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 Estates 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.

In addition, the Trust Board 'Thinking Day' in November will include a focused session on the current status of the whole reconfiguration programme, and provide an opportunity for further discussion and input as the programme moves forward into delivery phase.

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 Estates 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 28 October 2015.

2. The Estates workstream has made progress over the past few months, across a number of areas with a clear series of actions underway to refresh the estates strategy and produce the granular route map.

Input Sought
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.

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 5 November 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 28 October. 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.

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. An organisational governance flow diagram showing the reconfiguration governance through the organisation will be discussed at the November Audit Committee, then taken to ESB and brought to the Trust Board in December. This action was completed by the Reconfiguration Director and Director of Corporate and Legal Affairs.

5. Following the reconfiguration workshop on 30 November, the focus has been on driving forward a number of key activities across the workstreams to develop the overarching programme plan – this is in draft and being validated to map interdependencies. In addition, an exercise is underway for the completion of a detailed specialities matrix to capture what is going where, future requirements and how (i.e., business case. out of hospital, or future operating model, for example), across all workstreams and Better Care Together (as appropriate). These are key component parts to develop granular plans for delivering the three to two site strategy.

6. The Trust Board 'Thinking Day' in November will include a session on the wider reconfiguration programme, covering; new models of care and the workforce required to deliver the plan, both in and outside of hospital; a review of the opportunities to become more specialised; discussions around access to capital funding and management of associated risks; and how to ensure ongoing performance delivery.

Workstream updates

7. 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.

8. This month, the focus is on providing an update to the Trust Board on the Estates Reconfiguration workstream.

Estates

9. An additional workstream, the 'LGH workstream', has been created to pull together the key activities required to take the original estates assumptions (what going where/size) and refresh with all the new 'knowns', to formulate a revised plan for moving services off the LGH. This workstream will sit within Estates but requires input from all workstreams. Key outputs will include the 'route map' and proposed remaining major business cases (within the £327m original plan).

10. The reconfiguration planning workshop, held on 30 September, brought together a number of these workstreams to work up some of the key actions required to begin to understand the existing estates strategy and agree how to move towards a more granular level of detail. A number of priority outcomes were agreed at the workshop, including the need to have clear timelines and decision making points for all project milestones, and the need to review the current activity and capacity plans.

11. A small working group has been established to meet monthly to ensure progress is on track to deliver against the agreed priority outcomes required.

12. The three site surveys commissioned by the LGH workstream is now complete and has been validated by CMGs. Aside from a small number of minor errors, this information is correct. Further work is required to agree co-locations of services and interdependencies. A matrix of all specialties/services, with future planning assumptions, is being collated to inform the on-going site space assessments and validation of non-clinical space. Priority areas are to be confirmed by the models of care/future operating model work, to further reduce our acute footprint; this will be completed by the end of November.

13. A similar exercise has been completed for non-clinical services, corporate and external partners. The next step for corporate will be to assess what does/doesn't need to be located on an acute site. A review of the report with corporate leads will be carried out to ascertain what space could be released. For external partners, positive discussions are underway to agree appropriate use of space and released of areas where required.

14. A review of site space occupied by external agencies is also ongoing, in particular of University of Leicester embedded space. Outputs of this data collection and analysis will be presented to both UHL Trust and University of Leicester Boards.

15. Key activities for the coming weeks include overlaying the validated site surveys with all known future state changes through business cases, future operating model and models of care, and out of hospital shift. This will then be aligned to the outcome of the second cut future operating model capacity requirements, to understand where the gaps are and the true size of the challenge to achieve the two site model.

16. This will ensure all services (that need to be) are captured in the reconfiguration programme and inform the modelling/planning work. It will also provide options for the LGH in the future, and will enable an infrastructure review of what we currently have and what is needed in the future.

17. In addition, a report of what space might be made available for clinical use (repatriation) will be produced.

18. To support reconfiguration projects, a clear programme of vacated space and recommendations for its re-use in line with Trust policy and Estates Strategy will be

produced. This will include the introduction of the Space Utilisation/Allocation Policy across the Trust.

19. An updated gantt chart of all estates phases, actions and timelines will be produced for the Trust Board thinking day in November.

Risks

20. 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 cited on capital programme and in support of changes. OBCs and FBCs continue to be implemented as per original plans. Consideration will be given to capital availability and the impact on the wider reconfiguration plan at the Thinking Day in November.

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 Plan B is being considered (outreach type model) which could provide additional capacity within the system.

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 - November 2015

	This month	Last month	Comments
Overall programme progress	**Amber**	**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). Organisational governance for reconfiguration mapped and submitted to November audit committee.

	Workstream	Executive Lead	Workstream Lead	Objectives	On track (RAG)	Complete (%)	Comments
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**	20%	Workshop outputs summarised into master database along with immediate next steps, including what we need to potentially model to inform the next iteration of the Future Operating Model. High level service by service review undertaken with partners from the Alliance and BCT to ensure everyone is sighted on who is doing what with each service . Priority areas to be agreed with HOOPs and further modelling to begin with clinical leads.
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	**Green**	65%	Continued development of the schemes required to deliver the 16/17 plans including Rapid Cycle tests and KPIs, post presentation to Bed Programme Board. Further work required on bed management policy revision, bed cascade development and core action card development for ensuring consistent bed management decision making.
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**	50%	16 ICS beds opened on 15 October as planned, and communicated across the Trust; UHL and LPT's Chief Nurses have met and agreed to meet monthly and discuss joint principles that might support new ways of working both now and in the future; ongoing recruitment plan in place. Continued focus on ensuring bed utilised.
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	**Amber**	40%	Reduction in short notice cancellations for October; further focus on providing ongoing support to improve in session utilisation; next steps to work with ITAPs to model impact of other specialities models of care and implications on theatres.
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**	50%	Data received and initial analysis completed for specialties selected as part of the 16/17 programme; ongoing focus on specialties improving utilisation to support eventual reduction in capacity requirement.
2e	Future Operating Model- Diagnostics	Kate Shields	Suzanne Khalid	To articulate the future capacity requirements for diagnostics in a 2 acute site model including efficiency gains and left shift		#NAME?	Diagnostic workstream across major business cases to be established to focus on new models of care across the programme.
2f	Future Operating model- Workforce	Louise Tibbert	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**	25%	Dedicated reconfiguration lead now in post. Premium pay steering group established; new roles group terms of reference refreshed; next focus of work on completion of roadmap for all reconfiguration schemes and determine work required in relation to: OD, Workforce Planning and Development, HR and Consultation, Education and Training.
3	ICU Level 3	Kate Shields	Chris Green	Safe transfer of level three critical care service, and dependent specialties, from LGH to GH and LRI sites.	**Amber**	65%	Location of renal transplant beds at GH agreed; Requirement for office space at GH (for both enabling moves and those moving onsite) requires around 60 offices. Space utilisation team engaged to support in rapid generation of a cost effective solution and clearance of space; All current planning assumptions to be signed off by HoOps, HoN, CDs prior to Dec TB.
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	**Green**	30%	**Treatment centre** - Further development of models of care including identification of out of hospital activity; **EMCHC** - full business case to IFPIC (October); **EF** - commencement of development commissioning strategy; **Children's** - Clinical validation of activity model ongoing, due for presentation of PID at IFPIC 29/10.
5	Estates	Darryn Kerr	Richard Kinnersley	To deliver a £320m capital programme through a programme of work around infrastructure, capital projects, property and maintenance	**Amber**	25%	Initial site surveys complete and validated across clinical, corporate and commercial. Reconfiguration workshop held 30/9 where all aspects of reconfiguration were reviewed. LGH workstream established with clear actions underway to refresh estates strategy down to a granular level.
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**	65%	**EDRM** - now live in paediatrics, pending an evaluation from IBM before EDRM FBC for whole trust considered for approval; **EPR -** further discussion with TDA on EPR, with updated FBC to be submitted by 16/11.
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	Risk regarding access to capital (national trend). ITFF submitted for 15/16 and regular meetings held to manage risk. All reconfiguration expenditure being monitored and reported through Reconfiguration Board.
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	Senior manager briefings established; graphics to support reconfiguration produced; refresh of ICU comms ahead of enabling works; information provided for women's BCT workstream to support public consultation.
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**	35%	Business case to establish an integrated specialist stroke/neuro rehabilitation service has been approved in principle by CCGs and will now go through UHL internal processes; pre-consultation business case to be approved by all boards; work ongoing to establish dashboard for across all workstreams and organisations to monitor delivery against metrics.

UHL Reconfiguration Programme Board - November

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 cited 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. Consideration of options if capital unavailable to be discussed at November TB thinking day.	15	Paul Traynor	28-Oct-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. Intended start date of 30.11.	12	Mark Wightman	28-Oct-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	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.	20	Kate Shields	24-Sep-15	
6	Out of hospital beds	Workforce- Overall staffing numbers required may not be available in the short term to reach the target occupancy level. Use of available capacity.	4	5	20	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	
7	Level three ICU	Current revenue and capital implications may not be affordable and therefore have significant impact on other business cases as this is a must do.	3	4	12	12	CG	Continued confirm and challenges, led by medical director and team, of revenue and estate assumptions and impact moving forward. Final revenue and capital estimates to go to IFPIC for review/sign off in November.	12	Kate Shields	24-Sep-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 cited on 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.	12	Kate Shields	28-Oct-15	
9	Workforce reconfiguration	Culture of organisation needs to embrace reconfiguration - this has not yet been addressed; OD programme not yet in place.	3	5	15		KS	Director of HR and Workforce reconfiguration sit on programme board and will be developing a proposal for Trust wide OD.		Louise Tibbert	28-Oct-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