

Summary of our Case for Change

July 2021





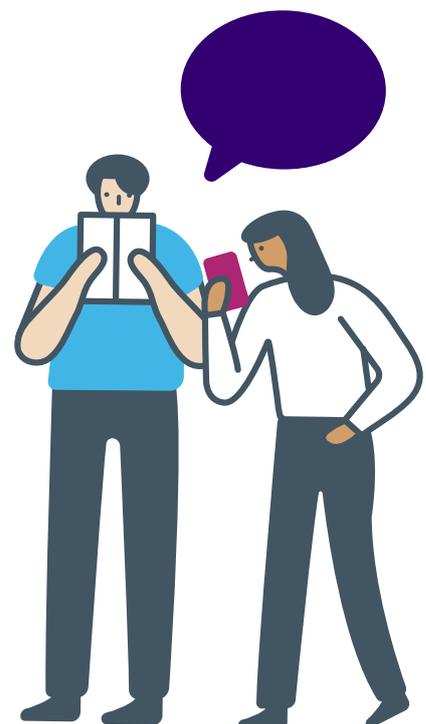
Introduction

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.

We have a clear process to follow in developing our proposals. Making our Case for Change is the first step on our region's journey to new hospital facilities. The purpose of this document is to explain why the people of Lancashire and South Cumbria need new hospital estate.

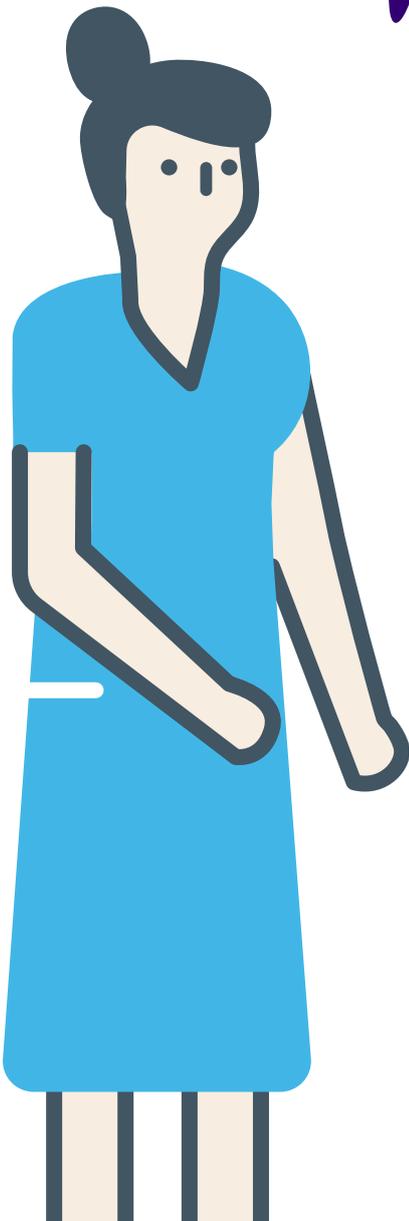
This Case for Change has been developed in collaboration with experts: our clinicians, staff, patients, key stakeholders and representatives of the local communities we serve.

This summary version is a shortened version of the full Case for Change document, which is available at www.newhospitals.info/CaseForChange



We want to hear your feedback

Throughout this process, we are seeking the views of those who may be most impacted by any possible change. This includes our NHS staff, patients and representatives of the public, all of whom will be given the opportunity to contribute through the Big Chat online discussion, telephone research and in person at events and meetings. We are also carrying out public opinion research and holding focus groups.



To develop this Case for Change, we have:

- Listened to views, ideas and suggestions in 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 to understand how our hospital infrastructure impacts on care.
- 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.
- Begun 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.

Some of the comments shared on the Big Chat are included in this document.

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.

The Case for Change

We believe the need for new hospital facilities in the region is unequivocal. The age, condition and layout of some of our existing hospital buildings 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 providing new hospital infrastructure to meet the basic health needs of local people. We want to be part of a regional health system that is regarded as one of the best in the world and plays its part in revitalising the regional economy.

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

You can find out more about how to have your say at www.newhospitals.info



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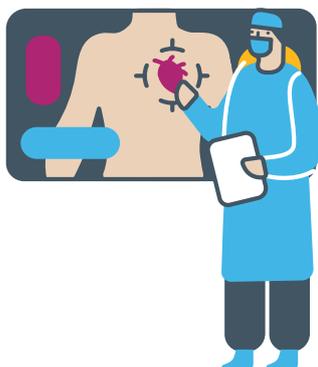
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Helping local people live longer, healthier lives

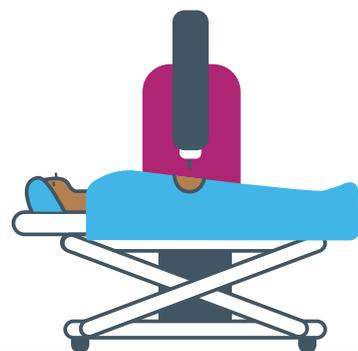
We have set our ambition to achieve the absolute best, world-leading care. Investment in our hospitals will go much further, having a positive impact on life expectancy, health and wellbeing of our population and bring jobs and skills to the region.

To achieve this, we have set the following objectives for the Lancashire and South Cumbria New Hospitals Programme:

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.



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



Our ambition

The New Hospitals Programme 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. We also need to invest in Furness General Hospital's infrastructure in the context of its strategic importance and geographically remote location. As well as addressing these issues with existing buildings, 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.

"I think the idea of brand new hospitals is brilliant. It would bring the area up to high standards in technology and treatments. It would also open huge opportunities professionally!"



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.



How hospitals of the future could look

Our five critical challenges

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

1. Demographic trends and access
2. Ageing acute estate
3. Specific hospital 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

- We provide health services to a population of 1.8m people across diverse communities and varied geographies.
- Access to services and travel pose a significant challenge: towns and cities are widely spread and our region's geography adds to expected travel times.
- Our population is ageing: the number of people over 65 is projected to increase by 22% by 2030.
- More people in our region experience mental and physical ill-health than in the rest of England.
- We also face deep socioeconomic challenges: 20% of our population lives in the 10% most deprived communities in the country.
- All of these factors will increase demand for health services both in and out of hospitals in the future.

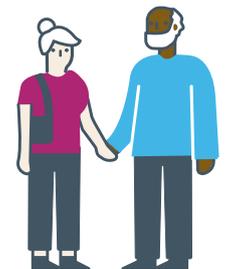
A population of

1.8m



22% ▲

increase in over 65s
by 2030



20%

of our population
lives in the

10%

most deprived
communities



The five critical challenges

2. Ageing acute estate

- The age, design and condition of some of our hospital buildings mean they do not comply with many basic standards, restricting our ambition to provide high-quality, safe, efficient and cost-effective services for our communities.

The condition of Royal Lancaster Infirmary (University Hospitals of Morecambe Bay NHS Foundation Trust) and Royal Preston Hospital (Lancashire Teaching Hospitals NHS Foundation Trust) has reached a critical stage. Without investment, buildings and services could fail, increasing our patients' deepening health inequalities and increasing the burden of ill-health on our population.



Royal Lancaster Infirmary



Royal Preston Hospital



Furness General Hospital

- Any adverse impact on services due to the quality of the estate at Furness General Hospital (University Hospitals of Morecambe Bay NHS Foundation Trust) would have a deeper impact due to its remote location.
- The poor condition of our hospitals also means we cannot recruit and retain the number of staff we need to deliver services.

The five critical challenges

3. Specific hospital site-related problems

Royal Preston Hospital (RPH)

- Serious dilapidation of buildings due to decades of underinvestment, and backlog maintenance costs totalling £157m.
- Demand exceeds capacity across all clinical areas: outdated buildings lack flexible capacity, leading to congestion and overcrowding so that patients wait longer than is acceptable for all aspects of care.
- Non-compliance with Health Building Notes (HBN): only 19% of rooms are single-person (should be 50%) and operating theatre capacity is 40% below requirements. This makes it challenging to implement safe infection control measures and to meet the privacy and dignity standards we expect for our patients.
- The distance between clinical departments makes the hospital experience worse for patients and carers.
- 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.



Royal Preston Hospital

19%

of rooms are
single-person

this should be

50%



Operating theatre capacity

40% ▼

below requirements



Royal Lancaster Infirmary (RLI)

- Backlog maintenance costs totalling £88m, predominantly due to the condition of the estate. Running costs are double that of a new build at £442 per square metre due to the age of the site.

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. Access to much of the site is challenging for people with a disability.



Royal Lancaster Infirmary

- The estate fails to meet many Health Building Notes (HBN) standards – single room provision is only 50% of the recommended standard capacity and less than a third of our ambition for 70% single rooms.
- Site made up of around 20 separate buildings, some linked by long passages, with some separated from the main complex by public highways. This means staff and patients must make longer journeys than is desirable, leading to poor experiences of care, patient discomfort and significant operational inefficiencies.

Furness General Hospital (FGH)

- Significant backlog maintenance, including an element of physical condition and lifecycle works. Estate running costs of £375 per square metre.
- Site fails to meet some Health Building Notes (HBN) standards and capacity requirements, in particular in the Critical Care Unit / High Dependency Unit and single room provision.
- Significant risk that this site may never meet carbon emission standards.

Difficulty in accommodating the latest digital technologies and robotics needed to create an agile network of care across the region: these are essential given the remote geographic location.



The five critical challenges

4. Keeping up with the best in the world

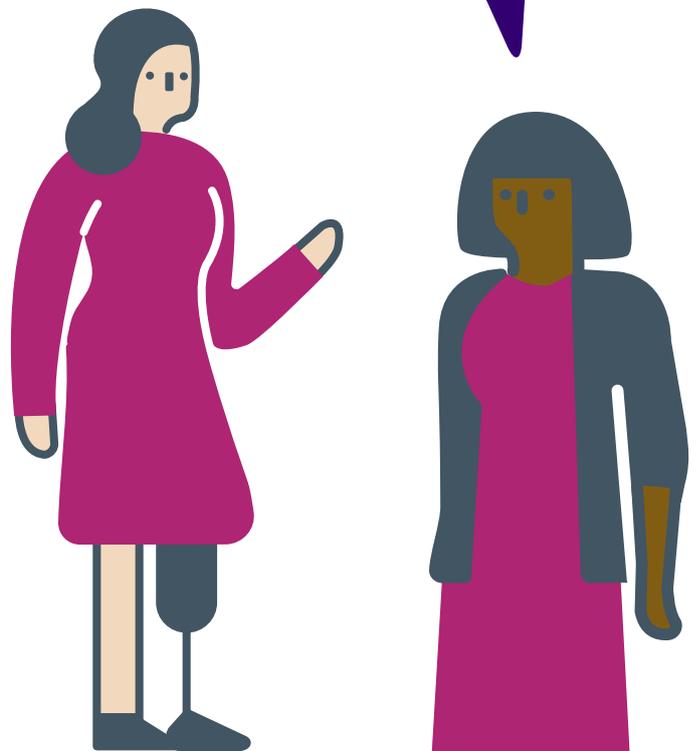
- Providing state of the art hospital facilities and technology will strengthen Lancashire and South Cumbria's position as a centre of excellence for research, education and specialised care, significantly boosting the region's attractiveness to potential recruits and the highest calibre of clinicians.
- We need to ensure 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 also enable us to provide more specialised services in our hospitals and deliver more care closer to home.
- We want 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 achieve this.

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 Covid-19 pandemic has disproportionately impacted those most in need.
- Investment in hospital infrastructure will support us to build back better and help the NHS deliver on its net zero carbon ambition.

"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."



Making the Case for Change

We have structured our Case for Change as follows:



1. **Lancashire and South Cumbria** – how our infrastructure impacts on our ability to provide care for local people and respond to current and future health needs



2. **Our hospitals** – the pivotal role of our hospitals in our community and the poor condition of some of our estate



3. **Our clinical strategy** – the fitness for purpose of our estate in the context of our ambitions for hospital care and the wider health and care system



4. **Our digital ambitions** – the role of our infrastructure in fulfilling our digital and sustainability goals



5. **Our workforce** – the impact of our estate on our workforce supply and experience



6. **Our use of resources** – how our infrastructure impacts on our productivity and efficiency

1

Lancashire and South Cumbria Health and Care Partnership

Directly supporting the Lancashire and South Cumbria Health and Care Partnership strategy

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 'Healthier Lancashire and South Cumbria' strategy¹ outlines 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.

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.



¹ Lancashire and South Cumbria's Healthier Lancashire and South Cumbria Strategy is available at <https://healthierlsc.co.uk/Strategy>

Demographic demands and trends

Lancashire and South Cumbria's hospitals serve a population of 1.8m across a diverse range of communities. Our region faces unprecedented challenges in caring for our population:

- **Ageing population:** the number of people over 65 is projected to increase by 22% by 2030. Looking after our older population is fundamental in terms of cost: rising numbers will create a significant proportional impact on operational and financial pressures.
- **Life expectancy:** people 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 have a dramatic impact on length and quality of life².
- **Our diverse communities:** 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.
- **Deep socioeconomic challenges and associated health issues:** more people experience mental and physical ill-health in our region than in the rest of England, and more people than average face deep socioeconomic challenges.
- **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.
- **Increasing demand:** demand for our hospital services is increasing and our region's hospitals are already constrained. Advances in medical technology and practice mean that more children are surviving with conditions that would not have been viable a few years ago.



² 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>

Implications for our hospitals

The Royal Lancaster 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 mean that we cannot respond even to existing pressures on demand.

Investment in modern, flexible and adaptable infrastructure that will be able to accommodate future demand and enable the transformation of services is required urgently.

“The recent pandemic has taught us key things about our estate, including flexibility. Whatever the solution, we must build in the ability to be flexible at the point of care.”



Royal Preston Hospital



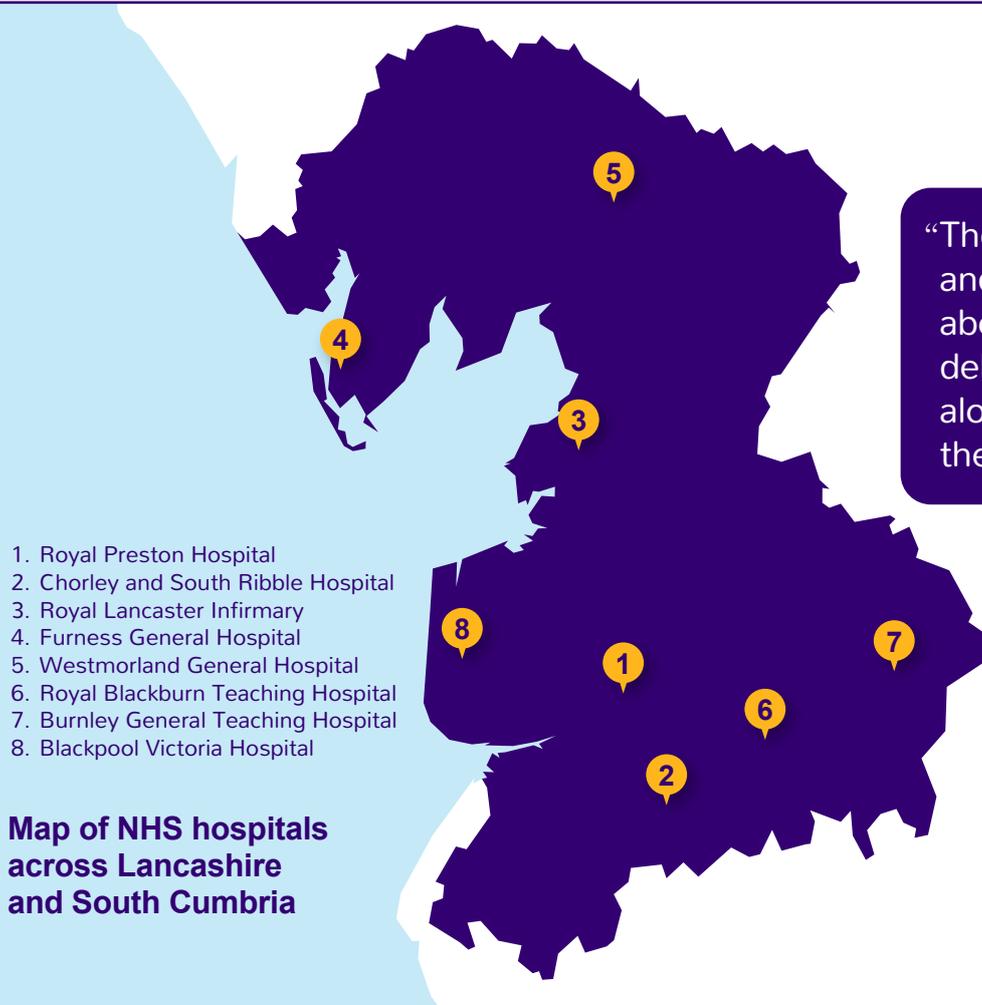
2 Our hospitals

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 hospital estate within our region: the depth and extent of problems at Royal Lancaster Infirmary (University Hospitals of Morecambe Bay NHS Foundation Trust) and Royal Preston Hospital (Lancashire Teaching Hospitals NHS Foundation Trust) are unparalleled. They have some of the worst hospital estate in the North West, if not the country.

In addition, Furness General Hospital (University Hospitals of Morecambe Bay NHS Foundation Trust) also requires investment. Located in Barrow-in-Furness, a geographically isolated area with significant population health needs, it 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.

The poor condition of our hospital 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. 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, who cannot absorb the additional demand.



“The estate is falling down and we must tell the truth about that. We cannot deliver 20th century, let alone 21st century care in these conditions.”



Royal Preston Hospital



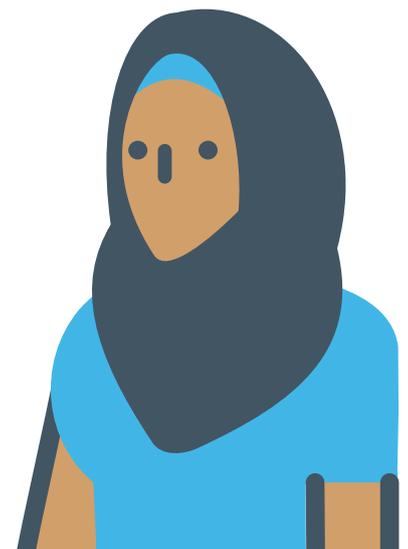
Services provided

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. It is the major trauma centre for Lancashire and South Cumbria.

Site layout

Royal Preston Hospital 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.

“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 Case for Change

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 (HBN), with space and single room provision at only 19%. Compared to the HBN standard, a typical 28-bed ward at Royal Preston Hospital would need to increase capacity by 220% to comply.
- Poor clinical adjacencies and lengthy circulation spaces.
- Some tertiary (highly specialised) services have developed and expanded without fully being able to meet all the estate requirements.
- Almost all operating theatres and all day case theatres 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.
- Clinical adjacencies are poor: 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.
- Independent appraisal has confirmed 80% of the site requires redevelopment or demolition over the medium to long term, significantly limiting opportunity for refurbishment.
- Limited potential to redevelop the current site in a way that is practically achievable and compliant with the Government's New Hospital Programme.
- Car parking capacity is inadequate and consistently highlighted as a concern, with 1,000 staff required to park off-site and use Park and Ride.

19%
of rooms are
single-person

220%
increase
required
to comply
with HBN



HBN recommended operating theatre size

55sqm ▼

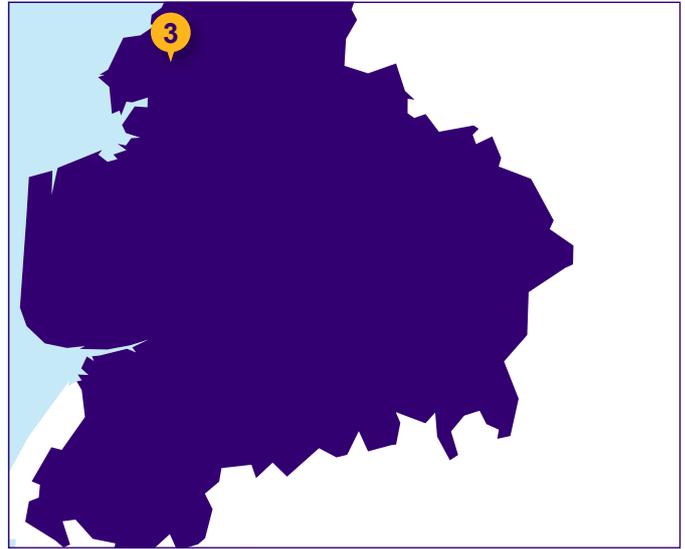
almost all are well below this



“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.”

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

Royal Lancaster Infirmary



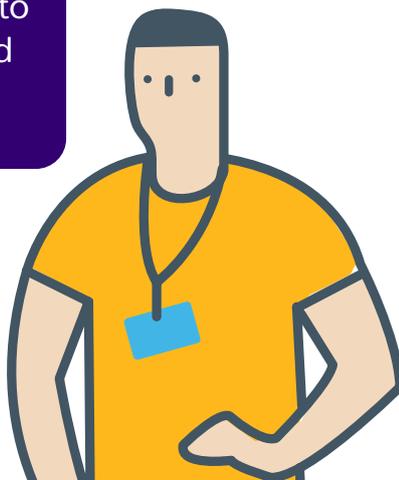
Services provided

Royal Lancaster Infirmary (RLI) is University Hospitals of Morecambe Bay NHS Foundation Trust's principal hospital, providing a range of general acute hospital services with an emergency department, critical coronary care units and various consultant-led services. Royal Lancaster Infirmary also provides a range of planned care, including: outpatients; diagnostics; therapies; maternity; and day case and inpatient surgery.

“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.”

Site layout

The Royal Lancaster Infirmary site comprises of around 20 separate buildings of varying sizes and ages. Most, but not all of the buildings are linked by long passages, with some buildings separated from the main complex by public highways. As a result, 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.



The Case for Change

Royal Lancaster Infirmary has suffered from under-investment, 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 per square metre due to the age of the site; running costs involve replacement i.e. lifecycle costs over maintenance.
- The site is configured over a challenging geography. 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, at a cost of £500,000 a year to the Trust.

“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.”

Non-compliance with Health Building Notes (HBN) standards for space, including single room provision:

- 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.



Transport to some parts of the hospital is only possible by ambulance, at a yearly cost of

£500,000



The Case for Change continued

- Operating suite floors are non-HBN compliant for all areas, and are well below the HBN-recommended size of 55 sqm. Space requirements for an anaesthetic room, preparation room, scrub up and gown or dirty utility are not met.
- Multi-bedded bays predominate, which exceed the current HBN standard of four beds as a maximum. Some bays at Royal Lancaster Infirmary range from six to ten beds.
- Other compliance issues include the resus bay within the emergency department (Royal Lancaster Infirmary resus bay is 11 square metres versus minimum standard of 20 square metres) and sluice provision, which does not meet HBN standards of one sluice per 14 beds, often resulting in sewage leaks due to inadequate plumbing capacity.
- Electricity supply does not currently meet national standards.
- Car parking space provision is desperately insufficient across both sites.

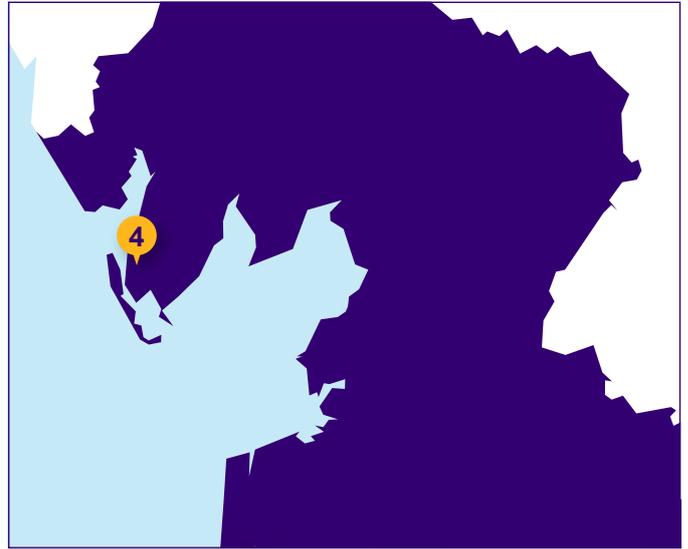
Over 50% of the Royal Lancaster Infirmary estate requires demolition and the majority of the remaining site will require refurbishment if it is retained in use. There is a powerful case for investment in new estate.

Ability to manage demand is constrained by the inflexibility of the estate: during Covid-19, oxygen and electricity supply could not be increased to meet surges in demand, with oxygen supply identified as a critical area of investment need.



Royal Lancaster Infirmary

Furness General Hospital



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. Furness General Hospital also provides a range of planned care, including: outpatients; diagnostics; therapies; maternity; and day-case and inpatient surgery.

Site layout

The Furness General Hospital 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



“Green to mean green – this will be a massive improvement in our energy consumption compared to what we literally blow out of the windows, cracks in the wall and disintegrating brickwork at the moment.”

The Case for Change

Facilities at Furness General Hospital are generally more modern than at Royal Lancaster Infirmary and the site has good functional compliance. However, Furness General Hospital is faced with a significant challenge caused by backlog maintenance in estate that fails to meet some Health Building Notes (HBN) standards and capacity requirements. This inflates the issues the hospital has in recruiting and retaining staff.

Key challenges and specific investment needed to meet the future health needs of the local population include:

- Significant backlog maintenance, including an element of physical condition and lifecycle works. Furness General Hospital has estate running costs of £375 per square metre.
- 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.

There is a significant risk that this site may never meet crucial carbon emission standards.



The geographic location of Furness General Hospital is remote, meaning it is essential we accommodate the latest digital technologies and robotics to create an agile network of care across the region.

The overall quality of the Furness General Hospital estate is good. 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.

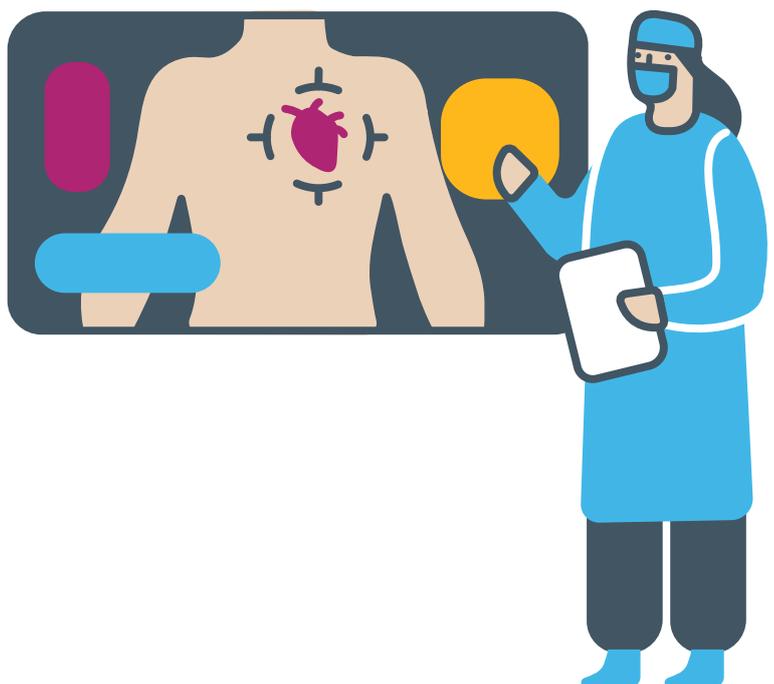
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Delivering the Lancashire and South Cumbria Clinical Strategy

Our region has higher than expected levels of emergency admissions 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) are greater for 50% of counties in Lancashire and South Cumbria compared to the North West region average.

The Lancashire and South Cumbria Health and Care Partnership's Clinical Strategy³ sets out three principle aims to help address this:

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



³ Lancashire and South Cumbria Health and Care Partnership (2020). Our Clinical Strategy: Creating a Healthy Population. Available from: <https://www.healthierlsc.co.uk/ClinicalStrategy>

To achieve these aims, help to deliver on the NHS Long Term Plan⁴, and support the future health needs of our population, the Clinical Strategy outlines the following 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

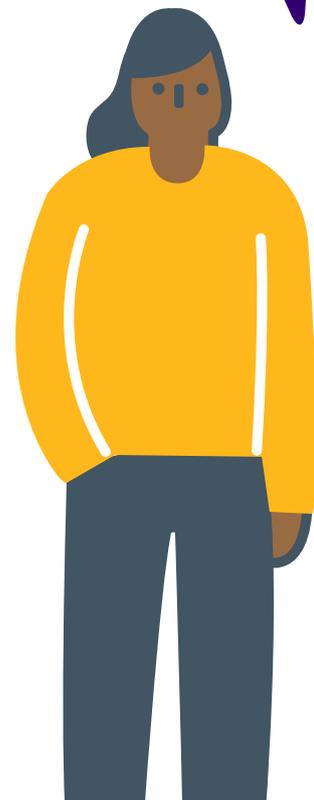
Single service offers achieving standards **across more than one site.**

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.”



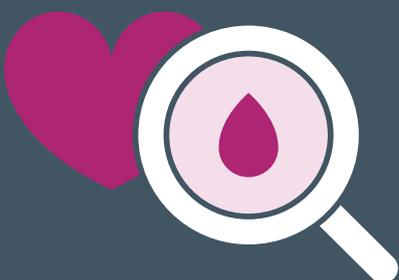
Specialised services

Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) is the main provider of specialised care, with a hub and spoke model underpinning delivery. However, one third of our total spend on specialised hospital care is taking place with providers outside of Lancashire and South Cumbria.

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 are having to 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.

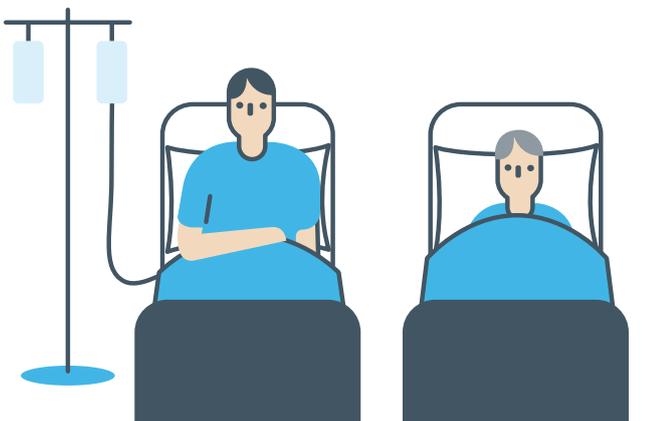
(ii) **There could be opportunities for further specialist services to be provided in Lancashire and South Cumbria**, where they have historically been provided elsewhere. Further work is required to understand this, but potentially some services in cardiac, neurosciences and haematology could be provided in Lancashire and South Cumbria.

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

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.⁵

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.



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 Lancashire Teaching Hospitals NHS Foundation Trust 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.
- Inability to separate planned and elective work, in line with recognised best practice in achieving good flow and maximising patient experience elective work is a consistent theme across women's services at Royal Lancaster Infirmary and Furness General Hospital.
- Co-location of mental health facilities, preventing an acceptable standard of care for patients with acute mental illness.
- Limited single room provision and toilet and shower facilities, negatively impacting patient experience and increasing risk of infection, as evidenced in our hospital-acquired infection rates compared to the national average.

⁵ 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>

Royal Lancaster Infirmary's emergency department

Predicted capacity

40,000



Attendances per year

60,000



Furness General Hospital's emergency department

Predicted capacity

25,000



Attendances per year

36,000



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%. Over 70% of these cancellations are attributable to capacity or equipment. Central Lancashire has been the most challenged area for Delayed Transfers of Care (DTC) across the Lancashire footprint, with 7.28% for LTHTr.

Cancellation rate

Royal Preston Hospital

4%

National average

1%



How the New Hospitals Programme will help deliver our clinical strategy

We cannot deliver our clinical strategy with our current infrastructure because we do not have:

- Quality and adaptable infrastructure that supports delivery our principle aims and key priorities.
- 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 transform and 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.

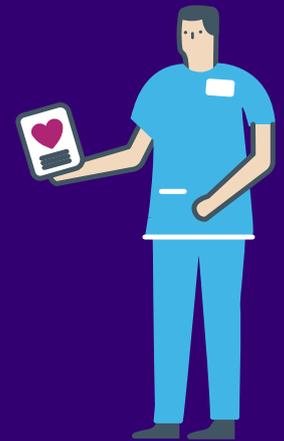
New models of acute care will be needed to deliver the clinical vision for 2030. The integrated care system clinical services strategy sets an expectation for closer working of providers across Lancashire and South Cumbria to achieve this.

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.



4

Our infrastructure does not support our future digital technology ambitions



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

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

- 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 will connect and share information with each other through a digital workplace, real-time location systems and digital whiteboards, supported by robotic process automation.
- Interoperability will support integrated, more joined up care with care record systems and coordinated care through digital transfer.
- New buildings and technology will enable staff to interact and interface with the wider care system and other care settings, including social care, while supporting home care through monitoring and observations, and assessment by healthcare workers.
- Automated facilities management will transform the performance of assets, facilities and infrastructure. This will need to be implemented into the building design process.
- Support and managerial staff can continue the flexible working patterns established during Covid, allowing them to work from home more often, delivering a significant cost saving and reducing the hospital floor space required for non-patient facing functions.

5

Our infrastructure impedes our ability to recruit and retain our workforce



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

Staff recruitment and retention

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 NHS Foundation Trust (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%⁶. More than 20% of the workforce is over 55 years of age, which creates an added retirement risk⁷.

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.

⁶ NHS Digital. Available from:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey#latest-statistics>

⁷ Lancashire and South Cumbria Health and Care Partnership (2020). Our Clinical Strategy:

Creating a Healthy Population. Available from: <https://www.healthierlsc.co.uk/ClinicalStrategy>

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 is also home to the NIHR Lancashire Clinical Research Facility and the Health Academy, which 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.

The outdated condition of our estate, and tired education and research facilities mean that University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire Teaching Hospitals NHS Foundation Trust are not an attractive proposition for trainees embarking on their career. 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. New infrastructure will be paramount to encourage recruitment and support the teaching of these students.

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.



Opportunity for economic contribution

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.

6

Our infrastructure impacts our use of resources

NHS deficit

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:

- 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.
- Inadequate space for equipment and to provide separation for infection control.
- Antiquated IT systems, which increase manual processing times and duplication of tasks.

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.

It is essential that we secure investment in new infrastructure to address these issues and improve the long-term financial position of the NHS in Lancashire and South Cumbria.



Conclusion

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. We must also invest in Furness General Hospital to ensure it can continue to serve its geographically isolated population.

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.

We want to build the hospital facilities that our patients, staff, local communities and future generations deserve.





Next steps

We want to hear your views on the Case for Change that we have outlined. Do you agree or disagree with our Case for Change? What do you feel is strong, wrong or missing?

As we gather and reflect on your feedback, the New Hospitals Programme team will work with clinical and health system leaders to construct a longlist of possible solutions, which we will publish. We'll then ask the opinions of our NHS staff, patients and representatives of the public, working with Healthwatch and local voluntary, community, faith and social enterprise sector organisations (VCFSE), to help us narrow the longlist down to a shortlist of proposals, with only potentially viable option(s) taken forward. These proposals may require a public consultation.

Find out more about how to have your say and get involved at www.newhospitals.info

Find out more and get involved

To find out more about the New Hospitals Programme,
please visit www.newhospitals.info

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