

# STP, BCT & UHL Reconfiguration Update

Author: Nicky Topham & Justin Hammond Sponsor: Paul Traynor

**Trust Board paper J**

## 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. A key development is the agreement to appoint a single accountable officer, (AO) across the three CCGs. This was approved by each of the CCG Boards in December 2018 and the recruitment process is underway.

### **Reconfiguration Programme Funding**

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 7<sup>th</sup> December 2018, 75 of the smaller schemes under wave 4 were announced, the highest value of which was £88m. However, we have not been given any indication of when the large schemes, such as ours, will be announced.

### **PCBC Approvals Programme**

3. As previously reported, the NHS England (NHSE) Regional Assurance panel have reviewed the Pre Consultation Business Case (PCBC) supplementary information that was submitted on the 6<sup>th</sup> November, and have some additional questions that were sent to us for completion in early 2019. Once the panel are satisfied with our answers this information will be incorporated in to the next version of the PCBC.
4. The performance trajectories have proved to be the most challenging to produce as they are normally agreed on annual basis, therefore we have to make some reasonable assumptions that are ambitious, whilst not committing ourselves to performance that would be impossible to achieve.
5. We have been informed of a delay to the programme to approve the PCBC due to changes occurring nationally both politically and with the merger of NHSE and NHS Improvement (NHSI). The PCBC will not be going to the National Oversight Group for Service Change and Reconfiguration (OGSCR) or the NHSE National Investment Committee in February, these panels are likely to be rescheduled in a couple of months. This is not deemed to materially impact on our programme owing to the likely delay in the national capital announcement.
6. The plan for the completion and approvals process of the PCBC is outlined in the main report.

### **Progress of the Interim ICU and Associated Clinical Services Scheme**

7. The ICU Programme is now in the delivery phase. A full governance structure has been established with Operational Delivery Groups set up for each site and an overarching Programme Board to manage the interdependencies between projects. This is depicted on page 11 of this paper.
8. Construction contracts are being awarded and we are just waiting for planning permission on the ICU extension at GH.

### **Patient and Public Involvement (PPI)**

9. 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.

10. Work is progressing with our PPI leads and Karl Mayes to ensure that we get the right people involved who will be best placed to support the projects, plans and delivery of the programme.

11. The engagement process for the STP Better Care Together Programme is continuing. We are using these opportunities to engage on our proposed plans for reconfiguration.

### **Programme Risk Register**

12. 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: [07/03/19]

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. A key development is the agreement to appoint a single accountable officer, (AO) across the three CCGs. This was approved by each of the CCG Boards in December 2018.
2. The consultation phase with the affected staff has now ended and the CCGs are now in the recruitment phase for the new AO. Assuming this is successful and depending on the length of notice to be served, the new AO could be in post anytime between May and October 2019.
3. In the meantime the CCGs will be looking at even closer alignment through the establishment of committees in common and joint committees. The management teams meet in common every two weeks. The Chairs, deputies and AOs meet each week with a corporate governance lead to oversee the work.
4. The NHS Long Term Plan emphasised that ICSs are the future form, with one CCG expected for each ICS. This clarity is helpful. The experience with our local Alliance contract arrangement is expected to be useful in thinking about future ICS arrangements
5. LLR system partners worked well together last year but the collaboration on planning is even stronger for 2019/20. We were pleased that the NHS Long Term Plan focused upon population health management as the wider LLR system has already invested time and effort in this area, working together on issues such as frailty.

## **Section 2: Reconfiguration Programme Board Update**

### **Reconfiguration Programme Funding**

6. The process to access the capital required to progress with our Reconfiguration Programme is continuing.
7. 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 7<sup>th</sup> December 2018, 75 of the smaller schemes under wave 4 were announced, the highest value of which was £88m. However, we have not been given any indication of when the large schemes, such as ours, will be announced.

### **PCBC Approvals Programme**

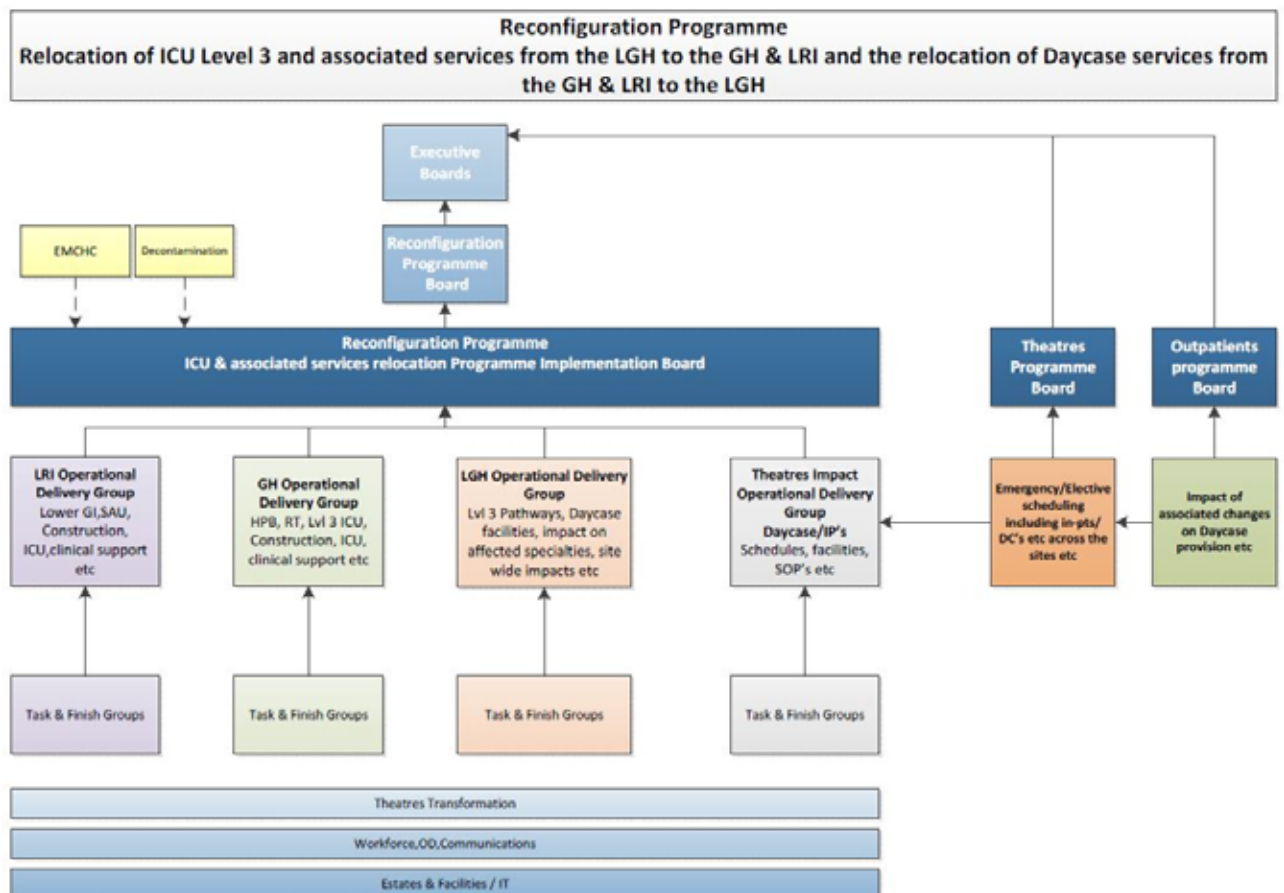
8. The NHSE Regional Assurance Panel has reviewed the supplementary information that was submitted on the 6<sup>th</sup> Nov, and has some additional questions that were sent to us for completion in early 2019. The further areas for clarification are:

- The relationship/impact on primary care of our plans
  - The performance trajectory from 2018 onwards
  - The current UHL financial position and mitigation plan
  - Double-counting of CIP/reconfiguration savings
9. The performance trajectories have proved to be the most challenging to produce as they are normally agreed on annual basis, therefore we have to make some reasonable assumptions that are ambitious, whilst not committing ourselves to performance that would be impossible to achieve.
10. Once the panel have confirmed they are satisfied with our responses, the PCBC will need to be updated with the additional information ready for submission to the next assurance panel.
11. We have been informed of a delay to the programme to approve the PCBC due to changes occurring nationally both politically and with the merger of NHSE and NHS Improvement (NHSI). The PCBC will not be going to the National Oversight Group for Service Change and Reconfiguration (OGSCR) or the NHSE National Investment Committee in February; these are likely to be rescheduled in a couple of months. This is not deemed to materially impact on our programme owing to the likely delay in the national capital announcement.
12. Whilst the Oversight Group for Service Change and Reconfiguration and the NHSE National Investment Committee can be held before capital is announced, the NHSI Resources Committee will not consider the case until funding is announced.
13. The updated plan for the completion and approvals process of the PCBC is outlined below. Completed actions are marked in green on the timetable. Dates highlighted in purple are indicative, and allow time for feedback between assurance panels.

Action	Lead	Completion Date
Regional NHSE Assurance Panel	John Adler/ Paul Traynor	10-Oct
Respond to NHSE Regional Feedback	Nicky Topham	06-Nov
Final response to NHSE Regional Feedback	Nicky Topham	08-Feb
National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	TBC
Respond to NHSE National Panel Feedback	Nicky Topham	TBC
National NHSE Investment Committee	Paul Watson	TBC
Respond to NHSE Investment Panel Feedback	Nicky Topham	TBC
NHSI Resources Committee	Dale Bywater	TBC
DHSC / Treasury/ Ministerial Approval	TBC	TBC
Commence Consultation	Richard Morris	TBC

**Progress of the Interim ICU and Associated Clinical Services Scheme**

14. The ICU Programme is now in the delivery phase, a full governance structure has been established with Operational Delivery Groups set up for each site and an overarching Programme Implementation Board to manage the interdependencies between projects. The structure and reporting lines are shown the following diagram:



15. Construction contracts are being awarded and we are just waiting for planning permission on the ICU extension at GH.

**Patient and Public Involvement (PPI)**

16. 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.

17. Work is progressing with our PPI leads and Karl Mayes to ensure that we get the right people involved who will be best placed to support the projects, plans and delivery of the programme. In February we will be undertaking a stakeholder mapping exercise which we will share at a future Trust Board meeting.
18. The engagement process for the STP Better Care Together Programme is continuing. We are using these opportunities to engage on our proposed plans for Reconfiguration. This month we have attended the following events:
- East Leicestershire CCG Patient Participation Group 14<sup>th</sup> January
  - 'Health at the Curve' 23<sup>rd</sup> January
  - West Leicestershire 24<sup>th</sup> January
19. The events have been well attended, and the CCG Patient Participation Groups especially created a wide ranging discussion about the future of Leicester's Hospitals.

### Section 3: Programme Risks

20. 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
21. 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	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



Risk	Current RAG	Mitigation
affected services.		drafted to drive new ways of working including IT equipment and hot-desking.
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

The Trust Board is requested to:

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