

STP, BCT & UHL Reconfiguration Update

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Trust Board paper K

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. The STP 'Next Steps' document has been published and widely circulated to stakeholders. (<http://www.bettercareleicester.nhs.uk/the-bct-plan/>)
2. At the System Leadership Team time out in September members will consider governance and leadership arrangements. A verbal update will be provided at Trust Board in October.

Reconfiguration Programme Funding

1. The process to access the capital required to progress with our Reconfiguration Programme is continuing to plan.
2. We understand that the STP Capital Bid for £367m, which was submitted along with the LLR STP Estates Strategy on the 16th July for consideration in the wave 4 national capital funding round, has been reviewed nationally. We have not been advised on the timescales for the announcement of the outcome of the bids, other than there is expected to be an announcement in the Autumn Budget.
3. The next step in the process is the approval at a Regional level of the Pre-Consultation Business Case (PCBC). The PCBC was approved by the CCG Governing Boards at their September private meetings and has now been formally submitted for review at the NHSE Regional Assurance Panel on the 10th October.
4. The plan for the completion and approvals process of the Pre-Consultation Business Case (PCBC) is outlined in the main report.

East Midlands Clinical Senate - Maternity

5. As described last month, the maternity reconfiguration proposals were reviewed and approved by the East Midlands Clinical Senate in January; however there was evidence in relation to obstetrics and neonatal care that had not been reviewed and which required consideration by the senate.
6. The evidence that was requested for review at the additional maternity senate has been submitted and will be discussed via conference call on the 28th September. A recommendation report will then be sent from the senate to be reviewed alongside the Pre-Consultation Business Case by the NHSE Regional Assurance Panel on the 10th October.

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

7. The Full Business case for the Scheme was approved at the July Trust Board and CCG Governing Bodies. The Case was then submitted to NHS Improvement for the Regional and National Approval in order to release the capital. It is due to be presented to the NHS Improvement National Resources Committee in October, and will then require DH approval. We are hoping to receive approval to progress the project at the end of October.
8. Over the last few weeks there has been a heightened level of media coverage on the ICU Business Case as a result of the Leicester Mercury reporting on the ICU FBC, following presentation at the CCG Boards in July. A report was taken to the joint Health Overview and Scrutiny Committee (HOSC) on the 4th September. The debate was not concluded, and a further meeting of the joint HOSC is being held on the 28th September. A verbal update will be given to the Trust Board on the outcome of this meeting.

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. Following the Trust Board PPI Thinking Day, the Reconfiguration team and a number of Patient Partners are meeting on the 1st October to discuss and develop the PPI aspects of the Reconfiguration communications plan. The Trust Board will be updated in the outcome of this work next month.

Programme Risk Register

11. 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: [01/11/18]

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)

“Next Steps Document”:

This has now been published and shared widely across partner stakeholder networks. (<http://www.bettercareleicester.nhs.uk/the-bct-plan/>)

It is important to note that ‘Next Steps’ addresses the issue of consultation. Clearly the partnership had hoped to consult in 2018 (and before then) on a number of specific aspects of BCT, but the changes in national context affected the timetable for formal consultation. The key point to recognise is that formal consultation on key planks of the plan can only take place at a point where funding is agreed at a national level and in the Trust’s case, we have an approved pre-consultation business case.

Nonetheless, the partnership has recognised that there needs to be far more engagement with the public, staff and stakeholders in the near future than there has been over the last 12 months. As such the STP Communications and Engagement leads are putting together an engagement plan which will take the key elements of both STP and UHL reconfiguration plans out to local communities for comment and discussion. The UHL component of that will be based upon our 5 year ‘Delivering Caring at its Best Strategy’, first published in 2015. (<https://www.leicestershospitals.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=34903>)

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. We understand that the STP Capital Bid for £367m, which was submitted along with the LLR STP Estates Strategy on the 16th July for consideration in the wave 4 national capital funding round, has been reviewed nationally. We have not been advised on the timescales for the announcement of the outcome of the bids, other than there is expected to be an announcement in the Autumn Budget.
3. The next step in the process is the approval at a Regional level of the Pre-Consultation Business Case (PCBC). The PCBC was approved by the CCG Governing Boards at their September private meetings and has now been formally submitted for review at the NHSE Regional Assurance Panel on the 10th October. The role of the panel is to review the reconfiguration proposals described in the business case along with its financial affordability and value for money. They will also ask questions and comment on the consultation plan and associated documentation to check its suitability.
4. A formal letter has been received from NHSE detailing their attendees and what they require to be submitted ahead of the assurance panel. The LLR attendees will be:

- John Adler (Chief Executive Officer)
- Paul Traynor (Chief Financial Officer)
- Andrew Furlong (Medical Director)
- Nicky Topham (Reconfiguration Programme Director)
- Mark Wightman (Director of Strategy and Communications)
- Darryn Kerr (Director of Estates and Facilities)
- Toby Sanders (STP Lead, Managing Director West CCG)
- Sarah Prema (Director of Strategy and Implementation)
- Richard Palin (Chair East CCG)
- Richard Morris (Director of Corporate Affairs)

5. About 48 hours before the panel meets we will receive key lines of enquiry which we will be expected to answer at the panel.
6. The PCBC includes a detailed programme showing the provisional timescales for delivery of the programme, including business case development; sign off; assumptions around the approvals milestones; construction starts and completions. These timescales are based on the successful approval of both the STP Capital Bid, the PCBC, the outcome of public consultation and reflect the timescales in the bid which identify funding from the beginning of 2019/20. As further detailed work is progressed, it is possible that some of these business cases will be merged.

East Midlands Clinical Senate - Maternity Update

7. As described last month, the maternity reconfiguration proposals were reviewed and approved by the East Midlands Clinical Senate in January; however there was evidence in relation to obstetrics and neonatal care that had not been reviewed and which required consideration by the senate.
8. This evidence requested for review at the additional maternity senate has been submitted, and the panel will meet via conference call on the 28th September to discuss the evidence and ask any questions of our representatives (Ian Scudamore and David Yeomanson). A recommendation report will then be sent from the senate to be reviewed alongside the Pre-Consultation Business Case by the NHSE Regional Assurance Panel on the 10th October.

PCBC Approvals Programme

9. 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	6-Nov
National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	4-Dec (or arrange extraordinary end Nov)
Respond to NHSE National Panel Feedback	Nicky Topham	11-Dec
National NHSE Investment Committee	Paul Watson	18-Dec
Respond to NHSE Investment Panel Feedback	Nicky Topham	15-Jan
NHSI Resources Committee	Dale Bywater	12-Mar
DHSC / Treasury/ Ministerial Approval	TBC	TBC
Commence Consultation	Richard Morris	TBC

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

10. The Full Business case for the Scheme was approved at the July Trust Board and CCG Governing Bodies. The Case was then submitted to NHS Improvement for the Regional and National Approval in order to release the capital. It is due to be presented to the NHS

Improvement National Resources Committee in October, and will then require DH approval. We are hoping to receive approval to progress the project at the end of October.

11. Over the last few weeks there has been a heightened level of media coverage on the ICU Business Case as a result of the Leicester Mercury reporting on the ICU FBC, following presentation at the CCG Boards in July. A report was taken to the joint Health Overview and Scrutiny Committee (HOSC) on the 4th September, where UHL were asked to respond to public questions about the reasons the proposed service moves had not been taken through a public consultation process. The debate was not concluded, and a further meeting of the joint HOSC is being held on the 28th September. A verbal update will be given to the Trust Board on the outcome of this meeting.

Patient and Public Involvement (PPI)

12. 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.
13. This month, owing to the level of work that has been required to deliver the PCBC and due to the holiday season, specific PPI events have been limited. However, there has been involvement in the Children's Option Appraisal Process, and the Theatres and LGH Programme Boards.
14. Following the Trust Board PPI Thinking Day, the Reconfiguration team and a number of Patient Partners are meeting on the 1st October to discuss and develop the PPI aspects of the Reconfiguration communications plan. The Trust Board will be updated in the outcome of this work next month.

Section 3: Programme Risks

15. 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
16. 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.
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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