

STP, BCT & UHL Reconfiguration Update

Author: Nicky Topham & Justin Hammond Sponsor: Paul Traynor

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. The latest version of the STP plan was submitted to NHS England on 21st October 2016. 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.
3. The current STP Accountable Officer, Toby Sanders leaves LLR at the end of November for a post in Northamptonshire.

Reconfiguration Programme Funding

1. 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.
2. The STP Capital Bid was submitted along with the LLR STP Estates Strategy / Workbook on the 16th July for consideration in the wave 4 funding round. The bid was for £367m, which took account of the £30m already approved for the Interim ICU and Associated Clinical Services project.
3. 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

4. The maternity 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. Through discussion with the Head of the Senate, we have agreed that this will be a discrete piece of work and therefore the senate will be able to review the information virtually rather than UHL staff attending the panel.
5. This piece of work must be completed and the report submitted with the PCBC for consideration by the Regional NHSE Assurance Panel on the 10th October.

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.
19. 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. The Reconfiguration team and a number of Patient Partners plan to meet after the Trust Board Thinking Day in September to discuss and develop a Reconfiguration communications plan outlining service change (including interim arrangements) to patient groups and the wider public. Progress will be shared at the next Trust Board meeting.

Programme Risk Register

7. The Reconfiguration Programme risk register was reviewed and presented at the Programme Board on the 28th August 2018. 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: [04/10/18]

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/>)

The context to the document is that in June the Prime Minister announced that the NHS nationally will receive increased funding of £20.5 billion per year over five years (an annual increase of 3.4%). This has an impact on what partners are able to achieve through the plans and priorities of the BCT partnership. It is set against this context that local NHS partners decided that the BCT partnership needs to continue its ongoing work to improve care for patients. But 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 the original STP plan. The publication of the national NHS plan is likely to have a direct and significant impact on what it is possible to afford – and therefore influence some of the choices that the partnership may need to make.

In the meantime the partnership felt it was important to update local people and stakeholders on the work that is being done. Hence the publication of the Next Steps document.

It is important to note that ‘Next Steps’ addresses the issue of consultation. Clearly the partnership had hoped to consult in 2018 on a number of specific aspects of BCT, but the changes in context referred to above have also 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.

Section 2: Reconfiguration Programme Board Update

Reconfiguration Programme Funding

20. 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.
21. The STP Capital Bid, which was approved by the Trust Board on the 12th July, was submitted along with the LLR STP Estates Strategy / Workbook on the 16th July for consideration in the Wave 4 funding round. The bid was for £367m, which took account of the £30m already approved for the Interim ICU and Associated Clinical Services project.
22. Development of the Pre-Consultation Business Case (PCBC) is progressing well. The plan for the completion and approvals process of the 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

23. A detailed programme has been produced showing the provisional timescales for delivery of the programme, including business case development; sign off; assumptions around the approvals milestones; construction start and completion. 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. It is assumed that work on the FBC's would continue whilst awaiting the OBC external approvals in order to mitigate delay to the programme. As further detailed work is progressed, it is possible that some of these business cases will be merged.

East Midlands Clinical Senate - Maternity Update

24. The maternity proposals were reviewed and approved by the East Midlands Clinical Senate in January 2018; however there was evidence in relation to obstetrics and neonatal care that had not been reviewed and which required consideration by the Senate. Through discussion with the Head of the Senate, we have agreed that this will be a discrete piece of work and therefore the senate will be able to review the information virtually rather than UHL staff attending the panel.

25. This piece of work must be completed and the report submitted with the PCBC for consideration by the Regional NHSE Assurance Panel on the 10th October.

Patient and Public Involvement (PPI)

26. 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.
27. 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. The Reconfiguration team and a number of Patient Partners plan to meet after the Trust Board Thinking Day in September to discuss and develop a Reconfiguration communications plan outlining service change (including interim arrangements) to patient groups and the wider public. Progress will be shared at the next Trust Board meeting.

Section 3: Programme Risks

28. 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
8. The Reconfiguration Programme risk register was reviewed and presented at the Programme Board on the 28th August 2018. 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	16	The overall program is reviewed and progressed with the space planning team, significant decant

Risk	Current RAG	Mitigation
construction space either not identified in a timely manner or not available at all.		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.