

ESTATES STRATEGY

THE SHREWSBURY AND TELFORD
HOSPITAL NHS TRUST

2025/2030

EXECUTIVE SUMMARY

We are delighted to publish our Estates Strategy that will be the principal guide for the direction of our services at The Shrewsbury and Telford Hospital Trust (SaTH) over the next five years and beyond.

This is a live document that will be continuously reviewed and refreshed to reflect our changing context and population needs.

Against a background of increasing demand for NHS services, the economic climate, ageing facilities and a multi-million-pound capital investment with the Hospitals Transformation Programme (HTP) never has there been a better time for setting a clear direction for our Estates Strategy.

The aim of this strategy is to set the forward view, encompassing multiple priorities of clinical safety, workforce, community, estates compliance, along with meeting new national priorities such as net zero and waste compliance standards.

In addition, there are opportunities through innovative approaches to digital technology, working with our partners and our Integrated Care System (ICS).

This strategy embraces the newly announced 10 year change / 3 shift model that guides us firmly towards community-based health, digital systems and diagnostics and also acknowledges clinical priorities and new pathways through a place based and regional lens.

The strategy has been developed to ensure we have an estate that is fit for purpose, digitally advanced, future proofed, cost efficient and sustainable.

By working in partnership with staff, system partners and communities we will deliver high quality, safe and effective services achieving our vision of providing "excellent care for the communities we serve" as detailed in the Trust Strategy 2022/27.



INTRODUCTION

All NHS Trusts have a statutory responsibility to manage their assets, therefore, the development of a strategy for estate operations is essential.

The purpose of this document is to summarise our vision for an all-encompassing strategy which covers the SaTH Physical and Operational estate and sets it within the national and local context.

TRUST OVERVIEW

SaTH is the main provider of district general hospital services for the population of circa 500,000 people in Shropshire, Telford and Wrekin and mid Wales.

Our main service locations are the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury, which together provide 99% of our activity.

Across our hospitals we provide a wide range of acute hospital services including urgent and emergency care, inpatient medical and surgical care, critical care and outpatient and diagnostic services. Together our hospitals have just over 700 inpatient beds.

Our Estates Strategy for 2025-2030 will take us forward on our journey to ensure that we are delivering services at the right time and in the right locations with high quality, effective and sustainable estate.

Under the current system:

- Both hospitals admit unplanned and planned care patients to Specialty services available either at

one site or at both sites

- Staffing and estate constraints prevent patients having rapid access to all Specialty services across the two Emergency sites
- Increased and competing demands for unplanned and planned care make it difficult to maintain capacity leading to delays in care and cancelled operations
- Having separate hospitals for emergency care means that the patient, transported by ambulance or by their own transport, may not go to the right place for the right care and treatment
- The poor integration and duplication of services results in fragmented and confusing patient experience across primary, secondary, community and social care
- At RSH and PRH, Urgent and Emergency care services are struggling with increasing demand presenting at the front door
- Elective services is being severely affected by insufficient bed capacity and staffing resources across many specialty workforce and staff groups creating significant pressures.

Long waiting lists arising from the pandemic could take several years to catch up for some services including out-patients, diagnostics, and surgical interventions.

We are unable to meet several performance standards and targets across emergency

and elective pathways particularly for cancer and mental health or meet NHS Seven Day Services Clinical Standards and professional guidance for consultant-led care.

It is increasingly difficult and unsustainable to ensure there are sufficient highly skilled medical, nursing and other healthcare staff at both hospitals to provide the wide range of services and consistent care for patients when delivered across two emergency sites.

The rapidly ageing population will place increasing urgent and elective demand on SaTH, as well as the whole care system, presenting with more complexity and requiring better joined up care across multiple health, social and voluntary partners.

The Shropshire, Telford, and Wrekin Integrated Care System (ICS) has started a programme to build community diagnostic centres offering more local choice and access although we will need to address the competing demand for radiology and radiography workforce, where there are existing shortages. Additionally, we continue to extend our regional clinical networks to share diagnostic capacity and knowledge. Where appropriate our patients receive care from regional partners to provide best possible clinical expertise.

Our Estates require urgent strategic capital investment. We need to replace and/or upgrade our current buildings as we do not have the capacity to deliver forecast demand for urgent emergency care and elective services. Our Emergency Departments are too small for modern emergency care and our wards, especially at RSH, have structurally poor layouts. We need dedicated isolation

rooms at RSH and PRH; we also need to significantly increase single rooms capacity at PRH (currently 5% to a target of 70%).

A major component of our Estates Strategy is our Hospitals Transformation Programme (HTP). We have highlighted throughout our SaTH Trust Strategy, how this essential programme will reconfigure health services across our system, both across our two existing hospital sites and in the services provided in our local care settings (e.g. primary and community care).

This strategy outlines how we will utilise the estate as an asset and key enabler to deliver outstanding services.

We recognise that the quality of the environment impacts on the quality of the services we provide thus it is key to ensure that all our services are delivered in fit-for-purpose settings and as close to patients' homes as possible.

This strategy is not a static document, as service strategies evolve and develop, so must our estate. It is a roadmap for our ambitious but realistic plans for the next five years. In line with our values, we will continue to listen and work in partnership with colleagues as well as patients, stakeholders and wider communities.



The Trust also provides community and outreach services such as:

- Consultant-led outreach clinics across Shrewsbury, Telford and Wrekin and North Powys
- Renal dialysis outreach at Ludlow Hospital; and
- Community services including audiology, heart assessment services, therapies gynecology and maternity services
- Outpatient and minor procedures within community settings such as Bridgnorth
- Fertility services

We assess and manage a wide range of medical and surgical conditions and arrange onward referral and treatment for some highly specialised conditions, with well-embedded pathways and clinical networks with regional tertiary hospitals to ensure our population have access to such specialist care.

We are a key partner in delivering community-based services working with primary care and community services, our two local authorities and the breadth of voluntary and social enterprise support we have across Shropshire, Telford and Wrekin and mid Wales.

We will continue to develop our integrated services with partners to bring benefits for

patients through access to more specialists in the community and by improving the management of long-term conditions, meaning more, not less, availability of specialist care.

VISION AND VALUES

The Trust has developed an ambitious overarching Trust Strategy that was produced in 2022. It sets out the future direction of our organisation for the next five years – our Vision, our Values, our Strategic Goals and key Strategic Themes with defined measurable outcomes.

Our Long Term Plan
How will we get there?

Our Strategy
Describes our ambition through our Six Strategic Themes

Our Strategic Goals
Our People | Our Patients & Community |
Our Service Delivery | Our Governance |
Our Partners

Our Values
Partnering | Ambitious | Caring | Trusted

Our Vision
To provide excellent care for the communities we serve



OVERVIEW OF CLINICAL STRATEGY

At the heart of our clinical strategy is provision of high-quality clinical care right across our system with our Trust services integrating seamlessly with the services provided across all our healthcare providers. The boundaries between primary, secondary, community and social care have become and will continue

to be blurred, and we see this as a positive opportunity for maximising the availability and quality of healthcare service to our population.

From our work with our specialty teams, and our stakeholders, we have identified four key priority areas that shape our future:



Access to services is a cross-cutting theme throughout our clinical services strategy: faster access to more responsive services; access to more care delivered closer to home; greater digitally enabled access to allow people to access information and services online, immediately, in their own homes, places of work and leisure.

Our philosophy is right care, right time, right people, right place and right experience of care. Patients will receive their care as close to home whenever possible and appropriate more specialised care via our partner

networks. We will ensure the right capacity and people are in the right place to deliver our planned care services that are responsive and timely. We will ensure all our services provide the right outcomes and experience of care sustainably for all our community.

This strategy is closely aligned to the principles set out as part of the consultation process that led to the development of our Hospital Transformation Programme (HTP) and is supported by the Local Community Transformation Programme (LCTP).

HOSPITALS TRANSFORMATION PROGRAMME

The Hospitals Transformation Programme (HTP) is identified as one of the ICS's key priorities, linked directly to improvements in system quality, performance and financial sustainability within Shropshire, Telford and Wrekin.

We have an urgent need to change how we deliver acute hospital services at our Shrewsbury and Telford sites as our current clinical model does not meet the needs of our patients.

We currently have two inadequately sized Emergency Departments, with the delivery of key clinical services split across two sites (including critical care), insufficient physical capacity (particularly for planned care services), mixing of planned and unplanned care pathways, and poor clinical adjacencies. Our buildings are ageing and do not have the space or flexibility for modern healthcare.

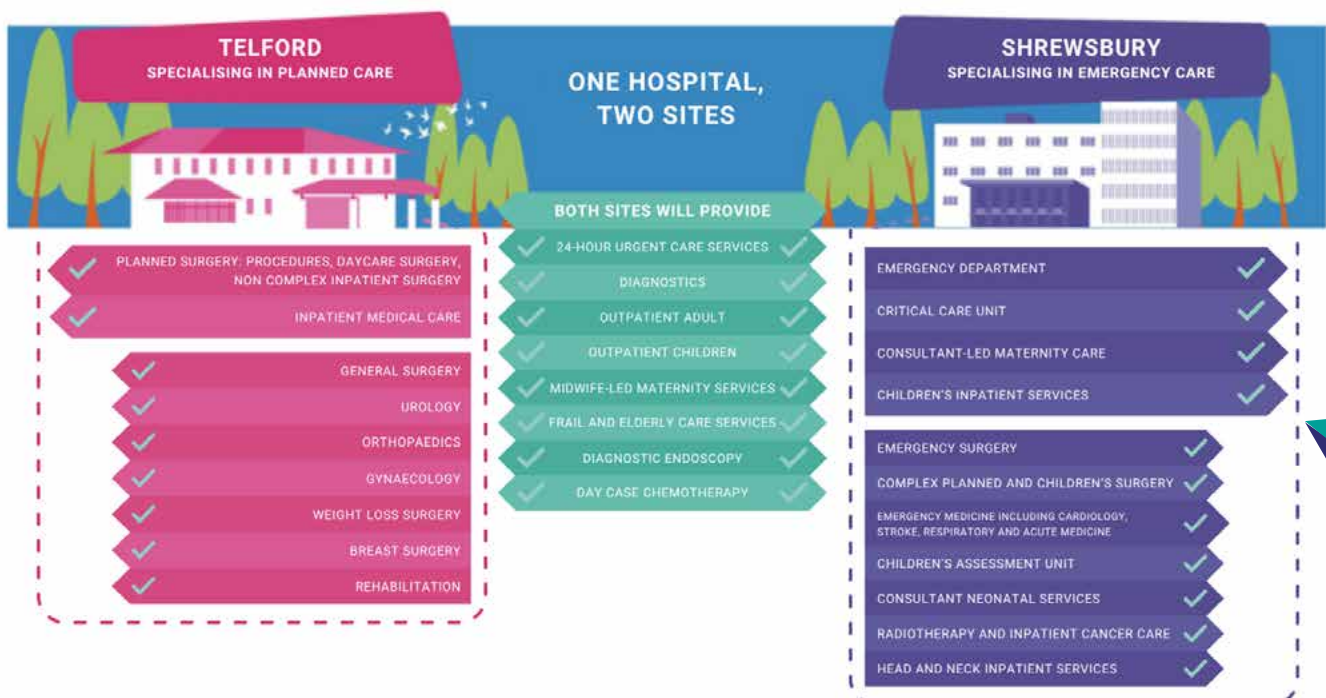
The key benefits of the HTP include:

- Dedicated Emergency Department with immediate access to medical and surgical specialities
- Timely access to the right specialist teams

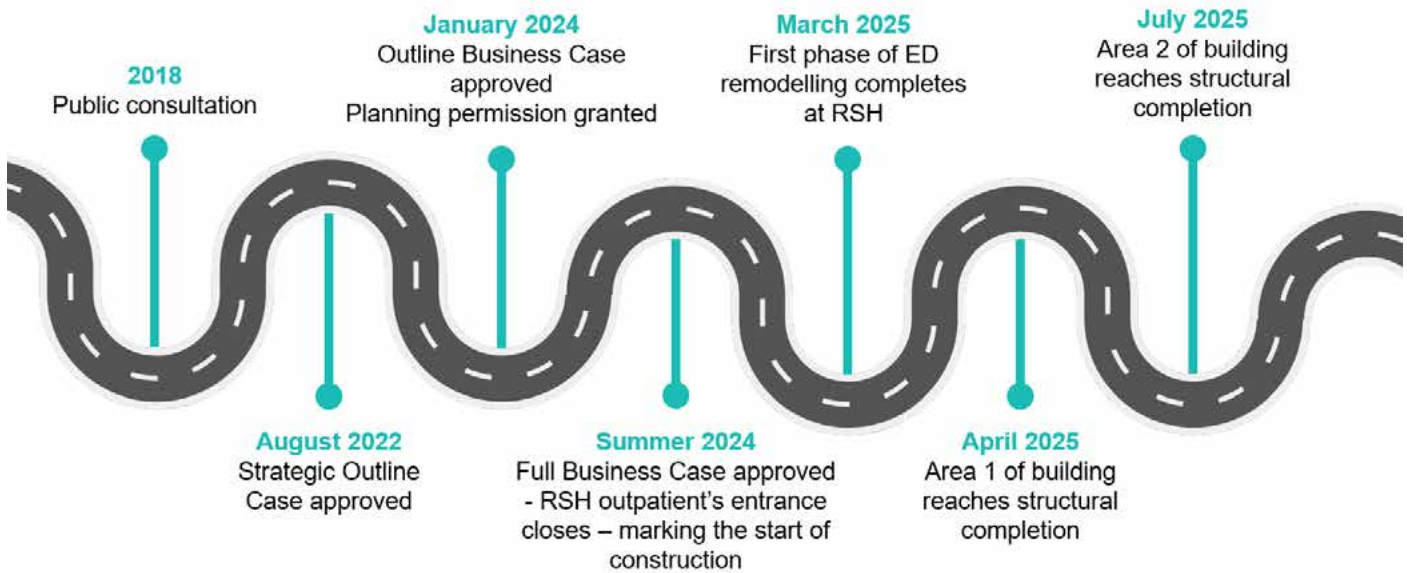
and consultants

- Reduced ambulance waiting times
- Shorter hospital stays
- Ring-fenced planned care capacity supporting the needs of our population
- Fewer procedures cancelled
- Improved cancer waiting times
- Resilience to peaks in emergency demand
- A much better environment for patients, families and staff
- Modern, well-designed facilities
- A better experience of care
- Positive impact on staff experience and morale
- Integrated services for local people
- Simpler and more effective patient pathways
- Working seamlessly across our health and social care partners
- Better access to health and care services

Our plans and strategic ambitions will ensure that we deliver two thriving hospital sites that will improve care for everyone (the services that we provide to all our communities will be improved). The diagram below illustrates the clinical configuration of services under the Hospital Transformation Programme.



Progressing our Hospitals Transformation Programme to improve care for all



Integration with SaTH Estates

- **Digital Roll Out** - Opportunities for upgrades to systems such as our BMS (Building Management System) and other control systems
- **Car parking** long term planning and layouts
- **Improved Fire Systems** and other such schemes
- **New plant & equipment** such as Air Handling Units (AHU)/Chillers etc.
- **Lower carbon opportunities** with modern plant & equipment



TRUST ESTATE OVERVIEW

Cushman and Wakefield have valued the estate as of 31 March 2025 of the freehold interest in the property described, subject to the Assumptions, Special Assumptions and comments in this Valuation Report and in the appendices, as follows:

£223,367,224.20

Two hundred and twenty-three million, three hundred sixty-seven thousand, two hundred and twenty-four pounds and twenty pence

Apportionment of the valuations of the properties in the Client's portfolio between buildings, external areas and land as of 31 March 2025 is as follows:

Buildings £195,491,316.50

External Areas £13,835,907.71

Land £14,040,000

The SaTH Estate – Where are we now?

An analysis of the SaTH property portfolio is undertaken in March each year through the NHS Estates Return Information Collection (ERIC). This provides real time estates information allowing organisations to benchmark their performance.

We have an ageing estate with circa £113.7 million (2024/25) of backlog maintenance. 68% of RSH is considered poor/expired (including critical care, theatres, inpatient wards, pathology, pharmacy, imaging, outpatients).

28% of PRH is considered poor (including theatres, ED, imaging, outpatients, pathology, pharmacy). Delays in implementing solutions to these issues have meant we have resorted to a range of temporary, ad hoc

solutions, including temporary and modular accommodation.

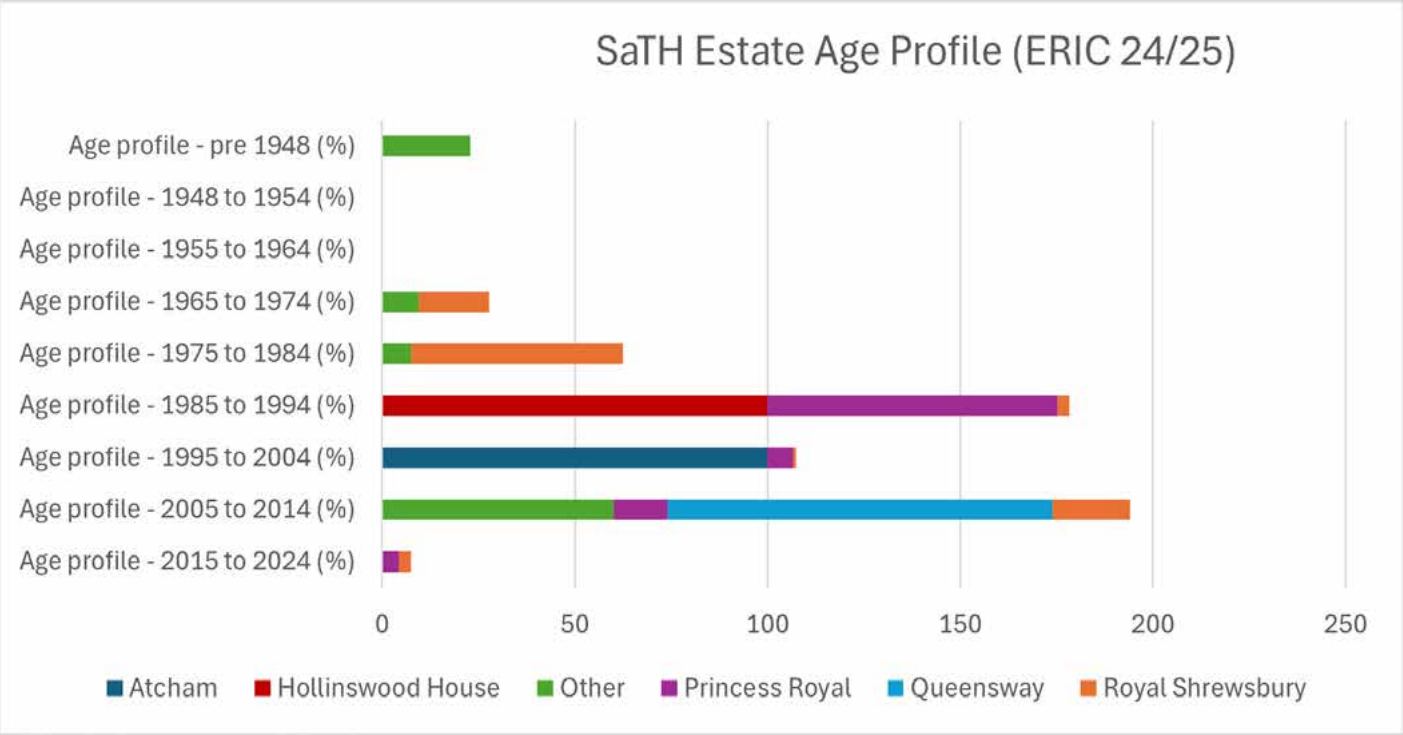
Our main clinical service locations are at the PRH and RSH with 15 further smaller sites providing essential clinical and support functions across the community.

SaTH Invested just over £42m in new buildings and just over £17m in improvement of existing building stock in 2023/24 and a further £3.5m in maintaining these facilities.

We spend approximately £7.742m in rates, leases and rent across the portfolio each year (ERIC Return Data 2023/24).

We have a total of 133.3 thousand m² of estate to manage Growth Internal Area (GIA).

Age Profiles



Energy Usage

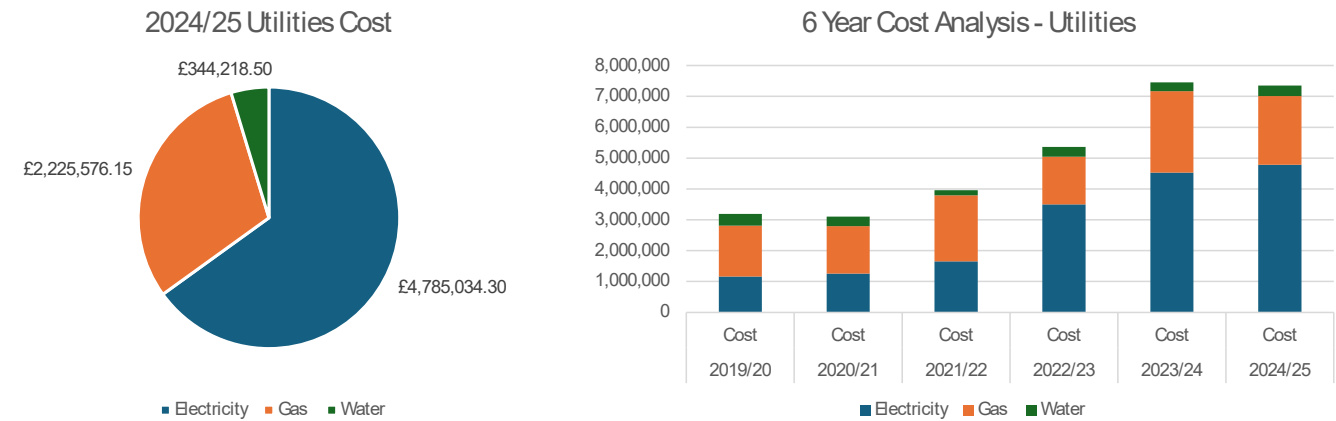
We spend approximately £7.35m a year on Utilities (Electricity, Gas, Water and Oil) (2024/25) totalling over 60m kWh in Electricity and Gas and use 222m3 of Water.

Analysis of the last five years confirms the trend of cutting energy use and the Trust decarbonising which uses less gas; however the Trust is then using more electricity which costs much more per kWh.

Water

We spend around £350k on water and sewage which equates to consuming approximately 223m3 in volume (2024/25).

Over the last five years, The Trust has remained consistent in its consumption of water, despite some site capacity increases.



Waste

We spend around £1.4m (approx. 2,652 tonnes) on all kinds of waste and it includes:

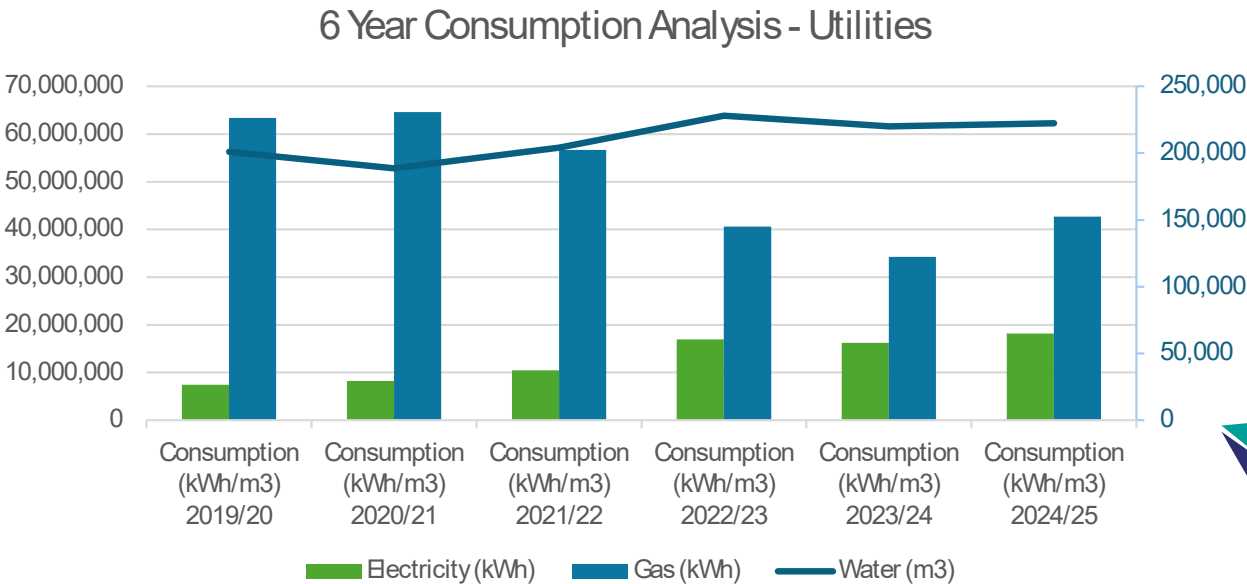
Incineration of clinical, treatment, municipal, domestic and confidential waste (2023/24 ERIC Data)

The law changes on 1 April 2026 in relation to recycling, and as a Trust, we will be required to segregate all our waste into plastic, glass, metal and card (in addition to what we already segregate), in essence the same segregation that we do at home. Consequently, there is

the need for a radical overhaul of the way waste is managed from a logistics perspective.

This will cut down on the amount of waste stored and improve the flow of waste which has multiple benefits and risk mitigations, including infection prevention control (IPC), health and safety, and fire.

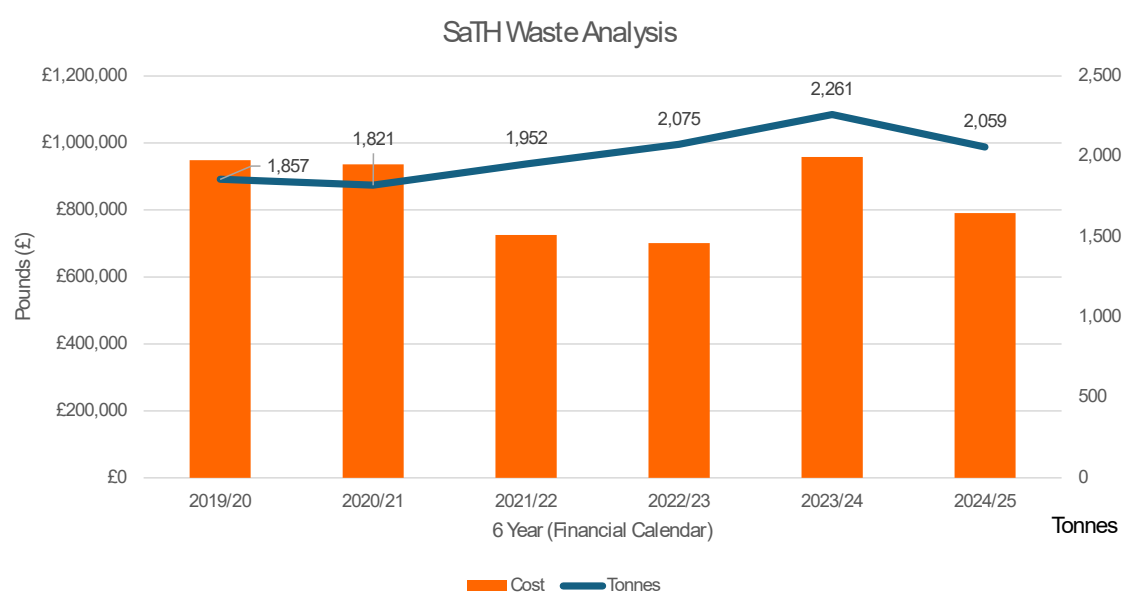
- We need to:
- Eliminate waste, turning waste into a resource



Significant cost savings for overhauling both domestic and clinical waste management will be realised by reducing disposal cost (we have saved circa £28k in six months from implementing offensive waste), less waste tax passed on from contractors and rebates from certain recyclable materials.

Significant infrastructure redevelopment and investment is needed to accommodate an increased amount of waste streams, bins and equipment to comply with the law changes by 2026. This includes the creation of disposal holds or centralised 'recycling areas' at both sites.

The waste yards at both sites and particularly at PRH are in desperate need of reconfiguration/redesign to prevent fly tipping and comply with Environment Agency regulations to secure our waste and demonstrate compliance. The introduction of food reuse schemes to benefit our staff and further recycling/reuse schemes such as coffee cup recycling, reuseable food trays and drinks cups, as well as furniture repair/reuse are also being explored in order to reduce disposal costs and the Trust's carbon footprint.



Car Parking and Sustainable Travel

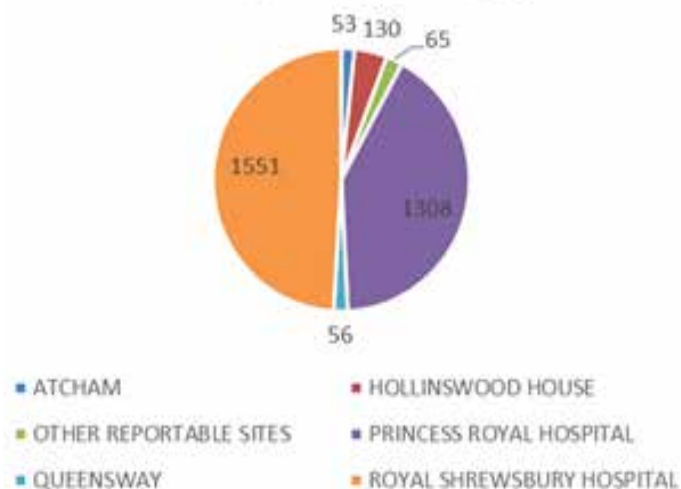
We have approximately 3,163 car parking spaces of which 135 are disabled spaces only. We currently have 12 electrical vehicle charging points across all sites. Ongoing reconfiguration works led by both Estates and HTP teams ensure the charging points are relocated around the sites and available whilst enabling building works to proceed.

Space is at a premium and is a regular topic of discussion and concern. Park and Ride services are in full operation and user numbers are increasing; however, sustainable travel options need to increase even more as part of our sustainability planning going forward.

We need to:

- Reduce emissions from staff commuting – supporting our staff to make lower carbon travel choices

SaTH 2023_24 Car Parking Spaces



Park and Ride

Parking is limited at SaTH main sites as it is across most NHS facilities, however, we have been actively looking for alternative and sustainable travel options to improve both our patient and staff travel and parking experience. Both hospital sites have Park and Ride facilities offering a practical and sustainable solutions which are close to main hospital sites and free for staff. For a small payment RSH Park and Ride is also accessible to visitors and patients. This maximises its use and eases the congestion on site until HTP development will be completed and we will be able to release more parking capacity especially at RSH. A recent 2025 survey found that 100% of users that were asked about the scheme would recommend it to a colleague and 100% rated the overall service as excellent. As of March 2025, there were 17827 journeys made on the scheme so far in 2025 alone.



ROYAL SHREWSBURY HOSPITAL

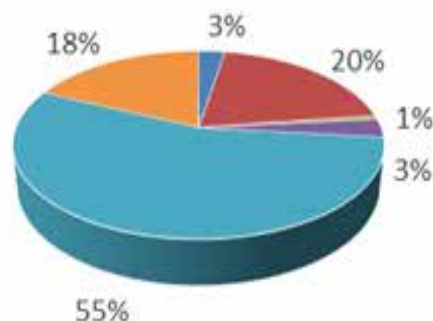
Gross Internal Floor Area: 68,445m²

Estates and property maintenance cost (2023/24): £4.04m (including grounds and gardens)

Number of buildings on site: 17



Age Profile: ROYAL SHREWSBURY HOSPITAL



- Age profile - 2015 to 2024 % ■ Age profile - 2005 to 2014 %
- Age profile - 1995 to 2004 % ■ Age profile - 1985 to 1994 %
- Age profile - 1975 to 1984 % ■ Age profile - 1965 to 1974 %
- Age profile - 1955 to 1964 % ■ Age profile - 1948 to 1954 %
- Age profile - pre 1948 %

PRINCESS ROYAL HOSPITAL

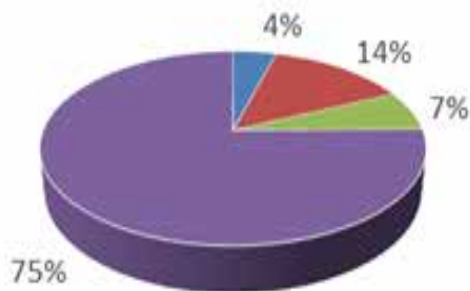
Gross Internal Floor Area: 55,32m²

Estates and property maintenance cost (2023/24): £3.1m (including grounds and gardens)

Number of buildings on site: 31

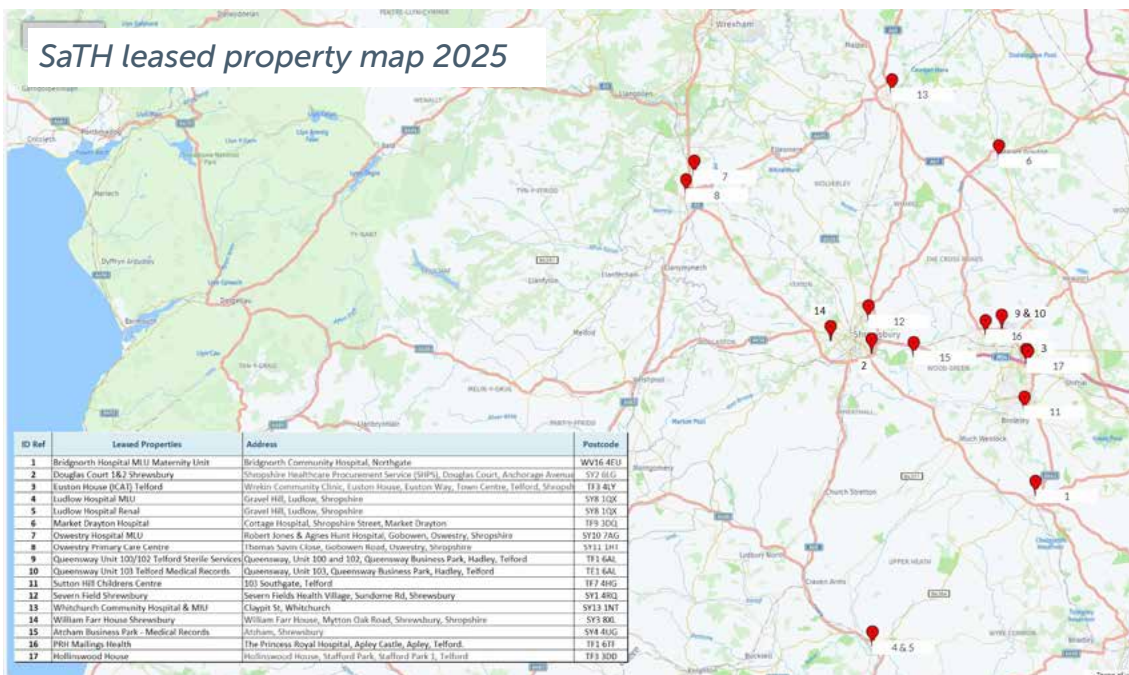


Age Profile: PRINCESS ROYAL HOSPITAL



- Age profile - 2015 to 2024 %
- Age profile - 2005 to 2014 %
- Age profile - 1995 to 2004 %
- Age profile - 1985 to 1994 %
- Age profile - 1975 to 1984 %
- Age profile - 1965 to 1974 %
- Age profile - 1955 to 1964 %
- Age profile - 1948 to 1954 %
- Age profile - pre 1948 %

COMMUNITY



We have various arrangements in place for general fault/repair and dilapidations agreements across SaTH leased properties. Some are leased through NHS Property Services, others with private landlords.

BACKLOG MAINTENANCE WORKS

It is essential that the physical condition of the NHS estate is accurately assessed and maintained to ensure it is fit for purpose and safe for patients and staff.

SaTH have carefully followed NHS-E best practice and guidance ensuring the steps involved in undertaking a detailed survey for the purpose of establishing backlog has been completed effectively.

SaTH Estates Teams have followed the pre-defined model for measuring risk in relation to sub-standard assets so that investment can be prioritised. This model is based on one that has been tried and tested within NHS organisations. Once the risks associated with sub-standard assets have been assessed, high and significant risk elements should be addressed as a priority as part of our estate investment planning process.

Both immediate investment needs and longer-

term demands to upgrade and develop new facilities are taken into account when prioritising capital resources.

Backlog Management Flowchart:



All schemes are agreed with the estates operational team. If access is provided to clinical areas, then all backlog work in that area is considered regardless of the risk priority to ensure that clinical activity is disrupted as little as possible. Throughout the decision-making process patient and staff safety is paramount and a real focus for the organisation has been an improvement in the passive fire protection.

SaTH Commissioned Oakleaf in Q3 of 2022 to undertake an Estate Condition Survey and to report findings of the Estate Condition and categorise them under the NHS Estate code and to also risk assess each area. Costs were then allocated forecasted for the following years.

For 2025/26 there was a Capital Allocation for works of £2.12m divided between all sites.

Board Assurance Framework (BAF)

At Board level we have a Board Assurance Framework risk logged as ID: BAF 6

BAF 6: Some parts of the Trust’s buildings, infrastructure and environment may not be fit for purpose.

Cause:

- Older buildings built with now outdated regulatory requirements
- Restricted physical environment, unable to meet current capacity requirements
- Backlog maintenance issues - backlog maintenance programme elongated by the COVID-19 pandemic
- Fire safety risks
- Overheating in some patient areas contributing to patient risk
- The Trust identified reinforced autoclaved aerated concrete (RAAC) within specific areas at PRH in 2023 and following

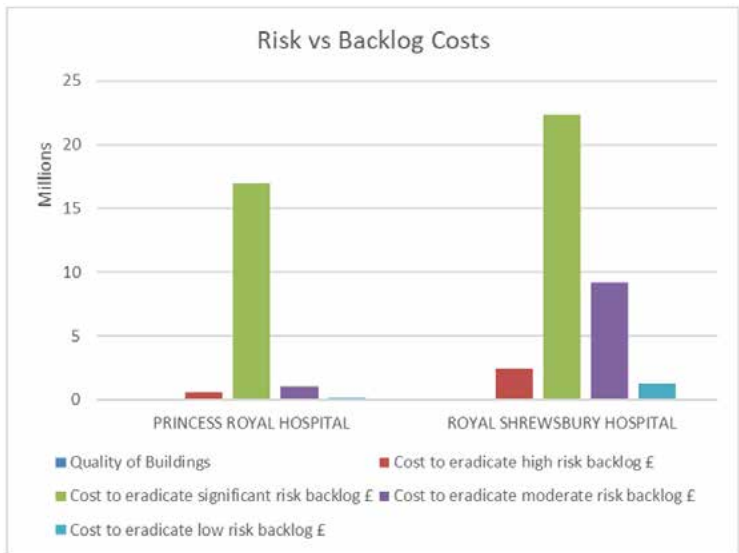
confirmation of national funding in 2024 the RAAC removal project has commenced with planned completion date of March 2026

Consequence:

- Poorer patient outcomes and patient safety issues
- Regulatory or legal action taken against the Trust
- Adverse publicity and reputational damage
- Potential poor working conditions affecting staff health, experience and engagement - increased sickness absence and recruitment
- Inefficient Systems that cost more to maintain and run

Initial Risk Score - 20 (4*5)
Managed/Mitigated Current Score - 16 (4*4)

Risk vs Backlog Costs 2024



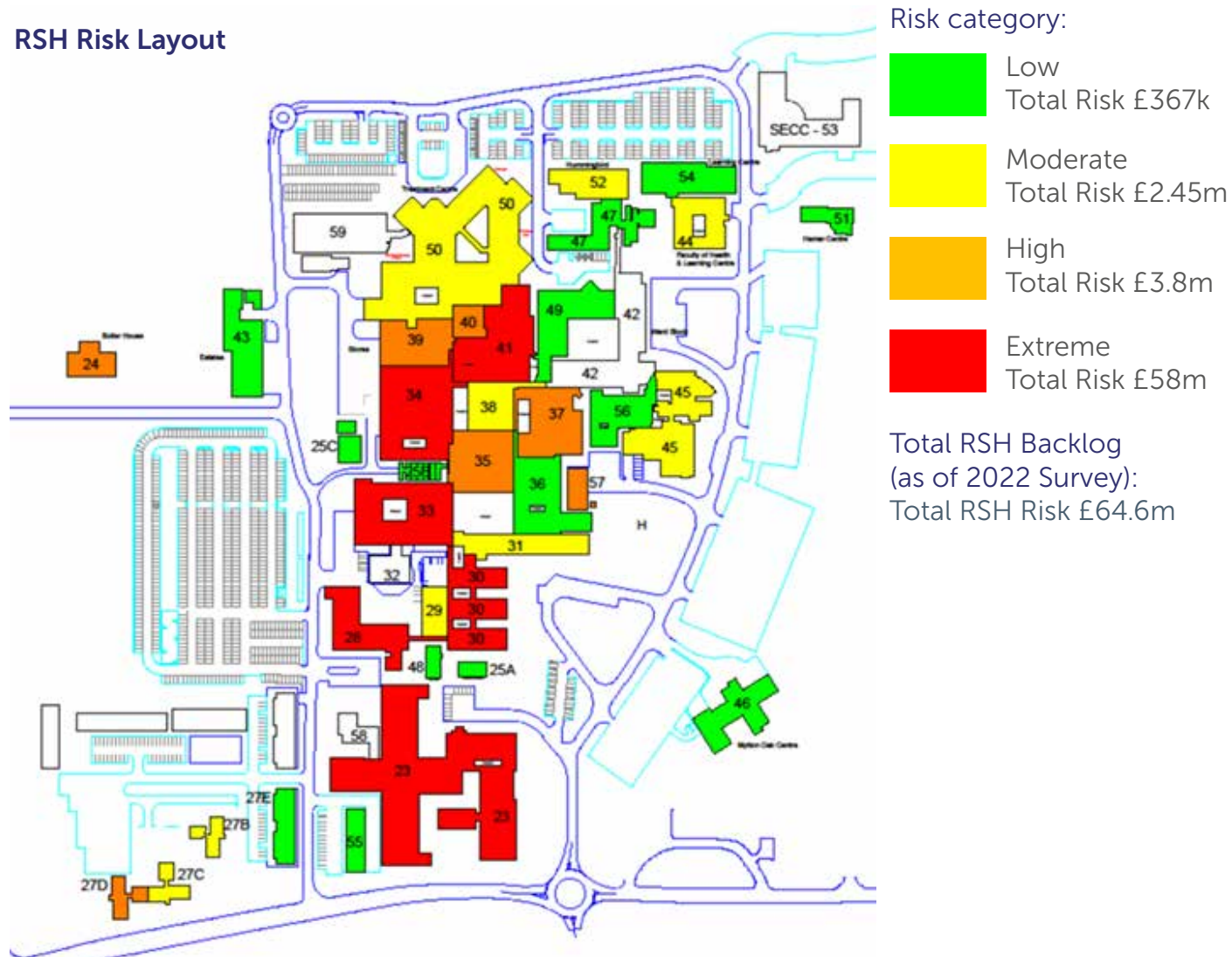
RSH Backlog Summary

Backlog Risk over five years (Site Condition Survey as of status 2022)

2022	2023	2024	2025	2026	2027	Grand Total
£64m	£969k	£669k	£1.6m	£916k	£6.46m	£74.6m

Costs exclude Inflation, Prelims, Contingency and VAT

RSH Risk Layout



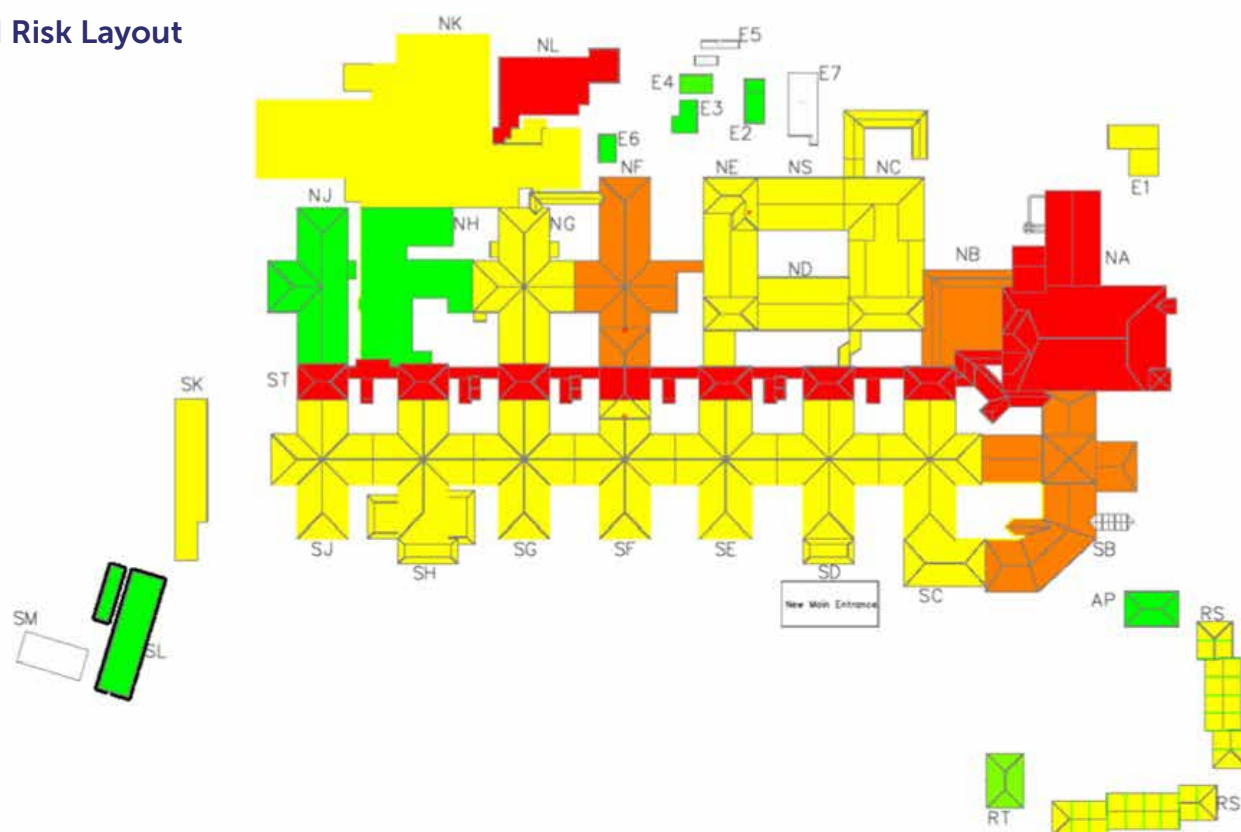
PRH Backlog Summary

Subdivision areas by risk over five years (Site Condition Survey as of status 2022)

2022	2023	2024	2025	2026	2027	Grand Total
£21.3m	£1.12m	£295k	£887k	£1.5m	£14m	£39.1m

Costs exclude Inflation, Prelims, Contingency and VAT

PRH Risk Layout



Risk category:

- Low
Total Risk £328k
- Moderate
Total Risk £3.59m
- High
Total Risk £2.19m
- Extreme
Total Risk £15.2m

Total PRH Backlog
(as of 2022 Survey):
Total PRH Risk £21.3m

ESTATES CAPITAL FIVE-YEAR PLAN

The Trust agrees a Five-year Estates Capital Programme each financial year with a detailed plan for delivery in Year 4 (2025/26) and an outline plan for the following four years.

The 2025/26 plan is summarised in the table below. This includes several multi-year Public Dividend Capital (PDC) funded capital schemes.

Estates Capital Allocation Plan 25/26	Year 1 2025/26	April M01	May M02	June M03	July M04	August M05	Sept M06	Oct M07	Nov M08	Dec M09	Jan M10	Feb M11	March M12	Total
APPLICATIONS:	£ (k)	£	£	£	£	£	£	£	£	£	£	£	£	£ (k)
Electrical	375	0	0	30	30	50	50	50	45	30	30	30	30	375
Fire Comp/Alarms/Doors/Dampers	500	2	20	40	60	53	50	50	50	50	50	50	25	500
Ventilation / AHUs	480	0	20	20	50	50	50	50	50	50	50	50	40	480
Medical Gas Infrastructure	50	0	0	0	0	15	0	15	0	15	0	5	0	50
Asbestos	50	0	0	5	5	5	5	5	5	5	5	5	5	50
Heating	100	10	0	0	0	40	10	40	0	0	0	0	0	100
Sanitaryware	21	0	4	0	10	3	0	0	0	0	0	4	0	21
Lifts	500	0	5	10	100	100	100	100	85	0	0	0	0	500
Water	200	0	0	0	0	0	50	50	50	50	0	0	0	200
Drainage	50	0	5	15	0	0	15	0	0	0	15	0	0	50
Roofs	50	0	0	15	15	20	0	0	0	0	0	0	0	50
Nurse Call	150	0	0	0	50	0	0	50	0	0	50	0	0	150
Flooring	25	0	0	5	0	0	10	0	0	10	0	0	0	25
Theatre Lights	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BMS Controls	50	0	0	0	0	20	0	0	20	0	0	10	0	50
Roads	50	1	0	0	0	0	0	0	0	0	25	24	0	50
Windows	75	0	3	0	25	0	0	25	0	0	22	0	0	75
Total Purchased System Allocation	£2,726	£13	£57	£140	£345	£356	£340	£435	£305	£210	£247	£178	£100	£2,726
CIR Bid Funding (Critical Infrastructure Risk)	6,800													
RAAC	8,052													
Salix	8,100													
Total Other Funding	22,952													
TOTAL CAPITAL FUNDING	25,678													

MODEL HOSPITAL OPPORTUNITIES

Opportunities have been reviewed from the data available for 2023/24. The data is derived from ERIC and Model Hospital NHS platforms. From the review the following areas are being prioritised and worked on:

Model Hospital Core Estate Priorities:

1. Space Planning
2. Backlog Costs and Capital Planning

3. Energy
4. Waste
5. Water
6. Grounds and gardens

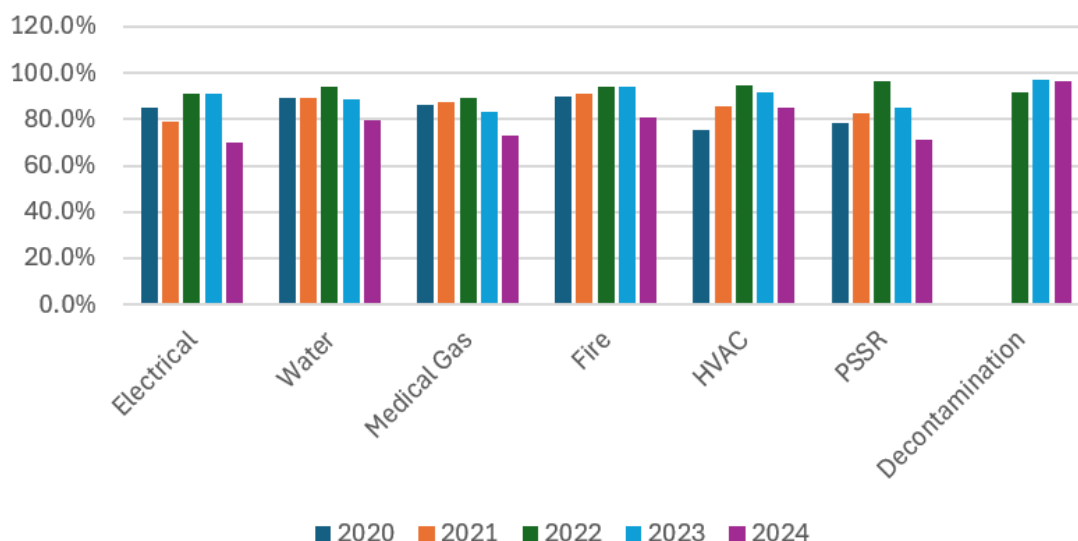
These priorities will be analysed, and a summary report generated for appropriate action.

COMPLIANCE

Planned Preventative Maintenance (PPMs)

Summary of Estate Planned Preventative Maintenance performance across five years.

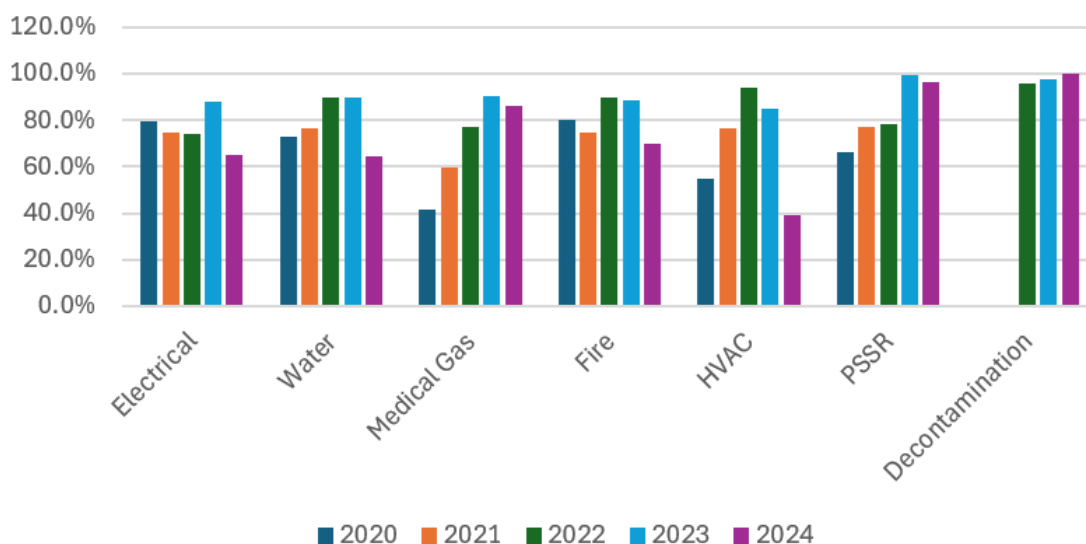
PRH Compliance Data - PPM



Main issues:

Resources – People (Authorised persons and competent persons)

RSH Compliance data - PPM



Where we want to be by 2027 -> **+94% Compliance (Avg) across all Sections**

Planning currently taking place to achieve: Includes Work Force Restructure Planning / IT Improvements / Culture Change / Strategic Plan.

PAM (PREMISES ASSURANCE MODEL)

Taken from 2021/22 (latest available data)

The NHS Premises Assurance Model (PAM) enables NHS Trusts to utilise an evaluation model that produces a range of nationally recognised performance metrics across Estates & Facilities services. Department of Health guidelines give NHS Trusts the option of carrying out one or two-year PAM assessments.

PAM Self-Assessment Questions (SAQs) are grouped into five Domains; these are broken down into individual and further sub-questions known as prompt questions. The model is completed by scoring the prompt questions under each SAQ.

PAM: The five domains are:

- Safety (Hard and Soft Facilities Management)
- Patient experience
- Efficiency
- Effectiveness

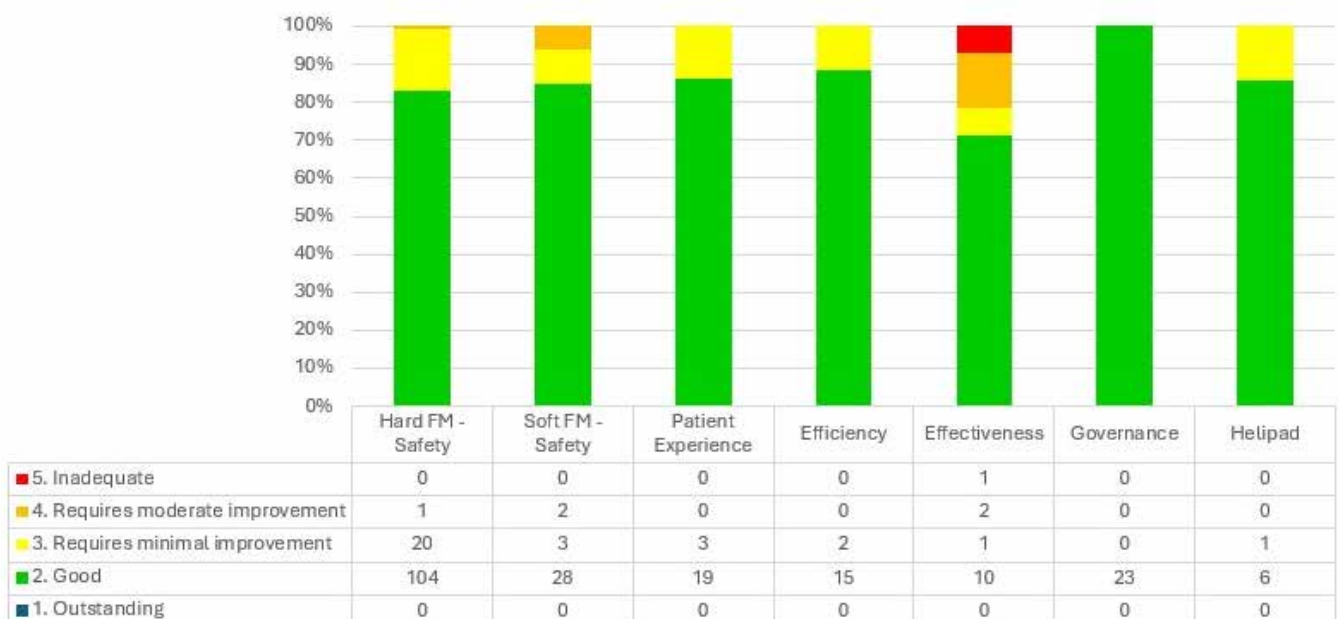
- Organisational Governance

The NHS PAM is a tool that allows the Trust to better understand the efficiency, effectiveness and level of safety applicable to our estate and how that links to patient experience.

The first four domains cover the main areas where Estates and Facilities impact on safety and efficiency. The Organisational Governance domain acts as an overview of how the other four domains are managed as part of the internal arrangements of the organisation. Its objective is to ensure that the outcomes of the domains are reported up to NHS Trust Boards and embedded in internal governance processes to ensure actions are taken where required.

The NHS PAM provides a tool to enable the Trust to assure to our patients, commissioners and regulators that robust systems are in place to demonstrate that our premises and associated services are safe.

Domains by SAQ Rating



2024/25 Effectiveness: SaTH main areas of PAM inadequacy:

- Energy – is your energy usage managed to fully deliver sustainability effectiveness?
- Waste – do you have effective systems to manage waste?
- Air pollution – do your Trust policies and procedures control air pollution?

Those Requiring Some Improvement:

Effectiveness

- Water – are water services effectively and efficiently delivered?

Where we want to be by 2025/26?

"No" Areas of Inadequacy



THE LOWER CARBON AND SUSTAINABLE ESTATE

Our Estate has a significant role in reducing Scope 1 emissions and the Trust has made progress by installing photovoltaic solar panels (PVs), LED lights, EV chargers, improving insulation to buildings and pipework.

Some examples of the efforts so far:

- A reduction in the Trust's NHS Carbon footprint of 45 tonnes CO₂e in 2021/22, 124 tonnes CO₂e in 2022/23 and approximately 240 tonnes CO₂/e for 2024/25.
- Installation of 12 electric vehicle chargers across three sites and the conversion of our vehicle lease schemes to electric or ultra-low emission vehicles for all new leases.
- Installation of secure cycle shelters at both RSH and PRH
- Implementation of Park and Ride at RSH and PRH to reduce single occupancy vehicles on site
- A range of estates energy improvements including enhanced roof insulation as well as solar panels at Royal Shrewsbury Hospital site
 - We have also developed Heat Decarbonisation plans for all our acute Trust sites have

Public Sector Decarbonisation Scheme (PSDS) 3C funding for a decarbonisation scheme at Royal Shrewsbury Hospital

- Successful National Environmental Education Foundation (NEEF) funding for Royal Shrewsbury Hospital for solar panels and LED lighting.

The Trust has been successful and secured PSDS 3C funding for low carbon heating technology. The project will see the installation of heat pump technologies which will provide low carbon heating, hot water and chilled water to buildings across the hospital site. This will enable the Trust to remove the old steam boilers and associated gas-fired equipment and fully "de-steam" the hospital estate.

A range of energy conservation measures such as solar panels, which will be installed on the available roof spaces, the upgrade and optimisation of the building energy management systems, upgrades of roof and pipework insulation and the replacement of air handling fans units with low-energy fan systems, will reduce the site's energy consumption.



Net Zero - An Estates Net Zero delivery

The UK is leading the way on tackling climate change and improving sustainability, and the NHS is leading the way in the UK.

In 2019 the UK became the first major economy to commit to net Zero emissions by 2050. The 'delivering a net zero NHS' report sets a clear target for achieving a net zero health service for direct emissions by 2040 and indirect by 2045.

Despite significant progress the NHS remains one of the largest single emitters of carbon dioxide in the UK. Approximately 5.4% of the UK's total carbon emissions and 40% of all public sector emissions. Estates is a significant part of the NHS carbon footprint and there are six reasons the NHS Estates (and Facilities) function leads the way on net zero carbon (Estates 'Net Zero Carbon Delivery Plan 2020').

1. Actions on estates will **set the standard** for the rest of the NHS, showing how net zero can directly benefit patient care and

support joint progress.

2. Action makes **great business sense** and will lead to long-term revenue savings, which can be invested in patient care.
3. It's an **obvious place to start** – it is responsible for the largest portion of service-related emissions, and a significant part of public sector building emissions.
4. NHS buildings, from large hospitals to local GP surgeries, are the most **prominent physical manifestations** of the NHS – this creates an opportunity for the estate to help inspire patients, the public and other organisations.
5. It's **already ahead of the game** – effective action is already defined, well understood and underway to various degrees – with smart planning we can make a big difference, quickly.
6. Net Zero investment in buildings also offers **other significant social value and health benefits**, including economic growth and job creation.

The Four Step NHS Approach to decarbonise the NHS estate by 2040

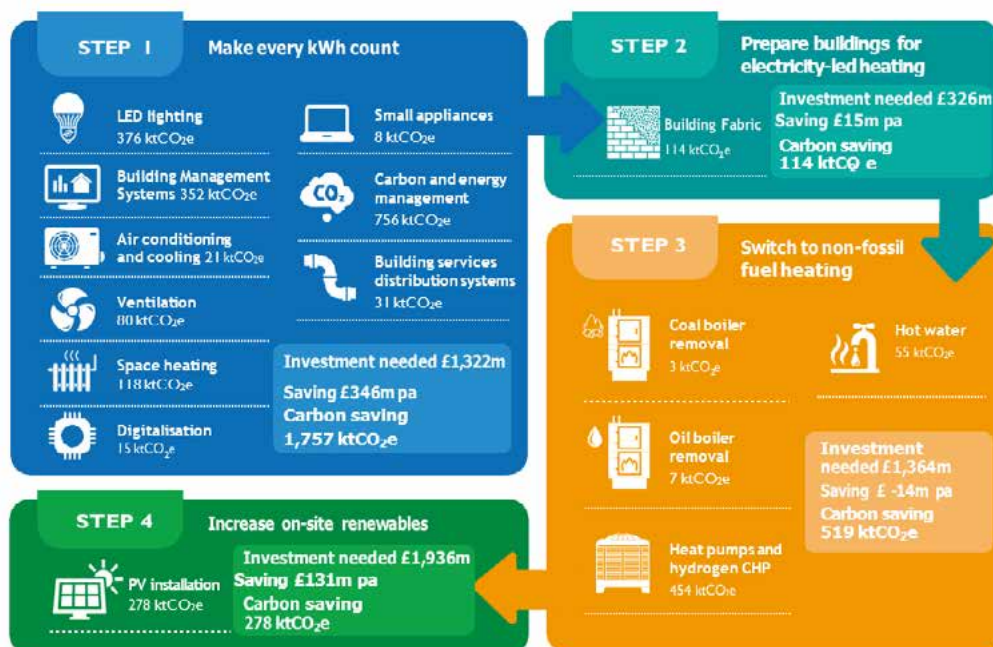
£1 in every £187 spent in the NHS is spent on building energy. Building energy is the single biggest area estates and facilities can influence, making up 41% of the NHS Carbon Footprint.

Step 1: Make every kWh Count

Step 2: Prepare buildings for electricity led heating

Step 3: Switch to non-fossil fuel heating

Step 4: Increase on-site energy renewables



RECENT ESTATE DEVELOPMENT

LINAC BUNKER

Linear accelerator (LINAC) device used for external beam radiation treatment of patients with cancer.

An additional LINAC bunker is required to maintain safe and reliable radiotherapy services, prevent potential cancer treatment breaches and meet national requirement during extended period of essential treatment machine replacements.

Project aim

- To create a fourth LINAC bunker for the Trust to allow radiotherapy services to continue throughout future essential treatment machine replacements.

Timescale

- This programmed was fully completed on time and on budget June 2025

Services Provided

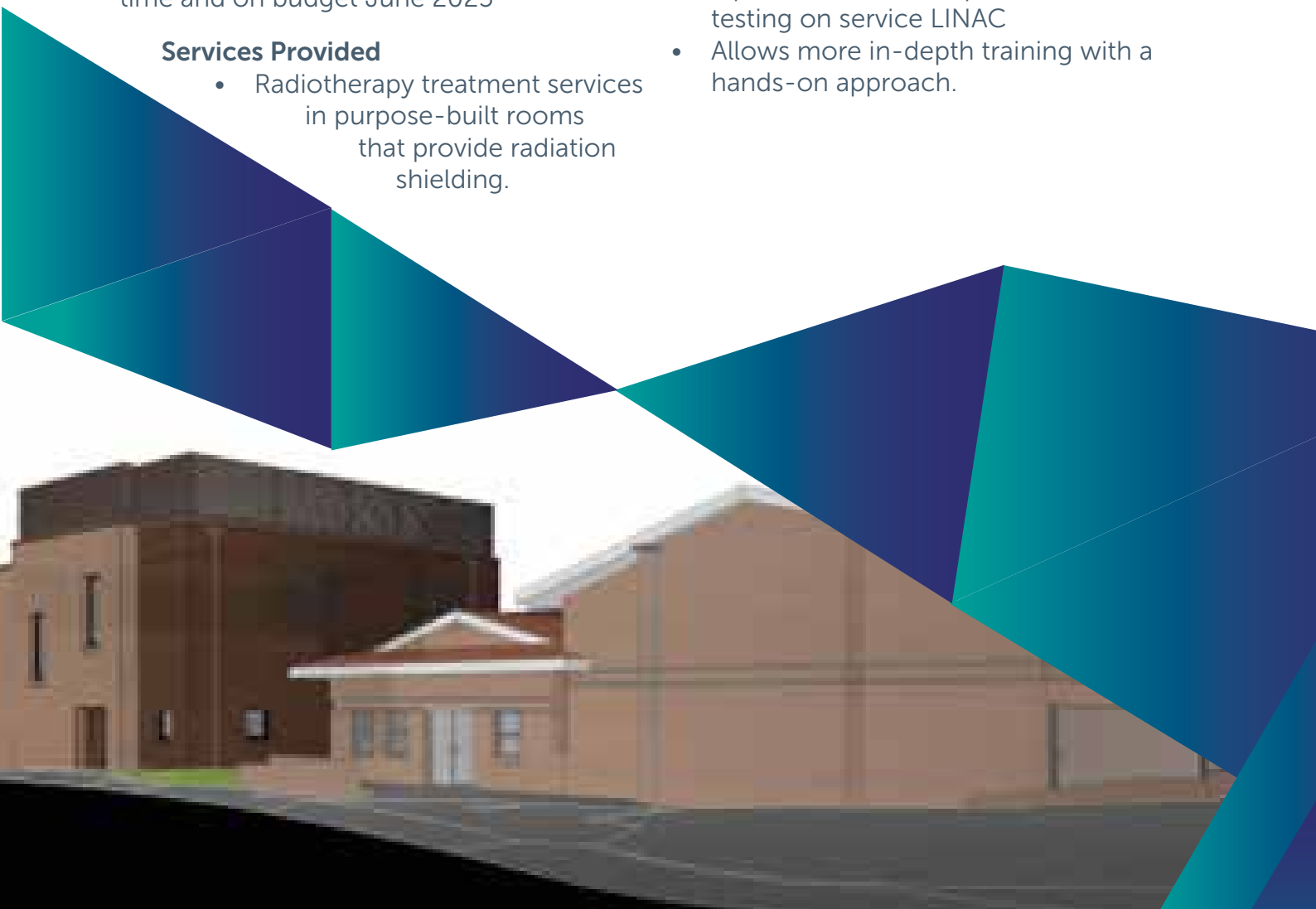
- Radiotherapy treatment services in purpose-built rooms that provide radiation shielding.

Funding

- £3.9 million

Outcomes

- Improved patient experience and care by increased capacity and service resilience
- Improvement in the quality of radiotherapy treatment at SaTH
- Better training facility to train radiographers, engineers and scientists in practical elements of the role
- Quick transfer of patients to service LINAC if there is a fault on another machine
- Quick transfer of common parts from the service LINAC if required
- Option to undertake patient treatment testing on service LINAC
- Allows more in-depth training with a hands-on approach.





RSH: MODULAR WARDS – ADDITIONAL INPATIENT CAPACITY

The new 56-bed modular ward unit is planned to open in the Winter of 2025.

Project aim

- To create a 56-bed modular ward unit on the RSH site that will enable the Trust to reduce the amount of escalation capacity required whilst also providing decant space for much needed refurbishment of the Main Ward Blocks

Timescale

- Pending complex programme agreements, it is envisaged that this facility will open in December 2025

Services provided

- 56 additional bed capacity - linked to existing hospital buildings towards the rear of the RSH Facility

Funding

- £21.4m capital from NHS England national funding

Outcomes

- Reduced bed occupancy levels and reduction in utilisation of escalation capacity resulting in improved patient care and experience
- More timely discharges, improving patient flow across the hospital
- Improved Emergency Department (ED) four-hour performance targets and a reduction in admission time following a decision to admit (DTA)
- Improved patient flow through the ED reducing ambulance handover times
- Improved ambulance response times as a direct result of reduced ED ambulance handover times
- Ability to maintain elective activity throughout the year
- Decant space to enable deep cleans and essential works within Main Ward Blocks

OUR CAPITAL PROGRAMME ACHIEVEMENTS

NEW GAMMA CAMERA 2024

Nuclear medicine cancer diagnostic unit with gamma camera device opened in June 2024 following a £3m investment – the largest single investment in nuclear medicine in the county.

The new camera will increase the number of scans we can do and reduce waiting times for patients. It is used to detect cancer, paediatric and other acute conditions and will produce better quality images and reduce scanning times. The new Gamma Camera unit will complement the facilities offered at the new Community Diagnostic Centre (CDC), based at Hollinswood House, Stafford Park, Telford.

Project aim

- To replace the existing Nuclear Medicine Gamma Camera with a new building and camera equipment to minimise the risk to our patients and ensure service continuity across the County.

Timescale

- Opened to first patients in July 2024.

Services Provided

- New Nuclear Medicine Gamma Camera facility within the county.

Funding

- £3 million

Outcomes

- Service continuity due to reduced downtime and reduced capacity following system failure
- Improved image quality and diagnostic accuracy with positive impact on patient prognosis
- Improved report turnaround times
- Support the Trust to meet national cancer targets and deliver services in line with the Faster Diagnostic Standard
- Upgraded state-of-the-art technology will aid recruitment and retention of the specialist radiologists within the Trust
- Legal compliance with current legislation
- Reduced scan times and increase capacity.



PRH: NEW FRONT ENTRANCE WITH CONVENIENCE FACILITIES 2024

The new Admin Hub opened at the Princess Royal Hospital in November 2023 which is a combined facility comprising of administration office and meeting space along with rentable units currently occupied by Marketplace and Costa Coffee.

Project aim

- To create a unit capable of housing displaced administration staff due to the Elective Hub works.

Timescale

- Opened in November 2023.

Services Provided

- Administration offices and meeting spaces, rentable units taken up by Costa Coffee and Marketplace. Public washrooms and link to Main Entrance into Princess Royal Hospital.

Funding

- Private retail enterprises





PRH ELECTIVE HUB

The new Elective Hub opened at the Princess Royal Hospital in June 2024 and is a dedicated day-case facility comprising of four new theatres and associated recovery space.

Project aim

- To create a ringfenced, dedicated elective day-case facility for the community we serve, providing high volume, low complexity procedures.

Timescale

- Opened to first patients in June 2024.

Services Provided

- Four new theatres, recovery spaces, ancillary spaces, administration areas (displaced by new facility).

Funding

- £24 million national funding.

Outcomes

- Reduced waiting times and cancellations for non-urgent tests and procedures
- Reduced pressures on inpatient bed capacity
- Fit for purpose and modern-day care facility which can accommodate future demand

HOLLINSWOOD HOUSE

Hollinswood House opened in June 2024, which was a direct result in looking to improve the utilisation, flexibility of space, operational efficiency and condition of the estate.

Project aim

- To deliver Shropshire Telford & Wrekin's first Community Diagnostic Centre and satellite renal facility.

Timescale

- Building partially opened in October 2023, third floor opened June 2024.

Services Provided

- CT scans, Non-Obstetric, Ultrasound scans, X-Ray, ECG (Electrocardiograms) and Phlebotomy.

- Renal and Dermoscopy.

Funding

- £10.5 million national funding.

Outcomes

- Reduced waiting times and cancellations for non-urgent tests
- Reduced pressures on acute hospitals as elective care tests delivered off main hospital site
- Fit for purpose and modern-day health facility which can accommodate future demand
- Improved service integration and accessibility as services are offered within the community

Ensuring that good quality, therapeutic environments are in accessible locations and designed to meet the needs of our services now and into the future has been our key priority. Our aspiration to reduce health inequalities and continue to improve accessibility are key strategies for the future.

To date, we have achieved:

- Providing the foundation of a fit for purpose Estate

- Supporting strategic service initiatives:
 - Hollinswood House
 - William Farr House
 - Gamma Camera
 - Elective Hub
- Optimisation of Asset Holdings
- Land and Building Review matching the future expectations
- Close links, resourcing and partnership with HTP Teams.



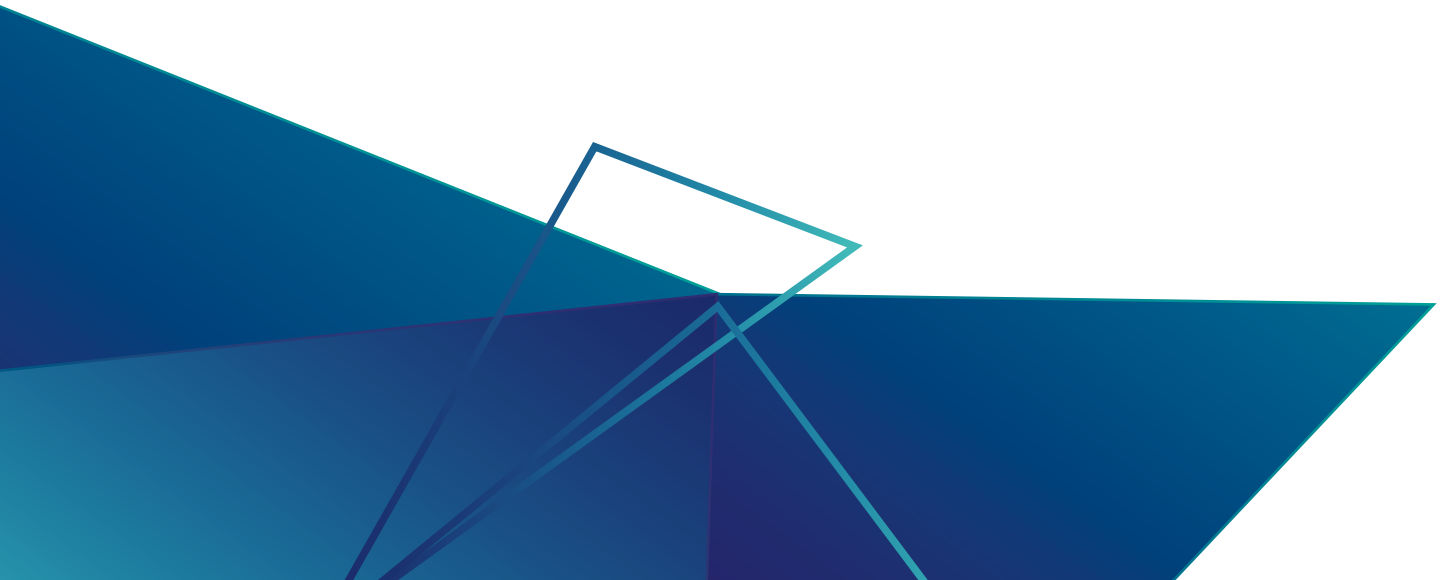
POLICIES AND STRATEGIC DRIVERS

As an organisation we are influenced by a number of drivers, caused by a combination of external and internal factors, many of which are common across the NHS.

Growing Demand Patient volume and overall workloads are increasing due to ageing population, prevalence of long term conditions and overall increase in demand for services	National and Local Policy The NHS Long Term Plan (2025), Shropshire, Telford & Wrekin – Joint Forward Plan 2023-2028
Workforce Workforce shortages and recruitment and retention challenges.	Financial Constraints Significant financial challenges as a provider and the wider system
Digital and Data Continued national agenda to advance digitalisation and data-driven services across the NHS.	Safety and Compliance National legislation and guidance on safety and compliance, including Health & Safety Executive (HSE), Care Quality Commission (CQC), Department of Health
Technologies Development Advancement in technology both now and in the future to improve outcomes and efficiency including Artificial intelligence (AI).	Local Demographics Diverse population needs and health inequalities across STW.

The Estates Strategy forms part of a suite of the Trust documents which set the wider context for specific aspects of the strategy such as:

Trust Strategy (2022/27), Clinical Strategy, Workforce/People Strategy, Digital Strategy, The Green Plan (2022).



OUR CHALLENGES

This strategy will naturally evolve and develop to remain in alignment with the services we provide and with the needs of our local population.

Our Estate must adapt and innovate to accommodate future ways of working. One such recent change has been the speed and agility of change with digital services.

The COVID-19 pandemic has altered the expectations of staff and the wider public to one where many interactions are now virtual or online. This, in turn, can alter the way in which we use our buildings. We will continue to review the way in which we need to use our Estate - embedding greater use of technology will support rationalisation of our estate.

A strategic estate utilisation project will be a key development piece for us moving forward. System-wide integration of Estates Strategies is also key to providing agile, technology enabled accommodation, providing the capacity to address the assessment, diagnosis and treatment backlogs along with single room capacity in light of the COVID pandemic learnings.

Other SaTH key challenges:

- Limited access to capital – internally sourced cash for capital projects
- Estates efficiency savings increasingly challenging; (ageing site/ lack of Capital)
- Large, diverse portfolio – resource implications to manage increasing footprint and capacity
- Balancing service accessibility with Estate quality and affordability
- Net Zero Carbon targets by 2032 and 2040
- Backlog maintenance affordability increasingly challenging
- Estate needs to be 'Pandemic-ready' for future challenges
- Change of room and bed layout required from existing outdated ward footprints
- Decant Spaces and Winter Pressures
- People: Aged workforce, Skills and Culture. SaTH need to be able to create an organisation that is fit for the future and aligns with the Estates Workforce Plan 2024/25

Our ambition – formulation of the Estates Strategy

An Estates Strategy is defined as “a long-term plan” for developing and managing the estate in an optimum way in relation to the Trust’s service and business needs. On a practical level, the Estates Strategy identifies and manages the risk of compliance with statutory building responsibilities, CQC and Health Technical Memoranda (HTM) standards and financial risk from underutilised spaces (voids), backlog maintenance and capital costs.

There is more work to do to understand our collective estate utilisation and future aspirations.

As one of a number of anchor institutions in the system, we recognise the importance of playing a pivotal role in the wider estate development. Co-production and collaboration are key to how we will achieve our Trust’s strategic aims and estate ambitions.

We have completed an analysis of our Estates aims to assess how they support the Trust’s overarching strategic aims:

TRUST STRATEGIC AIMS	ENABLERS	ESTATES
HIGH QUALITY CARE	QUALITY	High quality, accessible locations. Therapeutic settings. Safe, effective and efficient delivery.
BETTER HEALTH	PEOPLE	Embedded technology. Partnership with community and system. Integrated, cost-effective services.
GREAT PLACE TO WORK	DIGITAL	
	INNOVATION AND RESEARCH	Safe workplace. Welcoming settings and culture. Adoption of new ways of working
SUSTAINABILITY	FINANCE	Reduced carbon footprint. Cost-effective re-purposing of estate. Supply chain realignment.
SYSTEM WIDE INTEGRATION		

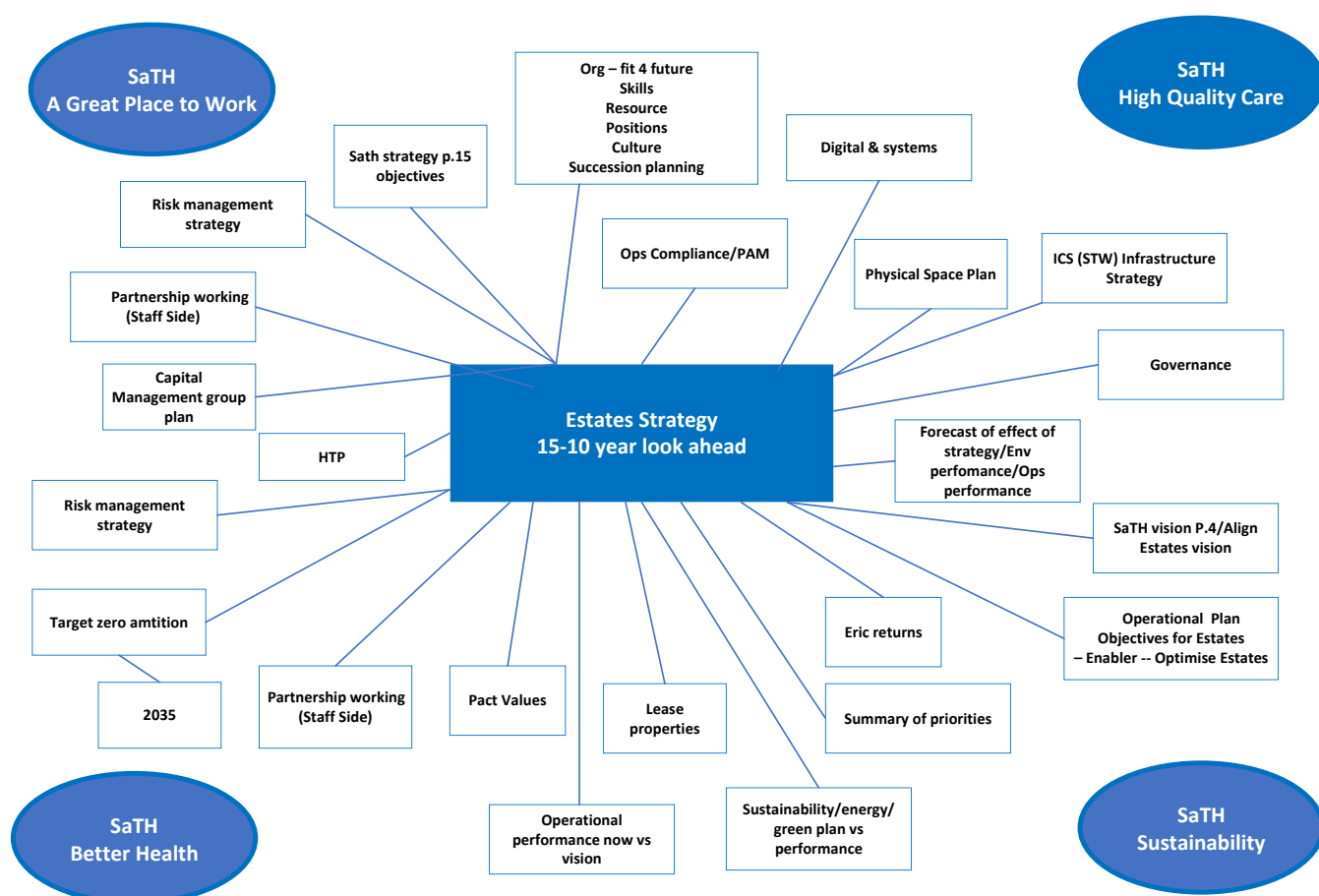
OUR ESTATE STRATEGY

Improving our patients' and communities' health and wellbeing and the way in which they experience our services, through the effective use of our Estate and infrastructure is at the core of our strategy. This means that

we will ensure that people can access services that are in the right place and at the right time. Strategic Alignment to all our Estate inputs is key to getting it right first time.

OUR ESTATES VISION

"To enable the delivery of a flexible, efficient, fully utilised estate that provides high quality sustainable settings in the right locations for staff, patients and our community."



OUR ESTATES STRATEGIC AIMS



AIM 1

Ensure our Estates provide efficient and effective spaces that are fit for purpose

We will proactively manage our assets and have a clear plan for reducing backlog maintenance. Where assets cannot be cost-effectively maintained or the estate is deemed surplus, it will be released, with capital receipts reinvested into the capital programme.

Our goals over the next five years are to:

- Ensure the physical condition of the Estate is fully compliant with health & safety and business risks
- Improve the utilisation of clinical space and maximise the use of higher quality assets in line with NHS England and NHS Improvement (NHSE/I) metrics (Carter Review)
- Reduce operating costs through effective use of robust disposal/reconfiguration asset management and environmental performance improvements
- Support development of accommodation reporting to enable better understanding of the cost and performance of our Estate
- Provide easily accessible care settings that reflect the Trust's aims for high quality and better care.
- Embrace new NHS 10 year Plan on shifting towards 1) Treatment to Prevention 2) Digital Health Services 3) Move from Hospital to community Care

Objectives and actions:

- Maximise high quality space and disposal of buildings with uneconomic backlog costs
- Full analysis of Estate utilisation to inform strategic Estate decisions
- Develop integrated portfolio management processes and adopt robust disposal / acquisition processes.

- Develop cost analysis for individual buildings and services integrated with space utilisation data
- Create positive working environments with opportunities for user surveys and feedback
- Work in partnership with stakeholders to ensure our facilities are accessible and welcoming to all and support the wider health inequalities work.

Key tasks over the next 12 months

- Formulate implementation plan with phased delivery of Estates Strategy
- Work alongside implementation of other enabling strategies
- Continue Estates consolidation process
- Embed Estates utilisation survey and develop a Trust-wide roll-out plan
- Develop model of Estate cost and performance.

Measures of success

- Improvements against key measures in the six facet survey categories
- Demonstrable improvements from colleague surveys, PLACE and 15 steps
- Continued space utilisation
- Continued development of Service line cost analysis.

2

AIM 2

Strengthen Estate integration by working with HTP and system partners

We will work in partnership with HTP and wider partners to provide a shared foundation of estate assets to enable the delivery of system benefits and reduce inequalities. These partnerships will extend beyond the traditional health partnerships and consider how we develop relationships with the local community and third sector to support mutual service delivery objectives, but also to maximise opportunities from disposal of surplus sites.

Our goals over the next five years are to:

- Integrate system-wide strategic Estate plans into formal and regularly reviewed ICS Strategy
- Build strong partnership links with HTP and wider sector providers
- Integrate co-production processes into formulation of Estates strategies and business cases

Objectives and actions:

- System-wide utilisation and

capital project database for efficient management of the Estate

- Joint working group for integration of thinking and approach (ICS – Strategic Estate Group)
- Engagement of experts for strategic proposals.

Key tasks over the next 12 months

- Pull together individual Provider Estate Strategies within the system
- Attend and actively contribute to joint ICS Estate Strategy Planning Committee
- Prepare Trust-wide enabling strategy summary and timeline
- Identify and participate in potential joint funding

Measures of success

- Robust programme of lease review and renewals – taking opportunities from break clauses etc. where appropriate
- Space utilisation benchmarks (internal and external)





AIM 3

Ensure we are making the best use of our Estate

We will maximise estate utilisation and work with commissioners and other partners to develop locality-based estate plans to ensure we achieve greater co-location and integration with partners.

Our goals over the next five years are to:

- Rationalise estate with a focus on better quality estate
- Achieve greater co-location of colleagues and agile co-working
- Ensure development support to embed cultural change with agile working
- Ensure we are getting best value.

Objectives and actions:

- Provide stability for financial modelling and service planning
- Reduce footprint based on space analysis and service needs
- Balance provision of specialist accommodation with local accessibility
- Reduce costs and retain flexibility of occupation
- Negotiate lease costs at renewal points (rent review / lease renewal).

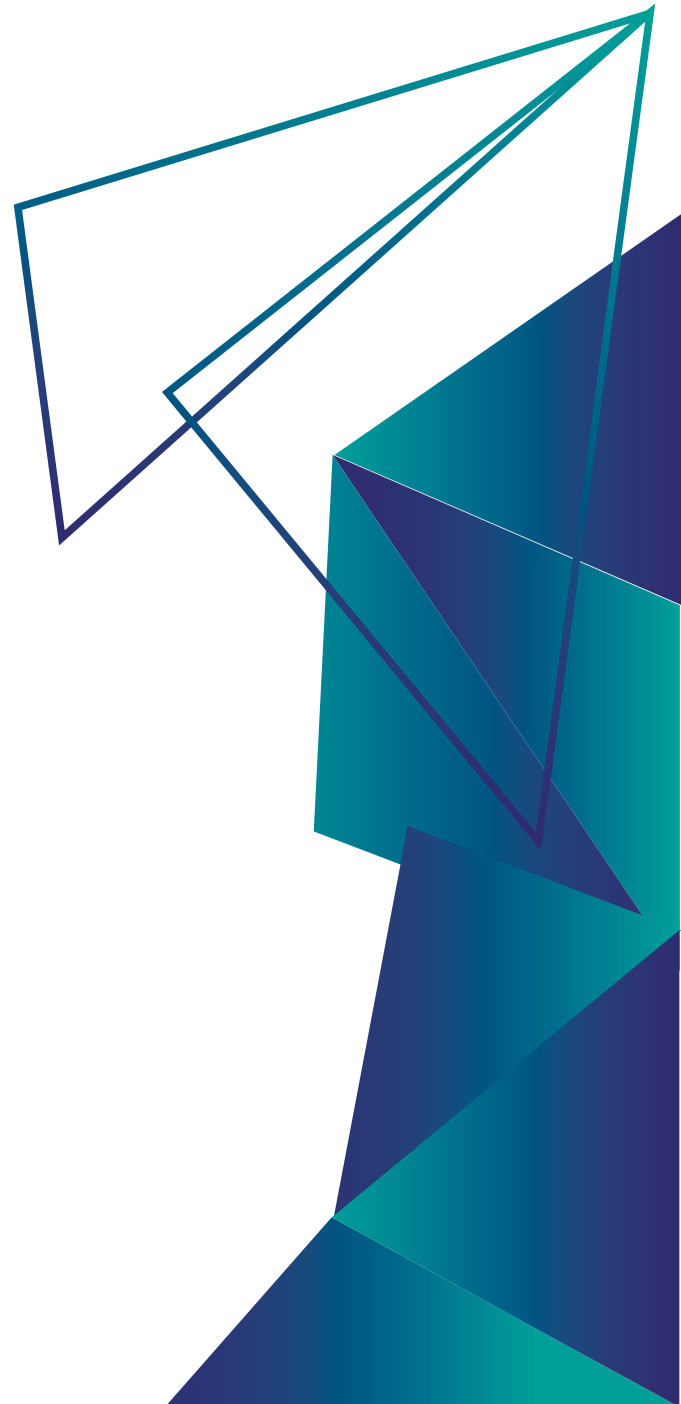
Key tasks over the next 12 months

- Continuous challenge to the holding of assets and their use
- 'Right Service, Right Estate' - set out what services require and where
- Ensure site rationalisation /co-location is undertaken to promote integrated working rather than to reduce Estate costs
- Consider opportunities from currently under-utilised buildings where leasing to third party, re-purposing or mothballing may allow longer term decisions.
- Service delivery will be focused on SaTH

Strategy and needs, either single facilities or a network of local facilities.

Measures of success

- Robust programme of lease review and renewals – taking opportunities from break clauses etc. where appropriate
- Space utilisation benchmarks (internal and external)





AIM 4

Embedding Sustainability models and approaches into our Estate management

- SaTH is already establishing strong links between the Estates Strategy and our Green Plan. This will enable us to improve the environmental management of our estates. We will develop an approach that recognises social and ecological value of our estates.
- 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 the NHS activities, and this Estates Strategy 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’ have been developed.

Across the NHS, Estates activities account for a large proportion of carbon emissions, therefore we will be taking local approaches to minimise this, including:

Construction

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.

Where new construction is required, on larger schemes, we will adopt Building Research Establishment Environmental Assessment Method (BREEAM) 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 to reduce stock holdings. Our new buildings will be designed to be resilient to the effects of climate change.

Energy usage

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.

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.

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 part of backlog capital prioritization.

Our energy centres currently generate steam, this being a legacy of past requirements. We are actively looking to de-steam our sites and at the same time, to install low-carbon technology.

We already have 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.

We will consider water saving devices to prevent water wastage where these do not compromise safety or cleanliness.

Waste

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 to achieve a greater degree of segregation at the point of production.

Transport

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 to minimise emissions.

We have already progressed with the exploration and installation of electric vehicle charging points on both sites as well as electrifying our fleet. We currently have 12 EVs installed across our the main sites.

Whilst outside the remit of this Estates Strategy, 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 car parking charging structure will reward staff who either car share or reduce use of their car.

Our goals over the next five years are to:

- Adopt sustainable construction and asset management processes
- Maximise opportunities for adding social value through the utilisation and development of our estate
- Establish links between nature and preventative healthcare - develop a Biodiversity Plan to promote use of natural greenspace
- Understand how we can measure the social value of our Estates.

Objectives and actions:

- Ensure the Estate delivers its contribution to the sustainability targets in line with guidance and Green Plan e.g. LED lighting and renewable energy
- Include assessment criteria for sustainability benefits as part of procurement process for Estate schemes
- Expand the creation of allotments, dementia gardens, outdoor gyms and green health routes.

Key tasks over the next 12 months

- Establish links with the wider sustainability groups to support delivery of Net Zero Carbon initiatives
- Benchmark performance against peers and other NHS providers
- Support delivery of a Trust-wide Biodiversity Plan to enable preventive healthcare and access to green space
- Consider and develop social value measures for Estates.

Measures of success

- Key milestones in Green Plan delivered through improved estate infrastructure.



5

AIM 5

Maximise innovative property solutions

We need to ensure we have a flexible Estate capable of rapid repurposing to meet ongoing service change and transformation requirements. It needs to be able to support new ways of partnership working and enable staff to maximise the use of new technology.

Our goals over the next five years are to:

- Ensure the Estate is 'Future pandemic prepared' as best practicable
- Enable capital investment through Estate rationalisation
- Investigate alternative models of capital investment or partnership working where it is appropriate to do so.

Objectives and actions:

- Digitally enabled Estate for any estates-led clinical and non-clinical activities
- Opportunity for transformation of Estate through collaborative working
- Consider third party or ICS partner joint ventures
 - Support the roll-out of a hybrid working model

between home, office and clinical space requirements where practicable.

Key tasks over the next 12 months

- Develop and embed our approach to space utilisation and develop a database to inform our estate planning
- Work with clinicians to assure future pandemic preparedness
- Investigate alternative sources of capital investment where appropriate
- Working with the HR team take forward key aspects from the Workforce Estate Plans to support different working models for our colleagues. (Multi-site / working from home)

Measures of success

- Space utilisation benchmarks (internal and external) and (Admin Space vs Clinical Space)
- Embedded integrated working and innovation within a robust estates' strategy
- Further co-location and integration of services with partners.





AIM 6

Ensure our Estate supports the health and wellbeing of our people

SaTH need to ensure that future Estate modifications supports the Health and Wellbeing of all our staff and its users. We need to embrace modern requirements to ensure we are attractive employers for today's modern workforce and their requirements of the physical estate.

Our goals over the next five years are to:

- Ensure our estate promotes health and wellbeing of our staff and service users
- Reduce health inequalities for our people and communities by providing estates that are accessible and inclusive wherever possible
- Enable flexible and adaptable working through integrating estates and digital delivery.

Objectives and actions:

- Ensure that people work in safe positive and healthy environments that also provide for rest, relaxation and effective team working
- Develop an approach to identify and monitor risks to wellbeing within our estates
- Create spaces that promote health and wellbeing through partnerships with people, services and stakeholders
- Work in partnership with diversity networks to understand accessibility and inclusion needs.

Key tasks over the next 12 months

- Undertake an audit of our key work bases to understand the level of rest and wellbeing facilities and develop a gap analysis and associated action plan

- Work in collaboration with the Workforce plan and our SaTH Green Plans
- Adopt sustainable travel and a hybrid model of working where possible across multi sites
- Support Trust biodiversity plan to enable access to green spaces
- Engage with colleagues to understand how Estates can support their health and wellbeing

Measures of success

- Evidence of estate co-production and co-design in service transformation
- Demonstrable improvements from colleague surveys, PLACE and NHS 15 steps Challenge
- Improved Staff survey feedback and results
- Improved working with communities and, in partnership with our contractors, enhancing local employment opportunities

HOW OUR ESTATE WILL CHANGE OVER THE NEXT FIVE YEARS

Our Estate Strategy will increasingly focus on local delivery and implementation of changes across the wider system focusing on mechanisms such as population health management to develop targeted initiatives to help reduce health inequalities and estate inefficiencies.

There is now green shoot step-changes in collaboration with NHS providers, primary care and local authorities which may open up opportunities in multi-provider service delivery models and multi-occupied buildings.

Stakeholder engagement will be integral in the process for assessing and developing our estates proposals moving forward.

- The overall footprint will reduce with the disposal of non-compliant or non-essential buildings or settings where possible whilst we also consider capacity increases and HTP Model changes

- Co-location of colleagues will increase, both our teams and collaborative partners
- The aim is to have fewer, but higher quality facilities
- Best practice and benchmarking will continue to be adopted and adapted in the design of space and the management of our estate.
- Wherever possible, new technologies will be incorporated as part of the Digital Strategy to have a fully digital Estate team and facilities.
- Agile working will undoubtedly reduce the amount of clinical and non-clinical space as both colleagues and service users are enabled to interact remotely.
- Change towards the 3 shift NHS new model announced in 2025. Move towards a more focused digital, community-based estate portfolio and work with system partners to rationalise our estate thus meeting this ambition.



HOW WILL WE MEASURE THE SUCCESS OF OUR STRATEGY

During the initial two years of the strategy, we will continue to develop our implementation plan and measures for success. For example, as we continue to roll out our utilisation process and measurements, we will gain a better understanding of how we can utilise and occupy our space differently and therefore set more quantifiable targets with which to measure our progress.

We will share these through the Space Accommodation Control Group at SaTH for ongoing sign-off as this strategy evolves.

Clinical Engagement

This is an essential and important aspect of delivering this strategy. We will involve and engage with key stakeholders and agree the most appropriate way and places to deliver care for the residents of Shropshire, Telford and Wrekin.

Our aged Plant and Infrastructure has the potential to create clinical risks. Whilst we maintain a robust risk register, items in such condition will inevitably fail such as water pipes, heating systems and chillers. Much of the estate also has risk assessed and controlled asbestos embedded across the aged areas of the sites, this means the costs and time to repair / maintain a safe estate are always significantly increased as a result.

Net zero

A number of initiatives are underway but some are only affordable and demonstrate value for money with grant funding. Our carbon reduction schemes and activities will make a significant reduction in emissions however there will be a level that will remain outside of the Trust's control.

Resource

The Estates team is currently resourced to

manage an estate that operates efficiently and minimises its infrastructure risks. To maintain safety, a significant number of specialist contractors e.g. asbestos and water specialists work alongside the team which adds to the overhead costs to running a safe operation. This Strategy is over and above delivering "business as usual" and will require additional specialist resource - estates planning specialists, move planners, technical architects etc. This resource will need to be funded through the capital budget creating further draw on the already insufficient capital allowances and therefore will need to be balanced against managing the infrastructure risks in the existing estate.

Scrutiny and Governance

With a wide and complex strategy over the next five years, the Estates function at SaTH requires support within the Trust and from across the wider ICS.

Any Estates proposals will continue to proceed through the existing governance framework of the Capital Planning Group and Accommodation Control group before further final scrutiny by the Board Sub-Committees and Trust Board of Directors as necessary.



CONCLUSION

This strategy sets out plans for our Estate at a time when the future level of occupancy of buildings and the adoption of new ways of working remains uncertain.

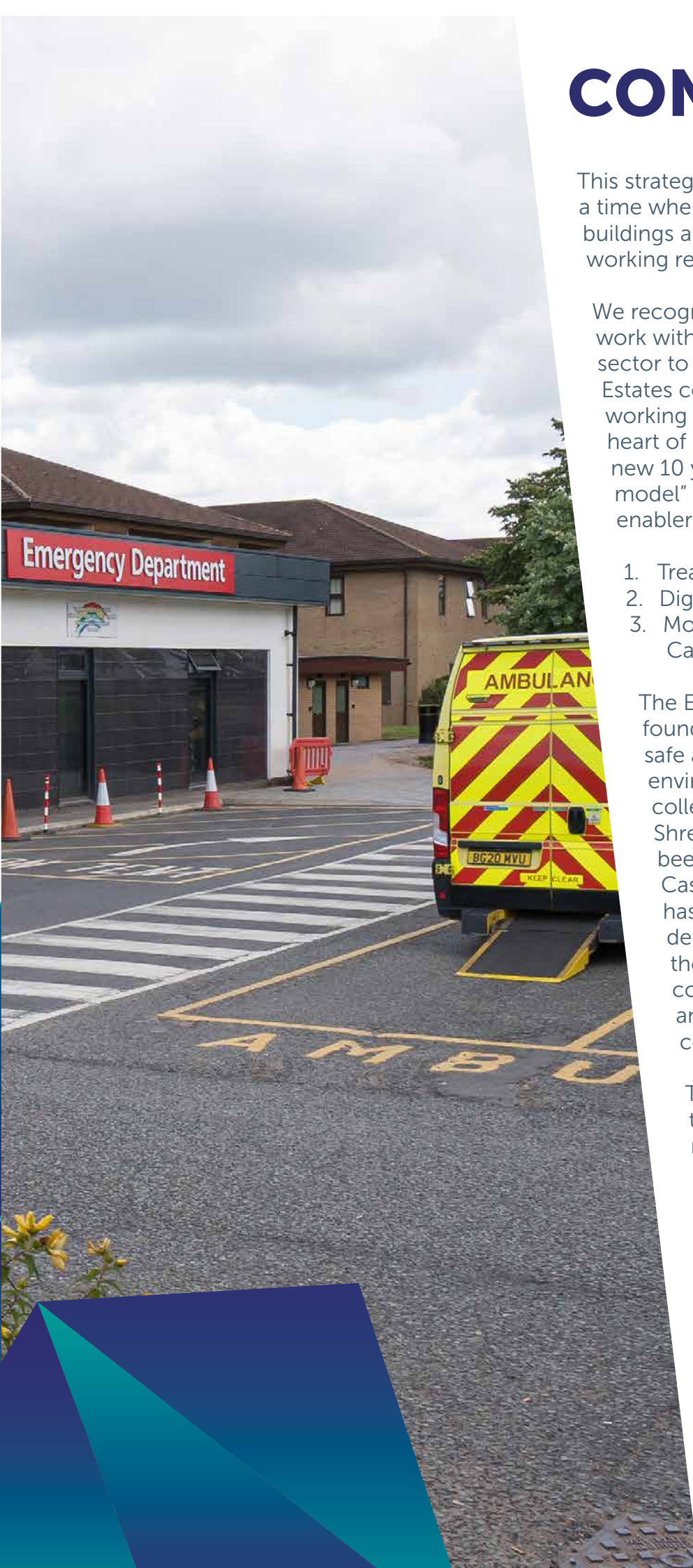
We recognise that increasingly we need to work with our system partners and third sector to maximise the opportunities for Estates collaboration and partnership working to deliver excellent care at the heart of our communities. The shift to the new 10 year NHS plan, namely the "3 shift model" will firmly have Estates as a key enabler for this change to happen.

1. Treatment to Prevention
2. Digital Health Services
3. Move from Hospital to community Care

The Estate will continue to provide the foundation required for a high quality, safe and effective clinical and working environment for our service users, colleagues and partners in Shrewsbury and Telford. HTP has been approved at Full Business Case for the development and has agreed a reviewed model for delivery at each site, demonstrating the Trust's commitment to continued investment in our estate and improved healthcare for its communities.

This strategy also highlights that where appropriate, we will rationalise assets that are not fit for purpose or have become surplus to service requirements, adopting a robust assessment and disposal process.

This strategy will be delivered through an implementation plan where individual processes, projects and partnerships will be identified to deliver the Trust's vision and aspirations.





The Shrewsbury and
Telford Hospital
NHS Trust