition, mandatory fire safety requirements, statutory safety legislation, quality and functionality is known as the Backlog Cost. This cost is based on a physical survey of the estate, generally on a five-yearly cycle, although the scope and scale of the survey can vary significantly. A professional judgement is made on the current condition and future life of the various building components and a condition rating is established ranging from Category A (in good long-term condition) through to Category D (imminent risk of failure).

In order to assess the total cost of work required, an estimate is made of either bringing relevant items to an acceptable standard (Category B) or alternatively, where this is not economic, the replacement cost. The items contained within these estimates are then risk assessed in accordance with a standard risk assessment methodology. These are then

prioritised as:

- High - requiring urgent investment
- Significant - should be dealt with as a priority
- Medium– longer term action (as soon as all greater risks have been removed)
- Low -should be monitored, and addressed when appropriate funding is available

A survey of the whole Trust Estate was undertaken by surveyors Oxley Hall in mid-2018, which provided an up-to-date view of the current Backlog Risk and Programme. The following are the summary totals from the survey and methodology applied to formulate the capital backlog programme over the following 5 years for backlog compliance and infrastructure.

5.2.1 Backlog Costs

The summary position in relation to Backlog works is as follows:

The total backlog for all Trust sites is £21.7m. (it should be noted that all backlog estimates are works costs which exclude fees and VAT). This represents £123/m2 for the Trust and is marginally lower than the median for the Midlands and East of England commissioning region for 18/19.

The backlog increased by £1.503m (from £19.565m) primarily by the addition of West Park.

It should be noted that West Park has been included in the backlog profile until a decision is made on its future (it had previously been excluded) but Wrekin House was not included in the survey and is consequently not included in the above estimates. Should the decision be made to continue with the occupation of Wrekin House, then it is likely that the backlog position would increase significantly.

The cost to eradicate 'Critical Infrastructure Risk' (High and Significant risk backlog) is £12.228m equating to £72/m2. This is significantly higher than the median (£57/m2) for Midlands and East of England region for 18/19 as a result of the lower than planned expenditure in previous years.

The proposed methodology for the management of the backlog capital programme over the next 5 years is to focus on Backlog items are prioritised by their risk score (highest first) and then filtering by the importance of their function (e.g. Clinical Treatment and Critical locations are considered before Clinical Consulting and General areas etc, in order to prioritise those areas affecting patient care.

The resulting 5-year backlog capital programme targets a maximum spend of £5m per year but will depend on available capital. In addition to the backlog capital allocation, issues are addressed via projects that rectify backlog as part of their scope of works or through general

maintenance spend. Due to reduced investment in backlog in FY 18/19 and previous years, there is a build-up of moderate risk backlog, much of which is programmed for delivery in FY 20/21 and 21/22. It is stressed that the addition of Wrekin House to the backlog programme would substantially increase the required investment.

It should also be noted that, in accordance with the requirements of the ERIC data submission process, the estimates are 'works' costs only and exclude Design Fees and VAT. As such a minimum of at least 30% should be added to the reported data to establish the actual cost of the backlog requirement in developing a capital plan.

5.3 Model Hospital Data

The Carter Report identified the need to create a set of metrics that could serve as a measure for hospitals to compare themselves with their peers and provide a baseline for improvement.

NHS Improvement has developed the Model Hospital and the underlying metrics to identify what 'good' looks like and gives information on key performance from 'Board to Ward'.

In relation to this strategy, the metrics focus on the Trust's Estate and are based on the Estates Return Information Collection (ERIC) submission. There is a large variation in the size and scope of NHS Trusts which can be significantly different in terms of their estates and facilities profile and this needs to be considered when reviewing the Model Hospital metrics. Nevertheless, the metrics can still provide a useful indicator of both performance and risk compared the rest of the sector.

With regard to Trust Backlog works, the total cost per square meter (for 18/19) currently sits at £130/m2 for The Royal Wolverhampton Trust and is marginally higher than the median for the Midlands and East of England commissioning region which is £123/m2. However this is still significantly lower than the £291/m2 national average. [Figures for 19/20 are yet to be published by NHSEI due to the ERIC reporting process being put back on account of the impact of the Coronavirus Pandemic].

The Trust cost per square meter t to eradicate 'Critical Infrastructure Risk' (high and significant risk backlog) is £75/m2. This is higher than the median (£51/m2) for Midlands and East of England commissioning region for 18/19 but significantly lower than the £101/m2 national average.

5.4 Fire Safety and Statutory Compliance

The Trust has been active in over the past five years in undertaking a number of significant fire safety projects. These have included Maternity Block Compartmentation upgrade, Deanesly Centre fire safety structural upgrade with Passive and Active systems to support progressive horizontal evacuation, Main Theatres full fire safety structural upgrade, Heart and Lung Centre - Replacement of ACM cladding, Wards C15/16 - A5/A6 - Upgrade of fire protection, including fire alarm and fire stopping and Beynon Centre fire alarm upgrade

There are still some outstanding risks particularly relating to structural fire protection but those buildings affected are identified and recorded on the Trust risk register. A strategy is in place to eliminate or reduce these risks and progress is monitored by the Fire Safety Group.

The strategy for future works is based upon the risk assessed priorities, they are as follows:

- Priority 1 - continue with fire safety upgrade of Theatres
- Priority 2 - fire safety upgrade of Block 14
- Priority 3 – Cannock Chase Hospital - information is being gathered regarding replacement of the fire alarm for the site and there are fire related building issues for areas which have not yet been re-modelled

5.5 Environmental Management and Sustainability

In addition to aspects previously raised in earlier, there will be a continuation in the roll out of procedures to ensure that the Trust become “Smokefree” by the end of 2020. There will also be more of a continued focus on the role of the Sustainable Development Group and a renewed focus on helping to shape Trust activities where sustainability is used as an embedded part of decision making in planning of future investments. The adoption of Sustainability Impact Assessment’s (SIA) is also something that the Trust should be looking to adopt going forward.

5.6 Functional Suitability and Space Utilisation

Space and its use across the estate is another challenging area as we look to try and balance our performance against the Model Hospital data. Further work is planned in this area to allow more effective decision making when reviewing associated request for space use and associated analysis of the supporting business cases.

5.7 Recent Estate Developments

The Trust has undertaken a number of significant projects over the past five years both to improve the condition of the existing estate and also service development and improvement.

A summary of these projects is given in the table below. In addition, the Trust has also delivered two large scale capital developments in the development of a new Urgent & Emergency Care Centre (UECC) which opened in Nov 16 at a cost of £46m and the reconfiguration of Cannock Chase Hospital at a cost of some £35m.

Key Investment Projects	Value (£0.75M+)	Year Started
New Modular Wards to C Block (54 beds)	£9.5M	19/20
New ITU (8 Beds)	£2.5M	19/20
Theatres Entrance Remodelling	£1.1M	19/20
Creation of Cytology Lab	£1.0M	19/20
Pathology Extension	£9.0M	19/20
Multi storey car park (South site)	£5.3M	19/20
Refurbishment of 3 x-ray rooms - radiology - CCH	£0.9M	18/19
Replacement of 3rd and 4th Linac	£4.9M	18/19
Replacement of Generator & Reconfiguration of LV Switchgear	£1.6M	18/19
Replacement CT simulator and associated costs	£0.9M	18/19
Expansion of clinic space and improvements in fracture clinic	£1.1M	18/19
Replacement of NX hospital south west sector LV switchgear	£1.1M	18/19
Recladding of Block 87 Heart & Lung	£1.7M	18/19
Maternity heating plant and basic infrastructure to Wrekin House	£1.3M	18/19
Replacement of anaesthetic machines	£1.7M	18/19
Replacement of Incinerator	£3.1M	18/19
Level 3 Reconfiguration - CCH	£3.3M	17/18
Replacement of Cath Lab 2	£1.1M	17/18
Stroke Unit	£2.4M	17/18
Ambulatory Emergency Care Unit	£2.0M	17/18
3rd MRI Scanner	£1.6M	16/17
Replacement of linear accelerators	£3.9M	16/17
Reconfiguration of wards A12 + A14	£2.0M	16/17

The fuller programme for 19/20 totals some £27.8m and includes a number of developments including a major extension to the Pathology building, a further Multi-storey Car Park, the installation of the 4th replacement Linear Accelerator, investment in Backlog and Fire Protection works, IT upgrades and replacement Medical Equipment.

In summary, the Trust has invested over £120m in capital resources over the past five years in improving and upgrading its estate and associated clinical and support infrastructure.

5.8 Key Estate Challenges and Risks

The current Estate faces a number of significant challenges and risks both in the short and longer term. In an environment where there is huge pressure on the allocation of capital resources it will be essential that these challenges and risks are effectively monitored to ensure continuing safe delivery of clinical services. A summary of the key issues are considered below:

5.8.1 New Cross Hospital (NXH)

Site Layout and Clinical Adjacencies: The site has been developed over a long period of time in a piecemeal fashion that does not respond to clinical adjacency considerations. It comprises of buildings of many ages, styles and conditions and has a disjointed character. Many buildings are standalone buildings or single storey and are connected by long ramped corridors which ultimately resulted in a difficult layout with pockets of under-utilised spaces and poor clinical adjacency. The extended nature of the site often means that patients, staff and visitors have to cover substantial travel distances in moving from one department to another.

Ward Blocks: Although there have been a number of ward re-modelling programmes in recent years, there is at present no long-term rolling plan. The majority of the Ward areas suffer from space constraints compared to current standards. This may not assist in the efficient delivery of care or provide a modern and effective healing environment and there is a low level of en-suite accommodation.

Cancer Centre: The Deanesly Centre serves as the designated Cancer Centre for the Black Country and was built in 1996 but has been extended and reconfigured over time to accommodate increases in capacity. The current accommodation however has a number of significant challenges, particularly around future demand. It is forecast that the Centre will be unable to support increased demand from 2021/22. The existing configuration of facilities and dislocation of associated services prevents implementation of new patient centred integrated service models. Oncology and clinical haematology services at the hospital are provided from a number of locations around the site with difficult access routes to essential support services. Currently there is limited inpatient and day case provision for young adults and few facilities for relatives.

Core Infrastructure: Increased development has placed significant demand on both the Power and Heating systems. The site is nearing capacity in relation to its current power supply and increasing demands for ventilation and cooling are likely to exacerbate the position. A review is planned of the forecast power demand for the site and the assessment of potential options. In addition, the existing steam main (which provides heating and hot water to the majority of clinical buildings) is now over 45 years old and is likely to require significant investment over the next 10 years to ensure appropriate system resilience.

Aseptic and Radiopharmacy: The current aseptic unit is seen as not 'fit for purpose' and requires upgrading to ensure it complies with national standards for aseptic services. It is over 13 years old and although it passed an external audit in 2017 it was noted that the facilities were aging and required investment. The timeframe to build a new pharmacy aseptic unit is approximately two years and without a clear plan in place the risk is that the Trust could be without an aseptic service if the current unit fails to meet national standards. A Business Case is being prepared to address these issues and develop new accommodation.

Capacity Issues MRI/CT: Although a third static MRI scanner was installed in the UECC in 2016, the number of patients requiring MRI scans continues to rise year-on-year with specific capacity issues around cardiac CT scans. In addition, the accuracy and speed of CT scanning has improved meaning that previously routine examinations such as barium enemas have been superseded by CT colonography. Cancer treatment rates are also improving meaning subsequent follow-up scans. This has led to the need for a further MRI/CT scanner being required to meet this additional demand.

Access and Parking: The layout of the hospital site and its constrained location together with the scale of activity mean that both access to the site and parking remain a significant challenge to the effective delivery of services. Despite the construction of an initial 540 space Multi-Storey car park in 2015 and an additional facility with 620 spaces, the ability of both patients, visitors and staff to park easily and to access their required location remains a major challenge, as does the impact on the surrounding locality. Whilst on completion of the new Multi-Storey car park will help alleviate current concerns, it is forecasted that that car parking demands will be set to rise further in the future despite improved emphasis on greener methods of travel. Indeed with the onset of more sustainable methods of travel there will be an increase in the provision of electrical charging points across the site and beyond in order to support this movement.

Development Constraints: The site is enclosed by residential housing and two major roads which inevitably places constraints on the location of future development, particularly multi-storey buildings. In addition, it should also be noted that an agreement is in place until 2025 that limits the construction of new buildings along the potential route of the Wolverhampton Tram extension (a zone of about 40m from the existing Wednesfield Road). This will no doubt require more focus on the extended use of existing buildings, where possible, going forward should we require associated re-tasking spaces to achieve planned outcomes.

Building Condition: There are several buildings on the New Cross site which are in poor condition or are functionally unsuitable or in need of significant refurbishment, these being McHale, Hollybush House and Chestnuts/Ashes. In addition to these buildings there are also two areas which contain clinical accommodation which face major challenges including the Theatre Block and Dermatology/Rheumatology. Whilst these areas are maintained and kept safe on a day-day operating basis they represent a longer-term risk to the Trust.

5.8.2 Cannock Chase Hospital (CCH)Space Utilisation: Whilst a number of key services have been relocated to CCH since its acquisition by the Trust, there remains a significant challenge in effectively utilising the site to its maximum capacity. This will need to be the subject of further review as we look to maximize the use of the site alongside a number of third parties.

5.8.3 West Park Hospital (WPH)

Building Condition: Most of the buildings on the West Park site which are notably below average condition, functionally unsuitable or in need of significant refurbishment. Whilst these areas are maintained and kept safe on a day-day operating basis they represent a longer-term risk to the Trust to which further investigation into the longer term future of the site will be required going forward.

5.8.4 Community & Primary Care

Utilisation: Whilst there has not been a formal and full in-depth utilisation review of the community estate carried out, a comparison of clinic room bookings against usage has suggested that the utilisation rate for clinic rooms is around 83%. This sits below the recommended utilisation of 90%-95% as set out in the Carter Report. It is understood that the STP are exploring the potential use of a wider regional booking system and the benefits it may provide.

Leasehold Obligations: The Trust currently only owns four of its community premises; the remainder are leased or occupied under licence. Most of the leases are Tenant Internal Repairing (TIR) leases which offer the least amount of liability to the Trust in terms of maintenance obligations however NHS Property Services and Community Health Partnerships provide a full facilities management (FM) and maintenance service as part of the lease. Consideration should be given as to whether this is the most cost-effective arrangement for the Trust as there is little control on the cost of these services.

Vertical Integration (VI): The Trust remains a huge proponent of maximising the perceived benefits of the integration of GP Surgery's within the Trust and the many benefits that come with this. We continue to realise that we need to look to further breakdown some of the traditional barriers that have been allowed to exist in meeting the needs of patient care and we see VI as a process in responding to that message. The challenges the Trust are experiencing in this venture as we look to expand further into the Community equate to the capture of such facilities and indeed how we can be set up to manage the respective sites under tailored leases and particular terms with a significant number of mixed base properties. So far, this has required bespoke arrangements to be set in place to address such concerns. This will continue to be a challenging area going forward as we look to move ahead with this agenda.

6.0 Our Future Priorities

6.1 Overview

The Estate is a major contributor to the future success of the Trust but it also consumes significant amounts of both Capital and Revenue resources. The overarching objective however must always be to provide a safe, flexible, high quality, efficient, effective and sustainable environment from which to deliver health care. As such, in terms of investment in such a critical aspect, there are three cornerstones that frame the future development of the Estate:

1. The need to continually improve the delivery of services to patients through development and remodelling
2. Ensuring that the existing Estate is maintained to appropriate standards
3. Recognising that financial resources, particularly Capital funding, are limited

Attempting to balance these dimensions is both complex and challenging, particularly when there is significant service change and debate as to how services will be delivered in the context of ever-increasing demands on the NHS. The 'long-term' nature of property assets was noted earlier but this also means that the scale of the Capital resources that are needed to deliver change are very significant. Without a clear and firm future funding stream, it is therefore difficult to develop a clear and consistent strategy for the future. In such an environment, the most pragmatic way forward is to identify a series of scenarios which create a direction of travel should any opportunities arise when funding for specific initiatives or projects emerges.

In most cases, the actual level of change to the built environment cannot be clearly defined at this stage, but the assessment of the current estate provides a basis for future option appraisals followed by the production of Business Cases. This document is therefore flexible in its approach and recognises the changing needs of developing service requirements together with the changing emphasis on patient care from commissioning bodies and the wider NHS.

Below we discuss the different aspects of how the strategy may evolve, focusing on Estate Reconfiguration, Potential Development Scenarios, Existing Buildings/Infrastructure and Estate Performance Objectives.

6.2 Estate Reconfiguration

In relation to potential reconfiguration of the Estate, the future of the current site at **West Park** remains the biggest challenge. A number of potential options have been explored for the site from the creation of an Outpatients and Diagnostic Centre through to full disposal of the site and the transfer of services to other locations. The biggest constraint to the majority of options is the availability of significant capital funding to enable change.

The creation of a **City Centre Hub** in Wolverhampton which would deliver Outpatient, Diagnostic and Community Care, also remains a core ambition of the Trust but the scope of such a facility has yet to be defined and the funding of such a development again presents a major challenge to progress.

The **Community Estate** also provides a number of opportunities for reconfiguration and consolidation, particularly in the potential release of various properties which are currently leased and which are either in average condition or present accommodation issues. There is evidence that parts of the Community Estate are not effectively used and as such a focus on developing a detailed plan to improve the Estate and its utilisation would yield significant benefits but noting that the availability of capital may again be an impediment to implementing change.

One key aspect that needs to be carefully considered in developing the potential options noted above is the 'capacity' of **New Cross** to absorb further significant increases in activity and footfall into the site. Whilst there are a number of potential locations which could be developed at New Cross, including both vacant areas and the replacement of current buildings, it is obvious that New Cross is extremely busy which subsequently places added pressure on the site infrastructure such as car parking, traffic movement and the ability to find and access the right building. Bringing additional significant activity onto the site may only serve to exacerbate these issues and therefore consideration should be given as to whether some 'high volume' clinical activities and support services could be relocated elsewhere but recognising the need for continuing clinical and operational effectiveness and the needs of patients.

6.3 Potential Future Development Scenarios

This section outlines a number of potential projects and developments that have been identified either as part of future service reconfiguration or improvement of the existing estate. The projects identified are not necessarily part of a programme or in any form of prioritised order but indicate the level of aspiration of the Trust to improve and adapt its Estate. In addition, specific funding has not been identified for the majority of these initiatives.

Ward Areas: A refurbishment programme for the Ward areas in New Cross could be undertaken on a 'rolling' basis over a number of years. Approximately 12,000m2 of the Ward stock that has not been refurbished or re-modeled in the last 10 years. Consideration could be given to delivering a programme of work over say a five-year period including an associated decant strategy.

Theatres: A programme to remodel the existing theatres at New Cross remain a consideration and could only realistically be undertaken as a 'rolling programme' to avoid any major impact on clinical activity levels. This will need to be balanced against any changes to future clinical strategy.

Radiopharmacy/Aseptic Suite: The urgent need to create a new facility for radiopharmacy and aseptics has resulted in consideration of a stand-alone option for this project.

Cancer Centre: A proposed scheme to provide an integrated purpose designed Cancer Centre on the New Cross site. The project may permit co-location of oncology and clinical hematology services (inpatients, day case and OPD), chemotherapy, radiotherapy, medical physics, aseptic and radiopharmacy suites into a single integrated facility on the New Cross site at an indicative cost of £30-£40m. This would inevitably require additional funding support from the NHS.

Additional MRI/CT Capacity: There is a considerable pressure to increase diagnostic capacity, especially in relation to Outpatient services. Although the most obvious location for expansion would be the existing Radiology building, currently, little progress has been made with the current PFI provider in relation to being able to establish a realistic budget. There are a number of potential 'stand-alone' options on the New Cross site, although consideration might also be given to off-site solutions as part of the development of a City Centre Hub as discussed earlier.

Maternity Expansion: The Trust continues to see growth in the need for Maternity and associated services, with a current objective of being able to meet 6,000 births pa. It is expected that we may outgrow the existing facility in the next 5-10 years, so associated planning for the future, perhaps beyond the life of this 5 year plan will need to be considered. This will result in the need to undertake further re-modeling and refurbishment in the existing Maternity building and identification of support space on the New Cross site. Feasibility planning will be required to identify potential options.

Heart and Lung Centre (HLC) Expansion: There is potential to develop and add additional floor space to accommodate this proposal on to an area of the HLC to include an expansion to the ICCU. Early indications have determined the preferred location, but it is understood that such a proposal would require significant capital expenditure.

Multi-Storey Car Park (Nr.3): There may be continued future pressures on the need for additional car parking and at the time of writing there may be some scope to explore potential future funding sources for this. A site would need to be identified under a feasibility study and the impact to operation of the existing facilities accordingly.

6.4 Existing Buildings/Infrastructure

There are a number of facilities on the New Cross site that represent a future risk to the Trust and consideration needs to be given to potential replacement or refurbishment.

Dermatology/Rheumatology/Urology: These clinical areas are located in buildings which have issues in relation to both condition and functional suitability. Although no feasibility work has yet been undertaken into either potential refurbishment or relocation this is an area that is worthy of further investigation.

Decant Spaces: Due to continued pressures in the delivery of services it would be wise to conduct a study of all possible areas that could be identified and perhaps converted to allow spaces to decant as areas become used due to the demands of the service. This could form a part of the spacial review that we a looking to address as part of the wider identification of the categorization and use of our spaces as part of the ERIC returns. There is known space within the Heart and Lung Facility that could be adopted if not used for other emerging priorities.

Durnell Unit relocation: It is understood that there may be potential Regulators observations noting this service may benefit from relocating as it is not in the most ideal location within the site. This may also link in with any potential “Cancer Centre” Development on the site too.

Cardiology Unit expansion: This may be set to become a priority in the early part of the programme. At the time of writing it is understood Business Cases are being drawn up accordingly due to the pressing needs of expanding the area, early examination notes a potential internal reconfiguration of existing spaces may be required.

Opthalmology Unit expansion: It is thought that this area would like to create additional space, perhaps with changes to Wrekin House enabling this to be considered, to create space in WEI for clinics but there will be the need to conduct significant planning around this if there is the potential to take forward this proposal.

Urology: It is recognised that network pathways is becoming more established and that the time may be opportune for Urology to be considered for a possible separation from general surgery into its own ward space or perhaps the possible concentration of Urology into Beynon but this may require significant operational consideration. It is also noted that there are links with other service providers (Walsall) so this could hold influence too.

Urgent Care Area: Potential to explore refurbishment and potential expansion of this area with areas identified within the first floor and shell space where investment could be explored to gain better use of the spaces.

Ward A23: The Head and Neck Unit (HNU) could be relocated from this space with Paediatrics taking up the vacated space to allow them to have much needs expansion. An area would need to be identified and agreed for the HNU to be re-sited.

Support Services Accommodation: Hollybush House, Ashes and Chestnut buildings are all in poor condition and the respective support services in these buildings need to be rehoused. Options for relocation potentially include Wrekin House, although this would require investment to bring back into use, a new purpose-built support services building or leased accommodation away from the New Cross site. All these options carry significant cost, however these issues need to be addressed in medium term to avoid any significant impact on the Trust's activities. A further positive impact of the demolition of Hollybush House would be the release of a development sites in a key location within the New Cross site.

Wrekin House: This former Mental Health facility has stood "mothballed" for over a decade (apart from one area where Therapy services have continued on the Ground Floor) and was originally thought to be surplus to requirements, however recently commissioned works have been undertaken to save and replace the roof structure and associated coverings to follow on from significant internal works to the services infrastructure. Following such works the building could be reintroduced to the estate and would permit internal reconfiguration to take place to allow further spacial planning to take place which in turn may permit the movement of certain Trust activities to be re-sited within Wrekin House. This could free up other space on the hospital site for re-purposing and also release the Trust from other rental space commitments.

Site Infrastructure: As noted above the Infrastructure of the site is a significant risk and the potential cost of replacement of key components such as Steam (Heating) and Power could have a major impact in any given year. A longer term plan needs to be developed to address and mitigate these risks in order to avoid significant disruption to the site and the provision of services.

Medical Equipment: Constant refresh and replacement programmes include endoscopes; replacement of stack systems; ICCU ventilators as well as a risk prioritised generic replacement programmes.

ICT Equipment: PC replacement programmes, smart hospitals and new models of care and a series of in-year priority spending and associated reactive needs are needed to support the activities provided by the Trust.

6.5 Funding and Timescales

Analysis of the above priorities indicates a significant level of investment is required both to maintain the Estate and to improve delivery of services to patients. The scale of this investment is substantially beyond the limited capital resources that the Trust is allocated and therefore additional investment will be required either via targeted central funding or as part of collaboration with other organisations. There are also potential opportunities in the exploration of alternative "fully funded development solutions" particularly if we were to consider further retail opportunities across the Trust.

The above summary will require significant investment and support from within the Trust mechanisms of Business Case challenge process and whilst it is unrealistic to consider that funding of this scale will be ultimately released, it is imperative that a set of clear goals are developed to aid future planning and that feasibility planning is commenced around key developments. To this effect a draft 5 year plan is attached.

6.6 Flexibility

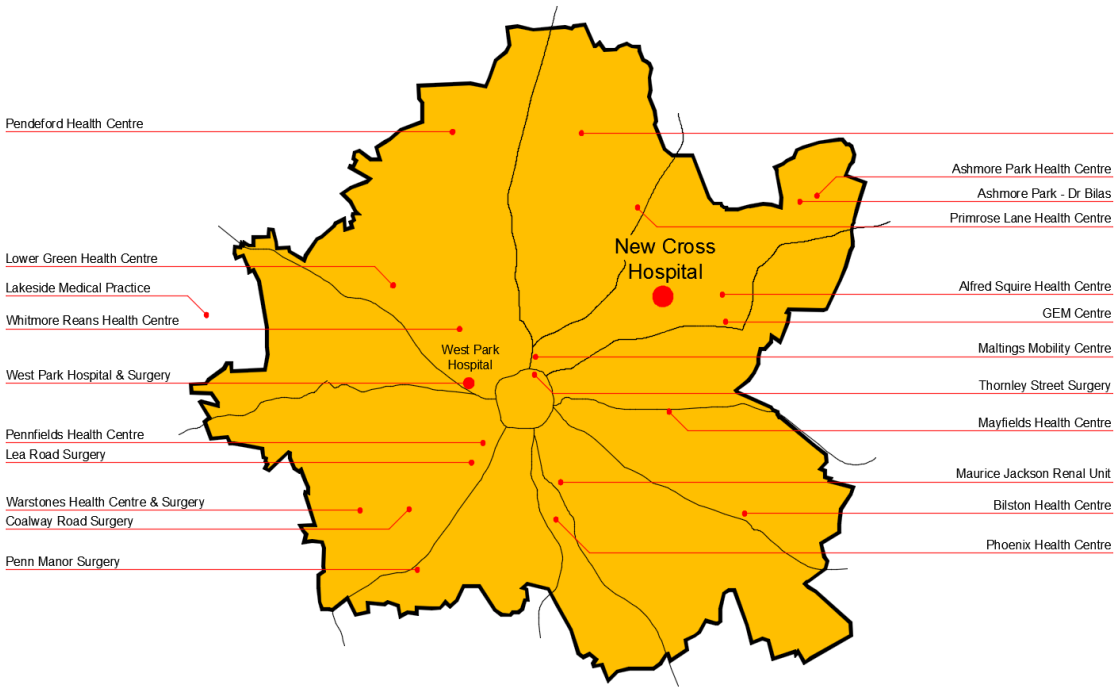
The reader's attention once more to the fact that whilst there will be a number of potential projects listed within the 5 year plan, this may be subject to change, future emerging priorities, funding availability and the agreement of the Trust Board and, on occasion the wider NHS Community.

It is noted that Year 1 and 2 are well planned with projects already in the construction phase or indeed heading down the path of construction costing, quotation and/or tendering. Projects listed within year's 3 onwards will be subject to changes as we move through the procurement and delivery of the agreed projects.

End of document.
Appendices are shown on the final pages.

Appendix A

Geographic Extent of Community and GP Sites Across Wolverhampton



Appendix B

Freehold Sites

Site	Gross Internal Area (GIA) - m^2	Site Area - hectares	Service Area
New Cross, Wolverhampton	129,293	25.32	Acute & Community
Cannock Chase Hospital	22,603	3.29	Acute & Community
West Park, Wolverhampton	9,322	2.14	Acute, Community & Primary Care
Pond Lane Renal Unit	382	0.41	Community
Pendeford Health Centre	703	0.39	Community
Primrose Lane Health Centre	601	0.18	Community
Warstones Health Centre	505	0.54	Community & Primary Care

Total	**163,409m2**

Appendix C

Leasehold Sites

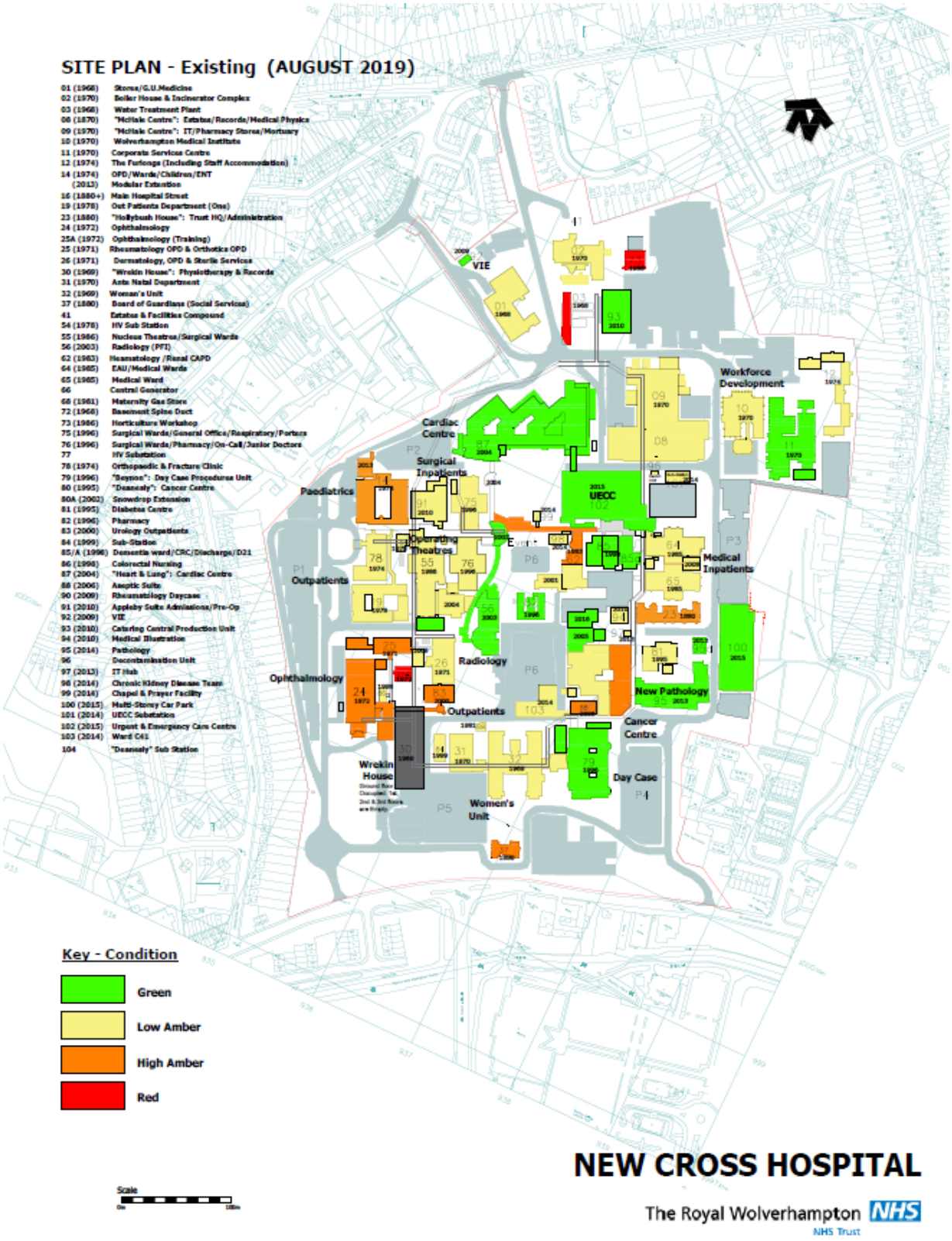
Site	Gross Internal Area (GIA) - m^2	Ownership	Service Area
Ashmore Park HC	459	NHS Property Services	Community
Alfred Squire HC	1692	NHS Property Services	Community & Primary Care
Bentley Bridge Store	689	Clowes Ltd	Support Services
Bilston HC	810	NHS Property Services	Community Services
Bushbury HC	107	NHS Property Services	Community Services
Gem Centre	2099	Community Health Partnerships	Community Services
Mayfield HC	213	NHS Property Services	Community Services
Lower Green HC	244	NHS Property Services	Community Services
Maltings Mobility Centre	926	Wolverhampton Council	Community Services
Pennfields HC	240	NHS Property Services	Community Services
Phoenix Centre	1194	Community Health Partnerships	Community Services
Planetary Rd Garage	548	Byfields Ltd	Support Services
St John's House,	406	Lift Zone	Support Services
Warstones HC	697	RWT	Community & Primary Care
Whitmore Reans HC	416	NHS Property Services	Community Services
Colway Road Surgery	537	GP's	Primary Care
Lakeside Medical Practice	240	GP's	Primary Care
Lea Rd Surgery	411	GP's	Primary Care
Penn Manor Surgery	545	MCD	Primary Care
West Park Surgery	263	RWT	Primary Care
Thornley St Surgery	641	GP's	Primary Care
Ashmore Park GP	216	GP's	Primary Care

Total	**13,593m2**

* Excludes areas leased to third parties

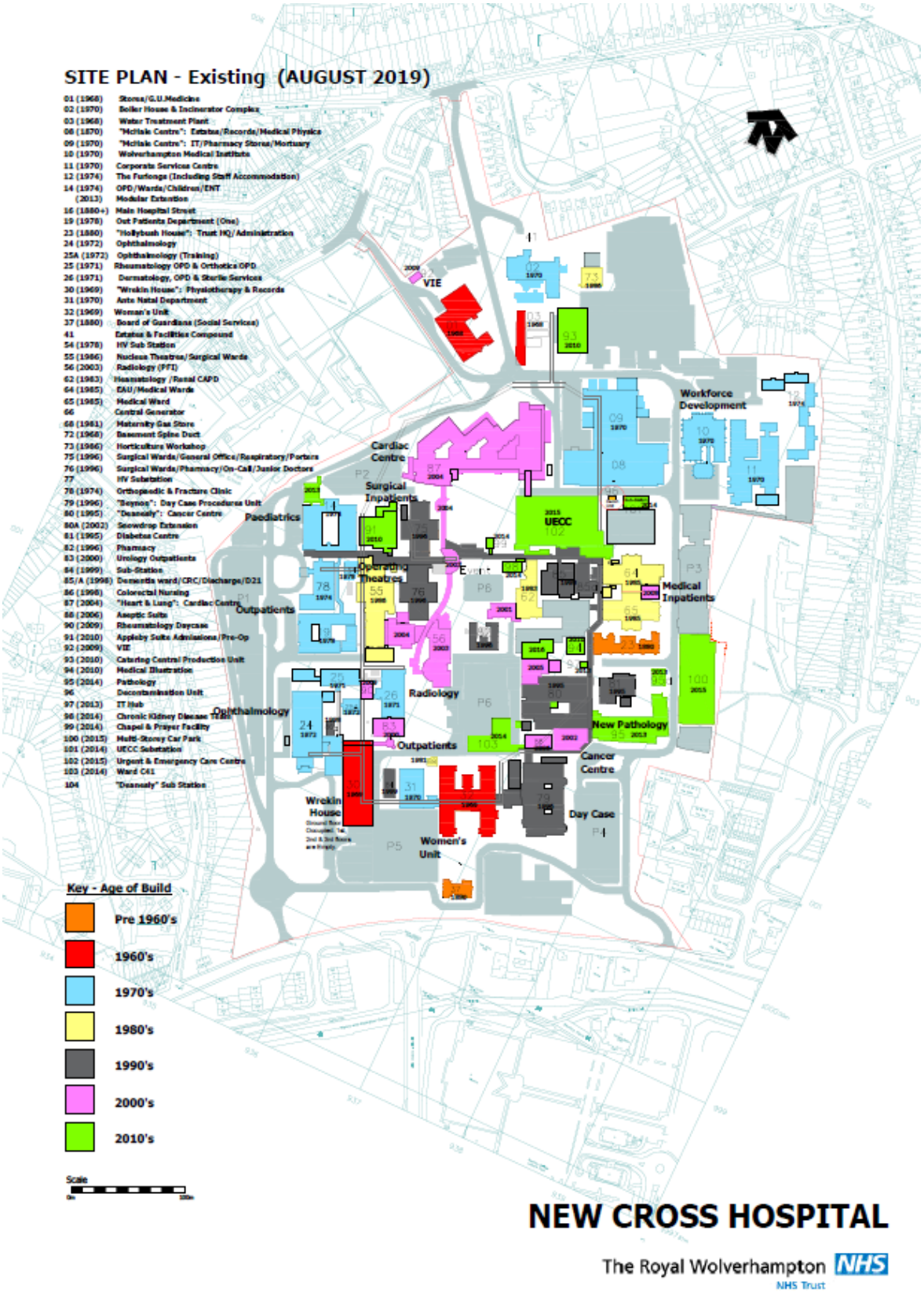
Appendix D

Condition Summary: New Cross



Appendix E

Age Profile – New Cross



Appendix F

A summary of the estimated costs per location, per risk and per building element is given below. Whilst this information was compiled in 2018 following a period of significant site surveys, it covers the period 2019-2023 and it is acknowledged that it is slightly out of sync with the production of this 5 year strategy. This will be reviewed and updated in the next site survey due in 2022 and we will seek to align the surveys with the 2025 strategy.

Table 1: Summary costs per location

Total Cost	Year					
Site	2019	2020	2021	2022	2023	Grand Total
New Cross Hospital	£5,028,900	£4,350,622	£4,258,950	£3,255,287	£272,809	£17,166,569
Cannock Chase Hosp	£194,662	£732,721	£212,530	£377,843	£225	£1,517,981
Health Centres	£411,746	£10,750	£389,963	£54,768		£867,227
West Park Hospital	£1,834,792	£8,800	£132,806	£165,687	£7,062	£2,149,147
Grand Total	**£7,470,100**	**£5,102,893**	**£4,994,249**	**£3,853,585**	**£280,096**	**£21,700,924**

The New Cross site takes up nearly 80% of the estimated projected costs.

Table 2: Risk costs per location

	Risk				
Site	Red	Amber	Yellow	Green	Grand Total
New Cross Hospital	£20,000	£9,223,381	£6,612,908	£1,310,281	£17,166,569
Cannock Chase		£1,056,195	£426,686	£35,100	£1,517,981
Health Centres	£0	£692,965	£140,164	£34,098	£867,227
West Park Hospital	£0	£1,218,431	£743,467	£187,250	£2,149,147
Grand Total	**£20,000**	**£12,217,799**	**£7,923,223**	**£1,566,729**	**£21,700,924**

The red risk works (classified as *High* and requiring urgent investment) have been completed. The Amber works (classified as *Significant* and should be dealt with as a priority) make up 56% of the estimated projected costs with Yellow (classified as *Medium* and should be viewed as longer term actions following the completion of all Red and Amber risk) taking 37% and Green (classified as *Low* where monitoring should be undertaken and works only undertaken where funding becomes available) and making up just 7%.

Table 3: Building elements cost per location

Total Cost	Element				
Site	Fabric	M&E	Statutory Safety	Fire Safety	Grand Total
New Cross Hospital	£4,741,267	£9,301,095	£811,962	£2,312,245	£17,166,569
Cannock Chase Hospital	£218,174	£657,317	£45,200	£597,291	£1,517,981
Health Centres	£155,105	£650,458	£7,551	£54,113	£867,227
West Park Hospital	£462,305	£1,507,463	£24,250	£155,128	£2,149,147
Grand Total	**£5,576,851**	**£12,116,332**	**£888,963**	**£3,118,777**	**£21,700,924**

It is noted that the area requiring the most investment at 56% is the Mechanical and Electrical Services Infrastructure. This is quite a common factor and in line with similar institutions. Building Fabric seems to attract around a quarter of the cost with the balance of 18% being made up of statutory and fire safety components.

Appendix G

1.0 Capital Programme Plan

The Trust's Capital Review Group meets on a monthly basis to determine the needs of capital investment to meet both the clinical and strategic needs of the Trust. It is the point at which Business Cases are examined in advance of being considered for funding from existing and planned capital resources.

The demand for investment across the Estate and its respective systems including ICT, Medical Equipment, Sustainability and Backlog Maintenance Works is always heavily oversubscribed, so a process of prioritisation is always in effect and the role of the Capital Review Group is to ensure targeted investment is made in areas that promote such changes in support of the Trust Strategy and underpinning Policies and Plans.

2.0 Funding of the Capital Programme

Noting that demand for capital investment will always exceed the availability of funding the Trust seeks additional funding on a regular basis via the lodging of bids with respective NHS institutions to top up existing annual capital resources in order to meet the needs of the Trust. Looking back there has been a steady baseline of c£20M investment per year made available via depreciation. This has then been subsequently split over a series of key areas, namely Medical Equipment; Backlog works to the Estate; ICT Infrastructure; Divisional Works Programmes; Strategic Investment Projects and more recently Sustainability. In the last two years we have seen over £50M invested in capital programme works by the Trust using a mix of both Trust and external funding.

3.0 2020/21 Programme (Year 1)

As with all medium-term planning there is a degree of detail at the outset that is well researched and more exacting as we prepare for the creation and implementation of physical changes across the Trust and the associated preparatory works required to underpin targeted programme delivery of such investment. However, the 20/21 programme has been severely interrupted by the recent Coronavirus Pandemic whereby emergency reactive works took precedent to deliver immediate changes where possible to meet the challenges of ensuring that the Trust was in the best position to react to COVID-19. As such the capital requirements doubled from an annual commitment of c£20M now to levels of exceeding £40M, with the additional monies being supported by a series of funding bids to various NHS institutions, be it directly from the DoH via NHSE&I or indeed STP Regional Funding programmes, some of which we still await final clarification.

4.0 Beyond Year 1

Following the impact of the Pandemic and the diverting of capital resources towards meeting the challenge that brought significant strain to the NHS, the Trust has needed to flex the capital plan in order to accommodate some aspects of the reaction to COVID-19 and as part of this some of the original planned works has migrated across financial years and is subject to further reprioritisation. This remains under constant review and any medium to longer term plan will always have a degree of driving ambition that needs to be offset against budget and competing demands of service delivery. As such the 5-year plan will always be a framework on which to build upon as we move from year to year and greater supporting detail is developed around proposed works via the production, preparation and challenge of associated Business Cases.

5.0 The Five-Year Capital Plan

The plan is initially set out as a potential programme of works looking into the future based on the information available at the time of its production. Such information will ultimately change over the onset of time and as it becomes available it can and indeed does reshape some of the proposals as potential projects are designed, costed, risk assessed and profiled. The 5-year plan has to be a flexible plan in order for the Trust to be able to adapt to emerging priorities and as such may change significantly over the onset of time due also in part to the availability of funding, resources, market conditions and associated external approval systems across both the region and the broader NHSE&I bodies.

The current levels of investment required over the next 5 years are estimated at around £175M to meet the existing priorities of the Trust. The make-up of the funding will need to be met by a series of internal and external funding to which we have varying degrees of control. The emerging changes of access to External Capital Funding will be a significant factor in the Trust's success (or otherwise) in meeting its ambitious delivery programme.

It must also be noted that the programme plans will always be an indication of a direction of travel and as priorities change so must the programme in order to achieve the Trust's objectives, thus a flexible approach to project planning will continue as we move through the delivery of the plan.

The below sets out an indication as to the key investment areas the Trust is set to focus on in the coming years based on existing known priorities and where further works will be required to scope out the fuller detail of each area before proceeding to ultimate delivery.

5 YEAR CAPITAL PLAN	Year 1 20/21	Year 2 21/22	Year 3 22/23	Year 4 23/24	Year 5 24/25	Total
MEDICAL EQUIPMENT	£ 2,700,000	£ 3,300,000	£ 3,000,000	£ 3,000,000	£ 2,500,000	£ 14,500,000
ICT SCHEMES	£ 2,000,000	£ 3,200,000	£ 3,500,000	£ 3,500,000	£ 3,500,000	£ 15,700,000
DIVISIONAL SCHEMES	£ 2,500,000	£ 5,150,000	£ 5,750,000	£ 5,750,000	£ 5,750,000	£ 24,900,000
BACKLOG / CRITICAL INFRASTRUCTURE / COMPLIANCE / STATUTORY / FIRE	£ 4,300,000	£ 3,800,000	£ 4,000,000	£ 4,000,000	£ 4,000,000	£ 20,100,000
SUSTAINABILITY	£ 25,000	£ 250,000	£ 500,000	£ 750,000	£ 1,000,000	£ 2,525,000
MAJOR STRATEGIC SCHEMES	£ 6,294,000	£ 8,000,000	£ 7,000,000	£ 3,000,000	£ -	£ 24,294,000
FUTURE ASPIRATIONS (Subject to successful capital bid funding)	£ 6,750,000	£ 26,050,000	£ 20,120,000	£ 1,000,000	£ 2,500,000	£ 56,420,000
COVID RESPONSE SCHEMES	£ 16,110,000					£ 16,110,000
TOTAL PREDICTED CAPITAL RESOURCE REQUIREMENT	£ 40,679,000	£ 49,750,000	£ 43,870,000	£ 21,000,000	£ 19,250,000	£ 174,549,000

6.0 The Proposed Projects

Medical Equipment: The proposals currently include endoscopes replacement programme, replacement of stack systems, ICCU ventilators as well as a risk prioritised generic replacement programme.

ICT Equipment: The proposals currently include PC replacement programme, smart hospitals and new models of care and a series of in-year priority spending and associated reactive needs.

Divisional Schemes: The proposals currently include the Ward Refurbishment Programme, Theatre Refurbishments and associated Divisional Priorities.

Backlog Works: The proposals include all associated essential backlog maintenance works inclusive of statutory and regulatory needs, such as Fire, Water Safety and Critical Infrastructure works. The finalisation and full handover and operation of the New Cross Hospital Incinerator and an element of works to the Wrekin House Facility as we look to re-task and refresh this existing building moving forward.

Sustainability: A relatively new budget heading in support of the Trust's continued commitments to the principles of sustainability as we move towards zero carbon targets set by the UK Government. We are currently exploring the possibility of Solar Farm to that will also see significant savings on utility costs as well as reduced carbon outage, subject to external funding approval.

Major Strategic Schemes: These proposals include the construction of an additional LINAC and the delivery of a new 640 space multi-storey Car Park at New Cross Hospital. The creation of a new Black Country Pathology Service operating from New Cross Hospital. Feasibility studies for the potential reconfiguration of Cannock Chase Hospital and the redevelopment of the Wrekin House facility.

Future Aspirations: Potential Heart and Lung building expansion incorporating ICCU, Radiopharmacy and Aseptic Suite. West Park site refresh, R&D accommodation review, WMI expansion, Urgent Care Centre expansion, New Woman and Children's Unit, Additional MRI and CT capacity; Potential redevelopment of dermatology, urology, rheumatology blocks; works associated with the Equalities Act

The above proposals are not exclusive as other projects may sit within the detail under each particular budget heading and they all remain subject to change as emerging priorities are brought to our attention and as funding opportunities present themselves to the Trust.

7.0 Funding Changes:

We are now reliant upon a mix of funding sources to strive to achieve our ambitions as a Trust and an emerging factor will be our ability to secure external funding via the preparation and presentation of bids often in competition with both Regional and National NHS Service Providers. This will be at the heart of our efforts going forward.

Changes in the way in which Capital Funding is set to be allocated via Regional STP's also brings with it increased challenges as we compete alongside neighbouring Trusts for capital funding. On occasions external funding often comes with conditions regarding particular outputs, for example operational go-live dates or use of particular procurement routes.

We must also recognise the risk of the recent pandemic and its implications on the way in which current and future services will be provided to accommodate Social Distancing for both the staff, patients and visitors to our facilities. As we look towards recovery and resetting in line with Government requirements this will be a continuous challenge going forwards that will ultimately have implications to capital investment as we look to reshape the services and indeed the estate to accommodate this.