UHL Reconfiguration – update

Author: Ellie Wilkes Programme Director Sponsor: Kate Shields Trust Board paper J

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 the out of hospital beds – Intensive Community Support (ICS) service.

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 out of hospital (ICS) 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 23 December 2015.
2. The Out of Hospital workstream continues to make good progress to develop schemes in primary, community and home care settings, allowing UHL to focus on delivering care to complex patients.

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 7 January 2016

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 23 December. 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.

2. Notification was received from the Department of Health in December 2015 that only a limited amount of capital funding will be available up to the end of March 2016. This funding will be spent on maintaining progress with the emergency floor, multi-storey car park and relocation of vascular services to Glenfield. In light of this announcement, the current capital plan is being re-phased, which, in turn, means that the timelines for delivery of the wider reconfiguration plan will need to be reviewed. In the short term, this will see a delay to the implementation of the level three ICU business cases. Work is ongoing to understand the length of the delay and impact on affected services.

3. The implications of the capital shortages on the overall timeline for delivery of reconfiguration plans were discussed at the December Reconfiguration Board. A more detailed paper will be shared with the Trust Board in February, following sign off by the Executive Strategy Board in January 2016.

Governance update

4. 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, based on the workstream view of progress against individual project milestones.

5. 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. To make the register ‘live’, a ‘by when’ column has been added to ensure risks are regularly reviewed and mitigations enacted. The top programme risks are aligned with, and reflected in, the Trust’s Board Assurance Framework (BAF).

6. The governance flow for the programme has been completed and taken to the Audit Committee for approval (appendix three). A Project Implementation Document is currently being developed to give an update on the current state of the programme and how it is supporting delivery of the UHL five year plan.

Programme risks

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

8. **Risk:** BCT SOC assumed 571 bed closures, 109 of which were predicated on demand management. 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, which has significant impact on delivery of overall plan.

9. **Mitigation:** Demand management will need to be reconsidered. Vehicles for delivery are UHL's MOC strategy and the Vanguard MOC. More focus needed on reducing patients admitted four times or more and on readmissions as well.

10. **Risk:** Capital funding not guaranteed for the estimated £330m, and will affect 3 to 2 site strategy if not secured. Notification received from Department of Health that national capital availability is limited and impact on UHL not yet known.

11. **Mitigation:** Limited capital available until end of March 2016. Unclear on implications for 2016/17 as yet; re-phasing plan is ongoing. OBC and FBCs continue to be implemented as per original plans. Options for alternative options of funding are being reviewed.

12. **Risk:** Consultation timelines significantly impact on business case timelines, and ability to achieve 19/20 target for our preferred option of moving off the General site. Particular impact on planned ambulatory care hub and women's projects moving forward.

13**.** **Mitigation:** 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 reviewed at reconfiguration board.

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

Workstream update

15. 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.

16. This month, the focus is on providing an update to the Trust Board on the **out of hospital (ICS) beds workstream.**

Recommendation

17. 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.

Workstream update – Out of hospital beds

Scope

The Better Care Together programme and the UHL Five Year Strategy articulate a vision for services in Leicester, Leicestershire and Rutland in which far more care is provided out of hospital in primary, community and home care settings, allowing UHL to concentrate on delivering care to complex patients.

The scope of the Out of Hospital project is:

- To transfer 250 beds worth of activity from UHL to LPT by March 2017; 130 beds worth of activity will transfer in 15/16
- To work with LPT to design and implement community based models of care that meet this demand, without detrimental impact on quality and safety of patient care and experience
- To work with LPT to understand the workforce requirements of the community based models, and ensure robust workforce plans are in place
- To work with LPT and CCGs to understand the financial impact of the out of hospital project, and develop appropriate financial and contractual arrangements that incentivise the right behaviours across the system
- To work with the UHL Beds Programme Board to operationalise the transfer of activity and ensure plans are in place to mothball the capacity released (dependent on evidenced transfer of activity and impact of any demand increase)
- To work with organisations across the system to evaluate the out of hospital project; to understand if the project has successfully transferred activity from UHL to LPT and whether this has had an impact on other parts of the system e.g. social care, patient transport and community equipment

Progress to date

- The Business justification template was signed off by BCT Chief Officers, BCT Delivery Board and Commissioning Collaborative Board in October 2015; this document brings together work on the evidence base, model of care, workforce requirements and financial agreements
- Implementation of 15/16 plans to expand and enhance LPT's Intensive Community Support (ICS) service by 130 home beds by March 2016 has begun. ICS is a home based service, with patients receiving up to four one hour visits a day from the multidisciplinary team of nurses, therapists and healthcare assistants
- 16 additional enhanced home beds opened on 15th Oct, and an additional 16 on 1st Dec. An agreed trajectory is in place to open the remaining 98 home beds by March 2016
- A monthly dashboard is in place to track key metrics, which is reviewed by the project's Operational Group and Oversight Group (key elements of which are reflected in the Trust Board BCT dashboard provided on a monthly basis)
- As of 11th December, 119 patients have been discharged from UHL to ICS, average occupancy of ICS beds during November was 90.1%, and average length of stay less than the target of 10 days
- Initial work has been completed to identify cohorts of patients for year two (16/17) which focuses on the community hospitals delivering more "sub-acute" activity

Next steps

- Continue work to ensure UHL is using ICS capacity

- Continue work to monitor the impact of the out of hospital project, and understand whether capacity is being released within UHL
- Ensure LPT open the additional ICS beds according to the agreed trajectory, as long as staff are in place to safely open the capacity
- Work with UHL finance colleagues and the UHL Beds Programme Board to develop plans to mothball capacity, and principles for how this links to CMG CIP plans (dependent on dashboard evidencing transfer of activity and impact of any demand increase)
- Develop detailed plans for year two of the out of hospital project – transfer of sub-acute activity to community hospitals

Key risks

There a number of key challenges, including:

- Developing robust partnership working
- A requirement to drive a different way of working within UHL and change the mindset of clinicians; “patients should be discharged when they no longer require acute care” rather than “patients should be discharged when they are well”
- High level of demand currently being seen in UHL; increasing demand could mean that capacity released through the out of hospital project cannot be mothballed because it has been filled by new activity
- LPT recruitment is progressing well, but additional staff (particularly qualified nurses) are needed to meet the trajectory to open 130 ICS beds by March 2016 which is a risk given the national workforce situation

Workstream progress report - January 2016

	This month	Last month	Comments
Overall programme progress	**Amber**	**Green**	Availability of capital has impacted on how some workstreams will now progress towards the end of the financial year, and beyond; LGH workstream up and running and part of Reconfiguration Board regular reporting. Project Implementation Document being developed, for ESB in February.

*On track against delivery - Progress against delivery. Red = Planned timeline is unlikely to be achieved, Amber = current timeline is at risk of not being achieved but mitigations in place, Green = planned timeline expected to be met or exceeded

** Completion % against in year plan is based on workstream view of milestones within project highlight report.

	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%	Modelling of high impact specialities continues, with the second future operating model expected in the New Year to identify gaps in bed reduction. Work to agree structure / approach for addressing gaps or the next phase of this work e.g. a workstream for developing a new model of care for outpatients (Trust wide) rather than continuing dialogue at an individual service level is planned.
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%	In year bed plan on track. Work ongoing to support CMGs with bed reduction plans for 16/17. A high level current bed capacity and demand analysis to highlight variance in bed base will be presented to Jan'16 IFPIC for discussion. This will be supported by agreement of bed right sizing methodology, including growth and impact of interventions, for FY 16/17.
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%	Additional 16 ICS beds opened (1/12), total number of ICS beds is 158; Ongoing work to ensure UHL is utilising ICS capacity effectively; ICS team leaders visiting wards to support identification of patients; Clinical sessions at Glenfield with input from UHL consultants, LPT ANPs, and GPs / Public Health Consultants working with UHL Strategy team to establish cohort for sub-acute patients.
2c	Future Operating Model - Theatres	Richard Mitchell	Simon Barton	To deliver in year CIP and to articulate the future footprint for theatres in a 2 acute site model including efficiency gains and left shift	**Green**	60%	Further reductions (40%) in short notice session cancellations Sept - Nov compared to Jan -Aug 2015 and 60% reduction in premium unfunded Saturday sessions YTD M1-8 compared to 14/15 average. Further work to model impact of other specialities models of care implications on theatres and finalise work to determine number of sessions required to deliver 16/17 activity.
2d	Future Operating Model- Outpatients	Richard Mitchell	Simon Barton	To deliver in year CIP and to articulate the future capacity requirements for outpatients in a 2 acute site model including efficiency gains and left shift	**Green**	60%	Variation by clinic and consultant level reviewed with specialties and ongoing updates and challenge provided at performance meetings; Further review of current face to face vs. virtual % of clinic for all specialties and agree targets for next year to take place in January. In addition, workstream will focus on correct recording of OP data for performance reporting and opportunity estimation across CMGs.
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	**N/A**	5%	Diagnostics cross-cutting workstream aligned to capital business cases being set up to ensure Trust wide perspective of diagnostics in the coming years.
2f	Future Operating model- Workforce	Louise Tibbert/Paul Traynor	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%	Ongoing support to CMGs to review medical and nursing job plans (CIP). Reconfiguration workforce road map developed with toolkits to support all elements of change; further focus on producing a summary of business case workforce changes, including risks (FOM).
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%	Impact of lack of capital funding being worked through. Enabling works continuing where possible, including recovery areas at LRI; ward 34 at Glenfield and long term ICU business case development. Further work ongoing to understand the phasing of moves once capital funding received in 2016. Site teams being established.
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%	**Planned Ambulatory Care Hub**: Project Board agreed scope of project, confirmed that the clinical project team will be established from January 2015; **Emergency Floor:** Ongoing work to finalise and agree commissioning strategy and complete operational commissioning plan aligned to EPR plan and construction completion dates. **Children's:** Continued clinical validation of activity, review and challenge of models of care ongoing. PACH and women's likely to be delayed due to consultation delay.
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**	30%	Commencement of work to look at use of clinical and non-clinical space on all sites and identify if and where services could be relocated - a roadmap of moves to be produced as an output of this work. Provisional agreement of reprovision of Mansion House and Alfred Hill received which will give UHL potential decant space for remodelling space at Glenfield Hospital.
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%	Ongoing meetings with TDA to discuss funding and approvals mechanism for EPR system; EDRM for Adults deferred to 16/17 subject to capital and outcome of the Paeds EDRM project; Project manager appointed to look at Plan B for EPR (particularly for emergency floor), with timetable for next steps due in January.
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	Five year financial strategy scenarios paper presented to December IFPIC and Reconfiguration Board for initial discussions. Re-phasing of plan and next steps to be discussed at January Trust Board Thinking Day.
8	LGH Rationalisation	Darryn Kerr	Jane Edyvean	To review and rationalise services at LGH to deliver UHL clinical and estate strategies and wider 3 to 2 Trust vision.	**Green**	15%	Inaugural Project board meeting held on 9 December, and Project Initiation Document produced. Validation of clinical and corporate areas/occupancy by site completed, as well as speciality matrix as pre-cursor to development of road map sand completion of associated LGH site matrix (all clinical areas). Development of first draft high level project plan will follow.
9	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	**General**: Network of Know-it-alls briefing issues, Insite page live, logo identified; **Women's** - mini comms plans developed for contentious issues at consultation; **ICS** - Posters being developed using patient stories to raise awareness of the service to wards.
10	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%	A further iteration of the BCT PCBC has been shared for comment and feedback, with a further iteration produced in January; consultation delayed until Spring 2016; a first draft LLR wide system dashboard has been produced and shared with partners for comment; work continues on potential to develop a 'LLR Way' to support OD and cultural change across the system.

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

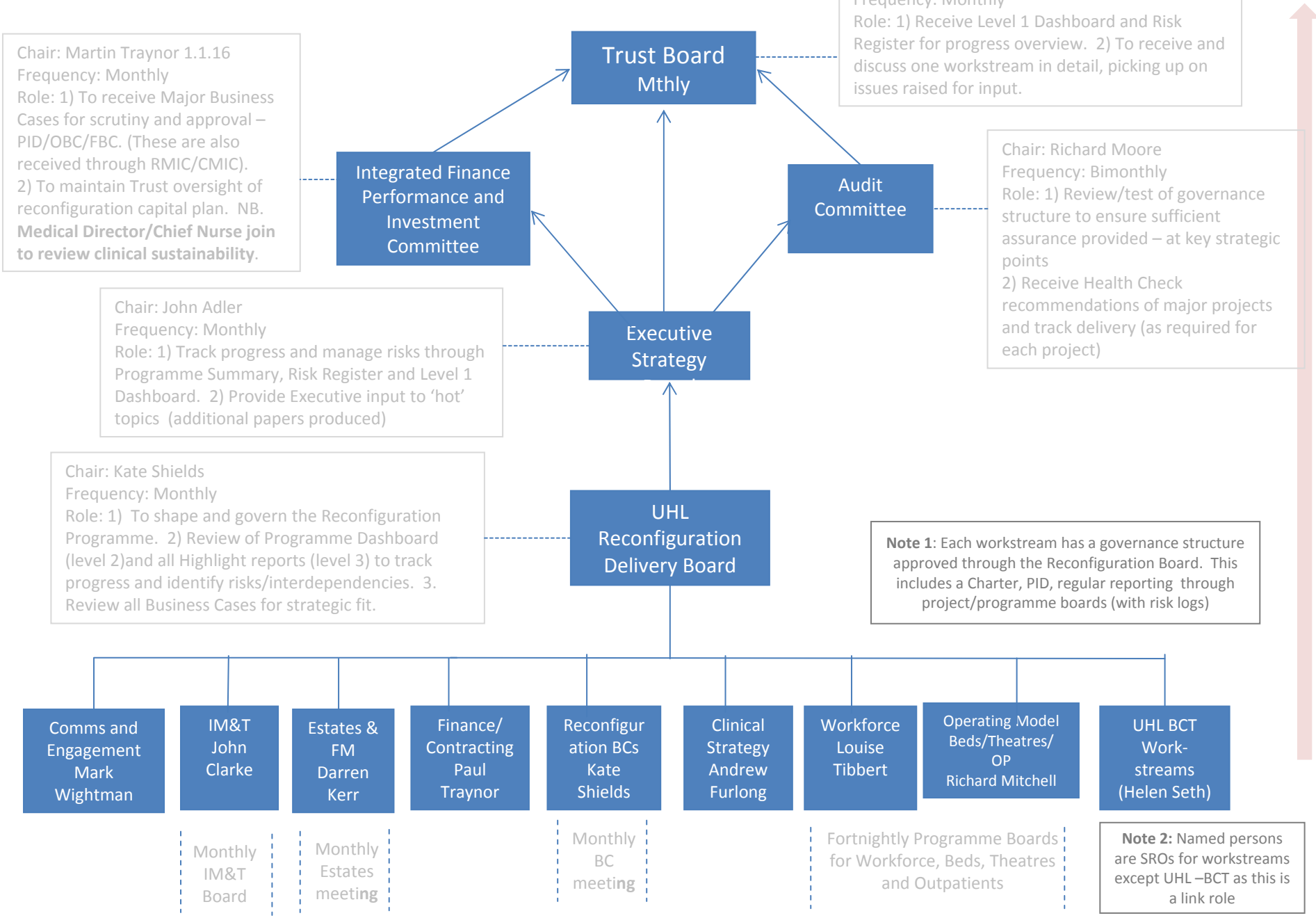
UHL Reconfiguration Programme Board - December 2016

Risk log

Top 10 risks across all workstreams

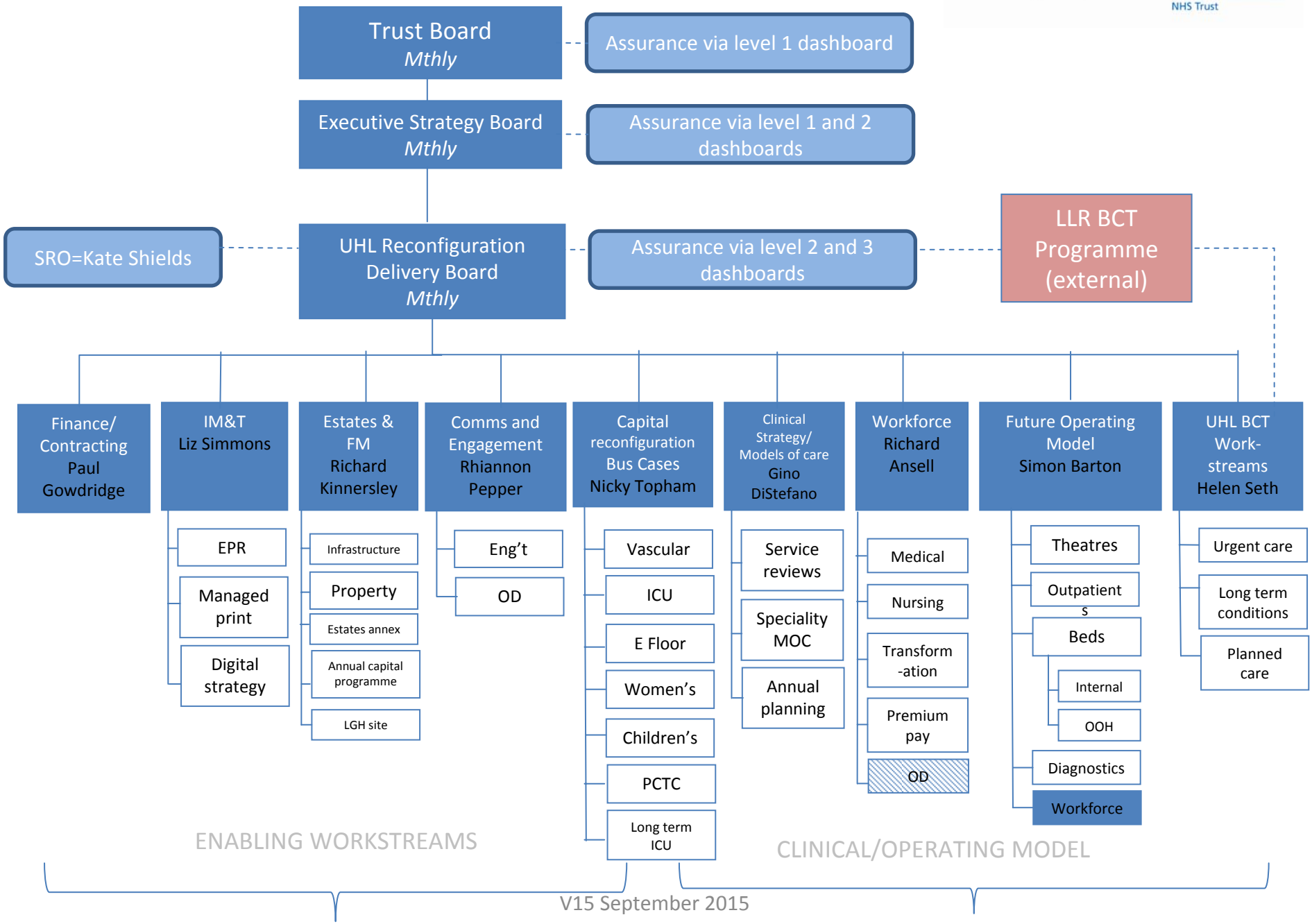
Risk ID	Workstream	Risk description	Likelihood (1-5)	Impact (1-5)	Risk severity (RAG)- current month	Risk severity (RAG)- previous month	Raised by	Risk mitigation	RAG post mitigation	By when?	Risk Owner	Last updated	Alignment to BAF
1	Internal beds	BCT SOC assumed 571 bed closures, 109 of which were predicated on demand management. 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, which has significant impact on delivery of overall plan.	5	5	**25**	**20**	EMS	Demand management will need to be reconsidered. Vehicles for delivery are UHL's MOC strategy and the Vanguard MOC. More focus needed on reducing patients admitted 4 times or more and on readmissions as well. Escalation re demand management through BCT Delivery Board.	**16**	Jan-16	Kate Shields	21-Dec-15	
2	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 known for 15/16 but not yet for future years.	4	5	**20**	**15**	PT	Limited capital available until end of March 2016, has been modelled and timelines for delivery being rephased. Scenarios for future years being discussed to take to ESB in January. Options for alternative sources of funding are being reviewed. Delivery of ICU and vascular business cases delayed.	**20**	Jan-16	Paul Traynor	21-Dec-15	
3	Overall programme	Consultation timelines significantly impact on business case timelines, and ability to achieve 19/20 target for moving off the General site. Particular impact on PACH 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. Consultation now delayed to Spring 2016; change control process enacted for capital projects, all reviewed at reconfiguration board in December and approved; potential delay of between 4-6 months.	12	Jan-16	Mark Wightman	26-Nov-15	
4	Overall programme	Operational delivery/pressures may be negatively impacted by requirements of reconfiguration i.e., operational resource/input, space.	3	5	**15**	**15**	RM	Each FOM workstream has a dashboard where operational risks are identified. Operational representation on the programme board and business case meeting to ensure strategy and operations better align and issues addressed early.	**12**	Jan-16	Simon Barton	24-Sep-15	
5	Level three ICU	Risk of non- delivery of out of hospital beds capacity could jeopardise ability to provide additional bed base at Glenfield, which is required to relocate HPB.	4	5	**20**	**20**	CG	There is a 'change team' now in place at Glenfield to develop new models of care; work underway includes a combination of Out of Hospital shift, internal efficiencies and exploration of out reach provisions. Feasibility study into additional ward space also being carried out.	**12**	Jan-16	Kate Shields	26-Nov-15	
6	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. John Clarke developing plan B to support ED paperless environment, update due in January.	**12**	Jan-16	John Clarke	22-Dec-15	
7	Out of hospital beds	UHL not fully utilising available capacity through the opening of ICS beds (now 32).	3	4	**12**	**20**	HS	Dashboard created to monitor utilisation of increased capacity. Oversight group in place to oversee usage. Comms plan in place to raise awareness of service. Utilisation currently at 90.1%.	**9**	Feb-16	Helen Seth	15-Dec-15	
8	Overall programme	There is not enough capacity in the system to create headroom to fully implement reconfiguration plans and cope with winter pressures and increased demand.	4	4	**16**	**16**	EW	Feasibility study on additional ward space at Glenfield being carried out; clinical change team in place at GH reviewing patients suitable to be looked after in the community; additional ICS beds open.	**9**	Jan-16	Kate Shields	15-Dec-15	
9	Workforce reconfiguration	Culture of organisation needs to embrace reconfiguration and recognise need to do things differently. This has not been addressed previously and OD programme not yet in place.	3	4	**12**	**15**	KS	Director of HR and Workforce reconfiguration sits on programme board and is 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**	Jan-16	Louise Tibbert	26-Nov-15	
10	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 but future years at risk in connection with limited capital.	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. Resource requirements will be reprofiled once rephasing of capital plan finalised.	**9**	Jan-16	Paul Gowdridge	28-Oct-15	

1) DRAFT: Reconfiguration Governance structure through UHL



2) UHL Reconfiguration Programme - governance structure

University Hospitals of Leicester NHS
NHS Trust



V15 September 2015

3) UHL Reconfiguration Assurance – governance and reporting

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