

STP, BCT & UHL Reconfiguration Update

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Trust Board paper I

Executive Summary

Context

In order to provide a vision for transformation across the whole health economy, this paper provides an update on the Leicester, Leicestershire & Rutland (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 its financial balance by the 2022/23 financial year 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 UHL's case for national/external capital investment and access to transformational funding to support its Reconfiguration Programme. In August 2018, partners across LLR published a summary document: Next Steps to Better Care in Leicester, Leicestershire and Rutland.

UHL's Reconfiguration Programme is an ambitious and complex undertaking which has been established in order to deliver both the broader system priorities within the STP and 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. The Trust Board therefore need to be 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

The following progress has been made:

Sustainability and Transformation Partnership (STP)

1. All feedback from the engagement events is being distributed across Better Care Together partners and work streams in order that it can influence the decision making processes within each work stream and in specific programmes of work. A plan is in place to undertake a range of Outreach work starting in January 2019.

Reconfiguration Programme Funding

1. The process to access the capital required to progress with our Reconfiguration Programme is continuing to plan. On the 7th December 2018, 75 of the smaller schemes

under the national Wave 4 Capital allocation were announced, the highest value of which was £88m. However, we have not been given any indication of when the large schemes will be announced, such as ours.

2. The NHS England (NHSE) Regional Assurance panel have reviewed the Pre Consultation Business Case (PCBC) supplementary information that was submitted on the 6th November, and have some additional questions that were sent to us for completion in the New Year. Once the panel are satisfied with our answers this information will be incorporated in to the next version of the PCBC.
3. The plan for the completion and approvals process of the PCBC is outlined in the main report.

Progress with the Business Case Approval of the Interim ICU and Associated Clinical Services Scheme

4. The Full Business Case has now been approved by the Department of Health & Social Care (DHSC), and signed off by ministers. This is the final level of approval, once the Memorandum of Understanding has been signed the construction contracts will be awarded and works will commence.

Reconfiguration Programme Interdependencies

5. As a programme it is important to map and understand the interdependencies with other projects in the Trust, ensuring any risks, issues or benefits they may pose to any part of the Reconfiguration Programme are logged and tracked. The first draft of this mapping has been completed and a detailed log will be managed by the Programme Management Office and escalated to the Reconfiguration Programme Board and Executive Strategy Board as required.

Patient and Public Involvement (PPI)

6. The Reconfiguration Programme values PPI and in particular the opportunities for co-production with UHL Patient Partners. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; each month we will focus on a specific project and show how our Patient Partners have supported the work of the Project Boards.
7. A Communication Strategy has been drafted to increase awareness amongst stakeholders of the plans to reconfigure our hospitals, increase a regular flow of information about our plans and ensure that stakeholders are clear on how they can and cannot influence these plans through consultation.

Programme Risk Register

8. The latest Reconfiguration Programme risk register remains current from the latest board meeting. The highest scoring risks are detailed at the end of this report.

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

1.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 [Not applicable]
- 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]

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

- a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3.Related **Patient and Public Involvement** actions taken, or to be taken: [Described in the report]

4.Results of any **Equality Impact Assessment**, relating to this matter: [A full EIA is being completed as part of the Pre-Consultation Business Case]

5.Scheduled date for the **next paper** on this topic: [07/02/19]

6.Executive Summaries should not exceed **4 sides** [My paper does comply]

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

Section 1: Sustainability and Transformation Partnership (STP)/ Better Care Together

1. In October and November 2018 BCT partners undertook engagement to primarily discuss the proposal for acute and maternity reconfiguration in Leicester's Hospitals.
2. The events were held in community venues in East Leicestershire and Rutland, West Leicestershire and Leicester City. 317 people attending the nine events, which were held between 5pm and 7.45pm. People dropped in for the first hour to informally discuss with NHS teams the plans for improvements across all Better Care Together work streams including acute reconfiguration. This session was followed by a formal presentation and a question and answer session. One event was held as an informal drop-in session only.
3. The questions raised by people at the events covered a range of topics, many of which were pertinent to local geographical areas. The feedback from the public identified a number of areas where there were concerns, such as there does not appear to be enough beds in the final configuration, there is therefore a need for more information to give a better understanding of proposals and processes. Many comments were supportive of the various plans.
4. All feedback from the events is being distributed across Better Care Together partners and work streams in order that it can influence the decision making processes within each work stream and in specific programmes of work. It is being used to refine the Pre-Consultation Business Case for the Acute and Maternity Reconfiguration and the draft communication and engagement plans for the acute and maternity reconfiguration consultation. It is also being fed into the current Community Services Redesign work.

Outreach work

5. From January 2019 the STP are undertaking a programme of outreach work using two methods:
 - Manned drop-in sessions situated in community venues where there is high footfall e.g. libraries, on days where locations are busy e.g. market days. The public will be able to view displays explaining Better Care Together and the improvement programme, and chat with NHS staff.
 - Develop relationship with key community groups attending their meetings/events and other engagement opportunities. Groups will include Council of Faiths, Youth

Council Leicestershire, Leicester Action for Mental Health Projects and the Learning Disability Partnership Boards and many others.

Other engagement and communications

Staff

6. To provide further opportunities for staff to be engaged, face-to-face briefings are being held with staff. We are also using existing mechanisms available through organisations to reach staff including newsletters and online briefings.

Online communications

7. We will enhance awareness of the Better Care Together and associated engagement activities through an increase in the range of online communication including social media channels (Twitter, Facebook and YouTube) and partner websites. We will produce, on a regular basis, the BCT e-newsletter and produce video case studies and explore the production of interactive content.

Press and Broadcast media

8. We will continue to work with our local press and broadcast media to coordinate regular articles and updates utilising case studies to enhance news features.

Existing communication mechanisms

9. There are a number of established mechanisms that BCT partners already have in place which help us to provide information and communicate with a range of stakeholders. These mechanisms will be capitalised on continuation of the engagement process;

- BCT partner websites
- Presentations at Healthwatch (Leicester and Leicestershire, Rutland), Voluntary Action Leicester and other voluntary groups
- Patients groups and members including PPG networks
- GP newsletters and locality/federation meetings

Engagement with councillors

10. We have undertaken a series of All Member Briefings with two upper tier local authorities and a Labour Briefing with Leicester City Council. We would like to continue this dialogue with regular with councillors to ensure they are updated of proposals and plans.

Engagement activities – community services redesign

11. In 2018 we undertook research to understand the current experiences of patients and their family carers of receiving community services. In addition, we spoke to a range of NHS, Social Care and other health professionals who deliver community services. We now have a rich seam of detailed insights from this work from approximately 4,600 people, which we have used along with other research and analysis to develop a model of care for delivering high quality community services.

12. We will be discussing these insights with the public at a series of events being held in January and early February and through other communications. We will also discuss this two-year transformation programme for delivering care in a community setting and outline the opportunities for involvement at each stage of this work.

Section 2: Reconfiguration Programme Board Update

Reconfiguration Programme Funding

1. The process to access the capital required to progress with our Reconfiguration Programme is continuing to plan.
2. Our STP Capital Bid for £367m was submitted along with the LLR STP Estates Strategy on the 16th July for consideration in the Wave 4 national capital funding round. On the 7th December 2018, 75 of the smaller schemes under wave 4 were announced, this highest value of which was £88m. However, we have not been given any indication of when the large schemes will be announced, such as ours.

PCBC Approvals Programme

3. The NHSE Regional Assurance Panel has reviewed the supplementary information that was submitted on the 6th Nov, and has some additional questions that were sent to us for completion in the New Year. The further areas for clarification are:
 - a. The relationship/impact on primary care of our plans
 - b. The performance trajectory from 2018 onwards
 - c. The current UHL financial position and mitigation plan
 - d. Double-counting of CIP/reconfiguration savings
4. Once the panel have confirmed they are satisfied with our responses, the PCBC will need to be updated with the additional information.
5. The plan for the completion and approvals process of the PCBC is outlined below. Completed actions are marked in green on the timetable below. Dates highlighted in purple are indicative, and allow time for feedback between assurance panels.

Action	Lead	Completion Date
Procure support to write the PCBC	Sarah Prema	27-Apr
Strengthen Workforce Plan	Louise Gallagher	20-June
Robust activity model across LLR including Bed Bridge and activity to Alliance - 5 years +	Sarah Prema	20-June

Submit Draft STP Capital Bid	Nicky Topham	22-June
Submit Draft LLR Estates Strategy	Darren Kerr	22-June
Issue Senate papers	Justin Hammond	28-June
Clinical Senate	John Jameson	5-July
UHL Trust Board Approve Capital Bid	Paul Traynor	12-July
Submit STP Capital Bid	Nicky Topham	16-July
Submit LLR Estates Strategy	Darren Kerr	16-July
UHL robust Models of Care	Jane Edyvean	31-July
Draft 1 PCBC following Senate Feedback	Nicky Topham	31-July
PCBC support at CCG Commissioning Collaborative Board	Sarah Prema	16-Aug
Page Turn of PCBC with NHSE/I	Sarah Prema	17 Aug
Issue Papers for Regional NHSE Assurance Panel	Nicky Topham	26-Sep
Regional NHSE Assurance Panel	John Adler/ Paul Traynor	10-Oct
Respond to NHSE Regional Feedback	Nicky Topham	06-Nov
National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	5-Feb
Respond to NHSE National Panel Feedback	Nicky Topham	12-Feb
National NHSE Investment Committee	Paul Watson	TBC-Feb
Respond to NHSE Investment Panel Feedback	Nicky Topham	TBC-Feb
NHSI Resources Committee	Dale Bywater	12-Mar
DHSC / Treasury/ Ministerial Approval	TBC	TBC
Commence Consultation	Richard Morris	TBC

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Reconfiguration Programme Interdependencies

- There has always been the acknowledgement that there are some areas of development taking place within UHL that are not directly within the scope of the Reconfiguration Programme but have a direct link or impact on the programme. As a programme it is important to map and understand these interdependencies, ensuring any risks, issues or benefits they may pose to any part of the programme are logged and tracked. The first draft of this mapping has been completed and a detailed log will be managed by the Programme Management Office and escalated to the Reconfiguration Programme Board and Executive Strategy Board as required.

Patient and Public Involvement (PPI)

8. The Reconfiguration Programme values PPI and in particular the opportunities for co-production with UHL Patient Partners. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; each month we will focus on a specific project and show how our Patient Partners have supported the work of the Project Boards.
9. A Communication Strategy has been drafted to increase awareness amongst stakeholders of the plans to reconfigure our hospitals, increase a regular flow of information about our plans and ensure that stakeholders are clear on how they can and cannot influence these plans through consultation.
10. In order to ensure that we get the right people involved who will be best placed to support the projects, plans and delivery of the programme, we have agreed the strategy will describe the involvement of the PPI and Membership Manager - Karl Mayes, in the first instance, to agree the best approach for patient and public involvement.

Section 3: Programme Risks

11. Each month, we report in this paper on risks which satisfy the following criteria:
 - a. New risks rated 16 or above
 - b. Existing risks which have increased to a rating of 16 or above
 - c. Any risks which have become issues
 - d. Any risks/issues which require escalation and discussion
12. The latest Reconfiguration Programme risk register remains current from the latest board meeting. The highest scoring risks are detailed below:

Risk	Current RAG	Mitigation
There is a risk that the scale of transformation required is not delivered resulting in a failure to operate out of the capacity provided within the Reconfiguration Programme.	16	Efficiency programmes have been further developed by the CMGs and therefore there is a confidence in delivery.
There is a risk that the back office, training and R&D budget allocations identified in the DCP are insufficient to re-provide all affected services.	16	Scoping Brandon Unit to assess refurbishment requirements and identifying other office options. Identifying number of staff to be displaced. Trust wide 'Agile Working' policy and approach being drafted to drive new ways of working including IT equipment and hot-desking.

Risk	Current RAG	Mitigation
There is a risk that the solutions to enable required decant of construction space either not identified in a timely manner or not available at all.	16	The overall program is reviewed and progressed with the space planning team, significant decant space identified in DCP (Brandon Unit, Mansion House) and planned as a project work stream. Decant space to be funded as part of DCP overall costs.
There is a risk that changes in other parts of the system such as Primary Care and Social Care create greater competition for limited workforce supply such as healthcare assistants and advanced clinical practitioners.	16	Develop LLR wide process including; Strategic Workforce Planning, OD, training and education and staff mobility. Ensure alignment with strategic and operational planning through Reconfiguration Programme and alignment with business as usual.
There is a risk that the programme capital budget allocated to equipment will be insufficient as a consequence of a change in the accounting rules.	16	Each project within the programme has a detailed equipment schedule which informs the overall cost plan. Use of specialist equipment advisors to identify if there alternative procurement methods that can help mitigate the increasing costs. The purchase of new equipment is managed within the budget alongside optimising the reuse of current equipment.

Input Sought

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- **Note** the progress within the Reconfiguration Programme and the planned work over the coming months.