University Hospitals of Leicester NHS
NHS Trust

Agenda Item: Trust Board Paper G

TRUST BOARD – 22 DECEMBER 2014
Five Year Plan Refresh

DIRECTOR:	Kate Shields, Director of Strategy
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DATE:	22 December, 2014
PURPOSE:	To brief the Trust Board on the refresh of the executive summary of the Trust's five year plan which reflects the changes in planning assumptions that have occurred since the approval of the five year "directional" plan in June, 2014. It also addresses the areas of refocusing that came out of the Trust Board thinking day in October. They fall into two categories: • Internal drivers: e.g. Consolidation of ITU by December 2015; • External drivers: e.g. Service standards, NTDA feedback, Dalton Review; Overall the executive summary is largely unchanged and as such does not impact on our Strategic Direction or alignment with the Better Care Together programme. The finance and workforce sections are still under review as part of the planning round. These will be reported in early 2015. The Trust Board is asked to **RECEIVE** this report, **NOTE** and **ENDORSE** the changes made.
PREVIOUSLY CONSIDERED BY:	Executive Strategy Board, 9th December, 2014
Objective(s) to which issue relates *	[X] 1. Safe, high quality, patient-centred healthcare [X] 2. An effective, joined up emergency care system [X] 3. Responsive services which people choose to use (secondary, specialised and tertiary care) [X] 4. Integrated care in partnership with others (secondary, specialised and tertiary care) [X] 5. Enhanced reputation in research, innovation and clinical education [X] 6. Delivering services through a caring, professional, passionate and valued workforce [X] 7. A clinically and financially sustainable NHS Foundation Trust [X] 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	Patient and public involvement is the guiding principle of project and business case development e.g. in the detailed design of capital developments. This will be the case for forthcoming business cases including the out of hospital community project. This is in addition to Better Care Together Arrangements and UHL stakeholder engagement.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	Once the refreshed plan has been agreed an Equality Impact Assessment will be undertaken on the whole plan. In addition to this, an EIA is integral to each individual business case.
Organisational Risk Register/ Board Assurance Framework *	[ ] **Organisational Risk Register** **Board Assurance Framework** [X] **Not Featured** [ ]
ACTION REQUIRED *	For decision [ ] For assurance [X] For information [ ]

♦ **We treat people how we would like to be treated** ♦ **We do what we say we are going to do**
♦ **We focus on what matters most** ♦ **We are one team and we are best when we work together**
♦ **We are passionate and creative in our work*** tick applicable box

Refresh of the Trust's Five Year Plan (Executive Summary)

INTRODUCTION

1. The purpose of this paper is to update the Trust Board on the refresh of the Trust's five year plan following recent national policy changes, internal operational changes and a refocussing of our intentions following the Trust Board Thinking Day in October.

2. A revised vision has been drafted following the Trust Board Thinking Day (Page 4 of the Executive Summary). This aims to break our intentions down into clarity of thought and action to aid communication.

3. With the exception of the changes referenced in items 11–20 within this paper, the revised executive summary in overall terms is largely unchanged from the June 2014 submission. The revised summary is attached at Appendix 1.

4. It is important to note that the finance and workforce sections are still subject to ongoing refresh as part of the planning round. The Board will be briefed on the outcome of this in early 2015.

BACKGROUND

5. The Trust's five year "directional" plan was published in June 2014.

6. The plan is aligned to the Leicester, Leicestershire and Rutland (LLR) Better Care Together (BCT) programme, national planning guidance and policy direction.

7. Given the pace with which plans were developed prior to the June approval, it was always recognised that there would need to be a period of triangulation, refresh and amendment.

WHY DOES THE PLAN NEED TO CHANGE?

8. No sooner had the Trust's five year "directional" plan been approved than a number of key drivers for change emerged. These have resulted in a revision of our planning assumptions which are now reflected in an amended executive summary. They fall into two categories: external and internal.

8.1 **External**

i. The anticipated requirements of clinical standards for congenital heart services, in particular the need for colocation of children's services on one site (July 2014).

ii. Publication of NHS England's Five Year Forward View (November 2014) and the Dalton Review (December 2014) which outline a number of alternative organisational forms that providers may consider to support service integration and sustainability.

iii. The challenge to the Trust from the NHS Trust Development Authority (NTDA) to go "further, faster" in the delivery of our plans with the aim of achieving recurrent balance by 2018/2019.

8.2 **Internal**

i. A significant increase in the level of clinical risk associated with the current configuration of ITU services, in particular the inability to sustain a safe staffing rota for ITU services at the Leicester General Hospital beyond December 2015.

TRUST RESPONSE –REFRESHED PLANNING

9. It is important to note that there is no alteration in the direction of travel described in the Trust's Strategic Direction (November 2012): "*In five years' time we expect to be delivering better care to fewer patients, we will be significantly smaller, more specialised, and financially sustainable*" (Executive Summary).

10. The actions required in response to the CQC report (January 2014), the LLR Quality Review (August 2014) and the recently published Sturgess Report (December 2014), will form an integral part of plan.

KEY CHANGES

Refocused vision statement

11. Following the Trust Board Thinking Day in October a refreshed vision was produced that aims to contextualise our vision and make it easily understood both inside and outside of UHL.

Development of a single-site children's hospital

12. The capital plans associated with a single Children's Hospital are being progressed and are currently at the stage of project brief. This work programme is expected to run from 2015/2016 – 2018/2019. We are doing this in response to NHS England's review of congenital heart services.

13. Additionally the Trust is carefully considered the best operational model for congenital heart services. The Trust is establishing a strategic alliance with Birmingham Children's Hospital. This will be based on a collaborative model of delivery, governance, research and development and is in line with some of the options outlined in the Dalton Review. Active discussions are taking place about how we achieve minimum numbers of procedures in line with NHS England's future commissioning intentions.

ITU Consolidation

14. The Trust has established a discrete workstream to support the relocation of ITU (and interdependent services) from Leicester General Hospital by December 2015. The capital, revenue and project management implications are currently being developed in detail.

15. In order to accommodate the re-provision of the Leicester General ITU to the LRI there is a need for a significant estate footprint to be released. Two key actions, both of which must be delivered to release sufficient space, are being progressed to facilitate this: acceleration in the transfer of patients who no longer require acute care to alternative settings and bringing forward the Trusts plans for a discrete Treatment Centre.

Developing a Treatment Centre

16. The plans for this development have been brought forward with work starting in 2015/2016. As part of the business case development Clinical Management Groups (CMG's) have been asked how much of their planned treatments could be undertaken in this facility (part new build/part refurbishment). The Treatment Centre will bring all elective day case work together and will provide a dedicated facility for high volume planned care.

Accelerating transfer of care for patients no longer requiring acute intervention

17. As part of the Trust and BCT plan, LLR partners have agreed to work together to support the early transfer of patients who no longer require acute care, ideally in their home.

18. Several bed utilisation reviews identified the potential for up to 250 beds worth of activity to shift to out of hospital community alternatives over a three year period (starting in 2015/2016).

19. Based on the need to release estate footprint to relocate the LGH ITU and the challenge from the NTDA to go "further, faster" the Trust is working with Leicester Partnership Trust (LPT) to deliver this change over two years. This would start with a shift in 130 beds worth of activity to non-bedded alternatives in the community.

20. Maintaining safe, high quality care throughout the patient journey will be paramount as will the management of transition so that beds in UHL are not removed until the alternative has reached the scale expected on a sustainable basis.

FUTURE DIRECTION

21. The Dalton Review published on the 5th December 2014 outlines a number of alternative organisational structures that the Trust has not yet had the chance to consider in any degree of detail. This includes the potential for examples such as an urgent and emergency care network and a primary and acute care system (PACS). Plans are in place to explore this further in the New Year across the Executive with the Trust Board.

22. It is also important to note that the review creates the opportunity for Clinical Commissioning Groups to manage primary care budgets and contracts (previously undertaken by NHS England). This represents a material change which may have a knock on effect to the Trust, which we will need to actively engage with.

RISK AND MITIGATION

23. Delivery of the new models of care for our specialised (e.g. congenital heart) and local services (e.g. transfer of patients no longer requiring an acute intervention) will require the Trust and its partners to work as a 'system', working together to jointly design and safely deliver effective services that are tailored according to need. The scale of change required far exceeds anything the Trust has done before and it is therefore essential that robust governance arrangements are in place to monitor progress and clear metrics agreed so that the delivery by all can be clearly demonstrated.

24. The current contracts in place between commissioner and provider will not support the necessary flow of funds to support and incentivise the out of hospital transformation. UHL will require transitional funding to mitigate the impact of income loss, whilst LPT and Social Care need to be incentivised to support early movement of patients out of UHL. These costs are not accounted for in the BCT Strategic Outline Case (SOC) and it is therefore essential that a more appropriate contractual form is agreed that will support and incentivise all partners to deliver their part of the change.

25. The NTDA challenge to go "further, faster" and the need to secure ITU consolidation means that robust delivery plans must be in place including detailed risk and mitigation. It will be essential that resilience is built into all plans so whilst the Trust will work with LPT to secure delivery it makes sense that as system we explore the option to engage supplementary community providers who could inject additional pace of change or could support remedial action when necessary. This is currently being explored.

RECOMMENDATION

26. The Trust Board is asked to:

- **RECEIVE** this report;
- **NOTE** the key changes to the executive summary of the five year plan;
- **NOTE** that the changes do not impact on our Strategic Direction;
- **NOTE** the alignment to the Better Care Together programme;
- **NOTE** that updates on finance and workforce will be presented in early 2015;
- **ENDORSE** the changes made;

University Hospitals of Leicester NHS
NHS Trust
Caring at its best

Five Year Integrated Business Plan Executive Summary 2014 – 2019 Version11.0

December 2014

1. Executive Summary

Background

University Hospitals of Leicester NHS Trust is one of the ten largest Trusts in the country and a leading teaching hospital with one of the strongest research portfolios outside of the London. The Trust provides specialised and general local services to the people of Leicester, Leicestershire and Rutland (LLR), the wider population of the Midlands and East and for some services, an even larger national catchment.

The Trust is already recognised for the strength of its clinical services, particularly cancer, cardiac, renal, respiratory and diabetes. It employs 12,444 people (headcount) which equates to 10,683 whole time equivalents (WTE) (November, 2014). The Trust operates across three main hospital sites in the city of Leicester and satellite units, including St Mary's Birthing Centre in Melton and renal dialysis units in Loughborough, Grantham, Corby, Kettering, Northampton, Peterborough, Boston and Skegness. It also delivers clinical services at the ten community hospitals distributed across Leicestershire County and Rutland as part of the new, innovative 'LLR Elective Care Alliance', delivering multi-speciality services in a community setting.

The Trust was formed in 2000 by the merger of the City's three acute hospitals. Since then the Trust has narrowly broken even every year with the exception of 2013/14 when it posted a £39.7m deficit. The forecast position for 2014/2015 year end is £40.7m deficit, which is in line with the agreed financial recovery plan (month 7 financial update to the Trust Board) and assumes the delivery of £40m cost improvement.

In terms of operational performance, the Trust generally has a good track record of delivery with the long standing exception of the A&E four hour standard and more recently the Referral to Treatment (RTT) and cancer sixty two day standard. The need to improve urgent and emergency care reflects a key challenge not only for the Trust but the whole of the health and social care system of Leicester, Leicestershire and Rutland (LLR). Following a six month review, the world-renowned clinical expert Dr Ian Sturgess commented that the LLR system has the *"potential to be 'high-performing' but is 'relatively fragmented' with barriers to effective integrated working"* (December, 2014). This is consistent with the "Learning Lessons to Improve Care Review" (July, 2014) which highlights the need for system-wide co-operation and collaboration in order to identify solutions and make improvements to clinical care.

Actions to address the financial deficit, emergency care performance and partnership working are especially prominent in the rest of this document.

Despite all of the above, the Trust has achieved significant improvements in core quality of care including reduced infections, patient falls, pressure ulcers and mortality. In addition, very significant improvements have been made in levels of staff engagement through the "Listening into Action" programme, which has been in operation since April 2013 and seeks to ensure that all staff are central to making improvements and feel more valued as a result.

From the merger in 2000 to 2007, the Trust pursued a major PFI building and reconfiguration plan called, 'Pathway'. In 2007 when the total cost of the project was projected to be in excess of £900m, the Board stopped the procurement.

From 2007 and the collapse of 'Pathway' up to the turn of the year in 2012/13 the Trust struggled to articulate its long term strategy and financial plan.

However in 2012/13, coinciding with arrival of a new Chief Executive and other new Board members, the Trust produced its 'Strategic Direction' which set out at a high level the vision for Leicester's Hospitals. Since then work has continued to develop this Strategic Direction and this 5 year plan represents the next level of detail on the Trust's journey to become an organisation that can genuinely say that it is delivering, 'Caring at its Best'.

The Trust's internal strategy development has been taking place in parallel with the refinement of a system wide health and social care strategy for LLR, which has similarly suffered from a lack of clear direction since the demise of Pathway. LLR was previously identified as a "challenged health economy" by national regulators and was provided with external support to rectify this. As a result, a new 5 year system plan and Strategic Outline Case have been produced under the banner of "Better Care Together". UHL's strategy is entirely consistent with this wider plan.

In response to the changing service specifications and to maintain access to high quality, sustainable services as close to home as possible, the Trust is actively exploring strategic alliances with other acute providers. Examples include working in collaboration with the congenital heart services at Birmingham Children's Hospital, paediatric intensive care and neonatal intensive care services at Nottingham University Hospitals and cancer services in Northampton. This is in line with the recently published Dalton Review. In addition the Trust is at a very early stage of exploring how similar models of service provision could be extended to our local, core clinical services.

The Trust's Vision and Values

> *"In the next 5 years UHL will become a successful Foundation Trust that is internationally recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve patient experience…*
>
> we call this 'Caring at its Best"

The Trust's vision is underpinned by a set of corresponding values which are designed to encapsulate the behaviours and actions that the Trust as a whole and each member of staff will need to embrace to make the vision a reality.

The values were developed with staff and reflect the things that matter most to them and the Trust. Most importantly they will characterise how the Trust will be seen by others.

Figure 1: Our purpose and values

Our values haven't changed but the world has. There are more people and they live longer but often with illness; we have more information at our fingertips to help us live healthier lives but we don't always take heed; increasingly we expect our public services to take account of our busy lives and we know more about our public services than ever before.

Alongside the wider societal changes, as a major acute, teaching Trust there are some very specific issues which we need to solve if we are to deliver on our pledge to provide 'Caring at its best'.

We need to sort out emergency care not only because our patients deserve better from us but also to liberate the Trust from the current drain of time and resource which managing day to day demand places upon us.

We need to work with social services and primary care to radically redesign community services so that only those patients who require specialist acute care come into our hospitals.

We need to take a hard look at the way we work and ask ourselves is this the best we can do and if not, who is doing it better?

We need to recognise that our clinical expertise is our most valuable commodity but if we don't open up the access to that expertise, we are limiting its potential for doing good.

And **we need to understand that money is scarce**

That is the backdrop to our vision…

Developing the Strategy

The strategy development process consisted of six key phases comprising evidence gathering, analysis, synthesis, planning, review and refresh. This process was launched by the Director of Strategy in November 2013 and was underpinned by on-going engagement with the Trust's Clinical Management Groups.

Flowing from the evidence available and the analysis came a clear sense of strategic priorities, which are called the Strategic Objectives. These are described in more detail in the Strategy Chapter but are summarised in the strategic triangle below.

Figure 2: UHL's strategic objectives

In the evidence gathering phase of the development of the UHL strategy it became clear that in order to provide the very best services to the local population of Leicester City, Leicestershire County and Rutland UHL needed to play a major role in re-shaping local services and ensuring that only those patients who need to be cared for in an acute setting are in one of the Trust's hospitals. UHL has therefore engaged actively in shaping and responding to the Leicester, Leicestershire and Rutland 5-year plan. The Trust is working closely with Leicester Partnership Trust to put new community pathways in place for patients to make sure that they only come into one of our hospitals when they really need to.

Analysis to inform the strategy

In developing the strategy the Trust has worked hard to better understand the environment within which it operates; the needs and aspirations of patients and staff; the intentions of commissioners and the drivers that will shape the future. The key headlines from the market analysis are captured below.

UHL NHS Trust operates predominantly in two core markets. These are:

1. Local services for the population of Leicester, Leicestershire and Rutland (LLR) where it is the major provider of local secondary care services
2. The wider Midlands and East regional economy (and beyond) where the Trust is a key provider of specialised adult and children's services

The summary market position is outlined below:

- 85% of the Trust's overall annual income is derived from clinical activity
- 69% of this comes from the three local Clinical Commissioning Groups (CCGs) and relates to local, core service provision

- 31% stems from NHS England, reflecting income associated with nationally prescribed specialised service activity

At an aggregate level the Trust's market share has remained stable over the last three years.

Service line reporting data (for all specialties where income is in excess of £4m) indicates that some key services which would be expected to return a profit are operating at a loss. Other key measures of performance include a high overall operating deficit. This means that the Trust has work to do to understand how effective and productive it is internally.

In respect of health need, the local population is rapidly expanding and is increasingly more ethnically diverse. There is marked variation in life expectancy between the least deprived areas of the Counties of Leicestershire and Rutland and the most deprived areas of Leicester City with the main factors contributing to premature mortality being cardiovascular disease (CVD), respiratory disease and cancer.

A particular area of concern for future planning is the increase in long term conditions. Across LLR, there are currently over 24,000 people estimated to have COPD, over 89,000 estimated to have CVD and nearly 19,000 people are on GP cancer registers. Long term conditions account for circa 70% of health and social care costs.

With an ageing population, LLR is facing a continuous rise in the numbers of people with LTC's which together with increasing expectations creates pressure on NHS resources. Despite significant improvement there are persisting inequalities in the health of people with LTC in Leicester. For example in 2009-2011 emergency admissions from Leicester for COPD were almost 5 times higher in the most deprived population of the city when compared to the most affluent. In contrast, people in Leicestershire and Rutland generally enjoy better health and wellbeing than their urban counterparts however there are high levels of inequality in specific geographical areas and/or communities created by poverty, lack of easily accessible services, poor public transport, social exclusion and/or economic changes.

The picture of significant health need together with forthcoming GP retirements and gaps in GP training positions particularly in Leicester City creates a once in a lifetime opportunity to transform the way in which we work with our partners.

The headline strategy

In November 2012 the Trust published its 'Strategic Direction' which set out at a high level the future shape of UHL's clinical services…

"Overall Leicester's hospitals will become smaller and more specialised and more able to support the drive to deliver non-urgent care in the community. As a result of centralising and specialising services we will improve quality and safety… this will be done in partnership with other local health organisations and social care though the Better Care Together programme. We will save money by no longer supporting an old expensive and under used estate and we will become more productive."

Since then the Trust has worked on the development of its 5 year plan which seeks to ensure that the vision of "smaller more specialised hospitals" become a reality, and that the ongoing issues with emergency and urgent care are solved and that the Trust returns to financial balance.

Whilst the Trust has responded to growing demand, analysis has shown that a significant proportion of hospital beds are occupied by patients whose clinical needs could be met more appropriately in alternative care settings.

Typically, this applies first, to those patients who have been successfully treated and stabilised for their acute illness but then require on-going care for a few days afterwards. And second, it applies to those patients who are not acutely unwell but are admitted to hospital because there is no other option available.

Two bed utilisation reviews of unscheduled care on medical wards were undertaken by the Trust in 2012 and 2013[1]. Both reviews showed very substantial opportunities to alter the balance where care is provided, to the benefit of patients.

Based on the findings of the two bed utilisation reviews the Trust is working with Leicester Partnership Trust to redesign pathways and provide out of acute hospital alternatives for sub-acute care to ensure that patients either do not spend too long in hospital or avoid a hospital admission altogether. This will require a shift of a substantial number of beds and equivalent resource and expertise to community settings and will drive greater integration of services around the patient e.g. an Integrated Service for patients with Chronic Obstructive Pulmonary Disease (COPD).

Becoming *smaller*:

More care will be delivered in people's homes and other community settings, using improved care pathways supported by Trust staff. This will require health and social care providers to work together to jointly design and deliver safe, effective services that are tailored personalised to a patient's age, and ethnicity and health and social care needs.

In five years' time we expect to be delivering better care to fewer patients, we will be significantly smaller, more specialised, and financially sustainable. By making our specialist expertise available to primary and social care we will work together to jointly design and deliver safe, effective services that are tailored personalised to a patient's age, and ethnicity and health and social care needs. We will play a much bigger role in preventing illness and supporting patients before they reach a point of crisis. This will reduce the need for people to come into hospital, reduce the number of beds and ultimately enable us to run our specialist services from two, rather than three big hospitals.

We will only provide in hospital the acute care that cannot be provided in the community. For those patients who do need hospital treatment they will find that our services are quicker, easier to navigate and higher quality, largely as a result of being able to focus on our specialisms, our slicker processes, our better use of

[1] Utilisation Review 2012 and 2013

technology and because we will no longer expect our specialist staff to spread themselves across three sites.

We will invest in our buildings so that patients and staff feel a sense of pride in their local NHS. We will build a new A&E, a Treatment Centre, a new children's hospital, a new maternity centre and a new multi storey car park. At the same time we will, with our LLR health and social care partners transform the General Hospital into a 'multi-speciality community provider', which will bring together community clinical teams to provide the kind of care which, especially for frail older people, reduces the risk of hospital admission.

Becoming more *specialised*:

The Trust's assessment is that the specialised portfolio is where the greatest opportunities for growth lie. It will build on those services where we already excel and seek innovative care solutions with academics universities and other partners, such as the pharmaceutical industry, in order to increase quality of care and improve patient outcomes.

As a consequence of shifting our focus to specialist work and using our expertise outside hospital we expect to attract increased research funding and clinical talent to our hospitals. We will create partnerships and networks with other regional hospitals; we will support district hospitals to maintain their services locally and in doing so increase referrals into our tertiary services and expand the potential for population based research.

Some of the Trust's services will become both more consolidated and specialised, examples being women's and children's services.

The long term vision for the women's and children's service is to have a consolidated facility for patients who require hospital care in a single Women's hospital and in line with new draft national standards, a single Children's hospital, whilst optimising the care given to patients outside of a hospital environment. This will include working jointly with local partners to meet the growing needs of children presenting with conditions such as obesity and birth conditions such as coeliac disease, who need paediatric gastroenterology services.

Improvements to the care pathway for children requiring urgent assessment and treatment will be achieved by the emergency floor development which will include the integration of the Children's Emergency Department and the Children's Assessment Unit.

To meet the needs of women with complex maternal complications in other parts of the East Midlands, the trust aims to increase referrals for foetal and maternal medicine along with the development of the East Midlands Congenital Heart Centre to provide the very best standard of clinical care for the patients that need it.

The combined effect of these material changes to the provision of services and their underpinning business models is expected to return the Trust to a breakeven position from 2018/19.This represents a prudent assumption.

Timescale and phasing of the Strategy

The Trust is planning a two phase implementation of the headline strategy described above (see diagram below). Following feedback from the National Trust Development Authority (NTDA) the Trust has revisited that phasing of its plans with a view to going "further, faster". In the first phase, lasting two years the Trust will focus on in hospital efficiency and productivity with the aim of repositioning key clinical services from outliers in terms of benchmarked data (for example length of stay and day case rates) to top quartile. In complement, The Trust will work with partners to support the safe transfer of patients who no longer require acute care, into out of hospital, community settings.

Included in phase one will be four urgent developments: the Emergency Floor at the Royal Infirmary, the transfer of vascular services from the Royal to Glenfield Hospital, the consolidation of ITU services on to the Royal Infirmary and Glenfield Hospital site and the establishment of a Treatment Centre on the Glenfield Hospital site. The Emergency Floor development will be a key plank of the health system's plan to resolve its longstanding problems whilst the vascular development will create an integrated cardiovascular service, which will be at the cutting edge of modern medicine and surgery. The establishment of an elective Treatment Centre will create the opportunity for a Multi-specialty Community Provider Service for the City and release estate footprint to accommodate the transfer of ITU Services (and interdependent clinical services e.g. major cancer surgery) from the Leicester General Hospital.

Phase two from 2016 onwards is to enact a major reconfiguration of the hospital estate which coincides with the second phase of services coming on line in the community, allowing the Trust to safely rebalance bed numbers as part of an agreed system wide capacity plan (i.e. reducing acute bed numbers and making better use of community capacity), and repurpose or move out of buildings which are no longer required and therefore reduce double and triple running costs.

Building on clearly articulated clinical consensus the Trust will consolidate its main acute services onto two sites, enabling patients and clinicians alike to benefit from properly co-located services and eliminate the inefficiencies of running multiple acute sites. This level of reconfiguration will require substantial investment in the hospital estate, currently estimated to be in the region of £320m. Included within this would be the development of the Emergency Floor, a new Treatment Centre and an investment in a new Children's Hospital and maternity service.

There will be a number of options available which would fulfil this vision and the Trust will work on these with partners and stakeholders and the wider community over the remainder of 2014 and into 2015 to establish these options. Although the Trust will appraise all options, the direction of travel to date would indicate that it is likely that the Royal and the Glenfield will emerge as the two main acute sites. If this is the case, it would enable the General Hospital site to be developed to further support integrated community services and the Diabetes Centre of Excellence as well as continuing to provide a home for East Midlands Ambulance Service and for the existing services provided by Leicestershire Partnership NHS Trust.

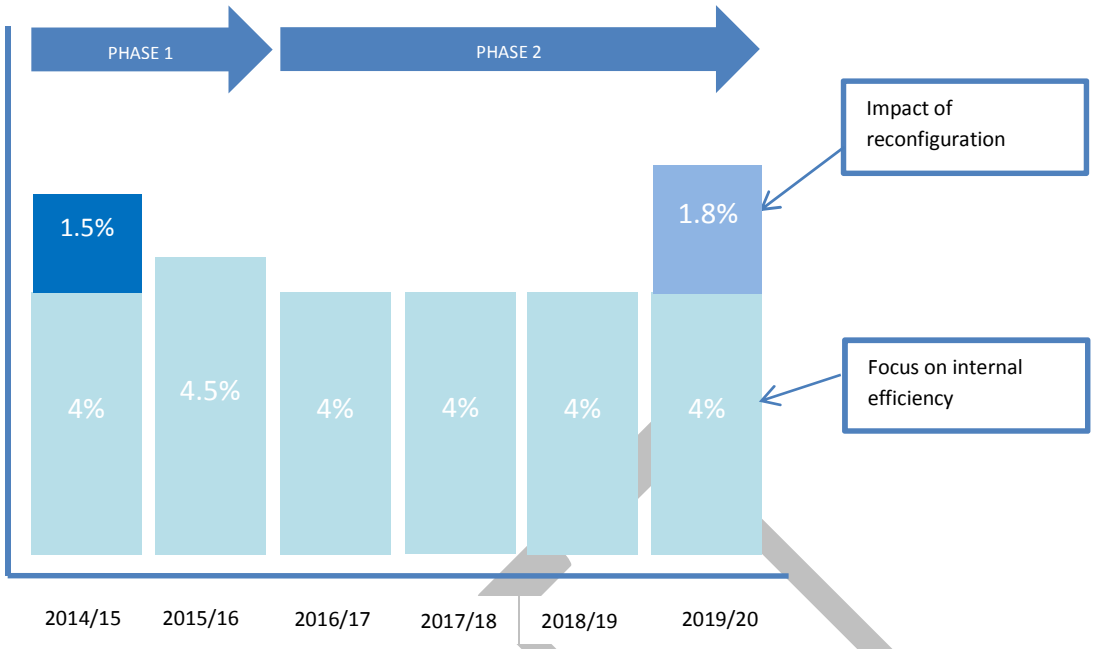

Figure 3: Cost Improvement Profile associated with strategy implementation 2014 – 2020 [DN do I leave this in or take out as finances haven't been reworked yet]

Delivering the Strategy

The execution of this strategy will be a long term and complex task. It will therefore require the Trust to be focussed and well-organised. To that end, all of the Trust's improvement and development activities have recently been organised under an over-arching programme called "Delivering Caring at its Best". This has four domains – Quality, Performance and Finance, Strategy and Workforce. Using this framework will allow the Trust to marshall our activities so that improvements are delivered on time and the different aspects are effectively integrated.

Strategic Outcomes

The final piece in our strategic 'jigsaw' is to be clear about what success looks like. This will help to be clear about why the Trust is pursuing this strategy. The Trust has expressed this through looking at success through the eyes of our most important stakeholders, our patients, present and future; our staff, public members and Board, our partners and our regulators.

Strategic outcomes	
Benefit for our patients	• Highest levels of quality care, as assessed by clinical outcomes, patient satisfaction and patient safety • Clinically led decision making on delivery of services, using accurate, relevant and timely information in the assessment of the profitability of clinical service • Overall productivity improvement of 20% in theatre throughput and LOS, with all patients referred only when fit/ready for treatment • Consistent achievement of quality and performance standards (including ED 4 hour target and RTT) • Significant increase in the proportion of short stay patients on ambulatory and best practice pathways (length of stay less than 2 days) • Significant reduction in patients with long lengths of stay (greater than 6 days) • Increased dignity and independence for the older person • Reduced fragmentation and duplication • Improved integration
Benefit for our staff/members/ Board	• Consistent achievement of quality and performance standards • Consolidation of teams driving higher levels of job satisfaction, clarity about what is expected and retention • Shared agenda with Commissioners, primary care and other providers for the management of patients along pathways of care • Development opportunities – in reach and outreach • Opportunities to participate and develop research and innovation in practice • Positive reputation • Financially sound • Established partnerships with other sectors to promote the early transfer of patients to a lower acuity setting and/or a suitable alternative environment for on-going care
Benefit to partners	• Delivery of high quality, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, resulting in a reduction in the time spent avoidably in hospital by 30% • Services that represent value for money • Delivery closer to the patient, delivered in partnership with others • Consistent achievement of quality and performance standards
Benefits to regulators	• Compliance with all CQC and Monitor requirements • Delivery of NICE guidance • Financial health and a positive risk rating • Reputationally sound

Table 1: UHL's Strategic Outcomes

Conclusion

In the Care Quality Commissions inspection report for University Hospitals of Leicester NHS Trust, the Chief Inspector of Hospitals, Professor Sir Mike Richards, said: "We found that the University Hospitals of Leicester NHS Trust was providing services that were safe, effective, responsive, caring and well-led. Staff we spoke to were positive, and patients we spoke to were positive about the care that they had received at the trust."

Nonetheless, the Trust Board and the Executive Team recognise that without a solution to the longstanding issue of emergency care delivery, capacity and the Trust's ability to cope with significant peaks and troughs in emergency admissions, then the good and often excellent work of the clinical teams will continue to be overshadowed. This requires action across LLR – in the home, in GP surgeries, in community hospitals. The action described in our plans must overcome these barriers and support the implementation of improved pathways that ensure that

Acute admission to hospital only occurs if there is an evidence based acute intervention that can only be delivered in hospital. Otherwise, the timely delivery of interventions and care should be provided in the community to avoid unplanned default attendance at Hospital.

Alongside and linked to this most pressing of strategic issues is the deficit. So, similarly, the Board and Executive know that UHL's future success as a sustainable Trust requires rapid and significant change to the fundamentals of the underlying business and clinical models currently in place within the Trust and throughout the wider health economy. This will not be an easy journey.

However, as the market assessment shows the Trust is in a strong position with a large turnover, relatively little competition and therefore reasonably predictable revenues for the next 5 years. The task is therefore clear; first make substantial changes to the elements of the business most directly within the Trust's gift, mainly through getting the basics right. Then, the Trust will consolidate the location of its services to ensure that it can continue to provide the highest possible quality of care within the available resources, with the long term sustainability of clinical services being the key driving factor.

None of this will happen without a whole health and social care system plan and without the understanding and support of all stakeholders; as such the Trust is working hard to build system-wide co-operation and collaboration in order to identify solutions and make improvements to care through the Better Care Together programme banner.

In summary, this document proposes an ambitious but achievable plan which moves University Hospitals of Leicester from its current position to that of an efficient, effective healthcare provider working in partnership with local organisations as well as other hospitals trusts across the Midlands.

The Trust will become an integrated provider of local acute and where appropriate, community services focussing on the parts of the patient pathway that an acute inpatient and ambulatory service can add greatest value. In complement the Trust will establish strategic alliances for some of our specialised services and will explore similar opportunities for some of our local services.

Our greatest asset, our workforce will be invested in to develop the skills and abilities they require to work differently, to work smarter and to develop their services to their full potential.

This is our plan to ensure that people living in Leicester, Leicestershire and Rutland have access to the services they deserve and that meet their changing needs over the 5 year time scale.