

STP, BCT & UHL Reconfiguration Update

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Trust Board paper H

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. All the planned engagement events were successfully delivered to local communities across Leicester, Leicestershire and Rutland, providing the public with the opportunity to discuss and understand a broad range of health care plans that may affect them within both primary and acute care.

Reconfiguration Programme Funding

1. The process to access the capital required to progress with our Reconfiguration Programme is continuing to plan. We have not been advised on the timescales for the announcement of the outcome of the capital bids, other than there was expected to be an announcement around the time of the Autumn Budget.
2. Following the Regional Assurance Panel we received feedback highlighting some areas that required further clarification; these points were addressed in a report that was submitted to NHSE on the 6th November. This additional information was reviewed by the panel and we are now in dialogue with them to conclude this stage of the process and ensure we have the required detail for the next two panels.
3. The plan for the completion and approvals process of the Pre-Consultation Business Case (PCBC) is outlined in the main report.

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

4. At the last Trust Board we reported that The ICU Full Business Case was approved at the National Resource Committee on the 16th October; we are still waiting for final approval from the Department of Health and Social Care (DHSC). Once this approval is received we will be able to let the construction contracts and progress the delivery phase of the project.

Reconfiguration Priorities this Autumn

5. The team have undertaken a stocktake of each project in light of the work undertaken to complete the PCBC, with a view to agreeing the priorities of each team member for the coming months to ensure we are best placed to progress with the programme as and when funding is announced. The high level areas are shown in the main body of this report.

Patient and Public Involvement (PPI)

6. 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.
7. The Reconfiguration team members attended all the public engagement events and spoke to the public on a one-to-one basis about the proposals for each of the sites. A meeting was also held with the Chairperson of Healthwatch Leicester and Leicestershire to discuss the Reconfiguration Programme and plans for wider engagement and consultation.

Programme Risk Register

8. 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: [10/01/19]

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. Over the past month there have been nine public engagement events taking place in various communities and venues across Leicester, Leicestershire and Rutland to provide the public with a range of information covering various parts of the Better Care Together programme and the proposed reconfiguration of UHL. Each event was chaired by Sue Lock, the Managing Director of the city CCG, senior representatives from UHL and all three CCGs delivered a formal presentation followed by a panel for Q&A's from the audience.
2. This system wide approach to health care meant that people were able to find out information that was relevant to their individual circumstances or interests whilst seeing how all the parts join up across the whole health agenda.
3. The events took place between 5pm and 7.15pm on the following dates:
 - Monday 29 October, Loughborough Town Hall, Market Place, **Loughborough**, LE11 3EB
 - Tuesday 30 October, Peepul Centre, **Leicester**, LE4 6DP
 - Thursday 1 November, Civic Centre, Burton Street, **Melton Mowbray**, LE13 1G
 - Wednesday 7 November, Lyric Rooms, Lower Church Street, **Ashby**, LE65 1Ab
 - Wednesday 14 November, Eyres Monsell Club and Institute, Littlejohn Road, **Leicester**, LE2 9BL (drop in session)
 - Thursday 15 November at The Three Swans Hotel, 21 High Street, **Market Harborough**, LE16 7NJ
 - Monday 19 November, Rutland County Council, Catmose Street, **Oakham**, LE15 6HP
 - Monday 26 November, Sketchley Grange Hotel, Burbage, **Hinckley**, LE10 3HU.
 - Tuesday 27 November, De Montfort University, The Hugh Aston Building, The Newarke, **Leicester**, LE2 7BY
4. One of the key opportunities from these events has been to reenergise the dialogue around local health planning, and help the local communities see how they can contribute and shape health services to best meet their needs. All the questions that arose from each session were captured and published on the Better Care Together website along with the responses, and this will inform the next stage of engagement and consultation.

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. 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. We have not been advised on the timescales for the announcement of the outcome of the wave 4 STP capital bids, other than there is expected to be an announcement on capital after the Autumn Budget; although it is possible that this announcement will not include news on the success of bids requesting 'significant' capital; which would apply to ours.
3. Following the regional assurance panel we received feedback highlighting some areas that required further clarification; these points were addressed in a report that was submitted to NHSE on the 6th November. This additional information was reviewed by the panel and we are now in dialogue with them to conclude this stage of the process and ensure we have the required detail for the next two panels as identified below.

PCBC Approvals Programme

4. 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. Since the last Trust Board the dates for the National NHSE Oversight Group for Service Change and Reconfiguration and the National NHSE Investment Committee have been moved to February 2019, however this has not affected the date for the final NHSI Resource Committee in March.

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	25-Jan

National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	5-Feb
Respond to NHSE National Panel Feedback	Nicky Topham	12-Feb
National NHSE Investment Committee	Paul Watson	TBC-Feb
Respond to NHSE Investment Panel Feedback	Nicky Topham	TBC-Feb
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

5. At the last Trust Board we reported that The ICU Full Business Case was approved at the National Resource Committee on the 16th October. We are still waiting for final approval from the Department of Health and Social Care (DHSC). Once this approval is received we will be able to let the construction contracts and progress the delivery phase of the project.

Reconfiguration Priorities this Autumn

6. The team have undertaken a stocktake of each project in light of the work undertaken to complete the PCBC, with a view to agreeing the priorities of each team member for the coming months to ensure we are best placed to progress with the programme as and when funding is announced.
7. The high level areas that we will focus on are:
 - i. Strengthening our programme management
 - ii. Delivering the business case for the East Midlands Congenital Heart move
 - iii. Moving into construction phase for the Interim ICU and associated services project
 - iv. Developing the day case model for theatres
 - v. Refining the clinical model for the Treatment Centre
 - vi. Refining the clinical model for the Maternity Hospital
8. As the ICU project progresses to the next phase of delivery, the required governance structures are being reviewed to ensure it is sufficiently robust to manage all the elements of the project. This will be shared with the Trust board at a future meeting once it has been scrutinised by the Reconfiguration Programme Board.

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. The Reconfiguration team members attended all the public engagement events and spoke to the public on a one-to-one basis about the proposals for each of the sites. These informal conversations were extremely useful as we were able to listen to people's individual experiences of services and their views about our plans. One key question that came up a lot was why we aren't undertaking formal consultation? We explained that the national guidance prohibits us from doing public consultation until the capital money (bid) has been agreed and the Pre Consultation Business Case has been approved.
11. Within the presentation there was a specific section on the ICU plans, a short video was played showing the current ICU departments whilst the presenter (one of UHL senior team) explained the circumstances that have led up to the plans for the LGH and why the changes are so necessary.
12. We had a meeting with the chairperson of Leicester and Leicestershire Healthwatch - Harsha Kotecha, and the host manager Mike Smith to talk through the Reconfiguration Programme. During the meeting we took the opportunity to discuss engagement and involvement of people from different ethnic communities within Leicester and Leicestershire and reinforced our commitment that different community needs will be incorporated into the final consultation plan.

Section 3: Programme Risks

13. 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
14. 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.

Risk	Current RAG	Mitigation
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

The Trust Board is requested to:

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