

STP, BCT and UHL Reconfiguration – Update

Author: Nicky Topham & Justin Hammond Sponsor: Paul Traynor & Mark Wightman **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 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 February 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 :

STP / PCBC Timelines

- The Draft LLR STP was discussed at the Trust Board Thinking Day in January. Feedback is being assimilated from LLR Boards and it is currently planned to be presented to partner Public Boards in April 2018.
- In order to start a public consultation process, a Pre-Consultation Business Case (PCBC) must be approved by a Regional NHS England Assurance Panel. We have just been advised that projects over £100m will also need to be approved by a National NHS England Panel. The impact on timelines for consultation is currently being reviewed.
- We received constructive feedback on the first draft of the PCBC from NHSE and NHS Improvement which will inform the final PCBC, and assist in the approvals process.
- A further meeting will be held with NHSE in March to review the next draft of the PCBC.

- There has been agreement that the pre-consultation business case will now be split into two separate cases:
 - UHL: Acute reconfiguration and maternity
 - West CCG : Hinckley Hospital
- A plan to confirm the timescales is being developed and will be shared at the next meeting.

Reconfiguration Programme

- The outcome of the Autumn Budget was announced on the 22nd November.
- We are still waiting to be advised on the prioritisation process for access to this capital.

The Relocation of ICU Capacity and Associated Specialties from the Leicester General Site/ Interim ICU Project (£30.8m bid)

- The Outline Business Case (OBC) was approved at the UHL Trust Board on 2nd November and at the Clinical Commissioning Groups (CCG) Boards on 14th November.
- We were advised on February 8th that the OBC will now be presented for approval to the National Cash meeting on the 12th March 2018; one month later than anticipated.
- In parallel, the FBC is being progressed. We have been advised that the FBC needs to contain the outcome of the tenders for the ICU expansion and the interventional radiology department at GH. We will be tendering this work in mid-March; and to await the outcome of this will have an impact on the delivery timescale of the FBC, which is currently being assessed.

Issues for noting in relation to the PCBC and services remaining at the LGH

- Imaging Hub: The Reconfiguration Board approved the option to leave the Imaging Hub at the LGH site, this decision was based on both the clinical preference and financial viability.
- Ophthalmology: A decision was made that the paediatric ophthalmology will be delivered in its entirety at the LRI site in line with the future strategy for children's services. The wider ophthalmology service will be relocated in to the Planned Ambulatory Care Hub (PACH) on the GH site. We will be reviewing the name of the Hub so it is easily understood by the public.
- Hydrotherapy: An engagement exercise with the current users of the pool is being undertaken during February, as a result of advice from the Consultation Institute. This will help to inform the proposal for the future of the service that will be described in the PCBC.

DCP Revalidation Process May to November 2017

- The Development Control Plan (DCP) has now been finalised and forms both part of the Trusts refreshed Estates Strategy and cements the deliverables within the Reconfiguration Programme. It clearly demonstrates the delivery of the Trusts strategic intent to consolidate acute activity onto two acute sites within a 5 year programme within a cost envelope of £397.5m.

Emergency Floor Phase 2

- Operational Commissioning continues in line with completion of phase 2 for the 10th June.
- The Children's Hospital and Paediatric Emergency Medicine Leadership Teams have agreed to work jointly toward the opening of the Paediatric Single Front Door on Monday 16th July 2018, the start of the Leicester July Fortnight.
- Work has been on-going with clinical leads for each assessment unit, and those support services working within the units in order to assess the workforce model required for phase 2 of the emergency floor. The first confirm and challenge meeting was held on the 15th February to assess the proposed workforce and models of care. Further work is on-going.

Programme Risk Register

- This was reviewed and updated by the Reconfiguration Programme Team at a meeting on the 29 January and will be presented to the next Board meeting.

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: [05 April 2018]

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

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

Section 1: Sustainability and Transformation Partnership (STP)

1. The Draft LLR STP was discussed at the Trust Board Thinking Day in January. Feedback is being assimilated from LLR Boards and it is currently planned to be presented to partner Public Boards in April 2018.
2. In order to start a public consultation process, a Pre-Consultation Business Case (PCBC) must be approved by a Regional NHS England Assurance Panel. We have just been advised that projects over £100m will also need to be approved by a National NHS England Panel. The impact on timelines for consultation is currently being reviewed.
3. We have received constructive feedback on the first draft of the PCBC from NHSE and NHS Improvement which will inform the final PCBC, and assist in the approvals process.
4. A further meeting will be held with NHSE in March to review the next draft of the PCBC.
5. There has been agreement that the Pre-Consultation Business Case will now be split into two separate cases:
 - o UHL: Acute reconfiguration and maternity
 - o West CCG : Hinckley Hospital
6. A plan to confirm the timescales is being developed and will be shared at the next meeting.

Section 2: Reconfiguration Programme Board Update

Capital Bid for £397.5m – Next Steps

7. The outcome of the Autumn Budget was announced on the 22nd November.
8. We are still waiting to be advised on the prioritisation process for access to this capital.

The Relocation of Intensive Care Unit (ICU) Capacity and Associated Specialties from the Leicester General Site/ Interim ICU Project (£30.8m bid)

9. The Outline Business Case (OBC) was approved at the UHL Trust Board on 2nd November and at the CCG Boards on 14th November. Following these meetings, the OBC was formally submitted to NHS Improvement and the team responded to initial queries from the local NHS Improvement team, before the OBC was sent to the National NHS Improvement Finance Team for review on the 24th November. A detailed response document has been developed as an audit trail.
10. On the 19th December NHS Improvement clarified that Public Dividend Capital (PDC) will be provided to fund this scheme rather than interest bearing loans, which were assumed in the Outline Business Case approved at the November Trust Board. As a result of this clarification, the Trust was asked to revise the OBC to reflect this. A fully revised OBC was submitted to NHS Improvement at the end of December.
11. We were advised on February 8th that the OBC will now be presented for approval to the National Cash meeting on the 12th March 2018; one month later than anticipated.
12. In parallel, the FBC is being progressed. A meeting was held with NHS Improvement on the 12th February at which the NHS Improvement Quality and Finance teams, and the Projects Appraisal Unit, reviewed the developed design and review the draft of the FBC. This was a productive meeting which will ensure any issues they have are responded to within the FBC.
13. Since this meeting, we have been advised that the FBC needs to contain the outcome of the tenders for the ICU expansion and the interventional radiology department at GH. To date we have been led to believe that it is acceptable to use the tenders let in 2015 when the case was first developed, uplifted to reflect inflation. We will be tendering this work in mid-March; and to await the outcome of this will have an impact on the delivery timescale of the FBC, which is currently being assessed.

Issues for noting in relation to the PCBC and services remaining at the LGH

14. Imaging Hub: The Reconfiguration Board approved the option to leave the Imaging Hub at the LGH site, this decision was based on both the clinical preference and financial viability.
15. Ophthalmology: A decision was made that the paediatric ophthalmology will be delivered in its entirety at the LRI site in line with the future strategy for children's services. The wider

ophthalmology service will be relocated in to the Planned Ambulatory Care Hub (PACH) on the GH site. We will be reviewing the name of the Hub so it is easily understood by the public.

16. Hydrotherapy: An engagement exercise with the current users of the pool is being undertaken during February, as a result of advice from the Consultation Institute. This will help to inform the proposal for the future of the service that will be described in the PCBC.

DCP revalidation Process May to November 2017

17. The Development Control Plan (DCP) has now been finalised and forms both part of the Trusts refreshed Estates Strategy and cements the deliverables within the Reconfiguration Programme. It clearly demonstrates the delivery of the Trusts strategic intent to consolidate acute activity onto two acute sites within a 5 year programme within a cost envelope of £397.5m.

Emergency Floor Phase 2

18. Operational Commissioning continues in line with completion of phase 2 for the 10th June. The project team are working with clinicians to develop plans for the phased closure of the assessment beds from the current units to ensure they are able to transfer with the correct number of patients.
19. The Children's Hospital and Paediatric Emergency Medicine (PEM) Leadership Teams have agreed to work jointly toward the opening of the Paediatric Single Front Door (PSFD) on Monday 16th July 2018, the start of the Leicester July Fortnight.
20. Work has been on-going with clinical leads for each assessment unit (the medical assessment unit, emergency decisions unit, acute care bay, elderly frailty unit, acute frailty unit and GP assessment unit); and those support services working within the units for a number of weeks, in order to assess the workforce model required for phase 2 of the emergency floor. The purpose of the star chamber was for confirm and challenge of those plans.
21. The first Star Chamber was held on 15 February, with good attendance from clinical and MDT teams. The 'panel' was made up of Paul Traynor, SRO; Mark Wightman, Director of Strategy and Communication, Ursula Montgomery, GP and Associate Medical Director; Eleanor Meldrum, Nursing and Education lead; and Nicky Topham, Reconfiguration Programme Director.
22. There was good discussion throughout the session, and the team have a number of actions to complete over the next month, including fully understanding the activity passing through each unit (flow, outflow and occupancy) across the day, and is the matched workforce required to meet this demand and ensure better flow.
23. A key issue is understanding the driver for each change – whether related to the project, recommendation of the work undertaken by Luton and Dunstable, or lessons learned from the September Surge in 2017.

24. The next session will be held week commencing 12th March to conclude the process and make final decisions.

Section 2: Programme Risks

25. 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

26. The latest risk register was reviewed and updated by the Reconfiguration Programme Team on 14th November 2017. This was discussed at the Reconfiguration Programme Board and agreed that a further update is required in light of some of the interdependencies described earlier in the paper. This was reviewed on the 29 January by the team and will be presented to the next Reconfiguration Programme Board.

27. 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.

Input Sought

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