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. Further information has now been requested 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

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 5th October 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)

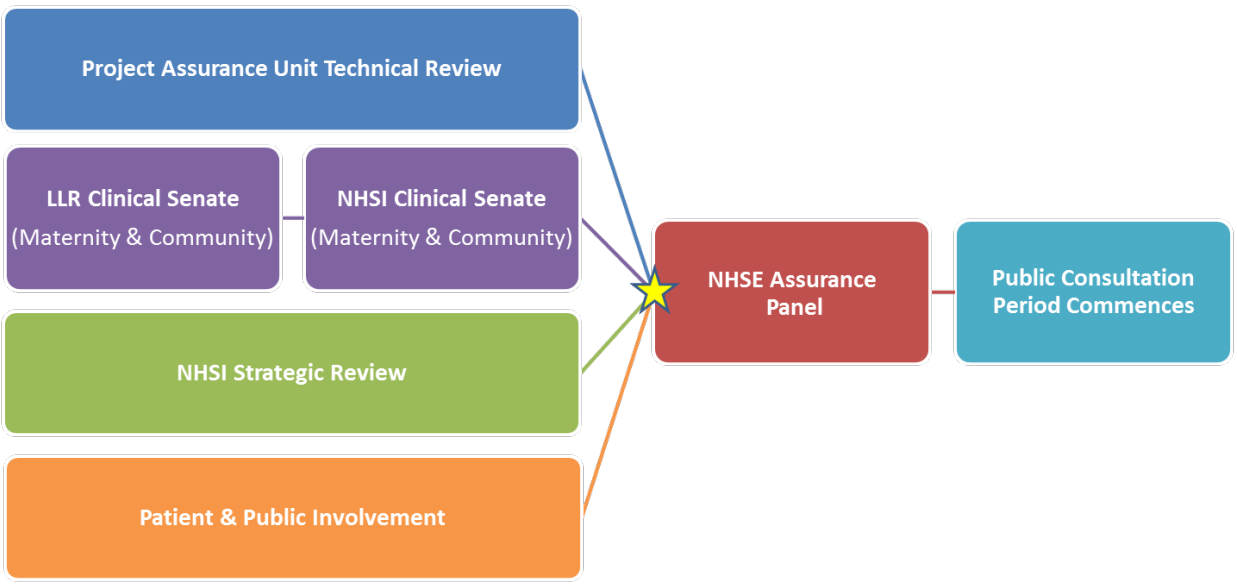
1. There is a requirement to refresh the STP with partners (timescales still TBC), to reflect the system-wide impact of increasing the acute bed base. The Reconfiguration, Strategy and Estates teams are working closely with the STP team to provide the information required to update the STP.

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 full 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 LLR Senior Leadership Team (SLT) again at its August meeting but have not yet been finalised.

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. During their August meeting, the SLT discussed a draft paper entitled '*Moving towards an Accountable Care System in LLR*'. This paper is included as the following item (Paper N) on the Trust Board agenda.

7. SLT also discussed and agreed a revised central support structure (PMO). This provides more resources to support the Better Care Together/STP workstreams.

Reconfiguration Programme

Section 1: Reconfiguration Programme Board Update

Development Control Plan (DCP)

8. Following the announcement that our £30.8m capital bid to progress the Interim ICU schemes had been successful, the DCP is now progressing at pace in order to inform the refreshed Estate Strategy. This is required to support both the immediate £30.8m schemes and the application for £397.5m to process the longer term control of the sites (including the decommissioning of the LGH).

9. Work has been completed to re-align the 2048 (2020/21) bed requirement as per the Bed Bridge with the March 2017 Bed Census to understand and confirm requirements by specialty. This will drive the number of new build facilities required to vacate the LGH. Work regarding the theatre and imaging requirements will be confirmed shortly allowing Estates colleagues to confirm locations of new facilities and supporting functions e.g. car parks – thus driving the piece of work to look at infrastructure requirements.

10. This will allow the projects within the Reconfiguration Programme to be sequenced and costed accordingly, providing the Trust with a Route Map for the Reconfiguration Programme – starting with the Interim ICU schemes.

11. Discussions are on-going with the current LGH specialties around their future site locations, and as work progresses further engagement will be undertaken to explore clinical adjacencies and ensure decisions around specific locations are made taking account of all specialties.

12. The DCP will be completed by 31st October 2017 in order to allow the refreshed Estate Strategy to be completed by the end of November 2017.

Interim ICU Schemes

13. Following previous discussions with our local NHS Improvement team about the business case approval process we must follow to access the £30.8m capital; the Trust has now received a letter from Elizabeth O'Mahony, Chief Financial Officer at NHS Improvement, outlining this in more detail. It is clear that approval will depend on key areas such as measurable benefits to patient care, alignment with the estates and capital strategy of the STP, affordability and value for money.

14. The team working on the Interim ICU schemes have developed a high level programme which will be used to manage the interdependencies both within the project and with other related aspects of the Reconfiguration Programme, for example the DCP.

15. Approval was gained at the Capital Monitoring & Investment Committee (CMIC) on 17th August to provide additional capital funding this financial year to support the development of the Interim ICU schemes. This will allow additional resource to be provided for a number of work-streams to ensure this project progresses as swiftly as possible.

Capital Bid for £397.5m – Next Steps

16. Our second capital bid was submitted in May 2017, for £397.5m to deliver the reconfiguration programme as a whole. On 17th August, a letter was received from Dr Paul Watson, Regional Director at NHS England (Midlands and East) and Dale Bywater, Executive Regional Managing Director at NHS Improvement (Midlands and East) outlining the next steps in the process.

17. Assessment criteria have now been circulated, which will be utilised by the Department of Health to determine whether an application is successful or not. The key criteria are:

    - Leadership to deliver
    - Service / demand management
    - Transformation and patient benefit
    - Financial sustainability
    - Value for money
    - Optimising estates utilisation, including consideration of surplus land disposal opportunity

18. We have the opportunity to update our original capital bid document to ensure complete alignment with the assessment criteria. There is also a compulsory requirement for all capital bids to complete an additional value for money template.

19. The team have reviewed our original submission against the assessment criteria and have developed an action plan to ensure the required alterations are made in line with the submission timescales. The finance team are also working to provide the information required on value for money; so that both documents can be returned by the deadline of Wednesday 6th September 2017.

20. If our capital bid is successful, an early requirement for the STP will be to refresh the STP-wide strategic estates plan. The letter suggests that we will be informed whether or not our bid is successful later this autumn.

Vascular Outpatients

21. Work to consider alternative solutions for moving vascular outpatients to GH has been carried out with RRCV CMG. There are limited options within the retained estate; however an option has been explored which would convert existing offices into additional clinic rooms. Due to financial constraints (no capital funding has been allocated this year to support this project), new build options have not been considered.

22. Unfortunately due to spatial restrictions, the potential solution would not allow the vascular service to continue with their existing 'suite' model of care for outpatients at the GH. The Head of Operations for RRCV (Sarah Taylor) discussed the viability of this option with the Head of Service for Vascular (Mark McCarthy); but was informed that it was unacceptable.

23. The team are therefore re-examining all available options on the GH site. This will take time and will delay the completion of an options appraisal and consequently the identification of the preferred way forwards.

Emergency Floor Phase 2

24. GPAU construction work remains on track, for handover to UHL on 31st October. The operational commissioning period will then begin, with the new space opening to patients on 13th November.

25. The main phase 2 construction programme remains on track for handover in spring 2018. The capital costs are being controlled to deliver the project within the allocated budget.

26. The clinical teams continue to work on developing the models of care for each area. The model for GPAU is being refreshed and has been presented to the Emergency Floor Project Board. The AFU and EFU models have also been presented to the Board, and have been ratified by the Trust-wide Frailty Oversight Group. Models for AMU, ACB and EDU will be drafted by the end of September.

27. A stakeholder engagement event will be held on 5th October with colleagues from across the Emergency Floor and beyond. This event will be facilitated by OD colleagues, and will be an opportunity for colleagues to discuss how the new floor will work in the future. The models that have been developed by clinical leads, Dr Dheya Biswas and Dr Emily Laithwaite, will be presented at the event.

28. A nursing workforce plan for the assessment units has been devised, and is currently being costed by finance colleagues. The medical workforce for GPAU is being reviewed over the coming month, followed by an overall plan for the remaining units within phase 2.

29. Work with representatives from East Midlands Academic Health Science Network and the University of Loughborough continues to develop plans for the Benefits Realisation of the Emergency Floor Full Business Case. Due to availability, the workshops are now likely to be held in late September/early October.

Section 2: Programme Risks

30. The programme risk register was reviewed and updated at the Reconfiguration Programme Team meeting on 15th August 2017. The next update is scheduled for 10th October 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.