

Hospitals Transformation Programme

Transforming The Royal Shrewsbury Hospital and The Princess Royal Hospital

Appendices to the SOC			
Please note that all documentation was correct at time of SOC submission, July 2022, and the appendices referenced below do not include any revisions received subsequently. Therefore, some documents may be out of date.			
Appendices	Reference	Appendix	Link
	1. A	Future fit decision-making business case	https://nhsfuturefit.org/key-documents/joint-committee-meeting/688-decision-making-business-case/file
	2. B	Supporting strategies and plans	B1: STW System Development Plan B2: STW Estates Strategy B3: Trust Estates Plan
	3. C	Demand and capacity methodology and detailed outputs	
	4. D	Site plans, descriptions of options and supporting OB Forms	D1: BAU OB1 form D2: Core DMBC ('Do minimum') OB1 form D3: Core DMBC +key estates risks OB1 form D4: Core DMBC + Key estates risks + integration OB1 form D5: HTP DCP 3D slides
	5. E	Qualitative options appraisal evidence	
	6. F	Detailed benefits of the Preferred Way Forward	
	7. G	Benefits register and detailed methodology	
	8. H	Net present social value calculation and CIA model	Economic summary Cost summary
	9. I	Risk register	

	10.J	Equalities and quality impact assessment	https://www.nhsfuturefit.org/key-documents/impact-assessment/2018-2/649-equality-impact-assessment-v26/file
	11.K	CCG and ICS letters of support	K1: CCG letter of support K2: ICS letter of support
	12.L	Completed NHSI checklist: Fundamental criteria	
	13.M	Terms of reference	M1: STW ICS Group/Board M2: HTP Programme Board M3: HTP Implementation Oversight Group
	14.N	Net Zero Carbon Strategy	
	15.O	Digital Roadmap	
	16.P	Green plans	P1: SaTH Workforce Travel Plan P2: Shropshire Health Procurement Service Sustainable Procurement Strategy
	17.Q	Premises Assurance Model	
Authorised by	Nigel Lee, Interim Director of Strategy & Partnerships		
Date	20 January 2023		
Document status	<p>This is a controlled document. Whilst this document may be printed, the electronic version posted by SATH is the controlled version.</p> <p>Any printed copies are not controlled therefore it should always be accessed from SATH</p>		



The Shrewsbury and
Telford Hospital
NHS Trust



TRANSFORMING THE ROYAL SHREWSBURY HOSPITAL AND PRINCESS ROYAL HOSPITAL

STRATEGIC OUTLINE CASE
October 2021



Partnering
Ambitious
Caring
Trusted

Appendices



Appendix A Future Fit decision-making business case

<https://nhsfuturefit.org/key-documents/joint-committee-meeting/688-decision-making-business-case/file>

STW System Development Plan 30/06/21

PUBLISHED
1 July 2021

Shropshire, Telford & Wrekin System Development Plan

Contents

1	Introduction and Background	3
2	Our Integrated Care System.....	4
2.1	Our landscape	4
2.2	Our population	7
2.3	Our opportunities, strengths, and challenges.....	15
2.4	Our journey so far	17
3	Our Vision.....	23
3.1	Our Aim, Vision and Principles	23
3.2	Our Pledges	25
3.3	Our Outcomes	27
3.4	Our Population Health Management Approach.....	28
4	Our Progress and Plans	31
4.1	The ICS Partnership	32
4.2	The ICS NHS Body.....	34
4.3	People and Culture	36
4.4	Governance and Management Arrangements.....	41
4.5	The Role of our System and Providers	51
4.6	Clinical and Professional Leadership	58
4.7	Working with People and Communities.....	59
4.8	Accountability and Oversight.....	62
4.9	Financial Allocations and Funding Flows	64
4.10	Data and Digital Standards and Requirements	69
4.11	Service Transformation.....	71
5	Our Next Steps.....	76
5.1	<i>Transitioning as an ICS.....</i>	76
5.2	<i>System Development Action Plan Summary.....</i>	76
5.3	Achieving our pledges.....	78

1 Introduction and Background

This Shropshire, Telford & Wrekin System Development Plan builds on our January 2021 ICS Designation Application and Development Plan. It summarises the significant progress we have made to date as an Integrated Care System (ICS), alongside our future development plans – including how we will develop the leadership, capabilities and governance required to take on our anticipated statutory responsibilities from April 2022.

The structure of this Plan is as follows:



- **Our Integrated Care System** – an overview of our landscape, our population, our opportunities and our challenges, our journey so far, and some of our key achievements.
- **Our Vision** – our Aim, Vision and Pledges, and the associated outcomes and deliverables we have identified.
- **Our Progress and Plans** – in establishing Shropshire, Telford & Wrekin as an effective and well-led ICS delivering measurable benefits to the population we serve.
- **Our Next Steps** – how we will take forward the delivery of this plan.

2 Our Integrated Care System



2.1 Our landscape

Our Geography

Shropshire, Telford & Wrekin ICS spans a large and highly diverse terrain in the West Midlands, from the agricultural villages in the Shropshire Hills, to the urban landscapes in the town of Telford. Our ICS is home to both the famous natural landmark, The Wrekin, and the River Severn which runs throughout the footprint.

It is not just us who see how beautiful our geography is. The Quarry in Shrewsbury was recently voted one of the best parks in the UK, and Offa's Dyke Path National Trail in Shropshire consistently receives 5-star reviews.

Our area is steeped in history and culture, with ancient castles and heritage steam railways situated side by side with independent markets, street art galleries and bustling coffee shops. The map below outlines our ICS geography:



Figure 1 [Shropshire Tourist Information, FI-Exercise]

Our Places

Place-based working involves taking a person-centred approach to delivering services that meet the needs of the local community. Places bring together the NHS, Local Authorities and Voluntary, Community and Social Enterprise Organisations to act as partners in the joined-up delivery of care and support.

Across our ICS we have two coterminous Places, **Shropshire**, and **Telford & Wrekin**, both of which have established Integrated Place Partnerships and work through Health and Wellbeing Boards and the Better Care Fund. Through these operational, system-wide partnerships and boards within our ICS, we are committed to co-producing effective, integrated Place-based commissioning and delivery arrangements to deliver the right care and personalised support for our communities. A single decision-making framework to support action and decision-making at the Place level as well as devolving budgets is in development.

The ethos of our Place-based working is ‘Think Local, Act Personal’ and we are committed to co-producing our future interventions and the way we deliver services with the people in our community. Our aim is to use our system-wide relationships to deliver a range of civic-level interventions, preventative care and community centred approaches informed by the people of our ICS.



Our Healthcare Providers

Our ICS footprint is served by the following healthcare provider organisations, with provision spanning across both of our Places.

Provider Type	Organisation	Summary
Acute	Shrewsbury & Telford Hospital NHS Trust (SaTH)	The main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin, and mid Wales. Main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury.
Specialist Orthopaedic	The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)	A single site hospital based in Oswestry, close to the border with Wales, serving patients locally, regionally, and nationally. A leading orthopaedic centre of excellence providing a comprehensive range of musculoskeletal surgical, medical and rehabilitation services.
Community Health	Shropshire Community Health NHS Trust (ShropCom)	Trust provides a range of high quality, innovative community-based health services for adults and children in Shropshire, Telford & Wrekin, and some services to people in surrounding areas.
Mental Health	Midlands Partnership NHS Foundation Trust (MPFT)	Integrated organisation providing physical and mental health, learning disabilities and adult social care services. Most services are delivered in Staffordshire, Stoke-on-Trent, Shropshire, Telford & Wrekin, however some specialist care is provided nationally.
Ambulance	West Midlands Ambulance Service Foundation Trust	The Trust is the region's emergency ambulance services and covers a population of 5.6 million people across the areas of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham, and Black Country conurbation.

Our Primary Care Networks

Primary Care Networks (PCNs) are groups of GP practices working together at scale, for the benefit of the communities they serve. Our PCNs form the building blocks of our ICS architecture, ensuring that our citizens receive joined-up care and that the Primary Care voice within our system is heard. Our PCNs maximise neighbourhood working, with primary and community care integration around the PCN footprint forming a key element of our approach.

We have eight PCNs, each with a PCN Clinical Director, operating within our ICS/ Places. There are four PCNs mapped across each Place in our ICS respectively. The eight PCNs range in numbers of member practices, with the smallest PCN having 2 member practices and the largest having 16. Overall, within our eight PCNs there are a total of 51 General Practices serving varied population sizes.

Our Clinical Commissioning Group (CCG)

We have successfully redesigned and reorganised our commissioning architecture in the region by merging our two previous CCG's; in April 2021, NHS Telford & Wrekin CCG and NHS Shropshire CCG merged to form a single commissioning organisation, the NHS Shropshire, Telford & Wrekin CCG ('the CCG'). The CCG is responsible for planning and buying a wide range of health services for the whole population of Shropshire, Telford & Wrekin.

The CCG merger has been designed to support the move to the ICS on the Shropshire, Telford & Wrekin footprint.

With our single strategic commissioning body, we are able to achieve highly co-ordinated commissioning of health and wellbeing outcomes and associated services across our system.

Our Local Authorities

There are two Local Authorities in the ICS: Telford & Wrekin Council, and Shropshire Council. Both councils have unitary authority respectively, thereby holding the powers of a non-metropolitan country and district council combined.

2.2 Our population

Key demographics

Our ICS footprint covers a population of around half a million people, over a total area of 3,487km². By 2043 there will be an estimated 0.6 million people in Shropshire, Telford, & Wrekin, with 30% of those citizens over 65 years of age.

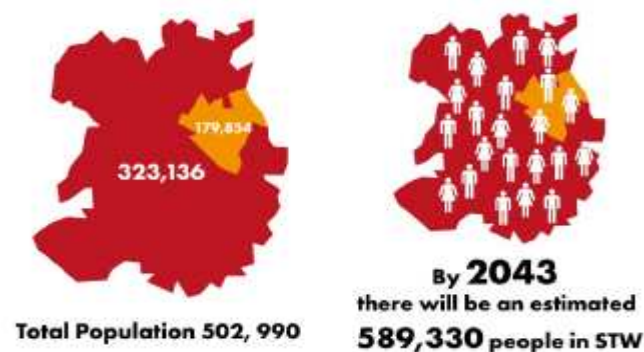


Figure 2 Our Population

Currently across our ICS there are around 88,000 people with a long-term limiting illness, which equates to approximately 18% of our population. Our ICS area can be described as a low wage economy, which can impact our citizen's wider determinants of health such as education, access to employment and housing.

The predominantly urban area of **Telford & Wrekin** has a population of around 178,000 with a higher-than-average proportion of younger, urban citizens. Though the number of younger people is higher, there is also a rapidly growing older population with the number of people 85 and over expected to grow by 98.4% over 13 years, compared to the England growth rate average of 47% for the same period¹.

More than a quarter of people in Telford & Wrekin are ranked as living within some of the 30% most deprived populations in England. According to recent midyear estimates around 83% of people in Telford & Wrekin were from a White British background, with the Black, Asian and minority ethnic (BAME) population in the area growing around 6.5% over 10 years.

8.6% of 16–17-year-olds in Telford & Wrekin are not in education, training or employment, or their activity is unknown, which is significantly higher than the England average of 5.5%. It is also of note that a higher proportion of children in the area are within low-income families compared to the England average; 20% in Telford & Wrekin compared to 17% in England overall.

Shropshire is home to around 323,000 people. The county has a low population density, covering a large rural area with two thirds of people living in villages, hamlets, and dispersed dwellings.

In the area there is a higher-than-average number of 16–17-year-olds who are not in education, employment and training or whose activity is not known (7.2% compared to 5.5% nationally). There is however a notably lower percentage of children in low-income families (12%) compared to the national average (17%).

The relatively affluent county masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate.

Shropshire also has a largely ageing population with 23% of Shropshire citizens being over 65 years (compared to the England average of 17.6%)². An estimated 3,740 people are currently living in care home settings in Shropshire, with this figure likely to increase in the future.

¹ JSNA for Telford and Wrekin, 2019

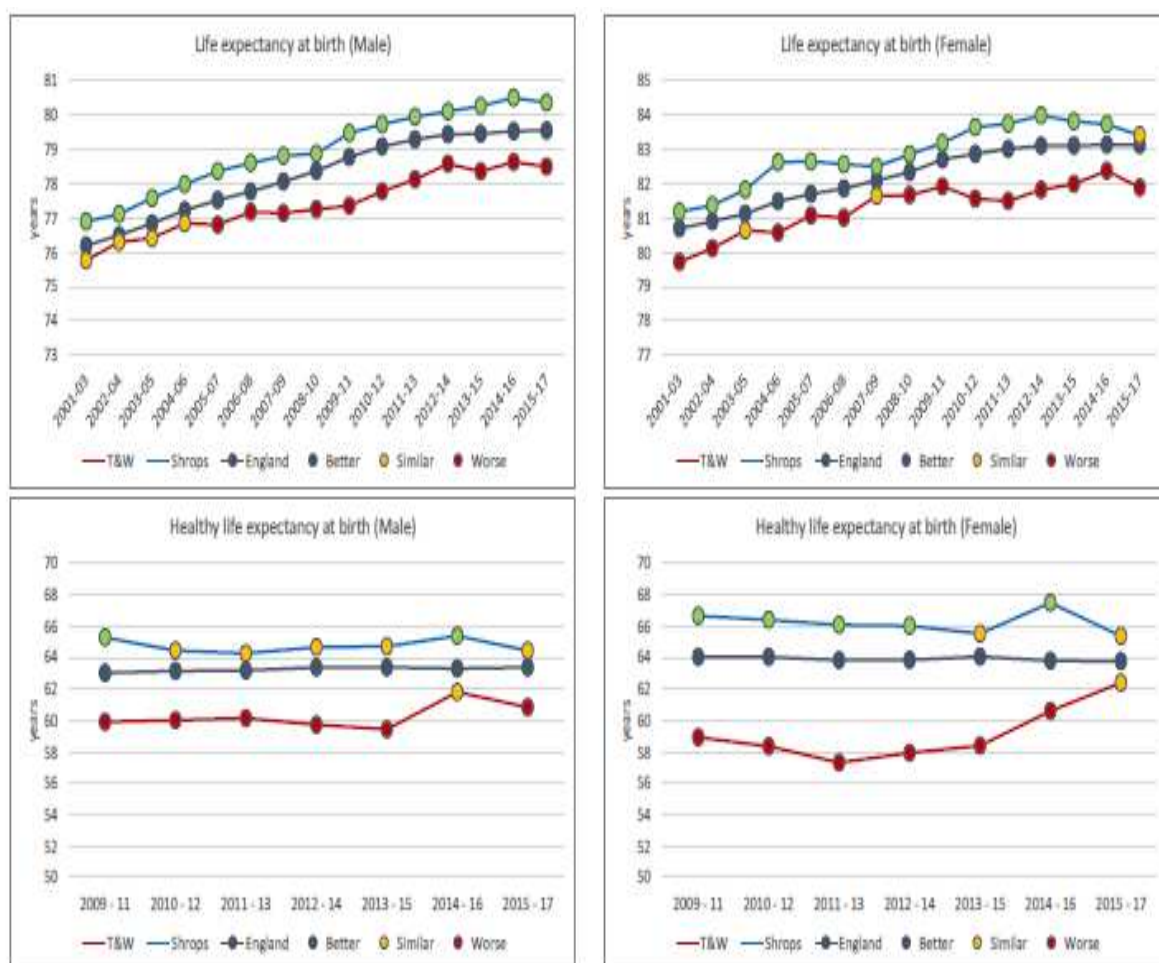
² 2011 Census Digest, Shropshire Council Intelligence and Research Team

In 2011, the county had a 95.4% White British population, a percentage much higher than the England and West Midlands average at the time, however data suggests that this number has since decreased.

Health Inequalities

We are aware of and are actively tackling the significant health inequalities we face in Shropshire, Telford & Wrekin.

As the charts below demonstrate, the gap in life expectancy and healthy life expectancy between our two Places is evident. Whilst life expectancy in Shropshire has been consistently higher than England averages in recent years, in Telford & Wrekin the opposite is true – with life expectancy either similar to or (more frequently) below England rates.



Source: ONS

Overall life expectancy for males and females has stopped increasing and fallen in our area. Across both Places, the difference between life expectancy and healthy life expectancy (years of life in good health, without limiting long term conditions)

on average is around 18 years for men and women; and mental health service users live on average 23 years less (men) and 20 years less (women).

While we know that a range of factors impact a person's physical and mental health and wellbeing, we also acknowledge that in our ICS there are health and social determinants of a person's health that have a higher prevalence and a greater impact on our communities than the national average.

Obesity and diabetes

- Across our ICS, rates of obesity in adults and children are significantly worse than average, with approximately 72% of adults classed as overweight.
- The treatment and management of diabetes in primary care is significantly worse than the national average in terms of the recommended care processes and treatment outcomes, as well as the uptake of structured health education.

Alcohol and Drug Usage

- There is a strong correlation between the number of people with mental health illness who also require additional support for drug and alcohol problems.

Mental Health

- Approximately one in four people are estimated to have a mental health disorder across our ICS. This rate increases in certain geographical locations.
- Mental health service users live 23 years less than average for men and 20 years less on average for women.

Smoking

- The prevalence of those smoking within Shropshire, Telford & Wrekin is worse than the prevalence in England as a whole. Rates of people smoking are higher within areas of higher deprivation. Smoking in pregnancy in our ICS remains higher than the England average, and is one of the worst rates in the country

Health Inequalities in our Places

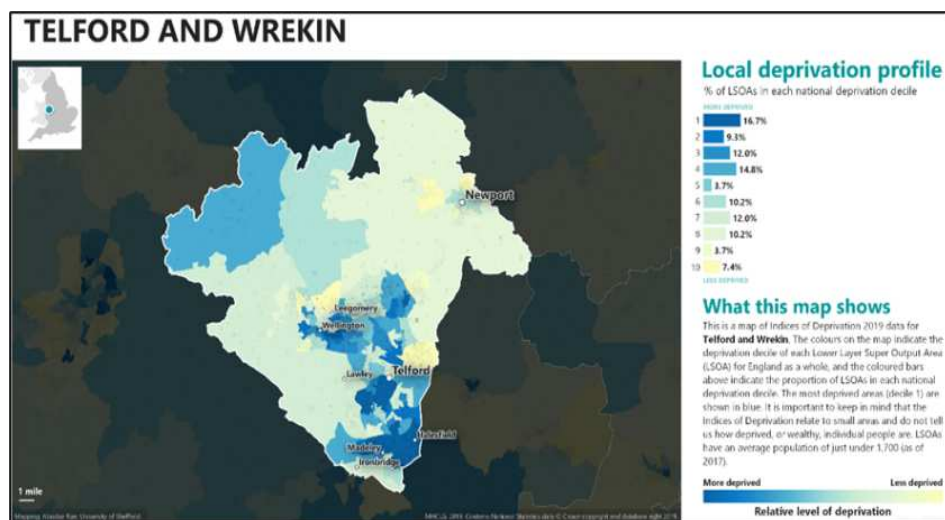
Telford & Wrekin

In Telford & Wrekin life expectancy and healthy life expectancy are still worse than the England average, predominantly linked to the prevalence of severe mental illness, cardiovascular disease, cancer, and respiratory disease:

- The under 75 mortality rate from all causes, all cardiovascular diseases, and all cancers, is significantly higher in Telford & Wrekin than both the national average and the West Midlands average.
- The mortality rate in adults under 75 with severe mental illness in Telford & Wrekin is the highest in the West Midlands region and therefore significantly above average for the area.
- The number of people who smoke is also higher than the national average.
- The number of children in Year 6 with who are obese or severely obese is higher than average.

The healthy life expectancy gap in Telford & Wrekin is around 20 years for males and 19 years for females. Furthermore, inequalities in life expectancy in Telford & Wrekin have widened in the past five years – as the health of the poorest communities has either worsened or not improved.

Certain communities in Telford & Wrekin are amongst the most deprived in England, with deprivation rates comparable with inner cities: 17.3% of the population (30,408 people) live in income deprived families. In Telford & Wrekin the gap in healthy life expectancy between people living in the most deprived communities compared to those in the most affluent is 11.8 years for men and 12.1 years for women.



Shropshire

There are also significant variances between life expectancy and healthy life expectancy in Shropshire. The difference between healthy life expectancy and life expectancy is 16 years for men and 18 years for women.

Overall, the healthy life expectancy for both men and women in Shropshire is declining. The mortality rate in adults under 75 with severe mental illness in Shropshire is the second highest in the West Midlands region.

Fuel poverty impacts nearly 17,000 households in Shropshire (12.3%) compared to the national average in England of 10.9%

Cardio-vascular disease is the most common cause of death in Shropshire followed by cancer, both of which are closely linked to preventable lifestyle factors such as smoking and poor diet.

It is however important to note that the under 75 mortality rates from all causes, all cardiovascular diseases and all cancers is still significantly lower in Shropshire than the West Midlands and national average.

Similar to other rural areas, Shropshire has a higher than national mortality rate from road traffic collisions, with males aged 15-24 years the most likely cohort to be involved in a road traffic collision. These collisions account for 89% of deaths from accidents in all people aged 0-24 years.

The key issues in the Health and Wellbeing Strategy and Joint Strategic Needs Assessment include; mental health including dementia, rising obesity, child poverty, and the ageing population.

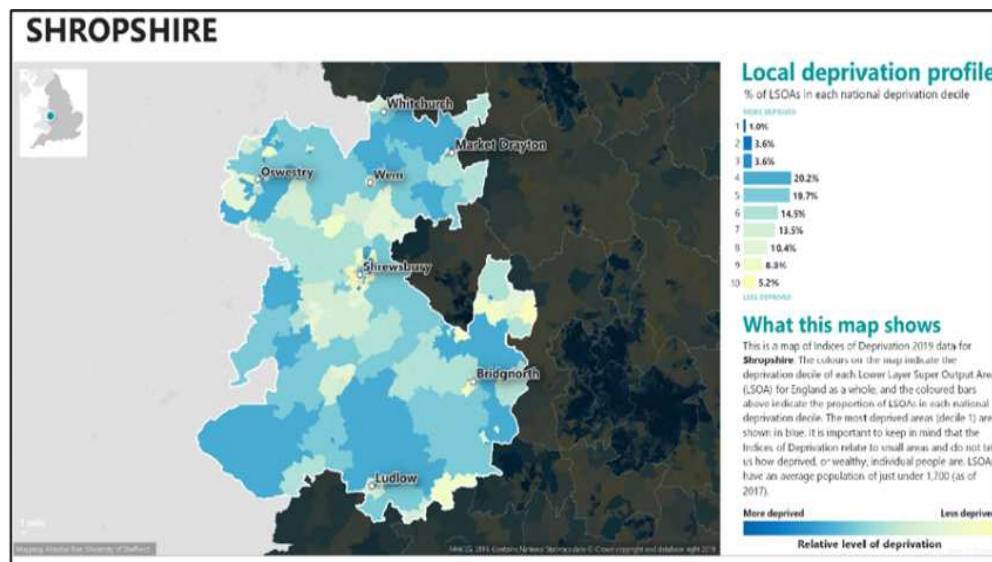


Figure 4 Map of Indices of Deprivation 2019 for Shropshire

Impact of COVID-19

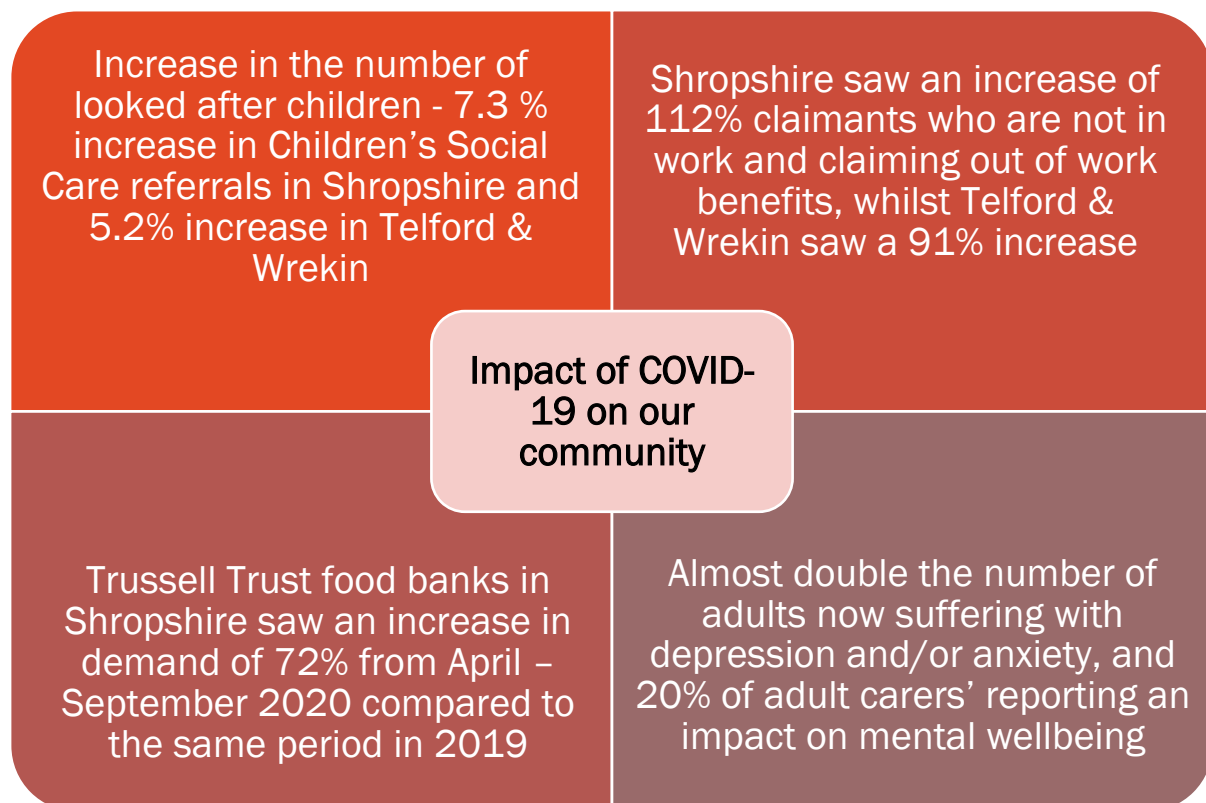
Our area of Shropshire, Telford & Wrekin has seen more than 26,000 cases of COVID-19, with an estimated 1 in 10 people thought to be suffering with the long-term symptoms of the virus (Long COVID).

Beyond the pre-existing health inequalities in our system, both the COVID-19 pandemic and its consequences (lock downs, social distancing, furlough and more) have impacted on our health and wellbeing in significant and far-reaching ways, in particular challenging emotional wellbeing, and resilience across our population.

The pandemic has exacerbated existing health inequalities, both locally and nationally, in ways which we are only beginning to understand.

Health inequalities have been particularly apparent during the coronavirus pandemic, as factors such as age, occupation, ethnicity, and deprivation have disproportionately affected COVID-19 infection rates, and sadly death rates across different groups of people.

Over the period of a year our ICS has seen an increase in the number of looked after children, with 7.3% higher referrals to children's social care in Shropshire, and Telford & Wrekin saw an increase of 5.3% over the same period.



During the pandemic, many people are believed to have lived with worrying symptoms without seeking medical advice, at a time when urgent treatment has needed to be delayed as the NHS coped with COVID-19. These wider issues will all have been exacerbated more acutely amongst people living in our most disadvantaged communities, where lifestyle risks are greater, and who are less likely to seek advice.

The pandemic has also clearly impacted significantly on the wider determinants of health. We have witnessed increased levels of unemployment, economic downturn, reduced or insecure access to housing through reduction or stoppage in regular income, and significant challenges to education through widespread changes to teaching and training delivery.

These wider impacts have been seen and felt across our ICS:

- Almost double the number of adults in our ICS are now suffering with depression and anxiety and 20% of adult carers' have reported that their mental wellbeing has been affected.
- Shropshire Council's Customer Services handled 8,228 calls providing support to people concerned about homelessness since the start of the pandemic.
- The economic impact of COVID-19 is being felt within our ICS, with 35% of businesses reporting cashflow problems.
- An increased number of pupils in our ICS now claim free school meals.
- In our ICS, 27% of adults have reported their alcoholic intake has increased, 30% of adults say they have put on weight and 19% feel they now have a less healthy diet.
- Trussell Trust food banks in Shropshire saw an increase in demand of 72% from April – September 2020 compared to the same period in 2019.
- In December 2020, there was an increase of more than 10,000 Universal Credit claimants in Shropshire and 9,000 in Telford & Wrekin compared to March 2020.
- Over the same period, Shropshire saw an increase of 112% claimants who are not in work and claiming out of work benefits, whilst Telford & Wrekin saw a 91% increase.

2.3 Our opportunities, strengths, and challenges

Opportunities and strengths

Being one of the smallest ICSs in the country presents us on the one hand with challenges, but on the other hand with great opportunities – we really understand our population, and as a small system we are able to act together in a cohesive, agile, and collaborative manner to achieve our aims. We know we must capitalise on our opportunities and strengths, which are summarised below.

- **Our size** We have significant opportunities to make large-scale changes, to shift our system culture and embed our values, and to respond swiftly as a whole system to emergent challenges and the changing NHS and care landscape. Our agility and readiness to act has allowed us to stride forward together and at pace, in a manner that may not have been possible in a larger system.
- **Our leaders.** Leaders within the system have shown a significant willingness to rise to the challenge of becoming an ICS. Our staff have noted the strength and effectiveness of middle management in particular in leading change and bringing people with them.
- **Our Places.** The diversity we see across our two Places means we are well positioned to maximise the opportunities associated with ICS infrastructure, setting a framework which supports us in focusing our efforts at the right level to maximise the impact on our populations.
- **Our dedication.** People both within our workforce and within our communities are dedicated to making changes that benefit our citizens. Our people are actively facing up to the challenges we know we must tackle and are ready and willing to work together to do the right thing for our area.

Challenges

We are very aware of our challenges. In addition to our deep-seated health inequalities, we are facing a number of specific challenges in our system associated with how health and care provision is currently operating.

Key Challenges	Our Response
Safety and Quality	
<ul style="list-style-type: none"> – SaTH has been rated ‘inadequate’ by the CQC and is in ‘special measures’ for quality reasons. – The ‘Independent Review of Maternity Services at SaTH’ (Ockenden Review) has been 	<ul style="list-style-type: none"> – Our System Improvement Plan and Hospital Transformation Programme are driving our response to safety and quality concerns.

recently released with clear and major implications for how we manage safety and quality.	<ul style="list-style-type: none"> - We are working on our response to the Ockenden report and holding Ockenden Report Assurance Committees (ORAC) in public.
Recovery and Restoration	
<ul style="list-style-type: none"> - Though prior to COVID-19 we had some success across electives, cancer, urgent care, and mental health, challenges still remain in delivering a number of constitutional standards. - Our Urgent and Emergency care services are now struggling to meet demand and there are workforce and estates constraints. - Elective inpatient recovery at SaTH is being severely affected by gaps in green bed capacity and theatre workforce. 	<ul style="list-style-type: none"> - System-wide work is underway via the Restoration and Recovery Forum to develop additional capacity in the system and to ensure we maintain appropriate focus on COVID-19 management alongside recovery and restoration activities. - We are considering options for acute reconfiguration as part of the broader system transformation. This would include out of hospital care, preventative approaches and activity, midwifery services, primary care, and community development.
Workforce	
<ul style="list-style-type: none"> - We face a number of workforce challenges due to our geography and demography, including difficulties in recruitment, resulting in the use of high-cost temporary staffing. - In particular there are recruitment and operating challenges for medical and theatre staff related to split site working with much of the estate being outdated. - Challenges in recruiting to our workforce are creating further challenges in relation to delivering and restoring our services. 	<ul style="list-style-type: none"> - One of our key transformational programmes as part of our six Big Ticket Items is Workforce Transformation. We are dedicated to building and enhancing our workforce now, but equally growing our future workforce pipeline. - We have a co-created system-wide People Plan that is progressing actions and deliverables in priority areas: <ul style="list-style-type: none"> o Looking after our people o Belonging in the NHS o New ways of working and delivering care o Growing for the future o Focus on nursing - COVID-19 has provided us with a wealth of learning in the successful and effective training, management, and deployment of staff across our system. We are capitalising on this learning and will use it to inform and guide our wider restoration work.

	<ul style="list-style-type: none"> – Accelerating our Hospital Transformation Programme is also one of our six Big Ticket Items, this programme looks to create workforce sustainability improvements through the reconfiguration of services across our footprint.
Financial Sustainability	
<ul style="list-style-type: none"> – Our system has a funding gap of £115m. We are working to identify improvements to this position. 	<ul style="list-style-type: none"> – We have identified six ‘Big Ticket Items’ which, once delivered, will markedly improve our system’s sustainability and our financial position. – As a system we have undertaken significant work and made a joint commitment to the ‘Year of Stabilisation’; a shared plan to reach a sustainable recurrent financial position. – We are aware that following our ‘Year of Stabilisation’ we will need to look again at the fundamentals of our system to ensure we are set up for sustainability in the long term. We have plans in place to develop a long-term System Sustainability Strategy.

2.4 Our journey so far

Our ICS development timeline

In January 2021 we submitted our ICS Designation Application and Development plan. Following this submission, on the 1st of April 2021, we as a system became Shropshire, Telford & Wrekin ICS.

Our focus is on our people, both within our integrated system and the communities with serve.

A number of key development milestones planned over each quarter of 2021/22 to support our further development. These milestones are aligned to the NHS 2021/22 priorities and operational planning guidance and the recently published ICS Design Framework. A detailed ICS development Timeline is shown overleaf.

Figure 5 Our ICS Development Key Milestones



Figure 6 Detailed ICS Development Timeline

Our key achievements to date

Although still early in our shared journey, we have already seen successes and truly transformational work taking place across our system. We have built new ways of working, developed a 'system culture' and seen our people directly benefit from our shared work.

Some of our achievements are highlighted below:

Our Response to COVID-19

- We have rapidly set up Hospital Vaccination Hubs. This could have only been done by taking a genuine system wide approach and working in partnership. Our patients were greeted by a Volunteer, registered by SaTH administrative staff, consented by an SaTH doctor, vaccinated by a RJA Orthopaedic Hospital nurse, observed by a ShropCom Health Nurse, and overseen by a PCN Clinical Director – a truly partnership approach.
- Live PowerBi dashboards feeding from national, regional, and local datasets are used to give a timely and informative picture of the COVID-19 pandemic for our area. National recognition was received for these efforts.
- We developed a mutual aid agreement between all organisations in the system on PPE and staffing. Our system wide operational decision making and leadership through our GOLD structure has been robust, and we have collectively and openly planned the restoration and recovery of services affected by COVID-19. This has including shared QIA for cross-provider inter-dependencies, and system escalation plans to trigger system response to maintain optimum service delivery.

System Assurance

- We have a System Planning Group which operates as a system-wide forum for sharing information and jointly discussing a way forward.
- Our management of Delayed Transfers of Care (DTOC) has been very strong, even before COVID-19, with performance among the best in the country at SaTH. Our integrated discharge hub demonstrates strong partnership working across the system with staff from the local authority, community provider and acute provider working together in a single team.
- Our System Sustainability Programme and strategic sustainability development is led by our Director of System Sustainability and Director of Financial Sustainability. The development of this programme signifies a system-wide commitment to ensuring safe, high quality, resilient and sustainable services for our population.
- A key part of our System Sustainability Programme is jointly delivering our Year of Stabilisation in 2021/22; this is our shared plan for a sustainable and recurrent financial position across the system. Within this stabilisation plan is our H1 Plan for the first 6 months of the financial year which lays a strong system-wide groundwork for achieving our fully developed Year of Stabilisation plans.

- A critical enabler to our shared system-wide sustainability ambitions is the continued development of our six Big Ticket Items. In March 2021, our ICS CEO Board and our System Sustainability Committee agreed six Big Ticket Programmes which aim to address and improve our system's underlying quality issues, contribute towards system sustainability and drive efficiency at scale:
 - Accelerating implementation of Hospital Transformation Programme
 - MSK transformation
 - Outpatient transformation
 - Avoiding hospital admissions/stays
 - Workforce transformation
 - Integrated place-based commissioning
- Our System Sustainability Programme is also supported by our Investment Task and Finish Group and a system-wide Investment Planning Process, which will be utilised by our partners, including NHSEI, when undertaking joint investment decision-making, prioritisation, and phasing discussions. This process uses a 'triple lock' approach between organisation, system and NHSEI to ensure all decisions are transparent and receive sign off from all parties.
- We have had significant successes in strengthening our leadership arrangements within our ICS; appointing a Director of System Sustainability, Director of Financial Sustainability, a Director of Comms and Engagement, new leadership of the CCG and new ICS leadership arrangements (Interim ICS Executive Lead and ICS Programme Director), new CEO of Shropshire Community Trust and excellent authority relationships and input to the ICS.
- As outlined in **Figure 9**, we also have 4 core assurance committees fully operational and reporting to our Shadow ICS NHS Board: Quality and Safety, Audit and Risk, System Sustainability and People Committee. Our assurance committees are supported by a number of sub-groups and sub-committees reporting to them, and receive updates and key information from our operational boards and sub-committees (**Figure 10**).

System Transformation

- During 2020/21 a number of Mental Health transformations were commenced early to meet local need, e.g., implementation of all age crisis 24/7 telephone line (national requirement) and the development of a Children & Young People crisis service in response to increasing demand and acuity after wave 1 of COVID-19.
- Working with the CCG and the Midlands Partnership Foundation (MPFT), SaTH have put urgent measures in place to improve Children and Young People's services, including putting in place Standard Operating Protocols (SOP) for assessments and interventions, holding daily meetings with MPFT specialists and teams, ensuring robust systems for oversight and management of service users.
- Our Urgent and Emergency Care Board and Operational Group is integrated across the system and co-ordinating a programme of work. We have implemented frailty at the front door of the Emergency Department, which has involved close working between SaTH, our two councils, and ShropCom. Part of this ongoing work has included the

development of SaTH's planned 4-hour A&E performance recovery and restoration trajectory for 2021/22.

- Our admission avoidance measures, including our rapid response teams in the community, have been proving very effective in reducing non-elective admissions. Here we have followed the key principle of designing once at the system level, and then implementing twice at the place level to ensure services are localised and adapted to the local areas as required.
- SaTH's Palliative and End of Life Care service now has a strategy in place and a 3-year implementation plan, focusing on auditing current plans/programmes, education, workforce and service development.
- We have improved the clinical relationships within our system and have enhanced our system-wide clinical leadership arrangements. With an evolving, clinically led Multi-Professional Clinical/Care Leadership and Engagement approach being developed to mobilise clinical/care leadership, underpinned by a set of co-produced, value-based principles for shared leadership.
- Our integrated health and social care work has been very strong. We have a system-wide Care Sector Group and a system wide Care Home action plan in place, and we have undertaken system joint working to establish a 'wrap around' approach to support delivery of the PCN Care Home approach.
- We have undertaken joint working to support care homes with identified issues, we have aligned local authority staff with PCNs to support MDT working, and undertaken collaborative working to distribute Pulse Oximeters to care homes with the support from the voluntary and community sector.
- Our NHS 111 programme has been working very effectively. We are seeing lower rates of attendance of patients who do not require the services of an Emergency Department team, and higher rates of appropriate referral into our urgent care treatment centres (UTC) and into our extended slots in general practice.
- We have been commended regionally and nationally for our data collection and case review, which allows us to monitor all the referral trends, and also highlights if there may have been opportunities for referral into alternative services.

System Planning

- We have a strong track record of Place-based working and delivery, demonstrated by our Integrated Place Partnerships. Telford & Wrekin Integrated Place Partnership (TWIPP) has implemented admission avoidance interventions, including Rapid Response, which has led to a marked reduction in non-elective admissions. TWIPP have also enjoyed success using the 'Attend Anywhere' digital platform to support primary care and the Care Home Teams. The Shropshire Integrated Place Partnership (SHIPP) has also shown strong partnership working, including the roll out of an effective social prescribing scheme. Both Integrated Place Partnerships work closely with the eight PCNs.
- There has been significant focus on transformation at the local neighbourhood level. The PCNs in South East Shropshire and Teldoc in Telford have developed a hub for the

COVID-19 vaccination roll out, our PCNs have supported a major digital shift to video consultation and our PCNs have strengthened relationships with system partners to support vulnerable communities including the homeless, those suffering from domestic abuse and prisoners.

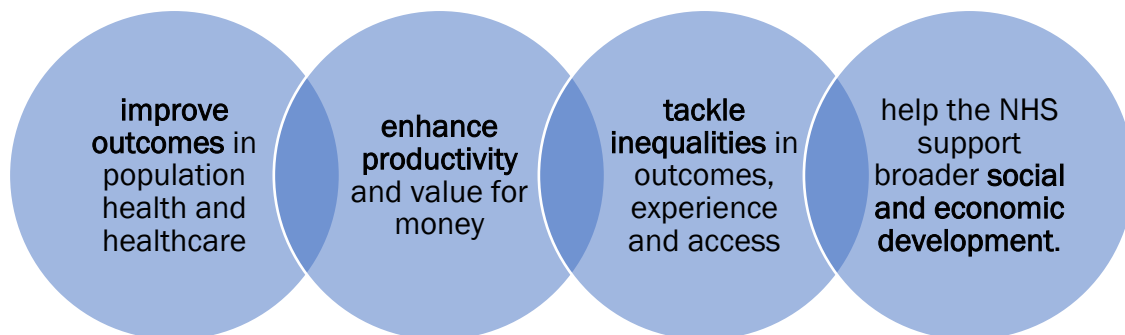
- On Estates, we have begun to make preparations for one public estate across the system. System Estates Leads are in place and there have been collective discussions around the Estates strategy and development of system-wide estates work plan. In addition, the ICS is also one of six national pilot sites for the development of a Cavell Centre, which will see primary care services dovetailing with associated diagnostics and public sector services. It will also offer general practitioners an alternative and innovative funding model.
- The Hospital Transformation Programme has stood the test of scrutiny through public consultation and a review by the National Independent Reconfiguration Panel. The programme has been reinvigorated to create 'hot' and 'cold' sites in line with COVID-19 requirements; the programme's focus is on continuing to improve safety and quality, support our workforce and generate financial sustainability. Accelerating this programme is one of our six Big Ticket Items and continues to be progressed at system-level, this work is being progressed by the system-level Hospital Transformation Programme Board, led by SaTH on behalf of our ICS, and reporting into our Shadow ICS NHS Board.
- The SaTH hospital quality improvement system plan (Transforming Care – Getting 2 Good) is integrated within the overall System Improvement Plan, providing an example of multi-agency working. Year 1 of Getting to Good has completed or is on track to completed 190 of its 252 milestones (75%), and a further 53 milestones are making reasonable progress (21%), 9 milestones (4%) are delayed due to COVID-19 or capacity pressures. To date 400+ CQC 'must do' and 'should do' actions have been completed, Phase 2 of the programme will build, enhance and expand on the successes of Year 1.

3 Our Vision



3.1 Our Aim, Vision and Principles

Nationally, NHSEI have outlined the four core purposes of every statutory ICS within the 2021/22 Priorities and Operational Planning Guidance:



We can tackle some of the big problems we are facing by tailoring care to individual needs using a better, data-driven understanding about local people's health, drawing on the expertise of all our partners and improving communication between staff.

Our aim is to keep people out of hospital when they do not need to be there for as long as possible and support them to live healthier lives.

Our Vision is to:

Work together with the people of Shropshire, Telford & Wrekin to develop innovative, safe and high-quality services, attracting and retaining the best staff to deliver world class care that meets our current and future, rural and urban needs.

Supporting and working with people – in their own communities – to live healthy and independent lives, helping them to stay well for as long as possible.

Creating partnerships to find solutions that work better for the people we serve and those who provide care.

As the world faces up to a climate emergency, we are committed to delivering an internationally recognised system known for its environmentally friendly services that make the best use of our resources.

Our Principles are:

System First – A recognition that all work programmes cross all system partners

Distributed Leadership is key, Senior Responsible Officer (SRO) roles will be System not Organisational

- All partners will require an **agile approach** to plans as we transition from Restoration to Recovery
- A philosophy of shared understanding and learning, **effective communication**, transparency of progress and risk will be required
- The recognition that as a system all programmes of work are **multi-professionally led**

Ability to evolve and make **rapid decisions** as we transition from Restoration to Recovery, we will review Governance arrangements every 3 months at our system-level ICS CEO Board

All programmes of work are expected to be **co-produced** with relevant partners, users, and stakeholders, including their implementation plans

All programmes are required to **build upon accelerated transformation** as a result of the COVID-19 response, particularly with regards to both digital acceleration (a **Digital where possible and appropriate** approach), and voluntary, community and social enterprise partnerships

Clear SRO responsibilities, with **aligned leadership and programme support**

All programmes are required to work in a system manner with regards to **monitoring and reporting**, and will make this information available to all system partners

System risks will be addressed collectively through programme's SROs in the first instance and escalated to CEO's only risks cannot be mitigated at the programme-level.

3.2 Our Pledges

We are a relatively small system, but we are ambitious. To guide our work and to enable us to be held to account by our staff, the public and politicians, we are totally committed to delivering ten key pledges which have been co-produced by system partners.

These are informed by the voices of and what really matters to our communities, our system's Long Term Plan, our statutory requirements as an ICS, CQC reports, the findings and recommendations from the 'Independent Review of Maternity Services at SaTH' (Ockenden Review), and much more.

No.	Pledge Description
Pledge 1	Improving safety and quality – making sure our services are clinically safe throughout the system, delivering the System Improvement Plan and tackling the backlog of elective procedures as a system. Specifically, this pledge commits us to ensure SATH is rated 'Good' by CQC and that the Ockenden Review's findings are implemented. Across all of our services we aim to use digital innovation and data to enable our workforce to drive improvements in quality and safety and improve outcomes.
Pledge 2	Integrating services at place and neighbourhood level – developing local health and care hubs to improve not just the physical but mental health of people, building on the assets of individual communities and the principles of one public estate, enhancing the integration of services at neighbourhood level to manage hospital admissions and establishing new models of care during 2021.
Pledge 3	Tackling the problems of ill health, health inequalities and access to health care – working with the public and the voluntary and community sector, we will agree measurable outcomes for accelerated Smoking Cessation, improving respiratory health, and reducing the incidence of type 2 diabetes and obesity. We will have a strategy for the implementation of segmented population health management (PHM) approach by April 2021 and undertake a post COVID-19 review of access to all services by September 2021.
Pledge 4	Delivering improvements in Mental Health and Learning Disability/Autism provision – through our transformation programmes, working through whole system approaches, we will deliver improvements in quality of life for people with learning disabilities by March 2022 and meet the national milestones for mental health transformation by 2023/24.
Pledge 5	Economic regeneration – we recognise that economic regeneration will be essential throughout the pandemic and thereafter. For the citizens of Shropshire, Telford & Wrekin.

Pledge 6	Climate change – we will consult on a multi-agency strategy setting out our response to the threat of climate change by 30th June 2021. This will be designed to create a social movement across our system by agreeing and delivering carbon reduction targets.
Pledge 7	Governance – we recognise that how we deliver and make decisions needs strengthening throughout and therefore we will review and revise our ICS Governance arrangements with a particular emphasis on place, neighbourhood and provider collaborative arrangements by 1st April 2021.
Pledge 8	Enhanced engagement and accountability – we will increase our engagement, involvement and communication with stakeholders, politicians and the public and develop a plan for this by March 2021. This will include ways of making the ICS more accountable to the citizens of Shropshire, Telford & Wrekin including committing to an annual report by September 2021 and starting to hold Shadow ICS NHS Board meetings in public.
Pledge 9	Creating system sustainability – building upon the work included in our LTP, we will produce a sustainable ICS Financial Recovery plan by April 2021 alongside a System People Plan, committing to recruiting and retaining the best people in a supportive working environment. This Pledge will ensure we have system wide arrangements agreed for financial control and future financial allocations.
Pledge 10	Workforce - Making our system a great place to work by creating environments where people choose to work and thrive and by building system leadership and a flexible co-operative workforce.

3.3 Our Outcomes

Our outcomes will be delivered through working collaboratively across our system, including with our voluntary and community sector, and by coproducing our programmes with a broad range of stakeholders, importantly including the people of Shropshire, Telford & Wrekin.

Together, we will focus on delivering:

Improvement in the voluntary and community sector infrastructure

Creating community hubs that support people in a joined-up way

Expansion of activities for all ages

Focus on prevention activity such as smoking in pregnancy

Commitment to developing our people

Dedication to understanding trauma and improving trauma related practice

Progression in support for young people and their families

3.4 Our Population Health Management Approach

The health inequalities in our ICS are significant. We know we must go even further in developing services that meet the broad spectrum of needs within our community.



We recognise that health and wellbeing is about much more than just the absence of disease and is shaped by a range of factors across the life course. We also know that to improve our community's health we must look at the wider determinants of health including social and economic factors, physical environment, clinical care and health behaviours.

To improve the health and wellbeing of our populations we must shift the emphasis away from management of illness in the acute system, and towards healthy and well communities and places. This requires a system partnership approach with a shared focus on enabling communities, providing a broad spectrum of support and strengthening locality-based assets.

Our two Local Authorities who have led our ICS's Population Health Management approach are jointly developing our Population Health Management Strategy.

Our Population Health Management approach in Shropshire, Telford & Wrekin has four interconnected pillars/areas of action that need to be jointly addressed in a co-ordinated way (Figure 9).

Fundamentally, we want to ensure that our Population Health Management approach achieves the following:

- supports the health and wellbeing of whole population cohorts, focusing on the wider determinants of health at every point;
- uses a strategic commissioning approach to understand risk, cost, and value; and

- joins up providers accordingly to deliver integrated and preventative services to deliver better outcomes for the people of Shropshire, Telford & Wrekin.

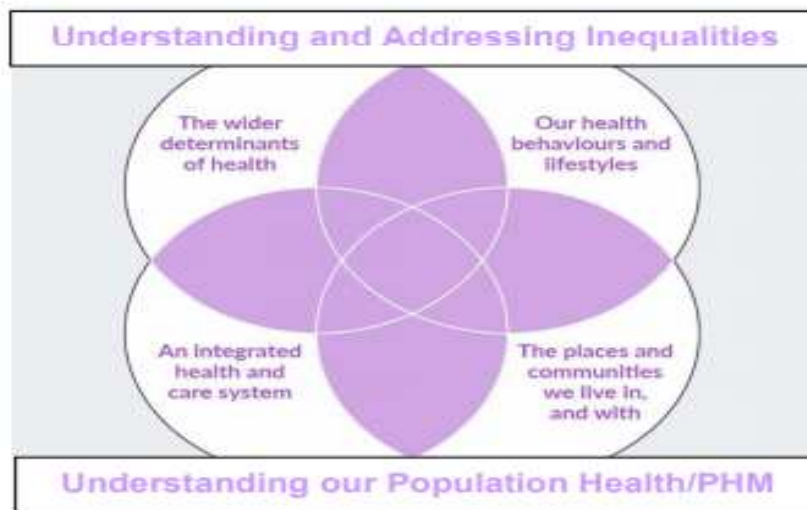


Figure 7 Our Population Health Management Approach

Our ICS has a shared vision, mission and understanding of how we will implement our Population Health Management approach.

Our approach recognises the importance of Place in changing our current health inequalities landscape. We are therefore exploring and developing a number of Place-based approaches to reducing and transforming inequalities:

- civic-level interventions, including health in all policies
- community-centred interventions,
- service-based interventions, including unwarranted variability in service quality and delivery,
- Making Every Contact Count pathways (including social prescribing),
- integrated impact assessments,
- a focus on embedding co-production, and
- ensuring where possible VCSEs support our plans.

A key enabler to our Population Health Management approach and overarching capabilities is the use of BI and data, and we are committed to the use of intelligence to understand the needs of specific population groups and their use of resources and to forecast how this may change over time.

We have plans in place to establish a whole-system population health intelligence function in our Places to provide timely, actionable, and predictive insight into population health risk and future demand. This will enable our PCNs and ICS CEO Board to develop proactive and integrated models of care through collaborative working backed by quality intelligence.

We acknowledge that there is more work to do to mobilise and achieve our whole-system population health intelligence function, particularly in respect of financial and analytical workforce resourcing as well as the implementation of a shared care record.

Within our Population health programme, we have plans in place to:

- Understand our Population Health approaches at not only the system but importantly also the Place level
- Complete a system-wide Population Health Management prioritisation activity to understand our key areas of focus for 21/22; Health and Wellbeing Boards at Place-level currently looking at local priorities to inform and drive this prioritisation work in future.
- Complete a national 'wave 3' Population Health Management Development Programme
- Create a Population Health Management roadmap
- Establish a strategic framework across Shropshire, Telford & Wrekin to deliver Population Health Management
- Increase and refine our data capacity and capabilities to create 'one version of the truth', and to inform and empower our Population Health Management approach
- Understand and allocate the required resource to push forward our Population Health Management ambitions and associated workstreams
- Understand both the payment and contractual underpinnings of our future Population Health Management approach to care delivery moving forwards
- Align our workforce to our Population Health Management Strategy an approach.
- Monitoring outcomes at Place and System level, with scrutiny oversight via the Local Authority committees.
- Agreeing leadership for our systems Population Health Management approach,

4 Our Progress and Plans



In May 2021, we assessed our ICS using the NHSEI ICS Progression Tool.

This tool is a standardised, nationally shared diagnostic to allow the benchmarking of ICSs regionally and across England, and to provide valuable insight to individuals ICSs regarding where they are on their progression journey to becoming an advanced and thriving ICS.

We have mapped our findings from our assessment using the NHSEI Progression Tool, against the themes outlined within NHSEI's report 'Integrated Care Systems: Design Framework', published and shared with each ICS in June 2021.

By aligning our own progress and plans to the national ambitions for each ICS, our System Development Plan clearly and concisely articulates our current step in our ICS journey, and our next steps in achieving our goals within each framework theme.

4.1 The ICS Partnership

As described within both the NHSEI 2021/22 Priorities and Operational Planning Guidance and the ICS Design Framework, each ICS will have a Partnership Board at system level established by the NHS and local government as equal partners.

Our ICS Partnership will operate as a forum/committee to bring our partners – local government, NHS and others – together across our ICS area, to align our purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population.

The STW ICS Partnership will facilitate joint action to improve our health and care services and to influence the wider determinants of health and broader social and economic development. This joined-up, inclusive working is central to ensuring that our ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities, as we recover from the pandemic.

Our ICS Partnership will have a specific responsibility to develop an ‘STW Integrated Care Strategy’ for its whole population, using best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing the wider determinants of health and wellbeing. This will be built using a bottom-up approach, from local assessments of needs and assets identified at Place level, based on a Joint Strategic Needs Assessments (JSNA).

Our development of these plans will be focused on improving health and care outcomes, reducing inequalities, and addressing the consequences of the pandemic for our communities.

As shown in Our Core ICS Governance Structure, our current overarching STW Board arrangements have proven to be successful for our system. We are currently exploring the option to build on our existing Board arrangement to develop the functions of the ICS NHS Board and of the ICS Partnership Board.

As a system we will now undertake further engagement with our communities to develop our understanding of the optimum model for our ICS Partnership Board arrangements.

Developing our ICS Partnership

Through our engagement and ongoing ICS development dialogue as a system, we will consider the following issues:

- Membership, Terms of Reference and Chairing of the ICS NHS Board
- Operating arrangements including subgroups and networks

- Consideration and confirmation of which existing ICS NHS Board functions would transfer to our ICS Partnership
- How our ICS Partnership will relate to, respect, and support our ICS NHS Board, to our two Place based Boards and to our existing Health and Wellbeing Boards
- The leadership, collective decision-making, and collective accountability model for the ICS Partnership
- Refreshed administration arrangements built around the plans for our ICS NHS Board and ICS Partnership functions
- How our ICS Partnership will support the triple aim, the duty to co-operate and the principle of subsidiarity
- Ensuring that the views and the needs of patients, carers and the social care sector and built into our ICS Partnership's ways of working.
- Consideration for how we expand on our 'learning system' approach by consistently sharing evidence and insight across and beyond our ICS.

Further ongoing consideration will be given to the issues listed above and any other matters raised following the publication of formal guidance on ICS Partnerships by NHSEI.

The results of these conversations and subsequent ICS Partnership proposals will be brought to the existing Shadow ICS NHS Board by September 2021.

4.2 The ICS NHS Body

As described within both the 2021/22 Priorities and Operational Planning Guidance and the ICS Design Framework, ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose.

ICS NHS bodies will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population.

For our ICS, alongside all other ICSs in the country, it is anticipated that an STW ICS NHS body will be established as a statutory organisation from April 2022.

ICS NHS Body Functions

Our ICS NHS body will oversee the delivery for specific functions that will enable us to achieve the four core purposes of an ICS (described in Our Aim, Vision and Principles). As a system, we have plans in place to develop the functionality, capacity and capabilities required to formally assume these responsibilities in April 2020. Our System Development Action Plan details our key next steps which we shall take to safely and effectively transition to an ICS NHS Body.

Our ICS NHS Body will be responsible for the following key system functions:

- Developing a plan to meet the health needs of the population within their area, having regard to the Partnership's strategy. This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and Long-Term Plan commitments are met.
- Allocating resources to deliver the plan across the system, including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers (both revenue and capital)
- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities within the plan.
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a system financial envelope set by NHS England and NHS Improvement.

- Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities and delivered through integrated teams working in neighbourhoods or across local places, further supporting the integration of planning and provision with adult social care and VCSE organisations.
- Leading system implementation of the People Plan by aligning partners across each ICS to develop and support the 'one workforce', including through closer collaboration across health and care.
- Leading system-wide action on data and digital: ICS NHS bodies will work with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services and ultimately transform care to put the citizen at the centre of their care
- Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address variation and drive continuous improvement in performance and outcomes.
- Working alongside councils to invest in local community organisations and infrastructure and, through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in social and economic development and environmental sustainability.
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support these wider goals of development and sustainability
- Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement
- Functions NHSEI will be delegating including commissioning of primary care and appropriate specialised services.

4.3 People and Culture

Successful ICSs will develop a culture that attracts people to work in, and for, their community and support them to achieve their full potential.

ICSs nationally are also expected to lead and oversee progress made against the We Are The NHS: NHS People Plan 2020/21 and a local People Plan. A 'one workforce' approach is also a key feature of effective ICSs, developing shared principles and ambitions for people and culture with local authorities, the VSCE sector and other partners.

Our People Plan

Our people are our priority, and our ICS has well-established plans to support and strengthen our health and care workforce. We are planning future transformational work to enable our system to 'grow its own', with a focus on developing and enhancing apprenticeship programmes through linkages with demand and capacity requirements, supported by appropriate modelling work.

We have in place a co-produced, system-wide People Plan which outlines our system's response to the We Are the NHS: NHS People Plan 2020/21. The creation and content of this plan exemplifies our outstanding approach to co-production at system-level, driven by our stakeholders. There is an immense amount of people/workforce transformational activity happening within our ICS, led by our People Plan, and updated to our Shadow ICS NHS Board via our People Committee.

We have co-created Our People Promise, and have jointly pledged as colleagues, line managers and employers to work together to make our People Plan's ambitions a reality for all of us within the next 5 years.

Our NHS People Promise
We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team

Our People Plan has 5 key priorities, in line with the NHS People Plan, with corresponding areas of joint work and improvement activities aligned to those system-wide priorities.

The headline activities within each of our People Plan priorities are listed overleaf, it is important to note that beyond these headlines there is a wealth of work being

undertaken to improve and enhance the experience of our people spanning throughout our system.

The People Plan will enable our transformational work overall, not just our Workforce Transformation programme (Big Ticket Item), by supporting our people, making our system a great place to work, creating environments where people chose to work and thrive and by building system leadership and a flexible co-operative workforce.

Fundamentally, we want to ensure that underpinning all of our People Plan workstreams is a culture that allows people to feel certain that being part of STW is intrinsically connected to being treated with respect and equality.

Our next steps as a system will be to develop and agree our People Plan's Delivery Plan and Metrics, to both monitor and accurately report to our Shadow ICS NHS Board the outcomes, deliverable and current state of our People Plan's ambitions. A key step in the development and delivery of our local People plan and corresponding national priorities will be in the assignment of senior leadership and an SRO to this programme of work. Further details are outlined within our System Development Action Plan.

Looking After Our People	Belonging in STW	New Ways of Working & Delivering Care	Growing for the Future	Focusing on Nursing
Health and Wellbeing: Research: relationship with population health Occupational Health Trauma Informed Care Hub Resilience: stress, anxiety, bereavement System Wellbeing Guardian for students COP for Freedom to Speak Up Guardians STW Offer: Working Flexibly Supporting Working Carers	Equality, Diversity and Inclusion (BAME): EDI is at the core of what we do and who we are COP Freedom to Speak Up Guardians with support offer Leadership and Culture: Learning Culture: Reflection, Schwarz Rounds Compassionate and Inclusive Leadership Support & Development Clinical Leadership Talent Management Staff Voice: Staff survey, NHS People Pulse, Focus Groups, Listening into Action	New ways of working: Redeployment. Home working, working flexibly, digital Education and Learning: System LMS and Training Prospectus System learning modules: Sepsis, ACP, IPC, Pressure Ulcers, Care Homes, Clinical Placement Programme Widening Participation: Rotational Apprenticeships, System Cohorts of Apprenticeships e.g. RDNA Levy Sharing, Career Pathways Digital Innovation: Digital staff passports OD and Digital	Attract, Recruit, Retain (ARR): Workforce growth International recruitment New roles STW Employment Brand and Offer System-wide HR policies Collaborative Recruitment Bring back staff: RtP NHS Reservist Model Retention Strategy Restoration & Workforce Planning: Development of CLEAR System/pathway planning WRaPT system tool ICS Workforce dashboard	Nursing Programmes: UCS offer Nurse Degree Develop nursing offer with Wolverhampton University @ Priorslee Increase numbers of Nursing Associates Introduce Nursing Apprentices (health and Care) ARR: Joint recruitment processes: ensuring system offer and EDI Retention action plan Development: Nursing Developments and leadership offer improvement

Figure 8 Our People Plan Headlines

Our Leaders

Our current Shropshire, Telford & Wrekin Shadow ICS NHS Board has been appointed by a fair and transparent process and our recruitment efforts moving forward will also follow NHSEI guidance, as outlined within The ICS NHS Board.

Our executive leaders bring a breadth and depth of relevant skills and experience, complemented by experienced Non-Executive appointments. Looking forward, our ICS NHS Board membership needs to be formally agreed and we need to formally appoint to designated Chair and CEO roles, in line with nationally set timescales. The detailed timetable will be set out in our System Development Action Plan.

Across our system, our Chief Executives meet regularly as a system leadership group and are building strong, high-trust relationships, accelerated by the recent challenges (and successes) associated with rolling out the vaccination programme to our population.

Our ICS CEO Board membership is enhanced by the presence of clinical leadership to ensure that the clinical voice is given appropriate prominence. Multi-professional (i.e. clinical, care, public health) leadership and engagement to drive our ICS is being strengthened through our inclusive Multi-Professional Leadership Network and Professional Executive Leads Team feeding in and out of the ICS CEO Board.

We have secured OD support from the NHS Leadership Academy to support our development and to further develop leadership and collaborative working behaviours.

We are also actively working to identify a named executive board member responsible for tackling inequalities in every NHS organisation within our system, alongside developing an action plan to increase the diversity of senior leaders.

At a Place level, in order to maximise use of resources, some roles have been formed jointly across the two Places. We need to further develop this model to reflect our local arrangements. Ongoing system function mapping exercises will support the developed understanding of the Place and system functionality on the whole, which will equally support our ICS's future development of fully actualised Place-based leadership functions.

Collective System Culture

Our ICS has in place a 'system by default' and 'one workforce' approach, with our people committed to working in a shared and collaborative way. The strength of this approach is evidenced throughout a number of key system functions including:

- Our Joint Investment Committee and joint commitment to financial stabilisation and long-term commitment to future sustainability at system-level
- Our inclusivity of all system partners on our Boards and our shared system-wide commitment to our 10 ICS Pledge
- Our shared People Plan, co-created and developed with a number of engage partners and individuals across our system.
- Our clear focus on integration at every level; our system meetings do not have individual autonomy and are all committed to that fact to ensure collective joined-up thinking and decision-making.
- Our local VSCE and Healthwatch are actively involved and equal participants in our system, these bodies and other wider partners are particularly involved in the Comms and Engagement Enabler workstream to ensure we continue to engage and collaborate with stakeholders across our system.
- As previously discussed, our ISC Quality and Safety Committee provides system-wide quality oversight and is clear on our system's accountability, roles and responsibilities, ways of working and membership.
- As an ICS we are currently in segment 4 of NHSEI's System Oversight Framework in a shadow capacity pending formalisation in July 2021. We therefore receive mandated intensive support delivered through the nationally co-ordinated Recovery Support Programme. This programme has enhanced and accelerated our collective system learning and has achieved a number of targets through its collaborative approach and dedication to improvement.

Continuing our Development Journey

The first step in our development journey is the establishment and delivery of an OD Plan for all statutory or provider agencies, informed by an independently managed stakeholder review on ways of working, culture and leadership. We will ensure this plan is socialised and embedded throughout the system, including at the CEO-level.

Our ICS People Team and our ICS People Plan support the delivery of the NHS People Plan. Our local objectives include:

- As previously discussed, the continued delivery and further roll out of our Learning Management System, as well as supporting our system-wide clinical placement, apprenticeship, and work experience portal
- Supporting the development of our System Equality, Diversity, and Inclusion Strategy for all partners
- Diligently ensuring that our VSCE are supported in a meaningful way to operate throughout the pandemic and beyond for the benefit of our communities.
- Resourcing and supporting Multi-Professional Clinical/Care Leadership and Engagement to be integral to the work of the ICS at system, place and provider collaboratives

Links to Our Pledges

Our work within the domain of People and Culture links with our Pledge 10: Workforce - Making our system a great place to work by creating environments where people choose to work and thrive and by building system leadership and a flexible co-operative workforce.

4.4 Governance and Management Arrangements

The ICS NHS Board

The ICS NHS board will be responsible for ensuring the ICS NHS body plays its role in achieving the four purposes of the wider ICS and will therefore be constituted in a way that ensures this focus on improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience, and access; enhancing productivity and value for money; and contributing to broader social and economic development³

For our STW system, the minimum membership of our STW ICS board is expected to be 10 members. Our board membership is anticipated to include:

- Independent Non-Executives; a Chair plus a minimum of two other independent non-executive directors. These individuals are unlikely to hold positions or offices in other health and care organisations within our ICS footprint.
- Executives (employed by the body); a Chief Executive (who will be the accountable officer for the funding allocated to our ICS NHS body), a Director of Finance, a Director of Nursing and a Medical Director.
- Partner members from within our ICS footprint; from NHS trust/s, primary care and from the local authorities with statutory social care responsibilities.

In order to move forward in our journey to forming a unitary board, our system will consider both the size and complexity of our ICS and work with Partners and other stakeholders, to determine the most appropriate and effective arrangements for the system. We anticipate agreeing the makeup of our ICS NHS Board by the end of July 2021.

System Governance and Collective Decision Making

As a new type of organisation, the overarching governance arrangements for our ICS are different to that of existing commissioner and provider organisations. Our system has a well-established governance structure in place, supported by our dedicated ICS leadership team, and with multi-professional clinical and care leadership and engagement integral to what we do and how we do it.

Our Shadow ICS NHS Board decides our system's strategy and the outcomes we want to achieve together. The Shadow ICS NHS Board is a multi-agency publicly held group, with membership including all providers, our CCG and our two Local Authorities, our ICS Clinical Lead, VSCE and primary care representation including

³ ICS Design Framework

PCN Clinical Directors. Our Shadow ICS NHS Board meets monthly; Terms of Reference are established, and a work plan has been agreed.

Reporting to our Shadow ICS NHS Board we have 4 assurance committees that oversee our performance and delivery of our core functions at the system-level. These assurance committees and their associated sub-groups and sub-committees are outlined in Figure 7.

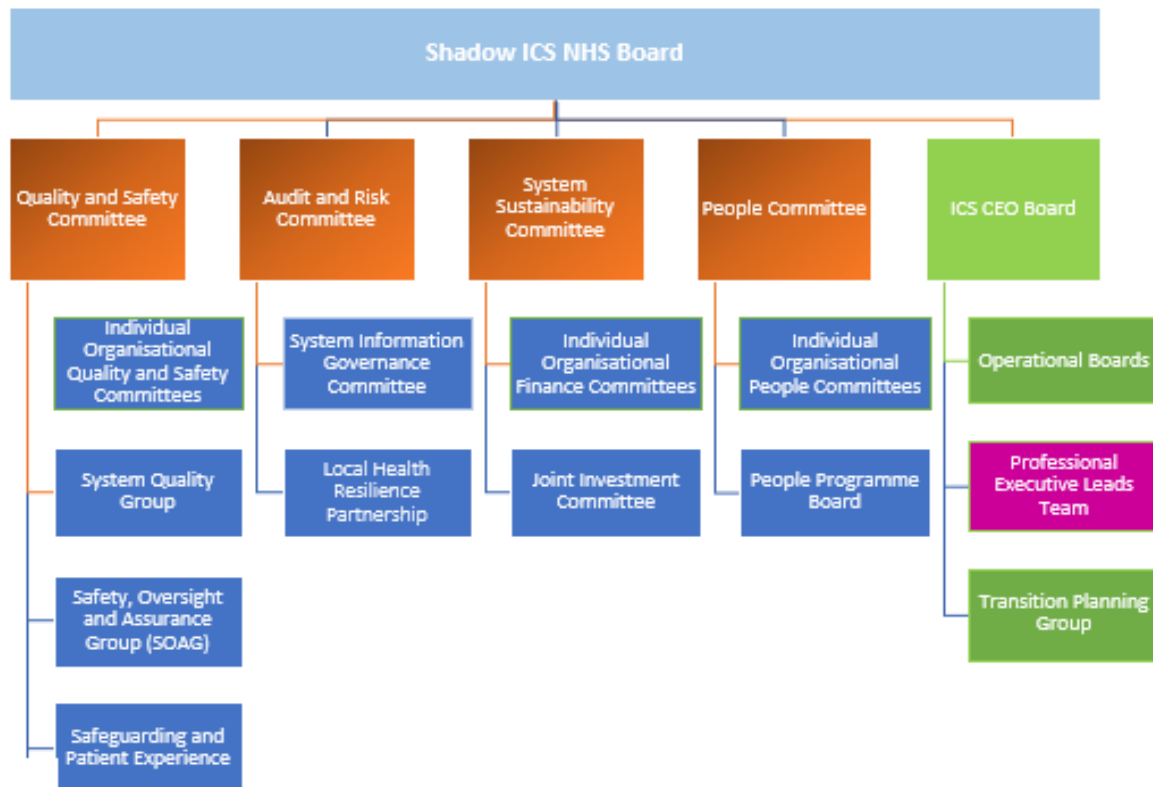


Figure 9 Our Core ICS Assurance Structure

Also reporting to our Shadow ICS NHS Board is our ICS CEO Board; a regular meeting for all NHS and LA Chief Executive meeting which provides additional joint decision-making capability to our system and a collaborative space for our leaders to build strong relationships across our system. To ensure that clinical leadership is represented appropriately in this collaborative group, our ICS Clinical Lead forms a key part of our ICS CEO Board membership.

Our ICS CEO Board is a marker of our capacity to work effectively in partnership and move forward together. Our Board is equivocal to ICS Executive Boards seen in other ICSs, and oversees the approval of key strategies, programme, and operational plans/updates, ahead of their discussion at our ICS Group.

In addition to our system-level governance structure in place to provide oversight and assurance, we also have 7 boards and a number of key operational meetings, programmes and groups within our ICS that oversee and manage the delivery of all our service transformation foals and priorities. Our operational boards report and provide input to our ICS CEO Board. The structure of our Operational and Sub-Committee framework within our ICS is shown in Figure 6 below.

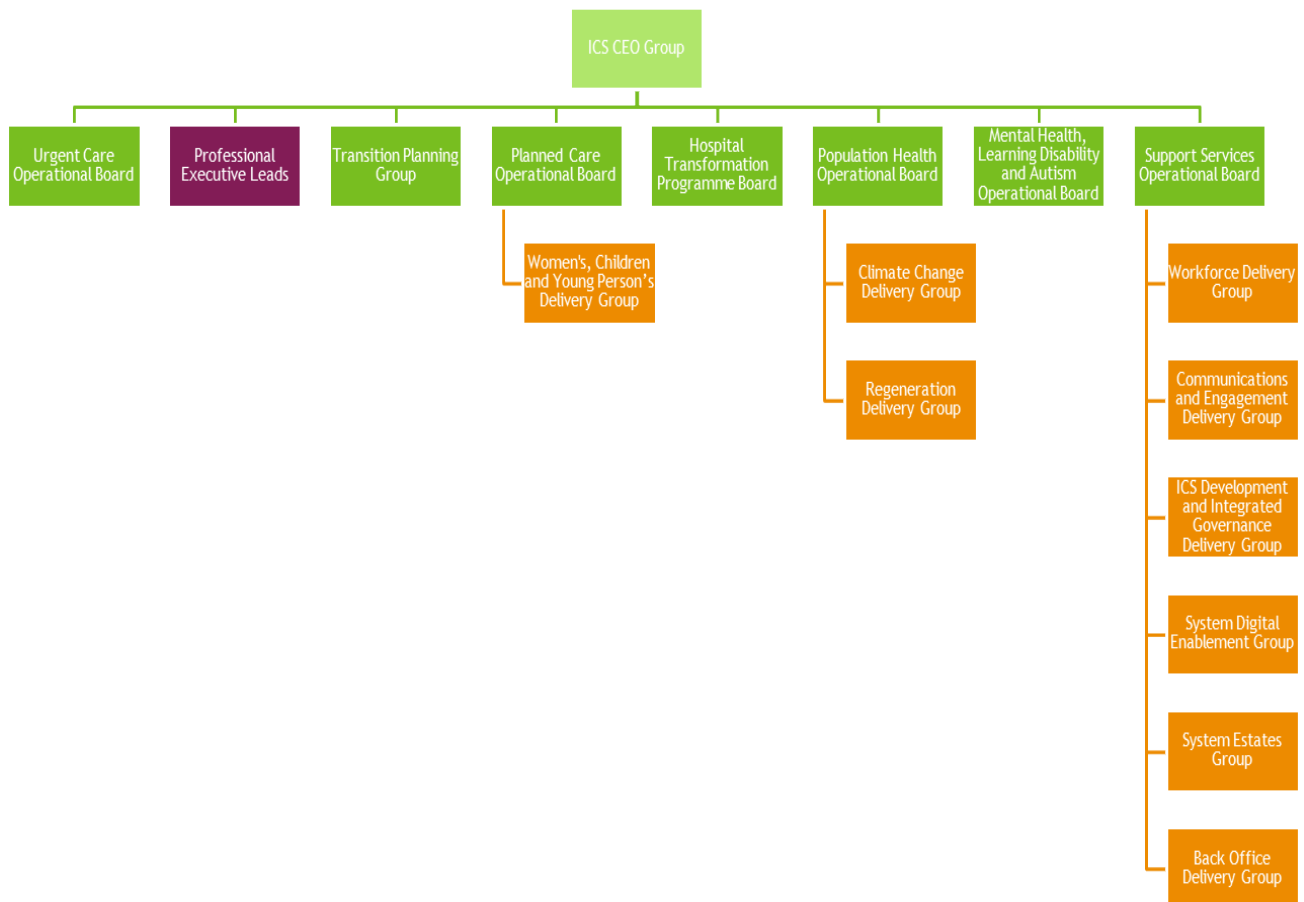


Figure 10 ICS Operational and Sub-Committee Framework

Integrated Place Partnerships

As an ICS, we build from a position of strength with strong pre-existing Health and Wellbeing Boards in both Telford & Wrekin and Shropshire respectively. These boards have a statutory responsibility for developing the health and wellbeing strategies for each local authority area and meet in public.

Within our system we have established 2 Integrated Place Partnerships, both with representation from the local authority, local NHS trusts, Primary Care Networks (PCNs) and the voluntary, charity and social enterprise sector:

- Shropshire Integrated Place Partnership (SHIPP)

- Telford & Wrekin Integrated Place Partnership (TWIPP)

Our system is currently developing a shared set of principles for Place-based working that will act as a key guide to both of our Partnerships and their respective members. These principles will centre on taking a whole person approach, celebrating diversity, reducing health inequalities together across partners, taking a Population Health Management approach to all transformation and using a system approach to meaningful co-production and engagement.

We are proud of our progress to date within our Integrated Place Partnerships, we truly believe that most of the practical steps required to reduce health inequalities and deliver population health management are best delivered at Place and Neighbourhood level.

Our two Integrated Place Partnerships, on which Primary Care Networks (PCNs) are strongly represented, will develop a plan to deliver the services commissioned by the ICS Strategic Commissioner to meet the outcomes requested by the Shadow ICS NHS Board, and deliver this plan by integrating care provision across care settings and deciding on resource allocation.

Although there may be an expected degree of variation in approaches between different Places and Neighbourhoods, we are guided by a set of shared standards:

- We encourage transparency to promote sharing and learning between places
- We take action to address unwarranted variation in outcomes
- We do not permit decisions to proceed in one place or neighbourhood which would have a detrimental effect on another place

We also know the vital importance of having sufficiently senior representation on the TWIPP and SHIPP structures to enable strength in Place-based decision making.

Operating Model

As an ICS we must ensure that our future Operating Model is created in a way that allows our system to not only deliver on its core purpose but excel in its ambitions for the benefit of our community.

Two key factors are crucial in enabling us to reach our collective goals:

- The effective development and operation of provider collaboration and integration to deliver services that tackle health inequalities and improve outcomes.
- The development of new approaches to arranging services that actively incentivise investment in the right place and make the best use of resources.

As our system continues to evolve and mature, we have proactively commenced the development of our Operating Model. This Operating Model will be informed by a functional mapping exercise undertaken by an independent third-party organisation. The output of this exercise marks the first step in our Operational Model development, as a system we now have a clear view of the functional options available for us to explore at Place and ICS level.

Our new Operating Model at the System and Place level must consider the most effective use of our resources, whilst still focusing on the goal of creating a slim and strategic ICS NHS body, and devolving as much expertise and resource to Place as possible.

Figure 11 begins to describe how we may think about functions at Place and System level in the future. Developmental work in this area is currently underway to define our functional mapping further. Our system has plans in place to take a bottom-up approach to advancing our system thinking by consulting with staff and stakeholders across our footprint regarding the best model(s) for our future.

We aim to finalise our future Operational Model by the end of Summer 2021 in order to align our model development with recruitment timetables for new ICS senior roles, to give certainty to STW CCG staff about the future, and to enable our new ICS to undertake its 4 key functions.

System Functions	Place Functions
<ul style="list-style-type: none"> • Gathering softer intelligence from communities and the public and populations and service users • Understanding of public behaviour and 'nudge' theory to inform plans, and other sources of best practice • Economic planning: segmentation, actuarial forecasting and the understanding of value • Strategic decisions on how to arrange services: capitated budgets for place? Capitated budgets for population groups? • Outcome setting and management, including outcome chain diagnostics • Setting culture and OD • Strategic risk management 	<ul style="list-style-type: none"> • Facilitation, brokering, negotiating, relationship building, management of relationships between partners • Partnership Governance Development • Managing financial and commercial relationships between partners e.g. risk / reward sharing • Understanding communities and building solutions as a result • Development of integrated solutions for population groups • Financial modelling of the integrated solutions including understanding real costs of patients and where real costs can be removed • Direct delivery hubs or services e.g. discharge hubs or referral management?

Figure 11 System Functions and Place Functions Mapped

Strategic Commissioning

Aligned to our system's view of strategic commissioning, nationally commissioning arrangements are being re-focussed to better reflect the fundamental purpose and statutory duties that commissioning as a function has always held:

- improving population health and wellbeing outcomes
- reducing health inequalities
- securing the provision of healthcare services to meet population needs
- working in partnership to achieve health and wider public service goals

Our system has already started working in earnest on developing and determining a long-term approach to strategic commissioning, taking into account the previous commissioning strategy in place.

Our system's approach and the development of our shared thinking will meaningfully connect with our future Operating Model discussions and the ongoing determination of function mapped between System and Place.

Vision for Strategic Commissioning

From our ongoing system-wide dialogue, we have begun to jointly articulate our vision for strategic commissioning. For our ICS, our strategic commissioning functions will:

- Support the Strategic Transformation of the Health and Care system to achieve the dual goals of Population Health Improvement and delivery of safe, high quality, sustainable and affordable healthcare that meets population needs
- Enable providers, communities and patients to collaborate and innovate the detail of how services are best provided within a clear context of intended Outcomes and available resources
- Lead collaboratively with ICS partners to ensure that population health and wellbeing outcomes and needs, and health inequalities, are understood, prioritised and addressed through coherent and integrated public policy, commissioning strategies and allocation of resources.
- Strategic Commissioners will commission for Outcomes, with a focus on what is to be achieved for populations, communities, patients and service users as an end result, rather than specifying the detail of care processes and resource inputs.

Supra-ICS Arrangements

In accordance with the ICS Design Framework, a range of commissioning functions are due to be transferred to ICSs from NHSEI regional teams. Transferring functions include Pharmacy, Optometry and dental commissioning. The timing of these delegations will be between April 2022 and April 2023.

Discussions are already well underway within STW with the ambition of agreeing the optimum transfer date and the appropriate due diligence requirements to be completed prior to the transfer of functions.

The Midlands Region has been split into two Commissioning boards, East and West, to consider the range of options available for supra-ICS commissioning arrangements. These options will also include arrangements for specialised commissioning.

Whilst remaining aware of the size and complexity of issues within our STW system, we have also begun fruitful conversations with neighbouring ICSs to discuss and reflect on the advantages and potential barriers associated with collaborative commissioning for a range of functions. A key aim of any future collaborative commissioning arrangements would be to ensure that we are able to effectively achieve efficiency of scale.

Quality Oversight Arrangements

We have in place rigorous Quality oversight arrangements within our system. Through lived experience, our ICS fully and unwaveringly understands the necessity of faultless, continuously improving quality and safety in every corner of our community.

Our ICS has a monthly Quality & Safety Committee (QSC) and our operational assurance processes are arranged to allow the QSC to focus on strategic oversight of quality and safety across the system.

Our QSC feeds into our Shadow ICS NHS Board (Figure 9), with subgroups and sub committees reporting into QSC including:

- Individual organisational quality and safety committees,
- Clinical Reference/ Prioritisation Group,
- System Quality Group,
- Safety Oversight and Assurance Group (SOAG) which is accountable for gaining assurance on the delivery of actions to address CQC conditions,
- Safeguarding and Patient experience.

Our ICS is led by people who are dedicated to safety and quality at all levels, from our Director of Nursing & Quality who provides oversight of quality and shared learning within our ICS, to our patient experience leads. In future, we need to develop and agree an ICS Chief Nurse post for our system, with Quality as a key workstream within their portfolio.

We are committed to ensuring that improving and maintaining the quality of our care is at the heart of what we do as a system, and so each of our programmes have clinical and quality leads in place to ensure we do not lose focus of our priorities.

The system Quality and Safety Strategy is currently close to finalisation and will ensure the system has a wholistic strategy across our ICS and create a shared narrative for our collective journey towards our goals. This strategy is aligned to our Population Health Management approach and objectives as a system, to allow us to benefit from the synergies of these functions in harmony.

Our focus for the future, following the Quality and Safety Strategy's approval, is to ensure we have:

- Clear, shared, measurable, and socialised quality improvement and safety priorities, supported by improved reporting mechanisms and data usage,
- Evidenced improvements in patient safety, effectiveness, and experience through achievements of those priorities,
- A clear ward/neighbourhood to board governance arrangement to support the ongoing delivery of the Quality Strategy.
- Continuously ensuring that our Clinical and Care Professional Leaders have the capacity to participate in QSC, and its subgroups and subcommittees.
- A system-wide quality and performance self-assurance framework.

A key enabler in meeting our quality and safety objectives will be to explore the benefits of agreeing a consistency of reporting for quality and safety across our entire system, aligned to all our system's programme and workstream reporting methodologies as they are further developed and agreed. We will also work to implement the national guidance in our system, building on the existing National Quality Board guidance.

Our revised System Quality/ Quality Surveillance model will include strengthened arrangements with other learning partners. In addition, a System Patient Safety Group has been implemented with agreement on system priorities and the implementation of the NHS Patient Safety Strategy.

Our Governance Transition

Work is ongoing to continue to establish robust governance arrangements across our ICS and our partners, including:

- Implementing our ICS governance structure, including a clear decision-making and accountability framework and appropriate scheme of delegation.
- Formally adopting Terms of Reference and Memorandums of Understanding to support the effective operation of our ICS NHS Board and supporting Committees/Governance Groups.
- Developing our ICS risk register and Board Assurance Framework, which is being led by our Audit and Risk Committee.
- Determining the future governance arrangements for the Health and Care Partnership and the NHS ICS Body.
- Continuing to develop and strengthen governance arrangements at all levels of our system to ensure that they are inclusive of all partners including local government, VCSE, social care, clinicians, and residents/patients.
- Ensuring appropriate delegation of powers to Place and Neighbourhood levels, in line with the subsidiarity principle.
- Agreeing appropriate governance arrangements for provider collaboratives with partner organisations outside of our ICS boundary.
- Aligning our governance terminology across our system, with particular emphasis on our various workstreams.
- Reviewing our governance structures to ensure all our forums add value to our system rather than duplicate or bypass existing arrangements.
- Working with local government partners to ensure that accountabilities within systems are clear, simple and facilitate joint working towards a shared objective.
- Illustrating the capabilities in place that will ensure our ICS fulfils its two core roles of system transformation and collective management of system performance.

- Developing a simple decision-making framework to support our Place-based decision making capabilities within our Integrated Place Partnerships

These actions, and the supporting timescales, are being developed in our System Development Action Plan.

Links to Our Pledges

Our work and future plans within the domain of Governance and Management links to our Pledge 7: Governance - we recognise that how we deliver and make decisions needs strengthening throughout and therefore we will review and revise our ICS Governance arrangements with a particular emphasis on place, neighbourhood and provider collaborative arrangements.

Pledge 2: Integrating services at place and neighbourhood level – developing local health and care hubs to improve not just the physical but mental health of people, building on the assets of individual communities and the principles of one public estate, enhancing the integration of services at neighbourhood level to manage hospital admissions and establishing new models of care during 2021.

In addition to Pledges 2 and 7, our work in this area is also connected to Pledge 1: Improving safety and quality – making sure our services are clinically safe throughout the system and tackling the backlog of elective procedures as a system.

4.5 The Role of our System and Providers

Defining and Developing our System Roles

As a small system, defining our collective and individual roles is both simpler and more complex than in a larger system. Simpler, in that within our system, roles are at one of two levels – system or place – with only our two Places to consider. And more complex, because of the wide range of collaborative efforts across system boundaries.

We have laid solid foundations in defining our roles:

- As a system, we acknowledge and embrace our role in tackling health inequalities, as well as preventing ill health. We are responding strongly to support vulnerable members of our population, and working hard to reduce inequalities at system, place and organisation level.
- We ‘get’ system working. We prioritise the interests of the wider system over those of any individual organisation, and our senior leaders exemplify the cultural change needed to succeed.
- We use a proactive learning approach to facilitate and incentivise our system working. Our ICS Learning Management System has successfully provided vaccination training across our system and we are embedding a co-production and learning culture in the creation of our digital solutions with our communities.
- Our Place Partnerships are well established. Each Place brings together representatives from the local authority, local NHS trusts, Primary Care Networks, and the voluntary sector.
- We have established system wide multi-agency groups to lead on key focus areas and oversee our improvements in the health and wellbeing outcomes of our populations. These groups include Urgent and Emergency Care, Children’s and Young People, and Mental Health Partnership Boards, and the ICS Clinical Placement Capacity Programme Board.
- Our Quality and Safety Committee is in place which provides system oversight and assurance our ICS’s compliance with NHS standards, we also have our Performance Management and Accountability Framework in place across our system which escalates risks and issues to the appropriate board.
- Our system encourages collective involvement by all our partners in performance assurance; our system-wide Audit and Risk committee will develop an ICS-level risk register and support our committees to develop their respective risk registers and understand their risk appetite.

- We recognise the importance of clinical leadership and have set a Clinical Engagement plan to support the identification of appropriate clinical leadership to our key programmes and workstreams. We have already established a GP Practice clinical reference group and are in the process of establishing a Primary Care EDI group.
- We are taking a system approach to flexible workforce recruitment and deployment and enhancing the portability of staff learning between organisations in order to support this.
- As an ICS we engage with, and are accountable, to our partners and stakeholders across the system. We have mechanisms in place to enable our service users, clinicians, and citizens to be actively involved in priority-setting, decision-making and holding our ICS to account.

System Collaboration

Beyond our regional footprint, our local geography means that we frequently collaborate with partners outside of our system who are not represented in the governance structure of our ICS but are important to improving our populations health outcomes.

We already have a very strong track record of clinical and back-office collaboration both within and outside of our ICS, one of our local providers (SaTH) provides a shared procurement service to three NHS organisations. As evidenced by our Hospital Transformation Programme, our System Sustainability Programme and People Plan, we have worked together collaboratively and successfully to take a system view on estates, capital allocations, and workforce planning over recent months and years.

Examples of our wider cross-regional collaboration undertaken by our ICS are outlined below:

- SaTH's Maternity Transformation Programme has partnered with Sherwood Forest Hospitals NHS Trusts (SFH). A set of initial key areas of focus have been agreed and are being progressed, including a maternity safeguarding review and a peer review of SaTH's response to the Ockenden Report.
- SaTH continue to collaborate with the Royal Wolverhampton Trust in the provision of Cancer services, particularly gynaecology and neurology services. This work enables the delivery of statutory NHS Cancer standards (2 week wait standards).

- Birmingham Children's hospital continues to provide children's Trauma services to our system.
- We also collaborate with University Hospitals of North Midlands (UHNM) in a number of areas:
 - To provide Cancer services, including, upper gastrointestinal tract, urology and thoracic surgery.
 - UHNM and SaTH have utilised a network approach to trauma care with UHNM providing care via their Major Trauma Centre and SaTH providing care via their local Trauma service.
 - UHNM are the pathology network partner for SaTH and so work collaboratively in this area.
 - In addition, as a result of COVID-19 a mutual aid agreement is in place between SaTH and UHNM to provide support to each other with critical care bed capacity.
- A system wide MSK alliance to create a whole and consistent shared clinical pathway is currently forming to deliver our MSK transformational goals.

We know we have more work to do in this area and will actively seek agreement as to where the appropriate governance and lines of reporting should be placed for our out of area collaboratives and alliances. Once agreed, this structure will inform and influence our overarching system-wide ICS governance structure.

Defining and Developing our Provider Roles

Primary Care

Our ICS understands and appreciates the fundamental importance of the voice and power of primary care within our STW footprint. We know that having both our primary care and our PCN colleagues integrated within our ICS's fabric is critical to our overall success and reaching our goals.

Within our current ICS Governance Structure, primary care is represented and involved in decision-making within key forums such as our ICS Shadow Board and our two Integrated Place Partnerships.

PCN Clinical Directors are strongly represented within both TWIPP and SHIPP, and therefore are, and will continue to be, a valued, involved, and respected joint decision-maker in the Place-based development of plans. These plans will map out the development and provision of services to meet the objectives set by the ICS Board based on our population's needs.

Primary Care is also represented on a number of our Operational Boards, such as our Mental Health, Learning Disabilities and Autism Board.

To continue nurturing a positive relationship between not only our ICS and our PCNs, but also between our PCNs, in future our PCNs must consider how they could work together to drive improvement through peer support, and lead on one another's behalf on place-based service transformation programmes as they develop.

NHS Trusts and Foundation Trusts

As per the ICS Design Framework, we know that our NHS Trusts and Foundation Trusts (FTs) will increasingly focus on their contributions to the objectives of our ICS as a marker of their individual success.

We have a proven track record of successfully and effectively collaborating with our Trusts and FTs and will continue to grow our dynamic relationships throughout our development journey.

Through our ongoing collaborative work, our Trusts and FTs are primed to deliver on our ICS's objectives and ambitions. The strength of our shared vision and dynamic relationships can be evidenced throughout our work to date, but particularly in the areas outlined below:

- Jointly developing, agreeing and mobilising our Year of Stabilisation 21/22 plan; this is our shared plan for a sustainable and recurrent financial position across our system. The swift progress in this area is creditable to the openness, shared transparency and sign-off of our organisations underlying financial positions and future approach to development.
- Above all else, our System Sustainability Programme signifies a system-wide long-term commitment and shared ambition between all partners to ensuring safe, high quality, resilient and sustainable services for our population, and a resilient and supported workforce in Shropshire, Telford & Wrekin.
- Our ICS and our Trusts and FTs are jointly progressing, supporting, and developing multiple of transformational programmes such as SaTH's Getting to Good programme and a number of the ICS's Big Ticket Items, including the Hospital Transformation Programme. The continued and successful implementation of these programmes will allow our Trusts and

FTs to continue to meet our ICS's objectives to improve quality and outcomes, reduce unwarranted variation and inequalities across the system as a whole.

- Our ICS CEO Board is a regular Chief Executives meeting attended by our Trust and FT CEOs, as well as LA and CCG CEOs. The board provides additional joint decision-making capability to our system and a collaborative space for our leaders to build strong relationships and discuss collaborative outcomes. Our ICS CEO Board is a marker of our capacity to work effectively in partnership and move forward together. The outcomes and decisions made within our ICS CEO Board are fed directly into the multi-agency Shadow ICS NHS Board.

VSCE

Our ICSs governance and decision-making arrangements support close working with the VSCE sector. We value our local VSCE colleagues as a strategic partner in shaping, improving and delivering services and developing and delivering plans to tackle the wider determinants of health.

The VSCE sector is represented at the highest level in our ICS within our Shadow ICS NHS Board. Fundamentally this board describes our system's strategy and the outcomes that we will deliver together.

Engagement with our VCSE also shaped, informed, and progressed the development of our 10 ICS Pledges that act as a golden thread through everything our system strives to achieve.

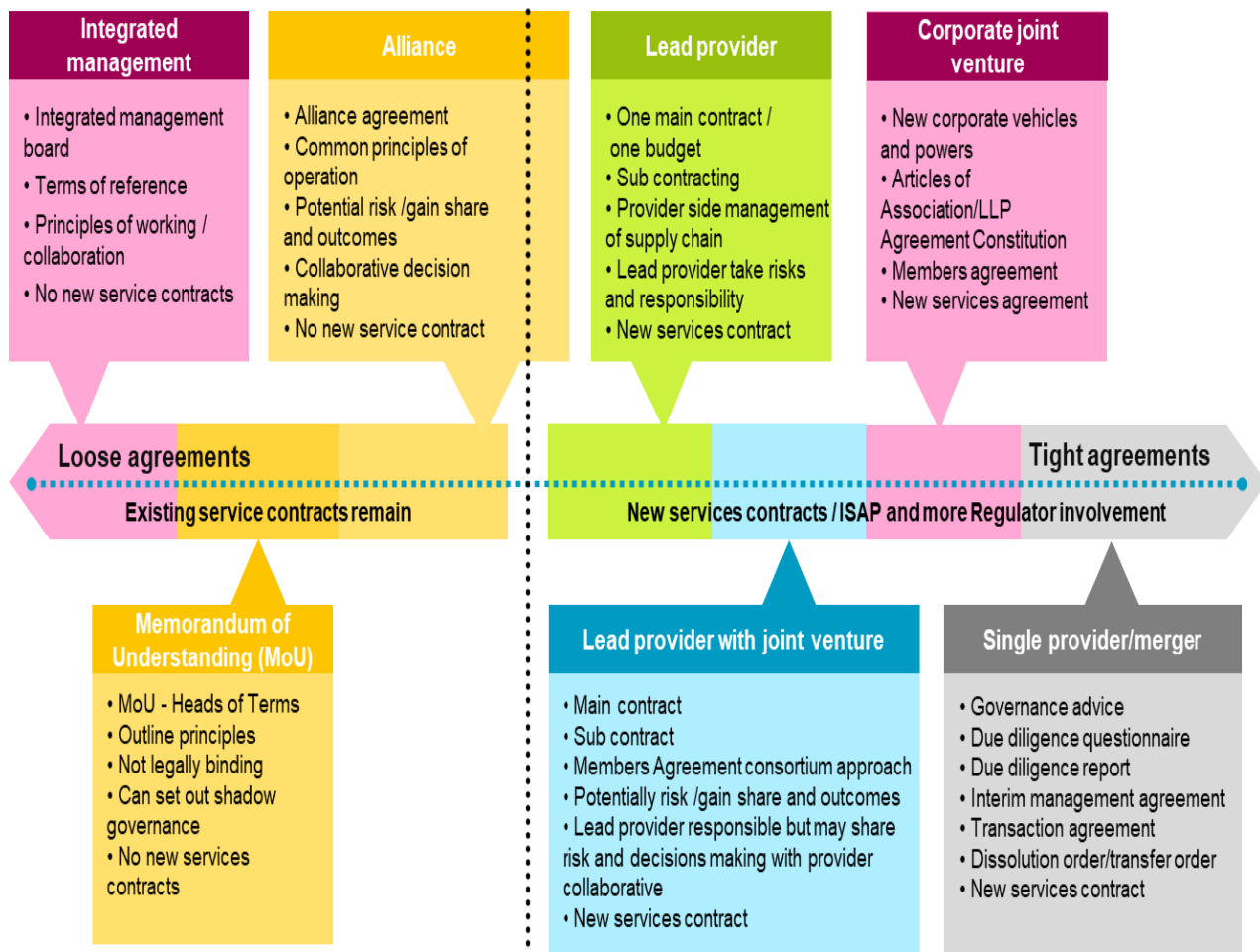
Moving forward, we must go further in deepening and strengthening our VSCE partnerships in a meaningful and co-productive manner. We know our local VSCE is a cornerstone of our progressive system and we therefore must embed VSCEs as an essential part of how our system works at all levels.

In order to achieve this ambition, our ICS has plans in place to establish a Memorandum of Understanding (MOU) which will set out key principles and commitments of the VCSE sector and STW ICS working together.

We will also explore the potential to tap into the national development programme in place to build on the involvement of VCSE partners in relevant forums at Place and Neighbourhood level.

Provider Collaboratives

To further develop our collaborative capacity, a Collaborative Options paper is currently being developed by our system. We have key principles underpinning our collaborative approach, especially targeted at future Provider Collaboratives, that focus on patient benefits, subsidiarity, form following function, simplicity, and an outcome-focus. This paper, along with our system-wide commitment to work together in a meaningful way, will support and enable the further work needed to finalise the reporting and governance structures required for stronger collaborative working.



Guiding our collaborative arrangement discussions is our emerging shared understanding of the collaborative models available to us, and how to best use

Figure 12 Collaborative Models

these models to fit our system's needs. Outline below are the collaborative models and contrasting structures we as a system are collectively analysing to understand our collaborative routes forward together which can be seen below in Figure 12.

Through both the development of our Collaborative Options paper and our wider collaborative workstream, we have ambitions to:

- Develop, approve and implement governance around collaboration
- Develop systematic and collaborative approach to engaging with the ICS communities
- Progress digital planning for collaborative procurement and shared working
- Define and develop vertical collaboration that includes clinical input and leadership
- As collaborative partnerships develop, we will clearly detail their governance arrangements, ToRs, MOUs, and partnership agreements in acceptance of their remit and authority of their respective provider collaborative core leadership teams

Links to Our Pledges

Our work and future plans within the domain of The Role of Providers links to our Pledge 2: Integrating services at place and neighbourhood level – developing local health and care hubs to improve not just the physical but mental health of people, building on the assets of individual communities and the principles of one public estate, enhancing the integration of services at neighbourhood level to manage hospital admissions and establishing new models of care during 2021.

4.6 Clinical, Care and Professional Leadership

We recognise the importance of supporting, growing, and championing our ICS's clinical, care and professional leadership. The continuous development of our system's leadership capacity is of critical importance and impacts upon our ability to deliver on our four core purposes.

Details of our plans to further enhance and develop our professional leadership capabilities are outlined within Our Leaders.

We are currently establishing our Clinical/ Care Leadership and Engagement Strategy; this strategy will create a compelling narrative and describe our collective ambition.

Our strategy is being developed iteratively, taking a local co-creation approach with our networked multi-professional teams. We are also aligning our goals to that of emergent national guidance.

To inform our shared journey, we have agreed a set of value-based principles to guide our clinical and care shared leadership and engagement activities.

We know that to grow our shared leadership capacity we must:

- Identify our leaders and influencers in clinical and care,
- Involve our experts at system and Place level,
- Ensure our clinical and care views influence our system's decisions,
- Inspire, attract, equip, and develop the leaders of tomorrow within our system.

In tandem to the development of our Clinical and Care Leadership and Engagement Strategy, we have been delivering against the goals set out within our corresponding ICS Clinical and Care Leadership and Engagement plan and roadmap.

Our plan is emergent, ambitious and malleable, and as such is being continuously updated. The current key steps outlined within our plan are set out below:

- Continue our conversation with general practice to shape engagement and leadership throughout our system.
- Develop a stronger dialogue with other primary care clinicians (dental, optometry, pharmacy) to agree their engagement in our system.
- Socialise and evolve our ICS Clinical and Care Leadership and Engagement Plan and road map, aligned to our System Development Action Plan.
- Grow our Clinical/Care Leads Network.

- Develop our system professional networks, with leads being members of Clinical/Care Leadership Forum.
- Develop a compelling narrative including patient/carer/staff stories with which to engage staff, public, patients and others in continuing to co-create our system.
- Evolve our shared leadership development and support programme with an action research programme for ongoing evaluation of our progress and impact.
- Bring our emergent work into a coordinated work plan reporting within our ICS governance structure through our ICS CEO Board and ICS Shadow Board.

Primary care is vital to the delivery of our shared transformational ambitions. A key area within our ongoing strategy development centres on better understanding how we ensure that our PCN's voices are heard and how we unleash the power of general practice leadership as a key enabler to Place-based integration. We have already made significant progress in this area, establishing a GP Practice clinical reference group, and making strong progress in formalising a Primary Care EDI group.

We will further develop and align our Clinical and Care Leadership and Engagement work to the future resources provided by NHSEI. These national resources will describe the features of an effective model, informed by more than 2,000 clinical and care professionals and illustrating case studies from systems with more advanced approaches.

Links to Our Pledges

Our work within the domain of Clinical and Professional Leadership links to Pledge 8: Enhanced engagement and accountability and Pledge 1: Workforce - Making our system a great place to work by creating environments where people choose to work and thrive and by building system leadership and a flexible co-operative workforce.

4.7 Working with People and Communities

Throughout our system, we know the vital importance of actively listening, consistently consulting and collectively acting on the experiences, needs and aspirations of our local people and communities.

In our system, engagement and participation is not only about legal requirements, it underpins all health and care commissioning and decision making. It is of the utmost importance therefore, that we understand and take in to account the needs, desires and concerns of our local people in shaping our health and care system.

As described in the ISC Design Framework, listening to our people and hearing a spectrum of voices is not only about supporting people to sustain and improve their health and wellbeing but equally to involve people and communities in the development of our plans, priorities and service improvements.

To provide the very best health and care and achieve our goals we must find new ways of working and engaging with stakeholders and communities across our health and care system collectively. One of the key success factors for our ICS will be effective engagement with a large range of stakeholders, including patients, service users, local authorities, politicians, front line staff, clinicians, and the VCSE sector. We will involve people, staff, and communities when planning and designing how we deliver services and work together to ensure services are more joined-up, so we improve people's experience of health and care locally.

In developing our ICS's strategic direction, we have spoken to health and care staff, our local system partners and the voluntary, community and social enterprise (VCSE) sector. We have engaged with our residents and patients, and we have used this insight to develop our 10 ICS Pledges. Through Pledge 4: Enhanced engagement and accountability, we have committed to increase our engagement, involvement and communication with stakeholders, politicians and the public.

People's lives can be transformed when they are able to shape their care and treatment to fit with what is important and matters to them. Comprehensive and meaningful engagement will ensure our services are more responsive to people's physical, emotional, social and cultural needs. We aim to strengthen public, patient and carers' voice at place and system levels.

Each Place-based Partnership, (Telford and Wrekin Integrated Partnership (TWIP) or Shropshire Integrated Place Partnership (SHIPP)), is developing its own priorities, reflecting the different needs of each local population, and thinking about how it will work differently in the future. It is at Place, where we need to involve our local VCSE organisations, including them in health and care pathways and service redesign planning across Shropshire, Telford and Wrekin.

As we move from the response phase of the coronavirus pandemic into recovery, the direct and wider impacts of the pandemic on individuals and communities will influence their capacity to recover. We will endeavour to gain a better understanding of how these communities have responded to the pandemic and how the way our most vulnerable communities are accessing services may have changed in response to the crisis.

We will ensure that people across STW are more actively involved in their health and wellbeing and make decisions based on ‘what matters’ to them and what they really need. Continuous local insight research and engagement with vulnerable groups will be undertaken to enable the ICS to discover new insights and approaches to ensure that services are more personalised and tailored appropriately to increase access and reduce inequalities.

We recognise that to reduce inequalities we will need to draw on the knowledge of the local authorities, VCSE and other partners with experience and expertise in this regard. The VCSE sector is an important partner in our system and plays a key role in improving health, wellbeing and care outcomes. We intend to further strengthen our place-based working by establish a Memorandum of Understanding (MOU) which will set out key principles and commitments of the VCSE sector and STW ICS working together.

Our system is on an upwards Comms and Engagement trajectory, with the swift progression, development and delivery of our ICS Comms and Engagement Strategy a key tenant of our future plans. This strategy will place a system-wide focus on encouraging a creative, positive, and welcoming environment within which people can contribute in a meaningful way. The ambition of our Comms and Engagement Strategy is also to enhance our communicative capacity and capabilities so that our community’s voices are fully recognised for their contribution and impact.

The ICS Design Framework also outlines the seven principles (see below) that every ICS nationally should utilise as a bases for developing a system-wide strategy for engaging with people and communities. We are dedicated to staying true to every principle not only within our strategy but within our subsequent actions, building on the existing relationships, good practice, and networks across system partners

1. Use public engagement and insight to inform decision-making
2. Redesign models of care and tackle system priorities in partnership with staff, people who use care and support and unpaid carers
3. Work with Healthwatch and the voluntary, community and social enterprise sector as key transformation partners
4. Understand your community’s experience and aspirations for health and care
5. Reach out to excluded groups, especially those affected by inequalities

6. Provide clear and accessible public information about vision, plans and progress to build understanding and trust
7. Use community development approaches that empower people and communities, making connections to social action.

As part of our strategy, we will work with our partners across the ICS to develop arrangements for:

- ensuring the ICS Partnership and place-based partnerships have representation from local people and communities in priority setting and decision-making forums
- gathering intelligence about the experience and aspirations of people who use care and support, together with clear approaches to using these insights to inform decision making and quality governance.⁴

Links to Our Pledges

Our work within the domain of Working with People and Communities links well with our Pledge 8: Enhanced engagement and accountability – we will increase our engagement, involvement and communication with stakeholders, politicians and the public and develop a plan for this by March 2021. This will include ways of making the ICS more accountable to the citizens of Shropshire, Telford & Wrekin including committing to an annual report by September 2021 and starting to hold ICS Board meetings in public.

⁴ NSHEI ICS Design Framework

4.8 Accountability and Oversight

System Accountability

We are committed to increasing and ensuring our accountability to the citizens of Shropshire, Telford & Wrekin. To support the delivery of our commitments, we have an operational Performance Management and Accountability framework implemented across our ICS and we hold all our Shadow ICS NHS Board meetings in public for full transparency.

We have plans in place to further strengthen our engagement, involvement and communication with stakeholders, politicians and the public which will ensure we are continuing to improve our levels of accountability to our citizens. This work includes a commitment to delivering an annual report for our ICS.

Our Shadow ICS NHS Board are actively progressing clear lines of accountability and responsibility within our system for overseeing the development of each of our Big-Ticket Item transformational programmes, respectively.

As previously discussed, to build our ability to act on the feedback and experiences of our communities, we are strengthening our active listening skills with our local communities and deepening our partnerships with our VCSEs and our local authorities.

This commitment to accountability is also evident within our programmes. The Maternity Transformation Programme (which forms a key strand of SaTH's Getting to Good Programme) capture meetings in an accessible video format and publishes online, the programme also ensures that the meeting's membership includes partner organisations such as the Maternity Voices Partnerships, CCG and Healthwatch.

However, it is important to note that we know we have further work to do to establish and improve public engagement with our public board meetings including our Shadow ICS NHS Board meeting and others to improve our level of accountability to our community.

As previously highlighted, there are areas within our system that face significant challenges and are therefore failing to meet the required NHS performance and quality standards. We take full accountability and ownership of improving our current performance and quality challenges and have put in place a number of large-scale programmes and monitoring mechanisms to ensure that CQC and Ockenden report findings are appropriately actioned and effectively managed as a priority for our whole system.

In terms of escalating performance issues and risks, we have in place a Performance Management and Accountability Framework as previously discussed, which provides a monthly system-wide performance update to the Shadow ICS NHS Board.

We are also aware that more work needs to be done to agree, secure and put in place a single point of mutual accountability, to enable our partners to hold one another to account for the performance of their collective system.

Our work to deliver a single point of mutual accountability needs to build on examples of best practice and peer review and should reflect our work with partners to date in building relationships that integrate care.

A key enabler of this model and our future capability to act on improvements required will be the development and delivery of training to all parts of our system. We will also need to clarify communication, planning and reporting processes so that partners are clear what they have committed to deliver, who is leading it and whether the system is on track or not.

Any future work to build a single point of mutual accountability and collaborative arrangements will need to be described in the System Development Action Plan.

System Oversight

We have specific plans in place to launch the System Oversight Framework in 2021/22 which will include clearly defined reporting relationship our ICS and regulatory bodies; this launch will be discussed in greater detail in our System Development Action Plan.

Further details on our lines of reporting and governance framework can be found in Figure 9 Our Core ICS Assurance Structure.

Our current governance framework is established and operational, however we are acutely aware that we are on a journey as an ICS and will continue to develop and grow over time.

Links to Our Pledges

Our work and plans within the domain of Accountability and Oversight link to both our Pledge 8: Enhanced engagement and accountability – we will increase our engagement, involvement and communication with stakeholders, politicians and the public. Pledge 7: Governance – we recognise that how we deliver and make decisions needs strengthening throughout and therefore we will review and revise our ICS Governance arrangements with a particular emphasis on place, neighbourhood and provider collaborative arrangements.

4.9 Financial Allocations and Funding Flows

As an ICS we have a good understanding of our finances at system-level and are actively working to develop this financial picture in further granularity.

Our system-level financial allocations are being administered through Shropshire, Telford & Wrekin CCG, with our healthcare providers receiving payments through adjustments to their existing block contracts. We will closely monitor both our COVID-19 and our winter expenditure on a monthly basis to ensure that funding flows smoothly across the system to where it is required.

We do however have more work to do in clearly developing and illustrating:

- How our funding allocations and payment mechanisms apply to our non-NHS partners.
- The fitness-for-purpose of our existing collective financial risk management and our financial governance within our ICS, at both system and place level.
- The robustness of provider financial risk management and financial governance apparatus in contributing to our system's financial plans
- Our completed current financial plan refresh and control total compliance
- Our standardised financial reporting and controls designed to enable ICS partners to collectively accept and manage whole population capitation risk.

System Sustainability Programme

As a system we have made good progress in jointly developing, agreeing and mobilising our System Sustainability Programme. This progress is creditable to the openness, shared transparency and sign-off of our organisations underlying financial positions and future approach to development. This programme has dedicated leadership resource in the form of our Director of System Sustainability and Director of Financial Sustainability.

Above all else, our System Sustainability Programme signifies a system-wide long-term commitment and shared ambition between all partners to ensuring safe, high quality, resilient and sustainable services for our population, and a resilient and supported workforce in Shropshire, Telford & Wrekin.

One of the first steps in our sustainability journey will be the joint delivery of our 'Year of Stabilisation' in 2021/22; this is our shared plan for a sustainable and recurrent financial position across our system. We have articulated our financial

sustainability goals by using an approach that recognises the ‘moving parts’ in the bridge to stabilisation. This approach ensures that the consequences of any actions from partners within the system is understood and decisions in our system are made that have considered and uphold the linkage between finance, quality and safety.

Within our stabilisation plan is our H1 Plan for the first 6 months of the financial year which has been submitted to NHSEI. The H1 plan is a subset of our stabilisation plan and forms part of the wider sustainability programme. Our system is committed to work together to manage the risks within the H1 plan and acknowledge that the H1 plan lays strong system-wide groundwork for achieving our fully developed Year of Stabilisation plan.

Beyond our Year of Stabilisation (21/22), our system has committed to developing a wider System Sustainability Strategy, which will include our financial sustainability goals alongside our overarching system and quality sustainability ambitions. We have identified the following high-level financial ambitions as part of our wider future ICS Sustainability Strategy:

- Year 1 – 2021/22 – The Year of Stabilisation – any further spending growth across system is limited to no more than growth in resources received
- Years 2-5 – 2022/23 – 25/26 – Recovering the system deficit by recurrently reducing excess costs across STW by 3% per annum each year (£30m)
- Years 6-10 – 2026/27 Onwards – Ongoing impact of the implementation of our Hospital Transformation Programme (HTP)

As previously outlined, a critical enabler to our shared system-wide sustainability ambitions is the continued development of our six Big Ticket Items. In March 2021 our ICS CEO Board and our System Sustainability Committee (the governing body of the System Sustainability Programme) agreed six Big Ticket Items which aim to address our system’s underlying quality issues and contribute towards system sustainability through:

- Removing unsustainable levels of excess cost from expenditure, across all system partners
- Preventing further reactive expenditure growth, to ensure that a portion of the system’s growth allocation each year can be set aside to support continuing existing costs which have been incurred in excess of the system’s population funding share

- Leveraging productivity improvements which enable recovery of services (most likely in planned care pathways) with only incremental draw on any new inflows of external funding for recovery
- In addition to this, we also have an agreed approach to addressing our medium to long-term sustainability priorities as a system. We have identified a number of key transformational programmes, which we are terming our '6 big ticket transformation priorities', which we believe will improve quality and driving efficiency at scale:

Below we have listed each of our Big-Ticket Items and the initial high-level scoping of the opportunities and benefits over a 4 year period

- Accelerating implementation of the Hospital Transformation Programme
 - Rationale: some of the changes in the acute service clinical model between the two hospital sites within SaTH do not need to wait until the sign off of the HTP outline business case and the capital build. Early implementation of these would lead to both quality and financial benefit and potentially reduce HTP capital requirement.
 - Potential financial scope: Estimate by the SRO £3m-£10m
- MSK transformation
 - Rationale: Our ICS was an outlier on elective spend on MSK in the latest Right Care analysis compared to comparative areas. While that data is now out of date, we believe there remains significant scope to improve quality of care and reduce expenditure.
 - Potential financial scope: initial estimate c £5m
- Outpatient transformation
 - Rationale: NHS benchmarking shows STW had 10% higher rates of outpatient attendances per 100,000 population than the national average in 2019/20.
 - Potential financial scope: initial estimate c £4.5m
- Avoiding hospital admissions/stays
 - Rationale: NHS benchmarking shows STW had the third highest rates in the country for ambulatory care sensitive episodes per 100,000 population in 2019/20. Our local clinical audit in 2020 confirmed potential to avoid 9% of non-elective admissions.
 - Potential financial scope: initial estimate c £5m.
- Workforce transformation

- Rationale: Workforce is our single biggest asset in the system and also the largest element of our expenditure. We are high users of agency staff and a reduction in this will reduce our overall pay costs and improve quality of care.
- Potential financial scope: initial estimate c £8m
- Integrated place-based commissioning
 - Rationale: Shropshire, Telford & Wrekin CCG is an outlier on CHC spend with higher-than-average growth and there are identified opportunities to reduce the cost of complex case packages
 - Potential financial scope: initial estimate c £6.5m (including £2.9m in CCG CIP plans for 2020/21).

All of our Big-Ticket Items have a dedicated Senior Responsible Officer, clinical leadership, programme and project management support. The implementation of each programme will be further supported by an overarching organisational development plan. Additional BI and analytical support are also being drawn down from the NHSEI Recovery Support Programme.

The progress of each of our transformational programmes is reported to our ICS CEO Board within our ICS governance structure.

In the context of our current Year of Stabilisation, our Sustainability programme is also supported by a system-wide Investment Planning Process. This process will be used by our partners, including NHSEI, when undertaking current future joint investment decision-making, prioritisation, and phasing discussions relating to investment cases. Our process uses a 'triple lock' approach between organisation, System and NHSEI to ensure all decisions are transparent and receive sign off from all parties.

We are developing a modelling tool that all of our organisations and our system can use to enable the development of our strategy, building on the Year of Stabilisation. Our modelling tool will allow us to plan for rapid recovery, with the facilities to model different planning scenarios to support decision making.

The identification of our immediate-focused Big-Ticket Items within the System Sustainability Programme is an indicator of our future direction of travel as a system, however we are fully cognisant of the fact that these items alone will not fully address our underlying deficit.

We are therefore also working on a pipeline of investment cases relating to cost reduction activities, clinical/care priorities, and growth suppression initiatives to contribute to our work to achieve a balanced financial position in the medium term. This investment case pipeline is emergent and being supported by our Investment Task and Finish Group and our system-wide Investment Planning

Process, using a 'triple lock' approach between organisation, system and NHSEI to ensure all decisions are transparent and receive sign off from all parties.

Links to Our Pledges

Our ongoing work in the area of Financial Allocation and Funding Flows is closely connected to our ICS's Pledge 9: Creating a Sustainable System. This Pledge ensures we have system wide arrangements agreed for financial control and future financial allocations.

4.10 Data and Digital Standards and Requirements

Digital Transformation

We have a number of digital or digitally enabled transformation plans within our ICS and as a system we truly understand the power of the digital world in improving the lives of our communities. Some of these plans and programmes being undertaken by our system, or our Places, are highlighted below:

- A strong example of our ongoing system-level digital transformation work can be found in our remote patient management workstream. We successfully rolled the 'Docabo Digital' platform across our area which allowed us to create a Virtual Ward and an Oximetry at Home service and support to our long-term conditions. As a result of our system championing this change, we have once again commissioned Docabo to continue to enhance, improve and transform our system's ability to remotely manage patients, to enhance care and experience, and to reduce pressures and costs within our system.
- At the place-level, via our Shropshire Integrated Place Partnership, we are engaging and progressing key actions with stakeholders in areas such as digital weight management.
- More widely our Cancer Digital Offer is being developed with positive initial reviews and work underway to evaluate and review our progress to date to inform future decision making.
- We also have an active Digital Access workstream that is evaluating digital exclusion and unintended inequalities in access, including tracking vulnerable people who may not have digital access and jointly working with partners to develop infrastructure that improves broadband, public Wi-Fi and 4/5G coverage.
- In terms of our Mental Health digital investments, our digital wellbeing platform TogetherAll is accessible to all residents, we are also providing digital dementia diagnosis and remote support for the most vulnerable.
- Our Children and Young People's BeeU service uses digital enabled 24/7 care and support provision.
- ShropCom are also currently developing a diabetes health inequalities plan to target people who are housebound in rural/isolated areas with the aim to support self-care and the use of digital solution.

- We are making great strides in the implementation of shared care records across our ICS. System Partners have committed to a significant investment into the formation of integrated care records (ICR) and creation of a programme for the implementation of a shared care record. A review has commenced for the deployment of a Digital Patient Portal as part of the ICR implementation to personalise electronic care plans where possible.

Our datasets feed some of our transformational work, and we know we must continue to embed this approach across our various transformational domains. One example of where we are actively spreading data-backed approaches can be found in our CCG successfully using data to identify case finding for hypertension, and 3 of our general practices currently trailing out this approach. The aim of this work is to link the monitoring back into the ongoing wider community work and to help promote self-care for those at greater risk of the consequences of unmanaged hypertension.

An important next step for our system is the creation of an ICS Digital Strategy, detailing a roadmap to achieve 'What Good Looks Like'. This strategy will have supporting digital governance arrangements and coordinated data reporting to tie together our various technological and digitally enabled workstreams, service transformations and models of care are drawn into one co-ordinated and programme managed function. We are also committed to ensuring that Digital is considered and embedded in our six Big Ticket Items, in line with its position as a critical enabler to our system's progress.

Data Standards

Digital innovation and data are used across all our services to enable our workforce to drive improvements in quality and safety, and to improve our outcomes. Oversight of serious incidents and harm review processes have been implemented across our system as both BAU and as part of a new approach being taken forward within the system.

As previously stated, we acknowledge that there is however more work to do in the near future across the ICS to ensure that programme updates and progress are captured on current the ICS BI Tool, STW Together, in a frequent and formal manner to improve our capacity to connect and align discreet or large-scale quality improvement activity.

Moving forward, plans are in place to develop and embed further measures to improve performance monitoring and our Providers will be supported to move to automated data collections via PAS systems. We have specific plans in place to further improve care quality in our Emergency Departments and to implement evidence based best practice in our Outpatient departments.

4.11 Service Transformation

In addition to outlining the hard work and progress we have made within the 10 domains outlined within the ICS Design Framework, we have also made significant strides within our wider service transformation work.

We have seven programme boards, all of which are aligned to planning guidance priorities for 2021/22 and report to our ICS CEO Board (see Figure 10), that oversee all our service transformation activities:

Our Integrated Care Model, fundamental to the delivery of many of our transformation goals as a system, spans primary care, urgent care, mental health, social care and prevention.

Our transformational workstreams are effectively collaborating to identify priorities at a system level. An example of this is our Mental Health, Learning Disabilities and Autism Operational Board. This programme board has representation from commissioners, primary care, mental health provider, social care, Healthwatch and public health partners who have collectively agreed workstream priorities and are on track to deliver their respective programme milestones.

Although we are focused and committed to our ongoing system recovery and restoration work, we know we have more to do to rebuild and strengthen our community following the impacts of the COVID-19 outbreak. We must therefore grasp the significant strategic opportunity to create a single co-ordinated COVID-19 recovery and restoration plan, supported by our ICS governance structure, to bring together our different system-wide workstreams and benefit from collaboratively pushing the dial on restoring our areas.

An explicit new objective of ours is the development of an evidence base to identify how to effectively reduce health inequalities and address issues of equality, diversity and inclusion. As a result of work in this area, the patient voice from all communities, especially those with health inequalities, will be embedded through appropriate communication and engagement channels, with diverse representation of Patient Safety Partners (PSP) within our organisation. Overall, our work in this area will ensure quality representation, co-production at all levels and a health inequality-focused programme of improvements from the local community service redesign to the strategic system level.

Six Big Ticket Items

As previously outlined, our six Big Ticket Items are of great importance to our system achieving its transformation ambitions. Further details on our Big Ticket Items can be found in System Sustainability Programme.

SaTH's Getting 2 Good Programme

One of our ICS pledges is wholly dedicated to Improving Safety and Quality (Pledge 1). As a system we are committed to ensuring that SaTH is rated 'Good' by the CQC and that the Ockenden review's findings are implemented thoroughly for the benefit of our community.

The Getting to Good (G2G) Programme has been established specifically to improve the care given to patients and their loved ones at SaTH. Year 1 of the programme (due to close in June 2021) included 25 workstreams pertaining to:

- priority areas identified by the CQC;
- broader elements of the Trusts Annual Plan for 2020/21

In September 2020, an Improvement Alliance between SaTH and the University Hospitals Birmingham commenced. The work of the Alliance included the creation and ongoing delivery of a Quality Improvement Plan (QIP), overseen through a monthly Committees in Common structure. In October 2020, a Getting to Good Committee was established to oversee delivery of 25 work streams in the G2G Plan, including the QIP.

To date 400+ CQC 'must do' and 'should do' actions have been completed by the G2G Programme.

Year 1 of the programme includes 252 milestones of which currently 190 (76%) are completed or are on track to be delivered within the original timeframe, and a further 53 (21%) milestones are making reasonable progress. 9 (4%) milestones are delayed due to COVID-19 and capacity pressures.

Phase 2 of the G2G will commence from July 2021, and aims to:

- Embed the learning from year 1, ensuring delivery and oversight
- Take on board learning from reviews; NHSEI & the Alliance
- Simplify the plans and increase the pace of delivery
- Ensure that improvements are sustained and become business as usual (BAU)
- Align plans with CQC domains and other strategic priorities, as well as ensure G2G forms part of SaTH's Integrated Plan

Phase 2 will have 8 key underlying priorities, with further development in the area of Digital Transformation currently underway. Each priority area will have an

Executive Lead (s) responsible for delivery, 3-4 core action areas, delivery milestones, key metrics, and targets in place:



A key theme through both Year 1 and Phase 2 of the G2G Programme is Maternity Transformation. G2G has progressed actions based on the findings in the Ockenden report and made significant improvements in the quality and safety of maternity care at SaTH. The programme has created a Ockenden Report action plan with 20 out of the 52 actions delivered to date.

These improvements have been made through continuous dedication and strong leadership through an improvement journey. This journey has been facilitated by leadership changes in the senior midwifery workforce, the development of a wider Local Maternity and Neonatal System (LMNS) to help share learning, benchmarking and improvement and the further development of partnership working.

The Maternity Transformation Programme has also partnered with Sherwood Forest Hospitals NHS Trusts (SFH). A set of initial key areas of focus have been agreed and are being progressed, including a maternity safeguarding review and a peer review of SaTH's response to the Ockenden Report.

Hospital Transformation Programme

The Hospital Transformation Programme reconfigures health services across our system, based on a 'Future Fit' consultation undertaken by our commissioner, and will deliver changes to clinical services both across our two existing hospital sites and in the services provided in our local care settings (e.g. primary and community care).

We expect the new models of service delivery that our Hospital Transformation Programme will achieve will delivery significant quality improvement and operational performance benefits, whilst also improving workforce sustainability and generating recurrent cost savings for our systems.

This programme is a comprehensive transformational programme underpinned by a construction programme that pre-dates our ICS's creation and has stood the test of time and external scrutiny.

As a system we recognise that the overall timelines for the Hospital Transformation Programme completion are some way off and there are significant opportunities related to the realising the benefits of the programme prior to this end date.

To progress our Hospital Transformation Programme plans, we have engaged a third party to facilitate the development and delivery of the Hospital Transformation Programme Strategic Outline Case (SOC) for acceleration as described above. Our key next step will be gaining the approval of this SOC as a means to push forward with our transformational ambitions.

Further Developing our Transformational Capacity

Despite excellent progress in our first few months, the pace of change continues to be significant and there remains a lot to do. We have identified a number of future development requirements, including:

We are committed to support the further development and success of our transformational programmes with clear resource allocation and we know that to achieve this we still have more work to do to better understand our resource allocation and future financial plans at a system-level. To achieve this, we must:

- Agree and finalise the 'most likely' delivery position on our ICS Cost Improvement Programme (CIP) plans
- Utilise our Investment Planning Process and 'triple lock' approach to reviewing and recalibrating all our planned investments as a system.
- Review resources across our ICS to prioritise and develop a system-wide resource plan and ensure a robust delivery model
- Develop an agile model to holding each other mutually accountable, in line with our 'triple lock' approach.
- Progress and further implement our System Sustainability Programme and associated workstreams, including our ambition of financial stabilisation.

We also know that although we have taken a system-wide integrated approach to BI, we have more work to do to ensure that firstly, programme updates and

progress are captured in a consistent and aligned manner across the tool, and secondly that the high-level information required from the tool used to create reports and intelligence is accessible to senior leaders. Improving our capabilities in this area will support and streamline our transformational efforts.

We are aware that we have significant gaps in key enabling areas such as Estates and Digital, that require investment and increased workforce.

We also have plans in place to progress our commitments to climate change as a theme running throughout our transformational programmes. Underpinning this shared commitment will be a Green Plan and a multi-agency strategy setting out a response to the threat of climate change. We will also secure a named executive board member responsible for tackling climate change within every one of our NHS organisations.

Equally, we know that although we are making good progress at each of the three levels (system, Place, and neighbourhood) in some areas, such as our MSK Transformation workstream (Big Ticket Item) and our Local Maternity and Neonatal System Board (SaTH Getting 2 Good Programme), we have significantly more work to do to finalise and agree how both Place and neighbourhood will operate with and across our transformational plans and system processes. To support these goals moving forward our focus is on creating and implementing a PCN Organisational Development Plan, understanding neighbourhood level service developments and defining our subsidiarity model.

As a system, we have a clear view of what we must do to move forward together and continue on our journey to becoming a high-performing fully fledged ICS. We therefore continue to work collaboratively and effectively to deliver our objectives and ambitions within appropriate timeframes. The driving forces behind our transitional delivery capabilities are strong governance, project and programme management architecture, standardised reporting and use of existing BI tools (including STW Together).

Links to Our Pledges

Our service transformation work and future service development plans link to all of our Pledges, but particularly Pledge 1: Improving safety and quality.

5 Our Next Steps



5.1 *Transitioning as an ICS*

As outlined throughout this Plan, our ICS has already laid strong foundations from which to develop the leadership, capabilities and governance we require to take on our anticipated statutory responsibilities from April 2022.

Our strong foundations and notable achievements also pave the way for our collective exit route away from segment 4 of NHSEI's System Oversight Framework and correspondingly out of the Recovery Support Programme. We know that to sustainably move forward as planned, we must retain and where possible increase the vigour of our improvement efforts.

*To support us in achieving our ambitions, we are in the process of developing a detailed **System Development Action Plan** which will set out how we evolve our current arrangements, along with key milestones. This System Development Action Plan will be overseen by the ICS Executive Group and will include key milestones, owners and timescales to support system transition.*

We also expect to continue to use the NHSEI Progression Tool to assess and monitor our progress over the months ahead, working closely with our regulatory colleagues to ensure we remain on track in our delivery.

Our strong links with other ICS systems, who are naturally on similar journeys to our own, allows us ongoing opportunities to understand and learn from the ways in which our colleagues in other geographies are approaching their own development.

Whilst there remains much to be done in short order, our small size and strong relationships are on our side as we continue to navigate in an agile manner through the changing landscape.

5.2 *System Development Action Plan Summary*

A high-level outline of our ICS's System Development Action Plan is shown in the table overleaf, mapped on to the NHSEI Progression Tool theme and ICS Design Features. We are focused and committed to the 'what next' of our journey and will therefore continue to develop and pursue the detailed System Development Action Plan, and the actions and development opportunities within it.

Strategic Context		
Update System Development Plan against key implementation requirements and identify support requirements	Nicky O'Connor	Quarter 1
Consolidate COVID-19 recovery planning into one and include in overall System Plan.	Sam Tilley/Nicky O'Connor	Quarter 1
Delivery of 10 System Pledges	All Partners	Quarter 1 – Quarter 4
Delivery of 6 big ticket sustainability progs	David Stout	Quarter 1 – Quarter 4
Delivery of Getting to Good Phase 2	Louise Barnett	Quarter 1 – Quarter 4
Develop plans to manage organisational and people transition	Nicky O'Connor	Quarter 1 – Quarter 4
Develop plans to manage the commissioning transition from both NHSEI and CCG to ICS	Nicky O'Connor	Quarter 1 – Quarter 4
Developing our ICS partnership		
Develop system leadership plan and shared leadership programme	Mark Brandreth	Quarter 1
Develop system operating model including how and where decisions relating to the ICS will be made	Mark Brandreth	Quarter 1/2
NHSEI/System MOUs in place for 21/22	Nicky O'Connor	Quarter 2
Agree proposition for appointment of ICS Partnership Chair and define roles and responsibilities	Agree across system Partners	Quarter 2
Agree composition of Board membership	Mark Brandreth	Quarter 2
Agree PPI mechanisms and when board sessions will be held in public in line with 10 principles in ICS Design Framework	Mark Brandreth/Edna Boampong	Quarter 2
The Audit and Risk Committee to develop ICS risk register that will interface with the risk registers for Place and Programme Boards.	Michael Wuestefeld-Gray	Quarter 2
Confirm proposed governance arrangements for the health and care partnership and NHS ICS body.	Mark Brandreth/Nicky O'Connor/Alison Smith	Quarter 2/3
Implement ICS governance structure including ICS decision making and accountability at all levels	Nicky O'Connor/Alison Smith	Quarter 2/3
Align governance terminology across workstreams	Alison Smith	Quarter 2/3
Creating our ICS NHS board		
Recruit ICS NHS Board Chair and CEO	NHSEI	Quarter 2
Agree board membership inclusive of designated Chair and CEO roles	NHSEI/Mark Brandreth	Quarter 2
Agree Board composition that is appropriate in size to allow effective decision making	Neil McKay/Mark Brandreth	Quarter 2
Agree NED roles on Board and Partner Membership	Neil McKay/Mark Brandreth	Quarter 2
Develop ICS NHS Body constitution	Mark Brandreth/Nicky O'Connor/Alison Smith	Quarter 2

Agree ICS Board Sub committees	Mark Brandreth/Nicky OConnor	Quarter 2
Recruit designate Finance director, Medical Director and Nursing Director and other agreed Board roles	Mark Brandreth	Quarter 3
Confirm other senior ICS roles	Mark Brandreth	Quarter 3
Complete preparations to shift direct commissioning functions from NHSEI to the ICS NHS Board	Claire Skidmore	Quarter 4
Submit final version of ICS NHS Board constitution to NHSEI for approval	Mark Brandreth/Alison Smith	Quarter 4
Developing place-based structures and provider collaboration		
Place-based structure	Patricia Davies	Quarter 2-3
Develop community and place-based arrangements next steps	Patricia Davies/Claire Parker	Quarter 2
Develop place-based partnership, governance, representation, and leadership	Patricia Davies/Claire Parker	Quarter 2/3
Finalise subsidiarity work to agree how place operates	Patricia Davies/Claire Parker	Quarter 2/3
Agree appropriate delivery structures and resourcing at neighbourhood level	Patricia Davies/Claire Parker	Quarter 2/3
Implement PCN development plan	Patricia Davies/Claire Parker	Quarter 2/3
Plan and implement Provider Collaboratives across the ICS taking account of supra ICS and ICS arrangements	Louise Barnett	Quarter 2/3
Public Health Management	Liz Noakes/Rachel Robinson	Quarter 2-4
Develop PHM strategy and align to the ICS financial means year on year	Liz Noakes/Rachel Robinson	Quarter 2
Define PHM leadership model	Liz Noakes/Rachel Robinson	Quarter 2
Collectively agree local arrangements and ways to merge working, linking to health inequalities	Liz Noakes/Rachel Robinson	Quarter 2/3
Align workforce to Population Health requirements - include other agencies including NHS and voluntary sector.	Liz Noakes/Rachel Robinson	Quarter 2/3
Agree priorities for Population Health at Place & System level – through our ICS and the HWBs	Liz Noakes/Rachel Robinson	Quarter 2/3
Outcomes monitoring at Place and System level with reporting to the ICS and HWBs with Scrutiny Oversight by Local Authority committees with data sharing agreement in place	Liz Noakes/Rachel Robinson	Quarter 2/3
Determine a strategy and analytical lead for System	Liz Noakes/Rachel Robinson	Quarter 2/3
Establish a framework across STW to deliver PHM	Liz Noakes/Rachel Robinson	Quarter 2/3
Implement the Health Inequalities Plan and develop a monitoring framework	Liz Noakes/Rachel Robinson	Quarter 2/3
Develop a Prevention framework	Liz Noakes/Rachel Robinson	Quarter 2/3
Ensure Place links to Children and Young People's services through SHIPP and TWIPP plans	Liz Noakes/Rachel Robinson	Quarter 2/3

Develop place-based commissioning structure using PHM, and Place based outcomes.	Claire Skidmore	Quarter 4
Re-purpose commissioning to achieve improved health and well-being outcomes, and associated services at system and place level.	Claire Skidmore	Quarter 4
Undertake function mapping work across the system to agree where functions sit.	Nicky O'Connor	Quarter 4
Agree where specialised commissioning sits within the partnership.	Claire Skidmore	Quarter 4
Provider Collaboration	Chris Preston	Quarter 2
Develop, approve, and implement governance around collaboration	Chris Preston	Quarter 2
Develop systematic and collaborative approach to engaging with the ICS communities	Chris Preston	Quarter 2
Progress digital planning for collaborative procurement and shared working	Chris Preston	Quarter 2
Define and develop vertical collaboration that includes clinical input and leadership	Chris Preston	Quarter 2
As collaborative partnerships develop, clearly detail their governance arrangements, ToRs, MOUs, and partnership agreements in acceptance of their remit and authority of their respective provider collaborative core leadership teams.	Chris Preston	Quarter 2
Clinical Leadership and Engagement		
Develop clinical leadership plan	Dr. Jane Povey	Quarter 1
Develop Clinical Leadership and engagement framework across the ICS in line with national expectations	Dr. Jane Povey	Quarter 2/3
Develop system wide Medicines Safety Committee to share learning around medicine safety incidents across the system.	Dr. Jane Povey	Quarter 2/3
People and Communities - People		
Implement People Plan <ul style="list-style-type: none"> • Complete demand and capacity model • Develop business case to manage agency spend • Link apprenticeships to capacity and capability modelling work. • Interface System plan needs to be translated to Place. • Alignment of plans pan system and pan organisations. • Include plans regarding International Recruitment 	Victoria Rankin	Quarter 2
Agree HR Transition Framework for STW in line with national guidance	Victoria Rankin	Quarter 2
Establish clear and effective governance arrangements for agreeing and delivering local strategic and operational people priorities	Stacey Lee Keegan/Victoria Rankin	Quarter 2/3

Support the delivery of standardised, high-quality transactional HR services (e.g. payroll) across the ICS, supported by digital technology	Victoria Rankin	Quarter 2/3
Ensure action is taken to protect the health and wellbeing of people working within the ICS footprint, delivering the priorities set out in the 2021/22 planning guidance and in the People Promise	Victoria Rankin	Quarter 2/3
Agree and commission OD support to develop leadership and collaborative working behaviours	Victoria Rankin	Quarter 2
Develop an OD plan for Big Ticket items	Victoria Rankin	Quarter 2
Ensure that OD programme and the work that supports it are inclusive of all partners	Victoria Rankin	Quarter 4
People and Communities – Comms and Engagement		
Finalise arrangements for first ICS AGM and preparations for public board meetings	Edna Boampong	Quarter 2
Ensure the ICS Partnership and place-based partnerships have representation from local people and communities in priority setting and decision-making forums	Edna Boampong	Quarter 3
Ensure VCSE partners are embedded as an essential part of how the system operates at all levels.	Mark Brandreth/Edna Boampong	Quarter 3
Comms and Engagement Strategy	Edna Boampong	Quarter 2-4
Initiate Engagement activities and programme of public dialogue that will inform ICS Comms and Engagement Strategy	Edna Boampong	Quarter 2
Develop ICS Comms and Engagement Strategy	Edna Boampong	Quarter 3
Approval of ICS Comms and Engagement Strategy	Edna Boampong	Quarter 4
Link output of engagement activities and ICS strategy to development of services	Edna Boampong	Quarter 4
Deliver engagement and communications strategy including approaches to citizen involvement in ICS decisions	Edna Boampong	Quarter 4
Effective Delivery		
Ensure delivery of Quality and Safety Committee (QSC) and sub committees	Dr.John Pepper	Quarter 1
Quality & Safety Strategy	Zena Young	Quarter 1-2
Develop and agree a Board approved Quality and Safety Strategy with clear measurable priorities	Zena Young	Quarter 1
QSC to explore the benefits of agreeing a consistency of reporting for quality and safety across the system for both health sector and local authority and third sector	Zena Young	Quarter 2
Implement national guidance building on existing National Quality Board guidance	Zena Young	Quarter 2
Evidence improvements in patient safety, effectiveness and experience through achievement of the Quality and Safety Strategy priorities	Zena Young	Quarter 3
Board agreement on future Quality and Safety Strategy	Zena Young	Quarter 3

Develop Quality structures and work programmes at Place and Neighbourhood.	Zena Young	Quarter 3
Implement continuous improvement methods and tools to continuously improve quality of care and outcomes for patients	Zena Young	Quarter 3
Fully implement and embed quality and safety governance arrangements including a system wide approach (including Place and Neighbourhood)	Zena Young	Quarter 4
Embed quality governance processes in acute provider	Zena Young	Quarter 4
Getting To Good	Louise Barnett	Quarter 2-4
Completion of Getting to Good phase 1 for SaTH	Louise Barnett	Quarter 2
Commencement of Getting to Good phase 2 for SaTH	Louise Barnett	Quarter 2-4
Performance and Assurance	Julie Davies	Quarter 3-4
Implement an interim system-wide quality and performance self-assurance framework.	Julie Davies	Quarter 3
Develop long term quality and performance self-assurance framework	Julie Davies	Quarter 3
Implement national guidance on the reporting relationship between the ICS and regulatory bodies and ICS-led intervention in respect of system performance.	Julie Davies	Quarter 3
Develop and embed further measures to improve performance monitoring and targeting of support	Julie Davies	Quarter 3
Develop overview of data requirements to service all ICS governance requirements	Julie Davies	Quarter 3
Review how data is collected, assimilated and presented in association with the Health and Wellbeing Boards/Joint HWB, ICS Board and scrutiny assurance mechanisms.	Julie Davies	Quarter 3
Establish joint working arrangements at supra ICS level to ensure joining up planning for services across a wider footprint where that makes sense to establish provider collaboratives at the appropriate scale to support service transformation across wider clinical networks.	Claire Skidmore	Quarter 2-4
Establish Supra ICS arrangements for, commissioning more specialised services, emergency ambulance services and other services where relatively small numbers of providers serve large populations, and when working with providers that span multiple ICSs or operate through clinical networks.	Claire Skidmore	Quarter 2 - 4
Deliver the commissioning requirements within the 21/22 Planning Guidance	Claire Parker	Quarter 4
Deliver System wide recovery plan for elective outpatients, inpatients and diagnostics	Julie Davies	Quarter 4
Establish clear accountability for elective recovery, and implementation of key supporting tools, at system level	Julie Davies	Quarter 4
Implement high impact service models in elective care at system level	Julie Davies	Quarter 4

Implement whole pathway transformations to improve performance within cardiac, musculoskeletal (MSK) and eye care.	Julie Davies	Quarter 4
Embed outpatient transformation.	Julie Davies	Quarter 4
Ensure sufficient cancer diagnostic and treatment capacity.	Julie Davies	Quarter 4
Deliver mental health ambitions	Steve Trenchard	Quarter 4
Undertake Clinical Review of Standards for mental health	Steve Trenchard	Quarter 4
Managing ICS Finance – including Sustainability Programme		
Deliver system recovery plan (H1)	All Partners	Quarter 1
Clarify whether provider financial risk management and financial governance apparatus are robust enough to contribute to ICS financial plans	Claire Skidmore/Jill Robinson	Quarter 1
Complete current financial plan refresh and control total compliance	Jill Robinson/Claire Skidmore	Quarter 1
Implement standardised reporting and controls	Jill Robinson/Claire Skidmore	Quarter 2
Agree and finalise the ‘most likely’ delivery position on the Cost Improvement Programme (CIP) across the ICS	Jill Robinson	Quarter 2
Review and recalibrate all investments currently in the plan and in development using the Investment Decision Making framework	Jill Robinson	Quarter 2
Re-present a stabilised 21/22 recurrent baseline financial plan	Claire Skidmore	Quarter 2
Complete financial modelling and draft financial framework ahead of budgeting for following financial year	Claire Skidmore	Quarter 2
Enable ICS partners to collectively accept and manage whole population capitation risk.	Claire Skidmore	Quarter 4
In relation to target to achieve stabilisation in 2021/22, Complete work to test how this will be realistically achieved.	Claire Skidmore	Quarter 4
Plan and deliver Six big ticket items <ul style="list-style-type: none"> ○ HTP ○ MSK Transformation ○ Alternatives to hospital transmission ○ Outpatient Transformation ○ Workforce Transformation ○ Integrated Place-Based Commissioning 	David Stout	Quarter 4
Deliver system recovery plan (H2)	All Partners	Quarter 4
Embed Transferred NHSE/I functions and services	Claire Skidmore	Quarter 4
Align payment and incentive approach to support the delivery of ICS/STP system plans	Claire Skidmore	Quarter 4

Provide a consistent approach to paying for both acute and non-acute secondary healthcare services,	Claire Skidmore	Quarter 4
Plan Transition of financial accounting processes from CCG to ICS	Claire Skidmore	Quarter 1 – Quarter 4
Agree and implement Estates Strategy	Will Nabih	Quarter 4
Digital/Data and Technology		
Enhance/develop information sharing site and underpinning tool and establish formal programme management processes and standardised PMO	Nicky O'Connor	Quarter 1
Refresh and update system digital strategy	Rebecca Gallimore	Quarter 2
Ensure Digital is considered and embedded in Big Ticket items	Rebecca Gallimore	Quarter 2
Further define funding requirements and identify and confirm sources of funding in order to deliver against the revised strategy and digital priorities	Rebecca Gallimore	Quarter 2
Have clear accountability for digital and data, with a named SRO with the appropriate expertise, underpinned by governance arrangements that have clear oversight and responsibility for digital and data standards and requirements for the ICS and enabling partner organisation programmes and services.	Louise Barnett	Quarter 3
Have a renewed digital and data transformation plan that is embedded within the ICS NHS body plan and details the roadmap to achieve 'What Good Looks Like'; and enables a cross system approach to transformation.	Rebecca Gallimore	Quarter 3-4
Agree a plan for embedding population health management capabilities and ensuring these are supported by the necessary data and digital infrastructure, such as linked data and digital interventions	Andy Begley	Quarter 3-4
ICR Business Case recommendations to be implemented	Rebecca Gallimore	Quarter 4

5.3 Achieving our pledges

Many of our pledges have their roots in long-standing programmes of work, some of which pre-date the formation of our ICS. As would be expected, there is consequently an assortment of pre-existing plans and programmes of work with an inherent degree of variation in their timescales, breadth of scope, and reporting arrangements. Notably these include the Hospital Transformation Programme, and the Getting 2 Good programme (SaTH) and its Maternity Transformation Plan.

Our System Development Plan's progress to date marks the first step in bringing together our pledges and our system's ongoing and future work in one place, by combining:

- Our system's priorities,
- Our progress to date,
- A high-level view of our various programmes and their high-level objectives,
- Our system-level tools and plans, and
- Our future actions required as we progress towards fully-fledged ICS status.

In our next step we will go even further to benefit our communities and our people. We will evolve our System Development Plan to enact the following steps, underpinned by ongoing public engagement and our BI tool, STW Together:





ST&W STP Estates Strategy (Draft)

16 JULY 2018

Sustainability



Emergency Centre



EC

Local Planned
Care Services



LPC

Home is normal



Community Units



CU

Diagnostic and
Treatment Centre



DTC

Urgent Care Centre



UCC

Health Hubs



HH

Empowerment
for patients and
clinicians



New ways of
working





Disclaimer:

The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations' involved.

In respect of any request for disclosure under the FoIA: This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.

Issue Ref.	Version Date	Status / Summary of changes	Owner / Author
Version 1	27/03/2018	Version 1.12 of 'Estates Workbook' used as the initial template for converting to STP Estate Strategy template. This provides additional slides, added for capturing enhanced detail	Becky Jones, Maggie Durrant
Version 2	16/07/2018	Formatting, financial and wording adjustments following input from partner organisations & communication/engagement STP lead	Maggie Durrant/ Paul Gilmore



ST&W STP Estates Strategy - Contents

- Foreword

By Clive Wright, Executive Lead for STP Estates Strategy Group

- Setting the Scene

Our Vision, Priorities & Ambition

- Executive Summary

Section A – Estate Strategy

- Future Fit Programme – Overview in 3 slides
- STP Transformation and Vision
- Timeline of key STP activities Jan-Sept 2018
- ST&W STP Governance
- ST&W STP Example of interlinked enabling work streams
- A1 ST&W STP Estate Planning Governance
- A2 ST&W STP Service Strategy and Estates Implications
- A3 Estates progress against key service strategy & programmes
- A4 Performance Indicators
 - SaTH Success metrics to 2022/23
 - SCHT Success metrics to 2022/23
 - RJAH Success metrics to 2022/23
 - MPFT (formerly SSSFT) Success metrics to 2022/23
- A5 Sustainability & Transformation Initiatives
- A6 Progress of Approved Estate Projects
- A7 Prioritised Estate Projects Submissions for Wave 4
- A7 Prioritised Estate Projects Pipeline for Wave 5
- A8 Headline Financial Impacts – Investment and Disposal
- A9 Road Map: Critical Decisions & Activities

Section B – STP Capital Prioritisation

- B1 Introduction
- B2 STP capital schemes below £100m
- B3 STP capital schemes above £100m
- B4 Prioritisation Supporting Narrative
 - Key Next Steps & Summary
- B5 STP leadership sign-off

Annex 1: - ST&W STP Estates Data Summary and Sources

- Data Summary and Sources
- Estates Composition

Annex 2: - ST&W STP – Appendix to Section B. Internal Organisation Responsible for Funding

Annex 3: - Supplementary Information about our STP

Annex 4: - STP Estates Directory

- Joint STP Local Estates Forum & One Public Estate Delivery Group Membership



Foreword



by Clive Wright, Chief Executive Shropshire Council
Executive Lead for the ST&W STP Estates Strategy Group

“As the Senior Responsible Officer for the Shropshire, Telford & Wrekin STP Estates Work stream and Lead Officer for Shropshire’s One Public Estate Programme, I fully support the collaborative and innovative approach we are taking to deliver the services needed by our communities.

Our projects demonstrate that we are learning from the best, whilst also being pioneering and understanding the unique context of our county in which ‘one size does not fit all’. We are bringing the Local Authorities Place Shaping role into the partnership domain.

There is real opportunity to support transformation within the health and social care system and more widely across the whole of public, community and voluntary services to deliver massive improvement as well as savings.

By listening to our communities and the rationalisation of our buildings based on community need, rather than the short-term location of services, we are enabling further self-sufficiency, confidence and resilience to grow. By investing in people, including our front line staff, and providing them with modern work places and the tools they need to do the job, not just now but into the future, we are driving many service improvements as well as the efficiencies necessary to manage within available resources.

It is fantastic to see all organisations working together towards a common goal of having the healthiest population in the UK and I want to thank everyone involved for their enthusiasm, hard work and the trust they have put into our ambitious but deliverable programme.

This Estates Workbook, together with the One Public Estate Asset Mapping work, provides the baseline data upon which the transformational work can be built. The transformation we envisage is about creating truly fantastic, high quality places for people.

We put people first, we are ‘people’ and not ‘building’ focused.

It is a great pleasure to be working with colleagues from other organisations and our communities to make sure we get the next steps right in developing our places, including key market towns, hamlets and villages. What we do next will be critical to how we are able to sustain good health, high quality of life and properly support people into the future, bringing the best of modern life together with protecting our rich heritage.”



Setting The Scene: Our Vision for Health and Care services in Shropshire, Telford & Wrekin

Our ST&W STP Estate Strategy is an 'Enabler' to our STPs Priorities in brief these are:-

- **Focusing on neighbourhoods** to prevent ill health and promoting the support that local communities offer to help people lead healthier lives and encourage them to care for themselves where appropriate.
- **Multi-disciplinary neighbourhood care teams** working closer together supporting local people with long-term health conditions, and those who have had a hospital stay and return home needing further care.
- **Community services** that are safe, accessible and provide the most appropriate care.
- **Redesigning urgent and emergency care**, creating two vibrant 'centres of excellence' to meet the needs of local people, including integrated working and primary care models.
- **Technology will be exploited** to avoid people having to travel large distances where possible – especially important to people living in the most rural communities in Shropshire and Powys.
- **Involving local people** in shaping their health and care services for the future.

Workforce Development Supporting those who deliver health and social care in Shropshire, Telford and Wrekin, developing the right workforce, in the right place with the right skills and providing them with local opportunities for the future.

Full Details are at the link below:

<https://www.england.nhs.uk/systemchange/view-stps/shropshire-and-telford-and-wrekin/>



We have an inclusive approach, these organisations are contributing to the delivery of Shropshire, Telford & Wrekin STP priorities.



GP out of hours service



Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation
Trust





ST&W STP ambition is simple:

Prevention will be at the heart of everything we do: – ‘in the home to hospital care’

In line with the GP Five Year Forward View priorities, we plan to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible.

We want everyone in Shropshire, Telford & Wrekin to have a great start in life, supporting them to stay healthy and live longer with a better quality of life.

Our STP is the culmination of a wide range of local organisations, patient representatives and care professionals coming together to look at how we collectively shape our future care and services. This strong community of stakeholders is passionate, committed and realistic about the aspirations set out in this document.

Our thinking starts with where people live, in their neighbourhoods, focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we improve access when its needed.

We want care to flow seamlessly from one service to the next so that people don't have to tell their story twice to the different people caring for them, with everyone working on a shared plan for individual care.

The aim of our ST&W STP Estates Strategy is to embed this ambition into our investment programmes.

This strategy document is our *current* position statement.

It identifies our direction of travel.

It will be refined as our journey progresses.



Executive Summary (1 of 5)

Context

This Estates Strategy and consequent estates implications are contextualised within the backdrop of our whole system with the following currently key impactors:

- **FUTURE FIT** is a commissioner led programme which aligns with the Acute Hospitals Reconfiguration proposal; (co-ordinated in SaTH by the Sustainable Services Group (SSG)). The outcome of public consultation, which commenced 30 May18 and will last for 14 weeks, will determine details of capital spend, including the £312m approved in Wave 3
- **Financial Deficit:** The STP control total for 18/19 is a deficit of £5.5m; through transformational programs and committed progress towards an effective ICP, the STP is focused on delivering continued financial efficiencies throughout the region in future years.
- **Local pressures:** An area that is hugely diverse, many people live in relatively deprived urban communities; a geographical area with people living in remote rural areas where journey times are long and public transport poor, with a higher than national average ageing population, insufficient 'attract' to recruit and retain young people, coupled with the need for more affordable and step-up/step-down housing plus economic and political pressures to achieve value for money.

Key Policy Work-streams and Programmes

- | | |
|---|----------------------------------|
| • Acute and Specialist Services | } Future Fit
(inc SSG) |
| • Emergency & Urgent Care, Planned Care | |
| • Community Services, Early diagnosis, Primary Care | } Out of Hospital Offer |
| • Children & Youth Services, Mental Health, Social Services | |
| • Health and Wellbeing, Prevention, Independence, Self-Care | } Home is normal |



Population in footprint is approx. 470,000 people, plus outlying populations, notably Powys accessing services within Shropshire.

Principles

Overview of emerging STP healthcare models

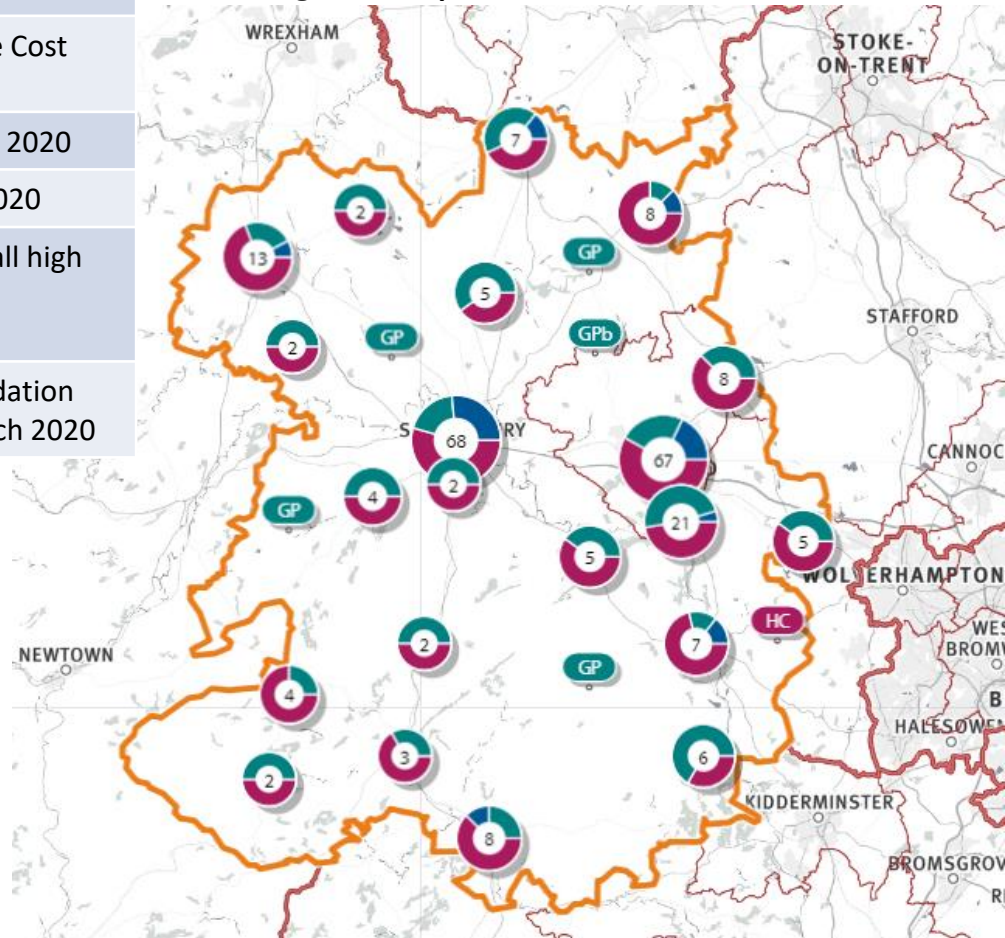
- Improving relationships & commitment at all levels
- Increasing transparency, progressing Integrated System Working
- Capital Plans & Asset Management aligning with clinical strategies



Executive Summary (2 of 5)

Current Estate (exc. MPFT and WMAS)	Planned Estate (exc. MPFT and WMAS)
219,000 m2	<212,000m2 (subject to FF)
£30.3m FM Cost + £6.4m Premises Pay	<£182 sq/m total FM Estate Cost
30% non-clinical	<30% non-clinical by March 2020
4% unoccupied	2% unoccupied by March 2020
£65.1m (net) backlog maintenance £ 4.9m (net) high-risk backlog maintenance	Plans in place to eradicate all high risk back-log maintenance
87% Community accommodation utilisation	95% Community accommodation utilisation achieved by March 2020

This map is taken from the SHAPE Database, and indicates Estates, Primary and Secondary care coverage for **Shropshire, Telford & Wrekin STP**



Map Legend

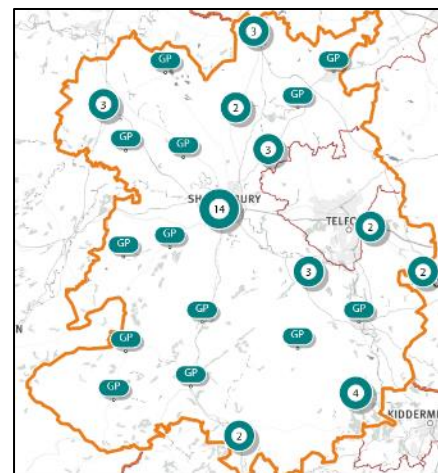
- NHS Property Services Locations
- NHS Provider Trust Locations
- NHS Shropshire, Telford & Wrekin CCG locations

Location maps
'by Organisation'
are on the
following slide



Executive Summary (3 of 5)

ST&W STP Location maps 'by Organisation'



Shropshire CCG (SCCG)



Telford & Wrekin CCG (TWCCG)



Shrewsbury & Telford Hospitals NHS Trust
(SaTH)



NHS Property Services



Shropshire Community Health Trust (SCHT)



Robert Jones & Agnes Hunt Orthopaedic
Hospital NHS Foundation Trust (RJAHT)



Midlands Partnership Foundation Trust (MPFT) –
formerly South Staffordshire & Shropshire
Foundation Trust (SSSFT)



Executive Summary (4 of 5)

Capital Investment Summary:

Estate prioritisation

- £312m associated with acute hospital reconfiguration, details dependent on consultation
- Projects improving patient experience, value for money and facilities fit to deliver care in the 21st century

Capital investment requirements

£475.3m over the next 5 years, comprising (inc. SSSFT @100%):

- £387.7m – New Land and Buildings
- £35.5m – Routine Building & Maintenance
- £18.7m – Backlog Building & Maintenance
- £18.0m – Plant, Machines & Equipment
- £15.4m - IT

Identified funding comprising

- £1.5m – Identified Disposals (with est valuation STC)
- £2.4m – ETTF
- £5.1m – Grants & Donations
- £27.0m – Loans (SSSFT @100%)
- £127.3m – Internal Funding
- £312.0m – PDC (to be further defined)
- £475.3m Total Capital Funding (over 5 years)

Unfunded priority projects in the next two to three years will be considered suitable for funding from STP wide surplus land disposals, subject to timing and governance. PPP options are being explored regarding funding potential.

Summary of Surplus Land & Housing Opportunities

As part of the development of this revised STP estate strategy, there has been careful consideration of land likely to become surplus to requirements that can potentially be taken forward for planning and disposal in the next five year period:

The review has identified 8 sites that have the potential to release surplus land that would allow upward of 90 housing units. Site valuations and housing opportunity estimates are still pending and are subject to change and successful planning consents.

The opportunities have been RAG rated for delivery as follows:

- Green (already vacated) – 2 sites
- Amber (occupied sites but well advanced) 0 sites
- Red (complex sites) – 6 sites

The red sites will require a currently undetermined capital investment and is partly enabled by the concepts of primary/community hub programmes.

The key sites to take forward are:

Site A - Land & demountable building forming ex Malling Health Centre, Telford Hospital (TWCCG)

Site B - Land between Malling Health Centre site and Severn Hospice, Telford Hospital (TWCCG)

Site C - Old Accommodation Blocks and associated land / parking, Shrewsbury Hospital (SaTH)



Executive Summary (5 of 5)

Summary Conclusions:

Property can play an important role in making our STP more cost efficient and enable service improvements

- *Estate developed to be more fit for purpose, flexible and cost-effective; with future estate plans service and not building led.*
- *Best use of assets, collaboration and integration to be embedded with decisions based on a wider system view, person and service focused, rather than on organisational self-interest*

Case for change

- Our STP vision sets out ambitious plans for transformed neighbourhood services; safe and effective hospital care; ways in which new technology can be harnessed; and how gaps in the workforce can be filled and financial resources better spent.
- This will have an impact on the efficiency, size and utilisation of current and future estate utilisation, investments, and disposals.

Delivering primary, community and social care

- Listen to, involve and work with our system communities in the shaping of our buildings and with supported technology for service provision. **Addressing and reducing Back-log maintenance**
- Reduction of Backlog maintenance for SaTH is dependant on the final outcome of the acute hospital reconfiguration option consultation
- Carrying out an asset mapping process so we can match the current assets, against the future service need and identify what we will still need and what can become an opportunity for disposal to recycle into developing the future estate. Well connected services & communities.

Right services – right places

- This process starts with mapping the need to identify the demography of the area; establish what the population and associated service needs are and then identifying current services and where they are provided from. This is then layered up with understanding where future housing developments and additional infrastructure will be built, and any potential available areas of land.

Delivering a fit for purpose estate

- Better use of void/shared/bookable space. Facilitating system change through encouraging work to be done once by involving all partners in initial discussions, thus looking at the bigger picture and understanding the wider implications of organisational decisions.
- **Finance strategy and capital priorities**
- Rationalisation in non NHS/public owned estate. Reducing the financial deficit, voids, improving efficiencies

Summary of Key Next Steps and Critical Decisions

Develop into a detailed, robust, whole STP Strategy, based on community need, with each constituent organisation delivering its key aspect of the overarching strategy.

When all the Future Fit evidence has been considered, and a final decision from the two CCGs announced, we will have greater understanding of service delivery requirements, and the very considerable estate changes required to meet these needs



Section A – ST&W STP Estate Strategy

Transformation of Health and Social Care

.... what does this mean for our estate?

The slides in Section A provide an overview of our STP vision and priorities, our Governance structure, and current key work-streams areas. The likely impacts for Estates, as an enabling component, is a 'golden thread' which is present for all, but at variable stages of detail, *at this point in time*.

We have a long-term vision that will deliver community hubs, disposal opportunities and a reduction in estate costs across the footprint, through more effective utilisation, a reduction in the estate and better quality buildings; achieved by a whole system strategic approach, enabling transformation of services through a clear focus on community, innovation and delivery.

A fully detailed ST&W STP Estates Strategy cannot be comprehensively specified until the outcome and final decisions relating to The Future Fit programme are agreed and ratified. This process can't begin until the consultation on options is completed, analysed and decision approved.



Working
Better
Together



'Final decisions relating to The Future Fit programme must be agreed and ratified.'

The NHS Future Fit programme was the name given to the project to review the future of health services in the County and the hospital services provided at the Royal Shrewsbury Hospital, Shrewsbury and the Princess Royal Hospital, Telford. This four year programme entered its **14 week public consultation process on 30 May18**. All feedback will be collated and analysed by an independent company, with a report produced for consideration by Shropshire and Telford & Wrekin CCGs as part of their decision-making process. It will be considered alongside other pieces of work that are underway, which include travel and transport considerations including ambulance travel times.

The Future Fit Programme is made of three elements – the acute reconfiguration aspect, co-ordinated by Sustainable Services Group and the community/primary care elements – Care Closer to Home (Shropshire) and Neighbourhood Working (Telford & Wrekin)

In addition, other pieces of work requested by the West Midlands Clinical Senate, NHSE and members of the CCG Governing Bodies, must also be completed and considered. These include:-

- Work to model the care we will need to deliver in the community
- What might need to be done to lessen the impact for women & children and older people, their families & carers particularly around travel.
- Understand how the Urgent Care Centre at the Planned Care site will be staffed, by skilled professionals to deliver high level of care for children
- Understand the effect of proposed changes on demand for both emergency & non-emergency ambulance and patient transport services
- Ensure we are considering new ways of working in the future including new staff roles

www.nhsfuturefit.org

The options being consulted on are specified on the next slide.

Option 1 is the preferred option for both CCGs. This would result in the Emergency Care site at the Royal Shrewsbury Hospital (RSH) and the Planned Care Site at the Princess Royal Hospital (PRH), with Urgent Care Centres at both sites. The main reasons for this are:

- RSH can continue to be a Trauma Unit
- Fewer people would have to travel further for emergency care
- It better meets the future needs of our population, especially in Shropshire and mid-Wales
- It offers the best value for money over the long term.

The outcome of the Future Fit programme consultation is a critical milestone for our STP Estates Strategy. Until a final decision is ratified, uncertainty associated with capital spend will remain, including the £312m approved in Wave 3



The Future Fit programme consultation.

Option 1:

Emergency Care site is
Royal Shrewsbury Hospital, Shrewsbury

Planned Care site is
Princess Royal Hospital, Telford

This is our preferred option.
Having the Emergency Care site at the Royal Shrewsbury Hospital would mean:

- it can continue to be a Trauma Unit
- fewer people would have to travel further for emergency care
- it would better meet the future needs of our older population, especially in Shropshire and mid Wales
- it offers the best value for money over the long term

You can read more about this on page 24.



At the Royal Shrewsbury Hospital:

24-hour Emergency Department (ED)
Critical Care Unit
Ambulatory Emergency Care Unit (AEC)
Emergency surgery and medicine
Complex planned surgery
Women and children's consultant-led inpatient services

At the Princess Royal Hospital:

Planned inpatient surgery
Day case surgery
Endoscopy
Breast inpatient services
Medical wards

At both sites:

24-hour Urgent Care Centre
Adult and children's outpatient services
Day Case Renal Unit
Tests (diagnostics)

Midwife-led unit
Antenatal Day Assessment Unit
Early Pregnancy Assessment Service (EPAS)
Maternity outpatients and scanning

Option 2:

Emergency Care site is
Princess Royal Hospital, Telford

Planned Care site is
Royal Shrewsbury Hospital, Shrewsbury



At the Princess Royal Hospital:

24-hour Emergency Department (ED)
Critical Care Unit
Ambulatory Emergency Care Unit (AEC)
Emergency surgery and medicine
Complex planned surgery
Women and children's consultant-led inpatient services

At the Royal Shrewsbury Hospital:

Planned inpatient surgery
Day case surgery
Endoscopy
Breast inpatient services
Medical wards

At both sites:

24-hour Urgent Care Centre
Adult and children's outpatient services
Day Case Renal Unit
Tests (diagnostics)

Midwife-led unit
Antenatal Day Assessment Unit
Early Pregnancy Assessment Service (EPAS)
Maternity outpatients and scanning



- Work Relating to Model(s) of care we are developing to deliver in the community
- Ensuring we are considering new ways of working

Interdependent & Critical to the success of the Future Fit Programme (Acute Hospitals Reconfiguration, SSG) are our parallel transformational change developments in:

- Neighbourhood Care Services,
- Aligning Workforce,
- Promoting Health, Well-being & Prevention
- Enhanced use of technology,
- Embracing new ways of working,
- Achieving Value for Money
- Integral to Future Fit are:
- Non-elective hospital admission reductions
- Reduction of non-elective admissions from care homes
- Reduced length of stay for intermediate care beds
- Reduced spend on care home placements

Our approach to specific Community needs, recognises the Locality and Geographical variations in our footprint; urban v rural, their specific histories, experiences, change readiness states and associated complexities, with the resultant emergence of two approaches

Out of Hospital Programme Telford & Wrekin

- Services & Activities will be closer to home
- Community hubs / joint use of space / fit for purpose
- Well connected services & communities
- Supported with technology (local digital roadmap)
- Better use of void / shared / bookable space
- Rationalisation in non NHS/public owned estate

“So what for estates?”

- ❖ Suitable estates to enable service delivery
- ❖ Maximising use of current resources
- ❖ Better partnering to reduce vacant & void space
- ❖ Increase suitable sharing opportunities
- ❖ Identify refurbishment, redevelopment & disposal opportunities in addition to the development of new facilities

Care Closer To Home Programme Shropshire

Estates Impact & Enabler:

Hubs – designed to house Extended Primary Care, Community Services, Social Care, SCCH Workforce

Spokes – Core GP and Practice Nurse services.

Utilising existing estate but with a requirement for some review and modernisation



By working together as an integrated system, we plan to ensure people get the best treatment - whenever and wherever they need it - and to share patient information more effectively to avoid duplication and wasted effort. Our plan identifies where £74 million might be used differently and more effectively to provide more care, closer to home for the same money.



Our Programmes and Priorities

*Acute services reconfiguration, reduced levels of surgical intervention
Redesign urgent and emergency care, creating two vibrant 'centres of excellence' to meet the needs of local people, including integrated working and primary care models

*Focus on neighbourhoods to prevent ill health and promote the support that local communities offer to help people lead healthier lives and encourage them to care for themselves where appropriate

*Multi disciplinary Neighbourhood Care Teams to work closer together supporting local people with long term health conditions and those who have had a hospital stay and returned home needing further care

*Ensure all community services are safe, accessible and provide the most appropriate care

*Make the best use of technology to avoid people having to travel large distances where possible



Built on our enabling programmes

Leading and Working Differently – focuses on giving the health and care workforce the skills and expertise needed to deliver new models of care.
Programmes include:

- Working differently
- New ways of delivery
- Single Leadership voice
- Shared care record
- Intelligent working
- Self care
- Independent living
- Digitally enabled services
- Continuing digital operations
- Enabling health technologies



Overseen by all Partners

System Leadership Team – Comprises of Chief Executives, Chairs and key stakeholders from across the Shropshire Telford & Wrekin system, as follows:

- Shropshire Clinical Commissioning Group
- Telford & Wrekin Clinical Commissioning Group
- Shropshire Community Health NHS Trust
- The Shrewsbury and Telford Hospital NHS Trust
- Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Midlands Partnership Foundation Trust (MPFT) – formerly known as South Staffordshire & Shropshire Healthcare NHS Foundation Trust
- ShropDoc (GP out of hours service)
- Shropshire Council
- Telford & Wrekin Council
- Powys Teaching Health Board
- Healthwatch Shropshire
- Healthwatch Telford & Wrekin



Outcomes

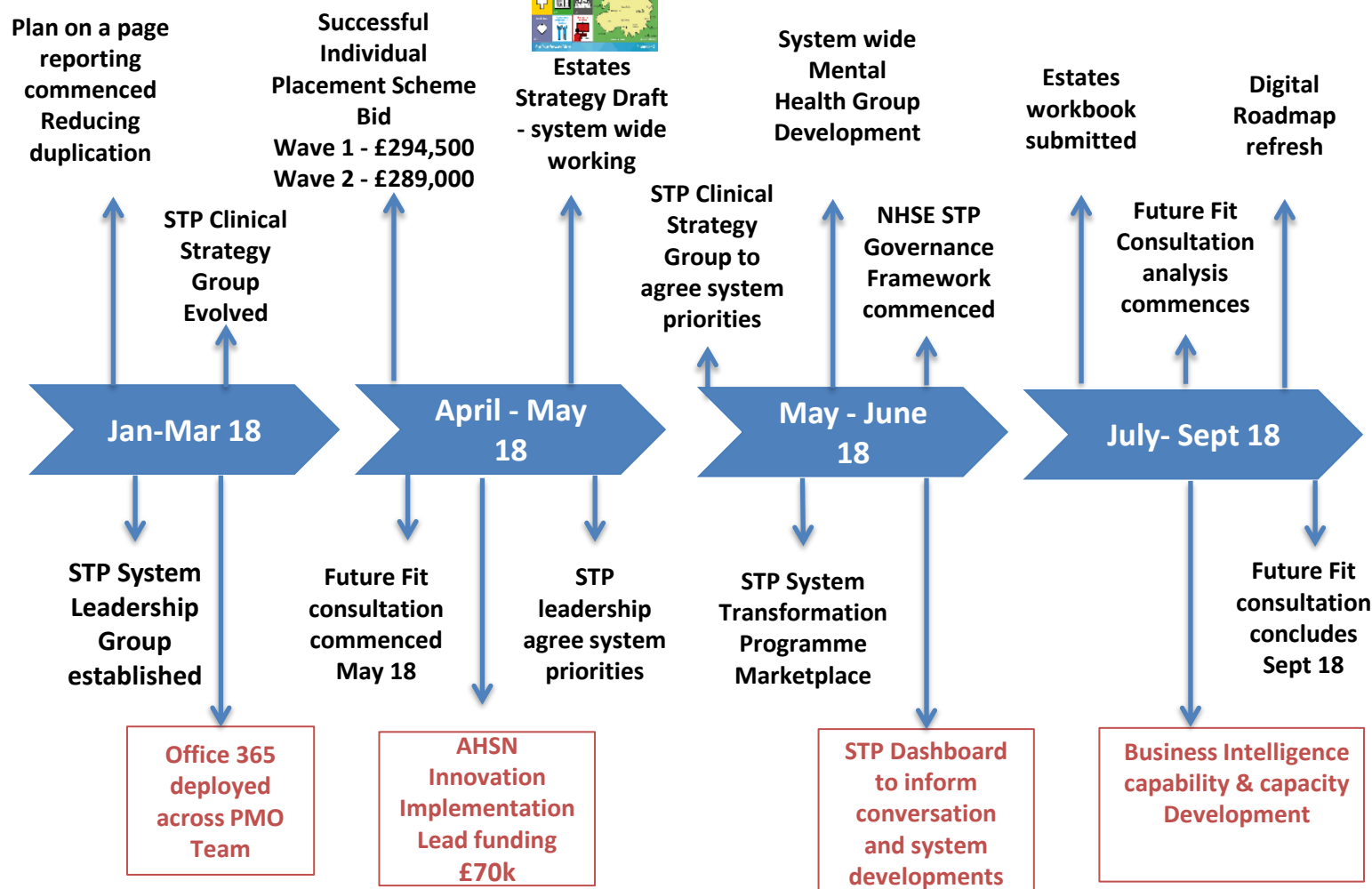
Health and Wellbeing

- Helping more children and young people grow, develop and achieve
- Stay healthier for longer, leading to fewer people classified as overweight or obese, smoking, and drinking alcohol
- Taking control over own care
- Equal standard of care
- Improved health outcomes
- Improved access to services 7 days a week
- More joined up care
- More opportunities to be cared for closer to home
- Improve patient experience



Timeline of key STP activities Jan 18 - Sept 18

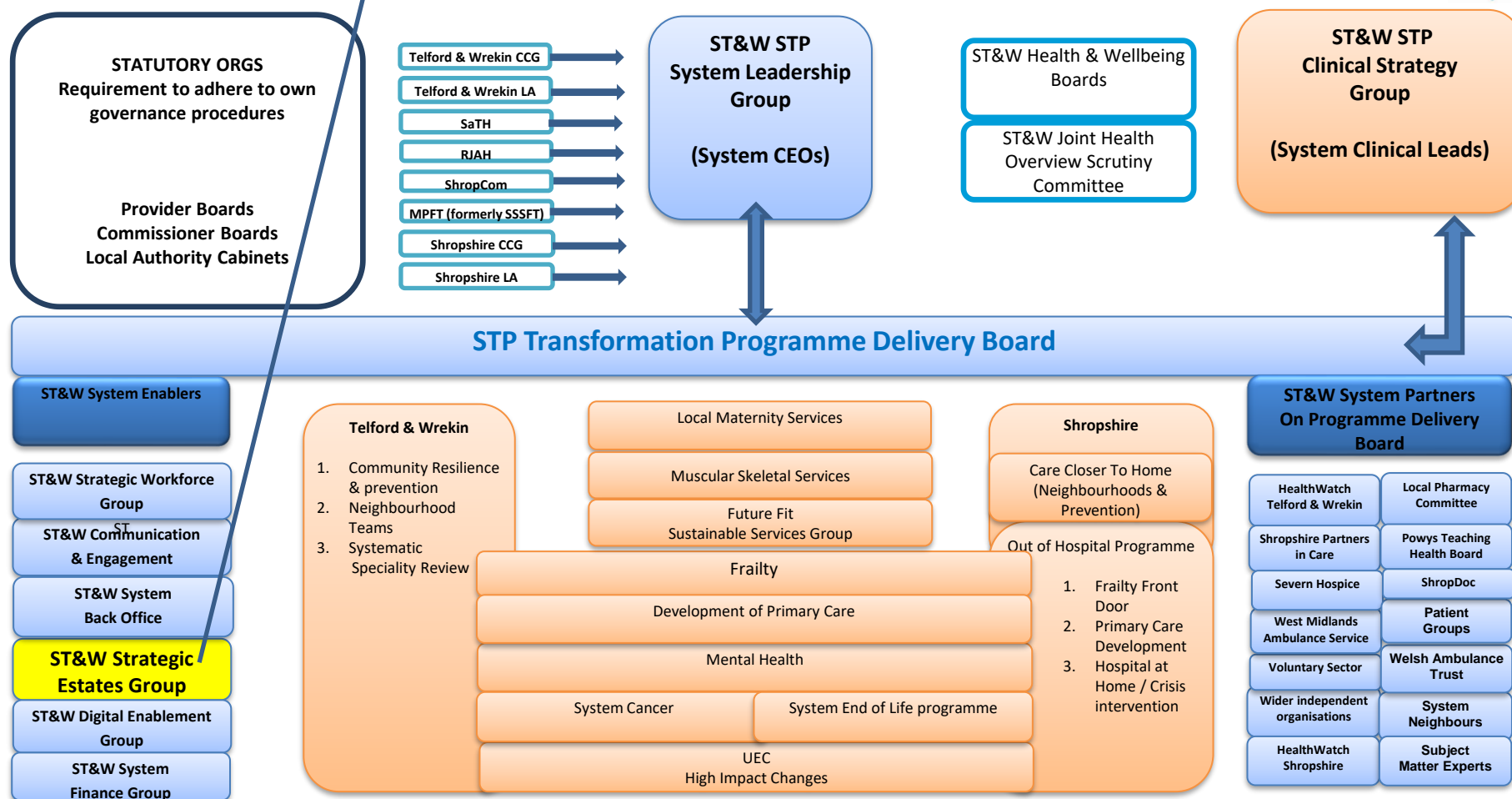
Overview as at July 2018





ST&W STP Governance

Strategic Estates Group is an **'enabling programme'** within the overall Shrewsbury, Telford & Wrekin STP Governance Framework





ST&W STP Example of interlinked enabling work streams

Workforce Enablement Programme

Local workforce challenges:

- An ageing workforce
- Different expectations of the younger workforce, eg increased part-time and flexible working
- Recruitment challenges & high vacancy rates, related to national workforce shortages within particular professions, varying terms and conditions, geographical rurality,
- Cultural challenges, with some staff groups or individuals presenting resistance to change
- Uncertain future supply of staff, with difficulty attracting students to some courses, placements and recruitment to jobs upon qualifying
- Future Fit/SSG consultation outcome potential to hinder recruitment

Creating a more **mobile / integrated workforce**, with new ways of working, including:

- Hot Desking; Virtual Offices
- Flexible work-base locations, including non-NHS traditional facilities in the voluntary sector / public estate
- System workforce modelling will inform estate requirement

Estates Impact:

- Digital connectivity; bandwidth and networks; cyber-security
- Different work space layouts
- New clinical models with altered usage of spaces /Out-of-hours/ Extended access
- Key-worker housing

Local Digital Roadmap (LDR)



Benefits to the economy;

- Make the **best use of technology** to avoid people having to travel large distances where possible
- Consistent levels of **assurance** to the relevant boards.
- **Efficiency** in data connections to all those participating organisations – facilitate 'hot desking' / joint use of space
- Efficiency in sharing relevant information **across organisations** enhanced by geographical proximity
- Digital interoperability promoting modernisation and efficiency of paperless systems

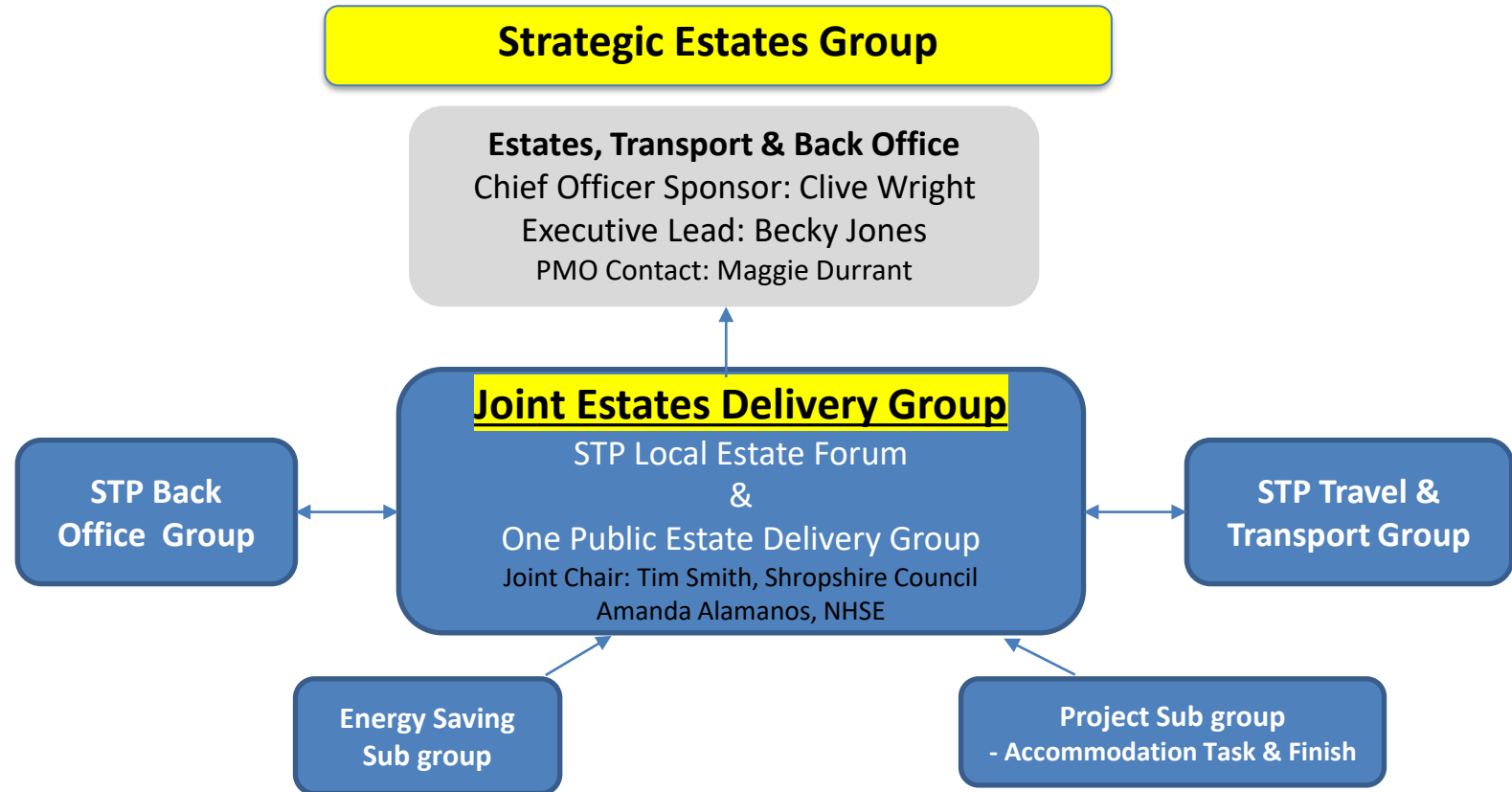


A1. ST&W STP Strategic Estates Group Governance (1 of 4)

Progress made / current activities	Commentary
Estate SRO	Clive Wright (Chief Executive Shropshire Council) <i>Executive Lead for the ST&W STP Estates Strategy Group</i>
Lead Strategic Estates Adviser	Becky Jones, Strategic Estates Adviser
Form of estates governance model established	Organisational structure, reporting and decision-making - The Local Estates Forum (LEF), delivery group of the ST&W STP estates workstream and the Shropshire One Public Estate (OPE) delivery group have combined into a JOINT LEF/OPE Delivery Group *See next slide
Status of resource delivery plan to support STP estate transformation initiatives	ST&W STP PMO is financially resourced and supported by partner organisations to deliver whole system priorities. <ul style="list-style-type: none">• ST&W STP Estates Strategy (<i>Workbook</i>) is the What i.e. partners' data, projects, priorities etc.• Detailed Delivery Plan is the How i.e. linking estates delivery with clinical service requirements• STP capital bids are Implementation i.e. using Workbook and Detailed Delivery Plan (DDP) to inform
Estate Planning resources supporting the STP and partner organisations	Please refer to slide 19 – ST&W STP Governance and slide 22 – ST&W STP Estates Governance Maggie Durrant – ST&W STP Programme Manager Paul Gilmore – ST&W STP Finance Lead Caroline Reid-Smith, Programme Manager, Shropshire, Telford & Wrekin Estates Partnership, Shropshire Council



A1. ST&W STP Strategic Estate Governance (2 of 4)



The STP Local Estates Forum (LEF), delivery group and the Shropshire One Public Estate (OPE) delivery group combined into a JOINT Estates Delivery Group with the inaugural meeting held 30 May 2018. This collaboration affords opportunities for wider system understanding and greater partnership working.

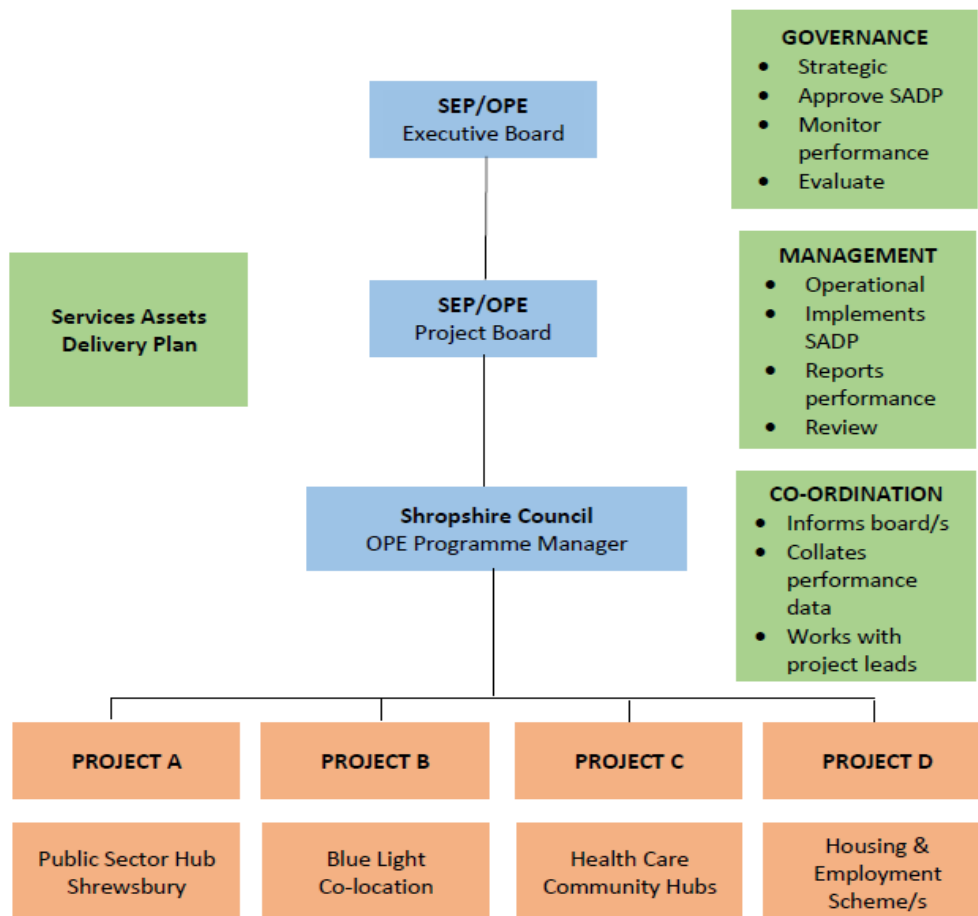
Specific responsibilities for OPE funded projects remain under the governance of the Shropshire Estate Partnership, as detailed on the following slide:



A1. ST&W STP Strategic Estate Governance (3 of 4)

Shropshire Estates Partnership

GOVERNANCE & MANAGEMENT STRUCTURE



ST&W STP (new) Estate JOINT Delivery Group links to Shropshire Council Estates Partnership

Projects A & C below have secured OPE funding:

Project A Public Sector Hub, Shrewsbury

– £75K - development work for Shropshire County Offices 'Shirehall'.

- Opportunities for STP partners & commercial lets; short, medium & long-term use.
- Supports more flexible utilisation of our workforce, and the potential for revenue savings (including back office)

Project C Health Care Community Hubs

– £75K (OPE) Whitchurch – **New Medical Centre**. A Wrekin Housing Trust, Shropshire CCG & Shropshire Council partnership. OBC completed.

- Includes step-up/step-down facilities, will provide ideally-equipped, multi-use spaces supported by innovative IT (enabling the practices to deliver new telemedicine and telecare services), enhanced primary care services.
- Additional potential collaboration with a proposal for concurrent development of co-located community and residential facilities including a Whitchurch Community Hub and Wrekin Housing Trust Extra Care housing



A1. ST&W STP Estate Planning Governance (4 of 4)

Name of STP Partner Organisations	Estate Strategy (yes/no)	Status (Live / Draft)	Date of Last Board Approved Estate Strategy	Comments
Shrewsbury & Telford Hospitals NHS Trust (SaTH)	Yes	Draft	Not approved as yet	Revisions will be informed once public consultation has been completed and a final decision made regarding the reconfiguration of acute hospital services.
Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (specialised)	Yes	Live 2014-19 with new Draft now in progress	2014	The live strategy is an evolution of a long running document. The new draft document includes an ambitious building programme in line with corporate objectives
Shropshire Community Health NHS Trust (SCHT)	Yes	Live/ Approved	April 2016	5 year dynamic strategy
Telford & Wrekin Clinical Commissioning Group	Yes	Live / Approved	2018-2022	Reviewed annually
Shropshire Clinical Commissioning Group	Yes	Live / Approved	January 2018	The plan focuses on primary care
Midlands Partnership Foundation NHS Trust (MPFT) – formerly South Staffordshire & Shropshire Foundation Trust (SSSFT)	Yes	Live / Approved	March 2017	As SSSFT this was a 5 year dynamic strategy Details of review under new organisation pending.
Shropshire Council	Yes	Live/ Approved	2015-2018/9	Review commences Autumn 2018
Telford & Wrekin Council	Yes	Live/ Approved	2016	5 year dynamic strategy



A2. ST&W STP Service Strategy & Implications

Objectives

To ensure that the healthcare estate meets the needs of patients, service users, staff, carers and visitors to acute, community, mental health and primary care services delivered to the people of Shropshire and Telford & Wrekin.

- **That estate is accessible, efficient and safe.**
- That the opportunity to develop the overall healthcare economy is critically and invasively assessed to **offer best models** in accordance with best business case practice. One Public Estate bid for funding to undertake **option appraisal and feasibility work to rationalise** the healthcare estate
- To create a One Public Estate infrastructure that **brings together** all public sector estate planning across the public sector for Shropshire, Telford and Wrekin and recognises the potential for **community assets** to be used as a base for service delivery.

• Progress to date

- One Public Estate bid for funding to undertake option appraisal and feasibility work to rationalise the healthcare estate
- Data collection exercise and continued population of electronic asset management system.
- NHS Property Services Estates Workbook updated (Feb18) with summary of existing projects and draft implementation priorities
- Working group including Directors of F&E, CCGs and NHS Property Services
- Shropshire One Public Estate bid received £75,000 funding for Whitchurch New Medical Centre (Spring 18)
- Future Fit Public Consultation commenced 30/5/18 (14wks)

Outcomes

- An integrated and co-ordinated healthcare estate relevant to redesigned patient /service user and staff pathways under the STP
- **Reduction in estate**
- Reduction/removal of backlog maintenance
- Estate aligning with and utilising the **One Public Estate** agenda
- Utilisation **aligned with Carter review**
- Reduction in annual revenue costs
- **Flexible estate** that will enhance a dynamic healthcare economy

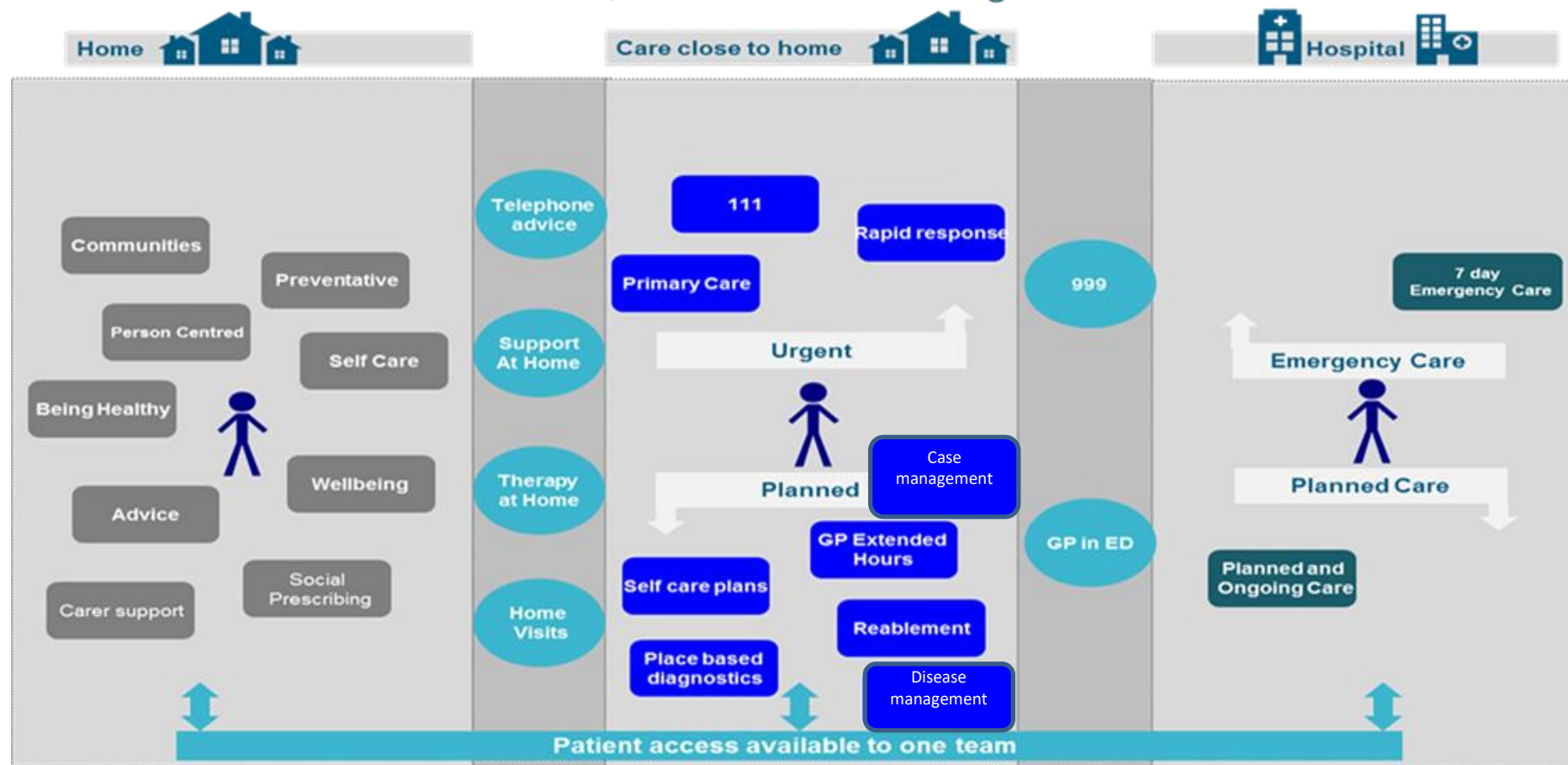
Key milestones

- Completion of data capture exercise – achieved March 2018
- Overarching and adopted estate strategy aligning with the estate outcomes and key STP outcomes – Summer 2018
- Agree estates priorities – Summer 2018
- Future Fit public consultation & analysis completed – Winter 18
- Feasibility/option appraisal models with supporting financial overview – Autumn 18
- Outline rationalisation - timescales specific to each project - tbc
- Outline business cases – timescales specific to each project - tbc
- Detailed rationalisation plan timescales specific to each project - tbc



A2. STP Service Strategy & Implications

Planned, Preventative and Urgent Care



The above is a schematic representing our focus on collaboration & integration of our Clinical Service Delivery Models



A2. ST&W STP Service Strategy & Implications

Key STP Service Strategy Themes:

Main STP service priorities needed to deliver FYFV:

1. To develop and implement a model for Neighbourhood / Locality Working based on supporting individual communities to become more resilient.
2. Supporting people to stay healthy
3. Developing Neighbourhood / Locality Care Teams
4. Community bed review
5. Reconfigure Hospital Services - acute reconfiguration
6. Muscular-Skeletal (MSK) and orthopaedic review
7. Deliver technology enabled care
8. Mental health
9. To continue to develop other services
10. Drive system efficiency and effectiveness to make best use of services

Enabling Implications for Future Estate

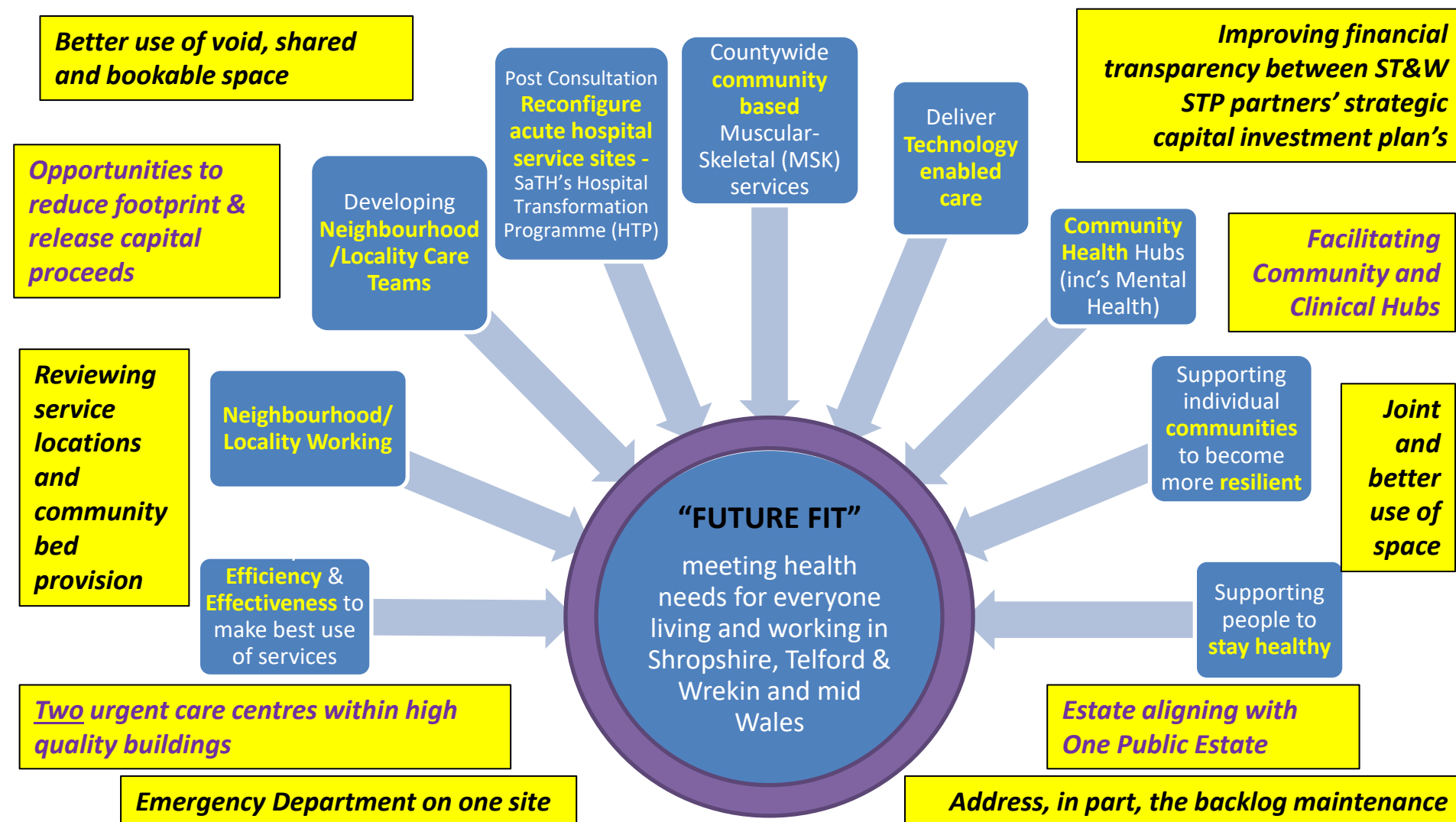
Priority areas to address and enable services are;

- **The Neighbourhood / Locality workstream** will support the development of community services and primary care offer for patients, reviewing service locations, community bed provision and facilitating clinical and community hubs
- **A Review of the Acute hospital sites;**
'Future Fit' programme proposes (*consultation dependent*):
Emergency Department at either Royal Shrewsbury Hospital (RSH) or Princess Royal Hospital (PRH) alongside Critical Care & Ambulatory Emergency Care.
- The majority of planned care at the non-ED site – with an increase in day cases.
- Two Urgent Care Centres, open 24/7 – at RSH and PRH where the majority of the patients currently seen in A&E would be able to be treated.
- Address, in part, the (net) backlog maintenance of £45.7m at RSH and £9.2m at PRH.
- A review of MSK and Orthopaedic services, currently provided at Robert Jones and Agnes Hunt Foundation Trust, RSH and PRH, expanding non-surgical options closer to home
- **Review of the back office estate**
- Opportunities to reduce footprint and release capital proceeds' with respect to existing office spaces



A2. ST&W STP Service Strategy & Implications

Key STP Service Strategy Themes





A3. ST&W STP Estates Progress Against Key Service Strategy & Programmes

#	Progress made / current activities	Risks, Issues and barriers
	'Future Fit' & STP combined under leadership of STP Director with PMO now fully resourced and in position to support all workstreams and enabling programmes, co-ordinating and driving the process forward.	'Future Fit' pre-dated the STP in Shropshire Telford & Wrekin and was initially managed by the acute provider. STP was initially subject to transient leadership and management
1	<p>Sustainable Services (Reconfiguration of hospital services). Pre Consultation Business Case submitted by CCG Boards to NHS England & JHOSC, scrutinised / agreed that Public Consultation will proceed from 30th May -5th September 2018</p> <p>Sustainable Services Programme continues: to:</p> <ul style="list-style-type: none"> - Support Future Fit during Public Consultation with 8 exhibition events in key locations - Progress the workforce transformation – 5 year plan - Internal staff engagement during consultation - Technical team project phasing analysis 	<p>Public Consultation will run for 14 weeks May – Sept 2018 followed by an 8 week analysis period</p> <p>Consultation recommendations and outcomes are then fed back to CCG & Healthcare Boards .</p> <p>DMBC (Decision making business case) by CCG will follow the consultation ahead of FBC (full business case)</p>
2	Neighbourhood Working work streams also referred to as 'Out of Hospital Offer' and 'Care Closer to Home, are working to deliver the community offer for Shropshire and Telford & Wrekin Linking in with Joint Estates Delivery Group	There are clearly defined neighbourhood working groups across Telford, Shropshire and Powys. Links with the Joint Estates Delivery Group have commenced and are working together to resolve any raised barriers, issues and perceived constraints
3	Community bed review in support of Future Fit & Sustainable Services; part of a commissioned Demand and Capacity Modelling review across all provider organisations	There may be a need to consult following phase 3 (see detailed slide in Annex 3 supplementary information) of the Shropshire Care Closer to Home work. This will be informed by the system wide demand and capacity modelling due to conclude by the end of September 18.
4	One Public Estate bid successful for Whitchurch Medical Centre project, PM in post, progressing forward; engagement with STP PMO for oversight of related project governance. Supporting delivery of the community hub initiative	Timelines for grant applications; including those of associated partners. Dovetailing and co-ordination of any relevant consultations to avoid potential conflict.



A3. ST&W STP Estates Progress Against Key Service Strategy & Programmes

#	Progress made / current activities	Risks, Issues and barriers
6	<p>Place Based Care Integration - Shropshire Community Needs Workshop on 27 Feb 18;</p> <p>- engaged the expertise and knowledge of public sector delivery leads; used data in geographic layers at a very local level as evidence of emerging community need, and discussed how or if they are being addressed. <u>Key Messages and outcomes:</u> Partnership approach, executive buy-in and working together to be 'Norm'; Sharing of Data and Intelligence is vital to inform design. Next steps incl.: market town workshops to further develop specific community needs, concepts, project OBCs.</p> <p>A similar workshop being planned for Telford & Wrekin footprint stakeholders. Place shaping work required to underpin out-of-hospital offers – involving stakeholders and interested parties in strategic planning</p>	<p>Potential lack of engagement, potential exclusion of interested parties – through lack of awareness.</p> <p>Ensuring all data has been validated and made available. Ongoing requirement to keep this up-to-date in line with estate changes.</p> <p>Potential lack of agreement on locations from which to deliver services</p>
7	<p>Back Office Sub Group established with cross-working links to LEF/OPE Meetings re-focused:- MLCSU to deliver Collaborative Back Office Options Appraisal; Accelerating design and implementation of a collaborative back office in form of a Public Sector Partnership across the STP, incl. generating further leadership buy-in for the Public Sector Partnership; establishing the right Governance; Undertake 'Bottom up' functional level design work - holding workshops with trusts and SMEs from each of the back office functions; to generate momentum, engagement and lock in the strategic direction of the back office collaboration; Agree CCG Involvement - representatives to align programmes of work and develop common direction of travel; Develop Outline Business Case and funding; Mobilise for quick win opportunities, focus on voids and efficiencies.</p>	<p>LEF representative to sit on Back Office Sub Group moving forwards to ensure linkages are in place, with PMO support.</p> <p>Loss of focus from Back Office sub-group during latter part of 2017, with competing local pressures; re-focused in 2018, but maintaining focus and momentum still a risk</p>
8	<p>Terms of Reference for the following groups are being developed or refreshed to reflect system partnerships and collaboration across our system:</p> <ul style="list-style-type: none"> - Joint Estates Delivery Group (formerly separate Local Estates Forum / One Public Estate Delivery Group) - Clinical Design Group evolved into a STP Clinical Strategy Group - STP Partnership Board evolved to a System Leadership Group - Finance Group evolved to a Strategic Finance Group <p>Ensuring that health priorities, quality, safety and concerns regarding clinical pathways and STP plans make sense, linking in with other work-streams and enabling groups, to consider impacts, considerations and opportunities; including estates.</p>	<p>Lack of availability of clinicians to attend and inform group meetings.</p> <p>Clarity needed on group membership of each and robust approach for integration with other STP programme elements.</p>



A4. Performance Indicators - Shrewsbury and Telford Hospitals

Success Metrics to 2022/23

Indicator	Current	Planned	Progress against targets
Estate Running Costs (£/m2)	£170/m2 (total cost £19,766k)	Awaiting Model Hospital data and targets for 16/17 data	
Non-Clinical Space (%) (Carter Metric max 35%)	32.4% (total area 37,718m2) Estimated Average Cost £6,395k Estimated Average Cost Above Carter £0k	The STP intends to meet the Carter Metric benchmark by 2021	
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	2.6% (total area 3,060m2) Est. apportioned cost above Carter £25k Est. apportioned cost for unoccupied Floor Space £519k	The STP intends to meet and maintain the Carter Metric benchmark by 2021	
Functional Suitability	SaTH – Six facet survey data identifies that both hospital sites require significant investment to attain an acceptable standard. 31% of the assets at RSH and 65% of the assets at PRH are in an acceptable condition/satisfactory performance	Prioritised investment programme to deal with back log maintenance to form part of Sustainable Services Group programme and out-of-hospital work-streams will greatly impact on achievable timelines and quality of estates; an ongoing process.	Pending decision making business case
Condition	Back log maintenance & Critical Infrastructure; Back log maintenance includes high risk) £54,876k High Risk Backlog £3,913k Significant Risk £26,441k	SaTH – awaiting outcome of Future Fit which will partially address the required investment and the poor condition areas. Sustainable Services Group programme and out-of-hospital work streams will improve future estate and thereby reduce backlog and CIR maintenance.	
Naylor benchmarks	No disposals identified in 5 year capital plan from 18/19 Financial Plan Returns.	The STP intends to meet the Naylor benchmarks by 2021. Achieving planned disposals and release capital where possible, reducing running costs. Future potential 'old' residence land surplus at RSH on completion of the SSG project. Disposal potential following completion of the site re-development. Adjoining the RSH site, DHSC land could be disposed of at the same time. Potential surplus land adjoining PRH, owned by NHSPS (ex-Malling Health site) and a strip of land owned by DHSC.	Outline potential future land disposal opportunities identified.



A4. Performance Indicators - Shropshire Community Health Trust

Success Metrics to 2022/23

Indicator	Current	Planned	Progress against targets
Estate Running Costs (£/m2)	£190m2 (total cost £2,725k)	Efficiencies reviewed through CIP plans and increased utilisation of floor space and non-clinical space reviews	
Non-Clinical Space (%) (Carter Metric max 35%)	38.5% (total area 5,504m2) Estimated Average Cost £1,048k Estimated Average Cost above Carter £94k	The STP intends to meet the Carter Metric benchmark by 2021	Carter considered with each business case. Opportunities to reduce non-clinical space being reviewed in conjunction with availability to increase utilisation of floor space
Unoccupied Floor Space(%) (Carter Metric Max 2.5%)	13.2% (total area 1,892m2) Est. apportioned cost above Carter £292k Est. apportioned cost for unoccupied Floor Space £360k	The STP intends to meet and maintain the Carter Metric benchmark by 2021	Opportunities to increase floor utilisation above 95% being considered in conjunction with reducing the non-clinical space.
Functional Suitability	Unknown % of the assets are in an acceptable condition / satisfactory performance		
Condition	Back Log Maintenance & Critical Infrastructure; Back Log Maintenance £1,295k High Risk Backlog £290k Critical Infrastructure Risk £370k Total Back Log & CIR £1,955k	Address the backlog programme via risk prioritisation, recorded through risk register	Capital Management Group approves the backlog programme and monitors progress against the programme
Naylor benchmarks	No disposals identified in 5 year capital plan from 18/19 Financial Plan Returns.	The STP intends to meet the Naylor benchmarks by 2021. To achieve planned disposals and release capital where possible, reducing running costs	No Disposals identified presently. Integrated review as part of occupied floor space and non-clinical space reviews and planned improvements and functional suitability reviews



A4. Performance Indicators - Robert Jones & Agnes Hunt FT

Success Metrics to 2022/23

Indicator	Current	Planned	Progress against targets
Estate Running Costs (£/m2)	£223m2 (£7,865k)	Already achieving benchmark cost – efficiencies sought through CIP programme (4%)	CIP programme being monitored
Non-Clinical Space (%) (Carter Metric max 35%)	31.4% (total area 11,065m2) Estimated Average Cost £3,762k Estimated Average Cost above Carter £0k	Maintain and improve upon Carter Metric	Carter Metric benchmark achieved – Carter considered with each business case
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	1.1% (total area 386m2) Est. apportioned cost above Carter £0k Est. apportioned cost for unoccupied Floor Space £131k	Maintain and improve upon Carter Metric	The site is highly utilised, the areas previously temporarily closed have now re-opened
Functional Suitability	RJAH – requires investment 61% of the assets are in an acceptable condition / satisfactory performance	Prioritise areas identified in six facet survey through the capital programme.	Capital Management Group monitors progress against the capital programme
Condition	Back Log Mtce & Critical Infrastructure; Back Log Mtce £6,694k High Risk Backlog £709k Critical Infrastructure Risk £2,008k Total Back Log & CIR £9,411k	Address the backlog programme via risk prioritisation, recorded through risk register	Capital Management Group approves the backlog programme and monitors progress against the programme
Naylor benchmarks	RJAH Land Disposal - 2.5 Hectares identified as surplus land on EFM	The Trust Estates Strategy identifies opportunities to release land for disposal	Land identified as low value; general area identified as having long term housing stock. The area is therefore a low priority nationally



A4. Performance Indicators - Midlands Partnership FT (formerly SSSFT)

Success Metrics to 2022/23

Please Note: The data within this slide relates to the organisation "SSSFT" i.e. pre-dates change to "MPFT"

Indicator	Current	Planned	Progress against targets
Estate Running Costs (£/m2)	£193m2 (total cost £2,446k)		
Non-Clinical Space (%) (Carter Metric max 35%)	38.4% (total area 4,859m2) Estimated Average Cost £939k Estimated Average Cost above Carter £83k	The STP intends to meet the Carter Metric benchmark by 2021	
Unoccupied Floor Space (%) (Carter Metric Max 2.5%)	7.8% (total area 988m2) Est. apportioned cost above Carter £130k Est. apportioned cost for unoccupied Floor Space £191k	The STP intends to meet and maintain the Carter Metric benchmark by 2021	
Functional Suitability	Unknown % of the assets are in an acceptable condition / satisfactory performance		
Condition	Back Log Maintenance & Critical Infrastructure; Back Log Maintenance £155k High Risk Backlog £0k Critical Infrastructure Risk £0k Total Back Log & CIR £155k		
Naylor benchmarks	Although located in Shrops, disposals are registered with Staffs STP, (as their primary STP)	The STP intends to meet the Naylor benchmarks by 2021. To achieve planned disposals and release capital where possible, reducing running costs	



A5. Sustainability & Transformation Initiatives (1 of 2)

In order of priority –

Key STP projects identified where implementation required to enable wider STP strategy (revenue savings >£1mpa)

STP initiative	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status / Funding Strategy	Est. Delivery Year	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
1. Sustainable Services Group (SaTH) Reconfiguration of acute hospital services	Consolidate acute services with clear linkages to out of hospital offer. Realignment of Emergency Services	2023/24 – gross saving of £14.2m pay cost (further details TBC)	CCGs PCBC completed, Future Fit consultation stage commenced 30/05/18 Capital funding for Future Fit approved Wave 3	2023/24	£270 (20/21) Plus £42 (22/23) Total £312	TBD	<u>Public consultation will run for 14 weeks from 30 May18 - Sept 2018;</u> <u>followed by an estimated 8 week analysis period.</u> Consultation recommendations and outcomes are then fed back to CCGs. Final submission will follow the consultation.
2. Neighbourhood Working Groups (Telford & Wrekin) & Care Closer to Home (Shropshire)	Outcome will support future estate requirement type to deliver out of hospital offers	TBD	Work-streams established and moving forwards	2018-23	TBD	TBD	Links with acute and community reconfiguration projects and supported by estates work-stream, includes capacity and demand modelling, NHSE assurance
3. Transformation focused on prevention and supporting people to stay healthy	Asset mapping taking place to identify potential hubs, cross cutting with OPE and work-streams	TBD	Early strategy development	2021/22	TBD	TBD	Will support delivery of main work-streams and help to transform care delivery. OPE bid put in



A5. Sustainability & Transformation Initiatives (2 of 2)

In order of priority –

Key STP projects identified where implementation required to enable wider STP strategy (revenue savings >£1mpa)

STP initiative	Estates Impact and Enablers	Est. Net Revenue Benefits (£m pa)	Project Status / Funding Strategy	Est. Deliver Year	Gross Capital Required (£m)	Disposal receipts (£m)	Comments and Interdependencies
4. Improve offer for muscular-skeletal services	Opportunities to deliver care pathways differently, with increased requirement for service provision closer to home	£4.1m (TBC)	CCGs working with their Provider Trusts, programme in place	2020/21	TBD	TBD	Links with wider transformation aspect of service delivery through work-streams
5. Local Maternity & New-born Services Review and Family Hub modelling	Reconfiguration Proposals to re-model Midwife Led Services are being developed	£800k (TBC) – further connected benefits TBD	Consultation period anticipated during late 2018	2020/21	TBD	TBD	Service transformation will impact on estate usage including: midwifery-led v consultant-led service, capacity for inpatient, ante-natal and post-natal care services,
6. Make best use of services	Back office review of relevant premises, facility services and associated efficiencies	Full Scope TBD	Early strategy development	2020/21	TBD	TBD	CCG administrative bases are amongst some premises currently being looked into

The STP partners will investigate the potential benefits that can be accrued by moving from physical to digital records across the economy. It is exceptionally unlikely that all paper will be removed however a significant proportion of interchanges can be digital. The major issue that the LHE is faced with are the legacy records and how to digitise them (or not). We should test the solutions that are currently in use by various partners as well as market test the range of products/services that are available. Potentially this will provide economies not only in physical media production; but significant estates savings as the storage requirements are rationalised.



Planned Capital Expenditure (Summary analysis 1 of 2)

CAPITAL EXPENDITURE PLAN - Scheme Category	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
IT	4,525	2,950	2,600	2,700	2,600	15,375
Plant and machinery/equipment/transport/fittings/other	4,666	3,136	3,054	3,054	3,054	16,964
Routine Maintenance (non-backlog) - Land, buildings and dwellings	7,318	7,285	7,010	7,310	7,610	36,533
Backlog Maintenance - Land, buildings and dwellings	1,885	4,436	4,361	4,011	4,011	18,704
New Build - Land, buildings and dwellings	8,886	28,706	122,100	96,000	132,000	387,692
Total STP (PROVIDER)	27,280	46,513	139,125	113,075	149,275	475,268

Routine Maintenance (non-backlog) - Land, buildings and dwellings	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
RJAH	1,500	900	450	400	700	3,950
SaTH	4,008	4,575	4,700	5,050	5,050	23,383
SHROPCOM	410	410	460	460	460	2,200
SSSFT	1,400	1,400	1,400	1,400	1,400	7,000
Total STP (PROVIDER)	7,318	7,285	7,010	7,310	7,610	36,533

Backlog Maintenance - Land, buildings and dwellings	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
RJAH	400	300	300	300	300	1,600
SaTH	1,085	3,786	3,661	3,311	3,311	15,154
SHROPCOM	400	350	400	400	400	1,950
SSSFT	0	0	0	0	0	0
Total STP (PROVIDER)	1,885	4,436	4,361	4,011	4,011	18,704

New Build - Land, buildings and dwellings	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
RJAH	1,050	280	1,100	1,000	1,000	4,430
SaTH	1,166	5,000	106,000	80,000	121,000	313,166
SHROPCOM	0	0	0	0	0	0
SSSFT	4,770	23,426	15,000	15,000	10,000	68,196
Total STP (PROVIDER)	6,986	28,706	122,100	96,000	132,000	385,792



Planned Capital Expenditure (Summary analysis 2of 2)

Organisation (CAPITAL EXPENDITURE PLAN)	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
RJAH	4,250	2,712	2,750	2,700	2,900	15,312
SaTH	12,115	17,115	118,115	92,115	133,115	372,575
SHROPCOM	1,460	1,460	1,460	1,460	1,460	7,300
SSSFT	7,055	25,226	16,800	16,800	11,800	77,681
Sub-Total (PROVIDER)	24,880	46,513	139,125	113,075	149,275	472,868
SCCG	1,900	0	0	0	0	1,900
TWCCG	500	0	0	0	0	500
Sub-Total (COMMISSIONER)	2,400	0	0	0	0	2,400
GROSS CAPITAL EXPENDITURE by Organisation STP (ALL)	27,280	46,513	139,125	113,075	149,275	475,268

PLANNED Disposal Receipts	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
Total STP DISPOSALS (ALL)	0	0	(1,500)	0	0	(1,500)

PLANNED Grants and Donations	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
RJAH	0	0	0	0	0	0
SaTH	(1,023)	(1,023)	(1,023)	(1,023)	(1,023)	(5,115)
SHROPCOM	0	0	0	0	0	0
SSSFT	0	0	0	0	0	0
Sub-Total (PROVIDER)	(1,023)	(1,023)	(1,023)	(1,023)	(1,023)	(5,115)
SCCG	0	0	0	0	0	0
TWCCG	0	0	0	0	0	0
Sub-Total (COMMISSIONER)	0	0	0	0	0	0
Total STP GRANTS and DONATIONS (ALL)	(1,023)	(1,023)	(1,023)	(1,023)	(1,023)	(5,115)

Organisation (NET CAPITAL EXPENDITURE PLAN)	2018/19	2019/20	2020/21	2021/22	2022/23	5yr Sum
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
RJAH	4,250	2,712	2,750	2,700	2,900	15,312
SaTH	11,092	16,092	117,092	91,092	132,092	367,460
SHROPCOM	1,460	1,460	1,460	1,460	1,460	7,300
SSSFT	7,055	25,226	16,800	16,800	11,800	77,681
Other	0	0	(1,500)	0	0	(1,500)
Sub-Total (PROVIDER)	23,857	45,490	136,602	112,052	148,252	466,253
SCCG	1,900	0	0	0	0	1,900
TWCCG	500	0	0	0	0	500
Sub-Total (COMMISSIONER)	2,400	0	0	0	0	2,400
NET CAPITAL EXPENDITURE by Organisation STP (ALL)	26,257	45,490	136,602	112,052	148,252	468,653



A6. Progress of approved estate projects

Approved at FBC or allocated STP capital only

Project / Location	CCG / Trust	Strategic Objective	Status Update	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Funding route	Business Case Status
FUTURE FIT (includes Sustainable Services Group)	CCG & SaTH	Acute hospitals reconfiguration	Public consultation in progress	£14m (annual saving)	+£312m	PCBC approved Aug 2017	2020-23	Includes Wave 3 approved Capital	Pending Outcome of consultation



A7. Prioritised Estate Projects

Capital Investment Pipeline – listed in priority order

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High, Essential, Desirable)	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route	Business Case Status
Whitchurch community hub	Shropshire CCG/Shropshire County Council	Primary care at scale and integrated community services	High	£0.232 + VAT (TBC)	Total scheme capital circa £15.5m; £4.778 estimated cost for construction of proposed medical centre includes build efficiencies of £100k	OBC	2020/21	Up to £1m ETTF High priority scheme; future potential expansion but none current subject to outcome consultations	OBC approved for primary case element by CCG. Governance structures approved Project Manager appointed
New Models of Care at scale hubs – incorporating Wound Care hub, Neighbourhood Working hub and Integrated Care Team hub –	T&W CCG	Development of community hubs to deliver neighbourhood teams & out of hospital services x 4	High	TBC	TBC		2018/19	ETTF, Housing Grants, Council OPE	Neighbourhood asset review, link to OPE and STP workstreams. Opportunities will be identified during workshops Summer 2018
Shropshire – Primary Care Networks; developments around ‘Hub and Spoke’ model	SCCG	Development of community health & care hubs to deliver integrated locality teams & out of hospital service development	High	TBD	TBC	Early project planning	2018/20	SCHT capital programme / STP capital funding	Narrative



A7. Prioritised Estate Projects

Capital Investment Pipeline – listed in priority order

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High, Essential, Desirable)	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route	Business Case Status
Shawburch Primary Care Centre	T&W CCG	Primary care at scale	High	Net annual savings £19k from 20/21 + £200k (Physio First Service) included in CCG QIPP + revenue impact for possible £675k TBC	Total scheme capital £4.675 + potential £675k subject to review (TBC)	OBC	2018/19 – 19/20	£675k ETTF + £675k additional funding TBC + £4,211k Private finance	OBC approved – Jun 18
RJAH – (Phase 1) – Parking Facilities; Hotel/key worker accommodation / Education		Sequential steps for Site to evolve, meeting Patient, Trust & STP needs	High	TBC	TBC	SOC			Narrative
TelDoc Estate Rationalisation	T&W CCG	Primary care at scale	High	TBC	TBC	OBC	2018/19	ETTF, Housing Grants, Council OPE	OBC being drafted
Hollinswood MP	T&W CCG	Primary care at scale	High	TBC	TBC	OBC			OBC being drafted
Dawley MP	T&W CCG	Primary care at scale	High	TBC	TBC	OBC	2018/19	Improvement Grants	OBC being drafted
Ironbridge MP	T&W CCG	Primary care at scale	Low	TBC	TBC	OBC	2019/20	TBC	OBC being drafted
Riverside MP	SCCG	Primary Care at Scale	Essential	TBC	TBC	OBC	2019/20	TBC	OBC being drafted
Shifnal MP	SCCG	Primary care at scale	Desirable	TBC	TBC	OBC	2019/20	ETTF + 3PD	OBC being drafted



A8. Headline Financial Impacts:

Provider own-Capital Position

Trust / FT Name	Own estates capital forecast over the next 5 years to 2022/23 (£m)	Proposed main strategy proposals (> £10m) of own generated capital	CURRENT Backlog Maintenance		FORECAST Backlog Maintenance at end of 5 year period 2022/23	
			All categories (£m)	High / significant (£m)	All categories (£m)	High / significant (£m)
Shrewsbury & Telford Hospitals NHS Trust (SaTH)	£39.9m	£0.0m	£1.1m		TBC	
Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)	£10.0m	£0.0m	£0.4m		£1.6m	
Midlands Partnership Foundation Trust (MPFT) - formally SSSFT (stated at 100% of value)	£32.2m (SSSFT numbers)	£16.0m (SSSF numbers)	£0.0m		£0.0m	
Shropshire Community Health NHS Trust (SHROPCOM)	£4.2m	£0.0m	£0.4m		£2.0m	



A8. Headline Financial Impacts

Disposal Opportunities

Surplus Land & Housing

Disposal Status	No. of Sites	Land Area (Ha)	GIA (m)	Estimated disposal value £m	Total # Estimated Housing Units	# Housing Units for NHS Staff	Gross Running Cost reduction £m	Cost to Achieve Vacant Possession (where known) £m
1. Vacant and Declared Surplus and disposal transaction in progress [A1]								n/a
2. Vacant and Declared Surplus/ disposal subject to marketing [A1]	1	0.500	1,262	(sits with Staffs STP)				n/a
3. Vacant but not yet Declared surplus [A2]	2							n/a
4. Site occupied but OBC approved to achieve vacant possession and dispose [B, C ,D]	0							
5. Future opportunity subject to strategy/ feasibility [B, C ,D]	6	1.862	6,882		90+			
Totals		2.362	8,144					

Summary by Financial Year (estimated year of disposal completion)

Deliverable / Financial Year	2017 – 18	2018 – 19	2019 – 20	2020 – 21	Remaining Years
Land Area (Ha) (Sites x 2 - SSSFT)	1.130				2.362
Estimated disposal value £m	(sits with Staffs STP)				£
Estimated Housing Units	14				
Gross Running Cost reduction £m					



A8. Headline Financial Impacts

Disposal Opportunities

Surplus Land Disposals (by named site)

Site	Current status of disposal	Land Area (Ha)	GIA (m)	Estimated disposal value £
Chaddeslode House, MPFT (when still known as SSSFT) West Bank, MPFT (when still known as SSSFT)	Sold in 17/18	0.72 0.41	740 642	£825k exc disposal costs £512k exc disposal costs. NB: Although located in Shrops, these disposals are registered with Staffs STP as their primary STP.
Castle Lodge, MPFT (when still known as SSSFT)	On market	0.5	1262	
(Site A) (SaTH) Land & demountable building forming ex-Malling Health Centre, Telford Hospital, no longer required, but awaiting formal confirmation.	Pending Board Approval	Not Specified	Not Specified	Unknown
(Site B) (SaTH) Land between Malling Health Centre site and Severn Hospice, Telford Hospital.	Pending Board Approval	Not Specified	Not Specified	Unknown
(Site C) (SaTH) Old Accommodation Blocks and associated land / parking; Shrewsbury Hospital.	Pending Board Approval	0.7919	2377	Unknown
(SaTH) Land adjacent to Racecourse Lane, adjoining old accommodation blocks referred to above.	Pending Board Approval	0.7	Not Specified	Unknown
Sensitive Site	Pending Board Approval	Not Specified	3811.9	£1,300k
(RJA) land opposite front entrance, across road	Land Still In Use	Not Specified	Not Specified	£200-300k est.
Diamond Jubilee House – Dawley (Telford rationalisation), (TWCCG)	Pending Board Approval	0.23	440	Unknown
14 Leonard Street – Telford (Telford rationalisation) (TWCCG)	Pending Board Approval	0.14	253	Unknown



A9. Road Map: Critical Decisions & Activities

Decision/ Activity Required	Significance/ impact on STP strategic objectives	Timeline	Owner	Action By:
Reconfiguration of services provided within the Acute hospitals and review of sites – decisions and impacts on funding and results of consultation	Achieves desire to improve acute service provision	Awaiting end Future Fit consultation, SSG element completion expected 2026	CCGs	Consultation outcome dependent
Review GP premises, form hub locations and establish how to deliver primary care at scale	Delivery of enhanced primary and community care across Shropshire	Future Fit consultation will influence required services and locations	Neighbour Working (Out of Hospital Care offer) teams	End December 2018
Review of community beds with Demand and Capacity Modelling across Providers	Enhanced primary and community care across Shropshire, Telford and Wrekin	Future Fit consultation will influence required services and locations	Neighbourhood Work-streams and SHROPCOM	Winter 2018
Review of back and middle office functions	Make best use of services	End December 2018	Back office group	Ongoing
Outcome of review of maternity led services – expectation for decision to progress to consultation	To make best use of services and a joined up offering	NHSE assurance process to be completed. Public consultation on proposed model planned expected	Local maternity services work-stream	Winter 2018
Outcome of review of MSK work	To make best use of services and ensure a joined up offering across the footprint	No involvement by the STP in this workstream; currently with CCG leads	MSK work-stream lead director	Not Stated
Decision making processes to be better aligned to the STP	The decision making processes need to be aligned to ensure there is one agreed approach and framework for work-streams to be channelled through	End March 2019	STP System Leadership Group (System CEOs)	Ongoing



Section B – ST&W STP capital prioritisation

The slides in Section B identify and then explicitly prioritise our capital schemes.

Tables completed relate to:

- Small-medium sized capital schemes (with a value under £100m) which require ST&W STP capital funding:
 - Only those schemes within the STP which are planned to deliver over the next five years, and for which STP capital funding is being sought are included
- There are **NO** large capital schemes (with a value in excess of £100m) currently submitted for STP funding
- Our submitted small-medium projects which require STP capital funding are ranked in order of priority.



B2. STP capital schemes below £100m (1 of 2)

Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (eg fleet, equipment).

STP scheme name and lead organisation	18/19 (£000)	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	Total STP capital funding requested (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)
Whitchurch Integrated Health Hub – Led by Shropshire CCG						No additional capital requested, listed only as a priority scheme		
Shawbirch Primary Care Centre		£75	£600			£675		
New Models of Care / Integrated Teams - Neighbourhood Hubs	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Primary Care Networks – Hub & Spoke	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
TelDoc Estate Rationalisation	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Dawley MP	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Ironbridge MP	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Hollinswood MP	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Riverside MP	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Shifnal MP	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC



B2. STP capital schemes below £100m List

(List continued 2 of 2)

Please **identify all schemes under £100m** which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (eg fleet, equipment).

STP scheme name and lead organisation	18/19 (£000)	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	Total STP capital funding requested (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)
RJAH – Accommodation inc key worker / Education facility / Step-down facility / Creche / commercial opportunities / Car Park	£10,000						£1,000	TBC
RJAH – (Orthotic Research & Locomotor Assessment Unit (ORLAU) – specialist facility that services the wider community	£1,000						NA	
RJAH – Veterans facility to benefit local, regional and national patients		£3,000					NA	
RJAH – DEXA Scanner – specialist facility that services the wider community			£2,000				£100	



B3. STP capital schemes over £100m

List (1 of 1)

Please all large capital schemes within the STP which will likely be required over the next 10 years, irrespective of whether public funding is required. THIS COULD BE A NIL RETURN.

Large schemes which require public funding will be assessed to a different timetable, likely specific to each scheme. It is highly unlikely any schemes will be announced as part of this wave of funding.

STP scheme name	18/19 (£000)	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	23/24 (£000)	24/25 (£000)	25/26 (£000)	26+ (£000)	Total (£000)	Of which public funding requested (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)
NIL RETURN													



B4. Prioritisation

All schemes requesting public STP capital (1 of 1)

Ranked in order of priority, schemes from B2 and B3 for which STP capital bid templates are being submitted.

Ranking (1 being highest priority)	STP scheme name and lead organisation	Total requested public funding (£000)	Effect on backlog maintenance (£000)	Value of land disposals (£000)	Brief rationale for prioritisation (Should be consistent with the over-arching supporting narrative in section B4)
1	Whitchurch Integrated Health Hub – Led by Shropshire CCG	£0, listed to showcase top priority capital scheme with future bid potential TBC	TBC	£0	Opportunity to be part of a joint development, would provide community-based services and supported residential accommodation. The inclusion of Extra Care Housing on the site allows for a model of longer term prevention to be incorporated into the project. Aligns with STP objectives and vision
2	Shawbirch Primary Care Centre	£675	TBC	£0	Capital required for new build

Both these projects will enable the STP vision to be delivered. Whitchurch, in particular, is a whole system project, bringing together multiple funding resources and delivering a multitude of services to the people of Whitchurch.



B4. Prioritisation - Supporting Narrative

Prioritisation Process – An Evaluation Panel comprised of seven representatives from across the STP assessed and ranked each of the submitted projects

Each member of the panel read and independently scored each submission using the scoring matrix and weighting (below). Scores were collated, discussed and minor adjustments to final ranking based on discussion, with all panel members in full agreement.

Scoring Category	Scoring Definition	Score Range
Unacceptable	No response to the evaluation criteria or has not provided any information about how the criteria will be met.	0
Poor	Has made some reference but with no supporting knowledge evidence or only partially addresses the criteria.	1
Good	An acceptable response in terms of the level of detail and relevance. The response is good but there are either some omissions of important issues or negative indications that reduce the extent to which the proposal will be achieved.	2
Excellent	A more than comprehensive response in terms of detail and relevance. Clearly meets or exceeds the proposal outcomes with no negative indications.	3

Evaluation Weighting Section	Evaluation Weighting Criteria	Weighting %
1	Project Acceptance Criteria	Pass/Fail
2	Leadership and Capability	10%
3	Demand Management	10%
4	Transformation, Patient Benefit, and Workforce Benefits	20%
5	Estate Infrastructure	20%
6	Financial Appraisal	40%
		100%

The results from this evaluation panel were then scrutinised and discussed at a subsequent prioritisation meeting of five ST&W organisation representatives, comprising Directors of Finance and the STP Programme Director.

They selected two prioritised projects which we will support for national consideration in the Wave 4 funding round. Their decision was based on strategic STP priorities, maturity and stage of each project and readiness for producing the required Capital Submission and Value for Money (VfM) documentation. The remaining are pipeline projects, to be developed further for consideration under Wave 5/later funding rounds



KEY NEXT STEPS

The STP Estates Strategy has initiated key working with: **“ALL SYSTEM PARTNERS”**

Through facilitated workshops, shared conversations recognising system interdependencies, increasing knowledge and understanding of Estates requirements across the system, both now and in the future are developing.

Further workshops are needed to progress specific market town and urban area needs.

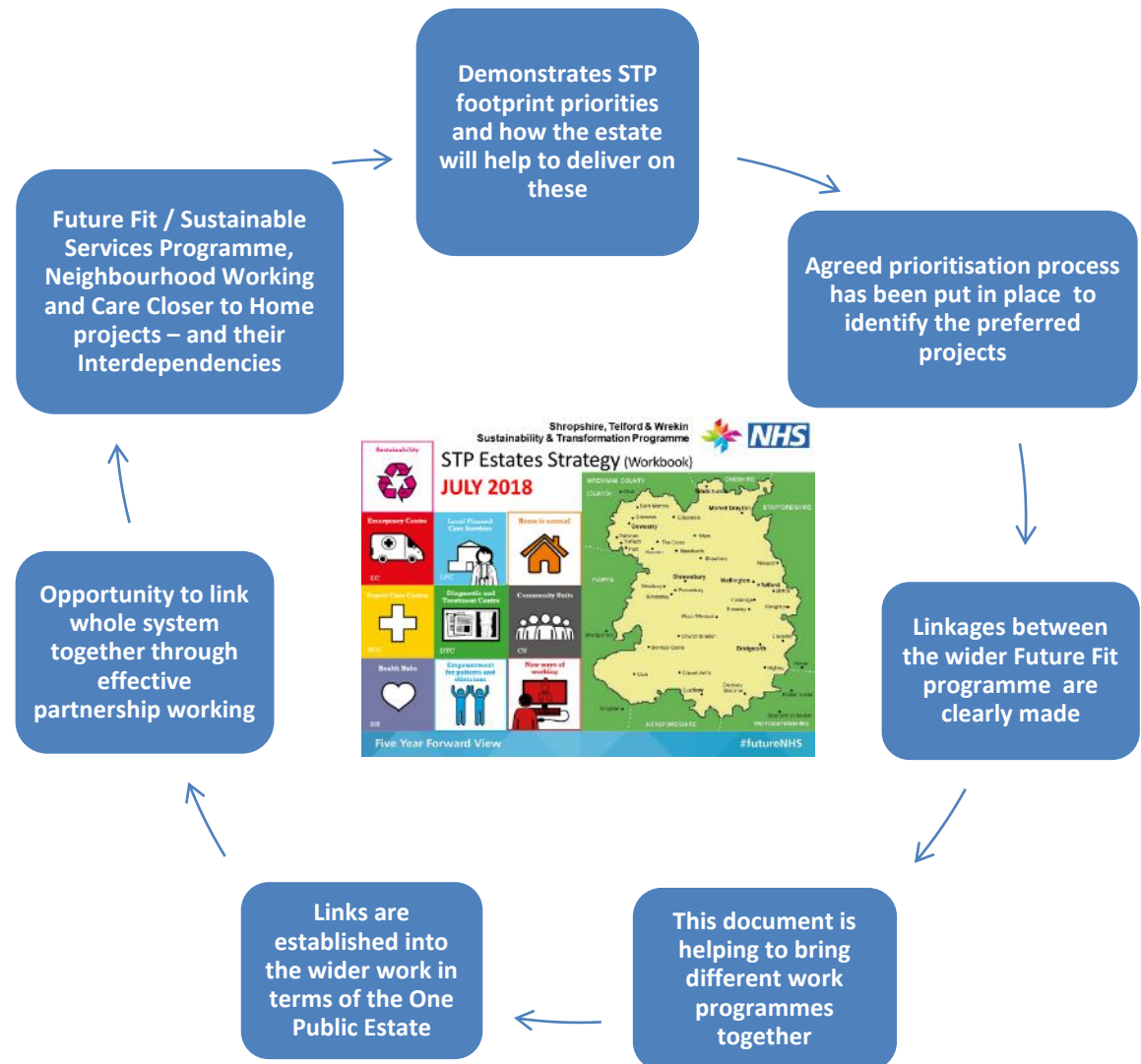
This document provides ‘high-level’ strategic direction for our STP Estates, it is looking at the bigger picture and understanding the wider implications of organisational decisions....

This now needs to develop into a more detailed document which will pull together Estate Strategies for each of our key individual organisations into a whole system estate strategy.

The outcome and final decisions relating to the Future Fit Programme will be a major determinate in our next steps plans .

Care closer to home and neighbour working are essential to Future Fit DMBC

Summary





B5. STP lead Sign Off

I confirm that we have discussed and prioritised our capital projects at an STP level, and the tables in Section B reflect this discussion.

This is the current view of the STP . [This remains a [draft] strategy subject to further work and engagement.]

STP lead signature

Date:

13 Jul 2018

STP lead name Phil Evans

STP lead organisation / address details

Shropshire Telford & Wrekin Sustainability & Transformation
Partnership, Room GN 75,
Shirehall, Abbey Foregate,
Shrewsbury
SY2 6ND



Annexes

Annex 1: - STP Estates Data Summary and Sources

- Data Summary and Sources
- Estates Composition

Annex 2: - STP – Internal Organisation Responsible for Funding

- Appendix to Section B
- Summary of Transformation by Sector

Annex 3: - Supplementary Information about Our STP

Annex 4: - STP Estates Directory

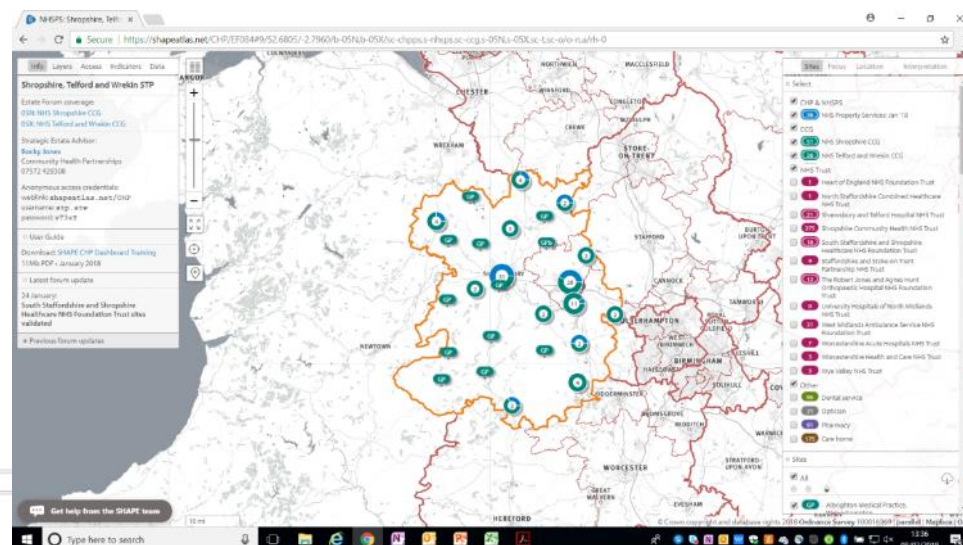
- Joint STP Local Estates Forum & One Public Estate Delivery Group Membership
- Summary



Annex 1:

STP Estates Data Summary and Sources

Validation &
updates to SHAPE
data



ERIC data 16/17
Updated figures due early
2018

Hospital Estates and Facilities Statistics

ERIC

The ERIC (Estates Return Information Collection) is collected and published here by the HSCIC on behalf of the Department of Health. It is the main central data collection for estates and facilities services from the NHS containing information dating back to 1999/2000 and will be added to as future returns are completed. The data provided enables the analysis of Estates & Facilities information from NHS Trusts and PCTs in England which is a compulsory requirement that NHS Trusts submit an Estates Return. The data is as provided by reporting organisations and has not been amended. The accuracy and completeness is the responsibility of the reporting organisations.

You can make specific searches via the Reports tab which allows you to build and filter your own reports on the following areas:

- Year
- Strategic Health Authority
- Organisation Type
- Data levels
- Site Type
- Sections within the return

Standard reports providing the full data set, as returned, at Trust and site level can be downloaded in Excel and CSV format via the Data Files tab. Details of the data items collected for each year can be found under the downloads section on the right hand side of the page.

Important - please note: Following a detailed data quality study we are currently in the process of recollecting from sites the costs data part of the 2016/17 ERIC return, along with associated measures for unit cost calculations.

This means that figures in the reports are subject to change. We will publish the new figures in early 2018, as soon as they are available. Data users are advised to bear this in mind and to treat these figures with caution in the meantime. We apologise for any inconvenience this may cause.

Copyright © 2018, Health and Social Care Information Centre. NHS Digital is the trading name of the Health and Social Care Information Centre. [Terms and conditions](#)



Estates Composition (1 of 3)

Portfolio Summary

Portfolio	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m) (rent, s'charge, FM)	Back-log Maintenance £m
* Significant changes from Oct 16						
GP owned	77*	0.00	31,171 (NIA)	45/23 (9 unknown) [66%/34% of known]	£6.46m	£0.00m
NHS PS	36	0.00	24,449 – from 35 premises	13/23 [28%/72%]	£5.24m – from 25 premises	£2.26m – from 17 premises
CHP	10	0.00	17,932	100% Leasehold	£7.81m	£0.00m
Provider estate	22	189.85	151,870		£27.63m	£61.57m
Mental Health Trusts	18*	5.05 – from 5 premises	20,838 - from 8 premises	3/9/ (6 unknown) [25%/75%] of known	£2.45m from 8 premises	£0.15m from 4 premises
Community Providers	91	4.60 – from 3 premises	961 – from 3 premises	5/32/54 (other) (5%/35%/60%)	£2.73m	£1.30m
Other	n/a	10.39	42,197		£8.68m	£0.65m
Totals	254	209.99	289,418		£61.00m	£65.93m

Functional Use Summary

Functional Uses	No. Properties	Footprint Size (Ha)	Size GIA (sqm)	Percentage Tenure split Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance £m
Clinical/clinical support	Under review (410 – subject to clarification – assumed all not BO and Other)		153,086 (from 31 entries)	52/46 (53%/47%) from 98 entries	£44.6m – subject to further review	£96.6m – subject to further review
Back Office (self contained unit)	Under review (21)		12,368	10/11 (48%/52%)	£1.9m (from 11 entries)	£604k from 4 entries)
Other (eg w'house or workshop)	Under review (6)		1,872	100% Leasehold	£189k	£443k
Totals			167,326			



Estates Composition (2 of 3)

High Cost Sites: Estate Running Costs

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance (net) £k	Cost per sqm	Current Site Strategy
Royal Shrewsbury Hospital	18.30	68,425	Freehold	£11.3m	£45,720	£166	Under Review
Princess Royal Hospital	12.40	48,153	Freehold	£8.4m	£9,157	£175	Under Review
RJAH	13.2	35,292	Freehold	£7.9m	£6,694	£223	Under Review
The Redwood Centre	4.30	11,754	Freehold	£2.4m	£45	£204	Under Review
Ludlow Hospital	1.23	4,832	Leasehold	£0.9m		£189	Under Review

Highest Cost Locations : Backlog Maintenance

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Freehold / Leasehold	Estate Running costs pa (£m)	Back-log Maintenance (net) £k	Cost per sqm	Current Site Strategy
Royal Shrewsbury Hospital	18.30	68,425	Freehold	£11.3m	£45,720	£668	Under Review
Princess Royal Hospital	12.40	48,153	Freehold	£8.4m	£9,157	£190	Under Review
RJAH	13.2	35,292	Freehold	£7.0m	£6,694	£190	Under Review
Whitchurch Community Hospital		3,672	Freehold	£0.6m	£705	£192	
Bridgnorth Hospital		5,001	Freehold	£0.7m	£470	£94	Under Review



Estates Composition (3 of 3)

PFI and LIFT Utilisation – Nil for this STP

Highest Cost Sites	Footprint Size (Ha)	Size GIA (sqm)	Estimated Utilisation (%)	Estate Running costs pa (£m)	Cost per sqm (GIA)	Proposed STP Site Strategy	Actions taken to address under-utilised space

No current PFI or LIFT agreements identified



Annex 2 (Appendix to Section B)

STP – Internal Organisation Responsible for Funding

Where FUNDING SOURCE is **NOT** STP Capital Funding – for information ONLY i.e. n/a to prioritisation process

RJA - NHS Funded 5 Year Capital Programme						
Funding Source	Project / Criteria	Sum of 2018/19 £000	Sum of 2019/20 £000	Sum of 2020/21 £000	Sum of 2021/22 £000	Sum of 2022/23 £000
Trust	CT Scanner replacement infrastructure works	400				
	TSSU Solution	600				
	Barns (Theatre) provision & plant work		100	750	750	
	Electronic Prescribing and Medicines Administration (EPMA)	50				
	MRI		400			
	Beds (New Replacement)		132			
	SOOS / MSK hub					
	New IT network	200	200			
	Outpatients / X-ray reconfiguration				250	500
	Xray rooms x2		180	350		
	Ultrasound room			50		
	Healthcare Records Building (building 2) - Improvements to working environment	50				
	Integrated IT system – Clinical outcomes				100	
	IT Cabin removal					
	Private patients - Ludlow refurbishment	100	100			
	Powys / Clwyd refurbishment					300
	Old Orthotics w/shop site (car park)					
	Robot pharmacy dispensing					0
	Healthcare Records Building (building 2) - reprovision of accomodation					500
	Bed Capacity Solution - Subject to business case	0				
	ORLAU capacity - Subject to business case	0				
	Project Management / Implementation Support	100	100	100	100	100
	Estates Backlog	300	300	300	300	300
	IT Investment/replacement	300	300	300	300	300
	Equipment and minor works investment/replacement	400	400	400	400	400
	Contingency	300	300	300	300	300
Trust Total		2,800	2,512	2,550	2,500	2,700



Annex 2 (Appendix to Section B)

STP – Internal Organisation Responsible for Funding

Where FUNDING SOURCE is **NOT** STP Capital Funding – **for information ONLY** i.e. **n/a to prioritisation process**

The Shrewsbury and Telford Hospital NHS Trust					Paper 6
5 Year Capital Programme 2017/18 to 2021/22 - Draft 4					
Capital Planning Group Meeting - 8th March 2018		REVISED PROPOSAL			
		2018/19	2019/20	2020/21	2021/22
		2022/23			
		£000	£000	£000	£000
Funding Available: Internally Generated Capital Resource Limit (CRL)		8,450	8,450	8,450	8,450
Pre-Commitments					
Schemes carried forward from old year		200	200	200	200
Ophthalmology move into Copthorne Building - Phase 3		1,166			
PC In House costs of delivery of schemes		820	820	820	820
Replacement Linac/CT Scanner (ref Lingen Davies Grant)		1,800	0	0	0
RSH MLU/PAU - P2 FCHS		100	1,500	3,400	0
Subway Duct - RSH (further phases following on from 2017/18 agreement)		200	950	700	
Total of Pre-Commitments		4,286	3,470	5,120	1,020



Annex 2 (Appendix to Section B)

STP – Internal Organisation Responsible for Funding

Where FUNDING SOURCE is **NOT** STP Capital Funding – for information ONLY i.e. n/a to prioritisation process

The Shrewsbury and Telford Hospital NHS Trust						Paper 6
5 Year Capital Programme 2017/18 to 2021/22 - Draft 4						
Capital Planning Group Meeting - 8th March 2018		REVISED PROPOSAL				
BUDGET REMAINING FOR ALLOCATION		4,164	4,980	3,330	7,430	7,430
Contingency Funds						
Estates Contingency		250	250	250	250	250
Medical Equipment		250	250	250	250	250
Information Technology		250	250	250	250	250
Non Patient Connected Equipment Replacement Fund		50	50	50	50	50
VitalPAC/PSAG Replacement Fund		100	100	100	100	100
Support Services Care Group Equipment Contingency/Replacement Priority 1		100	100	100	100	100
Facilities Equipment Replacement Priority 1		50	50	50	50	50
Patient Environment (inc Furniture) Contingency Replacement Priority 1		50	50	50	50	50
In Year Allocations/Corporate Contingency		2,200	2,200	2,200	2,200	2,200
Total of Contingency Funds		3,300	3,300	3,300	3,300	3,300
BUDGET REMAINING FOR ALLOCATION		864	1,680	30	4,130	4,130
Departmental Priority 1 Schemes:						
Estates Risks Priority 1: Asbestos		145	1,680	30	4,130	4,130
Estates Risks Priority 1: Fire (Potential Enforcement Notice)		200				
Estates Risks Priority 1: Ward refurbishment works whilst wards decanted for fire safety works		100				
Estates Risks Rated Priority 1: Roadways/pathways/external lighting		79				
Medical Equipment Replacement Priority 1		170				
IT Replacement Priority 1		170				
Radiology Replacement Priority 1 (revenue solution to be explored)						
Total Priority 1 Schemes		864	1,680	30	4,130	4,130
Surplus/(deficit) after above		0	0	0	0	0



Summary of transformation by sector

Model	Secondary	Community	Primary	Admin
ESTATE TO REDUCE / DISPOSE	MPFT (when still SSSFT) rationalisation projects release 5 sites for disposal – However, these will be recorded against Staffs STP, as their primary STP	Community bed requirements, post Future Fit outcome have potential for alteration pending configuration of community hospital provision	Some premises may be changed and replaced due to change in services. Including the potential merger of GP practices.	Administrative service utilisation of estate requires full review, outcomes of which have potential estate impacts
ESTATE TO INCREASE (by 2020/21)	The development of two urgent care centres at the existing two hospital sites. <i>Potential</i> development of a rehabilitation centre and Veterans Centre at RJAH.	Develop community hubs based on community need	Develop community hubs based on community need	Shirehall public sector hub development has potential to provide opportunities for changes in utilisation of estate for administrative services
ESTATE TO OPTIMISE	Princess Royal and Royal Shrewsbury Hospitals, depending on outcome of consultation	Understand vacant space across the ST&W STP area in order to identify opportunities for re- uses of existing space.	Programme of transformation being carried out, based on community need will identify possible opportunities	CCG and other administrative service functions will consider moving out of spaces which can be converted for clinical use



Annex 3 – supplementary information about our STP

Future Fit was set up in 2013 in response to the Government's 'Call to Action' which asked NHS staff, patients, the public and politicians to come together and agree what changes are needed to make our local NHS services fit for the future. Led by doctors, nurses and other healthcare staff, many members of the public across the county have been involved and since taken an active part in the design and development of the proposed model of hospital care.

Two Integrated Impact Assessments have assessed the potential impact and equality effects of proposed changes and taken into account as part of the CCGs process in considering and deciding upon the preferred option.

futurefit
Shaping healthcare together



Public consultation on the two options commenced 30 May 2018 for a 14 week period
The outcome of this consultation will determine details of capital spend, including the £312m approved in Wave 3

The acute hospital service elements of the Future Fit Programme internally at SaTH are now referred to as the **Sustainable Services Group (SSG)**

The following five slides provide an overview of the
Future Fit Programme and Inter-dependencies



Annex 3 – supplementary information about our STP

Trying to Solve:

Workforce Challenges

- Duplicate services on two sites presenting many workforce challenges including;
- teams spread so thinly services are vulnerable to unexpected absences and non-availability of staff
- challenging recruitment environment, difficulties recruiting the right substantive workforce to provide high quality safe care
- cost pressures for premium rate working, poor economies of scale and duplication of rotas
- Ageing workforce profile

Condition of the existing estate

As recorded in detailed 6 Facet estates surveys undertaken in 2015/16, significant amounts of the existing SaTH estate did not achieve 'condition B' (satisfactory standard); and a substantial number of areas were 'condition D' (life expired/unacceptable)

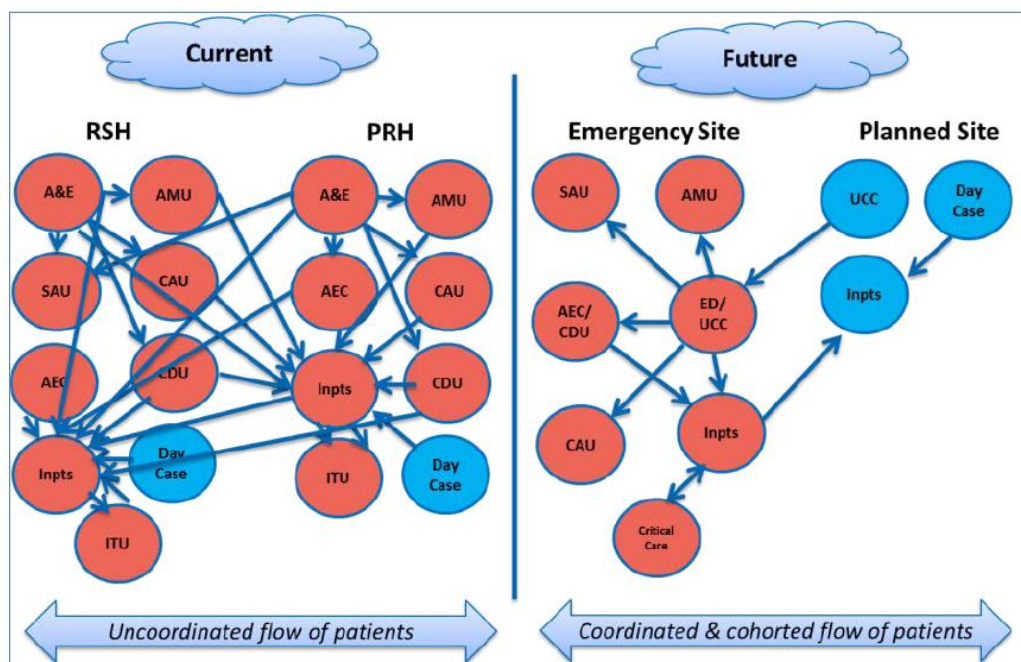
'Future Fit'

Reconfiguration of acute hospital service sites (1 of 5)

A balanced-site care model whereby patients would:

- Receive acute medical care within the Emergency Site;
- Benefit from planned care with defined separation from emergency care pathways;
- Benefit from improvements in emerging shared pathways between all providers.

This leads to an improved flow of patients, as shown in the diagram below:





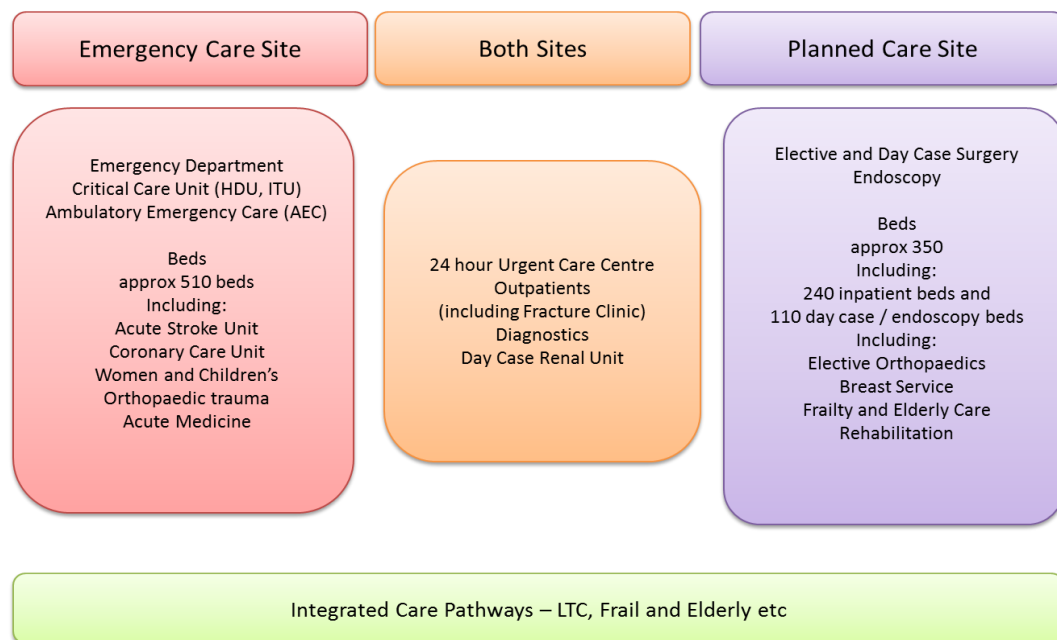
Annex 3 – supplementary information about our STP

‘Future Fit’

Reconfiguration acute hospital service sites (2 of 5)

11 neighbourhoods within Shropshire and four in Telford and Wrekin, which will be used to provide a range of services at a local level for people who need the support of primary care professionals such as GPs, social workers, community nurses, therapists and mental health workers.

New ways of working and system transformation including these Neighbourhood Care Teams will result in fewer people needing acute hospital care, and those who do would be discharged quicker.



- Future Fit identified the need to have a single ED, single CCU model
- SaTH further developed this model based on essential clinical adjacencies
- This resulted in the development of two vibrant hospital sites that splits the provision of routine planned and emergency care



Annex 3 – supplementary information about our STP

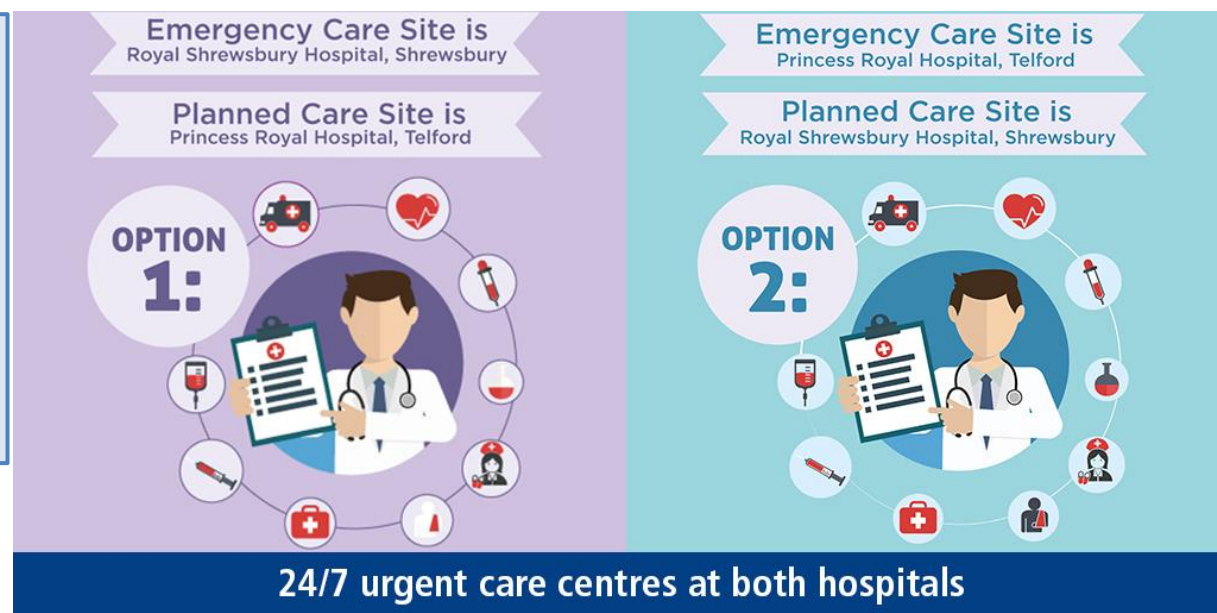
‘Future Fit’ Reconfiguration of acute hospital service sites (3 of 5)

The programme proposes the creation of one new fully-staffed and equipped Emergency Department, site depending on outcome of consultation. Planned care site would be on the site which does not have the Emergency Centre.

At Both Sites:

- 24-hour Urgent Care Centre
- Adult and children’s outpatient services
- Day Case Renal Unit
- Tests (diagnostics)
- Midwife-led Unit
- Antenatal Day Assessment Unit
- Early Pregnancy Assessment Service (EPAS)
- Maternity outpatients and scanning

Option 1 is the CCGs’ preferred option, it offers the best value for money over the long term.



We have ageing buildings across our two hospitals with some in Shrewsbury dating back to the 1960s. We recognise that, in order to continue to have two vibrant hospitals, we need to invest in our buildings. A survey on the condition of the buildings at each site showed that a significant amount did not meet satisfactory standards and a substantial number of areas were found to be unacceptable, particularly at Shrewsbury. In the overall economic analysis of the options, which combines the result of the non-financial and financial appraisal, it is estimated that Option 1 would offer the best value for money over the long term.



Annex 3 – supplementary information about our STP

‘Future Fit’

Reconfiguration of acute hospital service sites (4 of 5)

Funding will follow the patient to ensure that resource is in the optimal delivery setting

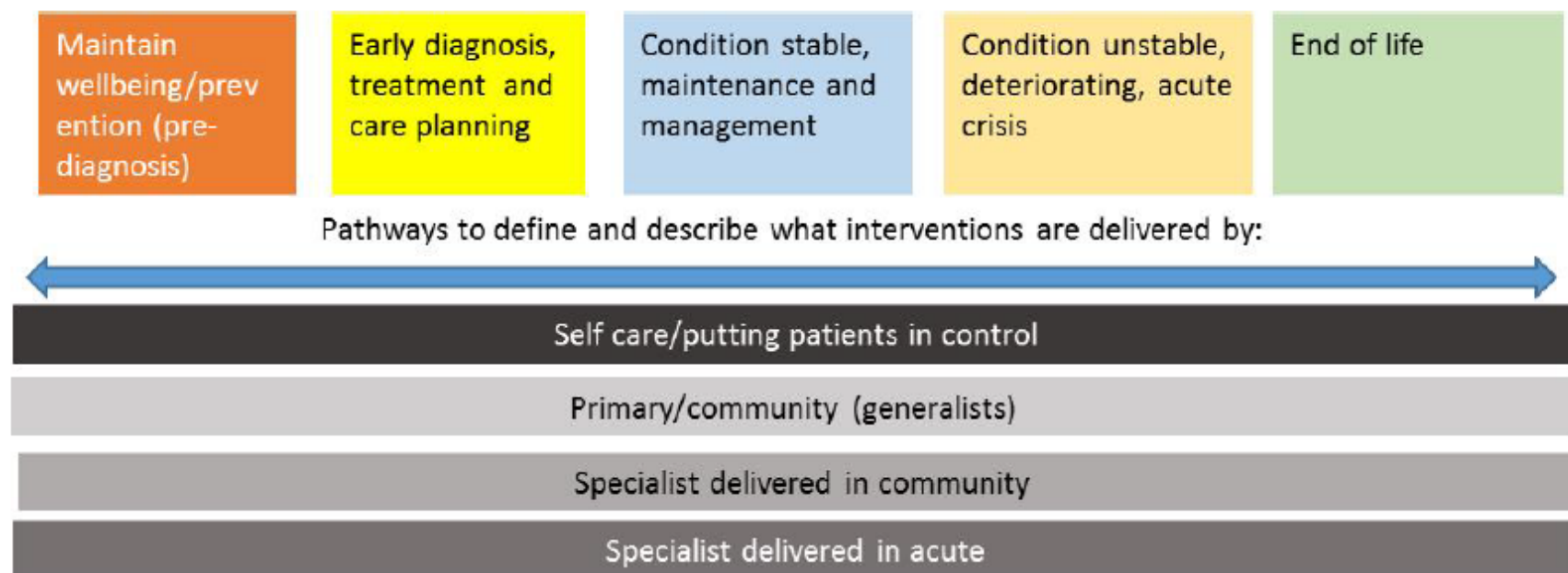


Figure 16: End to End Pathway



Annex 3 – supplementary information about our STP

‘Future Fit’

Reconfiguration of acute hospital service sites (5 of 5)

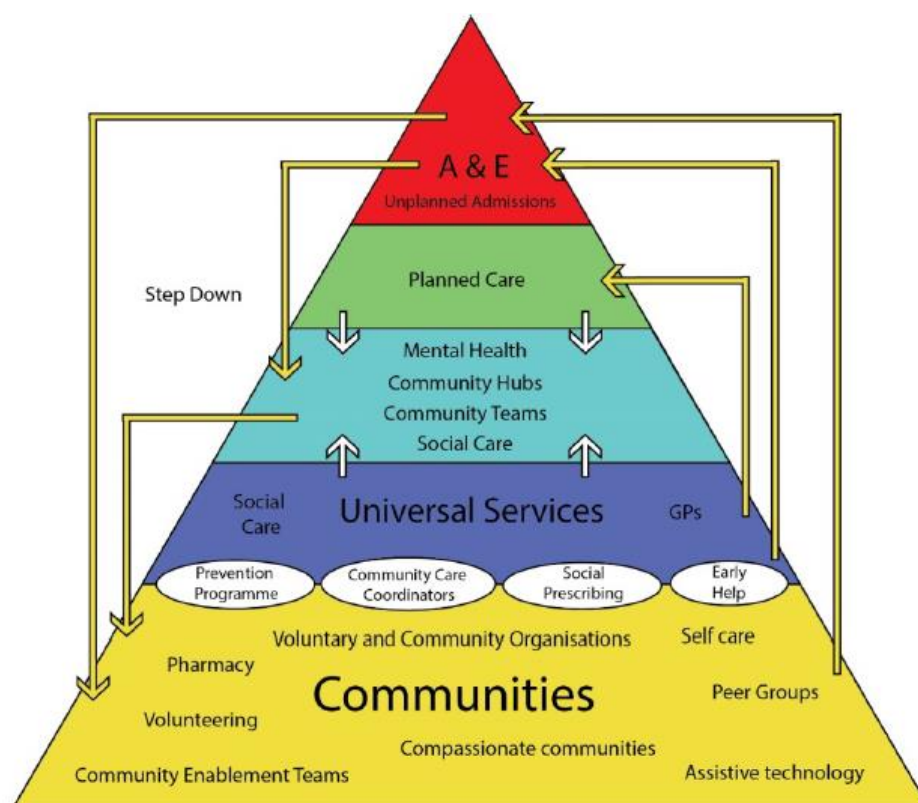


Figure 13: Shropshire Neighbourhood model of care

Interdependent and critical to the success of the acute hospital reconfiguration aspect of the Future Fit programme are parallel **transformational change developments** in:

- Neighbourhood care services
- Aligned workforce
- Promoting health & well-being
- Prevention
- Enhanced use of technology
- New ways of working
- Caring for Finances

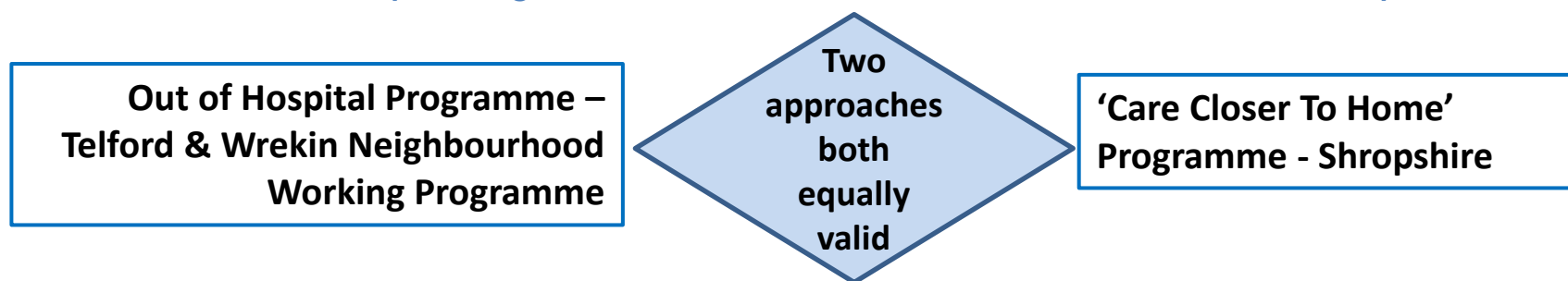
An overview of these is provided in the following slides:-



Annex 3 – supplementary information about our STP

Interdependent and Critical to the success of Future Fit is our approach to specific community needs, recognising the Locality & Geographical variations in our footprint; urban vs rural, historical health configurations, experiences, change readiness states and associated complexities, with the resultant emergence of two approaches

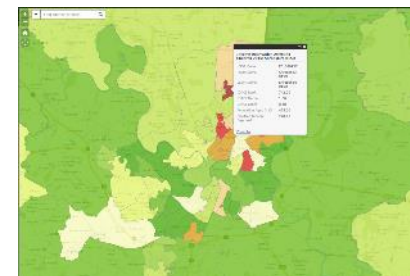
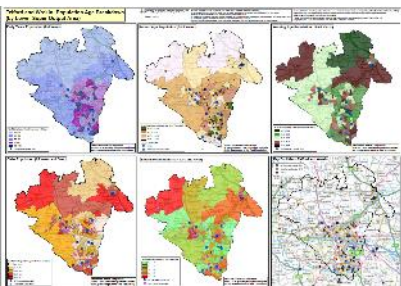
'Out of Hospital Programme' -Telford & Wrekin and 'Care Closer to Home' - Shropshire



Both approaches are using evidence-based best practice, analysis of data, and collaborative workshops facilitating whole system partner participation and engagement to inform transformation of services to meet people/patient needs, achieve capacity, capability and affordability

The short, medium and long-term impacts associated with these approaches must inform estate needs.

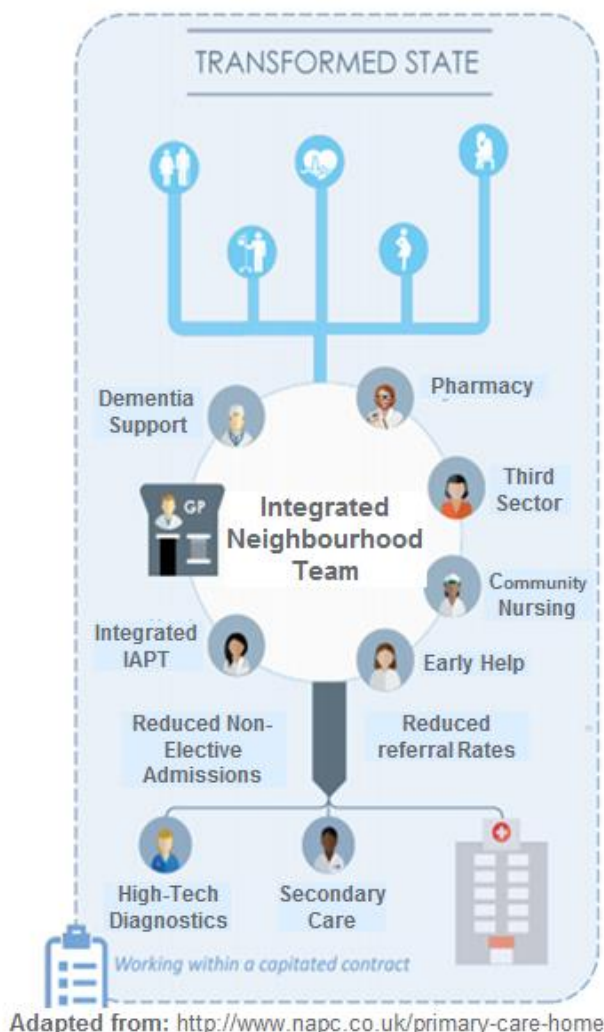
Whilst not yet explicitly understood, as an enabling component 'estate' is integral in these developments





Annex 3 – supplementary information about our STP

TRANSFORMED STATE



Adapted from: <http://www.napc.co.uk/primary-care-home>



- One team
- Estates planning integral
- Risk stratification
- Reduce social isolation
- Strengthen primary care
- Early help & support teams
- Direct care in the community
- Staff alignment around neighbourhoods
- Reduce dependency on statutory services
- Promoting community resilience
- Encouraging healthy lifestyles
- Communications and engagement

Out of Hospital Programme – Telford & Wrekin Neighbourhood Working Programme

“So what for estates?”

‘Integral to Future Fit’

- Services & Activities will be closer to home
 - Community hubs / joint use of space / fit for purpose
 - Non-elective hospital admission reductions
 - Reduction of non-elective admissions from care homes
 - Reduced length of stay for intermediate care beds
 - Reduced spend on care home placements
- All above link with Sustainable Services Programme (SSP)
- Well connected services & communities
 - Supported with technology (local digital roadmap)
 - Better use of void / shared / bookable space
 - Rationalisation in non NHS/public owned estate

Stakeholder estate
planning and
service priority
workshop being
arranged for late
Summer 18

Outcomes will
support future estate
requirement type to
deliver out of hospital
offers

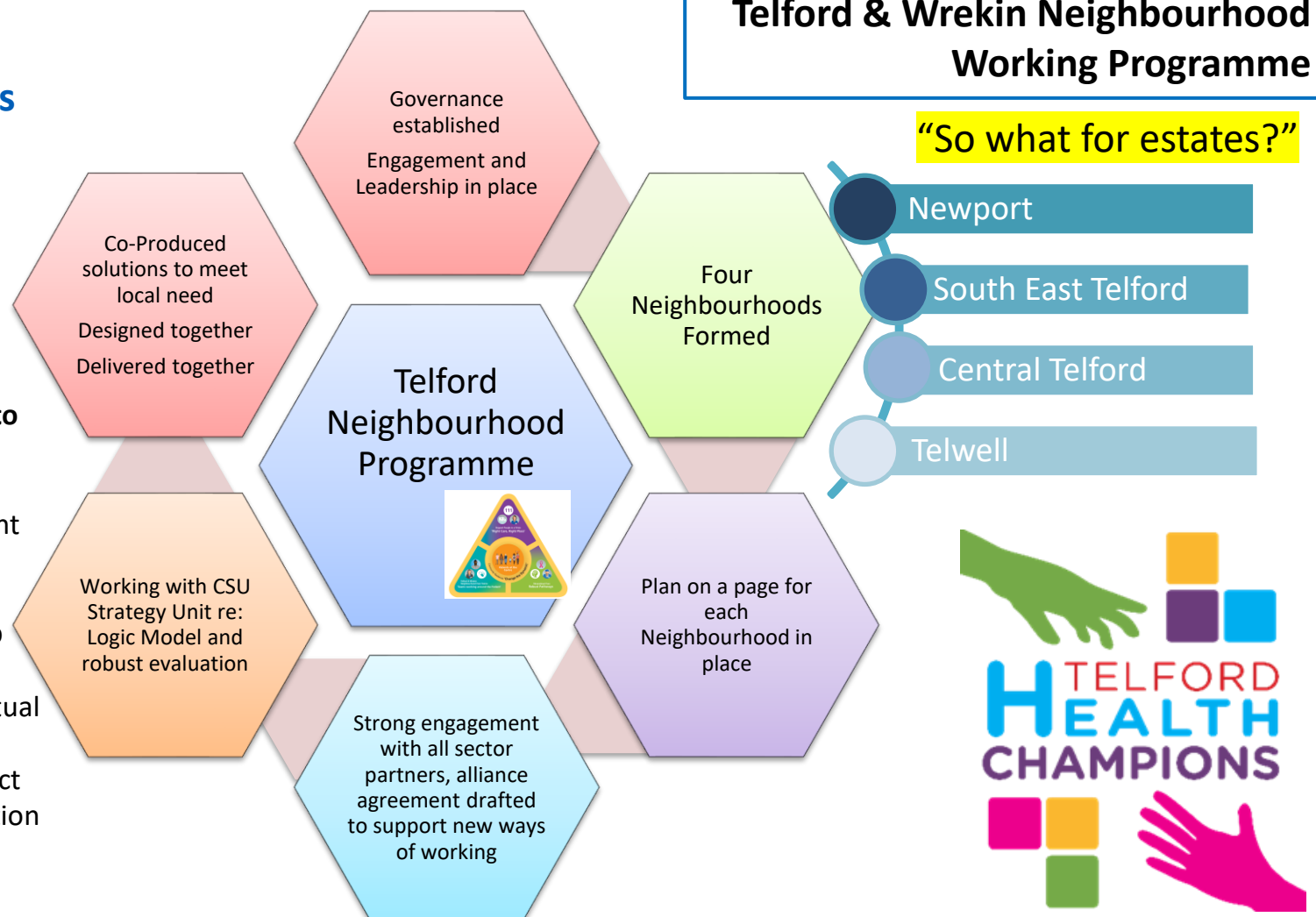


Annex 3 – supplementary information about our STP

Telford Neighbourhoods – how it all fits together – delivering transformation

Case Study Examples to showcase progress

- Diabetes Management
- Hypertension Management
- Mental Health Hub branches
- Citizens Advice – virtual team
- Wound healing project
- Community information portal
- Health Champions





Annex 3 – supplementary information about our STP

Out of Hospital Programme – Telford & Wrekin Neighbourhood Working Programme



“So what for Estates?”

Ensure suitable estates enable delivery, maximising use of current resources, better partnering to reduce vacant & void space, increase suitable sharing opportunities, identify refurbishment, redevelopment & disposal opportunities, in addition to the development of new facilities to support the delivery of neighbourhood working



NHS and LA keen to work on
potential shared space to
support collaborative working
– seeking out such
opportunities





Annex 3 – supplementary information about our STP

Shropshire's 'Care Closer To Home' Programme

"So what for estates?"

futurefit
Shaping healthcare together

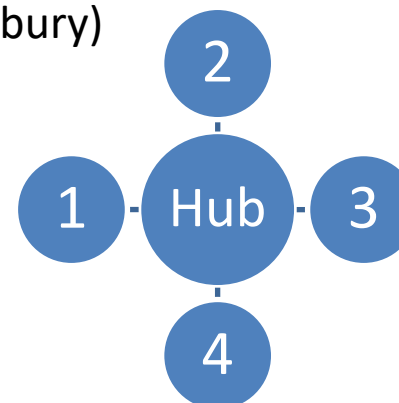
Estates Impact & Enabler:

Hubs – designed to house Extended Primary Care, Community Services, Social Care, Community Workforce

Spokes – Core GP and Practice Nurse services. Utilising existing estate but with a requirement for some review and modernisation

Only by offering patients (and staff) a new and different alternative to the current service model, **working as a system/community** which comprises effective, tailor-made care package of care, will it be possible to reduce the burden on the NHS of repeated acute admissions and overall bed days.

Hub and spoke model centred on major Market Towns – potentially 6-7 hubs (plus Shrewsbury)



Primary Care at Scale

30 -50,000 patients is likely to be the mandated size of primary care networks

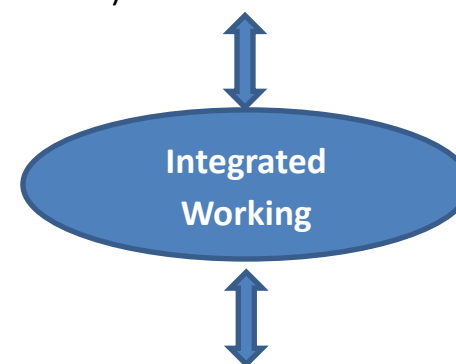


Annex 3 – supplementary information about our STP

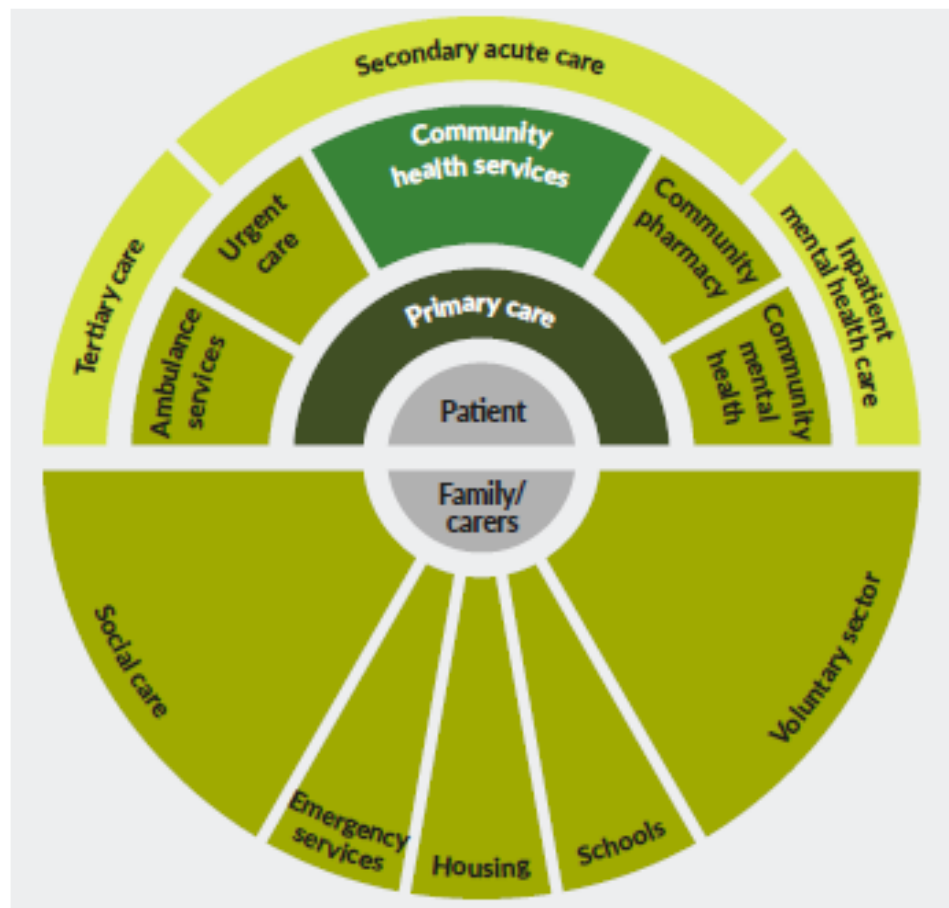
Shropshire 'Care Closer To Home' Programme

“So what for estates?”

Multi-disciplinary teams (within General Practice – GPs, Advanced Nurse Practitioners, Pharmacists, Physios, Mental Health nurses, Practice Nurses, Health Care Assistants, Community Care Co-ordinators)



Links to Shropshire Care Closer to Home workforce - built around general practices with a core Locality Team including district nurses, care co-ordinators, allied health professionals, social care and matrons.





Annex 3 – supplementary information about our STP

Shropshire 'Care Closer To Home' Programme

Transforming Community Services Across Shropshire

“So what for estates?”



Phase 1 Frailty Front door (presently operational)

A dedicated Multi-Disciplinary Team (MDT) based in the Emergency Department who are responsible for the early identification, treatment, risk assessment and planning for frail and long term condition patients. This improvement will facilitate appropriate triage of patients to either the acute/community/home setting. This team will liaise and work with existing teams in the community such as intermediate care and Care Co-ordinators etc. DAART is a key focus for this process in terms of linking into existing acute frailty expertise, resources and skills, providing a responsive ambulatory care function.



Phase 2 Primary Care Development including Local Enhanced Services & Case Management

including Local Enhanced Services and Case Management (Collaborative design by March 2018 – Risk stratification to commence as soon as possible)

Potential to be built around general practices with a core Locality Team including district nurses, care co-ordinators, allied health professionals, social care and matrons. This element of the service will identify the case management cohort of service users, develop personalised care plans, provide the day to day care and support including wider services as necessary. For stable service users this will be the default range of services. It will provide a named lead for each service user to generate emergency care plans and to design the escalation services necessary to manage any exacerbation. The community matrons are key in the education and competence building of wider staff.



Phase 3 Hospital at Home/Crisis Intervention/Rapid Response/DAART

and Step Up Community Beds (Collaborative design by June 2018)

Where care needs escalate beyond the core teams, service users will move into a Hospital at Home element of the service. This will incorporate the step-up element of the intermediate care team and community beds with an enhancement to medical cover arrangements (which could include in-reach from acute consultants or alternative medical governance models) and access to IV Antibiotics etc. within the community. The specialist frailty and long term conditions teams will be part of this element of the service, both in terms of care delivery to manage exacerbations and also in an educational role to cascade skills into the core teams. A rapid response team will be established to enable intervention at pace across the Hospital at Home and Crisis functions. This team will make full use of the re-specified DAART and community bed provision.



Annex 3 – supplementary information about our STP

Increased access and service delivery of Musculoskeletal Services needed from Community Hubs, Community Hospitals, Primary Care, Voluntary Community Sector Facilities ...



Proud to have in our county 'RJAH' as a world renowned specialist orthopaedic hospital ... supporting development of its community-based Shropshire Orthopaedic Outreach Service (SOOS) ...

Estates to enable clinic locations closer to patients homes

Community-Based Musculoskeletal (MSK) service provision

“So what for estates?”

maximising joint use of space /
ensuring fit for purpose

futurefit
Shaping healthcare together

What do we think will make a difference?



- * Enhancing the Shropshire Orthopaedic Outreach Service (SOOS)
- * Offer more access to treatments like physiotherapy, psychological therapies, walking aids and weight management



- * To reduce the number of people having hip and knee replacements, until surgery becomes the best option
- * To ensure our money is spent on the most beneficial services for patients.

Integrated MSK Service model

Community Physiotherapy		Single Point of Access		Self-Management Fitness and Rehab
		Clinical Assessment, Triage & Treatment Service (SOOS)		
Podiatry	OT	Secondary Care	Rheumatology	Pain Management

RJAH plans to raise an initial £1million to build a dedicated Veterans Orthopaedic Centre, that will be the first of its kind in the UK



Shropshire and Telford and Wrekin

ACS: **No**

NHSE Dashboard development - April 18 Data



Providers with a type 1 A&E site within the STP footprint



Finance	%	Value (£m)	Rank (x/44)	Provider /commissioner
Q2 2017/18 CCG difference to operating plan	-	-	-	Commissioner
Q2 2017/18 NHS provider difference to operating plan	-	-	-	Provider
Q2 2017/18 STP difference to operating plan	-	-	-	Both
The distance from target funding (%)	-2.51%	N/A	39	Commissioner
Estates: cost to eradicate backlog	N/A	£61.0	19	Provider

Source: NHS Improvement and NHS England

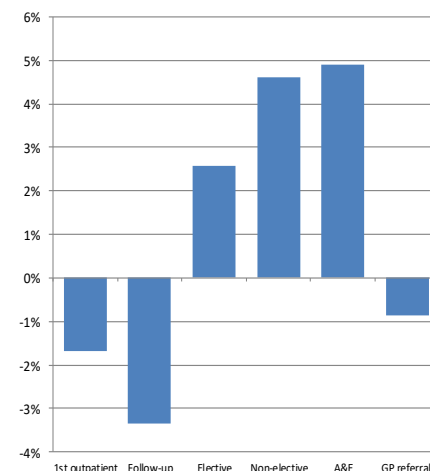
Performance

◆ STP value

Performance		Indicator (NT = national target, EV = England Value, UQ = upper quartile)	Value	Box plot	Date	Derivation	Provider /commissioner
Hospital performance		A&E (NT=95%)	79%		Mar-18 YTD		Provider to comissioner, then to STP
		RTT (NT=92%)	90%		Feb-18		
Patient-focused change	Primary care	Extended access to GP appointments (EV = 51.6%; UQ = 72.3%)	50%		Oct-17	Proportion	Comissioner
		Overall satisfaction (EV = 84.8%; UQ = 86.7%)	86%		2017		
	Mental health	IAPT recovery rate (NT=50%)	56%		Oct-17 to Dec-17		
		Early intervention for psychosis (NT=50%)	36%		Mar-17 to Feb-18		
	Cancer	Early diagnosis (EV = 52.6%; UQ = 54.6%)	50%		2016		
		Seen within 2 weeks (NT=93%)	93%		17-18 Q3 YTD		
Treatment within 62 days (NT=85%)		84%		17-18 Q3 YTD			
Transformation (source for emergency admissions is SUS data)		A&E attendances per 100,000 (EV = 36245; UQ = 36734)	26,628		Mar-17 to Feb-18	Rate standardised by deprivation, age and sex	
		Emergency admissions per 100,000 (EV = 99; UQ = 107)	92		Mar-17 to Feb-18	Rate standardised by age and sex	
		Emergency bed days per 100,000 (EV = 491; UQ = 536)	414		Mar-17 to Feb-18	Rate standardised by deprivation, age and sex	
		GP referrals per 100,000 (EV = 21421; UQ = 22462)	17,069		Mar-17 to Feb-18	Unstandardised rate	
		DTOC per 100,000 population (EV = 0; UQ = 193)	96		Mar-17 to Feb-18		

Providers in special measures (source: NHS Improvement)	No		Apr-18	Number in special measures	Providers attributed to lead commissioner
---	----	--	--------	----------------------------	---

Activity



■ Year to date growth, Month 10 17/18

Source: CCG Improvement and Assessment Framework unless otherwise stated. Indicators with * are benchmarked vs. national standards

Source: NHS England (SUS and CCG operational plans)



Annex 3 – supplementary information about our STP

1. **Whitchurch Integrated Health Hub.**

Project manager appointed, funded from OPE monies secured through a successful Shropshire Council bid. The general concept is of a joined-up development that incorporates a primary care centre, community hub and retirement living.

- The need to develop multi-use spaces that could be used by a range of providers and the incorporation of new technologies that will assist with delivering a better range of services than those that currently exist whilst at the same time reducing the cost of delivery has been identified.
- The co-location of modern, high quality GP services within an Enhanced Primary Care setting, linked to the Shropshire Care Closer to Home project, will enable the delivery of a much wider range of integrated services, delivered across a range of health professionals, allowing the delivery of an increasing proportion of services from primary care and community services, in a joined-up way.
- The model locates the GPs with a core Locality Team including district nurses, care co-ordinators, allied health professionals, social care and matrons.
- This project will allow the practices to explore and implement the option of ‘social prescribing’ and alternative therapies that compliment more traditional methods.
- Using the Community Hub as a setting for voluntary services their work will help reduce loneliness, raise the levels of general well-being, encourage fitness activity, facilitate support groups for long term conditions, provide information and sign-posting which all lead to reduced demand on the mainstream health services.
- The inclusion of step up/down facilities, (Adult Social Care led), within the Extra Care, will allow better and faster management of early intervention and/or discharge through to an individual’s home.



Annex 3 – supplementary information about our STP

2. Shawburch Primary Care Centre

New build project to accommodate anticipated rise in patient population resulting from significant housing development in the area and to provide additional space for out of hospital services as well as enhanced general medical services to the wider population (both across the locality and the CCG as a whole).

- Practice current premises is at full capacity currently with anticipated rise of ~5,000 patients over the next five years.
- Estimated build cost will be around £4.5m. Funded by a combination of STP capital funding and GP funding.
- Most critically the proposal will facilitate improved patient access and support and enable interventions to reduce unplanned emergency admissions. As part of the project, the practice aims to work with other NHS providers (eg Physio First). This will be a significant benefit for patients particularly in reducing travel times to hospital
- The project is deliverable from a site, planning and legal perspective, and will ensure that the practice has a well-designed, modern healthcare facility which meets all the standards required and wherever possible exceeds them. Particular attention has been given to future expansion and flexibility to ensure that the building can adapt as the requirements of health care change.




Annex 4: STP Estates Directory

Joint Local Estates Forum & One Public Estate Delivery Groups Membership

Becky Jones, Estates Strategic Adviser, CHP
Caroline Reid-Smith, OPE Programme Manager, Shropshire Council
Maggie Durrant, Programme Manager, Shropshire, Telford & Wrekin Sustainability & Transformation Partnership
Paul Gilmore, Finance Lead, Shropshire, Telford & Wrekin Sustainability & Transformation Partnership
Amanda Alamanos, Primary Care Lead - Shropshire & Telford, NHS England
Tim Smith, Head of Business Enterprise & Commercial Services, Shropshire Council
Darren Francis, Telford & Wrekin CCG,
Martin Foster, Associate Director of Estates, SaTH – (David Thomas, SaTH, John Ellis-Tipton, SaTH, Kate Shaw, SaTH)
Robert Graves, Director of Facilities MPFT, Cliff Jones, MPFT
Sam Tilley, Director of Corporate Affairs, Shropshire CCG,
Steve Ellis, Primary Care Lead Shropshire CCG
Tom Brettell, Better Care Fund Manager, Shropshire CCG
Julie Thornby, Director of Corporate Affairs, Shropshire Community Health Trust
Nick Huband, Associate Director Estates & Facilities RJA, (Mike Bowen, RJA, Phil Davis, RJA)
Richard Dickson, Provider Engagement Programme Lead, DH
Heather Pitchford, NHSE, Elaine Rodgers, NHSE
Carl Hewson, Local Engagement Manager/Regional Advisor, Cabinet Office
Jayne Traverse, Regional Programme Manager, OPE
Phil Brenner, Director PJB Associates UK Ltd (Project Manager-Whitchurch)
Andrew Harding, Strategic Valuation Consultant, Place Partnership (Ian Evans-Fisher, Tracey McIntyre)
Charles Hill, Chief Superintendent, West Mercia Police
Simon Lewis, Head of Estates, West Midlands Ambulance Service
Andy Johnson, Deputy Chief Officer, Shropshire Fire Service
Steve Law, Strategic Asset Manager, Shropshire Council
Paul Partridge, Director of Finance, Shrewsbury Colleges Group
David Cookson, Deputy Head of Service, Probation Service
Dawn Toy, Service Delivery Manager - Regeneration and Investment, Telford & Wrekin Council

Board of Directors' Meeting

11th November 2021

Agenda item	xxx/21			
Report	Estates Plan			
Executive Lead	Executive Director of Finance			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people		Effective	√
	Our service delivery	√	Caring	
	Our partners		Responsive	
	Our governance		Well Led	
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF 5 / BAF 6	
	For decision / approval	√	Link to risk register:	
	For review / discussion		1075	
	For noting			
	For information			
	For consent			
Presented to:	SaTH Leadership Committee – Transformational 16.9.21 Finance and Performance Assurance Committee 28.9.21 – recommended for approval			
Dependent upon (if applicable):	Completion of options appraisal for 5 year capital programme prioritisation exercise currently underway with the support of HTP team.			
Executive summary:	The Estates Plan is subject to agreement of the 5 year strategic capital programme of works linked to agreed operational and strategic priorities and subject to approval of HTP SOC option. There is also ongoing work around the clinical services strategy that is being finalised while considering expediting a number NHSI for bids against regional allocation in 21/22 and 22/23. In conjunction with this work a Trust-wide review of space utilisation, focusing on zoning and clinical adjacencies has now been completed and will inform future decisions around occupancy. The Board of Directors are asked to note the contents of the paper and approve the Estates Plan as it is currently presented, noting that this is subject to change.			
Appendices	Appendix 1: Draft Estates Plan			
Lead Executive:				

1.0 Introduction

A review of the strategic 5-year capital programme is now progressing in line with capacity planning and alignment and subject to approval of HTP SOC option. Further review would be required to the Estates Plan. This “domino” effect will provide an integrated and joined up approach to estates developments aligning with the future approved HTP SOC solution and the capital programme.

2.0 Estates Plan Contents

The Estates Plan covers the following areas of estate planning and performance. It is important to note that often the focus is on new capital schemes but it is essential that we also focus on the critical issue of a safe and effective environment through addressing the important issue of backlog maintenance.

2.1 Total Backlog Liability / 5- Year Backlog Programme (breakdown below)

Backlog reported in ERIC 19/20 (Estates Return Information Collection) is approximately £55M. The total gross backlog liability covering the next five years is estimated at £96m. The Estates backlog survey is refreshed yearly to ensure that the latest condition information is captured. The backlog survey for FY20/21 is now complete and updated ERIC submission has been made. The current backlog position is shown graphically at RSH on slide 7 (along with current planned projects to address the critical areas on slides 8/9). The PRH position is shown slide 15 (with the current planned programme on slide 16).

The total 5-year backlog programme funding availability over the coming five years is estimated at £25m approximately. This equates to £5m/yr investment in estates backlog depending on CRL and central funding for Critical Infrastructure. The Trust successfully bid for Critical infrastructure funding of £5.6m FY20/21 the works for which is being successfully delivered.

An estimated investment of £1.5m will be required to address need to replace SSD autoclaves is included in the Estates backlog programme and will be spread over a 3 years.

Ventilation upgrades will continue to be a focus over the coming 5 years to address areas of high risk. A ventilation survey is underway to cover patient areas on both sites. It has become apparent that over the years rooms have had their purpose changed without involving Estates and subsequently may not be compliant with HTMs/HBNs etc in term of air changes p/min. An estimated £1.2m/yr investment on ventilation Air Handling Units (AHUs) is planned to ensure compliance.

Continued investment in steam main repairs and calorifiers will be required with £0.4-0.5m earmarked per annum.

Investment in the Building Management System (BMS) will be required in FY21/22 and is estimated at £0.6m. This is required due to the obsolescence of the existing system due to parts unavailability and the need to shift to an open protocol system. This will provide an intelligent system that links to other systems as well as heating and security ventilation.

Electrical infrastructure replacements include UPS / IPS (Uninterrupted Power Supply batteries) equating to £0.3m/yr. Additionally investment in nurse call systems

(£0.1m/yr) will be needed as wards have changed designation of rooms and some areas are not linked or audible, which clearly presents patient risk.

A total of £0.3m/yr has been earmarked to address fire compliance; £0.15m for alarms and detectors with another £0.15m for compartmentation. Roughly £0.15m has been earmarked for asbestos removal focussing on debris and areas with potential deterioration.

A separate £0.5m has been identified in FY 21/22 for subway duct structural work and asbestos removal.

Building fabric investment in floors (£0.15m/yr), roof replacements (£0.35m/yr) and windows replacements (£0.1m/yr) are also planned.

Slides 24 and 25 show the detail around the current five year capital plan, subject to approval.

2.2 5-Year Strategic Project Plan

A large number of capital schemes will be delivered by the end of 20/21, which is far in excess of any investment in recent years. A total of **£22.65m of centrally funded investment** across **FY 20/21 (£10m)** and **FY 21/22 (£12.65m)** is being delivered. These are covered in slides 10 and 19-23 and are as follows:

1. Modular SDEC (RSH) £3m
2. Ward 36 (PAU PRH) £2m
3. Fracture Clinic (RSH) £1.75m
4. SAU(RSH) £1.7m
5. SAU Office Accommodation £0.9m
6. MRI-CT(RSH) £3.5m
7. Modular Offices – Ironbridge Suite (PRH) £0.5m – Ironbridge Suite
8. A&E Refurbishment £9.3m

All projects identified above are now complete apart from A&E Refurbishment £9.3m.

2021/22

RSH A&E refurbishment commenced in April 21 and is being phased, with main clinical space delivered by Dec 21 and project fully complete by March 22. These timings have been agreed with NHSI.

RSH MRI/CT ground works commenced in March 21 and was completed in August 21.

Work has also been completed to fit-out the **Ironbridge Suite** at PRH which is a new 60-desk office modular located adjacent to the pre-existing Mallings Health modular.

The **Mallings Health** building and land is in the process of being transferred to the Trust from NHS Property Services via a **zero cost** asset transfer process. The PRH land housing the rear car park and helipad is also being legally transferred from NHS Property Services following an uncompleted Transfer in 2013/14 when the Women & Children's centre transferred from RSH to PRH.

Proposals for a developer-funded new two-storey **commercial front entrance at PRH** are currently being worked-up. This development would house retail offerings and waiting space for patients and staff and potentially create additional capacity on the second floor by re-providing the Education Centre which is located within a ward

template. It would also demonstrate our continued investment in the Princess Royal Hospital.

Estates have successfully completed and handed over **Ophthalmology department (Cataract Suite) in Ward 20** and **W18 fire compartmentation** works in the **Copthorne building was complete in April 21.**

Bids against NHSI capital allocations to create additional capacity in 21/22 are in development. Currently this includes providing **modular ward(s) at RSH, and the PRH Renal Dialysis Unit moving off-site** to create a 20-bedded ward, with the **PRH Cardio-respiratory service moving to an on-site modular building to release the 10-bedded en-suite Apley Ward** to use as an isolation /infectious diseases ward. We are currently awaiting feedback from the centre.

HTP SOC proposals are still being processed and for this purpose the Estates Plan cannot be finalised until this work is completed and aligned with the current site review of clinical adjacencies and space maximisation. Clinical service plans will be revisited and Strategic Projects programme will adapt to the services plan as it is developed.

Options that are being investigated within estates for RSH and PRH are shown on slides 26 and 27 respectively, but are subject to the finalisation of the five year capital plan.

2.3 Sustainability

The Trust, along with all NHS organisations, commits to delivering the NHS plan of a 'Net Zero Carbon Health Service' by 2040. The Trust will adopt the Net Zero Carbon Standard when it is released. In order to deliver the aspirations of the health services estates nationally, the Trust will need to '**Green Plan**' and '**Heat Decarbonisation Plan**', both of which are currently being progressed. This will include construction standards, energy, waste and transport. The Trust has a multi-professional Good Corporate Citizen Group that has been in place for many years, led by the Director of Corporate Services.

The Estates department has already been investing in sustainable technologies where possible as part of backlog investment and on occasion via central funded grants. To date there has been considerable investment in **LED lighting, building management systems (BMS) controls, steam calorifiers, motor controls as well as u-value building fabric improvements including window replacements.** Helpfully energy consumption savings have been identified as a CIP where there is an element of investing to save. In order to deliver higher carbon reductions investment a new energy centre will be required and is subject to Salix PSDS funding (Public Sector Decarbonisation Scheme) application is being developed.

With reduced reliance on fossil fuels, additional electrical power capacity will be required to both sites to offset carbon base energy generation. Estates are working closely with system partners to deliver the sustainability aspirations for the STW STP. A business case to introduce a revenue-neutral electrical vehicles charging points as now been approved. It is recognised that "plug-in" vehicles now represent 10% of all new car sales.

Details of the Trust's sustainability agenda can be found on slides 29-33 of the Plan.

2.4 Model Hospital

Slides 35-37 cover the Trust's performance in terms of Estates and Facilities Costs per metre squared.

Estates and Facilities performs generally well in Model Hospital with the exception of critical infrastructure risk (backlog maintenance) and hard facilities management (FM) costs including waste. Due to issues with the national waste contracts cessation, SaTH has incurred significant extra costs due to the temporary waste contract implemented by NHSI, however a new clinical waste contract has been awarded from April 2021 so these figures will significantly reduce.

Space Management

Slide 36 and 37 refers to the amount of empty and under-utilised space at SATH, which is higher compared to our peers. This has been largely as a result of works underway in the Copthorne building and empty RSH residence blocks which will be updated with next model hospital information output.

A number of areas of accommodations are expected to come into play over the next five years.

In FY 21/22 **145m2 of Mytton Oak** will be vacated when the MLU moves back into Copthorne W18. This could be considered as alternative accommodation for Therapy Services which are currently located on the William Farr site as their current accommodation is not satisfactory. This will be dependent on a wider review of ongoing service provision.

In addition the **Faculty of Health Building and Learning Centre** on the RSH site lease will end in FY 24/25 meaning this building could be used for other services, although it is likely that Staffordshire University will wish to extend the Lease to provide nurse training on-site. Currently they pay a peppercorn rent and should the lease be re-negotiated a commercial rent will be set. The services SLA is also being reviewed currently as it does not meet current costs incurred by SaTH.

There is a business case being developed for Phase 2 which involves moving the Renal Dialysis Unit across to Ward 35 at RSH.

The **old nurse residence** at the back of the RSH site continues to be under used. Estates have brought some of these areas back into use due to urgent need for office space during COVID-19. The Trust is also paying a **200% council tax premium** on these empty building of around **£60k pa**.

2.5 Compliance

Slides 38-41 cover Estates compliance, which previously has been very poor largely due to gaps in the estates compliance structure as well as having a lack of compliance reporting framework. This is now gradually improving since approval was given for additional compliance resources (APs) and the setup of compliance reporting with the different estates disciplines (elect/vent/water /decon/fire/asbestos/PSSR/ lifts/med gas). The estates structure still suffers from lack of CP roles, for which a business case for five Band 5s has been submitted. This would be revenue neutral as there would be a concomitant reduction in external contractors who currently provide services. Estates also has an aging workforce and the Directorate is working closely with the Trust's Apprenticeship Lead to maximise support available from the national Apprenticeship Levy in 2021/22.

Estates statutory and mandatory maintenance (PPM) has **averaged 64%**. Estates are targeting increase to **80% by December 2021**. (One year ago it was under 40%). This means that planned maintenance is delayed, increasing the risk of failure. It should be noted that PPM delivery is inversely proportionate to reactive maintenance due to limited resources, i.e. if there is an increase in reactive requests PPMs are adversely affected.

Estates led the **PAM (Premises Assurance Model) audit** in 2020. Overall **PAM compliance** achieved was **65%** with the **target** that this increases to **80% by December 2021** due to improved efficiencies and the investment in some key estates infrastructure.

The appointment of an estates compliance manager has significantly improved compliance reporting and monitoring and provided assurance around policy and procedure updates.

2.6 ICS / STP Estates Group

Slides 42-46 cover the wider system co-ordination and the work being led by the ICS/STP Estates forum. The SaTH Estates department has been engaging with the ICS system partners to ensure alignment of system capital plans and better work collaboratively. While the system's meetings were paused due to COVID-19 pandemic they have now recommenced.

The SaTH Estates Lead (Associate Director of Estates) will be taking a lead role in organising and supporting ICS Estates Group to ensure that the necessary estates work is managed and supported by all stakeholders.

The Cavell Centre is one of a number of community hubs proposed to house such activities and SaTH is working closely with partners as options are being developed.

3.0 Risks and actions

Risk	Action	Lead
1. Lack of alignment with HTP	Once HTP SOC option is approved, co-ordination of 5 year programme will be required	WN – AD Estates & Hospital Site Transformation / HTP Programme Dir
2. Scarce NHS capital	Ensure viable VFM options are included in business case and bid submissions	WN – AD Estates & Hospital Site Transformation / AEM – Strategic Capital Programme Manager Nigel Lee - CFO
3. Estates capacity to undertake projects	Ensure forward planning of estates resources and reporting structures with regular delivery updates over 12-24 months period.	WN – AD Estates & HTP Transformation
4. Under-invested compliance structure eg CPs	12 months forward planning of contractor(s) needs to be included in budget setting	WN – Estates & Hpt Transformation PP – Estates Finance Lead
5. Zero Carbon NHS by 2040	Commission 'Green Plan' and 'Zero Carbon Plan' and define roadmap to zero carbon at SaTH. Work with system partners to ensure sufficient power in the grid to enable the zero carbon transformation	WN – Estates & Hpt Transformation TH – Sustainability Lead
6. Energy Centre Contract	Energy centre contract coming to end. The contract will need to be extended before the construction of the energy centre. New energy centre will need to be designed according to the site decarbonisation plans.	WN – Estates & Hpt Transformation TH – Sustainability Lead

4.0 Conclusion

The Estates Plan is partially dependent on HTP programme of works and will therefore be updated as HTP SOC and OBC approvals come through.

The Board of Directors are asked to note the contents of the paper and approve the Estates Plan as it is currently presented, noting that this is subject to change.

Helen Troalen
Executive Director of Finance
October 2021

DRAFT Estates 5 Year Plan

The Shrewsbury and Telford Hospital NHS Trust



Contents

1. Executive Summary

2. Where are we now?

A. Royal Shrewsbury Hospital

- Existing Site
- Age Profile
- Backlog Maintenance
- Parking
- Backlog

B. Princess Royal Hospital

- Existing Site
- Age Profile
- Backlog Maintenance
- Parking
- Backlog

3. Interim Position

Capital Urgent Capacity Schemes

- Royal Shrewsbury Hospital

- Princess Royal Hospital

4. 5-Year Capital Programme

- 5-Year Backlog Programme
- **5-Year Strategic Capital Programme**

5. Sustainability

6. Community

7. Model Hospital Review

8. Space Management

9. Compliance

10. STP Estates Strategy July 2019

11. Next Steps

1. Executive summary

This Estates Plan sets out a high level overview of the current estate as at Dec 2020 and charts the direction of travel for a notional 5 year period leading up to expected HTP transformation. It is focussed on backlog required in this period required for the estates fabric to be kept during the 5 year period. As well as capital backlog investments, the plan also takes into account current known service developments and aspirations not within scope of HTP.

Trust Strategic Direction

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 required synergy with the future approved HTP solution.

Given the extended timescales taken to realise building and development programmes, it is essential that consideration is given to the strategic risks and opportunities over this period. There are many competing and complex factors which will impact on the effectiveness of this Plan, however there are a number of specific aspects which this Plan will seek to address:

- 1- Reduction in overall Backlog and reducing risk over time using risk based methodology
- 2- Enabling and prioritisation for future
- 3- Urgent and current operational and clinical priorities

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 this heightens the importance of ensuring the use of a robust and transparent system for risk-based decision making and investment prioritisation.

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/ Integrated Care Systems.
- Internally generated capital investment which is limited will focus on investment programmes that are risk based projects.

One of the most significant challenges facing the Estate both historically, and in going forward, is ensuring an appropriate balance of centrally funded investment on new developments as well as funding required for maintaining the existing estate. Both issues carry significant risk if they are not funded appropriately and it is a significant challenge to ensure and identify the right allocation of capital resources. 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 as well as backlog risk carried by the Trust.

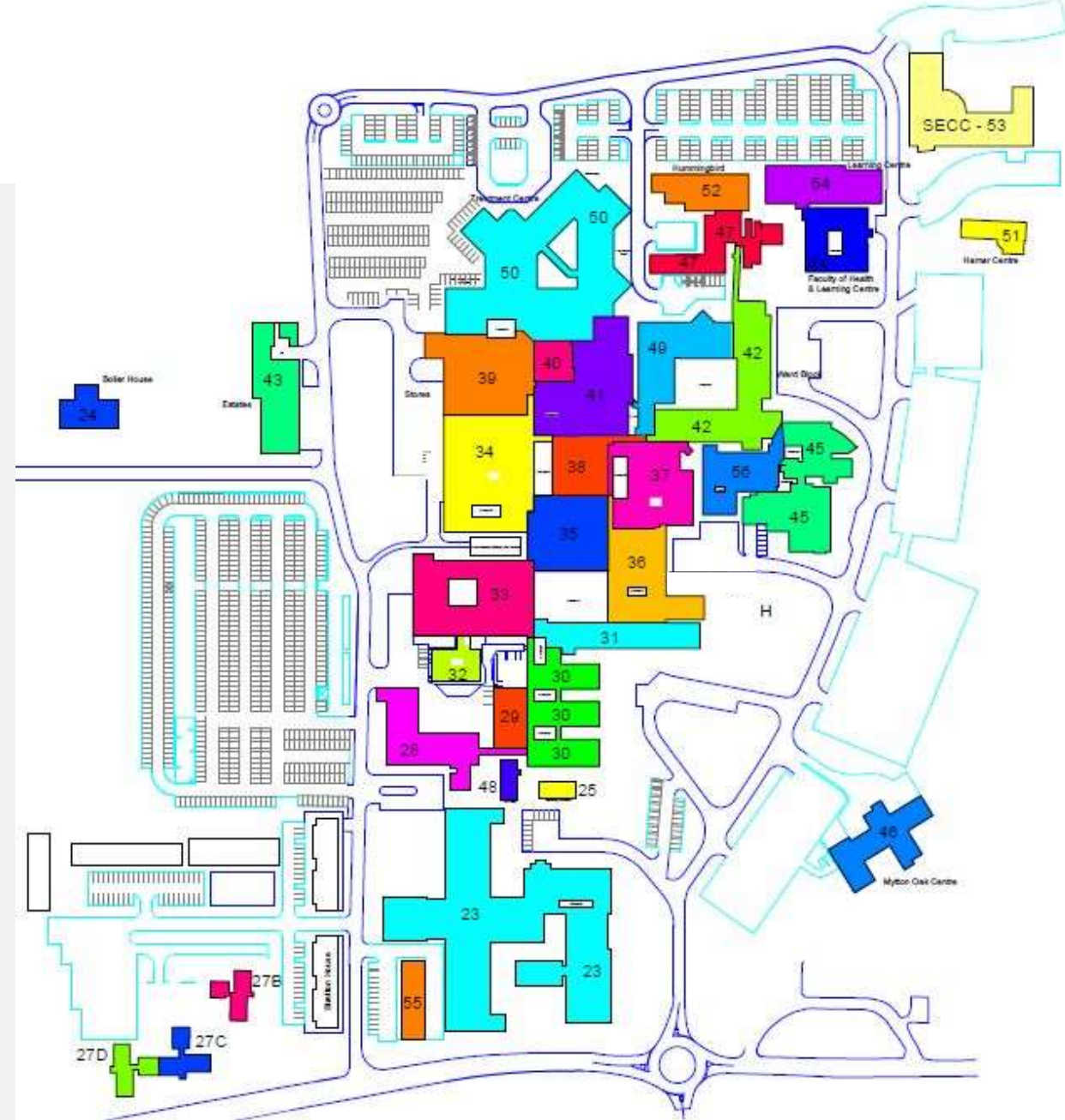
2. Where are we now

A. Royal Shrewsbury Hospital



2. Where are we now

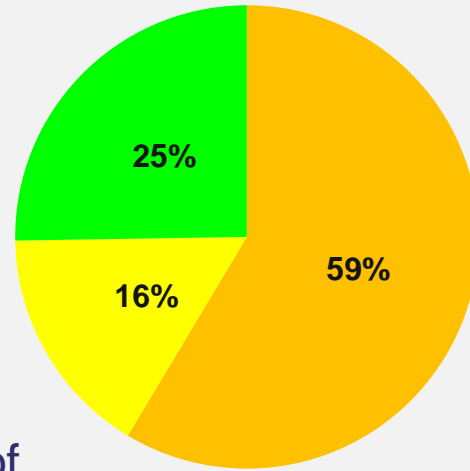
Block 23	Copthorne Building/Medical Engineering/Eye Department
Block 24	Boiler House
Block 25	Maternity Generator
Block 27	Residencies
Block 28	Pathology
Block 29	Mortuary
Block 30	Outpatients Department
Block 31	OPD Entrance & Medical Records L0 – Trust HD L1 – Admin L2
Block 32	Aseptic Suite
Block 33	Pharmacy/Gym L0 – Ward32/Fertility L1
Block 34	Catering
Block 35	X-Ray
Block 36	A&E
Block 37	Head & Neck
Block 38	ITU/HDU
Block 39	Stores
Block 40	Sterile Services
Block 41	Theatres
Block 42	Ward Block
Block 43	Estates
Block 44	Faculty of Health
Block 45	Radiotherapy
Block 46	Mytton Oak House
Block 47	Renal
Block 48	Elizabeth House
Block 49	Ward Block Extension
Block 50	Treatment Centre
Block 51	Hamar Centre
Block 52	Hummingbird
Block 54	The Learning Centre
Block 55	Daisy Chain Nursery
Block 56	Cancer Treatment Centre



2. Where are we now

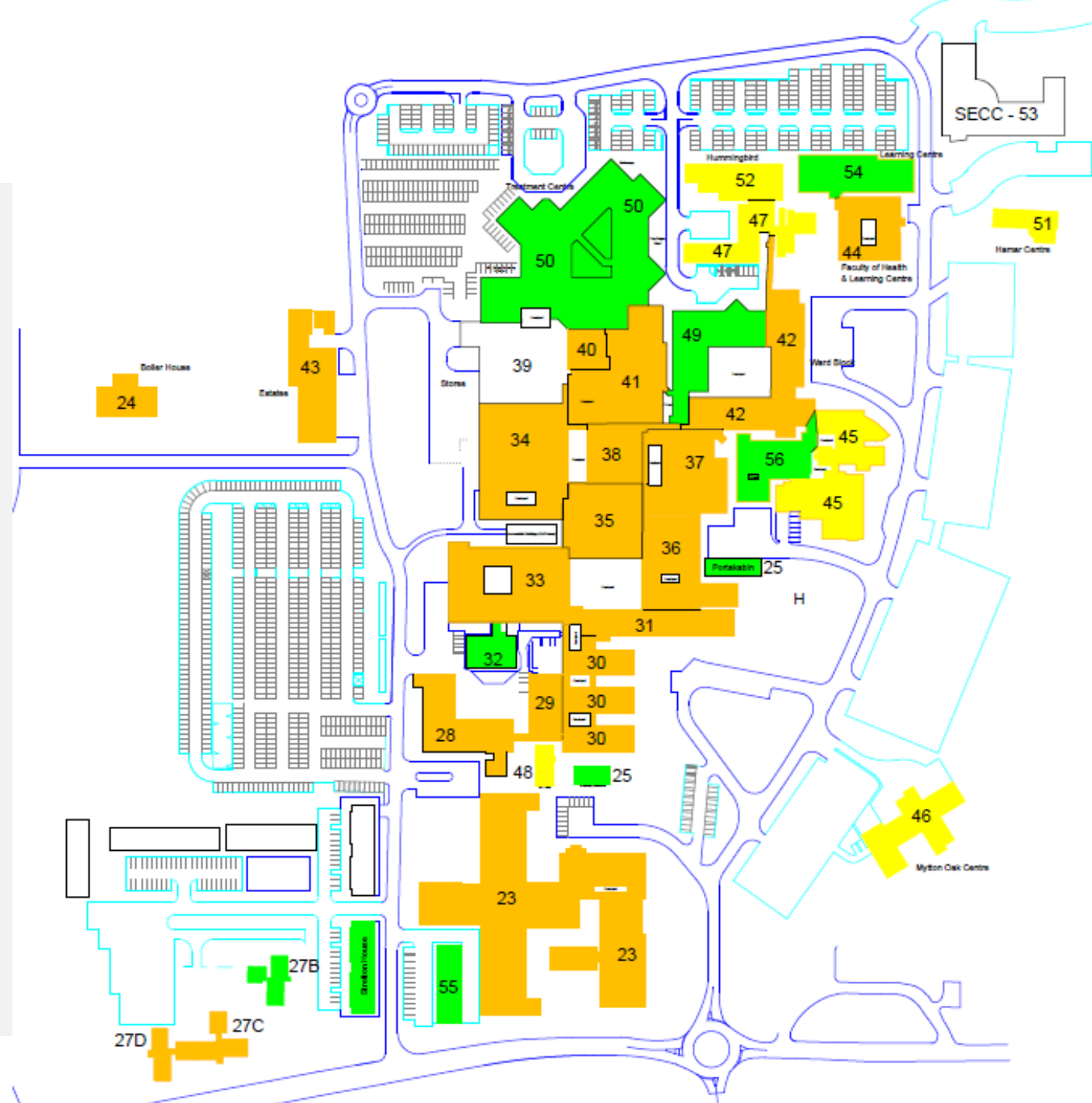
A. Royal Shrewsbury Hospital

Age Profile



At RSH the oldest part of site was built 1960 – 1980 and represents 59% of the total building area.

- 1960 - 1980
- 1980 - 2000
- 2000 - 2020



2. Where are we now

A.Royal Shrewsbury Hospital

Backlog Maintenance

Cost / m.sq.	Block no.	Block Name	Sum of Backlog Costs
£0 - £100	Block 50	Treatment Centre	£628,994.98
	Block 54	Learning Centre	£37,044.54
	Block 29	Mortuary	£54,662.62
	Block 56	Cancer Treatment Centre	£82,758.72
£100 - £500	Block 49	Ward Block Extension	£263,211.14
	Block 45	Radiotherapy and Chemo	£375,920.01
	Block 52	Hummingbird Centre	£111,062.81
	Block 43	Estates	£192,624.82
	Block 55	Daisy Chain Nursery	£75,711.81
	Block 44	Faculty of Health	£397,375.03
	Block 47	Renal	£197,062.58
	Block 32	Aseptic Suite	£171,687.82
	Block 46	Mytton Oak House	£268,419.68
	Block 48	Elizabeth House (Phlebotomy & Shropdoc)	£43,342.76
	Block 42	Ward Block	£2,821,833.62
	Block 27	Residences Block 3(C)	£357,709.65
	Block 51	Hamar Centre	£136,936.03
	Block 34	Catering	£1,407,550.30
	Block 39	Stores	£495,721.52
	Block 27	Residences Block 4(D)	£356,944.74
	Block 27	Residences Block 2(B)	£364,802.18
	Block 35	X Ray	£773,222.89
£500 - £1000	Block 33	Pharmacy, EPAS, Fert etc.	£2,274,740.14
	Block 30	Outpatients Dept	£1,413,913.10
	Block 28	Path Lab	£1,301,871.50
	Block 31	Admin	£1,558,994.37
	Block 38	ITU	£667,706.35
	Block 40	Sterile Services	£461,994.05
£1000 - £5000	Block 36	A&E	£1,701,581.17
	Block 24	Boiler House and Waste	£726,810.68
	Block 41	Theatres	£2,890,623.46
	Block 23	Copthorne Building	£13,952,468.18
	Block 37	Emergency Care	£2,640,054.42



2. Where are we now

A. Royal Shrewsbury Hospital

FY 20/21 Backlog Programme

There after the Trust will look to invest £3-4M / annum on backlog

Note:

There is no commitment on spend for FY 21/22 from projects commenced in FY 20/21. Where projects are extending to FY 21/22 they are additional phases and subject to confirmation of capital plan

Capital Project	FY 20/21 Spend
S120 - RSH BL Drainage Improvements	£836
S122 - RSH BL Asbestos	£335,447
S125 - RSH BL Nurse Call Systems	£6,520
S129 - RSH BL Theatre Lights	£99,382
S133 - RSH BL Ward Kitchen Refurbishments	£25,150
RSH Ward 23 Cancer AHU	£61,419
S111 - RSH BL Distribution Boards	£73,655
S112 - RSH BL Bedside Light Replacement	£96,732
S114 - RSH BL ITU AHU	£294,799
S114 - Ward 29 AHU	£49,806
S126 - RSH BL Roofing	£261,298
S121 - RSH BL Fire Improvements	£540,826
E6 - Subway Duct - RSH (C188)	£15,640
EF - CIR - Estates Backlog - Ward 18 Fire Compartmentation	£406,175
S124 - RSH BL Road Surfacing	£340,115
S127 - RSH BL Window Improvements	£271,921
S128 - RSH BL Flooring	£161,712
S105-S109 - RSH BL Calorifiers ...1	£341,374
S131 - BMS RSH - Phase 1	£501,641
S130 - Replacement RO,	£43,348
RSH S132 ITU/HDU BL	£34,616
S101 - RSH BL Steam Condense	£59,726
Total	£4,022,139

Royal Shrewsbury Hospital Mytton Oak Road Shrewsbury Shropshire, SY3 8XQ		Gross Floor Area	61,400m ²	Backlog (Year 0) Summary	£s	Site Location & Description Royal Shrewsbury Hospital is a medium sized acute hospital located to a sloping site on the Western edge of Shrewsbury town centre. Buildings to the site are predominately of concrete frame construction and built circa 1970 with numerous additions built circa 2005 which include the Treatment Centre and the Ward Block Extension.
		Net Usable Area	49,120m ²	Low Risk	£753,177	
		Building Year	1970-2010	Moderate Risk	£14,715,983	
		Backlog (Year 0)	£31,354,653	Significant Risk	£12,131,455	
Survey Date	August to September 2015	Budget (Impending) - Years 1-5	High Risk	£3,734,039		
	Review: May 2021		Total	£31,354,653		



Backlog (Year 0) Works

Total remedial work required for the BUILDING, M&E, STATUTORY & FIRE Elements:

Building	£21,359,793
M&E	£9,597,819
Statutory Compliance	£62,320
Fire Safety	£334,721
Backlog (Year 0) Total Cost	£31,354,653

Budget (Impending) - Years 1 - 5 Works

Total remedial work likely to be required within a 5 year period for the BUILDING, M&E, STATUTORY & FIRE Elements:

Building	£1,739,897
M&E	£4,568,657
Statutory Compliance	£0
Fire Safety	£161,237
Budget (Impending) Total Cost	£6,469,791

Combined Total Costs - Backlog & Budget £37,824,444

Excludes Function Costs

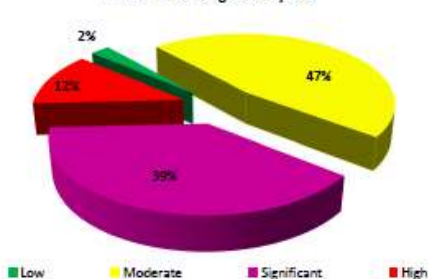
Combined Total Costs (Including On Costs) £59,384,377

Figure above includes on-costs: Fees, VAT, Builder Preliminaries and Optimism Bias Contingencies.

Cost Breakdown by Facet

Facet 1 Physical Condition	£37,266,166
Facet 2 Functional Suitability	£0
Facet 3 Space Utilisation	£0
Facet 4 Quality	£0
Facet 5 Statutory Compliance	£558,278
Facet 6 Environmental Management	£0

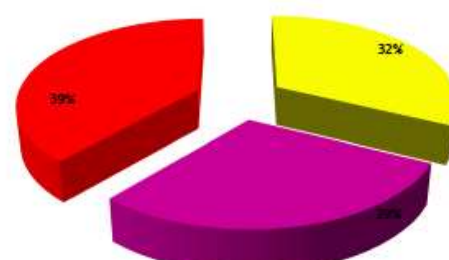
Condition Backlog Costs by Risk



Block Code	Block Name	GIA	Condition & Statutory				Facet Grades & Costs						Overall Grade
			Backlog Costs (2021)	Budget Costs (2022-2026)	Total Cost	Total Cost (Inc On-Costs)	Facet 1 Condition Grade	Facet 2 Function Grade	Facet 3 Space Utilisation	Facet 4 Quality Grade	Facet 5 Statutory Compliance	Facet 6 Environmental Management	
BSH03	Maternity	4000	£9,954,649	£697,808	£10,652,458	£16,724,359	C	C	Underused	D	D	D	D
BSH04	Boiler House	1100	£523,757	£221,223	£744,981	£1,169,820	C	C	Fully Used	B	D	Inc	C
BSH05	Grounds & Ancillary Buildings	20ha	£4,464,724	£247,728	£4,712,452	£7,398,549	B	B	Underused	C	B	Inc	B
BSH07B	Blocks Adjacent to Staff Residential	750	£327,996	£45,926	£373,922	£587,058	D	D	Underused	D	D	Inc	D
BSH07C	Blocks Adjacent to Staff Residential	750	£345,133	£21,519	£366,652	£575,644	D	D	Underused	D	D	Inc	D
BSH07D	Blocks Adjacent to Staff Residential	750	£354,444	£11,424	£365,868	£574,413	D	D	Empty	D	D	Inc	D
BSH08	Pathology	2400	£1,238,069	£96,349	£1,334,418	£2,095,037	C	D	Overcrowded	D	D	Inc	D
BSH09	Mortuary	750	£39,243	£16,786	£56,029	£87,966	B	B	Fully Used	B	B	Inc	B
BSH10	Out Patients Department	3000	£871,937	£238,656	£1,110,593	£1,743,631	C	D	Fully Used	C	D	Inc	D
BSH11	Administration	3000	£600,202	£464,315	£1,064,517	£1,671,292	C	C	Overcrowded	C	D	Inc	C
BSH12	Pharmacy	800	£168,249	£2,503	£170,753	£268,081	B	B	Fully Used	B	B	Inc	B
BSH13	WDS1, WDS2, Fertility & EPAS	4000	£1,905,711	£168,848	£2,074,558	£3,257,056	C	D	Overcrowded	D	D	Inc	D
BSH14	Catering	2000	£837,109	£605,630	£1,442,739	£2,265,100	D	C	Underused	D	C	Inc	D
BSH15	X-Ray	1500	£508,581	£112,605	£621,187	£975,263	C	D	Overcrowded	D	D	Inc	C
BSH16	A&E	1500	£950,960	£169,087	£1,120,047	£1,758,474	C	D	Overcrowded	C	D	Inc	C
BSH17	Head & Neck	1150	£1,751,105	£175,407	£1,926,512	£3,024,623	C	D	Overcrowded	C	D	Inc	D
BSH18	LTU	750	£318,918	£66,300	£385,218	£604,792	C	D	Overcrowded	C	D	Inc	D
BSH19	Stores	2150	£472,538	£35,576	£508,115	£797,740	D	C	Fully Used	C	D	Inc	D
BSH20	Starline Services (SSS)	400	£427,846	£0	£427,846	£671,718	D	D	Underused	C	D	Inc	D
BSH21	Theatres	1600	£1,621,221	£1,050,711	£2,671,932	£4,194,933	D	D	Fully Used	D	D	Inc	D
BSH22	Ward Block	8000	£2,439,477	£374,490	£2,813,967	£4,417,928	C	C	Fully Used	C	C	Inc	C
BSH23	Estates Department	800	£167,197	£30,243	£197,440	£309,981	C	B	Fully Used	B	C	Inc	C
BSH24	Faculty of Health	2000	£247,797	£159,513	£407,309	£639,476	C	C	Underused	C	C	Inc	C
BSH25	Radiology Therapy & Chemo	3000	£247,911	£137,407	£385,318	£604,949	B	B	Fully Used	B	B	Inc	B
BSH26	Mytton Oak Centre	1500	£120,185	£154,945	£275,130	£431,954	B	B	Underused	B	C	Inc	B
BSH27	Renal Unit	1000	£50,178	£151,812	£201,989	£317,123	B	B	Fully Used	B	B	Inc	B
BSH28	Philosophy / ShopDoc - Elizabeth House	200	£18,393	£26,033	£44,426	£69,749	B	C	Overcrowded	C	B	Inc	B
BSH29	Ward Block Extension	3000	£132,981	£136,811	£269,791	£423,573	B	C	Fully Used	B	B	Inc	B
BSH30	Treatment Centre	4750	£102,993	£541,727	£644,720	£1,012,210	B	B	Fully Used	B	B	Inc	B
BSH31	Harmer Centre	500	£65,691	£74,669	£140,359	£220,364	B	B	Fully Used	B	B	Inc	B
BSH32	Hummingbird Centre	750	£28,047	£85,792	£113,839	£178,728	B	B	Fully Used	B	B	Inc	B
BSH34	Learning Centre	1000	£22,849	£14,076	£36,925	£57,972	B	B	Fully Used	B	B	Inc	B
BSH35	Deliver Chain Nursery	550	£19,993	£57,612	£77,605	£121,839	B	B	Fully Used	B	B	Inc	B
BSH36	Cancer Treatment Centre	2000	£8,568	£78,259	£86,828	£133,179	B	B	Fully Used	B	B	Inc	B
TOTAL		61,400	£31,354,653	£6,469,791	£37,824,445	£59,384,378	-	-	-	-	-	-	-

Breakdown of Overall Grades based on GIA

- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.



Facet Key

Physical Conditions:

- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.

Quality

- A - A facility of excellent quality.
- B - A facility requiring general maintenance investment only.
- C - A less than acceptable facility requiring major capital investment or replacement.
- D - A very poor facility requiring major capital investment or replacement.

Functional Suitability

- A - Very satisfactory, no change needed.
- B - Satisfactory, minor change needed.
- C - Not satisfactory, major change needed.
- D - Unacceptable in its present condition.

Statutory Compliance

- A - Complies with all relevant standards and relevant guidance.
- B - Action required to comply with relevant guidance and statutory requirements.
- C - Building with known contravention of one or more standards.
- D - Building areas which are dangerously below 'B'.

Risk Based Estates Backlog Condition Methodology

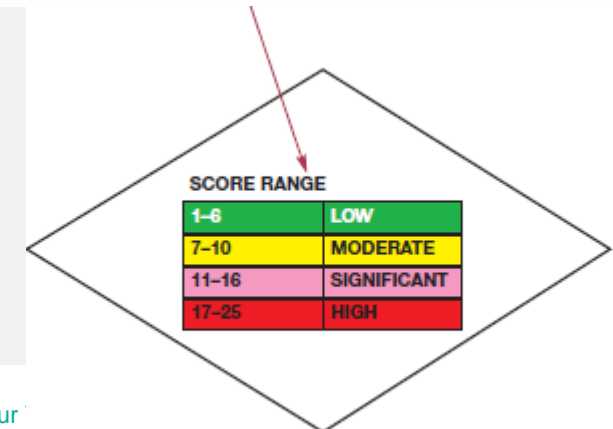
There are two parts to estates backlog assessment.

1- Estates backlog surveys allocate a condition ranking for each sub-element relating to physical condition and compliance with mandatory fire safety requirements and statutory safety legislation, as appropriate. Where a particular sub-element (for example fire doors) is assessed on the basis of its physical condition and compliance with fire safety and/or statutory legislation, separate rankings should be assigned for physical condition, fire safety etc.

2- Sub-elements below condition B together with sub-elements in condition B(C) should be risk assessed in order to identify high risk factors in the estate that need to be addressed urgently and those that can be programmed into your estate investment planning process over a longer period. (See Chapter 6 for guidance on how you should record risk.)

TABLE 3.1: RANKINGS FOR PHYSICAL CONDITION

The physical condition of each sub-element should be categorised as follows:	
A	as new and can be expected to perform adequately to its full normal life
B	sound, operationally safe and exhibits only minor deterioration
B(C)†	currently as B but will fall below B within five years
C	operational but major repair* or replacement is currently needed to bring up to condition B
D	operationally unsound and in imminent danger of breakdown**
X	supplementary rating added to C or D to indicate that it is impossible to improve without replacement





	Capital Projects	Type	FY 20/21 Potential Spend
SITE WIDE	RSH BL Subway duct	Building	£700,000
	RSH BL Fire Improvements (incl. doors, AFD & compartments)	Fire	£300,000
	RSH BL Other Electrical	Electrical	£210,000
	RSH BL Asbestos (survey 100K + removals)	Asbestos	£250,000
	Replacement of Main Condense lines + Return Unit	Mechanical	£100,000
	RSH BL Road Surfacing	Roadworks	£140,000
	RSH BL Switchgear	Electrical	£120,000
	RSH BL Distribution Boards - Fixed Wire Testing	Electrical	£120,000
	RSH BL Flooring	Flooring	£150,000
	BMS RSH - Phase 1	BMS	£1,000,000
	RSH BL Roofing	Roofing	£200,000
	RSH BL Nurse Call Systems	Electrical	£300,000
	RSH BL Theatre Lights	Theatre Lights	£100,000
	Theatre ITU / HDU Doors	Fire	£80,000
	RSH BL Bedside light replacement	Electrical	£50,000
	RSH BL ITU AHU	AHU	£250,000
	Block 23 - Ward 18 Fire Compartmentation	Fire	£ 500,000
	RSH Colorifiers B31, B33,B47	Colorifiers	£350,000
	RSH BL Water tank relining B23	Building	£ 49,000
	RSH BL Window Improvements Block 23	Windows	£300,000
	Replacement RO Boiler House	Mechanical	£50,000
	RSH Ward 23 Cancer AHU	AHU	£250,000
	Kitchens Both Sites	Kitchens	£300,000
	VIE plant	Mechanical	£ 100,000

Royal Shrewsbury Hospital

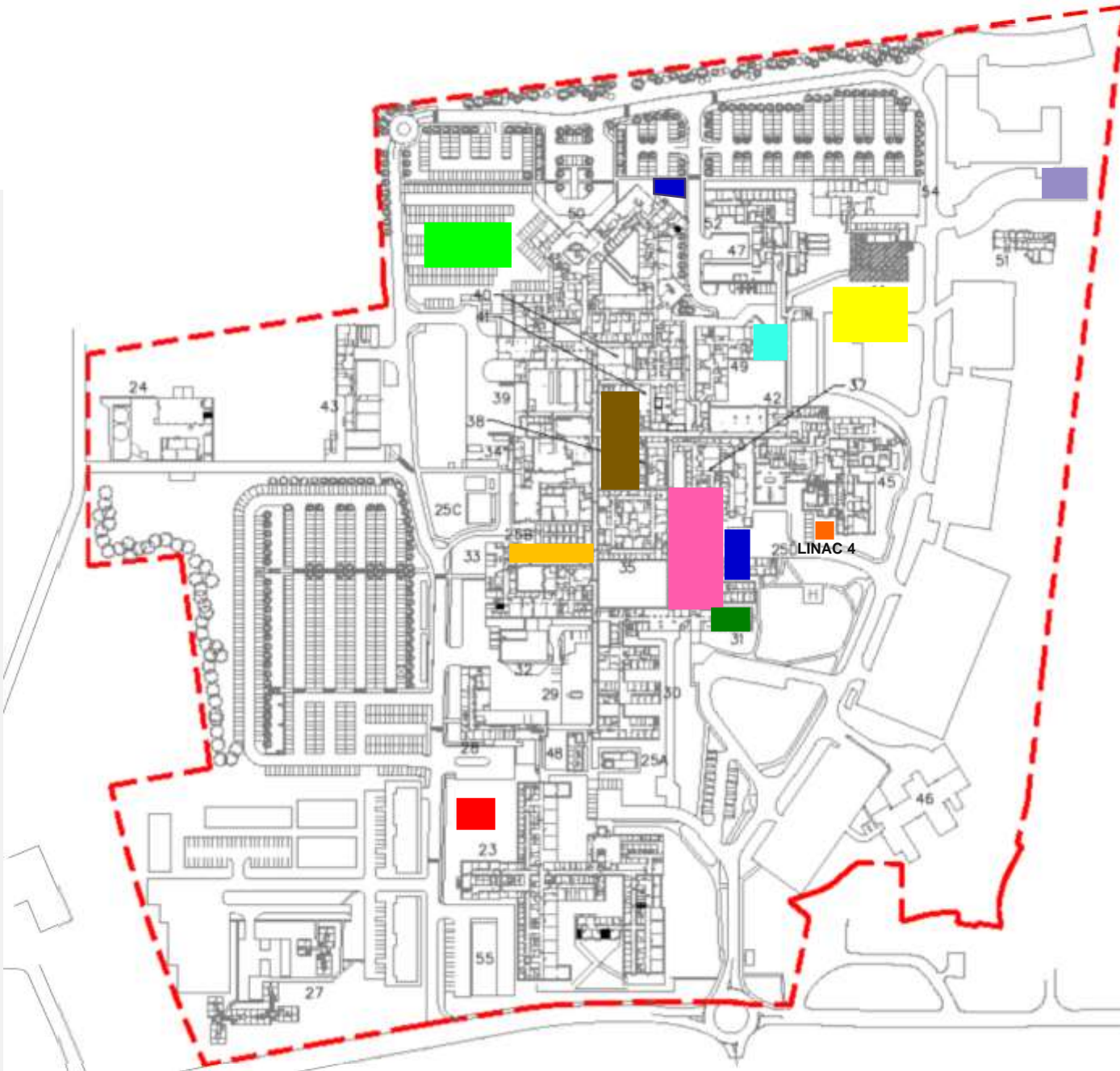
Capital Schemes

- Funded:**

- A&E Internal Refurb
- Diagnostics (MRI – CT – US – ENDO)
- Fracture Clinic Relocation
- Same Day Emergency Care (SDEC) - Complete
- Med. Records Refurb (SAU relocation) - Complete
- Althea Unit
- SAU Clinical Refurb

- Aspirational:**

- CCU Modular
- Modular Wards
- Linac Bunker 4
- ITU/ICU Expansion
- Vanguard Modular



2. Where are we now

A.Royal Shrewsbury Hospital

Parking

Area	Staff Parking	Patient Parking
1	438	
2	550	
3		50
4	69	
5		104
6		170
7		80
Total	1057	404
Grand Total	1461	

Note: Impact assessment of working from home on staff parking and virtual outpatients on visitor parking will need to be commissioned. Consideration being given for additional parking.

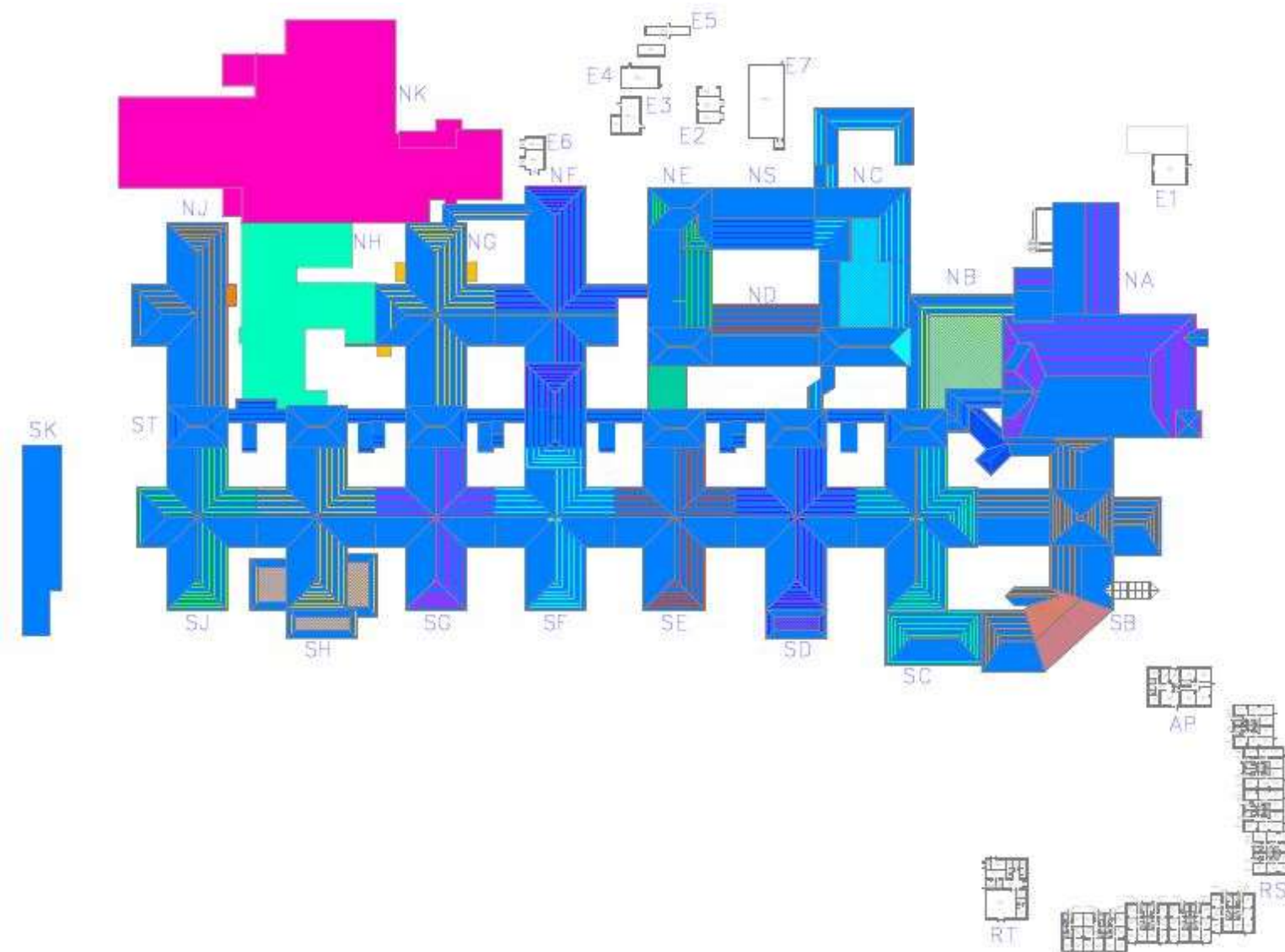


2. Where are we now

B. Princess Royal Hospital



2. Where are we now



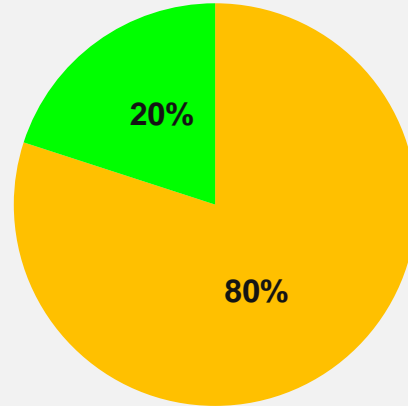
PRHE6- Block External	W&C HV Switch Room & Water Pumping Station
PRHE2- Block External	Medical Gases
PRHE4- Block External	Generator House No.4
PRHNG- Block NG	Ward 12/14 & 19
PRHNH- Block NH	Children's Outpatients
PRHNK- Block NK	Ward 18 & Wards 21 to 24
PRHSK- Block SK	Ophthalmology
PRHAP- Block AP	Apley Clinic
PRHE1- Block External	Pump House
PRHNA- Block NA	Boiler House/Ward 36 & Endoscopy/Maternity Outpatient Scan
PRHNB- Block NB	Loading Bay/Sub Station 1&2
PRHNC- Block NC	Estates/MES/Stores & Catering
PRHND- Block ND	Pharmacy/Admin Hub
PRHNL- Block NL	Wrekin Midwife Led Unit
PRHNJ- Block NJ	GP X RAY/Fracture Clinic and Plaster Room
PRHNS- Block NS	Mortuary/Path Lab/Admin Hub
PRHRS- Block RS	Residences
PRHRT- Block RT	Old Doctors Mess
PRHSB- Block SB	Paul Brown/Wards 15 & 16
PRHSD- Block SD	Main Entrance/Education
PRHSE- Block SE	Outpatients/Ward 4 & Renal
PRHSH- Block SH	A&E/Wards 08 & 09/Head and Neck
PRHNE- Block NE	Admin Hub/Path Lab
PRHNF- Block NF	Apley Ward/AMU & Theatres 1 to 5
PRHSC- Block SC	Rehabilitant/Education
PRHSF- Block SF	Outpatients/Dental/ITU & HDU
PRHSG- Block SG	X Ray/Wards 06 & 07/CCU
PRHSJ- Block SJ	Day Ward/Theatres 6,7 & 8/Wards 10 & 11
PRHE3- Block External	Generator House No.3
PRHST- Block ST	Street
Site	
PRHE6- Block External	W&C HV Switch Room & Water Pumping Station
PRHE2- Block External	Medical Gases

2. Where are we now

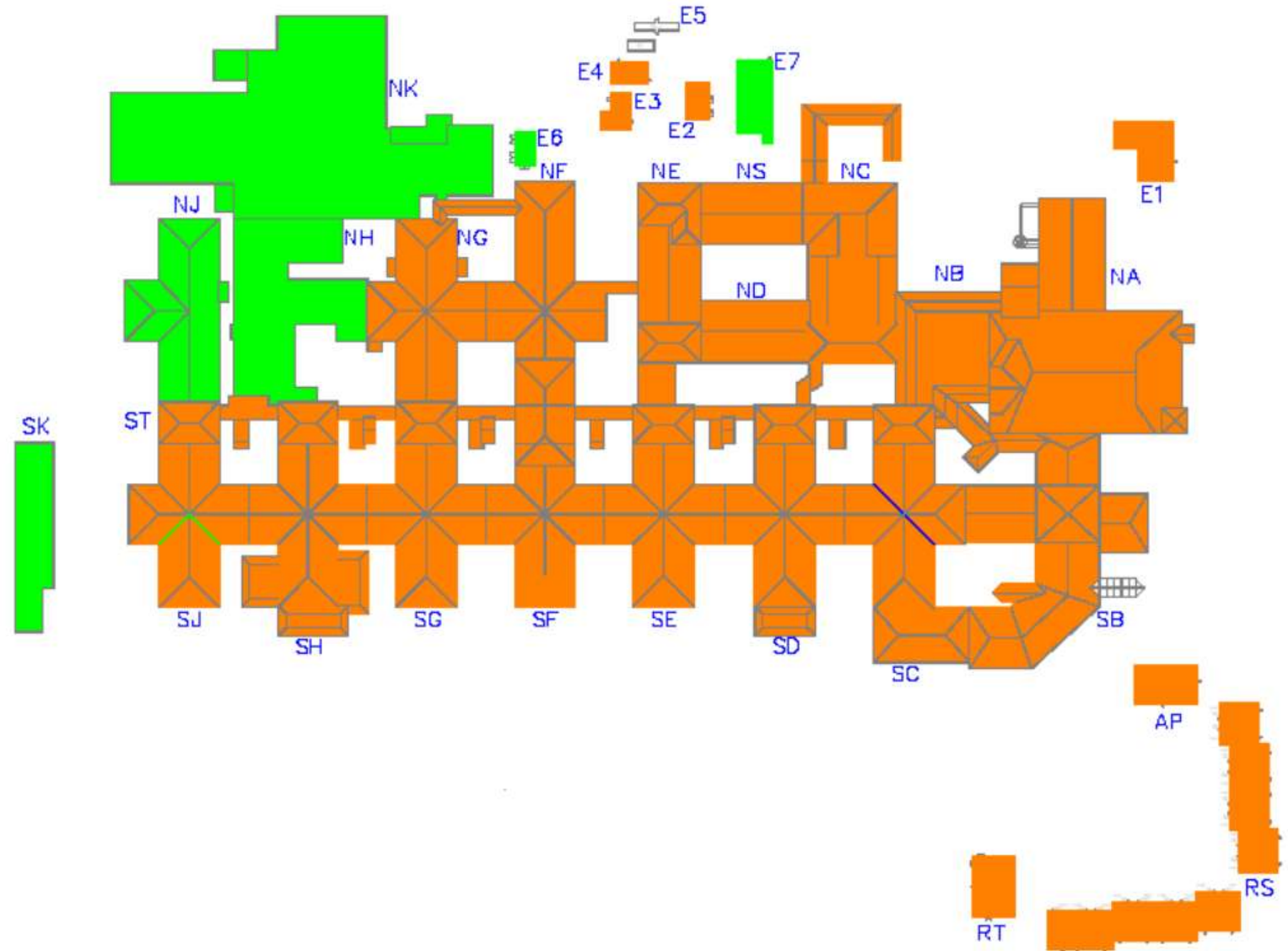
B. Princess Royal Hospital

Age Profile

At PRH the oldest part of site was built 1980 – 2000 and represents 80% of the total building area



1980 - 2000
2000 - 2020



2. Where are we now

A.Princess Royal Hospital Backlog Maintenance

Cost / m.sq.	Block Code	Block Name	Sum of Costs
£0 - £100	PRHE6- Block External	W&C HV Switch Room & Water Pumping Station	£1,502.75
	PRHE2- Block External	Medical Gases	£1,669.97
	PRHE4- Block External	Generator House No.4	£5,031.08
	PRHNG- Block NG	Ward 12/14 & 19	£110,954.73
	PRHNH- Block NH	Children's Outpatients	£53,040.00
	PRHNK- Block NK	Ward 18 & Wards 21 to 24	£186,169.03
	1PRHSK- Block SK	Ophthalmology	£24,306.65
£100 - £500	PRHAP- Block AP	Apley Clinic	£81,777.12
	PRHE1- Block External	Pump House	£19,970.49
	PRHNA- Block NA	Boiler House/Wrekin Maternity & Endoscopy	£948,490.17
	PRHNB- Block NB	Loading Bay/Sub Station 1&2	£375,552.74
	PRHNC- Block NC	Estates/MES/Stores & Catering	£1,552,617.74
	PRHND- Block ND	Pharmacy/Admin Hub	£336,023.30
	PRHNJ- Block NJ	GP X RAY/Fracture Clinic and Plaster Room	£219,810.00
	PRHNS- Block NS	Mortuary/Path Lab/Admin Hub	£442,027.02
	PRHRS- Block RS	Residences	£697,912.92
	PRHRT- Block RT	Doctors Mess	£80,201.91
	PRHSB- Block SB	Paul Brown/Wards 15 & 16	£863,125.76
	PRHSD- Block SD	Main Entrance/Education	£570,700.57
	PRHSE- Block SE	Outpatients/Ward 4 & Renal	£987,162.79
	PRHSH- Block SH	A&E/Wards 08 & 09/Head and Neck	£1,180,986.46
	PRHNE- Block NE	Admin Hub/Path Lab	£1,110,532.17
£500 - £1000	PRHNF- Block NF	Apley Ward/AMU & Theatres 1 to 5	£1,912,541.85
	PRHSC- Block SC	Rehabilitant/Education	£1,636,198.01
	PRHSF- Block SF	Outpatients/Dental/ITU & HDU	£1,212,477.27
	PRHSG- Block SG	X Ray/Wards 06 & 07/CCU	£1,332,494.19
	PRHSJ- Block SJ	Day Ward/Theatres 6,7 & 8/Wards 10 & 11	£1,470,703.50
£1000 - £1500	PRHE3- Block External	Generator House No.3	£82,264.29
	PRHST- Block ST	Street (Electrical, Vents, Heating, Aircon etc.)	£2,769,307.72
	Site	Pipe Work, Generators, Nurse Call, Carparks etc.	£2,053,976.36



2. Where are we now

B. Princess Royal Hospital

FY 20/21 Backlog Programme

Thereafter the Trust will look to invest £1.5-2.5M per annum

Note:

There is no commitment on spend for FY 21/22 from projects commenced in FY 20/21. Where projects are extending to FY 21/22 they are additional phases and subject to confirmation of capital plan

Capital Project	FY 20/21 Spend
T120 - PRH BL Drainage Improvements	£104,115
T125 - PRH BL Nurse Call Systems	£37,444
T129 - PRH BL Theatre Lights	£98,230
T130 - PRH BL Generators (NI)	£11,274
T131 - PRH BL UPS/IPS (NI)	£578,598
T133 - PRH BL Ward Kitchen Refurbishments	£56,360
T102 - PRH W&C Plate Pack Controls	£31,553
T103 - PRH W&C Heating system	£33,304
T105 - PRH BL W&C Plate Pack Refurbishments	£48,925
T114 - PRH BL AHU	£391,416
T126 - PRH BL Roofing	£117,203
T121 - PRH BL Fire Improvements	£5,662
T124 - PRH BL Road Surfacing	£157,132
T127 - PRH BL Window Improvements	£75,104
T128 - PRH BL Flooring	£60,144
T106 - PRH BL Path Lab Lift	£12,133
T104 - PRH RO Pump House	£9,408
T123 - PRH BL Legionella	£84,270
T132 - PRH BL Shower Repairs (NI)	£93,983
T107 - PRH BL BMS Upgrade/Enabling	£34,396
Total	£2,040,656

Princess Royal Hospital Apley Castle Telford TF1 6TF	V2	Gross Floor Area (m ²)	62,081	Backlog (Year 0) Summary	£s
		Net Usable Area (m ²)	49,665	Low Risk	£195,059
		Building Year	1980-2015	Moderate Risk	£4,725,532
		Backlog (Year 0)	£16,506,488	Significant Risk	£16,194,603
Survey Date	October 2015	Budget (Impending) - Year 1-5	£6,862,825	High Risk	£1,461,120
	Review: May 2021	Total Cost (Exc. On Costs)	£23,369,313	Risk Adj Backlog	£16,506,487

The Princess Royal Hospital is a medium sized acute hospital located to a relatively flat site on the edge of Telford town centre. The hospital is primarily a single concrete framed structure built in the late 1980s to a 'Nucleus' design format, the site is largely as built with the main exception being the modern Wrekin MLU Block built circa 2015 to the North of the Site.



Backlog (Year 0) Works

Total remedial work required for the BUILDING, M&E, STATUTORY & FIRE Elements:

Building	£6,549,567
M&E	£9,431,783
Statutory Compliance	£77,174
Fire Safety	£447,964
Backlog Total Cost	£16,506,488

Budget (Impending) - Years 1 - 5

Total remedial work likely to be required within a 5 year period for the BUILDING, M&E, STATUTORY & FIRE Elements:

Building	£1,590,744
M&E	£5,272,081
Fire Safety	£0
Future Planned Total Cost	£6,862,825

Combined Total Costs - Backlog & Budget £23,369,313

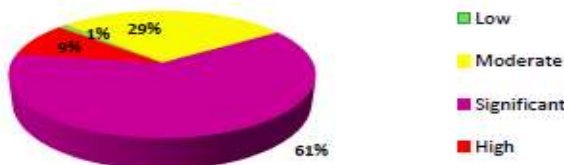
Combined Total Costs (Including On Costs) £36,689,821

Figure above includes on-costs: Fees, VAT, Builder Preliminaries and Optimism Bias Contingencies.

Cost Breakdown by Facet

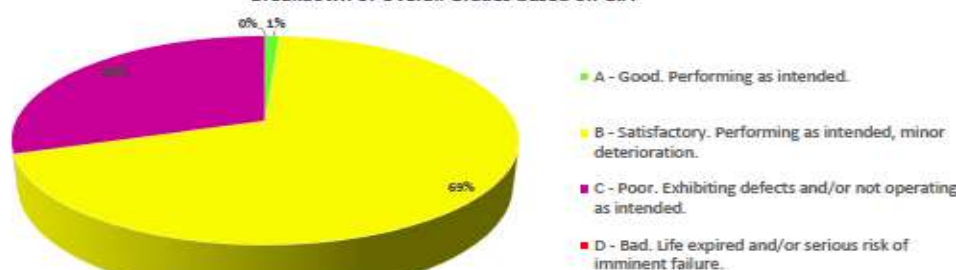
Facet 1 Physical Condition	£22,844,175
Facet 2 Functional Suitability	£0
Facet 3 Space Utilisation	£0
Facet 4 Quality	£0
Facet 5 Statutory Compliance	£525,138
Facet 6 Environmental Management	£0

Condition Backlog Costs by Risk



Block Code	Block Name	BIA	Costs				Facet Grades							Overall Grade
			Backlog Costs	Budget Costs	Total Cost	Total Cost (Inc On-Costs)	Facet 1 Condition Grade	Facet 2 Function Grade	Facet 3 Space Utilisation	Facet 4 Quality Grade	Facet 5 Statutory Compliance Grade	Facet 6 Environmental Management		
000	Site	NA	£1,331,228	£723,572	£2,054,800	£3,228,035	B	N/A	N/A	N/A	N/A	N/A	D	C
0000	Whole Site	NA	£364,750	£0	£364,750	£886,658	N/A	N/A	N/A	N/A	N/A	N/A	Inc	N/A
AP	Apley Clinic,PRHAP	170	£44,476	£39,545	£83,022	£131,600	B(C)	B	Fully Used	B	B(C)	Inc	B	
External	Generator House No 3 ,PRHE3	63	£94,571	£0	£94,571	£146,478	B	N/A	N/A	N/A	B	Inc	B	
External	Generator House No 4,PRHE4	55	£46,157	£0	£46,157	£72,466	B	N/A	N/A	N/A	B	Inc	B	
External	Medical Gases,PRHE2	58	£1,712	£0	£1,712	£2,687	B	N/A	N/A	N/A	B	Inc	B	
External	Pump House,PRHE1	73	£19,213	£1,257	£20,470	£32,138	B(C)	N/A	N/A	N/A	B	Inc	B	
External	W&C HV Switch Room & Water Pumping Station,PRHE6	44	£1,540	£0	£1,540	£2,418	B	N/A	N/A	N/A	B	Inc	B	
NA	Boiler House & Endoscopy,PRHNA	3690	£948,783	£280,536	£1,229,319	£1,459,031	B	B	Fully Used	B	B(C)	Inc	B	
NB	Loading Bay/Sub Station 1 & 2,PRHNB	1047	£308,694	£76,248	£384,942	£604,358	B(C)	N/A	N/A	N/A	B	Inc	B	
NC	Estates/MES/Stores & Catering,PRHNC	3269	£1,145,739	£445,694	£1,591,433	£2,408,550	B	B	Fully Used	B	B	Inc	B	
ND	Pharmacy/Admin Hub,PRHND	1394	£259,916	£54,508	£314,424	£540,745	B(C)	C	Overcrowded	B	B	Inc	C	
NE	Admin Hub/Path Lab,PRHNE	2542	£717,345	£421,151	£1,138,496	£1,787,324	C	B	Fully Used	B	B	Inc	B	
NF	Apley Ward/AMU & Theatres 1 to 5,PRHNF	3442	£1,026,959	£933,396	£1,960,355	£3,077,758	C	C	Fully Used	B	B	Inc	C	
NG	Wards 12/14 & 19,PRHNG	3105	£44,378	£60,450	£104,828	£178,554	B	B	Fully Used	B	B	Inc	B	
NH	Children's Outpatients,PRHNH	1339	£0	£54,306	£54,306	£85,355	B	B	Fully Used	B	B	Inc	B	
NJ	GP X-RAY/Fracture Clinic & Plaster Room,PRHNJ	910	£70,049	£155,257	£225,305	£353,729	B	C	Overcrowded	B	B	Inc	B	
NK	Ward 18 & Wards 21 to 24,PRH NK	8486	£41,000	£190,823	£231,823	£383,963	A	B	Fully Used	B	B	Inc	B	
NL	Wrekin MLU, PRHNL	865	£41,000	£0	£41,000	£64,370	B	B	Fully Used	B	B	Inc	A	
NS	Mortuary/Path Lab/Admin Hub,PRHNS	1421	£358,323	£94,735	£453,058	£711,332	B(C)	B	Fully Used	B	B	Inc	C	
RS	Residences,PRHRS	1050	£327,804	£187,447	£515,251	£1,123,118	B	B	Fully Used	B	B	Inc	B	
RT	Block RT - Doctors Mess,PRHRT	167	£57,563	£24,844	£82,407	£129,865	B(C)	B	Underused	B	B	Inc	B	
SB	Paul Brown/ Wards 15 & 16,PRHSB	3330	£316,346	£255,785	£572,131	£1,211,900	B	B	Fully Used	B	B	Inc	B	
SC	Rehabilitation/ Education,PRHSC	3365	£1,191,670	£485,230	£1,676,900	£2,633,052	B(C)	B	Fully Used	B	B	Inc	B	
SD	Main Entrance/ Education,PRHSD	3122	£308,287	£276,681	£584,968	£938,400	B	B	Fully Used	B	B	Inc	B	
SE	Outpatients/ Ward 4 & Renal,PRHSE	3050	£899,088	£312,754	£1,211,842	£1,588,392	B(C)	B	Fully Used	B	B	Inc	B	
SF	Outpatients/Dental/TU & HDU,PRHSF	2008	£901,406	£341,382	£1,242,788	£1,951,179	C	B	Fully Used	B	B	Inc	C	
SG	X-Ray/Wards 06 & 07/CCU,PRHSG	2979	£1,066,815	£206,992	£1,273,807	£2,144,318	C	C	Overcrowded	B	B	Inc	C	
SH	ASE/ Wards 08 & 09/Head & Neck,PRHSH	3602	£827,477	£383,054	£1,210,531	£1,900,302	C	B	Fully Used	B	B	Inc	C	
SJ	Day Ward/Theatres 6,7 & 8/Wards 10 & 11,PRHSJ	2007	£1,209,467	£296,004	£1,505,471	£2,366,730	C	C	Overcrowded	B	B	Inc	C	
BK	Ophthalmology,PRHBK	457	£24,914	£0	£24,914	£39,115	B	B	Fully Used	B	B	Inc	B	
BT	Street,PRHBT	4505	£2,410,209	£428,331	£2,838,540	£4,456,508	B(C)	B	Fully Used	B	B	Inc	B	
TOTAL		62,081	£16,506,488	£6,862,827	£23,369,314	£36,689,823	-	-	-	-	-	-	-	-

Breakdown of Overall Grades based on GIA



Facet Key
Physical Condition: A - Good. Performing as intended. B - Satisfactory. Performing as intended, minor deterioration. C - Poor. Exhibiting defects and/or not operating as intended. D - Bad. Life expired and/or serious risk of imminent failure.
Quality: A - A facility of excellent quality. B - A facility requiring general maintenance investment only. C - A less than acceptable facility requiring major capital investment or replacement. D - A very poor facility requiring major capital investment or replacement.
Functional Suitability: A - Very satisfactory, no change needed. B - Satisfactory, minor change needed. C - Not satisfactory, major change needed. D - Unsatisfactory in its present condition.
Statutory Compliance: A - Complies with all relevant standards and relevant guidance. B - Action required to comply with relevant guidance and statutory requirements.

2. Where are we now

B. Princess Royal Hospital

Parking

Area	Staff Parking	Patient Parking
1a		212
1b	154	
2	350	
3	28	
4	57	
5	68	
6		376
7	35	
Total	692	588
Grand total	1280	

Note: Impact assessment of working from home on staff parking and virtual outpatients on visitor parking will need to be commissioned. Consideration being given for new MSCP.





	Capital Projects	Type	FY 20/21 Spend
SITE WIDE	PRH BL Roofing	Roofing	£100,000
	Kitchens Both Sites	Kitchens	£100,000
	PRH BL Theatre Lights	Theatre Lights	£100,000
	PRH BL Fire Improvements	Fire	£100,000
	PRH Shower wards	Building	£100,000
	PRH BL Flooring	Flooring	£100,000
	PRH BL Road Surfacing	Roadworks	£100,000
	PRH BL Window Improvements	Windows	£50,000
	PRH BL Drainage Improvements	Building	£50,000
	Car park / Road Surface	Roadworks	£100,000
	PRH Legionella/Wash hand basins (Clinical areas)	Water	£100,000
	PRH AHU HDU / ITU	AHU	£400,000
	PRH BL W&C Plate Pack Controls	Mechanical	£56,000
	PRH BL W&C Plate Pack Refurbishments	Mechanical	£56,000
	PRH AHU Womens and Childrens (DC)	AHU	£50,000
	PRH BL W&C Chiller Units	Mechanical	£32,000
	BMS Upgrade software + W&C BMS control	BMS	£25,000
	PRH BL W&C Heating System	Mechanical	£42,000
	PRH BL RO Pump House	Mechanical	£84,000
	PRH BL Path Lab Lift	Electrical	£11,000
	VIE plant	Mechanical	£100,000
	PRH Theatre UPS / IPS	Electrical	£500,000

3. Interim Position

Princess Royal Hospital

Capital Urgent Capacity Schemes

- **Funded:**

Diagnostics (MRI – US – ENDO – CATH
– Breast Screening – Vanguard Modular)

• PAU - Complete

• CT

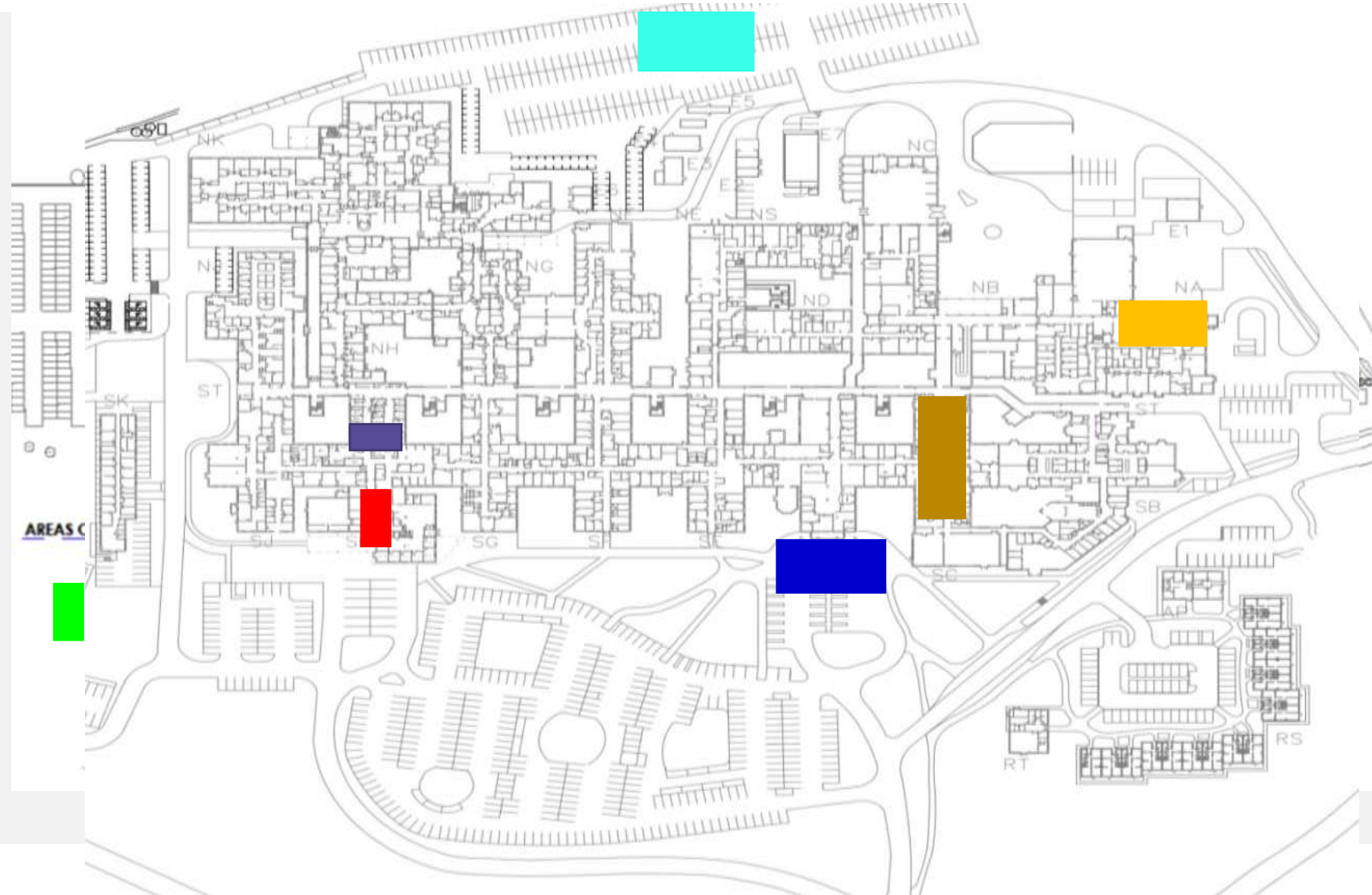
• Ironbridge offices modular

- **Aspirational:**

• Renal Unit to Offsite Location

• Commercial Front Entrance

• Parking Deck



3. Interim Position

Royal Shrewsbury Hospital

Same Day Emergency Care
(SDEC)

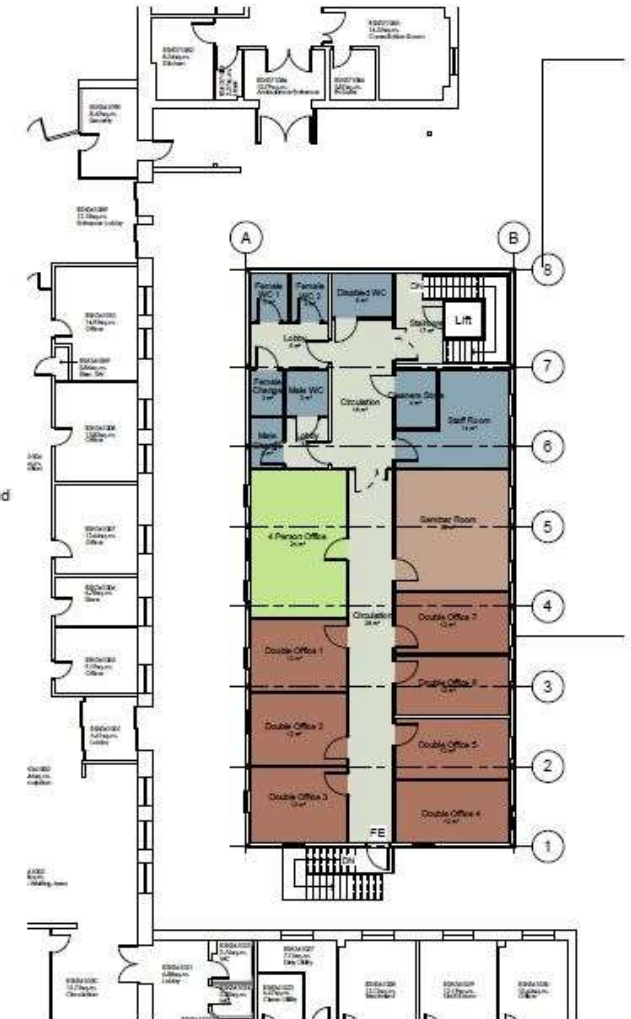
Completed 2020



1 Level 0, GA SDEC Plan
1:100

By Department Legend

- Circulation
- Clinical Space
- Clinical Support Spaces
- Entrance Facilities
- Plant
- Staff Support Facilities



2 Level 1, Relocated Office Accommodation Plan
1:100

By Department

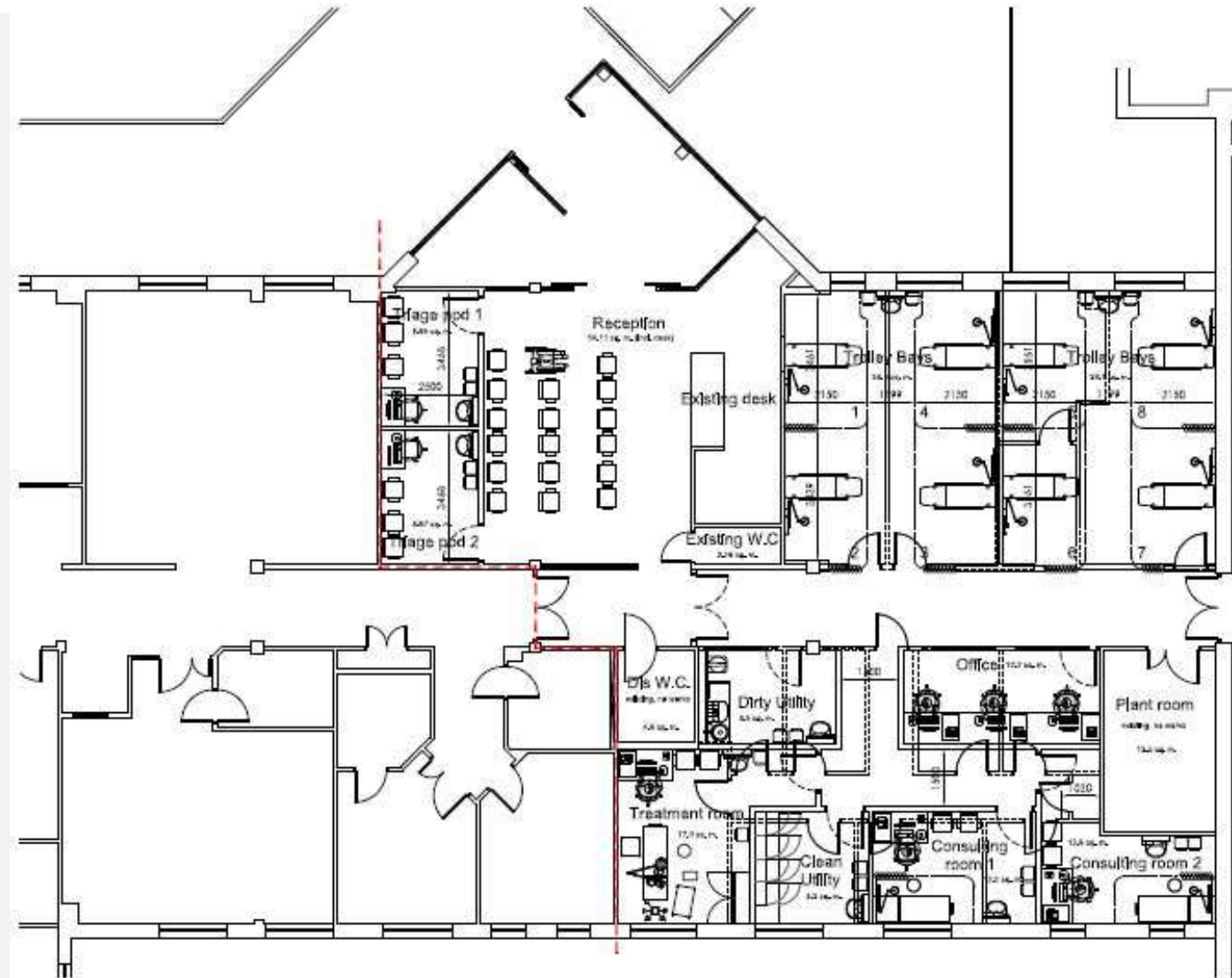
- 2 Person Office
- 4 Person Office
- Circulation
- Sanitary Room
- Staff Support Facilities

3. Interim Position

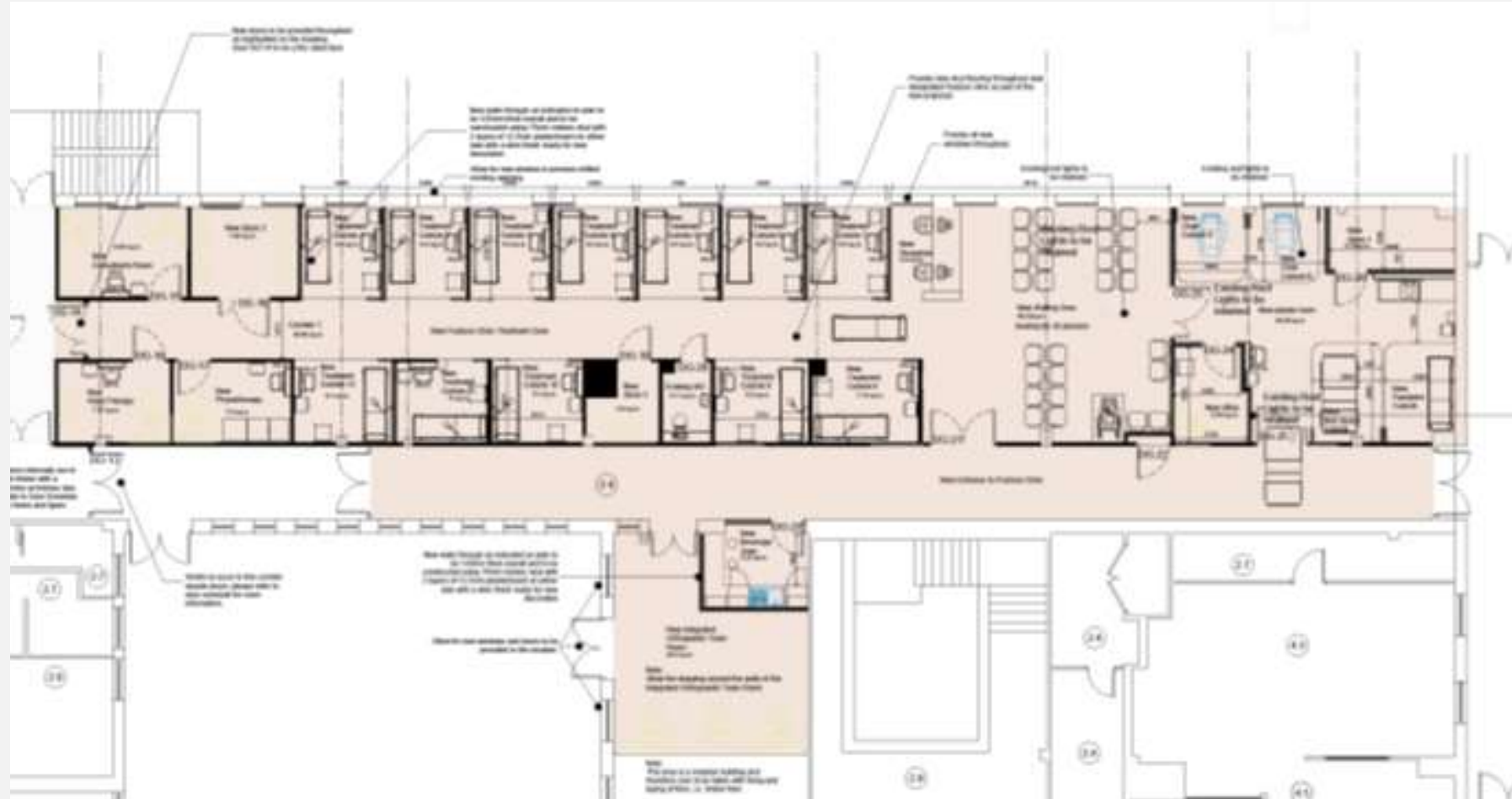
Royal Shrewsbury Hospital

SAU Clinical Refurbishment

Completed 2021



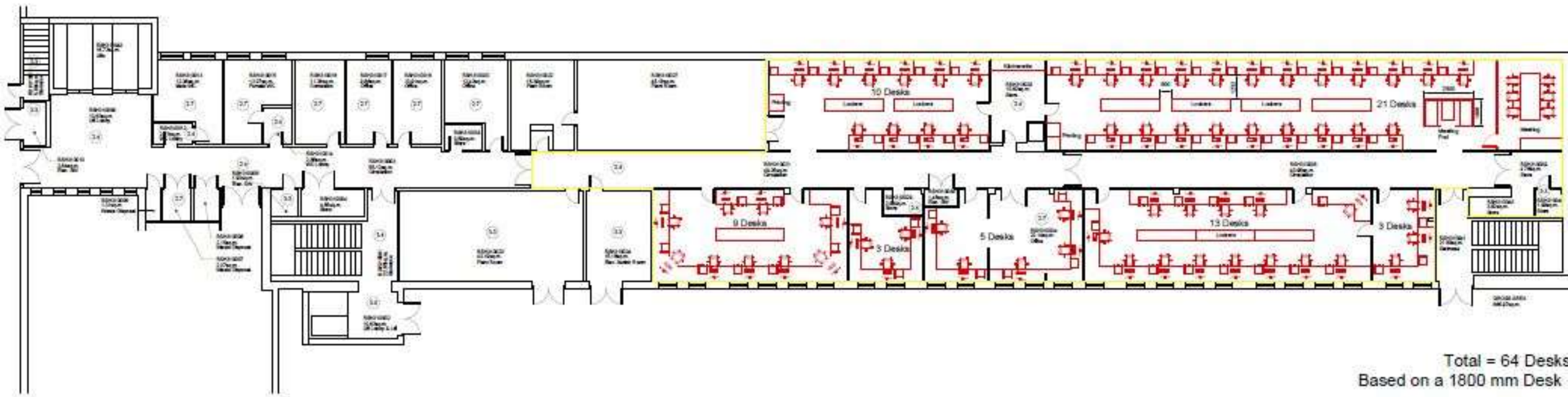
Fracture Clinic Refurbishment Completed 2021



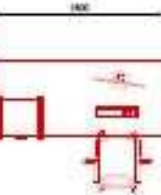
3. Interim Position

Royal Shrewsbury Hospital

Medical Records Refurbishment for SAU – Completed 2020



Total = 64 Desks
Based on a 1800 mm Desk



4. Backlog 5 Year Programme Both Sites

Carry Over Excluding UPS / BMS schemes					£ 500,000					
Building										
	Fire									
		Alarms			£ 150,000	£ 150,000	£ 150,000	£ 150,000	£ 150,000	£ 150,000
		Doors / Dampers / Compartmentation			£ 150,000	£ 300,000	£ 300,000	£ 300,000	£ 300,000	£ 300,000
	Asbestos									
		Survey			£ 50,000	£ 35,000	£ 35,000	£ 35,000	£ 35,000	£ 35,000
		Removals			£ 60,000	£ 60,000	£ 60,000	£ 60,000	£ 60,000	£ 60,000
		Ducts			£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Drainage				£ 40,000	£ 40,000	£ 40,000	£ 40,000	£ 40,000	£ 40,000
	Roofs				£ 50,000	£ 350,000	£ 350,000	£ 350,000	£ 350,000	£ 350,000
	Flooring				£ 50,000	£ 150,000	£ 150,000	£ 150,000	£ 150,000	£ 150,000
	Roads				£ 50,000	£ 50,000	£ 100,000	£ 100,000	£ 100,000	£ 100,000
	Kitchens					£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Windows					£ 100,000	£ 100,000	£ 50,000	£ 50,000	£ 50,000
Mechanical										
	AHUs				£ 1,200,000	£ 1,200,000	£ 1,200,000	£ 1,200,000	£ 1,200,000	£ 1,200,000
	Heating					£ 100,000	£ 100,000	£ 100,000	£ 100,000	£ 100,000
	Calorifiers / Plate Heat Packs				£ 200,000	£ 400,000	£ 400,000	£ 200,000	£ 200,000	£ 200,000
	BMS			£ 500,000	£ 600,000					
	BMS Controls					£ 80,000	£ 80,000	£ 80,000	£ 80,000	£ 80,000
	Tube System				£ 50,000	£ 150,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Water / Legionella (PRH - RA Deadleg removal)				£ 100,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Sanitary Compliance				£ 50,000	£ 50,000	£ 150,000	£ 80,000	£ 80,000	£ 80,000
	Other Mechanical					£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Braithwaite Water Tanks				£ 60,000	£ 60,000	£ 60,000	£ 60,000	£ 60,000	£ 60,000
	Concrete Water Lagoons					£ 60,000	£ 60,000	£ 60,000	£ 60,000	£ 60,000
	Medical Gas Infrastructure - excluding requirements for a new ring main				£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Medical Gas Pendants in Theatres				£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000	£ 50,000
	Main Water In-comer				£ 100,000					
	R32 Gas Replacement				£ 20,000	£ 80,000	£ 80,000	£ 80,000	£ 80,000	£ 80,000
	Steam Main Infrastructure Repairs				£ 100,000	£ 150,000	£ 150,000	£ 50,000	£ 50,000	£ 50,000

4. Backlog 5 Year Programme Both Sites

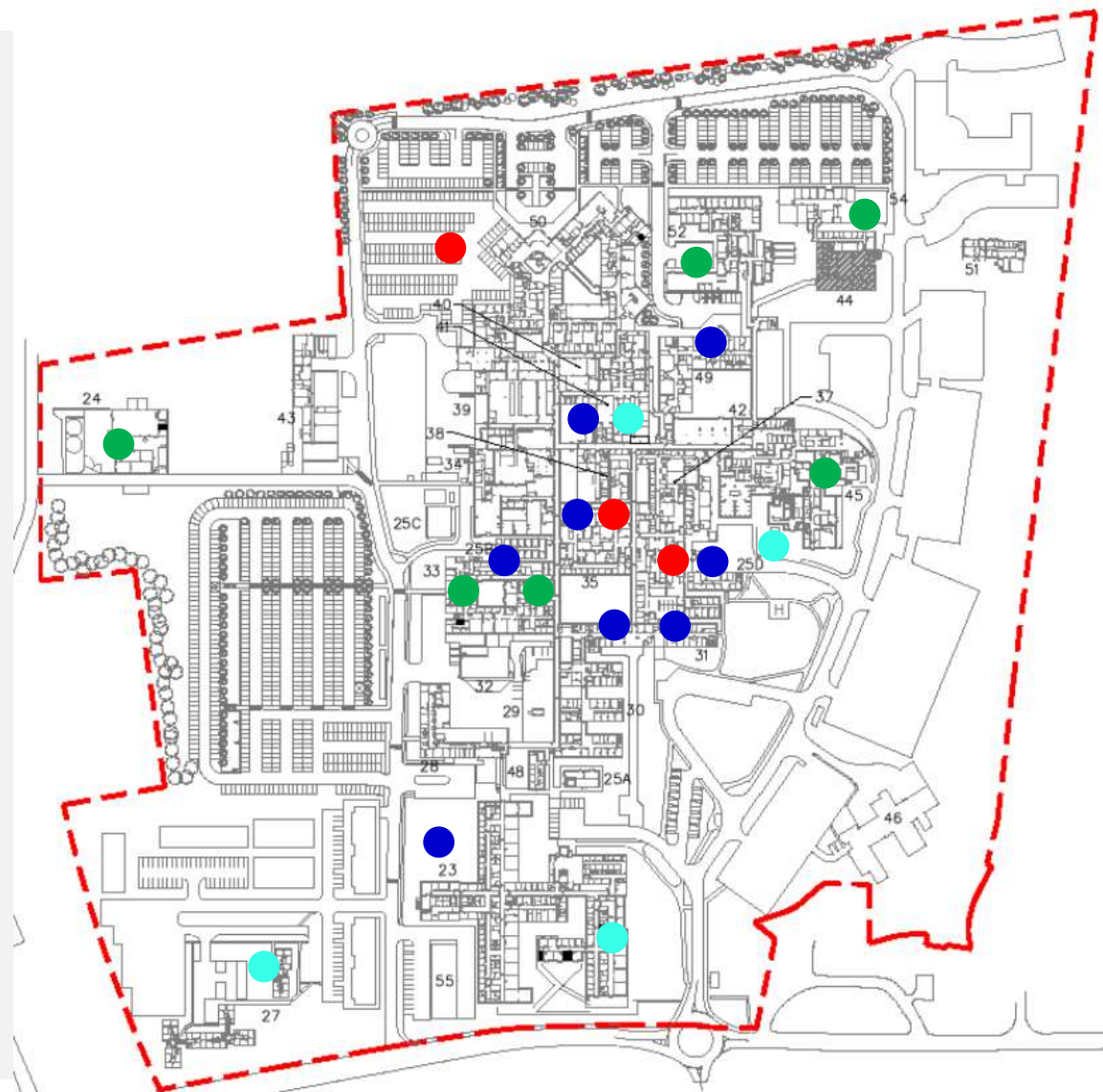
Electrical										
	DBs / Switchboards					£ 75,000	£ 200,000	£ 200,000	£ 300,000	£ 200,000
	Crossbonding - Earthing					£ 50,000	£ 300,000	£ 300,000	£ 300,000	
	UPS / IPS Installations					£ 500,000	£ 300,000	£ 300,000	£ 300,000	£ 300,000
	Theatre Lights / Upgrades							£ 150,000	£ 150,000	£ 150,000
	Lifts					£ 50,000	£ 180,000	£ 180,000		
	Nurse Call					£ 100,000	£ 100,000	£ 100,000	£ 100,000	£ 100,000
	Subway Ducts					£ 500,000	£ 735,000			
	Body Fridges - PRH					£ 53,000				
SSD	Autoclaves- Queensway					£ 100,000	£ 300,000	£ 600,000	£ 500,000	
Queensway Engineering Infrastructure						£ 50,000				
					£ 500,000	£ 5,208,000	£ 5,980,000	£ 5,745,000	£ 5,145,000	£ 4,245,000
Excluding VAT						£ 4,340,000	£ 4,983,333	£ 4,787,500	£ 4,287,500	£ 3,537,500
VAT @ 20%						£ 868,000	£ 996,667	£ 957,500	£ 857,500	£ 707,500
Vat Reclaim @ 50%						£ 434,000	£ 498,333	£ 478,750	£ 428,750	£ 353,750
Outturn						£ 4,774,000	£ 5,481,667	£ 5,266,250	£ 4,716,250	£ 3,891,250

4. RSH – 5 YEAR CAPITAL PROGRAMME

Key	Year	Schemes	Cost £(000)
Blue	20/21	A&E SDEC	£3,026
		Fracture Clinic	£1,224
		SAU Clinical	£880
		Admin Corridor	£560
		Exec Offices	£180
		A&E Enabling Works	£580
		MRI/CT Pod	£2,100
		DSU	£240.5
		Bioquell/ Redirooms	£124
		Philips Diagnostic Equipment Roll out	£2350
		Staff Rooms	£220
Red	21/22	A&E Refurbishment	£8,300
		Philips Diagnostic Equipment Roll out	£1070
		New CT Radiology	£600
		*32 Bed Modular Ward	£7100
Cyan	22/23	Linac Bunker	£4,000
		ITU/HDU/Theatre Recovery	£9,800
		W16 Training Centre into Mytton Oak	£2,250
		Nurses Accommodation	£150
Green	23/24	Energy Centres	£7500
		Darrrt Relocation (W18) / Refurbishment	£500
		PAU Refurbishment	£150
		Renal Refurbishment	£1,100
		Refurbishment of Therapies areas	£1,000
		New Therapies Centre (Faculty of Health)	£2,400

RSH - Total Cost and Additional Beds Created

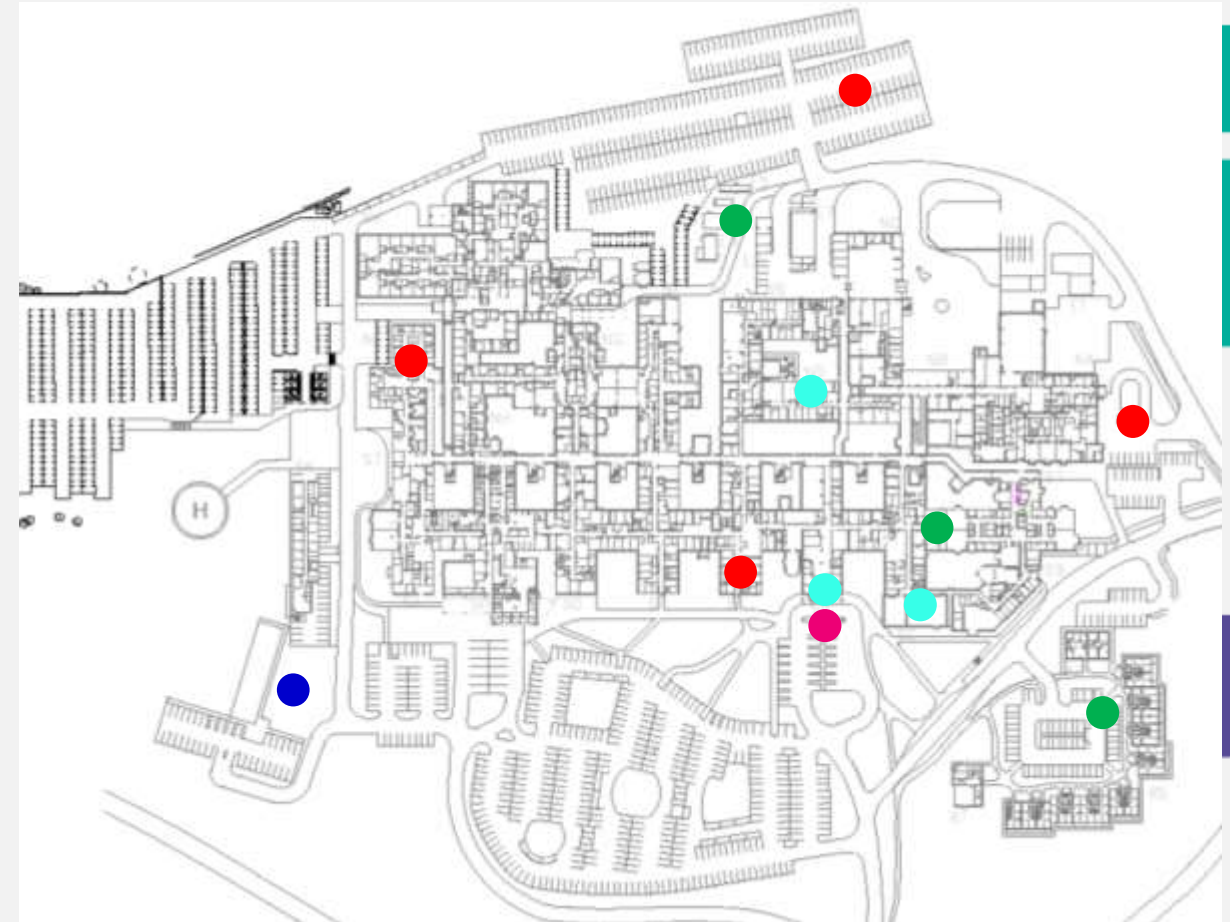
5yr Total Capital Cost £60,025



4. PRH – 5 YEAR CAPITAL PROGRAMME

Key	Year	Schemes	Cost £(000)
Blue	20/21	DSU	£240.5
		Bioquell/ Redirooms	£124
		Philips Diagnostic Equipment Roll out	£2350
		Staff Rooms	£220
		Modular Office	£680
Red	21/22	Philips Diagnostic Equipment Roll out	£1070
		New CT Radiology	£600
		*Single Deck Car Park	£1,600
		*Renal Off Site	£4,500
		*Renal Refurbishment	£500
Cyan	22/23	*Cardio Respiratory Modular	£3,000
		Main Entrance (commercial Development)	£5,000
		New Admin Office Hub	£2,000
		Education Centre Relocation/Refurbishment	£2,000
		Admin Hub Refurbishment	£1,000
Green	23/24	Old Medical Records Area	£250
		Energy Centres	£7500
		Refurbishment of Paul Brown Building	£1,500
Pink	24/25	New Main Entrance (Commercial Development)	£5,000

PRH - Total Cost and Additional Beds Created	
5yr Total Capital Cost	£35,564



4. Projects: Aspirational 5-Year Programme

RSH A&E refurbishment will commence in April 21 and will be phased, with main clinical space delivered by Dec 21 and project fully complete by March 22. These timings have been agreed with NHSI

RSH MRI/CT ground works commence in March 21 and is due for completion and occupation in June 21.

In addition to the above, work is underway to erect the **Ironbridge Suite** at PRH which is a new 60-desk office modular adjacent to the pre-existing Malling Health modular.

The **Malling Health** building and land is in the process of being transferred to the Trust from NHS Property Services via a **zero cost** asset transfer process. The PRH land housing the rear car park and helipad is also being legally transferred from NHS Property Services following an uncompleted Transfer in 2013/14, when the Women & Children's centre transferred from RSH to PRH.

Proposals for a developer-funded new two-storey **commercial front entrance at PRH** are currently being worked-up. This development would house retail offerings and waiting space for patients and staff and potentially create additional capacity on the second floor by re-providing the Education Centre which is located within a ward template. It would also provide assurance to local residents that there is continued investment in their local hospital.

In addition to the above estates have successfully completed and handed over **Ophthalmology department (Cataract Suite) in Ward 20** and **W18 fire compartmentation works in the Copthorne building will be completed in April 2021**.

Bids against NHSI capital allocations to create additional capacity in 21/22 are in development. Currently this includes providing **Modular ward(s) at RSH, and PRH Renal Dialysis Unit moving off-site** to create a 20-bedded ward, with the **PRH Cardio-respiratory service moving to an on-site modular building to release the 10-bedded en-suite Apley Ward** to use as an isolation /infectious diseases ward. We are currently awaiting feedback from the centre.

HTP SOC proposals are still being progressed. For this purpose the Estates Plan may change dependent on the outcome of the approval process and aligned with the current site review of clinical adjacencies and in light of space maximisation. Clinical service plans will be revisited and Strategic Projects programme will adapt to the services plan as it is developed. Other physical capacity projects currently being considered are

Critical Care

- Ensure sufficient capacity

Renal Satalite

Diagnostics

- Linac RSH / CT RSH / Remote Diagnostics

Therapies

- Attend anywhere

Outpatients

- Maximising Outpatient Utilisation
- Use of community provision

5. Sustainability

Sustainability Programme of Works

Projects being explored

- Energy Centre
- Infrastructure and Energy
- LED lighting
- BMS Controls
- Steam calorifier to PHX conversion (and controls)
- Steam trap replacement
- BMS (either standalone or bureau controlled)
- LED lighting (but not external)
- Cavity wall insulation
 - PRH original building, residences, old Doc's Mess
 - RSH School of Health, Hamar, Hummingbird, Mytton Oak Building, old Lingen Davis.
- Motor replacement – with high efficiency replacements (could include pump replacement)
- Motor controls – VSDs
- Ventilation – fan / motor replacement
- Boiler replacement – any gas boilers in outlying buildings (to be replaced with condensing / combi boilers)
- Energy efficient industrial catering ovens
- Offsite generation



**Delivering a 'Net Zero'
National Health Service**



5. Sustainability

The Trust is committed to achieving the NHS Plan “Delivering a Net Zero National Health Service” (NHE&I October 2020) to be carbon net-zero by 2040 for our direct emissions, and by 2045 for those that we can influence. We will adopt the Net Zero Carbon Hospital Standard when this is released. The Plan encompasses all of the NHS activities, and this Estates Plan focuses on the elements that are directly related to estates. In order to achieve the required standard, a SaTH ‘Green Plan’ and ‘Heat Decarbonisation Plan’ will need to be developed. Procurement of this piece of work is being progressed.

Across the NHS, Estates activities account for approximately 15% of carbon emissions, therefore we will be taking local approaches to minimise this, including:

5. Sustainability

1. Construction

- a. Our approach will be to minimise new construction by firstly re-using existing buildings where suitable and economically viable, and secondly, by maximising occupancy in terms of density and time periods. The latter is a metric within Model Hospital.
- b. Where new construction is required, on larger schemes, we will adopt BREEAM Methodology to assess the lifetime environment impacts of products. To minimise waste and spoilage during construction, we will use off-site manufacture where possible. A similar approach will be taken to building services, with an emphasis on standardised components and assemblies so as to reduce stock holdings.
- c. Our new buildings will be designed to be resilient to the effects of climate change.

5. Sustainability

2. Energy usage

- a. We will be replacing, upgrading and extending our Building Management Systems to ensure that they continue to perform optimally. The systems will be checked at regular intervals to ensure that they are correctly programmed to match occupancy.
- b. We have undertaken a Trust-wide programme of LED lighting installation and all new buildings and refurbished areas will include this or any subsequent lighting technology. Light-level and occupancy sensors will be installed where appropriate.
- c. Much of our estate is single glazed with metal-framed windows (without thermal breaks). These will be upgraded over time. Walls and roofs will receive thermal improvement as and when the opportunity arises.
- d. Our energy centres currently generate steam, this being a legacy of now-past requirements. We are actively looking to de-steam our sites and at the same time, to install low-carbon technology. We already has Combined Heat and Power Plants – and we are looking to the next tier of technology, including opportunities around solar, heat pumps and low-carbon electricity.
- e. Our IT equipment already includes automatic power-down and we will consider heat recovery from server rooms as part of our major hospital redevelopment.
- f. We already deploy low-flow showerheads. We will consider other devices to prevent water wastage where these do not compromise safety or cleanliness.

5. Sustainability

3. Waste

- a. We already undertake a degree of waste segregation to ensure legal compliance but there are opportunities for further segregation, subject to adequate storage space being made available. Future plans will have to accommodate additional space to enable additional segregation. We are also looking at ward-level opportunities, so as to achieve a greater degree of segregation at the point of production.
- b. As technology develops, techniques such as pyrolysis will be investigated for on-site treatment of our waste.

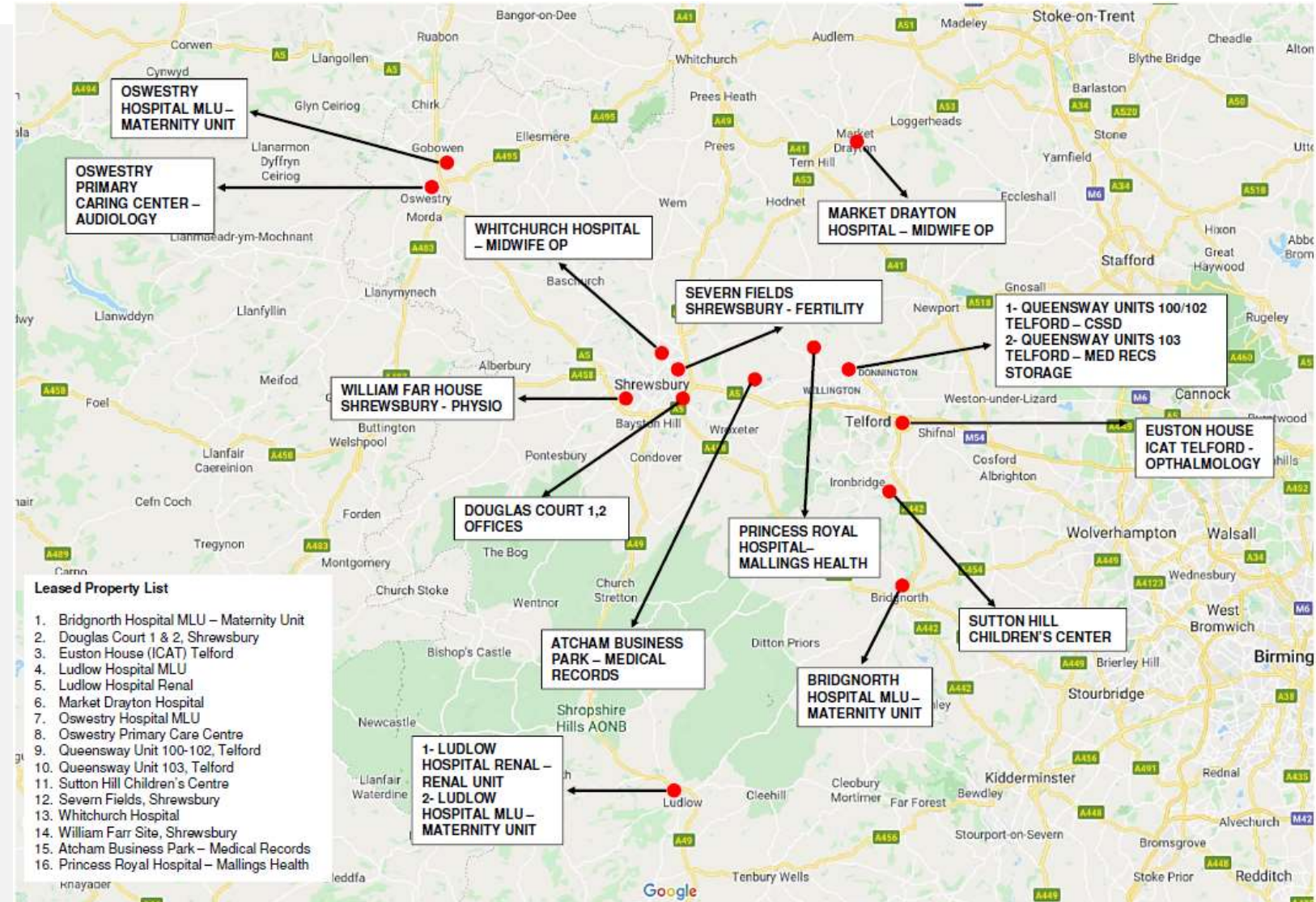
4. Transport

- a. The NHS moves large amounts of commodities, people and waste. We will work closely with our Estates suppliers to reduce the number of delivery vehicles coming to site, and furthermore, we will encourage the use of alternative-fuelled vehicles so as to minimise emissions.
- b. We are exploring the installation of electric vehicle charging points on both sites as well as electrifying our fleet.
- c. Whilst outside the remit of this Estates Plan, we will encourage the use of alternative modes of transport for our staff and visitors – be that by bus, walking or cycling, We will provide secure and well-lit cycle parking facilities. Our parking charging will reward staff that either car share or reduce use of the car.

6. Community

SATH LEASED PROPERTY MAP 2019/2020

- Vacating Douglas court being explored
- Vacating Euston House
- Identify better VFM options
- Malling Health: on PRH Site but currently leased from NHS Property services – pending land transfer business case)
- Review required for all leases property to ensure they are suitable in terms of location, size and are VFM.
- NHS PS are investigating options to relocate our Therapies services at William Farr to an alternative location.



7. Model Hospital

Estates and Property Maintenance Cost (£ per m2)

S01_08 Estates and Property Maintenance /

S02_02 Areas – Occupied Floor Area

Definition encompasses:

All estates and property maintenance costs include:

- estates and property management revenue and costs relating to trust's capital programme;
- equipment maintenance relating to the built environment;
- backlog maintenance monitoring,
- implementing and managing associated investment – fire safety and health & safety compliance relating to the built environment
- only revenue costs are included and capital compliance expenditure is excluded.

Trust £34

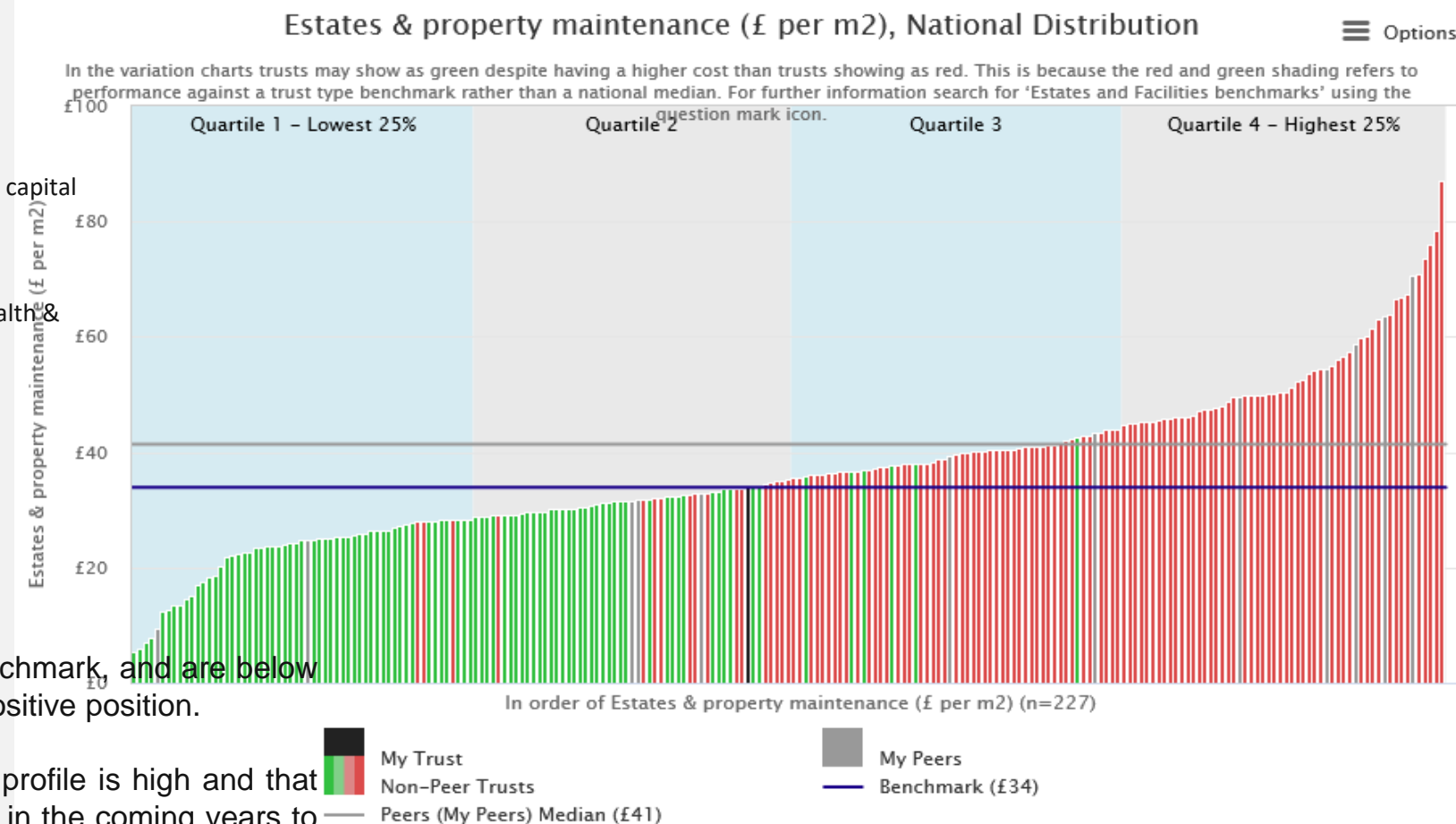
MH Peer £36 (SaTH Peer £41)

Benchmark £34

Commentary:

Estates and Property Maintenance costs are at the benchmark, and are below the MH and SaTH peer group mean. All of which, is a positive position.

It must be noted that data shows that the estates age profile is high and that additional apprentices and B3/B4 posts will be required in the coming years to ensure maintaining of high levels of statutory maintenance compliance (HTMs). Estates have delivered PPM compliance at 65% on average during 2020.



7. Model Hospital – Space Utilisation

Management of non-clinical space at SaTH space is below national targets (30.9%) and peer median (32.5%)

However empty space and under utilised space is high. This is as a result of ongoing works in the Copthorne building which when completed will improve metrics on Empty Space % and Amount of Under-Utilised Space %.

The Trust has no private patient space.

The Trust has commissioned a re-survey of all space on the estates MICAD system to ensure it is valid. A Trust wide adjacencies exercise has also been commissioned.

Space usage				
Amount of non-clinical space (%)				
Data period	Trust value	Peer median	Benchmark value	
2018/19	<div><div></div>25.7%</div>	32.5%	30.9%	<div><div></div></div> ? ⓘ
Amount of empty space (%)				
Data period	Trust value	Peer median	Benchmark value	
2018/19	<div><div></div>1.8%</div>	0.9%	1.1%	<div><div></div></div> ? ⓘ
Amount of under-utilised space (%)				
Data period	Trust value	Peer median	Benchmark value	
2018/19	<div><div></div>1.3%</div>	0.7%	1.0%	<div><div></div></div> ? ⓘ
Private patient space (%)				
Data period	Trust value	Peer median	Benchmark value	
2018/19	<div><div></div>0.00%</div>	0.00%	0.00%	<div><div></div></div> ? ⓘ

8. Model Hospital Space Management

The 'Accommodation Control Group' (ACG) has responsibility for management and allocation of space throughout the organisation. The remit of the ACG is:

- Space Management
- Space Utilisation (room and desk booking)
- Outpatient space management

The impact of Attend Anywhere on space management will be considered at ACG.

The group has instructed an Adjacencies review across the sites to inform the group when prioritising space across. A survey of all space usage is also underway to ensure MICAD space data accuracy. The ACG will explore ways of working on hot-desking provision and measuring utilisation.

Room and desk booking functions are now available via the Estates MICAD system. Any user group may request the addition of their space to the system for booking.

Space booking across STP / ICS is being explored via the Local Estates Forum (LEF)

Space Availability

In FY 21/22 **145m² of Mytton Oak** will be vacated when the MLU moves back into Copthorne W18. This could be considered as alternative accommodation for Therapy Services which are currently located on the William Farr site but the accommodation is not satisfactory. However this will be dependent on a wider review of ongoing service provision.

In addition the **Faculty of Health Building and Learning Centre** on the RSH site lease will end in FY 24/25 which could be used for other services, although it is likely that Staffordshire University will wish to extend the Lease to provide nurse training on-site. Currently they pay a peppercorn rent and should the Lease be re-negotiated a commercial rent will be set. The Services SLA is also being reviewed currently as it does not meet current costs incurred by SaTH.

The 6 inpatient real beds transferred to ward 35 Copthorne in March 2021, as Phase 1. There is a Business Case for Phase 2 which involves moving the Renal Dialysis Unit across to Ward 35, however this has not yet been approved

The **old nurse residence** at the back of the RSH site continues to be under used. Estates have brought some of these areas back into use due to urgent need for office space during COVID-19. The Trust is also paying a **200% council tax premium** on these empty building of around **£60k pa**.

9. Compliance – Statutory and Mandatory PPMs

Current status of compliance for 2020 (Dec 2020 all sites);

PPM's

Electrical 64.4%
Water 59.5%
Medical Gases 64%
Fire Safety 74.9%
HVAC 65.1%
PSSR 49.9
Statutory PPM's 59.6%
Mandatory PPM's 51.5%
Routine PPM's 34.7%

Where we want to be by year end

- PPM's
 - At least 90% for statutory and mandatory PPMs
 - At least 80% average completed by Dec 2021

Main issues;

- PPM's cancelled due to pandemic
- Lack of resource due to shielding
- Restricted access to some areas due to COVID-19

It should be noted that PPM and reactive maintenance are inversely proportionate in that if we see an increase in the number of reactive maintenance requests there is a reduction on PPM compliance due to limited resources.

9. Compliance: PAM (Premises Assurance Model)

Current status of PAM;

Electrical 37.5%

Water 37.5%

Medical Gases 25%

Fire Safety 62.5%

HVAC 25%

PSSR 25%

Decontamination 25%

Asbestos 87.5%

Overall PAM compliance
64.5%

Where we want to be by year end 2021

- At least 90% compliant by year end

Main issues;

- Missing resources (AP & CP)
- Missing policies (R&R & TOR)
- Missing BCP

9. Compliance: Policies In Progress

Policy Description	Current Status	Progress
Decontamination Policy	Version 1.4 DRAFT	In Progress
RSH Medical Gas Pipeline Systems Policy 201306-converted	Version 2.1 DRAFT	In Progress
HS Management of Ventilation Systems Policy	Version 1 DRAFT	Ready to submit to February HSSF meeting
HS22 Control and Management of Legionella v5.5 (KT last edit 27 Nov 19)	Version 5.5 DRAFT	In Progress
FS00 Fire Safety Policy (reviewed Jan 21)	Version 2 APPROVED	N/A
HS19 Electrical Safety & Lighting Policy V4.4	Version 4.4 DRAFT	Submitted to February HSSF meeting
HS Passenger and Goods Lift Management Policy V1 DRAFT	Version 1 DRAFT	Submitted] to February HSSF meeting
SATH (DRAFT) Pressure Systems Safety Policy	Version 1 DRAFT	Ready to submit to February HSSF meeting
Permit to Work Policy	Version 2	Under review by Estates
Estates Business Continuity Plan	Version 1	Under review by Estates

9. Compliance: Upcoming Legislation Changes for 2021

None that affect the way Estates operates

Only changes known are due to Brexit or COVID-19 and are related to employment law change.

New ventilation HTM 03-01 now issued.

Estates Zero Carbon Standards – will impact future estate designs

Progress on System Green Plans will be fundamental

10. STP Estates Strategy – Approved July 2019

- **Whitchurch Paul's Moss Site – Local Health Hub**
 - Community Hub incorporating health care facilities as part of a combined housing, extra-care and community hub facility promoting care closer to home.
- **Oswestry Health Centre**
 - Space sharing initiative between SHT and MPFT
- **Shawburch**
 - EHTF funded new build to provide extended working hours and modern primary care estate
- **Shifnal**
 - New build EHTF funded to support delivery of PCNs
- **Tannery Riverside**
 - New build supporting Primary Care at Scale, funding through Shropshire Council and CCG revenue. Colocation with University Halls.
- **Midwife Led Units Reconfiguration**
 - Introduction of hubs across the county

10. STP Estates Strategy – July 2019

Disposals

Site Details				Sharing	Delivery			Receipts	Housing
Plot Name	Org.	Plot Address (no. of sites)	Plot area (Ha)	Data sensitive?	Disposal Status	Disposal Year	Declared Surplus	Estimated sale receipt (£000)	Housing Units No.
Land and demountable building forming ex-Malling Health Centre, Telford Hospital	NHS Property Services	Princess Royal Hospital site, Apley Castle, Apley, Telford TF1 6TF	1	Yes	Opportunity – Possible disposal up to March 2020	2019 - 20	No	N/K	40
Land between Malling Health Centre site and Severn Hospice, Telford Hospital.	DHSC	Princess Royal Hospital site, Apley Castle; Apley, Telford TF1 6TF	0.7979	No	Opportunity - Possible disposal from April 2025 and beyond	2025+	2024	200	0
Old accommodation blocks 2 – 4	Shrewsbury and Telford Trust	Royal Shrewsbury Hospital, Mytton Oak, Shrewsbury SY3 8XQ	0.7919	No	Opportunity - Possible disposal up to March 2025	2024-25	c2016	1,162	65

10. STP Estates Strategy – Approved at July 2019 - Disposals

Site Details				Sharing	Delivery			Receipts	Housing
Plot Name	Org.	Plot Address (no. of sites)	Plot area (Ha)	Data sensitive?	Disposal Status	Disposal Year	Declared Surplus	Estimated sale receipt (£000)	Housing Units No.
Land adjacent to Racecourse Lane, adjoining old accommodation blocks referred to above (adjacent to Malling Health)	DHSC	Princess Royal Hospital site, Apley Castle; Apley, Telford TF1 6TF	0.7	Yes	Opportunity - Possible disposal from April 2025 and beyond	2025+	2004	350	25
Land opposite front entrance, across road	Robert Jones, Agnes Hunt	RJAH Orthopaedic Hospital, Gobowen, Shropshire, SY10 7AG	0.16	No	Opportunity – Possible disposal up to March 2025	2024-25	March 2019	180	8
Land at back of site, inclusive of sports field	Robert Jones, Agnes Hunt	RJAH Orthopaedic Hospital, Gobowen, Shropshire, SY10 7AG	2.34	No	Opportunity – Possible disposal up to March 2025	2024-25	March 2019	500	40

10. STP Estates Strategy – July 2019

Headline Focus Areas

- Development and adoption of one space booking system across the STP
- Integrated care hubs
- Integration of back office functions across the system
- Integrated Business Support Unit



11. Next Steps

ICS Estates Function

The ICS Estates Group are working more closely and are working up proposals for:

- Supporting big 6 Ticket Items
- Joint estates procurement
- Capital prioritisation for backlog and strategic projects
- System wide space booking system
- System wide compliance framework

SaTH Operational Estates

- Continue to implement compliance structure and framework providing board assurance
- Succession planning and reduction of estates age profile through the bringing in of apprentices
- 5 year estates operational plans being developed

11. STP Big 6 Ticket Items

The ICS has identified Big 6 Ticket items for development. Many of these will need significant estates input and support. These are as follows:

- **Hospital Transformation Programme**
 - Draft SOC proposals submitted for approval
- **Local care and alternatives to hospital admissions**
 - Scope and estates implications are being developed
- **Outpatient Transformation**
 - Scope and estates implications currently being developed
- **MSK Transformation**
 - Scoping to go into Hollinswood House in Telford
- **Workforce Transformation**
 - No estates implications envisaged
- **Integrated place based commissioning**
 - No estates Implications envisaged

Hospital Transformation Programme: Activity Model

Close-Out Report

October 2020 Version 2

STRATEGIC HEALTHCARE PLANNING in association with

ADCURIS

CONSULTING

Strategic Healthcare Planning

TTC House, Hadley Park, Telford, Shropshire TF1 6QJ
+44 (0) 1952 677660 | info@shp-uk.com | www.shp-uk.com

Document Information			
Status:	Final	Author(s):	Mike WILSON
Date:	7 th October 2020	Reviewed by:	Huw LAMBERT

Contents

1.0 Summary 3

1.1 End-Point Review 3

1.2 ‘Base’ and ‘Reporting’ Models 3

1.3 Completion 4

2.0 Approval..... 4

Appendix A 5

1.0 Summary

In June 2019, Strategic Healthcare Planning (SHP) was invited by Shrewsbury and Telford Hospital NHS Trust (the Trust) to undertake a *'Refresh of Activity Modelling for the Sustainable Services Programme (SSP) Outline Business Case (OBC)'*, which subsequently evolved into what is now referred to as the Hospital Transformation Programme (HTP) following wider clinical and public consultation.

This commission is led by Huw LAMBERT, with specialist support from Mike WILSON, one of SHP's Associates, who is responsible for shaping and constructing the activity model in line with the Trust's requirements.

This Healthcare Planning commission is undertaken using the SBS Framework under Lot 12 (Ancillary Services).

1.1 Purpose of the Report

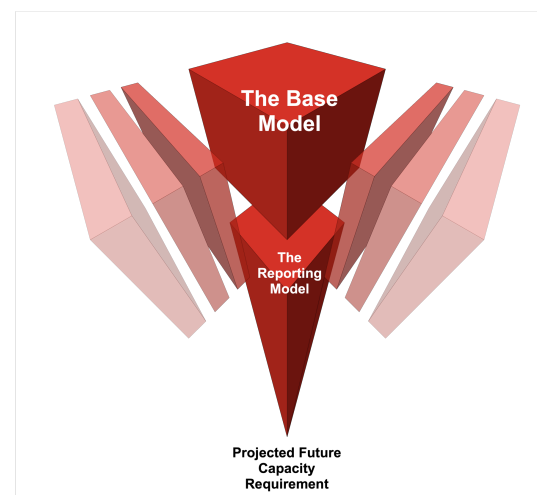
This position paper provides the HTP Team with a Close-Out Report at the point at which the Base Model and the Reporting Model have been successfully completed with the assumptions and inputs jointly supported by the team as a whole.

1.2 'Base' and 'Reporting' Models

The ‘mechanics’ of the activity analysis is structured using a Base Model, which does the ‘heavy lifting’ and the Reporting Model that provides the ‘user interface’ and generates the useable outputs. This structure can be visualised as follows:

The Base Model and the Reporting Model

The Reporting Model can be used to ‘slice and dice’ in response to a wide variety of planning scenarios



The HTP Team required seven modalities to be modelled in this way and work has been successfully concluded for each of the following:

- Inpatients;
- Critical Care and Neonatology
- Theatres, (including Endoscopy and Catheter labs);
- Emergency Department / Urgent Treatment Centre;
- Outpatients;
- Maternity;
- Radiology / Diagnostic Imaging.

The completed model provides the HTP team with a powerful tool to support the further development of the Outline Business Case (OBC), and the *'Demand and Capacity Modelling: OBC Baseline Assumptions and Results'* are included below at **Appendix A**.

1.3 Completion

SHP has been charged with completing one final piece of assessment work based on the now agreed model before the start of November, to look specifically at the varying areas of impact and change when comparing previous SOC assumptions with known OBC aspirations.

This will bring the current commission to a close, after which SHP will be very happy to offer continuing support to the HTP team as they progress with their ongoing OBC development.

2.0 Approval

SHP is pleased to confirm the completion of the activity model as constructed and summarised in this report, having secured the input, support and agreement of the HTP team leadership, Neil NISBET, Programme Director, and Louise JONES, Clinical Programme Lead.

Signed by Huw LAMBERT,
SHP Project Lead: 07:10:20



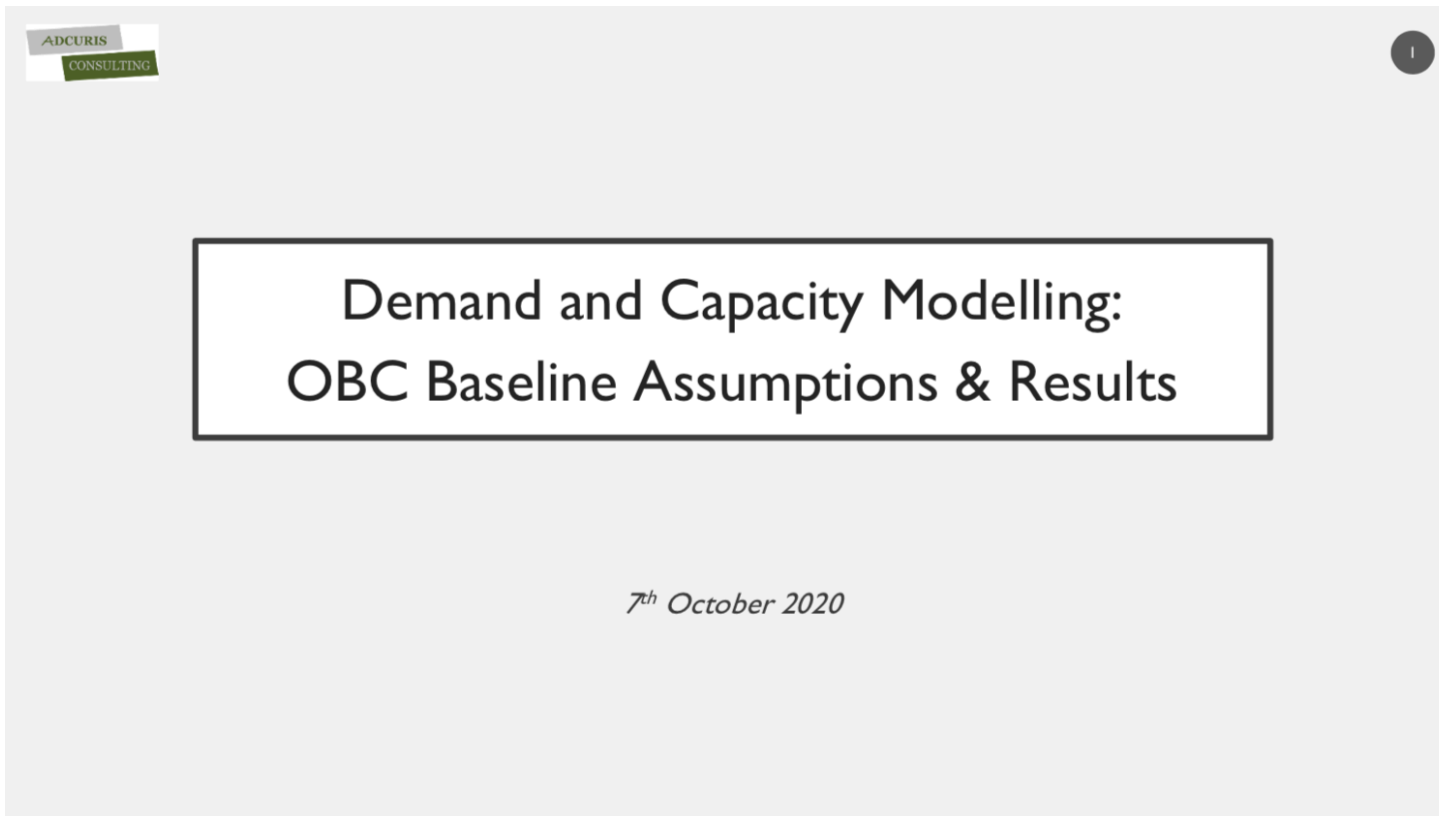
On behalf of the Trust, this is to advise that the HTP Team, led by Neil NISBET and Louise JONES, have reviewed the model as summarised in this report and are satisfied as to its accuracy and level of completeness in response to the service level agreement entered into with SHP.

Signed by

Date

Appendix A

The following section provides a summary of the completed activity model.



Contents

Modelling objectives	3
Beds	6
Critical Care and Neonatology	15
Theatres	17
ED and UTC	20
Outpatients	23
Maternity	26
Radiology	29
Next Steps	32

Modelling Objectives: OBC Baseline

Reflect assumptions from 2019 SOC, refreshed and refined where there is new information or improved knowledge, notably:

Beds (Inpatients, Daycases and Emergency Assessment):

- Demographic growth and non-demographic demand
- Operational hours
- Occupancy rates
- Adult ambulatory pathways
- Adult short stay medicine and surgery
- Specialty wards
- Stepdown to planned care site
- Paediatric assessment
- Agreed service improvements

Modelling Objectives: OBC Baseline (continued)

ED & UTC:

- Refreshed activity split using Future Fit Algorithm
- CDU capacity
- Distinct adult & children's capacity for both ED & UTC

Adult Critical Care & Neonatology:

- Appropriate occupancy rates
- Include emergency laparotomy projections

Theatres, Endoscopy & Cath Labs

- Agreed throughput and utilisation

Diagnostics

- Benchmarked capacity for each modality

Outpatients

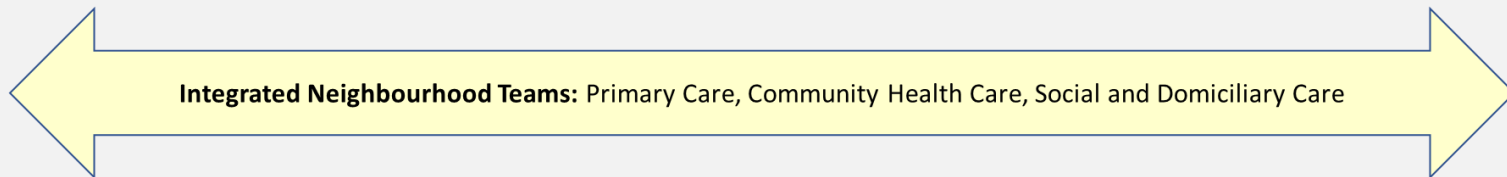
- Delivery of NHS Long-Term plan
- Agreed throughput and utilisation

Maternity

- Agreed clinical model, throughput and utilisation

Service Vision:

Define and quantify appropriate future balance of care between acute sector relative to out-of-hospital care



Shropshire Care Closer to Home (out-of-hospital demand management)

Phase 2:

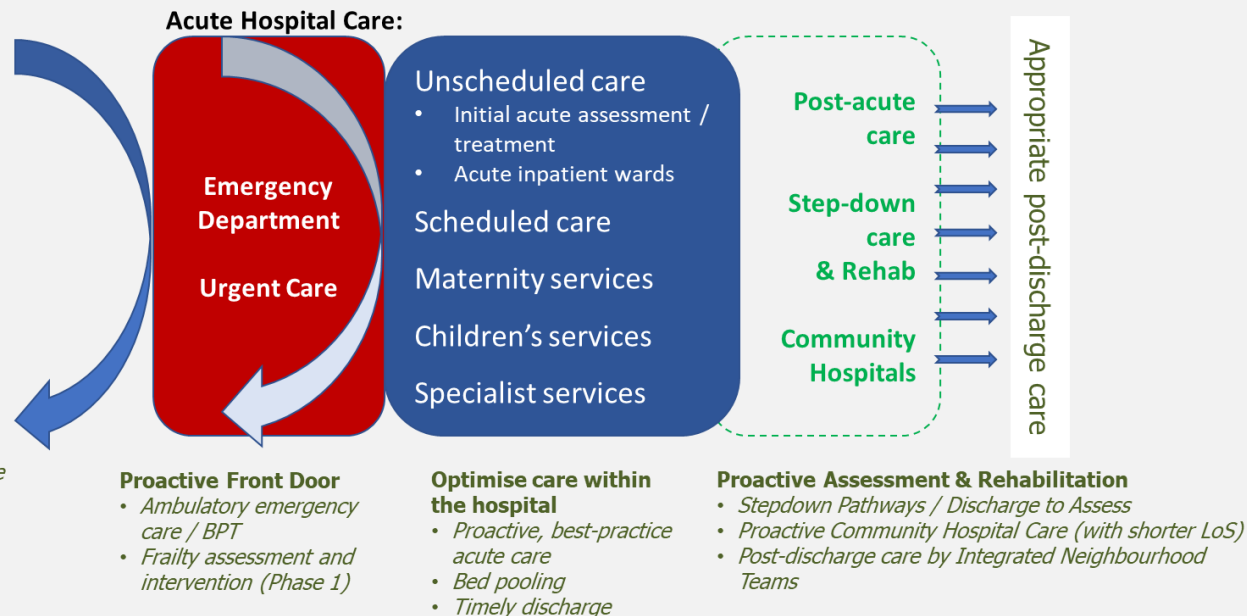
- Risk Stratification / early identification
- Proactive Case Management

Phase 3: acute / semi acute services in the community

- Hospital at Home
- DAART
- Rapid Response
- Crisis

Phase 4:

- Eventual expansion to all-age model



Beds

Bed Modelling: Summary Assumptions

1. Starting point is assumptions from last SOC (Nov 2019)
2. Baseline is SaTH inpatient datasets 2018/19 (2019/20 would not be a representative year due to Covid)
3. Planning period: 6 and 10 year time horizons (to 2026 and 2030)
4. Demographic change – latest age and locality-specific ONS projections applied
5. Non-Demographic demand – assumptions consistent with NHSE / NHSI view
6. SaTH to Home: capacity included in baseline pending longer-term solution
7. Same Day Emergency Care – latest Directory of Ambulatory Emergency Care benchmarks applied (0-12 hours)
8. Adult Short Stay Medicine: 13-72 hours
9. Adult Short Stay Surgery: 0-72 hours
10. Paediatric Assessment: refine capacity to support all activity streams
11. Specialty Wards: HRGs mapped to specialties to best reflect clinical activity
12. Service improvements: 7 day standards, 2017 CCG projected community shift impact applied and projected forwards to 2025 and 2030
13. 20% remain on ECS site after 72 hours for clinical reasons; 80% of longer stay non elective admissions step down to planned care site after 72 hours, of which 12% remain on emergency care site (clinical discretion)
14. Throughput & utilisation:
 - a. Operational hours: unplanned 365 days, planned 275 days
 - b. Occupancy rates: large bed pools 89%, small bed pools 72%, oncology / haematology 60%, assessment areas 60%

Bed Modelling: Future Bed Groups

Medical Assessment Unit	0-12 hours unplanned and planned unscheduled care patients
Short Stay Medical	13-72 hours unplanned and planned unscheduled care patients
Short Stay Surgical (inc. Surgical Joint Assessment)	0-72 hours unplanned and planned scheduled care and gastro patients
Acute Inpatient Wards	73+ hours (including stepdown wards)
Oncology & Haematology	All oncology and haematology
Children's Ward	Children's Inpatients and Daycases, Children's Assessment
Short Stay Elective Ward	Short stay elective inpatient ward on planned care site
Daycase Units	General Daycases, Endoscopies, Cardiology Daycases, Children's Daycases

Bed Modelling: Activity Summary

	2018/19 Outturn	Projected 6 Years	Projected 10 Years
Daycases	48,655	54,746	59,521
Elective Inpatients	5,269	5,360	5,808
Non Elective Inpatients	58,639	62,010	67,712
Other	4,391	4,752	4,793

Bed Modelling: Projected Requirements 6 Years (2026)

source: SaTH OBC Data Model D.14b

Projected Future Beds: 6 Years (2026), Scenario A

Excludes Adult Critical Care, Maternity and Neonatology

Existing Ward Type	Future Ward Type	Baseline Core Beds	Baseline Escalation Beds	Occupancy Improvement	SaTH 2 Home	Demography 6 Years	Non-Demographic Change 6 Years	Ambulatory Emergency Care	BADS	7 Day Standards	Community Shift	Projected Beds 6 Years
RSH Beds												
Medical & Surgical	Short Stay Medical	365	18	6.5	1.4	6.4	4.0	-14.5	-0.3	0.0	-13.7	48
	Short Stay Surgical			3.3	1.3	2.3	2.1	-1.5	-0.7	0.0	-2.9	34
	Acute Medical IP Wards			24.2	5.1	33.8	14.8	0.0	-0.3	-3.6	-58.2	232
	Acute Surgical IP Wards			6.7	2.1	9.0	4.1	0.0	-0.4	-1.3	-6.2	74
Oncology / Haematology	Oncology / Haematology	30		-3.5	0.2	3.1	1.6	0.0	-0.0	0.0	-3.9	28
Children's Inpatients	Children's Inpatients	0		2.0	0.0	0.2	2.3	0.0	-0.2	0.0	-0.5	40
RSH Assessment												
Medical Assessment	Medical Assessment Unit	9		10.6	0.3	2.1	1.6	30.6	-0.0	0.0	-2.6	59
Children's Assessment	Children's Assessment	6		-5.4	0.0	-0.0	0.2	0.0	0.0	0.0	-0.0	9
RSH Daycase												
General Daycases				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Children's Daycases	Children's Daycases			0.0	0.0	0.1	0.2	0.0	0.2	0.0	0.0	4
Endoscopy Daycases	Endoscopy Daycases ECS			-1.0	0.0	0.3	0.2	0.0	0.0	0.0	0.0	4
Cardiology Daycases	Cardiology Daycases			0.0	0.0	0.5	0.3	0.0	0.0	0.0	0.0	5
RSH Beds Total		395	18	39	10	55	29	-16	-2	-5	-85	455
RSH Assessment Total		15	0	5	0	2	2	31	-0	0	-3	67
RSH Daycase		0	0	-1	0	1	1	0	0	0	0	13
RSH Total		410	18	43	10	58	31	15	-2	-5	-88	535
PRH Beds												
Medical & Surgical	Elective Surgical IP Ward	275	23	0.0	0.5	1.8	0.9	0.0	-1.3	0.0	-0.6	17
	PCS Stepdown Wards			27.3	7.2	38.8	17.8	0.0	-0.5	0.0	-62.2	290
Oncology / Haematology		0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Children's Inpatients		36		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
PRH Assessment												
Medical Assessment		7		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Children's Assessment		8		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
PRH Daycase												
General Daycases	General Daycases			2.3	0.0	5.4	3.7	0.0	1.1	0.0	0.0	70
Oncology Daycases	Oncology Daycases			1.0	0.0	2.5	1.6	0.0	0.0	0.0	0.0	31
Children's Daycases				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Endoscopy Daycases	Endoscopy Daycases PCS			-1.4	0.0	0.3	0.2	0.0	0.0	0.0	0.0	4
Cardiology Daycases				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
PRH Beds Total		311	23	27	8	41	19	0	-2	0	-63	306
PRH Assessment Total		15	0	0	0	0	0	0	0	0	0	0
PRH Daycase		0	0	2	0	8	6	0	1	0	0	105
PRH Total		326	23	29	8	49	24	0	-1	0	-63	411
Grand Total		736	41	73	18	107	56	15	-2	-5	-151	946

Bed Modelling: Projected Requirements 10 Years (2030)

source: SaTH OBC Data Model D.14b

Projected Future Beds: 10 Years (2030), Scenario A

Excludes Adult Critical Care, Maternity and Neonatology

Existing Ward Type	Future Ward Type	Baseline Core Beds	Baseline Escalation Beds	Occupancy Improvement	SaTH 2 Home	Demography 10 Years	Non-Demographic Change 10 Years	Ambulatory Emergency Care	BADS	7 Day Standards	Community Shift	Projected Beds 10 Years
RSH Beds												
Medical & Surgical	Short Stay Medical	365	18	6.5	1.5	11.0	6.8	-16.0	-0.3	0.0	-15.1	53
	Short Stay Surgical			3.3	1.4	3.8	3.5	-1.6	-0.7	0.0	-3.1	37
	Acute Medical IP Wards			24.2	5.8	60.5	25.1	0.0	-0.3	-4.0	-65.7	262
	Acute Surgical IP Wards			6.7	2.4	15.6	6.9	0.0	-0.5	-1.4	-6.9	82
Oncology / Haematology	Oncology / Haematology	30		-3.5	0.2	5.3	2.8	0.0	-0.0	0.0	-4.3	31
Children's Inpatients	Children's Inpatients	0		2.0	0.0	0.1	4.0	0.0	-0.2	0.0	-0.5	41
RSH Assessment												
Medical Assessment	Medical Assessment Unit	9		10.6	0.3	3.6	2.8	33.2	-0.0	0.0	-2.9	64
Children's Assessment	Children's Assessment	6		-5.4	0.0	-0.0	0.3	0.0	0.0	0.0	-0.0	9
RSH Daycase												
General Daycases				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Children's Daycases	Children's Daycases			0.0	0.0	0.0	0.3	0.0	0.2	0.0	0.0	4
Endoscopy Daycases	Endoscopy Daycases ECS			-1.0	0.0	0.4	0.4	0.0	0.0	0.0	0.0	4
Cardiology Daycases	Cardiology Daycases			0.0	0.0	0.8	0.5	0.0	0.0	0.0	0.0	6
RSH Beds Total		395	18	39	11	96	49	-18	-2	-5	-96	505
RSH Assessment Total		15	0	5	0	4	3	33	-0	0	-3	73
RSH Daycase		0	0	-1	0	1	1	0	0	0	0	14
RSH Total		410	18	43	12	101	53	16	-2	-5	-99	591
PRH Beds												
Medical & Surgical	Elective Surgical IP Ward	275	23	0.0	0.6	3.0	1.6	0.0	-1.4	0.0	-0.6	18
	PCS Stepdown Wards			27.3	8.0	68.0	30.2	0.0	-0.5	0.0	-69.7	325
Oncology / Haematology		0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Children's Inpatients		36		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
PRH Assessment												
Medical Assessment		7		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Children's Assessment		8		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
PRH Daycase												
General Daycases	General Daycases			2.3	0.0	8.8	6.3	0.0	1.2	0.0	0.0	76
Oncology Daycases	Oncology Daycases			1.0	0.0	4.2	2.8	0.0	0.1	0.0	0.0	34
Children's Daycases				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Endoscopy Daycases	Endoscopy Daycases PCS			-1.4	0.0	0.5	0.3	0.0	0.0	0.0	0.0	4
Cardiology Daycases				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
PRH Beds Total		311	23	27	9	71	32	0	-2	0	-70	343
PRH Assessment Total		15	0	0	0	0	0	0	0	0	0	0
PRH Daycase		0	0	2	0	13	9	0	1	0	0	114
PRH Total		326	23	29	9	84	41	0	-1	0	-70	457
Grand Total		736	41	73	20	186	94	16	-2	-5	-169	1,048

Bed Modelling: Impact and Sensitivity Analysis

Impact Factors requiring increase in net bed provision

Demographic Demand: +107 beds (6 years), +186 beds (10 years)

- Latest ONS demographic projections x locality x age group

Non-Demographic demand: +56 beds (6 years), +94 beds (10 years)

- Projection in line with NHSE / NHSI expectations

SaTH to Home: +18 beds (6 years), +20 beds (10 years)

- Capacity allowance pending long-term solution

Occupancy improvement: +73 beds (one-off improvement)

- More realistic target % occupancy assumptions to accommodate peak activity and minimise disruption

Bed Modelling: Impact and Sensitivity Analysis

Impact Factors resulting in greater efficiency / reduction in net bed provision

Ambulatory Emergency Care:

-16 beds + 31 assessment trolleys (6 years), -18 beds + 33 assessment trolleys (10 years)

- Shift of activity from short stay inpatients (13-72 hours) to 12 hours turnaround in line with Directory of Ambulatory Emergency Care

BADS Day Surgery Rates: -2 beds (6 years), -2 beds (10 years)

- Shift of activity from elective inpatients to daycase and outpatient settings in line with British Association of Day Surgery recommendations

7 Day Standards: -5 beds (6 years), -5 beds (10 years)

- Reduction in LoS due to expedited discharge for patients on Acute Inpatient Wards

Community shift: -151 beds (6 years), -169 beds (10 years)

- Based on 2017 CCG targets projected forwards to 2026 and 2030

Bed Modelling: Impact and Sensitivity Analysis

Indicative Bed Impact of Doing Nothing

		Current Beds (excl. escalation beds)	Do Nothing (growth only, target occupancy)		With Efficiency Improvements incl. full community shift (at target occupancy)	
			Beds Required	Difference from Current	Beds Required	Difference from Current
6 Years (2026)	Beds	706	933	+227	761	+55
	Assessment	30	40	+10	67	+37
	Daycase	100	116	+16	117	+17
10 Years (2030)	Beds	706	1041	+335	848	+142
	Assessment	30	42	+12	73	+43
	Daycase	100	126	+26	128	+28

Critical Care and Neonatology

Critical Care and Neonatology: Summary Assumptions and Results

source: SaTH OBC Data Model D.14b

Projected Future Adult Critical Care Beds

	Baseline Beds	Demography	Non-Demographic Change	Emergency Laparotomy BPT	Projected Beds
5 Years (2025)	25	1.6	1.2	0.7	28
6 Years (2026)	25	1.9	1.4	0.7	29
10 Years (2030)	25	3.0	2.4	2.0	32

Bed Throughput Assumptions used in this version of the model

Baseline % Occupancy	65%
Target % Occupancy	70%
Days per Year	365

Neonatology

Following clinical review, no change proposed from current capacity

Theatres

Theatre Modelling: Summary Assumptions

1. Theatre demand and capacity calculated based on same clinical model agreed for beds (described above)
2. Capacity modelled for inpatient and daycase theatre activity:
 - Operating theatres
 - Endoscopy rooms (incl. upper and lower GI, cystoscopy, bronchoscopy)
 - Cath labs
3. 49 operational weeks per year
4. 10 sessions per week
5. 4 hour theatre sessions (assumes 3.75 hours actual operating)
6. 85% theatre utilisation
7. Benchmarked operating times for each OPCS procedure based on data drawn from 51 Trusts

Theatre Modelling: Projected Requirements

source: SaTH OBC Data Model D.14b

Projected Future Theatres: 6 Years (2026), Scenario A

Note: excludes maternity theatres; further analysis and discussion needed to establish potential need for additional NCEPOD and trauma theatres

	Baseline Theatres	Demography 6 Years	Non-Demographic Change 6 Years	BADS	Community Shift	Projected Theatres 6 Years
RSH						
Operating Theatre	7.7	0.6	0.5	-0.0	-0.7	9
Endoscopy Room	0.6	0.0	0.0	-0.0	-0.0	1
Cath Lab	0.1	0.0	0.0	0.0	-0.0	1
RSH Total	8.4	0.6	0.5	-0.0	-0.8	11
PRH						
Operating Theatre	6.3	0.5	0.4	-1.5	-0.3	6
Endoscopy Room	2.9	0.3	0.2	-0.1	-0.1	4
Cath Lab	0.9	0.1	0.1	-0.5	-0.1	1
PRH Total	10.1	0.9	0.6	-2.0	-0.5	11
Grand Total	18.5	1.5	1.1	-2.0	-1.3	22

Note: Totals are rounded up

Projected Future Theatres: 10 Years (2030), Scenario A

Note: excludes maternity theatres; further analysis and discussion needed to establish potential need for additional NCEPOD and trauma theatres

	Baseline Theatres	Demography 10 Years	Non-Demographic Change 10 Years	BADS	Community Shift	Projected Theatres 10 Years
RSH						
Operating Theatre	7.7	0.9	0.8	-0.0	-0.8	9
Endoscopy Room	0.6	-0.0	0.1	-0.0	-0.0	1
Cath Lab	0.1	0.0	0.0	0.0	-0.1	1
RSH Total	8.4	1.0	0.9	-0.0	-0.8	11
PRH						
Operating Theatre	6.3	0.9	0.7	-1.6	-0.3	6
Endoscopy Room	2.9	0.4	0.3	-0.1	-0.1	4
Cath Lab	0.9	0.1	0.1	-0.5	-0.1	1
PRH Total	10.1	1.4	1.1	-2.2	-0.6	11
Grand Total	18.5	2.4	1.9	-2.2	-1.4	22

Note: Totals are rounded up

ED and UTC

ED/UTC Modelling: Summary Assumptions

1. Baseline is SaTH inpatient datasets 2018/19 (2019/20 would not be a representative year due to Covid)
2. Planning period: 6 and 10 year time horizons (to 2026 and 2030)
3. Demographic change – latest age and locality-specific ONS projections applied
4. Non-Demographic demand – assumptions consistent with NHSE / NHSI view
5. ED and UTC activity allocated according to algorithm agreed by Clinical Teams during Future Fit planning
6. CDU – no variation in capacity proposed
7. ED time in cubicle 3 hrs, 1% max wait for cubicle to become available (erlang)
8. Resus excluded from modelling and clinical view applied
9. UTC time in cubicle 45 minutes, 2% max wait for cubicle to become available (erlang)

ED and UTC Modelling: Projected Requirements

source: SaTH OBC A&E model B.13

Projected Future A&E Activity: Baseline, 6 Years (2026), 10 Years (2030)

Department	Baseline RSH	Total Projected Activity 6 Years RSH	Total Projected Activity 10 Years RSH	Baseline PRH	Total Projected Activity 6 Years PRH	Total Projected Activity 10 Years PRH	Baseline Total	Total Projected Activity 6 Years Total	Total Projected Activity 10 Years Total
UCC Adults	34,131	37,580	40,121	33,682	37,438	40,183	67,813	75,018	80,304
UCC Children	10,619	11,348	11,742	13,639	14,808	15,361	24,258	26,156	27,103
UCC en route to ED Adults	6,575	7,303	7,821	7,720	8,593	9,226	14,295	15,896	17,047
UCC en route to ED Children	1,121	1,196	1,239	2,303	2,471	2,575	3,424	3,666	3,814
ED Adults	36,338	42,021	46,137	-	-	-	36,338	42,021	46,137
ED Children	5,268	5,646	5,881	-	-	-	5,268	5,646	5,881
ED Resus	3,202	3,765	4,164	-	-	-	3,202	3,765	4,164
Total	97,254	108,859	117,106	57,344	63,310	67,345	154,598	172,168	184,451

Projected Future A&E Capacity: 6 Years (2026), 10 Years (2030)

Department	Projected Capacity 6 Years RSH	Projected Capacity 10 Years RSH	Projected Capacity 6 Years PRH	Projected Capacity 10 Years PRH	Total Projected Capacity 6 Years Total	Total Projected Capacity 10 Years Total
UCC Adults	7	8	7	8	14	16
UCC Children	3	3	4	4	7	7
UCC en route to ED Adults	3	3	3	4	6	7
UCC en route to ED Children	1	1	2	2	3	3
ED Adults	24	26	-	-	24	26
ED Children	6	6	-	-	6	6
ED Resus	6	6	-	-	6	6
Total	50	53	16	18	66	71

Outpatients

Outpatient Modelling: Summary Assumptions

1. Baseline is SaTH inpatient datasets 2018/19 (2019/20 would not be a representative year due to Covid)
2. Planning period: 6 and 10 year time horizons (to 2026 and 2030)
3. Demographic change – latest age and locality-specific ONS projections applied
4. Non-Demographic demand – assumptions consistent with NHSE / NHSI view
5. Throughput & utilization:
 - 50 weeks per year
 - 10 sessions per week
 - 3.5 hours per session
 - Minutes per attendance: new attenders 20 mins, follow-ups 15 mins
 - Outpatient clinic utilisation 75%
 - NHS Long Term plan target: 33% reduction in face to face attendances

Outpatient Modelling: Projected Requirements

Source: SaTH OBC Outpatient Model A.6

Projected Future Outpatient Consult/Exam Capacity: 6 Years (2026)

SaTH Clinical Group	Baseline	Demography 6 Yrs	ND Demand 6 Yrs	e_Consultation	Total Projected	Demography 6 Yrs ND Demand 6 Yrs eConsultation Total Projected				
	Attendances	Attendances	Attendances	Attendances Total	Attendances 6 Yrs	Baseline Capacity	Capacity	Capacity	Capacity	Capacity 6 Yrs
Allied Health Professionals	48,790	3,564	3,002	-16,101	39,255	9.58	0.70	0.59	-3.16	7.71
Anaesthetics	690	50	42	-228	554	0.17	0.01	0.01	-0.06	0.14
Head & Neck	61,727	3,849	3,797	-20,370	49,003	13.36	0.82	0.82	-4.41	10.60
Medicine	140,279	11,640	8,630	-46,292	114,257	31.66	2.62	1.95	-10.45	25.78
Musculoskeletal	44,813	2,174	2,757	-14,788	34,956	9.65	0.47	0.59	-3.19	7.54
Oncology & Haematology	36,482	3,107	2,244	-12,039	29,794	7.24	0.61	0.45	-2.39	5.91
Surgery	57,904	4,526	3,562	-19,108	46,884	12.72	0.99	0.78	-4.20	10.29
Women & Children	93,426	2,644	5,748	-30,831	70,987	19.48	0.55	1.20	-6.43	14.80
Grand Total	484,111	31,554	29,783	-159,757	385,691	104	7	6	-34	83

Projected Future Outpatient Consult/Exam Capacity: 10 Years (2030)

SaTH Clinical Group	Baseline	Demography 10	ND Demand 10	e_Consultation	Total Projected	Demography 10 ND Demand 10 eConsultation Total Projected				
	Attendances	Yrs Attendances	Yrs Attendances	Attendances Total	Attendances 10 Yrs	Baseline Capacity	Yrs Capacity	Yrs Capacity	Capacity	Capacity 10 Yrs
Allied Health Professionals	48,790	6,010.33	5,104.51	-16,100.70	43,804.14	9.58	1.18	1.00	-3.16	8.60
Anaesthetics	690	85.13	72.19	-227.70	619.62	0.17	0.02	0.02	-0.06	0.16
Head & Neck	61,727	6,669.84	6,458.01	-20,369.91	54,484.94	13.36	1.42	1.40	-4.41	11.77
Medicine	140,279	20,358.04	14,676.28	-46,292.07	129,021.25	31.66	4.59	3.31	-10.45	29.11
Musculoskeletal	44,813	3,533.70	4,688.43	-14,788.29	38,246.84	9.65	0.77	1.01	-3.19	8.25
Oncology & Haematology	36,482	5,585.71	3,816.82	-12,039.06	33,845.48	7.24	1.11	0.76	-2.39	6.72
Surgery	57,904	7,886.83	6,058.04	-19,108.32	52,740.55	12.72	1.72	1.33	-4.20	11.57
Women & Children	93,426	3,324.82	9,774.42	-30,830.58	75,694.66	19.48	0.69	2.04	-6.43	15.78
Grand Total	484,111	53,454	50,649	-159,757	428,457	104	11	11	-34	92

Maternity

Maternity Modelling: Summary Assumptions

1. Baseline is SaTH births 2018/19
2. Planning period: 10 year time horizon
3. Review of ONS birth projections suggests slight decrease over 5 years followed by slight upturn back towards current levels by year 10
4. Other key assumptions:
 - 15% MLU deliveries
 - No change from existing emergency / elective caesarian rates
 - Increasing use of Cooks Balloon for induction expected to reduce antenatal LoS for inductions
 - Occupancy rates optimized at 70% to reflect small maternity wards bed pool size

Maternity Modelling: Projected Requirements

source: SaTH OBC Maternity Model v2

Obstetric Postnatal Ward Beds	25
Obstetric Antenatal Ward Beds	11
Triage / Assessment Trolleys	4
Delivery Rooms (obstetric)	8
MLU Rooms	7

NB Transitional care cots / beds to be provided in addition

Radiology

Radiology Modelling: Summary Assumptions

1. Baseline is SaTH Radiology Datasets 2016-2019 for Plain Film, CT, MRI and Ultrasound (2020 would not be a representative year due to Covid)
2. Planning period: 6 and 10 year time horizons (to 2026 and 2030)
3. Demand projections based on review of annual demand trends for each modality and referral type
4. Capacity projections based on benchmarked national utilisation rates and targets (in relation to 24/7 machine availability, 168 hours per week)

Radiology Modelling: Projected Requirements

source: SaTH OBC Radiology Model A.3

Projected Radiology Activity

Modality + Future Site	Modality	Baseline Requests (2018/19 average)	Baseline Radiology Minutes	Year 6 (2026) Radiology Requests	Year 6 (2026) Radiology Minutes	Year 10 (2030) Radiology Requests	Year 10 (2030) Radiology Minutes
CT RSH	CT	33,636	672,720	50,005	1,000,090	67,043	1,340,856
CT PRH	CT	11,482	229,630	14,523	290,466	17,290	345,806
MRI RSH	MRI	8,225	246,735	9,074	272,230	9,943	298,283
MRI PRH	MRI	17,881	536,415	22,756	682,694	27,423	822,678
Radiology RSH	Plain Film (digital)	53,174	797,603	45,513	682,696	41,146	617,193
Radiology PRH	Plain Film (digital)	46,582	698,723	43,682	655,229	42,175	632,630
Ultrasound RSH	Ultrasound	20,249	404,978	21,595	431,890	22,555	451,108
Ultrasound PRH	Ultrasound	38,940	778,800	47,825	956,495	55,226	1,104,528

Projected Radiology Capacity

Modality + Future Site	Modality	Mean national weekly availability of machines *	Median national weekly availability of machines *	Target Future Machine Utilisation *	Baseline Calculated Machines Required	Year 6 (2026) Machines Required	Year 10 (2030) Machines Required
CT RSH	CT	74%	68%	70%	1.91	2.83	3.80
CT PRH	CT	74%	68%	70%	0.65	0.82	0.98
MRI RSH	MRI	54%	50%	50%	0.98	1.08	1.18
MRI PRH	MRI	54%	50%	50%	2.13	2.71	3.26
Radiology RSH	Plain Film (digital)	67%	63%	60%	2.64	2.26	2.04
Radiology PRH	Plain Film (digital)	67%	63%	60%	2.31	2.17	2.09
Ultrasound RSH	Ultrasound	40%	32%	50%	1.61	1.71	1.79
Ultrasound PRH	Ultrasound	40%	32%	50%	3.09	3.80	4.38

* % of available hours per week that machines are in use (where 100% = 168 hours per week)

Source: Radiology Benchmarking National Report 2017, NHS Benchmarking Network, December 2017

Next Steps

Next Steps: OBC Variations

The following issues require developing further in the OBC capacity projections in order to reflect the organisation's latest clinical strategy and best practice guidance:

- Short stay pathways for medicine and surgery: updated in line with best practice and to ensure capacity is allocated based on consultant-approved LoS-based pathways of care, taking account of agreed pathways where patients will be seen on specialist wards irrespective of LoS
- Transfer to planned care site after 72 hours: vary % stepdown rates by specialty to reflect results of recent clinical audit
- Elective procedure split by site: refinement of site mapping by HRG to reflect latest clinical engagement discussions
- Elective element of gynae to be included within overall surgical capacity as O&G workforce adjacencies are no longer relevant
- Adolescents: distinct adolescent capacity (ages 17-19) required to reflect CQC recommendations and best practice

OUTLINE BUSINESS CASE			COST FORM OB1		
TRUST/ORGANISATION:	SATH		ORGANISATION CODE:		
SCHEME:	HTP Business As Usual, R4		DIRECTORATE:		
DATE:	11-May-22				
PHASE:	SOC				
PROJECT DIRECTOR:					
CAPITAL COSTS SUMMARY					
		Cost Excl. VAT £	VAT £	Cost Incl. VAT £	
1	Departmental Costs (from Form OB2)	35,992,200	7,198,440	43,190,640	
2	On Costs (from Form OB3) (0.00% of Departmental Cost)	0	0	0	
3	Works Cost Total (1+2) (Tender Price index level 1995 = 100 base)	35,992,200	7,198,440	43,190,640	
3a	Lump sum additional works (RSH)	0	0	0	
3b	Lump sum additional works (PRH)	0	0	0	
4	Provisional location adjustment (if applicable) (0.00 % of Works Cost)	-540,276	-108,055	-648,331	
5	Sub Total (3+4)	35,451,924	7,090,385	42,542,309	
6	Fees (c) (11.84% of sub-total 5)	4,196,400	(d)	4,196,400	
7	Non-Works Costs (from Form OB4) (e) Planning Fee Building Regulations Fee	0	0 0	0	
8	Equipment Costs (from Form OB2) (10.00% of Departmental Cost)	3,550,800	710,160	4,260,960	
9A	Contingency 0.00% of 5+6+7+8	0	0	0	
10A	SUB-TOTAL (5+6+7+8+9)	43,199,124	7,800,545	50,999,669	
10B	Deduct for reclaimable VAT (Various Rates)		(2,898,862)	(2,898,862)	
10C	Optimism Bias 22.29% of 5+6+7+8+9A	9,627,730	1,925,546	11,553,276	
10D	TOTAL (for approval purposes)	52,826,854	6,827,229	59,654,083	
11	Inflation adjustments (f)	10,288,264	2,057,653	12,345,917	
	Inflation Adjustment for revised phasing of works	0	inc	0	
12	FORECAST OUTTURN BUSINESS CASE TOTAL (10+11)	63,115,118	8,884,882	72,000,000	

Proposed start on site (g) **Apr-22**

Proposed completion date (g) **Mar-30**

Cash Flow:- Year yy/yy	SOURCE			£
	EFL	OTHER GOVERNMENT	PRIVATE	TOTAL
2021/2022	-		-	0
2022/2023	-		-	0
2023/2024	-		-	0
2024/2025	-		-	0
2025/2026	0		0	0
2026/2027				0
2027/2028	0		0	0
2028/2029	0		0	0
Total Cost				0

Total (for approval purposes) match against Cashflow **59,654,083**

OUTLINE BUSINESS CASE			COST FORM OB1			
TRUST/ORGANISATION:	SATH	ORGANISATION CODE:				
	SCHEME:				HTP Option 2, Rev 5	DIRECTORATE:
	DATE:				11-May-22	
	PHASE:				SOC	
PROJECT DIRECTOR:						
CAPITAL COSTS SUMMARY						
		Cost Excl. VAT £	VAT £	Cost Incl. VAT £		
1	Departmental Costs (from Form OB2)	124,159,189	24,831,838	148,991,027		
2	On Costs (from Form OB3) (23.40% of Departmental Cost)	29,048,594	5,809,719	34,858,313		
3	Works Cost Total (1+2) (Tender Price index level 1995 = 100 base)	153,207,783	30,641,557	183,849,340		
3a	Lump sum additional works (RSH)	0	0	0		
3b	Lump sum additional works (PRH)	0	0	0		
4	Provisional location adjustment (if applicable) (0.00 % of Works Cost)	-2,422,707	-484,541	-2,907,248		
5	Sub Total (3+4)	150,785,076	30,157,015	180,942,091		
6	Fees					

Proposed start on site (g) **Aug-23**

Proposed completion date (g) **Dec-26**

Cash Flow:- Year yy/yy	SOURCE			£
	EFL	OTHER GOVERNMENT	PRIVATE	TOTAL
2021/2022	-		-	0
2022/2023	-		-	0
2023/2024	-		-	0
2024/2025	-		-	0
2025/2026	0		0	0
2026/2027				0
2027/2028	0		0	0
2028/2029	0		0	0
Total Cost				0

Total (for approval purposes) match against Cashflow **261,078,828**

OUTLINE BUSINESS CASE			COST FORM OB1	
TRUST/ORGANISATION:	SATH		ORGANISATION CODE:	
	SCHEME:	HTP Option 3, R5	DIRECTORATE:	
	DATE:	11-May-22		
	PHASE:	SOC		
	PROJECT DIRECTOR:			
CAPITAL COSTS SUMMARY				
		Cost Excl. VAT £	VAT £	Cost Incl. VAT £
1	Departmental Costs (from Form OB2)	202,506,455	40,501,291	243,007,746
2	On Costs (from Form OB3) (14.33% of Departmental Cost)	29,026,825	5,805,365	34,832,190
3	Works Cost Total (1+2) (Tender Price index level 1995 = 100 base)	231,533,280	46,306,656	277,839,936
3a	Lump sum additional works (RSH)		0	0
3b	Lump sum additional works (PRH)	0	0	0
4	Provisional location adjustment (if applicable) (0.00 % of Works Cost)	-3,971,240	-794,248	-4,765,488
5	Sub Total (3+4)	227,562,040	45,512,408	273,074,448
6	Fees			

Proposed start on site (g) **Aug-23**

Proposed completion date (g) **Dec-28**

Cash Flow:- Year yy/yy	SOURCE			£
	EFL	OTHER GOVERNMENT	PRIVATE	TOTAL
2021/2022	-		-	0
2022/2023	-		-	0
2023/2024	-		-	0
2024/2025	-		-	0
2025/2026	0		0	0
2026/2027				0
2027/2028	0		0	0
2028/2029	0		0	0
Total Cost				0

Total (for approval purposes) match against Cashflow **391,280,298**

11	Inflation adjustments (f)	85,216,975	17,043,395	102,260,369
	Inflation Adjustment for revised phasing of works	0	inc	0
12	FORECAST OUTTURN BUSINESS CASE TOTAL (10+11)	454,223,088	80,254,568	534,477,656

Proposed start on site (g) **Aug-23**

Proposed completion date (g) **Dec-29**

Cash Flow:- Year vv/vv	SOURCE			£
	EFL	OTHER GOVERNMENT	PRIVATE	TOTAL
2021/2022	-		-	0
2022/2023	-		-	0
2023/2024	-		-	0
2024/2025	-		-	0
2025/2026	0		0	0
2026/2027				0
2027/2028	0		0	0
2028/2029	0		0	0
Total Cost				0

Total (for approval purposes) match against Cashflow **432,217,287**

Appendix D5: HTP DCP 3D slides

Figure 1: Summary representation Core DMBC ('Do minimum')

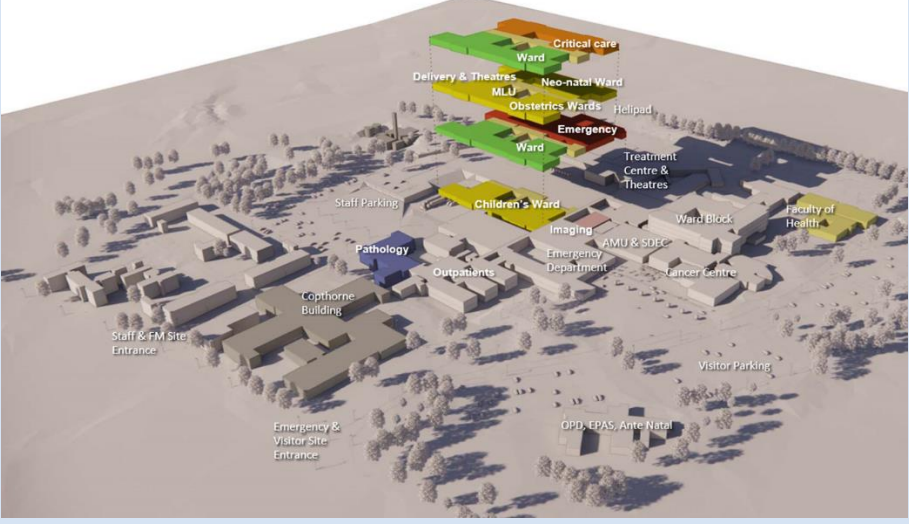

<p>RSH site option 2 (phase 1)</p>		<p>Option 2 is based on a reduced scope of new build development at RSH, with most of our ward capacity remaining in the existing tower block</p> <ul style="list-style-type: none"> -Enabling & estates works -4 Wards - A&E, C/C, W&C -Expansion of Pathology & Imaging capacity (Trust Funded)
<p>PRH Site option 2 (phase 1)</p>		<p>Option 2 builds on the work completed to implement the consolidated day case hub (separate programme development) and delivers:</p> <ul style="list-style-type: none"> -A&E Local Model -Upgrade of Imaging - Development of planned care services

Figure 2 :Summary representation option 3 (RSH) (PRH)

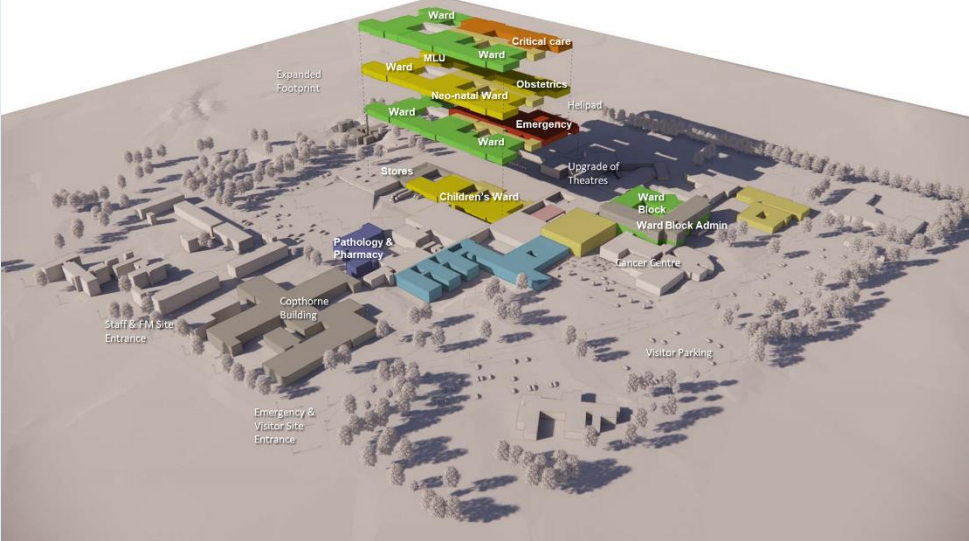
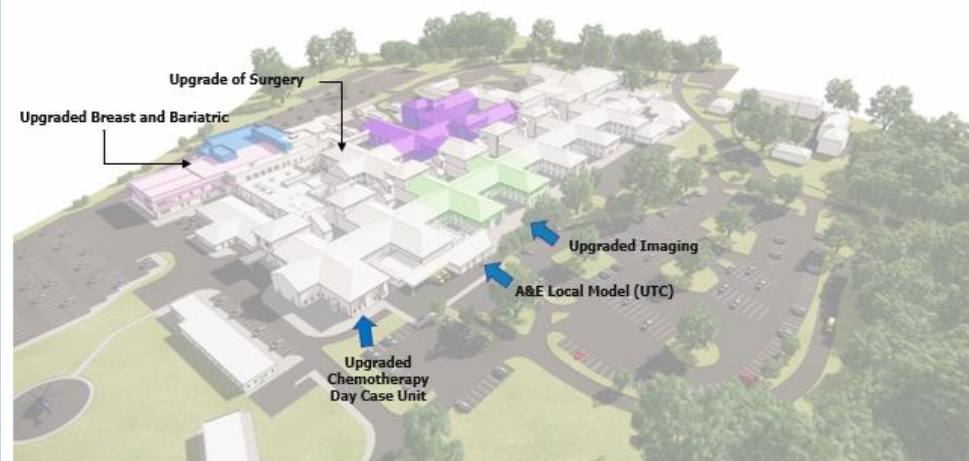
<p>RSH site option 3</p>		<p>Option 2 plus</p> <ul style="list-style-type: none"> -4 New Wards -Rationalise & Repatriate Ward Block to Admin -Upgrade of Theatres -W&C expanded footprint to repatriate Antenatal Clinic, OPD, EPAS -Upgrade of Pharmacy - Upgrade of Pathology
<p>PRH Site option 3</p>		<p>Option 2 plus</p> <ul style="list-style-type: none"> - Upgrade of Breast & Bariatrics - Upgrade of Surgery - Upgrade to Chemo Day case

Figure 3: Summary representation of option 4 (RSH) (PRH)

<p>RSH site option 4</p>		<p>Option 3 plus</p> <ul style="list-style-type: none"> -Optimisation of Estate -Upgrade OPD
<p>PRH Site option 4</p>		<p>Option 3 plus</p> <ul style="list-style-type: none"> -Optimisation of Estate - Upgrade of OPD - Upgrade of Wards - Development of integrated health and wellbeing services unit

Hospitals Transformation Programme

Qualitative & Quantitative appraisal

25 March 2022



Overview of the options

The current options for HTP will be assessed against how much of the ambition behind the consultation they deliver

*“Continuation of current arrangements, including the Trust's baseline annual capital programme over the appraisal period”
(DHSC/HMT guidance)*

1 Business as Usual

c. £72m

- ✓ Critical estate works
- ✓ Essential backlog maintenance only

*“The minimum capital investment required to deliver only the priority Investment Objective” (DHSC/HMT guidance) – i.e. **deliver the core DMBC requirements and move towards wider ‘Future Fit’ ambitions** (revised priority objective)*

2 Do Minimum: Delivering the core DMBC requirements

c. £312m

- First development phase only:
- ✓ Combined A&E, critical care and 4 new wards at RSH
 - ✓ W&C at RSH
 - ✓ Some upgrades at RSH (imaging, pathology - Trust Funded) and PRH (UTC, imaging)
 - ✓ Enabling and infrastructure works

3 Delivering the core DMBC requirements and addressing key infrastructure issues

c. £481m

- Option 2 plus second development phase:
- ✓ 4 new wards and ward block refurbishment and upgrade at RSH
 - ✓ Theatre refurbishments and upgrades at RSH
 - ✓ W&C expanded footprint
 - ✓ Upgrade of Pharmacy and Pathology at RSH
 - ✓ Upgrade of Bariatrics, Breast, Surgery, Imaging and Day Case Chemotherapy at PRH

4 Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration

c. £534m

- Option 3 plus third development phase:
- ✓ Optimisation of estate utilisation (both sites)
 - ✓ Outpatient transformation (both sites)
 - ✓ Ward upgrades at PRH
 - ✓ Integrated Health & Wellbeing Centre at PRH

Option 1: Business as Usual

Description

- “Continuation of current arrangements, including the Trust's baseline annual capital programme over the appraisal period” (DHSC/HMT guidance)

Includes

- ✓ Any projects the Trust is committed to, or is already expected to undertake, for example routine works and an allowance for emergency works based on historic requirement
- ✓ RSH & PRH energy centre renewal
- ✓ Annual essential backlog only will be addressed (risk adjusted could potentially be £4m per annum)
- ✓ Potential capital programme for winter bed pressures
- ✓ Includes any projects the Trust is committed to, or is already expected to undertake, for example routine works and an allowance for emergency works based on historic requirement
- ✓ Critical works
- ✓ RSH& PRH Essential backlog (that can be delivered through depreciation-funded capital)

Benefits

- By definition Business as Usual has no benefits, as other options are compared to this

Risks

- High and significant backlog would not be addressed in this option, both sites would continue to deteriorate
- Single rooms and post-Covid separation, due to the age profile of the RSH & PRH sites, there is a minimal amount of single room provision
- No new main entrance at either site to improve patient flow and experience
- Car parking pressures would remain and will continue to cause concern on ability to provide sufficient parking space for patients and staff

Option 1: Business as Usual

Advantages

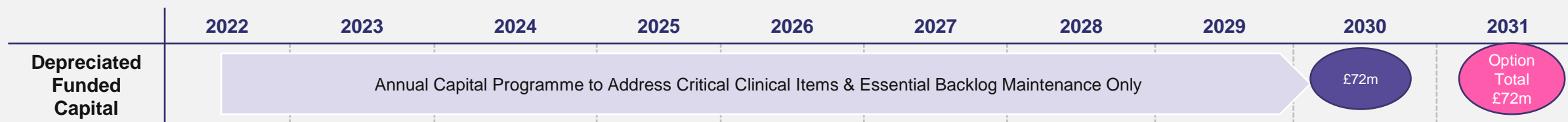
None

Consequences

- De-scopes backlog maintenance including significant /high risk backlog
- Reduces the scale of the development at RSH
- Less efficient solution which will not fully address wider clinical risks (including CQC feedback).
- It will fail to meet stakeholder expectations, fail to deliver all the benefits stated and will result in continued poor infrastructure risk.

Disadvantages

- High and significant backlog (RSH £27.3m, PRH 11.5m) would not be addressed in this option, both sites would continue to deteriorate against the current £114m backlog total across both sites
- Single rooms and post-Covid separation, due to the age profile of the RSH & PRH sites, there is a minimal amount of single room provision
- No new main entrance at either site to improve patient flow and experience
- Car parking pressures would remain and will continue to cause concern on ability to provide sufficient parking space for patients and staff



Option 2: Delivering the core DMBC requirements

Description

- This option considers what can be achieved with a capital budget of £312m, which was the estimated cost of implementing the core DMBC requirements and wider Future Fit ambitions in 2016.
- Due to inflation in build costs and additional mandatory build requirements (including net zero and single room requirements), £312m would now only enable the clinical model to be delivered (core DMBC requirements) and would not allow other key elements of the previous scope to be included (including increased single room provision).

Includes:

- ✓ 4 new wards
- ✓ Consolidate planned care at PRH
- ✓ Provide ongoing medical care wards and rehabilitation wards at PRH
- ✓ Deliver new consolidated ED facilities, consolidated critical care, core women and children's developments and some additional ward capacity at RSH
- ✓ Provide limited expansion and updating of pathology and pharmacy (sufficient to support increased activity levels)
- ✓ Provide 24/7 urgent care at both PRH and RSH

Excludes:

- ✗ Redevelopment of RSH outpatients and theatres
- ✗ Significant/high risk backlog reduction
- ✗ Full redevelopment to improve flow and adjacencies in all areas
- ✗ Redevelopment of the three upper floors of the existing ward block at RSH to repatriate off site support services, administration and expanded education areas
- ✗ Replacement of ward block accommodation, increasing proportion of single rooms
- ✗ Additional Women and Children's consolidation, requiring continued utilisation of current facilities at RSH which are not purpose designed
- ✗ Redesign of pathology and pharmacy areas to improve workflow
- ✗ Development of estate to better support integrated system working

Benefits

- Better patient outcomes (included improved morbidity and mortality) – urgent and emergency care
- Reduced waiting times (including ambulance handovers)
- Improved ED throughput, better emergency access target performance
- Improvements to clinical adjacencies and flow
- Improvements to patient and staff experience (improving recruitment and retention)
- Delivers the consulted clinical model (core DMBC requirements), improving some pathways and some facilities for staff and patients
- Provides significant improvements to the urgent and emergency care pathways
- Provides improved facilities, but only in the new build areas of the development

Risks

- This option leads to continued use of the existing ward accommodation in the upper three floors of the ward block deemed as condition 'D' (poor), which is inadequately located, impacting on clinical adjacencies and efficiencies; does not increase single room accommodation, continuing to fall short of IPC standards reducing pandemic resilience; continued problems fulfilling patient privacy and dignity requirements; poor environment for both patients and staff influencing patient experience of quality and impacting on staff recruitment and retention.
- Backlog is not addressed leaving significant ongoing maintenance and estate issues including, but not limited to, heating, ventilation, drainage, and internal building fabric issues.
- Interdependent on the progression of both the elective hub and energy centre developments

Option 2: Delivering the core DMBC requirements

Advantages

- Delivers the consulted clinical model (core DMBC requirements), improving some pathways and some facilities for staff and patients
- Delivers some of the planned pathway benefits
- Provides physical capacity needed for future demand (will require full utilisation of existing wards)
- Increases single room provision at RSH (to c23%)

Consequences

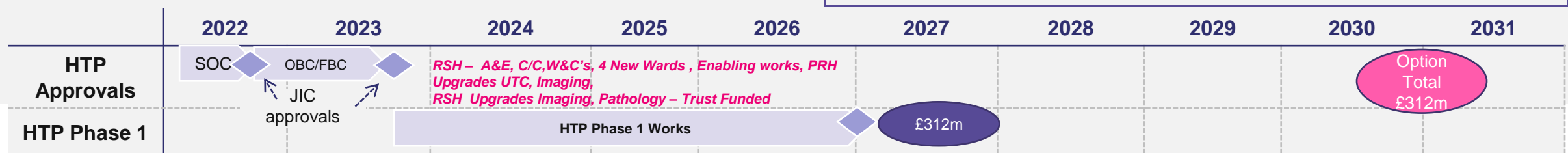
- Does not address backlog maintenance, including significant /high risk backlog
- Does not facilitate upgrades and refurbishments of declining estate at the PRH site
- Less efficient solution, which will not fully address all of the wider clinical risks (including CQC feedback)
- Remaining estate will fail to meet stakeholder expectations and will not be optimised to deliver efficiency improvements
- Involves repurposing a number of existing areas to provide additional bed capacity - will not deliver increased single room provision and may not achieve latest standards
- Will not deliver improved workflow through Pathology and Pharmacy, impacting on timely availability of results and pharmaceuticals.
- Will not improve patient quality and experience across the entirety of the estate.

Disadvantages

- Requires utilisation of all wards within the existing ward block deemed as condition 'D' (poor) – this ward block makes up a large component of RSH backlog maintenance
- Limits clinical adjacencies, reducing efficiency improvement opportunity
- Does not support co-location of all Women and Children's services with some elements remaining in existing accommodation at RSH which is not purpose designed
- Provides minimal increase in single room provision across the entirety of ward estate
- This solution would result in a significant contrast between buildings, with some new build elements compliant with modern standards and HBNS, and some buildings unaltered and remaining in poor condition

Additional scope (some of which also has the potential to deliver efficiency improvements) has been excluded to meet the capital constraint, including:

- Redevelopment of outpatients and theatres
- Development of integrated health and wellbeing centre
- Significant/high risk backlog reduction
- Full redevelopment to improve flow and clinical adjacencies
- Redevelopment of the three upper floors of the existing ward block at RSH to repatriate off site support services, administration and expanded education areas
- Restricts ability to integrate acute and community services within a system wide partnership



Option 3: Delivering the core DMBC requirements and addressing key infrastructure issues

Description

- This option allows us to progress beyond the core DMBC requirements towards some of the wider Future Fit ambitions; this includes enactment of the clinical model along with addressing the highest risk backlog maintenance issues.
- It seeks to maximise the opportunity for redevelopment whilst improving overall sustainability. This is a fuller development – including additional new wards, theatre refurbishment and reduction in significant/high risk backlog

Includes:

- ✓ 8 new wards
- ✓ Consolidate planned care at PRH (particularly, when considered alongside elective hub investments)
- ✓ Deliver new consolidated ED facilities, consolidated critical care, consolidate all women and children's services, and reprovision ward capacity at RSH
- ✓ Provide limited expansion and updating of pathology and pharmacy (sufficient to support increased activity levels)
- ✓ Reduces most of the significant/high risk backlog
- ✓ Includes redevelopment of the ward block to repatriate off-site support services, administration, and education
- ✓ Refurbishment of theatres

Excludes:

- ✗ Redevelopment of Outpatient Department
- ✗ Reduced ability to integrate acute and community services within a system wide partnership
- ✗ Full redevelopment to improve flow and clinical adjacencies

Benefits

- Delivers the core DMBC requirements and some of the wider Future Fit ambition
- Provides the bed capacity to vacate and repurpose the upper three floors of the ward block, an area with significant high-risk backlog
- Better patient outcomes (including improved morbidity and mortality) – urgent and emergency care
- Reduced waiting times (including ambulance handovers)
- Improved ED throughput, better emergency access target performance
- Further improvements to patient and staff experience (over and above option 2)
- Further improvements to clinical adjacencies and flow, better bed utilisation (over and above option 2)
- Provides increased pandemic / infection control resilience on the RSH site (reduced risk of HCAs)
- Provides improvements to most pathways
- Expanded range of elective services (increased efficiency and access / better outcomes)
- Addresses infrastructure in high-risk backlog estate resulting in improved facilities and environment
- Allows mitigation of all significant clinical risks

Risks

Interdependent on the progression of both the elective hub and energy centre developments

Option 3: Delivering the core DMBC requirements and addressing key infrastructure issues

Advantages

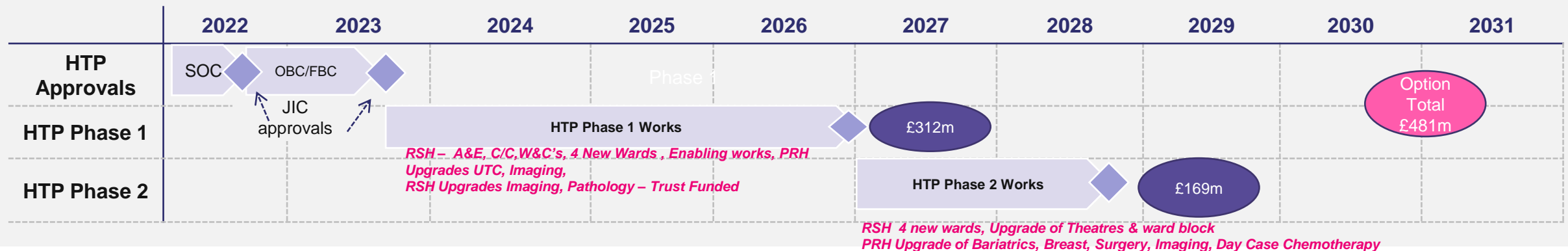
- Delivers the core DMBC requirements and some of the wider Future Fit ambition, improves most of the facilities for staff and patients
- Delivers the benefits associated with the pathways
- Provides increased single room provision (c. 47% RSH, 16% PRH)
- Addresses areas of highest risk backlog
- The capacity we need for the future would be met within additional new wards
- Facilitates the colocation of all Women and Children's services
- Provides an increased footprint to deliver educational requirements

Consequences

- Will not improve patient quality and experience across the entirety of the estate
- Will not support wider optimisation of activities on each site
- Reduced ability to integrate acute and community services within a system wide partnership

Disadvantages

- Lack of redevelopment of Outpatient Department impacts on improvements to flows and efficiencies
- Restricts ability to integrate acute and community services
- When implemented through a phased approach, delivery timelines are extended (and overall costs increased)



Option 4: Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration

Description

Seeks to maximise the opportunity for redevelopment and improvements to overall sustainability. Delivers the core DMBC requirements and most of the wider Future Fit ambition – including additional ward, outpatient and theatre refurbishment and reduction in significant/high risk backlog.

Includes:

- ✓ 8 new wards
- ✓ Development and expansion of elective centre services
- ✓ Delivery of new ED facilities, critical care, women and children's and new ward capacity at RSH
- ✓ All significant/high risk backlog
- ✓ Redevelopment of the ward block to accommodate off site support services and education
- ✓ Refurbishment of Theatres
- ✓ Redevelopment and upgrade of pathology and pharmacy (including improved workflow)
- ✓ Redevelopment and upgrade of outpatient departments (increasing effectiveness and improving patient and staff experience)
- ✓ Development of estate to support wider system integration plans
- ✓ Site optimisation to improve flow, adjacencies and utilisation

Benefits

- Delivers the agreed clinical model, reconfiguration and associated clinical benefits (quality, safety, and workforce)
- Optimises site layouts and facilities, with additional improvements in adjacencies and patient flow leading to enhanced quality, performance, and experience (more efficiency and improved utilisation)
- Better patient outcomes (including improved morbidity and mortality) – urgent and emergency care
- Reduced waiting times (including ambulance handovers)
- Improved ED throughput, better emergency access target performance
- Further improvements to patient and staff experience
- Further improvements to clinical adjacencies and flow, better bed utilisation
- Provides increased pandemic / infection control resilience on the RSH site (reduced risk of HCAIs)
- Further expansion of range of elective services (above option 3, increased efficiency and access / better outcomes)
- Enhanced access to rehabilitation
- Better support for LTCs through enhance integrated models of care
- Improved and seamless integration of services with system partners – multi-disciplinary hub located at PRH
- Provides the bed capacity to vacate and repurpose significant areas of the ward block
- Provides improvements to all pathways
- Allows mitigation of all significant clinical risks

Risks

Interdependent on the progression of both the elective hub and energy centre developments

Option 4: Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration

Advantages

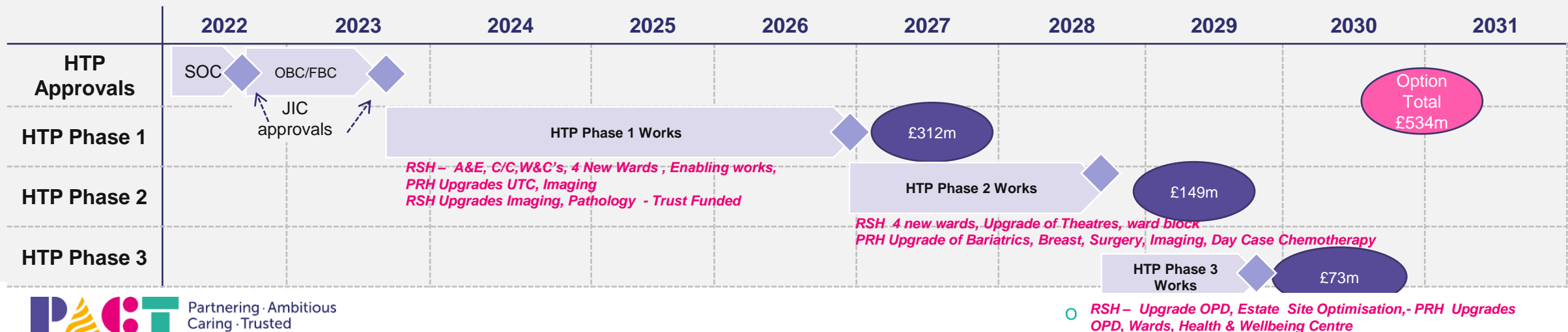
- Delivers the core DMBC requirements and most of the wider Future Fit ambition, improves all facilities for staff and patients
- Delivers the benefits associated with the pathways
- Provides increased single room provision (c. 47% RSH, 16% PRH)
- Addresses all areas of back log
- The capacity we need for the future would be met
- Facilitates the colocation of all Women and Children's services
- Provides an increased, consolidated footprint to deliver educational requirements
- Sustainable estate and infrastructure to deliver clinical services

Disadvantages

- When implemented through a phased approach, delivery timelines are extended (and overall costs increased)

Consequences

Limited adverse consequences as this option delivers the core DMBC requirements and most of the wider Future Fit ambition



Qualitative appraisal

Today we are appraising the options against the critical success factors

We will review the shortlist of options and their relative merits...

- A **shortlist of four options** has been developed for consideration in the SOC – building on the DMBC and previous SOC work
- We will review these options, including:
 - **Definition** and what is included/excluded from each option
 - **Benefits** – which will be developed further and quantified as part of next steps
 - **Risks** associated with the options
- This will provide a **high-level understanding of the options** before we appraise them

...and then appraise these options against the Critical Success Factors

- We will then **appraise each option** against the Critical Success Factors
- Workstreams have conducted an **initial review** as a basis for discussion
- We will then agree if options:
 - **Fail** a Critical Success Factor – *are not expected to meet a Critical Success Factor*
 - **Pass** a Critical Success Factor – *are expected to meet a Critical Success Factor*
 - Are **preferred** against a Critical Success Factor – *is expected to be most favourable against a Critical Success Factor*
- This **appraisal is based on the evidence available**
- Options that pass all Critical Success Factors – plus the BAU and Do Minimum options – will be taken forward
- The qualitative and quantitative appraisals will be combined before a **Preferred Way Forward** is identified – to be considered further as part of the **OBC options appraisal**

Critical success factors are aligned to each investment objective

#	Objective		Critical success factor	Description
1	PRIORITY OBJECTIVE Consultation		<i>Clinical model</i>	<ul style="list-style-type: none"> Delivering the clinical model defined in the Future Fit DMBC (defined in DMBC S9.3, and associated capacity) and addressing wider 'Future Fit' ambitions
2	Clinical Quality and Safety	<i>Strategic fit and business needs</i>	<i>Clinical quality and patient experience</i>	<ul style="list-style-type: none"> Supports required improvement in service and clinical quality and safety
3	Patient Experience			<ul style="list-style-type: none"> Supports required improvement in patient experience
4	Workforce			<ul style="list-style-type: none"> Supports required improvement in workforce availability and sustainability
5	Effectiveness		<i>Effectiveness / Access</i>	<ul style="list-style-type: none"> Services must be located to maintain or improve access for local population (patients and staff) and to improve adjacencies and enhance patient flow
6	Estate	<i>Supplier capacity and capability</i>	<i>Commercial viability</i>	<ul style="list-style-type: none"> Procurement route facilitates access to suppliers with capacity and appropriate capability
		<i>Potential achievability</i>	<i>Build deliverability</i>	<ul style="list-style-type: none"> Makes best use of existing NHS estate Deliverable by target year of opening Site locations must be able to deliver the required footprint and capacity Supported by commissioners and the system
7	Finance	<i>Potential value for money</i>	<i>Value for money</i>	<ul style="list-style-type: none"> Net Present Social Value and Benefit Cost Ratio
		<i>Potential affordability</i>	<i>Revenue affordability</i>	<ul style="list-style-type: none"> Net contribution to the system's income and expenditure position
8	Finance		<i>Capital affordability</i>	<ul style="list-style-type: none"> Relative capital affordability of the option versus the original allocated capital of c.£312m

Options Appraisal: Clinical Critical Success Factors

CSF1: Clinical model: Delivers the clinical model and DMBC decisions agreed

	Service/Department	Option (2)	Option (3)	Option (4)
Base DMBC requirements *	Emergency Care Centre	Consolidated Emergency Department	●	●
		Consolidated Ambulatory Assessment	●	●
		Surgical Assessment	●	●
		Consolidated Critical Care Unit	●	●
		Children's In Patient Ward	●	●
		Children's Assessment	●	●
		Maternity Wards	●	●
		Neonatal Intensive Care	●	●
		Renal Dialysis	●	●
		Day Case Chemotherapy	●	●
		Radiotherapy	●	●
	Planned Care Centre	Day Surgery Unit	●	●
		Day Case Chemotherapy Unit	●	●
		Renal Dialysis *	●	●
		Specialist Breast Service	●	●
'Future Fit' further ambitions **	Both Sites	Enhanced urgent care model	●	●
		Diagnostics	●	●
		Pharmacy	●	●
		Endoscopy expansion	●	●
		Midwife Led Unit	●	●
		New commercial front entrances	●	●
		Pathology refurbishment / upgrade	●	●
		Exemplar elective services	●	●
		Repatriation and consolidation of off-site services	●	●
		New wards and upgrades / refurbishments	●	●

Key:

- Does not deliver
- Fully delivers
- Delivered through elective centre initiative
- Delivered through commercial funding sources

* Public engagement took place (post DMBC) that was supportive of a proposal to move the Dialysis Unit at the Princess Royal Hospital off-site, within a 5 mile radius, as is usual practice with Dialysis Satellite Units.

** The Trust's digital transformation programme is being implemented in parallel with the Hospitals Transformation Programme and is funded through alternative NHS sources (e.g. TIF). Interdependencies, particularly those linked to the delivery of a digital hospital, are managed through the programme management office.

CSF1: Clinical model: Delivers the clinical model and DMBC decisions agreed

The do something options move towards the DMBC decision

BAU does not include the proposed change – reconfiguration of SaTH services as per DMBC

- Includes **no major service change** – not enacting the changes agreed in the DMBC

The options move towards the DMBC decision to increasing degrees

- **Do minimum and full options include changes in configuration** to deliver:
 - An emergency care site at **RSH**
 - A planned care site at **PRH**
 - Urgent treatment centres, outpatients and diagnostics at **both hospitals**
- This moves services towards the **outcome agreed in the DMBC**
- **Options 3 and 4 delivers further aspirations of the DMBC as per the table. Ward refurbishment, theatre refurbishment and significant backlog reduction**
- **Elective elements** of the consultation are **out of scope** of this appraisal

CSF1: Clinical model: Delivers the clinical model and DMBC decisions agreed

Delivers the clinical model and DMBC decisions agreed

1	Business as Usual	✗ Will not deliver the DMBC decision, as it is a continuation of current activities	Fail
2	Do Minimum: Delivering the core DMBC requirements	✓ Delivers the core DMBC requirements and moves towards the DMBC ambition.	Pass
3	Delivering the core DMBC requirements and addressing key infrastructure issues	✓ Delivers the core DMBC requirements and moves towards the DMBC ambition. ✓ Improved adjacencies	Pass
4	Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration	✓ Delivers the full DMBC decision and ambition ✓ Further improvement in adjacencies, wider improvements in the experience of the service	Preferred

CSF2: Quality and Experience (1/2): Supports improvement in service and clinical quality and safety from current levels

BAU does not deliver the clinical or associated clinical benefits

- Through the PCBC, DMBC and wider stakeholder engagement it is recognised that the current acute hospital configuration is **not sustainable**. We face longstanding challenges that are exacerbated by the inefficient configuration of services, creating significant clinical performance issues. **Acute risk** that our **critical care services** will **fail** with a subsequent threat to patient safety.
- Does not deliver the proposed clinical model** and therefore clinical sustainability
- Continued **failure to achieve targets and standards**
- Insufficient/non-compliant accommodation** or facilities
 - Significant proportion of estate is **"expired/unacceptable"**
 - Impact on **patient flow**
- High occupancy levels** in bed base continue, lack of isolation rooms

The do minimum (Option 2) delivers the clinical model, but some concerns remain

- Realisation of the clinical model** will have benefits articulated in the DMBC, inc:
- A single emergency care site with a dedicated emergency department, where specialist doctors treat the most serious cases, is safer and provides better results for patients
- Enhanced facilities will deliver some **benefits associated with pathways**
- The capacity needed for the future to provide a clinical safe and quality service would be met.
- Will support Trust plans to implement 7 day working standards
- Delivery of comprehensive MDT working across emergency specialities
- Ward block retained, maintaining existing challenges and risks with patient safety.
- Length Of Stay – improved recovery time and consequent QALY – REFERENCE – Fable 2.0
- Improved single room provision (new build at 72%, total site at RSH c.20% and PRH c16% and associated **infection control, privacy and dignity**

Option 3 delivers some further benefits, but does not deliver all clinical quality and safety improvement opportunities

- Benefits of the clinical model** (as Do Minimum)
- In addition, enhanced facilities provide **additional quality improvements**:
 - Enhanced **clinical support services** at RSH
 - Reduced risk **estates risks to quality**
 - Improved **patient flow and adjacencies**
- Addressing areas of high risk backlog** will improve patient and staff wellbeing
- Modern design features and layout** will increase patient visibility and safety
- Further improvement to single room provision

Option 4 further than this, offering further experience benefits from the environment and single rooms

- Benefits of the clinical model** (as Option 3)
- In addition, enhanced facilities provide **additional quality improvements**:
 - Improved **outpatient facilities**
- Eliminating high risk backlog** will improve patient and staff wellbeing
- Further improvement to single room provision

CSF2: Quality and Experience (2/2): Supports improvement in patient experience from current levels

The do minimum and full options improve patient experience, with the full options offering an improved environment and increased single room provision

BAU does not deliver the clinical or associated clinical benefits

- Continuation of **poor patient experience, flow and privacy/dignity issues** from current configuration and estate leading to **systemic failure**. All **patients do not** continually receive **safe, high quality care** and **treatment** in BAU. Best service that can be delivered is being given in extremely challenging circumstances which **cannot be maintained**.
- Does not align to **integrated clinical model** and coordination of care

The do minimum (Option 2) delivers the improvements in patient experience associated with the clinical model

- Improvements in patient experience from new clinical model – including **improved outcomes, reduced waiting times**
- The clinical model better integrates care, enabling coordinated and **seamless patient experience across the pathway**
- Build environment not as developed as in full options** – meaning less impact on environment, wellbeing and privacy/dignity
- Does not provide **optimal flow** of patients – impacting patient and staff experience
- Ward block retained – this option continues to provide **suboptimal patient environment**.
- Privacy and dignity enhanced** Improved single room provision (new build at 72%, total site at RSH c.20% and PRH c16%)

Option 3 delivers some further benefits, but does not deliver all the patient experience opportunities

- Benefits of the clinical model** (as Do Minimum)
- Further investment in estate offers further improvements in experience – **modern fit-for-purpose improve the experience, whilst design features contribute to improved wellbeing and environment**
- Better separated **patient flows**
- Further improvement to single room provision

Option 4 goes further than this, offering further experience benefits from the environment and single rooms

- Benefits of the clinical model** (as Option 3)
- Enhanced **outpatient department**
- Improved patient experience with an integrated **health and wellbeing centre** on site
- Further improvement to single room provision

CSF2: Quality and Experience

		Supports improvement in service and clinical quality and safety from current levels	Supports improvement in patient experience from current levels	
1	Business as Usual	<ul style="list-style-type: none"> ✗ Substantial issues with quality and safety not addressed ✗ Risk of further deterioration and threat to patient safety 	<ul style="list-style-type: none"> ✗ No improvement in experience 	Fail
2	Do Minimum: Delivering the core DMBC requirements	<ul style="list-style-type: none"> ✓ Improvements in quality and safety driven by consulted clinical model (clinical outcomes, waiting times, safety) ✓ Provides improvements to some pathways ✗ Continued use of the existing ward accommodation in the tower block 	<ul style="list-style-type: none"> ✓ Improvements in experience driven by consulted clinical model (waiting times, coordination of care) ✓ Provides improved facilities, but only in the new build areas of the development ✗ Continued use of the existing ward accommodation in the tower block (poor environment) 	Pass
3	Delivering the core DMBC requirements and addressing key infrastructure issues	<p>As Option 2, plus:</p> <ul style="list-style-type: none"> ✓ Improvements in quality and safety driven by enhanced build environment (pandemic / infection control, resilience) ✓ Provides improvements to most pathways ✓ Allows mitigation of all significant clinical risks ✓ Upgrades of Breast, Bariatrics & Surgery ✗ Lack of redevelopment of OPD impacts on improvements to flows ✓ Provides enough new bed capacity to vacate the ward block (mitigated IPC risk) 	<p>As Option 2, plus:</p> <ul style="list-style-type: none"> ✓ Improvements in experience driven by enhanced build environment (design, privacy, dignity) ✓ Increased single room provision (privacy, dignity) 	Pass
4	Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration	<p>As Option 3, plus:</p> <ul style="list-style-type: none"> ✓ Further improvements driven by estate optimisation, additional upgrades (OPD, wards) and Health & Wellbeing Centre 	<p>As option 3, plus:</p> <ul style="list-style-type: none"> ✓ Further improvements driven by estate optimisation, additional upgrades (OPD, wards) and Health & Wellbeing Centre ✓ Provides enough new bed capacity to vacate the ward block (mitigating poor experience) 	Preferred

CSF3: Workforce: Supports improvement in workforce availability and sustainability from current levels

The do minimum and full options offer improvements for the workforce driven by the clinical model – the full options then offer further benefits from an improved working environment

The BAU does not include any improvement to workforce availability and sustainability

- The Trust has **substantial vacancies across several areas**. The resourcing model predicts vacancy rates will remain high due to the current clinical model staff hiring and retention issues resulting in continued staffing failures and further deterioration.
 - The vacancy gap for nursing has been an average of 235 WTE each month (**13% of budget**)
 - The vacancy gap for consultants has been an average of 40 WTE each month (**14% of budget**)
- Inefficient working environment will lead to **continued workforce challenges and failure to meet clinical standards**
- This impacts on, among others:
 - staff **experience**
 - agency use**
 - duplication of **rotas**
- With current services there is consistent failure in 7 day working standards in acute services that are delivered across the 2 sites (largely sit with Medicine).

The do minimum (Option 2) delivers the clinical model, but some concerns remain

- Realisation of the clinical model** will have benefits articulated in the DMBC, e.g.
 - Improved **recruitment and retention** by offering a better place to work – reducing vacancy rates and need for agency staff
 - Enhanced opportunity for **new roles and training** through the new model – providing a more attractive place to work
 - Reduced duplication of **rotas** through consolidation
- There will be **disparity across the sites** between areas which have been redeveloped and though which have not – creating differential staff experience
- Will support Trust plans to implement 7 day working standards
- Delivery of comprehensive MDT working across emergency specialities

Option 3 delivers some further benefits, but does not deliver all the patient experience opportunities

- Benefits of the clinical model** (as Do Minimum)
- Enhanced environment offers a more attractive place to work and fit-for-purpose facilities – **improving staff morale, recruitment and retention**
- Addressing high risk backlog improves **staff wellbeing**
- Ward block refurbishment providing consolidation of space for training and education
- Delivers comprehensive Multi Disciplinary Team (MDT) working

Option 4 offers further benefits to the workforce from an enhanced environment

- Benefits of the clinical model** (as option 3)
- In addition further optimisation and upgrades supports **staff morale, recruitment and retention**
- Increased staff engagement and role attractiveness through integrating with partners from the **Health and Wellbeing centre**

CSF3: Workforce: Supports improvement in workforce availability and sustainability from current levels

Supports improvement in workforce availability and sustainability from current levels

1	Business as Usual	✗ No improvement in workforce availability and sustainability	Fail
2	Do Minimum: Delivering the core DMBC requirements	<ul style="list-style-type: none">✓ Improvements in workforce availability and sustainability driven by clinical model (rotas, recruitment, retention)✓ Improvements in workforce availability and sustainability driven by enhanced build environment (morale, wellbeing) limited to redeveloped areas only	Pass
3	Delivering the core DMBC requirements and addressing key infrastructure issues	<p>As option 2, with:</p> <ul style="list-style-type: none">✓ Further improvements in workforce availability and sustainability driven by enhanced build environment (morale, wellbeing), with some limitations (OPD, not all wards)	Pass
4	Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration	<p>As option 3, with:</p> <ul style="list-style-type: none">✓ Further improvements in workforce availability and sustainability driven by enhanced build environment (OPD, wards)✓ Increased staff engagement and role attractiveness through integrating with partners from the Health and Wellbeing centre	Preferred

CSF4: Effectiveness: Services must be located to maintain or improve access for local population (patients and staff)

The do minimum and full options include changes in access considered in the DMBC – these offer mitigations for increased travel times and identified benefits of waiting times once patients get to hospital

The BAU does not change the location of services or the clinical model, meaning access is expected to be unchanged

- Does not include any major service changes
- No change in travel time to services
- Waiting times expected to continue to be high – as no changes in clinical model
- No change in high level of cancellation of planned procedures
- Does not allow for demographic growth of population and bed requirements

The do something options (2, 3 and 4) change services, with plans to mitigate changes in travel time and improvements in waiting times

- Includes **major service changes** and associated changes in travel time as services are consolidated at PRH/RSH:
 - Changes in median travel times “**relatively low**”; **majority of UEC patients (76%) would be unaffected**
 - Some patients would face **longer travel times**
- **Waiting times (UEC and diagnostics) expected to improve** as a result of changes in clinical model:
 - **UTC and ED waiting times <3 hours** (immediate capacity for up to 99% in ED)
 - Reduced **diagnostic waits** from enhanced capacity
 - Reduced cancellations for diagnostics and planned procedures
- DMBC agreed **mitigations to address impacts on access**, including:
 - Sufficient emergency and non-emergency **transport capacity**
 - Clear and safe patient **transfer protocols**
 - Mitigations for public **transport access delivered by partners**
 - Enhanced **ambulance service capacity and performance**
 - Reducing **unnecessary visits to hospital**

CSF4: Effectiveness: Services must be located to maintain or improve access for local population (patients and staff)

Services must be located to maintain or improve access for local population (patients and staff) and to improve adjacencies and enhance patient flow

1	Business as Usual	<ul style="list-style-type: none">✓ No change in travel time✗ No improvement in waiting times	Fail
2	Do Minimum: Delivering the core DMBC requirements	<ul style="list-style-type: none">✓ Increases in travel time mitigated through DMBC actions✓ Reductions in waiting times for hospital services delivered through clinical model✓ Improved access to appropriate specialists	Pass
3	Delivering the core DMBC requirements and addressing key infrastructure issues	<ul style="list-style-type: none">✓ Increases in travel time mitigated through DMBC actions✓ Reductions in waiting times for hospital services delivered through clinical model✓ Improved access to appropriate specialists✓ Improved staff access to patients	Pass
4	Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration	<ul style="list-style-type: none">✓ Increases in travel time mitigated through DMBC actions✓ Reductions in waiting times for hospital services delivered through clinical model✓ Improved access to appropriate specialists✓ Improved staff access to patients	Preferred

Options Appraisal: Commercial viability Critical Success Factor

CSF5: Commercial Viability: Procurement route facilitates access to suppliers with capacity and appropriate capability

All options have viable procurement routes – to be explored further during OBC

The BAU, being continuation of planned arrangements, does not require specific procurement

- **No major changes** – usual Trust/NHS procurement practices would apply to access suppliers and achieve value for money.

Procurement for the options will be largely determined by national programme and procurement guidance

- Multiple potential procurement routes including:
 - A **local tender** (Advertised on FTS in line with Public Contract Regs)
 - Competitive process via existing **national framework** for large-scale hospital construction (Procure23)
- All can **facilitate access to suppliers with capacity and capability**
- Procurement options and market engagement to be **developed further during OBC** but consideration will be given to
 - nationally recommended or preferred routes to market
 - The pipeline of potential suppliers activity
 - Use of appropriate selection criteria including Social Value
- Consultants & Technical Service providers (*eg. Design services, Surveyors, Cost Advisors*) will be procured against capability factors such as *continuity of knowledge* where necessary and proven current *experience of working within the chosen procurement vehicle and construction model contracts*; as well as value for money.

CSF5: Commercial Viability: Procurement route facilitates access to suppliers with capacity and appropriate capability

Procurement route facilitates access to suppliers with capacity and appropriate capability

1	Business as Usual	✓ BAU Trust procurement can apply	Pass
2	Do Minimum: Delivering the core DMBC requirements	✓ Several procurement routes are available all of which have potential to find a contractor who is capable of delivering the required services	Pass
3	Delivering the core DMBC requirements and addressing key infrastructure issues	✓ Several procurement routes are available all of which have potential to find a contractor who is capable of delivering the required services	Pass
4	Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration	✓ Several procurement routes are available all of which have potential to find a contractor who is capable of delivering the required services	Pass

Options Appraisal: Deliverability Critical Success Factor

CSF6: Build deliverability capacity & support

The do minimum and full options are deliverable by the target date – though the full option offers further benefits from making best use of the available estate and opportunity of redevelopment

BAU is the continuation of existing plans and does not provide additional capacity

- **Limited redevelopment** – planned developments/maintenance only
- **Backlog will not be addressed** and ability to invest in new infrastructure diminished
- **Delivery plans in place** based on existing programme
- Does not provide **additional capacity**
- Single room provision of 5%

Do minimum is deliverable by the target date, but does not maximise the estate

- Redevelops the estate to deliver consultation outcome
- **Does not include** redevelopment of RSH ward block/outpatients, theatres, and significant/high risk backlog
- Expected completion Dec **2026** (clinical model from **2027**)
- Can be **accommodated on sites**
- Modelled bed requirement as capacity. 12% of bed capacity meet latest standards Improved single room provision (new build at 72%, total site at RSH c.20% and PRH c16% and associated **infection control, privacy and dignity improvements**

Option 3 is deliverable by the target date, enhances the estates, but there is further scope for improvement

- **Fuller development** – including additional ward, and theatre refurbishment and reduction in significant/high risk backlog
- Designed to **maximise benefit of redeveloping the estate**
- Expected completion:
 - Phase 1 (do min): Dec 2026
 - Phase 2 (additional works): Dec 26 – Dec 28
- Can be **accommodated on sites**
- 27% of bed capacity meet latest standards. Further improvement to single room provision

Option 4 is delivered by the target date and are designed to maximise the estate

- **Fuller development** – including additional ward, outpatient and theatre refurbishment, development of health and wellbeing centre and reduction in all risk backlog
- Designed to **maximise benefit of redeveloping the estate**
- Expected completion:
 - Phase 1 (do min): Dec 2026
 - Phase 2 (additional works): Dec 26 – Dec 28
 - Phase 3: Dec 28 – Dec 29
- Can be **accommodated on sites**
- 29% of bed capacity meet latest standards. Further improvement to single room provision

For consistency, using the same criteria as mentioned in the bed bridge within the Strategic Case (exclude maternity, neonates and critical care, and include ambulatory emergency care places, daycase places and medical assessment unit)

CSF6: Build deliverability capacity & support

	Makes best use of existing NHS estate	Deliverable by target year of opening (2029)	Site locations must be able to deliver the required footprint and capacity	Supported by commissioners and the system	
1 Business as Usual	✗ Does not address backlog and estates issues	✓ Ongoing programme	✓ Deliverable on site footprint ✗ No additional capacity	✗ Unlikely to be supported – does not deliver system aims	Fail
2 Do Minimum: Delivering the core DMBC requirements	✓ Makes good use – but not full refurbishment / reduction in backlog ✗ Backlog risks remain	✓ Deliverable by 2026	✓ Deliverable on site footprint ✓ Future capacity needs met (via ward block)	✓ Expected to be supported delivers core DMBC	Pass
3 Delivering the core DMBC requirements and addressing key infrastructure issues	✓ Enhanced / fuller refurbishment ✓ High and significant risk backlog addressed ✗ Low risk backlog risks remain	✓ Deliverable by 2028 (Phase 1 2026)	✓ Deliverable on site footprint ✓ Future capacity needs met (new wards)	✓ Expected to be supported —delivers core DMBC and moves towards wider future fit ambitions	Pass
4 Delivering the core DMBC requirements, addressing key infrastructure issues and improving health service integration	✓ Enhanced / fuller refurbishment ✓ Majority of backlog is addressed	✓ Deliverable by 2029 (Phase 1 2026, Phase 2 2028)	✓ Deliverable on site footprint ✓ Future capacity needs met (new wards)	✓ Expected to be supported —delivers core DMBC and moves towards wider future fit ambitions	Pass

An initial qualitative appraisal has been completed to understand the merits of options against the CSFs

SUMMARY – detailed rationale provided separately

Definitions:

- **Fail** a Critical Success Factor – *are expected to **not meet** a Critical Success Factor*
- **Pass** a Critical Success Factor – *are expected to **meet** a Critical Success Factor*
- **Preferred** against a Critical Success Factor – *is expected to be **most favourable** against a Critical Success Factor*

QUALITATIVE APPRAISAL ONLY
– quantitative appraisal and
deliberation to follow

		CSF1: Clinical model	CSF2: Quality	CSF3: Workforce	CSF4: Effectiveness	CSF5: Commercial viability	CSF6: Build deliverability
1	Business as Usual	Fail	Fail	Fail	Fail	Pass	Fail
2	Do Minimum: Delivering the first elements of Future Fit as part of the longer term strategic plan	Pass	Pass	Pass	Pass	Pass	Pass
3	Delivering Future Fit and addressing key infrastructure issues	Pass	Pass	Pass	Pass	Pass	Pass
4	Delivering Future Fit, addressing key infrastructure issues and improving health service integration	Preferred	Preferred	Preferred	Preferred	Pass	Pass

Appendix F Detailed benefits of the Preferred Way Forward

Table 66: Detail of cashable and non-cashable net benefits (Option 2)

This overall appraisal, short-list and preferred way forward was reviewed by the ICS Board (13 April 2022) and agreed by the Trust Board (14 April 2022).

#	Benefit area	Key drivers	Cashable (£k)
1	Maintenance	More efficient estate resulting in reduced maintenance costs, net of additional area requiring maintenance	(2,439)
2	Waste mgmt. & portering	Improved waste management and portering as a result of the redevelopment	262
3	Same day emergency care	Improved ambulatory emergency care system with multidisciplinary input and increased efficiency of referrals and specialist input	462
4	Integrated care	Purpose-built integrated care facilities, with multidisciplinary input supporting the development and delivery of the out of hospital strategy	-
5	Energy and utilities	More efficient estate reducing energy and utility costs	(541)
6	Workforce	Consolidation of sites may lead to staffing efficiencies. Includes contributions associated with reduced travel on call premia	8,500
7	Infection control	Reduction in HCAI where design supports improved infection prevention and control	6.5
8	Adverse drug events	Reduction in adverse drug events where design improves physical working environment improving oversight and reducing distractions	348
9	Staff sickness / satisfaction	A new facility can improve sickness and absence rates, and reduced injuries	153
10	Theatre Utilisation	Improved layout and separation of patients is likely to improve theatre efficiency	-
11	Agency saving	Improved condition facilities will support attraction and retention of substantive staff, avoiding the need for agency support	1691
12	Length of Stay	Reduced length of stay through improved patient experience, flow, single room provision and integration with community services	5129
13	Reduction in backlog	New site will reduce the amount of backlog that the site needs to address. Assumed that 10% of backlog is addressed each year	-
14	Escalation savings	Reduction in escalation costs due to winter pressures (seasonal variation).	2,256
Total			15,828

Table 67: Wider economic net benefits (Option 2) agreed by the –

This overall appraisal, short-list and preferred way forward was reviewed by the ICS Board (13 April 2022) and agreed by the Trust Board (14 April 2022).

#	Benefit area	Key drivers	Non-cashable benefits (£k)
1	Staff sickness / satisfaction	A new facility can improve sickness and absence rates, and reduced injuries	187
2	Theatre Utilisation	Improved layout and separation of patients is likely to improve theatre efficiency	5,867

3	Reduction in backlog	New site will reduce the amount of backlog that the site needs to address. Assumed that 10% of backlog is addressed each year	950
Total			7,003

This overall appraisal, short-list and preferred way forward was reviewed by the ICS Board (13 April 2022) and agreed by the Trust Board (14 April 2022).

#	Benefit area	Key drivers	Societal benefits (£k)
1	Increased virtual outpatient appointments	New estate and improved IT facilities will allow the hospital to increase the number of virtual outpatients. The societal benefit is split into productivity, car parking cost savings, and environmental savings from reduced travel.	2,554
2	Length of stay	New facilities reduce the length of stay allowing the workforce to get back to work sooner.	419
3	HCAI	New pathways will lead to a reduction in hospital transmitted infections.	19
4	Integrated care	Increase of integrated care teams and Home First for elderly patients will allow for more appropriate discharge pathways and ongoing support post discharge.	676
Total			3,669

Appendix G Benefits register and detailed methodology

Table 68: Net benefits of each option agreed was reviewed by the ICS Board (13 April 2022), and agreed by the Trust Board (14 April 2022).

Cash-releasing benefits					
#	Benefit area	Option 2	Option 3	Option 3	
1	Maintenance	-	2,439	-	1,930
2	Waste mgmt. & portering		262	453	564
3	Same day emergency care		462	462	462
4	Integrated care		-	-	1,429
5	Energy and utilities	-	541	-	306
6	Workforce		8,501	10,514	11,186
7	Infection control		6	13	13
8	Adverse drug events		348	695	695
9	Staff sickness / satisfaction		153	209	222
10	Theatre Utilisation		-	-	-
11	Agency saving		1,691	2,869	3,020
12	Length of Stay		5,129	9,775	13,767
13	Reduction in backlog		-	-	-
14	Escalation savings		2,256	4,511	4,511
	Total		15,828	26,591	33,633
Non-cash releasing benefits					
#	Benefit area	Option 2	Option 3	Option 3	
1	Staff sickness / satisfaction		187	255	271
2	Theatre Utilisation		5,867	5,867	5,867
3	Reduction in backlog		950	1650	1920
	Total		7,004	7,772	8,058
Societal benefits					
#	Benefit area	Option 2	Option 3	Option 3	
1	Increased virtual outpatient appointments		2,554	3,808	4,412
2	Length of stay		419	850	1,197
3	HCAI		19	38	38
4	Integrated care		676	676	676
	Total		3,669	5,373	6,324

ECONOMIC COSTS ANALYSIS - £m

[Back to User Instructions](#)

[Back to Model Structure](#)

Summary (Discounted) - £m	Option 0 - Business as Usual	Option 1 - Do minimum £312m	Option 2- Phase 2 £481m	Option 3- Phase 2 £534m
Opportunity costs	£0.00	£0.00	£0.00	£0.00
Capital costs	£37,179,337.41	£160,427,398.64	£238,725,206.61	£254,698,025.98
Capital costs optimism bias uplift	£9,943,330.02	£42,833,443.22	£60,252,678.25	£70,656,795.27
Capital costs + optimism bias uplift	£47,122,667.43	£203,260,841.86	£298,977,884.86	£325,354,821.25
Revenue costs	£0.00	£0.00	£0.00	£0.00
Transitional costs	£0.00	£0.00	£0.00	£0.00
Externality costs	£0.00	£0.00	£0.00	£0.00
Net Contribution costs	£0.00	£0.00	£0.00	£0.00
Total costs	£47,122,667.43	£203,260,841.86	£298,977,884.86	£325,354,821.25

Opportunity costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£0.00		
Option 1 - Do minimum £312m	£0.00		
Option 2 - Phase 2 £481m	£0.00		
Option 3 - Phase 2 £534m	£0.00		
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Capital costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£37,179,337.41	15%	1
Option 1 - Do minimum £312m	£160,427,398.64	63%	2
Option 2 - Phase 2 £481m	£238,725,206.61	94%	3
Option 3 - Phase 2 £534m	£254,698,025.98	100%	4
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Capital costs optimism bias uplift - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£9,943,330.02	14%	1
Option 1 - Do minimum £312m	£42,833,443.22	61%	2
Option 2 - Phase 2 £481m	£60,252,678.25	85%	3
Option 3 - Phase 2 £534m	£70,656,795.27	100%	4
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Revenue Costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£0.00		
Option 1 - Do minimum £312m	£0.00		

Option 2 - Phase 2 £481m	£0.00		
Option 3 - Phase 2 £534m	£0.00		
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Transitional costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£0.00		
Option 1 - Do minimum £312m	£0.00		
Option 2 - Phase 2 £481m	£0.00		
Option 3 - Phase 2 £534m	£0.00		
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Externality costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£0.00		
Option 1 - Do minimum £312m	£0.00		
Option 2 - Phase 2 £481m	£0.00		
Option 3 - Phase 2 £534m	£0.00		
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Net Contribution costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£0.00		
Option 1 - Do minimum £312m	£0.00		
Option 2 - Phase 2 £481m	£0.00		
Option 3 - Phase 2 £534m	£0.00		
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

Total costs - £m			
Option	Present Cost	% of highest cost	Rank
Option 0 - Business as Usual	£47,122,667.43	14%	1
Option 1 - Do minimum £312m	£203,260,841.86	62%	2
Option 2 - Phase 2 £481m	£298,977,884.86	92%	3
Option 3 - Phase 2 £534m	£325,354,821.25	100%	4
Option 4 -	£0.00		
Option 5 -	£0.00		
Option 6 -	£0.00		

ECONOMIC SUMMARY - £m[Back to Model Structure](#)[Back to User Instructions](#)**Economic Summary (Discounted) - £m**

	Option 0 - Business as Usual	Option 1 - Do minimum £312m	Option 2 - Phase 2 £481m	Option 3 - Phase 2 £534m	Option 4 -	Option 5 -	Option 6 -
Incremental costs - total	£0.00	-£156,138,174.42	-£251,855,217.42	-£278,232,153.82	£0.00	£0.00	£0.00
Incremental benefits - total	£0.00	£579,945,236.47	£846,298,211.72	£1,004,809,191.35	£47,122,667.43	£47,122,667.43	£47,122,667.43
Risk-adjusted Net Present Social Value (NPSV)	£0.00	£423,807,062.04	£594,442,994.30	£726,577,037.53	£47,122,667.43	£47,122,667.43	£47,122,667.43
Benefit-cost ratio		3.71	3.36	3.61	#DIV/0!	#DIV/0!	#DIV/0!

Detailed Economic Summary (Discounted) - £m

	Option 0 - Business as Usual	Option 1 - Do minimum £312m	Option 2 - Phase 2 £481m	Option 3 - Phase 2 £534m	Option 4 -	Option 5 -	Option 6 -
Costs							
Incremental cost increase - opportunity cost	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - capital (including optimism bias)	£0.00	-£156,138,174.42	-£251,855,217.42	-£278,232,153.82	£0.00	£0.00	£0.00
Incremental cost increase - revenue	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - transitional	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - externality	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - net contribution	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost increase - risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental costs - total	£0.00	-£156,138,174.42	-£251,855,217.42	-£278,232,153.82	£0.00	£0.00	£0.00
Benefits							
Incremental cost reduction - opportunity cost	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - capital (including optimism bias)	£0.00	£0.00	£0.00	£0.00	£47,122,667.43	£47,122,667.43	£47,122,667.43
Incremental cost reduction - revenue	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - transitional	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - externality	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - net contribution	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental cost reduction - risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Incremental benefit - cash releasing	£0.00	£340,782,221.61	£557,622,311.36	£692,210,885.90	£0.00	£0.00	£0.00
Incremental benefit - non-cash releasing	£0.00	£150,971,997.32	£166,307,155.04	£171,779,125.13	£0.00	£0.00	£0.00
Incremental benefit - societal	£0.00	£88,191,017.53	£122,368,745.33	£140,819,180.32	£0.00	£0.00	£0.00
Incremental benefits - total	£0.00	£579,945,236.47	£846,298,211.72	£1,004,809,191.35	£47,122,667.43	£47,122,667.43	£47,122,667.43
Value for Money							
Risk-adjusted Net Present Social Value (NPSV)		£423,807,062.04	£594,442,994.30	£726,577,037.53	£47,122,667.43	£47,122,667.43	£47,122,667.43
Benefit-cost ratio		3.71	3.36	3.61	#DIV/0!	#DIV/0!	#DIV/0!

Cost and Risk Summary (Discounted) - £m

	Option 0 - Business as Usual	Option 1 - Do minimum £312m	Option 2 - Phase 2 £481m	Option 3 - Phase 2 £534m	Option 4 -	Option 5 -	Option 6 -
Present Cost	-£47,122,667.43	-£203,260,841.86	-£298,977,884.86	-£325,354,621.25	£0.00	£0.00	£0.00
Total Risk	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Risk-adjusted Present Cost	-£47,122,667.43	-£203,260,841.86	-£298,977,884.86	-£325,354,621.25	£0.00	£0.00	£0.00

Detailed Cost, Risk and Benefit Summary (Discounted) - £m

	Option 0 - Business as Usual	Option 1 - Do minimum £312m	Option 2 - Phase 2 £481m	Option 3 - Phase 2 £534m	Option 4 -	Option 5 -	Option 6 -
Opportunity Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Capital Expenditure	-£37,179,337.41	-£160,427,398.64	-£238,725,206.61	-£254,698,025.98	£0.00	£0.00	£0.00
Capital Expenditure Optimism Bias Uplift	-£9,943,330.02	-£42,833,443.22	-£60,252,078.25	-£70,656,795.27	£0.00	£0.00	£0.00
Revenue Expenditure	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Transitional Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Externality Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Net Contribution Costs	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Present Cost	-£47,122,667.43	-£203,260,841.86	-£298,977,884.86	-£325,354,621.25	£0.00	£0.00	£0.00
Design Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Construction Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Performance Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Operating Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Revenue Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Termination Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Technology Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Control Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Residual Value Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Other Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Additional Risks	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Total Risk	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Unmonetised Risk Score	0	0	0	0	0	0	0
Risk-adjusted Present Cost	-£47,122,667.43	-£203,260,841.86	-£298,977,884.86	-£325,354,621.25	£0.00	£0.00	£0.00
Cash Releasing Benefits	£0.00	£340,782,221.61	£557,622,311.36	£692,210,885.90	£0.00	£0.00	£0.00
Non-Cash Releasing Benefits	£0.00	£150,971,997.32	£166,307,155.04	£171,779,125.13	£0.00	£0.00	£0.00
Societal Benefits	£0.00	£88,191,017.53	£122,368,745.33	£140,819,180.32	£0.00	£0.00	£0.00
Total Benefits	£0.00	£579,945,236.47	£846,298,211.72	£1,004,809,191.35	£0.00	£0.00	£0.00

Top 5 Key Risks (as of 30/03/2022)

Risk Description	Cause and Effect	Inherent Risk Score			Mitigation	Residual Risk Score		
		Impact	Likelihood	Score		Impact	Likelihood	Score
Unable to secure Trust-wide capacity to support programme delivery	Unable to secure Trust-wide capacity to support delivery of HTP, leading to slower progress and challenges in wider clinical, project development and engagement,.	4	4	16	Approval of SOC, which is scheduled to be presented to JIC in July 2022. PA Consulting have supported Trust in SOC development and there will be ongoing support throughout the assurance process. Secure approval for recruitment plan and establishment of senior HTP triumvirate.	3	3	9
Insufficient impact of local care services (timing and scale)	The shift of activity in the community is a key component of the SOC including bed reductions. Further detailed work will be undertaken during OBC stage to develop detailed implementation plans to support the shift.	4	4	16	Develop plans for local care pathways during the OBC process that avoid the need for an additional 151 acute beds. HTP team have developed and continue to refine activity and workforce models to support system scenario analysis. Local Care Programme established and led by Shropshire Community Health Trust.	3	3	9
Interdependent capital projects not fully aligned to HTP	If interdependent projects are not fully aligned with HTP, this may increase the cost and time to deliver.	4	4	16	Clear development control plan in place re site development in relation to HTP. Develop alignment of estate strategy with HTP. Strategic Estates Business Partner to feedback on any potential impacts to HTP from Capital Planning Group.	4	2	8
Some stakeholders may fail to engage and fully support the preferred way forward and could delay the approval process	The preferred way forward may not be fully supported by all stakeholders, resulting in further challenges to the planned reconfiguration of services.	3	4	12	Expand our engagement with key stakeholders to ensure they fully understand the case for change, benefits and implications of the clinical reconfiguration so that they do not object to (or preferably are able to support) the preferred way forward.	4	2	8
Other initiatives are perceived to have higher national priority which could cause delay in the presentation of this proposal to JIC	There are a number of schemes nationally anticipating progress to JIC and therefore the HTP scheme may become pushed back on the agenda.	4	3	12	Ongoing engagement with stakeholders, regional and national NHSEI representatives to ensure that the priority of this proposal is clearly understood.	3	3	9

Appendix J Equalities and quality impact assessment

<https://www.nhsfuturefit.org/key-documents/impact-assessment/2018-2/649-equality-impact-assessment-v26/file>

Halesfield 6
Halesfield
Telford
Shropshire
TF7 4BF

Tel: 01952 580300

Our Ref: JP/CAT

30 May 2022

Dr Catriona McMahon
Chair
Shrewsbury and Telford Hospital NHS Trust
Trust Headquarters
Royal Shrewsbury Hospital
SHREWSBURY
Shropshire SY3 8XQ

Dear Catriona

**Letter of Support to the Board of SATH in relation to the Updated Strategic Outline Case (SOC)
for the Hospitals Transformation Programme**

Thank you for your letter of the 20 May 2022 replying to my letter of 19 April 2022 in relation to the Strategic Outline Case (SOC) for the Hospital Transformation Programme. Thank you for responding to the points in our letter and setting out the matters that the SaTH Board has considered as part of plans for the OBC phase of the programme. I am pleased to see that the SaTH Board will continue to oversee delivery of these plans to make sure that progress is made in a timely manner. This will allow us to build on the teamwork that has taken place during the development of the SOC, which has ensured that the assumptions in the case are aligned with our wider health system planning assumptions.

The CCG Governing Body supports the urgent need to progress with the HTP and the recommended way forward outlined in the draft SOC. We are fully committed, and we would expect the emerging ICB to be equally committed, along with our system partners, to working with regulators, the Department of Health and Social Care and the Treasury to secure the required funding.

We hope that you will consider as we move forward into the Outline Business Case stage, along with colleagues in the Integrated Care Board, the importance of the work needed to engage further with the public to help the public understand what the care model will mean for patients in Shropshire, Telford and Wrekin. We would ask the SaTH Board to consider this as a particularly important priority in relation to the future of Urgent Care services. For the avoidance of doubt, the CCG does not expect this further public engagement to delay progression of the finalisation of the SOC or its approval.

Yours sincerely



Dr John Pepper
Chair
Shropshire, Telford and Wrekin CCG

19th April 2022

Letter to Whom it may concern

Via Email

Updated Strategic Outline Case (SOC) – Hospitals Transformation Programme (HTP)

The NHS partners of the Integrated Care Board (ICB) for Shropshire, Telford, and Wrekin (STW) are fully committed to delivering the outputs of the Future Fit consultation which were agreed by the Independent Reconfiguration Panel, in 2019. The Hospitals Transformation Programme (HTP) was established to implement the required changes and the ICB has been regularly updated on the development of the SOC.

The STW system is currently placed at level 4 of the NHSEI Strategic Oversight Framework. In response to this, the system has 6 key strategic themes of work with, HTP being one of these. The preferred way forward described in the updated SOC will deliver the required fundamental changes to the delivery of patient care, including out of hospital services whilst taking into consideration a set of revised demand and capacity assumptions. The SOC significantly supports the system's strategic and operational aims for improvements to the hospital environment and, through that, provide improved quality and safety of services to residents of STW.

The Governing Body of Shropshire, Telford and Wrekin CCG met on Wednesday 13th April to formally consider the updated SOC and the recommended preferred way forward. The CCG remains the statutory commissioning body charged with this responsibility. However, mindful of the ICB formation from 1st July 22, the CCG also invited senior ICB designate colleagues to the meeting. The CCG Governing Body commented that it was helpful to see how the case had been refined to best balance the complexities of competing stakeholder priorities, ambitions, and objectives. They were also assured by the fact that following the refinements made to the options appraised, the options still enable delivery of the core objectives and ambitions. These ambitions are also shared by the ICB.

We understand that the document shared with the Governing Body at this stage is draft and will be subject to a regional and national review process to finalise it. We do not expect this process to result in any material changes to the substance of the case and would expect to be notified if this were to be the case.

Taking the above into account, the ICB can therefore confirm its support for the current draft SOC, and the recommended preferred way forward.

It is the view of all of the systems NHS partners that, without the implementation of the recommended preferred way forward, the system will be unable to fulfil its objectives, and safety and quality and the efficient use of its resources will continue to be severely compromised.

The ICB, will ensure it takes a leadership role in convening system partners (including Local Authority, community, mental health, and primary care) to work together to deliver the System's vision for care across our catchment population. The Hospital Transformation Programme remains an important part of this much broader scope of work and the ICB will continue to engage with partners (including those in Wales) and the public to maintain transparency and encourage support for progress of this vision. As the ICB becomes established as a statutory organisation we will want to ensure that we have a clear leadership role in this regard.

As Chair Designate and Interim Chief Executive Designate of the ICB, we write to unequivocally express our support the proposed changes and the recommended way forward outlined in the draft SOC for STW's Hospitals Transformation Programme. The ICB is fully committed, along with our system partners, to working with regulators, the Department of Health and Social Care and the Treasury to secure the required funding.

As described above, we are clear that if this funding is not made available then quality and safety and our ability to provide the requisite efficiencies will be severely compromised.

Yours faithfully



Sir Neil McKay
Chair Designate of STW ICB



Mr Simon Whitehouse
Interim Chief Executive Designate of STW ICB

Appendix L Completed NHSI checklist: Fundamental criteria

Strategic Case	Narrative	SOC Reference
Strategic Objectives	The SOC should identify the SMART objectives associated with the project and set out reasonable spending objectives linked to benefits. These objectives will need to be reinforced with Critical Success Factors.	SMART Investment objectives are laid out in Section 1.3.2
Strategic Context	<p>The context for change should be set out clearly, with local and national drivers for the change identified. The Trust should show how the proposals align to government and DHSC policy. This case for change should be evidence based and should articulate the proposed clinical model, underpinned by demand and capacity modelling. It should demonstrate:</p> <ul style="list-style-type: none"> - the links to enabling strategies, e.g. workforce, patient experience and patient safety; - consideration of quality, workforce and financial/efficiency considerations; - stakeholder engagement, including with clinical leaders and trust staff to assess clinical oversight and involvement in the business case development; - alignment with service configuration, commissioning intentions and patient-centred design and build; - consistency with estate strategies. 	<p>Strategic Case covers the strategic context of the scheme and demonstrates the link to National context (Section 1.2.1) and the proposed clinical model the scheme will enable (Section 1.1.1).</p> <p>The demand and capacity requirements to meet the population's needs are laid out in Section 1.1.7.</p> <p>The scheme is set within the regional context and alignment to ICS plans demonstrated in Section 1.2.2.</p> <p>The Case for Change, Section 1.1, sets out key challenges, such as the clinical need, service configuration, workforce considerations and the estates requirements.</p>
Support from other Organisations (CCG / STP)	The Trust should provide written letters of support demonstrate support from all major commissioning CCGs and the wider STP for the proposed service provision/ proposal. Letters of support should meet the requirements of Annex 12 of the NHSEI Service Change Guidance. The SOC should also be supported by an STP Estates Strategy to demonstrate alignment to wider STP / ICS plans. (https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf).	A letter of support is provided in 0.
Consultation	<p>For major reconfigurations requiring capital investment, commissioners and providers will need to confirm consultation requirements and there these are required consultation will need to be completed prior to SOC submission (where required) with the business case reflecting the outcomes of consultation and how that has shaped the business case options appraisal.</p> <p>By exception, where it can be demonstrated that the consultation relates to a small part of the development, as opposed to an entire service reconfiguration, there can be a nuanced approach by agreement with DHSC and NHSEI national team.</p>	<p>This scheme is the output of the Future Fit consultation, the DMBC for which is provided as 0.</p> <p>The process has now been transferred back to our leadership for implementation. Further consultation is not needed at this time.</p>
Estates Case	Narrative	Document Reference
Associated Disposals	The SOC should outline whether there are any possible disposals aligned to the project of investment, with an identification of when these disposals may happen and what the expected receipt would be.	Land disposals are not anticipated because of this scheme.
Net Zero Carbon	<p>The SOC should set out intentions to build/refurbish to net zero carbon standards for the life of the building and state which model/standards you intend to use, all projects to be delivered as net zero carbon (or to net zero carbon standards).</p> <p>At SOC stage it is expected to show estimated residual carbon for offsetting.</p>	<p>Delivery of Net Zero is assumed to be a constraint of the scheme in Section 1.3.3 Risks, constraints, and dependencies.</p> <p>As a result, the options articulated in Section 2 deliver against the net zero agenda.</p> <p>A cost provision for this is included in the cost plans provided.</p>

Economic Case	Narrative	Document Reference
Long List Appraisal	The Trust should identify their Critical Success Factors for intervention and use the Green Book Options Framework to develop a Long List of options to meet the strategic objectives and CSF's set out above. The SOC should demonstrate that the Trust have identified potential 'scopes' for the coverage of the project, ranging from business as usual (BAU), through to the 'do minimum', and 'do maximum' and intermediate options.	The options framework is outlined in the Economic Case and followed to create and appraise a long-list in each of the five dimensions in Sections 2.3.
	The Options Framework guidance can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/749086/Project_Business_Case_2018.pdf	The appraisal process is summarised in these sections, and the detailed evidence which supports this appraisal is provided as 0.
	This Long List appraisal should be well detailed in the SOC to evidence how a Trust has developed a workable short list for OBC.	
Short List	The SOC should identify a minimum of four short-listed options for further appraisal. These should include: - Business As Usual (BAU) / 'Do Nothing' – the benchmark for Value for Money - 'Do Minimum' – a realistic way forward that also acts as a further benchmark for Value for Money, in terms of cost justifying further intervention. <i>The minimum capital investment required to deliver only the priority Investment Objective. This should be the objective that is the key reason for intervention (capacity issues / estate issues)</i> - 'Recommended' - the preferred way forward at this stage - One or more other possible options based on realistic 'more ambitious' and 'less ambitious' choices that were not discounted at the long-list stage	As a result of the long-list appraisal, and short-list is laid out in Section 2.3. This includes business-as-usual, do minimum, a full phased solution, and the Preferred Way Forward.
	There should be an indicative cost, benefit and risk appraisal performed on the four options, demonstrating a Net Present Social Value (NPSV) to justify the preferred way forward at an early stage, albeit it is accepted that this will need further development at OBC stage.	NPSVs and BCRs for each of the options are provided in Sections 2.4 to support their appraisal.
	Additional Economic Case principles for BAU and Do Minimum options will be made available.	
Use of CIA Model	It is expected that Trusts will present their Short List options using the Capital Investment Appraisal (CIA) model at the earliest stage to ensure continuity in the development of the economic case from SOC through OBC to FBC.	The NPSV and BCR analysis is presented in the CIA model and provided as 0.
	If a Trust has not provided a CIA model for their SOC, the expectation is that there will be a conditional approval requiring the Trust to use the CIA model for their OBC options appraisal.	

7.

Commercial Case	Narrative	Document Reference
Procurement Strategy	The SOC should include an assessment of the various options for procurement to be explored through OBC development, with an early indication as to the expected procurement route.	The economic impact and viability of procurement options is tested within the economic case. This is then developed in the commercial case, and the potential procurement routes for the main design and build services is considered in Section 3.3
Modern Methods of Construction	NHS trusts are required in each business case stage to provide details regarding the choice of modern methods of construction / smart construction being considered and chosen for the project and demonstrate through each business case stage how they have arrived at their preferred method for the 'Preferred (project) Option' at OBC stage.	The opportunity of MMC – and our commitment to exploiting this – is outlined in Section 0
	In line with the Government 2019 statement - 'Presumption in Favour of MMC' DHSC and NHSEI assume that all schemes start out as MMC.	

Financial Case	Narrative	Document Reference
Capital Affordability	The case must demonstrate that the costed proposals fall within an affordable package, such as that determined through capital planning or STP / HIP funding processes. Risk and Contingency should be appropriately calculated and inflation assumptions clearly stated. The SOC should also include costed OB forms.	Capital availability is considered extensively in the SOC, with the costing provided in 1.1.1.1 Economic Case. Optimism bias provision is shown here. Phase one and two of the preferred way forward are within the agreed capital envelope for HTP (£312m). A detailed cost build-up and OB Forms are provided in Appendix D Site plans, descriptions of options and supporting OB Forms
Revenue Affordability	The SOC must show that the proposals can be managed within the Trust's existing revenue envelope and will not cause or increase revenue deficits for the Trust. The SOC should include an incremental Statement of Comprehensive Income, Statement of Cashflows and Statement of Financial Position and Trust-wide Statement of Comprehensive Income including the impact of the proposed investment. Short term worsening of the I&E position should be explained and mitigated and the case should demonstrate how recovery over the short term will be delivered.	The preferred way forward improves the Trust's I&E position, as shown in Section 0
Management Case	Narrative	Document Reference
Project Management	<p>The Case should identify the SRO for the project and have identified specific resource to make up a project team. The experience of the SRO and programme team in delivering major schemes should be clearly set out, as well as the budget and resources required to deliver the project.</p> <p>The case should also set out a summary of the key milestones and the critical path for the scheme.</p>	The SRO and project team are set out in Section 5.1.
Resources Plan	<p>At SOC the Trust should develop a project plan of the resources required for activities, and any need for specific capabilities and competencies required to develop the business case, from SOC through to approved FBC, including:</p> <ul style="list-style-type: none"> • Details of the deliverables or products to be produced; • Details of the activities required to deliver them and the activities required to validate the quality of the deliverables; • A description of the resources and time needed for all activities, and any need for people with specific capabilities and competencies; • An resource plan detailing whether these activities can be delivered by existing Trust resources or through specialist advisers. <p>The Trust should consider specialist advisers to support the business case, and reference these in the commercial and financial cases at OBC. The requirement for special advisers usually falls into four key categories in the project plan: financial, legal, technical and programme / project management. Where possible existing framework routes to market (e.g. NHS SBS framework) should be used.</p>	The resources – within the Trust and external advisors – required and in place to deliver the scheme are provided in Section 5.1.2.
Plan for change and contract management	The SOC management case should define a change management plan that describes how resource capability will be developed according to the degree and pace of change required, such as through learning and development or through the appointment of specialist advisers. The change management plan should identify changes required to systems, processes and other governance arrangements, such as the contract management of specialist advisers by	Plan for change and contract management and set out in Sections 5.7 and 5.8.

the SRO. The aligning of capability to support the project may involve considerable internal change, and Trust should ensure that staff and their representatives are included in a process of dialogue.

STW ICS CEO Group

DRAFT v1.3

Date: 29/07/2021

ICS Chief Executive Officer Group

Terms of Reference

1. Overview

<p>1.1 Purpose</p>	<p>The ICS Chief Executive Officer Group (the CEO Group) is established by the ICS Board and these terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Group.</p> <p>The Group will support the ICS Board in leading and driving the development of integrated system working across Shropshire, Telford and Wrekin.</p> <p>The Group provides assurance to the ICS Board for the following areas:</p> <ul style="list-style-type: none"> • the development of the ICS as a statutory body; including the oversight of the transition arrangements from CCG to ICS; • the performance of the system against national and regional targets; and • the delivery of the Single System Development Plan. <p>The Group does not have executive powers to make binding decisions on ICS partner organisations. Any decisions made are done collaboratively and within the delegated decision making each individual Group member holds for their respective organisation (as set out in each organisation's scheme of reservation and delegation). The Group will not:</p> <ul style="list-style-type: none"> • Performance manage any organisation within the system, however it will receive assurance as to performance across the system with regard to ICS Operational Boards and enabling groups. • Interfere with the roles of constituent organisations i.e. contractual relationships or regulatory responsibilities <p>The CEO Group is authorised to create operational boards, task and finish or working groups in order to take forward specific programmes of work as considered necessary by the Group's membership. The CEO Group shall determine the membership and terms of reference of any such Board, task and finish or working group and the minutes/and or report of the groups will be presented to the CEO Group on a regular basis.</p>
<p>1.2 Conflicts of Interest</p>	<p>Conflicts of interest are a common and sometimes an unavoidable part of the delivery of healthcare.</p> <p>Group Members will be asked to voluntarily declare any interests that may conflict with the Group's business prior to or at the meeting.</p> <p>The Chair will be required to ensure that any interest declared is recorded in the minutes of the meeting and managed accordingly within the meeting in accordance with the following NHS Guidance issue 2017:</p> <p>https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-</p>
	<p>guidance-for-staff-and-organisations/</p>

1.3 Accountability	<p>The CEO Group is established as a formal committee of the ICS Board, and is accountable for providing assurance reporting to that Board.</p> <p>Individual CEO Group members are responsible for reporting back on assurance and activities to their organisations.</p>
1.4 Reports from	<p>The following Operational Boards and groups will report into the CEO Group:</p> <ul style="list-style-type: none"> • Urgent Care Operational Board • Planned Care Operational Board • Children and Young Persons Delivery Board • Hospital Transformation Programme Board • Population Health Operational Board • Mental Health, Learning Disability and Autism Operational Board • Support Services Operational Board • Professional Executive Leads Team • Shropshire Integrated Place Based Partnership Board • Telford and Wrekin Integrated Place Based Partnership Board • Transition Group
1.5 Reports to	<p>The Group will provide an update to the ICS Board through the Executive Lead update to Board.</p>
1.6 Roles and Responsibilities	<p>The Group will support the ICS Board in leading and driving the development of integrated system working across Shropshire, Telford and Wrekin.</p> <p>It is responsible for:</p> <ul style="list-style-type: none"> • overseeing the delivery of the sustainability programme; • overseeing the design and development of the STW Integrated Care System as a statutory body; • assuring the ICS Board on delivery of the STW system's performance against national and regional targets; • overseeing and providing assurance on delivery of the Single System Development Plan; • overseeing the risks managed by the Operational Boards and escalating to the ICS Board where appropriate;
2. Membership	
2.1 Chair	<ul style="list-style-type: none"> • The meeting shall be chaired by the STW ICS Executive Lead. • In the event of the Chair being unable to attend, another partner Chief Executive will be nominated by to the Executive Lead to chair the meeting.
2.2 Membership	<ul style="list-style-type: none"> • CEO Group membership can be seen in appendix A. • Any amendments to the membership over time will be updated in appendix A as required.

2.3 Member Attendance	<ul style="list-style-type: none"> Where necessary, apologies should be sent prior to the commencement of a meeting.
	<ul style="list-style-type: none"> Members may nominate suitably informed deputies if they are unable to attend the meeting in person. Additional membership (temporary/permanent) will be considered and agreed by the Group and invitations sent accordingly.
2.4 Quorum	<ul style="list-style-type: none"> The CEO Group is a collaborative forum and therefore has no defined quorum.
2.5 Review	<ul style="list-style-type: none"> Terms of reference will be reviewed in March 2022.
3. Procedural Overview	
3.1 Agenda and Papers	<ul style="list-style-type: none"> Requests to add agenda items should be made to the Chair no later than 3 working days prior to each meeting. A final agenda and relevant papers will be circulated electronically to members normally 2 working days in advance of each meeting. Organisational representatives are responsible for ensuring papers are submitted in correct format and on time. Any papers for the Group should be accompanied with a front sheet outlining the purpose, summary of points and clear recommendations. The meeting will be administered by STW ICS and this arrangement to be kept under review.
3.2 Minutes	<ul style="list-style-type: none"> Draft action list approved by the Chair is to be circulated no later than 5 working days after the meeting date. The action list will be signed off as a true and accurate record of the meeting at each subsequent meeting as a standing agenda item.
3.3 Frequency	<ul style="list-style-type: none"> Usually weekly Extraordinary meetings may be called at the discretion of the Chair.
3.4 Meetings	<ul style="list-style-type: none"> The CEO Group will usually meet via MS Teams and face to face on occasion.
3.5 Ways of Working	<ul style="list-style-type: none"> All meetings will be recorded to assist in the creation of the action list from the meeting but will then be deleted.

3.6 Sharing of information and resources (including confidential materials)	<ul style="list-style-type: none"> All papers are subject to the Freedom of Information Act (FOI). Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the Group unless the Chair indicates otherwise. Members, representatives or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the Group membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies. Group members will give due regard to their responsibilities to comply with GDPR and DPA legislation.
4. Approval	
4.1 Date Approved	To be added once approved

Appendix A

CEO Group Membership

Role	Name	Organisation
Chair		STW ICS Executive Lead
		CEO Shrewsbury and Telford NHS Hospital Trust
		Chief Executive Shropshire Council
		CEO Shropshire Community Health NHS Trust
		CEO Robert Jones Agnes Hunt Orthopaedic Hospital Foundation Trust
		Managing Director, Shropshire and Telford & Wrekin Care Group, Midlands Partnership Foundation Trust
		Chief Executive Telford and Wrekin Council
		Interim Accountable Officer, Shropshire, Telford and Wrekin CCG

In attendance:

Role	Name	Organisation
		ICS Programme Director

		STW ICS Sustainability Director
		ICS Clinical Lead
		ICS Sustainability Lead
Administration		PA

Hospitals Transformation Programme Board

TERMS OF REFERENCE

Constitution

The Shrewsbury and Telford Hospital NHS Trust (SaTH) has taken on a 'prime provider' responsibility to lead all aspects of the delivery of the Hospitals Transformation Programme (on behalf of system partners).

The Hospitals Transformation Programme Board's constitution and terms of reference shall be as set out below and it reports directly to the STW ICS Chief Executives' Group and indirectly to the ICS Shadow Board.

SaTH has also established an HTP Committee to provide the SaTH board with an independent assessment of delivery progress and the fulfillment of its duties as prime provider.

Membership

The membership of the Hospitals Transformation Programme Board will be:

Core members:	Deputies:
SaTH Chair and HTP SRO	SaTH Director of Finance
NHSE/I	NHSE/I
NHSE/I Estates lead	NHSE/I
ICS Clinical Lead	
ICS Long Term Plan	
Local Models of Care	
Local Models of Care	
ICS Commissioning	ICS Commissioning
SaTH Director of Finance	SaTH Deputy Director of Finance Strategy
SaTH Clinical Lead	
RJAH Lead	RJAH
Clinical & Care Director, MPFT	Managing Director, MPFT

- Other managers/staff may be required to attend meetings depending upon issues under discussion with the prior approval of the Committee Chair. The Committee has the power to co-opt, or to require to attend, relevant members of staff from system partners.
- The Committee will be chaired by the SaTH HTP Senior Responsible Officer. In the absence of the nominated Chair, the SaTH Director of Finance will deputise.

Responsibilities of Members

- To oversee and drive forward the implementation of the Hospitals Transformation Programme (HTP) in line with agreed plans, ensuring ongoing alignment with system objectives and change plans.
- To monitor the delivery of key objectives and the achievement of milestones/outcomes across all work streams and activities (including the acceleration of HTP pathways), ensuring that risks and/or issues are managed proactively and escalated in a timely fashion (if required).
- Identify agenda items for consideration by the Chair and the Committee Administrator at least 10 working days before the meeting.
- Prepare and submit papers for the agenda at least 8 working days before the meeting.
- If unable to attend, send their apologies to the Chair and Committee Administrator prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.
- When matters are discussed in confidence at the meeting, maintain such confidences.
- At the start of the meeting, declare any conflicts of interest/potential conflicts of interest in respect of specific agenda items (even if such a declaration has previously been made in accordance with relevant policies and procedures).

Attendance

If unable to attend a meeting, the members may be represented by a nominated deputy, but this must be agreed before the meeting with the Committee Chair. The nominated deputy would be expected to be sufficiently well briefed to fully participate as a member of the board. It is expected that a member will normally attend for a minimum of 80% of meetings in a year.

Quorum

The Committee will be deemed quorate to the extent that the at least three members of the Board are present (including the Chair / nominated deputy).

Frequency of meetings

- The Committee will normally meet monthly. The Chair may convene additional meetings of the Committee to consider business that requires urgent attention
- Additional meetings may be held at the discretion of the Chair of the Committee.

Authority

- The Hospitals Transformation Programme Board is authorised by the ICS Shadow Board to act within its terms of reference. The Committee is authorised to investigate any activity within its Terms of Reference and is expected to make recommendations to the STW ICS Chief Executives' Group / ICS Shadow Board. All members of staff in partner organisations are directed to actively support any request made by the Hospitals Transformation Programme Board.
- The Hospitals Transformation Programme Board is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its terms of reference.
- The Committee has no formal executive powers.

Duties

- To ensure ongoing alignment of the programme with system strategy and plans.
- To drive forward the implementation of the Hospitals Transformation Programme (HTP) in line with agreed plans, delivering required scope (and benefits) to time and within budget.
- To monitor the delivery of key objectives and the achievement of milestones/outcomes across all work streams and activities (including the acceleration of HTP pathways), ensuring that risks and/or issues are managed proactively and escalated in a timely fashion (if required).
- To make decisions on what is in and out of the programme, particularly in relation to the quality and safety impact of emerging service changes
- To ensure stakeholders are fully engaged in (and support) the development and delivery of the programme (including through the Acute Reconfiguration Implementation Oversight Group)
- To oversee the management of risk and issues within the Hospitals Transformation Programme (HTP) and support there mitigation.

Reporting

The Hospitals Transformation Programme Board will have the following reporting responsibilities:

- The Hospitals Transformation Programme Board Chair shall report monthly to the STW ICS Chief Executives' Group and the ICS Shadow Board on how it discharges its responsibilities.

Administrative arrangements

The Executive Assistant to the Chair has responsibility for:

- Producing minutes of the meeting, keeping a record of matters arising and issues to be carried forward.
- Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete.
- Producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these are dates and booking appropriate rooms and facilities.
- Producing appropriate support to the Chair and Committee members.
- Providing notice of each meeting and requesting agenda items no later than 10 working days before a meeting.
- Agreeing the agenda with the Chair prior to sending the agenda to members no later than 8 working days before the meeting. The papers will be circulated at least 3 working days before the meeting. Requests for non-routine agenda items are to be forwarded to the Committee Chair at least 8 working days prior to the meeting.

Review

- The terms of reference will normally be reviewed annually, with recommendation on changes submitted to the ICS CE Group for ratification.
- The Chair will undertake a review the effectiveness of the committee on an annual basis through a formal self-assessment process which should take account of the views of all committee members.

Approved:	30 March 2021
To be reviewed:	30 March 2022

Shropshire, Telford & Wrekin Integrated Care System
Hospital Transformation Programme Implementation Oversight Group (IOG)
Terms of Reference
Draft August 2021

1.0 Introduction and Purpose

The existing TOR for the IOG (set July 2020) has been reviewed and revised in line with actions to strengthen governance and oversight within the Shropshire, Telford and Wrekin ICS.

This is specifically in order that Shropshire, Telford & Wrekin and Powys programme sponsors and stakeholders can continue to receive programme updates and gain assurance that programme delivery remains in line with the clinical model agreed in the CCG Decision Making Business Case (DMBC) and with recommendations made by the CCGs and Independent Reconfiguration Panel.

2.0 Key Objectives

The key objectives of the Implementation Oversight Group will be to:

- seek assurance that the Hospital Transformation Board, through the SOC, OBC and FBC stages, continues to progress the delivery of the clinical model as confirmed post public consultation (2018/19) and incorporates the recommendations made in the Independent Reconfiguration Panel report (July 2019)
- seek assurance that the Hospital Transformation Programme continues to integrate effectively with other key interdependent programmes of work
- in doing so, receive a regular update of programme progress from the HTP Board
- ensure that there is a collective responsibility to determine whether the group is assured on any particular issue.

3.0 Chairing arrangements

The IOG will be chaired by the ICS Executive Lead who is also the Accountable Officer of Shropshire, Telford and Wrekin (STW) CCG.

4.0 Decision Making

The IOG holds no decision-making authority. It would be the responsibility of the IOG only to raise issues or make any recommendations to the CCG Governing Body and ICS Board.

Where issues arise that require a different solution than is otherwise described in the agreed clinical model as set out in the DMBC and PCBC, then a decision would be necessary from the respective statutory bodies.

In the respect of the IOG raising issues or making any recommendations to the statutory bodies, the voting members would be the sponsor organisations of SaTH, STW CCG and Powys THB.

5.0 Governance and Reporting Arrangements

Minutes of IOG meetings will be made available to Sponsor Board members and to the ICS Shadow Board and also to the Shropshire and Telford and Wrekin Health and Wellbeing Boards.

6.0 Frequency

The meeting will be held bi-monthly, the Chair of the Board may arrange extraordinary meetings at their discretion.

7.0 Quoracy

The meeting will be quorate subject to each sponsor organisation being represented as a minimum

8.0 Administration

Administration will be managed within the CCG administrative team, with the intention that:

- Notes, actions and key messages from each meeting shall be circulated to members one week after the meeting has taken place via email.
- Meeting papers shall be circulated to members at least three working days prior to each scheduled meeting via email.

9.0 Attendees

Representatives from the following organisations will be members

Chair: ICS Executive Lead (Accountable Officer STW CCG)

Sponsor Members:

- SaTH - HTP Executive lead (Deputy Chief Executive)
- STW CCG - Executive Lead (Director of Finance/Deputy AO)
- Powys Teaching Health Board – Chief Executive

Stakeholder Members:

- T&W Local Authority JHOSC Co-Chair
- Shropshire Local Authority JHOSC Co-Chair
- Powys Community Health Council
- Healthwatch T&W
- Healthwatch Shropshire
- Telford and Wrekin Council - Director of Public Health
- Shropshire Council - Director of Public Health

In Attendance:

- SaTH - HTP Programme Director
- SaTH – HTP Medical Director
- Powys Teaching Health Board - Director of Planning and Performance/Deputy Chief Executive
- Local Care Programme Director
- ICS Communications and Engagement Lead
- NHSEI Representative

Other organisations/nominated colleagues to be co-opted to attend the meeting as deemed necessary.



PROJECT |

SHREWSBURY & TELFORD HOSPITALS
NHS TRUST
HOSPITAL TRANSFORMATION PROJECT

NET ZERO CARBON STRATEGY

DSSR Document Reference	Version
G3512-DSSR-X-XX-RP-SUS-00002	P0



This Version

Authored by:

name: Fiona Williamson
role: Regional Director
signed: _____

date: 31/8/21

Reviewed by:

name: _____
role: _____
signed: _____

date: _____

Authorised for Issue by:

name: _____
role: _____
signed: _____

date: _____

The signed original of this page is retained by the issuing team.



Version History

Version	Date	Status and Purpose	Changes Overview
P0	31/8/21	Draft for Client Comment	First issue



Contents

1	EXECUTIVE SUMMARY	1
2	CONTEXT.....	2

2.5.1	Reducing emissions from hospital estates and facilities (Scope 1)	7
2.5.2	Reducing emissions from hospital estates and facilities (Scope 2)	7
2.5.3	Reducing emissions from travel and transport (Scope 3)	8

3	SHREWSBURY & TELFORD HOSPITALS (SATH) NHS TRUST EMERGING NET ZERO CARBON APPROACH	10
----------	--	-----------

3.1.1	Existing Estate Improvements	11
3.1.2	Using Decarbonised Energy.....	12
3.1.3	Heat distribution.....	16
3.1.4	Ambient Loop – Heating and Cooling.....	17
3.1.5	Heat Generation for Ambient Loop.....	18
3.1.6	Heat Generation for buildings.....	21

3.1.7	Existing Buildings not forming part of the HTP.....	22
3.1.8	Heating & Cooling Network Proposed Schematic – Royal Shrewsbury Hospital	23
3.1.9	Considerations.....	24

3.2.1	Defining net zero carbon	26
3.2.2	Early input.....	28
3.2.3	Operational Carbon	29
3.2.4	On site generation	30

4	NET ZERO CARBON COST ALLOWANCE	33
----------	---	-----------

5	CONCLUSIONS AND NEXT STEPS.....	35
----------	--	-----------

6	FURTHER WORK REQUIRED AT OBC TO SUPPORT THE NET ZERO CARBON STRATEGY	35
----------	---	-----------

7	REFERENCES	36
----------	-------------------------	-----------



Figures and Tables

Figure 1 - This graph, based on the comparison of atmospheric samples contained in ice cores and more recent direct measurements, provides evidence that atmospheric CO ₂ has increased since the Industrial Revolution. ⁽¹⁾	2
Figure 2 - Interventions to reduce emissions in the secondary care estate (12).....	7
Figure 3 - Interventions to reduce transport and travel emissions (12)	8
Figure 4 - GHGP scopes in the context of the NHS ⁽¹³⁾	10
Figure 5 - age profile of the properties across the SaTH NHS Trust Estate.....	11
Figure 6 - Historic and projected carbon content of electricity	12

Figure 7	14
Figure 8 - Air Source Heat Pump	19
Figure 9 - Thermal Stores	20
Figure 10 - Water Source Heat Pump.....	21
Figure 11 - Historic and projected carbon content of electricityNet Zero Carbon Construction “When the amount of carbon emissions associated with a building’s product and construction stages up to practical completion is zero or negative, through the use of offsets or the net export of on-site renewable energy.”	26
Figure 12 - Design influences affecting carbon emissions.....	28
Figure 13 - Roof Mounted PV	30
Figure 14 - Carport PV	31
Figure 15 - containerised lithium storage system	31



Notation

Abbreviation	Meaning
ASHP	Air Source Heat Pump
BEIS	Department of Business, Energy and Industrial Strategy (formerly DECC)
BMS	Building Management System
CAPEX	Capital Expenditure
CCC	Committee for Climate Change
CCS	Carbon Capture and Storage
CHP	Combined Heat and Power
CHW	Chilled Water
CIBSE	Chartered Institute of Building Services Engineers
CO ₂	Carbon Dioxide
DEC	Display Energy Certificate
DHW	Domestic Hot Water
DNO	Distribution Network Operator
DSM	Dynamic Simulation Modelling
EA	Environment Agency
EC	Energy Centre
EfW	Energy from Waste
EPC	Energy Performance Certificate
EV	Electric Vehicle
g/CO ₂ /kWh	grams of carbon dioxide per kWh
GHG	Green House Gases
GSHP	Ground Source Heat Pump
HIP	Health Infrastructure Plan
HN	Heat Network
HNCoP	Heat Network Code of Practice
HTP	Hospital Transformation Project
kWe	Kilowatt electric
kWh	Kilowatt Hour
kWth	Kilowatt thermal

Abbreviation	Meaning
Li-ion	Lithium Ion
LPHW	Low pressure Hot Water
LZC	Low or Zero Carbon
MtCO ₂ e	Mega Tonnes of carbon dioxide electric
MWe	Megawatt Electric
MWth	Megawatt Thermal
NHS	National Health Service
PHEX	Plate Heat Exchanger
PV	Photovoltaic
PW	Private Wire
RIBA	Royal Institute of British Architects
SaTH	Shrewsbury and Telford Hospitals
TES	Thermal Energy Store
UKGBC	UK Green Building Council
WSHP	Water Source Heat Pump



1 EXECUTIVE SUMMARY

DSSR have been appointed to support the Shrewsbury and Telford Hospital (SaTH) NHS Trust with the delivery of their Net Zero Carbon Energy Strategy forming part of the Hospital Transformations Project (HTP). This paper provides an overview of the proposed strategy towards achieving Net Zero Carbon and how this relates to the HTP.

The study completed has been primarily focused on Royal Shrewsbury Hospital Site however, many of the proposals are applicable also to the Princess Royal Hospital Site and other sites within the NHS Trust Estate. The focus has been to identify the main areas to be developed to help deliver Net Zero Carbon and the further work required following on from this paper to ensure that the OBC and further stages deliver the Net Zero Carbon aspirations.

The proposed strategy focuses on the decarbonisation of electricity and the phasing out of gas to enable a fully decarbonised heat solution. Maximising on site generation and the increased adoption of electric vehicle use are also key aspects of the Net Zero Carbon strategy. Outline budget cost are provided in support of the SOC, these costs will however require further development and input from others, including the SaTH Estates and Facilities department, Western Power (regarding capacity) and manufacturers once further load analysis has been completed. Further work will also include the development of a Net Zero Carbon framework that will be adopted for the HTP, setting targets and informing the agreed strategy.



2 CONTEXT

2.1 The Climate Emergency

Earth's climate has changed throughout history. In the past 800,000 years there have been seven cycles of glacial advance and retreat. Most of these climate changes are attributed to very small variations in Earth's orbit that change the amount of solar energy our planet receives.

The current warming trend is of particular significance because most of it is extremely likely to be the result of human activity since the mid-20th century and proceeding at a rate that is unprecedented ⁽²⁾.

The heat trapping nature of carbon dioxide and other gases has resulted in the planet's average surface temperature rising by about 1.1°C since the late 19th century, a change driven largely by increased carbon dioxide emissions into the atmosphere and other human activities. Most of this warming occurred in the past 40 years, with the seven most recent years being the warmest. The years 2016 and 2020 are tied for the warmest year on record.

This increase in temperature is resulting in a warming of oceans, shrinking of icesheets and glaciers, reduction of snow cover, a sea level rise and more frequent extreme weather events which is impacting on the lives of the entire world population.

As a result of these findings, the United Nations have declared a Climate Emergency, highlighting that urgent action is required to halt climate change and avoid potentially irreversible environmental damage resulting from it.

It is recognised as the single greatest threat to global health and without action, climate change will define the health profile of current and future generations and will challenge already overwhelmed health systems.

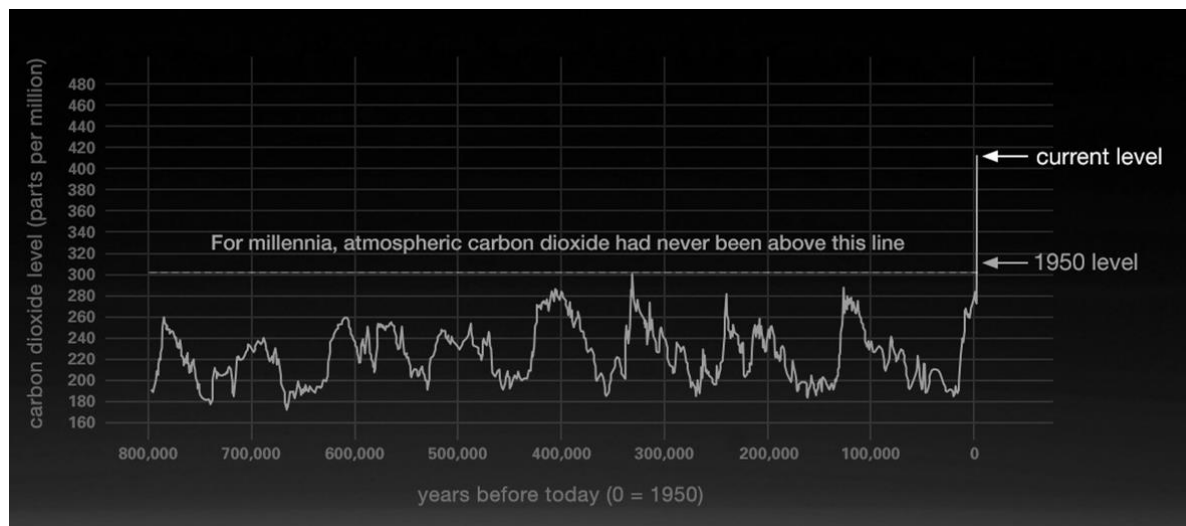


Figure 1 - This graph, based on the comparison of atmospheric samples contained in ice cores and more recent direct measurements, provides evidence that atmospheric CO₂ has increased since the Industrial Revolution. ⁽¹⁾



2.2 Addressing the Climate Emergency

In 2008 the UK enshrined in law the requirement to challenge the causes of climate change. The Climate Change Act 2008 requires the UK government to achieve net-zero greenhouse gas ("GHG") emissions by 2050. The UK was the first major economy in the world to set a net-zero target of 2050.

Progress towards this commitment is driven by a series of carbon budgets and the latest carbon budget order covers the years 2033 – 2037 and provides minister with advice on the volume of greenhouse gases the UK can emit during this period if emission reductions of 78% by 2035 compared to 1990 levels are to be achieved and to ensure that we are on progress to meet the target of net-zero greenhouse gas ("GHG") emissions by 2050.

There is still a significant amount of progress to be made and over the next 25 - 30 years, and a significant shift across the economy can be expected.

2.3 UK Current progress

The 1st (2008-12) and the 2nd carbon budget (2013-17) have been met and the UK is on track to meet the 3rd (2018-22) carbon budget, but is not on track to meet the 4th, which covers the period 2023-27 or the 5th, which covers 2028-32. Crucially, these budgets were set against the previous target of an 80% reduction in emissions by 2050 against 1990 levels. The new Net Zero target (at least 100% reduction by 2050) means that progress will need to accelerate at pace.

2.4 UK path to net-zero emissions?

It is simple for the Government to announce that it is aiming for the UK to have "Net Zero carbon emissions by 2050" however reaching net-zero greenhouse gas (GHG) emissions will require extensive changes across the economy. Major infrastructure decisions will need to be made and quickly implemented.

The Climate Change Committee (CCC) have provided their recommendations to the UK Government on the path that needs to be taken and the following key actions recommended for implementation in for the period 2021 – 2035 will have an impact on the whole of the building environment, with operators of large estates, such as the NHS, having a significant role to play.

Without these changes, the UK will likely fail to meet the Sixth Carbon Budget, meaning the Net Zero Carbon target of 2050 may not be achieved. These key actions reflect the goals and requirement of the Paris Agreement and recognise the UK's responsibility as a richer developed nation and its respective capabilities.



DECARBONISATION OF POWER GRID

Phasing out the use of coal for generating electricity and replacing with renewable energy sources like solar, wind, hydro and tidal has been a key driver since the Net-Zero commitment was made and for the first time in 2020 renewable energy powered more UK electricity than fossil fuels, the UK average is currently sitting at 210g/CO₂/kWh ⁽³⁾ and with the phase out of coal fired power by 2024 and gas fired power without Carbon Capture and Storage by 2035 the carbon intensity of the grid is predicted to be less than 40 g/CO₂/kWh and 0.1 g/CO₂/kWh by 2050.

IMPROVE BUILDING EFFICIENCY

The Climate Change Committee have stressed that widespread deployment of energy efficiency measures across the UK's building stock will be a key aspect of any credible and cost-effective strategy to meeting net zero ⁽⁴⁾. This has been a common theme across the 2nd and 3rd Carbon budgets and in spite of this the UK's building stock remains one of the most energy inefficient in Europe ⁽⁵⁾.

To meet the 4th, 5th and 6th Carbon budgets it will be necessary for all energy efficiency improvements required to public sector buildings to be undertaken by 2030 to meet the Government's target of reducing business and industrial energy consumption by 20%.

Meeting these targets depends on a major upgrade to the energy performance of the building stock across all sectors. Preventing waste is an essential companion to decarbonisation and addressing fuel poverty.

The Strategy also set a national target to reduce energy use in businesses by at least 20% by 2030

FULL SWITCHOVER TO EV SALES

In July 2021 the UK Government published their Green Paper on Green Paper on a New Road Vehicle CO₂ Emissions Regulatory Framework for the United Kingdom. Sales of new fossil fuel cars, vans and motorbikes will be phased out by 2030 and all new cars and vans will be fully zero emission at the tailpipe from 2035 (i.e. plug in hybrid) ⁽⁶⁾

This change will realise carbon savings of around 5 MtCO₂e to 2032 and 300 MtCO₂e to 2050





SCALE UP OF THE MARKET FOR HEAT PUMPS

Heat pumps are a critical technology for decarbonising space heating, while maintaining quality. Application of heat pumps in buildings, combined with the greening of the UK's electricity grid, will make a significant reduction to UK carbon emissions

With the support of the UK Government, Heat pump technology has evolved in recent years to allow increased applications for commercial heating and hot water systems.

EXPAND THE ROLLOUT OF LOW- CARBON HEAT NETWORKS

Heat networks are common in heat dense estates such as hospitals and universities and are an effective way of delivering heat. Currently, around 93% of heat networks are using fossil fuel boilers and Combined Heat and Power (CHP). Many of these installations were previously considered to be a low carbon and a cost effective alternative. The decarbonisation of the electricity and the slow progress on the decarbonisation of natural gas means that these solutions are no longer low carbon, and are not recognised in the roadmap to Net Zero Carbon.

Heat networks are however still considered to be an effective way of delivering heat in areas of high demand and the development of new heat networks (or district heating) in the UK is increasingly recognised as an important component in the UK's *Clean Growth Strategy: Leading the way to a low carbon future* ⁽⁷⁾ and the decarbonisation of heat, based on *Clean Growth – Transforming Heating* ⁽⁸⁾. This is also supported by the Committee on Climate Change in *Net Zero – Technical Report* ⁽⁹⁾

The CCC have recommended that new heat network connections from 2025 are low-carbon and all heat networks supplied by legacy Boiler & CHP schemes be convert to low - carbon heat sources by 2040.

Heat networks can address climate change and affordable heat challenges by focusing on the following strategic aims:

- to reduce greenhouse gas emissions through the use of a wide range of low carbon and renewable heat sources
- to improve security of energy supply by diversifying energy sources for heating and reducing dependence on fossil fuel imports
- to offer a supply of heat that is safe, good value, offers the lowest lifecycle cost
- to provide a heating service that meets customer needs by being safe, reliable, efficient and easy to maintain.

The main challenge is to deliver a solution that is easy to operate and exceeds the long-term experience users who are used to operating gas-fired boilers.



2.5 NHS England Net Zero Carbon Strategy

The NHS have recognised that the climate emergency is a health emergency ⁽¹⁰⁾. This is because the drivers of climate change are also the drivers of ill health and health inequalities. For example, the combustion of fossil fuels is the primary contributor to deaths in the UK from air pollution, disproportionately affecting deprived and vulnerable communities.

The NHS is responsible for around a third of public sector carbon emissions ⁽¹¹⁾ and spends approximately £600 million a year on energy ⁽¹²⁾, so the driver to reduce carbon emissions will also help to reduce operating costs as well as a reducing climate related ill health.

For a complex system as large as the NHS identifying a route to net zero emissions is challenging. Ambitious targets have however been set and NHS England are aiming to be the world's first net zero national health service.

These targets are:

- For the emissions controlled directly by the NHS (the NHS Carbon Footprint), they will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions the NHS can influence (the NHS Carbon Footprint Plus), they will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

In October 2020 NHS England Published their report on *Delivering a 'Net Zero' National Health Service* ⁽¹³⁾. This report recognises that there a significant opportunity to reduce energy, waste and water and to use new sources of heating and power generation across the NHS estate and its supporting facility services. The following have been highlighted as priorities:



2.5.1 Reducing emissions from hospital estates and facilities (Scope 1)

To support the delivery of a net zero health service a new *Net Zero Carbon Hospital Standard* is being developed. This was due to be issued in spring 2021, but at the time of writing this was not yet available. Once this standard becomes available the requirements will be applicable to all development being built as part of the government's Health Infrastructure Plan (HIP).

As summary of the range of interventions consider is shown in the following figure:

A wide range of interventions focused on the upgrading of lighting, air conditioning and cooling, building fabric, space heating, ventilation and hot water will be required throughout the secondary care estate over the next 5 to 10 years. A significant portion of the investment required to deliver this will however overlap with work required as part of the regular maintenance and upkeep of the estate.

A range of socio-technical interventions will also be required to optimise the way buildings are used. Intelligent, real-time energy monitoring and control, including the use of artificial intelligence, would contribute up to the total required reduction in carbon emissions. Upfront investment for these solutions would have a pay back of less than 5 years.

Better use of roofs and adjacent ground space will support a shift to on-site renewable energy and heat generation across the estate.

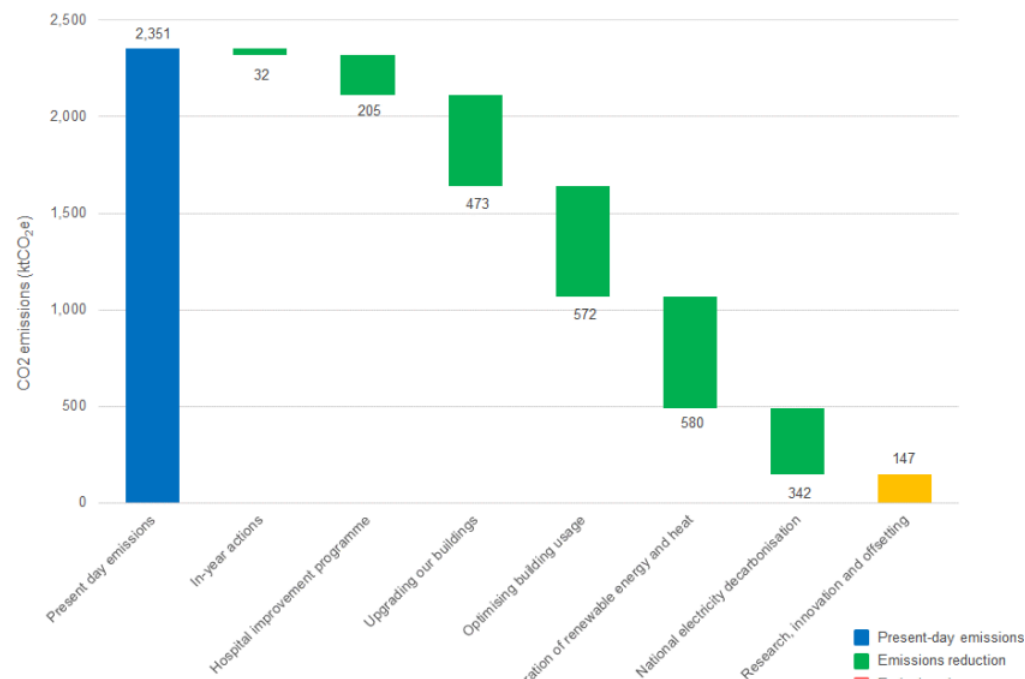


Figure 2 - Interventions to reduce emissions in the secondary care estate (12)

2.5.2 Reducing emissions from hospital estates and facilities (Scope 2)

The NHS will purchase 100% renewable energy from April 2021. This is noted to create no additionality, it does demonstrate the commitment to net zero. As a large user of energy NHS England could be helping to support the renewables industry in the UK just by selecting the greenest tariffs.



2.5.3 Reducing emissions from travel and transport (Scope 3)

Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions

Indirect emissions that occur through the transporting goods and services by individual NHS Trusts is a target for reduction over the next 10 years, however the emissions from patient and visitor travel to and from NHS services and medicines used within the home is also being considered as part of the strategy.

As summary of the range of interventions consider is shown in the following figure:

The NHS makes use of a large and varied fleet of vehicles. An analysis of vehicle used for NHS duties that are directly owned and leased by the NHS and its staff result in emissions totalling approximately 1,000 ktCO₂e per year.

The NHS strategy includes the requirement for:

- all vehicles purchased or leased by the NHS to be low and ultra-low emission (ULEV), in line with the existing NHS operating planning and contracting guidance deliverable for 2020/21.
- 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028, and go beyond this with the entire owned fleet of the NHS eventually reaching net zero emissions by 2032.
- Incentives for staff to use electric vehicles, with increased access to these.

This strategy is supported by the UK governments plan to ban the sale of new fossil fuel vehicles by 2030.

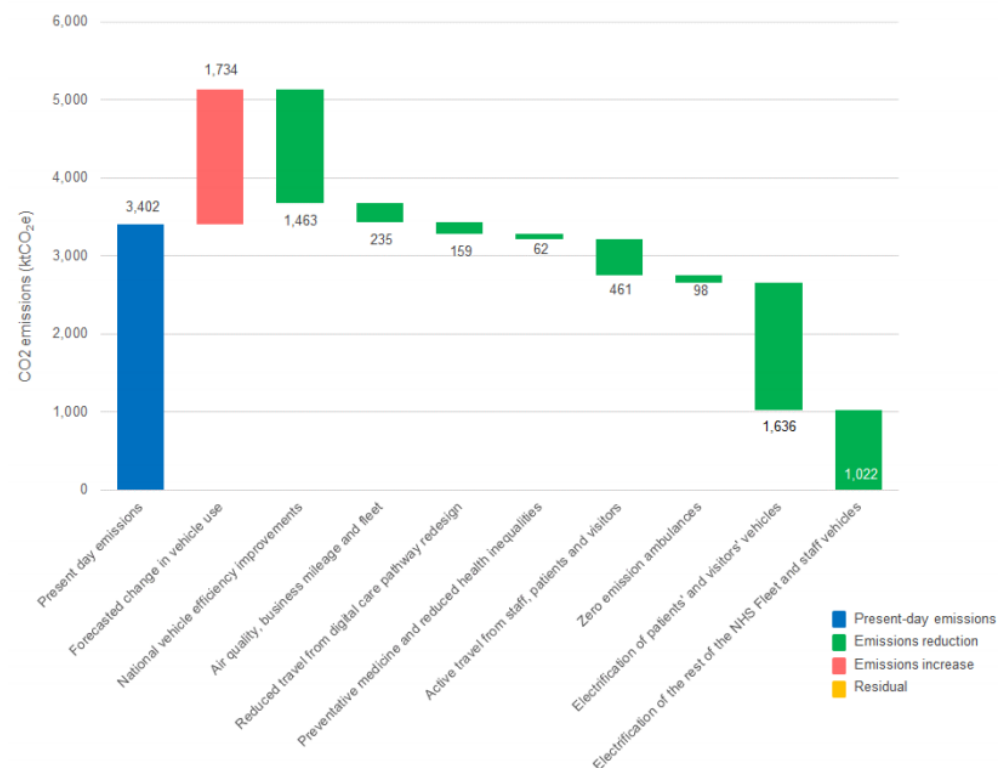


Figure 3 - Interventions to reduce transport and travel emissions (12)



It is noted that ambulances pose a particular challenge and require targeted interventions. However, for the rest of the fleet, rapidly exploring options for a complete transition to zero-emission vehicles by 2032 is a key focus.

Effective take up of zero-emission vehicles will require a comprehensive electric charging infrastructure across the NHS.

Active Travel

Active travel measures are another key aspect of reducing Scope 3 emissions. Shifting away from cars and towards cycling, walking and public transport decreases air pollution, improves physical activity and increases access to care for patients.

To enable this, all NHS trusts are now required to produce a green travel plan as part of their annual planning and reporting, targeting interventions that encourage staff and patients to reduce vehicle use.



3 SHREWSBURY & TELFORD HOSPITALS (SaTH) NHS TRUST EMERGING NET ZERO CARBON APPROACH

The Shrewsbury & Telford Hospitals NHS Trust are fully committed to meeting the NHS targets of reaching net zero by 2040 with a target of reaching 80% reduction by 2032 at the latest.

As part of the Hospital Transformation project SaTH NHS Trust will be addressing:

- Scope 1 emissions (Direct emissions from owner or directly controlled sources, on site)
- Scope 2 emissions (Indirect emissions from the generation of purchased energy)
- Scope 3 (Indirect emissions that occur in producing and transporting goods and services).

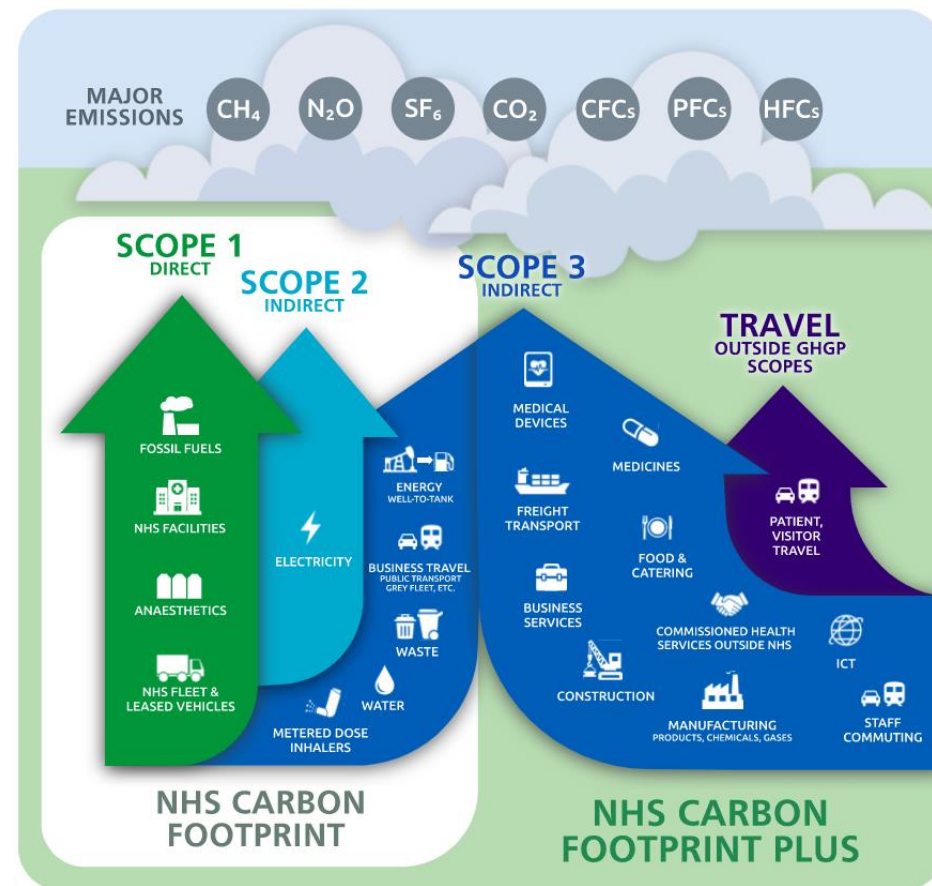


Figure 4 - GHGP scopes in the context of the NHS ⁽¹³⁾



3.1 Hospital Transformation project - targeting Scope 1 Emissions

The Hospital Transformation Project (HTP) will provide the SaTH NHS Trust with the catalyst required to reach net zero carbon for Scope 1 emissions.

The HTP provides an opportunity to review and update the energy strategy for the main sites to enable the increased use of decarbonised energy, to maximise on site generation of energy and to improve the energy performance of the existing facilities.

A framework for the HTP is also being developed to ensure that energy consumption is reduced through passive design measures and the efficient use of energy for all major refurbishments and new construction being undertaken as part of the HTP.

3.1.1 Existing Estate Improvements

The existing SaTH NHS Trust Estate is primarily made up of the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford with a few other smaller sites in the area.

The following charts (figure 5) show the age profile of the properties across the SaTH NHS Trust Estate. Both the Royal Shrewsbury and Princess Royal Hospital Estates are formed of building that were construction primarily during the 1970's and 1980's with some expansion in the late 1990's. In the large, most development in the SaTH NHS Trust Estate was completed prior to the introduction of any energy performance legislation.

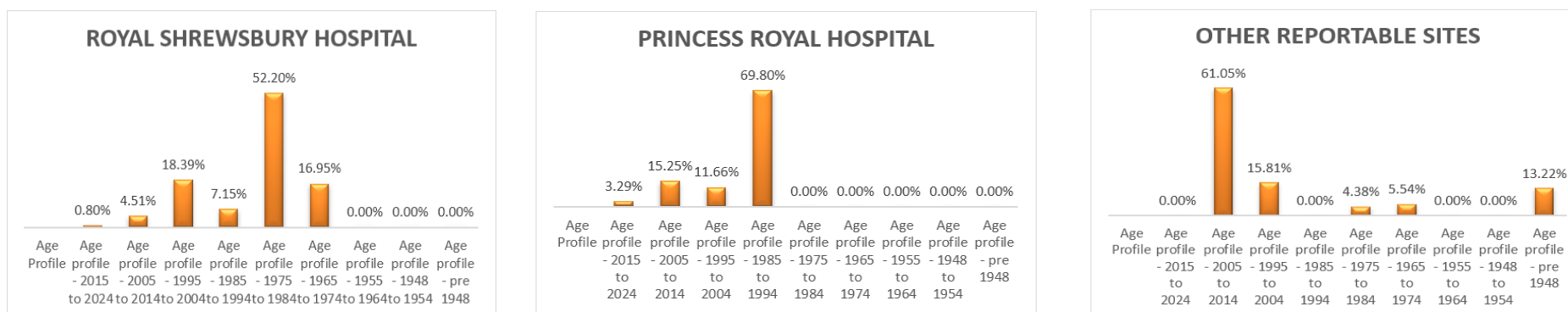


Figure 5 - age profile of the properties across the SaTH NHS Trust Estate



Both of the main sites at the Royal Shrewsbury and Princess Royal Hospitals have not seen any major refurbishment since they were originally constructed so energy performance is fairly poor across the estate and like many other NHS estates, the facilities team face the challenges of significant maintenance issues of life expired equipment, old infrastructure and in efficient buildings. This makes it difficult to implement the type of changes designed to achieve a reduction in operational emissions.

These issues are demonstrated in the output from Display energy certificate (DEC) which shows an operational rating of E for both the Royal Shrewsbury Hospital and Princess Royal Hospital which are lower than the typical score for a public building.

LED lighting replacement and the switch from steam distribution to LPHW has seen a reduction in energy use, however there has been little opportunity to reduce the heat demand through the delivery of improved fabric performance due to budget and operations.

The Hospital Transformation Project for SaTH NHS Trust includes the major refurbishment of a significant portion of the Royal Shrewsbury site, providing an opportunity to improve the energy efficiency and reduce demand on the existing buildings forming part of the proposed works. This will include building fabric upgrades, energy efficient LED lighting with occupancy and daylighting controls, increased use of heat recovery on ventilation systems, space heating and hot water upgrades using low carbon heating and cooling and other equipment efficiencies including healthcare and process equipment.

3.1.2 Using Decarbonised Energy

When considering Net Zero Carbon, reference is often made to decarbonisation. *Decarbonisation* is the term used for the process of removing or reducing the carbon dioxide (CO₂) output of the energy grid (power and gas). This is a key part of the UK's strategy for reaching its net-zero emissions target but will require energy users to maximise the use of the available decarbonised energy and limit use of higher carbon energy sources.

DECARBONISATION OF ELECTRICITY

In the UK, more of our electricity now comes from low carbon and renewable sources. 2020 was the cleanest year on record for the UK as, for the first time, the amount of zero carbon electricity used outstripped that from fossil fuels ⁽⁴⁾.

Data released by National Grid shows a combination of wind farms, solar and nuclear energy, alongside renewable energy imported by subsea interconnectors, delivered 50.6% of Britain's

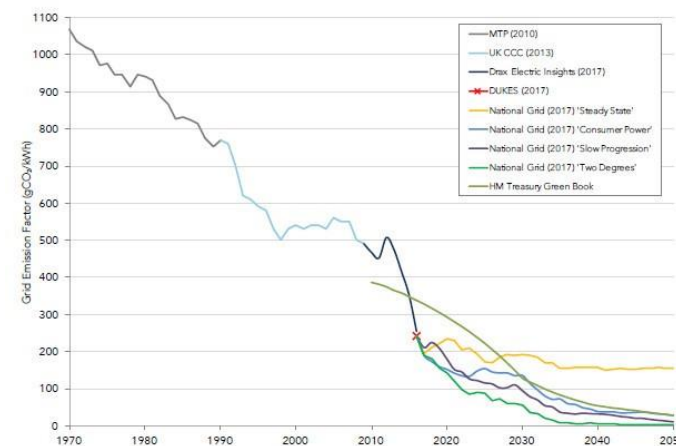


Figure 6 - Historic and projected carbon content of electricity



electricity in 2020 compared to 42.5% generated by fossil fuels. The remaining 6.9% was generated by biomass. With the decommissioning of the remaining coal and gas fired power stations (excluding those with Carbon Capture and Storage - CCS)

Figure 5 provides an overview of the historic and project carbon content of electricity with the carbon emission factor reducing from around 600gCO₂/kWh in 1990 towards 0.1gCO₂/kWh in 2050.

DECARBONISATION OF NATURAL GAS

The CO₂ generated by burning natural gas used for heating, domestic hot water generation and cooking is 0.185 kg/kWh, this is adjusted to 0.203kg/kWh to account for inefficiencies as a result of losses in the system.

The carbon intensity of natural gas cannot be changed, with the only options available to reduce the carbon impact of gas being the use of biogas or to introduce a small percentage of zero carbon hydrogen to the national grid.

The UK gas distribution companies are researching how a zero-carbon gas grid could become zero carbon by 2045, with test projects using Green Hydrogen generated using the electrolysis supplied from renewable energy. This however is some years away from being a viable option for residential and commercial natural gas consumers and early use is likely to focus on transportation and large industry.



DECARBONISATION OF HEAT

The SaTH estate, like many other NHS estates uses natural gas for heating. As noted above, the decarbonisation of natural gas is however somewhat off being available, therefore decarbonising heat generation by 2030 will only realistically be possible if either the gas supply is changed to biogas or if decarbonised electricity is used.

Figure 6 presents the carbon intensity of the generation of heat over time. This uses actual historical carbon factors and the forecasted factors up to 2030 using the National Grid Future Energy 'steady progression' scenario. This shows that the carbon intensity of systems such as the gas fired CHP previously considered to be low carbon as recently as 5 years ago, are no longer providing carbon savings when compared to grid electricity. Since 2017 heat pumps have provided a better carbon saving and since 2020 direct electric heating has provided a better carbon saving.

Changing from gas to electric is however not a simple task. Although electric steam boilers are available the costs per kWh of electricity and the availability of capacity on the national power grid makes the viability of this solution unacceptable to most operators.

The UK government taxes electricity heavily, but natural gas lightly. This encourages the burning of gas and the release of carbon emissions and NO₂ and is making the transition to decarbonised heat which will typically use electricity significantly more difficult.

The average price of fuels purchased by medium to large sized non-domestic consumers such as the SaTH NHS Trust in the United Kingdom during Q1 of 2021 was 13.82p/kWh for electricity and 1.94p/kWh for gas including the Climate Change Levy⁽¹²⁾. Electricity prices are 6 - 7 times higher than gas, which penalises any users who opt to use electricity for heating. The difference between the gas and electricity prices is called the spark gap and to encourage the use of electricity this spark gap must be reduced.

In countries like Sweden an opposite approach to the UK has been taken with almost no taxes on electricity and substantial taxes on burning gas. The spark gap in Sweden is less than 2 and has been one of the main reasons why the uptake of electric heat pumps is not much higher than in the UK. In the UK it would be

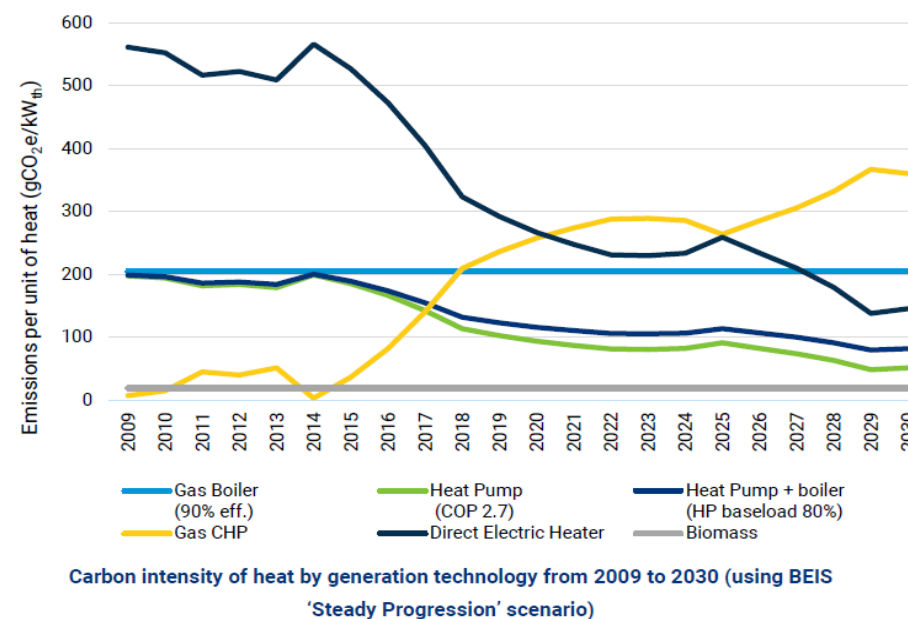


Figure 7



exceptional difficult to get a heat pump that would have a high enough coefficient of performance to offset the cost difference. This means that in the immediate future any change from gas heating to electric heating will likely result in increased operating costs, even when using heat pumps.

It is unlikely that the Government will introduce a significant change in the taxation of energy whilst a majority of UK homes continue to use gas, as any change to the taxes on gas use will likely hit the most disadvantaged with increased fuel poverty. This spark gap is however one of the main blockers preventing users from changing to electric heating solutions, and the UK Government are currently considering new carbon taxes that would encourage large users to switch to electric.

SATH CHANGE TO DECARBONISED ENERGY

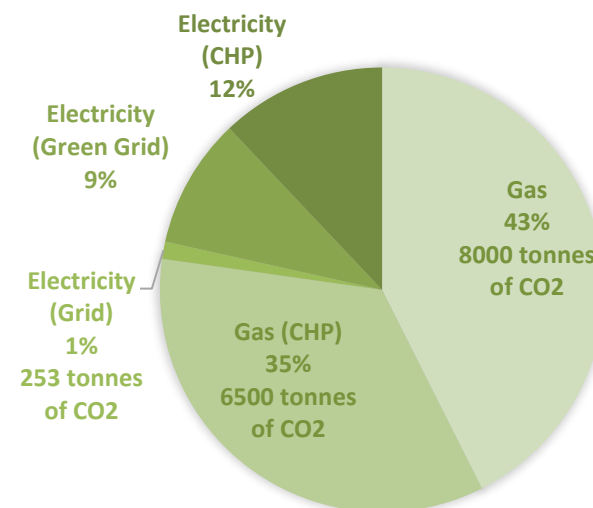
As demonstrate in section 2.1.2 above, if the SaTH NHS trust are to reduce their carbon impact in accordance with the NHS's 'Net Zero' Strategy their use of natural gas will need to be phased out.

The current 2020 Estates Return Information Collection (ERIC) for the SaTH NHS Trust Estate shows:

- Grid Electricity consumed =
9,313,659 kWh of which 8,227,408 kWh is from a green energy tariff.
- Gas consumed =
67,178,441 kWh per annum of which 30,138,847 kWh is associated with the CHP
- CHP Electricity consumed =
10,492,007kWh per annum

This breakdown shows that of the energy being consumed across the SaTH NHS Trust Estate more than 80% is attributed to heating from fossil fuels which is contributing significantly to CO₂ emissions and air quality impact, and there is still a significant need to decarbonise the energy supply even if purchased electricity is zero carbon from a green energy tariff.

The consumed gas is used for space heating and domestic hot water generation. The primary focus for decarbonisation is therefore the heat strategy for the site.





3.1.3 Heat distribution

In large estates such as the Royal Shrewsbury Hospital and Princess Royal Hospital, heat is distributed from a central energy centre to individual buildings and departments across the site using a heat network.

The temperature the heat network operates at determines what generation of heat network is provided. The later the generation the more efficient it is.

- The first generation heat network is one which used pressurised steam at over 100°C
- The second generation heat network is based on pressurised hot water with temperatures above 100°C (MPHW)
- The third generation from the 1970's and 1980's also used pressurised hot water but with temperatures below 100°C (LPHW)
- The fourth generation is based on reduced temperature water distribution at around 60°C to limit installation costs and heat losses, together with a higher contribution from renewable energy and waste heat in order to limit carbon emissions and reduce air pollution. It has also been characterised by more sophisticated controls.

The SaTH NHS Trust estates are currently operating a first and third generation system with some steam (first generation still being used for DHW) and LPHW (third generation used for heating), and while this is a well-established method of heating large sites, system heat losses are a significant issue and the opportunities to use low carbon technologies limited. Heat networks can be used to maximise the benefit of the Low and Zero Carbon Technologies, and to deliver heating and cooling. Ambient Loop schemes are the next generation technology which has the potential to transform the way we generate and use heat whilst delivering large carbon savings and meeting the government's ambition of electrifying heat generation. The system works by generating hot water from a central heat source, such as an air, ground or water source heat pumps. This water is circulated in a closed loop system and buildings extract heat from this loop and then boost it via individual local building mounted heat pumps to create heating and hot water.

Ambient loops are the fifth generation of heat networks also known 5G heat networks. The development of fifth generation heat networks and ambient loops makes heat pump technology and therefore electric heating / cooling more viable and as such is the proposed solution for this site.

Using the existing service routes in the below ground service tunnels, distribution to all new and existing buildings forming part of the HTP new construction and major refurbishment will be more straightforward.



3.1.4 Ambient Loop – Heating and Cooling

Modern buildings built to higher insulation standards need less heating in the winter however, along with an increase in the number of hot days being experienced in the UK, this has resulted in an increased demand for cooling in summer. Cooling has not generally been provided by Steam and CHP-based heat networks unless an absorption chiller is installed.

Using ambient loops for cooling with heat pumps rejecting heat into an ambient temperature circuit, is a more efficient way of producing cooling than by forcing roof mounted chillers to waste heat into hot air or using absorption chillers which are only efficient if used with waste heat. The by-product of heat rejection into the ambient temperature circuit is to increase its temperature: this is beneficial for those buildings that need heating for DHW and conversely the by-product of heat extraction from the ambient ground temperature circuit is to reduce its temperature: this is beneficial for those buildings that need cooling.

INTEGRATION OF WASTE HEAT OPPORTUNITIES

A low temperature circuit allows the opportunity to gather heat from any source of waste heat in the district. This includes surplus heat from industrial processes and surplus heat from cold stores and supermarkets. The low temperature circuit provides an efficient route to reject surplus heat to: the absorption of waste heat benefits all those buildings which need to absorb heat from the circuit. This results in a Heat Sharing Network with improved cooling for those who need cooling and improved heating for those who need heating.

THE BENEFITS OF USING THE FIFTH GENERATION AMBIENT NETWORK FOR SATH NHS TRUST ESTATE

The benefits include:

- Flexibility to scale up (or down):
- The ambient heat network will be much more flexible to change than the existing heat network. The circuit can be extended to new buildings or departments at any point in the loop at limited cost. An extension to the existing network could require an upgrade to the central CHP heat engine: there is no equivalent central cost for an ambient ground temperature circuit, as the new building will install its own heat pump in its own plant room.
- Ability to provide cooling as well as heating (from one integrated system)
- this will reduce the requirement for chillers and will allow the easy adaption of cooling to the building at a future date if required.,
- Ability to serve buildings of different eras
- An ambient ground temperature circuit is suitable for buildings of all kinds and of all ages, whether they need heating or cooling. If a modern well insulated building with underfloor heat distribution joins the network it can install an efficient heat pump delivering heat at a lower temperature of around 40°C. If the



network is connected to an older building (after refurbishment) with heat emitter systems based on radiators it can install a high temperature heat pump delivering heat at a temperature of around 75°C.

- Zero carbon emission on site
- A fifth generation district heating system is not based on combustion: heat pumps emit no CO₂ if using fully decarbonised electricity
- Zero air pollution emissions on site
- A fifth generation district heating system is not based on combustion: heat pumps emit no NO_x, no SO_x and no particulates.
- Ability to recycle waste heat

Because a fifth generation district heating circuit operates at between 8°C and 30°C it can benefit from any input of heat above that level. A CHP-based circuit can only receive waste heat at temperatures above 80°C.

- Lower maintenance costs

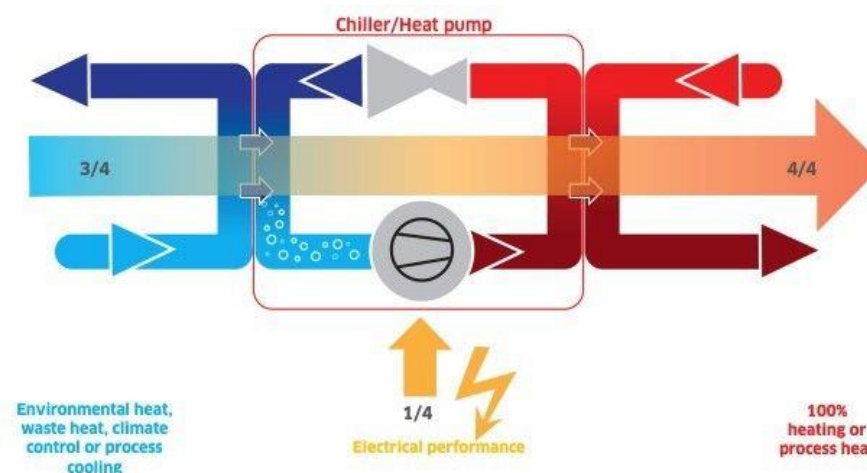
Heat pumps have a lower annual maintenance cost than combustion boilers – and also last longer

3.1.5 Heat Generation for Ambient Loop

Because the proposed ambient loop will operate at between 15°C and 25°C it can benefit from any input of heat above 15°C. This temperature range is ideally suited to heat pumps.

Heat pumps are the most efficient way of generating heat from electricity. Using electricity, the heat pump compresses the liquid to increase its temperature. It then condenses back into a liquid to release its stored heat. For every 1kW of electricity typical heat output can be upwards of 2.5kW, with some bespoke heat pump solutions providing a heat output of more than 8kW for each 1kW of electricity. A heat pump with a thermal output of 4.0kWth for 1kWe of electric input would be considered to be 250% efficient or have a Coefficient of Performance (CoP) of 2.5.

Heat pumps take their heat from the surrounding environment. This can be from air, water (including ground water) or the soil / rock, but may also be from waste heat





sources such as effluent or heat rejection from cooling equipment. Using Air as the primary source of heat is usually the most viable solution, however the fundamental characteristic of water sources and the ground to act as an efficient store of thermal energy allow a great heat output to be achieved if the conditions are suitable.

As part of the HTP, the SaTH NHS Trust are proposing to use Heat Pump technology to generate heat allowing decarbonised electricity to be used in place of gas. Heat pumps however cannot be used as a direct replacement to gas fired boilers as they do not operate efficiently under the same conditions. As hot water flow temperatures increase, heat pump efficiency (Coefficient of Performance) will drop. To deliver a similar heat output of 90°C, direct electric heating would be required in addition to the heat pumps, significantly reducing the efficiency of the system to below 150% with high running costs. For maximum efficiency of heat pumps lower water temperatures are required, it is therefore proposed that a new energy centre and distribution network be provided to serve the areas forming part of the HTP.

HEAT PUMP TYPE

Further investigation is required on the most suitable heat pump type for each site. Water and Ground source heat pumps provide a higher CoP due to the consistency of the heat source.

Water source heat pumps (WSHP) are however not considered to be suitable as there are no local water sourced directly adjacent to the site. The River Severn is approximately 600m as the crow flies from the Royal Shrewsbury, this water source and location would not be suitable for use. The Princess Royal Hospital shows no local water sources.

Ground Source Heat Pumps (GSHP) are a potential option. The more efficient solution for collecting heat from the Ground is using deep boreholes 150m – 200m deep. To establish the heat output available from each bore hole, requires a Thermal Response Test to be completed. This involves completing a test borehole at an approximate cost of £15,000. The heat out from a 200m bore hole is however only expected to be between 5 and 8 kW, so a very large array of bore holes would be required, and with limited space available across both the Royal Shrewsbury and Princess Royal site it is likely that only a small portion of heat could be sourced from the ground.

Air Source Heat Pumps (ASHP) are therefore considered to be the most appropriate solution.

AIR SOURCE HEAT PUMP

ASHP's can be specified to provide a heating range upward to 1MW, capable of providing continuous heating to -10°C ambient conditions even during the required frost cycle. The size of the heat pump will require further development at the next stage.



Figure 8 - Air Source Heat Pump



OTHER HEAT SOURCES

The ambient loop also provides an opportunity to gather heat from any source of waste heat in the network. This includes surplus heat from processes and surplus heat from cold stores / refrigeration plant. The low temperature circuit provides an efficient route to reject surplus heat to: the absorption of waste heat benefits all those buildings that require heat for Domestic Hot Water.

These can be integrated in at any time and at any position within the loop. Examples that could be explored further include:

- Waste Water / Effluent Heat Recovery
- Refrigerated storage waste heat recovery
- Existing CHP (until it is phased out)

THERMAL ENERGY STORAGE

Heat pumps work most efficiently when operating at full load, therefore to manage the peaks the proposal is to store the heated water from the heat pumps serving the ambient loop in insulated tanks to use when demand is increasing. This is called a thermal energy storage (TES). The TES will help to balance energy demand and supply on a daily basis. The TES will also reduce peak demand, energy consumption, CO₂ emissions and costs; while also increasing the overall efficiency of the heat pumps.

The effective integration of TES into the ambient loop can lead to benefits such as:

- Reduction of energy consumption
- Increased energy efficiency
- Increased energy security
- Increased energy reliability
- Reduction of energy costs
- Reduction of GHG emissions

In order to achieve these benefits, thermal energy storage requires to be used properly; for example, for balancing thermal supply and demand, integrating renewable energy and recovering waste heat.



Figure 9 - Thermal Stores



DEMAND SIDE RESPONSE

Using an ambient loop with heat transfer by heat pumps using electricity not only eliminates local emissions, it also opens up the opportunity to benefit from Demand Side Response. The capacity for Demand Side Response can be facilitated when thermal energy storage is used as heat can be generated and stored when the price of electricity is low (as it often is at night) and used during the day when peak electricity prices would have applied.

3.1.6 Heat Generation for buildings

Distributed heat pumps are provided in each building to transfer heat to and from the loop depending on whether it requires heating or cooling. These distributed heat pumps are water sourced (WSHP) and will be used to heat the temperature of the water to the required temperature.

For maximum efficiency, separate heat pumps for heating, cooling and Domestic Water should be used.

The Heating WSHP's and connected systems should be designed to operate at lower flow temperatures (45°C/20°C).

The Cooling WSHP's and connected systems should be designed to operate at higher flow and return temperatures (14°C/20°C).

The DHW WSHP's and connected systems should be designed to operate at a high flow temperature of 70°C (or higher). CO₂ heat pumps can provide DWH at 80°C with CoP of 4.0.



Figure 10 - Water Source Heat Pump



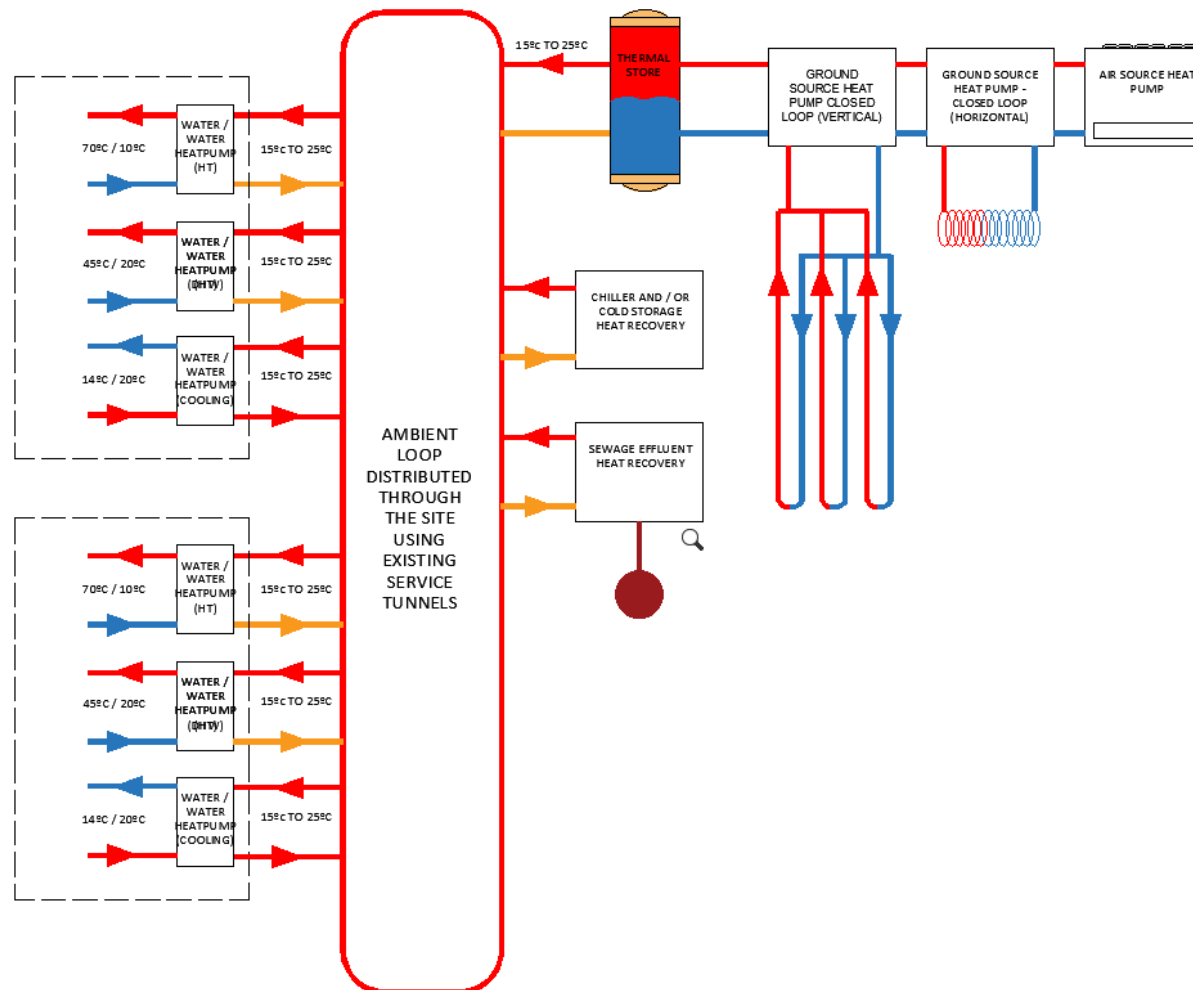
3.1.7 Existing Buildings not forming part of the HTP

The HTP does not include works to the whole estate, therefore some buildings will continue to be connected to the existing energy centre (or local gas supplies). These building can however be easily connected to the ambient loop at a point in time when the refurbishment of these areas building is undertaken.

Lower water temperature typically means larger heat emitters. For newly constructed buildings with very low heat demand, this is not an issue, however for existing buildings with poor fabric insulation the increased heat emitter size may make it difficult to delivery enough heat to match the heat demand. It is therefore essential that fabric upgrades on existing buildings are prioritised as part of any refurbishment works. If fabric improvements are completed the heat generated from heat pumps could be used. Existing heat emitters within rooms may be re-usable, however heating coils in ventilation equipment may require to be replaced.



3.1.8 Heating & Cooling Network Proposed Schematic – Royal Shrewsbury Hospital





3.1.9 Considerations

POWER AVAILABILITY

A significant challenge of decarbonisation is the availability of power, and for existing building, the suitability of the power infrastructure and equipment to support any increase in the power demand.

Further investigation is required into the available power and additional capacity required to support the decarbonisation of the scheme. This will be developed at the next stage.

REFRIGERANT USE

Refrigerants are a significant and growing source of greenhouse gases. Hydrofluorocarbons (HFCs) are more potent than carbon dioxide as a greenhouse gas, and represent 1.5% of total warming potential today. Decarbonised solutions for heating, such as heat pumps will typically use refrigerant based systems and although good installation, maintained warranties and ongoing inspections will help ensure low leakage rated, this risk should be considered as the impact on the climate can be significant.

Where feasible the following Low GWP refrigerants for heat pumps should be selected:

- R744 (CO₂) has a GWP of 1 and has a low toxicity and is non-flammable. ASHP using CO₂ require low return water temperatures of less than 20°C, otherwise they will fail. This however is a good solution for DHW as temperatures up to 110°C previously unachievable with HFC and HFO refrigerant heat pumps can be delivered by CO₂ heat pumps.
- R1234ze has GWP of 7 and has a low toxicity and is not-flammable at ambient conditions

Type of refrigerant used needs careful consideration as the lower GWP must be balanced against safety, however if the heat pumps containing these refrigerants are located within well ventilated plant spaces away from building air intakes, these risks are removed.

EMBODIED CARBON

Embodied carbon can be defined as the total of greenhouse gas emissions that are created through the manufacture and supply of construction products and materials, as well as the construction process itself. By reducing embodied carbon, we can limit the negative impacts on global warming caused by buildings.

When looking at Low Carbon Design, much of the attention is focused on New Construction and Energy Efficiency. However, it is important to also address the issues of existing buildings and their environmental impacts, especially when replacing existing equipment.



It is a mistake to focus only on energy efficiency and low carbon when assessing building sustainability, and the embodied carbon and other environmental impacts should be taken into consideration with a life cycle approach.

This approach can help determine whether the carbon impact of replacing buildings or equipment early is better or worse than the operational carbon reductions achieved through replacement or new construction.

In the context of the Building Services equipment, if existing equipment has been well maintained and is operating within its economic life expectancy, the completion of a life cycle impact assessment should be undertaken to review whether the carbon reduction impact of replacement will result in a lower carbon impact.

As the energy grid decarbonises, the carbon impact of the materials requirement to produce new equipment will become an increasing factor, therefore the focus should be on maintaining existing equipment that uses decarbonised electricity efficiently and replacing equipment that uses natural gas.



3.2 Targeting net zero carbon for HTP

The HTP includes the construction of new buildings as well as the major refurbishment of other existing departments. These new construction and major refurbishment works will be targeting 'Net Zero Carbon'.

NHS England document "Delivering a 'Net Zero' National Health Service" makes reference to a new "Net Zero Carbon Hospital Standard" which was due to be available from spring 2021, but is yet to be released. This is likely to provide further guidance on the definition of 'Net Zero Carbon' in the context of the new construction and major refurbishment project, however until this is available the definition provided by the UK Green Building Council (UKGBC) will be used.

3.2.1 Defining net zero carbon

In the context of the built environment, the preferred definition of Net Zero Carbon comes from the UK Green Building Council (UKGBC), framework defined within the *Net Zero Carbon Buildings: A Framework Definition* (14) published in 2019. The framework at a high level is as follows:

- REDUCE CONSTRUCTION IMPACTS
- Follow a route to reduce construction impacts /embodied carbon.
- REDUCE OPERATIONAL ENERGY
- Critically appraise the potential operational energy demands and reduce through a holistic design approach.
- USE RENEWABLE ENERGY
- Use renewable technologies to reduce the carbon creation from remaining operational energy use.
- OFFSET REMAINING CARBON
- Calculate the remaining carbon after all other measures, and offset

The HTP will use this definition of net zero carbon covering both the operational carbon and the carbon associated with the manufacturing of materials and construction.

Net Zero Carbon Operation "When the amount of carbon emissions associated with the building's operational energy on an annual basis is zero or negative. A net zero carbon building is highly energy efficient and powered from on-site and/or off-site renewable energy sources, with any remaining carbon balance offset."

Net Zero Carbon Construction "When the amount of carbon emissions associated with a building's product and construction stages up to practical completion is zero or negative, through the use of offsets or the net export of on-site renewable energy."

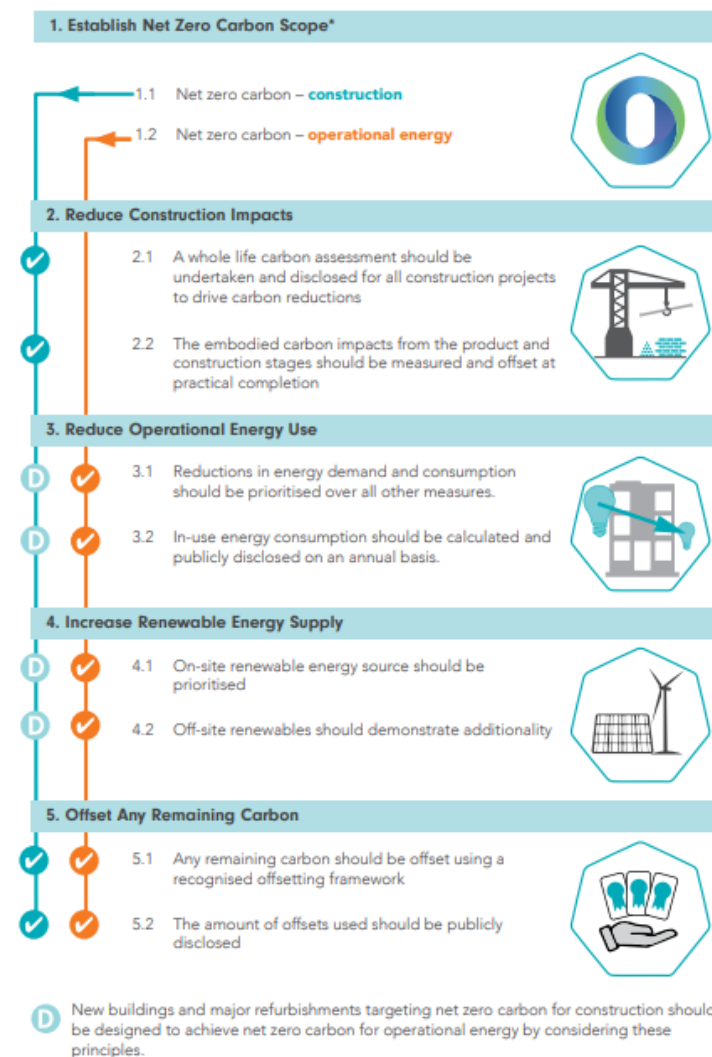


The summary table shown in the adjacent figure outlines the principles to be followed to demonstrate alignment with net zero carbon for construction and for operational energy.

The document *Net Zero Carbon Buildings: A Framework Definition* (15) includes the background rationale for the principle, associated technical requirements and, where relevant, any areas for future development of the framework. Public disclosure of data is required throughout the framework to demonstrate the approach taken to achieve net zero carbon and alignment with the principles.

A detailed bespoke framework for the SaTH NHS Trust is being developed at the next stage for the HTP and will include targets for construction and operational energy as part of establishing the Net Zero Carbon approach.

Some key aspects of the bespoke framework are summarised in the following section.





3.2.2 Early input

The SaTH NHS trust approach to the HTP is one which will establish the engineering strategies early as part of the framework. This maximises the opportunity to reduce the embodied and operational carbon of designs and reduces the need for offsetting.

The carbon emissions that can be influenced by design decisions are shown in Figure 12. This shows that as the project progresses, the ability to impact overall carbon reduces. By developing a framework for meeting Net Zero Carbon, the SaTH NHS Trust HTP are addressing these key aspects from the outset.

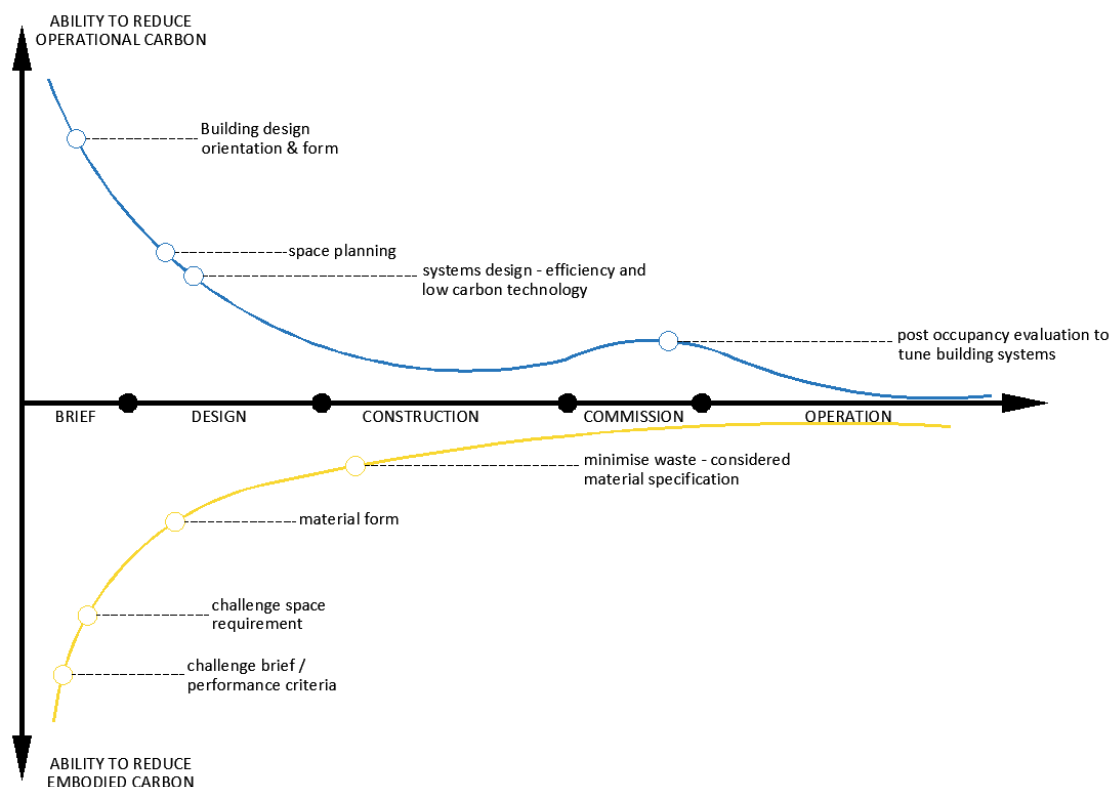


Figure 12 - Design influences affecting carbon emissions



3.2.3 Operational Carbon

Operational carbon is divided into regulated and unregulated carbon emissions.

Regulated carbon emissions are covered within Part L of UK Building Regulations. Unregulated carbon emissions come from process equipment, plug in equipment, external lighting, lifts, EV charging etc. Within a healthcare setting unregulated emissions are a significant proportion of the NHS's emissions.

Good building design, masterplanning and site selection can influence the operational carbon attributed to building energy and transport.

The strategy being taken for the HTP is one that takes the 'Mean Lean Clean Seen' approach to both regulated and unregulated carbon emissions.

The 'Mean Lean Clean' approach offers a practical design framework to navigate through the development of the HTP to optimise the opportunity for a fully sustainable outcome.

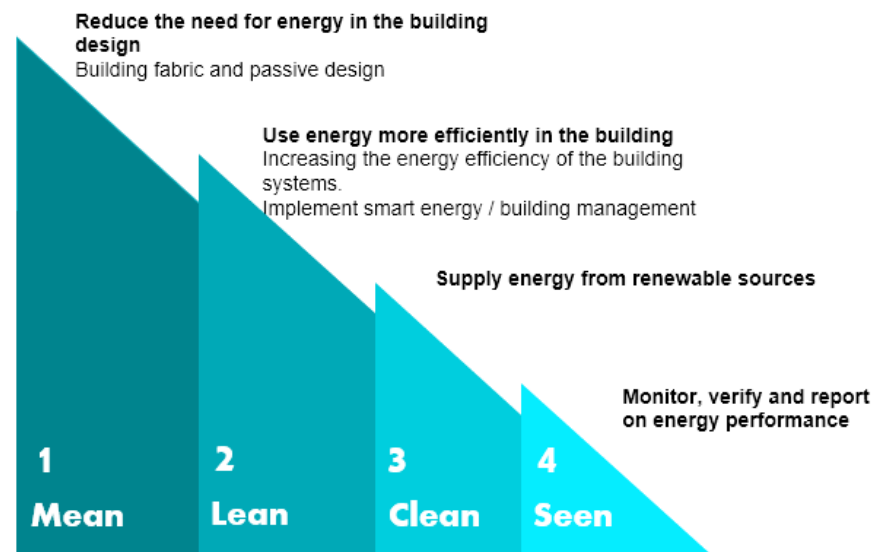
Achieving net zero carbon design will require a significant carbon reduction beyond what is currently laid out for building energy use in Building Regulations Part L and the strategy being taken for heat generation as well as the development of a bespoke framework for the SaTH NHS Trust HTP will ensure this can be delivered.

It is expected that the "Net Zero Carbon Hospital Standard" due for publication soon will provide some benchmarking data for new construction however in the absence of this the following targets provide a good starting point

The Royal Institute of British Architect's 2030 Climate Challenge publication (16) provides metrics for benchmarking non-domestic (offices) as follows:

- 2020 targets < 130 kWh/m²/annum
- 2025 targets < 170 kWh/m²/ annum
- 2030 targets < 60 kWh/m²/ annum

These targets do not apply to highly technical healthcare buildings so are likely to be low, but provide a starting point.





3.2.4 On site generation

The 'Mean Lean Clean Seen' approach to both regulated and unregulated carbon emissions will ensure that these are reduced, however it will not be possible to delivery true Zero Carbon without some form of carbon offsetting. The preferred option for doing this in the *Net Zero Carbon Buildings: A Framework Definition* (15) is one which includes on site generation of energy.

SOLAR PHOTO VOLTAIC (PV)

It is therefore proposed that this be maximised as part of the HTP, with all viable opportunities to install Solar Photovoltaics being adopted.

Initial assessment shows that there is the potential for around 4000m² of roof space at the Royal Shrewsbury Hospital where 3000m² of Solar PV could be provided as part of the HTP. At the Princess Royal, this would be around 1500m² depending on the structural limitations of the existing roofs.

An additional 2000 - 5000m² of Solar PV could be provided in the site car parking at both the Royal Shrewsbury and Princess Royal Hospitals.

The approximate electrical power output of PV for each site could be upwards of 1MWe providing 900,000kWh of output for use within the estate.

- Royal Shrewsbury Hospital roof mounted PV @ 4000m² = 700kWe
- Royal Shrewsbury Hospital car ports PV @ 2000m² = 350kWe
- Princess Royal Hospital roof mounted PV @ 1500m² = 260kWe
- Princess Royal Hospital car ports PV @ 5000m² = 875kWe



Figure 13 - Roof Mounted PV





Battery Storage

As part of the on site generation strategy the HTP proposes to store excess on site power generation from the PV arrays using a Lithium Storage System. In addition to the excess generation the Lithium Storage System will also take grid generated electricity during the off peak overnight period when energy is at a lower cost.

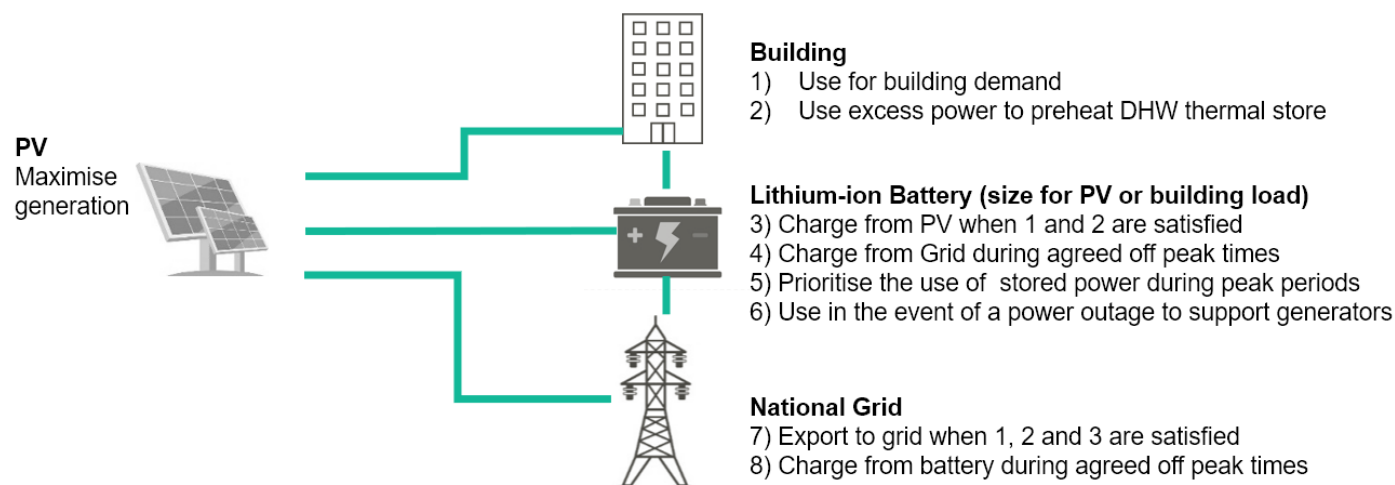
The stored energy will be used during peak operation times to smooth out the peak demand.

The following diagram shows how PV generate energy and storage is proposed to be used.

Figure 14 - Carport PV



Figure 15 - containerised lithium storage system





3.3 Approach to targeting Scope 2 (indirect) Emissions

As part of the NHS England Operational Planning and Contracting Guidance 2020/21 ⁽¹⁴⁾ a requirement that “all NHS organisations should move to purchasing 100% renewable electricity from their energy suppliers by April 2021” has been adopted. SaTH NHS Trust has already made some progress with Scope 2 emissions by switching to a 100% renewable electricity energy supplier for the Royal Shrewsbury Hospital and Princess Royal Hospital Sites.

3.4 Approach to targeting Scope 3 (indirect) Emissions

The HTP will support the reduction in Scope 3 emissions associated with transportation. Through the developed of a transport assessment and bespoke green travel plan for the sites, additional measures will be provided to help encourage staff, visitors and service users to make active travel choices.

The HTP will also support the NHS strategy for all vehicles purchased or leased by the NHS to have net zero emissions by 2032. Sufficient capacity and infrastructure with demand management systems will be put in place so that 50% of available car parking will be able to offer EV charging when demand requires.



4 NET ZERO CARBON COST ALLOWANCE

The following budget cost allowances should be considered as part of the delivery of Net Zero Carbon for the HTP. All costs require to be explored further with suppliers and the current market, however the following should provide an indicated of the scale.

These cost allowances primarily relate to the Royal Shrewsbury Hospital site as the HTP works for the Princess Royal Hospital site as the strategy for this site is less developed.

CENTRAL PLANT

The HTP proposes to develop a new centralised plant area and energy centre for the Royal Shrewsbury Hospital site adjacent to the existing boiler house in the area where coal deliveries would have been received. The external plant area will include an estimated 3 No. 1MWth Air Sourced Heat Pumps (exact load to be finalised). 2 No. 250,000 litre thermal stores (6m diameter x 10m high) will be located in the area currently occupied by the 2 No. redundant oil tanks. Pumps etc will be located within newly constructed building approximately 30m long x 20m deep x 6m high.

The budget cost allowance for developing the Energy Centre for the Royal Shrewsbury Hospital is £5 million

INCREASED ELECTRICAL POWER SUPPLY

The power required to support the decarbonised energy strategy will require an upgraded supply to the site. Further input is required from Western Power Distribution regarding the increased load, however the increase demand will be Mega Watts and is likely to require significant infrastructure upgrades.

The budget cost allowance for the increased load for the Royal Shrewsbury Hospital is £1.5 million

Construction of Ambient Loop

The ambient loop which will be used to distribute heat throughout the site. This generally be routed within the existing service tunnels, currently used for service distribution throughout the Royal Shrewsbury Hospital, with some underground pipework required where the tunnel does not allow for direct connection.

The budget cost allowance for the supply and installation of the ambient loop for the Royal Shrewsbury Hospital is £1.5 million

DISTRIBUTED HEAT PUMPS

Each new or refurbished building or where applicable department will be provided with distributed heating, cooling and DHW water sourced heat pumps sized to meet the thermal demands.



The budget cost allowance for the supply and installation of the ambient loop for the Royal Shrewsbury Hospital is £3 million

SOLAR PV

The budget cost allowance for the supply and installation of Solar Photovoltaics is :

- Royal Shrewsbury Hospital = £1.4 million
- Princess Royal Hospital = £1.5 million

BATTERY STORAGE

The budget cost allowance for the supply and installation of battery storage is:

- Royal Shrewsbury Hospital = £0.5 million (based on 0.5 MWh containerise lithium batteries)
- Princess Royal Hospital = £0.5 million (based on 0.5 MWh containerise lithium batteries)

ENERGY IMPROVEMENTS AND ENHANCED BUILDING PERFORMANCE MEASURES AND TO ACHIEVE BREEAM EXCELLENT

The proposed Net Zero Carbon framework being developed for the SaTH NHS Trust HTP will require enhancements beyond that of the standard acute hospital model.

The budget cost allowance for these works is:

- Royal Shrewsbury Hospital = £5 million
- Princess Royal Hospital = £3 million

ELECTRIC VEHICLE CHARGING INFRASTRUCTURE AND DEMAND MANAGEMENT

The budget cost allow for providing the infrastructure required to support 50% EV charging with 20% EV charging provision at day 1 and infrastructure to support the remaining load is:

- Royal Shrewsbury Hospital = £0.75 million
- Princess Royal Hospital = £0.75 million

A total allowance of £24.4m is included within the SOC stage cost plan, which represents a **???**% mark up on works costs. Benchmarking of this against the New Hospital Programme 'front runner' schemes shows this to be within the range of **2.5% to 8.7%**, being suggested by other schemes.



5 CONCLUSIONS AND NEXT STEPS

This paper demonstrates the commitment of the SaTH NHS Trust to meet the Net Zero Carbon targets through the HTP. The decarbonisation of heating is a priority as 60% of the energy use comes from fossil fuels used to generate heat. Some further work is recommended prior to finalising the SOC to ensure that the proposed strategy is feasible and the following next steps are proposed.

- Complete Energy Demand Profiling & Mapping for existing estate to establish base and peak demands.
- Identify likely increase in electrical demand as a result of new development, decarbonisation and introduction of Electric Vehicle Charging
- Provide recommendations to the SaTH NHS Trust regarding carbon offsetting
- Develop a bespoke HTP roadmap towards Net Zero Carbon
- Further develop costs associated with thermal energy strategy
- Agree and set targets
- Liaise with Western Power Distribution (West Midlands) regarding increased capacity
- Review Scope 2 emissions and existing purchase agreements for “green” electricity

6 FURTHER WORK REQUIRED AT OBC TO SUPPORT THE NET ZERO CARBON STRATEGY

The OBC stage will see the development of the following:

- Load assessment for existing and major refurbishment
- Outline sizing of plant and energy network
- Outline plant space allocation to support Energy Strategy
- Passive Design Analysis incorporating Passivhaus measures to demonstrate that target heat demand figures are achievable
- Whole Life Carbon assessment to demonstrate the target embodied carbon figures are deliverable.
- Alignment of the Net Zero Carbon Strategy with BREEAM



7 REFERENCES

1. **IPCC** . *Fifth Assessment Report, Summary for Policymakers*.
2. **National Grid ESO**. <https://carbonintensity.org.uk/>. <https://carbonintensity.org.uk/>. [Online] July 2021. <https://carbonintensity.org.uk/>.
3. **Committee on Climate Change** . *Net Zero The UK's contribution to stopping global warming* . s.l. : Committee on Climate Change , May 2019 .
4. **Pedro Guertler, Jack Carrington and Antonia Jansz**. *The Cold Man of Europe* . s.l. : Association for the Conservation of Energy (ACE), 2015.
5. **HM Government** . *The Ten Point Plan for a Green Industrial Revolution - Building back better, supporting green jobs, and accelerating our path to net zero*. s.l. : HM Government , 2020.
6. **BEIS** . *The Clean Growth Strategy Leading the way to a low carbon future*. s.l. : BEIS, 2017.
7. —. *Clean Growth - Transforming Heating*. s.l. : BEIS, 2018.
8. **CCC**. *Net Zero Technical Report*. s.l. : Committee on Climate Change, 2019.
9. *Managing the health effects of climate change*. **Costello A, Abbas M, Allen A, Ball S, Bell S, Bellamy R, et al**. s.l. : Lancet, 2009, Lancet , pp. 373(9676): 1693–1733.
10. **BEIS**. Building Energy Efficiency Survey (BEES). <https://www.gov.uk/>. [Online] 16 November 2016. <https://www.gov.uk/government/publications/building-energy-efficiency-survey-bees>.
11. **Department of Health and Social Care** . New NHS efficiency schemes set to save £13.7 million per year on hospital energy bills. <https://www.gov.uk/g>. [Online] 8 11 2013. <https://www.gov.uk/government/news/new-nhs-efficiency-schemes-set-to-save-137-million-per-year-on-hospital-energy-bills>.
12. **NHS England**. *Delivering a 'Net Zero' National Health Service*. s.l. : NHS England , 2020.
13. **National Grid**. 2020 greenest year on record for Britain. *national grid*. [Online] 12 January 2021. <https://www.nationalgrid.com/stories/journey-to-net-zero-stories/2020-greenest-year-record-britain>.
14. **Department for Business, Energy & Industrial Strategy, BEIS**. Gas and electricity prices in the non-domestic sector. www.gov.uk. [Online] 29 June 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997500/table_341__1_.xlsx.
15. **UK GBC**. *Net Zero Carbon Buildings: A Framework Definition* . s.l. : UK GBC, 2019 .
16. **RIBA** . RIBA 2030 Climate Challenge Version 2 (2021). www.Architecture.com . [Online] 2021. [Cited: 08 08 2021.] <https://www.architecture.com/-/media/files/Climate-action/RIBA-2030-Climate-Challenge.pdf>.
17. **Improvement, NHS England and NHW**. *NHS Operational Planning and Contracting Guidance 2020 / 2021*. s.l. : NHS England, 2020. Publishing Approval Reference 001300.
18. **NASA** . NASA Global Climate Change . <https://climate.nasa.gov>. [Online] 02 September 2021. <https://climate.nasa.gov/evidence/>.
19. **Scottish Government** . *Update to the Climate Change Plan 2018 - 2032: Securing a Green Recovery on a Path to Net Zero*. s.l. : Scottish Government , 2020.
20. **Climate Change Committee**. *The Sixth Carbon Budget - The UK's path to Net Zero*. s.l. : CCC, 2020.
21. **UK Parliament**. Energy efficiency: building towards net zero. <https://publications.parliament.uk/>. [Online] 12 July 2019. <https://publications.parliament.uk/pa/cm201719/cmselect/cmbeis/1730/173004.htm#footnote-386>.
22. **CIBSE** . [Online] <https://www.cibsejournal.com/cpd/modules/2021-05-hp/>.



23. **Power Stations of the UK.** Coal Countdown. *Power Stations of the UK*. [Online] Power Stations of the UK, July 2021. [Cited: 16 April 2020.] <https://www.powerstations.uk/coal-countdown/>.
24. **Department for Business, Energy & Industrial Strategy (BEIS).** Energy Trends March 2021. *Gov.uk*. [Online] Department for Business, Energy & Industrial Strategy, March 2021. [Cited: 16 April 2020.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/976000/Energy_Trends_March_2021.pdf.
25. **Ministry of Housing, Communities & Local Government.** Consultation outcome - The Future Homes Standard: changes to Part L and Part F of the Building Regulations for new dwellings. *www.gov.uk*. [Online] 27 January 2021. <https://www.gov.uk/government/consultations/the-future-homes-standard-changes-to-part-l-and-part-f-of-the-building-regulations-for-new-dwellings>.

DSSR CONSULTING ENGINEERS

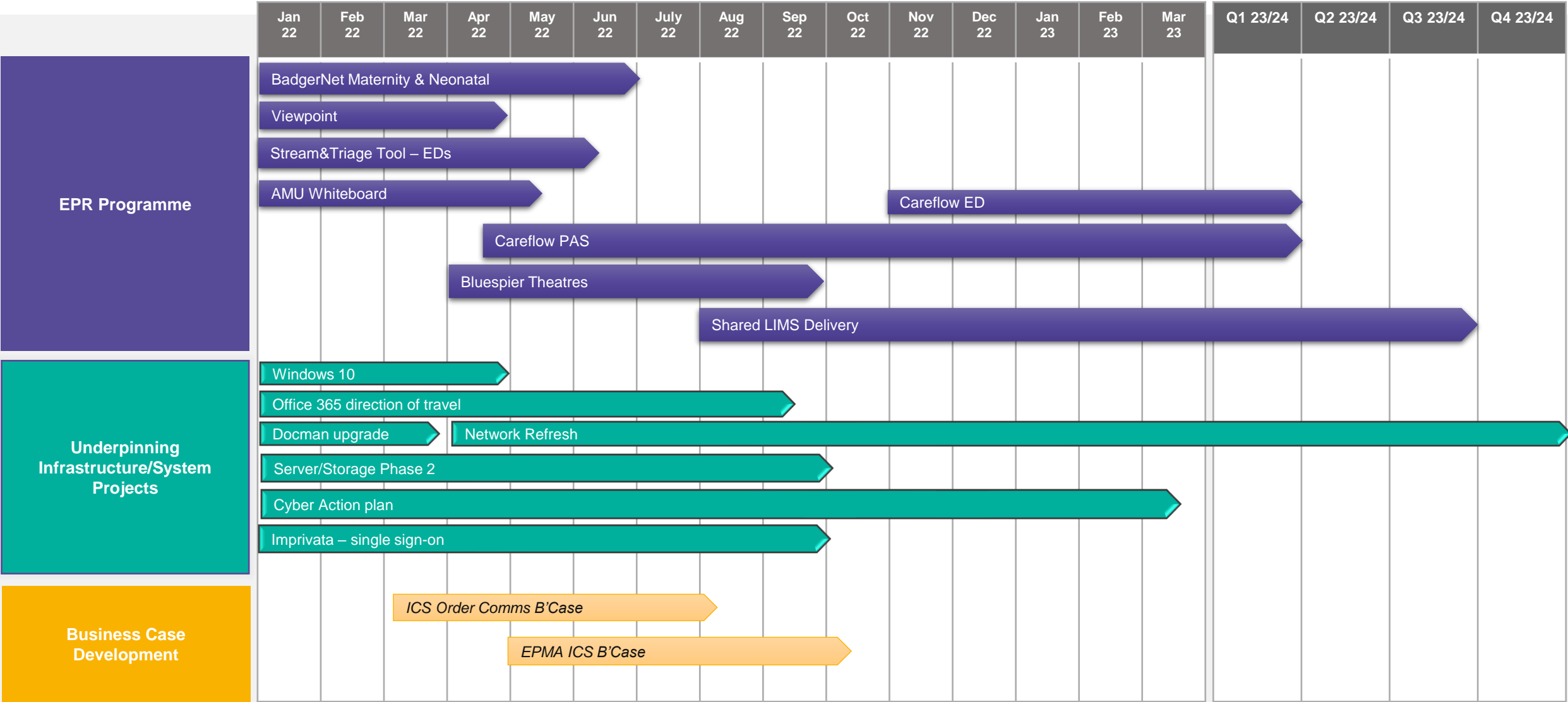
Offices at: Glasgow
T 0141 334 6161
F glasgow@dssr.co.uk

Harrogate
T 01423 520252
E harrogate@dssr.co.uk

London
T 020 8567 5621
E london@dssr.co.uk

Manchester
T 0161 872 4811
E manchester@dssr.co.uk

Digital Roadmap 22/23/24





**The Shrewsbury and
Telford Hospital**
NHS Trust

Workplace Travel Plan

(2019-2021)

Centre: Facilities Management
Programme: Travel and Transport
Date: January 2019

Document Control**Version History**

Version	Date	Author	Brief Summary of Change
0.1	30/3/2014	Alistair Baldwin	1 st draft
0.2	28/5/2014	Alistair Baldwin	Added work on disability and disabled access
0.3	12/6/2014	Alistair Baldwin	Incorporating changes suggested by Telford & Wrekin Council, adding bus network and cycle network maps
0.35	17/6/14	Alistair Baldwin	Adds A4C mileage rate changes, attribution of tables/figures
0.4	2/7/14	Alistair Baldwin	Additional work on disabled access
0.5	28/05/15	Alexander Ford	Additional amendments
0.6	17/8/15	John Ellis-Tipton	Some minor wording changes and questions raised to Alex Ford
0.65	24/08/15	Alexander Ford	Answers to issues raised and improvements/additional comments to action plans.
0.7	2/09/15	John Ellis-Tipton	Minor change to accord with SaTH structure
1.0	4/09/15	Alexander Ford Sophie Cole	FINAL - Changes made + additional comments added to action plan. Formatting
1.1	15/6/18	Tony Holt	Update for 2018 (reverts to draft)
1.2	23/08/18	Alexander Ford	Systra required updates
1.3	1/10/18	Tony Holt	Includes current state analyses Includes Sustainable Services section
1.4	8/11/18	Tony Holt	Includes: - update to staff parking demand analysis - input from Future Fit team - revised ES - revised travel hierarchy (appendix C) added
1.5	22/01/19	Tony Holt	Additional Future Fit information. Cycling accessibility moved to appendices
1.6	28/10/19	Alexander Ford	Telford & Wrekin Council Highway Dept changes

Contents

Executive Summary.....	4
Travel Survey	4
Objectives.....	4
Travel Plan Measures and Action Plan	4
Monitoring and Review	5
1 Introduction	6
2 Organisation Background.....	6
3 Travel Plan Background, description of issues.....	18
4 Survey results	21
5 Objectives and targets	28
6 Proposed Travel Plan measures	320
7 Action Plan.....	36
Appendix A - Staff Travel Survey Results 2018	
Appendix B - SaTH Travel hierarchy flowchart	
Appendix C - SaTH staff residential mapping	
Appendix D - Cycling accessibility to hospital sites	

Executive Summary

Supporting people in our local community to stay fit and healthy is at the heart of what we do at The Shrewsbury and Telford Hospital NHS Trust, and that includes helping our staff, patients and visitors to travel safely and sustainably to our hospitals. Our Travel Plan plays an important part in that. As one of the region's largest employers we have a responsibility to do what we can to promote sustainable transport, and we are successfully engaging with our staff to help them make the right choice when travelling to and from work. Wherever possible and practical, we encourage our colleagues to walk or cycle to work and many leave the car at home in favour of public transport. The benefits are huge, both for health and wellbeing and for the environment.

Over the past few years we've worked hard to create viable alternatives for staff travelling to work by car, particularly on their own, and we continue to work with local travel companies to offer discounts and incentives to make public transport an affordable and convenient choice. We also encourage our patients and visitors to use public transport, or walk or cycle if they are able, and we're working with local organisations to improve walking and cycling access to our sites.

Our hard work continues to be recognised, and in recent years we have received national recognition for our sustainable efforts. We were awarded an NHS Sustainability Award for Travel & Transport in 2016, and we have earned a Green Apple Gold Award for Built Environment for the work we do to improve our impact on the environment. The Travel plan is about looking to the future, and seeing what we can all do to support our communities to become more sustainable. By making just a small commitment to change the way we travel, even just once a week, we could make a big difference.

Travel Survey

A travel survey was initially undertaken in June 2011 to establish the current modal split of staff to the sites. These results formed the basis of the Business Case to create the Women & Children's Centre in 2014 and consequently the Travel Plans for SaTH. Additional travel surveys have been carried out on an annual basis, with the most recent in March 2018 for which 771 staff took part. 48% of responders were from RSH, 38% from PRH and the rest from other business units. A summary of the latest survey can be seen at Appendix B.

Objectives

The Trust is committed to achieving a number of goals with regards to travel planning, these have been described in the Travel and Transport Strategy (2012), The Good Corporate Citizen and five year Sustainable Development Management Plan (2014) and the planning consent for the WCC (2012). NICE Public Health Programme QS84 – Physical activity: encouraging activity in all people in contact with the NHS.

Travel Plan Measures and Action Plan

The original plan was developed in 2014 over a five year period. These measures are monitored and regularly reported by the appointed Travel Plan Coordinator (TPC), who is based within the Facilities Management team, overseen by the Trust's Logistics Manager.

Short, medium and long term measures have been designed to influence a modal shift from SOV car trips to more sustainable forms of transport. These include measures to encourage more walking, cycling, public transport use, motorcycling and car sharing modes.

Where motorised vehicle use is unavoidable we try to influence the choice of vehicle to a lower emission. There are also policy changes and a travel hierarchy in place to discourage SOV use. These travel options assist service users of the sites make responsible informed decisions on their best options of commuting to said sites, other than via a single occupancy car. The Travel Plan has been partially successful in reducing SOV, and further measures set out in Appendix A are intended to build on progress made. The plan has initially been extended for a further two years to cover the period anticipated prior to a period of significant site and service redevelopment. The implementation strategy and its timelines are set out in the action plan in Appendix A.

Monitoring and Review

Monitoring of the travel plan will take place regularly and an assessment of effectiveness reported to the Good Corporate Citizen Group, Workforce Committee and through that Committee to Trust Board. All monitoring will follow the most up-to-date Department of Transport and local authority guidance. Results of travel surveys will be submitted to local authority partners which will include a progress update on the implementation of the travel plan measures. The full monitoring regime is set out in Section 10.

1 Introduction

1.1 Workplace Travel Plan

- 1.1.1 The Trust is recognised as wishing to make improvements in how it manages Travel and Transport and its approach to sustainable Transport; this Travel Plan details how it manages traffic and transport issues at both main sites.
- 1.1.2 SaTH also acknowledges that it faces considerable issues with regards to both car parking and business mileage at the Trust, further justifying the travel plan. These are expanded upon in Chapter 3.

1.2 Policy

- 1.2.1 The Travel Plan is written to achieve national and local policy aims in accordance with local and national travel plan guidance, including the following:

Department for Communities and Local Government- National Planning Policy Framework (2012)

Department For Transport- Good Practice Guidelines: Delivering Travel Plans through the Planning Process (2009)

Department of Health- Delivering Healthy Local Transport Plans (2011)

NHS Sustainable Development Unit- Knowledge Briefing 1- What does a NHS 'Active Travel Plan' look like? (2009)

Low Carbon Travel, Transport and Access- Carbon Hotspots (2014)

Shropshire Council- Shropshire Local Transport Plan-Provisional Strategy (2011)

Telford and Wrekin Council- Telford and Wrekin Local Transport Plan Three (2011).

2 Organisation Background

2.1 Overview

- 2.1.1 The Shrewsbury and Telford NHS Trust runs the Royal Shrewsbury Hospital, the Princess Royal Hospital in Telford, midwife-led units in Bridgnorth, Oswestry and Ludlow. We also manage sites at Queensway Business Park, Severn Fields Health Village and William Farr House. These sites serve over half a million people in Shropshire, Telford & Wrekin and Mid Wales. The Trust's main locations are the Princess Royal Hospital (PRH) and Royal Shrewsbury Hospital (RSH). Together these provide 99% of the Trust's activity.
- 2.1.2 The Royal Shrewsbury Hospital opened in 1977. Since then it has undergone a major transformation of its facilities with a £25 million Treatment Centre opened in early 2005 and a new Cancer Centre that opened in September 2012.
- 2.1.3 The Princess Royal Hospital opened in 1989 and a new Women and Children's Centre opened on the PRH site in 2014.
- 2.1.4 Shrewsbury Business Park is located on the edge of Shrewsbury and houses a number of offices for local businesses; it was initially constructed in 2001, with an extension in 2008. SaTH have located back-office functions at the Business Park since 2010.

2.1.5 SaTH Trust employs nearly 6,000 staff. Additional workers include students, agency & bank staff, apprentices and volunteers.

2.1.6 The Trust has a turnover of around £360m and in 2017/18 saw 52,302 elective and daycase spells, 50,982 non-elective inpatient spells, 7,044 maternity and transfer admissions, 411,714 outpatient attendances and 111,332 accident and emergency attendances.

2.2 Site Assessment and Local Transport Context

2.2.1. Parking Charges

Visitor Charging

In March 2018 the Trust increased its rates for visitor parking. The Trust utilises an Automatic Number Plate Recognition (ANPR) system to identify vehicles that fail to comply the terms and conditions of parking on a Trust site.

The visitor charging system is as follows:

Table 1: Visitor parking charges from March-18

0-20 minutes	Free
20 minutes-2 hours	£3.00
2-3 hours	£4.00
3-4 hours	£5.00
Up to 24 hours	£8.00

There are also a wide range of concessions available, such as a multi-use pass. In addition, patients undergoing dialysis, radiotherapy and chemotherapy receive free car parking, as do Trust volunteers. Payment is made via the machine on exit or online up until midnight on the day of the visit. A parking charge system is in force for people who do not pay for their stays.

Staff Charging

The current charging system was changed in April 2018 and consists of a tiered salary-based system introduced in August 2014. No price increases were applied to Bands 1-3.

Table 2: Staff parking charges from Apr-18

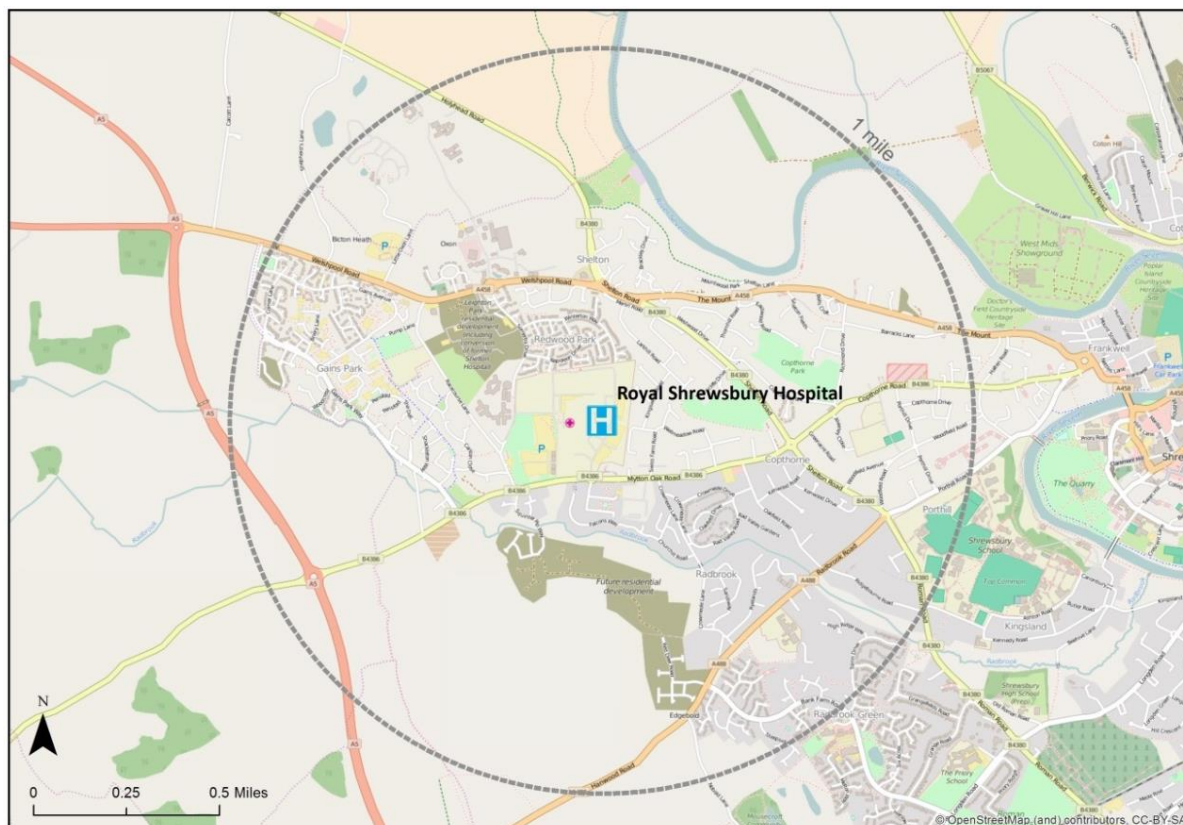
	Grade						
	1 to 3	4 to 5 F1/F2	6 to 7	8 a-c	8d,9 non A4C	Medical Registrar	Medical Consultants
% of Staff Permit Holders	35%	28%	17%	2.5%	0.5%	1.2%	4.6%
Daily (22 days per month)	£0.34	£0.55	£0.82	£1.09	£1.36	£1.09	£1.36
Month	£7.50	£12.00	£18.00	£24.00	£30.00	£24.00	£30.00
Annual	£90.00	£144.00	£216.00	£288.00	£36.00	£288.00	£360.00

The charges listed are detailed in W20.1 Policy for Staff Car Parking. Although the Trust reserves the right to review the price of car parking from time to time it has pledged that there will be no further price increases before 2021. Permit deductions are facilitated by the Payroll Department. An online staff permit application system was introduced in April 2018 and at the same time, permit restrictions were put in place. Today, staff residing within a one-mile radius of their hospital base, referred to as the 'exclusion zone', are not automatically entitled to a permit to park. Exemptions to this rule apply and staff are able to appeal if their life circumstances fit within the exemption criteria. Bank staff or temporary staff frequently purchase permits on a monthly basis. As at September 2018 there were approximately 5,200 car park permits in operation, including those held by students, agency & bank staff, apprentices and Trust volunteers.

2.2.2. Royal Shrewsbury Hospital

The Royal Shrewsbury Hospital is located on Mytton Oak Road (B4386) in Shrewsbury, located 0.9 miles east of the A5 and 2 miles west of the town centre. Figure 1 indicates the location of the hospital, and shows the one-mile exclusion zone

Figure 1: Location of Royal Shrewsbury Hospital (Source: OpenStreetMap)



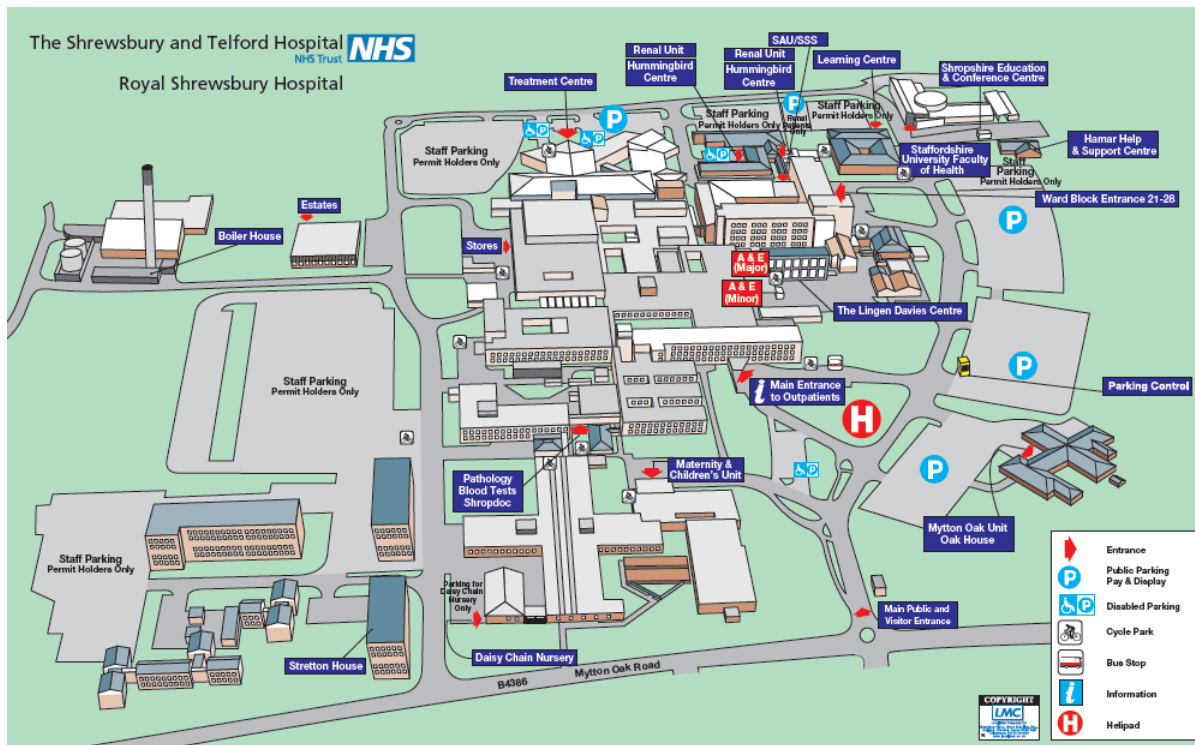
Car Parking

Car parking at RSH is split in a ratio of 72:28 (staff:visitors) with the primary areas for visitor car parking being at the east of the site and the staff car parking at the west. There is an area to the north of the site where visitor and staff parking intersect; this is shown in figure 2.

Table 3: Car Parking at RSH

RSH Parking allocation	Parking Spaces
Staff	1,137
Staff Car Share spaces	24
Patient and Visitor	358
Blue Badge Spaces	83
Total	1,602

Figure 2: Car Parking Map at RSH



Access and Local Highways

Mytton Oak Road lies to the south and provides both of the vehicle entrances to the site. The main access for visitors and ambulances is the eastern most entrance, while the main access for staff is further to the west. Further west lies the A5 dual carriageway. A number of separate organisations share the site with the RSH; Rooftops accommodation, Daisy Chain Nursery, Shropshire and South Staffordshire Healthcare NHS Foundation Trust (Oak House), Shropshire Education and Conference Centre and Staffordshire University Faculty of Health.

The Redwoods Centre, a hospital run by Shropshire and South Staffordshire Healthcare NHS Foundation Trust, is located to the west of the hospital, as well as the Mytton Oak GP surgery. The north east is flanked by housing with no road access to the site, but can be accessed by public footpaths. In the south a new major housing estate has been developed which has increased traffic on the Mytton Oak Road.

Public Transport: Bus

Prior to 2017, one bus stop located directly outside the Outpatients department served by the number 11 bus. In 2017, the Trust opened a second bus stop to the Treatment Centre at the north side of the sight, and service provider Arriva now extends the service to the extra stop during the week between core times of 09:00 to 15:00 hours. All other buses are served by stops outside the hospital on Mytton Oak Road. There is no Sunday bus service.

Table 4: Bus routes into RSH

Route	Daily Frequency	First-Last Bus
-------	-----------------	----------------

11 Gains Park - Royal Shrewsbury Hospital Outpatients stop & Treatment Centre - Shrewsbury – Monkmoor.	86	06:52 - 20:01
558 Montgomery - Brockton – Worthen - Royal Shrewsbury Hospital - Shrewsbury	8	08:16 - 17:59
552 Stiperstones - Shrewsbury	14	07:48 - 17:23
553 Bishops Castle - Shrewsbury	9	08:18 – 17:52
X75 Rhayader – Llanidloes – Newtown – Welshpool - Shrewsbury	11	08:24 - 16:12
12 Shrewsbury – Porthill - Radbrook College - Kingswood Estate	16	09:36 - 16:36
70/70a Oswestry-Whittington- West Felton- Nesscliffe- Mountford Bridge-Welshpool Road,Oxon Priory stop– Shrewsbury	42	07:22 - 18:35

Public Transport: Rail

The train station is based in Shrewsbury town centre. Trains run regularly between Shrewsbury to Wellington and Telford Central. Nb the first train from Shrewsbury on a Sunday is 08:10 and the first train from Wellington to Shrewsbury is 10:57.

The Royal Shrewsbury Hospital is approximately a 45 minute walk from the train station or approximately 15-20 minute cycle ride. Although the station provides cycle racks, these are not in a secure cycle hub unit.

Typical train journey times are as follows:

- From Shrewsbury to Wellington (suggested PRH stop) takes between 12 - 14 minutes.
- From Shrewsbury to Chester takes 50 minutes.
- From Shrewsbury to Hereford takes 54 minutes.
- From Shrewsbury to Crewe takes 34 minutes.
- From Shrewsbury to Wolverhampton takes 48 minutes
- From Shrewsbury to Birmingham can take up to 57 minutes.

The Bus station is a five minute walk from the railway station.
Taxis are available directly outside and opposite the train station.

Walking and Cycling access

There are seven walking access points to the site. There are footpath entrances from adjacent housing areas at the North, North-East and North-West of the site. Pedestrian access is also possible from Racecourse Lane to the West. The primary access points to the hospital buildings themselves for staff are by the Pathology block on the West side, the Treatment Centre to the North, and the Ward entrance on the North West side.



There are two main cycling entrances to the RSH, both via the vehicular accesses from Mytton Oak Road. The road links to a town-wide set of cycle lanes, installed as part of Shrewsbury's status as a Cycling Demonstration Town.

For visitors who may be accompanied by young children or using a pushchair or buggy, there is step-free access from Mytton Oak Road to the site and all paths can comfortably accommodate the width of a wheelchair or buggy.

Disabled Access

The Trust provides a number of Blue Badge spaces (83) around the site, located proximate to the main entrances to the Hospital (A&E, Treatment Centre, Renal Unit, Outpatients). These are designed such that disabled service users are not inconvenienced in accessing services. From each disabled Blue Badge Space there is a stepless access to the nearest Hospital entrance, typically provided through the use of a drop kerb.

The majority of the drop kerbs around the Hospital Site have blister paving, facilitating access for the visually impaired. There is step-free access from the Mytton Oak Road entrance to the site to the Outpatients entrance and through this, to the rest of the Hospital site. Where there are changes of level within the Hospital structure itself, these are accounted for by lifts in the ward block and Outpatients, eliminating the need for the mobility impaired to use the stairs provided.

Signage around the site is designed to be legible and accessible in accordance with NHS guidelines. The Travel Plan Coordinator undertakes regular audits of the site, with a particular focus on accessibility. These audits have identified a number of small-scale issues relating to the camber of blister paving, maintenance of pavements and upkeep of road markings. A remedial program of works is ongoing although dependent on capital funding.

Cycling Facilities

RSH has 15 sets of bicycle racks, located around the site; these are located on Figure 3. These are almost all Sheffield stands; however there remains a legacy 'wheel bender' stand with 10 spaces, which primarily function as overspill. Nine of the bike racks are covered providing shelter for 90 cycles, 16 spaces are totally secure via 2 units. There are a further 4 sets of bike racks owned by other organisations on the site with 32 spaces being provided by Rooftops accommodation. The total capacity for bicycles on the RSH site is 198 at any one time.

Shower and changing facilities

RSH has several shower and changing facilities for staff, the main unit being the Staff Gym. Other areas include; Maternity, Theatres, Endoscopy and Treatment Centre.

On Street Parking

The residential areas proximate to the hospital are Cala Homes, Redwood, Kingswood and Bowbrook. With the exception of Cala Homes, parking enforcement in these areas is managed by Shropshire County Council. Various “*No hospital parking*” signs are currently in place around the residential areas. Whilst public roadside parking is for public use, staff are required to maintain reasonable consideration for local residents at all times.

2.2.3. Princess Royal Hospital

The Princess Royal Hospital (PRH) is located at the junction of Whitchurch Drive and Grainger Drive in the district ward of Leegomery, close to Wellington town centre. It is around 5 miles from the centre of Telford or 1 mile from Wellington town centre. Figure 4 indicates the location of the hospital and one-mile exclusion zone

Figure 3: Location of Princess Royal Hospital



Source: OpenStreetMap

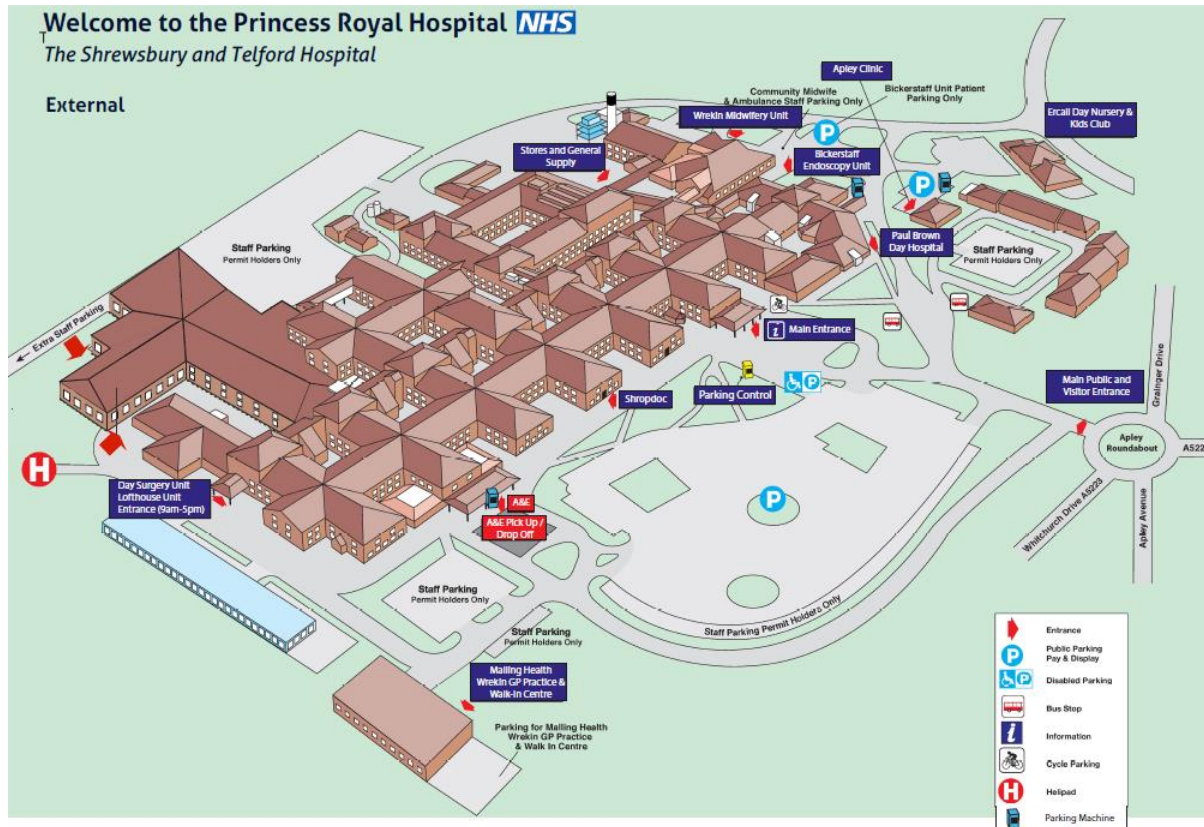
Car Parking

Car Parking at PRH is split in the ratio of 75:25 (Staff:Visitor). Visitor parking is provided at the South of the site, outside the main Outpatients entrance and by A&E. An additional 100 visitor spaces are also located by the Women & Children's Centre (WCC).

Table 5: Car parking at PRH)

PRH Parking allocation	Parking Spaces
Staff	1078
Staff Car share spaces	14
Patient and Visitor (shared with staff)	325
Blue Badge Spaces	34
Total	1,451

Figure 4: Car Parking Map at PRH



Access and Local Highways

Whitchurch Drive runs to the west of the hospital, it is a dual carriageway also known as the A5223. It converges with Apley Avenue and Grainger Drive at a roundabout directly to the south of the hospital, which provides the primary entrance for visitors and ambulances. A further access point is provided from Grainger Drive, further to the east, this is typically used to access the staff parking areas.

To the north of the hospital is the small residential area of Apley Castle, which borders Apley woods that run around to the north-east of the site. To the east and south of the hospital, there are housing estates. To the west is Charlton School.

Public Transport: Bus

The nearest bus stops/shelters are located on the site, around 100m from the main Outpatients entrance to the hospital. They are located either side of the road, to accommodate buses going to/from Wellington town centre and provide shelter to waiting passengers. The number 4 bus service provides a 7 day a week service to the hospital.

Table 6: Bus routes to PRH

Services passing Princess Royal Hospital	Daily Frequency	First-Last Bus
4 Hadley, Muxton, Donnington made via Wellington or other areas via Telford)	124	07:00 - 23:02
15 Shawburch to Telford via Hadley	18	09:14 - 18:14
16 Arlestone, Wellington, Hadley and Telford	8	11:16 - 15:16

Public Transport: Rail

Train Stations are situated in Wellington, Oakengates & Telford. Wellington station is the closest to the Hospital; trains run regularly between Wellington and Telford Central. The Hospital is approximately a 20 minute walk from Wellington Station or a 5 minute cycle ride. Although the station provides cycle racks, these are not in a secure cycle hub unit.

Taxis are available outside the station and the Bus Station is in walking distance.

Trains times:

- From Shrewsbury to Wellington trains take between 12 to 14 minutes.
- From Oakengates to Wellington trains take 5 minutes.
- From Telford to Wellington trains take between 6 to 8 minutes
- From Wolverhampton to Wellington trains take 34 minutes
- From Newtown (Powys) trains take approximately 1 hour 15 mins

Walking and Cycling access

Pedestrian access to the site is from the Silkin Way, Apley Roundabout and Grainger Drive. The primary entrances for staff by foot are through Outpatients Main entrance, the Day Surgery Unit and the rear entrance running parallel to the Pathology department.

The main cycle access route for PRH is the Silkin Way, which runs to the North of the Hospital site. This access was formalised by Telford & Wrekin Council in 2011, providing access to the Hospital from the National Cycle Network. Another traffic free cycle route/bridleway runs from the South of the Hospital through Apley to Wellington. Currently this route is not signposted.

For staff or patients who may be accompanied by young children or with a buggy or wheelchair, entrances to the site from Whitchurch Drive and Grainger Drive are both step-free, with drop kerbs positioned to facilitate crossing roads where applicable.

Disabled Access

The Trust provides a number of Blue Badge spaces (34) around the site, located proximate to the main entrances to the Hospital (Outpatients and Day Surgery Unit). These provide a step-free access to Hospital services.

The site is located on flat land, limiting the number of changes in level and drop kerbs that are required. The majority of the drop kerbs around the Hospital Site have blister paving, facilitating access for the visually impaired. The drop kerbs themselves provide access for the mobility impaired and are provided at all entrances to the Hospital, road access points and various other points (such as car parks). Signage around the site is designed to be legible and accessible in accordance with NHS guidelines. The Trust and Travel Plan Coordinator undertake regular audits of the site with a Patient Experience and Improvement Panel (PEIP) representative, with a particular focus on accessibility.

At PRH, these audits have identified the potential to improve access for wheelchair users from the Silkin Way entrance, which would then link with the rest of the site. This has now been facilitated through creating a flat pavement surface and improving the signage, integrating it with the remainder of the Hospital. In the Women and Children's Centre, different clinical areas are painted in different colours, to facilitate navigation by the visually impaired.

Cycling facilities

There are six sets of bike racks at PRH. These are located on Figure 6. We have two secure cycle covered shelters, one providing 40 cycle spaces and the other 20 cycle spaces. We also have two non-secure cycle shelters that have 12 & 8 cycle parking spaces. Additional infrastructure consists of Sheffield Stands. The total capacity is 94 cycles. PRH has several existing showering and changing facilities for staff including the Staff Gym, Endoscopy, Theatres, Anaesthetics on Call, Therapy, Day Surgery, Pathology, and a shower and changing facility was recently completed in the centre of the hospital, located by Pharmacy.

On Street Parking

The hospital is surrounded by Apley Castle, Apley and the Kingfisher estates. There are no parking controls currently in place in these areas and parking is managed through Telford and Wrekin Council.

2.3. Existing Staffing Levels

Table 7: Staffing levels

Site	FTE	Headcount	
	2018	2015	2018
Bridgnorth Maternity	12.44	17	16
ICAT	12.98	14	14
Ludlow Community Hospital	11.59	21	16
Severn Fields Health Village	18.83	0	26
Oswestry Maternity	9.98	20	15
PRH	2158.9	2478	2556

Site	FTE	Headcount	
	2018	2015	2018
QBP	42.48	29	47
RJAH	4	4	5
RSH	2603.5	2866	3021
William Farr House site	45.57	42	57
SBP	118.89	125	133
Whitchurch	1.43	3	2
Volunteers at RSH		500	400
Volunteers at PRH		500	500
Grand Total	4777.69	6619	6808

* Headcount figures include by part time or zero-hours bank staff and volunteers

2.4. Reconfiguration of Services

As part of moves to better integrate the services provided by the Trust and to improve the infrastructure of the Trust, the local Health Economy embarked on a Sustainable Services Programme, known as 'Future Fit' commissioned by Shropshire and Telford & Wrekin Clinical Commissioning Groups. An independent project team published an Outline Business Case for reconfiguration options in 2017 and has recently completed the public consultation stage. The Future Fit Travel and Transport Group, with representation from all key stakeholders in Shropshire, Telford & Wrekin and Powys, has recently issued a Travel and Transport Report and Mitigation Plan which considers the 'existing significant transport challenges experienced by local residents, including those in more rural locations'. Priority areas examined were:

- Travel and transport times
- Access to transport
- Availability to transport
- Parking
- Hospital appointments

The Group has recommended a 'comprehensive collation of all public transport service provider routes across Shropshire, Telford & Wrekin and Powys to enable a collaborative approach', and the Mitigation Plan includes qualitative assessments of ambulance modelling, bus access, appointments times and public awareness.¹

3 Travel Plan Background, description of issues

3.1 Existing Transport Policies and Transport at SaTH

The Trust has an existing Travel and Transport Strategy, written in September 2012. These policies were informed by a series of reports carried out by Richard Armitage, TAS and Gfleet. There have also been Fleet Reviews carried out by the Energy Saving Trust in 2009, 2011, 2013 and 2018.

As part of the development of the WCC, the Trust produced a Travel Plan relating to the new development in 2012; this was written by PTB Consultancy.

¹ Source: Future Fit Travel and Transport Report, December 2018

3.2 Responsibility for Transport at SaTH

The Trust has HR policies relating to Transport; these are W20.2 Lease Car Scheme Policy, W20.3 Reimbursement of Travel, Accommodation and Subsistence Expenses and W20.5 Policy for Staff Car Parking.

The car parking permit scheme is administrated through the Facilities Management department, who also manage the external contract for the car parks (currently contracted to CP Plus). The lease car and pool car schemes are run through the Vehicle Leasing Manager, who works in the Facilities Department.

General responsibility for walking, cycling, car sharing and public transport initiatives rests with the Travel Plan Coordinator. There are also transport-related areas such as Non-Emergency Patient Transport (NEPT) Service (financed by the CCG) and the Healthcare Travel Costs Scheme, run by SaTH, but are not integral to the Travel Plan.

3.3 Description of Issues

3.4.1 Parking

There is demand in excess of capacity across the Trust of up to 300 cars at peak times (nominally observed Tuesday-Thursday). Around 230 of this excess is at RSH, with the remaining 60 at PRH. At both sites, there is frequent ad-hoc parking on verges, access roads and on pathways.



The ad-hoc parking presents a number of problems for SaTH. It often represents an obstruction for pedestrians and a trip hazard for visually impaired users of the site and bars access from portions of the sites to those in a wheelchair.

Bus services, delivery vehicles, ambulances and other emergency services can also find it challenging to access the site, affecting effectiveness in an emergency situation.

In addition to this, it has a negative effect on green areas and the estate in general, causing erosion and destroying flowers and plants. When ad-hoc parking goes unaddressed, it leads to the normalisation of poor parking habits as it is tacitly accepted, and making the encouragement of modal shift more difficult.

Whilst staff occupy the majority of the parking spaces at SaTH, they do not contribute the majority of the revenue derived from parking. This inequitable solution has a negative impact on the public image of the Trust.

3.4.2 Business Mileage

The Trust reimburses staff for miles travelled in the course of business at the level of national Agenda for Change rates.

Table 8: Current AfC reimbursement rates

Rate	Charge (per mile)
Business mileage up to 3,500 miles per year	£0.56

SaTH Workplace Travel Plan

After 3,500 miles per year	£0.20
Reserve Rate	£0.28
Motor cycle	£0.28
Pedal Cycle	£0.20
Additional Passenger (Carshare)	£0.05

The Trust pays for lease cars at £0.11p/mile to cover fuel costs, currently these are assigned to staff members who are required to cover more than 3,500 business miles per year.

Additional to this is relocation mileage (where the main base of work has been moved) paid at locally agreed rates. However, the majority of business travel is at the top rate of mileage charges.

The Trust has a fleet of 61 pool cars, which are assigned to individual departments. The fleet consists of 7 vehicles where personal cars would not be suitable for the jobs undertaken (such as the catering van). The fleet provides an alternative to private vehicles for business-related journeys, cutting business mileage costs. The Trust is currently implementing a telematics system and centralised booking system to ensure pool vehicles are utilised as effectively as possible.

Business travel amounted to a spend of around £850k in 2017/18. According to a recent review by the Energy Saving Trust, although there has been some improvement in recent years, business miles have doubled since 2008 overall. While some of this is due to service relocation, in the main growth has been organic. This is compounded by inconsistent line management approaches to travel expenses.

This mileage also undermines the Trust's environmental initiatives, annually contributing 322 of tons of CO₂ to the atmosphere. This represents around 2% of Trust building CO₂ emissions.

4 Survey results

4.1 Staff Survey

- 4.1.1 In 2010/11 a staff survey was commissioned by SaTH and analysed by TAS Partnership. While the numbers of staff employed by the Trust have increased over the intervening period the results are still expected to hold true in 2018.

The 2018 online questionnaire was designed and made available for staff at the SaTH, through global emails, links on the Trusts intranet and payslip message. Access to the survey was not limited to the Trusts own computers and staff could fill in the survey via on any online device.

- 4.1.2 The response rate for the survey was 13% (771 staff responses), which is in line with what is expected for such surveys and provides an acceptable sample size to discuss results.

4.2 Modal Split

Table 9: Travel modes of staff from Travel Surveys.

Travel mode	Mode Share %		
	2011	2015/16	2018
Walk	4.7%	7.8%	7.8%
Cycle	1.3%	5.5%	3.8%
Cycle/Train	not recorded	0.6%	0.3%
Bus	1.6%	2.8%	3.1%
Train	1.2%	1.2%	0.4%
Motorcycle	0.1%	0.3%	0.4%
Lift in car that than goes elsewhere	not recorded	not recorded	0.6%
Taxi	not recorded	not recorded	0.5%
Car Share	4.6%	3.3%	5.3%
SOV-Single Occupancy Vehicle	86.5%	73.1%	77.8%

With the launch of the online staff car parking permit system, the Trust's travel Plan Coordinator has developed measurement methodology identifying that 74.4% of our staff access the site via car². Of these, around 93% of these vehicles are single occupancy (SOV) driven³. There is a strong indication, through the trust's annual staff travel survey that SOV is linked to the area's rurality and the relative lack of public transport options. The introduction of a formalised car-sharing network has not had the uptake hoped for and whilst the convenience of SOV outweighs the cost, it is the most difficult to modal shift to influence. Cycling and walking are big potential mode transfers from car travel and the applicability of these modes will be discussed further within this document.

² Source: SaTH staff travel survey 2018

³ Source: SaTH workplace traffic survey January 2019

4.3 Staff Locations

- 4.3.1 These are attached in Appendix C. A number of conclusions can be drawn from this data. The most obvious conclusion (corroborated by the cycling and walking data below) is that there is a significant minority of members of staff who live within extremely close proximity to the hospital and continued to use SOVs to get to work. The introduction of the hospital exclusion zones had hoped to address this. However, it also indicates that a large proportion of staff live a considerable distance from their base of work in this largely rural county, making non-SOV options challenging to provide.
- 4.3.2 What is additionally indicated is that the relative proximity of people to their workplace is site-specific, that is that PRH and RSH have differing numbers of members of staff in their immediate vicinity. This is again further illustrated below. This is primarily a function of the differing urban structures of the two towns in which the hospitals reside. Shrewsbury is an older, denser town, with a large area of green belt preventing development on its edges which is increasing. The consequences of this are that staff members live in a smaller spatial area around the hospital.
- 4.3.3 In contrast, Telford was primarily constructed in the 1960s and later, although there are areas of original villages now forming part of the conurbation. Owing to the date of its construction, the housing is generally of a lower density, and arterial roads are the primary means of travel. This means that staff living in Telford, generally live further from PRH than those in Shrewsbury live from RSH. Correspondingly, this creates problems when considering the promotion of active travel at the Trust and this is considered in section 8.

4.4 Cycling and Walking

- 4.4.1 **Methodology**
Department for Transport (DfT) core accessibility indicators were obtained for each home address postcode. An assumption was made that cycle speeds are 16kph and walk speeds are 4.8kph. Walk times were factored from the cycling times using the walking average speed. We did not separately review accessibility by people combining walking with use of public transport because we wished to concentrate solely on people completing their journey to or from work by walking.
- 4.4.2 From the postcode accessibility database both for the cycling and walking accessibility figures were entered into a geographical information systems (GIS) computer programme to map both staff locations. A number of different colours have been used to indicate journey to work areas of common journey time. As a final step, we used our mapping software to count the number of employees living in designated journey times.
- 4.4.3 **Royal Shrewsbury Hospital**
Cycling and walking accessibility figures for the Royal Shrewsbury Hospital are shown in tables 10 and 11. These show the number and proportion of staff who can reach the site in the given time.

Table 10: Cycling Journey Time to Shrewsbury Hospital by Employee

Journey Time	Total Number of Employees	Cumulative Employees	% of Total Employees	Cumulative % of Employees
0-5	306	306	10	10
5-15	351	657	11	21
15-25	567	1024	18	39
25-35	418	1442	13	52
35-45	338	1780	11	63

Table 11: Walking Journey Time to Shrewsbury Hospital by Employee

Journey Time	Total Number of Employees	Cumulative Employees	% of Total Employees	Cumulative % of Employees
0-5	85	85	3	3
5-10	76	161	2	5
10-15	145	306	5	10
15-20	110	416	3	13
20-25	0	416		13
25-30	95	511	3	16
30-40	104	615	3	19

4.4.4 Princess Royal Hospital (Telford)

Cycling and walking accessibility figures for the Princess Royal Hospital are shown in Appendix E These show the number and proportion of staff who can reach the site in the given time.

Table 12: Cycling Journey Time to Telford Hospital by Employee

Journey Time	Total Number of Employees	Cumulative Employees	% of Total Population	Cumulative % of Employees
0-5	169	169	10	10
5-15	304	473	18	28
15-25	213	686	12	40
25-35	179	865	10	50
35-45	352	1217	20	70

Table 13: Walking Journey Time to Telford Hospital by Employee

Journey Time	Total Number of Population	Cumulative Employees	% of Total Population	Cumulative % of Employees
0-5	42	42	2	2
5-10	83	125	5	7
10-15	44	169	3	10
15-20	73	232	4	14
20-25	32	264	2	16
25-30	18	282	1	17
30-40	171	453	10	27

Source: data in Tables 10-13 from Task Note 3: Walking, Cycling and Public Transport Accessibility Planning, The TAS Partnership, 2011)

Figures 6 to Figure 11 on the following pages provide a geographic representation of staff home postcodes within reasonable walking and cycling journey times for those staff based at RSH and PRH.

4.5 Public Transport

- 4.5.1 As mentioned in Section 2, both Trust sites are served by bus routes provided by Arriva. As part of the travel survey, GIS was applied to postcode location data supplied by staff, to evaluate how many staff lived within a certain distance of what was considered the primary bus route to the Hospital (the 1 at RSH and the 44 at PRH). There is debate about what the 'true' maximum distance is that people are typically willing to walk from a bus stop to work or shop, but there is at least some evidence that it is highly context-dependent and not an absolute figure. Therefore, in this analysis figures of both 350m and 700m were used.

Table 14: Access to bus routes - RSH

Distance from Bus Route	Total Number of Employees	Cumulative Employees	% of Total Population	Cumulative % of Employees
350m	505	505	16	16
700m	721	1226	23	39

Table 15: Access to bus routes - PRH

Distance from Bus Route	Total Number of Employees	Cumulative Employees	% of Total Population	Cumulative % of Employees
350m	293	293	17	17
700m	483	774	28	45

Source: data from Task Note 5: Public Transport Links, The TAS Partnership, 2011

- 4.5.2 These results lie broadly in line with what was concluded with regards to cycling and walking in Shrewsbury and Telford. The inherent urban structure of Shrewsbury and its density mean that it is better placed to have a greater number of members of staff take public transport to work. While to some extent this is a function of the routes of the buses themselves, the overall structure of the urban areas is the key factor.
- 4.5.3 The ultimate impact of these geographical differences is significant. It means that deriving a single Trust Travel Policy is challenging, particularly with regard to cycling, walking and public transport. In reality, the site-specific challenges and opportunities posed by PRH and RSH require a thorough and ongoing investigation and analysis by the Travel Plan Coordinator, to ensure that any new areas of potential are pursued. While this will to some extent be discussed in section 8 under work around Active Travel, it means that the Trust must understand that an agglomeration and homogenisation of the travel problems facing it are overly simplistic.
- 4.5.4 Fortunately, the early identification of the differing needs of the sites and a dedicated Travel Plan Coordinator enables a bespoke approach to each site, recognising their fundamental differences, while encapsulated within the overall Travel Plan.

4.6 Sustainable Services Programme

- 4.6.1 The Trust is undergoing a major transformation of services (the Sustainable Services Programme- SSP) across both of its hospitals (RSH and PRH) which involves moving to a single Emergency Department at one of the sites, and a re-planning of acute services across both sites. One of the existing hospitals will become an Emergency site and the other a Planned Care site. The Clinical Commissioning Groups' preferred option is for RSH to be the Emergency site and PRH to be the Planned Care site; however this is subject to the approval of a Decision Making Business Case (DMBC) which follows the recent public consultation led by Future Fit.
- 4.6.2 The SSP project will involve a reconfiguration of clinical services across the two hospital sites with corresponding changes to workforce and patient flow. This is anticipated to have an impact on the way in which patients and staff access both of the sites and the way in which staff move between the sites, with corresponding requirements for car parking and potentially other means of transport.
- 4.6.3 The SSP project is still at an outline planning stage, and it is not yet confirmed which services will be at which site. A clinical model has been developed along with an initial workforce plan, and some high level block plans showing the potential development required at each site. Once the Decision Making Business Case (DMBC) is approved and the chosen option is confirmed the Trust and its advisors will work up the redevelopment to a further level of detail. This will include an initial view of staff and patient numbers at each site, and the potential impacts on highways, parking, and public transport. It is anticipated that this work will be undertaken by the Trust, supported by its advisors, designers, and an external transport consultant.
- 4.6.4 Prior to any development taking place a full planning application will need to be submitted and approved by the local authority, which will set out all of the above in detail. One of the likely conditions of this approval is the need for a fully up to date sustainable travel plan to be in place prior to occupation of the building(s).

The SSP team, together with Estates colleagues are undertaking a review of options to meet the future parking needs on both sites following reconfiguration.

4.6.5 Under SSP the patient activity is anticipated to be approximately:

- Emergency site = 500,000 patients per annum (includes Inpatients, ED, UCC, OPA, Paediatric daycase, and W&C)
- Planned Care Site = 380,000 patients per annum (includes Inpatients, UCC, OPA, and Adult daycase)

At the time of writing, there has been no definitive workforce plans published by Future Fit.⁴

4.7 Car Park Analysis – External report

4.7.1 An initial transport study was commissioned by the Trust in 2016 from JMP (now Systra) which set out the current position and the potential impacts of the options being considered.

4.7.2 In relation to car parking this report showed that at the time of the report there were 1742 spaces at RSH with a current demand of 1701 spaces; and 1336 spaces at PRH with a current demand of 1345 spaces (although these current demand assumptions do not correspond with The Trust's own analysis which can be seen in s4.9). In the Trust's current proposed option (Option 1/ C1) there is an increase in trips to site associated with RSH becoming the emergency site which increases the demand to 2051 spaces, an increase of 409 spaces. In addition to this with the OBC stage plans the new development displaces 96 spaces (noting that this is subject to change as the build solution develops). There is a projected reduction in car parking requirements at PRH.

4.7.3 The proposed solution in the draft OBC is to construct a new multi-storey car park at RSH on the existing surface car park to the west of the site (near Estates). As a working assumption it has been assumed this will provide 155 spaces per storey, and needs to allow for the fact it is constructed on an existing car park which displaces 155 existing spaces. The transport study recommends the multi-storey car park provides 660 spaces across 4 storeys (8 No. half decks); although further work has shown this could potentially be reduced to approximately 540 spaces, although the numbers continue to need to be refined. The car park would have 2 No. Vertical Circulation Cores (stairs), 2 No. 13 Person passenger lifts, and be of split deck construction.

4.7.4 All of the above is based on the transport position when the report was written and is therefore subject to validation of the demand assumptions and improvement if the various transport initiatives described elsewhere within this Travel Plan were to be implemented.

4.7.5 The above numbers represent the totality of spaces (staff and public). Further work needs to be done to determine the precise split of each and to then review which car parks were allocated to whom. SSP and Estates will be leading this work, liaising closely with the Trust's Transformation Lead

⁴ Source: Future Fit Consultation findings Dec-18 (p.9) <https://nhsfuturefit.org/key-documents/consultation-findings/586-summary-of-key-stakeholders-responses/file>

4.8 Travel impacts of reconfiguration

Junction Analysis

- 4.8.1 Expert detail with respect to vehicle flows, queuing and delays, public transport/active travel infrastructure and residents survey are to be provided by the Transport Consultancy Specialist to be commissioned by the SSP.

4.9 Car Park Analysis

- 4.9.1 Service changes prior to FutureFit. There are a number of planned service changes which have been assessed for the impact to on-site parking requirements by the Sustainable Services team:
- Fertility service moving from RSH to Sundorne – 30 staff + approx 20 patients per day
 - Ophthalmology relocation to Copthorne-captured in data above
 - UCC/CDU works at PRH – no additional activity assumed
 - Fire works in ward block at RSH – no additional activity assumed
 - Linac replacement (Lingen Davies grant) rolling programme – no additional activity assumed
 - Macmillan info building - RSH car park - no additional activity assumed
 - Expanding Haematology waiting area in O'Connor suite -no additional activity assumed
 - Duct works at RSH - no additional activity assumed
 - Clinic 6 RSH Colposcopy upgrade - no additional activity assumed
 - Ward 35 Copthorne Building- no additional activity assumed
 - Mytton Oak Building RSH - no additional activity assumed and access to car parking spaces currently used by mental health trust

Note: whilst no additional activity is assumed as a direct result of some of these works, there is an assumed 2.8% (nationally advised) increase in activity each year. Predicted growth by speciality will be looked at in more detail at the Decision Making Business Case stage of the Sustainable Service Programme.

- 4.9.2 The current peak staff car parking demand can be over 100 vehicles at RSH and up to 80 vehicles at PRH at 10am. There is also a rise in demand due to the shift hand-over time, resulting in both night shift and day shift staff having their vehicles on site simultaneously between 2-3pm. Travel planning must use peak demand figures irrespective of in-day or in-week variation, although adjustments to service scheduling would be effective in reducing demand variation.

Figure 5: Space monitoring RSH (Mon-Fri)

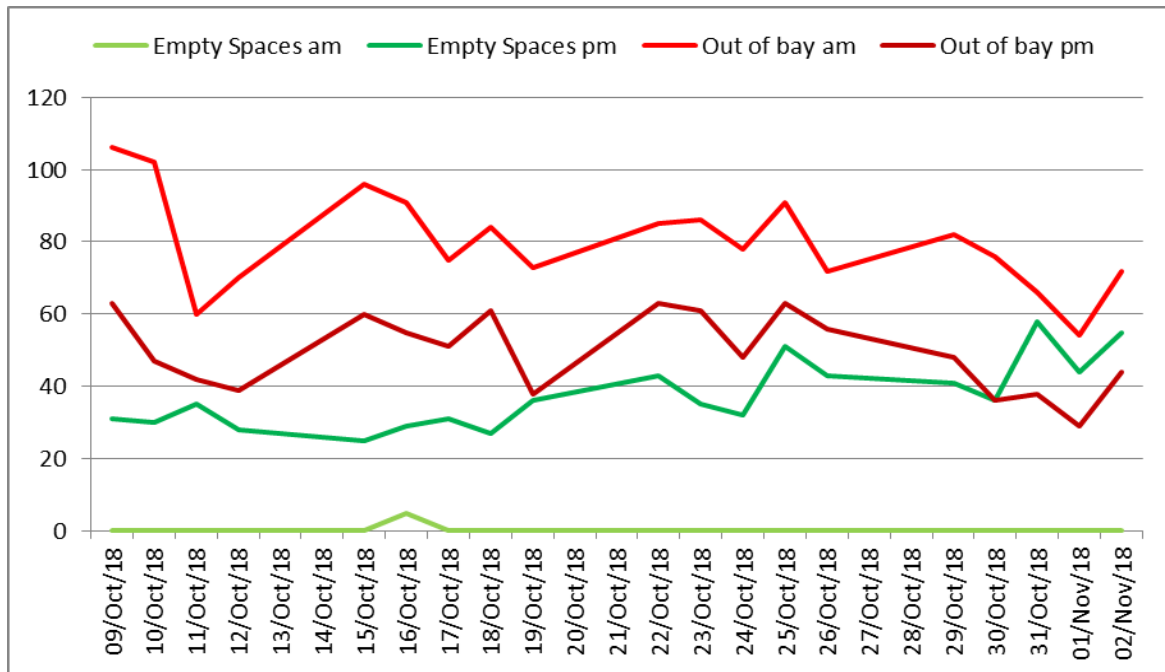
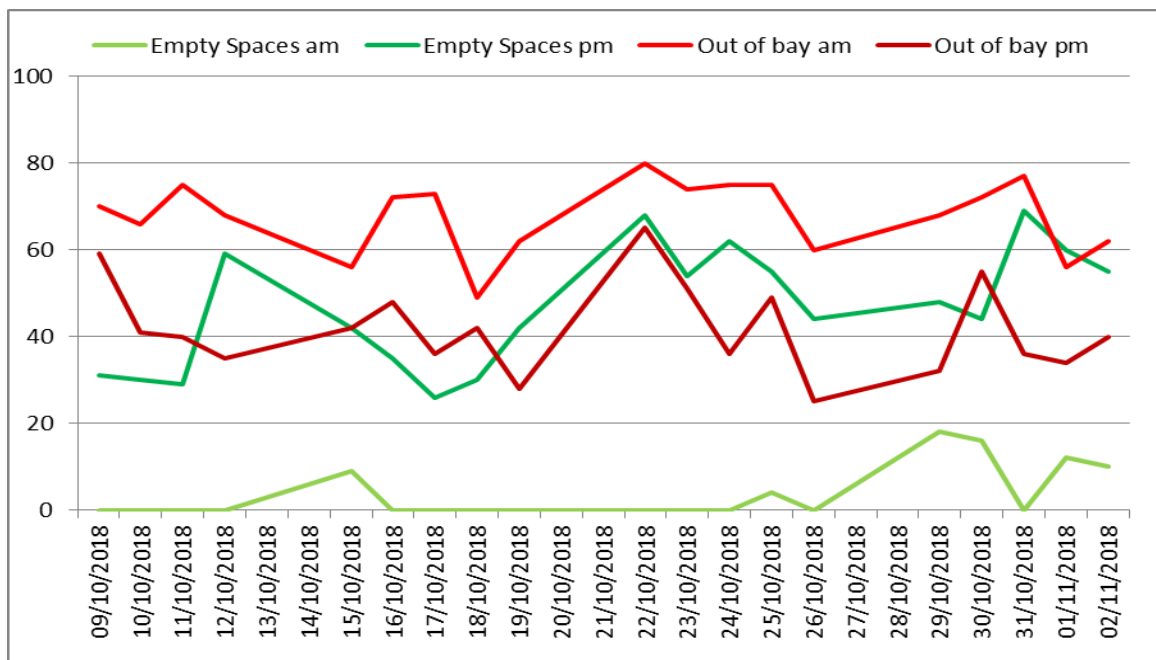


Figure 6: Space monitoring PRH (Mon-Fri)



Figures 5 and 6 above show the variation in demand over the month of October 2018 at each hospital. The morning period is the time of highest demand where there are often no parking bays available at 10 am and there can be over 100 vehicles parked out of bays. There is also significant in-day and in-week variation which is shown in table 16, which can only be attributed to the current clinical service provision and associated working practices. Overall, it can be seen that at peak times, daily staff parking demand outstripped capacity by over 150 spaces on average across the two hospital sites during this period.

Table 16: Staff car parking bay shortfall – variation comparing daily averages

Daily Average Shortfall	Monday		Tuesday		Wednesday		Thursday		Friday	
	am	pm	am	pm	am	pm	am	pm	am	pm
RSH	-88	-21	-89	-21	-80	-8	-72	-10	-72	-3
PRH	-59	7	-68	-12	-73	10	-60	3	-60	18
Overall	-147	-14	-157	-33	-153	2	-132	-7	-132	15

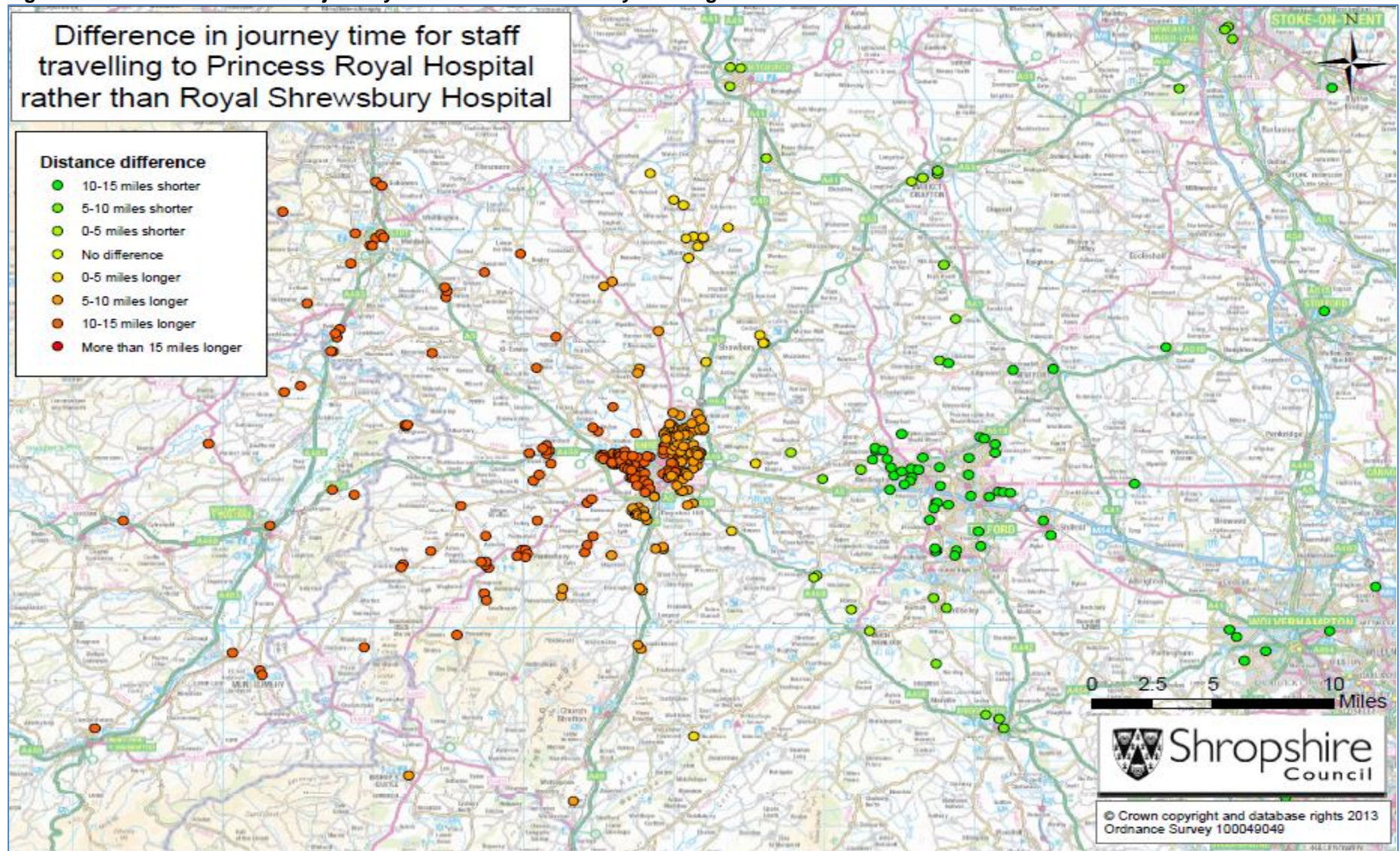
**Source: CP Plus daily monitoring at 10am and 3pm during October 2018*

Staff Travel Time

- 4.9.3 As part of the previous reconfiguration of services programme, 437 staff moved from RSH to PRH for Head & Neck services and the WCC. However on further analysis, staffing numbers increased by a further 86 staff to 523.
- 4.9.4 Part of the planning process for this move involved assessing the travel impacts of the potential relocation of up to 10% of the Trusts workforce. A database of the postcodes of the staff members involved was obtained, which was then inputted into Geographical Information System (GIS) software, in order to derive both a visual output and a numerical estimate of additional mileage. This service was provided by Shropshire Council.
- 4.9.5 As can be seen in figure 12, the reconfiguration led to a significant amount of additional mileage for the Trust, as many of the employees who were moved lived relatively near to the RSH in Shrewsbury. While there are some employees who lived to the East of Shrewsbury or East of Telford, they constitute only around 90 of the 437 staff who were moved.

The Trust compensated the affected staff for additional mileage at the rate of £0.28 per mile for post-move a period of 4 years as per national Agenda for Change terms and conditions. The additional annual cost to the Trust was in the region of £200k and the compensation finished in September 2018.

Figure 7: Estimated difference in journey time for staff affected by reconfiguration



5 Objectives and targets

5.1 Travel Plan Strategy

The Trust is committed to achieving a number of goals with regards to Transport; these have been enumerated in the Travel and Transport Strategy (2012), The Good Corporate Citizen and Sustainable Development Management Plan (2014) and the planning consent for the WCC (2012).

These are:

- To reduce overall business travel by 25%
- Increase the proportion of travel undertaken in pool cars rather than grey fleet
- Achieve a score of 'excellent' in Travel standard by the Good Corporate Citizen model (now superseded by the SDU Sustainable Development Assessment Tool)
- Reduce the percentage of staff accessing PRH by Single Occupancy Vehicle (SOV) to 90% from the 95% baseline (currently c.93%)
- Carrying out an annual staff survey to monitor transport modes
- Develop a plan to reduce travel and traffic, improve local air quality and travel experience for our patients, visitors and staff
- To ensure BREEAM requirements are carried out for all new developments
- Encouraging activity in all people in contact with the NHS by encouraging Active Travel to the Trust's sites.

Many of these objectives are complementary, there is little contradiction and a joined-up holistic approach is the best way to achieve them.

5.2 Travel Plan Coordinator

- 5.2.1 In December 2013, SaTH appointed a AfC Band 5 Travel Plan Coordinator (TPC) in partnership with Telford and Wrekin and Shropshire Councils. SaTH has subsequently taken responsibility for the substantive funding of this post.
- 5.2.2 The TPC is responsible for developing and monitoring the success of the travel plan and implementing the various measures proposed in section 8. The TPC also has the day-to-day responsibility for liaising with the local authorities and other stakeholders with respect to travel and transport. This role has widened to include implementing the Trust's re-use of equipment/furniture resulting in an annual saving of £80k in 2018/19, winning the Trust a national Green Apple Award in 2018 for waste reduction.
- 5.2.3 The TPC is expected to work in conjunction with Telford and Wrekin Council to monitor SaTH compliance with the WCC development, in line with planning conditions relating to transport outlined under **TWC/2012/0108**, plus any future conditions with respect to service development. This partnership has already resulted in T&W Council jointly funding additional cycle shelters and upgrading shower facilities, as well as improving cycle ways and signage.
- 5.2.4 The TPC directly reports to the Sustainability and Compliance Manager.

5.3 Travel User Group

- 5.3.1 The 'Greener Travels' user group has been set up to involve all travel users that commute to the site with an emphasis on sustainable modes of transport. This provides an ideal platform for the dissemination of information and as forum for cyclists, walkers, car-sharers, bus / rail users, motorcyclists at SaTH. It will allow users to supply ideas for areas of improvement and to articulate their concerns. It is managed by the TPC and includes representatives from the relevant local authorities and estates/facilities departments.

5.4 Travel and Transport Group

- 5.4.1 It is proposed that a more formalised Travel and Transport Group will be created to discuss ideas and issues relating to Transport at the Trust. It will contain representatives from Trade Unions, Clinicians, Estates, and Human Resources.

6 Proposed Travel Plan measures

6.1 Impacts of reconfiguration

When considering how to mitigate any impacts of reconfiguration and ameliorate existing issues, a number of options are being considered and evaluated, these are:

- Do nothing and continue with Reconfiguration
- Pursue flexible working
- Aim for 5% reduction in car use by active travel
- Increase investment and aim for a 10% reduction in car use via active travel
- Build new car parking capacity
- Introduce pay as you park system for staff
- Focus on car sharing
- determine effectiveness of exclusion zones for car parking permits and review exclusion conditions if necessary
- Reform the Pool Car/Grey Fleet
- A hybrid of some aspects of above changes

These can be broadly split into the following categories: **Car Parking, Sustainable Modes and Reducing the Need to Travel**

- 6.1.1 These are felt to represent the best combination of value for money, feasibility of implementation and maximum effectiveness. Recently it was decided to adopt a 'Travel hierarchy' approach within policy development, which prioritised measures which had immediate effectiveness.

- 6.1.2 The Trust's Travel Hierarchy is attached in Appendix D.

These demonstrate that the Trust has considered both the internal and external challenges that face it in deriving new Travel & Transport-related policy and this Travel Plan. Adoption of the hierarchy addresses the threats of doing nothing or failure to help managers to implement the recommendations of this plan. Further developments will be led by SSP and Estates as part of the overall planning for implementation of the FBC.

6.2 Marketing and Promotion

- 6.2.1 Staff, patients and visitors should be aware of their options for travelling to our hospitals. While there has been intent to develop effective planning, particularly with regards to reconfiguration, constant development, engagement and implementation must be pursued with more discipline and Board level support. Accordingly, a travel options guide will be developed and made available in both hard copy and electronically to staff. It will also be distributed as part of the corporate induction package, as it is recognised that early interventions can positively affect travel behaviour for staff.
- 6.2.2 While travel information already exists on the intranet and external websites, this can be developed and expanded to provide a more detailed discussion of the alternatives and the environmental, financial and health implications associated with using different modes of transport.
- 6.2.3 Various areas around the Hospital sites have been found for use in promoting and providing Travel and Transport information for both visitors and staff. The information includes promotional materials for bus and rail services, a wide range of cycling and walking leaflets and referrals to other sources of information. Specifically, the contact details of the Travel Plan Coordinator are placed there, to enable a single point of contact for all travel issues at the Trust.

6.3 Focus on Car Sharing

- 6.3.1 The Trust currently runs a branded car-sharing scheme operated by Liftshare. This is a free scheme designed to enable people to find partners for common journeys. In this approach, the Trust dedicates time and resources to increasing the number of car sharers on site. This is particularly useful for staff who may need to move base due to the FutureFit reconfiguration.
- 6.3.2 The Trust has dedicated a number of spaces at each site to car-sharers, initially 15-25 per site, increasing if there is sufficient demand. This will provide a visible way for people to obtain a reward by joining the car-sharing scheme. It is planned that this is combined with other incentives, such as reduced prices on permits for car sharers.
- 6.3.3 The impacts of this scheme are cumulative rather than immediate. There are additional operational challenges inherent in car sharing in a healthcare environment, particularly linked to shift timings and irregular working days, which limit the effectiveness of this option for clinical staff.
- 6.3.4 While the scheme would have limited effectiveness for some clinical workers, up to 20% of staff fall under the headings of Admin & Clerical, with a further Estates & Ancillary group often working 9am-5pm. This represents a large pool of staff members who could benefit from the scheme and correspondingly a significant potential change in parking demand.

6.4 Move to a Pay as you Park System

- 6.4.1 As noted in section 2, in 2013 the Trust moved to an ANPR system of camera recognition for visitor parking. One of the side effects of this new system is that the movements of staff cars on and off site are far more easily captured than before. With

only two access points for each site, this lends itself to the potential of an ANPR system to charge for staff parking. This would be on a pay as you park basis and have a number of advantages over the current system, these being:

- It would provide make staff consider their choice to drive in on a daily basis
- It would be more equitable than the current system whereby staff members pay the same rate if they drive in 1 or 200 days of the year
- There would be the potential to give staff cheaper or free parking at times of day when it was acknowledged that accessing the site could be difficult (such as night shifts or on Sundays)
- There would be a lower administrative burden on the Facilities department to maintain the permit system

6.4.2 However, the system faces a number of challenges with regards to implementation and feasibility, particularly with payroll software and camera capture rates. After initial discussions with CP Plus, it was decided to explore existing best practice in the area, rewrite the Staff Car Parking Policy to allow for the implementation of the system in the future and review it at 6 monthly intervals to consider feasibility.

6.4.3 The current car park contract will be market-tested in 2019 and staff pay as you park will be included in the tender document as an option.

6.5 Pursue Flexible Working

6.5.1 The Trust has in place a flexible working policy (HR28), which allows employees to ask managers for flexible working where it is reasonable. Flexible working represents a significant opportunity for the Trust and in particular its administrative and clerical staff (20% of the workforce) to make a significant impact on the parking issues at the Trust. For example, if 30% of eligible staff were to begin working 9 day fortnights, then the demand for parking would decrease by over 100 spaces. Even if staff simply chose to begin earlier or leave later, this would reduce demand on nearby junctions at peak hours.

6.5.2 This option will be achieved through the promotion of flexible working for employees via the Workforce Business Partners briefings for all line managers on how they should promote flexible hours. The Workforce directorate will monitor the number of employees who have requested flexible hours and report back to the TPC.

6.6 Achieve 5% mode share by active travel

6.6.1 As mentioned in section 3, the Trust has increased its cycle storage capacity from 180 bicycle places to 292 bicycle places split across both sites, 198 RSH/94 PRH.

6.6.2 As part of this option, the Trust will target and further invest in additional cycling facilities at both sites. Once this has been achieved, a longer-term plan will be put into place to increase cycling capacity and improve the quality of cycle facilities. These will be guided by the travel user group, which has been re-established by the TPC.

6.6.3 These developments may require support for funding, with SaTH as a major local employer and partner in delivering sustainable transport. External funding streams will be explored by the TPC

- 6.6.4 Having the Greener Travels User Group to inform choices of development in the future helps to give Trust staff a real voice about where the improvements are needed around the Trust.
- 6.6.5 Walking is the other key component of active travel and one that is commonly underplayed. The TPC will conduct regular site audits, with patient and staff representatives, to identify deficient areas or routes which discourage walking access to trust sites. Small capital improvements can be targeted at these 'blockages', which will dramatically improve the pedestrian environment and experience at all Trust sites.

6.7 Reform the Grey Fleet

- 6.7.1 The Trust currently operates a pool of 61 Trust vehicles which are leased to individual departments. These are theoretically available for use by all Trust staff, but are used predominantly to suit the 'owning' department's service needs exclusively. Administration of vehicle usage is paper-based and vehicle use is controlled by each owning department. Further to recommendations, the Trust is currently implementing a telematics system for all pool vehicles together with a centralised booking system in order to utilise the pool fleet more effectively.
- 6.7.2 The Trust has a fleet of c.30 lease cars, which are issued to those users required to undertake business mileage of greater than 3,500 per annum. This arbitrary figure is the financial break-even point based on the lowest vehicle tax rates. The scheme is currently being reviewed further to HMRC imposing significant increases for employer NI contributions linked to vehicle emissions. The existing lease car scheme has a lack of oversight and audit, with the amount claimed by lease holders varying from 0 miles per year to 7,000. While at the conclusion of a 3 year lease, the Lease Car team sometimes examine the claimed mileage to see whether a lease should be renewed; there is no examination of who should be eligible to receive a Lease Car in the first place. This results in some members of staff claiming up to 5,000 miles in a calendar year without being entered for a lease car. At the new AfC mileage rate, this represents a significant cost to the Trust.
- 6.7.3 The total mileage for all pool, lease and grey fleet vehicles is around 2 million miles per annum, of which 1.6m are the grey fleet (business mileage in personal vehicles). There has been an increase of 300% since 2008, with regular Green Fleet Reviews cementing the argument for change within the Trust.
- 6.7.4 The Trust introduced an electronic travel and subsistence expenses system in winter 2014 which automatically records the mileage undertaken by claimants and enables reports to line managers to be sent automatically. This has been successful in standardising mileage between locations, thereby complementing the other measures in this package.

SaTH Workplace Travel Plan

3 Year Action Plan as a result of the 2018 Travel Survey to reduce SOV levels on the sites

	Objective (Specific, Agreed upon, Realistic)	Responsibility	Measurable	Timescale			Costs/Resources
				Year 1 31/12/18	Year 2 31/12/19	Year 3 31/12/20	
Car-Sharing	Reduce the number of Single Occupancy Vehicles accessing the site, as part of WCC planning obligations. Car-sharing to work is a Sustainable way of reducing staff demand on limited CarParking spaces.	Travel Plan coordinator to promote Car-sharing to all that work at the Trust Other partners to be used for sources of input and information; *Local Authorities - T&WC, SCC * Keele Uni & Mid Staff's Uni, Other local NHS organisations	<u>4200 Car parking permits issued</u> Current status * 372 Liftshare members * 25 car sharers * 13 unlisted car sharers * 38 less cars on site * 22 Tonnes of Co2 saved Increase HOV (High Vehicle Occupancy) by 10% per annum *based on the number of current car sharers Police current spaces - with CP plus to encourage car-sharing	Renew licence - 31/10/18	Monthly email communications Quarterly roadshow events	Monthly email communications Quarterly roadshow events	Renew for 3yrs - cost High
Cycling & electric cycling (ebikes)	To encourage modal shift from the car to achieve an increase in cycling, as a proportion of sustainable travel for commuting to work.	Travel Plan coordinator to promote cycling to work as an option to all Trust staff *Local Authorities - T&WC, SCC & Powys *Charities - Sustrans, UK Cycling, Brake,etc *NGO's - West Mercia Police, etc. * Others, cycle retailers, Travel user groups, cycle to work provider etc.	Monthly cycle counts on both sites - Average daily count is 66 cyclists Monitor Cycle to Work scheme uptake: YTD 56 cycles purchased. Record number of Dr Bike visits and repairs Record number of bikes security marked by Police Record number of requests for secure cycle parking codes	Continuous promotion	Review onsite cycle infrastructure - 01/08/19		Majority of activities are cost neutral. A Dr Bike exploring possibility of a cost neutral service Nb there is currently no requirement for extra cycle shelters, however with the planned reconfiguration changes this could change and there are outstanding issues with Smokers using the ward block shelter.

SaTH Workplace Travel Plan

3 Year Action Plan as a result of the 2018 Travel Survey to reduce SOV levels on the sites

	Objective (Specific, Agreed upon, Realistic)	Responsibility	Measurable	Timescale			Costs/Resources
				Year 1 31/12/18	Year 2 31/12/19	Year 3 31/12/20	
Walking	To encourage modal shift from the car to achieve an increase in walking, as a proportion of sustainable travel for commuting to work.	Travel Plan coordinator to promote Walking to work at the Trust Other partners to be used for sources of input, information and funding; *To Consult with RSH & PRH Estates *Local Authorities - T&WC, SCC * Other parties; Living Streets, Sustrans, Wellington walkers	2018 Travel survey indicated that 7.8% walk to work	Continuous promotion			One Path on RSH requires lighting surface upgrade cost unknow New path required on PRH site cost estimated at £8k possible part funding through Tesco bags for life and Ownership of path afterwards to be decided. Signage required to Silkin way entrance/exit. To improve online mapped area's of both sites eg get Silkin Way marked up.
Motorcycles & Scooters	Reduce the number of Single Occupancy Vehicles accessing the site, as part of WCC planning obligations. The use of either a Scooter or Motorcycle is a Sustainable way of reducing staff demand on limited CarParking spaces.	Travel Plan coordinator to promote Scooters and Motorcycling to work as an option to all Trust staff *To Consult with RSH & PRH Estates *Local Authorities - T&WC, SCC & Powys *Charities - Wheels to Works, Brake, etc *NGO - West Mercia Police Road safety team, Shropshire Fire Brigade, etc	Monthly Scooter & Motorcycle counts Average daily count is 6 riders. Ask Wheels to Work for count of NHS participants?	Continuous promotion			Travel Plan Coordinators time **Sometimes opportunities occur when contractors offer a free service because they are onsite, in July one such contractor offered to paint a motorcycle only box on RSH site for free.

SaTH Workplace Travel Plan

3 Year Action Plan as a result of the 2018 Travel Survey to reduce SOV levels on the sites

	Objective (Specific, Agreed upon, Realistic)	Responsibility	Measurable	Timescale			Costs/Resources
				Year 1 31/12/18	Year 2 31/12/19	Year 3 31/12/20	
Promote Public Transport	To encourage modal shift from the car to achieve an increase in bus or rail patronage, as a proportion of sustainable travel for commuting to work.	Travel Plan coordinator to promote Bus and Rail(PRH) as a travel option in commuting to work. * Work with Bus Companies - mainly Arriva but also to engage with others ie Tanet Vally, Celtic, etc. *Local Authorities - T&WC, SCC & Powys	Arriva Bus Employer Travel Scheme offering discounted season tickets; * 18 staff signed up - 4 in the last month * Ask ETC scheme if they can provide a carbon saved report based on members * Measure number of Hits of the Travel & transport Website when its live.	Monthly email communications Quarterly roadshow events			Salary sacrifice for public transport season tickets is no longer a valid option as Benefit In Kind, (BIK) is only applicable to Cycle to work, Childcare and ultra-low emission car schemes. Arriva's ETC (Employers Travel Club) scheme is cost neutral to the Trust. They have a marketing team that style posters FOC for use. Currently use Medical Photography to enlarge and laminate A1 size posters.

SaTH Workplace Travel Plan

3 Year Action Plan as a result of the 2018 Travel Survey to reduce SOV levels on the sites

	Objective (Specific, Agreed upon, Realistic)	Responsibility	Measurable	Timescale			Costs/Resources
				Year 1 31/12/18	Year 2 31/12/19	Year 3 31/12/20	
Other Travel Survey Actions to help reduce SOV levels & Improve Air Quality	To encourage a modal shift away from SOV to the site, the TPC will offer a personalized travel plan to Staff members showing alternative travel modes to accessing the SaTH sites. This will either increase HOV levels or achieve an increase in Sustainable Travel modes.	Travel Plan Coordinator to promote via all communication avenues. Use current networks to develop the Staff Travel plans. Work with Bus companies to add incentives.	60 staff requested a PTP from the Travel survey. Try to send out 10 a month as detail tends to be generic to member of staffs postcode details. Monitor uptake & response.	Achieve 10 a month			Personalised Travel planning takes a lot of time to collate, especially with Multisite options available.
	Planned reconfiguration of the sites will have a negative impact on parking availability. Offsite parking options should be reviewed eg; Oxon P&R.	Travel plan coordinator to look into feasibility with key stakeholders Shropshire County Council Highways Dept and Arriva (or other transport provider).	Trust currently rents space out for offsite pool cars.	31/12/12 - Inquire with council, change of use	*Dependent on Future fit options		High cost

SaTH Workplace Travel Plan

	Pay as you Park systems explore best practice, this system will benefit all those who leave their car's at home for short or long periods of time.	Travel plan coordinator to consult with Facilities, IT, HR & Car parking provider.	Benchmark current systems available	2019-2020			High
	Provide onsite electric recharging points for ecars	Travel plan coordinator to consult with Estates on best site locations.		2019-2020			Cost of Chargers is High £8k-£15k ea How to manage spaces Waiting on national government grants
	Communicate to staff about shower & changing room access for those that walk, cycle or use a motorcycle or scooter for work.	Travel plan coordinator to consult with Estates	Map out areas of Current facilities	Apr-19			Cost neutral

7 Monitoring and Review

- 7.1** The purpose of monitoring and review is to ensure that the Trust is complying with the conditions set forth in the planning consent or making a commitment to achieving them. Therefore, the monitoring process should include a travel survey for staff which includes questions on typical mode of travel to work along with location and typical site of work. This travel survey should have a response rate of 10-20% of headcount
- 7.2** The travel survey is the responsibility of the Travel plan Coordinator. It should be issued annually and the results of this survey will be made available within three months at close of survey.
- 7.3** The Travel Survey will take place every August, and the Travel plan will be reviewed every January.
- 7.4** The TPC will report on the annual survey and progress with the Workplace Travel Plan to the Good Corporate Citizen Group, which in turn will report to Workforce Committee, who will raise any issues at Trust Board.

Acknowledgements/Data Sources

Figures 1 and 4 are taken from OpenStreetMap, © OpenStreetMap contributors copyright details at: www.openstreetmap.org/copyright

Data used in Tables 1-4 was obtained from the 2011 report by Richard Armitage et al., 'Task Note 3: Walking, Cycling and Public Transport Accessibility Planning'; Task Note 8 'Reconfiguration & Staff Travel: impact of changes'

Figures 5 & 6 from CP Plus observational data, October 2018

Figure 7 was commissioned from Shropshire Council in December 2013 in conjunction with an assessment of the costs of the Reconfiguration of Services program.

Data taken fromn PTB Transport Statement 'Reconfiguration of Services at Princess Royal Hospital' section 3.0 'Revised Traffic Forecasts' and section 4.0 'Capacity Analysis'

Appendix E i-vi was obtained from the 2011 report by Richard Armitage et al., 'Task Note 3: Walking, Cycling and Public Transport Accessibility Planning'

Appendix 4 originally commissioned as part of a staff travel survey in 2009 and were used in the 2011 report by Richard Armitage et al.

8 Action Plan

Table 18: To Reduce Car Parking congestion & improve air quality

Action	Responsibility	Timescale	Costs/Resources
Car Sharing			
Marketing and promoting car sharing website	TPC	Comms and staff engagement campaigns throughout 2019	High, TPC time
Running Events for car sharers, to provide the opportunity for potential car sharers to meet.	TPC	Monthly	TPC-Time – Tea & Coffee
Creation of additional car parking spaces for sharers	TPC / Estates	Complete	24x at RSH 14x at PRH
Issuing of Car-Share permits & policing of areas	TPC/CP-Plus	Quarter1-2, 2019/20	Low TPC & partners
Regular reporting to demonstrate effectiveness of car sharing strategy	TPC	Directorate Report - Monthly KPI	TPC-Time
Investigate opportunities to work with local Partners to reduce car use.	TPC with CCGs/SSSFT/ShropComm/LAs	Ongoing	TPC-Time
Cycling			
Promote general cycling to work and in local areas	TPC & Cycling partners ie Sustrans, UK Cycling, etc	Comms and staff engagement campaigns throughout 2019	Low/TPC Time
Monthly monitoring of current cycle parking facilities and usage	TPC	Monthly	Low/TPC Time

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Improve current cycle infrastructure stock	TPC/Estates	Quarterly	Medium/High Capital/Car parking expenditure
Promote & monitor uptake of Cycle 2 Work scheme	TPC & current provider	Comms and staff engagement campaigns throughout 2019	Low/TPC Time
Improving local cycling environment i.e. signage and lanes.	TPC/Estates/TWC/SCC/Sustrans	ongoing	Small-scale expenditure
Promote Cycle Security	TPC/Security/Estates/Local Police	Developing	TPC-Time
Investigate opportunities to provide discounts at cycling retailers	TPC/Health & Wellbeing	In process	TPC-Time
Promotion of Adult Cycle Training	TPC/outside partners	Comms and staff engagement campaigns throughout 2019	TPC-Time
Arrange cycle maintenance days i.e. Dr Bike either full service or a cost neutral service	TPC	Comms and staff engagement campaigns throughout 2019	Low cost-£300/free
Record condition of changing and storage rooms around the sites on rolling basis and undertake improvements as required, i.e. lockers, etc. Communicate to staff about changing room access and its use by staff.	TPC/Estates/HR	Quarterly report to estates Management team	Medium cost
Develop a cycle map for staff showing all cycle parking at Trust locations.	TPC/Comms Team/ Web Dev.	Annual update	n/a
Provide shared cycles & ebikes for staff use	TPC/Estates	Ongoing	Medium cost
Policy on Abandonment of Cycles	TPC/Security/Estates	Jan-20	TPC-time
Walking			

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
To promote walking	TPC/Local walking groups (Wellington Walkers)/TWC/SCC	Developing	Low cost
Develop local walks around both sites	TPC /SCC walking coordinator	RSH routes actioned- to publish routes on Travel Website	TPC-Time
To improve access footpaths to the site's ie surfaces, hedge cutting and where possible lighting.	TPC/Estates/ Councils	ongoing	Medium cost
Edit footpath & cycleway source data on OSM "Open street map"and or Google Maps, so primary data on mobile phone mapping Apps is correct.	TPC	Q3 2019/20	TPC -time
Investigate opportunities to provide dedicated motorcycle parking facilities in car park.	TPC/Estates	Complete	
Promotion of Motorcycle/scooter or electric bike training	TPC/Wheels to Work	Comms and staff engagement campaigns throughout 2019	TPC-time
Other Active Travel car reduction methods			
Offer personalised travel planning to staff, Students and volunteers; advertised via travel survey and roadshows	TPC	In progress	Low - TPC
Promotion at Health & Wellbeing events, induction days, internal conferences	Local Authorities/West Mercia Police/HR/TPC/National Active Travel Challenges	In progress	Low/TPC Time
Develop a Public / Staff Travel & Transport website	TPC/ Web Development team		Low/TPC Time
Investigate opportunities to provide a park and ride scheme for hospital staff at Oxon P&R.	TPC/ Public Transport Operators/Council	Ongoing as part of SSD	High Cost
Action Staff Travel survey for end of year	TPC	Q3 2019/20	Low/TPC Time

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Action a Patient Travel survey	TPC/Patient experience lead/ Community Engagement Facilitator	Q1-2 2019/20	Low/TPC Time
Investigate opportunity to provide a Shuttle bus between sites.	TPC/Public Transport Operators/Council/Future Fit team	Ongoing as part of SSD	High cost
Promote Video, Audio & Web conferencing facilities	IT Telecoms	Comms and staff engagement campaigns throughout 2019	TPC/Telecoms Manager
Pay as you Park system explore best practice	TPC/ Facilities/ CP Plus	unfinished	High
Investigate opportunities to provide discounts at local walking, cycling and leisure shops	TPC/local retailers	Promote on Website	TPC-Time
Continuous development of a Travel User group with regular updates and develop and recognisable identity	TPC	In progress	TPC-Time
Provide an Induction pack leaflet to new starters to the trust	TPC, Communications team/HR	Q1 2019/20	Low Cost
Locate and exploit external funding opportunities	TPC	Ongoing - TCP to report periodically to Good Corporate Citizen Group	TPC-Time
Air Quality			
To explore government funded grants to improve air quality ie installation of Electric car charging points at both sites.	TPC/Councils/ National Govt	Ongoing	High – plus TPC time
Promote Public Transport			
Promote public transport season tickets- bus & rail	TPC/ Public Transport Operators	Comms and staff engagement campaigns throughout 2019	TPC-Time
To develop or change bus routes to benefit staff & patients	TPC/Finance/Public Transport operators	Future Fit Travel Group	TPC-Time

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Explore option of Salary sacrifice for public transport season tickets	TPC/HR/Public Transport operators	TPC/HR	TPC-Time
Promotion of Wellington Train Station as Travel asset to PRH	TPC/HR/Public Transport operators	TPC	TPC-Time
Patient Travel			
Promotion of Community Transport services	TPC/CTA members	Comms and staff engagement campaigns throughout 2019	TPC-Time
Promotion of Taxi services	TPC/Taxi services	Ongoing	TPC-Time

Table 20: Reducing the need to Travel

Action	Responsibility	Timescale	Costs/Resources
Reform proposals of Grey and Pool Fleet	Lease Car Manager/Logistics Manager	Q3-4 2019/20	Medium cost
Review a central location for Pool fleet parking	TPC/Estates team	Q2 2019/20	Medium cost
Assess need for a centralised managed pool car fleet	TPC/Lease Vehicle Manager	Ongoing	Medium cost
Integrate electronic expenses system with travel budgets	Lease Car Manager/Assurance team	Complete	Software and running expenses

SaTH Framework Travel Plan

Action	Responsibility	Timescale	Costs/Resources
Solicit bids for centralised fleet system	Procurement team, TPC/Lease Vehicle Manager	tbc	High Cost
Trial fleet system	TPC/Departmental managers	Ongoing	High Cost
Smarter driver training	TPC/Local Authorities/Carbon Trust	tbc	Medium cost
Review site connectivity options	TPC/Local Authorities	TPC periodic/annual report to GCC Group	To be assessed
Introduce & Monitor EV's & hybrids to existing fleet	TPC/Lease Vehicle Manager	Unknown	High Cost – pending National Government incentives
Increase awareness and uptake of Tele-conferencing systems	Telecoms Manager/Comms team/TPC/CCG	Comms and staff engagement campaigns throughout 2019	High/Medium Cost
Lease Cars			
Review lease car scheme	Workforce/ Lease Car Manager	Complete	-
Introduce a no-diesel policy for SaTH Fleet	Lease Vehicle Manager	Ongoing - policy amended Jan-19	-
Use new policy to evaluate need for leases as they expire	Lease Vehicle Manager	Ongoing	-
Encourage uptake of low emission cars	Lease Vehicle Manager/Salary Sacrifice scheme/TPC	Ongoing	Low or high if Charge points need fitting
Re-evaluate existing leases to find best value	Lease Vehicle Manager/Payroll	Ongoing	-

Appendix A**NHS Staff Sustainable Travel Survey Results 2018****Introduction**

Between January and April 2018, a survey was undertaken, inviting staff to share information and thoughts about their commute to work at the Shrewsbury and Telford Hospitals NHS Trust (SaTH). The purpose of the survey was to gain an understanding of staff travel habits, attempt to quantify the uptake of sustainable commuting modes with staff, identify areas for improvement, help improve air quality and make active travel choices mainstream.

An online questionnaire was designed and made available for staff at the SaTH, through global emails, links on the Trusts intranet and payslip message. Access to the survey was not limited to the Trusts own computers and staff could fill in the survey, on any device i.e. Tablet, mobile phone, etc. The survey period lasted from 19th February to 9th April 2018 and attracted a response rate of 13%. (Jelinek and Weiland (2013)⁵ state that “The SurveyMonkey calculator, for example, states that ‘a response rate of between 20–30% is considered to be highly successful. A response rate of 10–15% is a more conservative and a safer guess . . .’, however, in simple terms, you do the best you can”).

This would suggest that a rate of 13% (771 staff responses) would provide a fair representation of staff travel behaviour. Response rates slightly improved on the 2015 survey by 6%. In comparison, both Sandwell and Birmingham Hospital Trust and South Warwickshire NHS Foundation Trust achieved a 10% response in their 2018 Travel surveys so SaTH response rates were seen as reasonable.

Survey responses indicate that staff commuting via sustainable modes across the Trust stands at 20.8%. However, using data from the new car parking permit system launched in March 2018 which considers the entire staff population; it could be as much as 25.5%.

The consolidation of single occupancy car usage by staff could be attributed to a move away from public transport, particularly the train which has seen a 0.5% decline, but also a reduction in staff cycling to work of 1.7%. Although the percentage of staff who cycle dropped to 4.1% of headcount, the Trust is above the national average of 2.8% (2011 Census data).

Walking to work remains the most popular active travel mode for staff commuters.

The Trust’s Travel survey uses a mixed methodology: multi-choice questions (quantitative) and Free Text Comments (qualitative). The data is broken down into 7 main areas: Cycling, Walking, Car-Share, Public Transport, Park & Ride, Personalised Travel Plans, Single Occupancy vehicles.

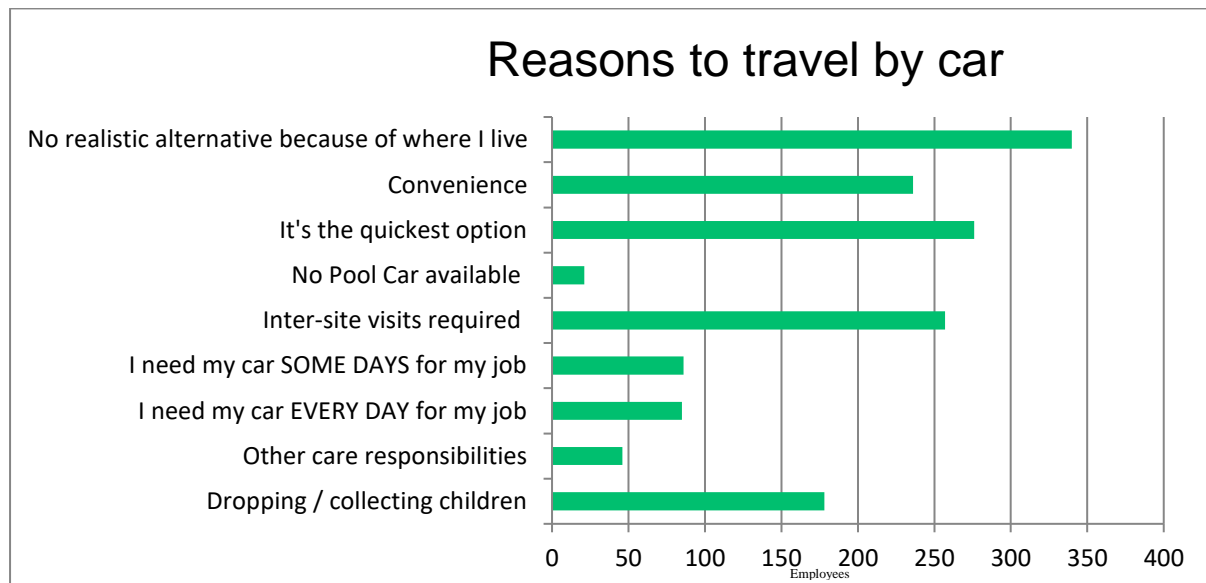
⁵ * Jelinek, G. and Weiland, T. (2013) 'Response from Prof. Jelinek and Dr Weiland to Surveys: Sample sizes and response rates. Emergency Medicine Australasia, vol. 25, no. 4, pp. 377-379

The table below shows the changes in Mode of Transport since 2011.

Response	Mode Share %				
	2011	2015/16	2018	2015 5% SOV reduction	% change
Staff travel survey results					
Walk	4.7%	7.8%	7.8%		0%
Cycle	1.3%	5.5%	3.8%		-0.7%
Cycle Train	not recorded	0.6%	0.3%		-0.3%
Bus	1.6%	2.8%	3.1%		0.3%
Train	1.2%	1.2%	0.4%		-0.8%
Motorcycle	0.1%	0.3%	0.4%		0.1%
Lift in car that than goes elsewhere	not recorded	not recorded	0.6%		0.6%
Taxi	not recorded	not recorded	0.5%		0.5%
Car Share	4.6%	3.3%	3.9%		0.3%
SOV-Single Occupancy Vehicle	86.5%	73.1%	77.8%		4.7%

Reasons for travelling by car

To help understand why staff commute predominantly by car, they were allowed to select up to three reasons;



Due to the rural location of the hospitals, the majority of staff have no realistic alternative than to travel by car. 33% of staff indicated that they required a car for cross-site visits, yet only 21 staff indicated that no pool car was available. Childcare was another main reason for commuting by car, but it is noted that 77% of responders were female. However, this reflects the gender split within the SaTH workforce.

Reliance on the use of one's own car was highlighted further into the survey with 61% percent of staff using their own car for business meetings and only 12% using a pool car. This could suggest that staff find it easier to use their own car instead of going through the procedure of obtaining a pool car.

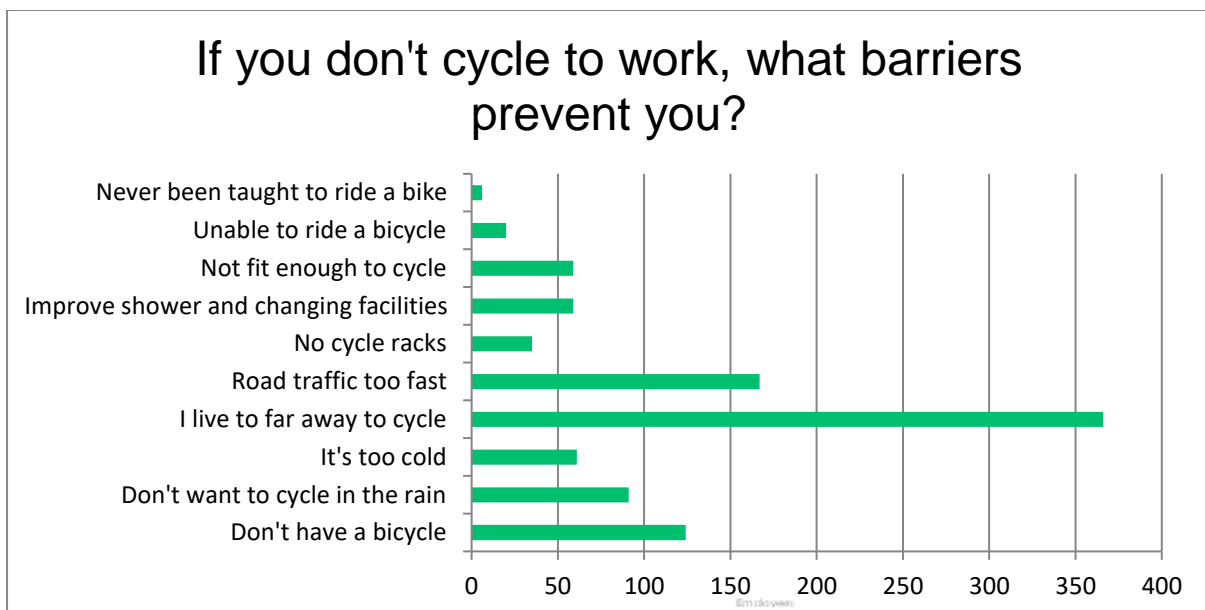
Measures to encourage sustainable and active travel

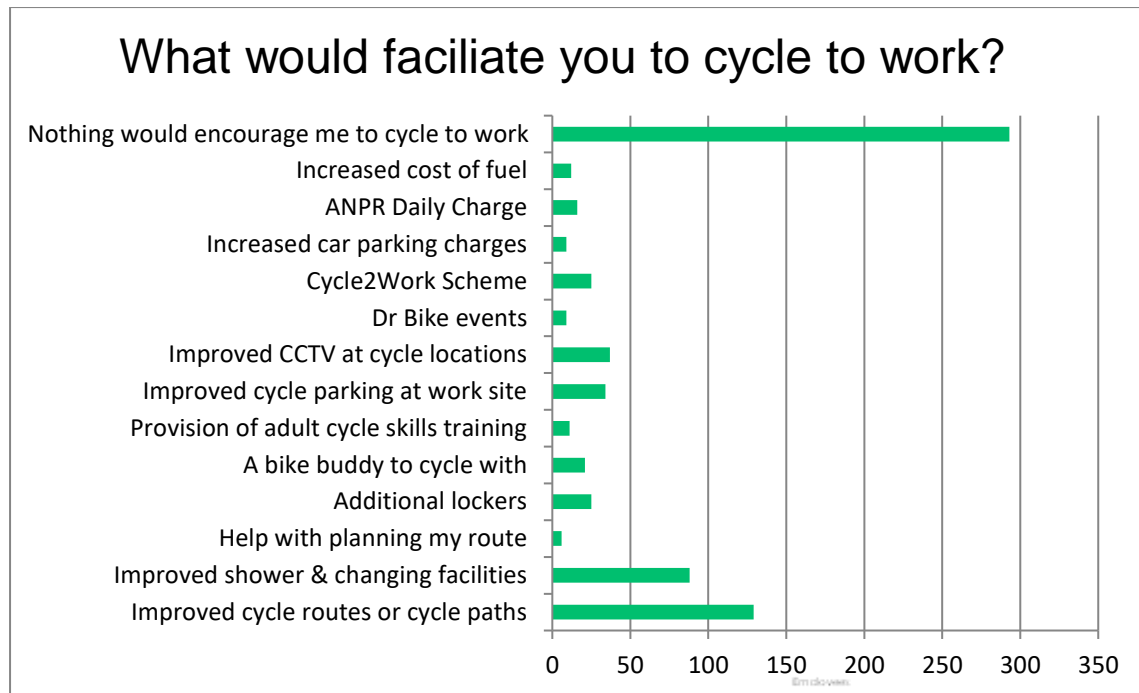
Encouraging staff to walk



The chart shows that staff would be more motivated to walk to work if the routes into work had better lighting and security on the route. Due to the rural nature of Shropshire, 57% of staff found distance a major obstacle to walking to work. 18 staff members showed an interest in finding a walking buddy (other work colleague) to walk to work, indicating that this would warrant further research.

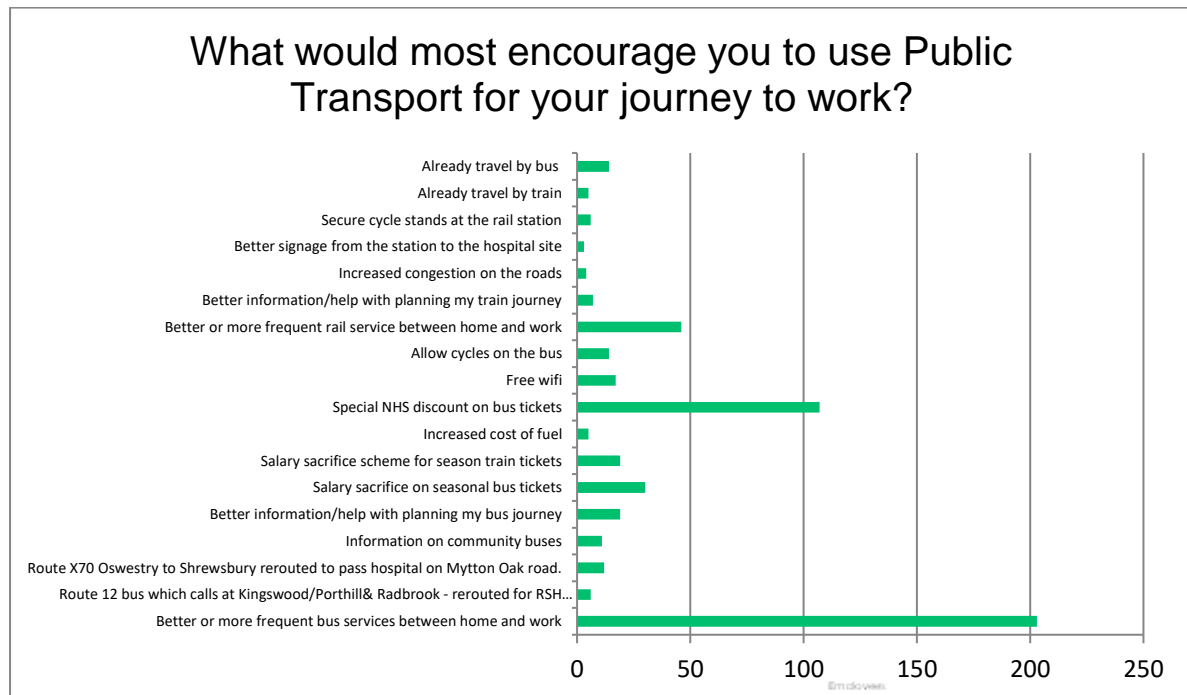
Encouraging staff to Cycle to Work





To encourage cycling, staff would like to see improved cycle infrastructure on the main roads ie reduce the speed of traffic close to the hospital sites (17% of respondents), which suggests that the issues around road safety are the main barriers in encouraging more staff to cycle. In addition, staff felt there was a need to improve shower and changing rooms on the sites as well as providing suitable lockers. On inspection, the main changing area at the Royal Shrewsbury Hospital does require modernisation. Members of staff also highlighted their concern over lack of security (CCTV) and uncovered cycle shelters. Similar to walking, distance is also a barrier when encouraging staff to cycle, with 48% of staff stating they live too far away. This is a smaller proportion than the 57% of staff that live too far away to walk, which suggests that there is more scope to encourage staff to cycle than there is to encourage staff to walk/jog.

Encouraging staff to travel by public transport



14% of staff indicated that they would be encouraged to travel by public transport if there was an increased discount on tickets. In addition, staff would also be motivated if there were improvements made to the frequency of public transport services. It is worth noting that the Trust already offers a large discount on Arriva Season tickets via their Employee Travel Club (ETC), so there may be scope to further publicise this.

Encouraging staff to car share



The above chart shows that 175 staff said that finding a car share partner with similar shift patterns is paramount to considering car sharing. Further promotion is required to breakdown the perceived barriers of car-sharing, for example childcare and the need to drop off children on the commute. The Liftshare website (<https://liftshare.com/uk>) acknowledges that this is a perceived barrier to carsharing: "If children need dropping off at school or nursery, there may be opportunity to ride with someone needing the same drop-off, or someone who lives by the school for the onward journey".

Other transport related questions

The survey also posed several alternative travel related questions to gauge opinion on current and future projects at the Trust.

Park & Ride Option

"If parking at the RSH reached critical and unsafe levels, would you consider parking on the Oxon Park and Ride site?"

168 staff indicated they would be willing to try this facility if parking fees were discounted. Some staff also mentioned they would be willing to either walk or cycle to the facility if proper infrastructure was created ie secure cycle parking, lighting and CCTV.

Electric Cars

The survey asked staff which type of car they drove. The vast majority drove petrol (51%). Diesel was 47%, hybrid 1% and only 0.27% drove electric.

Research amongst other NHS sustainability colleagues indicates that most Trusts are waiting for further guidance and grant funding from central government on e-mobility solutions. The Secretary of State for Transport (July 2018) announced a range of initiatives to promote electric cars, vans and motorcycles. The key points to note include;

- Launching a £400 million Charging Infrastructure Investment Fund to help accelerate charging infrastructure deployment.
- Increasing the grant level of the Workplace Charging Scheme from £300 per socket to 75% of the purchase and installation costs of a charge point capped at a maximum of £500 per socket.
- Taking steps to accelerate the adoption of fuel-efficient motoring by company car drivers, businesses operating fleets, and private motorists. Continuing to offer grants for plug-in cars, vans, taxis and motorcycles until at least 2020.
- Consulting on amending building regulations to require relevant charging provision in new non-residential buildings.

Personalised Travel Plans (PTP)

A Personal Travel Plan is a service currently offered to SaTH staff and provides them with information, advice and the motivation to walk, cycle and use public transport more often, to get to work. People often use their cars out of habit or are not aware of the alternative options available. **140** staff indicated they would like a PTP of which **60** staff left their email and postcode contact details.

Open Responses

Respondents were given the opportunity to provide qualitative comments on their travel and issues they would like to rise. 407 individual responses were received.

Conclusions and Next steps

The results of the 2018 survey have seen a reversal in travel patterns. After seeing a decrease in single occupancy vehicle usage amongst staff in the 2015/16 survey the opposite has occurred in 2018, with a slight increase. It is suggested here that the increase could be attributed to last year's extreme cold weather conditions as it is not in line with previous years' data.

Projected figures indicated in the 2011 Travel Survey suggest that SOV should be 52% for year ending 2018. Actual data indicates the Trust is some way off achieving this target; indeed there is no evidence that other NHS Trusts have achieved SOV levels this low. Birmingham University has also seen a trend of staff moving away from sustainable travel options and in 2016, rather than achieving a 5% drop, there was a 3% rise in SOV usage. Such changes are of concern not only for pressures on car-parking spaces for staff, but also the implications this has on patient parking, as well as the Trust's commitments to carbon targets, air quality and increase road congestion.

Many staff indicated their frustrations at the inflexibility of the car parking permit system. Especially noted was the delay in implementing a daily staff charge rate or providing a provision whereby staff who usually commute using a sustainable travel option, pay a reduced day rate where they use their car in exceptional circumstances. Two major reasons for staff using their car was childcare issues or cross site working. Interestingly, many staff had not even considered pool car options, perhaps due to a fragmented fleet.

It is encouraging to see that active travel options across the sites have remained high.

Cycling has also seen a reduction, although the Trust still exceeds the national figure of 2.8% for cycling. This reduction could be in part due to the Local Sustainability Transport Fund being cancelled in 2016, which consequently meant that regular Dr Bike repair sessions were not able to be funded and shower and changing room refurbishments had to be match-funded by the Trust. Additionally, inadequate shower and changing room provision was also considered a barrier not only to cycling, but also to walkers.

Road safety was also seen as a perceived barrier and it is suggested that closer collaboration with local stakeholders, Shropshire County Council and Telford & Wrekin Council could be a solution to improving safety on the highways that approach the Hospital sites. As discussed, respondents felt that internal footpaths were unlit and uneven and this report sees this as an area that could be addressed in a timely manner with big gains, especially as walking to work is popular and the figures reported in this survey indicate that it has remained static at 7.8% over the past 2 years.

It is also encouraging to see that despite service cutbacks on rural bus routes, bus patronage has increased with each survey. A contributing factor to this success is the sale of onsite NHS discounted weekly, monthly and yearly seasonal tickets, which later transferred to Arriva's Employee Travel Club Scheme, and the opening of a second bus stop outside the Treatment centre. These are both initiatives implemented by the Sustainable Travel Plan Coordinator as a result of the last survey.

Uptake of car sharing amongst staff is minimal since being launched. Results indicate that childcare responsibilities and shift patterns are a major barrier to its uptake. The dedicated car sharing platform Liftshare has had limited signups of 375 member of which 347 are live members. It is a disappointing number, as the current car parking permit system indicates that 4100 staff registered. More work around this issue is highly recommended so that this opportunity is not missed. It is worth noting that many other trusts and universities have similar issues; some have overcome them with additional promotion of the benefits of car-sharing and

financial incentives ie reduction in car parking fee. Other trusts have opted for a basic in-house system, although it is recommended that the Trust not consider this option as the LiftShare platform provides a range of KPI's that are useful benchmarking tools.

Response

In terms of encouraging Sustainable and Active Travel, it is recommended that the following measures are taken into consideration when updating the Sustainable Travel Plan.

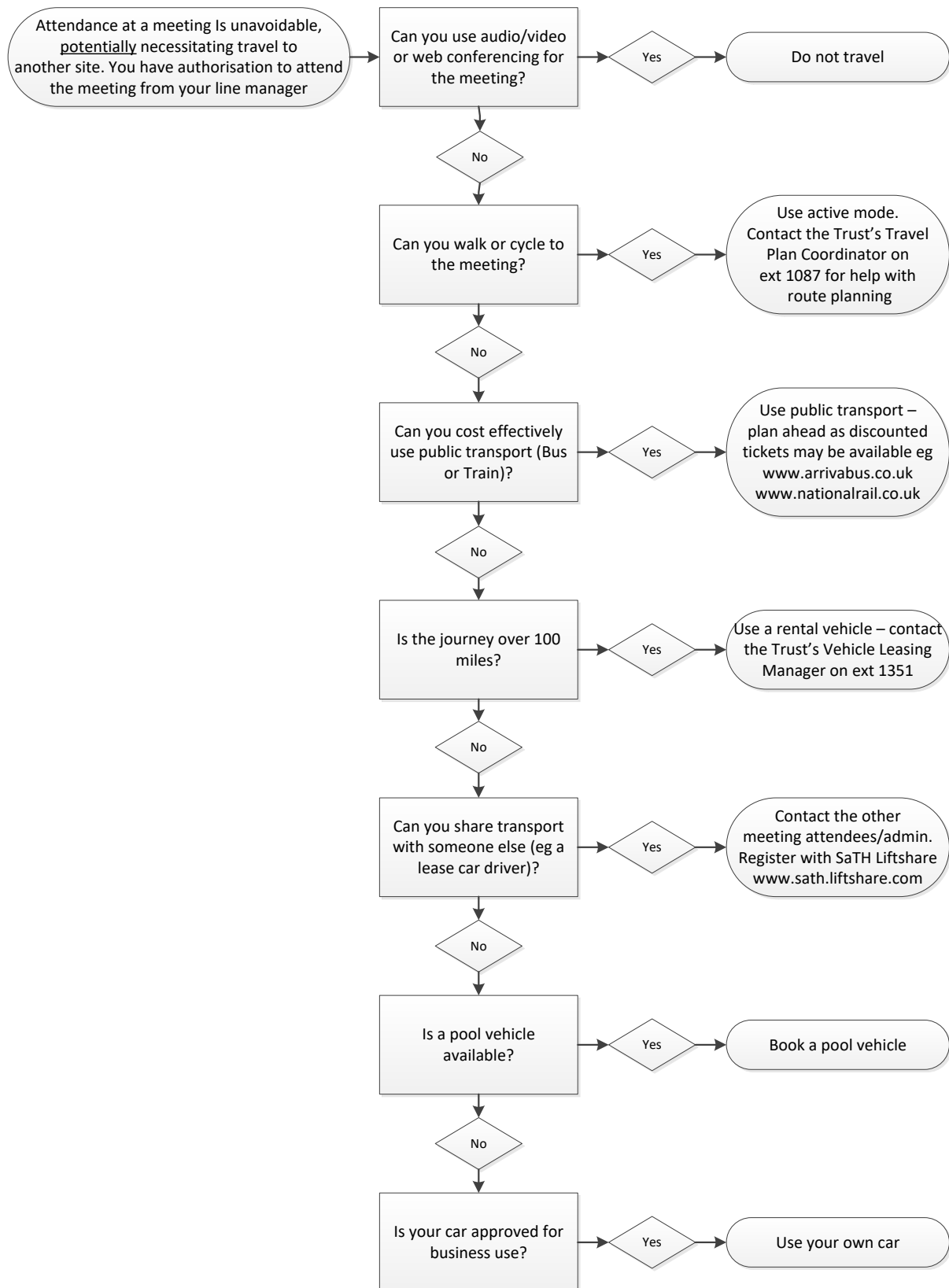
- Work with local stakeholders and SCC, TWC to improve cycle infrastructure, roundabouts and way finding routes.
- Continue to improve and promote cycle parking facilities on the sites and offer Dr Bike servicing, offer discounted d-locks to improve cycle security.
- Refurbish shower and changing rooms and promote existing resources
- Continuous promotion of the Cycle to Work scheme.
- Improve the condition and lighting around internal footpaths as they are gateways to the Hospitals.
- Offer personal alarms to walkers to increase security – check if batch given free via Warp-It from the Ministry of Justice are suitable..
- Work with partners to increase bus patronage, service routes, SCC, T&WC, and bus companies and explore shuttle bus options.
- Explore the option of offering salary sacrifice on seasonal bus tickets as it is currently offered for cycles and electronic items
- Continuous promotion of the ETC scheme and explore similar schemes with other bus companies.
- Improve facilities for motorcyclists ie drop kerbs, sheltered parking. Work with salary sacrifice partners to include motorcycles (4 motorcycles = 1 parking space)
- Further encourage car sharing as follows
 - Promote the Trust's dedicated car sharing scheme Liftshare
 - Consider discounted permits for people who car share regularly
 - Consider a collaborative approach with other local NHS Organisations and possible SCC & TWC in order to increase the potential pool of car sharers.
 - Directly contact the 4000 permit holders about Liftshare platform and its benefits

The Trust may also consider some **additional mechanisms** in order to address the pressures that surround car parking and discourage SOV.

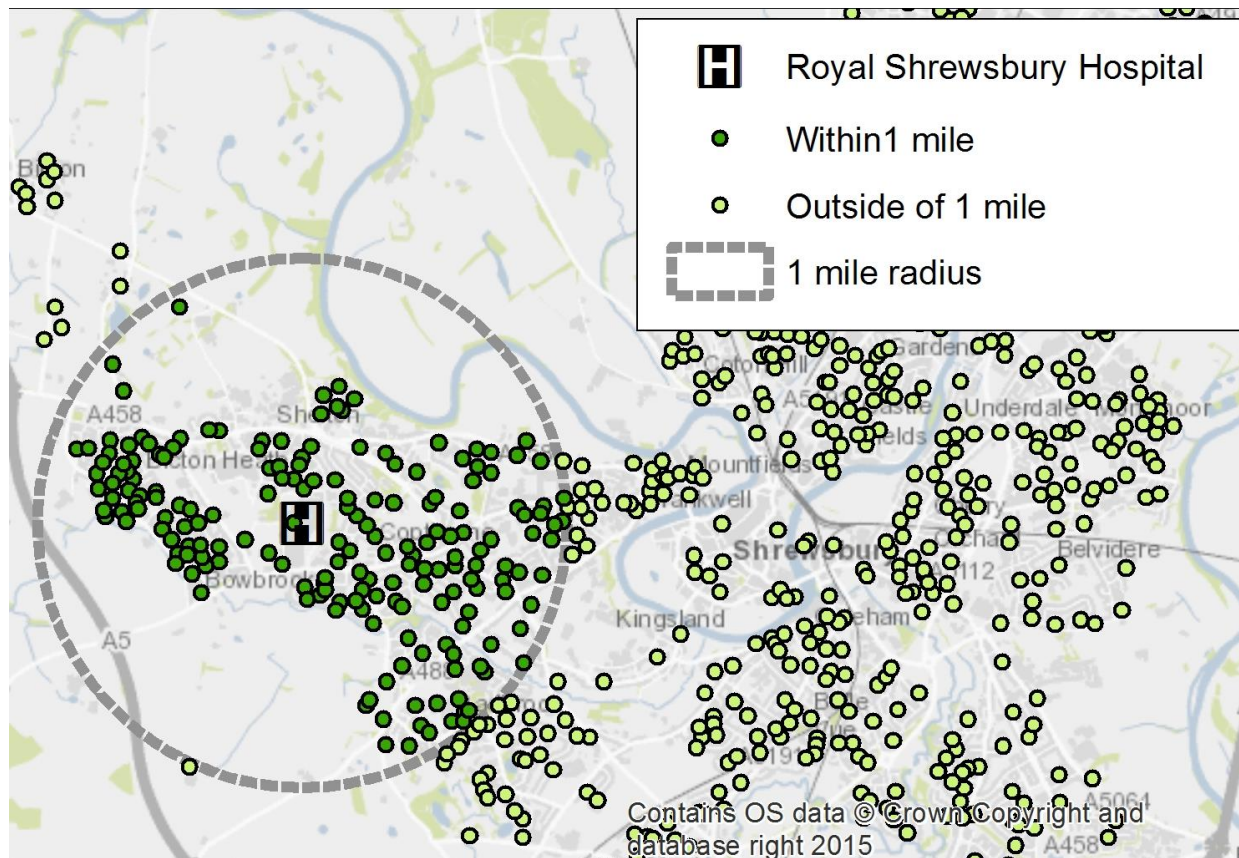
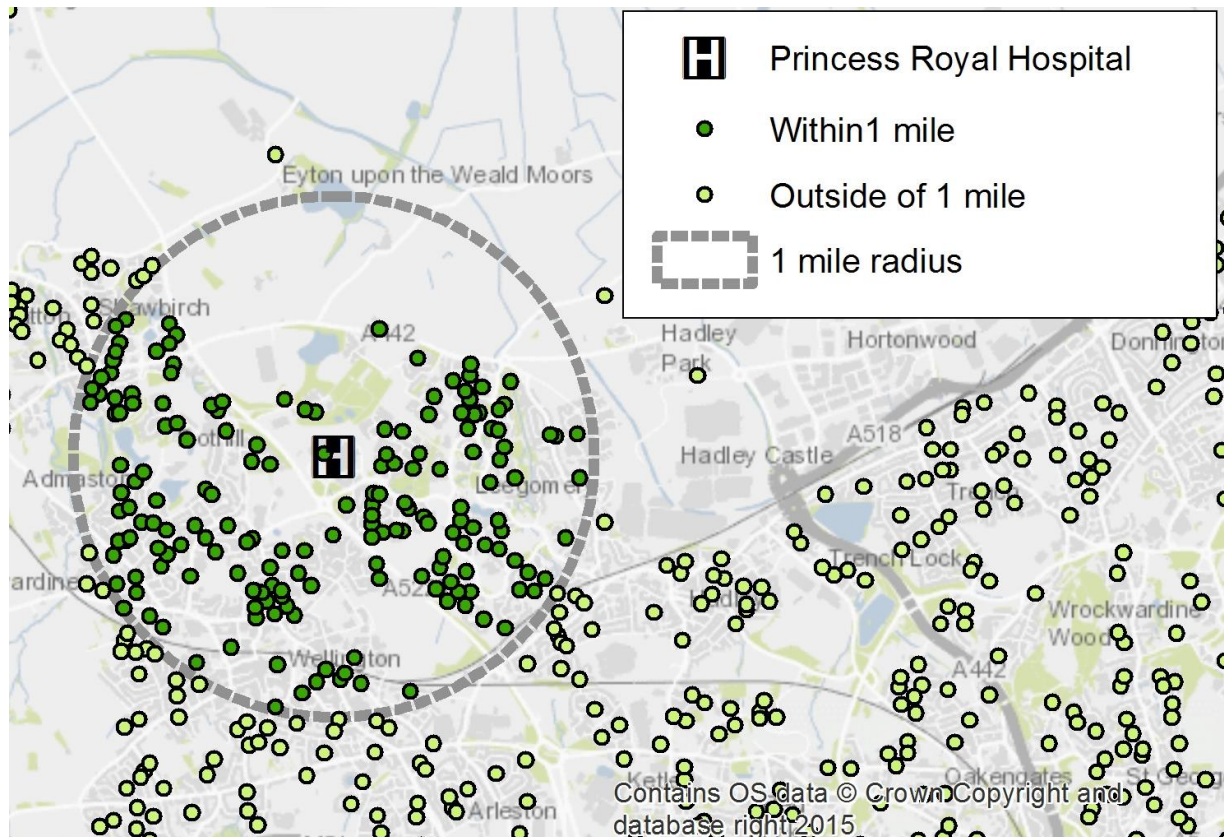
- More flexible home working arrangements to reduce the need for staff to travel.
- Provide support for occasional car users. Currently occasional users or potential occasional users **must be full time permit holders**- no middle ground is available

- Explore the possibility of Park and Ride options at the Oxon site ie;
 - 'Park n Stride'
 - 'Park n Cycle'
 - 'Park n Ride'
 - Financial incentive to use the site ie Free or discounted parking for staff.
- Offer a free Personalised Travel Plan to staff with an incentive ie
 - Free coffee vouchers if you car- share
 - Free piece of fruit and bottle water if you try cycling to work
 - A free day return ticket on the bus
 - A Free pedometer if you walk to work.
- Provide an onsite recharge point for electric vehicles when government funding becomes available, helping to improve local air quality.

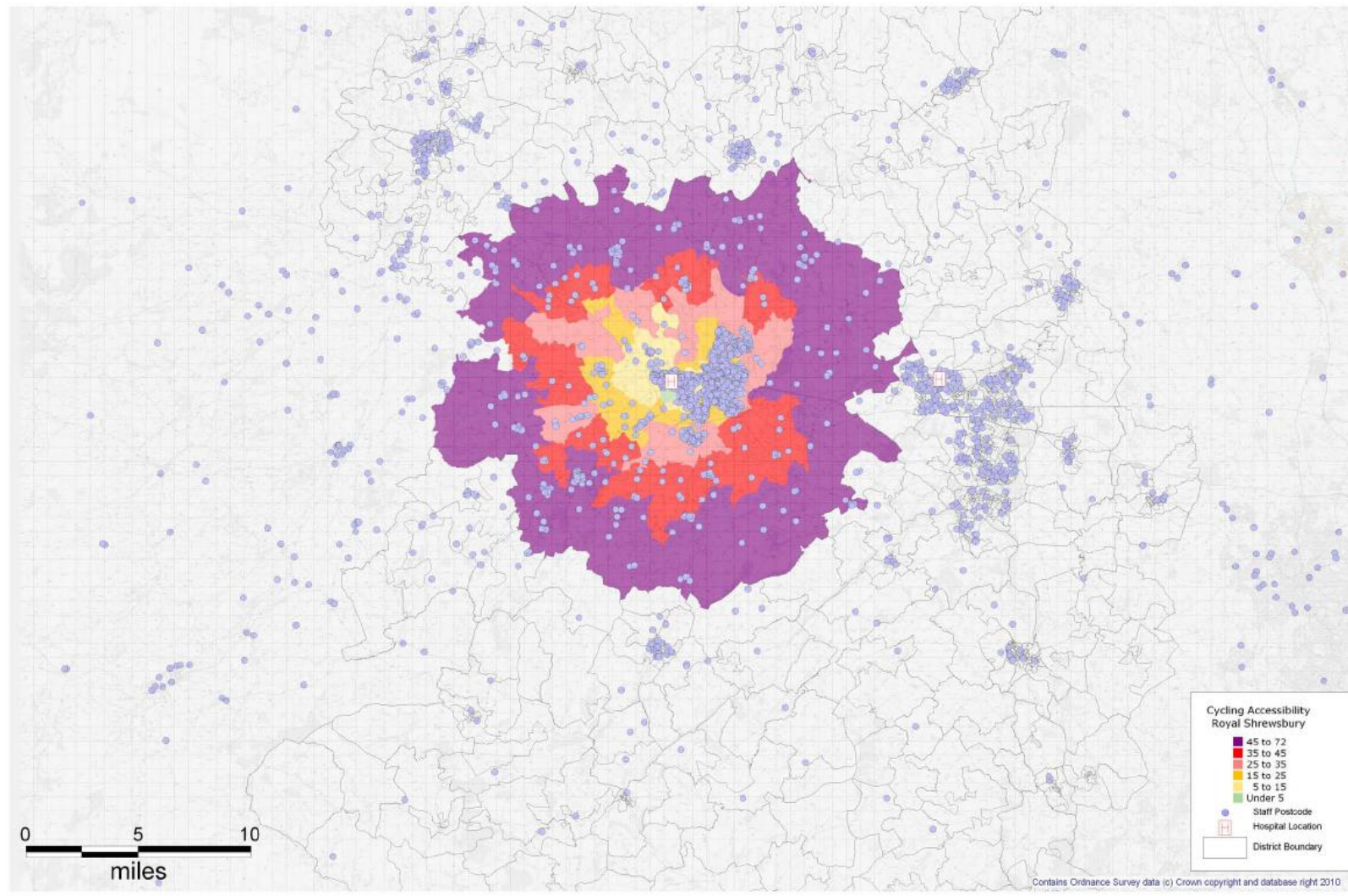
Travel Hierarchy Decision Tree



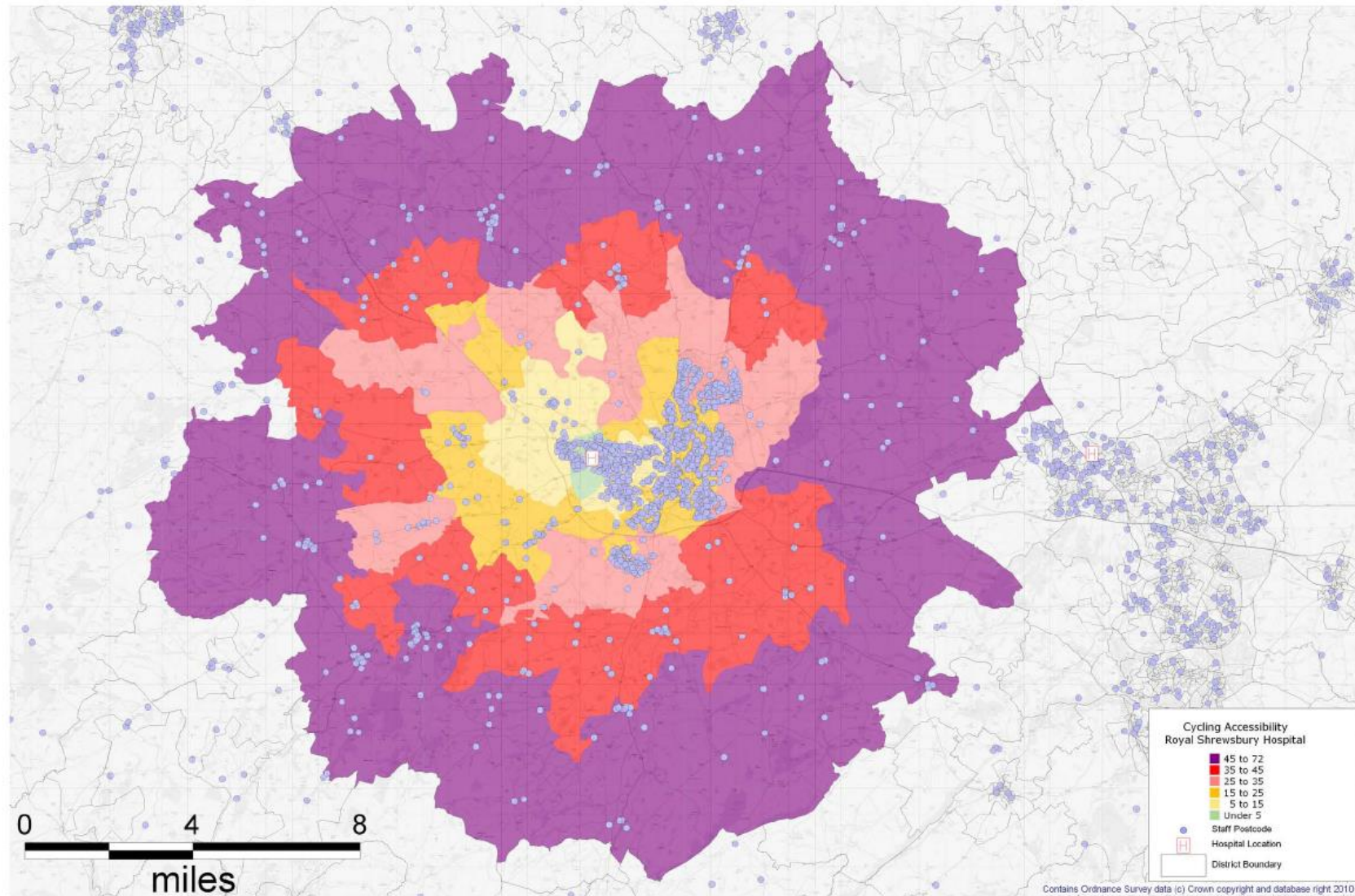
SaTH staff – residential mapping to place of work



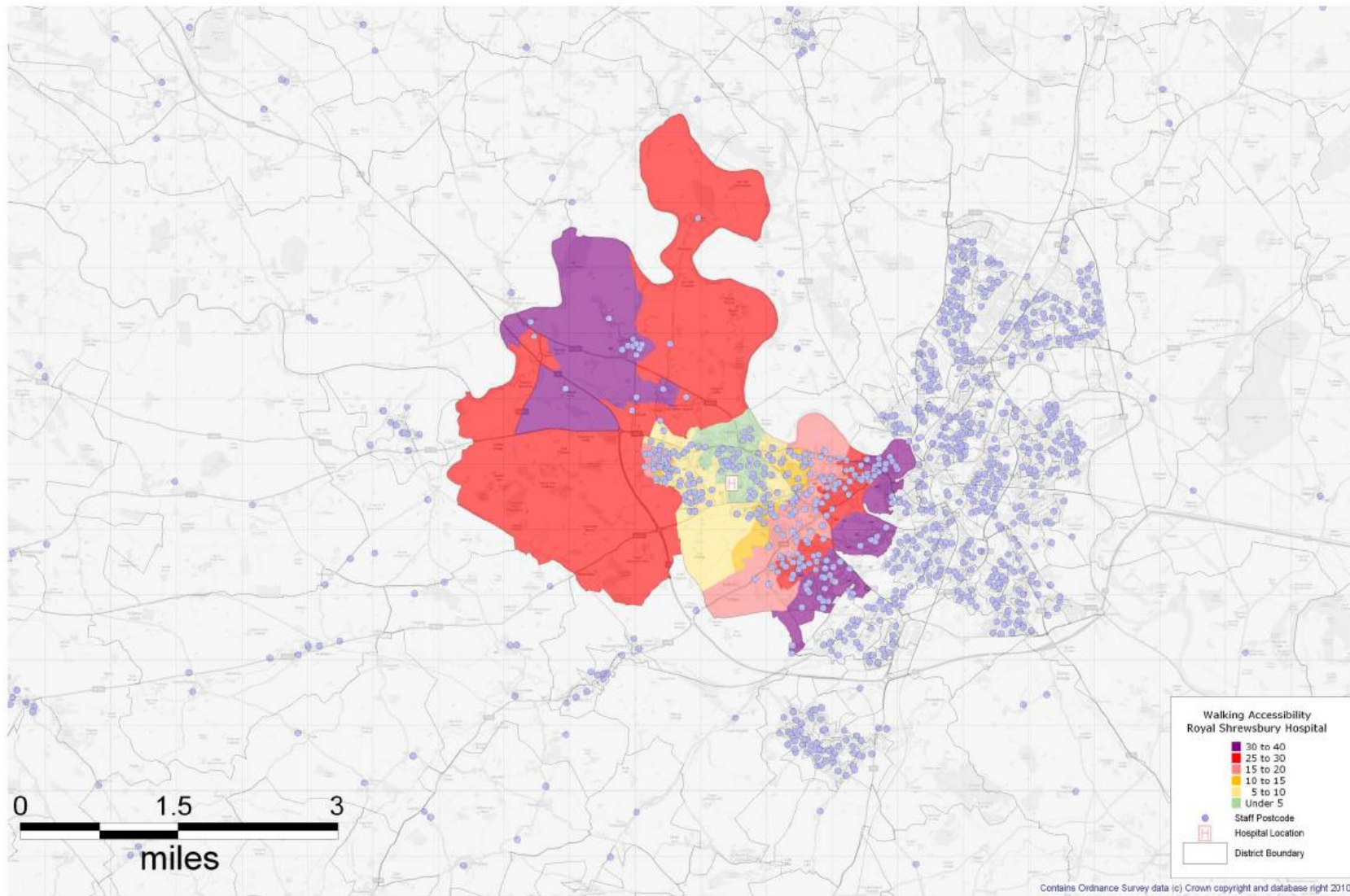
i) Royal Shrewsbury Hospital: Cycling Accessibility (Larger Area, Smaller Scale)



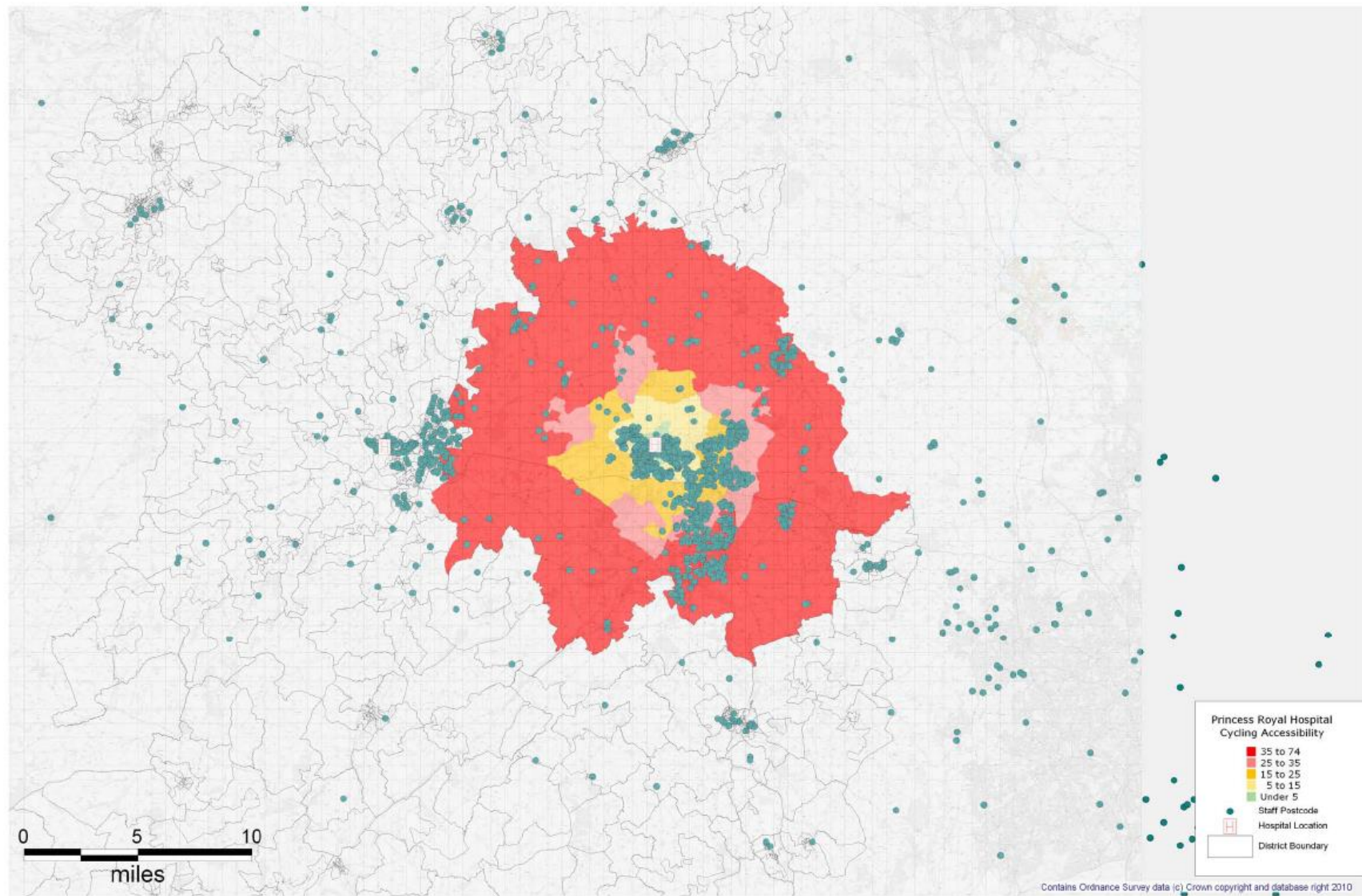
ii) Royal Shrewsbury Hospital: Cycling Accessibility (Smaller Area, Larger Scale)



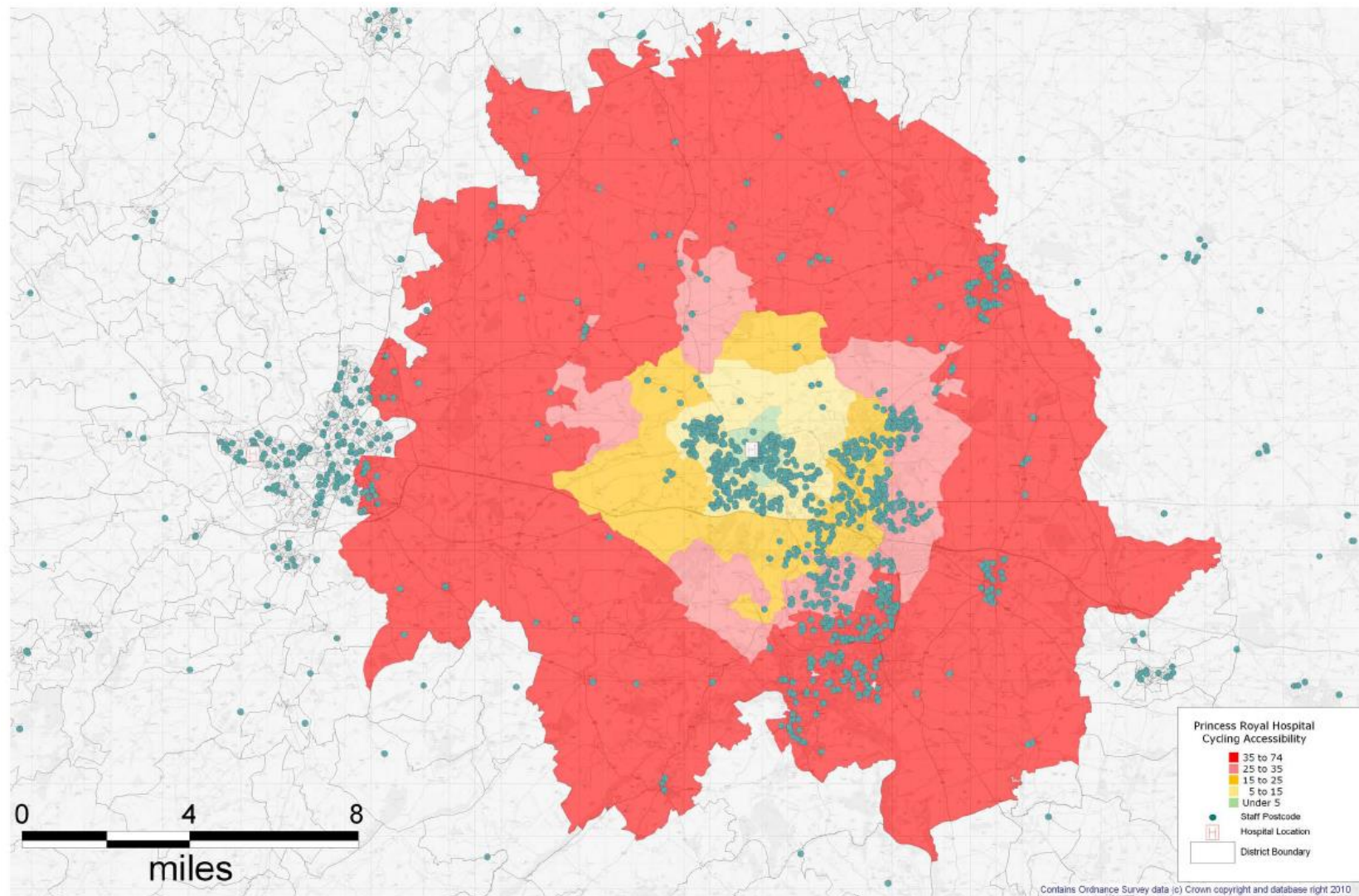
iii) **Royal Shrewsbury Hospital: Walking Accessibility (Smaller Area, Larger Scale)**



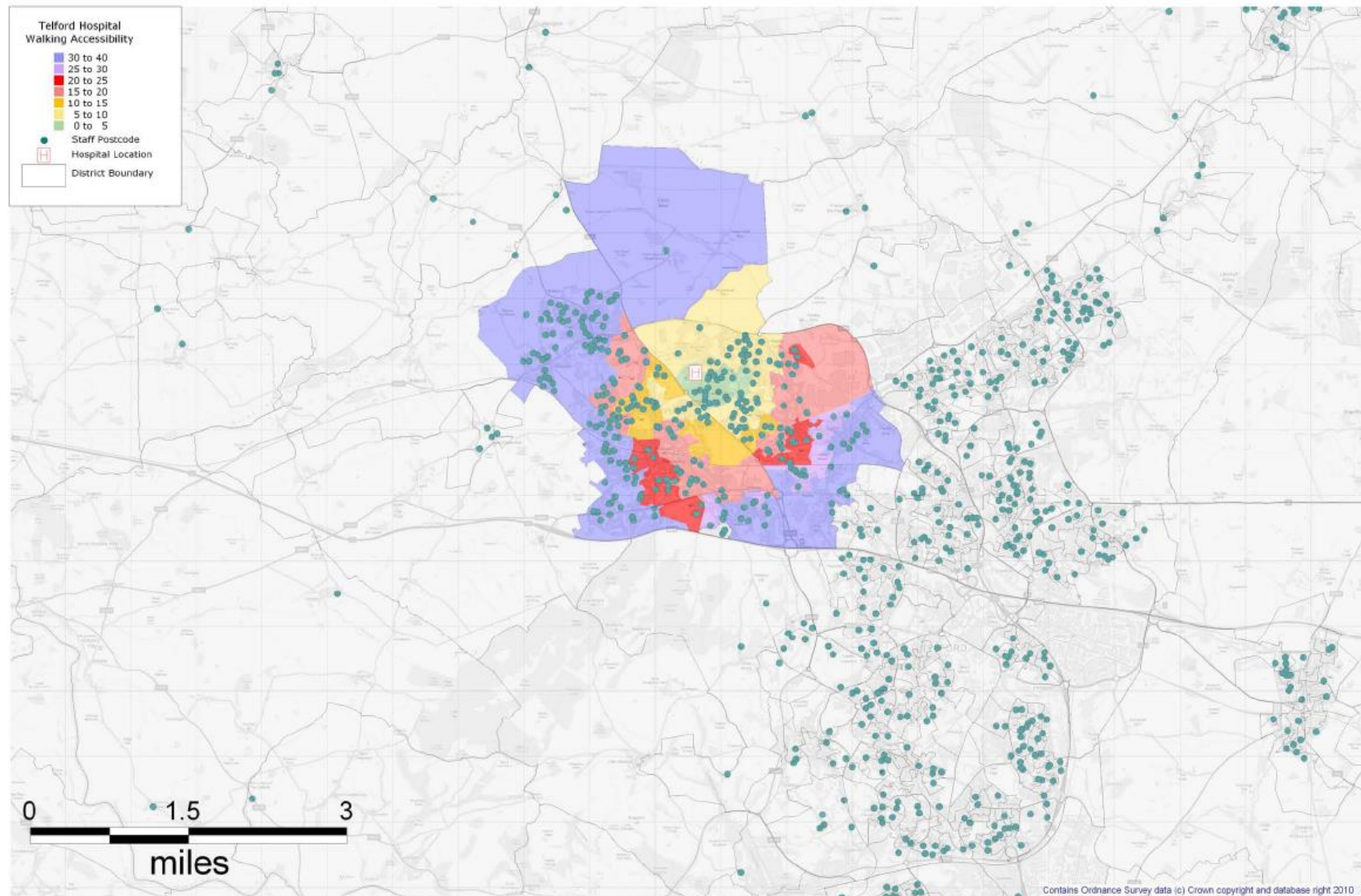
iv) **Princess Royal Hospital, Telford: Cycling Accessibility (Larger Area, Smaller Scale)**



v) **Princess Royal Hospital, Telford: Cycling Accessibility (Smaller Area, Larger Scale)**



vi) **Princess Royal Hospital, Telford: Walking Accessibility (Smaller Area, Larger Scale)**



SUSTAINABLE PROCUREMENT STRATEGY

Document Control: **Document Lead/Contact:**

Document ID

Version

Status

Date Equality Impact Assessment completed

Issue Date

Review Date

Distribution

Paul Adams

Deputy Head of Procurement

Paul.adams11@nhs.net

SHPS 002

V7.0

Draft

Updated March 2015

July 2021

June 2022

Please refer to the SHPS web page for the latest version of this Strategy.

Any printed copies may not necessarily be the most up to date

Dissemination

Internal Procurement Staff – SHPS Website –
Suppliers via Terms of Offer;

Revision History

Revision Date	Revision number	Summary of changes
30.03.2015	6.0	Amended to reflect current practice. Reference to Contracts finder added.
22.05.2021	7.0	Amended to include all Shropshire NHS Trusts, updated in line with NHS Net Zero Plan and amendments to reflect EU exit.

CONTENTS

Page

Strategic Context	3
What is a Sustainable Product	4
Aims and Objectives	4
Green purchasing	5
The Procurement Process	6
Life Cycle Analysis	8
Whole Life Costs	9

Strategic Context

In January 2020 the NHS launched the campaign a *Greener NHS* which sets out a path to a 'net zero' NHS and as a result the below targets have been set:

- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Sustainability is a key theme for the Shropshire NHS Trust's as it has clearly become apparent locally, nationally, and globally that the way we live now is having a detrimental effect on the quality of our lives and the environment we live in. To ensure a better quality of life now and for future generations, we need to look seriously at the way we use the earth's resources, operate our businesses and live our lives. A sustainable approach recognises the broader impacts of our actions and aims to minimise any adverse effects.

A more sustainable approach can be achieved through sustainable procurement - this is about taking environmental and social factors into account in purchasing decisions. It is about looking at what products are made of, where they come from, and who has made them. It's also about considering whether the item is necessary at all. Ultimately Shropshire Healthcare Procurement Service's Sustainable Procurement Strategy is about minimising the environmental and social impacts of the purchases we make.

It is not practical to issue a list of products deemed to be environmentally and / or ethically friendly but this guidance should help staff to evaluate the pros and cons of the products and services they intend to purchase. This guidance provides a framework to help staff take account of sustainability considerations throughout the procurement process.

There is much work to be done on sustainable development within the Trust, and the integration of sustainability considerations into the procurement cycle will become an integrated part of the procurement process.

Shropshire Healthcare Procurement Service (SHPS) will demonstrate leadership in sustainable procurement to support central government commitments in this area of policy and will work with its supply chains to achieve this by addressing specific aspects of sustainable procurement such as:

- Reducing fossil fuel usage to minimise climate change.
- Reducing usage of hazardous materials.
- Reducing waste
- Ensuring fair pay and working conditions through the supply chain.
- Reducing use of transport
- Reducing the use of Single Use plastics
- Work with internal stakeholders to support all sustainability activity

To address the issues outlined above, Shropshire Healthcare Procurement Service will:

- Determine the need for procurement through the development of business cases and, as part of that process, consider alternative innovative solutions to deliver the required outcomes and where appropriate consider environmental impacts, as well as financial ones.
- Procure to support the delivery of effective and efficient healthcare services, underpinning improvement in public health and the reduction of health inequalities.
- Minimise pollution and adverse impacts on the environment resulting directly and indirectly from procurement decisions.
- Minimise adverse impacts on individuals, communities, and cultures resulting directly and indirectly from procurement decisions.
- Stimulate and support innovation which provides more sustainable solutions.
- Promote transparency of sustainable procurement practice and decision-making, limiting the scope for unethical conduct (e.g bribery, corruption, deception, intimidation, fraud).
- Promote equitable working relationships throughout the supply chain.
- Provide support for the development of awareness, understanding and competency in relation to sustainable procurement across all procurement professionals at Shropshire Healthcare Procurement Service and wider NHS procurement function.
- Reduce Demand – question whether product which will last longer or can be used differently would be more appropriate
- Efficiency in use – items which consume less or have a lower environmental impact during their 'in use' life and their disposal & recycling

- Substitute and innovate – understand the environmental & social impact of goods, look into appropriate alternative products, materials or approaches can be used with less impact
- Where appropriate pool NHS purchasing power to enable sustainable procurement of goods

What is a Sustainable Product

A more sustainable product can be described as being:

- Fit for purpose and providing value for money
- Energy and resource efficient
- Durable, easily upgraded, and repairable
- Reusable and recyclable
- Ethically sourced (i.e. Wasn't made in a socially irresponsible way)
- Doesn't deplete natural, nonrenewable resources: A sustainable product is made from renewable resources; in other words, resources that can't be fully depleted.
- Doesn't directly harm the environment: The production, distribution, and/or consumption of the product uses as little energy as possible, and minimizes and responsibly disposes of waste. Almost no action is completely free from environmental impact, so most environmentally conscious companies strive to minimize negative impact.

Economic Regeneration

The three NHS Trusts represented, form one of the largest spending organisations in its locality and the more money that is spent locally, the greater the positive impact this will have on the local economy, particularly for small and medium sized businesses.

Procurement legislation and the Trusts own Standing Orders/Standing Financial Instructions limits the Trusts ability to favour local businesses, but there are numerous ways in which it can legitimately support local businesses including:

- Working proactively with partners to support local businesses through consultation, face to face meetings to explain how to do business with the Trust, and obtain their feedback in order to improve documentation and processes.
- Encourage local SME's (Small, Medium Enterprises) to join the electronic portal used by the SHPS for placing quotation/tender documents, which will open up opportunities to compete for regional business which they would normally be unaware of.
- Adhere to the Department of Health's Procurement Transparency document and ensure where practical that all contract opportunities with a contract value over £25,000 are advertised on Contracts Finder to ensure SME's are informed of opportunities.
- Involvement with wider Shropshire System including the Integrated Care System. (includes CCG's, councils and NHS Trusts)
- Issuing contracts in a manner, where possible, that doesn't preclude the following from tendering.
 - Local and regional companies
 - Small and Medium sized enterprises
 - Newly formed businesses
 - The voluntary and community sector

The challenge for procurement is to balance the following conflicting priorities:

- Obtaining value for money and the required quality/quantity
- Sourcing locally where possible within the legislative framework.

Aims and Objectives

Sustainability in purchasing need not necessarily cost more and there is now a much wider choice of environmentally friendly products. "Green goods" are not necessarily more expensive; often if the 'whole life cost' of a product is considered the cheapest product is more expensive in the long run. Whole life costing means taking into account the total cost of an item over its lifetime such as raw materials sourcing, running costs, transportation, admin costs and disposal costs.

Objectives achieved to date:-

- All relevant working procedures including below threshold procurements have been updated to review sustainability credentials in any procurement process where appropriate.
- Sustainability considerations are addressed within the procurement cycle in official tenders, i.e. for purchases

& contracts over the PCR Threshold.

- Include sustainability where possible at 10% of total award criteria in EU tenders. (Can be limited to framework contract constraints determined by other contracting bodies)

Future objectives:

- To seek alternatives to products and processes which are detrimental to the environment and social well-being by using more environmentally friendly and ethically traded and fair trade products and processes.
- To minimise waste, including: any packaging, waste produced by the product (or service) in question, during manufacture, through usage and waste generated by the eventual disposal of the product.
- To maximise the reuse and recycling of materials
- To stimulate demand for environmentally friendly products by letting manufacturers and suppliers know the environmental performance we expect of our products.
- Procure items with A or A+ energy rating where possible
- Reduce and ultimately eliminate the use of Single Use plastics
- Reduce Transport costs for NHS and supplier fleet
- Reduce Business Travel
- Ensure that transport quotes/tenders include a requirement to transition to LEV/ULEV
- Include 10% sustainability in award criteria for relevant procurement project where possible and phased increases over the next 5 years.
- Assist towards the Trust's Sustainable Development Management Plan i.e.
 - Work with all divisions to contribute to Trust wide sustainability
 - Identify high carbon spend suppliers carbon footprint
 - Achieve a score of 'Excellent' in Good Corporate Citizen model
- Reduce energy and water usage.
- Reduce Packaging, to include
 - avoiding waste and reducing landfill
 - check if the supplier will take back any substantial packaging for reuse
 - ask the supplier about the level of post consumer waste which is used in the makeup of the packaging
 - check with the supplier to ensure that packaging used on the product is recyclable
- Measurement and results, we intend to develop indicators of sustainable procurement performance and test these. Initial key performance indicators will be:-
 - Monitor reductions in waste
 - Monitor reductions in energy consumption

'Green purchasing' or 'sustainable procurement' is about considering environmental, economic, ethical and social factors when making a purchasing decision. It is about looking at what the product is made of, where it has come from and who has made it. Ultimately the aim is to minimise the environmental and social impacts of the purchases that we make.

Traditionally purchasing considerations went no further than the initial purchase price. Today we know that this initial outlay may not be the largest expense. The cost of energy and water are likely to rise significantly over the coming decades, as resource scarcity and environmental controls on utility companies increase. Cost savings that might seem marginal at today's prices could well likely decrease as prices continue to rise.

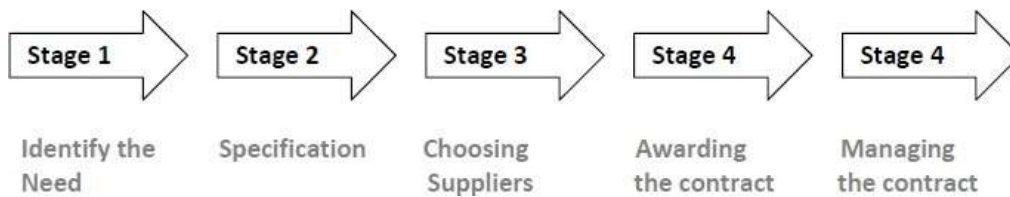
Before buying any goods, (items, products or services), a number of questions should be considered:

- *Are the goods or service really needed?* This analysis should be carried out for 'one off' and repeat purchases.
- *Can the need be met in a more sustainable way? Consider all options i.e. goods manufactured with a high recycled content or that are identified as energy efficient.*
- *Can the requirement be met by collaborating with other public sector organisations or by utilising agreed Local, Regional, National Contracts?* This may negate the need for you to undertake the process at all.
- *Is the quantity requested essential?* Order the minimum amount which it is practical to order taking into consideration economic ordering quantity. Items held in store are a cost to the Trust and are at risk from becoming obsolete and/or deteriorating. Obsolete stock items often end up in landfill sites.
- *Is a suitable piece of equipment available elsewhere in the Trust?* Consideration should be given to using equipment which may be available elsewhere in the Trust, or where possible, refurbishing existing equipment.
- *Can the product serve any useful purpose after its initial use?* If Applicable
- *What is the 'whole life cost' of the product?* Can this be built into the cost element of the procurement?
- *Is the product made from a material that came from a sustainable source?* For example office furniture produced from sustainable forests, try to build into evaluation criteria where applicable.

- *How energy and water efficient is the purchase?* If Applicable
- *What are the disposal costs for the product?* Consider building into the cost element of the procurement?
- *Is the product/service available to buy locally?* If applicable and within PCR guidelines

The Procurement Process

Purchasers are advised to consider environmental and sustainability issues as early as possible in the procurement process, as this is the point when greater influence can be exerted on the process, and where the strongest opportunities for achieving sustainable procurement can be found. SHPS are free to define the subject matter of a contract in the way that they consider it to be most sustainable, providing its within the scope of the requirement and proportional to the value of the resultant contract.



Stage 1 – Identify the need

All procurement of goods, works and services for the Trusts must be carried out in accordance with UK legislation. The Trust/s operate under individual Standing Orders (SO's) and Standing Financial Instructions (SFI's).

The process of identifying the need is the most important point in the procurement process for considering environmental and sustainability issues. You may want to question whether the purchase is really essential, or could use be made of an existing product or a more environmentally friendly product or service.

Working with potential suppliers at this stage can also be beneficial and lead to, for example, reduced or returnable packaging, minimised road transport and more environmentally friendly production processes. Engaging with suppliers allows the Trust to consider how both it and its suppliers/contractors can improve the environmental qualities of products and manufacturing processes, both of which are likely to have a positive effect on whole life costs and hence value for money. However, you must be cautious to not over involve or accept the views of particular suppliers in determining the Trusts needs. It must be generic and not specific.

Stage 2 – Specification

Careful consideration needs to be given to the way in which goods and services are specified in tender documents and quotation requests. However, legislation requires that the Trust does not indulge in anti-competitive or restrictive practices. To exclude certain sources of supply may be deemed anti-competitive or restrictive. The Trust is able to specify positive requirements that are:

- Applied equally to all tenderers
- Appropriate and relevant to the goods / service required
- A legitimate client interest
- Specified in the tender documents if going to tender
- Not anti-competitive or specify branded products

For example, to specify that hard wood veneers should not come from tropical rain forests may be restrictive. To specify that hard wood veneers should be supplied from a managed sustainable source is likely to be considered reasonable.

When writing a specification, consideration should be given to the goods / service over its lifecycle. The following can be used as a checklist to identify the potential sustainable development impacts of the goods / service you are procuring:

1. Specify the use of sustainably sourced materials
2. Minimise the impact of the disposal of the goods at the end of their use / life
3. Minimise water consumption
4. Decrease pollution and reduce single use plastics
5. Decrease transport impacts encourage transition to ULEV. Build in CO2 KPIs and set target reductions.
6. Use of renewable energy
7. Decrease the use of toxic chemicals, solvents and ozone depleting substances
8. Use of recycled materials and materials which can easily be re-used or recycled at the end of their life
9. Identify the appropriate 'environmental' symbols

This is not an exhaustive list; it is intended to assist you in identifying potential sustainable issues with your procurement. Not all will apply for each tender; likewise, there are many others that you will no doubt identify.

Stage 3 – Choosing Suppliers

In choosing suppliers, care must be taken to ensure all potential suppliers are treated fairly and that they are each assessed using the same criteria. Suppliers may be rejected if they have been found guilty of a criminal offence, concerning professional conduct, or if they have been guilty of grave professional misconduct, which can be proven. There is an opportunity to consider environmental matters in both of these cases.

For large PCR applicable contracts following the restricted/open formal procedures the Trust would use the DH selection questionnaire (SQ) that includes a section of questions on environmental matters. Potential suppliers should demonstrate that they take a serious commitment to protecting the environment in their systems and processes. This could either be by holding or working towards recognised standards such as ISO14001 Environmental Management Standard or their equivalent.

As part of the SQ or the ITT award criteria Potential suppliers may be asked to demonstrate their environmental technical competence, particularly where this is relevant to the subject of the contract, for example in construction or waste disposal contracts. In this case we can ask for specific knowledge or experience, descriptions of systems and processes for quality assurance and an indication of any environmental measures currently in place. Site visits can also be carried out. Suitable criteria with specific weighting will be incorporated into the evaluation process.

In assessing technical capacity, it is also acceptable to consider previous contract experience. If, for example, a potential supplier had failed to meet their environmental obligations on a previous contract, this can be taken into account. However care will be taken to ensure that all candidates are treated fairly.

The Trust will ensure that any evidence asked for is directly linked to the subject of the contract and ensure that information is only asked for on general policies where these have a direct affect on the suppliers' ability to perform the contract.

Stage 4 – Awarding the contract

The evaluation criteria must be defined for all tenders undertaken within the European Procurement Directives in the tender advertisement, and within the tender documentation.

For below threshold procurements where appropriate the Trust may consider factors other than price alone, in this instance the Trust should use 'the most economically advantageous tender' option. For above threshold procurements the Trust will always use 'the most economically advantageous tender' option. This allows the evaluation of bids using a range of criteria for example: cost, quality, technical merit, aesthetic and functional characteristics and running costs, all of which can have a direct impact on the environment. In assessing bids, the 'whole life cost' of goods/services should be taken into account.

The award criteria must be relevant to the subject of the contract. Purchasers should ensure that any environmental considerations are built into the tender specification at the earliest possible stage.

Stage 5 – Managing the contract

The contract forms the framework within which both parties (the Trust and the supplier / contractor) can work together for continuous improvement and mutual benefit. The process of contract management involves monitoring the contractor's performance against the standards laid down in the contract conditions and specification.

Contract conditions can be used to set environmental and/or sustainability targets for performance of the contract, whereby the contractor and customer can work together on continuous improvement in performance. For example, reducing transportation, reworking the procurement chain to remove wasteful processes, increasing the recycled content of products, minimising packaging or using only returnable packaging materials.

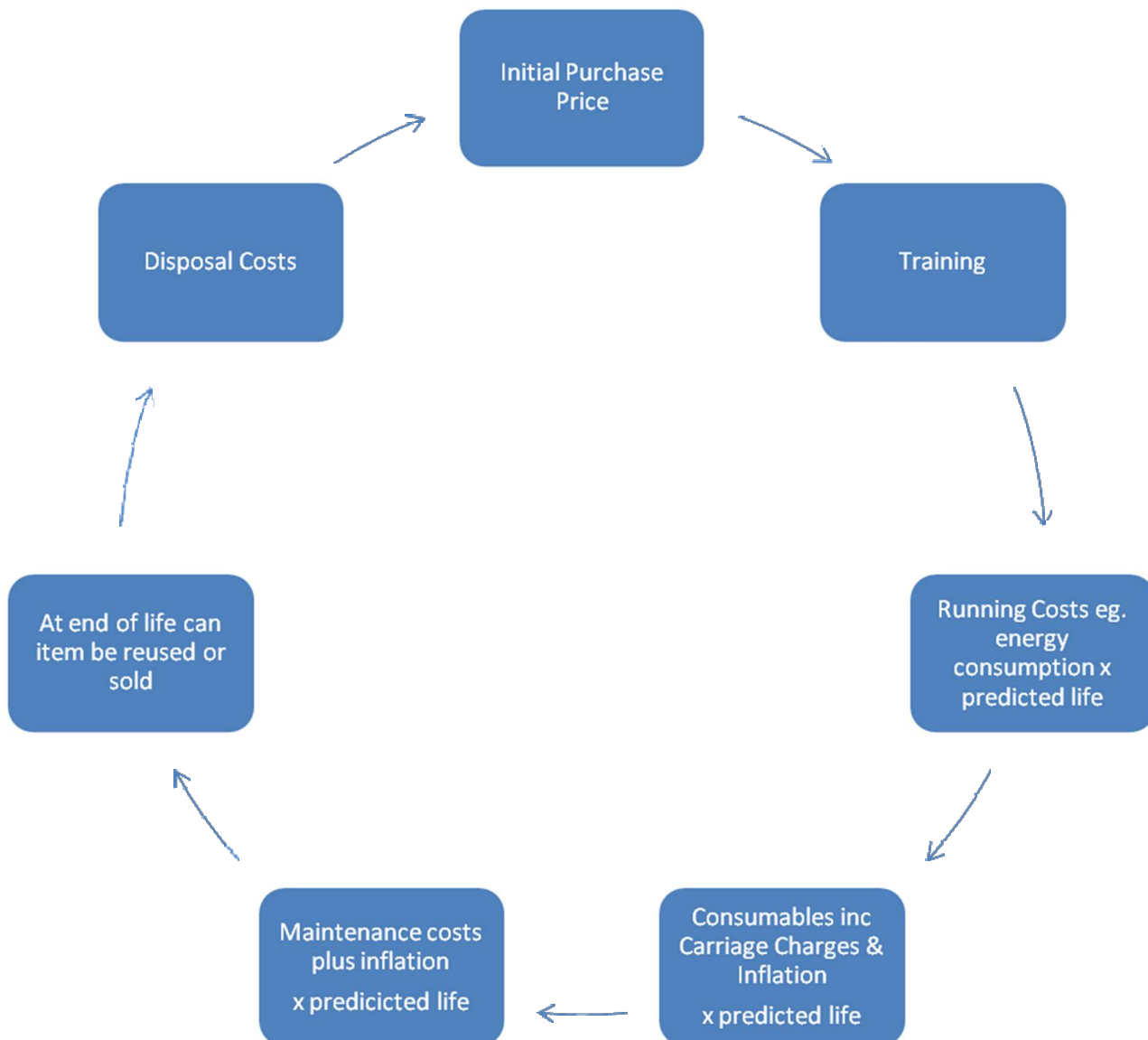
Care should also be taken to ensure that there are no contraventions of the Public Contract Regulations as contract conditions may not be used as a substitute for either a technical specification or award criteria. There must be compliance with the Trusts' Standing Orders and Standing Financial Instructions.

Life Cycle Analysis Considerations

At the moment manufacturers are seeing a massive shift in their requirement towards producing goods that have been sourced sustainably, that are energy efficient during use and can be recycled at the product's end of life. However it is the purchaser's responsibility to buy these goods in the first place and to ensure that they are used and disposed of as they were intended. It takes both producers and purchasers to be responsible for a product's 'life cycle'.

Where appropriate the Trust will use this analysis in specific tenders to ensure that full lifetime costs are considered.

Below is a simplified diagram showing a product's life cycle. It is important to be aware that the Trusts purchasing power has an effect not just on the product use stage, but also throughout the entirety of the 'product life'



The main environmental impacts of products occur at different times throughout their lifecycle. For some products, such as a plastic chair, the main impacts arise in the production and disposal whereas a fridge or freezer, which uses electricity, has impacts all the way through its life.

Whole Life Costs

A life cycle analysis takes into account the total cost of a purchase, not just the immediate price. It takes the following factors into consideration: -

Factors	Examples
Direct running costs	Energy, water and other resources used over the lifetime of the product/service.
Indirect costs	Less energy efficient IT equipment will produce more heat causing units in air conditioned buildings to work harder, thus increasing the electricity bill.
Administration costs	Overheads from purchases requiring special handling and disposal (i.e. pesticides and cleaning products).
Spending to save	Buying more durable or energy efficient products which may initially be more expensive but results in long-term savings.
Training	Time, money and effort spent training staff to operate products if they are not user friendly.
Recycling capabilities	Purchasers can create markets for their own waste by buying products containing recycled materials (i.e. paper, remanufactured toner cartridges etc).
Specifying refurbished products	Purchasers can buy refurbished products / parts rather than insisting on new items.
Cost of disposal	It may be worthwhile to pay a premium to a supplier to remove the product or hazardous substance at the end of its life.
Disposal options	Reduce - Only buy when absolutely necessary Re-use - Have systems in place whereby items such as furniture, equipment and other office related goods can be re-allocated within the Trust, instead of being discarded. Recycle - Specify to suppliers that they should operate a system to take back any packaging and unwanted/spent items which can be recycled or re-used.

Review

This policy will be reviewed annually, as a minimum, to ensure that it is dealing with the issues that it is designed to address

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH1	SH1: With regard to the Estates and Facilities Operational Management can the organisation evidence the following?	Applicable	Applicable	This SAQ relates to the overall management of the E&F function and how specific technical areas (covered by separate SAQs) are managed, reported, escalated and reviewed in a consistent way	1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration. 1. Health Technical Memorandum 00: Policies and principles of healthcare engineering 2. Health Building Note 00-08: The efficient management of healthcare estates and facilities
SH1	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH1	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH1	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH1	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	
SH1	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>
◀◀ Back to instructions	

	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH1	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	2. Health Building Note 00-08: The efficient management of healthcare estates and facilities 3. Health Building Note 00-08: Land and Property Appraisal 4. A RISK-BASED METHODOLOGY FOR ESTABLISHING AND MANAGING BACKLOG (NHS Estates 2004) 5. ESTABLISHING AND MANAGING BACKLOG (NHS Estates 2004) 6. Monitor: The asset register and disposal of assets: guidance for providers of commissioner requested services 7. BS ISO 55000, 55001 & 55002: 2014 Asset Management 8. Quality Management System supported by the International Organisation for Standardisation ISO 9001 Quality Management System, or the current European Foundation for Quality Management (EFQM) Excellence Model criteria or equivalent.
SH1	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans;	
SH1	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH2	SH2: With regard to the Design, Layout and Use of Premises [Functional suitability/Fitness for Purpose] can the organisation evidence the following in relation to functional suitability/?	Applicable	Applicable	SH2: With regard to the Design, Layout and Use of Premises in relation to functional suitability can the organisation evidence the following? Critical dimensions, distance to key departments and access points, patient observation, mixed sex compliance, security, toilet facilities, storage, provision for people with disabilities, parking, public transport, lifts and stairs	
SH2	1. Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Estate strategy setting out current baseline, plans to address deficiencies including organisations risk management process/systems 4. Dementia strategy/policy 5. Privacy and dignity strategy/policy 6. Equality Act accessibility assessment 7. Local Authority approved travel plan 8. Security policy 9. Standard specification+E21	
SH2	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period: 4. If technical expertise in-house - job descriptions, PDP's, TNA, training plans 5. If technical expertise outsourced - specification, qualifications and references. Evidence of employing appropriately qualified experienced people in key roles as identified in the HTMs and other standards.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH2	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. Six facet survey	Health and Social Care Act 2008 Regulations 14: and CQC guidance for providers on meeting the regulations - Regulations 10 and 15 (1) (c, d and f) Land and property appraisal (2007 DH) Equality Act 2010 2010 to 2015 government policy: compassionate care in the NS HTM 07-03 NHS Car parking management, environment and sustainability HBN 00-01 General design guidance for healthcare buildings HBN 00-08 Strategic framework for the efficient management of healthcare estates and facilities HBN 45 External works for health buildings HBN 00-02 Designing sanitary spaces Building Regulations Parts M and K Dementia design checklist HBN 08-02 Dementia friendly health and social care environments NHSI Dementia assessment and improvement framework Privacy and dignity report by the CNO into mixed sex accommodation in hospitals NHS Protect crime risk assessment standard - cross reference to security SAQ SS6 HBN 00-09 Infection control in the built environment
SH2	4: Maintenance Are relevant assets, equipment and plant adequately maintained? (Note 1)	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records; 4. Life cycle costing plans	
SH2	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records: 3. If technical expertise outsourced - appointment of qualified consultant or investment in training for staff in functional suitability issues (critical dimensions, distance to key departments and access points, patient observation, mixed sex compliance, security, toilet facilities, storage, provision for people with disabilities, parking, public transport, lifts and stairs) 4. If technical expertise in-house - PDP's, TNA, training plans, certificates of attendance/accreditation Purpose is to be able to identify levels of compliance to inform strategy/priority/investment	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH2	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans. 5. Plans in place if ward/unit is closed due to unacceptable levels of compliance - breach of 15 (1) (c, d and f) 6. Test reports/action plans 7. Escalation to relevant committees 8. Peer review outputs	
SH2	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Six facet survey; 4. Access audits; 5. Technical reports to cover critical dimensions, distance to key departments and access points, patient observation, mixed sex compliance, security, toilet facilities, storage, provision for people with disabilities, parking, public transport, lifts and stairs 6. Audit plan 7. Audit reports 8. Peer review output	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH2	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH3	SH3. With regard to Estates and Facilities Document Management can the organisation evidence the following?	Applicable	Applicable	This SAQ covers the coordination and control of the flow (storage, retrieval, processing, printing, copying, routing, distribution and disposal) of electronic and paper documents for Estates & Facilities documents in a secure and efficient manner.	1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations 17(2)(d) maintain securely such other records as are necessary to be kept in relation to— (I) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity; Records relating to people employed and the management of regulated activities must be created, amended, stored and destroyed in accordance with current legislation and guidance. Records relating to people employed must include information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This applies to all staff, not just newly appointed staff. Providers must observe data protection legislation about the retention of confidential personal information. Records relating to the management of regulated activities means anything relevant to the planning and delivery of care and treatment. This may include governance arrangements such as policies and procedures, service and maintenance records, audits and reviews, purchasing, action plans in response to risk and incidents. Records must be kept secure at all times and only accessed, amended or destroyed by people who are authorised to do so. Information in all formats must be managed in line with current legislation and guidance. Health Technical Memorandum 00: Policies and principles of healthcare engineering 2. BS EN 15221 Facilities Management 3. BS ISO 55000, 55001 & 55002: 2014 Asset Management 4. Quality Management System supported by the International Organisation for Standardisation ISO 9004 Quality Management System or the current European Foundation
SH3	1: Document Management System in Place Does the Organisation have an effective and efficient document management system in place proportional to the level of complexity, hazards and risks concerned?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Asset Register; 4. Estates Terrier; 5. Risk Assessments; 6. Test Certificates and records; 7. Insurance test certificates; 8. Building Information Modelling (BIM);	
SH3	2: Approval of documents Are documents approved for adequacy prior to issue?	2. Good	2. Good	1. Test Certificates and records; 2. Insurance test certificates;	
SH3	3: Review of documents Are documents reviewed and updated as necessary with changes identified?	2. Good	2. Good	1. Regular of policies and procedures to ensure implementation;	
SH3	4: Availability of documents Are all relevant versions of applicable documents available at points of use?	2. Good	2. Good	1. Review of document availability both in terms of policies/procedures as well as spot checks on availability;	
SH3	5. Legibility of Documents Are all relevant documents legible and readily identifiable?	2. Good	2. Good	1. Review of document availability both in terms of policies/procedures as well as spot checks on legibility;	
SH3	6: Document Control Are all internal and external documents identified and their distribution controlled?	2. Good	2. Good	1. Review of policies and procedures to ensure implementation;	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH3	7: Obsolescence Is there a process to prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose?	2. Good	2. Good	1. Formal procedures in place to identify and replace obsolete documents; 2. Records of document replacement; 3. Review of documents replacement records to ensure completeness and accuracy;	Standardisation ISO 9001 Quality Management System, or the current European Foundation for Quality Management (EFQM) Excellence Model criteria or equivalent.
SH3	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH4	SH4: With regard to Health & Safety at Work can the organisation evidence the following?	Applicable	Applicable	This SAQ relates to overall H&S management. Most of the Safety SAQs will contain aspects of compliance with H&S legislation also e.g. risk assessments and COSHH assessments.	1. The Health and Safety at Work etc. Act 1974: The HSE with local authorities (and other enforcing authorities) is responsible for enforcing the Act and a number of other Acts and Statutory Instruments relevant to the working environment. 2. HSE. Management of health and safety at work. Management of Health and Safety at Work Regulations 1999: Approved Code of Practice & guidance. L21 2nd edition. 2000. 3. IoD / HSC. Leading health and safety at work: leadership actions for directors and board members. IoD & HSE publication, 2007 4. HSE. Consulting workers on health and safety. Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended): Approved Codes of Practice and guidance.
SH4	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Evidence that H&S regulations are: - Understood by all teams involved - Applied by all teams involved - Systematically checked for compliance - Reported for exceptions 4. H&S Committee involvement - committee structure chart and terms of reference 5. Procedures to Ensure Staff and Contractors have Appropriate Competencies and Professional Indemnities and Liabilities	
SH4	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood? (Note 1)	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:1. Adequate welfare facilities 4. COSHH assessments 5. Health and Safety audits / inspections (completed internal and examples of any external agency reports and associated action plans) 6. Plant and equipment are safe including maintenance, service and test reports 7. Safe arrangements for the use, handling, storage and transport of articles, materials and substances, 8. Safe access and egress.	
SH4	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. Examples of completed risk assessments – including COSHH, DSE, stress etc.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>
◀◀ Back to instructions	

	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH4	4. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements? (Note 1)	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records; 3. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports	L186. 2008. 5. HSE, A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, HSE Books, 3rd Edition, 2008. 6. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • There should be regular health and safety risk assessments of the premises (including grounds) and equipment. The findings of the assessments must be acted on without delay if improvements are required. 17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service. Providers must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services. Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate. Identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased. 7. CQC Provider Handbooks W2.9. Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?
SH4	5: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans. 5. H&S information for staff 6. Copies of permits to work issued and documented procedures and training records for staff responsible for issue of permit to work 7. Copies of insurance and written schemes of inspection certificates 8. Evidence of compliance with all relevant published HBNs, CFPPs and HTMs 9. Meeting minutes 6. Documentation and procedures for Safe systems of work	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>
◀◀ Back to instructions	

	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH4	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Incident reports and subsequence investigations including root cause analysis investigations	
SH4	7: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH5	SH5: With regard to Asbestos can the organisation evidence the following?	Applicable	Applicable		
SH5	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Permits to work 4. Procedures to undertake work 5. Asbestos management plan 6. Asbestos register	
SH5	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period: 4. Procedures to ensure staff and contractors have appropriate competencies, licences, professional indemnities and liability cover, also a record that these have been checked. 5. Permits to work 6. Evidence of employing appropriately qualified experienced people in key roles as identified in the HTMs and other standards.	
SH5	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. A documented record of the location and condition of the asbestos containing materials - or materials which are presumed to contain asbestos. 5. Evidence of risk assessments relating to the potential exposure to fibres from the materials identified. 6. A plan that sets out in detail how the risks from these materials will be managed and how this has been actioned.	
					1. Control of Asbestos Regulations 2016 2. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used,

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH5	4. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.
SH5	5: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Not applicable	Not applicable	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans. 5. Evidence that reasonable steps have been taken to find out if there are materials containing asbestos in non-domestic premises, and if so, its amount, where it is and its condition. 6. Evidence that there is a period review of the plan and the arrangements in place to ensure that the plan remains relevant and up-to-date.	3. REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals Regulations 2006). 4. HSE equipment and method series (em1 etc.) 5. HSE asbestos essentials task sheets (A1 etc.)
SH5	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Evidence that information on the location and condition of the materials is provided to anyone who is liable to work on or disturb them 4. Active asbestos register 5. Significant findings from Authorising Engineer reports and action plans.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH5	7: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£69,250	£50,000		
	Revenue consequences of achieving compliance	£1,000	£1,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH6	SH6: With regard to Medical Gas Systems can the organisation evidence the following?	Applicable	Applicable		<div>1. Health Technical Memorandum: 02-01: Medical gas pipeline systems</div> <div>2. HTM 00: Policy and Principles of Healthcare Engineering</div> <div>3. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations</div> <div>15(1) All premises and equipment used by the service provider must be—</div> <div>15(1)(d) properly used,</div> <div>15(1)(e) properly maintained, and</div> <div>• Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation.</div> <div>• The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used.</div> <div>• There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.</div> <div>• Providers must have operational policies and procedures and maintenance budgets to</div>
SH6	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH6	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:1. Permit to work 4. Approved persons 5. Authorised Persons 6. Evidence of employing appropriately qualified experienced people in key roles as identified in the HTMs and other standards.	
SH6	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH6	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	
SH6	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH6	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	• Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration. 4. CQC Provider Handbooks S3.10. Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.)
SH6	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Significant findings from Authorising Engineer reports and action plans. 4. Audits to Ensure Staff and Contractors have Appropriate Competencies and Professional Indemnities and Liabilities	
SH6	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£96,320	£90,000	COSTS SHARED WITH SH7	
	Revenue consequences of achieving compliance	£1,000	£1,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH7	SH7: With regard to Natural Gas and specialist piped systems can the organisation evidence the following?	Applicable	Applicable	See SAQ SH6 for Medical gas systems. This SAQ covers other gas installations and piped systems with specialist requirements such as high purity, compressed air negative pressure systems.	1. Gas Appliances (Safety) Regulations 1995 2. Gas Safety (Installations) & Use) Regulations 1998 3. HTM 00: Policy and Principles of Healthcare Engineering 4. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be—
SH7	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH7	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period: 4. Approved persons, including employing a suitably qualified person where appropriate, i.e. "Gas Safe Registered" 5. Evidence of employing appropriately qualified experienced people in key roles as identified in the HTMs and other standards. 6. Permit to work	
SH7	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH7	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH7	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records;	15(1)(f) All premises and equipment used by the service provider must be 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH7	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	
SH7	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Audits to Ensure Staff and Contractors have Appropriate Competencies and Professional Indemnities and Liabilities 4. Quality Control Evidence	
SH7	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
	Capital cost to achieve compliance	£0	£0	COSTS SHARED WITH SH6	
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH8	SH8: With regard to Water Safety Systems can the organisation evidence the following?	Applicable	Applicable		Health Technical Memorandum 00: Policies and principles of healthcare engineering 1. Water Supply (Water Fittings) Regulations 1999 2. Defra’s guidance to the Water Supply (Water Fittings) Regulations 3. HSE's Approved Code of Practice (ACoP) L8 (2013), HSG274 Parts 1, 2 and 3, HTM 04-01: the control of legionella, hygiene, "safe" hot water, cold water and drinking water systems (Scheduled to be replaced in April 2016 by HTM 04-01: Safe water in healthcare premises) 4. Notification of Cooling towers and Evaporative Condensers Regulations 1992 4. Health Technical Memorandum 04-01: Addendum Pseudomonas aeruginosa 5. Health Technical Memorandum 07-01: Water Management and Water Efficiency 6. Health Technical Memorandum 07-04: Water management and water efficiency – best practice advice for the healthcare sector 7. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC
SH8	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Procedures to Ensure Staff and Contractors have Appropriate Competencies and Professional Indemnities and Liabilities; 4. Water Safety Plans in place, including legionella written scheme 5. Action Plans, including their implementation 6. Control Measures and testing micro- organisms including Legionella and Pseudomonas 7. Organisations with boreholes must comply with the Private Water Supplies Regulations 2009	
SH8	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period: 4. Water Safety Group with relevant advice and attendees	
SH8	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	2. Good	4. Requires moderate improvement	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH8	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	2. Good	3. Requires minimal improvement	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH8	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH8	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	
SH8	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Reports to Infection Control Committee or other groups within the Governance Structure 4. Significant findings from Authorising Engineer reports and action plans.	
SH8	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£11,000	£1,000		
	Revenue consequences of achieving compliance	£1,000	£120,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH9	SH9: With regard to Electrical Systems can the organisation evidence the following?:	Applicable	Applicable	This SAQ covers all aspects of electrical safety such as high and low voltage, switchgear, BMS, fire detection, communication, security, Lightning protection, PAT testing etc.	
SH9	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH9	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period: 4. Evidence of employing appropriately qualified experienced people in key roles as identified in the HTMs and other standards.	
SH9	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH9	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records 4. Copies of test certificates/EC Declarations of Conformity 5. Records of inspections/thorough examinations 6. Written schemes of examination 7. Copies of insurance certificates/formal documentation from notified bodies	
					1. Electricity at Work Regulations 1989 (EAWR) 2. Electrical Equipment (safety) Regulations 1994 3. Electromagnetic Compatibility regulations 1992 4. Fuel and Electrical (Heating) (Control) (Amendment) Order 1980 5. Health Technical Memorandum 06-01: Electrical Services/Safety 6. HTM 00: Policy and Principles of Healthcare Engineering 7. HTM 06-01: Electrical Services/Safety; 8. HTM 06-02: Electrical Safety Guidance for Low Voltage Systems in healthcare premises 9. HTM 06-03 Electrical safety guidance for high voltage systems in healthcare premises

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH9	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records;	10. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH9	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	
SH9	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Significant findings from Authorising Engineer reports;	
SH9	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
	Capital cost to achieve compliance	£10,300	£10,000		
	Revenue consequences of achieving compliance	£1,000	£1,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH10	SH10: With regard to Mechanical Systems and Equipment e.g. Lifting Equipment can the organisation evidence the following?	Applicable	Applicable	This SAQ covers mechanical systems not included elsewhere e.g. space heating. Equipment with a medical use is assessed under SH15 Medical devices and Equipment.	
SH10	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH10	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH10	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH10	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records 4. Copies of test certificates/EC Declarations of Conformity 5. Records of inspections/thorough examinations 6. Copies of insurance certificates/formal documentation from notified bodies 7. Written schemes of examination	
					1. Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) 2. Provision and Use of Work Equipment Regulations 1998 (PUWER) 3. HTM 00: Policy and Principles of Healthcare Engineering 4. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH10	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH10	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	
SH10	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans;	
SH10	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£1,000	£1,000		
	Revenue consequences of achieving compliance	£1,000	£1,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH11	SH11: With regard to Ventilation, Air Conditioning and Refrigeration Systems can the organisation evidence the following?	Applicable	Applicable		<div>1. Health Technical Memorandum 03-01: Specialist Ventilation for Healthcare Premises</div> <div>2. HTM 00: Policy and Principles of Healthcare Engineering</div> <div>3. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations</div> <div>15(1) All premises and equipment used by the service provider must be—</div> <div>15(1)(d) properly used,</div> <div>15(1)(e) properly maintained, and</div> <div>• Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation.</div> <div>• The provider’s Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used.</div> <div>• There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must</div>
SH11	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH11	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH11	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH11	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. HTM 03-01 part B recommends: a. All ventilation plant should meet a minimum requirement in terms of the control of Legionella and safe access for inspection and maintenance. b. All ventilation plant should be inspected annually. c. The performance of all critical ventilation systems (such as those servicing operating suites) should be verified annually	
SH11	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH11	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration
SH11	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Significant findings from Authorising Engineer reports;	
SH11	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£12,000	£10,000		
	Revenue consequences of achieving compliance	£1,000	£1,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH12	SH12: With regard to Lifts, Hoists and Conveyance Systems can the organisation evidence the following?	Applicable	Applicable	Medical hoists and lifts are covered under SH15 Medical Devices and Equipment.	1. Lifts Regulations 1997 2. HTM 00: Policy and Principles of Healthcare Engineering 3. HTM 08-02: Lifts 4. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must
SH12	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH12	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH12	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH12	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. Copies of test certificates/EC Declarations of Conformity 5. Records of inspections/thorough examinations 6. Copies of insurance certificates/formal documentation from notified bodies 7. Written schemes of examination	
SH12	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH12	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH12	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Significant findings from Authorising Engineer reports;	
SH12	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£800	£800		
	Revenue consequences of achieving compliance	£200	£200		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH13	SH13: With regard to Pressure Systems can the organisation evidence the following?	Applicable	Applicable	Users can assess the specific requirements around Pressure Systems in this SAQ or within relevant SAQ with pressure systems e.g. medical gases. The approach used should be explained in the notes column.	<div>1. Simple Pressure Vessels (Safety) Regulations 1991</div> <div>2. Pressure Systems Safety Regulations 2000 (PSSR)</div> <div>3. Pressure Equipment Regulations 1999</div> <div>4. HSE Guidance Note PM5 1989 Automatically Controlled steam and hot water boilers</div> <div>5. ACoP L122 Safety of Pressure Systems</div> <div>6. HTM 00: Policy and Principles of Healthcare Engineering</div> <div>7. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations</div> <div>15(1) All premises and equipment used by the service provider must be—</div> <div>15(1)(d) properly used,</div> <div>15(1)(e) properly maintained, and</div> <div>• Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant</div>
SH13	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH13	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH13	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH13	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records 4. Copies of test certificates/EC Declarations of Conformity 5. Records of inspections/thorough examinations 6. Copies of insurance certificates/formal documentation from notified bodies 7. Written schemes of examination 8. Schedule 2 letters for leased bulk oxygen tanks	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH13	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements? (Note 1)	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records;	legislation. • The provider’s Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers’ instructions and the provider’s policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH13	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	3. Requires minimal improvement	3. Requires minimal improvement	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	
SH13	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans;	
SH13	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£9,905	£8,000		
	Revenue consequences of achieving compliance	£1,000	£1,000		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH14	SH14: With regard to Fire Safety can the organisation evidence the following?	Applicable	Applicable	This SAQ assesses Fire Safety in its entirety including detection and alarm systems, sprinkler/water mist systems, fire damper operation etc. There may be some overlap with other SAQs, e.g. SH9 and SH11 that can be cross referred to avoid duplication	<div>1. Regulatory Reform (Fire Safety) Order 2005</div> <div>2. Management of Health and Safety at Work and Fire Precautions (Workplace) (Amendment) Regulations 2003</div> <div>3. The Fire and Rescue Services Act 2004</div> <div>4. Health and Safety (Training for Employment) Regulations 1990</div> <div>5. Health and Safety at Work Act 1974</div> <div>6. Management of Health and Safety at Work Regulations 1999</div> <div>7. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</div> <div>8. Safety Representatives and Safety Committees Regulations 1977</div> <div>9. Building Regulations 2010</div> <div>10. The Housing Act 2004</div> <div>11. HTM 05-01: Managing Healthcare Fire Safety</div> <div>12. HTM 05-02 Guidance in Support of Functional Provisions for Healthcare Premises</div> <div>13. HTM 05-03 Operational Provisions</div> <div>14. HM Government – fire safety risk assessment: ‘Means of Escape for Disabled People’</div> <div>15. HM Government – fire safety risk assessment: ‘Healthcare premises’</div> <div>16. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations</div>
SH14	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH14	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH14	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4. Fire Risk Assessments 5. Fire Safety Plans and Reviews 6. Compartmentalization drawings.	
SH14	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place e.g. fire alarm systems, fire doors, fire extinguishers; 3. Quality control/Inspection records	
SH14	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements? (Note 1)	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH14	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Not applicable	Not applicable	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans. 5. Plans for fire alarm replacement in cases of system failure	Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used. • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration.
SH14	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures? (Note 1)	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Significant findings from Authorising Engineer reports; 4. Fire service audits; 5. Evacuation tests;	
SH14	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH15	SH15: With regard to Medical Devices and Equipment can the organisation evidence the following?	Applicable	Applicable	Decontamination is covered under SAQ SS1	1. Provision and Use of Work Equipment Regulations 1998 2. ACoP 22 Safe Use of work Equipment. Health Technical Memorandum 00: Policies and principles of healthcare engineering 3. Medicines and Healthcare Products Regulatory Agency (MHRA) Guidance 4. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(c) suitable for the purpose for which they are being used, • Reasonable adjustments must be made when providing equipment to meet the needs of people with disabilities, in line with requirements of the Equality Act 2010. • There must be sufficient equipment to provide the service. 15(1)(d) properly used, 15(1)(e) properly maintained, and • There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures. • All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for whom is it provided.
SH15	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH15	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH15	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	2. Good	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH15	4: Maintenance Are assets, equipment and plant adequately maintained?	2. Good	2. Good	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	
SH15	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH15	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Not applicable	Not applicable	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	• Providers must make sure that staff and others who operate the equipment are trained to use it appropriately. 15(1)(f) appropriately located for the purpose for which they are being used. Equipment must be accessible at all times to meet the needs of people using the service. This means it must be available when needed, or obtained in a reasonable time so as not to pose a risk to the person using the service. Equipment includes chairs, beds, clinical equipment, and moving and handling equipment. 15(2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used. • Multiple use equipment and devices must be cleaned or decontaminated between use. Single use and single person devices must not be re-used or shared. All staff must understand the risk to people who use services if they do not adhere to this
SH15	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans;	
SH15	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH16	SH16: With regard to Resilience, Emergency and Business Continuity Planning can the organisation evidence the following?	Applicable	Applicable	This SAQ looks at the overall approach to resilience, emergency and business continuity planning.	
SH16	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	3. Requires minimal improvement	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH16	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	3. Requires minimal improvement	3. Requires minimal improvement	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH16	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	3. Requires minimal improvement	2. Good	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH16	4: Maintenance Are assets, equipment and plant adequately maintained?	Not applicable	Not applicable	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	
SH16	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	Not applicable	Not applicable	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	5. CQC Provider Handbooks S5.2. What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH16	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans;	
SH16	7: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	2. Good	2. Good	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£750	£750		
	Revenue consequences of achieving compliance	£50	£50		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH17	SH17: With regard to the reporting of safety related issues and actioning of safety related alerts for estates and facilities issues can the organisation evidence the following?	Applicable	Applicable	This SAQ relates to: 1. Reporting safety related incidents and accidents, 2. Ensuring corrective action is taken where notified in E&F safety alert system and similar.	
SH17	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH17	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period: 4. Embedding bulletins into practice	
SH17	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	Not applicable	Not applicable	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers;	
SH17	4. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	2. Good	2. Good	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	
					1. National Framework for Reporting and Learning from Serious Incidents Requiring Investigation 2. Regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009 3. Department of Health Never Events Policy Framework 4. RIDDOR 5. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 17(2)a Subject to statutory consent and applicable confidentiality requirements, providers

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH17	5: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Not applicable	Not applicable	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans.	must share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. These bodies include safeguarding boards, coroners, and regulators. Where they identify that improvements are needed these must be made without delay.
SH17	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Incident reports 4. Investigations	
SH17	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		
SH18	SH18: With regard to ensuring estates and facilities services are safe and suitable when the organisation is not directly responsible for providing these services can the organisation evidence the following?	Applicable	Applicable	This SAQ mainly refers to ensuring rented (or similar) premises and related services are safe and suitable. Outsourced services will generally be considered under the relevant SAQ and Contractor management SH16. See the NHS PAM guidance for details on the PAM assessment for multiple small sites.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH18	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	3. Requires minimal improvement	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures;	
SH18	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood? (Note 1)	3. Requires minimal improvement	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH18	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	Not applicable	Not applicable	1. Risks reviewed and included in local risk register; 2. Mitigation strategies for areas of risk identified; 3. Review and inclusion of risks into Trust risk registers; 4.. A fire safety risk assessment has been undertaken and that a practice fire evacuation of the building has been undertaken	
SH18	4: Maintenance Are assets, equipment and plant adequately maintained?	Not applicable	Not applicable	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records	
SH18	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	Not applicable	Not applicable	1. Provision of sufficient training, instruction, supervision and information to enable all employees to contribute positively to their own safety and health at work and to avoid hazards and control the risks, including safe use of plant, service and test reports; 2. Training needs analysis for all staff and attendance records:	
					1. Health and Safety at Work Act 1974 2. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See Annex A for relevant legislation. • The provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used.

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH18	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Not applicable	Not applicable	1. Assessment undertaken of resilience risks both direct and indirect; 2. Emergency response and business continuity plans developed and reviewed; 3. Regular testing of Emergency response and business continuity plans appropriate to identified risk levels; 4. Records of testing and responses of actual incidents collated, assessed and used to update risk and plans;	<ul style="list-style-type: none">• There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.• Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration 3. CQC Provider Handbooks W2.3. How are working arrangements with partners and third party providers managed?
SH18	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	2. Good	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Safe systems in place for electrical safety to include Portable Appliance Testing (PAT) testing 4. Control of Substances Hazardous to Health (COSHH) assessment has been undertaken and documented 5. Adequate security of the premises, e.g., panic alarms in the consulting rooms 6. A safe and effective system for storage of all waste 7. All staff are aware of their roles and responsibilities in the event of an emergency	
SH18	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH19	SH19: With regard to Contractor Management for Soft and Hard FM services can the organisation evidence the following?	Applicable	Applicable	This SAQ covers using E&F contractors for a full range of services from maintenance and servicing to major construction, both Hard and Soft FM . It is about ensuring: competent contractors are appointed, adequately informed, instructed and trained, managed and supervised, co-ordinated and co-operate.	
SH19	1: Policy Does the organisation have a current and approved policy and if applicable, a set of underpinning set of procedures relating to contractor management.	2. Good	2. Good	1. Policy and procedures relevant to E&F services relevant to the trust/site; 2. Regular assessment of policies and procedures; 3. Preventative/corrective strategies; demonstration of documented process and procedure whereby non-compliance is identified and remediation strategies are developed and delivered.	
SH19	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood who are responsible for the management of contractors?	2. Good	2. Good	1. Trust management structure/organogram for this area; 2. Job descriptions including roles and responsibilities; 3. Key relevant Objectives for the period:	
SH19	3: Risk Assessment Are contractors risk assessments and if applicable, method statements (RAMS) requested from the contractor(s) prior to works commencing and reviewed for their appropriateness?	2. Good	2. Good	1. Agreed allocation of risk is monitored; 2. Risks reviewed and included in local risk register; 3. Mitigation strategies for areas of risk identified; 4. Review and inclusion of risks into Trust risk registers;	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>			
◀◀ Back to instructions					
Ref.	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH19	4: Maintenance Does the organisation hold the necessary proof to demonstrate consistent contractor maintenance activities - for its contracted services.	Not applicable	Not applicable	1. Preventative/corrective maintenance strategies, together with statistical analysis of departmental performance e.g. response times, outstanding works, equipment down-time etc. 2. Planned preventative maintenance system in place; 3. Quality control/Inspection records 4. Documented evidence of audits and reviews to support compliance. 5. Auditing and inspecting the Contractors' work, ensuring that they comply with the contractual requirements on quality, Health and Safety, environmental and legislative requirements. 6. Managing communication between the Contracting Body and the Sub-Contractors;	1. Health and Safety at Work etc. Act 1974 2. Construction (Design and Management) Regulations 3. HSE INDG368 4. Management of Health and Safety at Work Regulations 5. Legislation relevant to the service provided, as detailed in relevant SAQs. 6. Building Regulations 7. Planning Legislation including listed building consents 8. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC Guidance for providers on meeting the regulations 15(1) All premises and equipment used by the service provider must be— 15(1)(c) suitable for the purpose for which they are being used, • Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the provider should have appropriate contingency plans and arrangements to mitigate the risks to people using the service. 15(1) All premises and equipment used by the service provider must be— 15(1)(d) properly used, 15(1)(e) properly maintained, and • Any change of use of premises and/or equipment should be informed by a risk assessment and providers must make appropriate alterations to premises and equipment where reasonably practical. Where this is not possible, providers should have appropriate contingency plans and arrangements to mitigate the risks to people using the service. Alterations must be in line with current legislation and guidance. 9. CQC Provider Handbooks W2.3. How are working arrangements with partners and third party providers managed?
SH19	5. Contractor Competence With regards to the competence of the contractors - has the organisation checked that contractors are using suitably competent persons to carry out the contracted services?	2. Good	2. Good	1. Adequate insurance. 2. Performance monitoring against agreed Key Performance Indicators. 3. Evidence of professional qualifications and experience;	
SH19	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Not applicable	Not applicable	1. Supplier Business Continuity and Disaster Recovery Plan.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)	The organisation provides assurance for Estates, Facilities and its support services that the design, layout, build, engineering, operation and maintenance of the estate meet appropriate levels of safety to provide premises that supports the delivery of improved clinical outcomes. The SAQs collectively provide assurance that the <i>design, maintenance and use of facilities, premises and equipment keep people safe.</i>
◀◀ Back to instructions	

	SAQ/Prompt Questions	2020-21	2021-22	Evidence (examples listed below)	Relevant guidance and legislation
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	Rate the prompt question by using the drop down menus in the columns below		Evidence in operational systems should demonstrate the approach (procedures etc.) is understood, operationally applied, adequately recorded, reported on, audited and reviewed.	The evidence should demonstrate compliance with the requirements in relevant legislation and guidance.
SH19	7: Review Process Is there a robust regular review process in place to manage the performance of contractors ensuring compliance to the agreed contract, relevant standards, policies and procedures?	Not applicable	2. Good	1. Annual reviews of standards, policies and procedures documented; 2. Outputs of reviews and their inclusion in Action Plans; 3. Receiving, checking and authorising invoices for payment for additional services; 4. Monitoring Contractors' approach to rectifying defects; 5. Problem solving and dispute (prevention and) resolution where issues exist. 6. Establish and maintain appropriate records and information management systems to record and manage the performance of the Sub-Contractors;	
SH19	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	Not applicable	Not applicable	1. Action plans to identify Capital and Revenue investment should address areas of non compliance identified in the NHS PAM and other assessments; 2. Evidence of escalation to Trust Board and relevant committees; 3. Inclusion of investment to deliver Actions in future budgets as appropriate; 4. Assessment of effect of prior identified investment;	
	Capital cost to achieve compliance	£0	£0		
	Revenue consequences of achieving compliance	£0	£0		

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH1	SH1: With regard to the Estates and Facilities Operational Management can the organisation evidence the following?	
SH1	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH1	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH1	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	
SH1	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	
SH1	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	
		Draft "Estates Compliance Management Manual" has been created, reviewed and issued to Estates senior management for approval. Manual contains full reference to HBNs which describe best practice for Design, Layout & use of Premises. Target date for publication before the end of Feb 22

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH1	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH1	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH1	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH2	SH2: With regard to the Design, Layout and Use of Premises [Functional suitability/Fitness for Purpose] can the organisation evidence the following in relation to functional suitability/?	
SH2	1. Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH2	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH2	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH2	4: Maintenance Are relevant assets, equipment and plant adequately maintained? (Note 1)	
SH2	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	

Draft "Estates Compliance Management Manual" has been created, reviewed and issued to Estates senior management for approval. Manual contains full reference to HBNs which describe best practice for Design, Layout & use of Premises. Target date for publication before the end of Feb 22

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH2	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH2	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH2	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH3	SH3. With regard to Estates and Facilities Document Management can the organisation evidence the following?	Estates use and conform to GOV01 Policy for Policies and GOV01 Supplementary Policy for Policies for all aspects of document control
SH3	1: Document Management System in Place Does the Organisation have an effective and efficient document management system in place proportional to the level of complexity, hazards and risks concerned?	
SH3	2: Approval of documents Are documents approved for adequacy prior to issue?	
SH3	3: Review of documents Are documents reviewed and updated as necessary with changes identified?	
SH3	4: Availability of documents Are all relevant versions of applicable documents available at points of use?	
SH3	5. Legibility of Documents Are all relevant documents legible and readily identifiable?	
SH3	6: Document Control Are all internal and external documents identified and their distribution controlled?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH3	7: Obsolescence Is there a process to prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose?	
SH3	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH4	SH4: With regard to Health & Safety at Work can the organisation evidence the following?	
SH4	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH4	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood? (Note 1)	
SH4	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH4	4. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements? (Note 1)	A comprehensive library of approved Health & Safety policies and procedures is available via the SaTH Intranet
SH4	5: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)	Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions	

Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH4	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH4	7: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH5	SH5: With regard to Asbestos can the organisation evidence the following?	
SH5	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH5	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH5	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH5	4. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	HS20a Asbestos Management Policy and HS20b Asbestos Management Plan available via the SaTH Intranet. All key members of staff have undertaken asbestos awareness training. All contractors visiting site must be trained in asbestos awareness AE, AP, and CPs fully qualified/trained for their appropriate role. All Estates staff have undergone either Duty to Manage Asbestos Awareness Training or P405 Management of Asbestos in Buildings All contractors visiting site must hold up to date training records to show they have undertaken asbestos awareness training
SH5	5: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH5	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH5	7: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH6	SH6: With regard to Medical Gas Systems can the organisation evidence the following?	
SH6	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH6	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH6	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH6	4: Maintenance Are assets, equipment and plant adequately maintained?	
SH6	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	HS33 Medical Gas Policy at final review stage and is planned to be approved by the end of Feb 22 CP training is up to date for relevant sites

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH6	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH6	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH6	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
	SAQ/Prompt Questions	Comments
Ref.	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH7	SH7: With regard to Natural Gas and specialist piped systems can the organisation evidence the following?	
SH7	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH7	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH7	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH7	4: Maintenance Are assets, equipment and plant adequately maintained?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH7	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	HS33 Medical Gas Policy at final review stage and is planned to be approved by the end of Feb 22
SH7	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH7	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH7	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH8	SH8: With regard to Water Safety Systems can the organisation evidence the following?	
SH8	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH8	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH8	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	
SH8	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	
		HS22 Control and Management of Legionella is available on the SaTH Intranet document library. Policy

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH8	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	includes documented roles and responsibilities. Risk assessments are documented and in place Water has been included in the Estates Business Continuity Plan All key appointments have been made and appropriate training has taken place
SH8	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH8	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH8	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH9	SH9: With regard to Electrical Systems can the organisation evidence the following?:	
SH9	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH9	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH9	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH9	4: Maintenance Are assets, equipment and plant adequately maintained?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH9	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	HS19 Electrical Safety & Lighting Policy is approved and available on the SaTH Intranet document library. Policy includes documented roles and responsibilities. Electrical risk assessments are documented and in use All electrical safety related maintenance work is managed through the MiCad system All key personnel are in place and full qualifications and training has been undertaken
SH9	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH9	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH9	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH10	SH10: With regard to Mechanical Systems and Equipment e.g. Lifting Equipment can the organisation evidence the following?	
SH10	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH10	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH10	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	
SH10	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	
		HS28 Passenger and Goods Lift Management Policy is approved and available on the SaTH Intranet document library. Policy includes documented roles and responsibilities

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH10	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	document library. Policy includes documented roles and responsibilities. Risk assessments are documented and in use All safety related maintenance work is managed through the MiCad system All key personnel are in place and full qualifications and training has been undertaken
SH10	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH10	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH10	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH11	SH11: With regard to Ventilation, Air Conditioning and Refrigeration Systems can the organisation evidence the following?	
SH11	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH11	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH11	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH11	4: Maintenance Are assets, equipment and plant adequately maintained?	
SH11	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	
		HS32 Management of Ventilation Systems Policy is at the final review stage. Planned date to issue as approved is the end of Feb 22. Policy includes documented roles and responsibilities. HVAC risk assessments are documented and in use All HVAC related maintenance work is managed through the MiCad system All key personnel are in place and full qualifications and training have been undertaken

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH11	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH11	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH11	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH12	SH12: With regard to Lifts, Hoists and Conveyance Systems can the organisation evidence the following?	
SH12	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH12	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH12	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	
SH12	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	
SH12	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	
		HS28 Passenger & Goods Lift Policy drafted and being reviewed. Scheduled to issue as approved in November 2021. Policy included documented roles and responsibilities. Risk assessments for passenger lifts approved and in place Maintenance of passenger and goods lifts is managed via MiCad All lifts are serviced by external contractors as per the LOLER requirements

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH12	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH12	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH12	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH13	SH13: With regard to Pressure Systems can the organisation evidence the following?	
SH13	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH13	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH13	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	
SH13	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	
		HS27 Pressure Systems Safety Policy is approved and available on the SaTH Intranet document library. Policy includes documented roles and responsibilities All key personnel are in place with full qualifications and training where required Maintenance of pressure systems is managed via the MiCad system and all annual testing of pressure

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH13	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements? (Note 1)	Maintenance of pressure systems is managed via the mCad system and an annual testing of pressure vessels is carried out by qualified external contractors
SH13	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH13	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH13	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH14	SH14: With regard to Fire Safety can the organisation evidence the following?	
SH14	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH14	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH14	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed? (Note 1)	
SH14	4: Maintenance Are assets, equipment and plant adequately maintained? (Note 1)	
SH14	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements? (Note 1)	
		FS00 Trust Fire Safety Policy approved and available from the SaTH Intranet. Policy includes documented roles and responsibilities SOP01 Fire Evacuation PRH and SOP01 Fire Evacuation RSH are approved and available from the SaTH intranet Fire safety training is complete including site fire marshals and safe use of fire extinguishers

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH14	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	Fire safety training is complete including site fire marshals and safe use of fire extinguishers Fire safety maintenance is managed via MiCad
SH14	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures? (Note 1)	
SH14	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH15	SH15: With regard to Medical Devices and Equipment can the organisation evidence the following?	
SH15	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH15	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH15	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH15	4: Maintenance Are assets, equipment and plant adequately maintained?	
SH15	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	MES1 Management of Medical Devices V3 available via the SaTH intranet. Roles & responsibilities are included. Risk assessments are documented by the MES team Maintenance of all medical equipment managed via the MES team All key positions are filled and qualifications and training is recorded

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH15	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH15	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH15	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH16	SH16: With regard to Resilience, Emergency and Business Continuity Planning can the organisation evidence the following?	Estates Business Continuity Plan (BCP) in review. Scheduled to be issued as approved at the end of Feb 22. Roles and responsibilities are documented in the BCP Training and testing is managed by the SaTH Emergency & BCP Planning team
SH16	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH16	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH16	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH16	4: Maintenance Are assets, equipment and plant adequately maintained?	
SH16	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH16	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH16	7: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH17	SH17: With regard to the reporting of safety related issues and actioning of safety related alerts for estates and facilities issues can the organisation evidence the following?	
SH17	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH17	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood?	
SH17	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH17	4. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	
		CAS alerts are managed through the MES team and are issued to an agreed distribution list when recieved. Members of the Estates team are included on that distribution list. Health & Safety alerts are managed through the Health & Safety team

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH17	5: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	
SH17	6: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH17	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	
SH18	SH18: With regard to ensuring estates and facilities services are safe and suitable when the organisation is not directly responsible for providing these services can the organisation evidence the following?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH18	1: Policy & Procedures Does the Organisation have a current, approved Policy and an underpinning set of procedures that comply with relevant legislation and published guidance?	
SH18	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood? (Note 1)	
SH18	3: Risk Assessment Has there been a risk assessment undertaken and any necessary risk mitigation strategies applied and regularly reviewed?	
SH18	4: Maintenance Are assets, equipment and plant adequately maintained?	
SH18	5. Training and Development Does the Organisation have an up to date training and development plan in place covering all relevant roles and responsibilities of staff, that meets all safety, technical and quality requirements?	
		HS21 Control of Contractors available via the SaTH intranet. Contractor Induction V4.1 (Oct 21) issued to all contractors before their first site visit. All contractors renew

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH18	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	their H&S inductions yearly
SH18	7: Review Process Is there a robust annual review process to assure compliance and effectiveness of relevant standards, policies and procedures?	
SH18	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
	Capital cost to achieve compliance Revenue consequences of achieving compliance	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH19	SH19: With regard to Contractor Management for Soft and Hard FM services can the organisation evidence the following?	
SH19	1: Policy Does the organisation have a current and approved policy and if applicable, a set of underpinning set of procedures relating to contractor management.	
SH19	2: Roles and Responsibilities Does the Organisation have appropriately qualified, competent and formally appointed people with clear descriptions of their role and responsibility which are well understood who are responsible for the management of contractors?	
SH19	3: Risk Assessment Are contractors risk assessments and if applicable, method statements (RAMS) requested from the contractor(s) prior to works commencing and reviewed for their appropriateness?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH19	4: Maintenance Does the organisation hold the necessary proof to demonstrate consistent contractor maintenance activities - for its contracted services.	HS21 Control of Contractors available via the SaTH intranet. Contractor Induction V4.0 (Jan 21) issued to all contractors before their first site visit. All contractors renew their H&S inductions yearly
SH19	5. Contractor Competence With regards to the competence of the contractors - has the organisation checked that contractors are using suitably competent persons to carry out the contracted services?	
SH19	6: Resilience, Emergency & Business Continuity Planning Does the Organisation have resilience, emergency, business continuity and escalation plans which have been formulated and tested with the appropriately trained staff?	

NHS Premises Assurance Model: Safety Domain (Combined and Hard FM)		Note 1: This prompt is considered critical to the delivery of safe Estates & Facilities on an NHS site and therefore, if it is rated as “Inadequate” the whole of the Safety Domain will be rated as “Inadequate”.
◀◀ Back to instructions		
Ref.	SAQ/Prompt Questions	Comments
	SAQs in green shaded cells can be rated N/A in which case prompt question scores are ignored. Refer to 'prompt guidance sheet' for further guidance	
SH19	7: Review Process Is there a robust regular review process in place to manage the performance of contractors ensuring compliance to the agreed contract, relevant standards, policies and procedures?	
	8: Costed Action Plans If any ratings in this SAQ are 'inadequate' or 'requires moderate or minor improvement' are there risk assessed costed action plans in place to achieve compliance? Costs can be entered below.	
SH19		
	Capital cost to achieve compliance Revenue consequences of achieving compliance	