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. LLR are now working to update this plan 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. It is hoped that we will hear the outcome of this second bid by the end of the year.

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

1. This report provides an overview of the STP and Reconfiguration Programme, including high scoring programme risks.

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 September 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 Plan (STP)

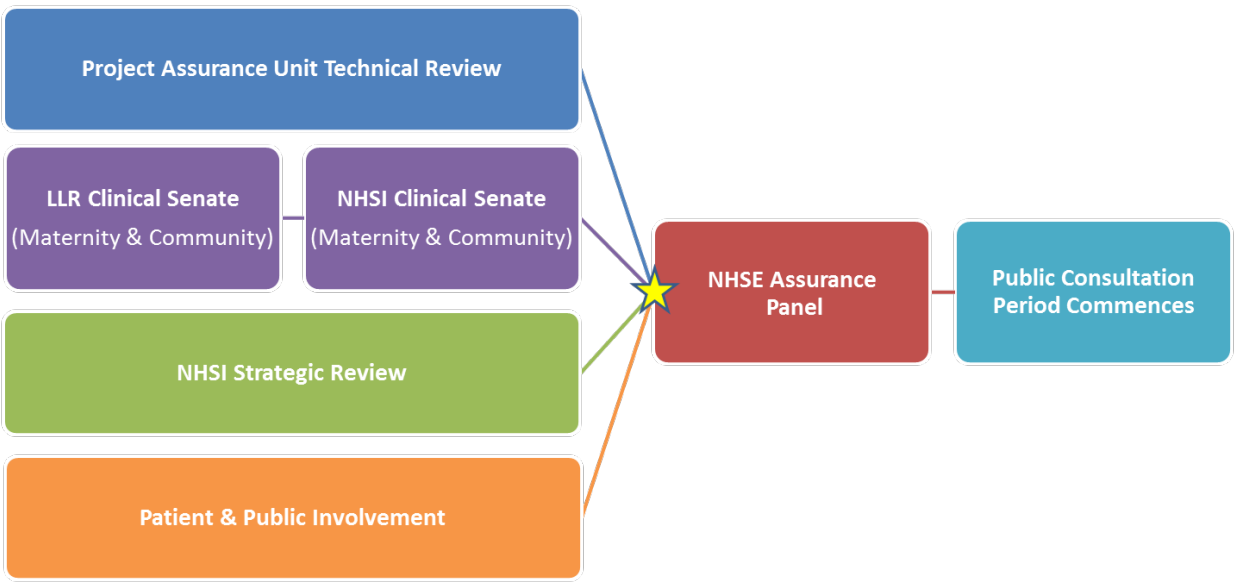
1. There is a requirement to refresh the STP with partners (timescales TBC), to reflect the system-wide impact of increasing the acute bed base. The Reconfiguration, Strategy and Estates teams are working closely with the STP team to provide the information required to update the STP.

2. 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 capital bid being supported.

3. There has also been agreement that the pre-consultation business case will be split into multiple separate cases i.e. acute reconfiguration separate from community hospitals.

4. The timescales for refreshing the pre-consultation business cases and for passing through the required checkpoints were discussed at the Senior Leadership Team (SLT) meeting on Thursday 20th July; however these have not yet been agreed.

5. The process to be followed in advance of public consultation is shown below.



At this stage:

- Clinical Senate to prepare and issue queries
- LLR to prepare and issue responses
- Clinical Senate to confirm approval to proceed
- Any required updates to be made to the pre-consultation business case
- Discussion with the Health Overview & Scrutiny Committees and Health & Well Being Boards
- LLR approvals e.g. at UHL Trust Board, CCG Boards

6. At the SLT meeting on Thursday 20th July, there was also discussion about Accountable Care Systems. It was noted that there is a clear direction of travel for (STPs) to move towards becoming Accountable Care Systems. An Accountable Care System is where providers come together as an alliance to take responsibility for providing all the care for a given population to provide a more integrated approach to care within an allocated budget.

7. The first STPs moving towards this model were announced at the NHS Confederation conference in June. There are many forms that greater integration across the STP could take, with discussion needed about the best way to integrate resources, functions and patient records.

8. Members of the SLT discussed whether greater integration would best happen between healthcare organisations, or across health and social care. It was felt that integration within the NHS itself would be an important first step.

9. It was agreed that a small group of members of the SLT should get together to draft a proposal for making the first steps towards becoming an Accountable Care System. This would then be used to support for in-depth discussions at an individual board level as well as at the SLT.

Reconfiguration Programme

Section 1: Reconfiguration Programme Board Update

Capital Bid Submission - Background

10. Over the last few months, the Reconfiguration Programme team have been working through the impact on UHL's Reconfiguration Programme of the increased bed base in relation to the revised demand and capacity planning; and the impact this has on the capital cost of moving from 3 to 2 sites.

11. On 28th April 2017, an initial bid of £30.8m for capital against the £325m announced in the 2017 spring budget was made in order to progress the interim ICU scheme; and on 24th May 2017, a second capital bid for £397.5m was submitted reflecting the capital required to deliver the whole reconfiguration programme (this includes the £30.8m capital reflected in the first bid). This bid is higher than the capital requested in the original STP, due to providing additional ward capacity to reflect the increased bed base and the supporting infrastructure.

12. A query relating to our capital bid for the interim ICU scheme was received on 11th July 2017 from NHSI. The query was for more information on the Value for Money of the scheme in relation to financial benefits, return on investment, payback period and indirect benefits. A response was sent back to NHSI on 12th July 2017.

Capital Bid Submission – Funding Announcement

13. On 19th July 2017 NHS England announced that our Better Care Together partnership would receive investment of almost £40 million, starting this year. This marks an important step forward for the health and care system in LLR. As the total funds available nationally at this stage were £325m, LLR has received a large share.

14. This investment will be split between ourselves (£30m) and Leicestershire Partnership Trust (£8m), allowing UHL to invest in:

    - an increase of 11 beds in Adult Level 3 capacity at Glenfield, crucial in enabling the transfer of clinical activities reliant on Adult Level 3 care from the General Hospital;
    - additional bed capacity at Glenfield and the Royal Infirmary, crucial to balancing demand and capacity;
    - the provision of interventional radiology capacity at Glenfield to support the Intensive Care Unit dependent services moving there;
    - LPT will be able to create a build a new purpose-built unit for 15-bed combined child and adolescent mental health services which will include a new CAMHS service and eating disorder services (CAEDS) inpatient facility at Glenfield.

15. This funding is a vote of confidence in our plans for the future development of Leicester's hospitals and fully funds the next schemes in those plans. We are optimistic that we will be able to deliver our complete plans over the next few years to focus all emergency and specialist care at the Royal and Glenfield, with a different future for the General providing fewer acute health care services.

16. This immediate funding can be seen as a "down payment" on our longer terms plans, as the Government has committed to a much larger NHS capital investment programme later this year. As outlined above, we have already bid for a total of £397.5m against that programme. Together with our own capital funds, if this further bid is successful (and subject to public consultation) it will allow us to carry out our whole reconfiguration programme. The key components of this are shown in the table below (note that this list is not exhaustive):

Leicester Royal Infirmary	Glenfield Hospital
Women's Hospital	Planned Ambulatory Care Hub
Enhanced ICU facilities	Enhanced ICU facilities (now funded)
Increased bed base – new build & refurbishment	Increased bed base – new build (part funded)
Welcome Centre (to be commercially funded)	Extension to Clinical Decisions Unit
Children's Hospital (EMCHC move including new PICU now funded)	Interventional radiology (now funded)
Infrastructure	Infrastructure
	New build theatres

17. In addition, we may provide a stand-alone Birth Centre at the General Hospital dependant on the outcome of consultation and we will re-provide our Stroke and Neuro Rehab Unit either at the General or in a community location.

Capital Bid Submission - Next Steps

18. A meeting with key individuals involved in the interim ICU project was held on 24th July to discuss the immediate actions and next steps for the project. This involved a discussion about the need for capital from our internal CRL to progress with the business case development and design solutions, in advance of receipt of the capital from the Centre. Following this meeting a detailed action plan has been developed identifying activities to be undertaken over the coming months.

19. Discussions are ongoing with our local NHSI team about the process we must follow to access the £30.8m capital, including what business cases are required and how the timescales for these will fit with the requirement to spend capital in this financial year. A further update on this will be provided next month once the position is clearer.

20. Following the announcement of our successful bid for capital and the completion of the Emergency Floor Phase 1 post project evaluation exercise, the team plan to review the structure and content of papers provided to the Trust Board, Integrated Finance Performance and Investment Committee, and the Executive Strategy Board in order to ensure they are fit for purpose and provide the required assurance on the Reconfiguration Programme.

21. Alongside the specific activities for the interim ICU project, there is also a requirement to fully review the Reconfiguration Programme as a whole:

    - Refresh the Development Control Plans (DCP) across all sites to outline future locations for specialties and the sequencing of moves within the new budget.
    - Once the DCP is confirmed, review the draft programme for the whole reconfiguration programme submitted as part of the capital bid to validate assumptions and deliverability.

Vascular Outpatients

22. The original plan to move vascular outpatients to the Glenfield (GH) from the LRI was only going to be possible with a series of moves across the three sites which impacted on a number of specialties.

23. Meetings have now taken place with the impacted specialties – Orthopaedics, Colorectal Surgery, Rheumatology and Dermatology. At these meetings, the previous plans have been reviewed and validated, with a number of issues raised by Orthopaedics and Colorectal Surgery.

24. Now all meetings are complete, the validity of the original plan has been reviewed as it is now six months since it was first proposed. There are a number of issues highlighted by services that need resolution and the original plan is not deliverable in its entirety as some rooms are no longer available & clinics sessions due to move from LGH are no longer able to due to changes that have been made in the intervening period.

25. Possible alternative options to move vascular outpatients to GH are therefore being considered and evaluated with RRCV CMG. These options would provide additional clinic rooms at GH through the conversion of existing office space. The costs for these options have not yet been confirmed as the detail is still being worked through, and discussions need to take place with those who would be impacted.

26. Since there was no certainty on this when the 2017/18 capital plan was agreed and the capital programme is under severe pressure, no funding has been allocated for this year to support this project. If any funding is required, consideration will be needed as to how this will be funded.

27. An options appraisal will be carried out once the costs of conversion to clinic rooms have been identified. If it is possible to create new outpatient space at GH for Vascular, this would create some manoeuvrability, particularly at LRI, as a whole as there is currently no in-hours flexibility in the outpatient space.

28. The model for delivery of vascular outpatients would also require revision as it is unlikely that the space identified would accommodate the current “suite” model that is in place for vascular in the Jarvis clinic.

29. Timescales & Next Steps:

Action	Timescale
Production of high level costing for each option to confirm viability	1st August
Shortlist of viable options	2nd August
Update for August ESB	8th August
Engage with affected services & agree solutions for enabling moves.	25th August
Complete detailed option appraisal	1st September
Preferred solution confirmed - to ESB	12th September

Section 2: Programme Risks

30. The programme risk register was reviewed and updated at the Reconfiguration Programme Team meeting on 13th June 2017. The next update is scheduled for 15th August 2017 at the Reconfiguration Programme Team meeting.

31. 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

32. 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.
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.