
Trust Public Board Meeting, February 21st 2008

Delivering a Healthy Future progress report and Programme Execution Plan

To receive an update report and the Programme Executive Plan

Presented by Lindsay MacIntyre, Director of Implementation

Purpose

The purpose of this report is to present the Programme Execution Plan (PEP) to the Board and to provide an update of key risks and issues.

The assessment of the financial impact of implementation of DaHF is included in a report to be presented as part of the financial forecast for 2008-9 by the Finance Director.

Programme Execution Plan - attached

The PEP purpose is to set out how the programme is to be organised and key processes e.g. change control, risk management, the governance arrangements and the terms of reference for the various committees established to implement the programme. There are detailed project plans for the different components of the construction programme, which include the delivery of the new AAU, the refurbishment of the PMOK block, the service redesign and associated changes. Other key documents are the risk and issues logs, and project schedule plans which are used to drive delivery of the programme.

General Progress

The Service Delivery Project is on schedule to deliver draft Operational Policies by the end of February and work has commenced on the workforce plans. Similarly the Equipment Project is progressing well in assessing the Equipment holdings and condition to identify equipment which can be transferred from Hemel to Watford. For the Construction project, Medicinq Osborne have issued revision 16 of the Construction Project Schedule which shows slippage of 2 weeks for the delivery of the ITU. This is not acceptable and we have instructed MO to develop options for the recovery of this slippage. However, the issues regarding the ITU and Major Equipment highlighted below place further pressure on the Construction Project Schedule. In both cases we are pursuing options to keep the Construction Project to schedule.

Current significant issues

Since the last board meeting a number of significant issues have arisen that have required action to overcome.

Bed capacity and activity assumptions

We have considerable reservations about the original bed and capacity assumptions in the business plan and are seeking to resolve these urgently and determine a realistic figure. This needs to be done as soon as possible and in any case no later than the beginning of the financial year as it will need to form part of our agreement with the PCT. Key issues on which we need to take a view are:

1. The extent to which work will indeed flow away from this Trust to Luton and Dunstable as originally assumed. The transfer of trauma services did not support this assumption. At this point, it seems likely that we will need to plan for a much more modest reduction in patient episodes.
2. The business case was based upon a significant extra amount of work and provision in the community. We are currently seeking to confirm with the PCT to what extent and how quickly they will be able to deliver this so that we can figure this into our plans.
3. As has been commented elsewhere in the Board report, we currently have major, and indeed chronic, problems with delayed transfers of care. We need to make realistic assumptions about these at least for the opening of the AAU. This is being addressed through the contract negotiations for 2008-9
4. Part of the capacity at WGH is needed for elective care that remains there. We are establishing unambiguously the scope for further transfer of this work to SACH and make any amendments to our plans on that basis. This is dependent on medical workforce changes and identifying additional bed capacity.
5. We are also assessing the achievability of the changes in length of stay specialty by specialty that formed part of the original business plan, and produce credible plans for moving from current lengths of stay to that level.

By no later than the end of March we will have established an agreed set of service, activity and bed assumptions, which will in turn inform our financial, and workforce assumptions. The trust cannot carry the risk of the PCT failing to deliver the wider service changes and we will therefore be requiring a commitment from the PCT to ensure these changes are made.

Finance and affordability

The projects costs and financial benefits are currently being reviewed by the Director of Finance in the light of changed and changing assumptions to establish beyond doubt what they now require of us and whether there is any overall or specific issue of affordability.

Contingency plans

The above paragraphs highlight the key areas in which we are seeking to clarify both the size and the cost of our changes. However given the extent and innovativeness of what we are proposing, there will of necessity be a degree of uncertainty in the exact outcome.

ITU

Part way through January the contractors, Medising-Osborne (MO) informed the trust that they required access to Letchmore and part of Flaunden wards to undertake mechanical works including soiled waste pipes into the ceiling space as part of the work to create the new 12 bedded ITU. They would also subsequently need access to the remainder of Flaunden for the refurbishment of the existing ITU. The impact of this request would be to reduce the operational bed capacity of the trust for in total approximately 3 months. This had not been identified by them in any of the detailed schedules previously provided.

An urgent review of the required work has been undertaken and MO are, at the time of writing this report, confident they have identified an alternative solution that will not require significant access to ward areas. MO will require limited access to a six-bedded bay which will be co-ordinated with the trust to minimise the impact on the operational capacity or capability of the trust. An update will be provided at the board meeting.

This issue has however highlighted some concerns about the level of detail within the construction programme and a thorough review of the schedule has been undertaken with more information requested to ensure a repeat of this nature does not occur. Within the planning team we have ensured greater clarity about roles and responsibilities and escalation procedures and are reviewing the resources required to support the programme.

Major Equipment

The scheduling of the procurement and delivery of major equipment e.g. Cardiac Catheter Labs, Pharmacy robot and the CT scanner which are to be installed by Yorkon, the company building the AAU, is currently high risk and could cause a delay in the programme. The requirement of the trust to follow OJEU procurement processes means that we are unable as yet to provide final specification details for some of the major equipment. For instance, the decision regarding the Catheter Lab procurement which the Board is being asked to consider today has implications regarding the specification, if not the number, of catheter labs to be purchased. Yorkon are building the AAU to the specification required to accommodate whichever of the shortlisted products are selected but require final detailed information for the services. In addition the trust needs to place the orders to ensure delivery in time for the final stages of construction. An update of the position will be provided at the board meeting.

Workforce planning and change management

The workforce required is dependent on the activity, case mix and capacity of the new services. Whilst we know this will be less than we currently employ the final staffing requirements will not be confirmed until the end of March.

The importance of this area was highlighted by the Chair in the course of briefing sessions last week and in response Appendix 1 sets out the workforce planning process and the technical change management process.

Additional information

Pat Reid has been appointed as AAU manager and emergency services improvement manager.

A small group including the clinical champions, Pat Reid, and members of the estates and planning teams visited Yorkon to see the units in construction and meet with the manufacturers. Being able to see the units in production and to walk through a number of them has helped to conceptualise how the AAU will operate. The 144 units are being delivered over a 19 day period starting on 27 March. MO are liaising with the police and transport agencies and securing local access.

Future Reports

Future reports to the Trust Board will focus on highlighting progress to schedule along with the key Risks and Issues impacting upon the Programme.

Recommendation

The board is asked to note the contents of this report and to approve the proposed actions.

Lindsay MacIntyre
Director of Implementation

APPENDIX 1

WORKFORCE PLANNING AND CHANGE MANAGEMENT PROCESS

This section of the paper sets out the framework that has been developed to support workforce planning and the technical change management process. The overall project structure is below. Each internal hospital user group (IHUG) will be supported by HR and Training and Development leads to produce the workforce plans.

A Workforce Board has been set up as part of the DaHF project structure and will oversee the sign off for the workforce plans before they are submitted to the DaHF Programme Board for formal ratification.

A separate Medical Workforce group has been set up reporting to the Workforce Board. This group will provide the overview of the medical workforce changes being proposed by the IHUGs and Divisions. A variation of the workforce toolkit will be used for planning the medical workforce .

The key milestone dates for the workforce planning and HR change management processes are:

- workforce plans will be signed off at end of March 2008
- staff consultation will start in May
- implementation of the changes will begin in July 2008.

The technical change management process had already been agreed with the Trade Unions in 2007. A detailed process chart is attached in Appendix ii for information.

A guide to these processes as well as information on the leadership development support has been issued to IHUGs chairs, key clinicians and managers. A copy of this full document is available if required.

While the expectation is that there will be no compulsory redundancies from the changes there have already been a number of discussions with local Trusts and the Primary Care Trusts about ensuring we retain the skills and talents within Hertfordshire as well as dovetailing our workforce changes with the changes that will be needed to enhance the intermediate and community services.

Skills Development

As well as defining the workforce profile for the new services a framework has been developed to support managers, clinical champions and others in defining the key skills development that will be needed to support the reconfigured services. The Trust Training and Development Forum will oversee this work and the training and development plan that results will be used to focus investment in training and development in 2008/9 and beyond. Following the consultation we will know which staff will be working on the AAU and team-building and training can then begin.

Staff engagement and organisational development

The scale of the changes being planned provides a real opportunity for fundamental changes to the way the organisation operates. Work has already begun by running 2 simulations of the new acute system with the Acute Admissions Unit (AAU) at its centre. A further and more extensive simulation is planned for 29th February 2008. Each iteration has provided invaluable information to further shape the operational policies for the AAU and surrounding wards. In addition the simulations have provided important data about the types of skills that staff will need at different points in the system. Higher level of assessment and diagnostic skills for the staff in AAU are seen as an obvious area for development

Internal communications have been reviewed and changes have been made to both the written and face-to-face methods of communication. A specific website with information about DaHF has been launched together with an e-mag which has been well received by staff. *In Touch* continues to be published each month but is now written specifically for front line staff and a series of DaHF road shows and discussions with front line staff is underway. This will be supplemented with more face-to-face discussions with staff during March, April and May as we move towards defining the operational and workforce plans and what these will mean to individual members of staff in terms of their working lives.

Recognizing that for some staff this is disruptive to their working lives 'Coping with Change at Work' sessions have been run for the past 5 months and will

continue to the end of 2008. These are being supplemented with lunchtime drop-in session on stress management.

| An update will be presented to the Board in March when workforce plans should be nearing completion.

Diagram 2: DaHF and IHUG Workforce Planning Process and key stakeholder groups

Leadership Academy

