STP, BCT and UHL Reconfiguration – Update

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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. The latest version of the STP plan was submitted to NHS England on 21st October 2016. Partners across LLR are currently collaborating to update this plan.

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

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

Conclusion

- The following progress has been made :

Sustainability and Transformation Partnership (STP)

1. The NHS organisations in Leicester, Leicestershire and Rutland (LLR) have confirmed that during July they will mark the 70th year of the NHS by publishing a document setting out the **Next Steps for Better Care Together** in the local area.

2. Meanwhile, the whole system work on frailty and multi-morbidity continues at pace, in part to inform the detail required for a successful Pre-consultation Business Case.

Reconfiguration Programme Funding

3. On the 28th March 2018 the Secretary of State for Health and Social Care announced the first capital budget allocation of £760 million against the capital funding announced in 2017 Autumn Budget; unfortunately Leicester's STP was not one of the 40 selected in this first

wave. At that time, the Department of Health and Social Care (DHSC) issued a statement declaring the intention to announce one large scale scheme every year going forward over the next five years.

4. We have now been given the opportunity to re-submit our STP Capital Bid in order to be considered for the next wave of funding.

5. The first draft of the STP Capital Bid was submitted to the Regional NHS Improvement team on the 22nd June, for them to review and give feed back to us by the 6th July in order to further strengthen our bid. The capital bid in 2017 was for £397m which included the interim ICU and associated clinical services project (£30m). Since this latter project is now approved (subject to business case approval) the bid is now for £367m.

6. The final version of the STP Capital Bid will be submitted on the 16th July alongside the LLR STP Estates Strategy/Workbook.

East Midlands Clinical Senate

7. One of the requirements outlined by NHSE during the PCBC page turn in March 2018 is the need for the East Midlands Clinical Senate to review our reconfiguration plans to consolidate acute services at the LRI and Glenfield sites. This will form the first part of the PCBC assurance process. The clinical senate has been set up for the 5th July 2018.

8. The two questions we have proposed the Senate consider are:
   a. Does the Clinical Senate endorse our plans to deliver a two site acute solution based on clinical sustainability, workforce and clinical outcomes?
   b. Does the five year bed plan deliver a robust and clinically safe solution?

9. The evidence pack was submitted to the senate on the 28th June. This enables the panel to review the information and agree the areas they will want to ask questions about at the presentation on the 5th July.

10. Formal feedback will be received from the Senate by the 20th July. This will then be incorporated into the PCBC.

Patient and Public Involvement (PPI)

11. 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.

12. This month, we have engaged with the Health Policy Unit at DeMontfort University, where we were involved in an event on 15th June discussing the LLR STP. The event was convened by Dr Sally Ruane, Director of Health Policy Research Unit, and was attended by Healthwatch, Patient Partners and members of the public and health professionals.

13. The UHL reconfiguration plans were presented, augmented by a presentation on current Health Policy. This was followed by an open question and answer session. The debate was wide-ranging, and provided a welcome opportunity to share and discuss the reconfiguration plans with a diverse audience. There was no adverse reaction to our presentation, but the key outcome is a need and willingness for partners to work together to ensure we plan as a whole health system.

Emergency Floor (EF) Phase 2 – New Assessment Units

14. The emergency floor project is now complete, with the move of the assessment units into the new Emergency floor at the beginning of June.

15. The new EF was delivered over two phases of work. Phase 1 of the FBC completed in April 2017 with the redevelopment of the ED. Phase 2 is a newly refurbished space for 86 adult patients requiring assessment and/or bed based care for up to 72 hours. The operational model offers a transformational service to patients that aligns to the UHL strategy for urgent and emergency care, described in UHL Delivering Caring at its Best 5 year plan, 2017-18.

16. The Emergency Floor Project Board agreed that the project should now be formally closed. A paper will be submitted to the July Reconfiguration Programme Board for endorsement of this, outlining the outstanding actions.

17. A formal post project evaluation will be conducted by PWC as part of the internal audit programme for this year. The outcome of this will be presented to the Audit Committee.

East Midlands Congenital Heart Centre (EMCHC)

18. The paediatric element of the East Midlands Congenital Heart Centre (EMCHC) is required to move from the Glenfield Hospital (GH) to be co-located with other paediatric services at the Leicester Royal Infirmary (LRI) by March 2020 in order to meet the Congenital Heart Disease (CHD) standards, as set out by NHS England.

19. The majority of paediatric inpatient wards are situated in the Balmoral Building, and as such, it was originally our intention to move the EMCHC ward, PICU and outpatient department to the Balmoral Building.

20. Since then, further work has been undertaken on the design and we have identified a new option for the LRI site. This involves moving all children's services into the Kensington Building. This achieves a far better configuration for both children, providing a dedicated children's hospital with its own entrance, and focuses adult services in the Balmoral building thereby splitting adult and Childrens pathways.

21. There is an interdependency of the Kensington option for children on the progression of the whole Reconfiguration Programme and therefore the successful allocation of capital funding, as identified above in our capital bid.

22. The two options for the location of the EMCHC service were discussed in detail at the Finance and Investment Committee, and at the private Trust Board in June. The decision was confirmed that we will progress with the Kensington option for the EMCHC service on the basis that it provides a much better solution for patients. In the meanwhile, we will continue to work hard to obtain the long term capital funding to progress our reconfiguration programme.

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

Programme Risk Register

24. The latest risk register was overviewed at the Reconfiguration Board on the 22nd May 2018.

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

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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. Related Patient and Public Involvement actions taken, or to be taken: Project Board Membership, attendance at events
3. Results of any Equality Impact Assessment, relating to this matter: Equality Impact Assessment is included as an Appendix to the FBC.
4. Scheduled date for the next paper on this topic: [Trust Board 2.8.18]
5. Executive Summaries should not exceed 4 sides [My paper does comply]
6. Papers should not exceed 7 sides. [My paper does comply]

Section 1: Sustainability and Transformation Partnership (STP)

Position Statement:

1. The following position statement (on behalf of the System Leadership Team) was shared widely with staff and stakeholders in mid-June.

   "NHS in Leicester, Leicestershire and Rutland to publish 'Next Steps for Better Care Together' in July
   The NHS organisations in Leicester, Leicestershire and Rutland (LLR) have confirmed that during July they will mark the 70th year of the NHS by publishing a document setting out the **Next Steps for Better Care Together** in the local area."

2. Back in November 2016 the local NHS organisations published draft proposals to improve health services for patients in our area. That was as part of a national initiative to produce what were called Sustainability and Transformation Plans (or STPs for short) for 44 areas across the country.

3. Known locally as Better Care Together, we engaged with local people and staff on these draft proposals. The overall direction of improving care quality and safety while integrating services by breaking down artificial organisational barriers was welcomed. However people told us they had concerns about the number of hospital beds and the capacity of general practice and community services in particular to support the new service models.

4. Since then national policy has refocused these STPs, moving the emphasis on from being about producing plans to concentrating on on-going partnership working to improve services and care for patients through more integrated care in local places. In some parts of the country, STPs have moved on to now being referred to as Integrated Care Systems (or ICSs for short), and it is NHS England's expectation that all STPs will move towards this more integrated model, of commissioners and providers working together for patients in local places.

5. Whatever acronym is used, locally the NHS partners in Better Care Together have taken forward a significant amount of work over this 18 month period. We've launched an enhanced NHS111 service which provides more access to clinicians. We have also secured funding for priority areas like cancer, mental health and diabetes, as well as capital funding for new hospital facilities. We've also started changing the way that the NHS organisations work together, so that we operate more as one team working for the people of Leicester, Leicestershire and Rutland in a less fragmented way.

6. However, the last 18 months have also seen local NHS finances and performance stressed in many services and organisations, particularly over what was one of the most pressurised winters for many years.

7. Nationally, the Government has recognised the pressure local NHS services are under - and so we welcomed the announcement in March this year to develop a long-term plan and funding settlement for the NHS over the next 5-10 years. It is widely expected that there will be a national announcement in the coming weeks followed later in the year by a more detailed plan on what the NHS can – and can't – do for any increased level of funding.

8. Set against this context, the local NHS partners have decided that our Better Care Together partnership needs to continue its on-going work to improve care for patients. But we've also decided that now is not the time to produce a detailed long-term 'blueprint' for all NHS services by creating a 'final' version of our original STP plan. This is because the outcome of the national funding review could have a direct and significant impact on what it is possible to afford – and therefore some of the choices that we may need to make.

9. In the meantime we do think it is important to update local people and partners on the work that is being done by the Better Care Together partners. This is why we have decided to publish the Next Steps document.

10. The Next Steps publication will:
    - provide an update on the progress we have already made to deliver high quality, sustainable services, such as the new NHS111 clinical triage service which uses clinicians to provide advice and guidance to patients over the phone
    - set out our refreshed strategic direction which responds to the feedback on our initial proposals and the actual experience of services
    - summarises our plans for our priority areas like cancer, mental health and general practice
    - explain how we are working together across NHS organisations, and in partnership with others, in a more integrated way that is focused on doing the right thing for local people not necessarily individual organisations
    - be open about those areas where we are still doing ongoing work to develop care models and the implications of these for local services, for example some community services and hospitals.

11. One of the key elements that our draft STP proposals focused on in 2016 was the need for improvement in our NHS buildings. We've already had some success in securing £48 million for the new A&E department at Leicester Royal Infirmary as well as commitment of around £2 million for improvements to general practice premises. Last year we also secured £8 million for a purpose-built ward for children and young people with a focus on eating disorders and £30 million for new intensive care units and a new ward at Glenfield Hospital.

12. However, work continues on business cases totalling more than £350 million for the configuration of services provided by University Hospitals of Leicester, maternity services, and some community hospitals. We will be applying for national funding in July to support these schemes and, if successful, under national NHS capital guidance we will then be able to undertake formal public consultation, on some of our proposals, as early as the end of this year and on others in 2019.

13. With so much happening across the work of the Better Care Together Partnership, we are also taking the opportunity over the summer to review our local leadership and governance

arrangements to make sure that these are effective going forward. This is important for overseeing our improvement programme and supporting delivery of improvements to front line services for patients.

The LLR Frailty and Multi-Morbidity Programme 2018/19

14. As mandated by the LLR Senior Leadership Team in May 2018, UHL has led the formation of the LLR Frailty Task Force and associated working group. The Frailty Task Force will define and plan to deliver a longer term LLR Frailty pathway across the health and care system, whilst the Frailty working group has the responsibility to drive delivery of the 16 interventions agreed by the LLR Senior Leadership Team as a priority for 2018/19.

15. Both groups have had their inaugural meetings. The Frailty Task Force met on June 13th; the terms of reference were approved for the Task Force and the working group and reporting arrangements were agreed. Progress was made in understanding the interdependencies between the duplicative STP workstreams with actions for each of the individual workstreams agreed.

16. The Frailty working group met on June 27th – assessment of immediate actions to be undertaken for each of the 16 intervention areas were discussed with practical actions and pilots agreed. This included a pilot for rapid discharge for our frail and multi-morbid City patients who attend the Emergency Department or our Hampton Suite, and the actions to enable UHL consultants to read and write into GP held patient care records.

17. Agreement has also been made to dedicate the 'Making Things Happen' event on July 31st and the UHL Consultants Conference on September 21st to tackling frailty and multi-morbidity.

18. Brief progress reports have been provided this month to Senior Leadership Team and the Clinical Leadership Group who fully support the work programme. A full progress report will be provided to the July Executive Strategy Board as well as BCT partnership group meetings.

Section 2: Reconfiguration Programme Board Update

Reconfiguration Programme Funding

19. On the 28th March 2018 the Secretary of State for Health and Social Care announced the first capital budget allocation of £760 million against the capital funding announced in 2017 Autumn Budget; unfortunately Leicester's STP was not one of the 40 selected in this first wave. At that time, the Department of Health and Social Care (DHSC) issued a statement declaring the intention to announce one large scale scheme every year going forward over the next five years.

20. We have now been given the opportunity to re-submit our STP Capital Bid in order to be considered for the next wave of funding.

21. The first draft of the STP Capital Bid was submitted to the Regional NHS Improvement team on the 22nd June, for them to review and give feed back to us by the 6th July in order to further strengthen our bid. The capital bid in 2017 was for £397m which included the interim ICU and associated clinical services project (£30m). Since this latter project is now approved (subject to business case approval) the bid is now for £367m.

22. The final version of the STP Capital Bid will be submitted on the 16th July alongside the LLR STP Estates Strategy/Workbook. This strategy is dependent on all partners providing the detail of their estates in order for the document to give a clear profile for the whole LLR portfolio.

23. The plan for the Capital Bid and Pre-Consultation Business Case (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
Strengthen Workforce Plan	Louise Gallagher	20th Jun 2018
Robust activity model across LLR including Bed model	Sarah Prema	20th Jun 2018
Submit Draft STP Capital Bid	Nicky Topham	22nd June 2018
Submit Draft LLR Estates Strategy	Darryn Kerr	22nd June 2018
Clinical Senate	John Jameson	5th Jul 2018
Submit STP Capital Bid	Nicky Topham	16th July 2018
Submit LLR Estates Strategy	Darryn Kerr	16th July 2018
UHL models of care completed	Rachna Vyas	31st July 2018
UHL Trust Board PCBC Approval	Nicky Topham	6th Sept 2018
CCG Boards PCBC Approval	Sarah Prema	11th Sept 2018
Regional NHSE Assurance Panel	John Adler/ Paul Traynor	11th Oct 2018
National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	4th Dec (or arrange extraordinary end Nov) 2018
National NHSE Investment Committee	Paul Watson	18th Dec 2018
NHSI Resources Committee	Dale Bywater	12th Mar 2019
DHSC / Treasury/ Ministerial Approval	TBC	TBC
Commence Consultation	Richard Morris	TBC

East Midlands Clinical Senate

24. One of the requirements outlined by NHSE during the PCBC page turn in March 2018 is the need for the East Midlands Clinical Senate to review our reconfiguration plans to consolidate acute services at the LRI and Glenfield sites. This will form the first part of the PCBC assurance process.

25. The clinical senate has been set up for the 5th July 2018.

26. The clinical review team membership has been confirmed, which is made up of 18 people from a range of backgrounds including doctors, surgeons and therapists from across the East Midlands. The terms or reference have been agreed with the senate which detail the scope of the review.

27. The two questions we have proposed the Senate consider are:
    c. Does the Clinical Senate endorse our plans to deliver a two site acute solution based on clinical sustainability, workforce and clinical outcomes?
    d. Does the five year bed plan deliver a robust and clinically safe solution?

28. The agenda is being developed. John Adler, Andrew Furlong, and Eleanor Meldrum will open the session with the overarching vision for the hospital and the clinical drivers for change.

29. We will then focus on the clinical areas that will be left at the LGH after the interim ICU and associated services move and which are then covered by the final acute reconfiguration programme. Lead clinicians from the following areas will attend the Senate to talk specifically about their clinical area and answer any questions from the panel:
    - Level 2 ICU & future consolidation into two 'super ICUs'
    - Renal
    - Urology
    - Orthopaedics
    - Gynaecology
    - Clinical Support & Imaging

30. The evidence pack was submitted to the senate on the 28th June. This enables the panel to review the information and agree the areas they will want to ask questions about at the presentation on the 5th July.

31. Formal feedback will be received from the Senate by the 20th July. This will then be incorporated into the PCBC.

Patient and Public Involvement (PPI)

32. 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.

33. This month, we have engaged with the Health Policy Unit at DeMontfort University, where we were engaged in an event on 15th June discussing the LLR STP. The event was convened by Dr Sally Ruane, Director of Health Policy Research Unit, and was attended by Healthwatch, Patient Partners and members of the public and health professionals.

34. The day was spent discussing service reconfiguration and transformation across different areas of the health system. The UHL reconfiguration plans were presented with a focus on how we will manage beds in the future, and the opportunity and improvement in care that

will be afforded through the frailty programme as outlined above. Dr Ruane then augmented the presentation with current Health Policy. The presentation was followed by an open question and answer session. The debate was wide-ranging, and provided a welcome opportunity to share and discuss the reconfiguration plans with a diverse audience. There was no adverse reaction to our presentation, but the key outcome is a need and willingness for partners to work together to ensure we plan as a whole health system.

Emergency Floor (EF) Phase 2 – New Assessment Units

35. The emergency floor project is now complete, with the move of the assessment units into the new Emergency floor at the beginning of June.

36. The project was established to deliver the principles and model of care set out in the Full Business Case (FBC) Emergency Floor (2014). The FBC describes the creation of a new Emergency Floor (EF) on the Leicester Royal Infirmary site of University Hospitals of Leicester NHS Trust.

37. The aims of the FBC are to improve patient flows, address capacity issues, optimise clinical adjacencies, reduce mortality and harm, and increase staff efficiencies. This includes addressing the demanding challenges faced by both the Emergency Department (ED) and medical assessment services, with the intention of developing a future-proofed solution that will flexibly meet future demand over the next 20 years.

38. The new EF was delivered over two phases of work. Phase 1 of the FBC completed in April 2017 with the redevelopment of the ED. Phase 2 is a newly refurbished space for 86 adult patients requiring assessment and/or bed based care for up to 72 hours. The operational model offers a transformational service to patients that aligns to the UHL strategy for urgent and emergency care, described in UHL Delivering Caring at its Best 5 year plan, 2017-18.

39. The Emergency Floor Project Board agreed that the project should now be formally closed. A paper will be submitted to the July Reconfiguration Programme Board for endorsement of this, outlining the outstanding actions.

40. A formal post project evaluation will be conducted by PWC as part of the internal audit programme for this year. The outcome of this will be presented to the Audit Committee.

East Midlands Congenital Heart Centre (EMCHC)

41. The paediatric element of the East Midlands Congenital Heart Centre (EMCHC) is required to move from the Glenfield Hospital (GH) to be co-located with other paediatric services at the Leicester Royal Infirmary (LRI) by March 2020 in order to meet the Congenital Heart Disease (CHD) standards, as set out by NHS England. The capital for this project has been confirmed within the Trust's Capital Resources Limit (CRL) (£8m) and charitable donations (£2m).

42. The majority of paediatric inpatient wards are situated in the Balmoral Building, and as such, it was originally our intention to move the EMCHC ward, PICU and outpatient department to the Balmoral Building. This plan was submitted to NHS England in July 2017 as a part of our Proposal to Implement Standards for Congenital Heart Disease Services for Children and Adults in England.

43. Since the submission of our plan to NHS England, further work has been undertaken on the design and we have identified a new option for the LRI site. This involves moving all children's services into the Kensington Building. This achieves a far better configuration for both children, providing a dedicated children's hospital with its own entrance, and focuses adult services in the Balmoral building thereby splitting adult and Childrens pathways.

44. There is an interdependency of the Kensington option for children on the progression of the whole Reconfiguration Programme and therefore the successful allocation of capital funding, as identified above in our capital bid.

45. The two options for the location of the EMCHC service were discussed in detail at the Finance and Investment Committee, and at the private Trust Board in June. The decision was confirmed that we will progress with the Kensington option for the EMCHC service on the basis that it provides a much better solution for patients. In the meanwhile, we will continue to work hard to obtain the long term capital funding to progress our reconfiguration programme.

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

Section 3: Programme Risks

47. Each month, we report in this paper on risks which satisfy the following criteria:
    e. New risks rated 16 or above
    f. Existing risks which have increased to a rating of 16 or above
    g. Any risks which have become issues
    h. Any risks/issues which require escalation and discussion

48. 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	**20**	If Women's and/or PACH are progressed through

Risk	Current RAG	Mitigation
consultation / external approvals delay the programme, which is already challenging.		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

The Trust Board is requested to:

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