

Trust Board Paper P

To:	Trust Board
From:	John Adler, Chief Executive
Date:	26th September 2013
CQC regulation:	All Applicable

Title:	Emergency Floor Development – General Update & Latest Position Post NTDA Scrutiny of the Strategic Outline Case
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Author/Responsible Director:
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Purpose of the Report:
 This paper is to provide an update of the scheme to the Trust Board and advise on the current timescales for delivery following the review of the Strategic Outline Case by the NTDA.

The Report is provided to the Board for:

Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>

Summary / Key Points:

1. The Trust Board approved the Strategic Outline Case (SOC) for the Emergency Floor in June 2013, and as a consequence approved the project commence the detailed design process in parallel with production of the Full Business Case (FBC).
2. The SOC has since been reviewed by the NHS Trust Development Agency (NTDA) with amendments suggested to be incorporated into the document prior to final sign off. The NTDA has also recommended an Outline Business Case be incorporated into the governance of the scheme prior to the FBC.
3. Activity and Capacity Planning models are signed off by all clinical teams and Project Board, and draft Schedules of Accommodation produced which reflect an increase in space to that originally anticipated. The schedule is still to be challenged prior to sign off.
4. The Emergency Floor OBC will be submitted for approval to the Trust Board in October 2013 which will
 - Consider all available options.
 - Understand programme/cost benefits of all available options and associated enabling works.
5. Detailed design will continue to be progressed with zero abortive work during OBC period.
6. The Guaranteed Maximum Price (GMP) for the scheme will be delivered in April 2014.

7. The Emergency Floor FBC will be submitted to the Trust Board for approval in June 2014.

Recommendations:

The Trust Board are requested to note the progress and revised timescales for delivery.

Previously considered at another corporate UHL Committee?

This proposal was presented to the Trust Board Development Session on the 24th June, and at the Executive Team on the 25th June, 2013.

Board Assurance Framework:

The ED performance is on the risk register.

Performance KPIs year to date:

KPIs will be developed during the FBC stage to ensure programme is delivering to schedule.

Resource Implications (e.g. Financial, HR):

The development of the FBC is supported from the 2013/14 capital budget. However, additional fees/ costs are currently being sought for the Outline Business Case element of the scheme.

Assurance Implications:

Patient and Public Involvement (PPI) Implications:

Patients and health watch representatives will be involved in the development of the scheme as appropriate

Stakeholder Engagement Implications:

Stakeholders are supportive of the SOC – OSC, commissioners and NTDA, and as such will be supportive of the development of the OBC and FBC stages of the scheme.

Equality Impact:

Due regard assessments be undertaken when preferred option identified.

Information exempt from Disclosure:

Requirement for further review?

Owing to the tight programme, it is proposed that the Trust Board receive monthly updates on progress during the development of the OBC and FBC.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TO: TRUST BOARD

FROM: Chief Executive – Executive Sponsor

DATE: 26 September 2013

SUBJECT: Emergency Floor Development – General Update & Latest Position Post NTDA Scrutiny of the Strategic Outline Case

1. Purpose

- 1.1. This paper is to provide an update on the Emergency Floor scheme to the Trust Board, reflecting the timescale for delivery.

2. Background

- 2.1. The Trust Board approved the Strategic Outline Case (SOC) for the Emergency Floor in June 2013, and as a consequence approved the project commence the detailed design process in parallel with production of the Full Business Case (FBC). The decision to omit the OBC was taken following discussions with the NTDA at that time.

3. Progress to Date

- 3.1. A governance structure was implemented with immediate effect and suitable Project Board, Steering and User Groups set up accordingly. To date, two Project Boards have taken place with supporting Steering and User Groups undertaken weekly to progress key aspects of the detailed design and business case process.
- 3.2. The original project programme was predicated on completing detailed design by September 2013 which in turn was based on understanding the required Activity and Capacity Planning models and associated Schedules of Accommodation immediately post submission of the SOC. It was soon clear post submission of the SOC that extensive work was required to facilitate the clinical teams to understand their Activity and Capacity Planning models.
- 3.3. As a consequence the project team and associated clinical stakeholders have worked extremely hard to produce Activity and Capacity Planning models; these have now been signed off by all clinical teams as well as the Project Board at its September meeting. It should also be noted that the principles of the aforementioned models have been agreed to by the Urgent Care Board; with a view to sign off in full at the next forum post a more detailed presentation.
- 3.4. The Schedules of Accommodation are now in draft and currently propose a required area of approximately 8,000m², representing an increase against that denoted in the original brief. Next steps will be to challenge that denoted and to understand any efficiencies available to reduce the current space requirements identified.

4. NHS Trust Development Agency

- 4.1. Post approval by the Trust Board in June 2013, the SOC has since been reviewed by the NHS Trust Development Agency (NTDA) with amendments suggested to be incorporated into the document prior to final sign off.
- 4.2. The NTDA has also advised that in light of the value of the scheme an Outline Business Case (OBC) be incorporated into the governance of the scheme prior to production of the FBC. The project team will produce an OBC for submission to the October 2013 Trust Board for approval prior to being sent to the NTDA for their approval.
- 4.3. The OBC document will consider all options available to the Trust to provide a robust solution to what is currently a challenging environment for the provision of emergency services.
- 4.4. The NTDA have also confirmed that the scope of the Emergency Floor Scheme and subsequent OBC and FBC must reflect all dependent enabling moves for delivery.

5. Programme

- 5.1. Extended work required to produce and sign off the Activity and Capacity Planning models has hampered the original programme; this in parallel with the SOC document not being able to confirm a preferred indicative design solution has incurred an additional period to the programme. In addition to the aforementioned, the NTDA requirement to incorporate an OBC will add a further period to the programme with realigned key milestones as follows:

5.1.1. OBC to Trust Board for approval	October 2013
5.1.2. OBC to NTDA for approval	November 2013
5.1.3. Scheme GMP	April 2014
5.1.4. FBC to Trust Board for approval	June 2014
- 5.2. As a consequence of increased project activity and additional requirement by the NTDA, the programme has had to be realigned. However, the Project Board and associated team will continuously challenge the programme throughout the life of the project in order to mitigate the extensions of time.

6. Enabling Moves

- 6.1. As a result of the potential increase in floor space required to provide the Emergency Floor, the resulting enabling moves could be affected with regards number required and associated cost. This will be carefully monitored as part of the project and be factored into the OBC in determining the resulting preferred option.

7. Summary/ Key Points

- 7.1. Activity and Capacity Planning models signed off by all clinical teams and Project Board. Principles agreed by the Urgent Care Board.

7.2. Draft Schedules of Accommodation produced reflecting an increase to that originally anticipated. Schedule still to be challenged prior to sign off.

7.3. Produce Emergency Floor update papers and present to the following forums:

7.3.1. Executive Team	17 th September 2013
7.3.2. Better Care Together Board	19 th September 2013
7.3.3. Trust Board Public Session	26 th September 2013
7.3.4. Urgent Care Board	26 th September 2013

7.4. Submit Emergency Floor OBC for approval at Trust Board, October 2013

7.5. Consider all available options.

7.6. Understand programme/ cost benefits of all available options and associated enabling works.

7.7. Continue detailed design process with zero abortive work during OBC period.

7.8. Achieve Guaranteed Maximum Price for the scheme, April 2014.

7.9. Submit Emergency Floor FBC for Trust Board sign, June 2014.

8. Recommendations

8.1. The Trust Board are requested to note the progress and revised timescales for delivery.