



Vanguard
Healthcare Solutions

Flexible infrastructure

Let's build an NHS fit for the future together



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'Let's build an NHS fit for the future together'

The Government recently shared its vision for creating a truly modern health service 'designed to meet the changing needs of our changing population'. It focuses on three key 'shifts': moving care from hospitals to communities, making better use of technology and focussing on preventing sickness, not just treating it.

In anticipation of the official launch of the NHS Ten Year Plan which will have these three shifts at its core, we spoke with Chris Blackwell-Frost, Chief Executive Officer of Vanguard Healthcare Solutions about how healthcare infrastructure specialist organisations can contribute towards the reforms and help the NHS meet its ambitious goals.

What are the challenges in achieving these three key shifts?

With the waiting list growing in March to 7.42m, and a Government pledge for an additional 40,000 appointments, it is becoming increasingly clear, the urgent focus needs to remain on addressing current elective and outpatient performance, in part through increased efficiency as well as additional capacity, space and staff.

Recent news reports indicate the NHS 10 year plan will primarily focus on meeting Labour's pledge of returning waiting lists to pre-Covid levels (four million) for the first three years followed by a shift in emphasis onto the 3 big shifts for the following seven years. The additional £26bn in the 2024 budget for day-to-day and capital spending over the next two

years is a good start. However, considering pay reviews, national insurance increases, existing deficits, and rising demand, it falls short of making a significant impact.

Meanwhile, in May 2025 the Government pledged to 'deliver vital maintenance in hospitals to help prevent cancelled appointments and operations'. Announcing a combined £1.2bn of funding as part of its promise to deliver public infrastructure improvements through its Plan for Change (divided between health and education).

Over 400 hospitals, mental health units and ambulance sites are to be handed £750 million to tackle long-term problems such as leaky pipes, poor ventilation and electrical issues, helping to prevent thousands of cancelled operations and appointments.

The 2024 Darzi review highlighted how the current NHS estate hinders efficiency, clinical care, and providing a suitable environment for staff and patients. Putting this into context - the maintenance backlog to bring NHS buildings and equipment up to standard is £13.8 billion. Addressing these issues alongside upgrading facilities and developing healthcare infrastructure closer to home presents real challenges for the NHS. Services were disrupted over 4,000 times in 2023 to 2024 due to issues with poor quality buildings.

The challenges above were highlighted in a new study from The King's Fund: 'patients are experiencing long waits for care, are treated in dilapidated buildings, and report worsening experience' and the 'trade-offs' being made to ensure the NHS 'lives within its financial means'.

To address these issues, Trusts and Health Boards will need to develop new, quickly delivered, cost-effective facilities for their communities, such as surgical hubs, hospital extensions or diagnostic centres. As their 'crumbling' estates are improved, they will also have to find cost-effective, efficient and innovative ways of maintaining vital services while work is undertaken.

Using innovative construction methods, including MMC (modern methods of construction) is one way to help create capacity and new facilities at pace, in the least disruptive way possible and with the greatest value for money. As a British-based manufacturing organisation, we've seen several NHS Trusts benefit from using MMC as a quicker, cheaper and more flexible alternative to traditional builds. And Trusts seeking to add temporary additional capacity, in a quality way have cost-effective, high quality options available in the healthcare spaces offered by technologically-advanced mobile 'plug and play' infrastructure.

At the announcement of the new funding in May, Simon Corben, Director and Head of Profession for NHS Estates and Facilities at NHS England, said: "I welcome this funding as a long-overdue step toward tackling the unacceptable state of parts of the NHS estate. Too many buildings have been allowed to fall into disrepair, putting patient safety and staff working conditions at risk.

"It is now vital that NHS England and local leaders deliver - every pound must be spent wisely, with clear accountability and a laser focus on improving frontline care."

So, how might the NHS protect their services while work to repair, upgrade, or create new, facilities to meet these three shifts is on-going - while keeping a close eye on costs and improving frontline care?

Waiting lists are already lengthy, so any negative impact on those is simply not an option; hospitals, wards, clinics and theatres just can't close while upgrades happen. The services they offer have to still be available somewhere accessible and clinically appropriate, or the resulting impact on waiting lists would be catastrophic.

Solutions are needed for 'decanting' those services out of impacted theatres, wards, clinics, central sterilising services departments and endoscopy suites. There are effective options available, whether that's infrastructure created using Modern Methods of Construction (MMC) which can be super flexible, such as we saw in Preston and Kettering where a single building has been used for multiple specialities or mobile solutions such as relocatable theatres, endoscopy suites, wards or clinics.

And using a rapidly deployed, relocatable theatre enabled Warwickshire University NHS FT to create a highly efficient orthopaedic surgical hub which has driven down waiting times, secured mutual aid and more than 1,000 patients treated in 12 months.

Is there a role for infrastructure businesses in preventing sickness?

The Government has said its long-term mission to build an NHS fit for the future starts with tackling waiting lists and to see fewer lives lost to cancer, heart disease and stroke. That means diagnosing and treating patients earlier. Community Diagnostic Centres feature heavily in their plans. But they are large-scale projects, needed quickly and cost effectively. Again, another ideal candidate for MMC modular builds.

Meanwhile, mobile and modular standalone endoscopy suites can be quickly deployed to 'plug and play' where added capacity is needed urgently to help drive down waiting times for these essential diagnostic procedures as we saw in successful partnerships with Golden Jubilee Hospital, Fairfield Hospital, University Hospitals Birmingham and Wexford General Hospital.

Where mobile theatres are used, it's a great example of the latest 'best-in-class' technology being deployed to add capacity, aid refurbishment and provide high quality, technologically advanced solutions to some of the problems faced by the NHS. Combined with modular's value for money, and the pace both solutions offer, it can provide a perfect solution to help address the immediate waiting list challenges and support the delivery of the priorities needed for the first three years of the NHS 10 year plan.

What can mobile and modular infrastructure be used for within healthcare?

There are really very few limits. Our mobile laminar flow operating theatres are best-in-class and have been used worldwide for procedures including open heart surgery. They offer the chance to bring procedures close to home for rural communities.

A mobile theatre provided by us helped bring orthopaedic procedures to the Shetland Islands for the first time, for example. People had previously had to travel to the mainland for those vital and life-changing procedures. Both modular and mobile facilities lend themselves to high quality maternity units. From endoscopy and endoscopy decontamination suites, wards, discharge lounges, ambulance decant centres, pharmaceutical life sciences, laboratories, emergency care and CSSDs, there are so many uses for these kinds of infrastructure in health settings.

What about staffing? Will that be a challenge in helping deliver these three key shifts?

Latest statistics show that in Q3 2024/25, among the over 106,000 vacant position in the NHS workforce, there were over 27 thousand vacancies within nursing. In this quarter, there were over eight thousand vacancies among medical staff and a further 70 thousand vacancies among other NHS staff. So yes, staffing is undoubtedly an issue. There are undoubtedly really exciting plans and changes within the NHS - from the long-awaited introduction of mental health A&Es to the 10 Year Plan - and having the right workforce in place will be key to their successful delivery.

It's no secret that recruitment is difficult right across health and social care, for a number of different reasons. And 'solving' the issue is not something that can be done quickly - and yet the work still needs to be done. We have an in-house clinical team - nurses, ODPs, healthcare assistants - who are available to support a Trust or Health Board's own in-house teams of consultants and nurses while working within our facilities whether they are mobile or modular. This allows hospitals to add to their team at pace and deliver the best possible patient outcomes.

The focus is very much on delivering improved and enhanced services, but for the NHS to 'spend within its means'. What options are there for Trusts and Health Boards?

It is absolutely correct that every pound of public money is spent wisely and is done so through with a clear focus on how that spend will directly impact the experience of patients. When considering the best solutions for expanding healthcare capacity, improving their estate or adding additional services, NHS Trusts and Health Boards need options that are both financially viable and operationally efficient.

For example, at Vanguard, we offer Facility Flex. This is a tailored, 'pay-as-you-go' model that allows Trusts to mitigate IFRS16 and CDEL challenges.

It's important to understand that every Trust or Health Board will have different financial drivers. They will have unique needs. That's why taking a bespoke and tailored approach helps deliver positive outcomes. Facility Flex looks at jointly predicting usage and building a flexible finance model around that. Trusts only pay for the clinical infrastructure when in use, with no penalties for non-usage - so this kind of funding model not only removes the burden of capital expenditure, it allows them to use revenue budgets and preserve financial resources. It also helps ensure that every pound of public funds is spent wisely and efficiently.

Chris Blackwell-Frost has been Vanguard's CEO since 2023. A pharmacist by training, he has more than 25 years' experience in strategy and business development, commercial, sales, marketing, mergers and acquisitions, and proposition development across the healthcare and pharmaceutical sectors.



FLEXIBLE FINANCE SOLUTIONS





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