Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	5 November 2026
Title of paper	Royal Lancaster Infirmary (RLI) bed reconfiguration next steps following case for change
Presented by	Professor Craig Harris Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer
Author	Jessica Williams, Strategic Commissioner (Interim)
Agenda item	17b
Confidential	No

Executive summary

The Case for Change focussed on increasing local service provision to manage demand in the community and facilitate reduction of beds at Royal Lancaster Hospital (RLI) was approved by ICB Board in March 2026. As part of this, consideration was given to how to most effectively engage with the public and stakeholders. Lancashire Health Adult Scrutiny Committee (HASC) initially favoured formal consultation.

Following significant further public and stakeholder engagement and discussions with HASC, their decision is that these bed changes do not constitute a significant variation and therefore bed numbers are an operational matter for the Trust, subject to defined ICB performance and contractual safeguards.

This paper reports the outcome of the HASC and recommends to the Board that this programme no longer requires Board decision. Instead, the paper recommends that Board should require assurance suitable services are provided in the community before any bed changes take place and subsequently, through standard ICB assurance, continue to scrutinise patient care both in and out of hospital through performance reports.

Public and Stakeholder Engagement

Between 2023 and 2026, significant public and stakeholder engagement has taken place. More than 24,000 comments and views have been reviewed, together with focused engagement in Lancaster. This has shown that people recognise the benefits of supporting recovery at home or closer to home. Insights show communities are seeking reassurance about coordination, capacity, responsiveness of the services and the strength of discharge and transfer pathways. Overall, the insights highlight public support for more community-based models of care, care closer to home and the need to build confidence in safe and effective neighbourhood and community services.

There has also been extensive engagement with Lancashire Health and Adults Scrutiny Committee which is detailed in the report.

This bed reconfiguration provides an opportunity to deliver this care closer to home which is a national priority as well as local.

Recommendations

The ICB Board is requested to:

- Note HASC view that the decision on reconfiguring beds at the Royal Lancaster Infirmary does not require public consultation on the grounds that it does not meet the criteria of substantial variation.
- Agree that ICB Board is not required to take further decisions on this RLI proposal and that bed reconfiguration remain the operational responsibility of UHMB.
- Agree scrutiny of RLI quality and performance should be consistent with other Providers and remain visible to the ICB Board especially through the winter period.

Which Strategic Objective/s does the report relate to:		**Tick**
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

Implications

	Yes	**No**	**N/A**	**Comments**
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	**Date**	**Outcomes**
Commissioning Committee	21 October 26	This specific paper was not discussed but the Committee considered the issue as part of the Service Change update.

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Professor Craig Harris, Deputy Chief Executive (interim), Chief Commissioning Officer & Emergency Accountable Officer

Integrated Care Board – 5 November 2026

Royal Lancaster Infirmary bed reconfiguration next steps following case for change

1. Introduction

1.1 This paper provides Board with an update on the proposed bed reconfiguration at the Royal Lancaster Infirmary (RLI), part of University Hospitals Morecambe Bay NHS Foundation Trust (UHMB). This follows on from the Case for Change which was presented to Board in March 2026.

1.2 The Case for Change focused on increasing local service provision to manage demand in the community and facilitate the reduction of beds at RLI which are currently occupied by patients who have no medical criteria to reside within the hospital setting.

1.3 Following public engagement and undergoing the Local Authority scrutiny process, Lancashire Health and Adult Scrutiny Committee has concluded that the proposed ward reduction does not constitute substantial variation and therefore formal public consultation is not required. Bed numbers at the RLI will continue as an operational matter for UHMB subject to safe implementation, ongoing performance management and contractual safeguards.

2. Background

2.1 The original RLI Case for Change outlined the intention to strengthen community and neighbourhood services in the Lancaster area and, once those alternatives had been shown to be safe and effective, to reduce the hospital bed base through the phased closure of two 24-bed wards. The proposal reflected the national and local direction of travel towards prevention, early intervention, integrated neighbourhood working and care closer to home.

2.2 One in four beds at the Royal Lancaster Infirmary are occupied by people who no longer meet the criteria to reside in hospital and are medically optimised. Investment in local enhanced primary care services in Morecambe Bay has increased from approximately £2.9 million to around £10 million. Community and voluntary sector support, intermediate care, rapid community response, and virtual wards are also being developed as part of the wider alternative offer.

2.3 The proposal confirms that the proposed ward closures will not occur together but will be phased and proceed only when alternative services and operational improvements were working safely, demand has reduced and both the UHMB Chief Nursing Officer and Chief Medical Officer were satisfied that safety, quality, access, and capacity would be maintained.

2.4 Local engagement with the public has been ongoing since 2023. 24,000 comments and views have been gathered and reviewed, along with focused engagement in Lancaster. This engagement has shown that the public are generally supportive of care closer to home provided services were safe, accessible, reliable and joined up.

2.5 Following reviewing the above information, the ICB was satisfied that the proposal on bed reconfiguration did not warrant formal consultation and should remain part of Trust operational management and subject to ICB assurance. However, recognising the importance of health scrutiny committee views and advice on whether consultation should be undertaken, attended Lancashire Health and Adult Scrutiny Committee in September 26, alongside representatives from UHMB.

3. Lancashire Health and Adult Scrutiny Committee

3.1 Anna Telfer, Chief Nursing Officer from UHMB, Andy Curran, Co-Medical Director, Jane Cass, Director of Partnerships and Collaboration and Neil Greaves, Director of Communications from the ICB attended the meeting and collectively presented.

3.2 As well as describing the case for change and current position of community service provision, members were advised the ICB did not consider formal public consultation was required however were committed to continued targeted engagement, transparency and reporting back to the committee.

3.3 The committee asked a wide range of questions covering all aspects of the proposed change including how engagement would operate, how the public voice would be maintained if the national changes affecting the ongoing provision of Healthwatch services were enacted, how to ensure good engagement with marginalised communities, bed closure timing alongside winter planning, what learning has come from similar schemes within the NHS and the financial implications. A full record of the discussion is available here; Link to discussion

3.4 Following extensive discussion, HASC broadly supported the direction of travel and debated whether the proposal constituted a substantial variation. Although HASC noted the absence of a clear national definition it reached the conclusion that this proposal should not be regarded as a substantial variation.

3.5 This was on the condition that community, voluntary and other alternative services could provide safe replacement care before beds closed, updates were received by the HASC Chair and Deputy Chair before any decision taken to close beds, comparative corridor-care and winter-pressure information to be included in future winter planning scrutiny item and that a shared working understanding of substantial variation be developed for future scrutiny of health service changes.

4. Future Assurance Arrangements

4.1 At the next HASC in November 26, winter pressures information will be presented to address previous questions and concern. In addition, the ICB and UHMB are working collectively to ensure the additional updates can be appropriately scheduled for the Chair and Deputy Chair.

4.2 The ICB new operating model is currently being implemented and as part of this, a new Population Commissioning Director for North Lancashire and South Cumbria area (interim) covering the UHMB footprint has been appointed. Handover has commenced to ensure the ICB meets its own assurance standards as well as the expectations of HASC.

4.3 Scrutiny of UHMB Key Performance Indicators (KPIs) including A&E waits, corridor care and no medical criteria to reside will continue alongside with all other providers.

5. Recommendations

5.1 Board is requested to:

1. Note HASC view that the decision on reconfiguring beds at the Royal Lancaster Infirmary does not require public consultation on the grounds that it does not meet the criteria of substantial variation.
2. Agree that ICB Board is not required to take further decisions on this RLI proposal and that bed reconfiguration remain the operational responsibility of UHMB.
3. Agree scrutiny of RLI quality and performance should be consistent with other Providers and remain visible to the ICB Board especially through the winter period.

Jessica Williams

22 October 2026