Lancashire & South Cumbria
New Hospitals
Programme

NHS

Case for Change

JULY 2021

Contents

Section 1

Executive summary

The New Hospitals Programme offers Lancashire and South Cumbria a once-in-a-generation opportunity to transform our ageing hospitals and develop new, cutting-edge hospital facilities that offer the absolute best in modern healthcare. Our ambition is to make our region a world-leading centre of excellence for hospital care.

Hospitals are widely recognised as being an essential part of the wider health system, and this funding opportunity has been ring-fenced by the Government specifically to improve hospital estates and facilities. However, this can only be delivered in close partnership with the wider health system. We understand that to achieve the absolute best, world-leading status we seek for Lancashire and South Cumbria, investment in hospitals must have a significant positive impact on life expectancy and population health in the region. We must help the NHS to deliver seamless, joined up care for those who rely on us the most. As such, it is our intention that funding for new hospital facilities will help the NHS to deliver our collective regional health objectives set out in the Lancashire and South Cumbria Integrated Care System strategy.[1]

This case for change sets out why investment in new hospital infrastructure to replace Royal Preston Hospital and Royal Lancaster Infirmary is the number one strategic priority for our health economy to help us deliver on our wider ambitions to empower and support healthy local communities, so that local people have the best start in life and can live and age well. We also explain the case for investment in Furness General Hospital in the context of its strategic importance in the sustainable provision of healthcare services to the geographically remote population of Barrow-in-Furness and proximity to major strategic national assets.

1 Lancashire and South Cumbria's Healthier Lancashire and South Cumbria Strategy is available at **www.healthierlsc.co.uk/Strategy**

To play its part in improving healthcare and health outcomes, the New Hospitals Programme must work to address five critical challenges.

1. Demographic trends and access
2. Ageing acute estate
3. Specific site-related problems
4. Keeping up with the best in the world
5. Playing a full part in rebuilding our regional economy

The five critical challenges
1. Demographic trends and access

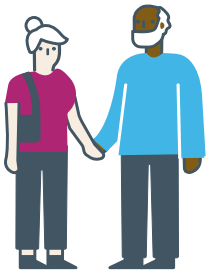
Our hospitals work together with the rest of the NHS and partners in the region to provide services to a population of 1.8m people across diverse communities and varied geographies.

Across this geography, accessibility to services and travel pose a significant challenge for all public service providers as towns and cities are widely spread and the topography adds to expected travel times.

Our population is ageing, with the number of people over 65 projected to increase by 22% by 2030. Our region also faces a greater burden of mental and physical ill-health than the rest of England, along with deep socioeconomic challenges. 20% of our population lives in the 10% most deprived communities. There is a proven link between these factors and NHS activity levels - we anticipate an increase in demand on health services both in and out of hospitals in the future.

A population of
1.8m

22%▲
increase in over 65s by 2030



20%
of our population lives in the
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The five critical challenges
2. Ageing acute estate

Our hospital estate is some of the worst in the North West. It does not comply with many of today's most basic standards and restricts our ambition to provide high-quality, safe, efficient and cost-effective services for our communities.

Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) operate across five sites, with a variety of buildings largely constructed between 30 and 50 years ago and with some buildings dating back to the 19th century still in active use.

The condition of Royal Lancaster Infirmary (RLI) and Royal Preston Hospital (RPH) has reached a critical stage. Without investment, buildings and services could fail. This would create further adverse impact on our patients' deepening health inequalities and increase the burden of ill-health on our population. Any adverse impact on services due to the quality of the estate at Furness General Hospital would have a deeper impact due to its geographical location. Investment is needed to ensure its sustainability in this strategic context. Other providers across our region would not be able to absorb the resulting increase in demand, impacting their sustainability.

The poor condition of the hospital infrastructure is a structural barrier to our ability to recruit and retain the number of staff we need to deliver services. This is now a significant and increasing issue for our ability to operate effectively and for our sustainability as a health service within the region. Investment in new infrastructure is essential if we are to provoke a step change in the supply of a high calibre workforce and reduce over reliance on agency staff.

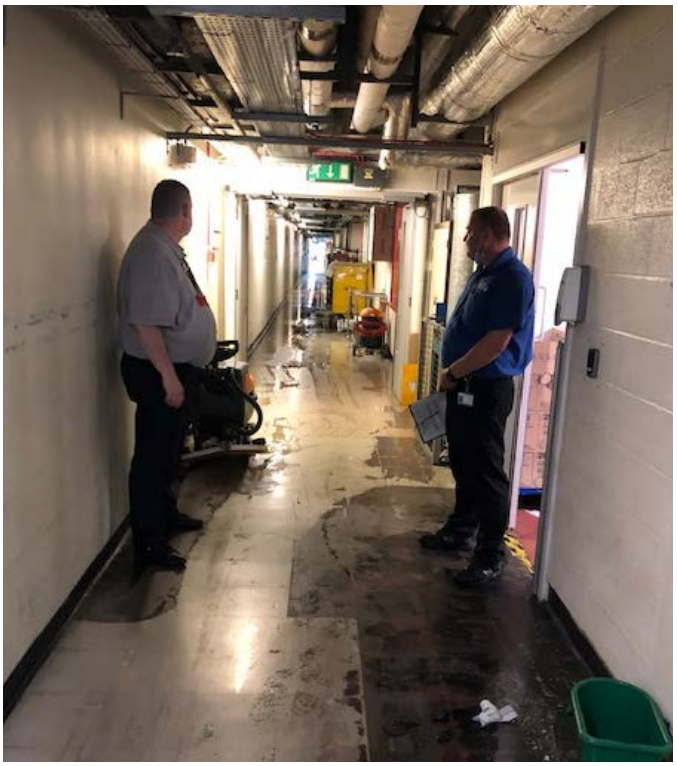
Royal Lancaster Infirmary

The five critical challenges
3. Specific site-related problems

Royal Preston Hospital estate

Royal Preston Hospital (RPH) has suffered from decades of under-investment. More than 70% of its clinical facilities date from the 1970s to 1990s and, as a result, experience serious dilapidation. As the Lancashire and South Cumbria region's major trauma centre and provider of specialised and cancer services, the impact of declining estates and the associated risks of unplanned changes to clinical services are unsustainable.

Independent appraisal has confirmed 80% of the Royal Preston Hospital site requires redevelopment or demolition over the medium to long term.



Royal Preston Hospital

Key challenges

1. Backlog maintenance costs total £157m.
2. Demand exceeds capacity across all clinical areas: aged buildings lack flexible capacity, leading to congestion and overcrowding, meaning that patients wait longer than is acceptable for all aspects of care.
3. Non-compliance with Health Building Notes (HBN): space and single room provision (19% versus 50% HBN) and operating theatre capacity 40% below HBN requirements. This makes it challenging to implement safe infection control measures and we cannot meet the privacy and dignity standards we expect for our patients.
4. Poor clinical adjacencies and lengthy circulation spaces adversely affect patients' and carers' experiences in our hospitals.
5. Some tertiary (highly specialised) services have developed and expanded without being able to meet all the estate requirements, restricting our ability to offer some specialised services that should be available to our population.
6. Car parking capacity is inadequate and consistently highlighted as a concern, with 1,000 staff being required to park off-site and use Park and Ride.

Royal Lancaster Infirmary

Royal Lancaster Infirmary estate

The Royal Lancaster Infirmary (RLI) comprises around 20 separate buildings of varying sizes and ages. Most, but not all of the buildings, are linked by long passages and some buildings are separated from the main complex by public highways. Consequently, staff and patients must make longer journeys than is desirable, leading to poor experiences of care, patient discomfort and significant operational inefficiencies. Several services are provided in temporary buildings offering poor quality accommodation and others are past their useful life. Most of the site is located on a slope, which in some areas is too steep for patients to be safely moved except by ambulance. The hospital lacks an obvious main entrance, which can be confusing for patients and visitors.

Key challenges

1. Backlog maintenance costs total £88m, this is predominantly relating to the condition of the estate.
2. Running costs are double that of a new build at £442 per m^2 due to the age of the site (running costs involve replacement: that is lifecycle costs over maintenance).
3. Site is configured over a challenging topography. Access is particularly challenging for people with a disability and transport to some parts of the hospital (separate ward blocks) is only possible by ambulance.
4. The estate fails to meet many Health Building Notes (HBN) standards – single room provision is only 50% of the recommended standard and less than a third of our ambition for 70% single rooms.
5. Outdated cancer centre.
6. Car parking is inadequate: 460 spaces for more than 2,500 staff and no electric charge points.

Furness General Hospital estate

Furness General Hospital (FGH) is faced with a significant challenge caused by backlog maintenance in estate that fails to meet some HBN standards and capacity requirements. This inflates the issues the hospital has in recruiting and retaining staff. There is also a significant risk that, as currently constituted, this site may never meet crucial carbon emission standards.

Furness General Hospital

Key challenges

Key challenges and specific investment needed to meet the future heath needs of the local population that can be addressed in line with the strategic priorities of the national New Hospital Programme include:

1. Significant backlog maintenance, including an element of physical condition and lifecycle works. Furness General Hospital has estate running costs of £375/m^2.
2. The estate fails to meet some HBN standards and capacity requirements. In particular, the Critical Care Unit / High Dependency Unit. There is a need to improve the environment for patients and staff, including increasing the single room provision.
3. The geographic location of FGH is remote, meaning it is essential we accommodate the latest digital technologies and robotics to create an agile network of care across the region.

Estate in summary

We believe the need for new hospital facilities in the region is unequivocal.

The age, condition and poor functional content of the existing hospital estate mean that we must address this critical need if we are to serve both the current and future needs of our local population.

However, our ambitions go much further than servicing the basic acute health needs of the population by building new infrastructure. We have an ambition to be part of a regional health system that will be regarded as one of the best in the world and play its part in revitalising the regional economy.

The five critical challenges
4. Keeping up with the best in the world

Investment in Lancashire and South Cumbria's NHS hospital infrastructure will enable us to provide state of the art facilities and technology, strengthening our position as a centre of excellence for research, education and specialised care. This will significantly boost the attractiveness of the area to potential recruits and the highest calibre of clinicians.

We are committed to ensuring new hospitals fully embrace the benefits of digital technologies to create an agile network of care, allowing us to optimise the size of our physical footprint and minimise environmental impact. This will, in turn, enable us to provide more specialised services in our hospitals and deliver more care closer to home as part of the wider ambitions of the Lancashire and South Cumbria Health and Care Partnership.

We want the programme to play a leading role in tackling the key issues of our generation - cutting carbon emissions and environmental damage. Aged estate, which was built to service the needs of previous generations, is hampering our ability to be net carbon positive and run sustainably.

The five critical challenges
5. Playing a full part in rebuilding our regional economy

Our hospitals are some of Lancashire and South Cumbria's most significant community assets: they are anchor institutions providing healthcare to our population and employment to around 40,000 people.

The New Hospitals Programme will create jobs and support the economic regeneration of our region, needed now more than ever as the global pandemic has disproportionately impacted those most in need. Investment in our infrastructure will support us to build back better and help the NHS deliver on its net zero carbon ambition.

What are the implications if we do not invest in new hospital infrastructure?

Nobody can accurately predict the future, but we can make reasonable assumptions. It is critical that we work together as a region to agree where and how to invest this funding for new hospitals; this may be our one opportunity to access investment of this scale for a generation.

If we opt not to deliver new hospital facilities, evidence shows that our buildings will become increasingly expensive to maintain, draining resources from the NHS and eventually becoming unfit for clinical use. At this point, services will have to be delivered elsewhere. In many cases, these services will require modern facilities to be delivered from; given that Lancashire and South Cumbria will not have appropriate facilities available without capital investment in hospital buildings, we face the risk that services will have to move out of the local area altogether.

In addition, the recruitment and retention of staff (already a significant risk factor) will be made even more difficult to achieve. Without effective, cutting edge, well-staffed hospitals across the region, it will be unlikely that the local NHS can deliver on its commitment to improve health outcomes and patient experience.

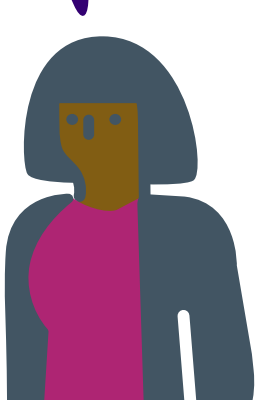
Along with the risks to healthcare provision, if we opt not to invest in new hospital estate, Lancashire and South Cumbria will also lose the wider benefits that would be delivered by an infrastructure project of this scale. These include an immediate boost to local jobs and the regional economy, along with the investment attracted by building new hospital infrastructure.

Together, we believe these factors build a compelling case for change and make the need to agree a way forward with the New Hospitals Programme mission critical.

Our case for change sets out in detail the significant problem our ageing estate presents. It also details the impact of this on our patients' experience and health outcomes, working environments for our staff, and our ability to deliver services productively and efficiently.

All the comments contained within this document have been sourced from the many thousands posted on 'The Big Chat', an online platform which is facilitating ongoing feedback and discussions amongst key stakeholders. Around 40,000 people, including NHS staff, Foundation Trust Members and community leaders are being invited to tell us their hopes, fears and expectations in relation to new hospital facilities as part of a pre-consultation engagement programme.

"I want us to build brand new hospitals that are the most accessible in the world – where people can get there, get around and interact well with their surroundings however able they are."



Section 2

Introduction

The New Hospitals Programme is a key strategic priority for the Lancashire and South Cumbria Health and Care Partnership.[2] It sits within the integrated care system's wider strategic vision, with the central aim of delivering world-class hospital infrastructure from which high-quality services can be provided.

In September 2019, the Government published its Health Infrastructure Plan (HIP).[3] At the centre of this is a new hospital building programme, to ensure the NHS hospital estate enables the provision of world-class healthcare services. Further details of the strategic context are set out in the Appendix.

The purpose of this document is to outline our case for change. It has been developed in collaboration with experts: our clinicians, staff, patients, key stakeholders and representatives of the local communities we serve.

To develop the case for change, we have:

- ✓ Held dedicated case for change workshops with more than 100 people, including clinicians, staff, patients and key stakeholders.
- ✓ Undertaken a series of workshops involving patients, clinicians, staff and key stakeholders from across key programme areas to understand how our hospital infrastructure impacts on the care they provide.
- ✓ Held listening meetings with elected representatives, community leaders and interested parties.
- ✓ Engaged in desktop research, data analysis and examination of the problems we face, and how modern infrastructure can support us to address these challenges.
- ✓ Held an online conversation, The Big Chat, with staff, Foundation Trust members and community leaders about their hopes, fears and expectations. We have recorded and analysed more than 20,141 interactions from the 7,340 visits as of 1 July 2021.

We have listened carefully and reflected on the evidence to help us produce this document, which sets out the problems we hope to address and the ambitions we have for the future.

2 Lancashire and South Cumbria Health and Care Partnership: **https://healthierlsc.co.uk**

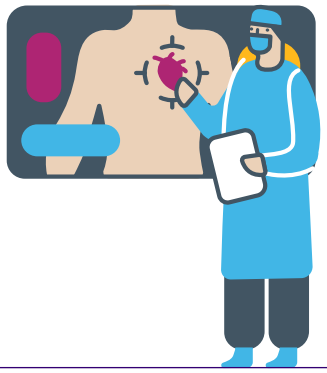
3 Health infrastructure plan. HM Government. Available from: **https://www.gov.uk/government/publications/health-infrastructure-plan**

Section 3

Our objectives

The New Hospitals Programme is underpinned by the objectives outlined below:

Provide patients with high-quality, next generation acute hospital facilities that will **improve health outcomes** across our population.



Improve service delivery and provide **access to cutting edge hospital technologies** and deliver the best possible quality of care.

Design new hospital buildings and facilities that can meet demand and are **flexible and sustainable**.

Increase resource capacity and effectiveness, working collaboratively to **increase integration in service delivery.**

Reduce health inequalities and be ready to meet the health needs of the people of Lancashire and South Cumbria – both now and in the future.

To have a **positive impact on our local area**, bringing jobs, skills and contracts to Lancashire and South Cumbria's businesses and residents.

Our case for change sets out why investment in new hospital infrastructure to replace Royal Preston Hospital and Royal Lancaster Infirmary is the number one strategic priority for our health economy.

We have structured our case for change as follows:

- Lancashire and South Cumbria – describes how our infrastructure impacts on our ability to provide care for our region, our population and respond to their current and future health needs
- Our hospitals – describes the pivotal role of our hospitals in our community and the condition of our estate
- Our clinical strategy – describes the fitness for purpose of our estate in the context of our ambitions for hospital care and the wider health and care system
- Our workforce – describes the impact our estate has on our workforce supply and experience
- Our digital ambitions – describes role of our infrastructure in fulfilling our digital and sustainability ambitions
- Our use of resources – describes how our infrastructure impacts on our productivity and efficiency

Section 4

Our ambition

The New Hospitals Programme (NHP) offers a once-in-a-generation opportunity to transform our hospitals and the services we provide for local people by 2030. Our ambition is to make Lancashire and South Cumbria a world-leading centre of excellence for hospital care.

The Government has provided us with an opportunity for significant capital investment. This presents us with the potential to do something amazing. We want to build on what we are already great at, while developing new, cutting-edge hospital facilities that take advantage of emerging digital technologies, artificial intelligence and robotics to offer the absolute best in modern healthcare.

Government funding has been granted to address significant issues with our ageing hospitals in Preston and Lancaster. These buildings were designed for a different time and cannot accommodate today's more complex patient needs or new technologies. As well as replacing these buildings with new facilities, our proposals will be more far-reaching.

We want to create a new digitally linked network of brand new and refurbished facilities covering our entire region and making Lancashire and South Cumbria a renowned centre of excellence for hospital care. Our hospitals will work together to deliver highly specialised services to local people, ensuring patients can access pioneering treatment either in person or using digital technology and providing joined up, truly excellent care.

Our region is large and complex with widespread health inequalities. We have 1.8 million people living in cities with diverse cultures and communities, rural areas and coastal towns.

Many people rely on our hospitals and other services to work as a team to overcome the health challenges they face on a day-to-day basis. We will give people of all ages and communities equal access to the best possible hospital facilities. We will bring mental and physical health closer together. We will help local people in our region live longer, healthier lives.

We want to expand the range of medical procedures and therapies available closer to home, bringing new highly specialised services, currently only available to patients who travel out of the area, into our region.

We will offer outstanding hospital services, including cancer and trauma care that patients and staff know are world leading. These will be delivered in purpose-built spaces that employ the latest ground-breaking technology and research, attracting the best clinical minds to work and study in our region.

We will also look at the experience that patients, families and carers have when they visit our hospitals. We want to offer privacy and dignity through more private rooms and create the space for our staff to care for patients in the way they would like.

The positive impact of this work will reach further than new hospitals. It will deliver sustained economic benefit to a region with significant socioeconomic challenges, attracting investment and jobs. It is also a key element of delivering our local NHS's vision of offering patients complex care closer to home, improving community health and wellbeing services and the overall experience for local people.

We do not yet know what our new hospital facilities will look like or where they will be located. Our proposals will be led by the needs of our patients, staff and local people. We will be guided by clinical opinion, experience, robust scientific evidence and data, along with the power of feedback, ideas and the imagination of our local communities.

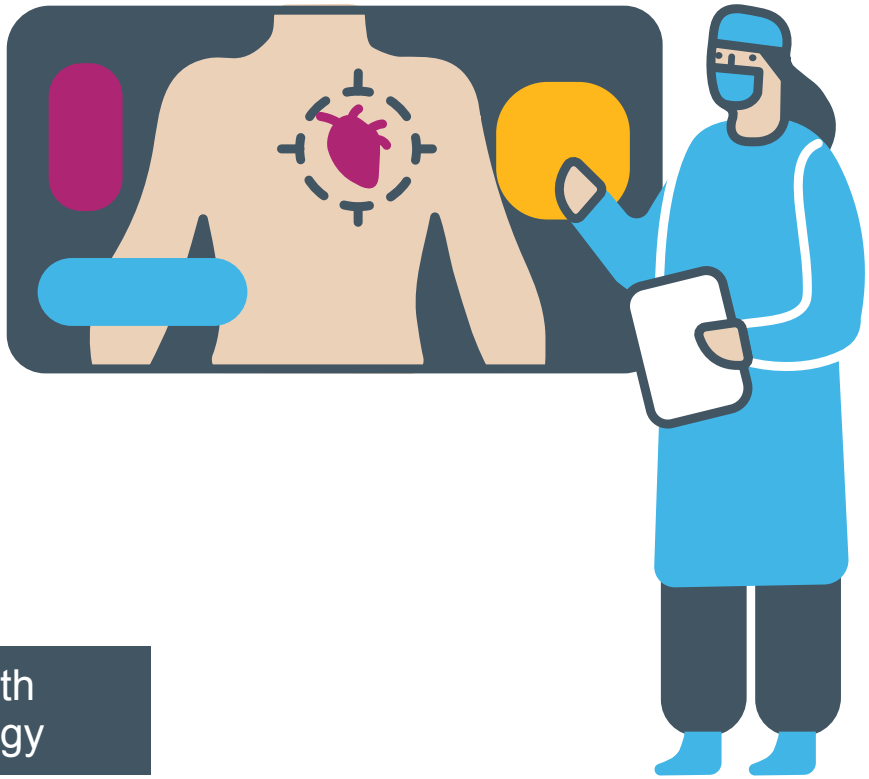
Hospitals have the power to transform our region. We want to use this opportunity to achieve just that, working together to help local people live longer, healthier lives.

Section 5

Lancashire and South Cumbria Health and Care Partnership

Lancashire and South Cumbria Health and Care Partnership (our region's integrated care system) is committed to improving health and wellbeing and delivering better care for all. To achieve this, the integrated care system 'Healthier Lancashire and South Cumbria' strategy has outlined the ambition that local people will:

- Have longer, healthier lives
- Be more active in managing their own health and wellbeing to maintain their physical independence for longer
- Be supported to keep well both physically and mentally
- Be central to decision making
- Have consistent, high quality services across Lancashire and South Cumbria
- Have joined up services and support, which are easier to navigate and access
- Have services and support that are responsive to local need
- Have equal access to the most effective support with reduced waiting times



Directly supporting the Health and Care Partnership strategy

New hospital facilities will support the delivery of these goals. Although it will take up to 2030 to plan and build new hospital facilities, we believe that the prospect of better, more agile hospital facilities, designed to accommodate the region's changing population demographics and health needs, will support the delivery of these goals in the short term by increasing staff morale, recruitment and retention.

The development of new hospital facilities will also indirectly but significantly, impact on the wider determinants of health and wellbeing by attracting investment into the region and contributing to the number of high-quality jobs available in the local community.

The knowledge that new, modern hospital estate will be available in the near future will also enable our clinical teams to plan delivery of the latest cutting-edge therapies and treatments. Health systems will adapt to be ready to work with the latest technology and approaches delivered within the new hospital infrastructure, with the further incentive of being part of a health network that will deliver higher standards of care across Lancashire and South Cumbria.

This work will directly align to the Health and Care Partnership's strategic ambitions of delivering joined up support enabled by digital technology and helping reduce waiting times through more efficient, effective treatment and care, contributing to local people living longer, healthier lives.

The strategy predicts that by 2025, local people's experience of health and care in our region will have improved. We believe that the realistic prospect of new hospitals will contribute to this, and that, once built; our new hospital infrastructure will sit within an evolved health and care landscape and will continue to contribute to delivering the Health and Care Partnership's ambition. Some of Lancashire and South Cumbria's most significant health risks are: coronary heart disease, stroke, Chronic Obstructive Pulmonary Disease (COPD) circulatory disease, cancers and deaths from causes considered preventable are worse than the England average. When people experience these conditions at a chronic level, they require hospital-based care.

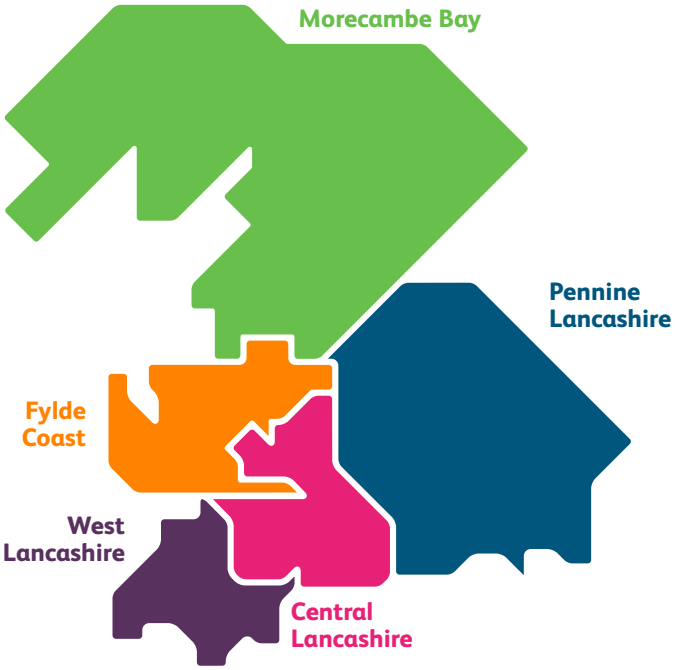
Specifically, new hospital facilities will align with the delivery of the Health and Care Partnership's strategy as follows:

Health and Care Partnership ambition for 2025	Contribution of new hospital infrastructure (post-2030)
Local people will be:	**Local people will benefit from:**
More active in managing their health and wellbeing and decisions they make which affect them	Use of modern hospital quality resource to assist people to manage their own conditions in partnership with the NHS
Supported to improve their long term health and wellbeing	The impact of the NHS and Health and Care Partnership's work to improve long term health and wellbeing
Living well before they die, in the place of their choice in peace and dignity	Use of digital and other monitoring technologies to increase patient choice about where they are treated, limiting the isolation many feel during hospital treatment
Using technology to manage their health	
More involved in decision making in their area	Adoption of governance and accountability practices that empower the voice of the most vulnerable (both in the build and the delivery phase of these facilities
Making best use of local housing and leisure services by connecting with integrated community teams	
Living in dynamic, empowered communities where people can live, work and thrive	Creation of shared facilities that can be enjoyed by the entire local community to enhance their wellbeing (such as gyms, allotments etc.)
Benefiting from more co-ordinated and joined-up care	
Receiving care from hospitals, which provide networks of services, with sustainable staffing levels and consistent pathways	Provision of economic opportunities and well-paid jobs to local people and, as a key anchor institution, play a full part in civic life
Supported to live longer, healthier lives with earlier diagnosis of conditions and advice on prevention	Delivery of acute health interventions when required, as part of an overall package of care
	Provision of facilities for higher-level diagnostics and expert advice (in region)

Health and Care Partnership ambition for 2025	Contribution of new hospital infrastructure (post-2030)
Staff will be:	**Staff will benefit from:**
Happier, healthier and more resilient	The opportunity to plan where and how the new facilities are appointed
Provided with a wider range of roles and support to develop new skills and capabilities	New facilities, which cater specifically to staff wellbeing
Working in integrated community teams, delivering targeted and coordinated physical and mental health care to their local neighbourhoods	New challenges, opportunities and roles for the next generation of staff in our region
Better able to support people they care for, through greater access to data shared by partners	Mental and physical health delivered as part of a seamless package of care
Attracted into working and living in Lancashire and South Cumbria	New facilities specifically designed to allow experts to collect, analyse and share data
	Opportunities for staff to learn and develop and for and patients to thrive
	The ability to offer equal or better working conditions, only deliverable with new hospital facilities
Partners will be:	**Partners will benefit from:**
Able to demonstrate how public sector organisations have supported economic development and innovation, resulting in employing local people into new and different jobs in health and care	Delivery of economic growth and employment, and creation of new and different jobs in health and care
Able to demonstrate that they are getting the best value health and care	New facilities designed to be sustainable and meet modern standards of efficiency
Confident in the evidence of improving life expectancy and reducing inequalities in the most deprived neighbourhoods through our approach to population health	New hospital facilities able to deliver better therapies and treatments, extending the lives of many individuals and improving life expectancy overall
Able to demonstrate how health and wellbeing has been considered in public policies such as education, housing, economic development, transport and retail	Better access for the most deprived
	Significant contribution to the overall calculation of greater value added (GVA) to the region as a whole

Working in partnership with the wider health system

The Lancashire and South Cumbria Health and Care Partnership is made up of five Integrated Care Partnerships (ICPs) across the wider geography, which are working together under the integrated care system vision to improve healthcare services across the region. They are:



Each local health and care partnership contains a number of Primary Care Networks (PCN). There are 41 PCNs bringing together 202 GP practices. The PCNs are aligned to wider public and voluntary sector services within their neighbourhood. Our geography is diverse, ranging from the city status of Preston to highly remote communities such as Barrow-in-Furness.

The New Hospitals Programme will need to work in tandem with PCNs and GP practices to ensure new hospital infrastructure is fully integrated and networked with future primary care arrangements. This access is critical to the delivery of better health outcomes for the region as a whole.

Specific attention must be given to retaining and improving access to acute services for people from the most economically deprived and educationally under-attaining council wards in the region. These geographic areas are strongly aligned to the areas that suffer the most ill-health. Working closely with the PCNs and GP practices in these areas will be significant in helping us understand how we can work creatively to help address this problem.

We will be actively seeking ideas about how the New Hospitals Programme can help address some of the lifestyle contributors to ill-health. For example, can hospitals play a role in reducing prevalence of smoking, supporting people with weight loss and increasing physical activity, and reducing alcohol consumption, through coordinated health promotion activity and behaviour change programmes?

The care, treatment, services and experience delivered by our local hospitals is a fundamental component of our region's ability to deliver on the Health and Care Partnership's strategy for local people. As such, the New Hospitals Programme is closely aligned to the integrated care system's ambitions and approach, with the needs, views and feedback of local people a fundamental part of shaping proposals.

Demographic demands and trends

Lancashire and South Cumbria's hospitals serve a population of 1.8m across a diverse range of communities with widespread health inequalities. Our region's challenges are significant and well documented.

Our region faces a greater burden of mental and physical ill-health than the rest of England, along with deep socioeconomic challenges. 20% of our population live in the 10% most deprived communities and the number of people in fuel poverty, children living in poverty and economic inactivity rates are higher than the rest of the country. With this lies a risk that opportunities to improve outcomes result in digital exclusion, and this applies to our older population.

The number of people living in Lancashire and South Cumbria is predicted to rise, with the largest proportional increase expected in our older population: the 65 plus years population is projected to see a 21.8% increase between 2018 and 2030.[4] The elderly population is fundamental in terms of cost: rising numbers will create a significant proportional impact on operational and financial pressures.

Advances in medical technology and practice mean that more children are surviving with conditions that would not have been viable a few years ago. Although the population of under 19s is not increasing, the complexities of these conditions have a consequence in terms of higher costs of care.

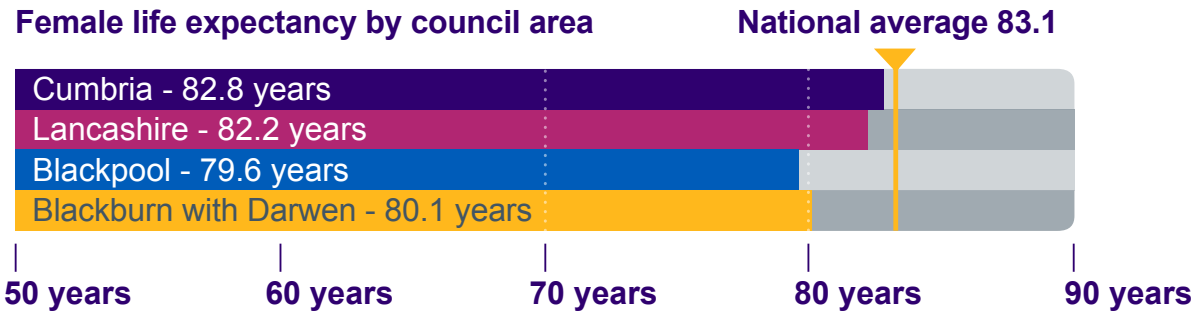
An ageing population and advances in medical technology mean that the demand for specialised services is increasing more rapidly than other parts of the NHS.[5] In Lancashire and South Cumbria, we expect a 28% increase in cancer diagnosis in the next ten years.

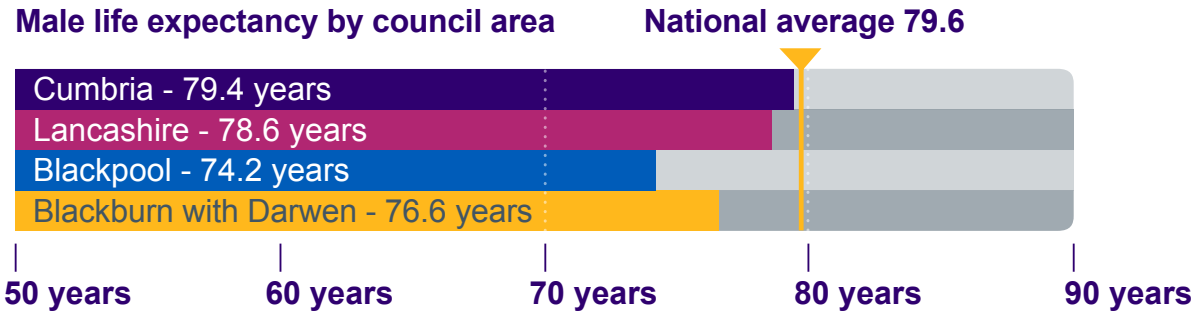
4 Lancashire and South Cumbria Health and Care Partnership (2020). Our Clinical Strategy: Creating a Healthy Population. Available from: **https://www.healthierlsc.co.uk/ClinicalStrategy**

5 **https://www.england.nhs.uk/commissioning/spec-services**

Life expectancy

Men and women in Lancaster, Preston and Barrow-in-Furness all have lower average life expectancy than the England average. Access to top quality acute hospital facilities can, of course, have a dramatic live saving effect for an individual.





Source: Public Health England Fingertips tool

Our diverse communities

9% of residents in Lancashire and South Cumbria are from ethnic minorities. While this is lower than the England average (14%), Pennine Lancashire ICP (15.3%) is above the England average. Our ethnic minority population is rising and is of significance in terms of health service provision. Ethnic minority groups are more likely to report ill-health and experience ill-health earlier and have more requirements for specialised care.

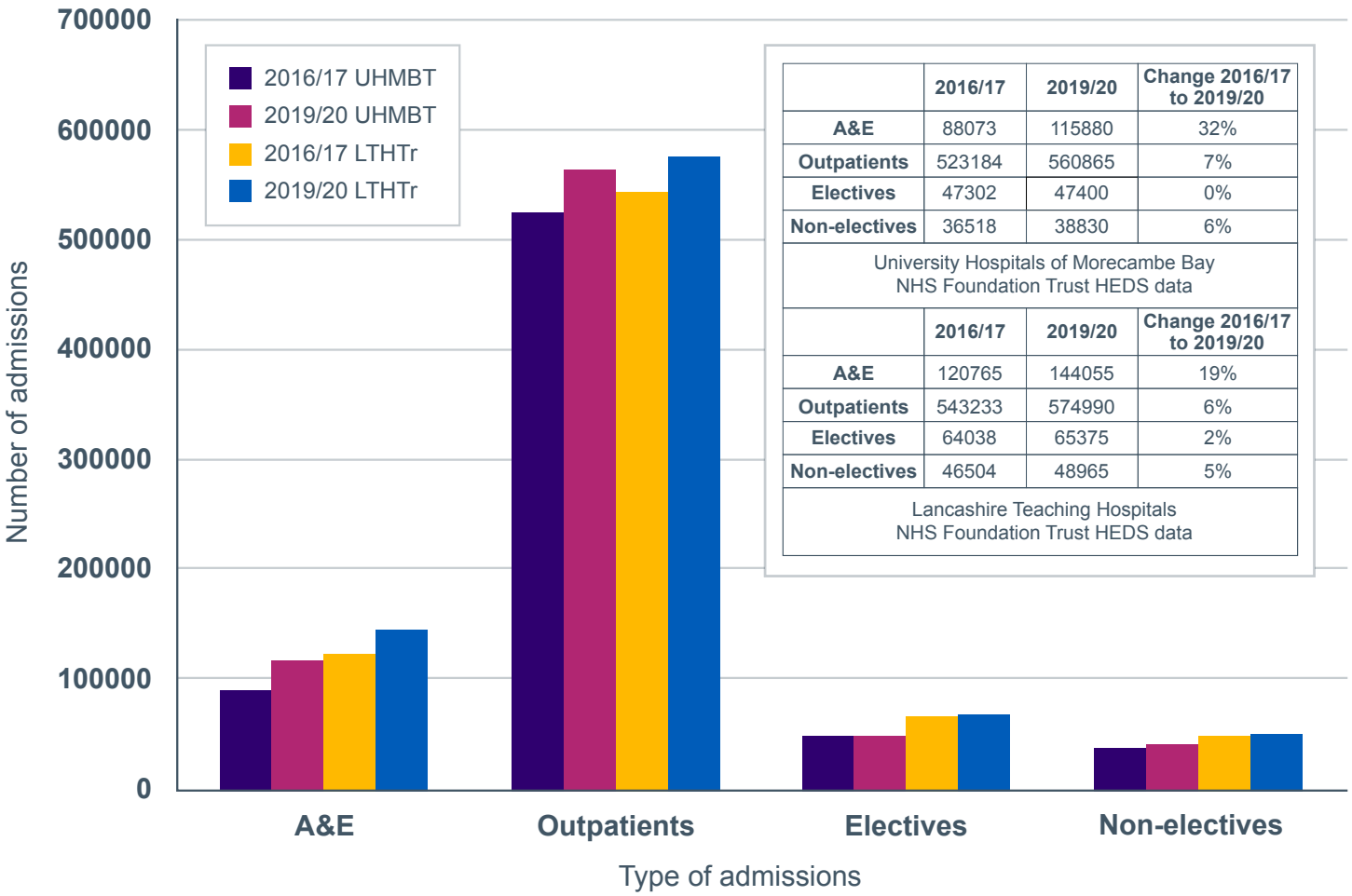
Health outcomes

Health outcomes in Lancashire and South Cumbria are significantly worse than the national average, with unexplained variation in outcomes for people with conditions such as cancer, coronary heart disease and mental health. The region also performs worse than the national average on several metrics relating to infants and children. Prevalence rates for long term conditions are also higher than national averages.

Demand

The demand for our hospital services already exceeds the capacity available. **Figure 2** shows activity by point of delivery and site and trends over the last three years. Most notable is the rising number of emergency admissions and emergency department attendances, which continue to rise year on year.

Figure 2: Hospitals Episode Data (HES) Data for Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals Morecambe Bay NHS Foundation Trust (UHMBT): change from 2016/17 to 2019/20 for outpatients, electives, A&E and emergency care.



	2016/17	2019/20	Change 2016/17 to 2019/20
A&E	88073	115880	32%
Outpatients	523184	560865	7%
Electives	47302	47400	0%
Non-electives	36518	38830	6%

University Hospitals of Morecambe Bay NHS Foundation Trust HEDS data

	2016/17	2019/20	Change 2016/17 to 2019/20
A&E	120765	144055	19%
Outpatients	543233	574990	6%
Electives	64038	65375	2%
Non-electives	46504	48965	5%

Lancashire Teaching Hospitals NHS Foundation Trust HEDS data

Admissions data

Figure 3 shows that the over 65s comprise over 62% of bed days. This figure is 70% of bed days at some sites. This cohort of the population is frailer, with complex co-morbidities and the elderly spend longer in hospital when they are admitted. We know that hospital is not the best place for our older residents; they can quickly become deconditioned and institutionalised within an acute setting.

Figure 3: Occupied bed days (OBDs) for over 65 population by site for UHMBT and LTHTr

	LTHTr OBDs		UHMBT OBDs			
Age	**Royal Preston Hospital (RPH)**	**Chorley and South Ribble Hospital (CSRH)**	**Royal Lancaster Infirmary (RLI)**	**Furness General Hospital (FGH)**	**Westmorland General Hospital (WGH)**	**Total**
65+	159,846	55,598	98,930	76,750	16,003	409,007
	52%	**72%**	**67%**	**71%**	**76%**	**62%**
Total	305,843	76,999	146,859	108,860	21,071	661,751

UHMBT has a higher length of stay that its peer comparators, and specific challenges in key areas of trauma and orthopaedics (T&O) - fractured neck of femur was highlighted by the Care Quality Commission (CQC) - and elderly medicine.

Our projected bed capacity requirements

Demand and capacity modelling, using population forecasts to 2039 and target bed occupancy rates of 85%, predicts a 20% rise in bed requirements due to our increasing elderly population. **Figure 4** shows that RLI and RPH will require 128 and 229 additional beds without intervention.

Figure 4: Expected increase in occupied bed days and beds for UHMBT and LTHTr

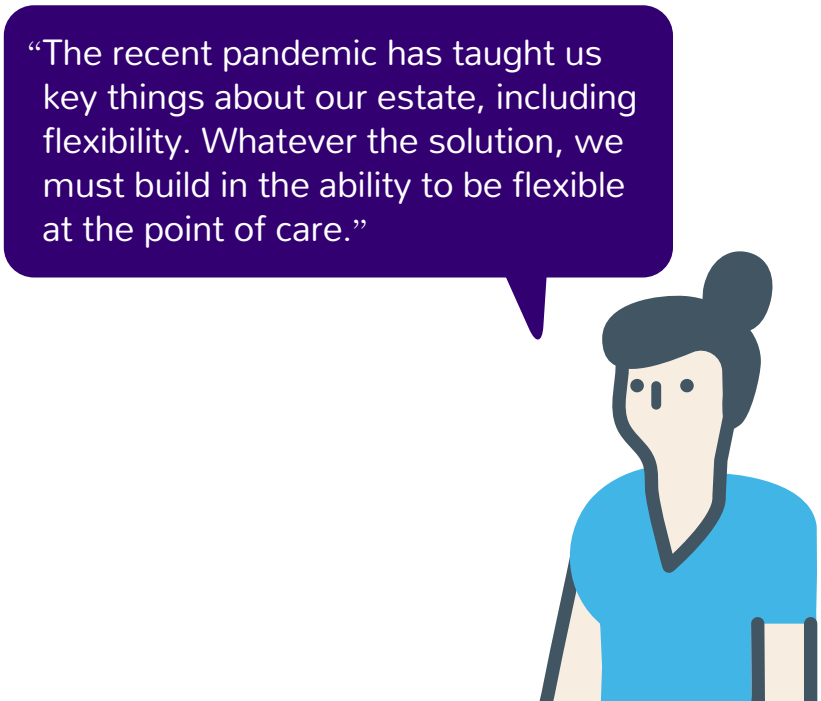
Hospital	RPH	CSRH	RLI	FGH	WGH	Grand total
Total beds 2019/20	1,023	253	492	359	73	2,206
Total beds 2038/39	1,252	339	620	456	93	2,770
Increase in beds	229	86	128	97	21	564
% increase in beds	18%	25%	21%	21%	22%	20%
Hospital	**RPH**	**CSRH**	**RLI**	**FGH**	**WGH**	**Grand total**
Total beds 2019/20	306,051	76,563	147,946	108,103	20,830	661,610
Total beds 2038/39	376,592	103,086	187,495	138,001	27,001	835,133
Increase in bed days	70,541	26,523	39,549	29,899	6,172	173,523
% increase in bed days	19%	26%	21%	22%	23%	21%

We do not expect that the New Hospitals Programme will address the entire capacity shortfall. Patient flow improvements and realising our integrated care system ambitions for care closer to home are also expected to redress some of this balance. Indeed, a number of reviews have demonstrated that, with the right alternative levels of care available out of hospital, hospital bed days could be reduced:

- At UHMBT, 28% of admissions and 61% of stay days could be managed in a non-acute setting if suitable alternative services were available, indicating scope for a large shift of inpatients to out-of-hospital care.
- For LTHTr, 18% of admissions could be avoided if suitable alternative services were available.
- 30-40% of A&E attendances involved no investigation, with no significant treatment or had the lowest level of investigation and treatment; these could have been seen in an alternative care setting at Royal Preston Hospital and Royal Lancaster Infirmary.

However, transformation of services and public health policy alone will not address these challenges or drive fundamental change. A radical approach is needed, with investment in hospital infrastructure a critical enabler of this.

The Lancaster Royal Infirmary and Royal Preston Hospital buildings were not designed to care for patients with complex co-morbidities. The age, condition, and poor functional content of these facilities means that we cannot respond even to existing pressures on demand. We need modern, flexible and adaptable infrastructure that will be able to accommodate future demand and enable the transformation of services.



Section 6

Our hospitals

Our hospitals are some of our region's most significant assets. They are anchor institutions providing healthcare and employment to 40,000 people.

We have now reached a critical situation with the condition of some of the estate: the depth and extent of problems at Royal Lancaster Infirmary (UHMBT) and Royal Preston Hospital (LTHTr) are unparalleled. They make up some of the worst hospital estate in the North West, if not the country.

Furness General Hospital located in Barrow-in-Furness is a geographically isolated area with significant population health needs, and is a major local employer. This area also houses some of the UK's major strategic national assets. The sustainability of this site is a vital consideration for the New Hospitals Programme.

Investment in our infrastructure is essential. Without it, services could fail, impacting on our population's health, economic prosperity and the sustainability of other providers which cannot absorb the additional demand. **Figure 5** below shows all hospital sites across our region.

Figure 5: Map of NHS hospitals across Lancashire and South Cumbria

Our estate

In this section, we outline the condition of our estate and the impact this has on our ability to deliver the highest standards of care and experience for our patients and staff.

Our estate restricts our capacity to provide high-quality safe, efficient and cost-effective services for our patients and impacts our ability to attract and retain staff.

- Royal Preston Hospital has suffered from decades of under-investment. 70% of clinical facilities date from 1970s to 1990s and, as a result, experience serious dilapidation
- Backlog maintenance costs total £157m
- Demand exceeds capacity across all clinical areas, and aged buildings lack flexible capacity leading to congestion and overcrowding
- Non-compliance with Health Building Notes – space and single room provision (19%)
- Poor clinical adjacencies and lengthy circulation spaces
- Some tertiary services have developed and expanded without fully being able to meet all the estate requirements
- Independent appraisal has confirmed 80% of the site requires redevelopment or demolition over the medium to long term
- Limited potential to redevelop the current site in a way that is practically achievable and compliant with the Government's New Hospital Programme.

Royal Lancaster Infirmary has suffered parallel underinvestment, with 65% of facilities constructed before 1985:

- Backlog maintenance costs total £88m – this is predominantly relating to the condition of the estate
- Running costs double that of a new build at £442/m2 due to the age of the site; running costs involve replacement i.e. lifecycle costs over maintenance
- Site is configured over a challenging topography – access is particularly challenging for those with a disability and transport to some parts of the hospital (separate ward blocks) is only possible by ambulance at £500,000 per year cost to the Trust
- The estate fails to meet many HBN standards – single room provision is only 50% of the recommended standard and less than a third of our ambition for 70% single rooms
- Car parking is desperately insufficient across both sites

Furness General Hospital requires investment over the longer term due to its strategic importance as a provider of healthcare services to a geographically isolated population:

- Backlog maintenance costs total £63m
- Investment is needed restore the condition of the estate together with isolated investments to satisfy the health needs of the population over the longer term
- Significant challenge to meet modern carbon emission standards on this estate
- Car parking is desperately insufficient across both sites

The need for new hospitals is unequivocal. The age, condition and poor functional content of the current hospital estate means that we must address this critical need if we are to serve both the current and future needs of our local population, and meet the NHS's net zero carbon ambitions. Loss of these services would have a deep impact on the health and wellbeing of the communities we serve.

Estate overview

Royal Preston Hospital

Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr)

LTHTr serves a local population of 400,000 in Central Lancashire and 1.5m people accessing specialised services. The Trust employs 7,000 staff. LTHTr operates from two main sites:

1. **Royal Preston Hospital** was built in stages between 1975 and 1983 and includes services that transferred from Preston Royal Infirmary (which closed in 1990) and Sharoe Green Hospital (which closed in 1992). Royal Preston Hospital is a major trauma centre and the main provider of specialised services for our region.

2. **Chorley and South Ribble Hospital** began as a cottage hospital in 1893 and has had a range of developments over its history, the most notable being a Nucleus Hospital block opening in 1997.

LTHTr's two sites offer good accessibility via motorway links from the M6, M61, M65 and M55. The journey distance between the hospitals is 13.6 miles, with a 20-30 minute journey time by car.

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT)

UHMBT serves a population of approximately 360,000 across the Morecambe Bay ICP area and employs 7,500 staff.

UHMBT operates from three sites:

1. **Royal Lancaster Infirmary (RLI)** hospital services moved to the current site in 1896, on a steeply sloping ground that had several previous uses. The hospital was extended in 1929. One of the administration office buildings, still in use today on the upper part of the site, was previously the railway terminus for the city before it moved in 1849. The original building has Grade II Listed status under Planning (Listed Buildings and Conservation Areas) Act 1990, as amended, for its special architectural or historic interest. The main hospital building (Centenary) is a Nucleus Hospital block, which opened in 1996, but several wards are in older and separate buildings.

2. **Furness General Hospital (FGH)** opened in 1984, replacing four local hospitals.

3. **Westmorland General Hospital (WGH)** opened in 1992, replacing cottage hospital buildings nearby in Kendal.

Motorway access to the sites is limited due to the rural geography, with road networks of A-roads at best. According to Google maps, car travel times between the sites are 31 minutes (WGH to RLI), 51 minutes (WGH to FGH) and 1 hour 15 minutes (FGH to RLI).

Royal Lancaster Infirmary

Furness General Hospital

Overall concerns about our estate's condition

Because of concerns around the extent of dilapidation and functional obsolescence, of the principal sites being considered for change (RPH and RLI) the Trusts have commissioned property condition surveys to inform their immediate priorities and medium to long estates strategies. Figure 8 sets out the site-specific running costs and area of the estate.

We have set out the results of these surveys on a site-by-site basis around some common key themes.

"We know the current situation with the estate is unsatisfactory with reports of poor patient experience, low staff morale and increasing demand. The current model is unsustainable. It is time to reflect and make radical changes. We have a once-in-a-lifetime opportunity to completely redesign our hospitals."

Common key themes

(i) **The age of our estate:** Over 65% of clinical facilities date from 1970s to 1990s and as a result experience serious dilapidation. The age profile of the sites is shown in **Figures 6 and 7.**

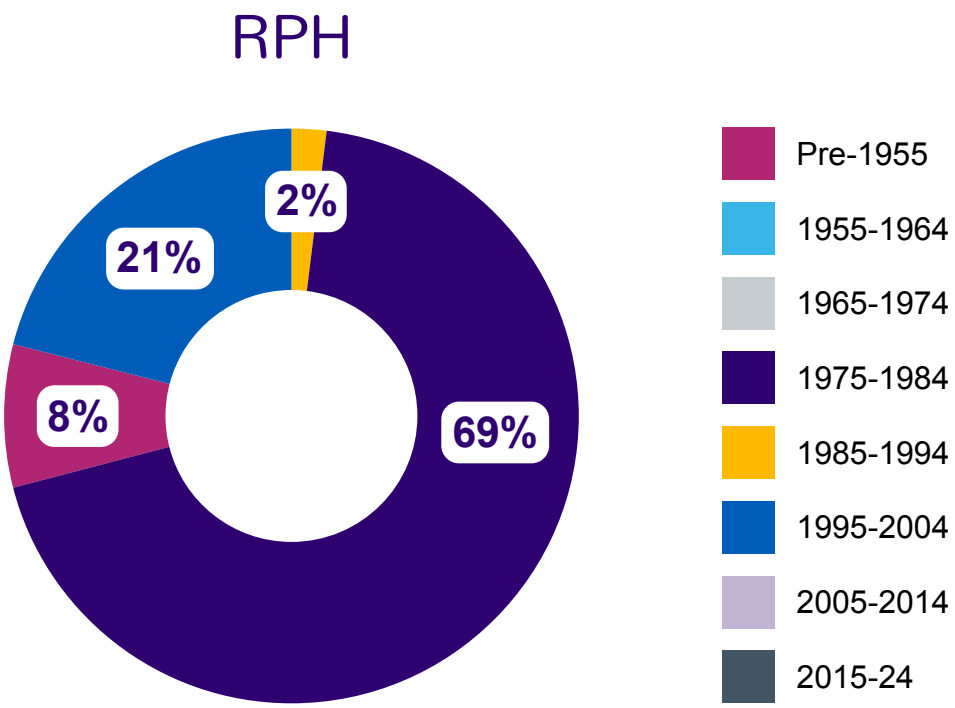


Figure 6: The age profile of Royal Preston Hospital site

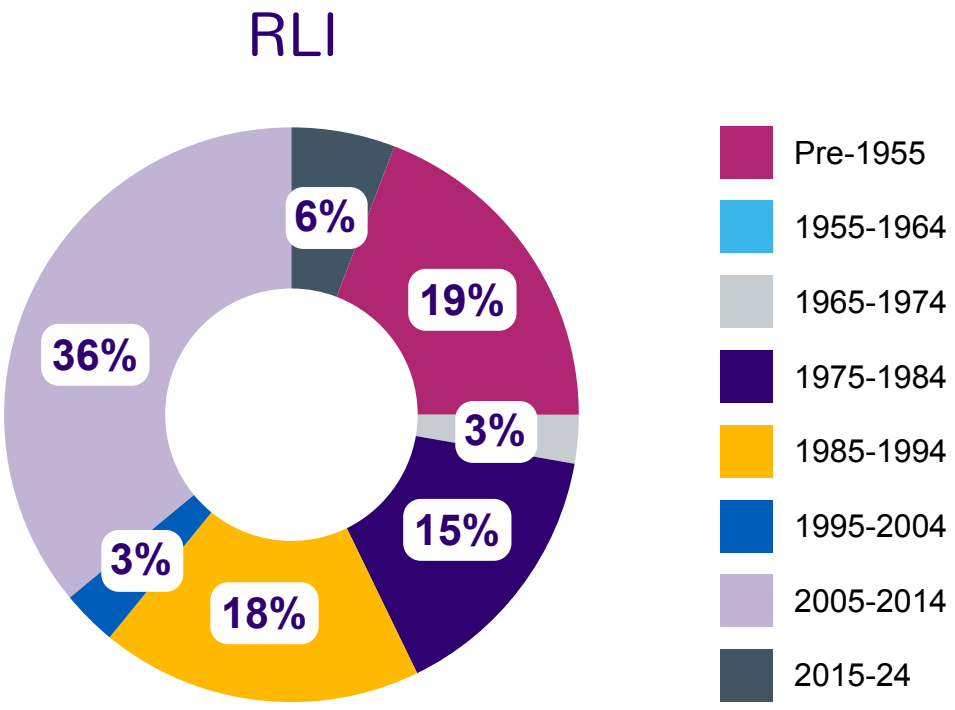


Figure 7: The age profile of Royal Lancaster Infirmary site

Common key themes

(ii) There are **high backlog maintenance costs** across all sites, with £157m for Royal Preston Hospital and £88m for Royal Lancaster Infirmary. A full condition survey has been carried out on each of the sites: these figures are shown in **Figure 8** below and indicate the investment that would be required to return the site to operationally sound.

Figure 8: Backlog maintenance and investment required

Areas	RPH	CSRH	RLI	WGH	FGH
Provider	LTHTr	LTHTr	UHMBT	UHMBT	UHMBT
Site (HA)	20		8	8	15
GIFA (sq m)	123,294		55,882	23,824	45,376
Backlog (£m)	157	5	88	25	63
Estate running cost per year (£m)	30		25	6	17
Estate running cost (£ per sq m)	243		447	251	375
Bed stock	708		426	65	351

(iii) Due to the age of the buildings, spaces **lack flexibility and capacity.** Entrances, waiting areas and circulation spaces built 40 years ago were not designed for the current volumes of patients so become congested and over-crowded. Capacity in clinical areas is constrained: this impacts on distancing and infection control, adding clinical risk.

(iv) Corridors are also elongated, at times creating a **travel distance of 1km** for our patients and staff. Corridors remain too narrow, making it a challenge to safely move patients around the hospitals and navigate day-to-day hospital traffic.

Royal Preston Hospital

Common key themes

(v) **Poor clinical adjacencies** add to the running costs - from more portering to the downtime experienced by clinicians as they wait for patients to arrive from distant areas.

(vi) **Car parking** is consistently highlighted as a concern in our feedback from staff and patients. There are approximately 2,000 car parking spaces at Royal Preston Hospital. This is not sufficient for our workforce, so around 1,000 staff members are required to park off-site and use Park and Ride services. At Royal Lancaster Infirmary, there are 460 spaces for the 2,809 staff based there, with limited Park and Ride facilities. There are no electricity charge points at either site.

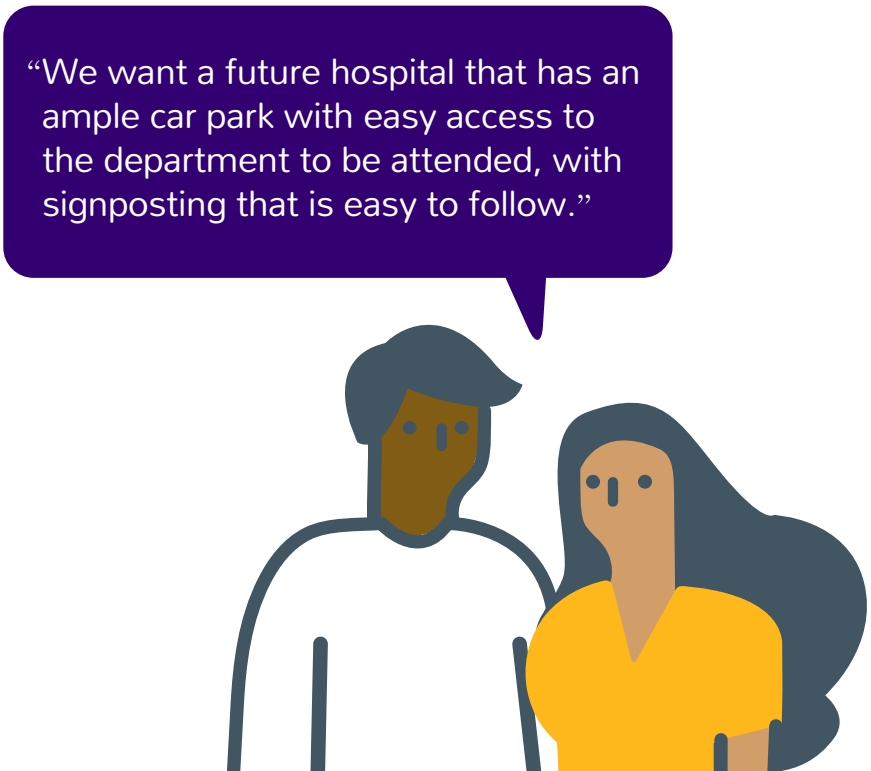
(vii) The sites **do not comply with Health Building Notes standards** for space and single room provision. Space compliance issues are specific to each of our sites; however there are specific shortcomings in single room and en-suite facility provision. These remain well below the national average of 30% and 21%, respectively. Our ambition for our patients is 70% single room occupancy (HBN requirements are 50%). Single room capacity is important as it:

a. Creates flexible capacity which can be used to segregate / isolate and adapt for other uses such as increased acuity of care

b. Ensures privacy and dignity

c. Improves infection control

d. Can accommodate new technology and equipment



Common key themes

(viii) The current estate does not enable separation of **elective and non-elective flows.**

(ix) **Lack of decanting space:** a modern hospital is designed with sufficient space to allow clinical units to be decanted during refurbishment or improvement. Neither Royal Preston Hospital nor Royal Lancaster Infirmary has useable space to allow this. Every time a ward is upgraded or reconfigured, a very slow programme takes beds out of the hospital capacity for months. Upgrading technical clinical areas (such as operating theatres and endoscopy units) may require modular replacements unit at very considerable cost causing further parking and accessibility issues.

"I was at Guys recently and saw their fantastic new build - loads of single rooms with all the privacy and advantage this gives to patients and visitors and they had overcome the issue of being able to see the patient from the central nurses' bay. They have several stations that are less noisy and in line of sight for all patient rooms and loads of diagnostics all monitored from the stations – brilliant."

Further detail: Royal Preston Hospital site

Services provided

Royal Preston Hospital (RPH) provides a full range of district general hospital services including: Emergency Department (ED); critical care; general medicine including elderly care; general surgery; oral and maxillo-facial surgery; ear nose and throat surgery; anaesthetics; children's services; and women's health and maternity. It also provides several specialist regional services including: cancer; neurosurgery and neurology; renal; vascular; plastics and burns; rehabilitation; and is the major trauma centre for Lancashire and South Cumbria.

Site layout

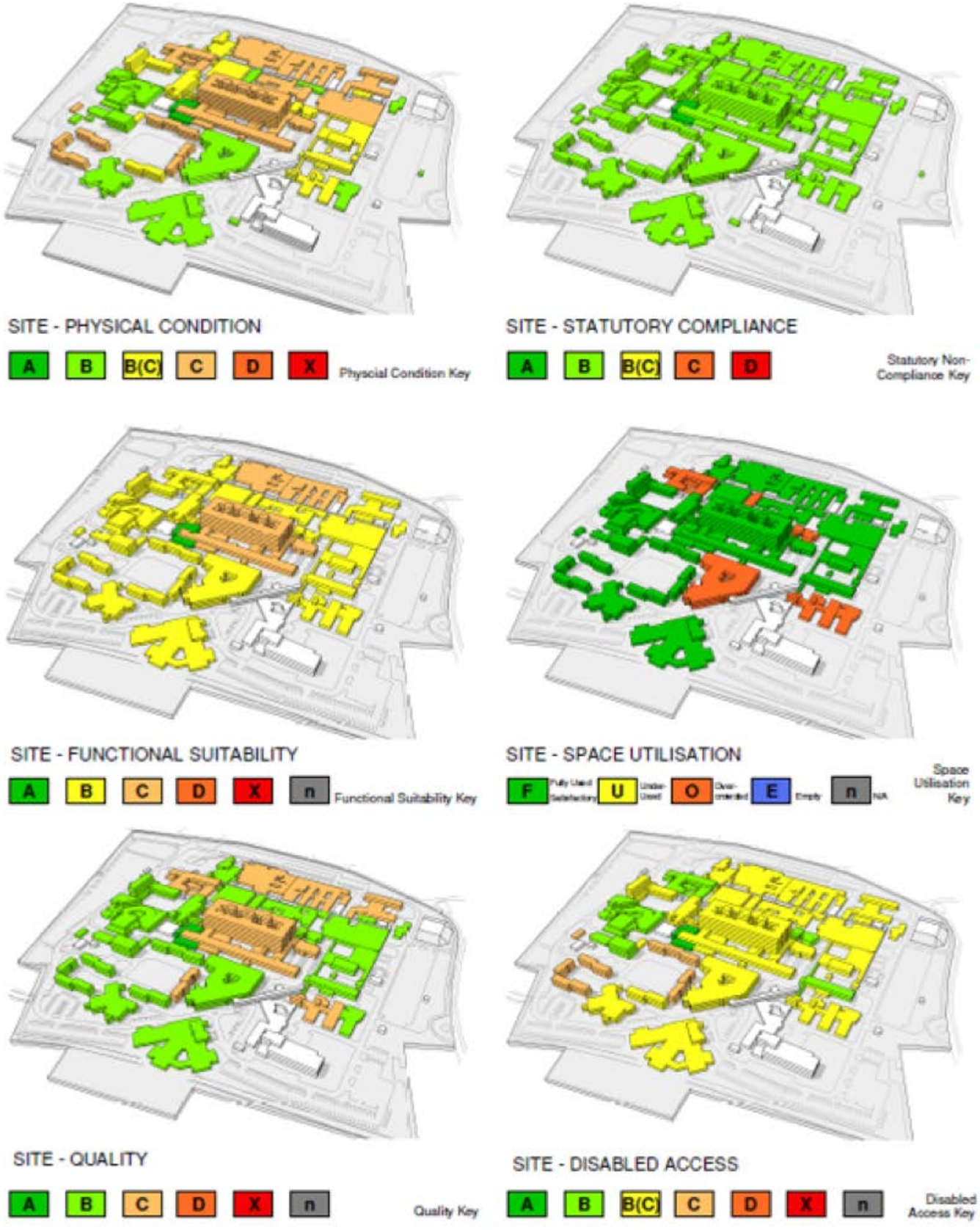
RPH has developed in a largely opportunistic manner, with the majority of the estate planned to 1950-60s specifications and built in the 1970s and early 80s. The site is landlocked with little space to extend.

Condition

Backlog maintenance totals £157m and is the highest of all sites. This is the investment required to return the estate to an operationally sound condition. Over a third of these costs are related to the site's basic functional suitability due to changes or expansions in service provision within buildings designed for another purpose. The six-facet survey highlighted that a significant proportion of the buildings is characterised as poor in three categories: physical condition, functional suitability and quality.

"In Royal Preston Hospital we have episodes of flooding into clinical areas due to the age and condition of some parts of our hospital. This has resulted in operations being cancelled and damage to clinical equipment. Episodes of flooding are unpredictable, and result in some occasions of clinical care being delayed."

Figure 9: Results of the six-facet survey for Royal Preston Hospital illustrates the physical condition, functional suitability and quality of the estate – a significant proportion is characterised as poor in all three of these categories



Compliance

Health Building Notes (HBN) standards

The Royal Preston Hospital site does not comply with modern building standards for space:

Almost all operating theatres and all day case theatres at RPH are well below the HBN recommended size of 55sqm. The rationale behind these space requirements is to enhance flexibility in accommodating new technology. Supporting scrub, anaesthetic and sterile preparation rooms are up to 75% lower than HBN capacity requirements. **Figures 10 and 11** detail this.

Compared to the HBN standard, a typical 28-bed ward at RPH would need to increase capacity by 220% to comply with current space standards, as illustrated in **Figure 10**.

Specific matters of concern

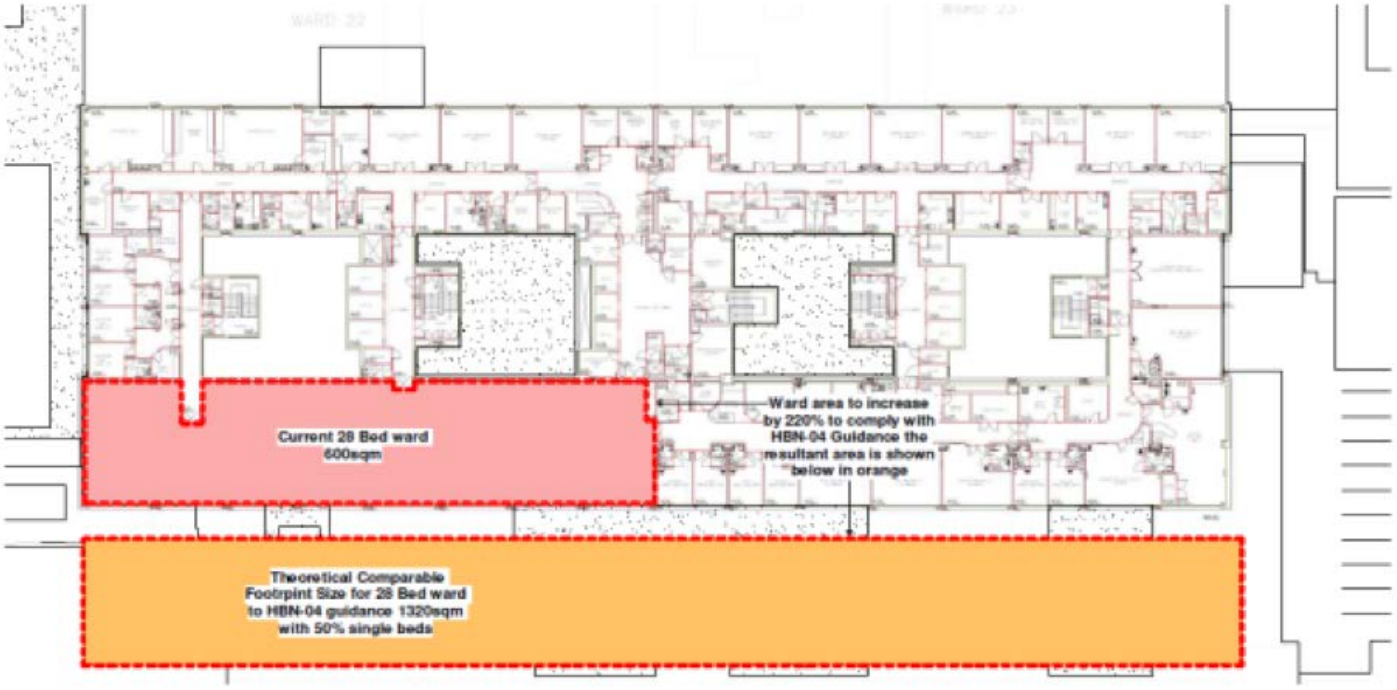
- Day case capacity
- Single room accommodation
- Tertiary (highly specialised) service capacity

Figure 10: Comparison of current day case theatre capacity and supporting functions with HBN 26 requirements.

Room type	Current (sq m)	HBN 26 (sq m)
Operating theatre	35.6 – 43	55
Anaesthetic room	16	19
Scrub up and gowning – three person room	8	7
Preparation room	7.5	12

Room type	Theatre A (sq m)	Theatre B (sq m)	Theatre C (sq m)	Theatre D (sq m)	HBN 10-02 (sq m)
Operating theatre	30	18	30.62	31.17	55
Scrub room	8.37	0	9	7.77	11
Anaesthetic room	15.46	0	15.31	20	19
Sterile preparation	8.24	0	14.27	6.94	12
Dirty utility (serving one theatre)	8.37	0	8.13	7.17	12

Figure 12: Example of increased ward space required to meet HBN space requirements within the existing ward block at Royal Preston Hospital



Single room accommodation

19% of beds are single rooms

11% of beds have en-suite facilities

Capacity for tertiary services

Tertiary services have developed and expanded at LTHTr without being fully able to meet all the estate requirements of these highly specialised services.

Future of the Royal Preston Hospital site

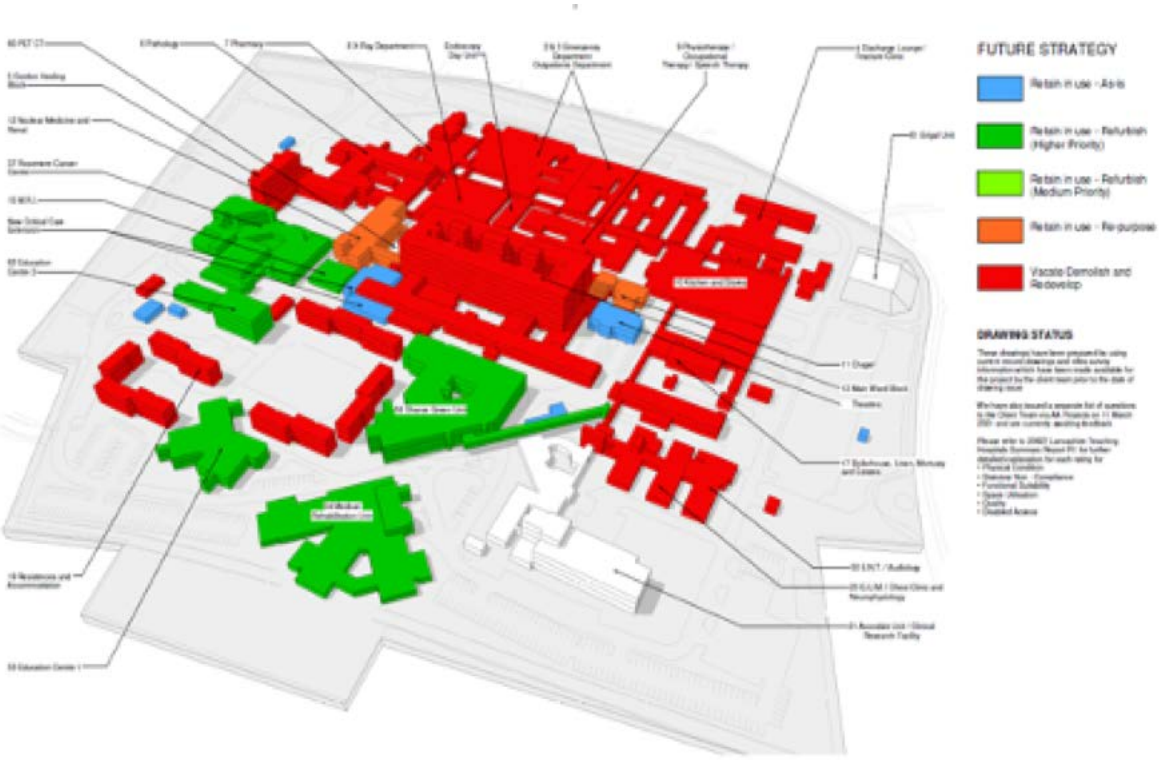
The Royal Preston Hospital site has been independently assessed as 80% requiring demolition or redevelopment, significantly limiting opportunity for refurbishment.

The site is congested, with limited development space available and gaining planning consent could be challenging. **Figure 13** shows the redevelopment profile. The need for investment is unequivocal to support the viability of services provided from this site and to provide the quality of care and experience our patients deserve.

"The Neurology ward is in a unit not physically connected to the main hospital site. This results in patients requiring an ambulance transfer within the grounds of the Royal Preston Hospital to move from the Neurology ward to the main hospital building. This provides a poor patient experience, and the reduced amount of ward space available has resulted in this location for the regional Neurology ward."

The need for investment is unequivocal to support the viability of services provided from this site and to provide the quality of care and experience our patients deserve.

Figure 13: Development Control Plan for Royal Preston Hospital: long term



Further detail: Royal Lancaster Infirmary site

Services provided

Royal Lancaster Infirmary (RLI) is UHMBT's principal hospital, providing a range of general acute hospital services with an Emergency Department, critical coronary care units and various consultant led services. RLI also provides a range of planned care including: outpatients; diagnostics; therapies; maternity and day case and inpatient surgery.

Site layout

The Royal Lancaster Infirmary (RLI) comprises around 20 separate buildings of varying sizes and ages. Most but not all the buildings are linked by long passages, with some buildings separated from the main complex by public highways. Consequently, staff and patients must make longer journeys than is desirable, leading to poor experiences of care and significant operational inefficiencies. Several services are provided in temporary buildings offering poor quality accommodation and others are past their useful life. Most of the site is on a slope, which in some areas is too steep for patients to be safely moved except by ambulances. The hospital lacks an obvious main entrance, which can be confusing for patients and visitors.

Condition

The overall backlog maintenance is around £88m. The six-facet survey (illustrated in **Figure 14**) shows that the majority of this relates to the physical condition of the estate. Some of the estate has limited functional suitability, which is challenging to address in old estate. Space utilisation is a specific issue, with some overcrowding.

The topography of the RLI site provides some challenges around suitability and movement / accessibility between buildings and departments, particularly for patients of reduced mobility, but this was excluded from the six-facet survey.

"Royal Lancaster Infirmary is bursting at the seams, there is no room to expand, parking is insufficient and emergency vehicles have to travel through a congested city centre."

Compliance

Health Building Notes (HBN) standards

The RLI site does not comply with modern building standards for space.

Operating suite floor areas are non-compliant for all areas: Theatres at RLI are well below the HBN recommended size of 55sqm and space requirements for an anaesthetic room, preparation room, scrub up and gown or dirty utility are not met. **Figure 14** shows this.

Figure 14: Comparison between RLI operating theatre space and HBN space requirements

Room type	Current (sq m)	HBN 26 (sq m)
Operating theatre	38.4	55
Anaesthetic room	15	19
Scrub up and gowning – three person room	9.9	11
Preparation room	7.6	12

- Multi-bedded bays predominate which exceed the current Health Building Notes (HBN) standard of four beds as a maximum. At RLI there are many seven to ten bedded bays in the Centenary Building, with six bedded bays in Medical Unit 2.

- The resus bay within the Emergency Department is non-compliant and not fit for purpose. 20m^2 would be the minimum standard for a resus bay in addition to having a larger cubicle for bariatric patients. The resus bay highlighted in **Figure 15** is 11m^2.

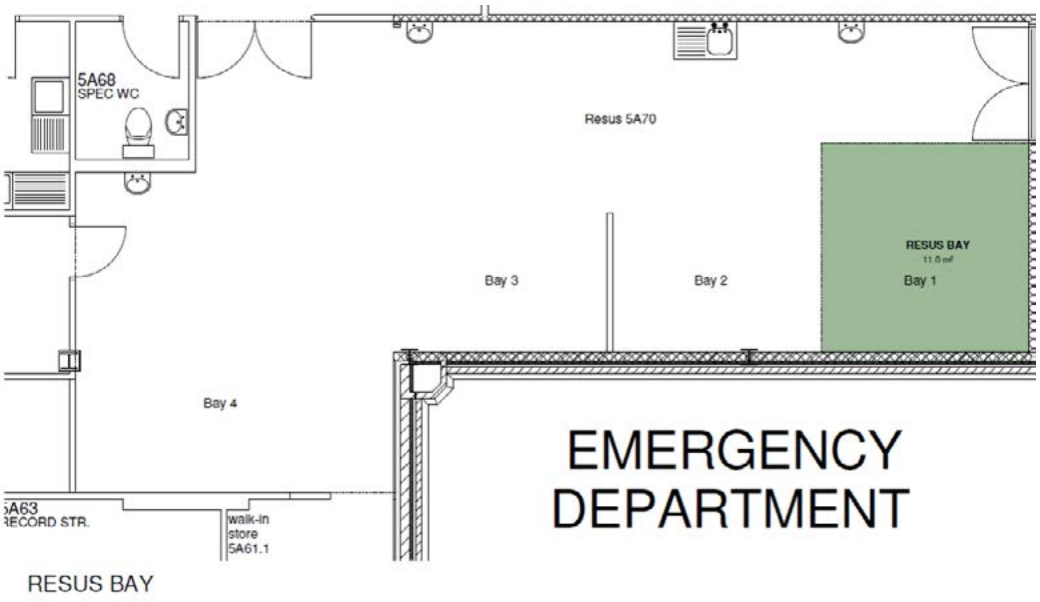


Figure 15: The resus bay is 11m^2. Given today's standards the cubicle would be deemed non-compliant and not fit for purpose.

- Ward areas are non-compliant with HBN requirements. **Figure 16** illustrates the space required to meet these within an existing ward block at RLI.

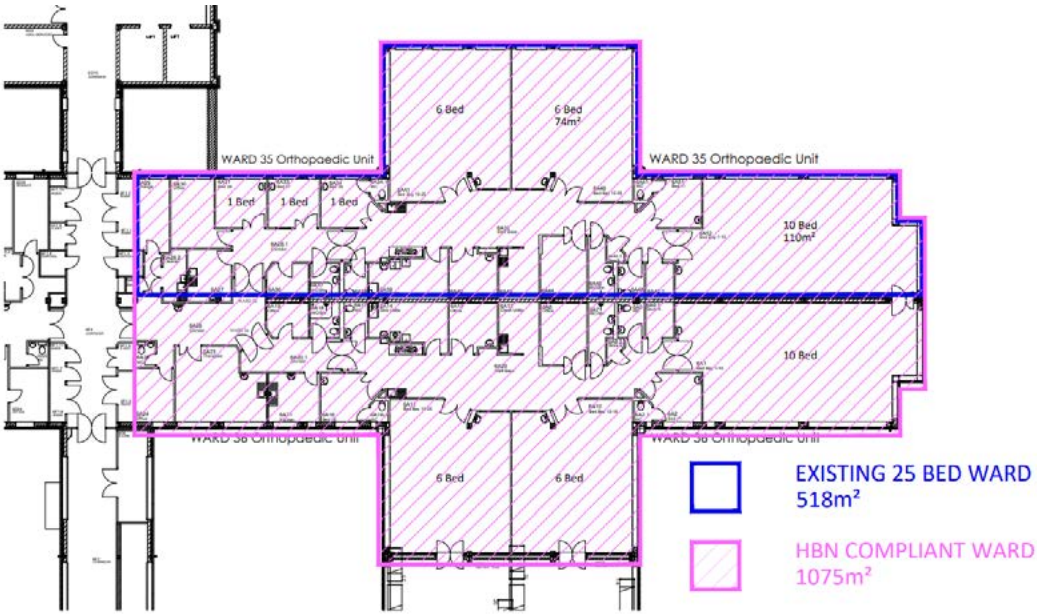


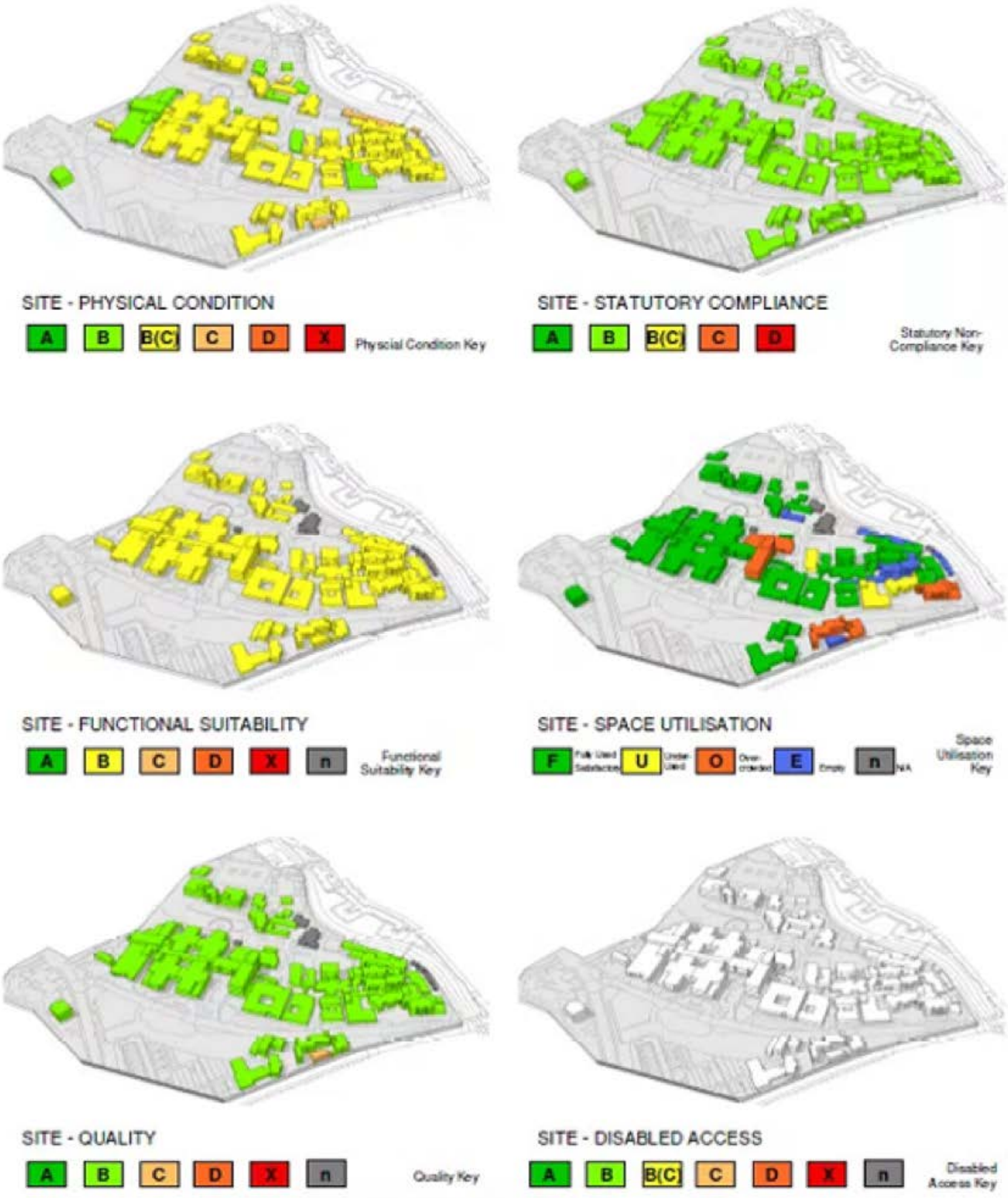
Figure 16: An existing ward at RLI compared with an HBN compliant ward

- Sluice provision is limited and does not meet HTM standards of one sluice per 14 beds. This often results in sewage leaks due to inadequate plumbing capacity.

- The air handling units in many of the theatres are beyond their appropriate life span and external inspections have highlighted this issue. Units are often on the roadside and are exposed to wildlife including birds when recommendations state that they should be protected and away from roads / transit routes.

- Electricity supply does not currently meet national standards.

Figure 17: Results of the six-facet survey for Royal Lancaster Infirmary - the physical condition of a high proportion of the estates is rated poor



Specific matters of concern

- Running costs
- Single room accommodation
- Flexibility and capacity
- Clinical adjacency
- Fabric of the building

"The ward is not connected to the main hospital and requires the patient to be transferred within an NHS or private ambulance. Over a three-month period, we had 130 ambulance transfers out of hours, 28 of these patients either had diagnosed dementia, undiagnosed dementia, delirium or cognitive impairment and 11 of the total had a definite diagnosis of dementia."

Running costs

RLI has estate running costs of £442/ m^2: these are double equivalent benchmark (new) sites. This is a result of limited investment over the years, but moreover due to requirements for replacement over maintenance costs because of the age of the buildings.

Single room accommodation

28% of beds are single rooms - with 11% en-suites, compared to an HBN requirement of 50%. Many of the patient toilet facilities are inadequate partition-style facilities, with two or three toilets in one room. These create a significant risk of infection, in addition to providing a poor patient experience and lack of privacy.

Many are not wheelchair accessible and the toilets are too low, requiring an additional seat raiser, which is a risk similar to the use of a commode. If integral shower and toilet facilities were available for each multi-bed bay or single room, then partial closures would be possible, increasing our bed capacity and ability to cope with outbreaks.

Flexibility and capacity

Our ability to manage demand has been constrained by the inflexibility of the estate. This was highly apparent during Covid-19, when oxygen and electricity supply could not be increased to meet surges in demand. Oxygen supply is identified as a critical area of investment across the estate.

For example, the Emergency Departments were not designed for the level of demand they are currently experiencing: the RLI ED has a capacity of 40,000 per year, with actual attendances at around 60,000. FGH ED capacity is 25,000, but actual attendances are around 36,000.

Clinical adjacency

The radiology department, medical assessment unit and surgical assessment unit are not co-located with the Emergency Department. Endoscopy and maternity theatres are also further from the Critical Care Unit than HBN standards would ordinarily mandate.

In-patients can only travel between some of the buildings by ambulance due to the incline - this costs UHMBT £500,000 per annum.

Fabric of the building

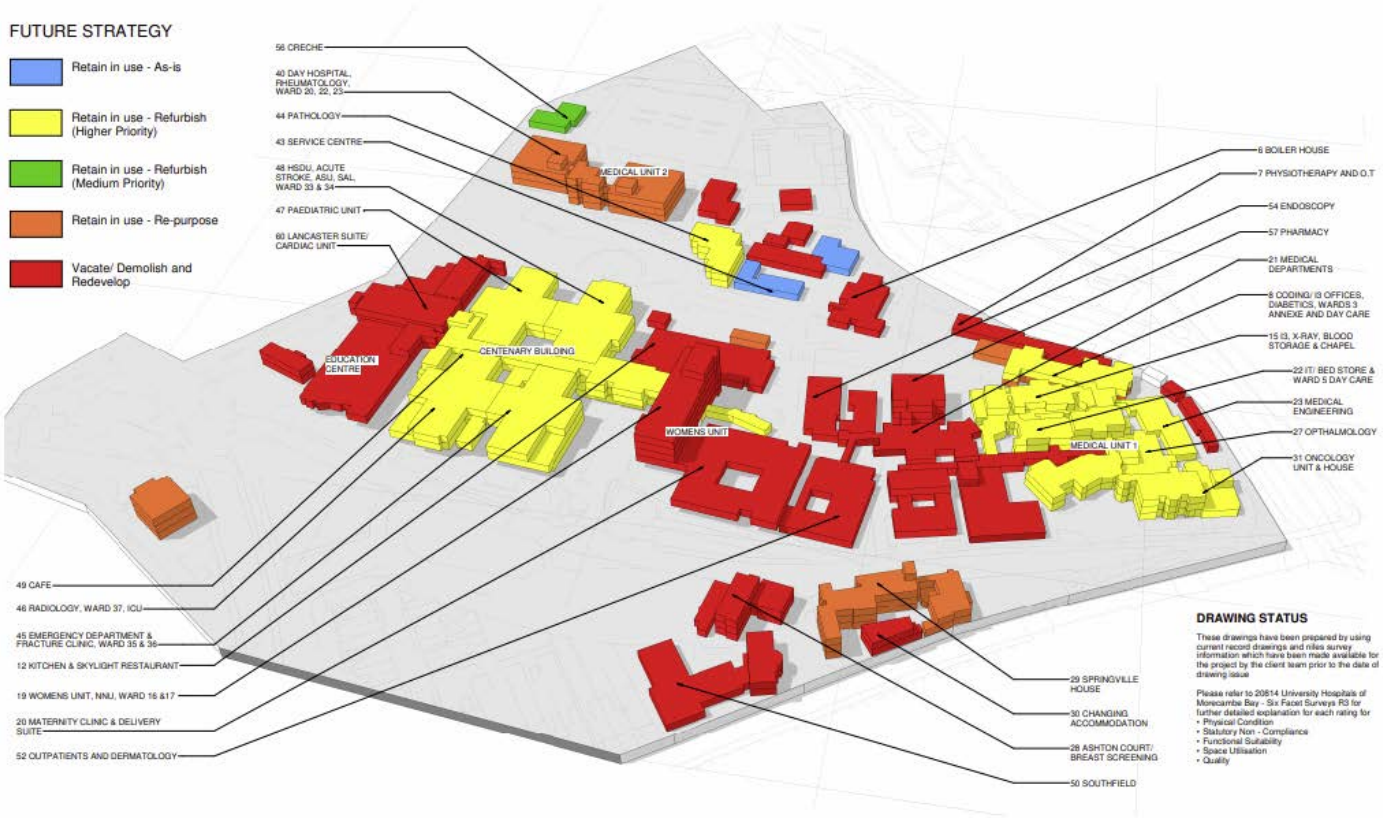
Many of the wards and departments are very worn, with surfaces that are not intact and, as such, are unable to be adequately decontaminated.

Future of the Royal Lancaster Infirmary site

Figure 18 shows the medium to longer term development control plans for the RLI site.

Over 50% of the estate is requiring demolition and the majority of the remaining site will require refurbishment if it is retained in use. There is a powerful case for investment in new estate.

Figure 18: Development Control Plans for the RLI site



The Furness General Hospital site

Services provided

Furness General Hospital (FGH) provides a range of general acute hospital services, with an accident and emergency (A&E) department, critical / coronary care units and various consultant-led services. FGH also provides a range of planned care including: outpatients; diagnostics; therapies; maternity and day-case and inpatient surgery.

Site layout

The FGH site has a reasonable amount of strategic expansion space available. Some of the land is currently used inefficiently. There is an opportunity to reduce the percentage of the site currently set aside for non-patient facing activities to increase and improve the estate for patients.

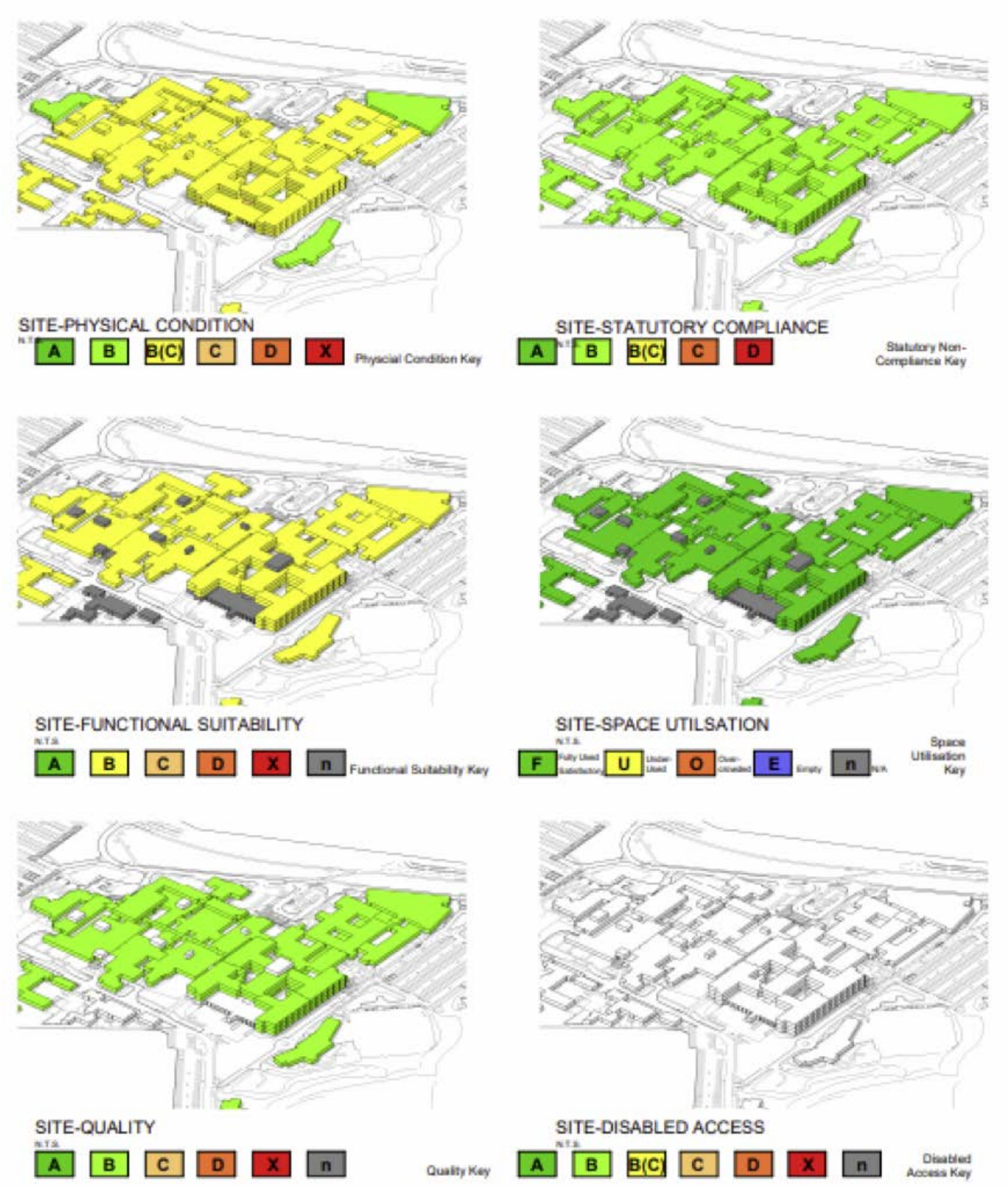
Condition

Facilities at Furness General Hospital are generally more modern than at Royal Lancaster Infirmary and the site has good functional compliance. This is illustrated in **Figure 19**, which shows the results of the six-facet survey.

Key challenges and specific investment needed to meet the future heath needs of the local population that can be addressed in line with the strategic priorities of the national New Hospital Programme include:

- Significant backlog maintenance, which requires attention. This includes an element of physical condition and lifecycle works, which are required to return the estate to condition B as per the six-facet survey. Furness General Hospital has estate running costs of £375/m^2.
- The estate fails to meet some HBN standards and capacity requirements. In particular, the Critical Care Unit / High Dependency Unit. Our ambition is to improve the environment for patients and staff, including increasing the single room provision.
- The geographic location of FGH is remote, meaning it is essential we accommodate the latest digital technologies and robotics to create an agile network of care across the region.

Figure 19: Results of the six-facet survey for Furness General Hospital illustrates the physical condition, functional suitability and quality of the estate is categorised as good



Future of the Furness General Hospital site

Figure 20 shows the medium to long term development profile for the FGH site. The overall quality of the estate is good – there is no medium to long term need for redevelopment or replacement of the site that is as pressing in absolute terms as at RPH and RLI.

However, there is a strong case for investment to support its future sustainability in the context of its strategic importance in the provision of services to the population of Barrow-in-Furness and its proximity to major strategic national assets.

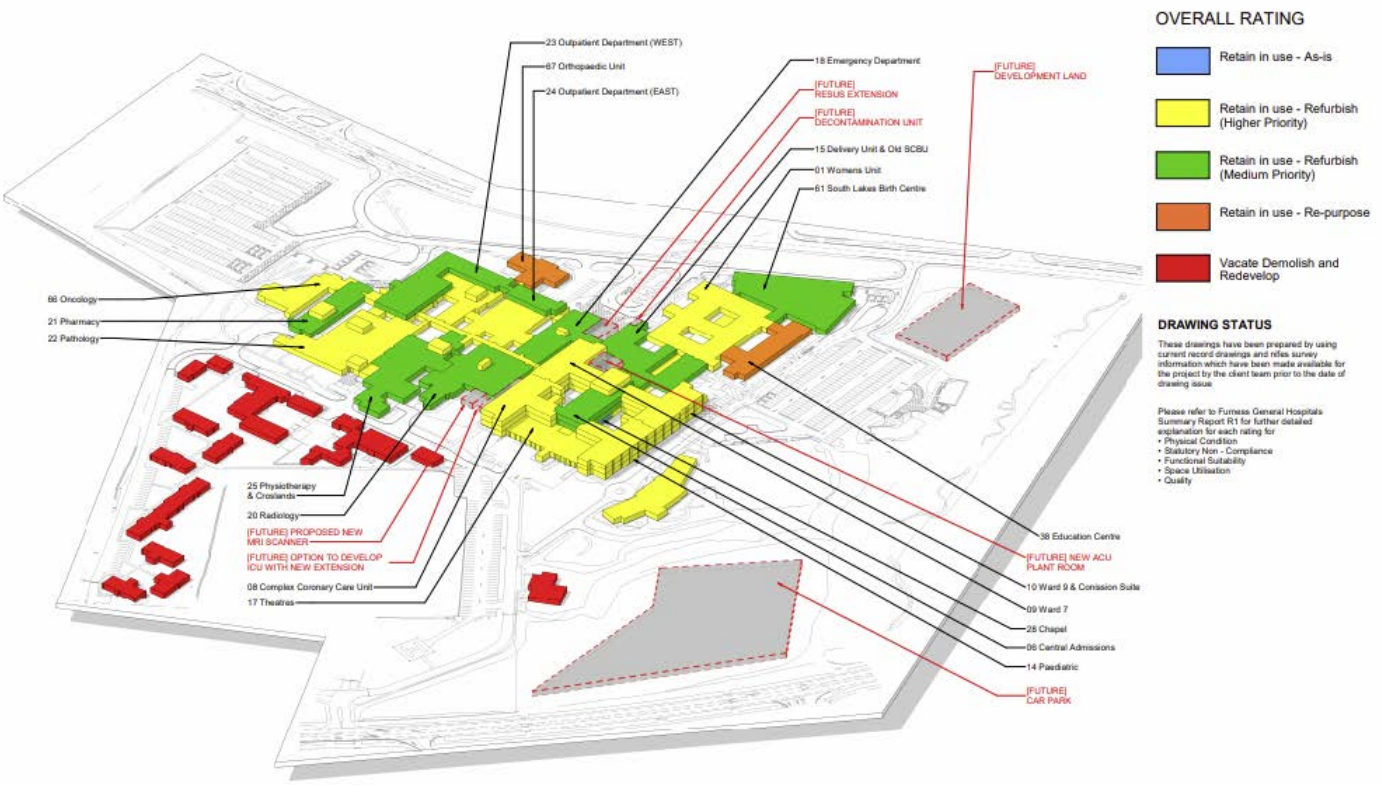


Figure 20: Development Control Plans for the FGH site

Section 7

Delivering the Lancashire and South Cumbria Clinical Strategy

The New Hospitals Programme sits within the wider transformation of Lancashire and South Cumbria's integrated care system and is a long term enabler to delivering the Healthier Lancashire and South Cumbria vision. There is a system-wide recognition of the need to work differently to achieve clinically sustainable services across primary and community care, urgent and emergency care, hospitals and specialist care to improve outcomes for the people of Lancashire and South Cumbria.

There are higher than expected levels of emergency admissions in the region, compared to the national average. Residents are 12% more likely to be admitted for all causes, 28% more likely for coronary heart disease and 27% more likely for Chronic Obstructive Pulmonary Disease (COPD). Mortality rates (for under 75s) is greater for 50% of counties in Lancashire and South Cumbria compared to the North West region average (388 per 100,000).

The integrated care system's Clinical Strategy has set out three principle aims:

1. **Improving health and wellbeing**
2. **Delivering better joined up care closer to home**
3. **Safe, sustainable high-quality services.**

The Clinical Strategy outlines its priorities in response to the NHS Long Term Plan and the future health needs of our population across six key programme areas shown in **Figure 15**.

Figure 15: Clinical strategy priorities (highest priority integrated pathways for improvement are indicated with **)

1 Health and wellbeing of our communities

- Prevention and health education
- Population health management
- Anticipatory care

2 Living well

- Self and personalised care
- Integrated place based care
- Intermediate care
- Mental health**
- Learning disability and autism**
- Maternity and children's services**

3 Managing illness

- Collaboration, shared services and networks
- Planned and elective care **
- Specialist and acute care

4 Urgent and emergency care

- Emergency care **
- Urgent care **
- Mental health urgent assessment centres

5 End of life care, including frailty and dementia

- Care of the elderly
- Ending life well
- Palliative care

6 Maintain a healthy and happy workforce

- Compassionate leadership and systems development
- Positive employment experience
- Opportunities for all
- Building a sustainable workforce

The New Hospitals Programme will support the long term future development of our clinical priorities, including single shared services or specialty networks, which will be based on:

A single service approach across Lancashire and Cumbria, delivered from a specialised hub and with outreach across the network to provide care locally where possible

Or

Services provided from one central site as part of a single service offer for Lancashire and South Cumbria, in order to meet the volumes and co-location required to meet national standards

Or

Single service offers achieving standards across more than one site.

The Lancashire and South Cumbria Provider Collaborative is already transforming services and exploring the benefits to patients and staff of networks and greater collaboration. Our Major Trauma Network has facilitated significant improvements to access and sustainability of these services.

Further work is taking place to inform our long-term clinical services strategy. Some of these plans may require engagement and / or consultation.

"These are complex and ambitious plans and we need to look beyond individual organisations to consider the structure of services across the whole system."

Specialised services

The Lancashire and South Cumbria Provider Collaborative is already transforming services and exploring the benefits to patients and staff of networks and greater collaboration. Our Major Trauma Network has facilitated significant improvements to access and sustainability of these services.

Further work is taking place to inform our long-term clinical services strategy. Some of these plans may require engagement and / or consultation.

Specialised services in Lancashire and South Cumbria

- Vascular surgery
- Neurosciences, including neurology, neurosurgery and neurorehabilitation
- Major trauma
- Adult critical care
- Renal
- Cardiology and cardiothoracic services
- Hepatobiliary and pancreatic diseases (HPB)
- Haematology – autologous bone marrow transplant
- Specialised cancer surgery: Chemotherapy, radiotherapy, SABR (Stereotactic Ablative Body Radiotherapy)
- PET-CT (Positron emission tomograph – computed tomography)
- Critical care
- Cystic Fibrosis
- Specialised respiratory including Interstitial Lung Disease
- Specialised HIV (human immunodeficiency virus), Hepatitis C
- Neonatal care
- Perinatal mental health
- Inpatient mental health
- Sexual Assault and Referral Centre (SARC)

While some specialised services can only be delivered at a national or cross-Lancashire and South Cumbria level, some of our patients travel long distances to access care when:

(i) **We could expand choice for patients by providing services closer to home,** where there is the expertise, volumes and ability to deliver outcomes in line with national standards.

(ii) **There could be opportunities for further specialist services to be provided in Lancashire and South Cumbria,** where they have historically been provided elsewhere. Further work is required to understand this, but potentially some services in cardiac, neurosciences and haematology could be provided in Lancashire and South Cumbria. For example, in cardiology, there are out of area flows for Implantable Cardioverter Defibrillator (ICD) and Electrophysiology services.

Achieving this will require consideration of the models of care. Tier 1 specialised services account for around 7% (around £32m) of the total and typically could be delivered in region.

We cannot achieve this with our current infrastructure because we do not have:

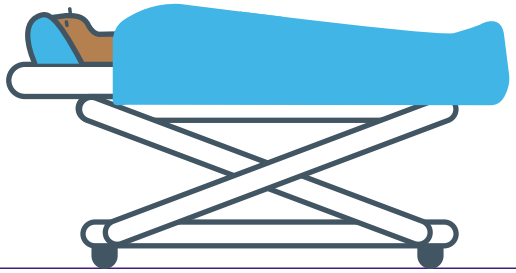
- The capacity for specialised and support services, including the associated workforce. We have previously outlined how specialised services have expanded at Royal Preston Hospital over time without the required physical space.
- The flexible capacity to accommodate services that are changing with rapidly advancing technology.
- Single room capacity to ensure the highest standards of infection control, in particular for cancer patients.
- The required capability to accommodate advances in digital technology to support care closer to home and networked hospital solutions.

How our estate impacts on the quality of clinical care and our patients' experience

Patients wait longer for treatment than is acceptable because of the lack of capacity in and flexibility of our estate. We are below the national average position on several key performance standards.

70%

of elective cancellations at LTHTr were due to a lack of bed capacity / equipment.

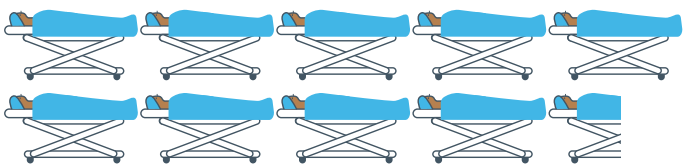


The built capacity of our Emergency Departments exceeds today's patient flows – patients wait longer for urgent emergency treatment at increased clinical risk.

Bed occupancy rates are

95%

and consistently above the National Institute for Health and Care Excellence (NICE) standards.



The standards of our facilities and lack of single room provision do not give our patients the privacy and dignity they deserve and create risk of infection.

Our poor hospital infrastructure is an important contributing factor to underperformance against key national access and quality standards. This means our patients wait longer for urgent treatment, routine surgery, diagnostics and cancer treatment than they should.

In their recent study of NHS hospital build programmes, the Nuffield Trust found significant evidence that better infrastructure and, in particular, access to a view led to quicker recovery time for the patient.

"More could have been done to incorporate well-evidenced lessons about how design can minimise noise, reduce stress, improve the staff working environment and improve outcomes and experience for patients."[6]

Royal Lancaster Infirmary's Emergency Department was built for a predicted capacity of 40,000 patient attendances per year, with actual attendances at around 60,000. Furness General Hospital's Emergency Department has an annual capacity of 25,000, but actual attendances are around 36,000. This means patients remain on corridors or in crowded waiting areas, with significant delays to admission or treatment and an added infection risk.

Royal Preston Hospital has a cancellation rate of 4%, well over the national average of 1%. 20% of patients in LTHTr were not treated within 28 days of a cancellation, twice as high as the national average of 9%. Figure 17 below shows the reasons for cancellations, with over 70% attributable to capacity or equipment. Central Lancashire has been the most challenged area for Delayed Transfers of Care (DTOC) across the Lancashire footprint, with 7.28% for LTHTr.

Figure 17: Reason for cancelled operations at LTHTr - 70% of cancellations are due to bed capacity or equipment

Reason for cancellation	Number	%
No bed on ward	**839**	55%
Overrun: complication with previous patient	**174**	11%
Overrun: emergency admission	**134**	9%
No equipment / equipment failure	**97**	6%
No surgeon	**77**	5%
No Intensive Care Unit / High Dependency Unit bed	**57**	4%
No theatre staff	**54**	4%
Overrun: list overbooked	**20**	1%
Overrun: late start	**18**	1%
Other non-clinical reason	**17**	1%
Administrative error	**16**	1%
No notes / no results	**8**	1%
No anaesthetist	**6**	0%

6 Edwards, N. Covid-19: lessons for hospital building programmes (2020). Nuffield Trust. Available from: **https://www.nuffieldtrust.org.uk/news-item/covid-19-lessons-for-hospital-building-programmes**

Bed occupancy rates

Bed occupancy rates are 95%; above the 85% rates recommended by NICE. This creates a critical safety issue at peak times and impacts on our flow.

Separation of electives and non-electives

The separation of planned and elective work is recognised best practice in achieving good flow and maximising patient experience. The current estate does not permit this. UHMBT and LTHTr are progressing plans to deliver Green Sites; however there is a shortfall of funding for Royal Lancaster Infirmary. The lack of separation of planned and non-elective work is a consistent theme across women's services at the RLI and Furness General Hospital.

Co-location of mental health facilities

We cannot provide an acceptable standard of care for patients with acute mental illness. Across all our Emergency Departments there is insufficient space to provide adequate separation. This is a key issue with attendance from patients in mental health crisis continuing to rise.

Limited single room provision

Limited single room provision and toilet and shower facilities impact on patient experience and increase risk of infection. This is evident in our hospital-acquired infection rates compared to the national average. Our patient experience scores remain good, despite the inadequacy of our facilities. Standards of privacy and dignity have been underscored by women's and children's services.

How the New Hospitals Programme will help deliver our clinical strategy

New models of acute care will be needed to deliver the clinical vision for 2030 and the integrated care system clinical services strategy sets an expectation for closer working of providers across Lancashire and South Cumbria to achieve this. Development of new hospital infrastructure will be a key enabler in delivering our long term clinical strategy, improving outcomes and delivering care closer to home for our population.

As system wide plans progress, the expectation is that acute models of care delivery will change and a significant shift left will take place as the focus moves to preventative and out of hospital care. These developments will be vital considerations for the New Hospitals Programme.

Investment in world-class hospital infrastructure around a centre of excellence with leading technology and research facilities will address these shortfalls. Furthermore, and crucially, this will provoke a much needed step-change in Lancashire and South Cumbria as an attractive place to work for the best clinical and research teams in the world.

If we can accommodate the benefits of new digital technologies, we can create a network of care, providing more specialised services in our hospitals and delivering more care close to home as part of the wider ambitions of the Lancashire and South Cumbria Health and Care Partnership.

Section 8

Our infrastructure does not support our future digital technology ambitions

The NHS in Lancashire and South Cumbria has a well-established reputation as a leader in digital technology adoption. We have already made significant progress in implementing digital innovation and our Covid-19 response is accelerating this change. More than 30% of outpatient appointments are now offered virtually and we have adopted innovations in robotic surgery. We have set out an ambitious digital strategy for change, which harnesses the benefits of technology for patients and staff, underpinned by a system wide approach.

The New Hospitals Programme is an opportunity to maximise the potential of digital in our region's hospitals to:

- **Improve operational performance**
- **Support the delivery of our sustainability**
- **Optimise patient care and experience**
- **Maximise care closer to home**
- **Support us to use our scarce resources more effectively, in particular across sites**
- **Reduce the size of the hospital estate footprint**

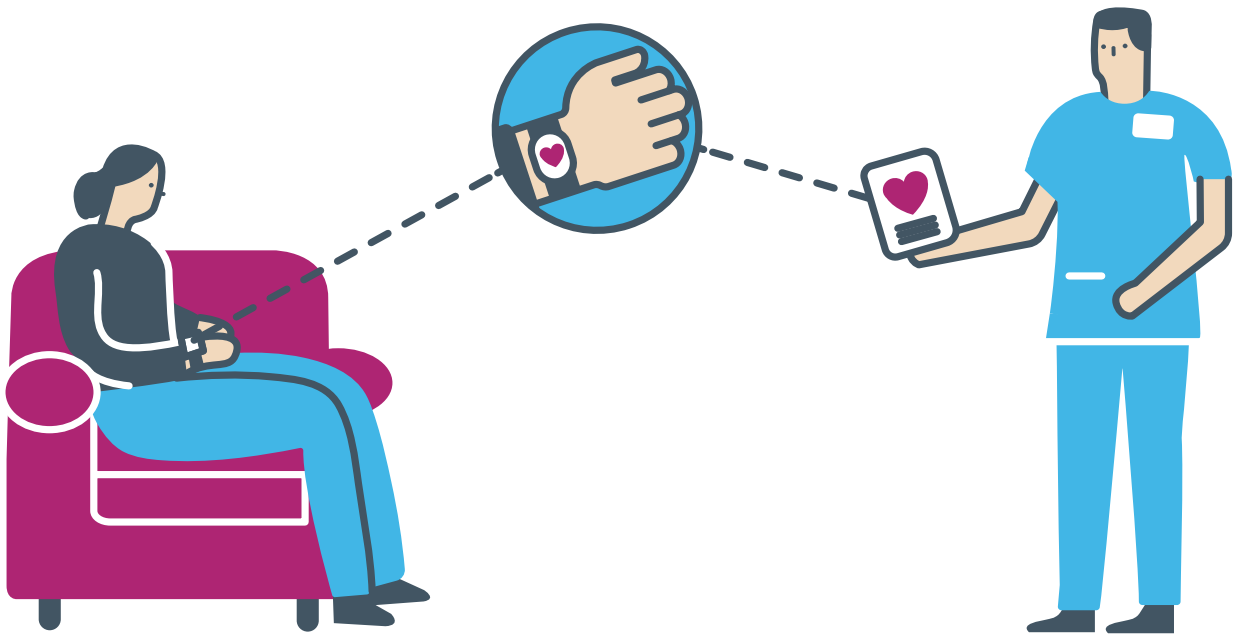
Embedding the expected impact of digital technology into the fabric of the estate will ensure that new hospital infrastructure is right-sized and will enable smart building specifications to be included from the outset. It will be a crucial enabler for delivering our ambitions as an integrated care system and for a networked system of Lancashire and South Cumbria hospitals, which can deliver care closer to home.

Digital technology will be a key enabler for realising the integrated care system ambitions and is vital for the delivery of sustainable, high quality, accessible acute care.

We have already made significant progress. The uptake in digital healthcare has been demonstrated within the population of Lancashire and South Cumbria, with almost 500,000 people across the region having downloaded an app that helps them connect with their GP surgery.[7]

Covid-19 has been an important catalyst in the adoption of digital outpatient consultations: more than 30% of outpatient (OP) appointments are now being undertaken by video or phone. Robotic surgery systems are currently in use in Lancashire and South Cumbria and their use is accelerating within the field.[8] There are also a growing number of international examples of robotic surgery being undertaken remotely and these are exciting potential developments for the future.

As an integrated care system, we have set out an ambitious digital strategy around five key themes, with a focus on making information and data easy to use, and providing functional infrastructure that supports integration across our system. We are working towards an organisationally agnostic approach to create greater flexibility for remote working and ensure a pan-regional integrated care system approach.



7 Lancashire and South Cumbria Health and Care Partnership. Our Integrated Care System Strategy (2020). Available from: **https://healthierlsc.co.uk/strategy**

8 Lane, T. (2018). A short history of robotic surgery. Volume 100, Issue 6, May 2018. Royal College of Surgeons in England. Available from: **https://doi.org/10.1308/rcsann.supp1.5, pp. 5-7.**

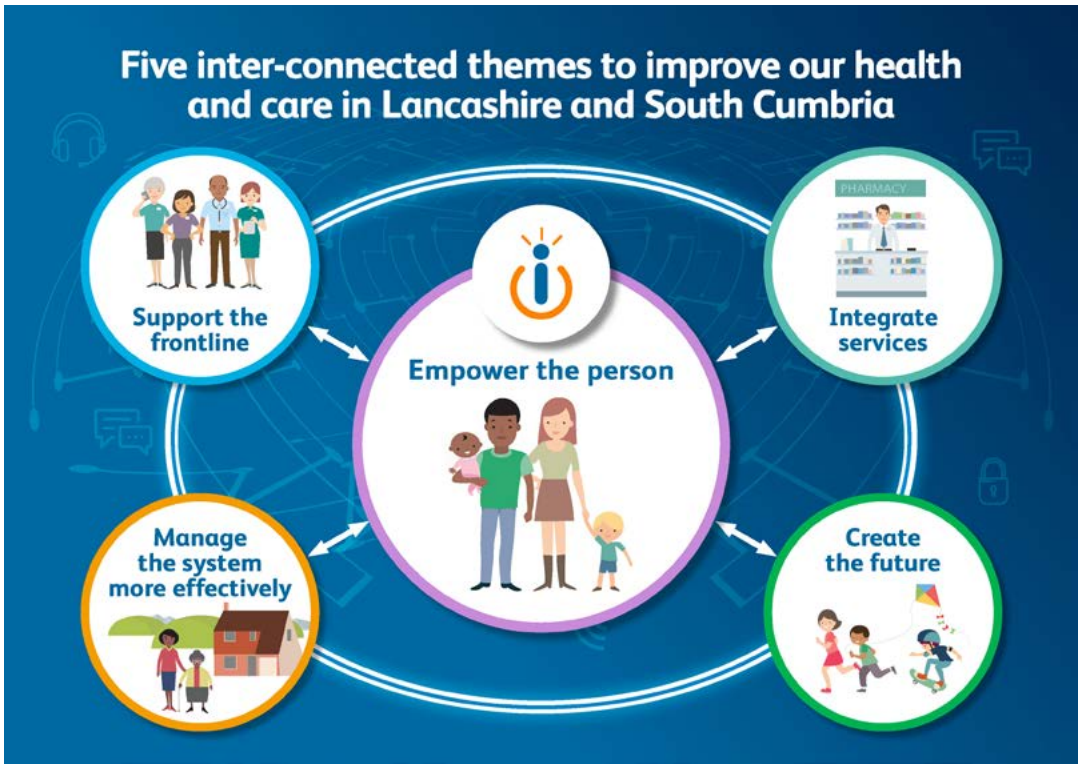
During the Covid-19 pandemic, we have seen the emergence of digitally facilitated hybrid working – especially amongst the support and managerial staff base. In many instances, this has both increased productivity and delivered savings (in personal commuting time and the payment of travel expenses). There is now the opportunity to make many of these changes to agile working practices permanent, delivering a significant saving and reducing the floor space required for non-patient facing administrative and management functions.

The diagram below illustrates the five high level collaborative themes, which underpin our digital priority areas.

The principles underlying each of the five themes are described as follows:

- **Empower the person** – developing digital solutions in partnership with the people who will be using them and judging our progress against this digital strategy from the public's perspective
- **Support the frontline** – creating an environment that empowers our frontline
- **Integrate services** – using data to prevent, predict and respond to ill-health
- **Managing the system more effectively** – working together to reduce complexity, to improve quality and safety and provide care closer to home
- **Create the future** – engaging with academia, industry and others to accelerate innovation

Figure 18: Five high level collaborative strategic digital themes
Source: Lancashire and South Cumbria Health and Care Partnership: Our Digital Future[9]



9 Lancashire and South Cumbria Health and Care Partnership (2018). Our Digital Future. Available from: **https://healthierlsc.co.uk/DigitalFuture**

The New Hospitals Programme presents us with an exciting opportunity to maximise the potential of digital technology in our region's hospitals:

- New building(s) will interact and interface with the wider care system and other care settings, including social care, whilst supporting home care through monitoring and observations, and assessment by healthcare workers.
- Patient experience will be enhanced through optimised digital front door, biometric identification systems, self-service check-in, digital signage and wayfinding, together with integrated bedside terminals.
- Virtual care will be embodied by remote monitoring in the form of telehealth, interfaced with immersive technologies, virtual assistants, digital therapeutics, access to personal health records and telemedicine.
- Staff engagement will take place through provision of a digital workplace, real-time location systems, digital whiteboards and robotic process automation.
- Interoperability will support integrated care with care record systems and coordinated care through digital transfer.
- Automated facilities management will transform the performance of assets, facilities and infrastructure. This will need to be implemented into the building design process.

Benefits innovations will bring

- Improve operational performance
- Support the delivery of our sustainability objectives for a net zero carbon NHS
- Improve patient care and experience
- Support care closer to home
- Support us to use our scarce resources more effectively, in particular across sites
- Reduce the size of the hospital estate footprint.

New infrastructure will provide adaptable space for evolving technology. Embedding the expected impact of digital technology into the fabric of the estate will ensure that the New Hospitals Programme infrastructure is right-sized and enable the smart building specification to be included from the outset. It will be a crucial enabler for delivering our ambitions as an integrated care system and for a digitally networked system of Lancashire and South Cumbria hospitals, which can deliver care closer to home.

Section 9

Our infrastructure impedes our ability to recruit and retain our workforce

The very poor condition of our infrastructure at Royal Preston Hospital and Royal Lancaster Infirmary is a structural barrier to workforce supply. This is now a significant - and increasing - issue for both our ability to operate and our sustainability as a health service within the region.

Investment in new infrastructure is essential if we are to increase the supply of a talented, exceptional workforce into priority specialisms.

We need investment in our infrastructure to provide state of the art facilities and technology, which will strengthen our position as a centre of excellence for research, education and specialised care. This will promote a step-change in the attractiveness of Lancashire and South Cumbria to potential recruits and the highest calibre of clinicians and wider staff.

Investment will create jobs and support the economic regeneration of our region, since the global pandemic has disproportionately impacted those most in need. It will also increase our attractiveness as a commercial partner of choice.

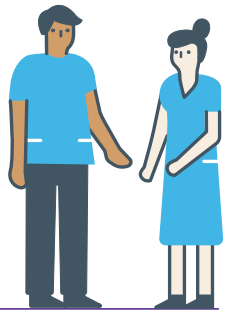
Our NHS hospitals across Lancashire and South Cumbria employ 40,000 staff, with Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay (UHMBT) employing 7,000 and 7,500 people respectively.

Like many healthcare systems, we face significant issues with workforce supply and retention. Regionally, our vacancy gap is 9% - this is above the national average of 6.9%.[10] More than 20% of the workforce is over 55 years of age, which provides an added retirement risk.[11] Some of these challenges are national shortages. However, the very poor condition of our infrastructure at Royal Preston Hospital and Royal Lancaster Infirmary is a structural barrier to the Trusts' ability to recruit and retain a sufficient and high calibre workforce. This is now a significant - and increasing - issue for our ability to operate and our sustainability as a health service within the region.

It is hugely challenging to recruit and retain enough skilled staff to operate our hospitals. As a result, many UHMBT and LTHTr services are heavily reliant on the use of agency staff. In 2019/20, £49m was spent on Band 5 agency usage alone, with £16m spent at LTHTr. UHMBT agency nursing spend is much lower, but the Trust spends £3m per year on medics, nursing / midwifery and allied health professionals (AHP) agency staff.

Poor working environments are a significant contributor to this issue. Forward-thinking commercial organisations are focusing their efforts on the design of workforce environments that offer healthier, more comfortable and more effective places to work – indeed this is a key consideration for most people seeking employment. Alongside wellbeing, staff feedback tells us that they want a working environment where they can care for patients and operate with the space and facilities they need to perform their roles to the standard that they and patients expect. This is often not the case in the ageing buildings we are asking them to work within.

40,000
staff across Lancashire and South Cumbria



More than 20% of the workforce is
over 55

The total spend on Band 5 agency usage in 2019/20
£49m

10 NHS Digital. Available from: **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey#latest-statistics**

11 Lancashire and South Cumbria Health and Care Partnership (2020). Our Clinical Strategy: Creating a Healthy Population. Available from: **https://www.healthierlsc.co.uk/our-work/clinical-strategy-creating-healthy-population**

Research, education and specialist status

There are ground-breaking innovations taking place in research and education in Lancashire and South Cumbria. We want to stay at the forefront of this work for the benefit of our patients and to secure our position as a centre of excellence in specialist care.

Our strong reputation is evident from the NHS in Lancashire and South Cumbria's significant contributions to the National Institute of Health Research (NIHR). Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) are key contributors to the NIHR portfolio studies, with two of the North West coast clinical leads working in both Trusts. LTHTr is also home to the NIHR Lancashire Clinical Research Facility and the Health Academy. Since its establishment in 2015, the Health Academy has won a number of prestigious awards. However, we cannot attract the best clinical leaders and leading medical researchers in their fields with our current infrastructure.

Despite the strength of our reputation, the outdated condition of our estate and tired education and research facilities mean that UHMBT and LTHTr are not an attractive proposition for trainees embarking on their career. There is a large student body at all sites and with the expansion of medical student places, there should be an opportunity to attract more medical students from Lancaster University, the University of Central Lancashire (UCLan), Edge Hill University and the University of Manchester. However, to help with recruitment and support the teaching of these students, new infrastructure will be paramount.

We need investment in our infrastructure to provide state of the art facilities and technology, which will strengthen our position as a centre of excellence for research, education and specialised care. This will promote a step-change in the attractiveness of Lancashire and South Cumbria to potential recruits and the highest calibre of clinicians. We work with a range of external academic and business partners at both a regional and national level. Our links with the university sector are going from strength to strength and there is a shared ambition to drive research, education and innovation across our region. There is a significant opportunity to increase our attractiveness as a partner of choice.

New hospital facilities could potentially be part of a larger development linking directly with local research and academic institutions. There are exciting possibilities to explore, connecting NHS health research to the growth sector of applied health technology, pharmacological and medical device manufacture. This sector is expanding rapidly and brings with it high-quality jobs and opportunities for local people.

The workforce supply challenges we face are a contrast to the communities we serve, where there is wide variation in the levels of economic participation and intergenerational worklessness. 65% of Barrow-in-Furness residents work at Furness General Hospital or BAE Systems. One of the core aims of the New Hospitals Programme is to reduce health inequalities and to bring jobs, skills and contracts to our residents and local businesses.

The New Hospitals Programme offers a significant opportunity to enable the people of Lancashire and South Cumbria to train and work in our healthcare system, both within our anchor institutions and through additional investment and economic growth opportunities brought to our region by this development.

Section 10

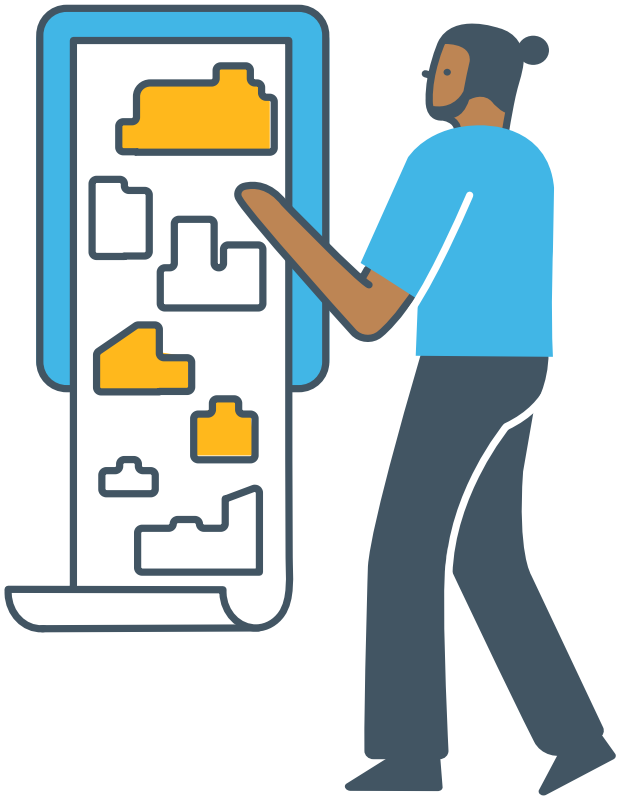
Our infrastructure impacts our use of resources

Around a £340m deficit exists across the NHS in Lancashire and South Cumbria, with more than 60% attributable to Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT).

Planned short to medium term productivity savings at Royal Lancaster Infirmary and Royal Preston Hospital will be substantial, but will be limited by important structural problems:

- Recruitment and retention challenges, and high levels of agency spend
- Long transfer times within our hospitals, creating inefficient use of staff time
- A requirement for intra-site ambulance transfers at significant cost to UHMBT and LTHTr
- Expensive running and lifecycle costs due to the poor condition of our estate and a lack of environmental controls
- Antiquated IT systems which increase manual processing.

Investment in new hospital infrastructure is essential to support improvements in the NHS in Lancashire and South Cumbria's long term financial position and ensure a sustainable future.



The NHS in Lancashire and South Cumbria spends around £3.7bn per annum on healthcare for its registered population. Plans are in place to significantly reduce the level of financial deficit (around £340m) in the system over the next few years. More than 60% of this deficit resides with areas served by University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) and Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr).

By the time the Lancashire and South Cumbria New Hospitals Programme is ready to start building new infrastructure, the system financial deficit will have been significantly reduced. The Carter review in 2016 evidenced how savings could be achieved in the NHS.

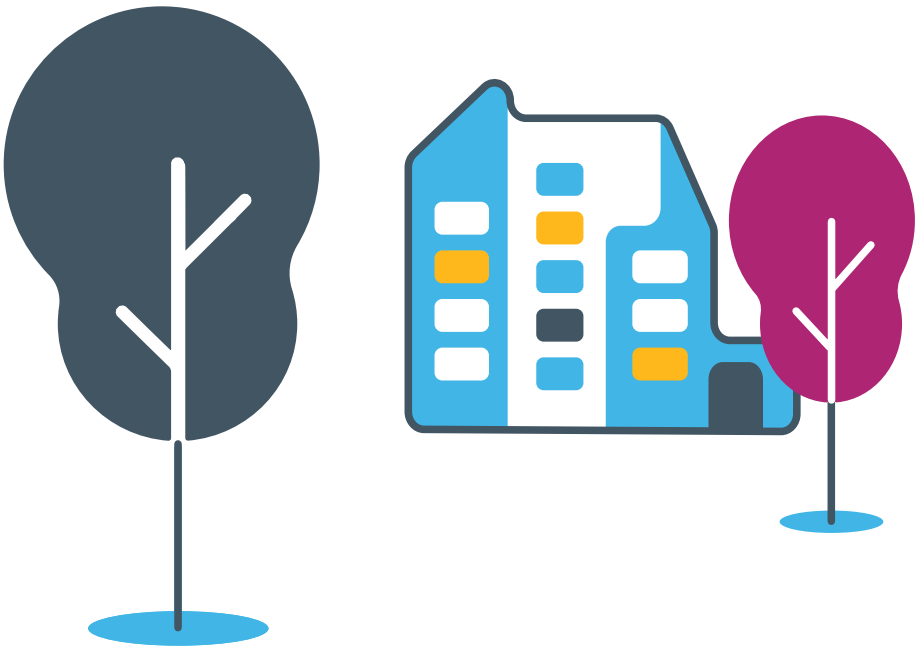
Subsequently the NHS Long Term Plan (2019) identified productivity gains through effective use of digital technology and improved clinical pathways. The level of productivity savings that can be achieved at Royal Lancaster Infirmary and Royal Preston Hospital is substantial, but will be limited by important structural problems:

- Lancashire and South Cumbria is a net importer of workforce due to huge recruitment and retention challenges driven by the quality of our estate. These have impacted our use of resources through high levels of agency spend.
- Poor clinical adjacencies have led to diseconomies, higher costs of treating infection rates and duplication of services across multiple sites.
- Long transfer times within our hospitals, in particular Royal Preston Hospital, which is an inefficient use of staff time.
- The requirements for ambulance transfers across sites at significant cost to UHMBT and LTHTr.
- The poor condition of our estate means it lacks sufficient environmental controls and is expensive to run.
- There is inadequate space for equipment and to provide separation for infection control.
- Antiquated IT systems, which increase manual processing times and duplication of tasks.

It is essential that investment in new infrastructure is secured to support the improvement in the long-term financial position of the NHS in Lancashire and South Cumbria.

Not only will replacing old buildings with high quality, net zero carbon buildings be cost-effective to run, but clinical services can be organised in co-located settings to make the best use of staff time. In combination with investment in our infrastructure, we will need to maximise operational efficiency to achieve the highest levels of productivity and efficiency ensuring the effective use of public resources for Lancashire and South Cumbria. This will include:

- Improving clinical pathways to eliminate low value adding clinical activities
- Deploying advanced digital technology to streamline processes
- Organising and co-locating clinical services so that value adding clinical time is optimised
- Eliminating duplication and minimising waste
- Addressing the structural workforce supply and retention issues, which will minimise expenditure on agency staff.



Section 11

Conclusion

This document has outlined a case for change for investment in our hospital infrastructure that is unequivocal. The evidence and data presented, along with feedback from patients, clinicians and the staff within our Trusts and wider NHS locally clearly underlines that the existing hospital buildings at Royal Lancaster Infirmary and Royal Preston Hospital cannot continue in their current form. Without investment, these buildings and services will continue to deteriorate, deepening health inequalities and increasing the burden of ill-health on our population as we seek to build-back after Covid-19.

The changing requirements and health profiles of our population, along with the need and moral imperative to meet national standards in patient treatment, outcomes and care, mean that our current hospital buildings are unsustainable. In addition to the challenges they create today, they will pose an increasing risk as their conditions deteriorate further and healthcare pressures continue to increase.

We require investment in new hospital infrastructure that will allow us to not only meet but aspire to exceed these standards. Our staff and patients deserve hospital facilities that can host the very best in modern healthcare treatments, delivered in an environment that offers care, dignity and privacy. This should be a fundamental tenet of our hospitals rather than an unachievable goal while working within the buildings we currently have.

We have outlined our ambition to make Lancashire and South Cumbria a world-leading centre of excellence for hospital care. We want to build hospital facilities that attract the best clinical, medical and leadership staff and investment in research and development. We want to explore the potential to give our patients more choice of specialised services closer to home. This is an opportunity to transform healthcare in our region, enabling our local NHS to rise to the significant physical and mental health challenges that we will face, post-pandemic, for the next generation.

The Government has made clear its commitment to addressing key areas of backlog, including cancer care and waiting lists. Lancashire and South Cumbria Health and Care Partnership shares this commitment. Our local NHS aspires not only to be able to keep pace with post-pandemic requirements, but to become a national exemplar for delivering on these as part of the fundamental levelling up that our regions - and in particular those within the North - must drive in order to attract investment, reduce inequalities and create a level playing field for communities across the UK. Investment in new hospital facilities will be a critical enabler for that.

The impact of new hospital funding will reach beyond healthcare alone. As anchor institutions within our region, our hospitals provide healthcare to 1.8m people and employment to 40,000. With the right levels of investment, we can become a catalyst for and driver of positive change.

Our staff, patients and local communities are amazing. We want to build the hospital facilities that they and future generations deserve.

Next steps in the process

We want to hear your views on this document and its contents. Whether you agree or disagree with our case for change. What do you feel is strong, wrong or missing?

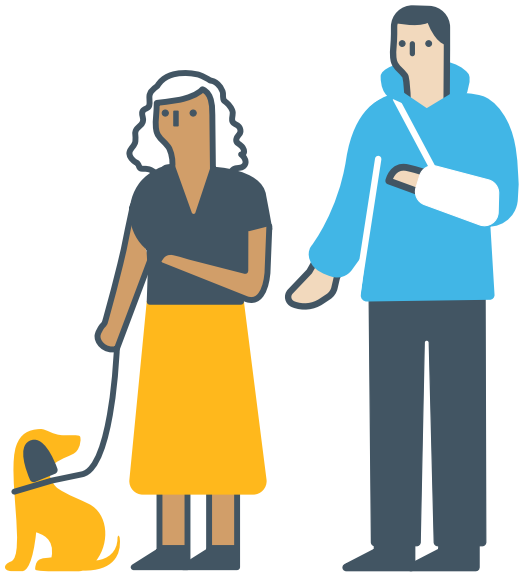
As we reflect on your feedback, the New Hospitals Programme team will work with clinical and health system leaders to construct a longlist of solutions, which we will publish. Simultaneously, we will seek the opinions of our staff, patients and representatives of the public on the criteria by which we intend to shortlist these possible solutions.

Once developed, the shortlist of proposals will then be assessed, with only potentially viable option(s) taken forward. These proposals may require a public consultation.

Throughout this process, we are seeking the views of those who may be most impacted by any possible change. This includes our staff and stakeholders who will be given the opportunity to contribute through The Big Chat (online workshop) and in person at events and meetings. We will supplement this work with public opinion research and focus groups. Patients and service users will be central to the development of our proposals. Their views will be sought directly and through workshops run independently by Healthwatch Together and local voluntary, community, faith and social enterprise sector organisations (VCFSE).

This document marks the beginning of our journey. We will continue to develop and shape our case for change and subsequent proposals as emerging evidence becomes available and as we gather more insight and feedback from our patients, clinicians, staff and key stakeholders.

Find out more and have your say at www.newhospitals.info



Appendix: Strategic context

Health Infrastructure Plan

In September 2019, the Government published its Health Infrastructure Plan (HIP). At the centre of this is a new hospital building programme, to ensure the NHS hospital estate enables the provision of world-class healthcare services.[12]

We were delighted that Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) were granted seed funding to develop plans for investment between 2025 and 2030. This became the New Hospitals Programme of Lancashire and South Cumbria integrated care system.

The New Hospitals Programme is one workstream of the integrated care system. It sits within the wider strategic vision for the Health and Care Partnership, with the central aim of delivering world class hospital infrastructure from which services are provided.

12 Health infrastructure plan. HM Government. Available from: **https://www.gov.uk/government/publications/health-infrastructure-plan**

Policy context

We have developed our case for change in the context of national, regional and local policy, which has shaped the transformation agenda in recent years. These policies are summarised here.

National policy

The NHS Long Term Plan (2019)[13] makes a firm commitment to reducing health inequalities, improving quality and outcomes through new service models, the employment of digital care and a focus on prevention, supported through an integrated care system structure.

The Five Year Forward View for Mental Health (2016)[14] sets out a series of recommendations to achieve parity of esteem.

We are the NHS: The People Plan (2020/21)[15] sets out a vision for what NHS people can expect for their leaders and each other. It sets of a vision for how we can look after each other, foster a culture of inclusion grow our workforce, train our people and work together differently to deliver patient care.

The Naylor Review (2017)[16] sets out the scale of opportunity the NHS estate had to release land in order to generate funds for reinvestment in patient care.

13 NHS Long Term Plan (2019). NHS. Available from: **https://www.longtermplan.nhs.uk/**
14 Five Year Forward View for Mental Health (2016). NHS. Available from: **https://www.england.nhs.uk/mental-health/taskforce/**
15 We are the NHS: People Plan for 2020/21. NHS. Available from: **https://www.england.nhs.uk/ournhspeople/**
16 The Naylor Review (2017). HM Government. Available from: **https://www.gov.uk/government/publications/nhs-property-and-estates-naylor-review**

The Carter Review (2016)[17] sets out large savings that could be delivered in the NHS through productivity and efficiency improvements.

The Topol Review (2019)[18] supports the aims of the NHS Long Term Plan and is key to the delivery of a sustainable NHS. It outlines recommendations to ensure that the NHS can prepare itself to be the world leader in using digital technologies to benefit patients.

The NHS Integration and innovation: working together to improve health and social care for all policy paper (2021)[19] sets out plans for proposed legislation that will embed the principles of integration and collaboration between organisations and remove some of the historic barriers experienced across the NHS.

Greener NHS (2020)[20] the Greener NHS agenda sets out a plan for the NHS to deliver net zero carbon services by 2040 achieving 80% by 2032. New infrastructure and digital will be crucial to reducing travel by delivering care closer to home, building more efficient space and using it more intensively.

17 The Carter Review (2016). HM Government. Available from: **https://www.gov.uk/government/publications/productivity-in-nhs-hospitals**

18 The Topol Review (2019). NHS Health Education England. **Available from: https://topol.hee.nhs.uk/**

19 Policy paper: Integration and innovation: working together to improve health and social care for all (2021). HM Government. Available from: **https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version**

20 Greener NHS (2020). NHS. Available from: **https://www.england.nhs.uk/greenernhs/**

Lancashire & South Cumbria
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