

STP, BCT and UHL Reconfiguration – Update

Author: Justin Hammond & Nicky Topham

Sponsor: Paul Traynor & Mark Wightman

Executive Summary

Trust Board paper H

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 21st October 2016. LLR are now working to update this plan which will be presented to partnership trust Boards at their February 2018 meetings; as well as planning for public consultation.

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 was discussed at the Trust Board Thinking Day in January. Feedback is being assimilated from LLR Boards and it is currently planned to be presented to partner Public Boards in March 2018.
- In order to start a public consultation process, a Pre-Consultation Business Case (PCBC) must be approved by a Regional NHS England Assurance Panel. We have just been advised that projects over £100m will also need to be approved by a National NHS England Panel. The impact on timelines for consultation is currently being reviewed.
- There has been agreement that the pre-consultation business case will now be split into two separate cases:
 - UHL: Acute reconfiguration and maternity
 - West CCG : Hinckley Hospital

Reconfiguration Programme

- The outcome of the Autumn Budget was announced on the 22nd November.
- We are still waiting to be advised on the prioritisation process for access to this capital.

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

- The Outline Business Case (OBC) was approved at the UHL Trust Board on 2nd November and at the Clinical Commissioning Groups (CCG) Boards on 14th November.
- The OBC will be presented to the National Cash meeting on the 12th February 2018 for approval. The Full Business Case, will now be submitted to the Trust Board in March 2018, taking account of any feedback from this meeting.
- The Full Business Case will be discussed at the February Finance and Investment Committee, and presented to the March 1st Trust Board for approval.

Issues for noting in relation to the PCBC and services remaining at the LGH

- There are a range of services which the Reconfiguration Programme Board on the 26th January will consider on a case by case basis, these are;
 - Imaging Hub at the LGH
 - Hydrotherapy Pool
 - Ophthalmology
- The output of the Reconfiguration Programme Board will be presented to the February Executive SB. An update will be provided to the March Trust Board.

Additional work required to confirm the Scope of Reconfiguration

- The procurement of an estates/construction partner using the NHS procurement framework called 'Procure 22' is underway; the appointment team scored the three bidders on January 12th. Interviews are being held on February 2nd 2018.
- Whilst we await confirmation of funding, limited work continues on activity modelling across the programme, with a focus on the Planned Ambulatory Care H, theatres and the intensive care unit. A further piece of work is underway to validate the bed bridge.

Children's Hospital

- The design team (AFL [architects] and RLB [cost advisors]) have been appointed to progress with design for the East Midlands Congenital Heart Service following the confirmation from NHS England that UHL will continue to provide this service.

Emergency Floor Phase 2

- Phase 2 of the new emergency floor opens fully on 10 June 2018.

- The original business case reflected a net reduction in assessment beds of 5. A further 16 beds have been utilised this winter to provide additional capacity. Once phase 2, the move to the new assessment floor, has taken place in June 2018, there will be a total reduction of 21 assessment beds.
- In order to mitigate the impact of this loss, an action plan has been put in place to transform ways of working across ED and the assessment wards to support optimum patient flow and ensure the reduction in assessment beds is offset by improved efficiencies. Progress against delivery will be reviewed in April 2018.

Programme Risk Register

- This was reviewed and updated by the Reconfiguration Programme Team at a meeting on 14th November 2017. A revised risk register will be presented to the next Trust Board.

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: []

Executive Summaries should not exceed **4 pages**. [My paper does comply]

Papers should not exceed **7 pages**. [My paper does not comply]

Section 1: Sustainability and Transformation Partnership (STP)

1. The Draft LLR STP was discussed at the Trust Board Thinking Day in January. Feedback is being assimilated from LLR Boards and it is currently planned to be presented to partner Public Boards in March 2018.
2. In order to start a public consultation process, a Pre-Consultation Business Case (PCBC) must be approved by a Regional NHS England Assurance Panel. We have just been advised that projects over £100m will also need to be approved by a National NHS England Panel. The impact on timelines for consultation is currently being reviewed.
3. We have received constructive feedback on the first draft of the PCBC from NHSE and NHS Improvement which will inform the final PCBC, and assist in the approvals process.
4. There has been agreement that the Pre-Consultation Business Case will now be split into two separate cases:
 - o UHL: Acute reconfiguration and maternity
 - o West CCG : Hinckley Hospital

Section 2: Reconfiguration Programme Board Update

Capital Bid for £397.5m – Next Steps

5. The outcome of the Autumn Budget was announced on the 22nd November.
6. We are still waiting to be advised on the prioritisation process for access to this capital.

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

7. The Outline Business Case (OBC) was approved at the UHL Trust Board on 2nd November and at the CCG Boards on 14th November. Following these meetings, the OBC was formally submitted to NHS Improvement and the team responded to initial queries from the local NHS Improvement team, before the OBC was sent to the National NHS Improvement Finance Team for review on the 24th November. A detailed response document has been developed as an audit trail.
8. On the 19th December NHS Improvement clarified that Public Dividend Capital (PDC) will be provided to fund this scheme rather than interest bearing loans, which were assumed in the Outline Business Case approved at the November Trust Board. As a result of this clarification, the Trust was asked to revise the OBC to reflect this. A fully revised OBC was submitted to NHS Improvement at the end of December.
9. The OBC will be presented to the National Cash meeting on the 12th February 2018 for approval. The Full Business Case, will now be submitted to the Trust Board in March 2018, taking account of any feedback from this meeting.
10. In parallel, the FBC is being progressed. A meeting has been set up with NHS Improvement on the 12th February at which the NHS Improvement quality and finance teams, and the projects assurance unit, will review the developed design and review the draft of the FBC. This will ensure any issues they have are responded to within the FBC.
11. The FBC will be discussed at the February Finance and Investment Committee, and presented to the March 1st Trust Board for approval.

Issues for noting in relation to the PCBC and services remaining at the LGH

12. There are a range of services which the Reconfiguration Programme Board on the 26th January will consider on a case by case basis, these are;
 - Imaging Hub at the LGH
 - Hydrotherapy Pool
 - Ophthalmology
13. The output of the reconfiguration programme Board will be presented to the February ESB. An update will be provided next month.

Additional work required to confirm the Scope of Reconfiguration

14. The procurement of an estates/construction partner using the NHS procurement framework called 'Procure 22' is underway; the appointment team scored the three bidders on January 12th. Interviews are being held on February 2nd 2018.
15. Whilst we await confirmation of funding, limited work continues on activity modelling across the programme, with a focus on Planned Ambulatory Care Hub, theatres and ICU.
16. A further piece of work is underway to validate the bed bridge. A further two years will be added onto the programme so that we understand the impact of growth across the five year reconfiguration programme (the first bed bridge to 2020/21 reflects the 2048 beds that we have assumed in our programme). Initial assessment shows that the final 2 years will require an additional 150 beds. We will need to agree a plan within the STP to buy off this additional growth.

Children's Hospital

17. The design team (AFL [architects] and RLB [cost advisors]) have been appointed to progress with design for the East Midlands Congenital Heart Service following the confirmation from NHS England that UHL will continue to provide this service.

Emergency Floor Phase 2

18. Phase 2 of the new emergency floor opens fully on 10 June 2018 and will house the short stay assessment areas of General Practitioner and Ambulatory Unit (GPAU), Emergency Decision Unit (EDU), Emergency Frailty Unit (EFU), Acute Frailty Unit (AFU) and Acute Medical Unit (AMU) all in close proximity to the new Emergency Department (ED). This is the first time co-location will be realised as currently the assessment wards are located in different areas.
19. The original business case modelled the required numbers of beds but this was reduced during the detailed design phase to keep within financial limits, for example EDU was reduced from 16 to 12 beds. The overall impact was a net reduction in assessment beds of 5. At the time, this was understood and felt to be operationally manageable.
20. A further 16 beds have been utilised this winter to provide additional capacity. Once the move to the new floor has taken place in June 2018, this is a total reduction of 21 assessment beds.
21. The Emergency Floor Project Board objectives include developing a new, high quality model of hospital based medical assessment and care in line with best practice that delivers the Full Business Case (FBC) objectives across the health and care system. However this must be driven by the Emergency and Specialist Medicine (ESM) Clinical Management Group (CMG) to ensure transformation is embedded as business as usual. The Clinical Director of the CMG is the Clinical Senior Responsible Officer for the EFPB and a key project milestone is the full handover to the CMG from the Emergency Floor Project Board when Phase 2 concludes.

22. A review of the current and future state has been worked through to understand the impact and level of risk to the CMG and wider UHL of a 21 bed reduction.
23. There is a robust action plan in place to transform ways of working across ED and the assessment wards to support optimum patient flow and ensure the reduction in assessment beds is offset by improved efficiencies. Progress against delivery will be reviewed in April 2018.
24. The Reconfiguration Programme is assessing whether there is additional ward availability from June 2018 within the programme. The projects which have an impact on this are the EMCHC project and the ICU project moving specialties from the Leicester General Site to the LRI.

Section 2: Programme Risks

25. 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
26. The latest risk register was reviewed and updated by the Reconfiguration Programme Team on 14th November 2017. This was discussed at the Reconfiguration Programme Board and agreed that a further update is required in light of some of the interdependencies described earlier in the paper. This will be presented to the February Reconfiguration Programme Board.
27. 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.

Input Sought

The Trust Board is requested to:

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