

Minister of State for Health on the Health Infrastructure Plan: 16 March 2021

Introduction and thanks

Thank you very much, Simon, and good morning everyone.

Thank you also to everyone in NHSE/I and the Institute of Healthcare Engineering and Estate Management for organising today. Organising events like this are always a challenge, even more so in the current circumstances. So thank you very much.

It is an important event, and I'm absolutely delighted to be here as the minister with direct responsibility for both the NHS estate and all of the work you all do with it.

In normal times, I would have of course given multiple speeches in my 18 months in the role, but the challenges of organising such events as this during the pandemic, and the pressure of work we have all faced, have meant that I have generally politely declined invitations that have been extended.

Today's event is different. As soon as Simon and his team invited me there was no question I would say 'yes'.

That is because of just how central and vital the work the profession and people represented here today has been to our pandemic response, and how vital your work is to our NHS every day.

Now, I understand attendees cover the full breadth of those working in and around supporting our estates – from NHSE/I, to directors of estates, to finance directors to those working in the facilities space. It really is a great privilege to have the chance to speak to you all today.

So, before I go any further, I want to start by saying a huge 'thank you' to all of you.

Thank you to all of those senior estates professionals attending today.

And thank you to every one of the 100,000 people who work in NHS estates and facilities, who you collectively represent.

Now I always remember the quote – quite possibly apocryphal but I hope not because it is a very powerful quote – and it is one which you may have also heard my Secretary of State use in the past, attributed to John F Kennedy when he visited NASA for the first time.

During his tour of the facility, he met a janitor who was carrying a broom

down the hallway. Kennedy asked the janitor what he did for NASA, and the janitor replied, "I'm helping put a man on the moon."

And it is that approach and sentiment which I think should characterise our attitudes towards our amazing NHS workforce. Whether you are a consultant or a cleaner, an emergency department nurse or an estate manager and any and all roles in between – you are all vital to help the NHS do what it does day in and day out – which is to save lives and help patients recover from illness.

Indeed, I often hear those who work in this profession as it is represented today described as the 'hidden heroes' of the NHS.

That heroism has never been greater.

My role is to work with you, Simon and his team to do what we can to make sure to ensure that role isn't quite so 'hidden'. So that people know what you do everyday to make our NHS function.

You have worked tirelessly during these extremely challenging circumstances.

You and your teams have played a pivotal role in so many of our great achievements.

The shift to telemedicine, which kept so many of our vital services going; the building of the Nightingale hospitals in 9 days to ensure that there was always the surge capacity should the NHS need it; the doubling of ICU capacity in 9 days.

All this alongside your ceaseless work to adapt the estate to meet the demands and clinical needs of this pandemic.

From testing and reworking patient flows, to supporting social distancing – and even more intensive cleaning and infection control.

With the 7 Nightingale hospitals and the National Oxygen Infrastructure Programme alone you have supported essential critical care capacity. Which meant no matter how tough it got, no matter how challenging it got with the number of patients in our hospitals needing care during the pandemic – up to 37,000 at the peak of the second wave – there was always that care available to make sure our NHS was not overwhelmed.

And it is also important that we take a moment to thank all of the partners who make up our NHS supply chain and work alongside you all.

Without your efforts and their efforts, the Nightingales and the National Oxygen Programme would not have delivered the significant increase in additional oxygenated beds.

And you have risen to the occasion in a way that you should all be incredibly proud of, reflecting the way we and the British people are all incredibly proud of you.

And of course, the broader context within which you have achieved these

things has never been more challenging. And the human costs have sadly been significant.

I wanted to pause to note how saddened I was to learn of the members of the estates profession, your NHS family, who have lost their lives due to COVID.

May I take this opportunity to express my deepest condolences to their families and friends. Many of these friends and colleagues are listening today. Our thoughts and prayers remain with all of you.

Now I know that the estates community is closely knit, and that sense of community and collaboration will be more vital than ever as we move forward from this pandemic.

Indeed, moving forward will require us all even more so than normal to work as one team. Recognising that every person, every link in that team is vital for its functioning.

Challenges faced

Now the challenges should not be underestimated – and as you all know, many are historic challenges.

Government investment, by governments of all parties over recent decades, has been unpredictable at times.

There has been constant pressure on you to balance competing demands – from the urgent demands of addressing critical infrastructure risks, day-to-day maintenance needs, to raising your eyes to look to the long term, and to develop an estate that is the right size and shape to meet future service needs.

The needs of maintaining an ageing estate has meant that it has often been hard for many of you, the profession, and us to always focus on the long term as much as perhaps we should have.

All too often, the urgency of short-term pressures has won out.

Some specific challenges

As we look forward, the approach we are adopting as a government, championed by the Prime Minister, is to tackle both – investing in meeting immediate needs, but in parallel investing in the long term, with a long-term, predictable pipeline of investment.

The specific challenges we face are significant. Backlog maintenance is a £9 billion challenge that you all grapple with every day.

The day-to-day costs of keeping the estate in working order are huge – and that's why we've allocated £4.2 billion for NHS operational capital investment, supporting NHS trusts to refurbish and maintain their estate. As I say, you grapple with those challenges every day. Every day you ensure that

our estates and our hospitals are there, working to deliver that world-class healthcare.

I want to start by looking at some long-term challenges as well.

Climate change is a global challenge, and the NHS must play its part in achieving net-zero carbon emissions – a legal requirement for the whole UK by 2050.

We must create an estate fit for the clinical and patient needs of the 21st century, reflecting the advancements in science and clinical treatments. And the way in which we are able to treat different illnesses and help keep people alive and fit and experiencing a high quality of life for longer.

We must ensure that we build an estate that is capable of incorporating technological advancements as they emerge over the coming years as a standard.

Moreover, the vision set out by this government's long-term plan for the NHS – a vision built around patient and place and the integration of care – is a vision which simply cannot be achieved unless it is enabled by strategic, sustained investment in our NHS infrastructure and estates.

The approach to strategic investment

That's why we must deliver that long-term, strategic approach – an approach that enables trusts to look beyond day-to-day demands, and to embrace the vision and intent shown, perhaps encapsulated, by the quote from the janitor at NASA.

I know it is my job to ensure that approach is driven by clear leadership – and delivered at pace.

In that spirit, as Simon in his introduction mentioned, I'd like to talk about the NHS Strategic Infrastructure Board, which I have the honour of chairing.

In this role, I've seen first hand the collaboration between NHS staff at all levels.

And we've seen how well traditional silos and ways of working can be transformed in a pandemic situation.

My hope is this will continue long beyond the pandemic, and that the positive structural shifts in healthcare that have been accelerated as a result of the pandemic continue to develop at pace.

All NHS trust estates teams are now registered in the NHS Estates Team Collaboration Hub. This is an excellent tool that enables the estates and facilities community to communicate across the system, and crucially share knowledge and experience and share best practice.

This will enable more joined-up, collegiate working on the ground, so we need

the same at the centre.

We also need collaborative national leadership to make health infrastructure challenges a priority as we go forward.

We need all the national players in the NHS estate in the same room, albeit at the moment virtually in the same room.

The Strategic Infrastructure Board is the place for national partners to work collaboratively to guide the future vision of the NHS Estate – as I alluded to before, to raise our eyes beyond the horizon of the day-to-day challenges, to look a decade or more in to the future.

And Simon and others with us today are also members of the board.

Now many of the issues that you've been discussing today are the same ones that we've been grappling with.

We've also carried out a lessons-learned exercise on the COVID-19 pandemic.

We wanted to understand the impact of COVID-19 on our priorities for estates and capital.

And to use these reflections to consider what's on the horizon for health and social care infrastructure over the coming decades.

This exercise clearly highlighted the opportunity to refresh our strategic approach to NHS infrastructure.

When the board met in February, we set out what more we can do. How we can maximise opportunities for integration to deliver better value for money and more personalised care. How we can make better use of data to remodel the estate and drive efficiency. And how we can champion the unsung heroes, each and every one of you in your estates and facilities teams, who have performed with such distinction throughout this crisis.

Thanking Sir Robert Naylor

On the topic of leadership, I would like to take this opportunity to thank another champion of the NHS Estate and a champion of taking the strategic view – Sir Robert Naylor.

Sir Robert's landmark review originally led to the formation of the NHS Property Board. This was a critical first step in ensuring that the estate receives the attention it deserves as an enabler of care.

Sir Robert has led the estates agenda with skill, diligence and an unmatched level of expertise – challenging us where necessary, and tirelessly championing both the estate and its workforce, and, crucially, driving that long-term view.

As Sir Robert steps down from his official role with the department, I am sure you will all join me in expressing deep gratitude for all that he has

done to lay such firm foundations. Such firm foundations that allow us to move into an exciting new phase for the NHS estate.

Strategic approach

That new phase is focused on a coherent strategy for how we can invest in our infrastructure in the most effective, joined-up way.

In 2019 we set out our new, strategic approach to improving our hospitals and health infrastructure with the publication of the Health Infrastructure Plan (HIP).

You will all be familiar with the historic challenge – a burst of activity and investment, for example the early 2000s hospital-building programme, then, an easing off – the stop-start historically which mitigates against a long-term view, and which can see the expertise people have gained in building new hospitals lost in our NHS, as during a paused phase they leave for new challenges.

Our HIP seeks to remedy this, setting out a long-term plan of investment over many years, allowing the NHS to plan for the future and to predict and see that pipeline of investment.

The last few years have already seen significant investment – from allocating £600 million through a Critical Infrastructure Fund to resolve the most urgent estates issues in the NHS, to the Prime Minister's announcement of £850 million to upgrade 20 hospitals, and of course £3.7 billion to help deliver 40 new hospitals by 2030.

We've also provided funding to eradicate mental health dormitories, and to upgrade A&Es to expand capacity and improve infection control.

These have all made a huge difference to the NHS, and with many of these projects invested in and delivered in winter at pace, each and every one of the estates teams working on them in the trusts has risen to the challenge to see that investment get to the frontline and deliver benefits for patients.

And we must now look to refresh our strategy to set an even clearer direction that reflects the lessons we have learned from COVID-19.

It's vitally important we get this right. In the Victorian era, town halls and civic buildings were symbols of civic pride, of the pride our communities had in themselves and in their country. In many ways, our hospitals fulfil a similar place in our pride today. The pride in our NHS is reflected in the respect and in which we hold those who work in it and the respect and value we attribute to the buildings out of which it operates.

Before COVID, we knew the elements that would make our strategy successful: standardised design through modern methods of construction, listening to clinicians and designing clinical spaces, reflecting what we know they need to do their job. Effective use of technology hardwired in as standard, and an unwavering commitment to achieving net-zero carbon across the whole NHS.

But recent months have also brought into clear focus critical issues like agility and flexibility in controlling infections.

So we must work together to pull this into a coherent framework that balances all these critical elements as we move forward. Working at pace, setting clear standards, and embracing the vital role that health infrastructure plays more broadly in our communities.

Because it is not just acute settings in this context, but the opportunities presented by our primary care facilities – our primary care infrastructure and buildings in the community – to play a key role with councils and others delivering regeneration in our town, high streets and cities to work together to play a key part in that. Not only in delivering vital services, but in helping drive that regeneration.

Getting this right will ensure the NHS estate enables world-class care on the inside, whilst reflecting civic pride on the outside.

That's why later this year we will publish a refreshed version of the Health Infrastructure Plan.

Setting the strategic direction for all aspects of the department's capital and infrastructure, and of course the NHS is at the heart of this.

I'm keen that this strategy does not re-invent the wheel, and instead builds on the great work already done, while taking into account what we have learnt over the past year.

So, we will bring together our existing commitments and strategies to give the sector – including all of you as estates, facilities and finance professionals – a clear vision and set of priorities to work towards over the next 10 years.

This updated HIP will set the direction in a wide range of areas, such as:

- the strategy for new hospitals and hospital upgrades, including the standards we expect in these projects
- the direction of travel in the primary care estate, including getting the most out of primary care hubs
- how technology should be most effectively deployed in the NHS
- the strategy to deliver on that shared objective of the sustainability agenda and net zero

This strategy will bring together our investment, maximise value for money and ensure we're all pulling in the same direction towards the same goal.

And we want to support the development of a sustainable health and social care system that is the right size and shape for our future needs. The refreshed HIP will drive the transformation of healthcare to a 21st century model, using the latest technologies.

It will give STPs, ICSs and others what they need to design the estate that best meets the need of their local area while reflecting the learning from

the national standards.

The new version of the HIP is currently in the early phases of development, but officials are already working closely with partners across the system. Because partnership with each and every one of you with your trusts and communities is vital as we seek to translate this vision from our hearts and heads into a reality on our streets.

Let there be no doubt – making this plan a reality will require us all to work at pace. We're already doing this on the New Hospital Programme, under the leadership of SRO Natalie Forrest. This programme is an absolute priority for the Prime Minister.

Six projects are already in construction, with one further scheme awaiting final approvals. We will be bringing forward the criteria for the next 8 projects in the coming months.

We will review the designs of the earliest 8 projects in the programme pipeline, with a view to bringing increased consistency and again driving that pace throughout the programme, informing work on standardised designs which can then be applied across the programme, but crucially working together – hand in hand – in partnership with trusts to help them deliver in their vision for their communities.

But, of course, we should never forget the NHS estate stretches far beyond new hospitals – covering tens of millions of square metres in primary and community care. And, in that regard, we should also be mindful of the huge opportunities that exist for regenerating our communities and high streets while improving the facilities available for our community settings.

Conclusion

Colleagues, in closing, it is also worth reminding ourselves that for 1.5 million people, NHS buildings and spaces are places of work and learning.

For many more the NHS estate offers a vital service every day.

That is why this government's manifesto commitment is so important.

And that is why it is so important that the HIP refresh delivers a shared vision by providing a clear strategic direction for capital investment over the next decade.

As Chair of the Strategic Infrastructure Board I will continue to champion the NHS estate and all of you who work in it.

This is a once in a lifetime opportunity – what you are doing is genuinely a matter of success or failure for healthcare in the 21st century. There can be few greater callings than the work you are doing.

And I am honoured to have the chance to work with you on making our vision a reality – and I am privileged to have been given the chance to talk to you

today and to conclude by offering you my thanks, with those of the Secretary of State and Prime Minister.

Thank you.

[Dr Jenny Harries marks official launch of UK Health Security Agency](#)

Dr Jenny Harries marked her first day as chief executive of the new UK Health Security Agency (UKHSA) with a visit to Colindale laboratories in North London, accompanied by Health and Social Care Secretary Matt Hancock.

The visit, timed to mark the formal establishment of the UKHSA, focused on the work being done to help the UK understand and respond to new variants of the virus causing COVID-19, and the extensive expertise being deployed to monitor the roll-out of the vaccine programme as well as the ongoing monitoring and surveillance of the infection.

Dr Harries and the Health and Social Care Secretary spoke to the team involved in developing the original test for COVID-19, which began work as soon as reports first emerged from China.

They visited scientists working across vital elements of the pandemic response, including vaccines and serology studies to better understand how many people in the population have antibodies against coronavirus.

They also spoke to the team in the national sequencing service, where whole genome sequencing for COVID-19 takes place in order to detect new variants.

Dr Harries used the visit to highlight her ambition to boost public recognition for the vast amount of work that goes into protecting people's health.

Dr Jenny Harries, Chief Executive, UKHSA said:

It is a significant moment as the work of the UK Health Security Agency begins with a specific focus on pandemics and public health threats. We have learned so much from responding to COVID-19 and this is a brilliant opportunity to ensure these lessons can be applied in the future, with the scale and capacity needed to save lives and protect the public.

Health protection needs to be noisy, be visible, so people are aware of how much work is happening to protect communities.

There is work to do right away as we continue our fight against

COVID-19, even with the success of our vaccine programme so far, and the tentative steps we have made on the roadmap to return to normality. The UKHSA will work with our regional, national and global partners to tackle this virus while ensuring we are ready to face future health challenges.

The new agency will work to protect the country from future health threats and ensure the nation can respond to pandemics quickly and at greater scale.

The laboratories at Colindale, which have been operating throughout the pandemic under Public Health England leadership, will transfer to the new UKHSA.

Health and Social Care Secretary Matt Hancock said:

This is an important day as we launch the UK Health Security Agency to ensure that we protect the public and prepare for the next pandemic. The team working at UKHSA, expertly led by Dr Jenny Harries, will spend every day focused on the current and future health threats facing our country so we are always ready for whatever is on the horizon.

The primary focus for the UKHSA in its initial phase of operation will be the continued fight against the COVID-19 pandemic.

It will bring together the country's cutting-edge health security science capabilities, data analytics and genomic surveillance with at scale testing and contact tracing capability – combining key elements of Public Health England with NHS Test and Trace including the Joint Biosecurity Centre.

Formally established in April 2021, the UKHSA will be chaired by Ian Peters, currently Chair of Barts Health NHS Trust and former Chief Executive of British Gas, Managing Director of NatWest Small Business Services, and chairman of several data driven growth technology companies.

Fostering a strengthened, effective and efficient United Nations

Mr Chair,

Firstly, let me begin by thanking you, and the members of the Bureau, for directing the work of the Committee this session. Let me also thank Mr Lionelito Berridge and the members of the Fifth Committee Secretariat for guiding delegations through this session, and for their quick turnaround of

documents in order to give the committee the best chance of concluding resolutions. Lastly, my thanks once again to all our colleagues, and particularly those who continue to work without interpretation as we adjust our methods in response to the pandemic.

Mr Chair,

As one of the strongest proponents of a strengthened, effective and efficient United Nations, the United Kingdom welcomes the Committee's strong support for strengthening the culture of accountability. This is central to a more effective Organisation. We are therefore disappointed that the Committee was unable to achieve consensus on this resolution, but are encouraged by the work the Secretariat is doing in line with the mandates given to it by this Assembly.

We are also disappointed that despite progress in a number of areas, that once again the Committee failed to reach agreement on human resources management policies and practices. At the end of the First Resumed session last year, we said we must learn the lessons from that session to ensure a timely consensus this year. Unfortunately, we did not do that. We know some issues are incredibly complex. Views and interests are strongly held – not just between groups, but also within groups. Nevertheless, it is incumbent upon us as Member States to ensure that we bridge those divides in order to provide guidance to the Secretariat – by being precise and realistic in our asks as we seek consensus through compromise.

Let me also express my unease at the decision to defer a very high number of reports to the next session, as my delegation was one of those who had sought to ensure the committee's effectiveness through setting aside legacy reports. We will accept this way forward, but would be clear on the need for delegations to approach these issues with a greater sense of compromise, flexibility and pragmatism than previously.

Despite these difficulties, we are pleased to see agreement on support to the Special Tribunal for Lebanon, and on the next steps to ensure a united Common System and improvements to the UN offices in Nairobi. We are pleased also to see agreement on air travel, though feel we can still go further to make the UN a cost and carbon effective organisation in this regard.

As I said in my opening statement, the issue of seconded personnel affects delegations across all regions. We once again leave these personnel in a sense of limbo after deferring this item. I hope we can move to tackle this expeditiously in the second resumed session, building on the excellent platform and discussions we have had. Finally Mr Chair, as the First Resumed session is one largely focussed on Human Resources, let me finish by paying tribute to the staff of the UN around the world, wherever they may serve, in what are extraordinary and challenging times.

We look forward to seeing colleagues in a few weeks for the second resumed session.

Preparing for the UN's future

Thank you Mr Chair,

Firstly, let me congratulate Guinea for assuming Chairpersonship of the Group of 77 and China. We look forward to working constructively with you and we thank Guyana for their engagement as the previous Chair. Congratulations also to the newly appointed ACABQ members. We trust that the newly-expanded ACABQ will continue to provide us with timely, technical and evidence based advice to inform our deliberations.

Mr. Chair,

The UN's 75th year has brought with it unprecedented challenges, many of which the organisation is still grappling with. The response to those challenges has been enhanced by many of the reforms that have been shaped and authorised by this Committee in previous years. Once again, in this session we will have the opportunity to take decisions that will ensure the UN is equipped to respond to current and future challenges it will face, and I hope we are able to do so.

Like any organisation, the UN's greatest asset is its people. It is our responsibility as a committee to do what we can to ensure they are provided with the framework in which to thrive and deliver the mandates that we as member states entrust to them to the high standard we expect. Strengthening the UN's human resources framework – to ensure a truly modern, agile, mobile and diverse workforce – will help us achieve this goal, especially as the UN seeks to build back better after the COVID pandemic.

UN staff need to be provided with opportunities for skill and career development through a modern approach to mobility, along with training and effective performance management, so they can achieve their potential and deliver for the organisation. Having the best staff, with expertise from across UN operations, who are well trained and motivated, in the right place and at the right time, will help ensure the organisation is able to deliver high quality results. This must go hand in hand with fostering a culture of respect, wellbeing and inclusion, where all staff feel valued and diversity is celebrated. We know that delivery improves and credibility increases when organisations have staff who understand the people they serve. The GA has a crucial role to play in making decisions that enable the organisation to manage their staff better and in a more modern way. For these reasons we very much hope the committee can come together to support the Secretary-General's proposals to strengthen the UN's human resources framework in this session.

We must also ensure that our seconded military and police personnel, who bring much needed expertise to help the UN deliver on some of its most vital mandates, are able to do their jobs without risk or concern for their standing. This matter affects member states from across regions and

delegations, including those that have secondees and those that would like to in the future. It is crucial that we work together as a Committee to reach a long-term agreement for this long-running issue: one that enables all member states to participate, and does not jeopardise the position of currently serving secondees.

Mr. Chair,

Strengthening a culture of accountability is central to a more effective United Nations. We look forward to discussing the continued implementation of these initiatives and the early results of their progress, including on delegation of authority, results-based management, and enterprise risk management. We also look forward to discussing ways to improve the efficiency and administration of the organisation's use of air travel. We heard in the main session how the new working methods we have all relied on over the last year can help make the UN a more inclusive, accessible place to work, expanding opportunities for all staff, not decreasing them. We encourage the Organisation to continue to employ these methods where appropriate to enhance opportunities, and reduce the organisation's costs and carbon footprint. This is important as the world seeks to recover from the economic impact of COVID, and address Climate Change.

Mr. Chair,

This session may feel a little like déjà vu for some delegates. I know many of the same reports have been negotiated in previous years. But if the past year has taught us anything, it is that we must be prepared in advance for the unexpected and not wait. Now is the time to take the decisions that will set the organisation up for the future. If not the ultimate impact will be on the ground, felt by the people the UN serves. We look forward to working together with you all to achieve solutions to these important agenda items.

Thank you.

[National local land charges service available in Wales](#)

News story

Welsh local authorities can transfer their Local Land Charges (LLC) services to HM Land Registry's national register from 1 April 2021.



Billy Stock/Shutterstock.com

From today (1 April 2021), the Local Land Charges (Fees) (Wales) Rules 2021 come into force. These rules align the Welsh Local Land Charges (LLC) service fees payable to the Chief Land Registrar with those payable in England. It will enable the transfer of Welsh local authority LLC data to the central register.

Allison Bradbury, Head of Local Land Charges Implementation, said:

The LLC programme has worked closely with the Welsh Government to support the Local Land Charges (Fees) consultation and legislation introduction.

Welsh local authorities now have an opportunity to benefit from a modernised digital service that takes advantage of speed and simplicity.

The national register provides immediate and lasting benefit to property buyers and local authorities. Buyers who request a search get information instantly, in an easy-to-read standard format, for a fixed fee, enabling timely, effective decision making. The fully digital dataset also supports other local authority service areas, which reduces the operational burden of running an LLC service.

Last December, we shared our ambition to migrate all local authority LLC records in England and Wales to the national register by 2025. Later this year we will start to migrate the first Welsh local authority records. This will mean that property buyers in Wales will soon have access to instant LLC search results, based on high-quality geospatial data. And local authorities can take advantage of all the benefits these datasets offer. Search results will be available in both English and Welsh.

See [Local Land Charges Programme](#) with any questions.

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