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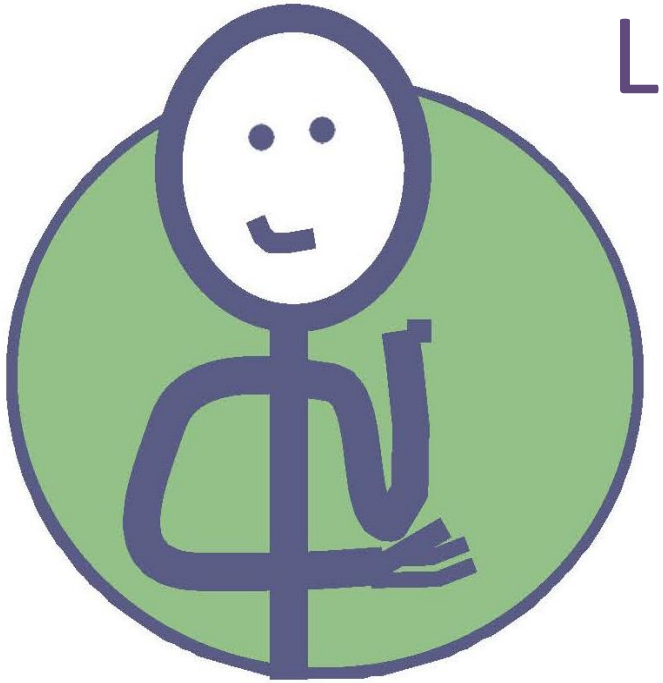

# Leicester, Leicestershire & Rutland STP

## Estates Strategy and Plan
July 2018

*"Our life, our health, our care, our family and our community"*

Version must be submitted to nhsi.strategicfinance@nhs.net by 16 Monday July 2018

# Disclaimer

The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.

In respect of any request for disclosure under the FoIA: This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.

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# Document Control

| Issue Ref. | Version Date | Status / Summary of changes | Owner / Author |
|---|---|---|---|
| CV2 | 11/6/18 | Draft for discussion at 12/6/18 page turning meeting | Community Ventures (CV) |
| CV3 | 14/6/18 | Engagement meeting with EMAS 12/06/18 . Draft for QA Session on 18/6/18 | CV |
| CV4 | 15/6/18 | 2nd Draft for QA Session on 18/6/18 (LLR partners involved in contribution). Submitted to SLT on 21/06/18 | CV |
| CV5 | 21/06/18 | Incorporating SLT comments 21/06/18. For submission to NHSE on 22/06/18 | CV |
| CV6 | 22/06/18 | V6 created | LP |
| CV6 | 29/06/18 | V6 Draft for LLR Estates Form | LP |
| CV7 | Expected 03/07/18 | Including estates performance targets for circulation to SLT | CV |
| CV8 | 12/07/18 | Incorporation of all comments received and final edit for submission to SLT | CV |

# Glossary

| Acronym | Description | Acronym | Description |
|---|---|---|---|
| **AICU** | Adult Intensive Care Unit | **FYE** | Full Year Effect |
| **ARCs** | Ambulance Resource Centres | **GEM** | Generic Economic Model (Dept of Health) |
| **BCF** | Better Care Fund | **GH** | Glenfield Hospital |
| **BCT** | Better Care Together Programme | **GIA** | Gross Internal Area |
| **CAHMS** | Child and Adolescent Mental Health Services | **GMP** | Guaranteed Maximum Price |
| **CCG** | Clinical Commissioning Group | **GP** | General Practitioner |
| **CIP** | Cost Improvement Programme | GPU | Government Property Unit |
| **CIR** | Critical Infrastructure Risk | **HBN** | Health Building Notes |
| **CVD** | Cardiovascular Disease | **HSE** | Health and Safety Executive |
| **DH** | Department of Health | **I&E** | Income and Expenditure |
| **DRM** | Digital Roadmap | **ICU** | Intensive Care Unit |
| **EAC** | Equivalent Annual Cost | **IM&T** | Information Management and Technology |
| **ELRCCG** | East Leicestershire and Rutland CCG | **IT** | Information Technology |
| **EMAS** | East Midlands Ambulance Services NHS Trust | **ITFF** | Independent Trust Financing Authority |
| **EFL** | External Financing Limit | **JSNA** | Joint Strategic Needs Assessment |
| **EMCHC** | East Midlands Congenital Heart Centre | **KPI** | Key Performance Indicator |
| **EPR** | Electronic Patient Record | **LCCCG** | Leicester City CCG |
| **ETTF** | Estates and Technology Transformation Fund | **LD** | Learning Disability |
| **FBC** | Full Business Case | **LGH** | Leicester General Hospital |
| **FM** | Facilities Management | **LLR** | Leicester, Leicestershire and Rutland |
| **FTE** | Full Time Equivalent | **LPT** | Leicestershire Partnership NHS Trust |

# Glossary

| Acronym | Description | Acronym | Description |
|---|---|---|---|
| **LRI** | Leicester Royal Infirmary | **PMO** | Project Management Office |
| **LTFM** | Long Term Financial Model | **PSCP** | Principle Supply Chain Partner |
| **NHSE** | NHS England | **QNIC** | Quality Network for Inpatient CAMHS |
| **NHSI** | NHS Improvement | **SDMP** | Sustainable Development Management Plan |
| **NICE** | National Institute for Health and Care Excellence | **SOA** | Schedule of Accommodation |
| **NPC** | Net Present Cost | **SLT** | Senior Leadership Team (STP) |
| **OBC** | Outline Business Case | **SRO** | Senior Responsible Officer |
| **OJEU** | Official Journal of the European Community | **STF** | Sustainability and Transformation Funding |
| **OOA** | Out of Area | **STP** | Sustainability and Transformation Partnership |
| **OPE** | One Public Estate | **UHL** | University Hospitals of Leicester NHS Trust |
| **OSC** | Overview and Scrutiny Committee | **VAT** | Value Added Tax |
| **PAM** | Premises Assurance Model | **VFM** | Value for Money |
| **PAU** | Project Appraisal Unit | **WLCCG** | West Leicestershire CCG |
| **PCBC** | Pre-Consultation Business Case | **W&C** | Women's and Children's |
| **PDC** | Public Dividend Capital | | |

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# STP Estate Strategy

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3. Clinical Vision
4. Estates Vision
5. LLR Priorities
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8. Capital Investment Summary & Surplus Land and Housing Opportunities
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2. Prioritisation Model Scoring
3. Digital Road Map Objectives
4. Workforce Strategy

# Executive Summary - Introduction

## Introduction:

Our partner organisations commission and provide health and care services for over a million people in Leicester, Leicestershire and Rutland (LLR). Over the next 5 years, our services will need to adapt and transform in order to ensure that they remain clinically and financially sustainable. A robust Estates Strategy is a key strand of achieving these objectives.

The LLR Sustainability and Transformation Partnership (STP) sets out actions to balance the various pressures faced within the health care environment, known as the Better Care Together Programme (BCT). In order to meet financial challenges in the future, we will need to transform the way in which we deliver our clinical services; and we plan to change our estate to respond to these changes. To achieve this the LLR partners are committed to working together in partnership.

This Estate Strategy is an enabler to support the three challenges and potential solutions identified by the STP and includes identifying solutions against the three gaps of:

- health and well being,
- care and quality,
- finance and efficiency.

## Estate Strategy Ambitions:

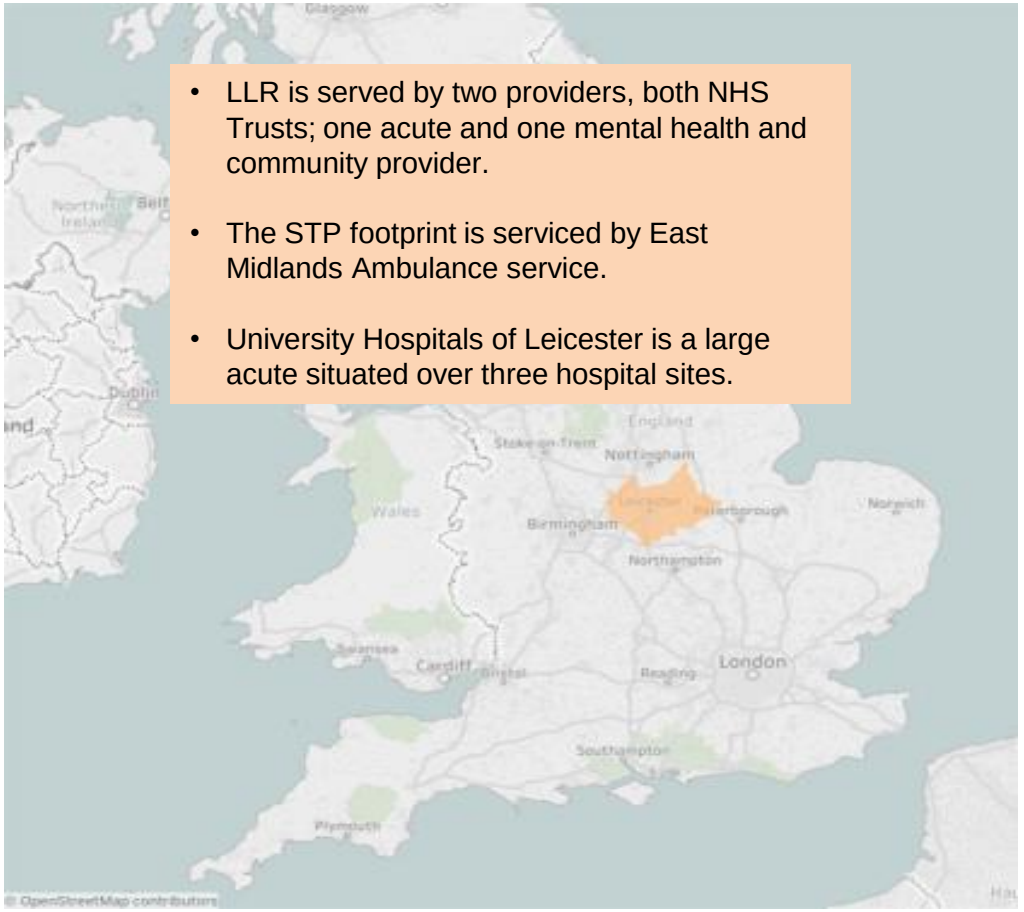
- Developing the estate, subject to significant public investment, so there are appropriate facilities in which to deliver 21st century healthcare as efficiently as possible.
- Continuing to develop our proposals for the reconfiguration of the STP's acute hospitals including a move from 3 to 2 Acute Trust sites
- Ensuring better utilisation across the estate to facilitate improved care in the community including Community Hospitals
- Reviewing the facilities we will need in the community as more care moves out of those acute hospitals closer to people's homes.
- Improving Primary Care facilities enabling GPs to provide a wider range of services
- Providing improved inpatient and outpatient services including diagnostics
- Contributing to National targets for reducing backlog maintenance, disposals and housing including sharing estate with partners.

# Executive Summary – STP Overview

This Estates Strategy and Plan sets out how the public sector health estate will support clinical services to improve the quality of care and experience of users, at a time when demand for services is continually outstripping the resources available. In order to deliver the aspirations of the STP, we need to transform the services in terms of how and where services are provided.

Leicester, Leicestershire and Rutland (LLR) STP is located in the East Midlands (see map).

The population overall in the LLR sub-region is getting older, and as such people often have more long term illnesses that need managing. Improving the consistency in the quality and access of care for local people is the key aim of the STP partners. Addressing the current system pressures on a multi sector/agency basis will offer a more integrated approach to improving service delivery to the population.




- LLR is served by two providers, both NHS Trusts; one acute and one mental health and community provider.
- The STP footprint is serviced by East Midlands Ambulance service.
- University Hospitals of Leicester is a large acute situated over three hospital sites.

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# Executive Summary – STP Overview

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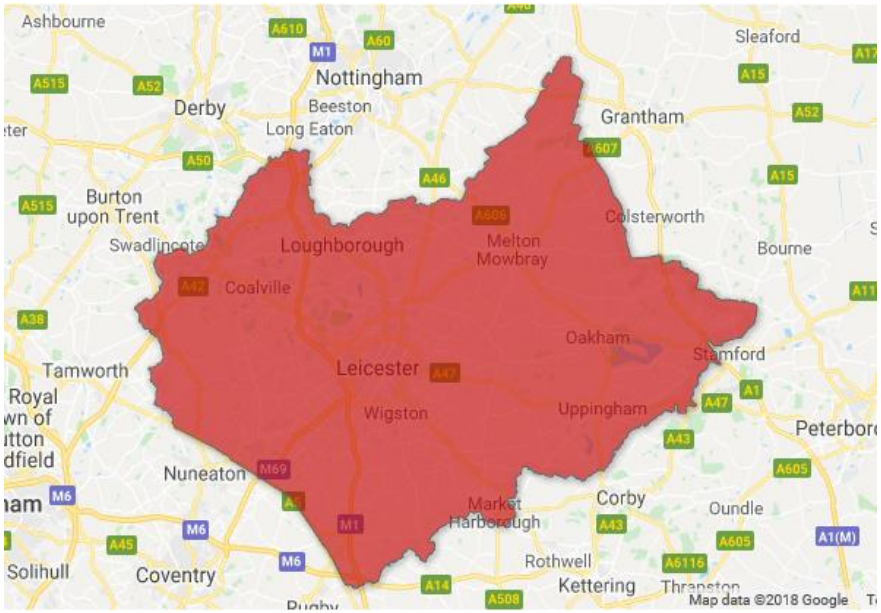


## Overview of STP Area:

- Leicester, Leicestershire & Rutland covers a population of circa 1,062,000 people.
- Housing Development Plans may increase the population by circa 143,000 residents.
- Main demographic profile includes an aging and rurality outside the metropolitan areas. where the population is significantly younger.
- Within Leicester city, 45% people are from an ethnic minority group.
- Rutland is the least deprived area, whilst central Leicester is most deprived in relation to health inequalities.

## Significant STP Health Challenges:

- Deaths from cardiovascular disease
- Diabetes
- Tuberculosis (TB)
- Mental Health Conditions
- Depression
- Dementia

- Life expectancy follows the area's deprivation profile with people in Rutland and Leicestershire living longer that those in the city. Leicester City also has the largest inequality in life expectancy of between 6.6 years for women and 8.2 for men with a particular high incidence of deaths due to cardiovascular disease.

- A higher recorded incidence of diabetes in Leicester City is a significant national outlier and there is also a higher incidence of TB. Diabetes and TB are more prevalent in areas with a high Asian/Afro Caribbean ethnic profile reflecting the local demography.

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# Executive Summary – Clinical Vision

**Long Term Vision for Clinical Transformation/Strategy**

**"To develop an outstanding, united health and care system that delivers excellent outcomes for the people of Leicester, Leicestershire and Rutland"**

**Triple Aim Gaps:**
- Health and Wellbeing
- Care and Quality
- Funding and Finances

**Outcomes of the Clinical Strategy**

**Keep more people well and out of hospital** by strengthening primary care and delivering health and care services through integrated teams.

**Deliver more care closer to home** by introducing a "Home First" approach to care for people at home avoiding unnecessary hospitalisation, and move outpatients and day cases to the community where it is safe to do so.

**Care in a Crisis** to manage demand for urgent care by extending access to GPs in the evening and at weekends, offering NHS 111, and emergency responses for people experiences mental health episodes delivered promptly and in the most appropriate way.

**Provide High Quality Specialist Care** by creating specialist pathways to meet or exceed national standards, putting mental health on a par with physical health, and building a new dedicated maternity unit.

**Supporting Vision for the Estate**

- Services should be delivered from an estate which meets clinical need; is accessible; offers value for money; is of acceptable quality; and meets safety and legislative compliance, supporting integrated teams working out of community hubs
- Wherever possible, buildings will be designed to be flexible to adapt to changing needs over time
- Use of physical assets will be maximised
- The estate is of mixed tenure should be adapt to changes in service need
- The use of technology will be maximised to support efficient and agile working practices and reduce dependence on fixed office accommodation
- Building utilisation rates should be a minimum of 85%
- Public sector assets will be promoted to maximise utilisation
- Property will be invested in to provide modern, fit-for-purpose, 21st century facilities reducing backlog maintenance and running costs
- Retain the most appropriate assets and actively dispose of surplus sites wherever possible to support housing opportunities
- Population growth will be planned for within the STP area and on-going demographic challenges met in major metropolitan centres aligning with Local Authority long term Strategic Plans.

# Executive Summary – Estates Vision

The STP Partnership is delivering sustainable transformation in a different way to meet the future health needs across the LLR area.

This Estates Strategy responds to the needs of the Better Care Together (BCT) Programme which is the LLR health and social care system wide change programme to improve the quality of care of patients and the public while achieving overall system sustainability. The BCT Programme sets out a clinical model of care to which the Estate Strategy responds.

Changes to estate utilisation will support clinical transformation in order to improve the quality and efficiency of health services.. An estimated transformational capital investment of £658 million is required to:

- Reconfigure acute hospital services in order to deliver the specialist care we need;
- Enhance community facilities to ensure we can look after people when they leave hospital and deliver integrated, planned and urgent care as well as diagnostic procedures close to home;
- Provide top quality CAMHS and Adult Mental Health facilities;
- Improve GP surgeries and health centres;
- Lever technology to provide better patient services, with greater productivity (Appendix 3 shows the LLR Digital Road map Objectives);
- Ensure LLR can deploy workforce efficiently making best use of newly introduced roles (Appendix 4 shows the LLR Workforce strategy summary)

**From an Estates perspective we are:**

- Working with clinical workstreams to set the direction of travel in priority areas **(UHL Acute Reconfiguration and Hinckley & Bosworth Community Services projects);**
- Ensuring the direction of travel of health provision is supported by estate transformation **(ETTF GP premises programme);**
- Understanding the total estate and its performance to prioritise activity and investment;
- Linking with the One Public Estate (OPE) agenda across the public sector within the STP Partnership to maximise collective opportunities and add value to mutually significant priorities; and to promote potential housing development **(Rutland OPE feasibility);**
- Clearly aligning estate proposals and estate planning to inform investment plans and surplus land opportunities;
- Supporting both Clinical and Estates transformation by developing key strands of work to establish and prioritise capital (investment) requirements
- Working to deliver our fair share of the Naylor targets, targeting £40.08M land disposal receipts, and providing 1,263 housing units.

**Key outputs from the Estate Strategy going forward will be:**

- A delivery plan to drive forward continual development and implementation of the strategy
- A developing and prioritised capital plan to meet clinical needs
- A broadening view on disposals
- A focus to identify and making available surplus land for housing
- To identify opportunities across all of the partner portfolios
- To address operational efficiencies including backlog maintenance and utilisation
- Alignment to the LLR workforce strategy (see Appendix 4).

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# Executive Summary – LLR Workstream Priorities

## LEICESTER LEICESTERSHIRE & RUTLAND WORKSTREAMS

### NATIONAL PRIORITIES (5)

- Primary Care
- Urgent & Emergency Care
- Cancer
- Mental Health
- Learning Disabilities

### LOCAL PRIORITIES (7)

- Home First
- Integrated Locality Teams
- Community Services
- Planned Care
- Preventing ill Health
- Medicines Optimisation
- Children's and Maternity

### ENABLING PRIORITIES (5)

- Workforce
- IM & T
- Estates
- Finance
- Comms & Engagement

# Executive Summary – Priority Programmes & Projects

In support of the clinical work streams in the LLR programme the following estates projects have been developed to enable real transformation across our healthcare system. The current programmes and projects have been ranked to ensure those that LLR regard as critical in delivering our strategy are put forward for capital support. The full scoring and ranking of these projects is shown in Appendix 2. For wave 4 bids the result of the LLR prioritisation process is summarised in the following table:

| Funding Source | | Projects | Value |
|---|---|---|---|
| STP Capital | Wave 1 | The relocation of ICU capacity and associated specialties from the Leicester General site<br><br>CAMHS Re-provision | £30.8m<br><br>£8m |
| | Wave 2 | No projects | |
| | Wave 3 | No projects | |
| | Wave 4 | UHL Acute Reconfiguration Priority 1<br>Hinckley and Bosworth Community Health Services Priority 2<br>LLR Ambulance Hub Priority 3 | £367.3m<br>£8.035m<br>£6.84m |
| ETTF | | South Wigston Medical Centre ETTF Priority 1<br>Barwell Medical Centre ETTF Priority 2 | £1.0m<br>£1.9m |

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# Executive Summary – Estate Overview

**Current Estate**:

- Total NHS estate area: 464,034 m2
- Total Estate Running Cost: c£143.02m
- 21.8% non-clinical space*
- 7.2% unoccupied space*
- c£82m backlog maintenance
- c£22m high-risk backlog maintenance*
- Community accommodation utilisation c74%**

*Figures are based on 2017-18 ERIC return data and doesn't include NHSPS, CHP and Primary Care estate
** LIFT Estate information only

| | |
|---|---|
|  12 owned<br>1 leased (PFI)<br>336k sqm GIA<br>£80,867,919 backlog costs<br>**Hospitals (including community)** |  7 owned<br>11 leased<br>**Offices** |
|  4 owned<br>8.514 Ha<br>**Land without buildings** |  37 owned<br>12 leased<br>**Other / Unknown (includes some offices)** |
|  35 owned<br>31 leased<br>56k sqm GIA<br>£1,132,081 backlog costs<br>**Health Centres** |  71 owned<br>53 leased<br>30,169k sqm GIA<br>**GP owned or leased from other parties** |

| | |
|---|---|
|  11 owned<br>1 leased (PFI)<br>336k sqm GIA<br>£76,867,919 backlog costs<br>**Hospitals (including community)** |  6 owned<br>11 leased<br>**Offices** |
|  3 owned<br>3.704 Ha<br>**Land without buildings** |  37 owned<br>12 leased<br>**Other / Unknown (includes some offices)** |
|  35 owned<br>31 leased<br>56k sqm GIA<br>£1,132,081 backlog costs<br>**Health Centres** |  71 owned<br>53 leased<br>30,169k sqm GIA<br>**GP owned or leased from other parties** |

**Planned Estate 2023 (Excludes full impact of acute reconfiguration):**

- Reduce to 452,580m m2
- Total Estate Cost of c£146.26m
- Maintain 19% non-clinical by March 2023
- 5.8% unoccupied by March 2023
- c£78m backlog maintenance
- Plans in place to maintain levels of high risk back-log maintenance, which will reduce when acute reconfiguration is implemented
- Community accommodation: utilisation optimised

# Capital Investment Summary & Surplus Land & Housing Opportunities

## Capital Investment Summary:

**Estate Prioritisation:**

- Prioritisation has been undertaken covering six key areas;
    - STP alignment
    - Leadership and capacity to deliver
    - Demand management
    - Transformation (patient and workforce benefits)
    - Estates improvement
    - Financial sustainability
- The assessment was completed by estates, strategy and finance leads from across the STP footprint, and approved by the System Leadership Team (SLT).
- The prioritisation model used is attached in Section B Other Estates Information

**Capital Investment requirements:**

**LLR has identified transformational schemes of £658.2m, comprising:**

- Total £413m Transformational Acute and Service Shift – £367 Acute reconfiguration, £30.8M interim ICU, £7M Hinckley and Bosworth, £6.8m Ambulance Hub
- £100m – Adult Mental Health reconfiguration
- £8m – CAMHS facility
- £14.4m – Community Hospitals
- £28.4m home first and primary care
- £75.6m technology projects
- £18.8m acute other

- These schemes will collectively improve the revenue position by £46.5m
- Surplus land opportunities from these specific schemes have identified potential to generate capital proceeds of over £25.8M
- This leaves an overall funding requirement of £632.75

## Summary of Surplus Land & Housing Opportunities:

As part of the development of this revised STP estate strategy, there has been careful consideration of land likely to become surplus to requirements that can potentially be taken forward for planning and disposal in the next 5 year period:

The review has identified **10 sites** to date that have the potential to release surplus land should the capital plans be delivered that would allow **c1,075 housing units** and generate capital proceeds of **c£30M**, subject to statutory consultation and successful planning consents. This is 75% towards the LLR Naylor Fair Share disposals target and 86% toward the land available for housing units.
A number of further sites may be available, subject to service reviews, which are yet to be assessed for their value and development potential.

**The opportunities have been RAG'd for delivery as follows:**

- Green (already vacated) – 1 sites / £4.2m
- Amber (occupied sites but well advanced) 2 sites / £23m
- Red (complex sites) – potentially 7 sites / disposal proceeds to be confirmed

The Amber and Red sites require capital investment in order to release the land

**The key sites to take forward are:**

- The Paddock – Glenfield Leicester - c£4.2m
- Leicester General Hospital (subject to consultation) - c£22m
- Hinckley and District General Hospital – c£0.75m -£1m
- There are a further 7 relatively small sites that have the potential to deliver further surplus land.

# Executive Summary – Conclusions & Next Steps

**Summary Conclusions:**

- Our Estate Strategy, in draft form, is the result of extensive work across the partnership organisations of LLR.
- The process adopted in its production has fostered increased joint working and sharing across organisations resulting in a cohesive prioritised plan for the estate as a driver to deliver clinical change and workforce productivity in the STP area.
- Key estates actions and schemes are identified which will enable system change to transform the estate in support of the key service strategy objectives of the partnership.
- It clearly sets out 'stretch' estate performance metrics agreed across organisations plus a series of joint actions to improve the condition, functionality and cost effectiveness of the estate for health and care purposes.
- Redundant or surplus estate/land identified, where possible, will be freed up to contribute to the national housing agenda.

**Next steps - key actions and enablers will include:**

- The agenda going forward will be driven by our Estates Group linking to the SLT to ensure estates ambitions are realised
- Gaps in knowledge identified will be the subject of ongoing work for example improvement of data collection on estate utilisation for clinical and non clinical services. This will further inform the required shifts in working practices within and across organisations in relation to non clinical space so that further data can be collected and stretch targets set.
- Key to the delivery of this estates programme will be:
  - The workforce capability and capacity resource available in the system to progress estates improvements and transformation.
  - A deliverable financial plan with the availability of capital and affordable revenue.
  - Continued close partnership working across all organisations.

# Section A – Estates Strategy

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# A1.STP Estate Planning Governance

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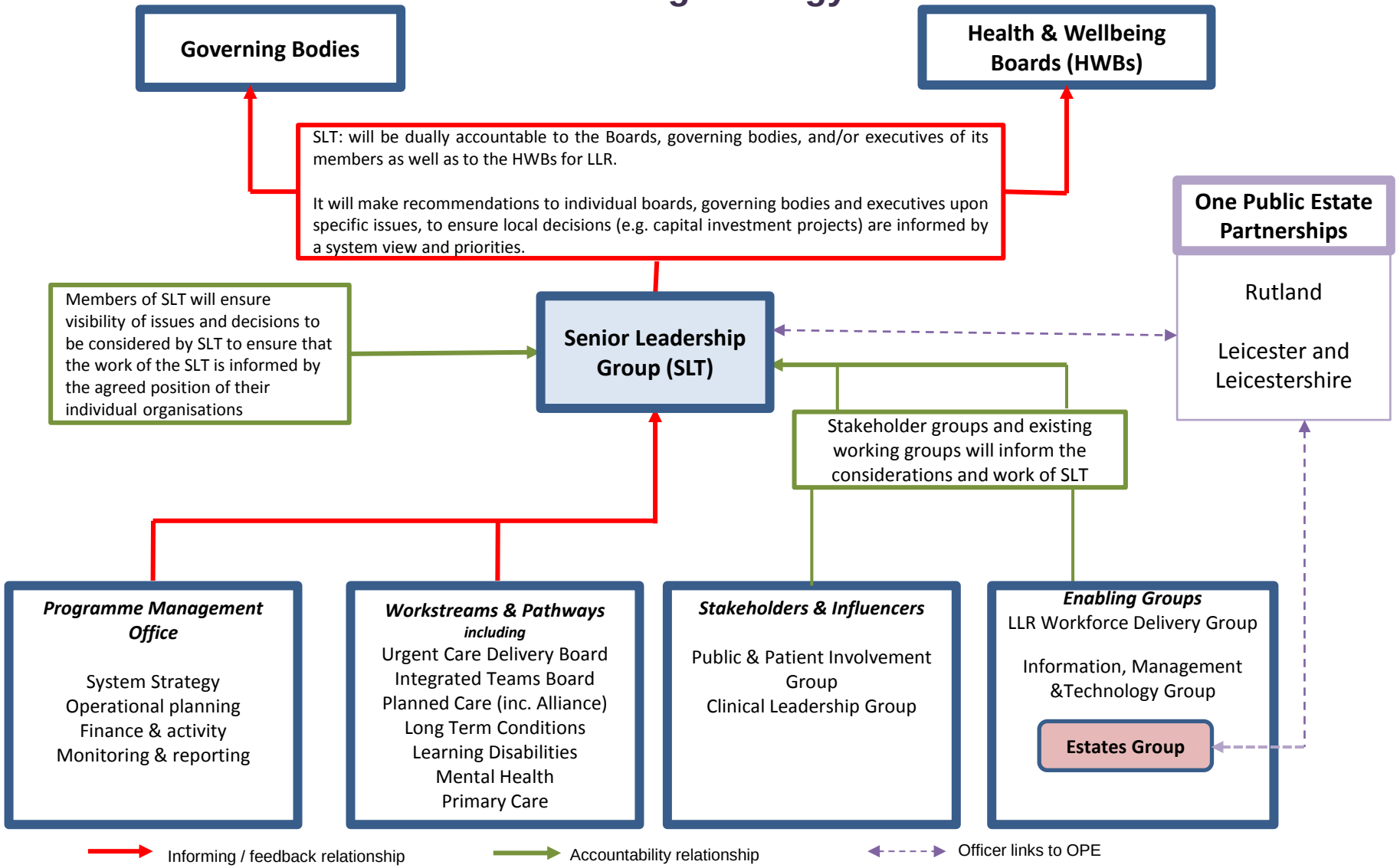
| Progress made / current activities | Commentary |
|---|---|
| **Estate SRO** | Karen English, Managing Director, East Leicestershire and Rutland CCG |
| **Lead Strategic Estates Adviser** | Dr Jane Fitch, Strategic Estates Planning Team |
| **Form of estates governance model established** | • High level governance is through the Senior Leadership Team (SLT) but is also associated with the two developing One Public Estate (OPE) structures across the wider region of Leicester, Leicestershire and Rutland.<br>• An Estates Group consisting estates leads from each of the partner organisations providing strategic direction for the estate enabling projects. The Estates Group is linked with the clinical and other enabling workstreams to ensure the delivery of local estate and system priorities and projects. |
| **Status of resource delivery plan to support STP estate transformation initiatives** | • LLR STP submitted to NHS E and NHS I on – September 2016<br>• Capital bids submitted to NHS E and NHS I on – April 2017, September 2017 and January 2018<br>• LLR notification of success against two April 2017 Bids – July 2017<br>- UHL The relocation of ICU capacity and associated specialties from the Leicester General site<br>- CAMHS Reconfiguration Project<br>• OBC for UHL scheme supported from Spring statement (relocation of ICU capacity and associated specialties from the LGH site) submitted – November 2017, with approvals imminent.<br>• The spring statement also allocated funds to LPT to progress the move of children's CAMHS beds to Glenfield site. |
| **Estate Planning resources supporting the STP and partner organisations** | • Substantial resource is required to deliver the STP from both a 'Business as Usual' perspective and 'Delivery':<br>• Business as Usual – to support the LLR Estates Forum, each of the 11 partners provides a named resource who attends six weekly estates forum meetings and contributes to strategic thinking and initiatives, and this is not withstanding ad-hoc support provided by each partner.<br>• Development and delivery is undertaken by:<br>- UHL – a multi professional delivery structure is being developed to ensure that projects will be developed and delivered to the agreed timescales<br>- LPT – a multi professional delivery structure is being developed to ensure that projects will be developed and delivered to the agreed timescales.<br>- Strategic Estates Adviser with an Estates Planning support team providing overarching support to the STP |

# A1. STP Governance and Resourcing Strategy





# A1. Partnership Organisations Representation



**Senior Leadership Team (SLT)**
**(Executives and Clinical leaders)**
**Partner Organisations**

- East Leicestershire & Rutland CCG
- Leicester City CCG
- West Leicestershire CCG
- Rutland County Council
- Leicestershire County Council
- Leicester City Council
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- East Midlands Ambulance Service NHS Trust
- Patient and Public Involvement Group Chair

**Enabling Groups**

- **IM&T Group**
- **LLR Workforce Delivery Group**
- **Estates Group**

Membership or officer links from all organisations on the SLT
(See Appendix 1 for full list of representatives)

Accountability relationship

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# A1. STP Estate Planning Governance

## (Links to partner organisation estate strategies)

| Name of STP partner organisations | Estate Strategy (Yes / No) | Status (Live / Draft) | Date of last Board Approved Estate Strategy | Comments |
|---|---|---|---|---|
| East Leicestershire & Rutland CCG | Yes | Live | n/a | 2015/16 SEP Plan |
| Leicester City CCG | Yes | Live | n/a | 2015/16 SEP Plan |
| West Leicestershire CCG | Yes | Live | n/a | 2015/16 SEP Plan |
| University Hospitals of Leicester NHS Trust | Yes | Live | May 2018 | |
| Leicestershire Partnership NHS Trust | Yes | Draft | TBC | |
| East Midlands Ambulance Service NHS Trust | Yes | Draft | 2015 | Going to Trust Board – August 2018 (Draft Estates Strategy & OBC) |

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# A2. Service Strategy Themes

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**Our vision for the STP is to deliver a range of preventive, primary, community, mental health, learning disability, acute and specialist services based on the fundamental approach of place based care focused around a Home First model through:**

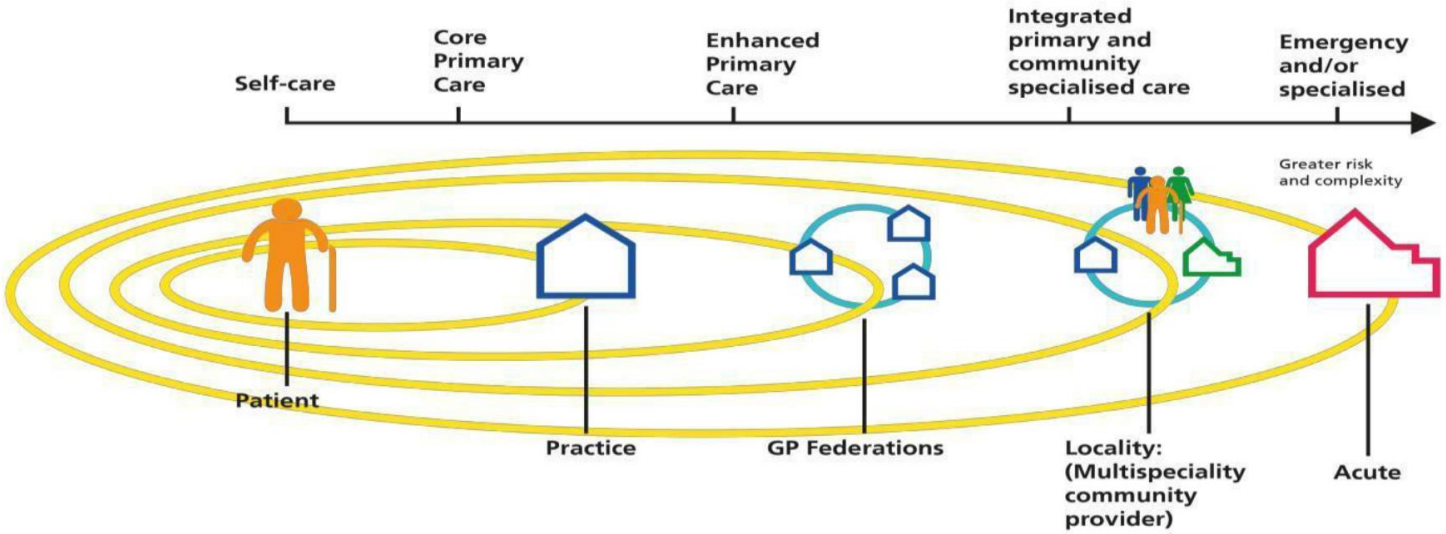
1. **Keeping more people well and out of hospital** by strengthening primary care and delivering health and care services through integrated teams.

2. **Delivering more care closer to home** by introducing a "Home First" approach to care for people at home avoiding unnecessary hospitalisation, and move outpatients and day cases to the community where it is safe to do so.

3. **Care in a Crisis** to manage demand for urgent care by extending access to GPs in the evening and at weekends, offering NHS 111, and emergency responses for people experiences mental health episodes delivered promptly and in the most appropriate way.

4. **Provide High Quality Specialist Care** by creating specialist pathways to meet or exceed national standards, putting mental health on a par with physical health, and building a new dedicated maternity unit.

**This approach is shown in the model below:**



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# A2. STP Service Strategy & Implications (1 of 3)

NHS

| | Key work streams to deliver the STP strategy: | Implications for Future Estate - Priority areas to address are: |
|---|---|---|
| 1. | Prevention programmes on the wider determinants of health, risk profiling and early detection e.g. for Long term conditions, Cancer. | No estates implications identified at this stage |
| 2. | Home First and Primary Care model. Delivered by integrated teams across health and social care delivering a clinical navigation service, extended access to primary care, enabling diagnostic tests and clinical expertise for complex and urgent needs without acute referrals, integrated streaming and urgent care service at ED front door (LRI) and a 24/7 urgent home visiting service for people with complex needs or living in care homes. | Continue to invest in GP and primary care estate through the ETTF programme. Improving the primary care estate, ensuring GP premises have the quality and capacity to deliver enhanced primary care. In the longer term develop integrated community hubs. |
| 3. | Acute services reconfiguration and service shift. Supporting the consolidation of acute services onto the LRI and GH sites, and the transfer of appropriate outpatients and day case procedures to community hospitals and a dedicated treatment centre. Including delivery of outpatient, diagnostic, and day case procedures in all community hospitals. This includes the reconfiguration of children, maternity and neonates. | Reconfigure acute hospitals, reducing to two acute sites by relocating services from the Leicester General Hospital, to the Leicester Royal Infirmary and Glenfield Hospital; and moving services between the two remaining sites to improve clinical adjacencies and workforce productivity, providing a new dedicated maternity unit, and treatment centre. Initial impact for outpatient and day case procedures in Hinckley and Bosworth, with potential to increase services in other community hospital or integrated locations. |
| 4. | Reconfiguration of community in-patient services | Reconfiguration of Community Hospitals, ensuring sustainable estate across the STP footprint. Further programme to identify bed numbers and locations. |
| 5. | Adult and Children's Mental Health | Relocation and expansion of the CAMHS inpatient unit, and provide specialist eating disorder beds, from a temporary unit in a local market town to a central location, co-located with other acute and specialist mental health services. Additionally re-provide adult mental health facilities to ensure provision of fit for purpose inpatient services. |
| 6. | Learning Disabilities | At this time within the service strategy there is no requirement to change the estate |
| 7. | Children, Maternity and neonates | The acute reconfiguration delivers both a new maternity hospital and a dedicated children's hospital |

# A2. STP Service Strategy & Implications (2 of 3)

Estates progress against key service strategies and programmes:

| | Progress made / current activities | Issues and barriers |
|---|---|---|
| 1. | Wave 1 – Relocation of ICU capacity and associated specialties from LGH<br>OBC approved on 17th April and DHSE approval is imminent<br>FBC TBC<br>Building work expected to commence October 2018<br>Completion December 2019 and opening April 2020 | Progress is subject to the approval of the FBC by NHSI and DHSC. |
| 2. | WAVE 1 CAMHS & Eating Disorders Inpatient Unit<br>To build a new 15-bed combined child and adolescent mental health inpatient facility with a hospital school<br>OBC approved – July to August 2017 (by DH and NHSI)<br>Design work – January to August 2018<br>FBC – September to November 2018 (by LPT, NHSI and DH)<br>Building work expected to commence – December 2018<br>Completion and opening – March 2020 | Construction partner (Interserve Construction Ltd) is currently restructuring debt, resulting in delays. |
| 3. | UHL Acute Reconfiguration Programme – Wave 4 bid submission 16 July 2018 | Progress is subject to and dependent on the outcome of formal public consultation; and availability of capital. Working up business case diverts resource in the internally funded capital programme. |
| 4. | Hinckley and Bosworth Community Health Services – Wave 4 bid submission 16 July 2018 | To deliver this project there are three partners involved, and multiple business case approvals/processes is unhelpful. Current equipment is beyond repair, and therefore if it breaks again some services are at high risk of unplanned termination.<br><br>Hinckley and District hospital site designated as a community facility in the local authority's strategic plan. |

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# A2. STP Service Strategy & Implications (3 of 3)

Estates progress against key service strategies and programmes:

| | Progress made / current activities | Issues and barriers |
|---|---|---|
| 5. | Market Harborough and Lutterworth Community Health Services and Melton Mowbray & Oakham Community Health and Social Care Services - possible wave 5 bid | Subject to a full community services review. May be dependent on delivery of OPE projects.<br><br>Lack of available funding for feasibility studies and /or options appraisal. |
| 6. | ETTF and other GP estate programmes | More GP premises requiring updating than funding available. The lack of progress hinders the ability to move some services/low risk procedures into primary care. |
| 7. | UHL EPR | Uncertainty of the bidding process for provider digital.<br><br>The needs of organisational technology may not be aligned with system technology platforms. |
| 8. | LLR Ambulance Resource Centre (EMAS Derbyshire Bid) | Covenants relating to the use of sites that could be disposed of if the hub and spoke resource centre model is funded and implemented. Specifically these restricting the use of sites to health purposes only. |
| 9. | Business case development & writing and PMO resource | Generally there is a lack of bid and business case writing skills across the system. |

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# A3. Performance Indicators: Success Metrics to 2022/23 (1 of 2)

| Indicator | Current | Planned | Progress against targets |
|---|---|---|---|
| Estate Running Costs (£/m2) | £145.69m pa (£314m2) | Planned estates costs will increase by £3.8m/3% by 2022/23 as a result of being midway through acute reconfiguration. | The running costs at 2023-24 will be at their peak due to being midway through the acute reconfiguration programme.<br><br>They will be optimised when the programme is complete and fully operational in 2027-28, having peaked in 2022-23 they will reduce by circa £15m pa |
| Non-Clinical Space (%) (Carter Metric max 35% for acute) | 87,859 sq metres, equivalent to 21.8 % * | No change | This metric is well below the Carter target, and all planned changes will ensure the LLR system stays well within the target. |
| Unoccupied Floor Space (%) (Carter Metric Max 2.5% for acute) | 28,756 sq metres, equivalent to 7.2 % * | Reduce to 6% by April 2023 | Two buildings will be demolished by 2023, with current services moving into currently unoccupied space. |

* Figure excludes CHP, EMAS and Primary Care Estate

# A3. Performance Indicators: Success Metrics to 2022/23 (2 of 2)

| Indicator | Current | Planned | Progress against targets |
|---|---|---|---|
| Functional Suitability* | 81% of the assets are in an acceptable condition / satisfactory performance | Build prioritised investment programme to deal with poor quality estate, targeting inadequate primary, community and acute estate | Wave 4 and future bids will concentrate on removing the least productive estate, such as LGH (acute reconfiguration), Hinckley and District Hospital, and mental health adult and children's inpatient facilities. |
| Condition* | 27% at high and significant<br>Total Back-log (BLM) maintenance of £82m<br>High / Significant Back-log maintenance element £21.9 | Target to reduce total backlog by 5% by 2023 to £77m<br>Actions to address High and Significant BLM are to reconfigure acute services, and relocate community services to removed the most costly estate | Most of the significant change will come after 2023, through acute reconfiguration. By 2023 it is expected that two building will be demolished and one fully refurbished on the LRI site, and refurbished facilities in Hinckley will reduce the overall backlog by approx. £1m. In totality a reduction of £44m in backlog maintenance is planned on completion of acute reconfiguration. |
| Naylor benchmarks* | Fair share of the Naylor targets, £40.08m land disposal receipts, and 1,263 housing units | **c1,075 housing units** and generate capital proceeds of **c£30m**, | The disposals and potential housing units identified to date are as a result of wave 4 capital bids, and possible wave 5 bids. These are the amount identified to date. It is expected other sites could come on stream during the planning period, that have not yet been surveyed to determine proceeds and housing units. |

* Figure excludes CHP, EMAS and Primary Care Estate

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# A4. Sustainability & Transformation Initiatives by service strategy (1 of 3)

NHS

**In order of priority**

**Key strategy and programmes (subset projects in the next section as appropriate) where implementation required to enable wider STP strategy**

| STP initiative | Estates Impact and Enablers | Est. Net Revenue Benefits (£m pa) | Project Status / Funding Strategy | Est. Deliver Year | Gross Capital Required (£m) | Disposal receipts (£m) | Comments and Interdependencies |
|---|---|---|---|---|---|---|---|
| **Acute Services Reconfiguration and Service Shift** -<br>UHL Interim ICU<br>UHL Acute Reconfiguration<br>WLCCG Hinckley and Bosworth Community Services<br>EMAS LLR Ambulance Hub | Enabler for wider reconfiguration | 39.7 | RHIC for new build, 4 disposals, and PDC bid | 2020-25 | 413 | 26.6 | |
| Reconfiguration of Community Inpatient Services - ELRCCG Community Hospital Reconfiguration | Possible disposals subject to future investment | Further development required | Further development of delivery models required | 2022 | 14.400 | TBC | |
| Adult and Children's Mental Health -<br>CAMHS Re-provision<br>LPT Adult Mental Health Services Re-provision – Phase<br>BAU | Improved estate and location to deliver specialist service | 0.703 | OBC draft | 2020-24 | 108.61 | None | |

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# A4. Sustainability & Transformation Initiatives by service strategy (2 of 3)

NHS

**In order of priority**

**Key strategy and programmes (subset projects in the next section as appropriate) where implementation required to enable wider STP strategy**

| STP initiative | Estates Impact and Enablers | Est. Net Revenue Benefits (£m pa) | Project Status / Funding Strategy | Est. Deliver Year | Gross Capital Required (£m) | Disposal receipts (£m) | Comments and Interdependencies |
|---|---|---|---|---|---|---|---|
| Acute Other - various projects | Acute reconfiguration | 0 | Further development required | 2023 | 122.2 | None | |
| Backlog Maintenance - LPT and UHL Backlog programme | Reduces overall backlog maintenance | NA | Various stages, internally funded | various projects | 42.3 | None | |
| Community and Mental Health Other Schemes | Small impact | NA | Various stages, internally funded | various projects | 10.516 | None | |
| Home First and Primary Care | None | None | Various | 2019 | 2.000 | None | |
| Home First and Primary Care - LCCCG GP Estate Transformation and other Primary Care | None | None | Various | Various | 28.403 | None identified | |

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# A4. Sustainability & Transformation Initiatives by service strategy (3 of 3)

NHS

**In order of priority**

**Key strategy and programmes (subset projects in the next section as appropriate) where implementation required to enable wider STP strategy**

| STP initiative | Estates Impact and Enablers | Est. Net Revenue Benefits (£m pa) | Project Status / Funding Strategy | Est. Deliver Year | Gross Capital Required (£m) | Disposal receipts (£m) | Comments and Interdependencies |
|---|---|---|---|---|---|---|---|
| IMT – Various Digital Road Map technology projects | None | None | Various | Various | 33.805 | None | |
| IMT - UHL EPR | None | None | Further development required | 2023 | 31.300 | None | |
| IMT - UHL IM&T Schemes | None | None | Various | various | 23.160 | None | |

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# A5. Progress of Approved Estate Projects (1 of 2)

NHS

**Approved at FBC or allocated STP capital only**

| Project / Location | CCG / Trust | Strategic Service Objective Number* | Status Update | Est Revenue impact £m (+/-) (pa) | Net Capital impact £m (+/-) | Project Milestone | Estimated Delivery Year | Funding route | Business Case Status |
|---|---|---|---|---|---|---|---|---|---|
| Wave 1 – Relocation of ICU capacity and associated specialties from Leicester General Hospital | UHL | 3,4 | OBC submitted November 2017 | Nil - £3.6m interim impact is mitigated by identified cost efficiencies | 30.8 | Construction commences October 2018 Completion December 2019 | 2020 | STP Capital Wave 1 | FBC under development |
| CAMHS & Eating Disorders Inpatient Unit To build a new 15-bed combined child and adolescent mental health inpatient facility with a hospital school at Glenfield, Leics. | LPT | 3,4 | Finalisation of mental health & eating disorder service model (completed December 2017) Building design, planning and contract agreed with Interserve (in progress & due August 2018) | -0.7 | 8.0 | FBC approval (October 2018) Construction and commissioning (February 2020) Service relocation (March 2020) | 2019-20 | STP Capital Wave 1 | OBC (approved April 2017) FBC in progress and due to NHSI and DH in October 2018 |

*** Strategic Service Objective Number**

1. Keeping more people well and out of hospital
2. Delivering more care closer to home
3. Care in a crisis
4. High quality specialist care

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# A5. Progress of Approved Estate Projects (2 of 2)

NHS

**Approved at FBC or allocated STP capital only**

| Project / Location | CCG / Trust | Strategic Service Objective Number* | Status Update | Est Revenue impact £m (+/-) (pa) | Net Capital impact £m (+/-) | Project Milestone | Estimated Delivery Year | Funding route | Business Case Status |
|---|---|---|---|---|---|---|---|---|---|
| Saffron Health Extension C82046 | LCCCG | 1 | Demolition work completed and building underway as at July 2018 | +0.335 | 1.915 | | 2019 | ETTF | Complete |
| Heatherbrook Surgery C82623 Extension | LCCCG | 1 | Due to start building works in 2 months' time i.e. July 18. The practice is currently seeking a contractor to start the building works | +0.023 | 0.107 | | 2019 | ETTF | Complete |
| Dr G Singh, Sturdee Road MC - | LCCCG | 1 | Due to start work on the 21 May 2018 | +0.203 | 0.664 | | 2019 | ETTF | Complete |
| Burbage Surgery | WLCCG | 1 | Building Underway | +0.072 | 1.531 | | 2019 | ETTF | Complete |
| Heath Lane Surgery | WLCCG | 1 | Building Underway | +0.027 | 0.573 | | 2019 | ETTF | Complete |
| Silverdale Medical Centre | WLCCG | 1 | **Complete** | +0.012 | 0.635 | | 2019 | ETTF | Complete |
| Warren Lane Surgery Extension | ELRCCG | 1 | Building Underway | +0.020 | 0.858 | | 2019 | ETTF | Complete |

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# A6. Prioritised Estate Projects Pipeline (1 of 3)

NHS

## Capital investment pipeline – listed in priority order (summary of section B)

| Project / Location | CCG / Trust | Strategic Service Objective Number* | Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B | Est Revenue impact £m (+/-) | Net Capital impact £m (+/-) | Project Milestone | Estimated Delivery Year | Proposed Funding route – Incl. links to capital schemes listed in Section B | Business Case Status |
|---|---|---|---|---|---|---|---|---|---|
| UHL Acute Hospital Reconfiguration Programme | UHL | 1,2,3,4 | Critical<br><br>LLR STP PRIORITY 1 | 38.0 | 367.3 | As per accompanying bid | 2023 | Combination of disposal, private finance and PDC funding | Pre consultation business case stage |
| Hinckley and Bosworth Community Health Services | WLCCG | 1,2, | Critical<br><br>LLR STP PRIORITY 2 | 1.1 | 8.0 | As per accompanying bid | 2020 | DH funding | Pre OBC |
| Ambulance Resource Centre Hub<br><br>(Derbyshire STP bid) | EMAS | 3 | Critical<br><br>LLR STP PRIORITY 3 | 0.52 | 6.84 | Feasibility Report and SOC due by Oct 2019 | 2021 | STP and internal funds. Disposal of one site. This would be refurbishment of existing site | Draft OBC |

*** Strategic Service Objective Number**

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# A6. Prioritised Estate Projects Pipeline (2 of 3)

NHS

**Capital investment pipeline – listed in priority order (summary of section B)**

| Project / Location | CCG / Trust | Strategic Service Objective Number* | Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B | Est Revenue impact £m (+/-) | Net Capital impact £m (+/-) | Project Milestone | Estimated Delivery Year | Proposed Funding route – Incl. links to capital schemes listed in Section B | Business Case Status |
|---|---|---|---|---|---|---|---|---|---|
| Community Hospital Reconfiguration | ELRCCG | 2,3,4 | Essential<br><br>LLR STP PRIORITY 4 | neutral | 14.4 | Conclusion of community services review due September 2018 | 2020-21 | DH Borrowing | Pre business case |
| Adult Mental Health Services Re-provision Phases 1 and 2 | LPT | 3,4 | Essential | | 100.0 | Not established | 2023-24 | RHIC | Pre business case |
| South Wigston Medical Centre (ETTF) | ELRCCG | 1,2 | Essential | | 1.0 | | 2019-20 | ETTF | FBC |
| Barwell Medical Centre | WLCCG | 1,2 | Essential | | 1.9 | | 2019-20 | ETTF | FBC |
| Clinical System Migrations | LLR Wide | 1,2 | Essential | | 1.4 | | 2019-20 | IMT bid | |

*** Strategic Service Objective Number**

1. Keeping more people well and out of hospital
2. Delivering more care closer to home
3. Care in a crisis
4. High quality specialist care

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# A7. Capital Investment Plan Introduction

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**Capital Investment Summary:**

LLR has an overall capital requirement of £829.6m over the next five years. The plan will deliver fit for purpose estate across primary, community, mental health and acute facilities, with better equipped services. The capital falls into two categories, transformation and business as usual.

**LLR has identified transformational schemes of £658.2m, comprising:**

- Total £413m Transformational Acute and Service Shift –
  - £367m Acute reconfiguration,
  - £30.8m interim ICU,
  - £7m Hinckley and Bosworth community services
  - £6.8m Ambulance Hub
- £100m – Adult Mental Health reconfiguration
- £8m – CAMHS facility
- £14.4m – Community Hospitals
- £28.4m – home first and primary care
- £75.6m – technology projects
- £18.8m – acute other

- These scheme will collectively improve the revenue position by £46.5m
- Surplus land opportunities from these specific schemes have identified potential to generate capital proceeds of over £26.6m
- This leaves an overall funding requirement of £632.75m

**In addition LLR has a further business as usual capital pipeline of £171.5m of schemes, covering;**

- £12.7m - Technology
- £42.3m – Backlog maintenance
- £103.4m – Other acute schemes
- £2m - Primary Care estate and technology
- £11.1m – Other community and mental health

**Going forward the Estates Strategy will demonstrate the following**:

- Maximising disposal opportunities
- Value for money and net savings over a reasonable payback period
- Maximise opportunities to self-fund schemes using STP capital, disposal proceeds and private finance where this provides value for money

**Funding the capital programme**

A range of funding solutions are reviewed for each project, to provide financially sustainable solutions. All new builds will seek private financing where possible, and opportunities to dispose of surplus land and buildings will be pursued.

**To achieve this the capital planning process will include:**

- Projects are a response to the needs of clinical work streams', and deliver sustainable and transformational initiatives, as identified in this Estates Strategy and in the future.
- Consideration of backlog maintenance which is business critical to service delivery
- Assessment against a scoring matrix based on system wide priorities
- A link to key performance indicators detailed in this Estates Strategy to ensure delivery of sustainable and transformational initiatives in line with success metrics

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# A7. Headline Financial Impacts: Capital Investment Pipeline Summary (1 of 2)

| Investment requirement (strategic objective) | Estimated investment capital (£m) | Funding Strategy Source / Capital allocated (£m) | Committed (OBC stage) (£m) | Uncommitted (Pre OBC) (£m) | Estimated timeline | Capital Proceeds £m | Impact on Gross Estate Running Cost (+ / -) £m pa | Service savings (£m pa) |
|---|---|---|---|---|---|---|---|---|
| High risk back-log maintenance programme | 42.3 | CRL | 7.7<br>2018-19 | 34.6<br>2019-23 | 2018-23 | None | NA | NA |
| Acute Trusts 'Business as Usual' | 103.4 | CRL 38.4<br>DH/Other 65.0 | To do | To do | 2018-23 | None | Included in service saving | 1.3 |
| Acute Services reconfiguration and service shift | 413 | Disposal 26.6<br>Private 204.0<br>DH PDC/Other 182.3 | 0 | 413 | 2018-24 | 26.6 | Included in service saving | 38.6 |
| Community Service re-configuration/ consolidation | 14.4 | STP capital and/or OPE | 0 | 14.4 | 2019-21 | To be determined | Subject to service review outcome | Subject to service review outcome |
| Other Transformational Acute | 18.8 | Refurbishment STP capital bids | 0 | 18.8 | 2018-23 | None | To be determined | To be determined |

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# A7. Headline Financial Impacts: Capital Investment Pipeline Summary

## (2 of 2)

| Investment requirement (strategic objective) | Estimated investment capital (£m) | Funding Strategy Source / Capital allocated (£m) | Committed (OBC stage) (£m) | Uncommitted (Pre OBC) (£m) | Estimated timeline | Capital Proceeds £m | Impact on Gross Estate Running Cost (+ / -) £m pa | Service savings (£m pa) |
|---|---|---|---|---|---|---|---|---|
| Home First and Primary Care Reconfiguration | 28.4 | ETTF/Other | 8.4 | 20 | 2018-23 | None | None | None |
| Adult Mental Health re-provision | 100 | RHIC preferred route | 0 | 100 | 2025 | None | To be determined | To be determined |
| CAHMS | 8 | DH | 0 | 8 | 2019-20 | None | None | 0.7 |
| Transformational IMT | 75.6 | To be determined | | 75.6 | 2018-23 | None | None | To be determined |
| BAU IMT | 12.7 | Control 11.0<br>Other 1.4 | 3.1 (2018-19 plan) | 9.3 | various | None | None | None |
| Other | 20.6 | Predominantly CRL | 0 | 8 | various | None | None | None |
| **Totals** | **£829.7** | **CRL 134.8<br>Disposals 25.5<br>PDC 180.0<br>Private 204.0<br>DH/TBC 285.3** | | | | | | |

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# A7. Headline Financial Impacts: Provider own-Capital Position

NHS

| Trust / FT Name | Own estates capital forecast over the next 5 years to 2022/23 (£m) | Proposed main strategy proposals (> £10m) of own generated capital | CURRENT Backlog Maintenance | | FORECAST Backlog Maintenance at end of 5 year period 2022/23 | |
|---|---|---|---|---|---|---|
| | | | All categories (£m) | High / significant (£m) | All categories (£m) | High / significant (£m) |
| Leicestershire Partnership NHS Trust | 31.17 | The Trust's most significant programme is backlog maintenance £6.9m, followed by and EPR system £2.2m | 3.6 | 1.4 | 1.7 | Not known |
| University Hospitals of Leicester | 103.64 | There are three major spend areas in the UHL capital programme, backlog maintenance £33.3m, IMT £23.1m and Equipment £19.1m.<br><br>It is expected that the backlog maintenance plan will maintain the current position. Most of the benefits from reconfiguration will materialise during 2024-26. | 77.154 | 20.566 | 76.225 | 19.577 |
| East Midlands Ambulance Services | Included in Derbyshire Estates Strategy | NA | | | | |

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# A7. Headline Financial Impacts: Surplus Land & Housing

NHS

## Disposal Opportunities

| Disposal Status | No. of Sites | Land Area (Ha) | GIA (m) | Estimated disposal value £m | Total # Estimated Housing Units | # Housing Units for NHS Staff | Gross Running Cost reduction £m | Cost to Achieve Vacant Possession (where known ) £m |
|---|---|---|---|---|---|---|---|---|
| 1. Vacant and Declared Surplus and disposal transaction in progress [A1] | 2 | 4.81 | 517.2 | £4.2M for one site | 154 | not known | 0.06 | |
| 2.Vacant and Declared Surplus/ disposal subject to marketing [A1] | 0 | | | | | | | |
| 3.Vacant but not yet Declared surplus [A2] | 0 | | | | | | | |
| 4.Site occupied but OBC approved to achieve vacant possession and dispose [B, C ,D] | 0 | | | | | | | |
| 5.Future opportunity subject to strategy/ feasibility [B, C ,D]* | up to 9 sites (not all valued) | 28.943 | 76,787 | 25.8 | 953 | not known | 17.979 | |
| **Totals** | | 33.753 | 77,305 | 30.0 | 1107 | 0 | 18.039 | |

## Summary by Financial Year (estimated year of disposal completion)

| Deliverable / Financial Year | 2017 – 18 | 2018 – 19 | 2019 – 20 | 2020 – 21 | Remaining Years |
|---|---|---|---|---|---|
| Land Area (Ha) | | 4.81 | | | 28.943 |
| Estimated disposal value £m | | 4.2 | | 1 | 24.8 |
| Estimated Housing Units | | 154 | | 28 | 925 |
| Gross Running Cost reduction £m | | 0.06 | | 0.579 | 17.4 |

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# A7. Headline Financial Impacts: Surplus Land Disposals (by named site)

NHS

## Disposal Opportunities

| Site | Current status of disposal | Land Area (Ha) | GIA (m) | Estimated disposal value £m | Total # Estimated Housing Units | # Housing Units for NHS Staff | Gross Running Cost reduction £m | Cost to Achieve Vacant Possession (where known ) £m |
|---|---|---|---|---|---|---|---|---|
| Melton War Memorial | Completed 8/10/2015 | 6.2 | n/a | £2.26m | 98 (+ 6 awarded 2017) | 0 | 0.12 | NA |
| Market Harborough District Hospital | Completed 16/05/2018 | 0.4 | 1,816 | £1.35m | 12 | 0 | 0.4 | NA |
| Ashby Health Centre | Completed 15/08/2016 | 0.017 | 763 | £0.26 | 6 | 0 | 0.1 | NA |
| Land at Melton Mowbray Hospital | Completed 8/10/2017 | 1.65 | info not available | transferred to Homes England | 59 | 0 | NA | NA |
| Ashby Hospital | Completed Mar 2017 | 0.23 | 1,581 | 0.427 | 6 | 0 | 0.323 | NA |
| Mill Lodge | Completed July 2017 | 0.7 | 1,805 | 1.5 | N/A | N/A | 0.415 | NA |
| Kibworth Health Centre | In progress | 0.27 | 517 | tbc - yet to complete | 4 | | 0.060 | NA |
| LPT Leasehold sites | Completed 2016-18 | | 10,300 | 0 | 0 | 0 | 1.490 | NA |
| Paddock Land at Glenfield Hospital | Vacant and declared surplus | 4.54 | NA | 4.2 | 150 | 30% affordable not known if available for NHS staff | 0 | |
| Potential 9 sites | Subject to capital investment, statutory consultation, and planning consent | 29.213 | 77,305 | 25.8 | 953 | 0 | 17.979 | |

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# A8. Road Map: Critical Decisions & Activities

NHS

| Decision/ Activity Required Critical Decisions: | Significance/ impact on STP strategic objectives | Timeline | Owner | Action By: |
|---|---|---|---|---|
| Community Services review completes and reports | Will drive the community services strategy for next 5 years, and determine location of services | September 2018 | All commissioners | Tamsin Hooton |
| Community Hospital Bed numbers requirement agreed | Need to be agreed by all partners after the community services review, to enable estates decisions to be taken | October 2018 | All commissioners | Tamsin Hooton |
| Approval of wave 4 bid UHL reconfiguration capital | Significant impact on clinical pathways and working environment for staff, and contributes towards removing the structural deficit at UHL | Autumn 2018 | UHL | Nicky Topham |
| FBC approval for wave 1 CAMHS programme | Will provide in county beds for CAMHS and eating disorders, improving patient experience | Autumn 18 | LPT | David Bell |
| FBC approval for UHL interim ICU | Enabler for the wider reconfiguration, and start of moving services to two hot sites. | Autumn 18 | UHL | Nicky Topham |
| Approval of wave 4 bid Hinckley and Bosworth Community Services | Improves outpatient and day case services for West Leicestershire, makes better use of existing estate. | Autumn 18 | WLCCG | Caroline Trevithick |

# Section B – STP capital prioritisation

# B1. Introduction

- Section B requires your STP to **identify and then explicitly prioritise its capital schemes**.
- NHS capital more generally remains constrained: any STP capital available must be targeted towards those STPs for which it will demonstrably deliver the greatest benefits in terms of clinical and financial sustainability.
- In order to prioritise funding, therefore, NHSI, NHSE and the DHSC have agreed that the STP capital bidding approach is the single route towards accessing capital for service change.
- We understand this may mean some difficult decisions being made at an STP level, but in the context of capital constraint STPs should be focusing on those schemes which will deliver the greatest benefits in terms of clinical and financial sustainability.
- Please note that whilst STPs' own prioritisation of schemes will be a key factor, in order to access public funding schemes must score well against the six DHSC/Treasury criteria: transformation, patient benefit including demand management and delivery of core targets, value for money, financial sustainability, alignment with estate strategy, and deliverability.
- **Three tables must be completed**:
    - B2) List any small-medium sized capital schemes (with a value under £100m) which require STP capital funding:
        - Only include those schemes within the STP which are planned to deliver over the next five years, and for which STP capital funding is being sought
        - You do not need to include schemes where STP capital funding is not required
        - We anticipate that successful bidders will be announced in Autumn 2018.
    - B3) List all large capital schemes (with a value in excess of £100m):
        - Please include all large capital schemes within the STP that will likely be realised over the next 10 years, irrespective of whether central funding is required. THIS COULD BE A NIL RETURN.
        - This will include: large schemes already submitted in earlier STP capital waves; those schemes known to DHSC, NHSE and NHSI for which funding has not yet been secured (includes schemes approved by the ITFF but not yet approved for funding release by DHSC); and those large schemes known to DHSC, NHSE and NHSI which are yet to apply for public funding.
        - Large schemes which require public funding will be assessed to a different timetable, likely specific to each scheme. It is highly unlikely any schemes will be announced as part of this wave of funding.
    - B4) Ranked in order of priority, any small-medium and large capital schemes which require STP capital funding:
        - Please include all small-medium schemes from B2, and any large schemes from B3 for which you are bidding for STP capital in this round, listed in order of priority.
- **Finally, STP leads must complete the 'sign-off' slide to confirm their support**.

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# B2. STP capital schemes below £100m List (1 of 5)

**Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (e.g. fleet, equipment).**

| STP scheme name and lead organisation | 18/19 (£000) | 19/20 (£000) | 20/21 (£000) | 21/22 (£000) | 22/23 (£000) | 23+ (£000) | Total STP capital funding requested (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) |
|---|---|---|---|---|---|---|---|---|---|
| LPT Adult Mental Health Services re-provision - Phase 1 | - | - | - | 50,000 | - | - | 50,000 | 750 | - |
| LPT Adult Mental Health Services re-provision - Phase 2 | - | - | - | - | 50,000 | - | 50,000 | 250 | - |
| UHL EPR | - | 8,000 | 8,000 | 8,000 | 7,300 | - | 31,300 | - | - |
| LLR General Practice Estates Transformation | - | - | - | 10,000 | 10,000 | - | 20,000 | - | - |
| ELRCCG Community Hospital Inpatient Reconfiguration | - | 1,500 | 11,300 | 1,600 | - | - | 14,400 | - | - |
| LLR DRM UHL System Consolidation to Nerve Centre and TPP S1 | 1,750 | 3,500 | 3,500 | 3,500 | - | - | 12,250 | - | - |

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# B2. STP capital schemes below £100m List (2 of 5)

**Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (e.g. fleet, equipment).**

| STP scheme name and lead organisation | 18/19 (£000) | 19/20 (£000) | 20/21 (£000) | 21/22 (£000) | 22/23 (£000) | 23+ (£000) | Total STP capital funding requested (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) |
|---|---|---|---|---|---|---|---|---|---|
| UHL Kidney Centre and Dialysis Strategy | - | 1,500 | 4,500 | 4,000 | - | - | 10,000 | 1,000 | - |
| WLCCG Hinckley and Bosworth Community Health Services | - | 7,035 | 1,000 | - | - | - | 8,035 | 300 | - |
| EMAS LLR Ambulance Hub | - | - | 6,840 | - | - | - | 6,844 | 490 | - |
| LLR DRM Digital Self Care | 175 | 350 | 355 | 361 | 366 | 749 | 2,355 | - | - |
| LLR DRM Primary Care E-Consultations | 650 | 650 | - | - | - | - | 1,300 | | |
| LLR DRM Electronic Record Sharing Project (EPR Core Social Care and Urgent Care) | 75 | 155 | 157 | 160 | 162 | 331 | 1,041 | | |

**Please note the details in this table must agree to the details in individual STP capital Bid Templates**

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# B2. STP capital schemes below £100m List (3 of 5)

**Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (e.g. fleet, equipment).**

| STP scheme name and lead organisation | 18/19 (£000) | 19/20 (£000) | 20/21 (£000) | 21/22 (£000) | 22/23 (£000) | 23+ (£000) | Total STP capital funding requested (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) |
|---|---|---|---|---|---|---|---|---|---|
| LLR DRM Care Homes - General Rollout | - | 437 | 438 | - | - | - | 875 | | |
| LLR DRM SystmOne Configuration Blueprint | 92 | 93 | 95 | 96 | 98 | 200 | 674 | | |
| LLR DRM Alliance PCL move to TPP S1 for GP Provider Work | 150 | 80 | 81 | 82 | 84 | 171 | 648 | | |
| LLR DRM DQ work for Patient Access to GP Records (2 locums) | 75 | 250 | 250 | - | - | - | 575 | - | - |
| LLR DRM Trusted Assessment | 90 | 60 | 61 | 62 | 63 | 128 | 464 | - | - |
| LLR DRM PRISM | 100 | 250 | - | - | - | - | 350 | - | - |

**Please note the details in this table must agree to the details in individual STP capital Bid Templates**

# B2. STP capital schemes below £100m List (4 of 5)

**Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (e.g. fleet, equipment).**

| STP scheme name and lead organisation | 18/19 (£000) | 19/20 (£000) | 20/21 (£000) | 21/22 (£000) | 22/23 (£000) | 23+ (£000) | Total STP capital funding requested (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) |
|---|---|---|---|---|---|---|---|---|---|
| LLR DRM LLR BI Project | 50 | 225 | 50 | - | - | - | 325 | - | - |
| LLR DRM GP-IT new requirement - Mobile working | 187 | - | - | - | - | - | 187 | - | - |
| LLR DRM Implement S1 in Rainbows - Palliative Care for Children | 25 | 25 | - | - | - | - | 50 | - | - |
| LLR DRM Care Homes Record Sharing Pilot | 20 | - | - | - | - | - | 20 | - | - |
| City Primary Care Hub | | | | | | | Not known | | |

**Please note the details in this table must agree to the details in individual STP capital Bid Templates**

# B2. STP capital schemes below £100m List (5 of 5)

**Please identify all schemes under £100m which are planned to deliver over the next five years, for which STP capital funding is requested. Note, this section should also include 'non estates' bids (e.g. fleet, equipment).**

| STP scheme name and lead organisation | 18/19 (£000) | 19/20 (£000) | 20/21 (£000) | 21/22 (£000) | 22/23 (£000) | 23+ (£000) | Total STP capital funding requested (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) |
|---|---|---|---|---|---|---|---|---|---|
| LCCCG Corporate Asset Refresh LLR | 250 | | | | | | 250 | none | none |
| LPT Capitalised project staffing costs | 300 | 300 | 300 | 300 | 300 | | 1500 | | - |
| LCCCG Relocation costs | | 200 | | | | | 200 | | possible lease disposal |
| LPT Configuration of EPR | 1640 | 1640 | | | | | 3280 | | - |

**Please note the details in this table must agree to the details in individual STP capital Bid Templates**

# B3. STP capital schemes over £100m List (1 of 1)

**Please all large capital schemes within the STP which will likely be required over the next 10 years, irrespective of whether public funding is required. THIS COULD BE A NIL RETURN.**

**Large schemes which require public funding will be assessed to a different timetable, likely specific to each scheme. It is highly unlikely any schemes will be announced as part of this wave of funding.**

| STP scheme name | 18/19 (£000) | 19/20 (£000) | 20/21 (£000) | 21/22 (£000) | 22/23 (£000) | 23/24 (£000) | 24/25 (£000) | 25/26 (£000) | 26+ (£000) | Total (£000) | Of which public funding requested (£000) | Effect on backlog maintenance (£000) | Value of land disposal (£000) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UHL Re-configuration Programme excluding the ICU project (£30.8m) | - | 32,288 | 33,640 | 28,525 | 113,861 | 151,973 | 7,013 | | | 367,297 | 141,288 | 44,000 | 22,000* |

* There may also be a connected disposal of £0.35M for NHSPS associated with this programme

**An STP capital Bid Template should only be completed for large schemes in this list that wish to enter the process to be considered for public capital and are sufficiently developed.**

**Where this is the case, the details in this table must agree to the details in individual Bid Templates. [For further guidance on whether a scheme should be included here please refer to the FAQs.]**

# B4. Prioritisation All schemes requesting public STP capital

## (1 of 2)

**Ranked in order of priority, please list any schemes from B2 and B3, whether small-medium or large, for which STP capital bid templates are being submitted.**

| Ranking (1 being highest priority) | STP scheme name and lead organisation | Total requested public funding (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) | Brief rationale for prioritisation (Should be consistent with the over-arching supporting narrative in section B4) |
|---|---|---|---|---|---|
| 1 | Reconfiguration Programme Excluding the ICU project (£30.8m) – University Hospitals Leicester | 367,297 | (44,000) | 22,000 | UHL Acute Reconfiguration – consolidating services from 3 to 2 acute sites. Shifting the balance of care from acute hospitals to community facilities and people's own homes, where it is safe and appropriate to do so. Improve patient outcomes by better utilising staff resources. Operating 2 acute hospitals for financial sustainability. |
| 2 | WLCCG Hinckley and Bosworth Community Health Services | 7,035 | (300) | Up to £1m | Important to the system to move services into a sustainable model, limited work done to date to score against the model criteria, a full service review will conclude in September 2018, which will inform the direction of this programme. |
| 3 | Ambulance Resource Centre Hub - East Midlands Ambulance Service Trust<br><br>Derbyshire STP Bid | 4,394 | (490) | TBC | Central to EMAS Estates Strategy for hub and spoke configuration to meet improved new models of service delivery. Capacity for staff and building condition high on priority scoring matrix. |

**Please note the details in this table must agree to the details in individual STP capital Bid Templates**

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# B4. Prioritisation All schemes requesting public STP capital

## (2 of 2)

**Ranked in order of priority, please list any schemes from B2 and B3, whether small-medium or large, for which STP capital bid templates are being submitted.**

| Ranking (1 being highest priority) | STP scheme name and lead organisation | Total requested public funding (£000) | Effect on backlog maintenance (£000) | Value of land disposals (£000) | Brief rationale for prioritisation (Should be consistent with the over-arching supporting narrative in section B4) |
|---|---|---|---|---|---|
| 4 | ELRCCG Community Hospital Reconfiguration | £14,400 | Current back log £0.46M | Possible disposals | There is a need to review the community estate when the service review concludes in September 2018. Prior work has identified the need to pair wards, as well as dispose on old unsuitable estate. |
| ETTF 1 | ELRCCG South Wigston Medical Centre (ETTF) | £1,000 | NA | None | ETTF programme |
| ETTF 2 | WLCCG Barwell Medical Centre | £1,900 | NA | None | ETTF programme |
| To be prioritised at a later date | LPT Adult Mental Health Services Re-provision Phases 1 and 2 | £100,000 | Reduce by £1M | None | To ensure facilities meet service requirements |

**Please note the details in this table must agree to the details in individual STP capital Bid Templates**

# B4. Prioritisation Supporting Narrative

- To support our understanding of this prioritisation table, please provide a narrative explanation setting out:
  - How the higher priority schemes support delivery of your STP's estate strategy (which in turn will support delivery of the STP's strategy for clinical and financial sustainability)
- An STP capital bidding template ("Bid Template") must be completed for each individual scheme.

**LLR Prioritisation**

- The LLR Prioritisation Model was refined from a version developed by a London STP, and is designed as far as is possible to mirror central assessment criteria.
- The model and approach was approved by the LLR System Leadership Team (SLT) in May 2018.
- The LLR prioritisation is a two stage process. The project/programme owner self assesses against the template criteria. The second stage is a verification/validation of the scores by holding a Q & A session with a representative group from across LLR, comprising of Finance, Estates and Strategy leads.
- The first of these was undertaken in a workshop held on 4th June 2018.
- The projects reviewed were the UHL Acute Reconfiguration, and the Hinckley and Bosworth Community Health Services. The Community Inpatient reconfiguration and EMAS Ambulance Resource Centre Hub was reviewed on 5th July 2018.
- The scoring matrix for the first two projects was approved by the LLR SLT in June 2018. A final approval of all schemes subjected to prioritisation at this point will take place during July 2018.
- The scored matrix is attached in **Appendix 2** of this document.

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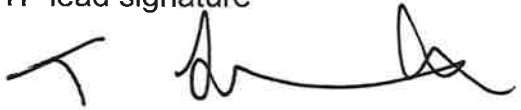
# B5. STP lead Sign Off

I confirm that we have discussed and prioritised our capital projects at an STP level, and the tables in Section B reflect this discussion.

This is the current view of the STP . [This remains a [draft] strategy subject to further work and engagement.]

| | |
|---|---|
| STP lead signature  | Date 16th July 2018 |
| Toby Sanders | |
| West Leicestershire CCG<br>55 Woodgate<br>Loughborough<br>Leicestershire<br>LE11 2TZ | |

# Annexes: STP Estates Data Summary

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# 1. Estates Composition (1 of 3)

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## Portfolio Summary

| Portfolio | No. Properties | Site Area (Ha) | Size GIA (sqm) | Percentage Tenure split Freehold / Leasehold | Estate Running costs pa (£m) (rent, s'charge, FM) | Back-log Maintenance £m |
|---|---|---|---|---|---|---|
| GP owned & Third party leased* | 191 | 0 | 35,580 | 42/58 | 16.72 | - |
| NHS Property Services | 32 | 14.24 | 38,799 | 69 / 31 | 8.8 | 1.2 |
| CHP (LIFT buildings) | 7 | 0 | 20,160 | 0 / 100 | 7. 06 | - |
| University Hospitals of Leicester | 3 | 69.38 | 264,736 | 100 / 0 | 88.86 | 77.1 |
| Leicestershire Partnership Trust | 96 | 41.47 | 98,435 | 83 / 17 | 21.056 | 3.6 |
| East Midlands Ambulance Services | 12 | 12.19 | 6,324 | 77/23 | 0.54 | |
| Other | 0 | 0 | 0 | 0 | - | - |
| **Totals** | **341** | **137.28** | **464,034** | **n/a** | **£143.02 m** | **£81.9 m** |

*Still verifying running costs and backlog maintenance due to lack of data
**Total UHL backlog & costs to eradicate Critical Infrastructure Risk(CIR)

## Functional Use Summary (where known)

| Functional Uses | No. Properties | Site Area (Ha) | Size GIA (sqm) | Percentage Tenure split Freehold / Leasehold | Estate Running costs pa (£m) | Back-log Maintenance £m |
|---|---|---|---|---|---|---|
| Clinical | 322 | 130.714 | 448,860 | 35 / 65 | 140.025 | 81.0 |
| Non-clinical | 19 | 6.564 | 15,174 | 32/58 | 2.995 | 0.9 |
| Elements of non-clinical – such as Office – if known | Parts of all UHL properties | Not identifiable | Not identifiable | Not identifiable | Not identifiable | Not identifiable |
| **Totals** | 341 | 137.28 | 464,034 | n/a | £143.02m | £81.9m |

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# 1. Estates Composition (2 of 3)

NHS

## High Cost Sites: Estate Running Costs

| Highest Cost Sites | Site Area (Ha) | Size GIA (sqm) | Freehold / Leasehold | Estate Running costs pa (£m) | Back-log Maintenance £k | Cost per sqm | Current Site Strategy |
|---|---|---|---|---|---|---|---|
| Leicester Royal Infirmary | 10.02 | 120,289 | Freehold | 43.14 | 38,839* | £358.67 | Site developed through acute reconfiguration |
| Leicester General Hospital | 28.35 | 72,966 | Freehold | 22.05 | 30,829* | £302.24 | Site developed through acute reconfiguration |
| Glenfield Hospital | 31.01 | 71,481 | Freehold | 19.62 | 17,447* | £274.55 | Site developed through acute reconfiguration |
| Loughborough Hospital, Epinal Way, Loughborough, Leicestershire | 4.32 | 12,344 | Freehold | 2.90 | 878 | £234.73 | Subject to confirmation of community hospitals plan |
| Leicester Frith, Bradgate Unit, Groby Road, Leicester | 4.927 | 10,413 | Freehold | 2.84 | 1,371 | £272.59 | TBC |

*Total UHL backlog & costs to eradicate Critical Infrastructure Risk (CIR)

## Highest Cost Locations : Backlog Maintenance

| Highest Cost Sites | Site Area (Ha) | Size GIA (sqm) | Freehold / Leasehold | Estate Running costs pa (£m) | Back-log Maintenance £k | Cost per sqm | Current Site Strategy |
|---|---|---|---|---|---|---|---|
| Leicester Royal Infirmary | 10.02 | 120,289 | Freehold | 43.14 | 38,839* | £358.67 | TBC |
| Leicester General Hospital | 28.35 | 72,966 | Freehold | 22.05 | 30,829* | £302.24 | TBC |
| Glenfield Hospital | 31.01 | 71,481 | Freehold | 19.62 | 17,447* | £274.55 | - |
| LPT Aggregated backlog properties | 0 | 0 | Leasehold | - | 2,772 | £0.00 | - |
| Leicester Frith, Bradgate Unit, Groby Road, Leicester | 4.927 | 10,413 | Freehold | 2.84 | 1,371 | £272.59 | TBC |

*Total UHL backlog & costs to eradicate Critical Infrastructure Risk(CIR)

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# 1. Estates Composition (3 of 3)

NHS

## PFI and LIFT Utilisation

| Highest Cost Sites | Site Area (Ha) | Size GIA (sqm) | Estimated Utilisation (%) | Estate Running costs pa (£m) | Cost per sqm (GIA) | Proposed STP Site Strategy | Actions taken to address under-utilised space |
|---|---|---|---|---|---|---|---|
| Merlyn Vaz Joint Services Centre | N/A | 6,191 | 68% | 2.10 | 339 | Unclear | Unaware of any CCG intentions. Large bookable rooms fully under-utilised. |
| Gorse Hill Site, The Agnes Unit (AKA Assessment and Treatment Centre, Anstey Lane, Leicester) | 2.12 | 2,674 | Unknown | 1.67 | 623 | Unknown | |
| St Peters Health Centre | N/A | 4,142 | 75% | 1.31 | 317 | Unclear | Note: Sexual Health look to be vacating end of calendar year (2018). Would lead to an additional 53.47% void and essentially 30% utilisation. Unaware of any CCG intentions. |
| Westcotes Health Centre | N/A | 3,759 | 65% | 1.29 | 344 | Unclear | Unaware of any CCG intentions. |
| Belgrave Health Centre | N/A | 2,402 | 60% | 0.930 | 384 | Unclear | Unaware of any CCG intentions. |
| De Montfort Surgery | N/A | 1,454 | 99% | 0.506 | 348 | Unknown | Fully utilised single tenant. |
| Humberstone Medical Centre | N/A | 1,112 | 100% | 0.479 | 431 | Unknown | Fully utilised single tenant. |
| Merridale Health Centre | N/A | 1,100 | 100% | 0.436 | 397 | Unknown | Fully utilised single tenant. |

# 2. Other STP Estates Information

Embedded are the following partner organisation Estates Strategies, copies are available upon request:

- UHL Estates Strategy 2018-2023
- LPFT Estates Plan 2017-2023
- LLR SEP 2015/16


UHL Estates Strategy 2018-2023


LPT Estates Plan 2017-2023


LLR SEP 2015/16

# 3. Programmes and Project Summary Description

**Priority Programmes & Projects**

**WAVE 1 PROJECT Child and Adolescent Mental Health Service (CAMHS) Re-provision**


This scheme is to build a new 15 bed CAMHS and Eating Disorders inpatient facility (with a hospital school), co-located with both the Trust's acute inpatient mental health services and adult inpatient eating disorder services on the Glenfield Hospital site in Leicester. It will replace a temporary facility, that has no specialist eating disorder beds, significantly reducing the need for teenagers to go out of county for inpatient beds.

The unit will meet the NHS England service specification, (NICE) standards for Eating Disorders and the QNIC standards, deliver financial balance and reduce whole system costs for out of area placements. There will be better integration between Eating Disorder community and inpatient services, and reduced patient dependency, if there is an inpatient unit locally.

**WAVE 1 PROJECT Interim ICU**

This scheme is a key enabler for further reconfiguration work on UHL acute sites, and comprises of:

- The expansion of ICU at GH by 11 bed spaces (a net increase of 3 ICU beds across the three sites following the reduction at LGH)
- The refurbishment of space at GH for the development of interventional radiology facilities
- The development of new wards at GH to support the transfer of hepatobiliary (HPB) and transplant services from LGH
- The refurbishment of ward space at LRI to support the transfer of colorectal and emergency general surgery services from LGH

# 3. Programmes and Project Summary Description

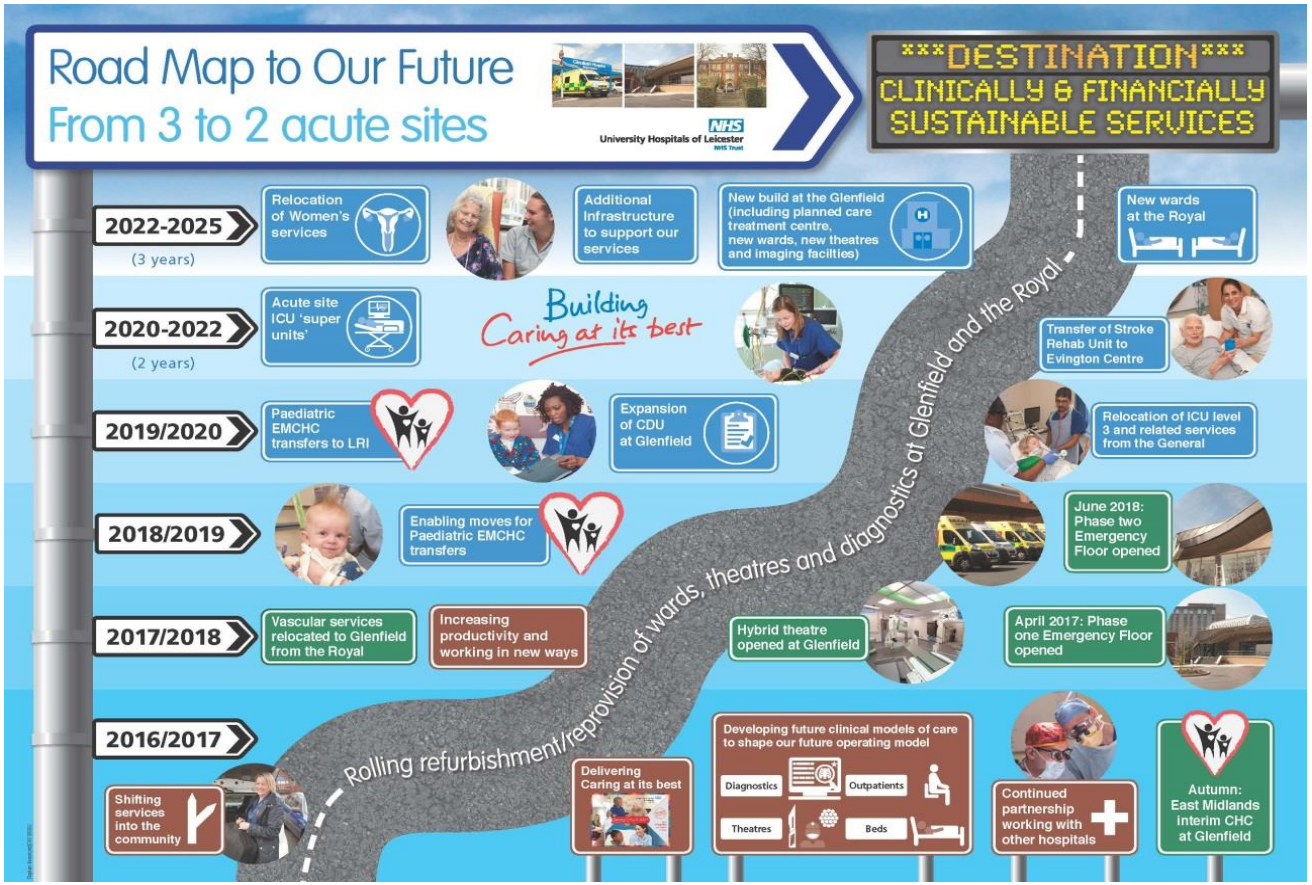
**Priority Programmes & Projects**

**WAVE 4 PROJECT 1: UHL Acute Reconfiguration**

This reconfiguration programme underpins the STP and enables the health economy to deliver a sustainable, clinically effective and affordable service in the future.

By allowing UHL to move all acute care onto the Leicester Royal Infirmary (LRI) and Glenfield Hospital (GH), whilst enhancing critical care provision, creating a single site maternity hospital and protecting planned elective activity, thereby facilitating the disposal of the vast majority of the Leicester General Hospital (LGH) site.

The wave 1 interim ICU project is a key enabler to deliver the overall reconfiguration.



# 3. Programmes and Project Summary Description

**Priority Programmes & Projects**

**WAVE 4 PROJECT 2: Hinckley and Bosworth Community Health Services**

The proposal reflects the STP and CCG commitment to delivering and expanding planned and urgent care in local communities, where it is safe and viable to do so. Our aims expanding services in Hinckley are to:

- Increase the number of day case operations and range of outpatient clinics – moving activity out of University Hospitals of Leicester into community hospital settings
- Increase the range of endoscopy to include cancer screening
- Extend the range of consultant outpatient services
- Support the development of an urgent care hub within Hinckley and Bosworth
- Implement new models of care to support patients to be discharged home first with improved rehabilitation and re-ablement services in the community
- Replace the x-ray facilities which are coming to the end of their life with new, modern facilities
- Consolidate the overall community service estate footprint across Hinckley in order to improve productivity by releasing asset value and increase space utilisation

By extending and refurbishing suitable buildings, and disposing of a building where the clinical risks of cross-infection, caused by the design of the existing building, is being managed by staff operating rigidly to additional working policies and procedures that severely impact on productivity are not required in modern healthcare buildings.

# 3. Programmes and Project Summary Description

**Priority Programmes & Projects**

**WAVE 4 PROJECT 3: Leicester Ambulance Resource Centre (ARC)** (Note - This bid will be submitted through Derbyshire STP)

These large centres bring large numbers of operational ambulance staff and vehicles together with key enabling services to provide vehicle preparation - 'Make Ready' and support and administration functions. The vehicle preparation process was coined by its creators as "Make Ready" and is best described as a 'one stop shop' for ambulance crews wishing to collect a ready prepared vehicle at the commencement of their shift.

This will take a vehicle at the end of its shift through a systematic process, from re fuelling, through a maintenance routine and in to a cleaning and re stocking regime. The output would be a fully prepared and checked vehicle, ready for immediate use. A 'Make Ready' system could easily be applied to partner resources co-located within ARCs.

Supporting the operational accident and emergency service, we expect that these sites would have educational facilities, community accessible spaces, supply chain for medical consumables, and provide a base for the management function that serves the area.

We will re-develop an existing site into an ambulance resource centre and re-locate staff from other Leicester City stations rationalising our estate without disrupting 999 service delivery. The make ready vehicle preparation services will be available to health and emergency service partners and it is hoped that the local community health services will be able to use the facility to host its community teams. The site proposed would see the development of land at the site adjacent to a community mental health hospital, the site would provide both ambulance facilities but also community space that can be accessed as required.

# Appendices

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# Appendix 1 STP Estates Group Membership

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| Name | Organisation |
|---|---|
| Karen English (Chair) | Managing Director, East Leicestershire and Rutland CCG (SRO for STP Estates Programme & representing all CCGs) |
| Nicky Topham | Reconfiguration Programme Director, University Hospitals of Leicester (UHL) |
| Mike Webster | Head of Estates & Property, University Hospitals of Leicester (UHL) |
| Andrew Edwards | Head of Property Services, Rutland County Council |
| Andy Donoghue | Associate Director of Estates, Leicestershire Partnership Trust |
| John Liddell | Asset Manager, Leicestershire County Council |
| Vijay Patel | Estates Transformation Manager, Leicestershire Partnership Trust |
| Sarah Pennelli | Strategic Director, Blaby District Council, Representing District Councils |
| James Allen | NHS Property Services (Capital) |
| Louise Perry | PMO Head of Finance, STP, West Leicestershire CCG |
| Dr Jane Fitch | Strategic Estates Advisor, Strategic Estates Planning Team |
| Debbie White | Head of Service, Business Strategy & Performance, Leicester City Council |
| Neil White | Transformation Delivery Manager, East Midlands Ambulance Services |

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# Appendix 2 Prioritisation Model Scoring (1 of 3)

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| LLR Capital Project and Programme Prioritisation Tool | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Assessment Criteria | Detailed Criteria | | Area Breakdown | Good Evidence consists off | Required evidence/documentation | Scoring | UHL Reconfiguration | Hinckley | Community Hospital Reconfiguration | EMAS Ambulance Hub | |
| Required criteria for schemes consideration | STP Alignment requirements | | Estates Strategy & priority | Clear consistency with strong wider STP estates strategy, clear priority and planning issues fully addressed | In line with the STP Principles set within the STP estates Plan | Yes/No | Y | Y | Y | Yes | |
| | | | Clinical plan - Consistency with STP plan and high priority from a service perspective | Strong evidence of consistency with overall STP clinical strategy and a main priority of the STP | | Yes/No | Y | Y | Y | Yes | |
| | | | PID available | Scheme is able to evidence a draft or signed-off PID document | PID Document | Yes/No | Y | Y | N | Yes | |
| | | | | | | | | | | | |
| 1. Leadership and Capacity to deliver | Deliverability | 1a | Identified source of funding | Appropriate range of options considered and rationale for preferred option explained. NHS E VfM template | 0 - No options considered<br>2- Options considered but none identified 5 - There is a clear funding strategy for the project with identified capital and revenue. | 0, 2 or 5 | 5 | 2 | 0 | 2 | |
| | | 1b | Disposals to fund scheme directly | Strong evidence that all possible site disposals to fund the scheme have been considered, factored into the proposal and robustly valued | 0 - No Options Considered at this stage<br>2 - Options considered but no disposal opportunities linked with the schemes<br>5 - Options schedule in respect of possible disposals and contribution towards scheme being funded (direct funding) | 0, 2 or 5 | 5 | 5 | 5 | 5 | |
| | | 1c | Financial viability | Has the projects been assessed against its financial viability | What stage is the financial viability assessment for the project?'<br><br>0 – no financial modelling carried out at this stage<br>2 – outline SOC financial modelling complete<br>3 – OBC GEM modelling complete<br>4 - FBC GEM modelling complete<br>5 – Full financial modelling complete and approved | 0, 2, 3,4 or 5 | 2 | 2 | 0 | 2 | |
| | Plans for delivery of capital schemes must be very robust, with clear actions and milestones in place, and be able to withstand the close scrutiny of central bodies. | 1d | Timeline | Detailed plan with clear key achievable milestones that meet deadline for delivery | Programme identified from project initiation to completion.<br>5 = Credible programme in place | 0 or 5 | 5 | 5 | 0 | 5 | |
| | | 1e | Deliverability - Project Management | Good evidence of PPM capability/ PMO arrangement and appropriate governance that will support delivery. | 5 = evidence of substantial recent experience. Statement of past successes, project name, outturn cost, completion date. | 0 or 5 | 5 | 5 | 5 | 5 | |
| | Evidence support and Engagement from the key stakeholders | 1f | Stakeholder Engagement | Strong evidence of comprehensive stakeholder engagement and high degree of support, and discussion of issues arising. | 0 - No evidence of stakeholder engagement or no plan to do so 2 - Evidence of engagement & communication with the key project stakeholders (commissioners, providers, users) 3 - Evidence of wider strategic engagement & communication with the STP Estates Working Group<br>4 - Evidence of wider engagement with the regulators: NHS E/ NHS I/ PAU/DH /Treasury<br>5 - Evidence of patient and public engagement | 0, 2, 3,4 or 5 | 4 | 5 | 2 | 3 | |
| Subtotal Leadership and Capacity to deliver | | | | | | | 26 | 24 | 12 | 22 | |

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# Appendix 2 Prioritisation Model Scoring (2 of 3)

NHS

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.Demand Management | Schemes should quantify, with supporting evidence, reductions in demand across the whole health system | 2a | Scheme delivers service improvements | Strong evidence on delivering service improvements - convincing narrative and data to show performance will improve materially against the current baseline | Support from Clinical Leadership Group, and relevant clinicians | 0 or 5 | 5 | 5 | 5 | 0 | |
| | | 2b | Quantified Demand Reductions / Better Management of Service Demand | Data is clear and mechanisms are explained in terms of demand management, and the data point convincingly to comparatively high impact | Plans should show a better management of service demand without adversely impacting on other areas of care, specifically A&E performance, RTT and cancer. | Rank score on scale of 0 or 5 | 4 | 3 | 0 | 5 | |
| | | 2c | Activity Savings | Should make a quantifiable contribution to activity savings and annual efficiency savings | Baselines should be known and evidenced, and growth projections using recognised assumptions used. | Rank score on scale of 0 or 5 | 4 | 3 | 0 | 4 | |
| | Population Growth | 2d | Population Growth pressure /demand | The scheme targets areas of population growth / increasing demand. ***Section will be completed based on Evidence mapping of population growth areas by the STP*** | Evidence of how the project is a response to the Demand Management analysis. | 0 or 5 | 5 | 5 | 5 | 5 | |
| Subtotal Demand Management | | | | | | | 18 | 16 | 10 | 14 | |
| 3. Transformation, Patient Benefit and Workforce benefits | Advances new models of care deliver improved health outcomes. | 3a | Transformation | Scheme will substantially transform the service model, patient care or integration,. or is key to enabling transformation across clinical pathways **and include managing down demand. Demonstrate a positive impact on demand reduction.** | 0 - Scheme is part of Business as usual requirements for space reconfiguration<br>2 - The scheme will support the transformation of service models with specific reference to new models of self care and integrated pathways at **local level.**<br>**4, The scheme will enable service transformation across a significant part of the STP system**<br>5 - The scheme promotes the co-ordination of Health Care across **the whole system (STP Level)** | 0, 2, 4, or 5 | 4 | 2 | 2 | 2 | |
| | Workforce environment improvements | 3b | Delivers improvements in healthcare service and performance | Delivers workforce environment improvements (agile working, single data entry, reduced walking/travelling, greater patient contact hours) | What benefits can be offered to workforce to attract and retain?<br>0 - No workforce benefits 3 - Will deliver a better workforce working environment 5 - Will enable workforce redesign, improved productivity | 0, 3 or 5 | 5 | 5 | 3 | 5 | |
| | Housing Units | 3c | Affordable housing and key worker accommodation | Potentially delivers additional housing units and key worker accommodation | 0 - None<br>5- Delivers affordable housing units 5 - Delivers both affordable housing and key-worker accommodation | 0, 3 or 5 | 5 | 0 | 3 | 3 | |
| | Improved Service Accessibility | 3d | Accessibility | Improves accessibility for local residents (geographical/travel times)<br>Provides flexibility of use to meet resident's needs ( right place) | If yes then 5 if no then 0. If neutral or some improvements/worse for some patients 3 | 0, 3 or 5 | 3 | 3 | 3 | 3 | |
| | | 3e | Accessibility | Transport Links - Public Transport Access Level - PTAL | Priority - is the location of the new scheme predicted to have a higher public transport access in 2021 than the current average of the wards it covers. If yes then 5 if no then 0. | 0 or 5 | 5 | 0 | 0 | 0 | |
| | | 3f | Accessibility | Improves accessibility for local residents - extended opening hours - weekend and evening opening<br>Provides flexibility of use to meet resident's needs (right time) - reduce waiting time | If yes then 5 if no then 0. | 0 or 5 | 5 | 5 | 0 | 0 | |
| Subtotal Transformation, Patient and Workplace Benefits | | | | | | | 27 | 15 | 11 | 13 | |

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# Appendix 2 Prioritisation Model Scoring (3 of 3)

NHS

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 4. Estates / Infrastructure | Contributes to improving the utilisation and condition of existing health and social care facilities in the Locality | 4a | Improved Condition and Compliance requirements | Scheme will substantially improve the condition of our estate, offering better patient care. Scheme supporting the Health & Safety and Statutory Compliance requirements | Evidence of capital requirements to upgrade condition of the premise and reduce any backlog maintenance, the scheme will deliver Statutory Compliance works | 0 or 5 | 5 | 5 | 5 | 5 |
| | | 4b | Improved Utilisation | Reduces CCG or Provider void risk and associated cost. Intensifies the asset utilisation in meeting targets set within the Estates Plan. | Evidence of projects reducing the void risk and improving current utilisation | 0 or 5 | 5 | 5 | 5 | 5 |
| | | 4c | | Scheme is optimising the use of estates and is evidencing ongoing affordability. Creates opportunities to reduce overall estates running costs | If yes then 5 if no then 0. | 0 or 5 | 5 | 5 | 5 | 5 |
| | | 4d | | Creates additional capacity to address an existing lack of capacity | Does the scheme provide additional capacity to address an existing capacity constraints for areas of national priority. | 0 or 5 | 5 | 5 | 0 | 5 |
| Subtotal Estates and Infrastructure | | | | | | | 20 | 20 | 15 | 20 |
| 5. Financial Sustainability | Contributes towards financial sustainability of whole health and social care system | 5a | Post implementation ongoing revenue costs are lower than 'Do Nothing' scenario | Scheme will improve the overall running costs, including estates and staffing by enabling better productivity, increasing the use of estate, or enabling a more efficient rostering/staffing arrangement. | What stage is the financial viability assessment for the project?'<br><br>0 – Increased revenue costs<br>2 - Revenue neutral (no increase or decrease)<br>5 – Reduction in revenue costs | 0 or 5 | 5 | 2 | 5 | 5 |
| Financial Sustainability Sub Total | | | | | | | 5 | 2 | 5 | 5 |
| Raw Total | | | Weighting of 20% per assessment criteria area | | | | 96 | 77 | 53 | 74 |

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# Appendix 2 Prioritisation Model Weighted Scores

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| | | | | | | |
|---|---|---|---|---|---|---|
| **Hinckley** | | | maximum score | actual score | **weighted score** | **Ranking** |
| Section 1 | 1. Leadership and Capacity to deliver | 20% | 30 | 24 | **16.0** | |
| Section 2 | 2.Demand Management | 20% | 20 | 16 | **16.0** | |
| Section 3 | 3. Transformation, Patient Benefit and Workforce benefits | 20% | 30 | 15 | **10.0** | |
| Section 4 | 4. Estates / Infrastructure | 20% | 20 | 20 | **20.0** | |
| Section 5 | 5. Financial Sustainability | 20% | 5 | 5 | **20.0** | |
| | | | 105 | 80 | **82.0** | **2** |
| **UHL Acute Reconfiguration** | | | maximum score | actual score | **weighted score** | |
| Section 1 | 1. Leadership and Capacity to deliver | 20% | 30 | 26 | **17.3** | |
| Section 2 | 2.Demand Management | 20% | 20 | 18 | **18.0** | |
| Section 3 | 3. Transformation, Patient Benefit and Workforce benefits | 20% | 30 | 27 | **18.0** | |
| Section 4 | 4. Estates / Infrastructure | 20% | 20 | 20 | **20.0** | |
| Section 5 | 5. Financial Sustainability | 20% | 5 | 5 | **20.0** | |
| | | | 105 | 96 | **93.3** | **1** |
| **Community Inpatient Reconfiguration** | | | maximum score | actual score | **weighted score** | |
| Section 1 | 1. Leadership and Capacity to deliver | 20% | 30 | 12 | **8.0** | |
| Section 2 | 2.Demand Management | 20% | 20 | 10 | **10.0** | |
| Section 3 | 3. Transformation, Patient Benefit and Workforce benefits | 20% | 30 | 11 | **7.3** | |
| Section 4 | 4. Estates / Infrastructure | 20% | 20 | 15 | **15.0** | |
| Section 5 | 5. Financial Sustainability | 20% | 5 | 3 | **12.0** | |
| | | | 105 | 51 | **52.3** | **4** |
| **EMAS Ambulance Hub** | | | maximum score | actual score | **weighted score** | |
| Section 1 | 1. Leadership and Capacity to deliver | 20% | 30 | 22 | **14.7** | |
| Section 2 | 2.Demand Management | 20% | 20 | 14 | **14.0** | |
| Section 3 | 3. Transformation, Patient Benefit and Workforce benefits | 20% | 30 | 13 | **8.7** | |
| Section 4 | 4. Estates / Infrastructure | 20% | 20 | 20 | **20.0** | |
| Section 5 | 5. Financial Sustainability | 20% | 5 | 5 | **20.0** | |
| | | | 105 | 74 | **77.3** | **3** |

# Appendix 3 Digital Road Map Objectives

## The LLR Digital Roadmap Objectives are:

- Interoperability and data sharing with wider health partners like Optometrists, Dentists, Pharmacists
- 95% of GP patients to be offered e-consultation and other digital services
- Population analysis done on a public sector scale to help proactive support and vulnerable people
- API connectivity of all health and social care systems
- Patient self-monitoring using personal devices (info going directly to the GP)
- Patient self-care, management, pathway access
- Patient self service
- Unified communication between health, social care and cross boarder organisations
- Electronic mobile maternity app
- Every patient has access to digital health records that they can share with their families, carers and clinical teams
- Implementation of cognitive computing systems
- Free access to Wi-Fi for all patients
- Single Infrastructure Platform across LLR
- Paper-free at the point of use

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# Appendix 4 Workforce Strategy (1 of 2)

**Shaping the future workforce for Leicester, Leicestershire and Rutland**

Our workforce is critical to the delivery of high quality patient care and across Leicester, Leicestershire and Rutland there are 21,974 healthcare staff [3751(primary care); 12,988(UHL); 5235 (LPT)] and 32,100 social care staff. A summary of some key areas we would wish to improve are:

| | |
|---|---|
| Vacancies | •It can be difficult to recruit to high quality staff to our local area<br>•It is difficult to recruit trainee doctors into some specialisms such as emergency medicine, frail elderly, GPs, and some cancer specialists<br>•There are high numbers of vacancies in adult social care services<br>•The younger workforce is demanding more flexible hours and work patterns |
| Sickness | •Strategies are being put in place to reduce sickness levels but we still lose of lot of days to staff sickness<br>•The most common reasons given in sickness reporting are back problems, stress and anxiety |
| Turnover | •There is a high turnover of staff in social care, although around two thirds are recruited from within social care settings<br>•Staff often leave because they are attracted by better pay, promotional opportunities or they want to broaden their experience |
| Staff Engagement | •Millennial workforce demanding more flexible hours and work patterns<br>•Adult social care – high vacancies and turnover, particularly in the carer workforce |

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# Appendix 4 Workforce Strategy (2 of 2)

**Integrated service and workforce planning**

We are adopting a model that will help us to understand what our local population needs are so that we can shape the future health and social care workforce. Using this model will help us with understanding how our staff need to work across different organisations and across different models of care.