Estates Strategy for Cumbria Partnership NHS Foundation Trust 2015 - 2019

WORKING TOGETHER FOR A HEALTHIER CUMBRIA
1. Why our Estates Strategy matters to Cumbria Partnership

The Trust’s Estate sits in the third largest English County covering 2,612 square miles with a dispersed and largely rural population. Cumbria is the 2nd most sparsely populated county with only 191 persons per square mile.

Cumbria has a higher proportion of over 65’s than England and Wales (19% compared to 16.5%) and is set to outstrip the national average for residents aged over-65 over the next two decades.

This growth in the number of older people will see an increase in cases of dementia, diabetes and other long-term health conditions – putting increasing pressure on the county’s health services.

Latest demographic predictions show that over the next 20 years, the number of Cumbrians with diabetes is expected to rise by almost 50 per cent to 40,000. Over the same time period, around 10,000 people in the county will be living with some form of dementia.

Similar trends will affect the rest of the UK but Cumbria’s attraction as a retirement destination and other factors mean the county will be one of the first to see the changes.
There must be more emphasis on community-based care to support the growing number of elderly residents.

Community-based care is the Trust’s core business and therefore an effective Estates Strategy will be a fundamental component of service development.

The Trust employs about 4,000 people who together provide a wide range of health care services to the people of Cumbria.

Services are delivered from over 200 buildings including Acute and Community Hospitals, Children’s Centres, Schools, Health Centres and Clinics as well specialist campus’ and other community resources.

The Trust owned estate is valued at about £50m with a maintenance liability (backlog) of £4m, annual running costs add up to over £12m, and our staff and services use a total floor area of about 70,000m².

Managing health sector property effectively contributes to value for money, enhanced health services and wider economic, environmental and social outcomes for local communities. Having a clear strategy in place is vital for ensuring that we continue to provide fit for purpose, sustainable and efficient customer focused spaces that are responsive to changing needs of customers, communities and service delivery models.
2. Our vision, aims and objectives

Our vision is to not only improve our estate but to also transform the way the buildings are managed to better support service delivery whilst driving up utilisation and improving value for money.

The aims of this strategy are to:
- Establish a clear strategic direction, targets and priorities
- Set out the processes for delivering the strategy
- Establish key protocols and processes to support the delivery of the strategy.

The objectives (outcomes) of this strategy
The Trust’s estate includes specialist property to support clinical services i.e. in-patients and out-patients, traditional and modern offices for clinical teams and corporate services, as well as stores, kitchens, workshops etc. for essential support services.

By far the largest component of the estate is used by clinical services (over 85% of the floor area) and will therefore have the most significant influence on estate performance and will be the primary focus.

For many years there have been attempts at rationalisation of the estate that supports these clinical services. To date little has been achieved by way of service redesign that would facilitate rationalisation of this estate and that is something that is not expected to change on any significant scale over the next five years.

A more likely course of events during the period of this strategy is that in order to plan for the expected rise in demand for community services that we need to reshape our clinical estate to increase its capacity, effectiveness and utilisation.

This is predicated on maximising the utilisation of all retained accommodation through the implementation of reduced desk to staff ratios and flexible working facilitated by a technology enabled workforce, with services co-locating or sharing accommodation wherever possible.

It is expected that some services currently only available Monday to Friday 9am to 5pm will be extended to say 8am to 7pm and some across the weekend, where demand justifies the extended service, to make full use of buildings and to meet demand for services from a modern busy and increasingly demanding society.
The strategy will deliver:

- Additional capacity within our estate to provide clinical services access to space to meet rising demands for community-based care
- Connected well managed flexible workspaces
- Efficiently run facilities
- Capital receipts from strategic property disposals
- Lower carbon emissions.

The strategy sets out a process that will ensure that, given the complex matrix of increasingly varied delivery models, the Trust has the right facilities in the right locations to continue supporting services to deliver the best health care to the people of Cumbria, and that the future estate is sufficiently flexible to be responsive to the demands for community based care.

However, the strategy is about more than just bricks and mortar; it is about working with services as a critical friend to challenge current perceptions of property needs, provide examples of best practice from across the country and propose solutions that may or may not be property based which in turn may or may not be Trust owned.

It is about making sure that the appropriate infrastructure is in place to support service delivery – whether that is facilities management, ICT or supporting policy.

The strategy is about collaborating with partner organisations across the public and voluntary sector to explore possibilities for shared use of property and joint working initiatives.

It proposes novel models for facilities management, which will be fundamental to unlocking the potential of our estate to meet rising demands placed on it as more and more activity is required in our community-based services to support the wider health and social care system.
3. Context to our Estates programme

A changing and complex landscape

Over the past five years the business of the Trust has doubled in size. This expansion has also come with disproportionately high increases in complexity with the scope and range of services now provided. This has come at a time of significant systemic upheaval associated with wider NHS reforms that are still to be fully developed and embedded.

These changes have had a huge impact on the estate and how it is provided. Changes have resulted mostly as a result of central DH policy which seems still to be evolving to support the desire to create more competition within the NHS provider market.

This has seen the Trust opt to take ownership of much of the former PCT’s Estate (that meeting the DH criteria for FT ownership) with about £30M of assets transferring. At the time, the Trust decided this seemed the most advantageous action to take i.e. to have a controlling stake in the healthcare estate.

In recent years financial settlements have been well below inflation and it is now no surprise that the Trust has a deficit budget. The financial climate for the Trust means that investment will be scarce and there will be a bigger than ever desire to protect front-line services from inevitable cost cutting.

The estate running costs are a significant overhead for the Trust and must be closely managed to ensure they are at a demonstrable value driven level to contribute to the financial sustainability of the Trust.

Cash receipts from disposals of surplus assets will also become increasingly important if we are to keep ahead of the financial issues.
Whilst less and less cash will be available for investment the needs for investment, if unmet, will grow and grow. To counter this it is becoming increasingly likely that the Trust will need to procure buildings solutions in other ways such as via PFI or LIFT or in partnership with other agencies who can provide the capital investment.

**Trust Care Group Reorganisation**

The relatively recent change to Care Groups has been enormously beneficial to services however it has exposed some issues with the way sites, especially larger multi service sites, are managed. Historically these were managed under the locality structures with clear accountability for sites – this no longer fits with the Care Groups.

In order that we can provide better and more consistent standards of facilities and support services for our teams we have already started to manage site support staff and estate and utilities budgets centrally. Further work will follow to look at general site and space management to most effectively support the Care Groups.

Current service delivery models vary not just by service, which is expected, but also by locality and sometimes by team.

This variation in service delivery is something that we expect will be standardised by Care Groups and is likely to place even more demands on the need for clinical space as we see more efficient models of care being introduced and more patients being treated in local formal settings (clinics & health centres).
At present clinical space is a scarce resource and too often teams cannot access space within Trust or GP premises, with local room booking systems often unwittingly protecting space for traditional bookings whether utilised or not, and instead rely on what they can negotiate from other agencies or have to pay for external venues which often aren’t ideal.

We believe that there needs to be shift away from the often territorial management of space by the resident team in favour of a central system of resource (clinic room, meeting room, desk etc.) booking together with a step change in the way we identify the need for and allocate work space to particular teams and individuals.

Such a change will present significant challenges to a lot of teams however it is anticipated this will ease with the move to EPR and with the deployment and enhancement to mobile devices and technology.

Additionally, the Trust has now entered a period of unprecedented change and radical new ways of working.

Coupled with the requirement to reduce unproductive travel time between meetings and appointments, cut business mileage (5.4M miles in 13/14 costing the Trust about £3M in mileage costs and an estimated £2.8M in staff time costs) and encourage fewer people to make a daily commute to the workplace by car, significant advances in technology means that staff can, and do, already work in an increasingly mobile and flexible way from various locations, including their homes.

Discussions are underway with the county council to see how the Trust can learn and perhaps adopt their approach to Agile Working. Through their Better Places for Work Programme the council has introduced standard approaches to space allocation and deployed mobile systems and devices to bring about a more efficient workforce.

Our Estates Strategy is shaped to reflect and enable those changes.
**Benefits Realised from Previous Strategy**

Over the last 5 years significant progress has been made to reduce and align the estate to best support service delivery affecting about 9,500m².

At our main mental health campus, Carleton Clinic in Carlisle about 3,000m² has been vacated and either converted, demolished or declared surplus including 20 acres that is in the process of being sold for residential development. At West Cumberland Hospital the Trust has relinquished about 2,500m².

About £17M has been spent modernising mental health inpatient services including conversion of about 2,500m², refurbishment of 6,000m², and 2,000m² of extensions built.

Community Health services have benefitted from direct investment by the Trust and former PCT of about £7M bringing the community hospitals and SUSD units up to an acceptable standard.

We have also seen wider investment, facilitated by commissioners, of about £24M with the completion of new buildings in Shap, Sedburgh, Cockermouth, Cleator Moor, North Carlisle and Grange replacing old inefficient buildings with new state of the art healthcare facilities with about 4,000m² for our services.

Two new back-office service centres have been established at Carlisle and Penrith providing about 2,400m² of high density modern office space with over 250 desks, 8 meeting rooms. Annual costs compare favourably equating to about £1,500 per desk per annum.

In all, the changes have resulted in a reduction in occupied floor area of about 2,500m² representing a saving in the region of £0.4M per annum.
4. Cumbria Partnership’s Estate in 2015

The Estate occupied by the Trust is very diverse and spread over about 80 sites throughout Cumbria providing over 70,000m² of floor space. Premises range from the brand new at Cleator Moor and Cockermouth, to the very old at Wigton, Maryport, Brampton, and Alston.

Inpatient services are located at 15 sites, providing 24 separate units ranging from 4 to 28 beds and occupy about 25% of the total floor area (17,250m²). There are a total of 150 Mental Health inpatients beds in 11 units across 4 sites. Community inpatient beds total 215 in 13 units across 12 sites.

Community based services (including mental health) are provided from most of the 80 sites ranging from small team bases (less than 5 staff) to very large campus’ (over 250 staff).

20% of the Trust’s occupied floor space is on the 4 Acute Hospitals sites, and 21% is at Carleton Clinic (mental health campus), 26% is within the community hospitals in North Cumbria.

78% of the floor area is deemed fit for purpose, of that considered below satisfactory; half is in the old community hospital buildings.

The Trust is also a landlord; to GP’s; NCUH; CCCG; and others leasing out over 6,000m².mainly at Workington, Penrith, Alston and Millom.
## Current Property Information

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<th>Carlisle</th>
<th>Copeland</th>
<th>Eden</th>
<th>Furness</th>
<th>South Lakes</th>
<th>Cumbria</th>
<th>England &amp; Wales</th>
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<td>19</td>
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<td>22</td>
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<td>173</td>
<td>185</td>
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**Benefits targeted within this Strategy 2015 – 2019**

**The current Property Programme**

The current property programme is targeted on the disposal of several properties which will realise capital receipts of about £5M. The key properties being the surplus land (8.9 hectares (labelled E)) at Carleton Clinic and the vacant inpatient unit in Ulverston (Gill Rise). As a result of the disposals we aim to reduce annual revenue costs and associated infrastructure support costs by £200,000.

There is also potential in future years for receipts from sale of further land (4.95 hectares labelled F) at Carleton Clinic if development constraints and Local Authority planning constraints can be overcome.

In addition, it may be demonstrated beneficial to the Trust to sell and leaseback some properties largely due to the desire to generate cash receipts of c.£5M.
SETTING THE SCENE

Future Benefits Realisation

Moving forwards to 2019, the Trust’s estate may not look that different from the outside. We’ll probably still have a similar number of community hospitals and mental health sites however within buildings it is likely that significant change will have occurred.

Changes over the next 5 years are likely to include:-

• different working practices following the implementation of EPR reducing the reliance on work dictated by place,
• consolidation of some inpatient services facilitated by enhanced community based services,
• the adoption of more technological solutions to provide more efficient and effective care and to embrace mobile working.

Workspace will be more centrally managed and governed by supporting policies shifting control of premises from individual clinical teams to a central premises management function to ensure fairer access to all teams.

This will provide an increasingly mobile workforce with access to a range of premises for clinical activity, administration or meetings.

As our workforce will be significantly more mobile it may be possible for some teams not to have a specified base location and would operate much more in a virtual sense minimising the need to travel other than to attend appointments. Homeworking will feature much more prominently as part of this shift away from fixed locations for teams.

Exactly how these changes will directly impact on the estate is an emerging picture but from what is known its likely that these developments will fundamentally shape the Estate Development and Investment Plans for the coming years.

Such changes will present challenges including cultural changes to foster trust within a far more autonomous flexible workforce model.
**SUMMARY SERVICE DEVELOPMENT AND DELIVERY STRATEGY**

Significant developments are likely to arise from the work in the south of the county to rebalance the health economy and to identify and underpin the 5 year plans. Services are expected to shift between the three Acute hospitals run by UHMB to deliver a more financially sustainable system. What service configuration that ends up with remains unknown but will inevitably present challenges and opportunities to the Trust and its Estate.

Challenges may include disruption to our services in terms of where they are located as we may be expected to shift to support wider changes. Opportunities may arise that would offer a better ward environment to replace / upgrade the Langdales which at 3.3 beds / 100m² is significantly above the Trusts average of 2.6 for community health beds.

Most recently this programme has won National recognition as one of the “Vanguard” schemes.

A significant development (5,000m²) in Barrow Town Centre is likely to be delivered within the next two years providing space for three GP practices in Barrow (practice population lists totalling about 17,000 people) and potential to replace much of the Trusts community estate. A business case is expected to be approved by NHS England in September 2015.

**“Together for a Healthier Future”**

Similar to the work in the south of the county engagement is underway in the north to identify a five year plan across Health and Social Care. This work is now being bolstered by the recent inclusion in the “Success Regime”.

Most recently this programme has won National recognition as one of the “Vanguard” schemes.
“Together for a Healthier Future”

Potential outcomes from this work include:-

- Shifting of resources towards out of hospital care – providing more care in patients homes to improve outcomes for patients. Plans are well advanced to create an out of hospital care team in Carlisle locality replacing the 14 bed SUSD unit at Reiver House.

- Closer working with Primary Care – the Trusts community services will become more closely aligned to GP practices and in some strategic locations there may be opportunity to create modern facilities e.g. Penrith to support a wider range of services, and in Millom to support the emerging ‘alliance’ and need for additional space for Primary Care at the hospital.

- Health and Social Care developments – there is potential, particularly in more remote communities such as Millom, Wigton and Alston for more sharing of resources to provide a better holistic system for those communities which e.g. may see a different approach to how inpatient and residential / nursing care beds are provided.

Cumbria Strategic Estates Plan (SEP)

As part of wider national role CHP are leading the formation of strategic estates plans including one for Cumbria.

This process will see the forming of strategic estates group across the public sector which will be well placed to develop strategy to deliver a better estate for Cumbria. The Trust is playing a leading role in this process with the CCG and other partners.

The intention is for this to be service led and the strategies being developed (“Better Care Together” and “Together for a Healthier Future”) will be fundamental influences on this.
Putting Quality and Safety First

'Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times. Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work. Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.' Berwick 2013

The Trust has responded to concerns following CQC’s inspection of Ramsay Unit in 2013 including by increasing staffing levels on inpatient units. In turn this has given rise to significant cost pressures and further exposes the inherent inefficiency of our dispersed model of inpatient care.

It is commonly recognised that any non-specialised inpatient unit operating with less than c.16 beds is inefficient. Given that the Trust has several such units and the need to identify ways to bring about efficiencies it follows that this is an area that will require change over the next five years.

Whether that means consolidation i.e. to have fewer but larger units or if it means expanding some of the smaller units will depend on many factors not least of which political ones.

**West Cumberland Hospital (WCH)**

NCUH are well on with development of the new WCH with phased opening due during 2015/16. Most of the changes affecting our services in support of the new build on the WCH site have already taken place.

A business case has also been prepared by NCUH seeking a further c.£30M from the TDA to refurbish the retained parts of the existing WCH. The outcome of this business case and its impact on our services is still unclear and something that will be resolved during 15/16. The emerging position is that most of our services not moving to the new building will now remain in their current setting for the foreseeable future.
Service development strategies as described above suggest potential for changes to our estate but are not explicit which makes identifying specific estate developments challenging.

For the purpose of this Estates Strategy we have identified the most likely themes for estate change supporting the Service development strategies over the next five years.

The identified themes for the estate strategy to 2019 are:-

- Improving inpatient quality, safety and efficiency
- Increasing capacity for “out of hospital care”
- Closer working with Partners in Primary Care and Social Care
- Facilitation of workspace management and more agile methods of working for the Trust workforce
- Reducing our impact on the natural environment

Each of these themes are considered below.
Improving inpatient quality, safety and efficiency

Within Mental Health services it is anticipated that services will one day be consolidated onto fewer inpatient sites and more Acute units will be single sex. The timing of such changes is not defined and perhaps dependent on expansion on the remaining sites and the development locally of robust community based alternatives to full inpatient services.

To properly support the efficient, safe running of those community teams some teams will be require better estate solutions - needs are most evident in Carlisle and Copeland.
Even without the anticipated service reconfiguration there are inherent issues with the current inpatient facilities that will require solutions. Most notably; the desire to reduce the size of Hadrian Unit, currently 26 beds; to replace Oakwood (12 beds); and if required in the longer term to replace Kentmere (10 beds) with units providing single bedrooms and direct access from the ward to private outside space.

If all of these improvements and service reconfigurations were achieved investment of c. £10 - 12M is likely to be required which would most likely be focussed at the main mental health campus, Carleton Clinic, in Carlisle.

It is expected that the Children’s Respite services, The Elms, will transfer to Social Care.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Site</th>
<th>Type</th>
<th>Beds</th>
<th>NIA</th>
<th>Area / Bed m²</th>
<th>Beds / 100m²</th>
<th>% Single</th>
<th>Condition</th>
<th>Suitability</th>
<th>Utilisation</th>
<th>Inv to Modern</th>
<th>Std</th>
<th>Em</th>
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**IMPLICATIONS OF SERVICE STRATEGY FOR THE ESTATE**

**Improving inpatient quality, safety and efficiency**

Within **Community Health**, the beds (c.215 beds) are provided within 13 units spread across 12 sites with 7 units running with less than 16 beds.

There is significant variation in quality of inpatient facilities as shown by the graph e.g. Langdale Units are rather cramped with more than double the number of beds per 100m² (3.3) than the newly built Cockermouth (1.5) and only 30% single bedrooms.

The majority of units are within old buildings e.g. Brampton, Alston, and Maryport are c.100 years old and at Wigton c.175 years old. Other hospitals like Penrith and Millom are over 40 years old and towards the end of their design life. These old buildings mean higher maintenance costs to keep in continued use.

There is significant local affection for the units and affinity with beds as a currency for local healthcare provision. This coupled with the often conflicting political angle make the prospect of any change to the bed base a difficult and potentially unpopular one.

It’s estimated that **investment of the order of £10 - £16m** would be required to bring these inpatient units up to a modern standard e.g. to extend units at Brampton, Millom, and Workington and to replace units at Wigton, Penrith, Maryport and WGH (Langdale Units).

However given the current financial situation it seems unrealistic to expect investment on that scale during the next five years unless there is a significant improvement in Trust finances or central funding provided.
IMPLICATIONS OF SERVICE STRATEGY FOR THE ESTATE

A firm strategy for the configuration of community health inpatient beds is required to inform Estate planning. Any such strategy must take account of the constraints and opportunities posed by our estate and from the interdependency with the wider health system and consider:

- What is a safe sustainable number of beds to provide in a single isolated inpatient unit?
- How many community beds does the system require?
- What impact does such a model have on the current provision, which units need to expand or contract, to remain or to be replaced?
- How can health and social care work more closely to sustain relatively low numbers of beds in more isolated communities e.g. Alston and / or Millom?
- How will any required changes to the estate be funded?

Only once we have a firm strategy for the bed based system of community health care will we be in a position to identify what Estate developments are required to underpin and perhaps deliver a more sustainable system of inpatient care.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Site</th>
<th>Type</th>
<th>Beds</th>
<th>NIA m²</th>
<th>Area / Bed</th>
<th>Beds / 100m²</th>
<th>% Single</th>
<th>Condition</th>
<th>Suitability</th>
<th>Utilisation</th>
<th>Inv to Modern Std Em</th>
<th>Strategy</th>
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<tr>
<td>Langdale North</td>
<td>WGH</td>
<td>SUSD</td>
<td>23</td>
<td>700</td>
<td>30</td>
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<td>26%</td>
<td>2 Satisfactory</td>
<td>1 Below Satisfactory</td>
<td>2</td>
<td>2.25 Review</td>
<td></td>
</tr>
<tr>
<td>Langdale South</td>
<td>WGH</td>
<td>SUSD</td>
<td>23</td>
<td>700</td>
<td>30</td>
<td>3.29</td>
<td>30%</td>
<td>2 Satisfactory</td>
<td>1 Below Satisfactory</td>
<td>2</td>
<td>2.25 Review</td>
<td></td>
</tr>
<tr>
<td>Abbey View</td>
<td>FGH</td>
<td>SUSD</td>
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<td>38</td>
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<td>58%</td>
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<td>Full</td>
<td>0.00 Review</td>
<td></td>
</tr>
<tr>
<td>Eden</td>
<td>PCH</td>
<td>SUSD / Rehab</td>
<td>28</td>
<td>900</td>
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<td>21%</td>
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<td>Full</td>
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</tr>
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<td>RLJA</td>
<td>Community Hospital</td>
<td>6</td>
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<td>50</td>
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<td>33%</td>
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<td>Under</td>
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<td>50</td>
<td>2.00</td>
<td>92%</td>
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<td>Full</td>
<td>0.00 Review</td>
<td></td>
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<td>BWMCH</td>
<td>Community Hospital</td>
<td>15</td>
<td>500</td>
<td>33</td>
<td>3.00</td>
<td>27%</td>
<td>3 Good</td>
<td>1 Below Satisfactory</td>
<td>Over</td>
<td>0.75 Extend</td>
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</tr>
<tr>
<td>Wigton</td>
<td>WIGCH</td>
<td>Community Hospital</td>
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<td>850</td>
<td>45</td>
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<td>26%</td>
<td>2 Satisfactory</td>
<td>1 Below Satisfactory</td>
<td>Full</td>
<td>3.40 Replace</td>
<td></td>
</tr>
<tr>
<td>Ellerbeck</td>
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<td>Community Hospital</td>
<td>14</td>
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<td>14%</td>
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<td>Full</td>
<td>0.70 Review</td>
<td></td>
</tr>
<tr>
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<td>VCH</td>
<td>Community Hospital</td>
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<td>500</td>
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<td>2.60</td>
<td>31%</td>
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<td>1 Below Satisfactory</td>
<td>Over</td>
<td>2.30 Review</td>
<td></td>
</tr>
<tr>
<td>Cockermouth</td>
<td>CCH</td>
<td>Community Hospital</td>
<td>10</td>
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<td>70</td>
<td>1.43</td>
<td>100%</td>
<td>3 Good</td>
<td>3 Good</td>
<td>Full</td>
<td>0.00 Retain</td>
<td></td>
</tr>
<tr>
<td>Copeland &amp; Loweswater</td>
<td>WCH</td>
<td>SUSD / Palliative Care</td>
<td>19</td>
<td>780</td>
<td>41</td>
<td>2.44</td>
<td>32%</td>
<td>3 Good</td>
<td>2 Satisfactory</td>
<td>Full</td>
<td>0.00 Review</td>
<td></td>
</tr>
<tr>
<td>Millom</td>
<td>MCH</td>
<td>Community Hospital</td>
<td>9</td>
<td>400</td>
<td>44</td>
<td>2.25</td>
<td>44%</td>
<td>2 Satisfactory</td>
<td>1 Below Satisfactory</td>
<td>Full</td>
<td>0.25 Review</td>
<td></td>
</tr>
</tbody>
</table>
Within Children’s and Families services significant investment has been made over the last few years. This has gone a long way to providing the services with access to the facilities required to support service delivery including new bases for CAMHS in Workington and Carlisle, and for Health Visiting, School Nursing, Family Nurse Practitioners & Nursery Nurse Teams in Carlisle. There are however still some areas to address, most notably:

• Barrow – proposed Alfred Barrow development will transform (replace) facilities for a wide range of Children’s services
• Kendal – improvements required to sustain CAMHS services at Kinta Annex
• Penrith – improvements needed to the Health Centre to integrate Children’s services under one roof and to provide additional and improved clinic spaces

Within Specialist Services Community Dentistry has benefitted from a sustained programme of investment over the last 3 years with perhaps only Flatt Walks in Whitehaven yet to be improved.

Other areas of need for Estate improvements include:

• Edenwood – improvements 10 years on from opening of the unit
• GUM Sexual Health – identify options to replace temporary facility at Carlisle and improvements at Workington
• Space for newer services – e.g. Neurosciences
• Diabetes – to move away from the Pillar Building at CIC

The Elms Respite service is due to transfer to the county council in 2015 and we have agreed to sell the building.
IMPLICATIONS OF SERVICE STRATEGY FOR THE ESTATE

**Increasing capacity for “out of hospital care”**

We are already seeing significant developments in primary care in response to the growing demand on NHS services as the population grows, more people are living longer and are increasingly dependent on healthcare. Opening hours are being extended and most Primary care services are expected to be available 7 days a week within the next five years. Most already operate extended hours during the week (3 x sessions a day) and some open on Saturdays.

In the Acute sector we also seeing similar changes to bring most services into a 7 day a week operation in order to increase throughput / capacity with less beds. This seems critical to ensure the quality and safety of care irrespective of what day of the week it is required. Such changes are already putting pressure on our services e.g. AHP’s as their input is required 7 days a week otherwise there will be delays, avoidable if working patterns are adapted to meet these demands.

It would seem strange if our “out of hospital care” services weren’t to follow a similar pattern to adapt to provide more services over a 7 day week.

Such a shift in activity may provide some much needed smoothing of activity which at present seems to be concentrated Tues - Thurs. At least these are the periods of time where it seems most difficult to find available clinic space. Whereas there are often many rooms available on a Friday.

The profile of when the workforce is on duty is also a factor in this unbalanced spread of activity across the week.

If we are to improve utilisation of our estate whilst increasing capacity for “out of hospital care” then we need to look at both extended hours and rebalancing activity and workforce across that extended week.
Closer Working with partners in Primary Care and Social Care

The landscape for health and social care provision has changed significantly in the last 5 years – how it will evolve over the next 5 years is extremely difficult to predict. Factors such as the Vanguard and Success Regimes, the current austerity programme, and increasing competition both from within the NHS and from private providers will all have a significant influence on the shape of health and social care provision nationally.

More locally it is now commonly accepted that we have a broken health economy, c.£60M in deficit year on year and set to worsen, a major incident declared in North Cumbria with patients diverted elsewhere, local authorities implementing massive cost cutting programmes to meet the demands of austerity which is completely changing the landscape of public services locally.

In five years time will we still have 3 separate NHS providers in Cumbria? Will there still be a several district councils and the county council?

Whilst difficult to predict it is perhaps safe to assume that the organisation of health and social care will not look how it does now in five years time.

The forming of the “Alliance” of public sector organisations in Cumbria and participation in the Vanguard and Success Regimes is perhaps the start of a process that may see less obvious boundaries between the organisations and more seamless service delivery.

Within Primary Care there are signs of stress from the new NHS structures with some General Practices struggling to meet the demands of CQC Registration. The system now seems unable and perhaps less willing to assist GP’s with new premises which under the old regime was commonplace. As a result it looks likely that there will be less small privately run GP partnerships in 5 years. What will the model for General Practice look like and what role will the Trust play? Perhaps what is evolving in Millom will be guide to the future.

All of these factors seem to point towards there being more centralisation or at least joining up of what is a very fragmented care system currently in order to drive out the inherent inefficiencies. The development of the SEP (Strategic Estates Plan) for Cumbria with CHP and partners is a key step in determining a way forward.
Facilitation of workspace management and more agile methods of working for the Trust workforce

Perhaps the single biggest change that is expected to affect the estate and how we use it over the course of the next 5 years is how and where we will carry out our work.

If we look back over the last 5 years there have been significant advances in technology e.g. with the introduction of faster more reliable communications networks and better and ever more capable mobile and computing devices. In the workplace it is now commonplace to be reliant on super fast networks, blackberry / smartphone, pc, laptop, or perhaps tablet.

Whilst there has been a marked increase in email traffic and less paper is produced, circulated and stored there is still significant scope to streamline our operations by harnessing the capabilities and freedoms offered through use of what is now widely available technology.

Many of our services are still entirely reliant and constrained by paper based patient record systems – particular within Children’s and Families Services.

Even with the planned introduction of an electronic patient record system in 15/16 the paper record will still have a key role to play for the next 18 years while its presence diminishes over that time.

During the next 5 years we expect to see many teams and services transform the way they operate facilitated by EPR and better IM&T infrastructure. This is expected to have an effect on what we need from our estate.

In five years we’d expect to have:-

• Fewer desks dedicated to the use of a specific individual and far more flexible use hot desks
• Less office space overall
• Less space used for the storage of paper records
• A significantly higher proportion of the workforce working from non Trust buildings e.g. home, Partner Agencies buildings, social settings
• A far happier, more motivated and flexible workforce with the tools to their job from a range of locations where most effective.

RiO is coming…
And the changes are going to revolutionise patient care!
In order to achieve such a vision we expect that there will need to be a significant shift in culture fostered through policy innovation and development. Policies will need to change to support greater autonomy for staff to provide scope for them to get the job done whilst balancing that within a framework that ensures quality and safety and efficiency.

Trust between management and the workforce will also need to develop considerably if staff are to flourish to the degree required to take advantage of the technologies we have at our disposal. If we don’t then staff will continue to require their own fixed workstation in a building, face to face attendance at meetings and lots of unnecessary unproductive travel.

We also anticipate the need for a change in the way we control access to office and clinical space. Access to hot desks and to clinic or meeting rooms is currently uncoordinated across the Trust and there is scope for improvement. Workspace needs ought to be determined according to the profile of work demanded by the job. For example:-

- If an administrative workers’ role is largely desk based in a single location then their work profile is likely to require a dedicated workstation
- Alternatively, if a community nurse spends 60% of time in the community and about 40% of time carrying out administrative tasks then their work profile is more likely to only require periodic access to a workstation.

Many organisations have adopted similar approaches including Cumbria County Council.

They have embarked on an organisational and cultural transformation programme reviewing how and where staff are based and embrace more flexible ways of working making the most of modern technology. That programme of work is called Better Places for Work (BP4W), and began with a pilot project in Whitehaven, which successfully enabled the council to move from four buildings to a modern open plan office. Combined with improved ICT staff are able to work more flexibly, making use of facilities at other Council premises rather than having to always travel into the main office.

That approach is enabling CCC to save money by running a single more efficient property and to reduce their carbon footprint, whilst supporting staff to have a better work-life balance.

As mentioned previously discussions are underway with the county council to see how the Trust can learn and perhaps adopt their approach to Agile Working.
Reducing our impact on the natural environment

The Trust is committed to being an environmentally friendly and socially responsible organisation and recognises that some of our activities can have a significant impact on the environment. It is important that these activities are managed effectively to minimise the impact and to ensure that we comply with, or exceed, relevant statutory requirements. The Trust faces a number of strategic challenges that have an impact on our carbon reduction strategy.

The Trust has continued to implement measures within the 5 year detailed action plan to reduce Greenhouse Gas Emissions (GHG) and drive forward opportunities for cost savings.

Through the Climate Change Act 2008 the Government has set a target to cut Greenhouse Gas (GHG) emissions by at least 80% on 1990 levels by 2050. To take this forward the Trust is taking action, including developing systems, to comprehensively measure, understand and report the environmental impacts of our operations.

With the acquisition of community services from the PCT in April 2011, the Trust approximately doubled in size. As a result the scale of the challenge to meet carbon reduction increased significantly. Continued investment is required to ensure continuous improvement.

Recent investments have included:

- Installed a Solar PV system at Workington Community Hospital.
- Installed and commissioned high efficiency gas boilers at Carleton Clinic, this has reduced GHG emissions by 74 tonnes per annum.
- Further reduced waste going to landfill.
- Installed a Solar PV system and new lighting into Maglona House.
- Secured the prestigious Gold Award for the fifth time from Cumbria Business Environment Network for our commitment to environmental management.
- Improved insulation and upgraded boilers on a number of smaller properties.

Priorities and Targets going forward

The Trust has a five year plan to improve environmental sustainability and includes the following priorities:

- Replace inefficient lighting within Community Services properties
- Identify potential premises for new sustainable energy technologies
- Improvements to heating, lighting controls, insulation and draught prevention and further upgrading of high efficiency boilers
- Tree planting scheme to offset carbon emissions
- Develop plans to reduce overall business miles
- Further reduce waste sent to landfill.
**Capital budgets**

The 5 year plan (below) includes £13.8M over the next five years for investment in the estate and none ICT equipment.

<table>
<thead>
<tr>
<th></th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
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<tr>
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<tr>
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<td>1.1</td>
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<td><strong>TOTAL</strong></td>
<td>1.8</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
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</tr>
</tbody>
</table>

The level of investment has been set to support maintaining the estate in good condition and in meeting expected environmental and statutory requirements as well as some service developments (£4.4m).

It does not include investment to support the wider anticipated service development or to address significant quality issues. Instead such investment decisions e.g. to support significant changes to the bed base are expected to be considered on their merits with a supporting business case and identification of funding means.

Any significant capital requirements are likely to need to be externally financed which is why we are committed active participation in the Cumbria LIFT scheme.

**Potential for investments over the next 5 years has been estimated for Care Groups to be of the order of £22 – £28m:-**

- **Mental Health** | £10 - £12m
- **Community** | £10 - £16m
- **Children & Families** | £1m
- **Specialist Services** | £1m

**Fixed asset disposals** – We expect to sell surplus estate over the 5 years with proceeds of c.£5.0M.
Revenue Budgets

Over the period of the strategy it is anticipated that cost pressures, perhaps significant, will materialise within our Estate running costs. This is anticipated due to several factors, including:

- Disparity between funding (at best flat) and real costs which are rising year on year (2% - 5%) and has been the case for sometime.
- Rising energy costs (the wholesale price, the distribution costs, triad costs, and government initiative costs are all expected to continue to rise).
- Trust budget is now in deficit which means less cash will be available for investment – inevitable investment needs still to be met perhaps through external financing with increasing revenue consequence for the Trust.

Some of these downsides may be offset if we are able to harness new technologies to adapt the way we all work to become less reliant on buildings.

However, the net effect is still expected to be significantly adverse given the anticipated little or no change to clinical models affecting where the Trust can operate from. This is compounded as clinical services represent over 85% of the Estate costs meaning there is far less to go at from other non clinical services.

That position is also worsened if the anticipated Estate developments are implemented to support service transformation. Assuming these developments have to be externally funded means that there will be a significant revenue consequence.

For example; the proposed development in Barrow town centre is for a 5,000m$^2$ facility shared between the Trust and GP’s is costing about £14m (to be externally financed). This is predicted to give rise to revenue costs of the order of £1.6m per annum. In this case commissioners have agreed to fund the additional revenue costs which equate to about £0.7m per annum.

If this is at all typical of externally funded developments, revenue cases are likely to require considerable support – probably from commissioners unless they can demonstrate substantial operational savings.
Revenue Budgets continued

To counter these expected pressures it is planned that greater control will be taken over the use of and the running of the Estate.

Initially, control of the majority of Estate budgets has shifted to the Estates Department where it is expected that some economies can be made by putting in place more consistent arrangements across the Trust.

Site support services have also come under the central control of the Estates and Facilities team to ensure more appropriate professional leadership and supervision for these essential services. Whilst it is expected that such changes will reduce variation and improve quality of service it is unlikely to deliver any cost efficiencies as it is recognised that there is an inherent lack of supervision within the current resources.

Use of the estate will also be much tighter and combined with developments in how clinical services are operated – e.g. over an extended week, we ought to see a much greater utilisation of our estate assets demonstrating value for money.