## Joint capital resource use plan 2024/25 template

Systems can use this non-mandated template to present their information in their published plans.

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| **Region** | **South West** |
| **ICB / System** | **NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB)** |
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| **Introduction** |
| The Bath and North East Somerset, Swindon, and Wiltshire Integrated Care system (BSW) provides healthcare to 980,000 people. BSW is an integrated care system (ICS) made up of NHS and local authority organisations working together. Our ICS brings together an Integrated Care Board, three hospital trusts, private providers, a mental health trust, an ambulance trust and voluntary sector organisations.    Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW Together) Integrated Care strategy sets out our ambition as partners in health, social care, voluntary and other sectors to support the people of BSW to live happier and healthier for longer. The strategy provides a direction of travel covering the whole BSW area and connects with local strategies that are being developed in each of our three areas of BaNES, Swindon, and Wiltshire (referred to as ‘Places’). The ICB has a significant role to play as a system convener and has shared leadership responsibilities with a statutory function to address the wider determinants of health. We know socio-economic factors are the drivers of better outcomes for our population and we are are long term stewards of our health and social care system. We are committed to working with government and our partners to deliver health missions across our system to help inform place shaping and this plan is a key component of this commitment.  **Our Population**  Approximately 940,000 people live in the BSW ICB catchment area. Residents are spread out across a large and varied geographical area, which includes the densely populated town of Swindon to the north, Salisbury plains to the south, and Bath and the rolling Mendip Hills to the west. The age profile of the BSW population is changing and this is placing further pressure on health and care services. In Wiltshire alone, the 65+ population currently represents just over a fifth of the population but by 2040 this age group will make up nearly a third of the total population. This will also have the long-term effect of reducing the proportion of our population who are working.  Deprivation levels are highest in Swindon, with pockets of multiple deprivation across BSW, often multi generational, there are significant differences in life expectancy depending on where you live in BSW. The prevalence of many health conditions is higher for those living in less advantaged communities. People living in these more deprived areas do not live as long as those in other areas, and they are more likely to experience physical and mental health issues. Tackling inequality is a priority for all our partner organisations and supported through our BSW Inequalities Strategy. We recognise our role as a partner in the system to tackle the drivers of inequalities to deliver the broader health and social care agendas.  **Our Vision**  The ICB has a collective vision: we listen and work effectively together to improve health and wellbeing and reduce inequalities.  Our vision is for health and care organisations to work more effectively in partnership. This will be crucial to creating communities and environments that help people to live healthier for longer. We will therefore deliver joined-up support across our health and care services that better meets the needs of the population. Working more closely together will also allow NHS organisations and local authorities to use public money more efficiently. Ensuring value for money is a key commitment across BSW and we are grateful for the additional investment that our VCSE partners help to secure. As anchor institutions in our local communities, we work in and deliver services, we can create more opportunities for local businesses, and we can provide better access to the facilities and the spaces we own in our communities.  We are already demonstrating where that vision has become a reality with the help of capital investment to improve local services. Our state-of-the-art health centre in Devizes is one of the country’s first fully net zero health facilities and a flagship site for truly integrated care. Multiple health and care services work under the same roof, to help reduce duplication, join up services and streamline the patient experience. The centre is a tangible example of how capital investment in local estates and facilities can improve the way we look after patients and the working lives of hardworking health and care staff.  Another notable example of how we are integrating services is at the Great Western Hospital in Swindon, where Urgent & Emergency services are being brought together as part of an ‘Integrated Front Door.’ This multi-year capital project co-locates an Urgent Treatment Centre with a new Emergency Department, a purpose-built Children’s Emergency Unit, and a Medical Assessment Unit, meaning that patients attending the hospital for urgent care can be assessed and treated quickly and in the most appropriate part of the service for their need.  **About this plan - Strategic capital projects at BSW**  This plan outlines our intention to prioritise capital projects and schemes within the budget we have available. It is correct at time of writing, but along with other systems across England, we are awaiting further national steer and direction following the Chancellor’s statement on public finances on 29 July 2024, which referenced a review of the New Hospitals Programme (NHP) along with other public sector and health-specific infrastructure projects.  The BSW system aims to best deploy operational and national capital to support strategic priorities. It is however recognised that the level of capital resource available to BSW does not allow all strategic priorities to be delivered. We must take a strategic approach to investment, working together as a system to prioritise our available capital and ensure we maximise opportunities to align resources and investment across the system partners.  As a system, we need to develop a comprehensive joined-up approach to capital and revenue planning and investment across our infrastructure. It is important we do this to ensure we collectively make the best use of the capital we have available to us and ensure our investment decisions deliver maximum benefits for our population.  This plan builds on system successes in 2023/24, including how the funding will support delivery of operational and national capital to support strategic priorities and local system priorities (increasing capacity through elective recovery, Electronic Patient Records, Integrated Front Door, Diagnostics, and new build schemes).  **BSW Key Strategic Drivers**  The strategic drivers underpinning the plan include:  **Tackling health inequalities**: There is a strong link between a higher prevalence of health conditions and living in less advantaged communities. Delivering interventions within the community and as close to peoples’ homes improves access; promotes prevention; and results in better outcomes.  **Addressing an ageing population**:  Ageing well and keeping people healthier for longer within our communities can reduce pressure from increased complexity, multimorbidity, and frailty. We know that the BSW population is projected to grow by 6% over the next 15 years, meaning there will be an extra 60,000 BSW residents by 2038. This growth will be focused in the over 60s population, meaning a 35% growth in our population aged 60+.  **Increasing pressure on existing services:** BSW health services are currently stretched, in particular urgent and emergency services. We must transform how we deliver care and support to either reduce pressure or improve our ability to deal with it, as set out within the Carter Review. Addressing wider health and care pressure: Improving prevention and early intervention will not only help people to live healthier lives, but reduce avoidable demand on our wider health system, meaning resources can be utilised elsewhere and reinvested in line with the Naylor Report recommendations.  **Key Objectives**  Our first objective reflects our shared commitment to ensuring people are able to stay healthier for longer. It unites all partners across BSW and is a key part of our rationale for working together. It is our first objective because the most effective way to improve healthy life expectancy is to create the right conditions, communities and environments for children and adults to remain healthy, regardless of where they live in BSW.  Capital investment plays a crucial role in acquiring expanding and integrating care through new estate and upgrading older estate to address maintenance backlogs or repurpose them, new clinical equipment, Electronic Patient record system and delivering diagnostic hubs. However, accessing sufficient capital funding through the NHS remains a challenge. The availability of funds is limited, and the bidding processes often have short notice periods, making it difficult to plan strategically for capital expenditure. Additionally, obtaining approval for business cases can be lengthy. It is imperative that we secure adequate capital funding to support the Strategic transformation of our services and have the flexibility to allocate it to agreed system infrastructure priorities. As an ICB we continue to work with partners to explore all opportunities to maximise assets, capital funding streams and blending investment opportunities to achieve best outcomes against shared priorities, this requires a matrix and developing partnership approach as it is not in the gift of any one organisation. |

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| **2024/25 CDEL allocations and sources of funding** |
| **Funding Sources**  The ICB has been notified by NHS England of its provider system operational capital resource which has been allocated to individual organisations based on the national methodology.  The strategic plan is to develop a robust financial strategy and capital plan that underpins the system strategy and leads to financial sustainability across BSW.  • The BSW capital plan for 2024/25 is funded from a combination of internally generated resources, approved national programmes, and regionally funded capital.  The anticipated Capital Departmental Expenditure Limit (CDEL) allocation for the system is £105.9m, made up of Operational Capital £45.7m (£37.12m Provider operational capital, ring-fenced £7.0m & £1.59m ICB/Primary Care), National programme funds £45.14m and IFRS 16/Technical accounting £15.06m).  • **National programme enabling schemes**   * Elective Recovery Sulis Elective Orthopaedic Centre (SEOC) (£20.0m) * LDA Facility £20.5 m intra ICB facility to support people with Learning disability and or autism only who need in patient mental health support. BSW are lead commissioners on behalf of North of the Region. * Community Diagnostic Centre (£9.3m) * Electronic Patient Record (EPR) (£7.07m) * Digital Diagnostics (£1.65m) * Mental Health transformation (as part of urgent and emergency care) (£0.3m). * STP upgrades programme £6.8m – complete the new build emergency dept and reconfiguration to create a children’s emergency unit. * IFRS 16 & technical funding of £15.06m (IFRS16 and PFI). Capitalisation of technical expenditure relating to IFRS16 is outside the system’s notified CDEL limit for planning and is assumed to be fully covered at a national level. * Section 106 / Community Infrastructure Levy (CIL) -Section 106 are legal agreements between local authorities and developers; these are linked to planning permissions and can also be known as planning obligations. There are many types of planning obligation but commonly they provide infrastructure or funds to deliver it. The ICB is actively working with local authorities to secure Section 106 funding for significant housing growth to provide additional funding sources to support population growth created by new developments and the needs of the population. * Community Infrastructure Levy is a planning charge that local authorities can exercise to help deliver infrastructure to support development within their area. The levy can be used to fund a wide range of infrastructure including transport, schools, health and social care facilities and green space. It is the local authority that decides upon what new infrastructure is needed and how the levy will be spent and the ICB works with local authorities to understand the impact of housing growth in the area and submits proposals against this fund to support health infrastructure delivery. At least 15% must be on priorities agreed with the local community where the development is taking place.   Annex B demonstrates that the Integrated Care Board (ICB) total capital departmental expenditure limit (CDEL) allocation is £105.9m (including national funding, IFRS 16 & technical accounting adjustments). |

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| **Capital prioritisation** |
| The ICB will ensure capital spending stays within budget. The ICB Board has overall responsibility for determining the strategy for capital investment, the prioritisation of elements within the joint forward plans (including capital programme), the resources allocated for capital investment in individual years and the overall composition of annual capital programmes.  The ICB approach to capital funding includes greater clarity and confidence on the level of capital resource available. We have developed a joined up partnership approach, to ensure support for system working and capital priorities discussions and enabling faster access to national capital funding for critical safety issues.  The BSW Strategic Capital Planning group have developed a capital prioritisation matrix for the system. The matrix is based on clear principles guiding how we will collectively respond to national requests for funding. These include:   * Serves patient need & population health in line with our BSW Together Integrated Care strategy. * System orientation rather than a focus on individual organisations. * Whole integrated care system approach (includes Primary Care/Community/Mental Health/Acute). * Prioritisation and viability assessment undertaken for all proposed capital schemes. * Alignment with local need, system strategies and national priorities. * Proportionate processes / governance aligned with scale of capital scheme / spend. * Maximise our ability to secure additional capital investment. * Implement a fair, transparent and equitable process.   The prioritisation matrix will 'band' investments into three levels to provide a proportionate level of process and governance.  **Band 1 – Major Capital Projects**  Focus on the preparation of large schemes to attract national funding, or commercial partner investment. This will facilitate targeted and informed engagement with NHS England and commercial partners to secure funding.  **Band 2 – ICS funded Small Capital Projects**  Focus on systemwide priorities (e.g. backlog maintenance) and prioritise expenditure against critical / priority projects across the ICS. Proposed schemes will be developed and led locally by partner organisations.  **Band 3 – Local Minor Capital Expenditure**  Focus on providing system context for local prioritisation. Local decision making will remain with those best placed to decide upon local deployment of capital.  The rationale for taking this approach is to ensure we implement a clear process for prioritising capital expenditure, which will support collective understanding amongst our partners but also the flexibility to progress decision making at appropriate levels. The implementation of this matrix marks a significant step in our system working to ensure we make informed decisions over the coming decade.  The next steps for the matrix include:   * Working group set up across system wide partners (including primary care and digital representatives) to review matrix and ensure alignment across all services. * Adapt the weightings of 5 localised criteria themes ( above) * Deliverability matrix to reflect the same as primary care network themes. * Expand risk mitigation criteria so that it takes operational delivery focus and includes quality, safety, legal and regulatory criteria are robustly reflected.   The system recognises the need to develop our Capital Strategy, aligning this to the BSW Integrated Care Strategy to develop a comprehensive Capital Infrastructure Plan which identifies the medium-term requirements for NHS Capital.  BSW has set up a Strategic Capital Planning group including wider members from partner NHS Trusts. As a collaborative we are working through developing a framework for Capital investment and priorities to support the integrated Care strategy for the system. Estates and digital are seen as key enablers to our Integrated Care Strategy.  Our aim is to develop a focused Capital strategy development framework including clear principles guiding how we will collectively respond to national requests for funding. We are also working towards net zero carbon sustainability standards across the ICS system.  As national programme funds become available, the ICB ensures full adherence to well established collaborative arrangements to identify and prioritise investment, the most current examples being the multi-year community diagnostic allocation, Great Western Hospital urgent and emergency reconfiguration and working collaboratively intra ICB across the SW, BSW are lead commissioners for the North Capital Learning Disability and Autism facility.  We are embarking on a programme to develop an ICS Infrastructure Strategy, which will shape our Capital investment plans and will ensure continued alignment of our strategic estates objectives to system clinical strategies and will consider further opportunities for achieving efficiencies and disposals.  We are continuing to work with system partners to review our public sector estate which can then be used effectively by other partners, to make the best use of public sector assets to deliver on shared priorities. |

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| **Capital planning** |
| The BSW strategic vision is ambitious and realistic, with plans around delivery and operations, which enable us to be streamlined and equitable across all parts of our system to deliver our BSW Together Integrated Care Strategy.  We will look to manage space demand and capacity effectively; utilising technology and digital systems to minimise workforce requirements and to reduce complexities around infrastructure management, thinking laterally and innovatively, but at the same time must be realistic and ensure our plans are deliverable in the short, medium, and long term and manage our expectations.  We will not be able to do all the things we want to do and will need to look at alternative delivery models and re-shaping some of our operational management to enable us to make infrastructure improvements where we need to. We need to be able to re-allocate, re-direct and re-deploy resource as required.  For the provider trusts’ operational core plans, the fundable priorities are established using prioritisation approaches, to achieve a best balance to the available capital allocation against competing operational demands. The capped allocation only covers:  – a selection of highest risk patient safety and Care Quality Commission (CQC) issues  – backlog maintenance  – replacement of critical medical equipment  – minimum information management and technology (IMT) investment (e.g. the most critical technical refresh issues, cybersecurity etc).  The ICB capital allocation has to fund General Practitioners’ (GP) IMT, primary care minor improvements grants and any ICB operational requirements.  Proposals relating to nationally funded significant developments, New Hospital Programme and National Programme schemes are dependent upon dedicated sources of funding, separately identified and ringfenced for the agreed schemes and we await further direction about the status of these schemes from the new government.  We face a very challenging financial climate, and we need to be able to do more, with less. We need to create financial sustainability by taking a long term, strategic and system wide approach to ensure we can create quality, efficient infrastructure for the future. Spending within our means is one of the driving principles for change; it shapes all our future plans ensuring we are maximising the funding available to us and that we take a ‘whole life’ view around affordability. |
| **Overview of ongoing scheme progression** |
| **Community Diagnostic Centres (CDC):** CDCs will provide earlier diagnostic tests closer to home for the BSW population and support the elective backlog recovery programme. BSW has three CDCs which are situated at Sulis Hospital Bath, West Swindon Health Centre, and Central Health Clinic in Salisbury. Swindon provide a full range of imaging, endoscopy, and physiological measurement tests; the Central Health Clinic, Salisbury provides more limited imaging, Echo, and ophthalmology assessments. The total scheme value is £16.5M central capital over two years (23/24 & 24/25), with planned annual revenue income of £16.6M. All three CDC’s went live in April 24 and roll out completed by March 25.  **Dyson Cancer Centre:** The purpose-built facility will provide a cancer services hub for over 500,000 people in the South West. The Dyson Cancer Centre brings together the majority of the RUH’s cancer services, including research, under one roof. It provides oncology, chemotherapy and radiotherapy services and a 22-bed inpatient ward as well as a Macmillan Wellbeing Hub. The clinical imaging and diagnostics department are located at the new 7000 sq. Mtr facility alongside the Medical Physics & Bioengineering team. The new centre opened in May 2024.  **Electronic Patient Record (EPR):** As part of the frontline digitisation programme, EPR will ensure a baseline level of digital capability in all system organisations, ensuring health and care staff have access to health-related information when and where it is needed. Enabling BSW’s new Model of Care by providing a single EPR across the three acute Trusts supporting new care designs such as virtual wards (cross-Trust clinical teams managing patients at home with real-time access to medications prescribing, test requesting and clinical data viewing) and enhanced clinics (an outpatient clinic could extend to 7-days a week). This will support improved clinical outcomes and efficiencies within and across the system (e.g., standardising order sets for hip replacements resulting in more equitable outcomes for patients whichever Trust they attend; enabling work to move across Trusts.  **Great Western Hospital’s Integrated Front Door (IFD)**: As part of the national expansion and reconfiguration of Urgent Emergency Care (UEC) front door will see the co-location of UEC services on ground floor of the GWH site. This will increase bedded capacity on children’s ward by 8 inpatient beds and will aim to reduce adult admissions as more patients are treated on the day. The Integrated Front Door (IFD) project includes the construction of a new build Emergency Department, and the reconfiguration of existing space to create a standalone Children’s Emergency Unit. Further reconfiguration works will take place on completion of the new build ED, in the ‘vacated’ Emergency Department, to create a Medical Assessment Unit (including SDEC). This multi-year scheme implements the new IFD Clinical Model, which promotes a system approach to UEC, integrating primary care, community services, social care, and secondary care services. This model aims to ensure that patients requiring Urgent & Emergency Care (UEC) are seen promptly in the most appropriate service for their needs. The new IFD space, together with the recently completed Urgent Treatment Centre, co-locates the majority of UEC services to support much-improved patient flow, in an enhanced, expanded and fit for purpose environment. Latest technology has been included in the building to facilitate rapid assessment and robust care pathways, and the new build utilises ‘green’ net zero carbon systems for utilities support. As well as better siting ‘Front Door’ services, the resulting pathway efficiencies will support a reduction in inpatient admissions, thereby increasing inpatient acute bed capacity. The initiative is due to be completed in the summer of this year (2024).  **Sulis Elective Orthopaedic Centre (SEOC)**: Planning Permission is secured for the development of a two-theatre orthopaedic surgical hub at Sulis Hospital, Bath, with construction underway (initiated in March/ April 24). This is in response to the challenging waiting times with £25m funding being secured from national Targeted Investment Funds to support Elective Recovery. There is an allocation of £20m capital funding in 24/25. The new building is set to be operational during December 2024 with additional lamina flow conversion works happening in early 2025, to further expand our orthopaedic capacity. An additional 3,750 orthopaedic cases are set to be delivered through this expansion along with the setup of Sulis as a surgical hub.  **LDA Facility**  The new facility, which BSW are lead commissioners for on behalf of North fo the Region, and working intra ICB will be a regional facility supporting people across Bath, Bristol, Gloucestershire, North East Somerset, North Somerset, South Gloucestershire, Swindon and Wiltshire. Currently, around 50-60% of people with a learning disability and autistic people must be placed outside of the region when they require specialist inpatient care and treatment because we do not have the facilities for them locally. This is often a significant distance away from home and is unacceptable. This facility will provide specialist inpatient care for this group of patients closer to home, relieving stress for both patients and their families, carers, and supporters.  The facility is being designed with input from service users, people with a lived experience, and their families and carers and will provide specialist mental health care for people with a learning disability and autistic people which cannot be provided at home or in another mainstream hospital. We know that an inpatient facility is not a single solution to support local people, and we will be reviewing and transforming existing community services for people with a learning disability and autistic people. This will ensure that, in most cases, people can continue to live independently at home. |

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| **Risks and contingencies** |
| The system has reviewed risks relating to the capital programme and has summarised them as outlined below.  The key risk to BSW system is that the capped system capital allocation is a limited resource and the whole capital programme requires continuous prioritisation, review, and a reasonable level of mitigations to achieve a deliverable, safe plan to operate within the issued system allocation. The system partners have a good track record of maximising the use of capital resources, with detailed monthly monitoring of the capital programme during the year.  There are regular review meetings with system partners including programme boards, and meetings with NHS England regional colleagues, to monitor overall progress, report risks and assure process consistent with the financial duties and system oversight requirements.  **System Planning and National Funding** - The system operational capital available is focused on delivering operational demands and is not sufficient to allow the progression of some of the key strategic developments that are considered priorities within BSW. We are reliant on securing funding through national funding sources and their related bidding processes which are generally over-committed and have challenging delivery timescales.  The ICB continues to work to support NHS provider trusts in BSW with their respective planning and profiling of nationally approved capital plans awaiting the next phase of national support or capital bids awaiting a national decision.  **Unfunded pipeline capital schemes** – system partners have provided a list of unfunded schemes through the strategic capital group. These are not included in this submission but will be considered as part of the system wide 10-year infrastructure plan prioritisation process.  • Primary, community & social care hubs  • Backlog maintenance  • Additional bed capacity  • Day Surgery Unit  • Maternity services  • Spinal unit Refurbishment  • Critical Infrastructure  • Decarbonisation  **IFRS 16** – Additional risk as allocation is lower than previous year. There may be further requirements for additional funding on clinical equipment and building leases. We are progressing on the basis that any additional capital cost impact related to the mandated implementation of IFRS16 are funded by NHS England, although this has not yet been formally confirmed.  **Primary care and Community transformatio**n - capital required for transformation. Further work required as part of prioritisation process.  **Revenue** impact of schemes on system position – Additional risk where the revenue impact is not assessed at the start of scheme and needs to be reviewed across our future programmes.  **Cash** - As described above, operational capital is funded through a combination of depreciation and cash. This is a significant risk in the system.  **Inflation** - The current level of inflation is having a significant impact on the ability to manage project expenditure to original plans, particularly across multi-year projects.  **Delivery** – There are also risks over the deliverability and availability of resources and materials through procurement and supply chains, with more limited access to market and contractors in the far South West of England. This increases the risks of actual costs being higher than planned. |

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| **Business cases in 2024/25** |
| **Trowbridge Integrated Care Centre Short Form Business Case - £16m**  A short form business case is currently going through the NHS England and the Department of Health and Social Care authorisation process to approve the construction of an integrated care centre in Trowbridge with a decision later in the year. This capital project provides an opportunity to strengthen the level of integration across Primary and Community Care, and to address the known demand challenges which exist, and which will likely increase through above average growth in the local population. |

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| **Net zero carbon strategy** |
| Climate change threatens the foundations of good health, with direct and immediate consequences for individuals, our infrastructure, and public services. Addressing climate change is important in helping us to meet our system-wide goals of developing healthier communities, improving health outcomes, and addressing the wider social determinants of health that can lead to health inequalities. ​  ​  Working collaboratively with our partners, we have developed a system wide [Green Plan](https://bswtogether.org.uk/about-us/greener-bsw/) to detail our vision for reducing emissions in line with national trajectories for [delivering a Net Zero NHS](https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/) and how we can create a sustainable healthcare system for our population as a collective. Aligned to the BSW ICS vision, the Plan supports our ICS strategic priorities by improving the health and wellbeing outcomes of our population so they can age well and reducing health inequalities caused through poor environments.  Since the publication of the plan, the Greener BSW Programme Delivery group (PDG) has achieved the following commitments:   * Board-level lead identified at ICS and organisational level. * Staff have access to a sustainability/green peer network. * Staff are made aware of the relevant Green Plans (ICS/Trust) via training/comms/induction. * Switch to 100% renewable electricity suppliers. * NHS Trusts to reduce use of desflurane in surgical procedures to <5% * NHS Trusts signed up to clean air hospital framework by March 2023   In addition to the Devizes Health Centre, referred to earlier in this document,  Our partners within the PDG have also taken the opportunity to access capital funding to support sustainable initiatives. These include:  **GWH Central Destruction Unit**​  In May 2023 Great Western Hospitals NHS Foundation Trust became only the second NHS organisation in the country, and first in the southwest, to install a Central Destruction Unit (CDU) to make Entonox - also known as gas and air - carbon neutral. This development was made possible through funds accessed via the Healthier Futures Action Fund via Greener NHS ​ This marked a significant first for the Trust in its move to reduce its carbon footprint, and that of the wider system, as anaesthetic gases make up two per cent of the total NHS England footprint.  **RUH Energy Efficiency Projects – Salix Funding**  In May 2024, the RUH received a £21.6m grant for energy efficiency projects from the Department for Energy Security and Net Zero as part of the Salix Public Sector Decarbonisation Scheme phase 3c. Much of the vital funding will be used to de-steam much of the RUH's 52-acre site, a process that will see the hospital's ageing heating systems replaced with more energy-efficient options such as heat pumps. When the proposed improvements are completed, by 2026, they will result in an estimated 24% annual reduction in carbon emissions over which the RUH has direct control. This equates to just over 3,400 tonnes of carbon dioxide.  ​  These measures will not only support us on our journey to achieving Net Zero; but will also ensure our estate remains sustainable for years to come.​ |

**System CDEL – Appendix B**

