STP, BCT and UHL Reconfiguration – Update

Author: Nicky Topham Sponsor: Paul Traynor & Mark Wightman **Trust Board paper K**

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 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 2022/23 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 January 2018 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.

Questions

1. What progress has been made since the last Trust Board?

Conclusion

2. The following progress has been made since the

STP

The process of preparing for public consultation and associated timescales were discussed at the Senior Leadership Team (SLT) meeting in November 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 December 17
- Pre-engagement ahead of formal consultation Jan/Feb 18
- PCBCs for UHL reconfiguration to be complete by the end of January 18
- STP Narrative to be approved at partner Boards in January 2018
- 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 (DCP) & UHL/LLR Estates Strategies

- The Development Control Plan (DCP) has now been finalised following complete alignment of the associated elements; 2048 Beds, agreed design strategy of new build

and refurbishment costs, identification of the major projects that underpin the 5 year Reconfiguration Programme, sequential delivery based on dependencies/clinical safety and a robust cost profile that supports the £397.5m requested in the Trust's capital bid.

- We have commissioned architects to work collaboratively with the DCP Project Manager to develop high level visuals that will depict how the sites will develop throughout the Programme. It will be plain to see the scale of the developments and their impact on both the LRI and the GH.
- The details of the DCP will form part of the refreshed UHL Estates Strategy required for submission with the Full Business Case for the Interim ICU programme of schemes (£30.8m), and the LLR Estates Strategy.
- 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

- The OBC for this project was approved at the following forums:
    - Project Board: 18th October
    - Executive Performance Board: 24th October
    - Reconfiguration Programme Board: 25th October
    - Trust Board: 2nd November
    - CCG Boards: 14th November
- Members of the reconfirmation team met with NHSI and the Projects Assurance Unit (PAU) (the technical advisors to NHSI) to discuss key issues around the project and the sign off process. The meeting and subsequent feedback was very constructive with an engagement process agreed for the FBC process over the next three months in order to smooth the approvals process for the FBC.
- NHSI are 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. We will have a clearer view on this when the NHSI Capital and Cash team have reviewed the case in December. It is currently scheduled to be presented to the National Resource Committee on the 10th January 2018.

Capital Bid for £397.5m – Next Steps

- The outcome of the Autumn Budget was announced on the 22nd November with £10bn capital funding be available for the NHS
- 12 schemes have been confirmed as being in the first wave of funding. The government has provisionally allocated up to 10% of this funding to the highest quality schemes with the strongest potential to help STP's meet future demand and develop local clinical and financial accountability.
- Paul Traynor has received correspondence from Mark Mansfield, Regional Director of Finance at NHS Improvement, who has confirmed that NHSI are expecting the process for the big, high priority schemes to emerge in the next week or two. He confirmed that the UHL Reconfiguration Programme remains a high priority at regional level.

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. The GPAU opened as planned on the on 13 November 2017.

- Work to progress the FBC is on plan – full details are available in the paper.

- A stakeholder engagement event took place on 7 November with internal and external stakeholders, to review and discuss the how the new floor will work in the future and inform any required changes to SOPs. This session was well-received by delegates, and will be followed up with a further meeting in January

- The benefits realisation sessions with the East Midlands Academic Health Science Network have now been held with members of the clinical and management teams. Colleagues from the Network will report back with agreed metrics for evaluation of the full business case. The outcome was presented to the EF Project Board by a member of the Network. A follow up meeting will be held to consider next steps.

- The stakeholder event held on the 24th October 2017 was organised in order to share vision, knowledge and understanding about the future Paediatric Single Front Door model of care as agreed in the Trust's strategic objectives 2017/18. The event was designed to start the process of service development, engagement of the key team members and commence priority actions in good time for opening on the 1st April 2018.

Programme Risk Register

- This was reviewed and updated at the Reconfiguration Programme Team meeting on 15th August 2017. A revised risk register will be presented 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.

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 4 January 2018]

Executive Summaries should not exceed **2 pages**. [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 and extending the delivery timescales to 2022/23.

2. As discussed previously, 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.

3. 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.

4. The agreed delivery timescales for UHL are as follows:

Milestone	Date
PCBC - UHL first draft	30/11/17
PCBC - UHL second draft	31/12/17
STP and LLR Estates Strategy approval at UHL Trust Board	04/01/18
External Clinical Senate	16/01/18
PCBC - UHL final draft with STP overarching strategy included	31/01/18
PCBC approval at UHL Trust Board	01/02/18
PCBC approval at CCG Trust Board's	13/02/18
PCBC approval at joint HOSC	14/02/18 – 28/02/18
NHSE Assurance Panel	01/03/18
UHL Consultation commences	SPRING

5. 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 was 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

Development Control Plan (DCP) and the UHL and LLR Estates Strategies

6. The Development Control Plan (DCP) has now been finalised following complete alignment of the associated elements; 2048 Beds, agreed design strategy of new build and refurbishment costs, identification of the major projects that underpin the 5 year Reconfiguration Programme, sequential delivery based on dependencies/clinical safety and a robust cost profile that supports the £397.5m requested in the Trust's capital bid.

7. Race Cottam (Architects) have been commissioned to work collaboratively with the DCP Project Manager to develop high level visuals that will depict how the sites will develop throughout the Programme. It will be plain to see the scale of the developments and their impact on both the LRI and the GH.

8. The details of the DCP will form part of the refreshed UHL Estates Strategy required for submission with the Full Business Case for the Interim ICU programme of schemes (£30.8m). Turner & Townsend (Consultants) has been appointed to support the development of the UHL Estates Strategy.

9. In parallel, the LLR Estates Strategy is being updated by the LLR Estates Forum, chaired by Karen English, Accountable Officer of East Leicestershire and Rutland CCG, supported by Turner & Townsend. This is an important component of the LLR STP, and as such, will be signed off by partner Trust Boards in January when the LLR STP is approved. The LLR Estates Strategy reflects the UHL Reconfiguration Programme and the proposals for future use of the community estate across LLR. This document is essential for submission with the Interim ICU schemes Full Business Case in order for us to access capital.

10. The timescales for approval of the UHL and LLR Estates Strategies are as follows:

LLR Estates Strategy	• Trust Board	4th January 2018
Estates Strategy	• CMIC • Exec Board • Reconfiguration Board • Trust Board	12th January 2018 23rd January 2018 24th January 2018 1st February 2018

11. A session with Trust Executives, CMG Clinical Directors and Heads of Operations was held on 3rd October. A number of outstanding issues requiring resolution were agreed. Whilst at this point the DCP and Estates Strategy have been based on a number of assumptions, if the outcome of the issues below changes these assumptions then they will need to be managed within the overall affordability envelope.

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

	ACTION	Designated owner	Update	Timeframe/ on track
1.	Refresh the Clinical Reconfiguration Strategy (required for business cases and the UHL Estates strategy)	Andrew Furlong	Rachna Vyas leading update process	30 November 2017 On track
2.	Develop a Surgical assessment model : • GH: HPB, Vascular, Urology (Needed for the new build element of beds and agreed location) • LRI: Develop a Surgical assessment model at GH: HPB, Vascular, Urology; and LRI: future location of SAU when Clinics 3&4 move to PACH. Space and cost included in the DCP.	John Jameson / Andrew Furlong; Giuseppe Garcia / Michael Nattrass	Reconfiguration Board confirmed John Jameson as SRO for this piece of work. First meeting on 15th November	31 January 2018 On track
3.	Model for NRU / BIU – adjacencies and location at LRI	Rama Chhokar / Rachel Marsh / Subha Vandabona	Meeting held with clinical team which confirmed that the NRU and BIU can be located at the Evington Centre. Next steps as part of the Reconfiguration Programme are to meet LPT and agree how this project will be progressed. Capital is included in the UHL bid from the Autumn Budget.	31 October 2017 Complete
4.	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 Ophthalmology to be developed The clinical team's preference is as follows: • Adult ophthalmology service to GH in PACH • Children's OP to GH in PACH; children's surgery would remain at the LRI • Eye casualty to GH in PACH; eye casualty would revert to LRI ED out of hours	Andrew Curry	The clinical team are developing an option appraisal to assess the impact of both children's OP and eye casualty going to GH, or both remaining at the LRI; and the interdependencies.	~~31 October 2017~~ ~~30 November 2017~~ 31st December 2017 Delayed
5.	Implementation of Children's Single Front Door (if EMCHC is in Balmoral)	Ian Lawrence / Ian Scudamore	Workforce issues being resolved.	01 April 2018 On track
6.	Model & location for adult day case services remaining at the LRI (Gynae, Maxfax, Trauma)	Nicky Topham	To be picked up as part of the on-going LRI Theatres project.	Summer 2018

	Space and theatres provided at the LRI in the DCP			
7.	Re-instate the LGH Working group to consider: • clinical sustainability as services move	Nicky Topham	Darryn Kerr has agreed to be SRO for this work stream – the first meeting is in the process of being set up	TBC

13. Progress will be reported to the next meeting.

Capital Bid for Level 3 moves away from LGH - £30.8m: Next Steps

14. The OBC for this project was approved at the following forums:
    - Project Board: 18th October
    - Executive Performance Board: 24th October
    - Reconfiguration Programme Board: 25th October
    - Trust Board: 2nd November
    - CCG Boards: 14th November

15. Darryn Kerr, Chris Benham, Nigel Bond and Nicky Topham met with NHSI and the Projects Assurance Unit (PAU) (the technical advisors to NHSI) to discuss key issues around the project and the sign off process. The meeting and subsequent feedback was very constructive with the following outcomes agreed:
    - The PAU will engage directly with the Trust on technical matters over the next three months in order to smooth the approvals process for the FBC;
    - 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. We will have a clearer view on this when the NHSI Capital and Cash team have reviewed the case in December. It is currently scheduled to be presented to the National Resource Committee on the 10th January 2018.
    - UHL to meet with the NHSI quality team to discuss and get support on proposed space derogations as design is developed during the FBC process.

16. The development of the FBC continues as planned. The milestones for FBC delivery can be seen below:

Milestone	**Date**	**Update**
Conclude DCP	31/10/17	Complete
Confirm plan for OD – cultural audit pre FBC.	~~13/11/17~~ 31/12/17	Revised deadline agreed; OD lead being appointed on 5th December
Review NHSI & PAU Checklist for FBC development	30/11/17	Complete
Audit of current equipment at LGH (wards, IR & ICU)	30/11/17	Complete
Equipment requirements (gross) for new facilities priced	30/11/17	Complete
Confirm & challenge for FM costs	~~30/11/17~~	Work delayed

Milestone	Date	Update
	31/12/17	but no impact on programme
Review workforce plan assumptions – additional confirm and challenge.	~~30/11/17~~ 31/12/17	Work delayed but no impact on programme
IT meetings with clinical teams: - IR - ICU - GH Beds	~~30/11/17~~ 15/12/17	Work delayed but no impact on programme
IT equipment requirements confirmed (gross)	~~30/11/17~~ 15/12/17	
LLR Estates Strategy approved at Trust Board with STP	~~07/12/17~~ 04/01/18	With STP
Emergency theatre & elective sessions plan LRI & GH	15/12/17	
Pre-tender or GMP costs available: - ICU (pre-tender) - IR (pre-tender) - LRI Beds (pre-tender) - GH Beds (GMP) - Infrastructure (pre-tender) - Enabling (pre-tender)	15/12/17	
Hand off revised capital costs to Finance	22/12/17	
Complete Benefits Realisation Plan	22/12/17	
Draft FBC to Project Board	17/01/18	
Final FBC to Executive Board	23/01/18	
Final FBC to Reconfiguration Board	24/01/18	
Final FBC to FIC	25/01/18	
Final FBC to Trust Board	01/02/18	
UHL Estates Strategy to Trust Board	01/02/18	

17. The following summarises the key messages for the Project following the last Project Board on the 29th November:

- The OBC has been submitted to NHSI, further to approval locally by the Trust and CCG Boards, and will now go through the national approvals process.
- Work is progressing with the FBC & this will be submitted to UHL Trust Board on 1st February 2018.
- A co-ordinated approach to communications will be adopted to ensure the same message is shared to all staff, this will be undertaken from now but this will significantly increase following FBC stage.
- CMGs are asked to ensure they are represented at all Project Board meetings.
  - There are a number of work streams to support the development of the FBC:
    - Workforce plans
    - Theatre capacity
    - Agreement of on-call rotas
    - Patient pathways

- The project will be managed in accordance with the approved scheme of financial delegation, with robust governance processes for financial management.

Capital Bid for £397.5m – Next Steps

18. The outcome of the Autumn Budget was announced on the 22nd November.

19. Phillip Hammond confirmed that:

£10bn capital funding would be available for the NHS; as per Sir Robert Naylor's review of NHS property and estates, of which £3.5bn will be new capital funding. The allocations will be as follows:

> *£2.6 billion for local groups of NHS organisations (Sustainability and Transformation Partnerships) to deliver transformation schemes that improve their ability to meet demand for local services;*
>
> *£700 million will support turnaround plans in the individual trusts facing the biggest performance challenges, and tackle the most urgent and critical maintenance issues that trusts are facing;*
>
> *£200 million will support efficiency programmes that will, for example, help reduce NHS spending on energy, and fund technology that will allow more money and staff time to be directed towards treating patients.*

This £3.5 billion will allow the NHS to increase the proceeds from selling surplus NHS land and buildings to at least £3.3 billion, doubling the scale of investment available to the NHS, and unlocking land for housing. It will also be accompanied by private finance investment in the health estate where this provides good value for money. And it will be complemented by work to review and improve the rules that inform trusts' use of capital funding, to help make sure that they can maintain their facilities most effectively.

20. Twelve schemes have been confirmed as being in the first wave of funding. The government has provisionally allocated up to 10% of this funding to the highest quality schemes with the strongest potential to help STP's meet future demand and develop local clinical and financial accountability.

21. Paul Traynor has received correspondence from Mark Mansfield, Regional Director of Finance at NHS Improvement, who has confirmed that NHSI are expecting the process for the big, high priority schemes to emerge in the next week or two. He confirmed that the UHL Reconfiguration Programme remains a high priority at regional level.

Options to Relocate Vascular Outpatients to GH

22. 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.

23. Five options have been assessed for deliverability, cost and issues; resulting in the identification of a preferred option which has been agreed with the RRCV Head of Operations. However, when this option was discussed with the Vascular Head of Service, it

was recognised that this would require a compromise from the current "suite" model of care provided in LRI outpatients.

24. The CMG have explored a variant of the preferred option which would provide additional space at the GH and enable the "suite" model to be continued after the service relocates from the LRI. However there is not the physical space to undertake this, therefore discussions with other CMGs to facilitate moving into the main OPD area needs to be reconvened.

25. This is outstanding since all CMG and project resource has been prioritised to work on the ICU case.

Emergency Floor Phase 2 – Update from Last Month

26. The operational and construction programme remains on track; GPAU opened as planned on the on 13 November 2017 and the assessment beds will be opened in June 2017. The capital costs are being controlled and are currently delivering the project within the allocated budget.

27. The clinical teams continue to work on developing the models of care for each area. The Standard Operating Procedure (SOP) for GPAU was signed off at the Executive Quality Board on 7 November 2017.

28. A stakeholder engagement event took place on 7 November with internal and external stakeholders, to review and discuss the how the new floor will work in the future and inform any required changes to SOPs. This session was well -received b followed up with a further meeting in January

29. A fully costed workforce business case for phase 2 is being developed and a progress report was presented to the Emergency Floor Project Board (EFPB) on 14 November. This includes the medical, nursing and administrative workforce.

30. 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.

31. The benefits realisation sessions with the East Midlands Academic Health Science Network have now been held with members of the clinical and management teams. Colleagues from the Network will report back with agreed metrics for evaluation of the full business case. The outcome was presented to the EFPB by a member of the Network. A follow up meeting will be held to consider next steps.

32. The IT plan is on track and within budget.

33. 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 which was confirmed and challenged with the clinical team on 14 November to ensure value for money.

34. The stakeholder event held on the 24th October 2017 was organised in order to share vision, knowledge and understanding about the future Paediatric Single Front Door model of care as agreed in the Trust's strategic objectives 2017/18. The event was designed to start the process of service development, engagement of the key team members and commence priority actions in good time for opening on the 1st April 2018.

Section 2: Programme Risks

35. The Programme risk register was reviewed and updated at the Reconfiguration Programme Team meeting on 15th August 2017. In light of the pressure to complete the £30.8m OBC and to finalise the DCP and Estates Strategy, the next review was undertaken in November and will be presented to the next Trust Board once it has been presented to ESB.

36. 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

37. 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.