Monthly Strategy Update (UHL Reconfiguration Programme)

Author: Ellie Wilkes Sponsor: Kate Shields Date: 6th August 2015

Executive Summary

Trust Board Paper J

Context

To date the UHL Reconfiguration Programme has focused primarily on the design and planning stages, now beginning to move into delivery. It has been running since January 2015 and therefore has concentrated on establishing the programme and work streams, setting up the governance and implementing robust reporting. As part of the shift in emphasis to delivery and accountability there is the need to consider how best to present information to enable a programme wide overview of how progress against plan.

A suite of dashboards has been produced for different audiences at different levels of assurance. This is expanded upon in the paper. Level one is aimed at the executive level and an example is attached to the paper for Trust Board to consider and provide feedback. This is following on from an initial 'dummy' version submitted in June which has been improved to capture appropriate level data. In addition a 'plan on a page' is also attached to provide a summary of the workstreams within the programme. It is important to note that sitting below this overview will be a more detailed programme dashboard(Level two) with a number of even more granular workstream level ones below including highlight reports and project timelines.

Questions

- Does the Trust Board find the visual format easy to understand?
- Does the Trust Board think the dashboard has sufficient information to provide assurance?
- What other information might be required?
- The Business Cases are summarised here under one workstream instead of listing each business case (except for ICU considering the complex nature). Is this sufficient or should the Trust Board receive the detailed timeline of all Business Cases in addition, noting that all Business Cases will be reviewed at IFPIC?

InputSought

The Board is asked to note the content of this report and consider the questions above.

For Reference
Edit as appropriate:

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	[Not applicable]

This matter relates to the following governance initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Not applicable]

Related Patient and Public Involvement actions taken, or to be taken: [Not applicable]

Results of any Equality Impact Assessment, relating to this matter: [Not applicable]

Scheduled date for the next paper on this topic: Regular Update

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

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

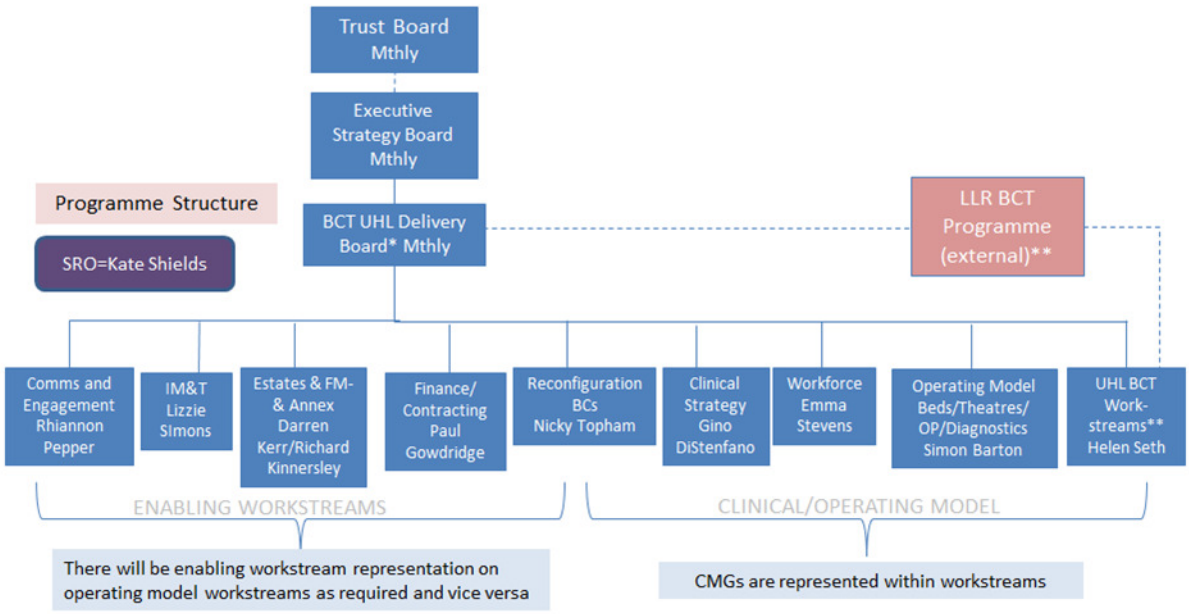
UHL Reconfiguration Programme Assurance

Background

1. The UHL Reconfiguration Programme was established in January 2015 to develop a programme of work to design and deliver the Trust's strategic plan to reconfigure services (Strategic Objective 7) and reduce to a two acute site model. A Programme Initiation Document was produced and approved which outlined the approach to the governance structure and intended remit.

2. Whilst a programme existed for the intended capital business cases work programmes were not in place to develop the models of care across the organisation at specialty level, nor model the proposed activity and capacity requirements of a two site model. Recognising that annual planning involves some strategic consideration and capacity planning, this would not be sufficient in detail to develop the 'future operating state. Establishing a formal programme was a direct recommendation of the DH Gateway Review held in October 2014.

3. Initially eight workstreams were established, broadly grouped to 'operating model' or 'enabling' as shown in the diagram below. All workstreams completed charters and Project Initiation Documents (PIDs) which needed to be approved in order to be formally established.The Programme Board meets on a monthly basis (chaired by Kate Shields, the SRO) and reports to Executive Strategy Board (ESB).



4. Currently, on a monthly basis, the Programme Board receives and reviews a series of highlight reports, a summary of which reports through to ESB for review and discussion. In addition, workstream workbooks are received regularly and a risk register is maintained. Papers are also presented through IFPIC and CMIC as requested.

Programme Governance

5. The Programme is at a point where the focus is shifting to monitoring progress against key milestones, holding workstreams to account and ensuring the programme is on track to

deliver. The 'plan on a page' (appendix A) describes the programme overview across all the reconfiguration workstreams with key deliverables and milestones.

6. As the programme moves more into delivery (with some workstreams in this space already) a number of dashboards have been developed in order to be able to track the overall programme, triangulate progress and provide assurance. There will be a need to track progress at different levels of the programme and therefore to differing degrees of granularity.

7. The table below illustrates the proposed reporting hierarchy using a dashboard approach to provide assurance and encompasses four levels of report aimed at specific audiences. Level one (Appendix B) is the executive summary being discussed in this paper and level two, the programme dashboard, contains more information and would be used at the programme board to track delivery. The underlying principle is that all audiences will be able to access the various layers for additional detail if required.

Level	Report	Audience	Example content	New or Existing?
1	Executive Summary	• Trust Board • Executive Strategy Board	2 page summary of all programme dashboards at a overview level Including: key milestones and risks etc.	New
2	Programme Dashboard	• UHL Reconfiguration Programme board • BCT PMO	Summary dashboard of detailed workstream highlight reports Including: risk and issues, project plans, key milestones etc.	New
3	Workstream Dashboard	• Workstream members • UHL Reconfiguration Programme Board	Highlight reports covering all key metrics in a dashboard style Including: project plans and KPIs.	Existing
4	Project level reports	• Project land workstream leads	Detailed reports covering all aspects of each project	Existing

8. The Level one dashboard contains information on each workstream showing performance against plan. The intention is to provide an executive level audience with an 'at a glance' view of the programme. Therefore the dashboard is focused on a high level overview of each workstream including overall confidence against delivery, progress since last reporting period (30 days) and status against key milestones. The top programme risks aggregated are also included see Appendix C.

9. Workstreams will continue to produce highlight reports on a monthly basis and maintain active project plans.

10. Unfortunately the best mechanism for producing the dashboards is in excel which can be less user friendly on an Ipad however, this is minimised by releasing them for view in PDF. Other solutions will be explored to improve visibility.

11. It is important to note that the programme dashboard (level two) is in its infancy (recognising that workstreams already report against milestones from a project level upwards) and will evolve to include other metrics/detail as the programme progresses. There are likely to also be other types of dashboards produced to track aspects of the programme once fully in delivery phase.

Recommendation

12. Trust Board is asked to note the content of this report and consider the questions below.

- Does the Trust Board find the visual format easy to understand?
- Does the Trust Board think the dashboard has sufficient information to provide assurance?
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- The Business Cases are summarised here under one workstream instead of listing each business case (except for ICU considering the complex nature). Is this sufficient or should the Trust Board receive the detailed timeline of all Business Cases in addition, noting that all Business Cases will be reviewed at IFPIC?

Building Caring at its best

Plan on a Page: UHL Reconfiguration Programme

University Hospitals of Leicester NHS
NHS Trust

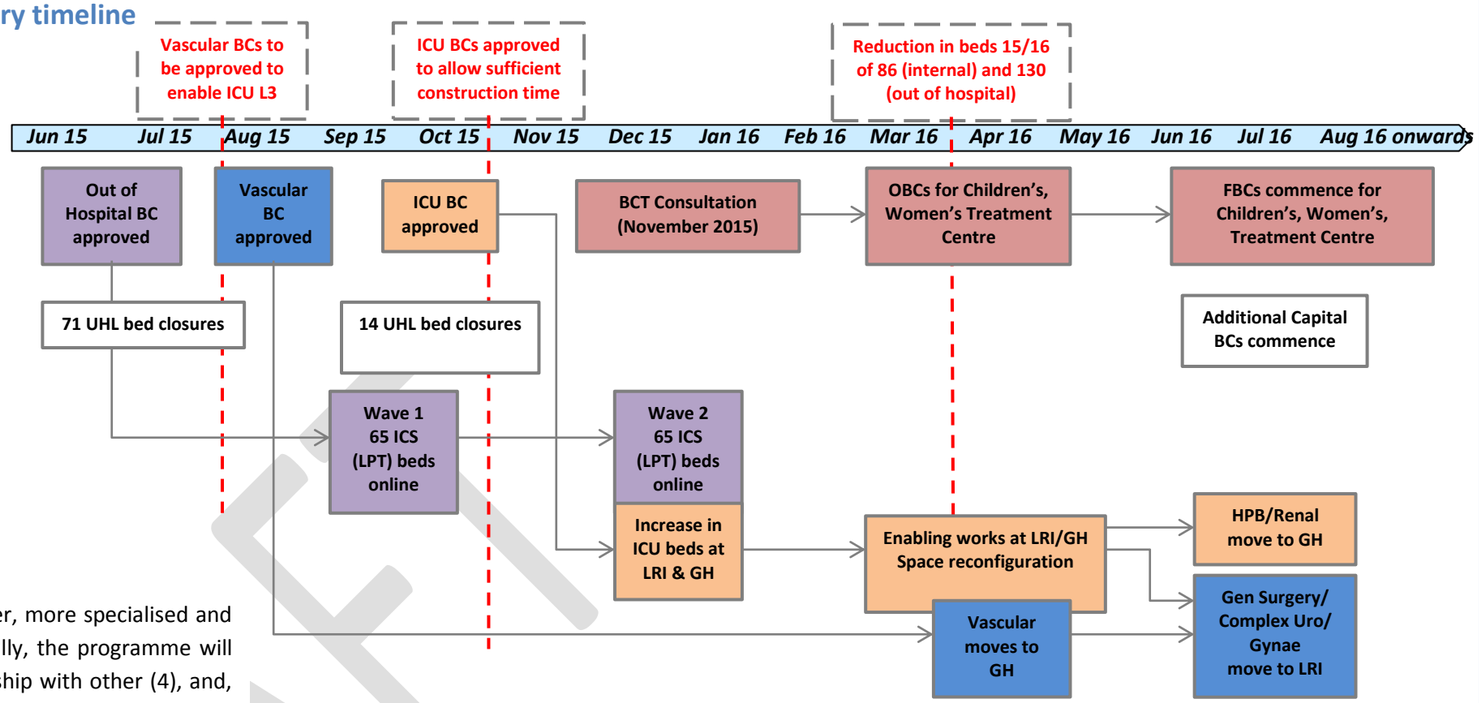
Developing the future state: 'Blueprint'

Design — **Clinical Strategy/Models of Care** - To work with CMGs to develop clinical models which support the Trust vision (building on existing work).

Impact — **Future Operating Model** - To model activity demand & capacity requirements at specialty level to inform a two acute site model.

Delivery — **Business Cases** - To transform the clinical model and capacity requirements in to a business case with an estates annex.

Delivery timeline



Vision, aims and objectives: Support delivery of the UHL five year strategy to become smaller, more specialised and financially viable, using a PMO approach to manage a number of key workstreams**.** Specifically, the programme will work towards delivery of two of the nine UHL strategic objectives: integrated care in partnership with other (4), and, ensuring a clinically sustainable configuration of services from excellent facilities (7).

Delivery mechanism	Key aims	Key deliverables	KPIs	Timescale for delivery
Models of care/clinical strategy	Ensure all specialties have future models of care which are efficient and modern, with optimum patient care.	Two acute site reconfiguration; upper quartile performing services.	Smaller footprint; increase in specialised services	2019
Future Operating Model: Beds (internal)	Deliver bed reductions through internal efficiencies, with footprint capacity requirement by speciality	Bed programme dashboard in place	212 bed reduction; reduced length of stay; % of activity in and outside of acute hospital	2018/19
Future Operating Model: Beds (out of hospital shift)	Increase community provision to enable out of hospital care and reduction on acute activity	Footprint model of care in and out of hospital	250 beds worth of activity left shift to community	2015/16
Future Operating Model: Theatre	Articulate the future footprint for theatre, outpatients and diagnostics in a two acute site model including efficiency gains and left shift	Efficiency gains and different models of delivery	Three day sessions for some specialities; decrease in under-utilisation of theatres	2018/19
Future Operating Model: Outpatients		Reduction in outpatient capacity through left shift and Alliance.	% of service managed in community; utilisation of slots.	2018/19
Future Operating Model: Diagnostics		Standardised operating procedures.	Increased utilisation of current capacity	2018/19
Future Operating Model: Workforce	Design model for reconfigured organisation, with new roles and modern ways of working	Productivity and different model of delivery	Reduction in overall headcount	2019
Reconfiguration business case: ICU level 3	Safe transfer of level three critical care services, and dependent specialities, from LGH to GH and LRI sites	Moving of level three critical care off LGH by July 2016	Completion of all service moves from LGH to LRI (x beds) and GH (x beds)	July 2016
Capital reconfiguration business cases	Deliver a £320m capital programme through a series of strategic business cases to reconfigure services and estate	FBC's completed for all business cases, approved by Trust Board.	Delivery within agreed timescales and on budget.	2019
Enabler: Estates	Deliver a £320m capital programme through a programme of work around infrastructure, capital projects, property and maintenance	Refurbishment, modernisation, construction to deliver business cases	Delivery within agreed timescales and on budget.	2019
Enabler: IM&T	Enact the IM&T strategy; provide modern, fit for purpose infrastructure supporting two site acute reconfiguration	Implementation of EPR, EDRM and Managed Print Solutions	Paper-less records. Improved patient experience. Increase in productivity KPI TBC)	2019
Enabler: Communications and engagement	Ensure staff, stakeholders and public are aware of UHL reconfiguration and are able to have their say	Overarching communications and engagement strategy in place	Engagement from staff and key stakeholders with key activities of the programme.	2019
Better Care Together	Realising UHL elements of BCT within UHL through new ways of working/pathways and activity reductions	New models of care for LTC, urgent care and planned care pathways	Increased community provision	2019

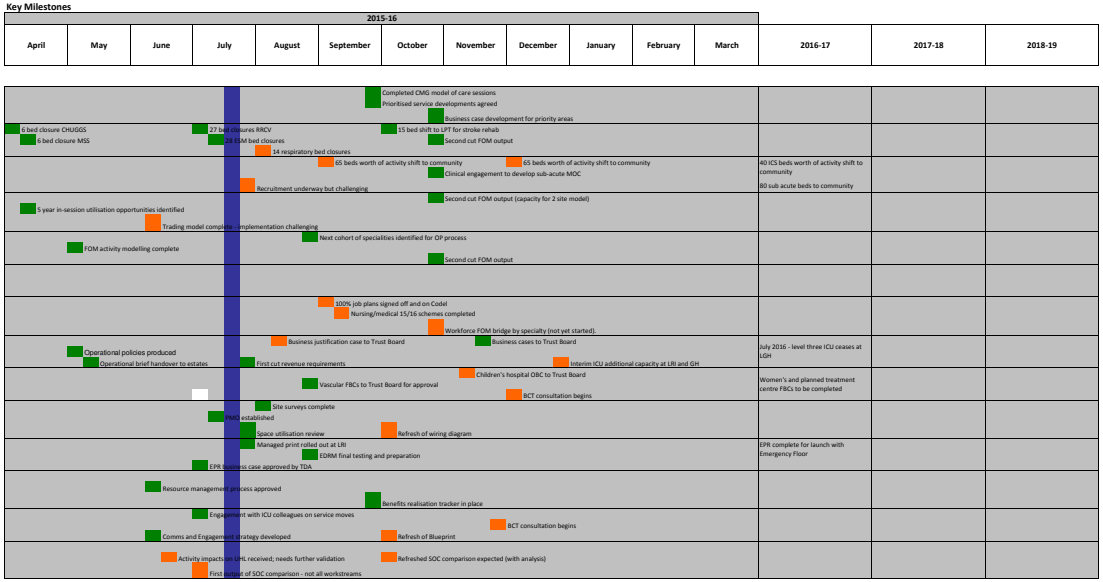
Workstream progress report

	This month	Last month	Comments
Overall programme progress	Amber	Amber	Programme this month focused on developing dashboards to demonstrate progress with delivery of all workstreams. Programme raged amber due to risk associated with out of hospital delivery and ICU relocation.

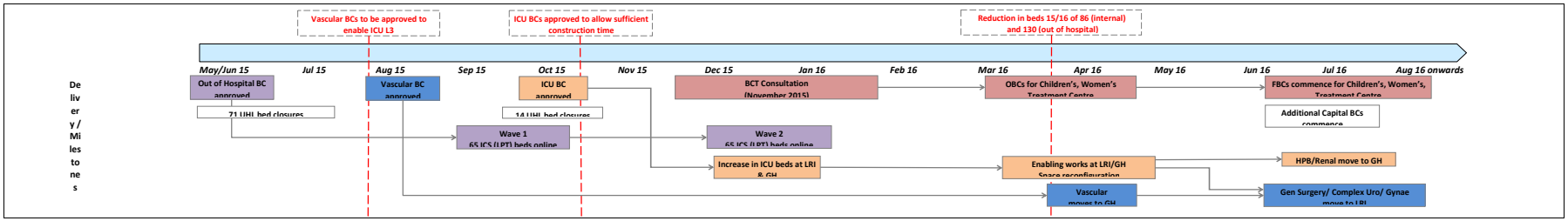
	Workstream	Executive Lead	Workstream Lead	Objectives	On track (RAG)	Complete in year (%)	Comments
1	Clinical Strategy (Models of Care)	Andrew Furlong	Gino DiStefano	To ensure all specialties have models of care for the future which are efficient, modern and achieve the 2 acute site reconfiguration with optimal patient care	Green	5%	CMG sessions underway; good engagement with clear outputs defined to implement clinical strategy moving forward
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%	Sustained progress with agreed bed closures and reductions in LOS.
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%	Business justification template approved with £1.4m transitional funding; subject to contractual agreement.
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%	Current data indicates unbudgeted WLI usage almost halved from 14/15 monthly average (focus on in year delivery).
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%	Focus on improved OP productivity across cohort specialities through dashboard monitoring.
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	Amber	#NAME?	Workstream only recently formed. Scope and project structure to be confirmed.
2f	Future Operating model- Workforce	Paul Traynor	Emma Stevens	To design the workforce model for a reconfigured organisation bringing in new roles and modern ways of working, achieving an overall headcount reduction	Amber	20%	Current focus on in-year CIP delivery - 93% job plans submitted; 28% on Codel. Premium pay workstream enabling strategy TBC.
3	ICU Level 3	Kate Shields	Chris Green	Safe transfer of level three critical care services, and dependent specialities, from LGH to GH and LRI sites.	Green	60%	Clinical and estates confirm and challenge held to confirm revenue costs and space requirements
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	40%	FBCs for vascular presented to IFPIC and August TB. Women's/children MOC being developed
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	20%	Developing programme to support estates delivery. Site surveys underway/LGH site options being reviewed
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%	EPR business case approved; funding not yet secured; proceeding at risk with early works
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	Resource requirements for programme delivery identified/process for approval agreed.
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	Pre-engagement on women's services; #NewEDLeics Blog online; left shift comms plan in place with LPT.
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 (planned, LTC and urgent care workstreams)	Amber	35%	Awaiting confirmation of workstream timescales for delivery and associated activity impacts on UHL

N/A: Enabling workstreams ongoing

Key Milestones



All workstreams - delivery timeline

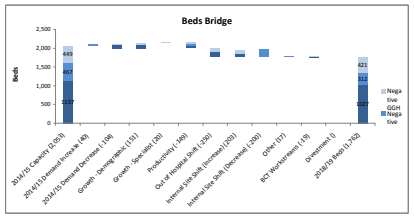


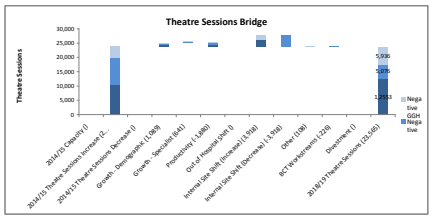
Key Metrics - Future Operating Model and business case progress

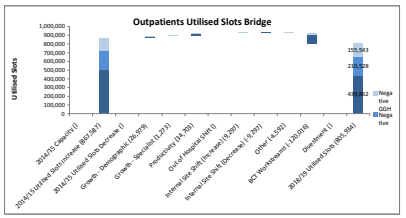
Business Case Progress

Business case	% complete	RAG	Upcoming Milestones
Emergency Floor	100%	Green	Awaiting funding approval
Vascular	85%	Green	Awaiting TB approval
Level 3 ICU	60%	Amber	Business justification to TB August
Children's	10%	Amber	November deadline for OBC challenging
Women's	20%	Green	Short-list options agreed for BCT consultation
Planned Treatment Centre	10%	Amber	MOC to be agreed

% complete based on business case process, not construction







Level 3 - Workstream Highlight reports | Level 2 - Performance board report | **Level 1 - Executive board report**

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	3	5	15	0	PT	NTDA fully cited on capital programme and in support. Regular meetings with NTDA. ITFF application submitted for emergency floor.	15	Paul Traynor	30-Jul-15	
2	Overall programme	Transitional funding required to deliver programme (PMO/business case support/FOM) not available	4	5	20	20	EW	Resource requirements identified and process for internal management (ahead of external approval) agreed with central tracking in place.	15	Paul Gowdridge	30-Jul-15	
3	Out of hospital beds	Workforce- Overall staffing numbers required may not be available in the short term to reach the target occupancy level	4	5	20	20	HS	Joint workforce plan agreed with LPT for the out of hospital community service. A similar approach will need to be considered project by project	12	Helen Seth	30-Jul-15	
4	Internal beds	Unmitigated growth in activity from demand management failure demographic growth exceeding planning	5	5	25	25	0	Dashboard development being undertaken for LLR Bed reconfiguration group to manage all parts of the system. Escalation process in place to BCT Delivery Board to hold system to account.	16	0	30-Jul-15	
5	Overall programme	Consultation timelines significantly impact on business case timelines	4	4	16	16	RP	Discussions with BCT programme lead on consultation timelines and process, and seeking legal advice on options moving forward.	12	Mark Wightman	30-Jul-15	
6	Level three ICU	Current revenue and capital implications may not be affordable and therefore have significant impact on other business cases.	3	4	16	0	0	Confirm and challenge, led by medical director and team, of revenue and estate assumptions and impact moving forward.	12	Kate Shields	30-Jul-15	
7	Level three ICU	Risk of delivery of out of hospital beds could jeopardise ability to provide additional bed base at Glenfield.	4	5	20	0	JE	Discussions with RRCV, who will drive their internal efficiency programme. Awaiting confirmation of the detailed plan and cohort of patients under left shift - agreed this will be delivered by 14/08. Internally, estates are reviewing opportunities to create additional bed space within existing GH footprint.	15	Jane Edyvean	30-Jul-15	
0	0	0	0	0	0	0	0	0	0	0	00-Jan-00	
0	0	0	0	0	0	0	0	0	0	0	00-Jan-00	
0	0	0	0	0	0	0	0	0	0	0	00-Jan-00	

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