Monthly Strategy Update (BCT-UHL Reconfiguration Programme)

Author: Ellie Wilkes   Sponsor: Kate Shields   Date: 2 July 2015

Trust Board paper H

Executive Summary

Context

The BCT-UHL Reconfiguration Programme is primarily in the planning stage beginning to move into delivery. It has been running since January 2015 and therefore has been focused on establishing the programme and work streams, setting up the governance and implementing robust reporting.

The Trust Board has asked for a dashboard to provide a high-level view of the Programme. The dashboard included within this paper is an illustrative example to demonstrate how a programme wide one might appear. Sitting below this overview would be a number of more detailed ones alongside highlight reports and project timelines.

Questions

1.   Is the Board happy that work presented fits with the strategic direction of UHL?
2.   Does the Board find the visual format easy to understand?
3.   Does the Board think the dashboard has sufficient information to provide assurance?
4.   The Business Cases are summarised here under one workstream instead of listing each business case. Is the Board happy for the detail to be reviewed at IFPIC and then an overview received by Trust Board?
5.   Would the Board like to review the Programme Risk Register in addition to the information provided?

Input Sought

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

Board Intelligence Hub template

For Reference

Edit as appropriate:

1. 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]

2. This matter relates to the following governance initiatives:

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

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

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

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

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

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

BCT-UHL Reconfiguration Programme Plan Overview

Background

1.   The BCT-UHL Reconfiguration Programme is primarily in the planning stage beginning to move into delivery It has been running since January 2015 and therefore has been focused on establishing the programme and workstreams, setting up the governance and implementing robust reporting.

2.   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 workbooks are received regularly and a risk register is maintained. Papers are also presented through IFPIC and CMIC on a monthly basis.

Programme Governance

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

4.   As the programme moves more into delivery (with some workstreams in this space already) a number of dashboards are being considered 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.

5.   This dashboard is a sample to illustrate the types of information and format that the Board may wish to receive.   The aim is provide an overview of each workstream, confidence against delivery, progress since last reporting period (30 days) and status against key milestones. The top risks are also included.

6.   It is important to note that the programme dashboard is in its infancy (recognising that workstreams already report against milestones at a project level) and will also aim to include activity impacts and financial values(with graphs) as the Programme progresses, if this is deemed appropriate for this reporting. There are likely to also be other dashboards produced to track aspects of the Programme once fully in delivery phase.

Recommendation

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

- Is the Board happy that work presented fits with the strategic direction of UHL?
- Does the Board find the visual format easy to understand?
- Does the Board think the dashboard has sufficient information to provide assurance?
- The Business Cases are summarised here under one workstream instead of listing each business case. Is the Board happy for the detail to be reviewed at IFPIC and then an overview received by Trust Board?
- Would the Board like to review the Programme Risk Register in addition to the information provided?
- Input Sought?

Board Intelligence Hub template

Programme Plan overview — Draft for comment

Programme	Executive Lead	Operational Lead	Objectives	PID completed	Confidence Delivery RAG	Comment	Looking back what has gone well in the last reporting period (30 days)
Programme Management Office	Kate Shields	Ellie Wilkes	To establish and run the Reconfiguration Programme for a 2 acute site model	Y		Work is progressing no risks to report	•Developing a dashboard for the programme •Developing a programme plan to triangulate across the workstreams
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	Y		Risks reported with clear mitigation plans in place	• Future Operating Model programme of work for Beds narrative developed explicitly exploring future profile and agreement to undertake bed census update. • Internal bed programme approach reviewed and a revised structured approach implemented to focus on 15/16 delivery , Risk and inter-dependency reviews of all beds , 16/17 planning (and beyond) and best practice sharing/adoption
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	Y		No major risks or issues to report	• All CMGs to provide indicative view on sessions to be decommissioned to enable delivery of Theatres trading model baseline • First cut draft future operating model shared at Theatre Programme board to show projected Theatres capacity requirements
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	Y		No major risks or issues to report	• Continued tracking of dashboards to ensure 15/16 CIPs are being achieved • Outpatient bridge from first cut of FOM tool presented at Outpatient Programme Board to show capacity requirements over five years based on current modelled interventions (FOM)
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	In progress		New workstream to be established, project meetings are in place	•New workstream - highlight report is to come to the July BCT-UHL Programme Delivery Board
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	Y		Workstream is behind in relation to FOM - resource issues identified and being resolved	• Review of special leave policy discussed at LNC • Meetings with CMGs have started to review premium spend on top earners • Medical Conduct Committee agreed that ten senior medical staff will receive a 'further action' letter indicating that their pay progression will be withheld for 14/15. They will also not be eligible to apply for UHL CEA awards this year, and UHL will not support national application;
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	Y		Transitional costs and contractual agreement- double-running costs remains unresolved - Mitigation plans in place	• 11 applications have been received for the UHL/LPT secondment opportunity. • The workstream is on track for Q2 delivery of the first cohort
Reconfiguration - business cases	Kate Shields	Nicky Topham	To deliver a £320m capital programme through a series of strategic business cases to reconfigure the estate	Y		No major risks or issues to report	• Phase 2 design complete for the Emergency Floor ; mock-up of initial assessment rooms undertaken to prove functionality • Demolition press and staff launch held Friday 22nd May for Emergency Floor • The activity model progressed for Womens / A Gateway Zero review completed – AMBER rating • Work has commenced on themodels of care/ schedule of accommodation for the Treatment Centre • Confirmation of additional ICU bed capacity at GH & LRI • First draft clinical models for ICU have been submitted for most specialties/ design brief development underway
Estates/ Estates Annex	Darryn Kerr	Richard Kinnersley	To deliver a £320m capital programme through a programme of work around infrastructure, capital projects, property and maintenance	Y		No major risks or issues to report	•EF: Demolition of Langham ongoing / • Demolition of Chapel complete / Demolition of infirmary way bridge ongoing • For the Emergency Floor all areas of Phase 2 design areas signed off by Clinicians Vascular enabling works underway Infrastructure project underway Site surveys being completed for clinical and non clinical space in addition to repatriation assessment
Finance/Contracting	Paul Traynor	Paul Gowdridge	To achieve financial sustainability by 18/19 and support reconfiguration of services through effective contracting	N/A		No major risks or issues to report	Resourcing requirements for Programme identified - and resourcing review/approval process approved, which will go to CMIC. Will need to be a prioritisation process established as resources exceed available funds Benefits Realisation tracker in progress - reviewed at last Programme Board to track financial delivery of Programme
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	Y		The workstream is progressing with no material issues	• EPR - response to confirm and challenge with the NTDA completed 09/06/15 - BC approved • EDRM - technical build and training ongoing, escalation expected as technical issues impacting 29/06/15 go live • Managed Print - LRI roll-out ongoing
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	Y		Approach for workshops / engagement activities agreed and communicated	• Models of care progressing • Engagement is underway with Clinical Management Groups • Agreement reached on process to capture consistent outputs (aligned to the requirements of the reconfiguration / Future Operating Model tool) All specialties will go through the business decision making process to feed in to annual planning
UHL 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	Y		The 8 workstreams are progressing Some issues with confirming UHL impacts of several workstreams	•8 BCT clinical workstreams have presented to the Delivery Board on implementation plans/activity implications for 15/16 and 16/17 A number of areas completing business justification templates for approval (including out of hospital left shift) •Following triangulation, assurance, and formal public consultation, the BCT PMO will assess current position against original SOC and will monitor implementation progress against the resulting "baseline" plan.
Communication & Engagement	Mark Wightman	Rhiannon Pepper	Ensuring there is a robust and consistent strategy for communicating the changes and a statekholder engagement plan which is effective	Y		No major risks or issues to report	• Drafted BCT-UHL communication and engagement strategy • An initial briefing on ICU has been circulated to all staff • The communications strategy has been refreshed for presentation to Emergency Floor programme board in July. Communication plans for Vascular underway Engagement plan for business cases being developed with input from PPI and Healthwatch

Priorities for 2015/16	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Activity Impact	Financial Value
Future Operating Model-Theatres, Beds, Outpatients, Diagnostics	First cut bridge for beds, theatres, outpatients	1st cut speciality bridges for beds, theatres, outpatients (30.06.15)	Support models of care work	Support models of care work		Final cut of Trust & speciality bridges for beds, theatres, outpatients						
						Speciality moves by location (site/ward)	Speciality moves by location (site/ward)					
Future Operating Model - workforce, models of care				Workforce future operating model workshops	Models of care agreed (30.09.15)	Models of Care -Business Decision Making template completed for review (30.10.15)						
		Models of Care-Launch sessions with HoS/CDs/HooPs led by A Furlong to engage and set direction (30.06.15)				Workforce bridge by CMG/Speciality (01.10.15)						
Out of Hospital	Models of Care agreed	Workforce plan agreed/enacted (18.06.15)			65 Beds worth of ICS provided (30.09.15)			65 Beds worth of ICS Provided				
		Business justification case complete/approved (18.06.15)										
ICU Level 3	Activity impacts determined by speciality & speciality locations agreed	Operational briefs produced (18.06.15)										
		Identify wards to release through left shift (18.06.15)		ICU Business Case produced (30.08.15)	Business Case to of to IFPIC & TB (add date)							
Reconfiguration Business Cases 8 Major Capital Strategic Cases-Outline Business Case (OBC)/Full Business Case (FBC) Estates	Main FC impacts to current LGH footprint (30.05.15)	Input in to BCT consultation to be confirmed (30.07.15)		ICU (short term) Strategic Outline Case (to Trust Board on 06.08.15	Full Business Case for the interim EMCHC (Trust Board 03.09.15)	Children Hospital Outline Business Case (IFPIC 29.10.15)	Children Hospital Outline Business Case (TB 05.11.15)		Treatment Centre Outlined Business Case (January IFPIC date to be confirmed)	Treatment Centre Outlined Business Case (February Trust Board date to be confirmed)		
	Estates - Size survey - including vacant space (30.05.15)			3 Vascular full business cases (to Trust Board on 06.08.15)								
				ICU Beds (short term) Full Business Case (to Trust Board on 06.08.15)		ICU Beds medium term - Full Business Case (IFPIC 29.10.15)	ICU Beds medium term - Full Business Case (TB 05.11.15)					
				Full Business Case for the interim EMCHC (IFPIC 27.08.15)								
Better Care Together (BCT) Workstreams	Complete work stream implementation plans	System capacity & demand model (overdue)	Triangulation of 8 workstreams impacts against SOC assumptions									
	Workstreams revised activity & financial implications											
Finance	Refresh of capital assumptions	Business Case benefits realisation tracker (30.06.15)										
		Resourcing process to be agreed (24.06.15)										
Communication & Engagement		Communication & Engagement plan produced for the programme (12.06.15)			LiA sessions with staff - linking in with Delivering Caring at its best							
					Attendance at AGM							
		Regular staff briefings on reconfiguration (ongoing)										
IM&T	EDRM -Technical Install complete (19.05.15)	EPR: Business Case Approved					EDM					

RAG Status Key: Complete | Some Delay – expected to be completed as planned | Significant Delay – unlikely to be completed as planned

BCT -UHL Programme Delivery Board Risk Issue Log - May/June 2015

No.	Risk/ Issue	Topic Area	Description	Impact	Assessment (PRE ACTION PLAN)			Risk owner	Current Risk status (to 22 May 2015)
					Likelihood	Impact	Total		
1	Issue	PMO	Workstreams have identified resource requirements to support delivery. Presently there is no clarity around funding.	This will have significant implications on the ability of the workstreams to progress activities	4	5	20	Paul Traynor	**RED**

Action Plan	Action Manager	Assessment (post action plan)			Status update	Increase /Decrease Since 22.05.15 to 02.06.15
	Ellie Wilkes	Likelihood	Impact	Total		
Resources associated with delivering the BCT-UHL are being reviewed by Paul Gowdridge and Paul Traynor to provide guidance on this and available funding. Funding to be provided at risk for individual projects prior to approval of the business cases and loan approvals. Process for reviewing and approving release of funds has been produced and agreed at the BCT-UHL Programme Board in June - will be taken through CMIC		**3**	**5**	**15**	Resourcing and the lack of financial assistance has not been resolved. Immediate funding has been made available to resource the immediate risk of authoring business cases	

ACTION REQUIRED FROM EXECUTIVE STRATEGY BOARD
No action required

BCT -UHL Programme Delivery Board Risk Issue Log - May/June 2015

No.	Risk/ Issue	Topic Area	Description	Impact	Assessment (PRE ACTION PLAN)			Risk owner	Current Risk status (to 22 May 2015)
					Likelihood	Impact	Total		
2	Risk	BCT	Transitional costs- double running costs	As new services are developed or non-acute capacity increased, acute capacity/ resource can not be reduced until those services are in place and/or fixed infrastructure removed	4	5	20	Paul Traynor	**RED**

		Action Manager		Assessment (post action plan)			Status update	Increase /Decrease Since 22.05.15 to 02.06.15
Action Plan		**Paul Gowdridge**		Likelihood	Impact	Total		
There is no national funding currently available to support the described transition costs within the TDA. The expectation is that the resources required are generated by the Health Economy within the resources allocated through commissioners. Two of the three CCGs have requested the drawdown of previous surpluses and this was currently being considered by NHS England. Funding for workstreams across BCT will need to be prioritised and managed through the High Level Business Justification Process which is underway				3	5	15	Remains unresolved. Escalated to LLR Chief Officers via Pete Miller.	

ACTION REQUIRED FROM EXECUTIVE STRATEGY BOARD
No action required

BCT -UHL Programme Delivery Board Risk Issue Log - May/June 2015

No.	Risk/ Issue	Topic Area	Description	Impact	Assessment (PRE ACTION PLAN)			Risk owner	Current Risk status (to 22 May 2015)
					Likelihood	Impact	Total	Helen Seth	
3	Issue	BCT - Out of Hospital	Workforce- Overall staffing numbers required may not be available in the short term to reach the target occupancy level	This will have significant implications on the ability of the workstream to increase community capacity. Partnership working across LPT/UHL to support a workforce transition model is underway and critical to success	4	5	20		**RED**
			Action Manager		**Assessment (post action plan)**			**Status update**	**Increase /Decrease Since 22.05.15 to 02.06.15**
Action Plan			**Eleanor Meldrum/ Jane Edyvean**		Likelihood	Impact	Total		
Joint workforce plan agreed with LPT for the out of hospital community service. A similar approach will need to be considered project by project Workforce requirements being worked through and recruitment underway - need to ensure that staff who apply are supported to move across					**3**	**4**	**12**	For the out of hospital work a joint open day with LPT was held for UHL staff which was well received. Work is being taken forward including assessing the level of risk in seconding staff	
ACTION REQUIRED FROM EXECUTIVE STRATEGY BOARD									
To note									

BCT -UHL Programme Delivery Board Risk Issue Log - May/June 2015

No.	Risk/ Issue	Topic Area	Description	Impact	Assessment (PRE ACTION PLAN)			Risk owner	Current Risk status (to 22 May 2015)
					Likelihood	Impact	Total	Kate Shields	
4	Risk	ICU level 3 relocation from LGH	Capacity constraints and the inability to deliver the estates solution within the timescales communicated	Capacity constraints within the system to enable moves to happen will have a significant impact on the overall delivery of the programme	5	5	25		**RED**

Action Plan	Action Manager		Assessment (post action plan)			Status update	Increase /Decrease Since 22.05.15 to 02.06.15
	Chris Green		Likelihood	Impact	Total		
Rapid planning of capacity required and continuous communication with bed programme/LPT project to determine space available through other workstreams. Engagement of estates team ongoing to complete estates annexe and determine feasible solutions - requires detailed operational briefs to inform design brief which have been produced with specialties. Theatres and Imaging solutions taking slightly longer			4	4	20	Operational project briefs handed over to Estates 22/6 with work underway to develop the design briefs to feed the business cases	

ACTION REQUIRED FROM EXECUTIVE STRATEGY BOARD
To receive an update at ESB part of the ICU paper

BCT -UHL Programme Delivery Board Risk Issue Log - May/June 2015

No.	Risk/ Issue	Topic Area	Description	Impact	Assessment (PRE ACTION PLAN)			Risk owner	Current Risk status (to 22 May 2015)
					Likelihood	Impact	Total	Richard Mitchell	
5	Risk	Internal Beds	Unmitigated growth in activity from demand management failure snd demographic growth exceeding planning	Impact on the planned reduction in beds in line with BCT which may also affect deliverability of ICU level 3 if ward space not vacated	4	4	16		**Amber**

	Action Manager		Assessment (post action plan)			Status update	Increase /Decrease Since 22.05.15 to 02.06.15
Action Plan	Emma MacLellan-Smith		Likelihood	Impact	Total		
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. Meeting being held with Mary Barber w/c 29th June to discuss UHL impacts of certain workstreams. Consideration to contingency plans against expected activity reductions of demand management underway.			4	4	16	Next LLR Bed board is addressing the risk in more depth	

ACTION REQUIRED FROM EXECUTIVE STRATEGY BOARD
To note