



THE END OF THE WAITING LINE

The Five-Point Plan

DarwinGroup





Along with much needed capital investment, Darwin Group's five-point plan echoes many of NHS Providers' asks for the next government to shore up our next generation NHS for the future. The NHS needs partners who are ambitious for patients and understand the challenges and opportunities at play, which is why we're delighted to be partnering with Darwin Group to share how they can support NHS trusts.

Sir Julian Hartley, Chief Executive, NHS Providers



Sir Julian Hartley joined NHS Providers as chief executive in February 2023, having been chief executive of Leeds Teaching Hospitals since 2013, where he led a major programme of culture change and staff engagement to deliver improved quality, operational and financial performance.

Julian's career in the NHS began as a general management trainee and he worked in a number of posts before progressing to a board director appointment at North Tees and Hartlepool NHS Trust.

In 2019 Julian was asked to be the executive lead for the interim NHS People Plan, having previously worked as managing director of NHS Improving Quality, and in 2022 he was awarded Knight Bachelor for services to healthcare in the Queen's Birthday Honours.

THE FIVE-POINT PLAN



Nick Dawe

Director of Strategy & Transformation
Darwin Group

It is the inescapable narrative that we have become all too familiar with in the last decade: the NHS is at crisis point.

An ageing population and Government funding cuts, coupled with the biggest global health crisis in living memory, have left over 7.6 million cases¹ on waiting lists. And this is not the only statistic of its nature – there are similar stories across the health and care sector. In emergency care alone, over 25% of patients are waiting more than 4 hours to be seen in A&E, and ambulance response times have increased to 15 minutes slower than target.

We've seen strikes across the healthcare profession, nursing vacancies rising

year-on-year and a shortage of cancer specialists leading to potentially fatal delays².

Add to this an ageing estate and a maintenance backlog to the tune of over £11 billion³, and the picture is undeniably bleak. It is perhaps no coincidence then that providing necessary support for the NHS was a key focus for the 2024 election campaign.

A world first, the NHS remains one of the UK's greatest and proudest assets, having revolutionised free-at-the-point-of-use healthcare across the country, creating a blueprint for societies across the globe.

As the country navigates a seismic shift in leadership, now is the time to influence real change. Darwin Group stands with their health and care colleagues

HOW CAN WE USE THE RESOURCES WE ALREADY HAVE AVAILABLE TO SUPPORT THE NHS IN FACING ITS ESTATES AND FACILITIES CHALLENGES?

across the sector, as we call on the new Government and other stakeholders to think more holistically about what is truly needed to support the NHS. How can we use the resources we already have available to support the NHS in facing its estates and facilities challenges in a way that builds future resilience and safeguards the health service for future generations?

As specialists in healthcare construction with 18+ years' experience, Darwin Group understands the key challenges faced by colleagues delivering care across the country. Now part of Portakabin, we have a combined strength of capacity and speed, enabling us to deliver high-quality clinical and non-clinical buildings at pace to support immediate NHS priorities. Our ultimate vision is to create a truly

flexible healthcare estate that can be easily adapted to cope with future pressure and needs.

Regular consultation and discussion with leaders and their workforce has delivered the insights that form the foundations of this report, and guide the regular practice of Darwin Group and Portakabin.

More formally, Darwin Group has recently run a number of events and forums, where we have taken the opportunity to listen to what the key challenges, drivers, and goals are across the health and care community.

This five-point plan, commissioned by Portakabin, sets out our mission, working in collaboration with the NHS and care providers, highlighting the key points

that guide our projects and practices. Embracing the points laid out here will support the future of healthcare provision, building an NHS that can meet demand, accommodate changing needs and continue to reduce patient backlogs, all while providing outstanding patient care.

This is about taking the lessons we've learned in times of adversity and pooling our knowledge and expertise between provider and supplier. It's about being guided by patients and staff to build a healthcare estate that can meet their needs, now and in the future. And it's about taking a collaborative approach that puts us all in pursuit of the same common goal.

July 2024

1 <https://www.telegraph.co.uk/news/uk/best-nhs-hospitals-waiting-times-worst-trust-england-near-me/>

2 <https://www.telegraph.co.uk/news/uk/best-nhs-hospitals-waiting-times-worst-trust-england-near-me/>

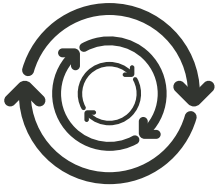
3 <https://nhsproviders.org/news-blogs/news/billions-to-prop-up-creaking-nhs-estate-and-plug-mounting-repairs-backlog;> <https://ifs.org.uk/data-items/estimated-cost-eradicate-nhs-maintenance-backlog-2024-25-prices>



THE END OF THE WAITING LINE

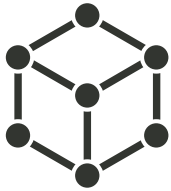
This is Darwin Group's mission. Here, we outline our plan to support the future of the healthcare sector, building an NHS that can meet demand, accommodate changing need and continue to reduce patient backlogs, all while providing outstanding patient care. Throughout this plan, we'll break down each point, examining the details of how it works and what the benefits are.





1. System-wide approach

To take a holistic approach to estates and goals, looking at the full system and pathway to avoid isolated fixes and, instead, encourage a future-proofed environment.



2. Greater collaboration

To foster national and regional health sector collaboration to support the NHS and share best practices in techniques and tactics.



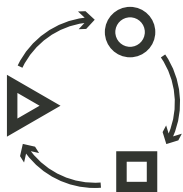
3. Staff and patient experience

To lead with clinically-grounded and innovative building designs to enhance patient care and workforce wellbeing.



4. Prevent the waste

Promote early engagement to reduce delays and costs, prioritise sustainability, and ensure estates are fit-for-purpose to prevent waste.



5. Adaptability of estates

Design and deploy adaptable healthcare spaces that evolve to meet changing needs, ensuring full-circle utility and minimising wasted real estate.



SYSTEM-WIDE APPROACH



To take a holistic approach to estates and goals, looking at the full system and pathway to avoid isolated fixes and, instead, encourage a future-proofed environment.

Understanding the patient care journey in depth is key to facilitating a holistic, system-wide approach to estates projects in the healthcare provision sector.

What we know is, that when only addressing one area of the patient journey, this addresses one aspect of a wider issue, passing the risk further down the patient pathway. If the focus is only on reducing ambulance waiting times, this will result in quicker handover of patients to be cared for in A&E, with more ambulances on the road. But without proper infrastructure throughout the care journey, the blockers that were holding ambulances in the queue have just moved further down the pathway.

By understanding each stage of the end-to-end patient journey, we are better placed to recognise potential blockages and address issues before they arise. This not only ensures a smoother, more efficient process but reduces unnecessary waste, keeps costs down and maintains project timelines.

We also believe that there is great value for Trusts in utilising clinical strategies to help them assess needs and priorities for their estates, now and in the future. This applies to both long-term clinical strategies, including factors like workforce numbers or the role that digital services will play, as well as shorter-term needs, like temporary increases in service usage.

For example, NHS statistics show that A&E attendance increases over the festive period each year by an average of 13% between December to January, compared to other months of the year. A system-wide, strategy-led approach could identify this as a potential blockage in the patient journey and allow for contingency plans, such as temporary accommodation or different workforce provisions, to be put in place ahead of time. This could increase space to accommodate increased patient numbers, while easing pressures on staff delivering care, facilitating a clearer patient flow throughout.



Mike Jennings, chief financial officer at Sussex Community NHS Foundation Trust, said:

“We’ve got to get away from allocating capital to organisations using a silo mentality – and stop focusing on separate buckets of equipment, buildings and backlog. And we have got to get better at allocating capital for outcomes.”

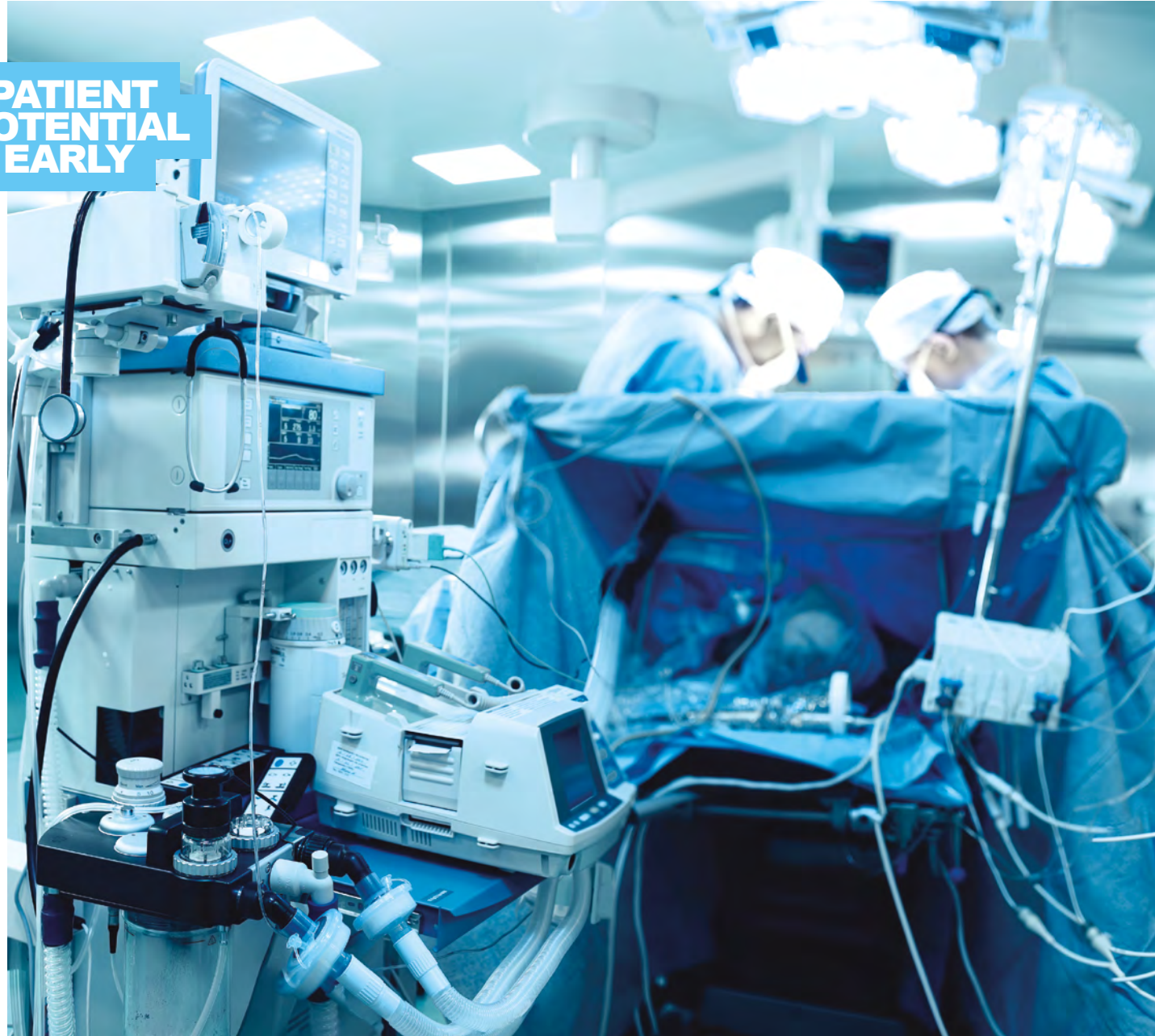
This would help to prioritise capital for the areas that produced the most benefit rather than simply replacing existing assets that form part of traditional pathways.

Capital Value Roundtable & Report,
in collaboration with HFMA, June 2024

A HOLISTIC VIEW OF THE PATIENT JOURNEY ALLOWS ANY POTENTIAL ISSUES TO BE IDENTIFIED EARLY

Darwin Group recently worked with Leighton Hospital at Mid Cheshire Hospitals NHS Foundation Trust to design and build a two-storey, 60-bed modular ward building. The building was on-site and in use within a year. The modern, inviting ward allows patients to be transferred and continue to receive care while work takes place to construct the new hospital building on-site.

This continuation of care reduces the potential impact of this blocker to care delivery, and in turn prevents this from creating an unmanageable challenge further down the line. A holistic view of the patient care journey allows any potential issues to be identified early, so that a solution can be introduced in a timely and effective manner.





Modular buildings can be a solution for some trusts' needs – especially if they need to transfer patients to allow work on other parts of their estates. At Leighton Hospital, a two-storey modular ward has been commissioned and built by Darwin Group in less than a year.

“It was a scheme which came in on budget and on time,” said Mr Favager. “I’m thinking of planning for the likes of winter, this style of construction is probably the quickest and cheapest to do.” Building hospitals or units to a standardised design may also offer some savings in both time and money.

Russ Favager, Board SRO, Mid-Cheshire Hospitals NHS Trust in Reimagining Estates Funding report, in collaboration with NHS Confederation, June 2024





GREATER COLLABORATION



To foster national and regional health sector collaboration to support the NHS and share best practices in techniques and tactics.

Just as there is no single factor that has caused all issues across the NHS estate, equally, there is no single organisation that can address these issues in isolation. This means that to alleviate the pressure, we must work collaboratively.

As the old adage goes, a problem shared is a problem halved, which is why it is key to enhance collaboration between providers across the sector. Embracing the structure of the NHS and its relationships with the wider health and care sector encourages collaboration across Trusts and ICBs, into NHS England and beyond, driving forward real change in a way that benefits everyone.

By embracing an open culture that encourages collaboration through sharing knowledge, best practice, tactics and techniques, there is the potential to pool insights, learnings and actions from across different providers. This fosters a more robust and considered approach to tackling the problems presented by our ageing healthcare estate.

There are already examples from across health and care that demonstrate the positive effects of collaboration. During the Covid-19 pandemic, providers and suppliers across the sector came together to deliver major infrastructure projects at speed, like the Nightingale hospitals implemented across the country in 2020. We know what can be achieved when there is a clear, shared goal.

And beyond the pandemic, collaboration is a cornerstone of the NHS and care delivery. ‘Working together for patients’ is one of the founding values in the NHS Constitution. Whether between teams, organisations, regions; or across the nation, the sector and wider industry, coming together to achieve a common goal drives each stakeholder to deliver what is best for the NHS and its patients.

Ultimately, we recognise the need for individual organisational decisions, but we must maximise every opportunity for collaboration. Where challenges are



solved in an isolated setting, it is clear that there are learnings to be shared with the wider team and region. We must work together with the Government, ICBs and local leaders to explore how the sector can begin to look past the theoretical and towards a more strategic and systematic approach.



The pandemic was a difficult time for the NHS in many ways, but it had a transformative yet temporary effect on estates planning. The short timescales involved to make major changes in infrastructure led to using frameworks with direct awards or mini competitions.

“Possibly that’s where some of the collaboration and innovation has come from across the NHS,” said Mr Davidson. “Everyone was pulling in the same direction.”

Alan Davidson, Healthcare Director,
Darwin Group in Reimagining Estates
Funding report, in collaboration with
NHS Confederation, June 2024

‘WORKING TOGETHER FOR PATIENTS’ IS ONE OF THE FOUNDING PRINCIPLES OF THE NHS



STAFF AND PATIENT EXPERIENCE



To lead with clinically-grounded and innovative building designs to enhance patient care and workforce wellbeing.

The working environment is an important factor contributing to the wellbeing of a workforce, which is why the unique needs of all users should be considered for every project.

An ageing healthcare estate has resulted in facilities that are not fit-for-purpose and that struggle to evolve with the changing needs of those who use them most. Crucially, when facilities are not fit-for-purpose, much of the resulting pressures fall on staff.

Ultimately, the level of care that staff can deliver is heavily reliant not only on having the right facilities and enough resources, but on their mental ability to carry out their job. We must remember that this is the workforce that was on the very frontline of the global pandemic and having come through the other side, we are still in a situation where staff wellbeing is being challenged on a daily, if not hourly, basis.

THE CARE STAFF CAN DELIVER IS RELIANT ON THE RIGHT FACILITIES



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Stephanie Hassanali, a general practice nurse, spoke to us in early 2024 and provided a rare insight into the challenges facing general practitioners in particular.

“Most GP practices are in converted houses - they are not purpose-built. That was fine when they first started, but as the population has grown and medical needs have become more complex, this isn't appropriate any more. For example, you have GP practices with stairs, which creates access issues for people with mobility issues or parents with pushchairs. You can't put in a lift, because there is no space for one, so staff have to keep swapping rooms, which is nonsensical.”





“ Mike Jennings, chief financial officer at Sussex Community NHS Foundation Trust, said: “Our trust has around 100 different locations across Sussex, ranging from really high-quality estate, through average and down to buildings in quite poor condition. The impact [working in a poor environment] can have on productivity, efficiency and morale is massive”

Capital Value Roundtable & Report, in collaboration with HFMA, June 2024

INSIGHTS FROM CLINICAL PRACTITIONERS RESULT IN FACILITIES THAT ARE FIT-FOR- PURPOSE AND ADAPTABLE FOR THE FUTURE

Involving a clinical perspective and working in partnership with those who will ultimately be using the building to deliver care on a daily basis, allows providers and suppliers to better understand how the space will be used. A close working relationship and collaboration across each project ensures that the space, in both design and build, takes into account the nuances of each use of the building.

By taking a needs-based approach, we can ensure that from day one, the building is designed in a way that takes insights from clinical practitioners, resulting in facilities that are not only fit for their intended purpose, but also adaptable, if necessary, in the future.

This approach not only has the potential to ensure that the healthcare workforce have the tools they need to deliver the highest standards of care, but also reduces waste by minimising or even eliminating the need for retrospective re-design, reduces cost and minimises risk.

Even as healthcare construction specialists with decades of experience behind us, there are still design considerations that can only come from the insights of those who will use a particular facility.





PREVENT THE WASTE



Promote early engagement to reduce delays and costs, prioritise sustainability, and ensure estates are fit-for-purpose to prevent waste.

One of the biggest issues facing the NHS estate is waste. Wasted estate, wasted hours, wasted resources, wasted costs – minimising this could be hugely significant in reducing costs, boosting sustainability and ensuring the estate is fit-for-purpose.

To reduce waste, we must first consider the physical makeup of the current NHS estate, which brings together a unique combination of state-of-the-art, world-leading facilities as well as historical buildings, some hundreds of years old.

What that means in reality is that on one end of the spectrum, we have purpose-built facilities designed to optimise resources that are energy efficient, adaptable and built with the future in mind. On the other, some buildings are so outdated that they are no longer fit-for-purpose, expensive to run and maintain, and difficult to adapt. When a building is no longer fit-for-purpose, it won't and, oftentimes, can't be used effectively, leading to wasted estate, wasted space and wasted costs.

We must also consider time as a resource prone to wastage, both in delivering care, and across the wider health and care sector.

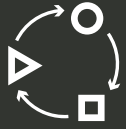
Limited bidding timescales, sometimes just a matter of days, can result in trusts having to reverse engineer their schemes to match funding envelopes, which has a knock-on effect on other stakeholders as plans are scaled back to fit within funding constraints, resulting in wasted time and wasted resources.



Very often money for estates improvements is time-limited, leaving trusts struggling to meet the timelines for bids. In extreme cases, the deadlines can be a matter of days after funding is announced. This can mean some trusts miss out while others struggle to produce detailed plans in the time available.

One solution may be for ICBs to have worked-up and prioritised plans across their area which can be quickly put forward when funding becomes available. “ICBs have a bigger part to play in managing estates across the whole patch,” said Russ Favager, the senior responsible officer for the new hospital programme at Mid Cheshire Hospitals Foundation Trust. “ICBs are developing strategic infrastructure plans.”

Reimagining Estates Funding report, in collaboration with NHS Confederation, June 2024



ADAPTABILITY OF ESTATES



Design and deploy adaptable healthcare spaces that evolve to meet changing needs, ensuring full-circle utility and minimising wasted real estate.

The healthcare needs of the nation are a world away from those of the NHS of 1948. And, with ever-evolving healthcare needs, the healthcare estate should evolve too.

Which is why, as the final point in this five-point plan, Darwin Group encourages organisations across the sector to consider the adaptability of estates over time. That means not only future-proofing the estate with schemes that meet imminent needs, but also offering flexible solutions that can adapt as requirements dictate.

Available solutions are constantly adapting to support health and care providers in combatting challenges arising across their estates, and there is a clear benefit to adapting a mix of solutions to accurately react to a mix of challenges. While permanent buildings may be the best solution for one part of the problem, temporary buildings also play a key role in resolving estates challenges across the health and care sector, being deliverable at pace and offering the ultimate adaptability when considering evolving needs across the provision.

And for examples of success when embracing adaptability, we can turn again to the landmark creation of the network of rapid-response Nightingale hospitals constructed across the UK – a positive legacy of the pandemic.

Darwin Group's expertise was used within this project to construct hospitals that would offer the very best standard of facilities lasting beyond the pandemic, meeting both the immediate needs of the NHS as well as having the flexibility to be repurposed into fully compliant wards or outpatient areas post-pandemic.

If there are buildings or unused estate already existing on site, the next question to ask is how the space can be of most value. How can the spaces we already have be used to their optimum potential, now and in the future?

HOW CAN THE SPACES WE ALREADY HAVE BE USED TO THEIR OPTIMUM POTENTIAL, NOW AND IN THE FUTURE?

The Lakeside Wing, built for Cardiff and Vale University Health Board, was initially used as a ward in which to house Covid-19 patients. Having been constructed within 107 days, the building has been reconfigured and is now used to house a variety of services, including x-ray procedures, high dependency units, decant wards and office space.



“ I saw a statistic recently that suggested there were over 2000 NHS buildings that were older than the NHS itself, still in use [in] the existing estate. And there’s billions of pounds [of maintenance needed] as well.

I think you have to start by looking at the operating model, and we touched on this in some of the other questions around [the possibility of taking] elective care away from congested acute sites where it can be done more efficiently and with better patient experience.

And then look at the estate that delivers that operating model and a mindset shift is required from ‘this is the property we own, and everything we do will be done on this property’ to a more flexible ‘when we need some more space lease an appropriate building and fit it out for the purpose that we need it for’.

Andy Howlett, Director of CDCs, InHealth at the Achieving Priorities & Driving Collaboration webinar in collaboration with Building Better Healthcare, May 2024

Buildings that are no longer fit-for-purpose or cannot be adapted could be assessed in terms of potential available space. Whether replacing existing infrastructure or repurposing the existing estate to serve a new purpose, adaptability is key to ensure that estates across the sector are able to meet the country's ever-changing healthcare needs.

Thinking more about the adaptability of estates brings together every aspect of the points in this plan. Early engagement and enhanced collaboration, coupled with a clear understanding of the patient journey and the inclusion of clinical strategies as a golden thread through capital building projects, contribute to the reduction of waste throughout the care journey, and are all vital steps in building resilience within the NHS, and within healthcare facilities for future generations.

THINKING MORE ABOUT THE ADAPTABILITY OF ESTATES BRINGS TOGETHER EVERY ASPECT OF THE POINTS IN THIS PLAN





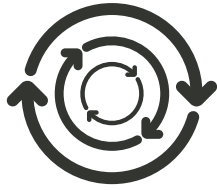
NEXT STEPS TO REACH THE END OF THE WAITING LINE





To put this five-point plan into action, it's going to take close collaboration across every sector of healthcare provision. So how can you have your say and get involved in the next steps? Read on to find out...



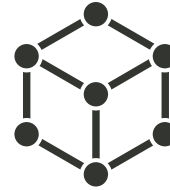


System-wide approach

By spotlighting lived experiences across the sector, we'll be illustrating best-practice for embracing a holistic approach to delivering care.

We look to share accessible content that provides tangible learnings and insights for ICSs, NHS Trusts and beyond.

Do you want to get involved or have a story to share?



Greater collaboration

We look to encourage ICB-level best practice sharing through Darwin Group-driven events and conversations, starting with an exclusive NHS Confederation-partnered roundtable.

The discussions will focus on sharing system-led successes and exploring how best to communicate and implement proven concepts across regional and local levels.

Are you interested in participating in this limited-attendance event?



Staff and patient experience

We'll be investigating lived experiences and sharing proven workforce involvement initiatives and patient experience practices from senior human resources leaders across the NHS.

By sharing this content and delving into these stories, we aim to support other NHS trusts by exploring best practices.

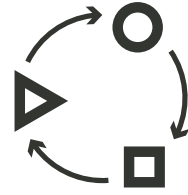
Do you want the latest information on this vital aspect of healthcare?



Prevent the waste

In our soon-to-be-released 'Pathways to Success' series of interactive online events, we'll be inviting key influencers and NHS leaders into discussions regarding sustainable and effective estates; how to plan for them and how to deliver them.

We'd love you to get involved or share your story with us.

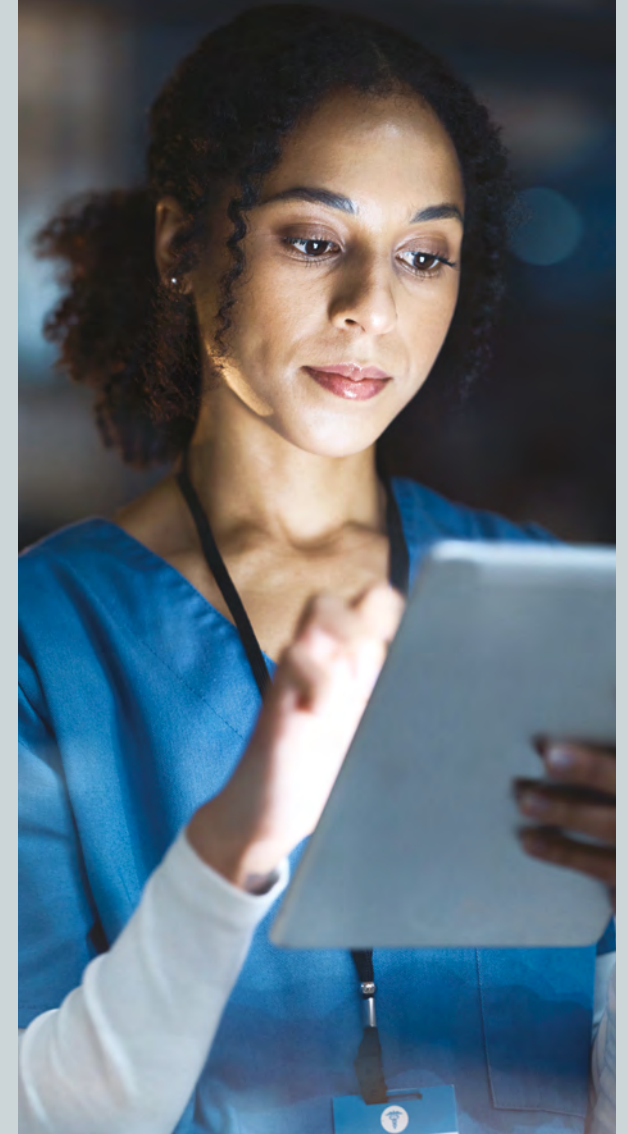


Adaptability of estates

In partnership with NHS Providers, we'll be delivering a webinar to delve into the practical and theoretical aspects of creating and maintaining adaptable healthcare estates.

We'll be inviting speakers from across the sector to discuss: **what does this mean, now and in the future?**

Would you like to join this webinar on adaptability in healthcare?



We'd love to hear your thoughts. Scan this QR code to complete a short feedback survey.

A report commissioned by

Portakabin[®]

DarwinGroup

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