

# STP, BCT and UHL Reconfiguration – Update

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## Executive Summary

Trust Board paper G

### Context

In order to provide a vision for transformation across the whole health economy, this paper provides an update on the 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 financial balance by 2022/23 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 our case for national/external capital investment and access to transformational funding to support our reconfiguration programme. The latest version of the STP was submitted to NHS England on Friday 21<sup>st</sup> October 2016. LLR are now working to update this plan.

Our Reconfiguration Programme is an ambitious and complex undertaking which has been established in order to deliver the broader system priorities within the STP, 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, and is 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

2. The following progress has been made :

#### STP / PCBC Timelines

- The Draft LLR STP will be the subject of further discussion at the April Senior Leadership Team meeting.
- A verbal update on next steps will be provided at the Trust Board meeting.

#### Reconfiguration Programme

- On the 28<sup>th</sup> 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 going forward.

- As a consequence of this, John Adler and Paul Traynor plan to meet with Regional NHSI leads to discuss next steps for UHL's Reconfiguration Programme.

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

- There has been a further delay in getting the OBC signed off by the NHSE National Team; it is now due to go to the National Resources Committee meeting on 17th April. The 2 month delay will mean that the FBC will now go to:
  - Finance Investment Committee – May
  - Trust Board – June
  - CCG Boards – July

### **Patient and Public Involvement (PPI)**

- The Reconfiguration Programme values the input of Patient Partners and the opportunities for coproduction that this group brings. Each of the Project Boards linked to the Reconfiguration Programme has PPI representation.
- 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 Patient Partners have supported the work of the Project Boards.
- Specific engagement activities undertaken recently include a deep dive on the acute and maternity reconfiguration to the LLR Better Care Together PPI forum on Wednesday 11<sup>th</sup> April.

### **Emergency Floor (EF) Phase 2**

- Operational commissioning for phase 2 continues, aligned to the milestones in the master plan. The equipment list was presented to the Emergency Floor Project Board (EFPB), and a final confirm and challenge was completed with clinical leads at the end of March on high value items, which has confirmed that equipment will be delivered within budget.
- The IT leads have presented at the EF Stakeholder and Clinical Reference Group (SCRG) and provided assurance that the IT plans are on schedule, including Nervecentre developments.
- The model of care was presented to the Chief Executive on 28 March 2018. This aims to provide a service that builds on 'care without walls' where the right clinician sees the patient wherever they are across the EF; the impact being a reduction in admissions, increased discharges and reduced length of stay.
- The OD activities are in progress, and on track against the original timescales.
- It is planned that stakeholders □ MPs, members of the Overview and Scrutiny Committee, and Healthwatch – will be invited to look round the new assessment units on Friday 25 May.

**East Midlands Congenital Heart Centre (EMCHC)**

- The design for the move of the EMCHC service is progressing, block plans are currently undergoing clinical sign off.
- The programme is on schedule to deliver the co-location of the service by the deadline identified in the Standards (March 2020).

**Programme Risk Register**

- This was reviewed and updated by the Reconfiguration Programme Team at a meeting on the 29 January and will be presented to the next Board meeting.

**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

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: [03 May 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 The Draft LLR STP will be the subject of further discussion at the April Senior Leadership Team meeting.
- 2 A verbal update on next steps will be provided at the Trust Board meeting.

## **Section 2: Reconfiguration Programme Board Update**

### **Reconfiguration Programme Funding**

- 3 On the 28<sup>th</sup> 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 going forward.
- 4 As a consequence of this, John Adler and Paul Traynor plan to meet with Regional NHSI leads to discuss next steps for UHL's Reconfiguration Programme.

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

- 5 There has been a further delay in getting the OBC signed off by the NHSE National Team; it is now due to go to the National Resources Committee meeting on 17<sup>th</sup> April. The 2 month delay will mean that the FBC will now go to:
  - a) FIC – May
  - b) Trust Board – June
  - c) CCG Boards – July
- 6 There are a number of workstreams associated with the project that have an impact on the whole organisation, including the move of day case activity from the LRI & GH, and the impact of consultant job plans. More detail will be presented to the May ESB.

### **Patient and Public Involvement (PPI)**

- 7 The Reconfiguration Programme values the input of Patient Partners and the opportunities for coproduction that this group brings. Each of the Project Boards linked to the Reconfiguration Programme has PPI representation.
- 8 A regular update will be provided to the Trust Board on the PPI activities undertaken within the Reconfiguration Programme. Each month we will focus on a specific project and show how Patient Partners have supported the work of the Project Boards.
- 9 Specific engagement activities undertaken recently includes a deep dive on the acute and maternity reconfiguration to the LLR Better Care Together PPI forum on Wednesday 11<sup>th</sup> April. A presentation was made by Elaine Broughton, Head of Midwifery; Jane Wilson, Women's and Children Patient Partner; John Jameson, Deputy Medical Director, John Lewin, Project Manager; and Nicky Topham Reconfiguration Programme Director. Feedback was that this session was well received. Some useful points came out of the meeting including:

- a) Our need to ensure that the story around our bed numbers is clear; and shows what has changed from the first iteration of the STP. (Attendees were assured by the fact that we are no longer reducing our bed base.)
- b) A request for simple positive messages that can be used e.g. overall bed numbers not being reduced; ITU bed numbers are increasing; implications for patient safety and clinical outcomes; and improved facilities).
- c) The importance of engaging carers in the proposals.
- d) Ensuring that the location of the potential midwifery-led birthing unit at LGH is shown.
- e) Making use of public events that are already scheduled as one way of reaching a wider audience.

### **Emergency Floor Phase 2**

- 10 Operational commissioning for phase 2 continues, aligned to the milestones in the master plan. The equipment list was presented to the Emergency Floor Project Board (EFPB), and a final confirm and challenge was completed with clinical leads at the end of March on high value items, which has confirmed that equipment will be delivered within budget.
- 11 The IT leads have presented at the EF Stakeholder and Clinical Reference Group (SCRG) and provided assurance that the IT plans are on schedule, including Nervecentre developments. The changeover from EDIS to Nervecentre will take place before the June move, and a training plan put in place to support staff to use the new system.
- 12 A detailed plan is in place and will be presented to the EFPB in April to provide assurance on the transition from the current wards to the Phase 2.
- 13 The model of care was presented to the Chief Executive on 28 March 2018. This aims to provide a service that builds on 'care without walls' where the right clinician sees the patient wherever they are across the EF; the impact being a reduction in admissions, increased discharges and reduced length of stay. The main changes to the models are as follows:
  - Reducing the number of separate units, with a clear under 24hr stay and over 24hr stay delineation. The Acute Frailty Unit will now be part of the Acute Medical Unit but will be signposted as Acute Frailty Medical Unit due to construction restrictions
  - Strengthening care of the elderly input into ED - frailty at the front door
  - Reducing clinical process variability on AMU
  - Better protecting high throughput areas (i.e. EFU and EDU) to maintain flow
- 14 The OD activities are in progress as per the plan, and on track against the original timescales. The additional capacity provided by the Associate Medical Director since January 2018 has enabled increased clinical engagement into the change process, developing the new ways of working and operating model; in order to inform the organisational development priorities for the culture, leadership and behaviours required for the new Emergency Floor.
- 15 It is planned that stakeholders - MPs, members of the Overview and Scrutiny Committee, and Healthwatch – will be invited to look round the new assessment units on Friday 25 May. There

will also be an opportunity for EMAS and TASL colleagues to visit the space prior to opening to familiarise themselves with the area and new entry/exit routes.

### **East Midlands Congenital Heart Centre (EMCHC)**

- 16 The design for the move of the EMCHC service is progressing, block plans are currently undergoing clinical sign off.
- 17 The programme is on schedule to deliver the co-location of the service by the deadline identified in the Standards (March 2020).

## **Section 2: Programme Risks**

- 18 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
- 19 The latest risk register was reviewed and updated at the Reconfiguration Programme Team meeting on 29<sup>th</sup> January 2018; the next version will be presented to the Reconfiguration Board in April (Appendix 8).
- 20 The highest scoring programme risks are summarised below:

<b>Risk</b>	<b>Current RAG</b>	<b>Mitigation</b>
There is a risk that estates solutions required to enable decant of construction space are not available.	<b>20</b>	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.	<b>20</b>	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.	<b>20</b>	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.	<b>20</b>	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.



## **Input Sought**

The Trust Board is requested to:

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