REPORT TO: **Trust Board**
DATE: **29 May 2014**
REPORT BY: **Richard Mitchell, Chief Operating Officer**
SUBJECT: **Modelling the 'right-sizing' of UHL capacity for 2014-15 - update**

Introduction

This paper is an update to the capacity paper brought to Executive Performance Board and Finance and Performance Committee in April 2014.

Agreed capacity increase

The agreed version detailed in table one below reduces the additional bed requirement to 55. Following conversations with respiratory medicine, the CMG has confirmed it plans to utilise their existing beds more effectively negating the need to increase beds by ten. The plan is to increase the bed stock by **45 beds**.

		Current Beds (Dec'13 census)	Bed Increase with no efficiency improvements V1				Bed Increase efficieny improvements in DC rates, Surgery Triage, DTOCs V2				14-15 Bed Base requirements
CMG		TOTAL INPATIENT BEDS	*LRI*	*GH*	*LGH*	*Total*	*LRI*	*GH*	*LGH*	*Total*	1546
CHUGS	Bone Marrow Transplantation	5				0				0	5
	Clinical Haematology	41				0				0	41
	Clinical Oncology	25				0				0	25
	Gastroenterology	58				0				0	58
	General Surgery and Urology	198	6		6	12	2		2	4	202
	Hepatobiliary & Pancreatic Surgery *see General Surgery*					0				0	
	Urology *see General Surgery*					0				0	
Emergency & Specialist Medicine	Accident & Emergency *NB EDU re-classified as ward attender*	8				0				0	8
	Chemical Pathology	0				0				0	0
	Clinical Immunology	0				0				0	0
	Dermatology	0				0				0	0
	Infectious Diseases	18				0				0	18
	Integrated Medicine	370	52			52	37			37	407
	Neurology	42				0				0	42
	Rheumatology	0				0				0	0
ITAPS	Critical Care Medicine *NB apportioned to relevant treatment spec*	33				0				0	33
	Interventional Radiology	0				0				0	0
	Pain Management	0				0				0	0
	Sleep	0				0				0	0
Musculoskeletal and Specialist Surgery	Breast Care	17				0				0	17
	ENT	43	4			4	0			0	43
	Maxillofacial Surgery *see ENT*					0					
	Ophthalmology see ENT					0					
	Plastic Surgery *see ENT*					0					
	Orthopaedic Surgery	57			10	10			4	4	61
	Sports Medicine	0				0				0	0
	Trauma	84				0				0	84
	Vascular Surgery	28				0				0	28
Renal, Respiratory and Cardiac	Cardiac Surgery	48				0				0	48
	Cardiology	153				0				0	153
	End Stage Renal Failure *see Nephrology*	0				0				0	0
	Nephrology	55				0				0	55
	Renal Access Surgery *see Nephrology*	0				0				0	0
	Renal Transplant *see Nephrology*	0				0				0	0
	Respiratory Medicine	153		10		10		10		10	163
	Thoracic Surgery	20				0				0	20
	Gynaecology	35				0				0	35
	ALL SPECIALTIES	1491	62	10	16	88	39	10	6	55	1546

Table one

The modelling is predicated on three elements for improvement:

- Move of all suitable elective work to daycase – fully within UHL's control
- Introduction of surgical triage – fully within UHL's control
- Reduction in DTOCs to 3.5% - requires significant support from partner organisations, see table two below. Since 10 April 2014, DTOCs have been above 5.0% with 82% of the reasons being external or nursing homes. If this does not reduce, the modelling suggests we will not have enough beds at times of peak activity.

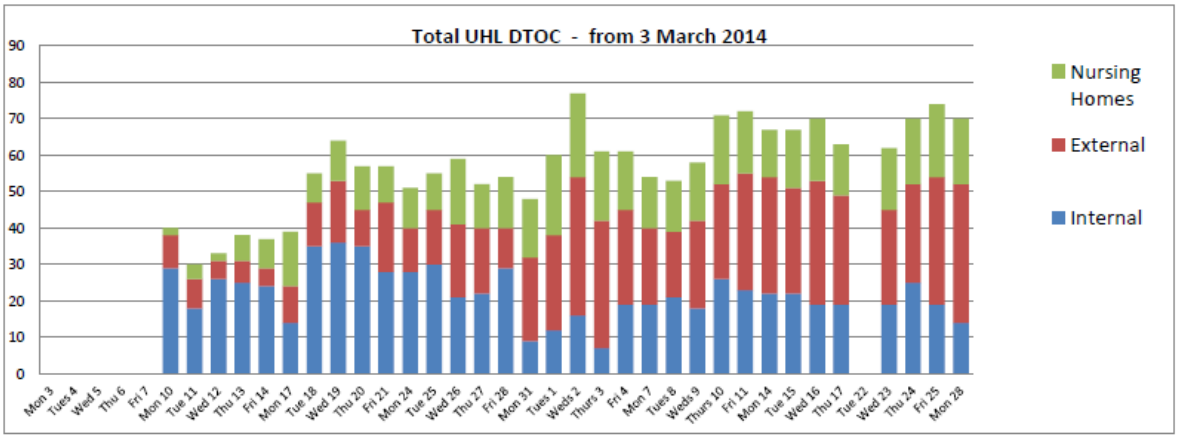


Table two

Location of capacity increase

Recent conversations with the surgical CMGs (in particular Richard Power) have highlighted the importance of providing a ring fenced daycase/ 23 hour facility on the LRI site. Following the last ET meeting on 13 May 2014, a meeting was convened on 20 May 2014 to discuss the proposal for the beds. This meeting was cancelled because of acute operational pressures on the day. Surgery CMGs and the E&SM CMG both have valid reasons for wanting to use the modular facility for their patients. Based on phone conversations on 23 May 2014, the following recommendations are made:

- The modular ward facility is used to provide two wards of medical beds including the re-provision of the Fielding Johnson ward.
- Additional medical beds are provided as detailed in page three of appendix one.
- Existing surgical wards including the daycase facility are ring fenced for elective surgical work, irrespective of acute pressures. The modelling indicates that surgery does not need more beds on the LRI site, it just needs the beds to be ring-fenced. A decision on when the facility can be ring fenced is still to be made. There are three options, all of which will be dependent on staffing numbers:

    - Ring fence from end of September 2014 (see table three below)
    - Ring fence from end of February 2015
    - Two staged approach, daycase facility ring fenced end of September 2014 and other surgical facilities ring fenced from end of February 2015.

- The LRI will not have a decant facility.
- Completion dates may be restricted by our ability to staff the wards.

LRI Modular	End of September	28 Beds
LRI 15 and 16	End of Feb 2015	5 Beds
LRI 33	End of Feb 2015	1 Beds
LRI 37 and 38	End of Feb 2015	10 Beds

Table three

Costs

Capital

Based on a reworking of the original plans, additional funding requirement of £1.75 million is required for the above with all expenditure substantially complete within the 2014 - 2015 financial year. This is a

reduction of £2.25m on the previous value. Revenue consequences of capital costs need to be reviewed.

Actions

- This is a complex change involving strategy, finance, nursing, medical directorate and operations spanning three CMGs. Actions, exec leads and timeframes are below. Dedicated project resource to support this has been identified and Themba Moyo began on 27 May 2014, working with us for three months.
- Increased work to reduce the DTOC rate.
- Continuation of the surgical triage and daycase work both currently picked up through EY supported work streams.

Actions for delivery of the capacity plan		
Quality	Exec lead	Timeframe
Risk assessment including the provision of nurse and medical staff for the additional beds	RO	10/06/2014
Confirmation of nursing assumptions	RO	10/06/2014
Discussion re medical cover for the additional beds	KH with RM	03/06/2014
Sign off of locations by CMG nurse leads	RO	03/06/2014
Finance		
Trust capital plan reviewed and judged against other priorities	PH	Complete
Revenue plan reviewed and method to support agreed	PH	03/06/2014
Review of beds plan and assumptions	RM with JA	03/06/2014
Recurrent revenue impact in respect of opening the additional beds be provided	PH	03/06/2014
Recruitment		
Recruit to nurse vacancies as part of overall plan	KB	Ongoing
Operational		
Short term actions to close the capacity gap	RM	Complete
Confirmation of locations for beds at the General	RKinn	27/05/2014
Discuss with clinical senate	RM	Complete
Appointment of project manager	RM	Complete
Strategy		
Tie in with five year plan	KS	01/06/2014

LRI Beds Executive Summary

FEASIBILITY INTO THE OPPORTUNITY TO CREATE ADDITIONAL BEDS WITHIN THE EXISTING FOOTPRINT OF THE LRI SITE

MAY 2014 VERSION 1.3

Introduction

Two feasibility studies have been carried out at Glenfield in February and then LRI in April to develop solutions to deliver additional beds. The headlines were:

- Glenfield:
  - Quick short term bed wins - £0.15 million (12 Beds)
  - Medium term/cost bed wins - £0.15 million (4 Beds)
  - Longer term and relatively more costly bed wins - £2.55 million (41 Beds)
- LRI:
  - Quick short term bed wins - £3.00 million (33 Beds)
  - Medium term/cost bed wins - £3.75 million (62 Beds)
  - Longer term and relatively more costly bed wins - £3.50 million (38 Beds)

Proposal

Across the two sites a total of 190 Beds (Glenfields 57 and LRI 133) could be created but with varying timescales, costs and cost per bed.

The Trust will therefore have a view on how many beds it wishes to create as a possible first tranche and the split between sites. This report proposes the following schemes with their selection being based on a balance of cost and timescale and CMG buy-in:

▪ Decant ward - LRI Modular Ward (uplift from OPD)	- 28 Beds	- £0.67 million
▪ Medical LRI - Ward 15	- 3 Beds	- £inc below
▪ Medical LRI – Ward 16	- 2 Beds	- £inc below
▪ Medical LRI – Ward 37	- 9 Beds	- £inc below
▪ Medical LRI - Ward 33	- 1 Beds	- £inc below
▪ Medical LRI – Ward 38	- 1 Beds	- £inc below
TOTALS	**44 Beds**	**£1.75m**

Clinical Impact of Delivery

The proposal seeks to deliver the increased Beds incrementally due to decanting etc. Assuming an instruction to proceed in early May then deliver would be broadly as follows:

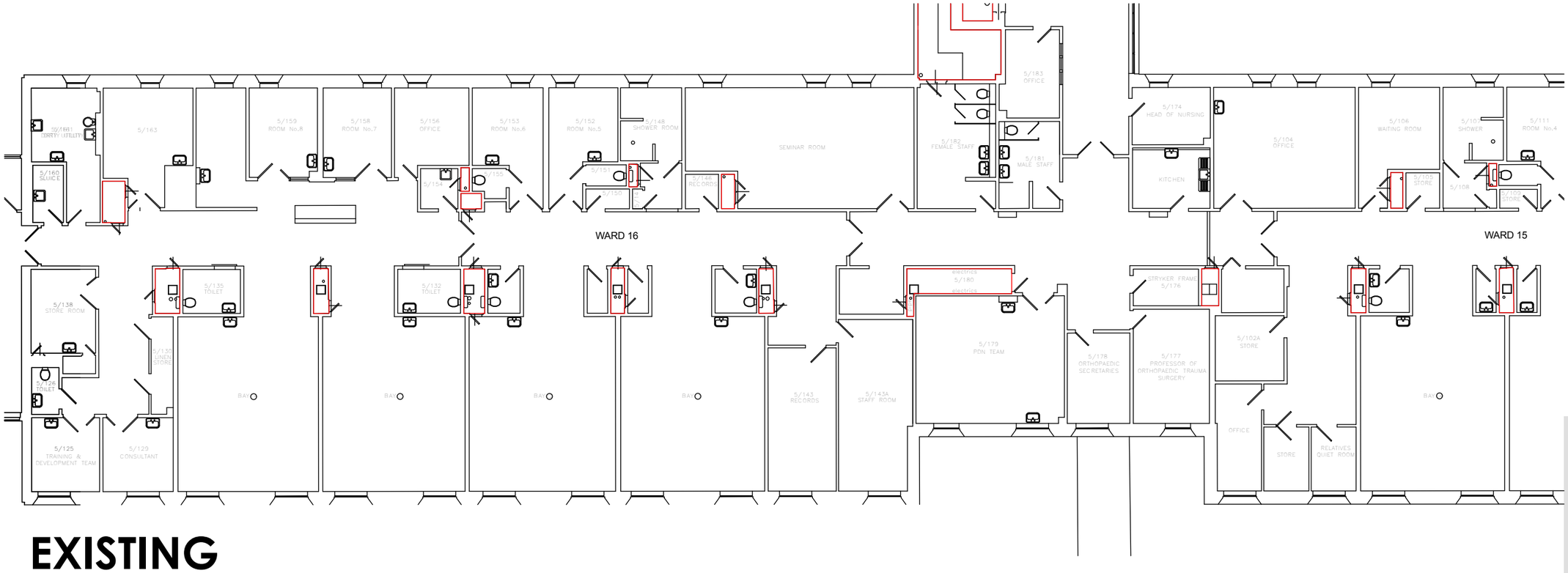
▪ LRI Modular delivered end of September	+ 28 Beds	- gross increase 28 Beds
▪ LRI 15 and 16 end of Feb 2015	+ 5 Beds	- gross increase 33 Beds
▪ LRI 33 end of Feb 2015	+ 1 Beds	- gross increase 35 Beds
▪ LRI 37 and 38 end of Feb 2015	+ 10 Beds	- gross increase 46 Beds

- Net additional funding requirement of £1.75 million with all expenditure substantially complete within 2014/2015 financial year

Way Forward

This is an interim report and each of the solutions needs review in more detail particularly around:

- Engineering solutions
- Engineering impact on costs (to include infrastructure)
- Timescales
- Design to tender



EXISTING

Scale
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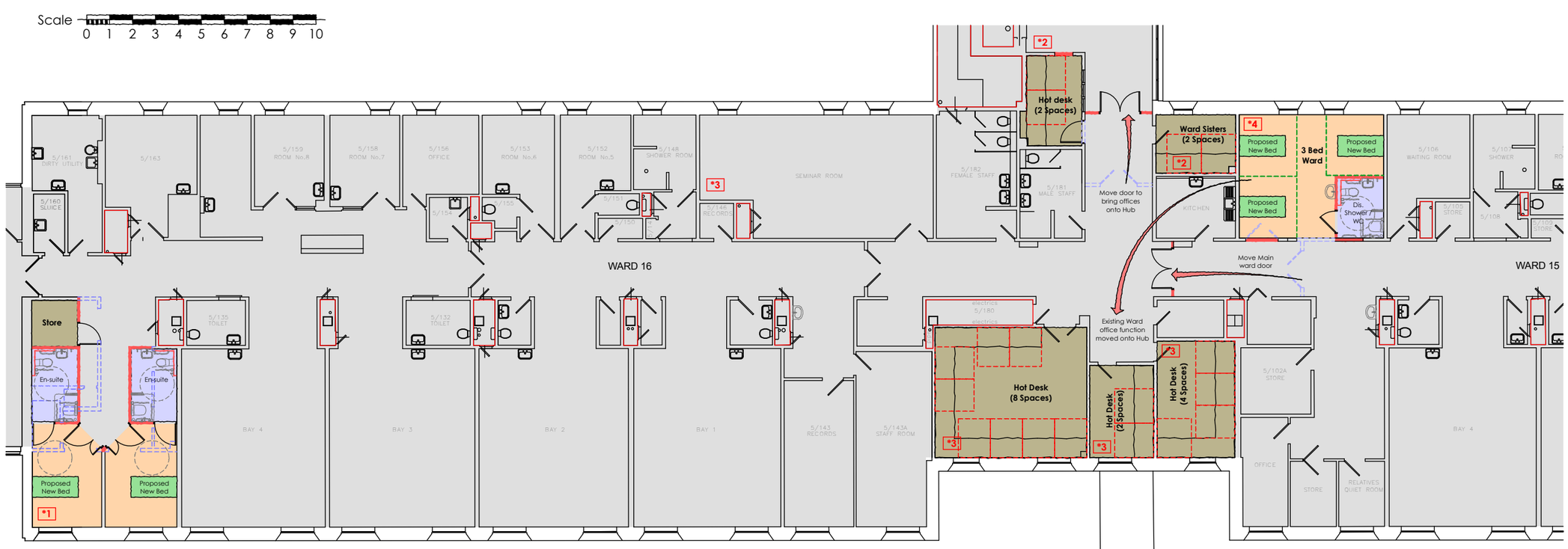

PROPOSED

Ward 16
2 No. Additional Beds

Ward 15
3No. Additional Beds

Ward 15 & 16 & Hub Planning Assumptions*:

General:

Layouts as shown assume the following concessions regards space / working practice to enble proposals as shown to be implemented:

All Proposed Bed bays as shown based on existing standard of approx. 2.4m x 2.4m

All support facilities as shown are based on existing space standards

Layouts as shown are 'best fit solution' & generally do not conform to current HBN Space Standards

1 - New Side Rooms (Ward 16) - Potential new side room provision assumes relocation 'off ward' of existing training & develoment team & consulant offices or continuous shared used of the hot desk facilities provided in new hub scheme.

2 - Hot desks (Hub) - assumes relocation of existing office uses or continuous shared used of the hot desk facilities provided in new hub scheme.

3 - Ex. Offices (Hub) - Potential new seminar room, Staff facilities, retreat & storea assumes relocation of the following existing functons or continuous shared used of the hot desk facilities provided in new hub scheme:

- PDN Team
- Orthopaedic Secretares
- Professor of Orthopaedic Trauma Surgery

4 - New 3 Bed Ward (Ward 15) - Potential new bed provision assumes relocation 'off ward' of existing office & store or continuous shared used of the hot desk facilities provided in new hub scheme.

EXISTING

PROPOSED

Ward 33

(1No. Additional bed)

Scale 0 1 2 3 4 5 6 7 8 9 10

Planning Assumptions*:

General:

Layouts as shown assume the following concessions regards space / working practice to enble proposals as shown to be implemented:

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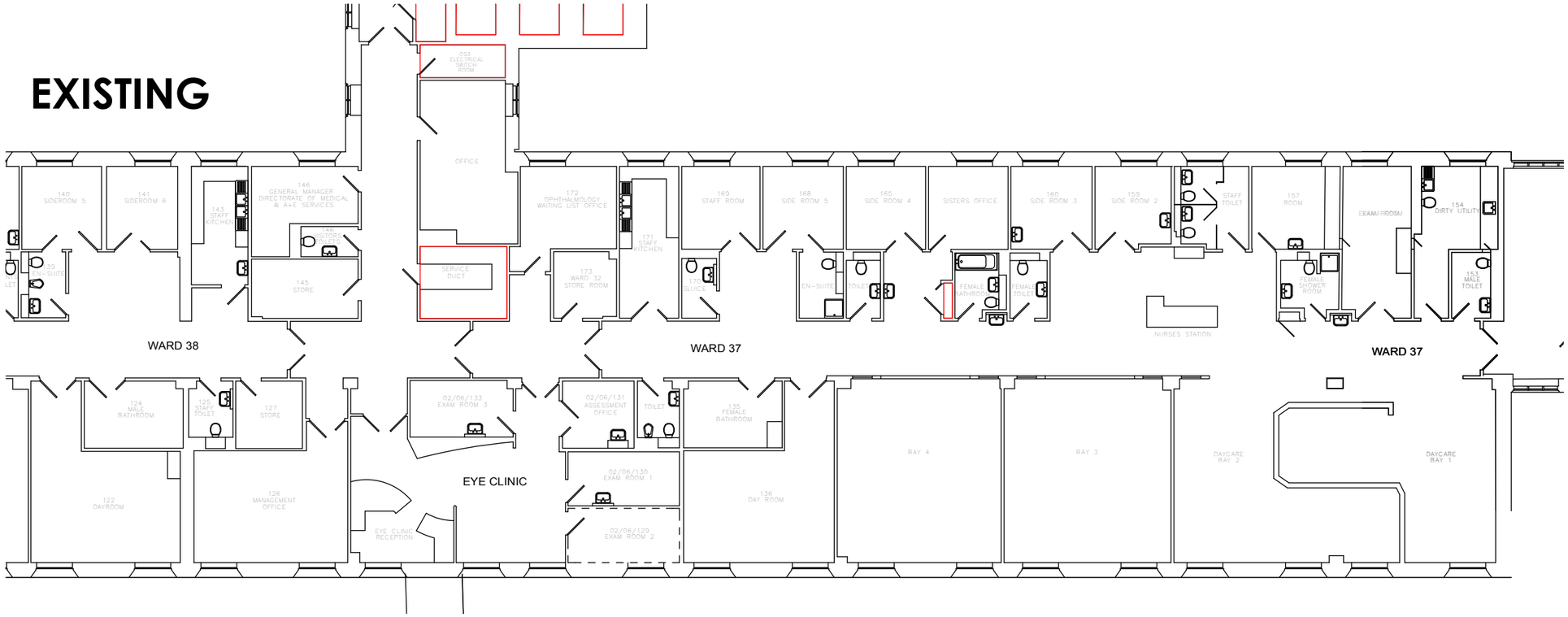
All support facilities as shown are based on existing space standards

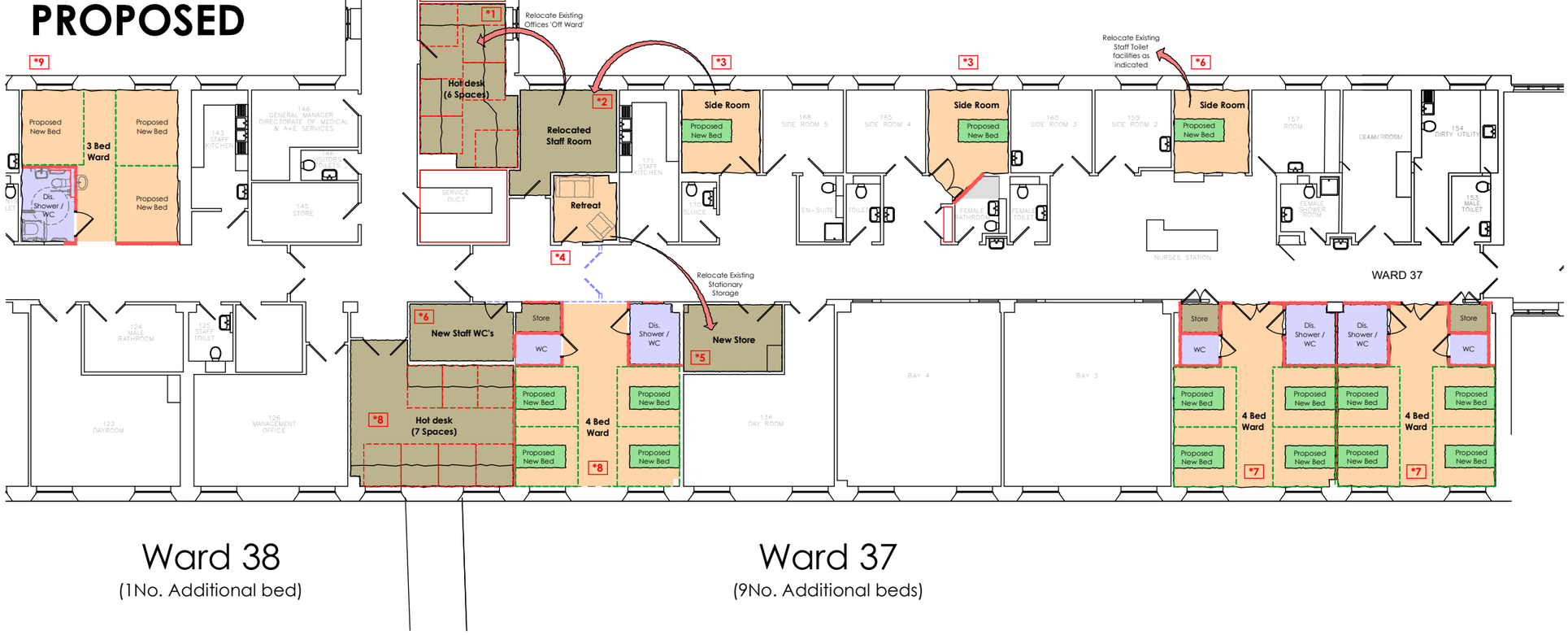
Layouts as shown are 'best fit solution' & generally do not conform to current HBN Space Standards

1 - New 3 Bed Ward (Ward 33) - Assumes conversion of No. side rooms & existig shower room to form 3 bed ward with ensuite facility.

EXISTING



PROPOSED



Ward 38
(1No. Additional bed)

Ward 37
(9No. Additional beds)

Scale 0 1 2 3 4 5 6 7 8 9 10

Planning Assumptions*:

General:

Layouts as shown assume the following concessions regards space / working practice to enble proposals as shown to be implemented:

All Proposed Bed bays as shown based on existing standard of approx. 2.4m x 2.4m

All support facilities as shown are based on existing space standards

Layouts as shown are 'best fit solution' & generally do not conform to current HBN Space Standards

1 - Hub - Convert existing office, general manager of medical and A&E services office and management office to hot desking facility - assumes relocation of existing functions or use of new hot desk facilities

2 - Relocated Staff room (Ward 37) - Potential relocated staff rest facility - assumes relocation 'off-ward' or use of new hot desk facilities

3 - Ex. Sisters Office and Staffroom - Conversion of ex. Sisters office and staff room to Side rooms. Adjacent bathroom to ex. sisters office would require adjustment due to room only having single door.

4 - Ex. Stores - Convert existing stores to retreat rooms - store to be relocated on the ward

5 - Storage / Asst. Bath (Ward 37) - Existing Asst bathroom used as storage