

## Planning Statement | Acute Healthcare Matters

Local Authority Planning Reference: P242558/O

Site Address: Land to the south of Lower Bullingham west of the Rotherwas Industrial Estate north of the Rotherwas Hereford HR2 6JW

Proposed Development: PENDING S106 AGREEMENT - The first phase of an urban extension (known as the Southern Urban Expansion in the Herefordshire Local Plan Core Strategy) comprising up to 540 homes (Use Class C3); employment land (Use Class B and E), local centre and a country park together with supporting public open space, and all other associated works (e.g. demolition of existing industrial buildings, drainage, landscaping and ground modelling). All matters are reserved for future consideration save for 'access'. Only the means of access into the site is sought as part of this outline application, not the internal site access arrangements.

Date of Statement: 31/03/2026

### Acute Healthcare Contribution Summary

#### Summary

Wye Valley NHS Trust (the "Trust") has assessed the detrimental impact caused by the proposed development on local acute healthcare infrastructure and is requesting the developer to mitigate the harmful impact by way of a S106 contribution towards the healthcare infrastructure. The Trust does not object to the development subject to the detrimental impact of the development being mitigated as detailed in this planning statement (the "Statement"). Without the contribution, the proposed development is not in accordance with the sustainable development as defined in the Local Development Plan and in the NPPF. If planning permission is granted by the local authority, the Trust would expect a contribution, within the section 106 Agreement, to secure contributions<sup>1</sup> to mitigate the harmful impact caused the Proposed Development on infrastructure capacity to provide healthcare provisions to the occupants of the proposed development and the existing local community that it serves.

Healthcare modality	Number of events generated	Contribution required towards	Contribution required <sup>2</sup>
Emergency attendances at	507	Cost of additional capacity	£40,394.24

<sup>1</sup>Calculated using averaged Department of Health and Social Care NHS national cost multipliers outlined in Appendix 1

A&E			
Emergency admissions	209	Cost of additional capacity	£205,229.08
Elective admissions	19	Cost of additional capacity	£27,743.63
Elective day case	210	Cost of additional capacity	£59,408.51
New outpatient appointments	1674	Cost of additional capacity	£75,874.82
Emergency and GP referred diagnostic examination attendances	323	Cost of additional capacity for undertaking diagnostic examinations and treatment on emergency patients and those referred by GPs	£8,098.19
<b>Total Contribution</b>			<b>£416,748.48</b>

The **Trust’s current capacity is already maximised and will not be able to absorb the increased demand for health care caused by the residents of the Proposed Development.** Therefore, without the contribution, the Proposed Development is contrary to Herefordshire Council’s (the Council) own Development Plan Policies and it would not be in accordance with the current Government planning policies stated in the updated December 2024 NPPF. The Trust considers this to be a conservative request which is directly related to the development, necessary to ensure the delivery of the required healthcare infrastructure so that it meets additional demand associated with the proposed development caused by population new to Herefordshire.

## 1. Introduction

This statement sets out the evidence of the detrimental impact created by the development on the Trust’s infrastructure capacity and it demonstrates how the requested contribution is in the compliance with the CIL 122 test.

- Appendix 1
  - Demonstrates how the additional healthcare that will be needed by the residents of the Proposed Development cause a harmful impact on the Trust’s infrastructure capacity. It also contains a detailed calculation of how the detrimental impact can be mitigated.
- Appendix 2
  - Outlines the Trust’s statutory responsibilities to provide acute healthcare and the current acute healthcare planning context in Herefordshire.
- Appendix 3
  - Provides the policy support for the request to mitigate the impact.
- Appendix 4
  - Demonstrates how this request meets the tests set out in Regulation 122 (2) of the Community Infrastructure Levy (“CIL”) Regulations 2010.

- Appendix 5
  - Provides options for expansion of healthcare infrastructure to mitigate the impact.

## **1. Additional requirements [Land to the south of Lower Bullingham west of the Rotherwas Industrial Estate north of the Rotherwas Hereford HR2 6JW]**

### **2.2. Emergency attendances at A&E**

- 2.2.1. By calculation, the Trust anticipates that the Proposed Development of 540 homes would create 507 new Emergency attendances at A&E.
- 2.2.2. Emergency attendances at A&E include people presenting from all age groups of the population.
- 2.2.3. The A&E at Hereford County Hospital is closest to this proposed development. In an emergency, people are known to attend their nearest A&E, whether by ambulance or as "walk-in" attenders. However, some types of conditions will always be conveyed to other hospitals irrespective of the patient's place of residence as some of the specialist services are not provided at the Hereford County Hospital
- 2.2.4. A contribution is required towards increasing A&E infrastructure capacity caused by the detrimental impact from the Proposed Development as the current infrastructure cannot consume the additional activity created by the proposed development.

### **2.3. Emergency admissions**

- 2.3.1. By calculation, the Trust anticipates that the Proposed Development of 540 homes would create 209 new Emergency Admissions to hospital.
- 2.3.2. Emergency admissions occur when a person who attends A&E requires admission to a hospital bed, treatment and an overnight stay of at least one night. Emergency admissions occur amongst all age groups. Anticipated demand is an average across all ages and types of emergency admission.
- 2.3.3. Emergency admissions for the population of the Proposed Development will take place. Increasing demand means that we have been admitting more emergencies than the Trust has capacity to accommodate. This trend will be exacerbated by the Proposed Development.
- 2.2.4. The rate of emergency admissions is driven by demographic trends and population health. The hospital meets resultant infrastructure capacity issues by:

- ❖ Increasing its use of hospital equipment such as scanners, and laboratory equipment;
- ❖ Increasing bed numbers to reduce utilisation rates to safer levels;
- ❖ Upgrading, expanding or developing new infrastructure.

It is anticipated that additional capacity will be needed to accommodate additional emergency admissions generated because of the Proposed Development.

2.3.5. A contribution is therefore required towards additional emergency admissions infrastructure capacity through expansion.

## 2.4. Elective admissions

2.4.1. By calculation, the Trust anticipates that the Proposed Development of 540 homes would create 19 new Elective Admissions to hospital.

2.4.2. Elective admissions occur when a person who attends on outpatient requires admission to a hospital bed, treatment (usually a surgical procedure) and an overnight stay of at least one night. Elective admissions occur amongst all age groups. Anticipated demand is an average across all ages and types of elective admission.

2.4.3. Elective admissions for the population of the Proposed Development will take place. Increasing demand means that we have more elective admissions than the Trust has capacity to accommodate leading to an increasing elective waiting list. This trend will be exacerbated because of the Proposed Development.

4.2.4. The rate of elective admissions is driven by demographic trends and population health. The hospital meets resultant infrastructure capacity issues by:

- ❖ Increasing its use of hospital equipment such as scanners, and laboratory equipment;
- ❖ Increasing bed numbers to reduce utilisation rates to safer levels;
- ❖ Upgrading, expanding or developing new infrastructure.

It is anticipated that additional capacity will be needed to accommodate additional elective admissions generated because of the Proposed Development.

A contribution is therefore required towards additional elective admissions infrastructure capacity through expansion.

## 2.5. Elective day case

2.5.1. By calculation, the Trust anticipates that the Proposed Development of 540 homes would create 19 Elective day case admission to hospital.

2.5.2. Elective day case admissions occur when a person who attends on outpatient

requires admission to a hospital bed, treatment (usually a surgical procedure) but no overnight stay. Elective day case admissions occur amongst all age groups. Anticipated demand is an average across all ages and types of elective admission.

2.5.3. Elective day case admissions for the population of the Proposed Development will take place. Increasing demand means that we have more elective day case admissions than the Trust has capacity to accommodate leading to an increasing elective day case waiting list. This trend will be exacerbated because of the Proposed Development.

6.2.4. The rate of elective day case admissions is driven by demographic trends and population health. The hospital meets resultant infrastructure capacity issues by:

- ❖ Increasing its use of hospital equipment such as scanners, and laboratory equipment;
- ❖ Increasing bed numbers to reduce utilisation rates to safer levels;
- ❖ Upgrading, expanding or developing new infrastructure.

It is anticipated that additional capacity will be needed to accommodate additional elective day case admissions generated because of the Proposed Development.

A contribution is therefore required towards additional elective admissions infrastructure capacity through expansion.

## 2.6. New Outpatient attendances

2.6.1. By calculation, the Trust would anticipate that the Proposed Development of 540 homes would create a demand for 1674 additional new outpatient appointments.

2.6.2. New outpatient appointments are the first patient appointment for assessment and treatment following GP referral, without admission to hospital, with or without a procedure.

2.6.3. New outpatient appointments usually take place at a patient's local hospital (in this case, it would be the Hereford County Hospital). Although, some clinics are held only at one of the Trust's locations to make best use of specialist resources (whether they be staff or equipment).

2.6.4. Outpatient capacity and attendances are closely matched. Additional new outpatient attendances will be generated by the Proposed Development. It is therefore anticipated additional capacity will be needed and will be provided by:

- Additional clinics
- Increased use of, or new, equipment

- Additional outpatient clinic infrastructure

2.6.5. A contribution is required towards increasing new outpatient infrastructure capacity to mitigate the detrimental impact that the Proposed development will create.

## 2.7. Emergency and GP referred diagnostic attendances

2.7.1. By calculation, the Trust would anticipate that the Proposed Development of 540 homes will increase a demand for 323 additional emergency or routine diagnostic attendances referred by GPs.

2.7.2. Hereford County Hospital is the closest hospital to the Proposed Development and undertakes routine and urgent radiological examinations (e.g. X-rays, MRI, CT scans) as emergency or requested by GPs. Capacity and demand for radiological examinations are closely matched.

2.7.3. The Proposed Development will create additional demand for GP requested radiological examinations and reports. This demand will be met by:

- Additional appointments
- Increased use of, or additional, equipment
- Additional diagnostic infrastructure

2.7.4. A contribution is required towards increasing the necessary diagnostic infrastructure capacity caused by demand from the occupants of Proposed Development.

## 3. Conclusion

3.1 The Proposed Development will cause harm to the public health infrastructure by way of an increase in the demand individually and cumulatively during the lifetime of the Proposed Development. The anticipated patient yield is cautiously measured and takes into consideration the existing population in the Trust catchment area. The new population coming into the area from outside Herefordshire will have healthcare needs which may, in some cases, be potentially more complex and in need of more infrastructure care than projected and costed. This Proposed Development will, therefore, have a direct detrimental effect on the Trust's health service infrastructure. The mitigation of such harm has been carefully considered and is fairly and reasonably related to the impact created. The contribution received will be pooled with other S106 existing and future contributions as this Proposed Development on its own cannot fully cover the costs of the infrastructure necessary to mitigate the harmful impact.

- 3.2 If the said impact is mitigated as requested, the Proposed Development will assist with ensuring faster delivery of health service infrastructure in accordance with paragraph 101 of the 2024 NPPF.
- 3.3 Without the mitigation, the Trust is unable to meet the health needs of the population and the Proposed Development will compromise the ability of the Trust to meet the health needs of both future occupants of this Proposed Development and the future population of the local community for the reasons set out in the updated evidence and in this statement. The proposed development would therefore be unsustainable and contrary to the Council's and Government planning policies.
- 3.4 Options of how the S106 contribution would support expansion of care infrastructure associated with increased demand described above can be found in Appendix 5.

## **APPENDIX 1 – Additional healthcare need created by the Proposed Development**

### **1. Impact on Costs | Expanding existing hospital infrastructure capacity**

These are the amounts that the Trust will require by way of a developer contribution towards the delivery cost of increasing the infrastructure capacity of healthcare within existing facilities:

£416,748.48

The Proposed Development will create an additional 2942 new patient events and a total contribution of £416,748.48 is needed from developers to create infrastructure capacity to care for them. A calculation of the total amount required is shown at the end of this appendix.

The contribution will be spent on the additional costs of care associated with increasing the infrastructure capacity of the Trust to cater for the care needs of the population of the Proposed Development.

### **2. Impact of inflation on contributions**

The contribution is calculated at 2023/24 values. A degree of inflation-proofing will be necessary if the Proposed Development is not built and occupied within two years of the date of this document.



The data table above calculates the adverse impact of the development on the Trust and mitigates this by creating a financial claim to increase capacity and meet additional costs of doing so.

### **Assumptions and explanation**

The Trust's calculation ascertains the additional impact the new development will impose on the Trust's capacity. The Trust has been advised by specialist planners in devising the following method to establish the incoming population which is new to its operational area:

1. The total number of proposed dwellings is used as the basis for the calculation
2. The split of future residents likely to move to the new development from within and beyond the operational boundaries of the Trust is estimated.
3. The calculation uses the council's average published household size.

The estimates produced by the model are used to populate the Trust's impact calculation above. For the development proposed, a household size of 2.31 people per dwelling is predicted.

It is important to estimate only the impact of those people who are new to the Trust's operational area. The calculation avoids counting the impact from residents who are moving from an address within the Trust's operational area and whose demands are therefore already anticipated in the Trust's infrastructure plans.

### **The impact calculation's steps**

Column 1 shows the different types of activity undertaken by the Trust.

Column 2 provides the Trust's total activity in a 12 month period and column 3 is the percentage of the county's population who have accessed these services.

Column 4 shows the activity rate per head of population. Column 5 shows the average national tariff the Trust is paid for these services. This data is derived from the Trust's records of patients seen over the 12 month period used for the calculation.

Column 6 calculates the amount of activity generated by the development population. The cost of this additional activity anticipated as a result of the new population (column 7) is derived from a multiplication of the development's new population by the cost of that activity.

The additional financial impact that will result from the new population is then adjusted to take account of the population already expected to be Herefordshire based.

## Appendix 2 – Background and Context

This appendix has been compiled to provide background and context to the detrimental impact that the new residents of the Proposed Development will have on the Trust's services.

### 1. Wye Valley NHS Trust's licenced undertakings

- 1.1. Under the terms of its licence, the Trust provides acute and community health care services to a catchment population, which includes the Proposed Development. The Trust has a **statutory** responsibility under the NHS Constitution, and the terms of its licence, to provide services to everyone who presents for treatment.

### 2. General Healthcare Capacity Planning Context

#### 2.1. National and local healthcare planning

As with many parts of the country, Herefordshire's population is growing, aging and is living longer with more complex health conditions. Sustainable healthcare capacity is, therefore, critically important to maintain.

The Trust's base capacity is frequently overfilled, so infrastructure expansion is often needed, some examples of which are as follows:

- Additional ward and bed capacity
- Additional emergency assessment and treatment capacity
- Additional radiology capacity (e.g. MRI, CT scanners, X ray)
- Additional diagnostic capacity (e.g. pathology, endoscopy)
- Additional operating theatre capacity
- Additional outpatient facilities capacity
- Additional maternity capacity

- 2.2. Safe hospital care is provided when the hospital is operating at or below 92% of full bed capacity. This is the standard set by NHS England for English acute hospitals. Our capacity is set at this level.

However, the Trust's hospitals are frequently operating at greater than 92% capacity and it is frequently above 100% during surge periods. This happens when the requirement for A&E admissions exceeds the number of patient discharges it is safe to make. At these times, the Trust's infrastructure and equipment is over-used and additional infrastructure and related staff are brought in, adding premium costs.

**2.3.** The residents of the Proposed Development will cause detrimental further pressure to hospital infrastructure, as shown in the impact calculation in Appendix 1. This is the reason a developer contribution is required.

### **3. Allocative formula for NHS resource distribution to commissioners**

**3.1.** The NHS funding allocation formula works in accordance with a "Weighted Population Index" that measures age and deprivation within a geographically defined target population. Successive governments since the seventies have supported its purpose which is to allocate "fair shares" of the annual NHS funding settlement to NHS commissioners (Integrated Care Boards (ICBs)), who are charged to purchase healthcare for their local population.

**3.2.** The "growth" referred to in NHS allocations is the change in local population size from the previous baseline year to the new baseline year for which the ICB is receiving its allocation. This population change can be negative or positive, reflecting whether the population has shrunk overall, or grown. There is no forecast of future population change associated with new housing development within the allocation model.

### **4. NHS Trusts' funding model**

**4.1.** There is no forecast of *future* population change within the NHS contract (as in migration as a consequence of new housing development is not included in ONS figures). This is why ICBs do not forecast population growth due to in-migration in their contracts with Trusts, nor pay NHS Trusts for the cost of caring for new population.

**4.2.** NHS England capital planning guidance (February 2025), which is in accordance with the NPPF and relevant legislation states that NHS provider *Capital allocations do not cover additional facilities required due to housing developments. NHS organisations should work*

*with local authorities to secure developer contributions for extra capacity. These contributions are additional funding recorded as a "credit" to capital departmental expenditure limit (CDEL), increasing spending power without reducing regular NHS allocations.'* Therefore, NHS England expects impacts arising from new residential development upon the services provided by hospitals to be mitigated through S016 contributions.

Therefore, the Trust is requesting a payment to create infrastructure capacity to treat the demand from patients generated by the additional population new to the area created by the Proposed Development<sup>3</sup>.

### **Appendix 3 - The Current Development Plan and the Updated NPPF Policies in support of the request to mitigate the detrimental impact created by this Proposed Development**

Planning applications must be determined in accordance with the development plan unless material considerations indicate otherwise<sup>4</sup>. The creation of healthy communities is an essential component of sustainability as articulated in the Government's National Planning Policy Framework<sup>5</sup> (the "NPPF") and as set out below. The NPPF is material consideration.

Development plans must be in conformity with the NPPF and less weight should be given to policies that are not consistent with the NPPF. It follows that, local planning policies along with development management decisions must also be formulated with a view to securing sustainable healthy communities.

66. Section 70(2) of the TCPA 1990 provides that in determining an application for planning permission, the LPA; "shall have regard to the provisions of the development plan, so far as material to the application, and to any other material consideration".

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<sup>3 3</sup> The Trust is not seeking 'gap funding' as defined in the case of (R & Another on the Application of University Hospitals of Leicester NHS Trust and Harborough District Council CO/2298/2022). In this case the Court (in paragraph 138-139) Judge Holgate confirmed that *"If for example, a development would itself cause direct harm to the public facility, so that the three tests in Reg.122(2) of the CIL Regulations 2010 are satisfied, the local planning authority would be entitled to require the developer to mitigate the harm under a Section 106 obligation, irrespective of whether the authority responsible for that specifically is able to raise taxes or has borrowing powers."* (our emphasis).

<sup>4</sup> Section 70 (2) of the Town and Country Planning Act 1990 and Section 38(6) of the Planning and Compulsory Purchase Act 2004

**67. Paragraph 2 of the NPPF states:**

The National Planning Policy Framework must be taken into account in preparing the development plan, and is a material consideration in planning decisions. Planning policies and decisions must also reflect relevant international obligations and statutory requirements (emphasis added).

The health of communities has been a key element of Government policy for many years. One of the three overarching objectives to be pursued in order to achieve sustainable development is to include 'b) a social objective – to support strong, vibrant and healthy communities ... by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being:"(Please see NPPF Section 2 paragraph 8, Section 8 paragraphs 92 -93 and 96).

Further, the Trust is delivering NHS health care services at the point of demand under the statutory requirement. Paragraph 2 contains an imperative upon the decision makers to reflect statutory obligations.

In addition, the Council must, in exercising any its functions, have regard to the health needs and, health and wellbeing strategy prepared as part of the Integrated Care Partnership.

68. Notwithstanding above the Local Plan Policy ensures that the developer adequately mitigates the impact it creates.

**69. Herefordshire's Local Plan Core Strategy was adopted by Council on 16 October 2015**

“Policy SC1 – Social and community facilities

Development proposals which protect, retain or enhance existing social and community infrastructure or ensure that new facilities are available as locally as possible will be supported. Such proposals should be in or close to settlements, have considered the potential for co-location of facilities and where possible be safely accessible by foot, by cycle and public transport.

New development that creates a need for additional social and community facilities that cannot be met through existing social facilities -will be expected to meet the additional requirements through new, or extension of existing, provision or by developer contributions which meet the relevant tests of paragraph 204 of the NPPF”.

**Conclusion CIL 122 test**

70. In the circumstances, it is evident from the above that the Trust’s request for a contribution is not only necessary to make the development acceptable in planning terms it is directly related to the development; and fairly and reasonably related in scale and kind to the development. The contribution will ensure that Health services are maintained for current and future generations and that way make the development sustainable.

**Appendix 1:**

**Glossary of terms**

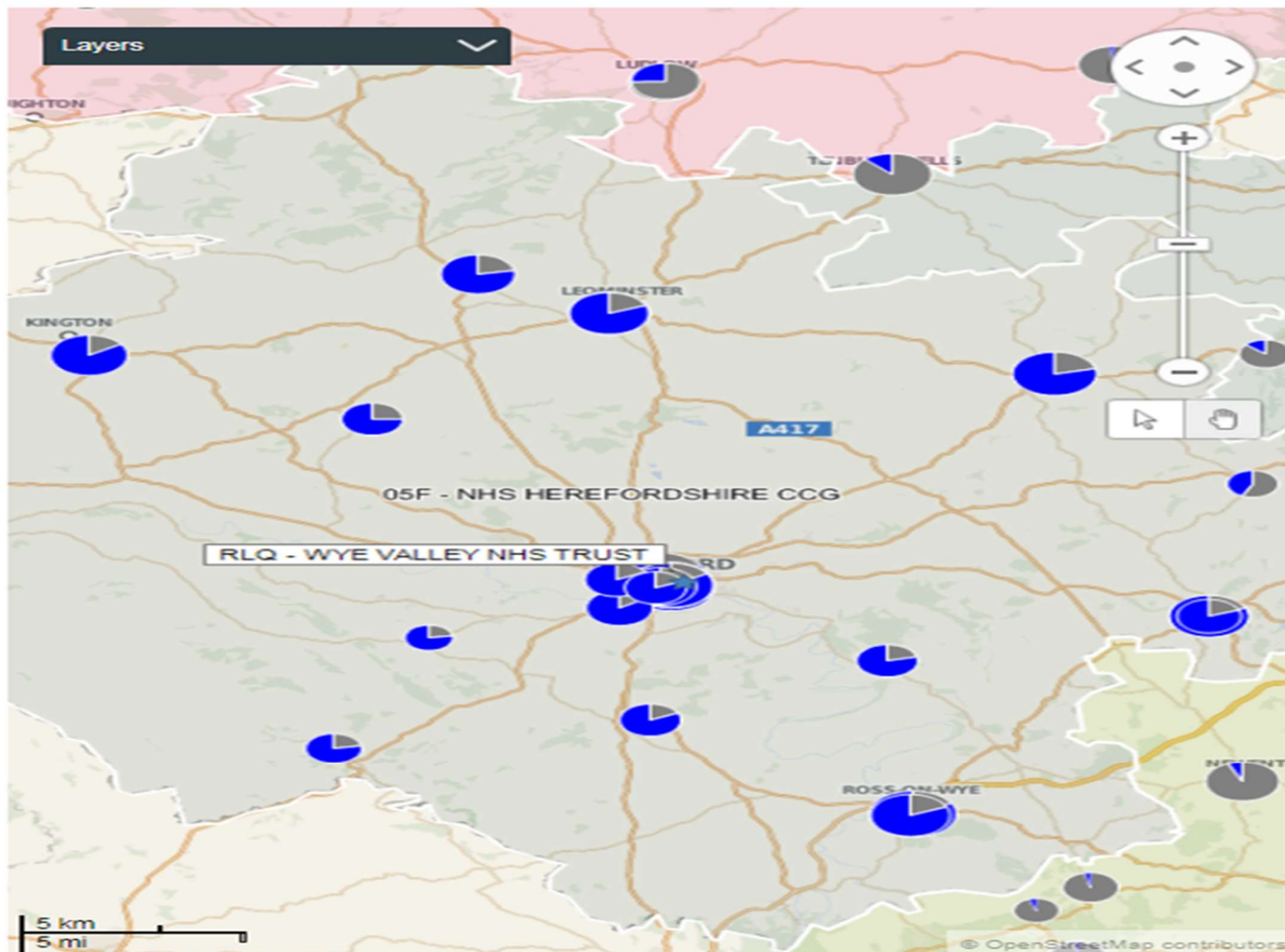
- **Accident and emergency care:** *Accident and Emergency Departments may be i) major units, providing a 24 hour service seven days a week to which the great majority of emergency ambulance cases are taken, or ii) smaller units commonly called minor injury units, in which services are often only available for limited hours and which may not deal with emergency ambulance cases.*
- **Acute care:** *This is a branch of hospital healthcare where a patient receives short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care or longer-term care.*
- **Block Contract:** *a payment made by the commissioner to a provider to deliver a specific and defined range of services, regardless of the volume of services delivered. The value is independent of the actual number of patients treated or activity completed. Block contracts generally operate on an annual basis.*
- **Clinical Commissioning Group (CCG):** *CCGs were clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. They were replaced in July 2022 by Integrated Commissioning Boards (ICBs)*

- **Community care:** *long-term care for people who are elderly or disabled which is provided within the community rather than in hospitals, especially as implemented in the UK under the National Health Service and Community Care Act of 1990*
- **Elective Care** - care which is planned or booked following a referral to a hospital by a GP or an outpatient clinic and which is provided by a specialist. This may result in further planned diagnostic tests, treatment and surgery and more specialised knowledge, skill, or equipment than can be provided by the referrer
- **Emergency care:** *Care that is unplanned and/or urgent.*
- **Integrated Care Board:** The local successor organisations to CCGs, the ICB is a statutory organisation which brings the NHS together locally to improve population health and establish shared strategic priorities within the NHS
- **NHS Improvement (NHSI):** *NHSI was a health services organisation that was responsible for supporting NHS trusts to provide consistently safe, high quality care within a local health system that is financially sustainable. On 1<sup>st</sup> April 2019, NHSI and NHS England came together as one organisation to better support the NHS to deliver improved care for patients.*
- **Office of National Statistics:** *Known as ONS*
- **Planned care:** - care which is planned or booked following a referral to a hospital by a GP or an outpatient clinic and which is provided by a specialist. This may result in further planned diagnostic tests, treatment and surgery and more specialised knowledge, skill, or equipment than can be provided by the referrer

- **Premium Costs:** *Premium costs incurred by an NHS trust include the supply of agency staff, Locum Medical Staff and payments to deliver services to meet operational pressures which exceed the costs incurred when delivering with substantive staff. It also covers sub-contracting the provision of certain services to third parties to meet demand.*

## **Appendix 2:**

### **First OP appointment market share for Wye Valley NHS Trust 2017/19**



- Organisation (provider)
- Shape by:
  - MyPeer Group
  - ★ 1. My Trust
- Map View
- Marking:
  - Marking (Map)
- Marker by:
  - GP Practice (of registration)
- Color by:
  - Peer Group
  - All Other Trusts
  - WYE VALLEY NHS TRU
- Size by:
  - Number of attended appoi...

**Appendix 4 CIL compliance**

**Planning Obligations – Land to the south of Lower Bullingham west of the Rotherwas Industrial Estate north of the Rotherwas Hereford HR2 6JW**

**Paragraph 204 of the Framework and Regulation 122 of the Community Infrastructure Levy Regulations 2011 (as amended) set tests in respect of planning obligations. Obligations should only be sought where they meet the following tests:**

- Necessary to make the development acceptable in planning terms;
- Directly related to the development; and
- Fairly and reasonably related in scale and kind to the development.

The table below shows details of the contributions requested by Wye Valley NHS Trust.

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Emergency attendances at A&amp;E</b></p> <p>507 per new household for increased A&amp;E capacity at Hereford County Hospital or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local Urgent and Emergency acute health services, Wye Valley NHS Trust has a duty to provide comprehensive and efficient Urgent and Emergency care services for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the Urgent and Emergency care provision within the vicinity of the development and to increase capacity to accommodate such demand.</p> <p>The calculation is based on the number of expected inhabitants of development based on the average number of people per household published by the council</p> <p>The contribution will mitigate the detrimental impact of this development on A&amp;E services at the Hereford County Hospital or other such facility that will serve the development.</p>	<p>The Urgent &amp; Emergency care request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per Urgent and Emergency care attendance</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Emergency admissions</b></p> <p>209 per new household for increasing Urgent and Emergency admissions capacity at Hereford County Hospital or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local health care services, Wye Valley NHS Trust has a duty to provide comprehensive and efficient Emergency admissions service for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the Urgent and Emergency care admissions provision within the vicinity of the development.</p> <p>The calculation is based on the number of expected inhabitants of development based the average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on emergency admissions services.</p>	<p>The emergency admissions request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per Urgent and Emergency care admission</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Elective admissions</b></p> <p>19 per new household for increasing elective admissions capacity at Hereford County Hospital or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local health care services, Wye Valley NHS Trust has a duty to provide comprehensive and efficient elective admissions service for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the elective admissions provision within the vicinity of the development.</p> <p>The calculation is based on the number of expected inhabitants of development based the average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on elective care services.</p>	<p>The elective admissions request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per elective care admission</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Elective day case admissions</b></p> <p>210 per new household for increasing elective day case admissions capacity at Hereford County Hospital or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local health care services, Wye Valley NHS Trust has a duty to provide comprehensive and efficient elective day case service for everyone who presents for treatment. The request is necessary to meet the resultant additional demand from this development.</p> <p>The</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon the elective day case provision within the vicinity of the development.</p> <p>The calculation is based on the number of expected inhabitants of development based the average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on elective day case services.</p>	<p>The elective day case request for contributions is based on the number of expected inhabitants of the development, the average demand from residents local to the development's post code and the average cost per elective day case admission</p> <p>It is therefore in line with the scale of the development and the certain impact additional residents will have on local healthcare services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>New outpatient attendances</b></p> <p>1674 per new household for increasing new outpatient appointment capacity at Hereford County Hospital or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local acute health services, Wye Valley NHS Trust has a duty to provide comprehensive and efficient new outpatient care.</p> <p>The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate against the impact of the development upon new outpatient care.</p> <p>The calculation is based on the number of expected inhabitants of development based on the average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on outpatient services at Wye Valley NHS Trust.</p>	<p>The new outpatient attendances request for contributions is based on the number of expected inhabitants of the development, the average demand for new outpatient care from residents local to the development's post code and the average cost per new outpatient appointment at Wye Valley NHS Trust</p> <p>The request is therefore in line with the scale of the development and the certain impact additional residents will have on new outpatient services.</p>

<b>Planning Obligation</b>	<b>Test 1 Necessity</b>	<b>Test 2 Directly related to the proposed development</b>	<b>Test 3 Fair and reasonable in terms of scale and kind</b>
<p><b>Diagnostic attendances</b></p> <p>323 per new household for increasing diagnostic capacity at Hereford County Hospital or such other facility as can be demonstrated will serve the development</p>	<p>As the NHS Trust commissioned to provide local acute health services, Wye Valley NHS Trust has a duty to provide comprehensive and efficient diagnostics for those referred by local GPs.</p> <p>The request is necessary to meet the resultant additional demand from this development.</p>	<p>The requested contributions are based on a formulaic approach to mitigate the impact of the development upon diagnostic care.</p> <p>The calculation is based on the number of expected inhabitants of development based on the average number of people per household published by the council.</p> <p>The contribution will mitigate the detrimental impact of this development on services at Wye Valley NHS Trust.</p>	<p>The diagnostic attendances request for contributions is based on the number of expected inhabitants of the development, the average demand for diagnostic care from residents local to the development's post code and the average cost per diagnostic appointment at Wye Valley NHS Trust.</p> <p>The request is therefore in line with the scale of the development and the certain impact additional residents will have on diagnostic services.</p>

## Appendix 5 Infrastructure Options

The below are carefully considered options for how the detrimental impact on the Trust's capacity to deliver health service infrastructure can be mitigated to make sure that the Trust is able to continue to deliver at least the current level of services during the lifetime of the Proposed Development by increasing its infrastructure capacity. They consider how the harmful impact from the Proposed Development on the Trust's service infrastructure can be mitigated and the options below are the most effective ways to increase the infrastructure capacity.

### Option 1: Emergency Care at Hereford County Hospital

1. The population of the Proposed Developments new to Herefordshire would generate additional A&E attendances in 12 months, equating to additional attendances per day by the end of the period. The existing infrastructure is insufficient to handle this increase and would put additional strain on resources.
2. The A&E at the Hereford County Hospital currently operates at or above full capacity and is already facing significant capacity constraints. The Proposed Developments will add further to these constraints. This results in patients being cared for in corridors, contributing to: inefficient ways of working; ambulance offload delays; an overly full walk-in patient waiting room; significant waiting times and delays in patient care. This results in harm and less than optimum patient outcomes. Patient assessment space also overflows into the areas where minor injuries and GP patients are treated. This means that there is overcrowding and a lack of space in which to see patients which have a negative impact on productivity and efficiency. There is no further capacity in A&E to accommodate an increase in demand created by the residents of the Proposed Developments which will cause direct harm on Trust facilities.
3. One additional patient is sufficient to tip the balance in terms of the full capacity of Emergency Department and Urgent Care services. This is evidenced in the following data relating to the month of December 2025:
  - 5,987 patients were admitted to the A&E at the Hereford County Hospital

- 45% of ambulances were not off loaded within 30 minutes of arrival at the hospital as there was no room in A&E (i.e. of 1,615 ambulances). The national standard is 100%.
  - The Emergency Access Standard performance was 65.2% of patients admitted, treated and discharged or admitted within 4hrs. The national expectation for performance is 76%. 10.4% waited more than 12 hours (686 patients) due to the lack of infrastructure capacity to enable treatment.
  - 2010 emergency patients seen in A&E were admitted to a hospital bed and stayed at least one night (average of 65/day)
4. To address the current capacity constraints the Trust has been developing alternative services to increase infrastructure capacity in line with national requirements. An example of this are Same Day Emergency Care (SDEC) services which are a requirement set out in the national NHS Long Term Plan. SDEC services enable patients presenting at hospital with relevant conditions to be assessed, treated and discharged on the same day, avoiding A&E admission. Patients can be directly referred to SDEC in different ways, either from a GP, urgent community response teams, NHS 111, an ambulance, or via A&E. All hospitals with a Type 1 A&E (A&E at Hereford County Hospital is a Type 1 A&E) are required to provide SDEC services 7 days/week. Our SDEC provision includes Medical, Surgical, and Frailty Same Day Emergency Care service. Around 1,304 (47.5% of all admissions) patients are currently seen each month.
  5. The patients new to Herefordshire associated with the development will generate additional SDEC attendances per month by the end of the period. This equates to 3 additional admissions/day by the end of the period. The Trust's A&E and SDEC capacity is maximised and will not be able to absorb the increased demand for health care created by the new residents and undermines the sustainability of the existing service. The existing infrastructure is insufficient to handle this increase and would put additional strain on already stretched resources and jeopardise patient outcomes by causing harm to patients requiring SDEC services from the developments and within the wider population.
  6. The Trust is currently implementing a re-configuration of SDEC in line with recent government requirements. The scheme includes reconfiguring or extending the existing building. These infrastructure plans and costs are predicated on current

demand forecasts and do not include additional demand from population new to the developments. The additional demand which will be generated would mean that the Trust would need to revise existing designs, consider alternative spaces to accommodate increased floor space and associated infrastructure of the proposed facilities. Given the additional capacity which would need to be created to accommodate the needs of the population new to Herefordshire associated with the Proposed Developments, contributions would enable right-sizing and future proofing the capacity of SDEC, including building/refurbishment works, treatment spaces, trolleys, equipment (e.g. patient monitoring equipment) which in turn will ensure patient flow and provision of efficient care and prevention of harm.

7. Based on the additional SDEC patients/month that would be generated by the population new to Herefordshire from the Proposed Developments additional SDEC space would be required. The Department of Health Healthcare Premises Costs Guide (2010, updated 2021) and HBN 15-02 state that *a well-designed SDEC unit will help to manage patients effectively with minimal delays as they move through stages of care. Good patient flow is central to patient experience, clinical safety and reducing the pressure on staff. It is a key factor in providing effective healthcare. The core recommendations are: i) the SDEC facility should be close to a type 1 Emergency Department. ii) patients should have access to diagnostics within the same time frame as other emergency patients as acuity and availability allows iii) the SDEC facility should have a combination of consulting rooms, patient trolleys and chairs for patient assessment and treatment. It is therefore crucial that there is additional and appropriate infrastructure capacity for the additional population.* The provision of ten SDEC spaces would be require an additional 176m<sup>2</sup> at the cost of £2.9m (including construction costs and all infrastructure required for provision of care, associated bed head services (suction, oxygen etc) and monitoring equipment would need to be added). In addition, the Trust will incur further health planner and architect costs to change the current building plans. Actual SDEC demand cannot be calculated accurately at this stage until the full housing mix of each development is known. However, this gives an indicative cost.
8. The contribution requested will be pooled with other section 106 monies and NHS capital plan funding. It will be used to enable the Trust to extend the size and infrastructure of the current plans to meet the costs of expanding infrastructure to

meet additional demand. This includes building, equipment and other associated development costs.

9. The SDEC will increase capacity to manage the increased demand for A&E and ward beds more effectively, ensuring that patient care and outcomes are not compromised by increased demand. It will be through:
  - **Increased space to treat patients:** the increased capacity will enable an additional patients be treated, ensuring that more patients receive timely care. This is crucial for responding to increased demand, maintaining smooth patient flow, improved waiting times and reducing patient crowding.
  - **Better Space Utilisation:** the SDEC will enhance staff efficiency and patient management, ensuring that available space in both A&E, wards and SDEC is used optimally to support improved patient flow and capacity.
  - **Enhanced throughput** enabled by more effective ways of working which will improve staff efficiency, patient management and flow in both SDEC and A&E. This contributes directly to improved patient throughput.
  - **Improved time** it takes to see patients, enabling patients to be treated and discharged the same day.
  - **Improved turnaround time** for patients and reduced congestion in A&E.
  - **Improved ambulance handover times**, increasing the number of patients handed over within 15 minutes, improving their flow into care so that they can begin and complete their emergency treatment earlier.

## **Option 2: Non-elective inpatient care: beds at Hereford County Hospital**

10. Non-elective care is care that needs to be performed immediately for lifesaving or damage-preventing reasons and results in emergency inpatient admissions. The population of the Proposed Developments new to Herefordshire would generate additional emergency admissions per year to inpatient non-elective beds through A&E. The existing ward infrastructure is insufficient to absorb this increase and would put additional strain on resources particularly through lack of inpatient beds.

11. Hospitals cannot operate at 100% bed occupancy, as spare bed capacity is needed to accommodate variations in demand and ensure that patients can flow through the system. Demand for hospital beds peaks at different times of the day, week and year and there must always be sufficient beds available to accommodate these peaks. Wards at Hereford County Hospital currently operate at or above full capacity and are already facing significant capacity constraints resulting in a shortage of emergency and elective inpatient beds. The proposed developments will create further bed capacity shortages, resulting in:

- more inpatients being cared for in corridors (known as boarding patients);
- outlying patients (where a patient in one specialty is placed in a bed on a ward which is dedicated to a different specialty e.g. a Cardiology patient on an Orthopaedic ward);
- patients waiting for ward beds to become available being stranded in A&E.

The impact is patients not receiving specialist care; inefficient ways of working; overcrowding of ward and corridor space and in A&E; significant waiting times and delays in patient care. This results in harm and less than optimum patient outcomes. The overcrowding and lack of beds for patients will have a negative impact on productivity and efficiency.

12. A bed occupancy of 85% is the benchmark for patient safety. It enables safe and effective care, reduces the likelihood of harm and better outcomes as it enables patients to be placed in the right bed, under the right team who can provide the right clinical care for the duration of their hospital stay and ensures good flow of patients through the hospital. National guidance is that bed occupancy should not exceed 92% as it leads to delays in A&E, delayed treatment, sub-optimal care where patients are placed on clinically inappropriate wards, increase the length of time spent in hospital and greater likelihood of hospital acquired infections.

13. The Trust has made every effort to reconfigure its services to ensure that the most effective and efficient care is provided in line with national models. This led to reorganisation of some services in 2021 when an additional 36 beds were opened.

14. There is no further bed capacity to accommodate an increase in demand created by additional new population to Herefordshire from proposed developments. One additional patient is sufficient to tip the balance. This is evidenced in the following:
- Bed occupancy exceeds 92% and has frequently been above 100% (enabled through the use of surge beds e.g. opening areas that are not usually inpatient areas overnight and using them to bed-down patients).
  - Overflow areas being used for inpatient beds and an average 35 patients occupy surge capacity at any one time
  - In December 2025, 686 patients were 'stranded in ED' for over 12 hours from decision to admit due to unavailability of ward beds.
15. The additional patients that require an emergency admission will require additional inpatient beds. The current bed capacity is maximised and will not be able to absorb this increased demand created by the new residents and undermines the sustainability of the existing service. The infrastructure cannot handle this increase directly arising from the development and would put additional strain on already stretched facilities and jeopardise patient outcomes by causing harm to patients.
16. Options for increasing bed capacity infrastructure include reconfiguring/extending existing wards, converting non-ward space to wards, new build or use of modular ward units. The additional demand which will be generated would mean that we would need to revise existing designs, consider alternative spaces to accommodate increased bed space and associated infrastructure. Given the additional capacity which would need to be created to accommodate the needs of the population new to Herefordshire associated with the Proposed Developments and the physical constraints of the Herefordshire site, we could only create additional bed capacity to accommodate this additional demand through the provision of ward units accommodating up to 24 beds. The cost of doing so at today's prices is £20m. However, actual demand cannot be calculated accurately at this stage until the full housing mix of each development is known. The above figure gives an indicative cost.

## **Conclusion**

The options demonstrate that the Trust's infrastructure is at capacity in these areas of care delivery and that any increase in demand associated with population new to Herefordshire at the development would put significant stress on acute hospital services.

The demand for healthcare is elastic in that it is not possible to forecast exactly who will need what services when, which is why i) that average cost of an episode of care is used to calculate the S106 contribution and ii) the options are based on the most commonly used types of care. If the demand had to be absorbed within the current infrastructure due to lack of S106 contribution, the result would be patient harm to the new residents of the development and the wider population of the local area because of increased waiting times, delays in appointment availability and delayed delivery of care. Section 106 contributions are required to ensure sustainable and safe healthcare delivered in a timely way.