STP, BCT and UHL Reconfiguration – Update

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Executive Summary Paper I

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 Partnership (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. LLR are now working to update this plan which will be presented to partnership trust Boards at their November meetings; as well as planning for public consultation.

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, since the assumptions on transformation in the STP underpin 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.

NHS England announced on 19th July 2017 that our BCT/LLR partnership would receive investment of almost £40m, starting this year. This was the result of capital bids submitted by UHL for £30.8m to deliver the interim ICU scheme; and by LPT for £8m to deliver a new facility for child and adolescent inpatient mental health services at Glenfield.

UHL also submitted a second bid of £397.5m for progressing the whole reconfiguration programme against the 2017 Autumn Budget. Further information requested by NHSI was submitted in September 2017 in advance of an announcement, expected later in the autumn.

Questions

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

Conclusion

- **STP**

  The process of preparing for public consultation and associated timescales were discussed at the Senior Leadership Team (SLT) meeting in October 2017. The high level timeline will now be developed for UHL to show key actions, owners and milestones. In summary:
  - First draft of the updated STP to be complete by November 17
  - First draft of the PCBC for UHL reconfiguration to be complete by the end of November 17
  - STP to be approved at partner Boards in December 2017

- PCBC for UHL reconfiguration to be approved at ESB / FIC January 2018 and Trust Board in February 2018.
- Consultation spring 2018

- **Clinical Strategy: Development Control Plan & UHL/LLR Estates Strategies**
  - The Development Control (DCP) is now progressing at pace in order to inform the refreshed Estate Strategy. This is needed to support the Full Business Case for the first stage of the Reconfiguration Programme: the £30.8m ICU scheme. The DCP will be completed by the end of November 2017 in-line with current timeframes, and will inform the UHL Estates Strategy which will be complete for approval by the Finance Investment Committee in December and Trust Board in January 2018.
  - A session with Trust Executives, CMG Clinical Directors and Heads of Operations was held on 3rd October 2017 at which the latest Reconfiguration plans were shared, and the outstanding clinical actions required to complete the DCP were agreed.
  - At the meeting, the proposed stacking of the Balmoral Building at the LRI was shared which resolves both the need to relocate the EMCHC service, following the outcome of the NHSE consultation, and the general surgical services off the LGH site as part of the move of level 3 services. Adequate capacity is available once CAU moves from ward 14 to the children's ED.
  - A number of outstanding clinical issues were identified that need to be resolved in the near future; these are detailed in the main paper.

- **Capital Bid for £30.8m – Next Steps**
  - Subject to the ICU OBC being approved at the meeting of the Finance and Investment Committee (FIC) on 26th October, the Trust Board will be invited to approve the business case via the FIC meeting summary.
  - Darryn Kerr, Chris Benham, Nigel Bond and Nicky Topham met with NHSI and PAU to discuss key issues around the project and the sign off process. The meeting and subsequent feedback was very constructive, with the following outcomes were agreed:
    - Phil Smith of the PAU will engage directly with the trust over the next 3 months in order to smooth the approvals process
    - Julie Smith & Andrew Furlong, and project members, to meet with NHSI quality team to discuss and agree the space derogations e.g. % single rooms
    - NHSI to confirm the approvals process. They were concerned that the OBC may not be approved by the time the FBC is planned to be submitted (1st February 2018). This would have a direct impact on the timeline – every month delayed impacts on the delivery date.

- **Capital Bid for £397.5m – Next Steps**
  - The updated bid documents were returned by the deadline of Wednesday 6th September 2017. Since that date we have not had any further communication from NHSI. The most recent correspondence suggested that we would be informed whether or not our bid is successful later this autumn, following the announcement of the 2017 Autumn Budget, which is scheduled for 22nd November 2017.

- **Options to Relocate Vascular Outpatients to GH**
  - Unfortunately, owing to the team's focus on the ICU business case this month, the Reconfiguration team have not been able to progress the options. An update will be provided at the December meeting.

- **Emergency Floor Project: Phase 2**

  - The operational and construction programme remains on track for opening the GPAU on 13 November 2017 and the assessment beds in May 2017. The capital costs are being controlled and are currently delivering the project within the allocated budget.
  - The clinical teams continue to work on developing the models of care for each area. The Standard Operating Procedure (SOP) for GPAU has been drafted and will be finalised by the end of October 2017.
  - Stakeholder engagement events are planned for internal staff on 12 October and external staff on 7 November. Both events will be facilitated by Organisational Development (OD) colleagues, and will be an opportunity for colleagues to discuss how the new floor will work in the future and inform any required changes to SOPs.
  - A fully costed workforce business case for phase 2 is being developed and a progress report will be presented to the Emergency Floor Project Board (EFPB) on 10 October with specific focus on the GPAU Transitional Plan. The final report will be produced for the end of October. This will describe a 'do nothing' option and options for changing the ways of working and additional investment with benefits for each option.
  - The OD and Culture plan for phase 2 will include the lessons learned from the September surge fortnight to inform further workforce and OD actions.
  - Benefits realisation is being facilitated by the East Midlands Academic Health Science Network and will take place on the 24 and 31 October. This will include phase 1 and phase 2. The outcome will be presented to the EFPB in January 2018 for further consideration.
  - The IT plan is on track to deliver GPAU and the whole of phase 2 on time and within budget.
  - Operational commissioning continues, aligned to the milestones in the masterplan. The team have finalised and costed the equipment list for the whole of phase 2. This has been factored into the construction timeline and is reported in the construction highlight report.

- **Programme Risk Register** – this was reviewed and updated at the Reconfiguration Programme Team meeting on 15th August 2017.

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 7th December 2017]

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

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

Sustainability and Transformation Partnership (STP)

1. The LLR STP is in the process of being updated with partners in order to reflect the system-wide impact of increasing the acute bed base. In addition, having taken advice from senior colleagues at NHS Improvement, the timescale for delivery of the reconfiguration programme has been extended to 2022/23, which will also need to be reflected in the next iteration of the STP to ensure consistency with the plan for the wider LLR health economy.

2. Further discussion with NHSE has also identified the need for us to strengthen our maternity case for moving to one acute site. The Women's Project Team are working to develop this narrative for the STP, alongside the Reconfiguration, Strategy and Estates teams who are working closely with the STP team to provide the other information required to update the STP.

3. Discussions have also re-started about public consultation; which previously could not commence until after we had capital support for the programme. There has now been an agreement that as the political landscape has changed, LLR can go out to consultation in advance of our full capital bid being supported. The partnership is currently planning for consultation to commence in spring 2018.

4. There has also been agreement that the pre-consultation business case (PCBC) will be split into multiple separate cases i.e. acute reconfiguration and maternity will be separate from the community hospitals consultation.

5. The process of preparing for public consultation and associated timescales were discussed at the Senior Leadership Team (SLT) meeting in October 2017. The high level timeline will now be developed for UHL to show key actions, owners and milestones. In summary:
    - First draft of the updated STP to be complete by November 17
    - First draft of the PCBC for UHL reconfiguration to be complete by the end of November 17
    - STP to be approved at partner Boards in December 2017
    - PCBC for UHL reconfiguration to be approved at ESB / FIC January 2018 and Trust Board on February 2018.
    - Consultation spring 2018

6. During their August meeting, the SLT discussed a draft paper entitled '*Moving towards an Accountable Care System in LLR*'. The feedback on that paper from all partners will be discussed at a joint meeting of Boards in late November and a response to questions raised by stakeholders is being prepared by the STP lead officer.

Reconfiguration Programme

Section 1: Reconfiguration Programme Board Update

Clinical Strategy: Development Control Plan (DCP) & the UHL/LLR Estates Strategies

7. The Development Control (DCP) is now progressing at pace in order to inform the refreshed Estate Strategy. This is needed to manage the longer term control of the sites (including the decommissioning of the LGH), and is needed to support the Full Business Case for the first stage of the Reconfiguration Programme: the £30.8m scheme. The DCP will be completed by the end of November 2017 in-line with current timeframes, and will inform the UHL Estates Strategy which will be complete for approval by the Finance Investment Committee in December and Trust Board in January 2018.

8. Work has been undertaken to re-align the 2048 bed requirement in 2020/2021 as per the Bed Bridge, and a thorough analysis of current bed supply against future demand has identified the number of new wards required in order to assess the quantum of capital required to be spent at the LRI and GH.

9. A session with Trust Executives, CMG Clinical Directors and Heads of Operations was held on 3rd October 2017 at which the latest Reconfiguration plans were shared, and the outstanding clinical actions required to complete the DCP were agreed.

10. At the meeting, the proposed stacking of the Balmoral Building at the LRI was shared which resolves both the need to relocate the EMCHC service, following the outcome of the NHSE consultation, and the general surgical services off the LGH site as part of the move of level 3 services. Adequate capacity is available once CAU moves from ward 14 to the children's ED.

11. The outstanding clinical issues for resolution for the Reconfiguration Programme are as follows:

    - Refresh the Clinical Reconfiguration Strategy (needed for business cases and the UHL Estates strategy)
    - Develop a Surgical assessment model at GH (space and cost included in the DCP):
    - Model for NRU / BIU – adjacencies and location at LRI
    - Confirm the future model care for Ophthalmology:
        - Long-term location for Eye Casualty at LRI (remaining adult ophthalmology assumed will be in PACH)
        - Model for children's Ophthalmic surgery to be developed
    - Model & location for daycase services (Gynae, Maxfax, Trauma) remaining at the LRI (space and theatres provided at the LRI in the DCP)

Capital Bid for £30.8m – Next Steps

12. A Project Team has been established incorporating work stream leads & other representatives from Estates & Reconfiguration team. A weekly meeting is taking place, reviewing progress against the project plan & agreeing key actions/ deliverables for the coming week.

13. Darryn Kerr, Chris Benham, Nigel Bond and Nicky Topham met with NHSI and PAU to discuss key issues around the project and the sign off process. The meeting and subsequent feedback was very constructive, with the following outcomes were agreed:

    - Phil Smith of the PAU will engage directly with the Trust over the next 3 months in order to smooth the approvals process;

- Julie Smith & Andrew Furlong, and project members, to meet with NHSI quality team to discuss and agree the space derogations e.g. % single rooms;
- NHSI to confirm the approvals process. They were concerned that the OBC may not be approved by the time the FBC is planned to be submitted (1st February 2018). This would have a direct impact on the timeline – every month delayed impacts on the delivery date.

14. The milestones for OBC delivery can be seen below:

Milestone	**Date**
Revised activity baselines & modelling	18/09/17 - complete
Non-financial option appraisals completed – individual & overall	22/09/17 - complete
Finalise capital & revenue costs	11/10/17 - complete
Draft OBC completed	16/10/17 - complete
Draft OBC signed off at Project Board	18/10/17 - complete
Final OBC completed	23/10/17 - complete
Executive Performance Board approval	24/10/17 - complete
FIC approval	26/10/17
UHL Trust Board approval	02/11/17
CCG Boards approval	14/11/17

15. Subject to the ICU OBC being approved at the meeting of the Finance and Investment Committee (FIC) on 26th October, the Trust Board will be invited to approve the business case via the FIC meeting summary.

16. The following summarises the key messages for the project:
    - This project is the first stage in the delivery of the long term ICU solution for GH and LRI.
    - Our £30.8 million bid for capital funding associated with this project was supported nationally.
    - An Outline Business Case must be submitted to NHSI the first week in November & Full Business Case first week of February 2018.
    - The target date for the completion of construction (ward development for HPB & transplant) at Glenfield is summer 2019.
    - The preferred option for ward development at Glenfield is “fusion” wards (see photos below); which will be sited above wards 24, 25 & 26 as a third floor. This construction method is predominately an off-site build, limiting disruption and enabling timely delivery with quality finishes and longevity.
    - Renal Transplant will move because of the need to be co-located with level 3 ICU & emergency theatre access. The feasibility of fast tracking the move of renal services at the same time is now also being explored and will be discussed at the Executive Strategy Board in November.

Capital Bid for £397.5m – Next Steps

17. The updated bid documents were returned by the deadline of Wednesday 6th September 2017. Since that date we have not had any further communication from NHSI. The most recent correspondence suggested that we would be informed whether or not our bid is successful later this autumn, following the announcement of the 2017 Autumn Budget, which is scheduled for 22nd November 2017.

Options to Relocate Vascular Outpatients to GH

18. The Reconfiguration & Estates team have explored, with RRCV CMG, a number of options for the conversion of space at Glenfield Hospital to create clinic rooms & support space to facilitate the relocation of vascular outpatients from LRI to GH.

19. Unfortunately, owing to the team's focus on the ICU business case this month, this has not been able to be progressed by the Reconfiguration team. An update will be provided at the December meeting.

Emergency Floor Phase 2 – Update from Last Month

20. The operational and construction programme remains on track for opening the GPAU on 13 November 2017 and the assessment beds in May 2017. The capital costs are being controlled and are currently delivering the project within the allocated budget.

21. The clinical teams continue to work on developing the models of care for each area. The Standard Operating Procedure (SOP) for GPAU has been drafted and will be finalised by the end of October 2017.

22. Stakeholder engagement events are planned for internal staff on 12 October and external staff on 7 November. Both events will be facilitated by Organisational Development (OD) colleagues, and will be an opportunity for colleagues to discuss how the new floor will work in the future and inform any required changes to SOPs.

23. A fully costed workforce business case for phase 2 is being developed and a progress report will be presented to the Emergency Floor Project Board (EFPB) on 10 October with specific

focus on the GPAU Transitional Plan. The final report will be produced for the end of October. This will describe a 'do nothing' option and options for changing the ways of working and additional investment with benefits for each option.

24. The OD and Culture plan for phase 2 will include the lessons learned from the September surge fortnight to inform further workforce and OD actions.

25. Benefits realisation is being facilitated by the East Midlands Academic Health Science Network and will take place on the 24 and 31 October. This will include phase 1 and phase 2. The outcome will be presented to the EFPB in January 2018 for further consideration.

26. The IT plan is on track to deliver GPAU and the whole of phase 2 on time and within budget.

27. Operational commissioning continues, aligned to the milestones in the masterplan. The team have finalised and costed the equipment list for the whole of phase 2. This has been factored into the construction timeline and is reported in the construction highlight report.

Section 2: Programme Risks

28. The programme risk register was reviewed and updated at the Reconfiguration Programme Team meeting on 15th August 2017. The next update will include the new risk around the clinical impact of the extension to the delivery of the Reconfiguration Programme to 2022/23.

29. 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

30. The highest scoring programme risks are summarised below:

Risk	Current RAG	Mitigation
There is a risk that estates solutions required to enable decant of construction space are not available.	20	The overall programme is reviewed and progressed with the space planning team, significant decant space is available (e.g. Brandon Unit, Mansion House) and project work-stream to be identified.
There is a risk that the reconfiguration programme is not deliverable for the agreed capital envelope.	20	Further work assessing assumptions used to develop the capital envelope. Rigorous change control processes in place and ensure any increases in cost are mitigated by appropriate savings. Review of procurement and innovative solutions to reduce costs.
There is a risk that delays to consultation / external approvals delay the programme, which is already challenging.	20	If Women's and/or PACH are progressed through PF2, business case timescales will be longer and delay caused by consultation will have less impact.
There is a risk that the complex internal dependencies between reconfiguration projects are not delivered in the required timescales.	20	Clinical services will not be moved until all services on which they are dependent are available with appropriate capacity. Development of Reconfiguration Programme SOC will identify sequencing and interdependencies between projects.

Risk	Current RAG	Mitigation
There is a risk that there is not enough internal CRL to provide sufficient resources to develop the business cases during 2017/18 in line with the required timescales.	20	Prioritise CRL against those projects which need to deliver early in the programme. Explore alternative ways of funding business case development.

Input Sought

The Trust Board is requested to **note** the progress within the Reconfiguration Programme and the planned work over the coming months.