STP, BCT and UHL Reconfiguration – Update

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Executive Summary

Context

In order to provide a vision for transformation across the whole health economy, this paper provides an update on the LLR Sustainability and Transformation Plan (STP)/Better Care Together (BCT) Programme, which sets the context for UHL's Reconfiguration Programme.

The LLR STP describes how the local health and social care system plans to restore financial balance by 2020/21 through new ways of working. The STP builds on the work developed as part of the BCT programme but with clearer focus on implementing system priorities. Crucially, it makes our case for national / external capital investment and access to transformational funding to support our reconfiguration programme. The latest version of the STP was submitted to NHS England on Friday 21st October 2016.

Our Reconfiguration Programme is an ambitious and complex undertaking which has been established in order to deliver the broader system priorities within the STP, the Trust's strategic direction and clinical strategy. It is important that the Trust Board has visibility of progress in delivering the STP, as well as the reconfiguration programme, and is able to provide appropriate challenge, to ensure there is sufficient assurance associated with activities undertaken to achieve the desired future state.

The Reconfiguration Programme is currently working through a number of key issues that will enable the development of a re-phased programme plan. These include: programme resourcing, programme structure, the impact of revised demand and capacity planning and the anticipated availability of capital funding. The re-phased programme plan will provide the Board with a forward view of activities being planned and timescales for delivery. It is anticipated that the re-phased programme plan will be available in January 2017.

Questions

1. Does this report provide the Trust Board with sufficient and appropriate assurance of the UHL Reconfiguration Programme, its links to the STP, the delivery timeline and management of risks?

Conclusion

1. This report provides an overview of the STP and Reconfiguration programme, an update on the programme plan, programme risks for escalation and an update on the Emergency Floor Project.

Input Sought

The Trust Board is requested to:

- Note the progress within the reconfiguration programme and the planned work over the coming months.

For Reference

The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

This matter relates to the following **governance** initiatives:

Organisational Risk Register	[N/A]
Board Assurance Framework	[Yes]

Related **Patient and Public Involvement** actions taken, or to be taken: [Part of individual projects]

Results of any **Equality Impact Assessment**, relating to this matter: [N/A at this stage]

Scheduled date for the **next paper** on this topic: [Thursday 1st December 2016]

Executive Summaries should not exceed **1 page**. [My paper does comply]

Papers should not exceed **7 pages.** [My paper does comply]

Sustainability and Transformation Plan (STP)

1. Our STP builds on the work of our Better Care Together (BCT) programme, the plans of which were already well advanced and articulated in many areas, particularly around proposals for reconfiguring acute hospital services to address long standing issues around the condition of our premises and how these are utilised.

2. Like BCT, some of the proposed service changes within the STP will require formal public consultation before final decisions can be taken.

3. The draft LLR STP was submitted to NHS England on the 21st October, in line with national deadlines. Work continues on some aspects of the plan, but the key messages are consistent with those within BCT:

   - Patients will have more of their care provided in the community by integrated teams with the GP practice as the foundation of care.
   - Patients will only go to acute hospitals when they are acutely ill or for a planned procedure that cannot be done in a community setting.
   - Patients will have the skills and confidence to take responsibility for their own health and wellbeing.
   - More people will be encouraged to lead healthy lifestyles to prevent the onset of long term conditions.
   - Screening and early detection programmes will enable more people to be diagnosed early to enable improved management of disease and to reduce burden.
   - Professionals will have access to a shared record to improve the quality and outcome of patient care.
   - GPs will increasingly use their skills to support the most complex patients and routine care will be delivered by other professionals.
   - General Practice will be increasingly working in networks to improve resilience and capacity.
   - The system will be in financial balance, be achieving its performance targets and operate as “one system”.
   - We will deliver core standards, including RTT, A&E, Ambulance, Cancer, mental health targets. We will also reduce out of area placements.
   - Services delivered from fit for purposes premises.

4. The STP includes a very strong case for external capital investment to support our ambitious reconfiguration plans, developed as part of BCT (with some recent refinement). Formal public consultation on some elements will follow approval of STP plans later this year.

5. Work to describe what the STP means for our individual services (particularly the assumptions for demand and capacity) is very much work in progress at the time of writing.

6. LLR expects to publish the STP more widely following feedback from NHS England in December.

Reconfiguration Programme

Demand & Capacity: Estates / Development Control Plan (DCP) Refresh

8. As previously discussed, the DCPs are being refreshed in order to:

    - Revise the site DCPs which identify massing and configuration (shape and size) of the future estate and buildings by site, based on a refined schedule of accommodation and the clinical adjacency matrix.
    - Update the DCP phasing plans and outline decants strategies, considering access, site flow and traffic management.
    - Refresh capital costs by project within the agreed capital budget of £284.1m (£248.1m plus the additional £36m for the extra 200 beds), updated cash-flow and revised Strategic Outline Case cost forms.
    - Create the UHL route map and organisational communication material, aligned to existing projects, the estates infrastructure programme and EMPATH.

9. The agreed speciality bed breakdown and bed bridge have now been handed over to the Estates team who have commenced the detailed work on the DCP refresh. The STP doesn't specifically show theatre numbers and outpatient activity so assumptions have been made on which to base capacity requirements.

10. This is due to be completed in its first draft by the end of November, and finalised by mid-December 2016. It is important that this date is maintained owing to the need to deliver the Strategic Outline Case to the December Reconfiguration Programme Board.

11. A series of check points have been diarised at which key members of the Executive Team including the Chief Operating Officer, Reconfiguration SRO, Director of Communications & Marketing and medical and nursing director representatives will review progress and have opportunity to inform progress.

Strategic Outline Case (SOC)

12. As It was agreed at the last Reconfiguration Programme Board that the deadline for Trust Board approval of the SOC is February 2017. The Trust has an imperative to gain approval of the SOC from NHS I as soon as possible; as it is very unlikely that NHSI will approve Outline Business Cases for individual projects e.g. Children's Hospital and consequence of HPB Beds at Glenfield, until after the SOC has been approved.

13. An initial SOC planning meeting was held on Wednesday 26th October with key members of the Project Team, to agree a programme for development and responsibilities for authoring the various sections. The team are confident that the programme can be delivered:

    - Draft SOC approval at Reconfiguration Board: 21st December 2016
    - SOC approval at ESB: 10th January 2017
    - SOC approval at IFPIC: 26th January 2017
    - SOC approval at Trust Board: 2nd February 2017

Operating Principles for Business Cases

14. A paper relating to operating principles for business cases was considered and approved at the last Reconfiguration Programme Board. This paper was subsequently approved at ESB, with the recommendation for onward submission to IFPIC along with a checklist to enable IFPIC to assess business cases against the criteria as part of the approvals process.

15. A business case approval checklist had previously been developed in partnership with IFPIC to assist in their approval of business cases; and therefore the operating principles criteria were added, and the updated version was supported by IFPIC at their meeting on Thursday

27th October. These principles will now be assessed within the Business Case approvals process by IFPIC using the Business Case approvals check list which now includes all relevant targets.

Additional Ward Capacity at Glenfield

16. As previously reported, 2 wards of additional bed capacity are required on the GH site to accommodate the HPB service moving from the LGH as part of the Level 3 moves. It had been planned previously that the wards would be located within the existing estate following a shift of activity into the community; however, this shift did not occur to the extent required in the timescale.

17. The Trust will require the completion of an OBC and an FBC to support the application for capital investment to construct these additional wards at the GH site. The development of the OBC has commenced and the programme is currently being developed for approval with respective stakeholders and the Beds Project Board.

18. The next stage in the process will be an options appraisal, to determine whether the new wards are modular or traditional build, and where they are located on the Glenfield site. This will be undertaken alongside the developing DCP. Weighted benefit criteria have been drafted and will be agreed by key stakeholders for use in the options appraisal. The options appraisal is due to be carried out in November; the outcome will be reported to the Reconfiguration Board at its meeting on 30th November 2016.

Reconfiguration Structure

19. An agreement on the extent to which the corporate work-stream is included in the Reconfiguration Programme is still pending.

20. Nicky Topham was appointed to the post of Reconfiguration Programme Director following interviews on the 24th October 2016.

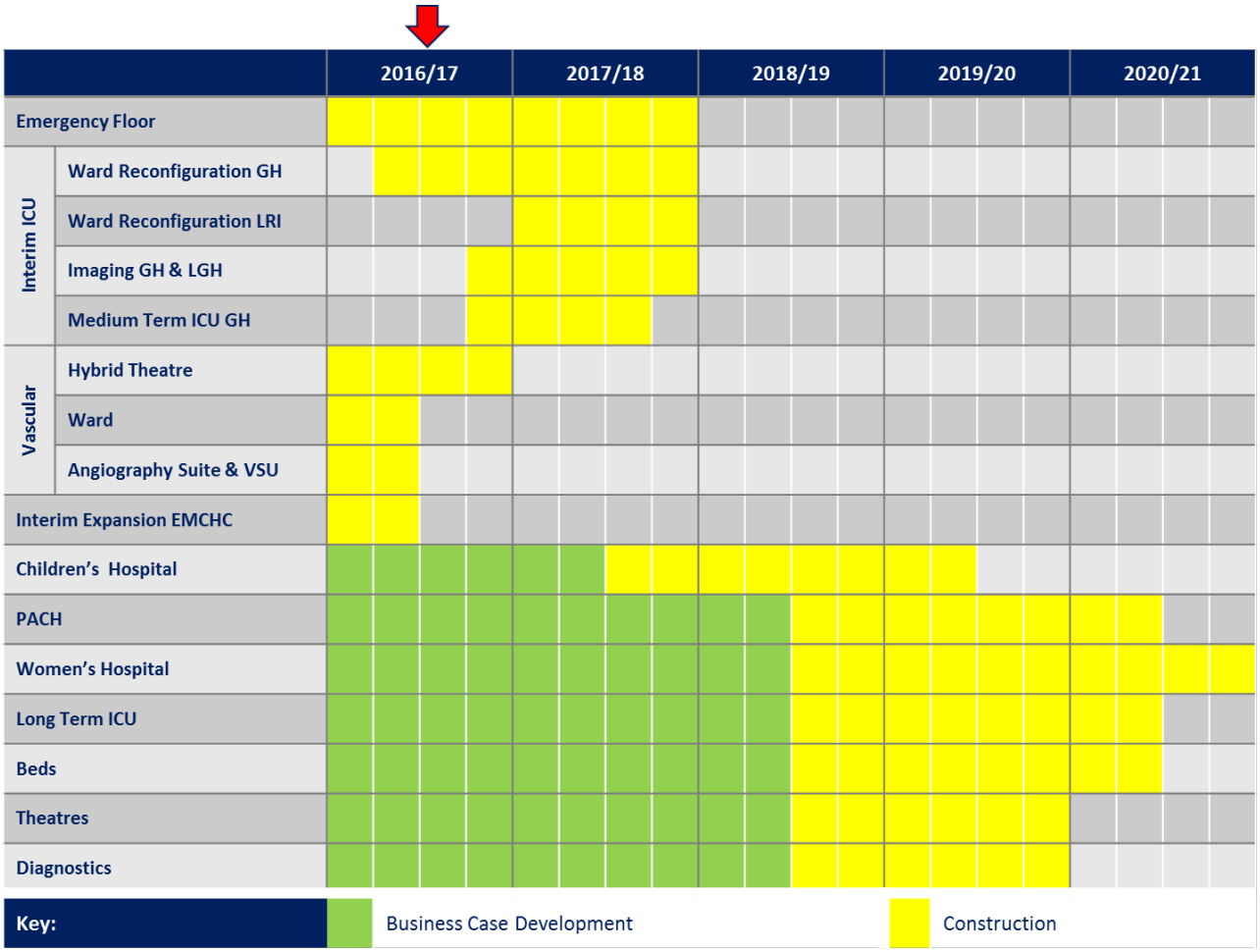
21. A number of vacancies remain in the team, including Reconfiguration Programme Support, Reconfiguration Communications Manager and three Senior Project Managers. A review of these vacancies will be undertaken once the capital position is confirmed.

Programme Plan & Availability of Capital

22. The programme plan for major business cases currently reflects 2016/17 capital requirements being available from September 2016 and capital for the remaining years of the programme being available in line with desired timescales. This is already out of date with the recent confirmation that the availability of capital will not be confirmed until October 2016.

23. The programme is subject to revision once the Estates/DCP refresh and the STP are complete; and once the 2016/17 capital funding availability position is clear. At this time, the reconfiguration programme will be refreshed and reviewed by the Reconfiguration Programme Team to ensure it reflects the latest information and resolves two issues with the current programme plan:
    - Due to delays to date in capital availability and consultation, there are a number of projects that would be ready to move to design / business case approval / construction at the same time
    - Alignment of interdependencies to ensure correct sequencing (e.g. provision of Gynaecology theatre capacity as part of the Theatres project will need to be aligned with timescales for the Women's Hospital project).

24. A high level summary of the current programme plan is shown below.



25. The table below outlines some key decisions which will be made by the Executive Strategy Board over the coming months:

Workstream / Project	Decision	Current deadline	Comment
Programme	Sign-off updated programme governance structure including any changes to workstreams / meetings.	~~August ESB~~ December ESB	Meeting with all project SROs to be held 31st October; outcome presented to November Reconfiguration Board & December ESB.
Clinical Services Strategy	Sign-off of scope and deliverables for Model of Care (or associated) workstream(s).	~~October ESB~~ December ESB	To be completed following resource review.
Estates	Outcome and implications of Infrastructure review and business case.	November ESB	External report to be submitted in September and considered at October Reconfiguration Board.
Estates / Programme	Phase 2 Estates Strategy re-fresh including DCPs, realignment of project costs and programme plan.	~~December ESB~~ January ESB	DCPs will now be completed at the end of December.
ICU / Beds	Decision on preferred option for Glenfield capacity creation.	December ESB	Options appraisal during November; decision to be made in context of DCP refresh.
Emergency Floor	Sign-off revised activity and workforce – change control from FBC.	~~November ESB~~ TBC	One outcome of Star Chamber 26/10/16 was for the Chief Executive to consider the process and timeline for decision making.
Diagnostics	Sign-off PID	December ESB	First full Project Board will approve PID in November.

Programme Risks

26. Each month we report in this paper on risks which satisfy the following criteria:
    - New risks rated 16 or above
    - Existing risks which have increased to a rating of 16 or above
    - Any risks which have become issues
    - Any risks / issues which require escalation and discussion

27. This month there are no risks to be reported.

28. The existing Programme Risk Log (Appendix 1) presents the top ten Programme risks in full. The Reconfiguration Programme Work-stream leads held a review of the Risk & Issues Log for the programme on Tuesday 25th October. This will be presented to the Reconfiguration Board at their meeting on Wednesday 2nd November, the Executive Strategy Board on Tuesday 8th November and reported to the Trust Board in December.

Emergency Floor Project Update

29. A revised workforce plan for Phase 1 was discussed at the "Star Chamber" event held on 26th October 2016, chaired by the Chief Executive. Key leaders presented their plans for confirm and challenge in order that agreement could be reached on a final and affordable workforce plan. The Chief Executive is now considering the process and timeline for decision making. A targeted recruitment and marketing campaign now needs to gain momentum to fill existing vacancies and train the required workforce in readiness for the opening of Phase 1.

30. Work continues at pace to develop the IT solution for the new department. Full testing has been undertaken by a range of staff on the Prototype, followed by comprehensive testing in advance of the Phase 1A go-live date planned for 6th and 7th December 2016. Attention is now focussing on finalising the NerveCentre product and training staff using a variety of training approaches throughout November.

31. Emphasis continues to be placed on delivery of the commissioning plans across the organisation and developing plans to support the opening of the new EF with partners across LLR (such as EMAS, Leicestershire Fire and Rescue Service and the Local Resilience Forum). This is underpinned by the development of new standard operating procedures, where they have not previously existed, or the refresh of existing policies. This work is aligned with the next phase of the Organisational Development (OD) agenda and development of new ways of working. To facilitate this process, and align the standard operating procedures with the new environment, weekly visits have been planned so that staff have the opportunity to spend time in the new department.

32. Opening the new department will have a significant impact on the way in which staff, patients, visitors and others access and move around the site. A key piece of work is in progress looking at access, egress and transportation across the LRI site. The scope of this work extends to consider the impact on the Balmoral entrance following completion of Phase 2. Further information will be provided at a future Trust Board.

33. The final detailed designs for Phase 2 were signed off by the clinical teams on 27th October 2016. Design challenge will continue to ensure this phase of the scheme remains within scope and budget. Integral to the delivery of Phase 2 on time is the ability to re-locate the Emergency Decisions Unit (EDU) on a temporary basis to allow Phase 2 to be completed as a single phased development. Several options have been proposed and a final resolution is expected to be endorsed by the Executive Strategy Board on 8th November 2016. The decision will be reported to the next Trust Board.

Input Sought

The Trust Board is requested to note the progress within the reconfiguration programme and the planned work over the coming months.

UHL Reconfiguration Programme Board - Trust Board September 2016

Risk log

Top 10 risks across all workstreams

Risk ID	Workstream	Risk description	Likelihood (1-5)	Impact (1-5)	RAG - current month	RAG - previous month	Raised by	Risk mitigation	RAG post mitigation	By when?	Risk Owner	Last updated	Alignment to BAF
1	Internal beds / Estates	There is a risk that the planned level of bed reduction required to deliver the STP and reconfiguration plan are not achievable. STP submission reaffirms BCT SOC position of future configuration of 1497 beds (circa 500 bed fewer than current). As the level of detail in the plan is variable, there is a risk that some bed closures may be significantly more challenging that others.	3	5	15	25	PT	Following submission of STP focus now needs to be on delivery of strategy. Vehicles for delivery are UHL's MOC strategy, BCT workstreams and the Vanguard MOC. More focus needed on reducing patients admitted four times or more, readmissions and frail elderly.	12	Oct-16	Paul Traynor	16-Aug-16	PR14
2	Children's project	There is a risk that NHS England specialised commissioners will not continue to commission EMCH services from UHL leading to loss of service.	4	4	16	15	DY	Continue to plan project on basis service retained. Design solutions to reflect uncertainty e.g. space that can be easily re-utilised. Ongoing discussions with NHS England and other stakeholders.	12	Jan-17	Mark Wightman	16-Aug-16	
3	Overall programme	There is a risk that capital funding not guaranteed for the estimated £320m, and will affect 3 to 2 site strategy if not secured. National capital availability at risk and not known for 16/17 or subsequent years.	4	5	20	20	PT	Limited (internal only) capital available until October 2016 at earliest. Capital plan D has been developed to re-phase development of OBC and FBCs in 16/17. Options for alternative sources of funding are being reviewed with external partners e.g. PF2. STP assumes PACH and Women's will be funded via PF2 and therefore reduced capital request from DH. Ongoing discussions with NHS England and NHSI to ensure Leicester as priority.	16	Oct-16	Paul Traynor	16-Aug-16	PR13
4	Level three ICU	Now the shift of activity from GH to home/community has not released the expected bed quantity; there is a risk that capital will not be available to provide the additional wards required at GH to house HPB, as allowance was not made in the original reconfiguration programme.	5	5	25	20	CG	This is now an issue as beds not available, however due to lack of capital funding moves would have been delayed anyway. Vascular and ICU moves will only go ahead when assurance has been given as to Glenfield capacity in terms of beds and clinical support infrastructure. Feasibility study into additional ward space has been completed and progressed to options appraisal stage. Capital Plan D includes funding for additional ward capacity at GH and ICU moves have been sequences around this.	12	Oct-16	Richard Mitchell	16-Aug-16	
5	Overall programme	There is a risk that not enough capacity in the system to create headroom to fully implement reconfiguration plans and cope with winter pressures and increased demand. STP bed numbers show reductions in yr 1 and 2 which may be reflected in contracting negotiations which may put additional pressure on beds and income.	4	5	20	16	PT	Ongoing Demand and Capacity work to plan for 16/17 underway includes options to reduce demand, create capacity (repatriation and / or build) and move services between sites. Feasibility study on additional ward space at Glenfield completed and moving to option appraisal (accounted for in Capital plan D).	12	Sep-16	Richard Mitchell	28-Jul-16	
6	Overall programme	Consultation timelines significantly impact on business case timelines, and ability to achieve 20/21 target for moving off the General site. Particular impact on PACH and women's projects.	4	4	16	16	RP	This is now an issue as beds not available, however due to lack of capital funding projects would have been delayed anyway .Impact of consultation incorporated into refreshed business case timeline. Business cases continue to progress as per plan. Consultation now delayed until Autumn 16 at the earliest and engagement continues with the NHS England Assurance Panel / STP process.	12	Sep-16	Mark Wightman	28-Jul-16	
7	Overall programme	There is a risk that ongoing transitional funding required to deliver programme in 16/17 and beyond will is not available to secure ongoing delivery resource. In year resource requirements identified and on track but future years at risk in connection with limited capital.	4	4	16	16	PG	Minimum Reconfiguration resource requirements identified through Capital Plan D. Including identification of impact of reduced resource on programme timeframe. Spend against this continues at risk in advance of capital confirmation to maintain programme. Recruitment to substantive posts where possible is underway.	12	Oct-16	Paul Traynor	28-Jul-16	
8	Capital reconfiguration business case: Emergency Floor	There is a risk that the transition plan and the inability to release the entire space for phase 2 construction will generate a movement away from construction phasing as agreed in FBC and add costs and delays to completion.	4	4	16	16	JE	Options for phasing and time and costs to be developed and agreed. Option appraisal to be developed across Reconfiguration and Operations as to how to facilitate phase 2 construction in a single phase to mitigate additional time and cost to project.	12	Oct-16	Paul Traynor	16-Aug-16	
9	Capital reconfiguration business case: Emergency Floor	There is a risk that the scale of cultural changes required to deliver new models of care and workforce requirements will not be delivered in time for the commissioning of Phase 1 resulting in historical ways of working being transferred to new ED.	4	4	16	16	JE	Development and implementation of OD plan. OD recruitment in progress, support now in place to EF project (current top priority). Closer working between UHL way and reconfiguration in place and to continue to develop. OD requirements to be reviewed when revised demand and capacity plans and structures are in place.	12	Sep-16	Louise Tibbert	29-Jun-16	
10	Out of hospital beds	There is a risk that UHL are not fully utilising available capacity through the opening of ICS beds and / or getting value from the service investment.	4	4	16	16	PT	Evaluation of impact of ICS beds undertaken recognises the need to optimise utilisation to deliver benefits and ensure service is financially sustainable. Action plan required. Sarah Taylor identified as new UHL lead following departure of Phil Walmsley. Plan to optimise service and overcome existing blocks needs developing. Further review of service to be planned in 6 months (November 16).	12	Aug-16	Richard Mitchell	16-Aug-16	