

Lancashire Health Overview and Scrutiny Committee: update on Lancashire and South Cumbria New Hospitals Programme

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Title of paper	New Hospitals Programme update report: shortlist of options
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Executive summary

The Lancashire and South Cumbria New Hospitals Programme is part of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest hospital building programme in a generation. This offers a once-in-a-generation opportunity both to deliver world-class hospital infrastructure from which high-quality services can be provided and to bring significant wider economic benefit for the area.

This paper is intended to provide the committee with an update on the current position of the programme, as well as a recap on the background and the context. The key purpose of this paper is to share the shortlist of options for new hospital facilities and the process that has been followed to determine these with Lancashire HOSC members, and to welcome comment.

In February 2022, the Lancashire and South Cumbria New Hospitals Programme (NHP) reached a significant milestone to appraise the longlist of proposals at a formal workshop. The approach taken was in line with both Her Majesty's Treasury's Green Book guidance and NHS England guidance on planning, assuring and delivering service change for patients and was endorsed at the Lancashire and South Cumbria Strategic Commissioning Committee (SCC) meeting in February. Stakeholder workshops are a key part of demonstrating active and transparent public and stakeholder engagement at all stages of the programme. This paper details the outcome of the workshop and the subsequent decision of the programme's Strategic Oversight Group regarding the shortlist of options.

On 10 March 2022 the shortlist of proposals for new hospital facilities was endorsed by the Lancashire and South Cumbria Strategic Commissioning Committee. The shortlist reflects extensive feedback gathered from more than 12,000 local people, patients, NHS staff, community representatives and stakeholders over the last year, using online workshops and surveys, public opinion research, focus groups, and in-person events and meetings.

The shortlist of options will now undergo further detailed analysis with a focus on the viability of each option.

Recommendation

The Health Overview and Scrutiny Committee is asked to:

1. Note the information provided in this report.
2. Provide feedback on the shortlist of proposals and ask any questions they may have.
3. Continue to provide views and guidance on how the programme can help ensure the Health Overview and Scrutiny Committee is able to undertake its duties.

1. The national New Hospital Programme

- 1.1 In October 2019, the Government launched the Health Infrastructure Plan (HIP). The national New Hospital Programme within the Government's long-term [Health Infrastructure Plan](#) will help develop new sustainability standards, planning capabilities and care and workforce models. It will also implement cutting-edge digital technologies across the NHS, and will support an integrated approach to building new healthcare infrastructure using modern methods of construction. As part of this plan, there is commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest hospital building programme in a generation. University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) and Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) were awarded £5m each as seed funding to progress the required business cases to secure capital investment to redevelop / replace ageing estate, which is no longer fit for purpose.
- 1.2 The Lancashire and South Cumbria New Hospitals Programme is aiming to address significant problems with our ageing hospitals in Preston (Royal Preston Hospital) and Lancaster (Royal Lancaster Infirmary). We also need to invest in Furness General Hospital's infrastructure in the context of its strategic importance and geographically remote location.
- 1.3 No decisions have yet been taken as to what shape new hospital facilities or refurbishments will take or where these will be located.
- 1.4 This is a collaborative programme involving all NHS and partner organisations in Lancashire and South Cumbria. Together, are working together to a) prove why our region needs this investment, b) identify what new hospital facilities should be like, c) understand how new facilities should be configured and d) decide where the new facilities should be located.
- 1.5 By developing a compelling business case, we will be able to secure investment from the Government that will allow us to significantly upgrade our hospital facilities, improving the overall health to local people by offering patients and staff access to advanced, purpose-built hospital facilities in our local area.
- 1.6 Clearly, this is a fundamental and critical programme that will shape the future of hospital services for our people - those who work within it; those cared for by it; and the wider population of Lancashire and South Cumbria, for generations to come.

2. Lancashire and South Cumbria New Hospitals Programme: Our vision and ambition

- 2.1 The New Hospitals Programme offers Lancashire and South Cumbria a once-in-a-generation opportunity to develop new, cutting-edge hospital facilities that

- offer the absolute best in modern healthcare and transform our ageing hospitals.
- 2.2 The New Hospitals Programme is a key strategic priority for the Lancashire and South Cumbria Health and Care Partnership (our integrated care system). 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.
 - 2.3 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.
 - 2.4 The programme is 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.
 - 2.5 New hospital facilities will allow the NHS in Lancashire and South Cumbria to take advantage of digital advances, from the highest-specification imaging to assist surgeons in theatres, to artificial intelligence and robotics, to remote patient monitoring systems allowing patients to get home more quickly and safely.
 - 2.6 An investment into the local health economy of this magnitude must have a demonstrable positive impact on the care that the NHS provides to patients overall. We are developing our plans to fit within the Lancashire and South Cumbria Health and Care Partnership's [clinical strategy](#), and [NHS Long Term Plan](#). We are confident that this investment in hospitals will accelerate change elsewhere in the health and care system, producing better results for local people.
 - 2.7 The New Hospitals Programme will have a positive impact on our local area, acting as a catalyst to deliver wider socio-economic benefits and play a key part in revitalising the regional economy - bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents and helping to build the workforce of the future – as well measures to cut carbon emissions and protect the environment.
 - 2.8 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.
 - 2.9 The condition of Royal Lancaster Infirmary (RLI) and Royal Preston Hospital (RPH) has reached a critical stage. These buildings were designed for a different time and cannot accommodate today's more complex patient needs or new technologies. 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.

- 2.10 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.

3. New Hospitals Programme timeline

- 3.1 The New Hospitals Programme will be subject to a series of checks and balances, including scrutiny and agreement from decision makers within the NHS, the Government and local authorities.
- 3.2 The UHMBT and LTHTr schemes are in Cohort 4 of the national New Hospital Programme (full adopters). Full adopter schemes will be delivered in the latter half of the decade and will realise the full benefits of the programmatic approach.
- 3.3 We are currently in the proposal development phase of the programme, and are on track to start building new hospital facilities in 2025 and open the facilities by 2030.
- 3.4 Key milestones completed to date:
 - **July 2021:** Publication of the [Case for Change](#)
 - **September 2021:** Announcement of the [longlist of proposals](#) to respond to the Case for Change
 - **March 2022:** Announcement of the [shortlist of proposals](#)

4. The shortlist of options for new hospital facilities

- 4.1 At the February 2022 meeting of the Strategic Commissioning Committee (SCC), members endorsed the approach to appraising the longlist of proposals for the New Hospitals Programme (NHP), noting the approach taken was in line with their legislative duties and commissioners.
- 4.2 Since then, the NHP has reached a significant milestone as the longlist of proposals was narrowed to a shortlist of options.
- 4.3 A formal workshop was held where patient representatives and wider stakeholders positively worked alongside clinical, operational, estates and finance colleagues to appraise the longlist against a set of Critical Success Factors (CSFs).
- 4.4 Working in breakout groups, the workshop received a high degree of engagement and discussion based upon the CSFs. The programme welcomed a breadth of perspective and individual comments and feedback before taking a

majority approach to reach a recommendation as to whether each option should be discontinued or carried forward.

- 4.5 Such stakeholder workshops are a key part of demonstrating active and transparent public and stakeholder engagement at all stages of the programme. There is a duty on Commissioners to demonstrate how this is undertaken prior to any formal consultation and how public engagement has informed all steps of the process.
- 4.6 The output of the workshop was presented to the Strategic Oversight Group (SOG) on 17 February 2022. The Strategic Oversight Group (SOG) considered the outcome along with supporting information to aid their decision making regarding the shortlist of options.
- 4.7 The shortlist of options was endorsed at the Lancashire and South Cumbria Strategic Commissioning Committee (SCC) meeting on 10 March 2022.

5. Appraising the longlist – workshop process and outcome

- 5.1 The NHP team undertook extensive external advice in preparing the workshop receiving advice and recommendations from NHS England and Improvement (NHSE/I), The Consultation Institute and our legal advisors. Workshop participants were provided with an extensive evidence pack to support the shortlisting workshop, with preparatory sessions undertaken to ensure participants fully understood how the workshop would operate. Evidence was presented for each option against the Critical Success Factors.
- 5.2 Workshop participants were drawn from a wide range of stakeholder groups including Trust representatives (Executive and Non-executive), Commissioners (CCG and NHSE/I), Public representatives, Healthwatch, Council representatives, and subject experts.
- 5.3 External professional facilitators were used to support three workshop groups debate the evidence against the Critical Success Factors, with workshop participants asked to conclude on their recommendation as to whether each option should be discounted or carried forward. Participants were encouraged to share any key messages or concerns reviewing the evidence.
- 5.4 Feedback from each sub-group was collated and combined to create a single consensus view. This was then shared with all workshop participants and a collective recommendation on the shortlist agreed for forwarding to the Strategic Oversight Group (SOG).
- 5.5 Key points of feedback from each workshop sub-group were also collated and shared with workshop participants and are summarised below.
 - a) Some participants expressed concern regarding the continuity of services in the options for partial rebuild / refurbishment on the existing site, together with the aspects of future flexibility and digital integration where there will be a mix of old and new estate.

- b) Some concern regarding the level of compromise for partial rebuild / refurbishment on the existing site options.
- c) Several participants commented that option 9 (single new hospital on a new central site to replace both Royal Preston Hospital and Royal Lancaster Infirmary), had a lot of positive evidence in terms of clinical, workforce and financial benefits which had to be balanced against the counter evidence regarding impact on inequalities / access and travel times.

6. The shortlist of options

- 6.1 The Strategic Oversight Group (SOG) received the outcome from the workshop including the recommended shortlist of options. The SOG discussed the points of difference and welcomed the key items of feedback noting the continued importance and benefits of involvement from a wide range of stakeholders.
- 6.2 The SOG approved the following recommended shortlist of options for the New Hospitals Programme as below. This has been endorsed by Strategic Commissioning Committee:
 - New Royal Lancaster Infirmary on a new site, with partial rebuild / refurbishment of Royal Preston Hospital (Option 4).
 - New Royal Preston Hospital on a new site, with partial rebuild / refurbishment of Royal Lancaster Infirmary (Option 6).
 - Investment at both hospitals, allowing partial rebuilding work on both existing sites (Option 7).
 - Two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites) (Option 10).
- 6.3 All the above options include investment in Furness General Hospital, in line with the Case for Change and national ambitions of the new hospital programme.
- 6.4 In line with NHS guidelines, the shortlisted proposals will be benchmarked against options for no change and limited investment to Royal Lancaster Infirmary and Royal Preston Hospital to address essential backlog maintenance (Options 1 and 2).
- 6.5 Options discounted from the shortlist after detailed consideration are as follows:
 - New Royal Lancaster Infirmary on the existing site, with partial rebuild / refurbishment of Royal Preston Hospital (Option 3).
 - New Royal Preston Hospital on the existing site, with partial rebuild / refurbishment of Royal Lancaster Infirmary (Option 5).
 - New Royal Preston Hospital built on a new site, existing Royal Preston Hospital site retained for some services and partial rebuild of Royal Lancaster Infirmary (Option 8).
 - Single new hospital on a new central site to replace both Royal Preston Hospital and Royal Lancaster Infirmary (some local services

to be retained in a new integrated community centres in Preston and Lancaster) (Option 9).

- 6.6 The shortlisted options will now undergo further detailed analysis; including achievability (incorporating site footprint, land availability, planning considerations, service continuity); and affordability (i.e. does the option make best use of financial resources available).
- 6.7 Following this detailed analysis, if options on the shortlist that are achievable are deemed to involve a substantial service variation and therefore the potential requirement to consult, the NHP is required to prepare the required pre-consultation business case (PCBC) for submission to NHSE/I, aligned to the NHSE's Planning, assuring and delivering service change for patients guidance. The programme will follow a clear process over the coming months, with scrutiny and approvals needed from decision makers within the NHS, the government and local authorities, and ongoing patient and public involvement before the preferred option is agreed.
- 6.8 Any PCBC and associated consultation document would explain the basis for the shortlisting decision and contain sufficient information about those options that were not shortlisted, and the reasons for this, to allow consultees to comment on them if they wish to do so.
- 6.9 In parallel, NHSI's capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts (2018) requires a Strategic Outline Case for investment in capital. The NHP is developing the SOC in parallel with the PCBC (if required).

7. Involving and engaging our workforce, patients and population

- 7.1 Engagement and consultation with patients, local people, staff and stakeholders is incorporated throughout the New Hospitals Programme's process and will inform and shape final proposals. Throughout the programme there will be regular opportunities for local people and staff to engage and to influence the business case.
- 7.2 We have embarked on a programme of regular communications and engagement opportunities during the options development period, designed to create maximum awareness and understanding of the programme and the proposals amongst local people, patients, staff and stakeholders.
- 7.3 Our communications programme is designed to include as many channels and touchpoints as possible (including a dedicated programme website at <https://newhospitals.info>, social media through NHP (<https://facebook.com/NewHospitalsLSC> and <https://twitter.com/NewHospitalsLSC>) and partner channels, press and broadcast media, advertising through local radio, print media and online, and staff communications.

- 7.4 We've also been in regular communication with local MPs and councillors to update them on the programme and hear their views on behalf of their constituents.
- 7.5 To enable them to share their views, the New Hospitals Programme launched an online platform specifically for engaging with local NHS staff, community representatives and Foundation Trust Members. Known as The Big Chat, the platform has been used to ask people about their hopes, fears and expectations for proposals for new hospital facilities. It has also been used to share important programme updates including the Case for Change and the selection criteria used to determine the shortlist and the longlist of proposals. Updates have been shared through partner internal communications channels, including staff newsletters and email updates. Two colleague summits were held in May and June 2021, with two more events planned for March 2022. The New Hospitals Programme team has joined team meetings and forums to provide updates and answer questions.
- 7.6 We have partnered with Healthwatch Together to run focus groups and workshops with under-represented communities. Through this work we have reached out to a wide variety of groups including ethnic minority groups, people with disabilities, people who are homeless, people with language barriers, military veterans, rural communities and ex-offenders. Interviews have taken place in person and over the phone. We've also been out and about, chatting with local people at a series of in-person roadshows around the region, organised by Healthwatch Together. 16 roadshow events took place in different locations in the autumn of 2021. They provided an opportunity for local people to ask questions face-to-face and have their say. The main topic of conversation at these events was the longlist of possible solutions for hospital facilities in Lancaster, Preston and Barrow-in-Furness.
- 7.7 As of 30 November 2021, 12,281 different individuals have been involved in one or more New Hospitals Programme engagement activities. Public and patients account for 29% of these interactions and Trust staff account for 23%. Inclusion groups (including those with protected characteristics) and service users (especially those who have difficulty with mobility, stamina, dexterity and mental cognisance) each make up 22% of interactions. The remaining interactions have come from expert patient groups and political stakeholders. The Big Chat platform for staff, community representatives and Foundation Trust Members has received 22,374 visits, (12,586 unique visitors), with 3,000 people joining the conversation.
- 7.8 It is important that the NHP team is mindful of other developments, engagement and consultations that are taking place during the lifecycle of the programme. For example, the Shaping Care Together Programme. The New Hospitals Programme team will maintain close links with any relevant

programmes or initiatives, working with partners to share learnings and identify opportunities for joint learnings as our respective programmes develop.

8. Continued public engagement

- 8.1 We recognise and welcome the need to work with the Health Overview and Scrutiny Committee to assess each shortlisted proposal in terms of the scale and nature of any potential changes to how people access services and the care provided. While the scale of any potential change and the impact on patient outcomes will determine whether public consultation is required, engagement with the public will continue to be a core principle of the programme and the ongoing development of proposals.