

**REPORT TO:** Trust Board  
**DATE:** 24 April 2014  
**REPORT BY:** Richard Mitchell, Chief Operating Officer and Rachel Overfield, Chief Nurse  
**SUBJECT:** Modelling the 'right-sizing' of UHL capacity for 2014-15 - update

## Introduction

'Right-sizing' UHL capacity is an important factor in delivering financial, operational and quality improvements in 2014 -15. UHL did not have the correct level of capacity in 2013 -14 as evidenced by non-compliant RTT (referral to treatment/ 18 weeks/ elective) and emergency performance, extended periods of high bed occupancy, a high on the day cancellation rate and expensive use of premium staff. This creates a level of inefficiency which brings unnecessary cost to UHL.

## Agreed capacity increase

Version one of the modelling of activity, LOS and 92% occupancy suggests we needed 88 more beds by February 2015. The modelling was reworked to take into account additional factors within UHL's control:

- Move of elective work to daycase
- Reduction in DTOCs to 3.5%
- Introduction of surgical triage

Version two, the final agreed version detailed in table one below, reduces the additional bed requirement to 55 (88 – 33).

CMG	Current Beds (Dec'13 census)		Bed Increase with no efficiency improvements V1				Bed Increase efficiency improvements in DC rates, Surgery Triage, DTOCs V2				14-15 Bed Base requirements
	TOTAL INPATIENT BEDS		LRI	GH	LGH	Total	LRI	GH	LGH	Total	
		1491									1546
CHUGS	Bone Marrow Transplantation	5				0				0	5
	Clinical Haematology	41				0				0	41
	Clinical Oncology	25				0				0	25
	Gastroenterology	58				0				0	58
	General Surgery and Urology										
	Hepatobiliary & Pancreatic Surgery <i>see General Surgery</i>	198	6		6	12	2		2	4	202
Urology <i>see General Surgery</i>					0				0		
Emergency & Specialist Medicine	Accident & Emergency <i>NB EDU re-classified as ward attender</i>	8				0				0	8
	Chemical Pathology	0				0				0	0
	Clinical Immunology	0				0				0	0
	Dermatology	0				0				0	0
	Infectious Diseases	18				0				0	18
	Integrated Medicine	370	52			52	37			37	407
ITAPS	Neurology	42				0				0	42
	Rheumatology	0				0				0	0
	Critical Care Medicine <i>NB apportioned to relevant treatment spec</i>	33				0				0	33
	Interventional Radiology	0				0				0	0
Musculoskeletal and Specialist Surgery	Pain Management	0				0				0	0
	Sleep	0				0				0	0
	Breast Care	17				0				0	17
	ENT					4				0	
	Maxillofacial Surgery <i>see ENT</i>					0				0	
	Ophthalmology <i>see ENT</i>	43	4			0	0			0	43
	Plastic Surgery <i>see ENT</i>					0				0	
	Orthopaedic Surgery	57			10	10			4	4	61
	Sports Medicine	0				0				0	0
	Trauma	84				0				0	84
Renal, Respiratory and Cardiac	Vascular Surgery	28				0				0	28
	Cardiac Surgery	48				0				0	48
	Cardiology	153				0				0	153
	End Stage Renal Failure <i>see Nephrology</i>	0				0				0	0
	Nephrology	55				0				0	55
	Renal Access Surgery <i>see Nephrology</i>	0				0				0	0
	Renal Transplant <i>see Nephrology</i>	0				0				0	0
	Respiratory Medicine	153		10		10		10		10	163
	Thoracic Surgery	20				0				0	20
	Gynaecology	35				0				0	35
ALL SPECIALTIES	1491	62	10	16	88	39	10	6	55	1546	

Table one

## Location of capacity increase

The estates team have been working with the CMGs to identify the most suitable locations for the beds. Detailed plans are attached as appendix one and high levels plans are below in table two.

### For noting:

- Respiratory medicine at the Glenfield requires 10 beds and the plan below is for 13 beds because of economy of scale with the building work.
- The LRI modular ward is for decant space and would not be staffed.
- Medicine at the LRI requires 37 beds and the plan below is for 43 beds because of economy of scale with the building work. The medicine plan is predicated on DTOC at no more than 3.5%, currently above 5.1%, (of which 31% UHL, 47% external, 22% nursing home). The difference between 5.1% and 3.5% is 23 beds.
- Gastroenterology at the LRI requires two beds and the plan below is for three beds because of economy of scale with the building work.
- Beds at The General have not been identified as yet.
- Completion date may be able to bring forward through increased use of the modular/ decant ward although opening times will be restricted by our ability to staff the wards.

Location	Vol of beds	Completion date
Glenfield	13	Sep-14
LRI modular	28	Sep-14
LRI 15 and 16	17	Feb-15
LRI 33 and 34	10	Feb-15
LRI 37 and 38	16	Feb-15
LRI 22	3	Feb-15
Total	87	
Excl decant	59	

Table two

## Costs

### Capital

Additional funding requirement of £4 million for the above with all expenditure substantially complete within the 2014 - 2015 financial year. Revenue consequences of capital costs need to be completed.

### Revenue

Detailed revenue assumptions are attached as appendix two with a high level overview below in table three.

### For noting:

- Nurse costs at GGH are six months of agency from when beds first open, then NHS rates.
- Nurse costs at LRI are NHS rates because of length of time to open beds.
- Nurse numbers have been increased to maintain pre-existing ratios on the wards and 60:40 qualified unqualified split.
- Medical staffing costs and other staffing costs are at NHS rates.
- No additional medical patients assumed, therefore no additional income or costs other than physical ward space..
- Additional surgical income and costs included in existing RTT plan

All costs are in £000s

Area	Number of beds	Open from	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15	2015/16	2016/17
GGH	13	Sep-14	124	124	124	124	124	124	74	819	890	890
LRI decant		Feb-15	-	-	-	-	-	-	-	-	-	-
LRI 15 and 16	17	Feb-15						131	131	262	1,573	1,573
LRI 33 and 34	10	Feb-15						61	61	121	727	727
LRI 37 and 38	16	Feb-15						86	86	171	1,029	1,029
LRI 22	3	Feb-15						12	12	24	143	143
Estimated capital consequences											470	470
<b>Total New Cost</b>	<b>59</b>		<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>413</b>	<b>363</b>	<b>1,398</b>	<b>4,831</b>	<b>4,831</b>
Cost of beds for RTT	13		-	-	-	-	-	72	72	145	869	869
<b>Total cost not in financial plan</b>	<b>46</b>		<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>341</b>	<b>291</b>	<b>1,253</b>	<b>3,962</b>	<b>3,962</b>

Table three

## Conclusion

Opening 55 additional beds in a staged approach requires £4m of capital, excluding revenue consequences of the capital costs, and £1.2m of revenue in 2014 -15. The revenue costs for 2015 – 16 would be circa £2.1m lower than the £4.8m stated above if the additional beds could be shut for five months of the year.

The current plan leaves UHL with a bed shortage as described below in table four:

	Additional beds open											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bed shortage	-11	-57	-32	-29	-35	0	-40	-54	0	0	0	0

DTOC down to max 3.5%, all suitable work through daycase and surgical triage working

Table four

## Recommendation/ actions

- Given the significant cost of the scheme, confirmation the executive team continue to support the plan.
- Acknowledgement that the plan should deliver sufficient bed capacity for activity plan in 2015 -16 but will leave UHL short of beds for seven out of 12 months in 2014 -15.
- This is a complex change involving strategy, finance, nursing, medical directorate and operations spanning three CMGs and requires dedicated project resource.
- Establishment of a project plan and risk log.
- CMGs were given the opportunity to comment but confirmation that all CMGs are in agreement with the locations identified as suitable in table three.
- Establishment of a recruitment plan either separate to or as a subsection of the overall recruitment plan - we still have around 20% requested shifts unfilled every week and a large number filled with agency.
- Challenge timescales for estates work and recruitment.
- Increased work to reduce the DTOC rate.
- Continuation of the surgical triage and daycase work both currently picked up through EY supported work streams.

# LRI and Glenfield's Beds Executive Summary

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FEASIBILITY INTO THE OPPORTUNITY TO CREATE ADDITIONAL BEDS WITHIN THE EXISTING FOOTPRINT  
OF THE LRI AND GLENFIELD SITES

APRIL 2014



# Introduction

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Two feasibility studies have been carried out at Glenfields in February and then LRI in April to develop solutions to deliver additional beds. The headlines were:

- Glenfield:
  - Quick short term bed wins - £0.15 million (12 Beds)
  - Medium term/cost bed wins - £0.15 million ( 4 Beds)
  - Longer term and relatively more costly bed wins - £2.55 million (41 Beds)
  
- LRI:
  - Quick short term bed wins - £3.00 million (33 Beds)
  - Medium term/cost bed wins - £3.75 million (62 Beds)
  - Longer term and relatively more costly bed wins - £3.50 million (38 Beds)

# Proposal

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Across the two sites a total of 190 Beds (Glenfields 57 and LRI 133) could be created but with varying timescales, costs and cost per bed.

The Trust will therefore have a view on how many beds it wishes to create as a possible first tranche and the split between sites. This report proposes the following schemes with their selection being based on a balance of cost and timescale:

▪ Decant ward - LRI Modular Ward (uplift from OPD)	- 28 Beds	- £0.67 million
▪ Medical LRI - Ward 15 and 16	- 17 Beds	- £1.00 million
▪ Medical LRI - Ward 33 and 34	- 10 Beds	- £1.00 million
▪ Medical LRI – Ward 37 and 38	- 16 Beds	- £1.00 million
▪ Medical Glenfield - Ward 16	- 5 Beds	- £0.01 million
▪ Medical Glenfield - Ward 17	- 4 Beds	- £0.05 million
▪ Medical Glenfield - Ward 20	- 4 Beds	- £0.09 million
▪ Surgical LRI - Ward 22	- 3 Beds	- £0.18 million

**TOTALS**      **87 Beds**      **£4 million**

# Clinical Impact of Delivery

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The proposal seeks to deliver the increased Beds incrementally due to decanting etc. Assuming an instruction to proceed in early May then deliver would be broadly as follows:

- |  |           |                          |
|--|-----------|--------------------------|
| ▪ Glenfield Beds delivered by September  | + 13 Beds | - gross increase 13 Beds |
| ▪ LRI Modular delivered end of September | + 28 Beds | - gross increase 41 Beds |
| ▪ LRI 15 and 16 end of Feb 2015          | + 17 Beds | - gross increase 58 Beds |
| ▪ LRI 33 and 34 end of Feb 2015          | + 10 Beds | - gross increase 68 Beds |
| ▪ LRI 37 and 38 end of Feb 2015          | + 16 Beds | - gross increase 84 Beds |
| ▪ LRI 22 end of Feb 2015                 | + 3 Beds  | - gross increase 87 beds |
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- Net additional funding requirement of £4 million with all expenditure substantially complete within 2014/2015 financial year

# Way Forward

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This is an interim report and each of the solutions needs review in more detail particularly around:

- Engineering solutions
- Engineering impact on costs (to include infrastructure)
- Timescales
- Design to tender



ADDITIONAL BEDS

SUMMARY ESTIMATED COSTING BY WARD AREA

All costs are in £000s

Revenue consequences of capital costs needed

Area	Number of beds	Open from	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15	2015/16	2016/17
GGH	13	Sep-14	124	124	124	124	124	124	74	819	890	890
LRI decant		Feb-15	-	-	-	-	-	-	-	-	-	-
LRI 15 and 16	17	Feb-15						131	131	262	1,573	1,573
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Cost of beds for RTT	13		-	-	-	-	-	72	72	145	869	869
<b>Total cost not in financial plan</b>	<b>46</b>		<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>124</b>	<b>341</b>	<b>291</b>	<b>1,253</b>	<b>3,962</b>	<b>3,962</b>

Assumptions

- 1 Additional nurses for all beds at GGH costed as no breakdown
- 2 Nurses costed at 6 months agency when beds first opened for GGH
- 3 No additional patients assumed, therefore no additional income or costs other than physical ward space
- 4 Nurse costings at 60:40 qualified unqualified split
- 5 Medical staffing costed at NHS rates
- 6 All other staffing costed at NHS rates

ADDITIONAL BEDS

ESTIMATED COSTINGS

Area	Bed Numbers	Staffing type	Notes	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	2015/16	2016/17			
GGH	13	Nursing	1:1.4	99.91	99.91	99.91	99.91	99.91	99.91	49.96	649.43	49.96	49.96	49.96	49.96	49.96	49.96	49.96	49.96	49.96	49.96	49.96	49.96	49.96	599.47	599.47		
		Medics	0.5 cons, 1xFY, 1xSpR	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	112.58	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	193.00	193.00
		Therapists	1 band 6	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	21.58	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	37.00	37.00
		Pharmacists	0.5 band 6	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	10.79	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	18.50	18.50
		Ward Clerks	0.5 band 2	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	9.92	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	17.00	17.00
Domestics	1.5 band 2	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	14.88	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	25.50	25.50		
LRI	28	Nursing Medics Therapists Pharmacists Ward Clerks Domestics	No additional, decant ward																									
LRI 15 and 16	17	Nursing	1:2					93.32	93.32		186.65	93.32	93.32	93.32	93.32	93.32	93.32	93.32	93.32	93.32	93.32	93.32	93.32	93.32	1,119.89	1,119.89		
		Medics	1 cons, 2xFY, 1xSpR					25.92	25.92		51.83	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	25.92	311.00	311.00	
		Therapists	1 band 6					3.08	3.08		6.17	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	37.00	37.00	
		Pharmacists	1 band 6					3.08	3.08		6.17	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	37.00	37.00	
		Ward Clerks	0.5 band 2					1.42	1.42		2.83	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	17.00	17.00	
Domestics	3 band 2					4.25	4.25		8.50	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	4.25	51.00	51.00		
LRI 33 and 34	10	Nursing	1:1.4					38.43	38.43		76.86	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	38.43	461.13	461.13	
		Medics	0.5 cons, 1xFY, 1xSpR					16.08	16.08		32.17	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	193.00	193.00
		Therapists	1 band 6					3.08	3.08		6.17	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	37.00	37.00	
		Pharmacists	0.5 band 6					1.54	1.54		3.08	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	18.50	18.50	
		Ward Clerks	0.5 band 2					1.42	1.42		2.83	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	17.00	17.00
Domestics	1 band 2					1.42	1.42		2.83	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	17.00	17.00		
LRI 37 and 38	16	Nursing	1:1.4					61.48	61.48		122.97	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	61.48	737.81	737.81	
		Medics	0.5 cons, 1xFY, 1xSpR					16.08	16.08		32.17	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	16.08	193.00	193.00
		Therapists	1 band 6					3.08	3.08		6.17	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	3.08	37.00	37.00	
		Pharmacists	0.5 band 6					1.54	1.54		3.08	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	1.54	18.50	18.50	
		Ward Clerks	0.5 band 2					1.42	1.42		2.83	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	17.00	17.00
Domestics	1.5 band 2					2.13	2.13		4.25	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	25.50	25.50		
LRI 22	3	Nursing	1:1.4					11.53	11.53		23.06	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	11.53	138.34	138.34	
		Medics									-																	
		Therapists									-																	
		Pharmacists									-																	
		Ward Clerks									-																	
Domestics	0.25 band 2						0.35	0.35		0.71	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	4.25	4.25		
<b>Total</b>	<b>87</b>			<b>124.16</b>	<b>124.16</b>	<b>124.16</b>	<b>124.16</b>	<b>124.16</b>	<b>413.40</b>	<b>363.45</b>	<b>1,397.66</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>363.45</b>	<b>4,361.39</b>	<b>4,361.39</b>	