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. On 19th March 2018 the UHL Strategy and Reconfiguration team along with colleagues from the STP and LLR Clinical Commissioning Groups 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 five years from the point of view of bed availability and workforce.

2. The feedback from NHSE identified that a key area we need to focus on is the actions that need to be put in place to manage the future bed requirement across Leicester, Leicestershire and Rutland (LLR); and the impact of any actions on acute, community and non-bed-based services.

3. The key focus for this piece of work is developing a robust programme designed to address a number of issues relating to the frail and multi-morbid population which impacts on both the Trust and the wider LLR health and care system.

4. At its May meeting, the LLR Senior Leadership Team discussed and agreed a proposal to set up an LLR frailty programme.

5. The programme of work will be designed to deliver 16 system wide interventions, focused on the frail/multi-morbid population across LLR.

6. The Senior Leadership Team agreed that this work would be led by John Adler (UHL Chief Executive), with managerial support from Rachna Vyas (UHL Head of Strategy). The programme will be a time-limited and fast-paced; working across many of the current STP workstreams to ensure that the 16 interventions are delivered at pace and scale and are embedded, where possible, before winter 2018/19.

Reconfiguration Programme Funding

7. 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 over the next five years.

8. On the 9th May John Adler and Paul Traynor met with Regional NHS Improvement leads to discuss next steps for UHL's Reconfiguration Programme. The key messages were:

    a) In order to be well positioned to access capital we must deliver a robust Pre-Consultation Business Case (PCBC)

    b) We need to re-submit the revised capital bid template on the 16th July for the next wave of funding which is expected to be announced towards the end of 2018

9. The programme to deliver the capital bid and Pre Consultation Business Case has been developed and will be overseen by the Reconfiguration Programme Board. This is shown in paragraph 24 of the main paper.

East Midlands Clinical Senate

10. One of the requirements from the PCBC page turn with NHSE in March is the need for the East Midlands Clinical Senate to review our reconfiguration plans to consolidate acute services at the LRI and Glenfield, and that this will form the first part of the PCBC assurance process.

11. We have agreed that the Senate will take place on the 5th July, and the two questions we have proposed the senate consider are:

I. Does the clinical senate endorse our plans to deliver a 2 site acute solution based on clinical sustainability, workforce and clinical outcomes?
II. Does the 5 year bed plan deliver a robust and clinically safe solution

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

12. This project moves level 3 ICU and associated services (Hepatobiliary, transplant, colorectal surgery and emergency general surgery) off the LGH to the LRI and Glenfield.

13. On 17th April the NHSI National Resources Committee reviewed and approved the Outline Business Case (OBC) for the interim ICU; however the Department of Health & Social Care (DHSC) have asked for further clarification before they give final sign-off.

14. We have responded to the queries from DHSC and are now waiting for confirmation of approval of the OBC before we can submit our Full Business Case (FBC).

15. We have a number of conditions that we have to meet for the Full Business Case (FBC). Due to the approval delay, we intend to present the FBC as follows:
    a) UHL Finance & Investment Committee – June
    b) UHL Trust Board – July
    c) CCG Boards – July

Patient and Public Involvement (PPI)

16. 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.

17. The Reconfiguration team delivered a presentation to UHL's Patient Partners on 9th May covering the latest developments within the Interim Intensive Care Unit (ICU) Project and the overall Acute Reconfiguration Programme.

18. It was agreed that the concept of UHL migrating activities to two principal sites was well known, however the Patient Partners stressed the importance of us being able to demonstrate a clear and compelling narrative concerning how the different elements of the system would work together to mitigate demographic and demand growth and a shift of activity away from the acute sector and in to community services.

19. Next steps to enhance PPI within the Reconfiguration Programme will include the six UHL Patient Partners directly engaged as Board Members on Reconfiguration Projects convening in June to discuss common themes and how best for them to become more intricately involved in pre-consultation engagement activities and co-production.

Emergency Floor Phase 2 – New Assessment Units

20. The Emergency Floor Project Board is now meeting on a weekly basis to ensure the effective opening of the new assessment units by 13 June 2018.

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

22. New models of care are in place for the new assessment units which focus the right care in the right place, with minimum hand-offs between clinical teams. The Standard Operating Procedures (SOPs) for all acute assessment units, and support services, are complete. September 2018.

23. The operational delivery leads across all services have updated the criteria against which the decision will be made to go ahead of the move. The overall risk has been collated and is currently assessed as yellow, meaning that opening can proceed as planned with risk mitigation approved at Clinical Management Group Board level (this will be done virtually with the Head of Operations, Head of Nursing and Clinical Director in lieu of a formal meeting).

24. The project team are working with clinical leads to ensure all roles and tasks are allocated for the actual moves of the units.

25. In order to ensure that there is flow capacity of patients before, during and after the moves, a bed capacity mitigation plan has been developed to reflect the additional staffing in place, and the actions from across the Trust to support maintenance of flow across the emergency care pathway.

26. Recruitment to those roles identified within the workforce plan has begun.

East Midlands Congenital Heart Centre (EMCHC)

27. The project is progressing as programmed; the Trust Board will be updated up the preferred option for the service at the public July Trust Board meeting.

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

Programme Risk Register

29. 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.
- **Note** that in the July Trust Board will be asked to delegate responsibility to the Chair and colleagues as appropriate to approve the capital bid prior to its submission on 16th July 2018.

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: [5th July 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 2018 the UHL Strategy and Reconfiguration team along with colleagues from the STP and LLR Clinical Commissioning Groups 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 five years from the point of view of bed availability and workforce.

2. NHSE highlighted in particular the need for the PCBC to articulate the actions that need to be put in place to manage the future bed requirement across Leicester, Leicestershire and Rutland (LLR); and the impact of any actions on acute, community and non-bed-based services.

3. The key focus for this piece of work is developing a robust programme designed to address a number of issues relating to the frail and multi-morbid population which impacts on both the Trust and the wider LLR health and care system. We know that this 20% of the LLR population use 80% of resource across the health and care economy. This focus will also help to manage the flow of frail patients through winter 2018-19.

4. At its May 2018 meeting, the LLR Senior Leadership Team discussed and agreed a proposal to set up an LLR frailty programme.

5. The programme of work will be designed to deliver 16 system wide interventions, focussed on the frail/multi-morbid population across LLR. The evidence base behind these interventions suggests that if the system can standardise and deliver the interventions in a systematic fashion to a discrete population of patients, we could reduce a proportion of the over-reliance on acute care in time for winter 2018/19. Quantifying the impact of these system-wide actions in totality would also enable the STP to articulate impact and outcomes of the associated STP workstreams for the PCBC. Finally, this system approach would also enable the LLR bed plan to be completed, showing the mitigation of growth in activity through internal UHL actions and external system-wide actions.

6. The LLR Senior Leadership Team agreed that this work would be led by John Adler (UHL Chief Executive), with managerial support from Rachna Vyas (UHL Head of Strategy). The programme will be time-limited and fast-paced; working across many of the current STP workstreams to ensure that the 16 interventions are delivered at pace and scale and are embedded, where possible, before winter 2018/19. The LLR Clinical Leadership Group has assessed these 16 interventions and has agreed that these are the right interventions to pursue. Concerns have been raised about the capacity of our General Practitioners to deliver those interventions related to primary care. This is being discussed urgently with Tim Sacks (Senior Responsible Officer for the primary care work-stream of the STP) to assess and mitigate the risk to delivery quickly.

7. Progress will be reported through the UHL Executive Boards to ensure visibility internally. Externally, the programme will report directly to the LLR Senior Leadership Team.

Section 2: Reconfiguration Programme Board Update

Reconfiguration Programme Funding

8. 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 tstatement declaring the intention to announce one large scale scheme every year going forward over the next five years.

9. On the 9th May 2018 John Adler and Paul Traynor (UHL Chief Financial Officer) met with Regional NHS Improvement leads to discuss next steps for UHL's Reconfiguration Programme. The key messages were:

    a) In order to be well positioned to access capital the LLR health economy must deliver a robust Pre-Consultation Business Case (PCBC).

    b) UHL need to re-submit a revised capital bid template on the 16th July 2018 for the next wave of funding which is expected to be announced towards the end of 2018.

10. We have been advised that we need to submit a draft capital plan to NHS Improvement on the 22nd June 2018 in order for them to review it and give feedback that can be included before the final submission if the bid on the 16th July. The final bid will need approval from the Trust Board Chair outside of a formal meeting under delegated authority since the feedback timescales from the draft bid do not allow time for the final bid to be submitted to the July 2018 Trust Board meeting.

11. The programme to deliver the capital bid and Pre-Consultation Business Case has been developed and will be overseen by the Reconfiguration Programme Board. This is shown below. Dates highlighted in purple are indicative, and allow time for feedback between assurance panels:

Action	Lead	Completion Date
UHL models of care	Rachna Vyas	4th Jun 2018
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 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		
Commence Consultation	Richard Morris	

East Midlands Clinical Senate

12. One of the requirements outlined by NHSE during the 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.

13. A meeting has since beenheld with the Head of the Clinical Senate to discuss our plans and gain their views about the best way to approach the Senate as the size of the Reconfiguration is very broad and covers many clinical areas.

14. 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?

15. The next stage of the process will be to develop the 'Terms of Reference' in collaboration with the Head of the Clinical Senate. These form the parameters by which the Senate will operate, providing the clinical review team with a clear focus on what it is being asked to do; the foundation of which is to test if there is 'a clear clinical evidence base' underpinning the proposals.

16. We have agreed that we will present our Reconfiguration plans to the Senate on 5th July 2018; therefore we will need to submit all our evidence on 28th June 2018. Over the next few weeks we need to agree which clinicians will be attending the Senate from UHL and who will represent the CCGs.

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

17. This project moves level 3 ICU and associated services (Hepatobiliary, transplant, colorectal surgery and emergency general surgery) away from the LGH to the LRI and Glenfield.

18. On 17th April 2018 the NHSI National Resources Committee reviewed and approved the Outline Business Case (OBC) for the Interim ICU Project; however the Department of Health & Social Care (DHSC) have asked for further clarification before they grant final sign-off.

19. We have responded to their queries and are now waiting for confirmation of approval of the OBC before we can submit our Full Business Case (FBC).

20. We have a number of conditions that we have to meet for the Full Business Case (FBC). Due to the approval delay, we intend to present the FBC as follows:
    c) UHL Finance & Investment Committee – June 2018
    d) UHL Trust Board – July 2018

e) LLR CCG Boards – July 2018

21. Construction will commence once the FBC is approved by NHSI and DHSC. Our current programme assumes October/November 2018.

22. The longest construction period is for the new wards at Glenfield Hospital (GH) (located on top of wards 24, 25 and26) which is 15 months. The expected completion is January/February 2020.

23. The move date for services away from the LGH as part of the relocation of level 3 ICU capacity and associated services is dependent on when the East Midlands Congenital Heart Centre (EMCHC) relocates from the Glenfield to the LRI. The EMCHC move releases theatre space at Glenfield for those services moving there from the LGH .

24. The EMCHC service is scheduled to move in March 2020 in line with the co-location standards; following which the move of level 3 ICU and associated services can be completed.

Patient and Public Involvement (PPI)

25. 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.

Patient Partner Presentation:

26. The Reconfiguration team delivered a presentation to UHL's Patient Partners on 9th May 2018 covering the latest developments within the Interim Intensive Care Unit (ICU) Project and the overall Acute Reconfiguration Programme.

27. Topics covered included Interim ICU Project design solutions for expanded ICU facilities and additional wards, a patient entertainment strategy, engagement activities in preparation for public consultation on the overall Reconfiguration and the co-production of patient stories to highlight the Programme's beneficial impact to patients, their families and carers from an individual perspective.

28. It was agreed that the concept of UHL migrating activities to two principal sites was well known, however the Patient Partners stressed the importance of us being able to demonstrate a clear and compelling narrative concerning how the different elements of the system would work together to mitigate demographic and demand growth and a shift of activity away from the acute sector and in to community services. The perception from some stakeholders is that a joined-up coherent strategy is lacking between UHL, community hospitals, step down capability and community home support. This was emphasised as being a significant hurdle that would need to be overcome. The work being undertaken on the frailty model (as described above) will help to address this perception.

29. Next steps to enhance PPI within the Reconfiguration Programme will include the six UHL Patient Partners directly engaged as Board Members on Reconfiguration Projects convening in

June 2018 to discuss common themes and how best for them to become more intricately involved in pre-consultation engagement activities and co-production. It was also agreed that the monthly Strategy and Reconfiguration update currently circulated to Clinical Management Groups (CMGs) would be sent to the lead Patient Partner for onward circulation.

30. The session was viewed as productive by all concerned and the Reconfiguration team has been asked to present a formal Programme update at the UHL Patient Partners' forum on 18th October 2018.

Emergency Floor Phase 2 – New Assessment Units

31. The Emergency Floor Project Board is now meeting on a weekly basis to ensure the effective opening of the new assessment units by 13th June 2018.

32. The building was successfully handed over from Interserve Construction to UHL on 18th April 2018.

33. New models of care are in place for the new assessment units which focus the right care in the right place, with minimum hand-offs between clinical teams. The Standard Operating Procedures (SOPs) for all acute assessment unitsand support services are complete. They have been shared with all staff, and used as part of induction and training sessions. All SOPs were approved at the Emergency Floor Guidelines Committee on 22nd May 2018. The SOPs include role cards that are being used in inductions for staff, to ensure they are aware of the new ways of working for their role. The SOPs are working documents, and will be added to, amended and changed as the teams settle into their new environments over the coming weeks. A formal review of all SOPs will take place with the nursing and medical leads in September 2018.

34. The operational delivery leads across all services have updated the criteria against which the decision will be made to "go" / "no go" ahead of the service relocations. The overall risk has been collated and is currently assessed as low, meaning that opening can proceed as planned with risk mitigation approved at Clinical Management Group Board level (this will be done virtually with the Head of Operations, Head of Nursing and Clinical Director in lieu of a formal meeting).

35. The project team are working with clinical leads to ensure all roles and tasks are allocated for the actual moves of the units. Crucial service areas will be covered across both the new and old units during the move period. Appropriate leadership will bein place throughout the move days to problem solve and ensure a smooth transition between units.

36. In order to ensure that there is flow capacity of patients before, during and after the moves, a bed capacity mitigation plan has been developed to reflect the additional staffing in place, and the actions from across the Trust to support maintenance of flow across the emergency care pathway. This includes an increased focus on discharges both within the existing, and in the new acute assessment units.

37. Recruitment to those roles identified within the workforce plan has begun. The position statement identifies the gaps and contingencies for those posts that will not be filled by June 2018. There is likely to be increased premium expenditure to cover the critical gaps in the short

term. This will be carefully managed, on a weekly basis, to ensure the total costs remain within the allocated annual revenue budget.

East Midlands Congenital Heart Centre (EMCHC)

38. The project is progressing as programmed; the Trust Board will be updated up the preferred option for the service at the July 2018 meeting.

39. 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

40. 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

41. 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 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

The Trust Board is requested to:

- **Note** the progress within the Reconfiguration Programme and the planned work over the coming months.
- **Note** that in the July 2018 Trust Board will be asked to delegate responsibility to the Chair and colleagues as appropriate to approve the capital bid prior to its submission on 16th July 2018 .