UHL Reconfiguration – update

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Executive Summary

Context

A key part of the Trust Board's role is to inform strategic direction and provide appropriate challenge to plans being put forward. This ensures there is sufficient assurance associated with activities undertaken to achieve the desired future state. The UHL Reconfiguration Programme is an ambitious and complex undertaking and where the programme is moving more into delivery, it is important that the Trust Board has visibility of the progress and challenges.

The internal assurance process for the programme has recently been reviewed to further develop the reporting arrangements, providing assurance at different levels aimed at different audiences; Trust Board/Executive, Programme, Workstream. This integrated approach reflects the shift in focus to monitoring progress against key milestones, holding workstreams to account and ensuring the programme is on track to deliver. It also serves to provide sufficient assurance across the organisation and escalate risks in a timely manner through appropriate channels.

This paper provides the monthly update on Reconfiguration to the Trust Board, employing the Level 1 dashboard to show an overview of the programme status and key risks, with accompanying focus on one workstream each month. This month, the focus is on Workforce Reconfiguration.

The purpose of the update is to ensure that the Trust Board is sighted on key issues that may impact on delivery of key milestones of the programme.

Questions

1. Does the report, with dashboard and risk log, provide the Board with sufficient (and appropriate) assurance of the UHL Reconfiguration Programme and its delivery timeline?
2. Is there any specific feedback/suggestions in relation to the workforce workstream?

Conclusion

1. The report provides a summary overview of the programme governance, an update from a key workstream, and the top three risks from across the programme that the Board should be sighted on. This summary follows the UHL reconfiguration programme board, which took place on 25 November 2015.
2. The workforce workstream have rapidly progressed the organisational development agenda with clear deliverables aligned to business cases and development of change management methodology to support wider reconfiguration both across the Trust and across the health economy.

Input Sought

We would welcome the board's input regarding the content of the report, and any further assurance they would like to see in future reports.

For Reference

The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Not applicable]

This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Not applicable]
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]

Scheduled date for the **next paper** on this topic: Next Trust Board

Executive Summaries should not exceed **1 page**. [My paper does comply]

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

Update to the Trust Board 3 December 2015

UHL Reconfiguration Programme

1. This update paper provides a brief summary and overview of the current programme status, and is a reflection of the regular monthly updates provided to the Reconfiguration Programme Board. The executive level dashboard (appendix one) and programme risk log (appendix two) are provided; these reflect the integrated governance structure of the programme. It should be noted that the Reconfiguration Programme Board last met on 25 November. Any issues identified at this meeting, not covered in this update paper, will be provided verbally by the Reconfiguration Director at the Trust Board meeting.

Governance update

2. The dashboard at a glance highlights a number of amber areas. These are flagged as such due to some key risks affecting delivery; however, they are being effectively managed and therefore, at this time, are not deemed to be showstoppers. The RAG is based on progress against delivery, and the % complete gives an indication of overall progress against in year plan.

3. The programme risk log has been updated to ensure the risks are recorded in the right place and attributed to the right people, and accurately reflect the impact on delivery of the programme. The top programme risks are aligned with, and reflected in, the Trust's Board Assurance Framework (BAF).

4. The discussion on the reconfiguration programme at the November Trust Board Thinking Day focused on the current reconfiguration plan and what, if anything, needs to be done differently to ensure delivery in light of the challenges faced. The key areas affecting delivery within the original timeline are: access to capital; operational capacity; variance against the activity assumptions in the original SOC; and further integration with partners to increase pace – 'further, faster'. Key actions have been aligned to executive directors to take this forward.

5. A 'Network of Know-it-alls' to spread messages about reconfiguration across the Trust has been established. Launched at the recent briefings for staff affected by the level three ICU moves, staff are asked to join up to receive regular information about the reconfiguration plans to share with their colleagues.

Workstream updates

6. Each month a reconfiguration workstream will be selected for inclusion with more detail provided on the current status, progress and any issues. Those selected will be based primarily on where there has been a lot of activity in the previous month or where an issue, or risk, might exist which could impact delivery. There will be the opportunity for all workstreams to be considered.

7. This month, the focus is on providing an update to the Trust Board on the workforce reconfiguration workstream.

Workforce

8. Scope

The workforce reconfiguration programme focuses on:

- Leading and co-ordinating the development of Trust workforce plans to a service and specialty level to support each of the Trust's reconfiguration schemes.
- Producing and developing workforce models which address the requirements of changing models of care.
- Addressing both demand and supply issues and develop actions to ensure plans are achieved. Working with each business case to ensure the workforce development implications are highlighted, discussed and addressed with appropriate actions.
- Working closely with strategy leads, aligning with developing models of care and ensuring clinical input and key stakeholder engagement with the key aim of developing agreed, realistic and timely workforce plans that maximise workforce efficiencies.

9. Progress to date

- Creation of a Roadmap to capture all elements of workforce activity aligned to key milestones within each reconfiguration scheme. Roadmap to cover:
    - Organisational Development (OD) and engagement
    - Workforce planning and models
    - Human Resources and Consultation and implementation of workforce action plans
    - Education and Training
    - HR Systems and Payroll
    - Recruitment
- Creation of a detailed version of the roadmap for Children's services in order to illustrate how all potential tasks will be captured.
- Creation of a system of confirm and challenge panels as part of an overall workforce project plan for each reconfiguration. These sessions will be chaired by the Director of Workforce and OD and consist of senior professionals. The panels will be constituted at key stages in business case life cycles e.g. agreement of OBC/FBC.
- Establishment of an operational workforce workstream for each reconfiguration scheme.
- Mapping of the governance structures for workforce plans including relationship with LETG and New Roles Steering Group.
- Active involvement in project boards and other key strategic and operational forums for Emergency Floor, ICU, Vascular, Women's services, Children's services, Ambulatory Care Hub and Out of Hospital.

10. Next steps

There are a number of key tasks to be completed in the coming months for both the wider organisation and specifically related to capital business cases.

Across the Trust, a set of toolkits for OD and Engagement and Workforce Planning and Modelling to support the tasks identified in the Project Plan (Roadmap) will be agreed and rolled-out. In addition, briefings will be issued to CMG leads on potential workforce CIP opportunities and the first cut of CMG workforce plans for this year's operational plan will be undertaken.

For specific business cases, a workforce plan for ICU will be submitted to the project board; the Emergency Floor workforce plan will be revisited as a result of activity changes and the urgent care work stream; and a high level Children's workforce plan will be initiated.

11. Key challenges

There a number of key challenges within the workstream, including:

- Triangulation of workforce plans with finance and activity by March 2016.
- Developing innovative workforce solutions and efficiencies against the backdrop of more robust staffing and workforce standards.
- Ensuring OD and cultural challenges are addressed to support sustainable workforce solutions.
- Ensuring all staff groups are considered and included in planning assumptions.

Programme risks

12. The top three UHL reconfiguration programme risks to delivery this month are:

Risk: Capital funding not guaranteed for the estimated £327m, and will affect the 3 to 2 site strategy if not secured.
Mitigation: Regular meetings held with the NTDA who are fully sighted on capital programme and in support of changes. OBCs and FBCs continue to be implemented as per original plans. Options for alternative options of funding are being reviewed.

Risk: **Unmitigated growth in activity from failure of demand management initiatives to reduce acute admissions impacting original bed model assumptions**
Mitigation: The original assumption was that growth would be mitigated by system wide demand management strategies. This is not being evidenced in practice and therefore the Trust will be developing their own strategies to manage this demand (through new models of care) and using the recent Vanguard designation to drive this.

Risk: Risk of non-delivery of out of hospital beds could jeopardise ability to provide additional bed base at Glenfield for ICU level three and impacted specialities.
Mitigation: The Executive team are sighted to the risk of moving 52 beds of activity from Glenfield site by March 2016 to enable refurbishment works to be completed in line with the July 2016 deadline. This will be delivered through a combination of Out of Hospital shift, internal efficiencies and revisions to the model of care being undertaken on the site. In addition, a feasibility study into additional ward space is being carried out.

16. The risk log is reviewed and updated each month.

Recommendation

17. We would welcome the Trust Board's input regarding the content of the report, and any further assurance they would like to see in future reports.

Workstream progress report

	This month	Last month	Comments
Overall programme progress	**Green**	**Amber**	Progress continues to be made across all workstreams, however, RAG remains amber given the risks associated with delivery across a number of key areas (internal beds, out of hospital, and ICU).

Progress against plan. Red = Planned timeline is unlikely to be achieved, Amber = current timeline is at risk of not being achieved, Green = planned timeline expected to be met or exceeded

	Workstream	Executive Lead	Operational Lead	Objectives	On track against delivery (RAG)	Complete (%) against in year plan	Brief update on status
1	Clinical Strategy (Models of Care)	Andrew Furlong	Gino DiStefano	To ensure all specialties have models of care for the future which are efficient, modern and achieve the 2 acute site reconfiguration with optimal patient care	**Amber**	40%	Presentation to recent executive meeting to discuss current position and emerging themes; progress is slightly behind schedule as a number of specialities are yet to produce their future model of care. Work over next month to focus on concluding initial modelling, and supporting CMGs to complete their future service strategies and confirm future plans.
2a	Future Operating Model - Beds (internal)	Richard Mitchell	Simon Barton	To deliver bed reductions through internal efficiencies and achieve a 212 total reduction by 18/19 with a footprint capacity requirement by specialty	**Amber**	70%	16/17 bed reduction plans developed for ESM, RRCV and Gastro, with further support to remaining CMGs to develop plans; Trust bed log updated to show all internal bed movements (both up and down) from internal Beds CIP, Out of Hospital and ICU workstreams. A bed reconfiguration analysis will be undertaken to establish right size capacity by specialty.
2b	Future Operating Model- Beds (out of hospital)	Kate Shields	Helen Seth	To increase community provision to enable out of hospital care and reduce acute activity by 250 beds worth	**Amber**	40%	36 patients referred to ICS service since 16 October start, with 88.2% average occupancy; Ongoing work to ensure effective utilisation with visits to wards by ICS staff and attendance at ward team meetings. Additional 24 ICS home beds will open on 1 December. Discussions with clinicians on sub acute cohort is in progress.
2c	Future Operating Model - Theatres	Richard Mitchell	Simon Barton	To articulate the future footprint for theatres in a 2 acute site model including efficiency gains and left shift	**Green**	60%	**CIP -** Ongoing support to improve in-session utilisation; 40% reduction in short notice session cancellations between Sept-Oct; continued targeted support behind specialities who are main drivers of unfunded WLI usage. **FOM** - Work with ITAPS to model impact of other specialities models of care on theatres; need to determine number of sessions needed to deliver 16/17 activity.
2d	Future Operating Model- Outpatients	Richard Mitchell	Simon Barton	To articulate the future capacity requirements for outpatients in a 2 acute site model including efficiency gains and left shift	**Green**	60%	CMGs currently reviewing data packs for validation and use in 16/17 planning; continued focus on 8 identified high risk specialties.
2e	Future Operating Model- Diagnostics	Kate Shields		To articulate the future capacity requirements for diagnostics in a 2 acute site model including efficiency gains and left shift	**Amber**	5%	Diagnostics cross-cutting workstream aligned to capital business cases is being set up to ensure trust wide perspective of diagnostics resources in the coming years.
2f	Future Operating model- Workforce	Louise Tibbert	Richard Ansell; Louise Gallagher	To design the workforce model for a reconfigured organisation bringing in new roles and modern ways of working, achieving an overall headcount reduction	**Amber**	40%	**CIP -** Final diagnostic report on premium pay circulated to workforce board; medical job plans nearly complete; outputs from nursing ward establishment review nearly produced. **FOM:** Roadmap of all workforce activity aligned to key reconfiguration schemes produced; OD and engagement toolkits being developed; next month will see first cut of CMG workforce plans to support operational plans and ICU workforce plan.
3	ICU Level 3 business case	Kate Shields	Chris Green	Safe transfer of level three critical care service, and dependent specialties, from LGH to GH and LRI sites.	**Amber**	70%	Business cases complete following finalisation of revenue and capital cost pressures (covering Recovery, Emergency provision at LRI and reduction of Emergency services at LGH), and approved by ESB and Reconfiguration Board. Ongoing work to progress solutions for office space, as the project moves towards mobilisation, with the creation of site based implementation groups
4	Reconfiguration business cases	Kate Shields	Nicky Topham	To deliver a £320m capital programme through a series of strategic business cases to reconfigure the estate	**Amber**	50%	**Women's:** Liaison with BCT following announcement of consultation delay, attendance at Star Chamber to review feedback from NHS England on pre-consultation business case; **Planned Ambulatory Care Hub**: Principles and scope of the Hub reviewed and confirmed by Project Board; **EMCHC**: Approval of interim EMCHC at IFPIC; **Emergency Floor**: Finalise commissioning programme, resolve outstanding design issues, commence new CMG led workforce & activity workstream.
5	Estates	Darryn Kerr	Mike Webster	To deliver a £320m capital programme through a programme of work around infrastructure, capital projects, property and maintenance	**Amber**	50%	LGH workstream established with clear actions underway to refresh estates strategy down to a granular level; PID developed and presented to reconfiguration board. Terms of reference for space utilisation group refreshed.
6	IM&T	John Clarke	Elizabeth Simons	To enact the IM&T strategy and have a modern and fit for purpose infrastructure which supports the 2 acute site model and community provision strategy	**Amber**	40%	**EPR** - Updated FBC submitted to TDA to progress project funding. **EDRM -** FBC for roll-out across the Trust presented to CMIC; approval awaiting evaluation of paeds deployment and benefits of use. Ongoing work to develop OD change element across the Trust of moving to an EPR solution; link with UHL methodology; will be discussed at future ESB.
7	Finance/Contracting	Paul Traynor	Paul Gowdridge	To achieve financial sustainability by 18/19 and support reconfiguration of services through effective contracting	**N/A**	N/A	Revised capital plan and breakdown of 15/16 capital and revenue costs presented to November reconfiguration board. Regular meetings with NTDA to maintain dialogue regarding capital requirements.
8	Communication & Engagement	Mark Wightman	Rhiannon Pepper	Ensure staff, stakeholders, and public are aware of UHL reconfiguration and are able to contribute and feed into discussions.	**Green**	N/A	**ICU reconfiguration**: Staff briefings held across sites , good attendance and feedback; **Out of hospital** - further messaging to key leaders to increase usage; **Wider reconfiguration** - Network of Know-it-alls established to spread messages about reconfiguration across the Trust.
9	Better Care Together	Kate Shields	Helen Seth	Realising the UHL elements of BCT within the organisation through new ways of working/pathways and activity reductions	**Amber**	40%	Further work on pre-consultation business case following NHS England feedback complete, including Star Chambers with each workstream to provide further detail to the case; development of a LLR approach to organisational culture and change management; System wide dashboard presented to ESB, with further development work Ongoing to secure wider engagement in the project.

Note: The RAG and % complete is based on workstream lead evaluation and detail provided in highlight reports.

UHL Reconfiguration Programme Board - December

Risk log

Top 10 risks across all workstreams

Risk ID	Workstream	Risk description	Likelihood (1-5)	Impact (1-5)	Risk severity (RAG)- current month	Risk severity (RAG)- previous month	Raised by	Risk mitigation	RAG post mitigation	Risk Owner	Last updated	Alignment to BAF
1	Overall programme	Capital funding not guaranteed for the estimated £330m, and will affect 3 to 2 site strategy if not secured. National capital availability at risk and impact not yet known.	3	5	15	15	PT	NTDA fully sighted on capital programme and in support. Regular meetings with NTDA. ITFF application submitted for emergency floor. OBC and FBCs continue to be implemented as per original plans. Options for alternative options of funding are being reviewed.	15	Paul Traynor	26-Nov-15	
2	Overall programme	Ongoing transitional funding required to deliver programme beyond 15/16 will need to be secured to ensure Ongoing delivery. In year resource requirements identified and on track.	3	4	12	15	EW	Resource requirements identified and process for internal management (ahead of external approval) agreed with central tracking in place. Monthly updates to programme board on costs committed.	9	Paul Gowdridge	28-Oct-15	
3	Overall programme	Consultation timelines significantly impact on business case timelines, and ability to achieve 19/20 target for moving off the General. Particular impact on treatment centre and women's projects.	4	4	16	16	RP	Discussions with BCT programme lead on consultation timelines and process, and seeking legal advice on options moving forward. Continue to progress business cases as per plan. Consultation now delayed to Spring 2016; change control process enacted for capital projects, all to be reviewed at reconfiguration board.	12	Mark Wightman	26-Nov-15	
4	Overall programme	Operational delivery/pressures may be negatively impacted by requirements of reconfiguration i.e., operational resource/input	3	5	15	15	RM	Each FOM workstream has a dashboard where operational risks will be identified. Operational representation on the programme board and business case meeting to ensure strategy and operations better align and issues addressed early.	12	Simon Barton	24-Sep-15	
5	Overall programme	There are a number of external factors that may impact delivery of the current programme within agreed timeframes	4	5	20		EW	Key actions produced following Trust Board Thinking Day in November, focusing on creating additional capacity; integration with partners; and activity assumptions.	15	Kate Shields	26-Nov-15	
6	Internal beds	There is a risk that some bed closures may not be achievable as there are no clear plans for 109 beds worth of demand management where the BCT SOC assumed this would occur.	4	5	20	20	EMS	Continued monitoring of actual vs. planned activity and clear escalation route through UHL reconfiguration programme board, LLR Service Bed Reconfiguration board and IFPIC. Risk remains a concern whilst partner plans remain absent and to be formally escalated to LLR Bed Service Reconfiguration group - need to explore what can be done through vanguard, MOC and BCT. Pushing for a LLR dashboard to be developed to manage system wide position. further work required on demand management.	20	Kate Shields	24-Sep-15	
7	Out of hospital beds	Workforce- Overall staffing numbers required may not be available in the short term to reach the target occupancy level. UHL not fully utilising available capacity.	3	4	12	20	HS	Joint workforce plan agreed with LPT for the out of hospital community service and recruitment underway for phased increased. Dashboard created to monitor utilisation of increased capacity.	12	Helen Seth	28-Oct-15	
8	Level three ICU	Risk of delivery of out of hospital beds could jeopardise ability to provide additional bed base at Glenfield, which is required to relocate HPB.	4	5	20	20	CG	The Executive team are sighted to the risk of moving 52 beds of activity from Glenfield site by March 2016 to enable refurbishment works to be completed in line with the July 2016 deadline. This will be delivered through a combination of Out of Hospital shift, internal efficiencies and exploration of out reach provisions. Feasibility study into additional ward space being carried out.	12	Kate Shields	26-Nov-15	
9	Workforce reconfiguration	Culture of organisation needs to embrace reconfiguration - this has not yet been addressed; OD programme not yet in place.	3	4	12	15	KS	Director of HR and Workforce reconfiguration sit on programme board and will be developing a proposal for Trust wide OD. Draft plans aligned to all business cases being developed, and will align with UHL way (launch 3/12). OD resource for business cases being secured.	9	Louise Tibbert	26-Nov-15	
10	Capital reconfiguration business case: Emergency floor	EPR will not be available ahead of ED build which impacts on required space estimated within business case, and therefore has cost implications.	4	4	16	16	John Clarke	Monitoring plan with NTDA. Ensure timely responses to TDA and DH. Develop plan B to support ED paperless environment.	9	JC	01-Aug-15	

Risk Matrix

Impact	Likelihood				
5 Very High	5	10	15	20	25
4 High	4	8	12	16	20
3 Medium	3	6	9	12	15
2 Low	2	4	6	8	10
1 Negligible	1	2	3	4	5
	1 Rare	2 Unlikely	3 Possible	4 Probable	5 Almost Certain