STP, BCT and UHL Reconfiguration – Update

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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.

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

- What progress has been made since the last Trust Board?

Conclusion

- The following progress has been made :

Sustainability and Transformation Partnership (STP)

1. On 19th March the UHL Strategy and Reconfiguration team along with colleagues from the STP and Clinical Commissioning Group met with NHS England (NHSE) for an informal review of the Pre Consultation Business Case (PCBC). The feedback from NHSE was that the PCBC needed significant work in key areas, particularly in the description of how the health and social care system would manage the potential increase in demand over the next 5 years from the point of view of bed availability and workforce.

2. Given that the PCBC is a key component of the overall STP, it is clear to UHL and partners that there is more work to do before we can submit a PCBC; move through the NHSE / NHS Improvement / Department of Health & Social Care (DHSC) assurance process and ultimately get out to consultation.

3. The NHSE feedback was shared with the STP System Leadership Team at its April meeting and it was decided to task a small group of strategy and clinical leaders to draft a proposal to refocus a key element of the STP work around frailty and multi-morbidity (the main driver of demand across the system), with the aim of pursuing this work at scale and pace and thus answering the capacity and workforce issues.

4. The timescales for completing this work are being reviewed to ensure that we deliver a robust PCBC in as short a time as possible to ensure we are in the best positioned for any capital that is announced.

Reconfiguration Programme Funding

5. On the 28th March the Secretary of State for Health and Social Care announced the first capital budget allocation of £760 million against the capital allocated from the 2017 Autumn Budget; unfortunately Leicester's STP was not one of the 40 selected in this first wave. The statement said they intend to announce one large scale scheme every year going forward.

6. As a consequence of this, John Adler and Paul Traynor are meeting with Regional NHSI leads in May to discuss next steps for UHL's Reconfiguration Programme.

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

7. On 17th April the NHSI National Resources Committee reviewed and approved the Outline Business Case (OBC) for the interim ICU, this will now go forward to the Department of Health & Social Care (DHSC) for final sign-off.

8. The Full Business Case (FBC) will now be presented to the UHL Finance & Investment Committee in May and Trust Board in June.

Patient and Public Involvement (PPI)

9. The Reconfiguration Programme values the input of Patient Partners and the opportunities for coproduction that this group brings. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; this month we have focused on how one of our patient representatives has been engaged with the children's project; and how this in turn is influencing the design process.

Emergency Floor Phase 2 – New Assessment Units

10. The Emergency Floor Project Board is now meeting on a weekly basis to ensure the effective opening of the new assessment units by June 10th 2018.

11. The building was successfully handed over from Interserve Construction to UHL on 18th April.

12. New models of care are planned for Phase 2 which focus the right care in the right place, with minimum hand-offs between clinical teams. Work is on track to complete the Standard Operating Procedures (SOPs) by the end of April.

13. The plan to move the beds into the new facility will start with the Emergency Decisions Unit moving on 3 June. Moves will be complete by June 10th.

14. A full staff training and orientation plan is in place.

East Midlands Congenital Heart Centre (EMCHC)

15. The design for the move of the EMCHC service is progressing, the architects plans have been agreed by the clinicians.

16. The programme is on schedule to deliver the move of the service by the deadline identified by NHS England (March 2020).

Programme Risk Register

17. The latest risk register was presented to the Reconfiguration Board on the 24th April.

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: [07 June 2018]

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

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

Section 1: Sustainability and Transformation Partnership (STP)

1. On 19th March the UHL Strategy and Reconfiguration team along with colleagues from the STP and Clinical Commissioning Group met with NHS England (NHSE) for an informal review of the Pre Consultation Business Case (PCBC). The feedback from NHSE was that the PCBC needed significant work in key areas, particularly in the description of how the health and social care system would manage the potential increase in demand over the next 5 years from the point of view of bed availability and workforce.

2. Given the PCBC is significant component of the STP; this has ramifications for the STP timetable.

3. The headline feedback from NHSE was that the PCBC is insufficiently specific in the following areas:

    a. The STP should have alternative plans for making savings to mitigate the risk of pinning the savings solely on reconfiguration / capital investment when timescales are uncertain.
    b. A consolidated bed bridge needs to be presented for the whole STP to include the impact of actions on acute, community and non-bed-based services and should reference any interdependencies.
    c. The PCBC needs to provide more information about the big drivers for change; and outline the impacts/ benefits of the proposed change on the workforce; recognising current challenges on recruitment.
    d. The previous Regional Clinical Senate in 2015 was for BCT as a whole and did not specifically discuss the acute reconfiguration, and as such a new Clinical Senate is required for the Reconfiguration Programme. This is the fundamental assurance the NHSE panel will look for, and without this the whole PCBC is likely to fail.

4. The timescales for completing this work are being reviewed to ensure that we deliver a robust PCBC in as short a time as possible to ensure we are best positioned for any capital that is announced.

Section 2: Reconfiguration Programme Board Update

Reconfiguration Programme Funding

5. On the 28th March the Secretary of State for Health and Social Care announced the first capital budget allocation of £760 million against the capital allocated from the 2017 Autumn Budget; unfortunately Leicester's STP was not one of the 40 selected in this first wave. The statement said they intend to announce one large scale scheme every year going forward.

6. As a consequence of this, John Adler and Paul Traynor are meeting with Regional NHSI leads in May to discuss next steps for UHL's Reconfiguration Programme.

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

7. On 17th April the NHSI National Resources Committee reviewed and approved the Outline Business Case (OBC) for the interim ICU, this will now go forward to the Department of Health & Social Care (DHSC) for final sign-off.

8. We have a number of conditions that we have to meet for the Full Business Case (FBC). The FBC will now be presented to:
    a) UHL Finance & Investment Committee – May
    b) UHL Trust Board – June
    c) CCG Boards – June

Patient and Public Involvement (PPI)

9. The Reconfiguration Programme values the input of Patient Partners and the opportunities for coproduction that this group brings. 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.

Children's project:

10. A substantial amount of patient and public engagement has been carried out as a part of the Children's Hospital Project. Our patient representative sits on the Project Board, and her role is to speak up for patients and their families on issues concerning the planning of the Children's Hospital that affect them. Recently, this has included engagement regarding the decision to increase the upper age limit of the Children's Hospital to a patient's 19th birthday, and then the most appropriate way to care for these older patients. In addition to this, an online survey was conducted prior to the decision to increase the upper age limit. This had 62 responses, and we factored these opinions into our decision.

11. Our patient representative carries out frequent visits to paediatric wards and outpatient areas, and she uses this opportunity to engage with patients and their families on what is important to them in the Children's Hospital – this information is invaluable in the planning of the new

Children's Hospital. Our patient representative has also been present at design meetings, to ensure that we are putting patients at the centre of planning space for the new children's hospital, wherever this is possible. She has been carrying out visits to local schools to seek the opinions of pupils regarding what they like/dislike in the hospital setting which will influence the design.

12. This programme of engagement will continue as we go through detailed design, to gain the input of our patients and their families at every possible opportunity. We have also carried out a series of visits to different centres to gain experience from other projects (both inside and outside the world of healthcare) – this has included Sutherland House School for Autistic Children (Nottingham), Sheffield Children's Hospital and Derby Children's Hospital, and attendance at a Listening into Action event focusing on care for Autistic patients.

13. A robust patient engagement plan has been developed, and this will be progressed through design to delivery of the new Children's Hospital.

Emergency Floor Phase 2 – New Assessment Units

14. The Emergency Floor Project Board is now meeting on a weekly basis to ensure the effective opening of the new assessment units by June 10th 2018.

15. The building was successfully handed over from Interserve Construction to UHL on 18th April.

16. New models of care are planned for the new assessment units which focus the right care in the right place, with minimum hand-offs between clinical teams. Work is on track to complete the Standard Operating Procedures (SOPs) by the end of April.

17. The Head of Therapies has designed a bespoke training programme that will develop Health Care Assistant (HCA) skills in supporting patients to be more independent and mobile. This aims to impact on patient discharge because patient mobility will be known before therapy assessments, which could result in earlier discharge and a shorter length of stay. The programme will start in May and up to 20 HCA's will undertake the training over an 8-10 week period.

18. The plan to move the beds into the new facility will start with the Emergency Decisions Unit moving on 3rd June. Moves will be complete by June 10th.

19. New equipment purchased for the area has arrived and is in-situ in the new space. The clinical teams have started to stock up trolleys and cupboards to ensure everything is in place prior to the move.

20. A general review of way-finding in order to access the assessment units has been carried out, and wider site conversations will take place at the Transport and Access Working Group meeting on 26th April. An update will be provided at the next meeting.

21. A full staff training and orientation plan is in place. In order to reach all staff, the following actions are in place:

- actively recruiting 'cascade clinical trainers' to support staff operational processes and systems training,
- 'walking the floor' to embed the culture and values,
- using Organisation and Development facilitation to engage and familiarise staff with the new environment, working practices and role cards,
- producing Building User Guides and Staff Operational Guides books to support staff training,
- using multimedia to support training and engagement

East Midlands Congenital Heart Centre (EMCHC)

22. The design for the move of the EMCHC service is progressing; the architects plans have been agreed by the clinicians.

23. The imaging pathway of the final model of care needs to be concluded. This will be complete by the end of May.

24. The first draft of the workforce plan is complete and is being thoroughly reviewed to ensure that it is robust and affordable.

25. The programme is on schedule to deliver the move of the service by the deadline identified by NHS England (March 2020).

Section 3: Programme Risks

26. 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

27. The latest risk register was presented to the Reconfiguration Board on the 24th April.

28. 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.

Risk	Current RAG	Mitigation
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 the Full Business Case for ICU will not be approved because the conditions placed at OBC cannot be met.	**20**	Detailed work with all services involved in the ICU move to identify transformation and savings.

Input Sought

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