

All Party Parliamentary Group for Health Infrastructure: Meeting the Short, Medium and Long-Term Needs for NHS Infrastructure

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.2 million staff.

NHS estates and facilities

Trusts welcomed the multi-year capital budget set at the October 2021 Spending Review (SR). After years of underinvestment and a trend of capital funding being diverted into revenue, the DHSC's capital budget included funding for the NHS over the next three years to support elective recovery and improve digital technology, transformation of diagnostic services, new surgical hubs, increased bed capacity and equipment, and funding for innovative use of digital technology.¹

However, this funding injection followed years of prolonged underinvestment in estates and facilities across the NHS, and the maintenance backlog remains a major concern for trusts. The latest Estates Return Information Collection data from NHS Digital shows a substantial deterioration in the NHS estate.² In 2020/21, the maintenance backlog was £9.2bn. This puts into perspective the total NHS capital budget for 2022/23, which despite recent increases now totals £7.9bn, limiting the capacity of providers and their system partners to eliminate the maintenance backlog and invest in new, modern, world class equipment, technology and estates.

Trusts report insufficient capital envelopes (now held and managed at a 'system' level by Integrated Care Systems (ICSs)) and the risk to safety and patient care arising from deteriorating infrastructure and estates. This can include estate which is difficult to configure for social distancing; which fails to offer a modern therapeutic

¹ NHS Providers, [What the autumn 2021 budget and spending review mean for the NHS](#), November 2021

² NHS digital, [Estates Returns Information Collection - 2020/21](#), October 2021

environment (particularly for mental health services); or where the buildings and equipment are reaching (or have reached) the end of their natural life. One acute trust told us that capital investment would allow them to make further improvements in patient experience and reduce infection prevention and control risks. Examples they cited included providing increased bathroom facilities on wards, investing in respiratory ward infrastructure to support an increase in patients requiring non-invasive ventilation and high-flow care which reduces time spent in intensive care. A recent NHS Providers survey of trust chief executives and finance directors showed that 68% of respondents are not confident their trust will have access to sufficient capital funding to address their maintenance backlog over the next three years.³

This is of real concern given that the benefits of investment in health infrastructure are significant and broad ranging. Not only is capital investment critical to maintaining efficient and modern equipment, technology and estates within the NHS, capital plays a broader role in supporting the work of NHS organisations as anchor institutions. As an employer of 1.2 million people, the NHS creates social value in local communities, and supports broader social, economic, and environmental aims. Capital investment will be necessary to support the ambition for the NHS to become 'net zero' by 2040 – for example, by moving to zero-emission ambulances and building net zero hospitals, as well as day-to-day changes that can make a difference such as changing the light bulbs used across the NHS estate. As it stands many NHS organisations are unable to support their local community's health and wellbeing through the use of land and estates due to the poor condition of their infrastructure.

New Hospital Programme

The New Hospital Programme (NHP) announced by the government, is central to the delivery of safe, world-class healthcare. Given that many parts of the NHS estate are in extremely poor condition, in some cases, demolition and rebuild is the only viable way forward. Moreover, trust sites designed to support new models of care, digital transformation and clinical research have the potential to lead to measurable improvements in key health outcomes. The case for change is clear and urgent.

Trusts need the freedom to meaningfully progress their building schemes, not only to support the government's manifesto commitment to build 40 new hospitals by 2030, but also to drive significant and long overdue improvements in patient safety, experience and outcomes, service capacity, and staff recruitment and retention. Trusts also recognise the value of modern methods of construction and how the costs of delivery can be reduced, and clinical outcomes improved by standardisation across design and delivery.

To improve confidence in the capacity of the NHP to deliver on the ambitions of the government, trusts have told us they require clarity on funding and an end to national level delays. While the initial investment of £3.7bn between 2021/22 and 2024/25 is welcome, this notional capital envelope will not enable all trusts

³ NHS Providers, [NHS reality check: the financial and performance ask for trusts in 2022/23](#), June 2022

involved in the programme to begin construction and the demands on this budget for those trusts currently in the programme continue to grow.

There is an urgent need to accelerate the programme and enable more trusts already on the scheme to begin construction. Trusts have identified the financial cost of delays given inflationary pressures across the construction sector and material inputs. In addition, if timescales are further delayed, trusts will risk losing existing support for schemes from staff and local communities and, ultimately, patients will have to wait longer for the benefits of the schemes to materialise.

Delivering fully digitally connected ICSs for patients

Digital advancement is playing a pivotal role in the development of ICSs and has long been identified as a key enabler in transforming services across systems to improve outcomes, tackle inequalities, enhance productivity and contribute to broader social and economic development.

A range of digital maturity across the constituent organisations of an ICS can make it difficult to know where to start. Simply ensuring information technology is fit for purpose across the system can often seem like an enormous task in itself. Trusts require the 'basics' to be right first, ensuring they have a strong foundation to grow their digital maturity – including reliable Wi-Fi, strong technical infrastructure, and electronic patient record systems – before moving ahead to any more advanced digital health technologies. Digital capabilities therefore need to be considered at the onset when designing new hospitals.

Interoperability and the ability of technical systems to exchange information across organisations within an ICS is vital. For data to be collated and analysed for population health management, and for information to follow patients along their care pathway, technical systems must be able to communicate across organisational boundaries.